Emerging Health and Safety Issues for Study Abroad

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61st Annual NAFSA Conference
Wednesday, May 27, 2009
Battle at the Border

Here, a former official, alleged to have been corrupt, is arrested by a member of the Mexican security service. (ABC News)
Travel Warnings: What’s So ‘Non-Essential’ About Travel?

ERIC WEINER: On the intersection of place, politics and culture

05.06.09 | 11:44 AM ET

Scrolling through the breathless coverage of the swine flu outbreak one term popped out at me, as jarring as a surgical mask: “non-essential travel.” It’s everywhere, this non-essential travel, a virtual pandemic in itself. The U.S. government advises against non-essential travel to Mexico while, meanwhile, Europe warns against non-essential travel to the U.S., and so on.

Yet no one, including the State Department, bothers to clearly define non-essential travel or, for that matter, its presumed opposite: essential travel. When I asked, a State Department spokesman told me the difference between essential and non-essential travel “is a personal decision based on his or her circumstances.” Canada’s foreign ministry concurs, adding that how travelers define “non-essential” should be “based on each individual’s family or business requirements, knowledge of a country or region, and other issues.”

In other words, non-essential travel is one of those terms that sounds good, authoritative, but upon further inspection means very little—or, more precisely, means different things to different people.
Essential Travel Definitions

The following factors should be weighed when any travel is being considered by students, faculty and staff:

• Critical timeframe: Is this travel a critical part of an academic program or professional obligation that must be completed at this time? Would rescheduling the travel create an undue hardship (e.g., make it impossible to complete a dissertation on time or take subsequent required courses as scheduled by the university, or delay graduation)?
• No alternate travel arrangements possible: Is this a one-time opportunity? Are there no alternate venues where the work could be completed at a satisfactory level?
• Significant personal financial loss: Would deferring travel create a significant financial hardship or lost academic or professional opportunity for the individual?
• Binding contractual obligation: Is the individual working under a contractual agreement that cannot be altered? Would delaying promised deliverables constitute a breach of contract?

Useful links:
The first is an article by Eric Weiner on the Worldhum website:

Here is a link with helpful info regarding CDC travel advisory categories:
http://wwwn.cdc.gov/travel/notices.aspx#TravelNoticeDefinitions
Travel Risk Management

Best practice in travel risk management requires the ability to:

- **Prepare** travelers to go abroad and prepare your organization to support them
- **Tracking** travelers and maintaining the capability to identify where they are at any point
- **Informing** staff and managers in a with situational updates on developing threats
- **Advising** with regional focus, all hazards expertise
- **Responding** to emergency situations as they unfold

Prepare  
Track  
Inform  
Advise  
Respond  
Traveller
Travel Risk Management and Response: An Overview

Presented by:

John G. Rendeiro, Jr.
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Steps to Success in Travel Risk Management

- Assess the level of risk in your travelers’ environment
- Prepare your travelers and your organization for travel and to respond in the event of a crisis
- Be aware of what a successful outcome should look like
Risk Environment: Context is everything…
The Travel Security Rating

• **Evaluates threat** to travelers and expatriates by **political violence** (terrorism, insurgency, politically-motivated unrest and war), **social unrest** (including sectarian, communal and ethnic violence) and violent and petty **crime**.

• Other factors, i.e., **transportation infrastructure**, effectiveness of **security and emergency services** and susceptibility to **natural disasters** are also considered if of sufficient magnitude to impact overall risk environment.

