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**THE DERMATOLOGIST'S BAEDEKER**  
**Preparation for Medical Assistance Missions**

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The extrinsic demands of a medical practice often divert physicians from the part of the profession that can be most rewarding: to serve populations that are truly in need. For most physicians, however, a career in such service is unrealistic, but an occasional and temporary sojourn on a medical assistance mission serves many needs, both humanitarian and personal.

Military physicians, particularly military dermatologists, are frequently called upon to participate in assistance missions in developing nations. To my delight (and my wife's consternation), I have travelled widely as an Army physician. It was on these trips that the idea for writing this guide occurred to me. Official instructions and packing lists were usually inadequate because of omissions and irrelevancies. On my various assistance projects (in east Asia, the Middle East, central Africa, the Caribbean, and throughout the Pacific basin), I maintained a log of useful items that mission participants, from the military or from nongovernmental organizations (NGOs), brought along.

This article will help a dermatologist (or any physician) prepare for a short-term (several days to several months) field mission in a developing country. It will serve as a guide for preparing oneself, personally and professionally, for the practical and philosophical aspects of humanitarian assistance. My goal is to enable a physician to participate in an outreach mission with the military or with an NGO, in a safe, comfortable, healthy, productive, and enjoyable manner. This article is not a definitive guide but it is the first one prepared for dermatologists, hence Baedeker in the title. Baedeker's guides were the first comprehensive and practical travel guides published, from which all other travel guides are descended. This article will not tell you how to plan a relief mission nor how to lead one, and it is not designed to address the unique needs of disaster response. The article is laden with my own observations and opinions and so it has inherent limitations. I would appreciate contributions and criticism so that a more thorough guide might emerge in a few years.

There are some assumptions made in this article that one travels with a sense of adventure and inquiry and there is a bias toward a rural tropical destination. I have tried to reduce bias toward military missions and toward Americans so that this will truly serve as a Baedeker for all who volunteer for an assistance mission.

## **PHILOSOPHICAL CONSIDERATIONS**

There are many benefits to participating in a humanitarian assistance mission. You should know your organization's goals and what you hope to gain from the opportunity. Potential benefits of a mission follow:

### INTRINSIC BENEFITS

- Humanitarian assistance
- Help meet the needs for skilled manpower
- Train indigenous personnel
- Good will for your nation in general and for your sponsoring organization in particular
- Obtain epidemiologic data for use in preventive medicine

### EDUCATIONAL BENEFITS

- Testing one's physical examination skills
- Caring for patients with diseases or disease presentations that are rare in the US
- Learn the political economy of medicine in developing nations [19]
- Expand training for hospital-based physicians/residents

### EXTRINSIC BENEFITS

- Adventure and travel
- Tax deductions
- Proselytizing

### MILITARY BENEFITS

- Geopolitical gain
- Mobilization preparedness
- Gain experience commanding and managing deployed medical personnel
- Obtain medical intelligence (prohibited on some missions)

In many developing nations, the health issues that need to be addressed first are immunizations (standard childhood and prenatal tetanus), promotion of breastfeeding, securing adequate supplies of clean water, principles of sanitation, and use of oral rehydration therapy for diarrhea. First, keep in mind that the Western paradigm of medicine may be immaterial in that environment and under those conditions. Western medicine has a one-on-one emphasis that often strains the limited resources and capital of a relief mission. A 1986 analysis of the medical economy of Ethiopia [19] concluded that the best way to improve health care in Ethiopia was to reduce the number of physicians and nurses, to defray some of the 70% of the health care budget spent on salaries for professionals. A more practical expenditure is to develop programs in which low-paid medical extenders address the previously mentioned health requirements.

Many military assistance missions are conducted ostensibly on humanitarian grounds but they also serve the geopolitical goals of the nation. Indeed, the statutes that permit military involvement in these projects are contingent on the security interests and operational readiness needs of the US and the partner nation (Appendix 1). The law that permits US forces to become involved on purely humanitarian reasons is relatively new. One often reads about billions of dollars spent on relief operations, such as those in Somalia and Haiti, yet only a small proportion of those funds is actually spent on relief work. The cost to sustain our troops and the contracted support agencies consumes an inordinate share of resources. Ironically, there are times when on a "purely humanitarian" engagement that medical units may actually be prohibited from providing assistance to the local population.

A powerful examination of humanitarian assistance projects is found in "A Framework for Survival," [8] a collection of essays whose contributors include former US Secretary of State Cyrus Vance, former British Foreign Secretary (and physician) Lord David Owen, and senior members from the Centers for Disease Control and Prevention (CDC), the United Nations, and several prominent NGOs. Although the book addresses catastrophes, its essays carry a relevant message for less disastrous situations. Topics include the public health consequences of inaction, the corruption and incompetence of some ministries of health, the aggrandizement and choreographed media displays of Western aid organizations, the ostentatious and self-congratulatory but often ineffectual airlifts of personnel and supplies by the US government, as well as discussions of the real concerns of recipient nations, obligations of donor nations, and the relationships between health and peace. I recommend this book and consider it mandatory for anyone who participates in a humanitarian assistance project, whether with a governmental or nongovernmental organization. It will refine (or possibly shatter) your notions about international assistance in a most profound and positive manner. Military

participants in complex emergencies should also read works by Sharp et al, [34] Clarke and Herbst, [13] Moore and Dembert, [28] Crutcher et al, [14] and Luz et al. [25]

In a complex emergency, clinicians are less important to the community's welfare than workers who construct shelters and latrines, provide sources of potable water, ensure adequate sanitation, and establish distribution points for food and water. In times of disaster or extreme deprivation, the first priorities are security, public health, and engineering projects.

The Ethics Manual of the American College of Physicians reminds us that "issues of dependency, trust, transference, and inequalities of power lead to increased vulnerability on the part of the patient" [1] in an admonition to avoid sexual relationships with patients. Similarly, I believe the physician's motivation should not be to exploit a patient's vulnerability for political or evangelical purposes (although others may disagree).

## **FINDING AN ORGANIZATION**

One usually needs affiliation with an NGO to participate in an outreach mission (unless, of course one is with the military). Every three years, JAMA publishes a directory of organizations that offer international service opportunities for American physicians. The latest update from 1996 lists about 75 organizations. [16] Although no organization specifically requests dermatologists, several invite "all specialties." Addresses for organizations discussed in this chapter can be found in Table 1 .

There is one NGO designed specifically for and by dermatologists. This is the International Foundation for Dermatology (IFD), a nonprofit organization whose principal mission is to improve dermatologic care in rural areas of developing countries. [21] [22] The IFD has helped establish two Regional Dermatology Training Centers, one in Africa and one in Central America, to teach dermatology to indigenous allied health professionals. In Moshi, Tanzania, medical officers from a dozen English-speaking African nations study dermatology for 2 years. [24] A second training center was established in Chimaltenango, Guatemala, where auxiliary nurses study dermatology for 80 hours and then return to rural health posts. Inquiries about volunteering may be directed to the IFD offices at New York University.

Ryan reviewed other international organizations dedicated to improving skin care worldwide. [32] One may also contact VITA (Volunteers in Technical Assistance) or peruse Reliefweb, the website of the United Nations' Office of Coordination of Humanitarian Assistance, to learn about other volunteer opportunities with

US relief agencies. If a person wants to work in a specific country, the Center for International Health Information (CIHI), a USAID-affiliated organization, can provide names of NGOs that work in that nation. The American Medical Students Association (AMSA) maintains lists of international organizations who accept student rotators on their overseas assistance projects. Professional societies often have listings (although the American Academy of Dermatology does not). Many NGOs are affiliated with religious organizations.

Individuals that wish to support these organizations may provide support through financial contributions, as well as contributions of service. In general, the most useful form of assistance is cash donated through international agencies or NGOs. Donations of food, clothing, and medicines are discouraged for reasons discussed later in text.