• **Country risk ratings** are, by nature, **broad** and cannot adequately describe nationwide conditions in most countries. They provide a consolidated **overview to assist travelers, expatriates and managers** in their decision-making process regarding secure travel.
Definitions of Level of Risk

INSIGNIFICANT

• Very low rates of violent crime, isolated incidents of petty crime.
• Virtually no political violence or civil unrest.
• No recent history of terrorism.
• Effective security and emergency services.
• Infrastructure sound, transport services are typically of a high standard.
• Travelers must guard against complacency to ensure that they do not inadvertently increase their exposure to risks such as crime.
• Examples: American Samoa, Denmark, Greenland, Sweden, Seychelles, Mauritius, Slovenia, Luxembourg…
Definitions of Level of Risk

LOW

- Authorities maintain adequate security, sound infrastructure.
- Low violent crime rates and generally free of racial, sectarian or political violence or civil unrest.
- Terrorist organizations have only limited operational capabilities; acts of terrorism are extremely rare.
- Travelers and expatriates face few problems and are unlikely to be directly targeted or severely disrupted.
- Examples: Canada, Spain, Portugal, Poland, United Arab Emirates, Botswana, Gabon, Uruguay, Argentina, Ukraine…
Definitions of Level of Risk

MODERATE

- May experience periodic political unrest, violent protests or insurgency.
- Prone to sporadic acts of terrorism and there may be terrorist organizations with significant operational capacities.
- May face a risk from communal, sectarian or racial violence.
- Violent crime rates likely to impact foreigners.
- Infrastructure, security and emergency services weak.
- Transport services subject to periodic disruption, safety inconsistent.
- Examples: Egypt, Madagascar, Kosovo, Guinea-Bissau, Lebanon, Lesotho, Mongolia, Mozambique, Nicaragua, Honduras, Togo…
Definitions of Level of Risk

HIGH

- Regular periods of political instability, associated problems including high levels of corruption.
- Protests frequently violent and may target or disrupt foreigners.
- High level of incidental risk to travelers from terrorism or insurgency.
- Communal, sectarian or racial violence common.
- Violent crime rates high, scams targeting foreigners common.
- Infrastructure, security, emergency services, legal processes poor.
- Examples: Algeria, Kyrgyzstan, Haiti, Chad, Liberia...
Definitions of Level of Risk

EXTREME

- Countries or areas may be in state of war and/or failed states.
- Government control, law and order minimal or non-existent.
- Serious threat of violent targeted attacks against travelers and expatriates by terrorists, insurgents, etc.
- Government and transport services typically severely degraded or non-existent.
- Armed escort and stringent preventive security precautions essential and may not be sufficient to prevent serious injury, kidnap or loss of life.
- Examples: Most of Afghanistan, Iraq, Somalia; parts of Pakistan, Sri Lanka, Sudan…
“Extreme Risk” Locations:

Somalia (except northwest regions which are high)
- Kidnappings, armed banditry, residential thefts, brutal killings
- Assaults against travelers on roads and highways are widely prevalent

Afghanistan (except Kabul, Herat, a few provinces high)
- Foreign aid workers targeted for violence and kidnapping
- The NGO, ‘Doctors Without Borders’ withdrew due to safety reasons
- Kabul experiences high levels of robbery and carjacking

Iraq (except Kurdish regions moderate, certain other areas high)
- Kidnapping a major threat to foreigners, including journalists and relief workers

Gaza Strip
- Attacks by Palestinian militants against Israeli targets have resulted in frequent Israeli military offensives in the West Bank and Gaza.
Colombia: High Risk (Cali, rural areas)

- Risk from violent crime is high
- Leftist guerrillas, i.e., Revolutionary Armed Forces of Colombia (FARC) and the National Liberation Army (ELN), control significant portions of territory throughout the country
- Travelers are advised to maintain a low profile and limit the time spent in public places, such as bars, supermarkets and recreational venues
- Overall, Colombia is moderate risk, Cartagena low
“Moderate Risk” - Mexico

Relative Extremes:

Most of Country:
Moderate; violent and opportunistic crime a problem in many areas, and travellers must exercise caution.