### **TABLE 1 -- ORGANIZATIONAL ADDRESSES**

Organization	Mailing or Web Address	Telephone Number
<b><u>FEDERAL AGENCIES</u></b>		
Yellow Book	<a href="http://www.cdc.gov/travel/yellowbk/">www.cdc.gov/travel/yellowbk/</a>	(404) 332-4559
Blue Sheet	<a href="http://www.cdc.gov/travel/blusheet.htm">www.cdc.gov/travel/blusheet.htm</a>	(404) 332-4565
Regional health recommendations	<a href="http://www.cdc.gov/travel/regions.htm">www.cdc.gov/travel/regions.htm</a>	
US Dept of State		
USAID	<a href="http://www.info.usaid.gov/region">www.info.usaid.gov/region</a>	
Travel warnings	<a href="http://travel.state.gov/travel_warnings.htm">travel.state.gov/travel_warnings.htm</a>	
Visa requirements	<a href="http://www.state.gov/foreignentryreqs/html">www.state.gov/foreignentryreqs/html</a>	
Consular Information Sheets	<a href="http://travel.state.gov/travel_warnings.htm">travel.state.gov/travel_warnings.htm</a>	(202) 647-5225
Peace Corps	<a href="http://www.peacecorps.gov">www.peacecorps.gov</a>	(800) 424-8580
Federal Climate Complex	<a href="http://www4.ncdc.noaa.gov">www4.ncdc.noaa.gov</a>	
Naval Operational Medical Institute	NOMI, 220 Hovey Road, Pensacola, FL 32508	(850) 452-3393/3385
Defense Intelligence Agency's FOIA Office	DIA FOIA Office, ATTN: RTS-1B, Washington, DC	20340-3299
USAF Combat Climatology Center	Scott Air Force Base, IL 62225-5116	
<b><u>NON-GOVERNMENTAL ORGANIZATIONS</u></b>		
American Medical Student Associations	<a href="http://www.amsa.org/p&amp;p/ih/ihopps.htm">www.amsa.org/p&amp;p/ih/ihopps.htm</a>	(703) 620-6600
Center for International Health Information (CIHI)	<a href="http://www.cihi.com/publist.htm">www.cihi.com/publist.htm</a>	(703) 524-5225
WHO's drug donation guidelines	<a href="http://www.who.ch/programmes/dap/dapdogui.htm">www.who.ch/programmes/dap/dapdogui.htm</a>	
Center for Public Service Communications	<a href="mailto:jscott@cpsc.com">jscott@cpsc.com</a>	(703) 536-5642
International Foundation for Dermatology	350 Fifth Ave., Suite 7805, New York, NY 10118	(212) 263-5242
WHO Publications Center USA	49 Sheridan Avenue, Albany, NY 12210	(518) 436-9386

VITA (Volunteers in Technical Assistance)	<a href="http://www.vita.org">www.vita.org</a>	(703) 276-1800
UN's Office for Coordination of Humanitarian Assistance	<a href="http://www.notes.reliefweb.int">www.notes.reliefweb.int</a>	
Brigham Young University's Culturgrams	<a href="http://fhss.byu.edu/kenncent/publications/culturgrams.htm">fhss.byu.edu/kenncent/publications/culturgrams.htm</a>	(800) 528-6279

### COMMERCIAL

Roger Axtell's (Do's and Taboos)	<a href="http://www.worldculture.com/axtell.htm">www.worldculture.com/axtell.htm</a>	
Lonely Planet guidebooks	<a href="http://www.lonelyplanet.com">www.lonelyplanet.com</a>	(800) 275-8555
Moon Travel Handbooks	<a href="http://www.moon.com">www.moon.com</a>	(800) 345-5473

## **STATUS OF DERMATOLOGY IN THE DEVELOPING WORLD**

The world's dermatologists are distributed inequitably, both in developed nations and in developing nations. More than 3 billion people in over 125 countries lack access to basic dermatologic care. [31] Not only are communities lacking the expertise of dermatologists, but the shortage can be measured in entire nations, or even in portions of continents.

Dermatology in developing nations typically includes four subdisciplines: general dermatology, leprology, venereology, and HIV-associated diseases. The term "dermatovenereology," once applied to our entire specialty, is still used in many nations. Remember our history, we once were syphilologists. Sexually transmitted diseases (STDs) still compose a large part of the dermatology practice in the developing world. Syphilis, chancroid, and granuloma inguinale-- uncommon in most Western practices--are hyperendemic in some regions. Dermatologists are often the primary doctors for HIV-infected patients in the same manner that we once cared for patients with syphilis, even though the major morbidity involved organs other than the skin. Leprology comprises far more than simply making a diagnosis and initiating therapy. Leprologists also manage reactional states, ensure compliance with therapy, and devise rehabilitation programs. Some dermatoleprologists perform complex procedures such as tendon transfers, management of ocular complications, and debridement of infected bone.

It is important to appreciate the role of medical extenders in developing nations. In many countries, physicians may be so scarce that nonphysicians with various levels of training and degrees provide most of the health care. Medical extenders range from well-trained and experienced nurse practitioners to minimally trained, illiterate providers. But the medical extenders have several things in common: an eagerness to learn and a positive attitude in the face of infrastructural and financial frustrations. Medical extenders are often poorly

trained in dermatology; consider it your duty to refine their dermatologic skills during your stay. When you return home at the end of your volunteer service you will carry enriching memories; your colleagues from the host country have no choice but to remain in the community and to continue to fight against these medical, social, political, and financial obstacles.

Do not expect to practice medicine as you would in your home country. Laboratory and radiology support may be minimal or nonexistent. Laboratory procedures are often simple and laborious: spun hematocrits, use of a hemocytometer, and rapid plasma reagent (RPR) cards. Therapeutic options are limited. A typical example is the treatment of severe psoriasis when the strongest (and perhaps only) corticosteroid cream might be hydrocortisone 1%. Older remedies (e.g., tar preparations) and newer remedies (e.g., calcipotriol) are often unavailable. One might discover an unexpectedly sophisticated medicine, such as acetretin, in the local pharmacy as the result of a foreign donation but the supply of these medications is usually small and unreplenishable. Any relief provided by these medicines might last only until the supply is exhausted. Relapse, with the accompanying frustration and disappointment, is inevitable. In the example of severe psoriasis, you may consider therapeutic options that you might not use at home, such as natural sunlight alone or unmonitored methotrexate.

HIV infection has had a devastating effect on some nations. The high prevalence of infection has caused catastrophic changes in demographics, economics, and social structure. Individuals with the cutaneous hallmarks of advanced HIV infection may seem ubiquitous. In one central African country, I saw dozens of people with active herpes zoster, presumably HIV-associated, conducting their daily business on the streets. The treatment of zoster in this African nation was a single 200-mg tablet of acyclovir, as medications were in such short supply.

## **HOMEWORK**

Learn as much as you can about the nation, its people, customs, and courtesies before arriving on the scene. Learn about the endemic and epidemic diseases, dangerous animals, poisonous plants, and important vectors of disease. What is the structure of the medical system? What are the medical capabilities? How are medical services distributed in that nation? Knowledge of the climate and terrain will help you plan transportation, attire, shelter, communications, and resupply. The local library is a good place to start your background reading. Also many agencies, public and private, have compendia of valuable information. Addresses of organizations that provide information are listed in Table 1 .

The State Department produces a number of useful documents including consular information sheets, background notes, and travel advisories. A USAID-affiliated organization, the Center for International Health Information (CIHI), distributes documents such as country health profiles, country health statistics, and other health-related publications from USAID Reports. These superbly and succinctly address demographic health indicators (such as vaccination rates, maternal and child health data, and nutritional profiles), specific health problems, health care services, and the status of HIV disease. USAID's Office of Foreign Disaster Assistance (OFDA) also provides its Foreign Operations Guide on-line.

Country Studies, formerly called Area Handbooks, published by the Federal Research Division of the Library of Congress, are comprehensive summaries prepared for over 160 nations. Typical topics include country profile, history, economy, government and politics, natural environment (climate and topography), sociologic and cultural conditions, and health. The sections on health usually address health services and infrastructure, traditional and modern health practices, sanitation, pharmaceuticals, impact of HIV infection, and government support. Country Studies are available from most large public or academic libraries.

Country Information Packets (CIPs), prepared by the Peace Corps for its volunteers, provide a cogent overview of the country as well as sound recommendations for a safe and healthy stay. The CIP also offers valuable sections on the philosophical and ethical aspects of volunteer service abroad. Requests for a CIP may be submitted to the Peace Corps' Public Information Office. The Peace Corps has country desk officers located in Washington who may offer additional assistance via telephone.

The Armed Forces Medical Intelligence Center (AFMIC), a component of the Defense Intelligence Agency (DIA), has materials that address infectious diseases, environmental health, and preventive medicine. Medical capabilities studies and health service assessments have been prepared for about 90 nations. AFMIC also has a CD-ROM called MEDIC (Medical Environmental Disease and Intelligence Countermeasures) that contains most of this information. These materials were prepared for use by the US government but they are available to the public, American and otherwise, with a Freedom of Information Act (FOIA) request submitted to the DIA FOIA office. A request is simply a letter that specifies the nation(s) for which you would like a medical capability study or Health Service Assessment. You must also state that the request is made under FOIA and that you are willing to pay administrative costs (which are usually negligible). Classified passages



are removed from the documents before release to nonmilitary organizations and individuals. Military units with secure storage facilities may request the complete document through intelligence channels.

The Culturgram is sort of a mini country study. It is a 4-page pamphlet crammed with essential information on the land, climate, history, demographics, language, religion, customs and gestures, cuisine, lifestyle, government, economy, transportation, communication, education, and health. Culturgrams are available through the Kennedy Center Publications Office at Brigham Young University. Currently Culturgrams are available for over 160 countries. These are updated annually and editions for newly recognized countries are prepared regularly.

Small but valuable medical books that also should be considered include Benenson's "Control of Communicable Diseases in Man" [5] and the companion handbook to Mahmoud's "Tropical and Geographic Medicine." [26] Travelers who take the road less traveled find that the guidebooks prepared by Lonely Planet and Moon Travel are among the most useful.

Many references include some information about a region's weather. The definitive source, however, is the International Station Meteorological Climate Summary (ISMCS 4.0). This is a DOS-based CD-ROM prepared and distributed by the meteorologic agencies of the US Air Force and Navy in conjunction with the National Oceanic and Atmospheric Administration (NOAA, a uniformed nonmilitary service within the Department of Commerce). The CD-ROM holds meteorologic data for 6300 sites worldwide. The data include monthly temperature ranges, precipitation, cloud cover, windspeeds, humidity, and ad infinitum. The disk can be purchased from the Federal Climate Complex in Asheville, NC, although federal organizations may obtain disks from the USAF Combat Climatology Center. A quick way to obtain weather information for a particular site is to call a USAF weather office, an airport weather office, or a university's meteorology department and ask for the desired ISMCS data sheet.

## **THE PACKING LIST**

Preparation before departure is described in Appendix 2. During the preparation of this article, I asked a number of governmental and nongovernmental organizations about their packing lists. None claimed to have thorough lists, even for their own particular missions. Appendix 3 is a list of useful items that I have noted on various deployments. This list cannot be applied universally as the location, climate, duration, situation, austerity, urgency, and transportability differ. Your job is to reduce this list down to the practical and essential

items for your trip.

Few remarks on clothing are included as circumstances will dictate what is required. Keep in mind that certain products, such as cordura nylon, Gore-Tex outerwear, Thermarest sleeping pads, and viscose towels have transformed travel. Testimony to this is that items that appear in camping catalogs 1 year often appear in the Army's supply inventory a decade later.

Be aware of dress codes. Women may need to wear long skirts or dresses rather than pants or short skirts (which are often perceived as masculine or too revealing, respectively). The Peace Corps reminds women to bring a long slip to further reduce the revealing or clinging quality of Western dress. The daily attire of professional men in the developing world is usually conservative. Often a sport coat and tie are the expected attire. Occasionally the region may have professional attire that is surprisingly comfortable (e.g., the guayabera in many Latin American countries). Jeans, t-shirts, and sneakers are rarely suitable as professional clothing abroad. Although some of the local people may dress in seemingly worn or shabby clothes, this is most likely due to economics rather than choice. The likelihood is that they are wearing their 'best'. A foreigner wearing raggedy, unmended clothing is more likely to be considered an affront than someone trying to "get closer to the people," according to the Peace Corps' Country Information Packets (CIP) for Malawi. The Peace Corps reminds its volunteers that expressing one's individuality in clothing or hairstyle may hamper one's otherwise good efforts.

You and your organization should review what supplies you want and what you might expect to be on site. Consider bringing your own instruments and disposable supplies. I usually bring razor blades for shave biopsies, disposable biopsy punches, 30-gauge needles, and extra bottles of lidocaine with epinephrine and injectable triamcinolone. It is unlikely that you'll have electrocautery devices or liquid nitrogen. Will you have access to a microscope with glass slides, potassium hydroxide, Gram's solutions, and Tzanck stains?

## **YOUR SAFETY**

Organizations that send personnel abroad have varying degrees of safety consciousness. Ensure that your group provides safety briefings that address endemic diseases, sanitation, food and water precautions, and personal and property security. You must remain healthy and safe so that you can promote health and peace among your beneficiaries. Accidents are usually the main cause of loss of NGO staff overseas. Unintentional injuries (especially related to motor vehicles and to drowning), depression and suicide, and romantic

entanglements are the main reasons that Peace Corps volunteers fail to complete their service. [18] The CDC has noted that Peace Corps volunteers often practice HIV-risky sexual behavior despite admonitions for safe sex. [29] This study further shows that alcohol consumption is a risk factor for unsafe sexual practices. (Many other NGOs have high rates of risky sexual behavior.) The State Department has prepared recommendations for Peace Corps volunteers traveling abroad. Some of these recommendations that deserve repeating are:

### SAFETY

- Keep someone (family member, friend, and employer) informed of your travel plans
- Determine in advance how to handle an emergency
- Dress conservatively so as to not attract attention
- Avoid wearing or displaying items that indicate your nationality
- Do not wear jewelry
- Avoid high-density areas (such as crowded bus stations)
- Do not discuss travel plans indiscriminately
- Do not engage in political activities
- Wear a helmet when riding bicycles
- Seek help immediately if depressed or suicidal
- Follow health recommendations regarding insect protection, water, sanitation, and immunizations
- Begin malaria prophylaxis before departure and take primaquine, if necessary, after you return
- If ill, avoid injections and blood products if you are unsure of their purity
- Avoid participating in scarification and other ritual practices that draw blood
- Check the CDCs Blue Sheet for latest appraisals on plague, cholera, and yellow fever (also see Table 1)
- Check for travel advisories from the State Department (also see Table 1)
- Note that alcohol is one of the greatest risk factors for engaging in HIV-risky behavior
- Practice No-Sex (which is even safer than Safe-Sex). STDs, pregnancy or paternity, and romantic entanglements can ruin a trip.
- Wear lifevests during water travel
- Swim in safe areas only

### MOTOR VEHICLES

- Do not ride motorcycles (Motorcycles were the biggest killer of Peace Corps volunteers until riding of them was banned.)
- Do not ride in open, unprotected beds of trucks and pickups
- Avoid driving at night
- Wear seatbelts

Prepare yourself medically by consulting a travelers' (or emporiatric) clinic. Advice for travelers may also be obtained in many journal articles [27] [35] or from the CDCs "Health Information for International Travelers." [12] This guide is also known as the Yellow Book and can be found on the Internet (see Table 1) .

As a physician, set the example for others on your team. Help keep them healthy so they can help you do your job. As a dermatologist, set the example by wearing your hat, sunglasses, and lipbalm. Bring enough sunscreen to distribute to all the team members. When not in uniform, I use an umbrella as a parasol-it may not be macho, but it is sensible.

## **CUSTOMS AND COURTESIES**

Learn all you can about the country's customs and courtesies before you leave home. There are practices that you must learn and practices that you must avoid. Gestures from home may be meaningless or offensive in the new country. Examples are the thumbs-up sign and the OK-gesture, acceptable in the US, but regarded as obscene in many places. Gestures in the new country may have meanings that escape you. An example is the eyebrow flash that is a polite greeting (Fiji), a sign of agreement (Philippines), or a sign of disapproval (Lebanon). Behavior that Westerners may regard as innocently warm and friendly, such as a smile and eye contact during conversation, may be construed as insolent elsewhere.

Useful guides for local customs and courtesies are included in Culturgrams from Brigham Young University and Country Information Packets from the Peace Corps. A series of books called "Do's and Taboos Around the World" by Roger E. Axtell includes individual volumes that address gestures, business travel, and hosting international guests. Some of Axtell's advice can be found on the Internet (see Table 1) . Some cultural or legal restrictions are not self-evident. For example, some Middle Eastern nations do not permit any literature (such as travel guidebooks) or documents (such as passports) that acknowledge the State of Israel.