Areas along US border affected by drug-related violence, Culiacán:

• Dramatic rise in general and violent drug-related crimes. Authorities have devoted large numbers of troops and resources to deal with the crisis though these measures have yet to produce significant results. In addition, the country now leads Colombia with the highest rate of kidnapping in the world, though foreigners are rarely targeted.
Or Russia (Moscow):

Outward Appearances
- Dazzling wealth
- Attacks on ethnic and racial minorities
- Threats/barriers to business associates

Result of activity
- Tightened security
- Heavy police presence
- Private security guards
- Gated entrances to public buildings
- Police power to check ID and documentation

Major Events
- 2002 - Theatre siege
- 2004 - Suicide bombings
- 2004 - Metro bombing
- 2004 – Beslan School Hostage Crisis

(but north Caucasus HIGH)
“Low Risk” Spain - Madrid: Not considered a dangerous place

11 March 2004 terrorist attacks
- 191 people died
- Series of bombs exploded simultaneously on commuter trains heading toward the mainline train station in Atocha

Since the attacks....
- Madrid, the city has sobered
- Bombings produced a sense of solidarity
- Despite the brutality of the attacks, it has been ‘business as usual’
- No noticeable impact on the economy
Or United Kingdom (London):

United Kingdom, London, 7 July 2005

- Islamic terrorists detonated explosives
- Three Underground trains
- One "double-decker" bus
- Over 50 people died
- Several hundred were injured

Two weeks later…

- London transport system attacked again
- Second attack did not yield the same destructive results
- Attacks demonstrated the United Kingdom will remain a target for international terrorist organizations for the foreseeable future
Insignificant Risk:

Cape Verde, Greenland, Turks and Caicos, Iceland, American Samoa, Marshall Islands…

No, they’re not all islands – but it helps…

Denmark, Liechtenstein, and others such as Switzerland (except for Bern, Geneva and Zurich, which are rated LOW), are also in there.
Security Threat Breakdown

- Incidents other than Terrorism and Crime that indirectly affect travelers (60%)
- Terrorism (10%)
- Crime (30%)
Travel Risk Management | Requirements

Best practice in travel risk management requires the ability to:

- **Prepare** travelers to go abroad and prepare your organization to support them
- **Tracking** travelers and maintaining the capability to identify where they are at any point
- **Informing** staff and managers in a with situational updates on developing threats
- **Advising** with regionally focused, all hazards expertise
- **Responding** to emergency situations as they unfold
Bottom Line – What You’re Looking For:

• Changes in political/military situation (coup, invasion, mutiny)
• Changes in civil order, i.e., increased risk of violence affecting travelers (riots, targeting of foreigners)
• Changes in health/medical circumstances that might affect travelers’ health or ability to leave country (quarantine, spread of disease)
• Changes or deterioration in means of evacuation, i.e., airports closed, roads blocked, sea lanes impassable (bombing of airports, strikes)
• Specific threats to individuals or groups of travelers (stemming from business or personal encounters, possibly crime or terrorism-related)
• Decrease in ability of government to respond effectively to emergency situations
• Natural disasters that would endanger and inhibit departure of travelers (earthquakes, flood)
Case Study
Lebanon Evacuation - July 2006
12 July

Events:
12 July. Hezbollah militants attack an Israeli army patrol on Israeli soil, killing three and capturing two soldiers. Five other Israeli soldiers die pursuing the militants.

Activity:
- Situation Update posted to Security Online site
- Early planning begins
13 July

**Events:**
13 July. Israel bombs the runways at Rafik al-Hariri International Airport in South Beirut. The Israeli Navy starts a sea blockade of Lebanon. Twenty-four Palestinians die in Gaza from Israeli military operations.

**Activity:**
• International SOS posts Security Warning Notification and emails to clients. Escalates to Alert later that day.
• Crisis Management Team stands by in London
• Incident Management Team (IMT) deployed to Syria
Activity:
- Evacuation notice issued
- 350 clients evacuated overland to Damascus by bus
- Coordination of onward flights for all
- Evacuation operations cease
Case Study
Peru Evacuation - July 2007
Incident Overview

- **Mon. 9 July:** International SOS forecasts civil unrest associated with a General Strike in Peru