There are few universal recommendations for but generally begin with courteous greetings (rather than "getting straight to business"), use titles and more formal salutations rather than first names, and display deference for elders.

Much of the following goes without saying (but things that go without saying often go better when said). Possession of pornography, use of illegal substances (including alcohol in many nations, particularly those with Islamic laws), and sexual relations with host nationals are forbidden. Pregnancy, paternity, and STDs are not the types of things that you want to take home. Currency exchange on the black market should be avoided. Remember that you represent an organization or possibly your own government. Engagement in illegal money exchange to save a few dollars is not worth endangering you or your organization's status. When you work abroad, you are fully subject to the laws of the host country and have no immunity. Military personnel are often

protected under a Status of Forces Agreement although criminal conduct may abrogate those protections. Know that you are a guest in someone else's home; obey their laws (as well as American laws).

Do not get involved in any the political affairs of the host country. Do not engage in any personal entrepreneurial endeavors. People will often offer gifts in thanks for your contributions to their community. Accept these gifts graciously. Military personnel may not accept expensive gifts but if it is awkward to decline such a gift, accept it graciously and inform your supervisor in writing about the transaction. Careers have ended by failing to report the acceptance of expensive gifts under these circumstances. Some NGOs prohibit their members from engaging in religious missions and proselytizing; for others NGOs, it is their *raison d'etre*. Know your organization's policy.

## LANGUAGE

What languages are spoken by the patients and by the medical staff? Is there a lingua franca that can be used? Will interpreters be available? Peace Corps volunteers remark that acquiring some fluency in the local language is key to the success of their projects and hence to their personal gratification. It would be wonderful to have some facility in the local language before arriving but that is often unlikely. A knowledge of French or Spanish is helpful in parts of the developing world; however, most people in these nations speak only non-IndoEuropean tongues.)

Many organizations, such as OFDA, use interpreters but these are often dealing in large-scale public health crises. Clinicians who work directly with patients should try to acquire some facility in the local language. Learn customary greetings and know when to use the formal or honorific case. Learn enough phrases in the main dialect to allow you to conduct a dermatologic examination. Examples of commonly used phrases are listed in Appendix 4. Prepare and use a transliterated guide; your patients and your local colleagues will appreciate your efforts and this will open opportunities for you to experience the region in a richer fashion. Some organizations and medical centers have phrase guides for the major nonEnglish-speaking groups in their communities. For example, AMSA distributes a guide for medical Spanish called " Que Paso? (see Table 1) .

The Multi-Lingual Interview System (MIS 4.0; formerly the Multimedia Medical Language Translator) is a computer-based medical translator system developed by the Lee Morin, MD, PhD (formerly of the Navy; now a NASA astronaut). [17] The CD-ROM can be run from a laptop on Windows. The MIS lists several thousand logically arranged medical questions, explanations, and instructions that can be played in about 50 languages.

The MIS can be used on a laptop (or any) computer equipped with sound capability. The operator uses a mouse to point-and-click at a desired phrase, which will then be spoken in the selected language. There are response algorithms to minimize your befuddlement by the patient's answers. Copies of MIS 4.0 may be requested from the Naval Operational Medical Institute in Pensacola (see Table 1) . Distribution is free for federal agencies and humanitarian NGOs.

## **ON THE FIELD MISSION**

Embarking on a field mission is rarely as simple as just arriving and getting started. Delays seem inevitable, and most delays are beyond your control. Don't fret, just stay calm and keep your spirits up. The most important contribution you can make at this point is to maintain the spirits of those around you.

The most frequent cause for delay is a transportation mishap. When a vehicle breaks down, the project's success depends on the talents of your mechanic. This leads to an important point: on many humanitarian endeavors, it seems that the most valuable member of the team is the mechanic, followed by generator operator, resupply clerk, translator, and cook. At the bottom of the list, seemingly least essential to many missions, you may find the physician. Another perspective is that a community's health relies on the people who work with water supply and purification, latrines, food distribution, and shelter, more than on the volunteer clinicians. It may also be naive to think that your clinical contributions will have a lasting effect on the health of an individual or the community.

There is a certain amount of festivity associated with a medical team's arrival in a remote village. Schools close, politicians orate, kids tumult, crowds gather, and queues form. It is as if the circus has come to town and you are part of the circus. My experience is that the largest group of people want to see the skin doctor.

How are the sites selected? In my experience, political requirements rather than medical necessity often dictate which communities receive attention from medical missions. In some examples, the village may be the home of an influential politician's family; in other cases, we visited villages that had the largest numbers of insurgents, as if the incumbent political regime would be bolstered by the appearance of bringing in medical aid.

Meet with official and traditional leaders of the community and the medical establishment. Show an appreciation for the significance of traditional medicine in illness and death, religion and ritual. Find out if there

are cultural restrictions on physicians' examining a person of the opposite sex and what the customs are for chaperones. Recognize that there are groups of people who may be marginalized from your services: this can be based on sex, affluence and power, age, or ethnic distinctions. In many countries, women historically receive a disproportionately small share of health resources. I have no solution for these inequities.

Before you establish the clinic site, go with the planning party the night before to identify a suitable place for the dermatology clinic. Medical teams often set up in schoolhouses, other public buildings, or in military tents. I generally try to avoid these as most of the facilities are too dark for a proper skin examination. Moreover, these structures are usually hot, dusty, and pungent. Find the largest tree on site and set up your clinic in its shade (anticipating the afternoon sun). The light, temperature, and aromas are usually more pleasant outdoors. Set up your clinic with two stations: the examination area and the waiting area. The examination area should have several chairs (for you, the patient and a family member, a local provider working with you, and the translator), a desk, a hand-washing station for you, a privacy screen (perhaps made out of ponchos), a basin for dirty instruments to be held, a sharps container, a secure area for your camera and supplies, and a station for your assistant to clean and dress wounds and apply gentian violet. The waiting area should be shaded; with benches for the elderly, infirm, or pregnant; drinking water for those waiting; trash receptacles; a latrine; and a prominent sign in the local language saying "skin doctor." Use engineer tape (rolls of white cloth ribbon) to help mark your areas, if necessary.

Another learning experience for you is to work with the physicians trained in developing nations. Your local colleagues may practice in a manner quite different from yours and may incorporate practices that are based in nonWestern medical traditions. Their art of medicine also may include an appreciation for the placebo value of an injection or simply of a written prescription. In some societies, physicians may seem more vulnerable to pressures of power and influence. Medications that are dispensed by prescription in the West may be widely available in developing countries. Pharmaceutical companies can advertise these medications and patients have often taken short courses of various medications, especially antibiotics. [30]

Expect a lack of privacy and abundant scrutiny from the locals. The Peace Corps apprises its volunteers that people abroad may carry stereotypes and expectations based on one's skin color, ethnic background, sex, sexual orientation, age, marital status, and childbearing status. In particular, a woman who has neither spouse nor children may be regarded as an oddity. The local population may have higher expectations of a volunteer who is of their same skin-color or ethnic group. They may also believe that Americans in general behave with

arrogance.

If one plans to conduct clinical trials, ascribe to the principles of the WHO's Helsinki Declaration on research involving human subjects. Satisfy the requirements of your own institutional review board and that of the host nation. There are ethical requirements to ensure that people abroad receive the same levels of care that human subjects do in the donor country. Be aware of the controversies that surround issues such as placebo controls in clinical trials in developing countries. [2] [37]

## **HYPERENDEMIC CONDITIONS**

When patients refer themselves to your clinic, the acuity and the complexity of the skin conditions diminish. Several studies in rural tropical settings, [10] as well as in unpublished data, show that the leading reasons for self-referral are, in order: eczema, infestations (especially scabies), tinea versicolor, pyodermas, dermatophytosis, acne, and pigmentary disorders (such as pityriasis alba, vitiligo, and melasma) (Table 2) . Most of what you see might be described as primary care dermatology. Teach your local colleagues who remain in country how to manage these conditions.

In many countries, patients with disorders of hypopigmentation, ranging from the trivial (pityriasis alba) to the nearly untreatable (vitiligo), are seen in disproportionately high numbers. In many tropical areas, light-colored spots confer the diagnosis and stigma of leprosy. An important part of treating these patients (and their parents) is to assure them that these hypopigmented conditions are not leprosy.

Decide before the trip how you will manage innocuous and common concerns. For example, tinea versicolor is nearly universal in humid tropical areas. Does it deserve to be treated? Should you use limited supplies to treat a harmless and quickly recurring condition? Will treatment of these conditions meaningfully improve the health of the local population? If your organization's goal is to dispense goodwill, then you may wish to treat the condition. If you must ration your goods and services, consider not treating tinea versicolor with topical antifungals or mild acne with oral antibiotics and the like.

Scabies for example is hyperendemic in many societies. There have been several attempts to develop community scabicide programs with troughs of scabicides such as benzyl benzoate or a lindane slurry into which people would immerse themselves. These programs have proven unsuccessful as customs of modesty and hygiene, as well as sex restrictions, menstrual taboos, and class distinctions, make the sheep dip



approach to treating scabies unacceptable. Recent scabies eradication programs that use a single oral dose of ivermectin appear to be both more effective and more acceptable. [7]

## **TABLE 2 -- SKIN DISEASES SEEN IN THE DEVELOPING WORLD**

Note: This table lists the most commonly seen skin diseases in rural areas of tropical developing nations. Urbanization, prosperity, and higher latitude will alter the mix.

<u>Condition</u>	<u>Comment</u>
Eczema and dermatitis	Often secondarily infected
Infestations	Scabies and headlice; often secondarily infected
Tinea (pityriasis) versicolor	Nearly universal in some populations
Pyoderma	Primary infections or secondary infected sites
Dermatophytosis	
Acne vulgaris	
Pigmentary disorders	Often pityriasis alba, melasma, and vitiligo

## **DERMATOLOGIC FORMULARIES**

You may need to become familiar with medications that you may have never used before. Some are standard outside the US (such as Whitfield's ointment for dermatophytoses); some are underappreciated in the US (such as oral rehydration salts) [3] ; and some are nearly forgotten in the US (such as chloramphenicol). Bring along a pocket antibiotic guide (such as Sanford's Guide) [33] to refresh your memory on the spectra of activity for various workhorse antibiotics.

WHO recommends that nations establish lists of essential drugs "that satisfy the health needs of the majority of the population; they should therefore be available at all times in adequate amounts and in the appropriate dosage forms." [41] More than 120 nations have created such essential drug lists (EDL). Countries without EDLs are often developed nations whose pharmaceutical industries discourage such economic parochialism. Therefore it is likely that any country that might need humanitarian assistance already has an EDL. WHO recommends criteria for selecting medications on the EDL and has created a model list but each country is free to compile its own list. The dermatologic formulary in many developing countries consists mostly of inexpensive medications that have long shelf-lives. Many of these, such as gentian violet, [4] are purchased in

bulk and are compounded locally. The topical agents found in the WHO's model EDL that lists other items that are customarily used by dermatologists are as follows:

**ANTIFUNGAL DRUGS**

Whitfield's ointment or cream  
miconazole cream \*  
sodium thiosulfate  
selenium sulfide

**ANTI-INFECTIVE DRUGS**

gentian violet \*  
neomycin/bacitracin \*  
silver sulfadiazine

**ANTI-INFLAMMATORY DRUGS**

betamethasone valerate cream \*  
hydrocortisone acetate cream \*

**ANTIPRURITIC DRUGS**

calamine lotion \*

**ASTRINGENT DRUGS**

aluminum diacetate

**KERATOPLASTIC AND KERATOLYTIC DRUGS**

benzoyl peroxide  
coal tar  
dithranol  
  
fluourouricil  
podophyllum resin \*  
salicylic acid solution  
urea

**SCABICIDES AND PEDICULICIDES**

benzyl benzoate  
permethrin

**ULTRAVIOLET-BLOCKING AGENTS**

benzophenones, SPF-15 \*  
zinc oxide \*

\* example of a therapeutic group

[Adapted from the World Health Organization: The Use of Essential Drugs, ed 7. WHO Technical Report 867, Geneva, 1997.]

Do not expect to prescribe medications as you would in a developed nation. Review therapies from the New Emergency Health Kit (later in text), [39] the model EDL, [41] and similar guidelines [15] before your trip: gentian violet, potassium permanganate, crystal violet, and chlorhexidine for impetigo and secondarily impetiginized lesions; lindane (gamma benzene hexachloride), benzyl benzoate, and sulfur preparations for scabies; coal tar and salicylic acid preparations for psoriasis; Whitfield's ointment for dermatophytosis; and sodium thiosulfate for tinea versicolor.

## **DONATED DRUGS**

The ethics of donating pharmaceuticals to another nation are complex. [6] [20] [40] The arrival of inappropriate medicines can be a burden rather than an asset. Too often the medications are damaged or spoiled, unidentifiable, unsorted or unlabelled, expired, or simply irrelevant. There are considerable unanticipated costs for the receiving nation to sort, process, distribute, and store the well-intentioned donations. The WHO has developed guidelines for charitable donations of drugs (Display Box 1 ).

### **Guidelines for Drug Donations [20] [40]**

Donations of medications and supplies should meet the following criteria:

- Expressed need from recipient country
- Prior consent of recipient country
- Approved for use in recipient country
- Strength and formulation already standard in recipient country
- Comply with quality standards of both host and recipient country
- Must not be free professional samples
- Remaining shelf-life of more than 1 year
- Labeling must be understood by host country's practitioners
- Packed only with medications in cartons less than 50 kg
- Use International Nonproprietary Name (generic name)
- Cartons must be labeled under international standards (generic name, dosage, quantity)
- Keep host country informed of planned donations
- Tariffs, duties, port fees, transportation, storage fees paid by donor

What does this mean for the dermatologist who, for example, plans to bring sample tubes of superpotent topical corticosteroids? Often a 2-g tube will provide relief for a distressing condition. A colleague who works on pharmacy aspects of disaster response acknowledges that there are more benefits than harm when these samples are used to treat acute, curable conditions. NGOs will probably permit this practice. It remains inappropriate however, to bring in expired medications or those that offer only a brief respite for chronic conditions.

To overcome the chaos of poorly coordinated drug supplies, the WHO developed the New Emergency Health Kit (NEHK). This is a standardized list of medical supplies and pharmaceuticals adopted by WHO and dozens of NGOs as a "reliable, standardized, inexpensive, appropriate, and quickly available source of the essential drugs and health equipment urgently needed in a disaster situation." [39] The NEHK is designed to address the needs of a disrupted or displaced population of 10,000 for 3 months after the acute emergency phase of a natural or manmade disaster. These guidelines, of course, will be influenced by the nature of the disaster,

causes of morbidity and mortality, demographics of population, climatic factors, and customary medical standards.

The NEHKs basic unit includes only a few items that are used to treat skin diseases. The NEHKs supplementary unit contains an additional dozen or so dermatologic medications. If one helps in an emergency relief operation, review Table 3 to see what dermatologic medications will be available. Treatment guidelines for skin conditions can be found in Table 4.

**TABLE 3 -- THE NEW EMERGENCY HEALTH KIT**

<u>Basic unit</u>	<u>Quantity</u>	<u>Comments</u>
Benzyl benzoate, lotion 25%	1-L bottle	dilute if in a stronger concentration
Chlorhexidine 5%	1-L bottle	dilute if in a stronger concentration
Gentian violet, powder	four 25 g units	needs reconstitution
Sulfamethoxazole/trimethoprim 400/80 mg	2000 tabs	
Tetracycline eye ointment	1% in 5 gm tubes 50 tubes	
Mebendazole, aspirin, paracetamol acetaminophen		
<u>Supplementary unit</u>		
Antibiotics		
Ampicillin, 250-mg tablets	2000	
Ampicillin, 500-mg vials	200	
Penicillin benzathine, 2.4-mU vials	50	
Penicillin procaine, 3.4-mU vials	1000	
Chloramphenicol, 250-mg capsules	2000	
Chloramphenicol, 1-g vials	500	
Nystatin, 100,000 IU tablet	2000	
Tetracycline, 250-mg capsules	2000	for cholera and chlamydial infections
Corticosteroids		
Dexamethasone (injectable)		
Prednisolone (oral)		
Topicals and miscellaneous		
Povidone iodine 10% solution	four 500-mL bottles	not tincture of iodine
Zinc oxide 10% ointment	two 1-kg tubs	
Benzoate 6%/salicylate 3% ointment	one 1-kg tub	known as Whitfield's ointment
Lidocaine		

#### TABLE 4 -- TREATMENT GUIDELINES FOR SKIN CONDITIONS

“Simple guidance for the training of primary health care workers using the basic unit.”