- **Wed. 11 July:** 48 Hour General Strike commences in Peru

- **Thur. 12 July:**
  - Peruvian President Alan Garcia visits Juliaca sparking intense protest activity
  - Protests turn violent, rioting ensues, protestors seize the airport shutting down flight operations
  - Two Members are trapped in Hotel Royal Inn in Juliaca
  - International SOS receives call from Members
Primary Option:
- Road Juliaca/Puno
- Hydrofoil Puno/Copa/ Huatajata
- Road Huatajata/La Paz

Alternate Option:
- Road Juliaca/Puno
- Road Puno/Desaguadero
- Road Desaguadero/La Paz
Evacuation Timeline

11:42
Call Received
Case Opened

16:00
Security Teams Briefed and Deployed

21:00
Security Team Arrives Secures Area

01:34
Plan of Action Updated

06:00
Route Reconnaissance Initiated

10:47
Leg 1 Complete Contingency activated

17:01
Evacuees Cross Border Bolivian Team Receives Evacuees

13:40
RSC Activates Provider

17:40
Initial Plan of Action Issued

23:05
Maritime Contingency Developed

09:00
Reconnaissance Completed Evacuation Launched

15:30
Evacuees Arrive At Bolivian Border La Paz

19:05
Evacuees Arrive Mission Complete
Caucasus Crisis - August 2008
Caucasus Crisis - August 2008

- **August 8** - Russian troops enter South Ossetia, forcing Georgian security forces to retreat. The Russian move follows an attack by Georgian forces to regain control of the region.
- **August 9** - Russian planes attack targets in Georgia - three military bases near Tbilisi, the Baku-Tbilisi-Ceyhan oil pipeline, port city of Poti. Reports of an air attack on town of Gori.
- **August 10** - Russian aircraft on 10 August drop bomb around 200 meters from runaway at Tbilisi International Airport.
Caucasus Crisis - August 2008

- **August 10** - US Embassy authorizes departure of family members of staff from Georgia.
- **August 11** - The advance of Russian troops into Georgian territory represents a significant development in Russia's campaign. The outcome is unpredictable.
Caucasus Crisis - August 2008

- **August 10-15** - IMT operational at hotel in central Tbilisi, monitoring situation and maintaining close contact with clients in region.
Caucasus Crisis - August 2008

• After Russia announced it was halting its military operations, and a ceasefire was agreed upon later in the week, remaining clients considering evacuating decided to remain.
International Health Incidents: How Best to Prepare and Respond

Dr. Myles Druckman
International SOS – VP Medical Services
Agenda

1. Steps to Prepare
   • Identify and Assess Local Health Risks
   • Orient and support Assignees
   • Emergency Response Plan
   • Exercise the Plan

2. Steps to Respond
   • Activate the Plan
   • Utilize support Resources

3. Update on Pandemic Planning
Steps in Preparation

1. Understand and Assess the health risks
2. Assignment Preparation
3. Have a Plan
Assessing Your Global Health Risks

General **Health and Fitness** of students/Staff

- Age - >50 years
- Chronic Diseases
  - Diabetes
  - Asthma
  - Heart disease
  - Psychiatric illness
- Physical Disabilities

<table>
<thead>
<tr>
<th>Healthy, &lt;35</th>
<th>Some health issues &lt;35-50</th>
<th>unhealthy &gt;55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Likely / low risk</td>
<td></td>
<td>More likely / higher risk</td>
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</table>
Assessing Your Global Health Risks

- **Curriculum-based** Health risks
  - Physical requirement – hiking, diving, boating, etc
  - Work stress

<table>
<thead>
<tr>
<th>Low stress</th>
<th>Moderate Physical</th>
<th>Extreme, high Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Likely / low risk</td>
<td></td>
<td>More likely / higher risk</td>
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</table>

- Health risks in the **local environment**
  - Malaria, Dengue, Heat, Altitude, water quality, etc

<table>
<thead>
<tr>
<th>1st World city</th>
<th>Cold Climate / tropics</th>
<th>Malaria, Dengue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Likely / low risk</td>
<td></td>
<td>More likely / higher risk</td>
</tr>
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</table>
Assessing Your Global Health Risks