[Adapted from the World Health Organization: The New Emergency Health Kit. WHO/DAP/90.1. Geneva, 1990.]

Wounds: extensive, deep, or on face	<b>Refer</b>
Wounds: limited and superficial	Clean with clean water and soap or with diluted chlorhexidine solution. Apply gentian violet daily
Burns: extensive, severe, or on face	Treat as for mild burns and <b>refer</b>
Burs: mild or moderate	Immerse immediately in cold water or use a cool compress. Continue until pain eases then treat the wounds.
Bacterial infection: severe or febrile	<b>Refer</b>
Bacterial infection: mild	Clean with clean water and soap or with diluted chlorhexidine solution. Apply gentian violet twice daily. If not improved after 10 days, <b>refer</b> .
Fungal infection	Apply gentian violet daily for 5 days.
Scabies, non-infected	Apply benzyl benzoate
Scabies: infected	Treat mild bacterial infection as above. When infection is cured, apply benzyl benzoate.

#### SURGICAL PROCEDURES AND BIOPSIES

Before embarking on your trip, determine how you will transport your biopsy specimens and who will examine them. Federal physicians can usually obtain the services of their own pathology department or that at a major medical center. Dermatologists with NGOs will need to find a dermatopathologist who will examine the specimens gratis. The pathologist will advise you how to preserve and return the specimens. There is little that can substitute for formalin (formaldehyde 10% in water) as a fixative; however, in a pinch, I have used high-proof rum until the specimen could be transferred into formalin. Prolonged storage in alcohol will desiccate the tissue but the specimen may still be acceptable for routine processing. After the tissue has been fixed for 6 hours in formalin, much of the liquid may be poured off. I like to use redtop blood containers with rubber stoppers with a label written with waterproof ink. The container should be doubly sealed with paraffin sealing paper (such as Parafilm M), placed in a padded molded plastic foam holder, and then enclosed in resealable plastic bags. The key is to prevent breakage of the containers or leakage of the formalin. You may need to declare the tissue specimens if you mail the materials or when you pass through agricultural inspections when you re-enter your home country. Check with your pathologist, the US Postal Service, or the US Department of Agriculture for the current regulations.

I have always found minor surgeries to be among the most satisfying activities when on a nonemergency mission. Other members of your team may not appreciate the surgical capabilities of many dermatologists. It is your responsibility to educate your colleagues on your skills in removing disfiguring birthmarks, revising facial scars, and debulking neurofibromas. Locals often regard some problems as "inborn" and irremediable and may not realize that help is available. Maintain a biopsy logbook in which you keep addresses of the patients whom you biopsy. Send a copy of the reports, brief descriptions in lay language, and recommendations to both the patient and the local medical officer.

Practice universal precautions just as you would in your home country. Insist that your assistants adhere to appropriate precautions. At your field site, establish a hazardous waste disposal point and use a red biohazard bag or identifying tape to mark the site. Discard sharps into suitable puncture-resistant, leakproof containers. I try to bring sharps containers with me but have used plastic jugs with biohazard warning labels attached. Dispose of the used containers properly.

## **REFUGEE CAMPS**

There are more than 10 million people today who have been displaced from their homes because of manmade or natural disturbances. These refugees are often the most impoverished among an impoverished society. Their medical needs depend on the circumstances of the disturbance: its cause, the demographics of refugees, seasonal and climatic factors, and the refugees' nutritional and health status prior to the crisis.

Imagine the human tragedy of civil war. Combine this with migrations of refugees, drought and famine, and epidemic diseases. This is what relief workers call a complex emergency. We continue to see situations in which natural and manmade disasters compound each other. [38] The human toll of these events is devastating to its victims. Relief workers may also be afflicted with fatigue, frustration, horror, confusion, and physical and emotional exhaustion. OFDA's Foreign Operations Guide (FOG) addresses the stresses of these circumstances.

An article prepared by the CDC [11] is recommended reading because it covers the dermatology-related topics of protein-energy malnutrition (also known as marasmus and kwashiorkor), vitamin deficiencies (particularly scurvy, hypovitaminosis A, and pellagra, which have afflicted 20%, 7%, and 6% of displaced populations, respectively), measles, diarrheal diseases, and malaria. If one becomes involved in the care of refugees, realize that one-on-one care that is customary in developed nations is by necessity subordinated to the collective health needs of the community.

## **VETERINARY AND DENTAL SUPPORT**

Veterinary teams participate in many medical missions. Their tasks include treatment, immunizations, food inspection, and community education. Assist the veterinarian when you can. A physician can learn a lot of medical science from the veterinarian: entomology, zoonoses, procedures, food inspections, and more. Also veterinarians see a community from a different perspective from human doctors because they often travel to the farms and homes of their patients (instead of seeing their patients at the clinic). When possible, accompany the veterinarian on trips through villages and especially local markets. Veterinarians have insights into the community that people doctors often lack.

In many developing nations, the health specialty that is in the greatest shortage is dentistry. Unfortunately, duties of deployed dental teams are often limited to performing extractions. Physicians who plan to participate regularly in assistance projects should work with the dental team to learn how to perform basic extractions.

## **COMMUNICATIONS**

Find out how you will communicate from your field site internationally, to your basecamp, and to the next field site over. Good communication is necessary not just to accomplish your mission but also to keep in touch with your family. Find out about the local postal system, telephone service (landline and cellular), FAX, e-mail, and Internet access. Ask the State Department (or your foreign service) if you have access to your embassy's mail pouch for reliable delivery of your correspondence and receipt of items from your organization. You may want to ask returning colleagues to post your letters once they arrive back home; this is often more reliable than using local postal systems.

In many developing countries, telephone service is erratic. In fact, many nations have bypassed conventional wire-based telephone service and jumped to wireless or cellular systems. Unfortunately one cannot simply take an American cellular phone overseas as there is no guarantee of compatibility. The most widely adopted cellular standard is GSM (Global System for Mobile Communications), which is found in most of Europe, the Middle East, the former Soviet bloc, and Africa but has not been adopted in most of Asia and the Americas. If your organization lacks information about postal and telecommunications capabilities, pose your questions to an embassy (either yours in their country or theirs in your country). One might also call a major telecommunications service such as AT&T or GTE for their knowledge of the local capabilities.

Military organizations often carry their own telecommunication devices or can obtain information on local communication capabilities through intelligence channels. Many NGOs and federal agencies that respond to complex emergencies use portable INMARSAT (International Maritime Satellite; [www.inmarsat.org](http://www.inmarsat.org)) devices. These are briefcase-sized transmitting stations that can quickly establish satellite telecommunications links almost worldwide. INMARSAT is a high-quality and reliable system but the costs for the devices and the airtime are high. Although it has not become commercially available, Motorola's Iridium system ([www.iridium.com](http://www.iridium.com)) of low-earth-orbit satellites may soon become the workhorse for international telecommunications as this network will support cellular communications worldwide.

Telemedicine in a variety of forms is being used increasingly in disaster response [23] and medical assistance missions. [30] Organizations wishing to learn more about telecommunications in support of international humanitarian causes are advised to contact the Center for Public Service Communications (see Table 1), a consulting firm with considerable experience assisting organizations, governmental or NGO, in designing telecommunications and applications packages for humanitarian missions.

## **PHOTOGRAPHY**

Take photographs, not only of medical scenes, but in anticipation of presentations that you will give upon your return home. Your colleagues will want to learn of your experiences and your sponsoring NGO will probably appreciate the publicity, especially if it is linked to fundraising for their cause.

There are times when outdoor photography may be impractical or impermissible. Keep in mind that many countries consider their airports as security installations; if so, do not take pictures at the airport. While I was in a central African nation, the country experienced food riots, an attempted coup, and the imposition of martial law. Outdoor photography was banned because the government feared that insurgents would use the images as intelligence. So how was I to get pictures of this country? From the post office one can often get postage stamps that depict the nation's flag and leader, traditional costume, and even some medical themes. Once back home, you can take slides of the stamps to use in your lectures.

Photography in times of disaster or in refugee camps is often inappropriate. Whatever your intentions, taking a picture of another person's distress may further highlight a victim's sense of loss of control and dignity. Besides you'll often be too busy in these circumstances to pull out your camera, so make arrangements with your organization's Public Affairs Officer or with a news photographer to obtain images. Let them know what



scenes you would like and be sure to trade addresses so that you may obtain the developed images later.

Photographs are often used for political purposes. Just as your organization may use pictures to broadcast your good deeds, local groups may wish to use pictures in ways that are politically advantageous to them. Often a local organization may ask to take pictures of you, "the distinguished foreign physician," with a community leader. In some cases, the photograph may be used innocently; in other cases, the local leader may, for example, be an insurgent warlord and the photograph may be used in ways that are perhaps counter to your personal or organizational views. You may wish to have your PAO or team leader determine the intended use of these pictures because your participation may appear to confer support of their organization. These cautions go both ways; locals may not want their photograph to be used for your undisclosed purposes also. There may be taboos on taking pictures of children or people who are ill.

Obtain permission from your patients before taking photographs of them, just as you would back at home. Learn how to ask, "May I take a photograph?" in the local language. It is courteous for you to ask initially for permission; your translator can explain the reason for the picture (e.g., to teach medical students). Wait for assent before you take the picture; remember that some societies, such as many Moslem communities, shun photography of people as it is regarded as making graven images in violation of their religious precepts. Other societies attach spiritual attributes to their image and do not want it captured by someone else.

It may be appropriate to use consent forms for photography, just as you would at home, particularly if you intend to use the picture in a publication. Anticipate a journal editor who may require a consent form. Remember, however, that the consent process is more complex than simply obtaining a signature. Consent includes explanation, understanding, and agreement--not merely producing a signed form. If the patients are facile in English, use your own institutional form or prepare a shortened extract. Otherwise consider translating the key points into the local language or use consent forms obtained from the local hospitals. The patient may grant permission for the photograph's intended use but nevertheless decline the Western formality of signing your form. In these cases, prepare a simple memorandum noting the consent process and have it cosigned by a witness, preferably an indigenous physician. Editors usually accept these memoranda.

Many groups bring a Polaroid camera. You may travel to an area where no one has a picture of themselves. It is a nice gesture to give someone a pleasing portrait of themselves as thanks for permission for you to take pictures. Although photojournalists typically will not pay to take someone's picture, you may find it

helpful to offer a simple gift (often local currency) in exchange for the person's graciousness in letting you take his or her picture.

## **AFTER YOUR TRIP**

Remember to complete your course of malaria prophylaxis and do not donate blood for 2 years if you have been in a malarious area. If ill over the next several years, inform your physician of your travels as malaria can recrudesce.

Maintain a notebook during your travels to record memorable events and people, language items, addresses of colleagues and friends for thank-you cards or gifts, addresses of patients and their doctors to whom you will send biopsy reports, lessons learned, and plans for similar trips in the future. Share your observations with your organization, and if appropriate, with your colleagues in-country. Give your organization recommendations and justifications for similar assistance visits in the future. Give slide presentations to your fellow dermatologists back home and encourage others to volunteer for similar projects. Also, please send me comments that can be used to improve this guide.

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## **APPENDIX 1**

### **Statutory Background for US Military Participation in an Assistance Mission**

The US Armed Forces "may carry out humanitarian and civic assistance activities in conjunction with authorized military operations of the armed forces in a country if the Secretary [of Defense with approval of the Secretary of State] determines that the activities will promote (A) the security interests of both the United States and the country in which the activities are to be carried out; and (B) the specific operational readiness skills of the members of the armed forces who participate in the activities." Humanitarian and civic assistance is defined as:

- 1.medical, dental, and veterinary care provided in rural areas of the country
- 2.construction of rudimentary surface transport systems
- 3.drilling of wells and construction of basic sanitation facilities
- 4.rudimentary construction and repair of public facilities
- 5.detection and clearing of landmines and associated activities

( From 10 USC 401. Humanitarian and civic assistance provided in conjunction with military operations.)

"The President may direct the Secretary of Defense to provide disaster assistance outside the United States to respond to manmade or natural disasters when necessary to prevent loss of lives. Assistance...may include transportation, supplies, services, and equipment."

( From 10 USC 404. Foreign disaster assistance. [Public Law 103-337; Executive Order 12966].)

## **APPENDIX 2**

### **Preparation Before Departure**

#### LEGAL, FINANCIAL, AND ADMINISTRATIVE

- prepare power of attorney and update your will
- verify life insurance
- verify that your medical insurance will cover health needs (and evacuation) from overseas
- consider supplemental health insurance
- obtain personal article insurance (to cover damage, loss, or theft)
- verify that your malpractice carrier will cover your work overseas
- arrange for direct deposit of paycheck into your bank
- arrange for automatic payments of recurring bills
- confirm liability coverage with sponsor organization and your carrier
- submit proposals for clinical trials to institutional review boards (home and abroad)
- determine which expenses, if any, are reimbursable or tax-deductable

#### HOME ARRANGEMENTS

- arrange for pets and plants to be cared for
- leave itinerary, mailing address, emergency contact numbers in US and overseas with family and employer
- arrange for flowers or gifts to be sent to family while you are away (for birthdays, anniversaries, etc)
- hold or forward newspaper and mail

#### TRANSPORTATION AND COMMUNICATION

- obtain telephone calling card (verify that it is accepted in host country)
- learn what are standard flights from host country home (in case of personal emergency or medical evacuation of staff)
- order special meals on airplane, if desired
- arrange for frequent flyer miles
- arrange en-route lodging
- ship medical supplies in advance
- determine how you will communicate with colleagues, family, and sponsoring organization

#### PASSPORTS, VISAS, AND PERMITS

- obtain passport (tourist or official)
- obtain visas (for country of mission, in-transit countries, and neighboring countries; see Department of State Publication 10541 or see Table 1)
- obtain extra passport-sized photos, two for every country you might visit (not in uniform)
- check with State Department on travel advisories
- find out if medical supplies will be subject to inspections and duties in recipient nation or in-transit nations
- find out if biopsy specimens require declaration in recipient nation or in-transit nations
- know what your relationship with your organization (or the US embassy) is if there is political instability or a personal emergency
- arrange for medical license and local work permit for nation, if necessary

## PUBLIC AFFAIRS/MEDIA RELATIONS

- inform your press officer of your trip
- obtain film that they prefer (usually color slide film or black-and-white print film)
- appoint a diarist to prepare dispatches from the field
- learn host nation's regulations and sensitivities on press dispatches
- clear material through your press officer, if necessary
- identify a local national public affairs office
- know your organization's rules about dealing with reporters; obtain a Media Interview Guide (see FOG or similar document)

## PERSONAL MEDICAL ISSUES

- emporiatric (travel) clinic. See also the CDC Yellow Book ([www.cdc.gov/travel/yellobk/home.htm](http://www.cdc.gov/travel/yellobk/home.htm)):
  - malaria prophylaxis (start before departure)
  - immunizations (standard such as tetanus booster and others such as for Japanese encephalitis, rabies, hepatitis A, meningococcal disease, tetanus booster, and immunoglobulin)
  - recommendations for diarrhea prophylaxis and treatment (some debate on this topic)
  - doxycycline (for leptospirosis prophylaxis)
- treat field clothing with permethrin
- know the current recommendations from the Public Health Service on HIV postexposure prophylaxis (in case of needlestick) and obtain supply of antiretrovirals
- check on yellow fever and cholera immunization requirements for that country and countries en route
- contact any physicians (or similar providers) from your organization who have been to your destination country recently
- arrange for shipment and storage of controlled substances

## HOMEWORK

- Country study
- Culturgram*
- Medical capability study or health service assessment from AFMIC
- Peace Corps country information packet
- obtain maps of your area
- run a MEDLINE search for human/review/[ country] and exp skin diseases/[ country]
- know the climate (temperature range, precipitation, humidity) and terrain for your site
- obtain or prepare medical phrase guide

## MISCELLANEOUS

- obtain correspondence course or continuing medical education materials
- learn about currency exchange laws and rates (do not engage in black market exchanges)
- contact skin disease hospital, leprosaria, medical school in host country, and volunteer to give lectures, see clinic, or visit
- determine what power sources will be available (e.g., to plug in laptop, recharge ophthalmoscope batteries, razors, radio)
- determine who will process and examine the biopsy specimens
- obtain format for your after-action report