- **Local Medical capabilities** to support your staff in case of an incident
  - Western standard ICU vs witch doctor

<table>
<thead>
<tr>
<th>1st World Medical</th>
<th>Basic stabilization</th>
<th>first aid only</th>
</tr>
</thead>
<tbody>
<tr>
<td>lower risk</td>
<td></td>
<td>higher risk</td>
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</table>

- **Response time** to Medical Care - Remoteness
  - First responder time, time to definitive care

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<thead>
<tr>
<th>Within golden hr</th>
<th>Hours to Definitive Care</th>
<th>Days</th>
</tr>
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<tbody>
<tr>
<td>lower risk</td>
<td></td>
<td>higher risk</td>
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</table>
Taking Assignment Location Into Account

Clearly understand the on-site Medical capabilities
Knowing the Local Conditions

Few Programs Integrate Assignment location risks into Program
To do this effectively, one needs to:
• Collect location-specific health information
• Understand the local logistics and response times to nearest medical facilities

Understand the local logistics and response times to nearest medical facilities
And your medical transport options
Assignment Preparation

1. Identify High Risk Personnel
2. Orientation
Pre-Assignment Health Questionnaire

What type of traveller are you?  ○ Business Traveller ○ Expatriate

Date of departure

List each destination you will visit (city and country), and the number of days you will spend there

Destination  Days

Will you be visiting rural areas?  ○ Yes ○ No

Will you be visiting remote areas?  ○ Yes ○ No

Will you be visiting open markets, farms or medical facilities?  ○ Yes ○ No

Vaccinations / Travel Medicine

Have you received a medical consultation (vaccinations, medications, etc) for this specific trip?  ○ Yes ○ No

Dependents

Are you travelling with dependents?  ○ Yes ○ No

General Health History

Has a previous travel assignment ever been delayed, interrupted or cancelled due to issues with your (or your dependents’) health?  ○ Yes ○ No

Have you been off work due to illness or injury for more than 10 days in the last 12 months?
Plans

1. Emergency Response Plans
2. Health Incident Plans (Pandemic)
International Case Management

1. International Assistance Company
   - Provides “first call” assistance – Family Doc over the phone
   - Provides medical recommendation and plan
   - Informs head office or “Authorized Persons”
   - Directs medical care
     - Monitor
     - Referral
     - Hospitalization
     - Medical Evacuation
   - Guarantees payment if requested

2. Insurance Company
   - Pays for medical expenses as per contract
   - May provide assistance, or have in-house or 3rd party providers
Health Incident Management Process

1. **Health Incident Occurs**
   - Local mgmt informed
   - Head Office mgmt informed
   - Intl Assistance Co. contacted

2. **Identify and Assess**
   - Head Office mgmt informed
   - Health Incident Assessed
   - Intl Assistance Co. contacted
   - Insurance Co

3. **Plan Activated**
   - Health Incident Plan Activated
   - Logistics
   - Communications
   - Intl. Assistance
   - Local mgmt
   - Insurance Co
   - H.O. mgmt

4. **Resolution and QA**
   - Health Incident Resolved
   - Debrief and Review

**Worldwide reach Human touch**
Specific Health Incident Planning

The Key Illnesses having Operational Impact:
1. Influenza Pandemic
2. Tuberculosis
3. Measles
4. Malaria
5. Dengue
6. MRSA
7. Norovirus
8. Meningitis
9. Cholera
10. Hepatitis
11. SARS

Key Planning Issue:
COMMUNICATIONS
1. Policies

The policy document provides overarching guidelines and directives.

2. Action Tables

There is one Action Table for each disease. The Action Table lists the actions to be taken at given trigger points.

3. Information Sheets

The information sheets provide detailed instructions on how to perform the actions in the Action Table. Each information sheet can be referenced by multiple action tables.
Influenza Pandemic
We’re Past the Pig…

As the two friends wandered through the snow on their way home, Piglet grinned to himself, thinking how lucky he was to have a best friend like Pooh.