**PEACE CORPS ADDITIONS**

obtain dental clearance (correct all dental problems before departing)  
 register for absentee ballot  
 arrange for forwarding of mail; send out change of address notices  
 cancel or reroute magazine subscriptions  
 obtain international driver's license (from American Automobile Association although some organizations prohibit members from driving when abroad for safety reasons)  
 leave important documents with power of attorney

**MILITARY ADDITIONS**

obtain country clearance from State Department  
 verify security clearance and obtain security briefing  
 notify military attache  
 enroll in military correspondence courses (such as advanced or command courses to fill down time)  
 discuss project with AFMIC

**APPENDIX 3  
 MASTER PACKING LIST****AIRPLANE BAG (PLAN FOR DELAYS OR TO BE STRANDED EN ROUTE TO FINAL DESTINATION)**

plain black bag without distinctive markings (such as sports logos or US Army emblems)  
 pleasure book  
 travel guide (such as Lonely Planet or Moon Travel)  
 camera and film (usually slide film)  
 small towel and change of undergarments (plan for delays)  
 earplugs, eyeshield, small pillow (sleep when you can)  
 emergency food, e.g., meal, ready-to-eat (MRE); agricultural authorities usually bar the transport of fresh fruit  
 full water bottle  
 sunglasses and sunhat  
 personal hygiene articles  
 portable umbrella (otherwise expect torrential rains upon your arrival)

**DOCUMENTS**

passport (official or tourist) with visa, if needed  
 immunization record (PHS Form 713 or the "little yellow shot record"), that is up-to-date and noting your blood type and eyeglass prescription  
 letter of introduction  
 extra passport photos  
 frequent flyer cards  
 international telephone card to permit overseas calls  
 credit cards/US currency/travelers checks/  
 personal checks (and local currency if permitted to bring in)

HEALTH AND HYGIENE

items from emporiatric (travel) clinic  
 malaria prophylaxis  
 sleeping tablets (e.g., zolpidem; to avoid/overcome jetlag)  
 doxycycline (for leptospirosis prophylaxis)  
 diarrhea kit (such as oral rehydration salts, ciprofloxacin, bismuth subsalicylate, loperamide)  
 medications for needlestick postexposure prophylaxis (such as zidovudine, lamivudine, and indinavir)  
 miscellaneous items  
 mupirocin ointment  
 sunscreen/lipbalm  
 corticosteroid cream  
 adequate supply of personal medications  
 toilet paper/diaper wipes  
 soap/shampoo/toothbrush/toothpaste/hand mirror/towel/razor etc.

SLEEPING GEAR

sleeping bag  
 sleeping sheet (a queen-sized sheet sewn into a sleeping bag shape; inserted in sleeping bag; easy to wash and keeps sleeping bag clean; mandatory in many youth hostels)  
 sleeping pad (such as a Thermarest)  
 ground cloth or poncho  
 mosquito netting with bars, treated with permethrin  
 mosquito coils

GARMENTS AND ATTIRE (DICTATED BY SITUATION)

clothing that can be handwashed and air-dried

RECREATION

swim goggles/mask/snorkel/fins/reefwalker shoes  
 pleasure books/playing cards/chess set/cribbage board

SAFETY

folding umbrella/parasol  
 workgloves  
 insect repellents  
 sunscreens (enough for team) and lipbalm  
 safety goggles and hair bandanna for dusty conditions (such as convoys); dust mask  
 mudboots  
 mosquito headnets  
 reflective vest  
 water purification device or chemicals

MISCELLANEOUS

luggage should be durable, multipurpose, and easy to carry (e.g., convertible suitcase or frameless backpack)  
 flashlight  
 extra batteries for flashlight and any other devices  
 duct tape



travel alarm clock  
 nylon cord, several at 12-foot lengths  
 resealable plastic bags, all sizes up to 2-gallon bags  
 bungee cords  
 padlock, key or combination (for duffel bag or lockable container)  
 prayerbook or Bible  
 laundry soap, small packets  
 spare eyeglasses (and a record of your prescription)  
 address book  
 extra film and batteries for camera flash  
 envelopes and stationery  
 coffee supplies  
 collapsible water jug  
 flipflops/shower shoes or Teva shoes  
 laptop computer with extra battery, power source and converter, with e-mail and FAX software  
 waterproof matches; stable wind-proof candles (such as mourning candles)  
 whistle with cord  
 daypack/fanny pack  
 Polaroid camera  
 pocket knife or Leatherman

#### MEDICAL ITEMS

specimen containers (unbreakable and leakproof such as redtop blood tubes) with sealing wax paper,  
 resealable plastic bags, and molded plastic foam container;  
 labels and indelible pen; obtain formaldehyde locally)  
 red biohazard bags, warning tape, labels, and refuse bags  
 sharps containers  
 marking pens (for preparing signs) and duct tape  
 engineer tape (rolls of white cloth ribbon)  
 consent forms for photography  
 exam gloves, face shields, and other personal protective equipment  
 your usual medical supplies

#### ITEMS FOR LOCAL HOSTS

map of world or of your home country (inflatable beachball-style globes are easy to carry)  
 mementos from home (hosts often want to see pictures of your home and family)  
 gift items (or swap items) for local colleagues (T-shirts, pocket-knives, calculators, small radios,  
 university emblems, unit insignia, penlights, baseball caps)

#### MILITARY ITEMS

military orders  
 Geneva Convention Card, ID Card, dog tags  
 shoe polish and rag; extra boot laces  
 laundry bag, 1 or 2 (recommend USMC mesh bags)  
 Australian shower (hanging water bag with sprinkling nozzle)  
 military correspondence courses (such as advanced or command courses to fill down time)

GENDER-SPECIFIC ITEMS

contraceptives (some women use Depo-Provera to ablate menses during the mission)  
 fluconazole for yeast infections  
 sanitary napkins (often unavailable abroad)  
 slip (to further reduce the revealing or clinging quality of Western dress)  
 consider not traveling if pregnant because of risks from prophylactic medications or from complications

PEACE CORPS ADDITIONS (ITEMS TO CONSIDER FOR PROLONGED STAYS ABROAD)

diary  
 paint set  
 favorite children's books to read to kids  
 athletic gear (e.g., baseball glove, especially for some Latin American countries)  
 musical instrument  
 photographs of home  
 tent  
 spices, garlic press, Tabasco sauce, kitchen utensils, and can opener  
 your favorite recipes  
 sewing kit  
 tool kit  
 shortwave radio  
 cassette player and cassettes  
 resealable plastic containers  
 US postage stamps (to use on letters that colleagues will carry back to the US)  
 record with your bank account numbers and addresses, telephone, and FAX numbers  
 bicycle helmet (in case you buy a bicycle overseas)  
 portable electric fan

DO NOT BRING

personal weapons or explosives  
 flammable liquids  
 pornography  
 illegal psychoactive substances  
 valuable jewelry  
 camouflage or military clothing (unless, of course, you are in the military or your organization requires it)

## APPENDIX 4 PHRASE GUIDE

Hello (formal and informal)	Good morning/afternoon/evening
Goodbye (formal and informal)	Please
Thank you	How are you (rhetorical)?
How are you (inquiring)?	Good
Bad	Beautiful
Next patient (please)	Come here (please)
Sit down (please)	My name is ...
What is your name?	What is the problem?
How long (has it been like that)?	Do you understand me?
Repeat (what you said)	(Say it) slowly
(Does it) itch?	Is it painful?
(Have you had any) pus?	(Have you had any) fevers?
A lot?	A little?
Arms	Legs
Face	Eyes
Hands	Skin
Where?	Here?
There?	Anywhere else?
Only (this or here)?	Scabies
Ringworm	Tinea versicolor
Insect bites	Infection
Acne	Eczema or dermatitis
Numbers 1-10	(This is) common.
(This is) not harmful.	This will help.
It does not need treatment.	It will heal by itself.
This will get better.	No problem.
You are healthy.	There is no treatment for this.
(It) will not disappear.	Difficult to treat
Permanent	(It) may be permanent.
Medicine	Cream
Tablets	Go to the pharmacy.
Wash	Apply or rub in
Take (or swallow)	Day(s)
Week(s)	... times per day
For ... days/weeks	Until medicine is finished
Until rash is gone	