Pooh thought to himself:
"If the pig sneezes, he's dead."
Present Situation

• WHO Phase 5 – new Influenza virus (H1N1) with sustained transmission in two locations in one global region (Mexico and USA)

• Spreading globally, initially through travel, then potentially through local transmission

• Pandemic? Phase 6 – virus moves to a new global region with sustained transmission
H1N1 – Influenza Pandemic Today
New Influenza A (H1N1),
Number of laboratory confirmed cases and deaths as reported to WHO

Status as of 6 May 2009
06:00 GMT

Total:
1516 cases
30 deaths

PHASE 4

PHASE 5

PHASE 6
Pandemic

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

Map produced: 6 May 2009 06:24 GMT

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A tsunami, a wave or a ripple?

- Inherent weaknesses in case count data from viral surveillance
  - Inconsistent application and availability of testing
  - Delays in confirmation of cases
  - Indicates presence & to some degree, spread

- Percentage estimates of mortality are indicative but not definitive

- Other key indicators (http://www.cdc.gov/flu/weekly/)
  - Influenza Like Illness (ILI) reporting
  - Outpatient, inpatient and mortality surveillance

This is likely a “ripple”...

Pandemic – 30% affected, in Mexico City a fraction of that number...
CDC FLUVIEW: Outpatient Illness Surveillance

Impact of H1N1?

Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet), National Summary 2008-09 and Previous Two Seasons

*There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.
Pandemic DOES NOT tell us how SEVERE

Figure 4. Pandemic Severity Index

Case Fatality Ratio

Projected Number of Deaths* US Population, 2006

>2.0% Category 5 >1,800,000

1.0 - <2.0% Category 4 900,000 - <1,800,000

0.5 - <1.0% Category 3 450,000 - <900,000

0.1% - <0.5% Category 2 90,000 - <450,000

<0.1% Category 1 <90,000

*Assumes 30% illness rate and unmitigated pandemic without interventions
Global Pandemic Severity (WHO)

Influenced by:

1. Virulence of virus: Cases of Illness and death
2. Contagiousness of the virus
   - How fast it spreads – disruption it causes
3. Capabilities of local healthcare system
   - Developing countries
4. Age group affected
   - Productive age – disruption
5. Vulnerable populations – chronic disease, nutrition
   - 85% of chronic burden in low-middle income countries
What have Organizations Done to Date?

Interventions (may 1 poll – 350 respondents):

• Launched internal communications (82%)
• Considering or already canceled events or trips (57%)
• Restricted non-essential travel (55%)
• Activated crisis mgmt team (43%)
• Door screening (9%)
• Antivirals distributed (3%)
What Drives Decisions?

1. Prevalence and Severity of Illness
   - How many cases in your community today
   - How many deaths

2. Community Disruption
   - Public Health interventions – school closures, public mtgs, etc
   - Quarantines
   - Travel restrictions / delays
   - Business closures
   - Health services capabilities reduced – overstretched
   - Social unrest / Anxiety

Prevalence/Severity + Disruption = Impact
## Affected vs Impacted

<table>
<thead>
<tr>
<th>Not Affected Nation</th>
<th>Affected Nation (Phase 5 or 6)</th>
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<tbody>
<tr>
<td>No cases in the country</td>
<td>No local impact</td>
</tr>
<tr>
<td>No cases in the local community</td>
<td>Limited transmission in the community, no office cases</td>
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</table>

**Mexico?**
Future?

• Continue global transmission over the next 4-6 weeks
• Quite possible to go to Phase 6 during this period
• Watch H1N1 impact in Southern Hemisphere when local “winter” begins (June) – harbinger for the Northern Hemisphere in our Flu season
• Our Winter could reveal a more severe and wide-spred H1N1 influenza
• Continue to watch the Avian Flu H5N1!

• This situation will require close monitoring and action for the next 6-9 months minimum
"That's not all folks!"

Questions?