Information for Provider Participants

Key Dates

____1 January 2027. Documents (license, board certification, CV, waiver forms, passport pages) and payment received by Jeff Osborne.
____TBD April 2027. Saturday, 6-9 PM. Final trip meeting for Guatemalan meal with entire group (optional).
____7 May 2027. Early morning, leave campus for Guatemala. Some will join for connecting flight.
____26 May 2027. Late evening, return to campus from Guatemala.
____TBD Summer 2027. Reunion of May 2027 Medical Practicum participants (optional).
____TBD Fall 2027. Students present VIA/Science Seminar (optional).

Payment

The cost of the trip is $1325 plus airfare. The cost is a tax-deductible donation to Manchester University as it is a part of the professional services you are donating.

If you will be arriving late or leaving early, the cost will be pro-rated. You'll be contacted individually about the final amount and waivers.

Please pay online by making the donation to the Medical Practicum Operating Fund at medicalpracticum.manchester.edu or make out the check to Manchester University with Medical Practicum in the memo section, and *mail it to me* at the address below.

Jeff Osborne
Manchester University
604 E. College Ave.
North Manchester, IN 46962

Note: *Due to the nature of foreign travel, there is always a chance that you may lose some money if we need to cancel the trip for unexpected safety reasons.*

Paperwork

_____*License, board certification, CV:* The Guatemalan Ministry of Health requires copies of your current license, board certification (if you have one), and CV/resume. Send me a good cell phone photo, scan, fax, or photocopy by 1 January (jposborne@manchester.edu, fax 260-901-8240)., fax 260-901-8240).

_____*Waivers:* You will receive an email from Jeff Osborne with details about the various waivers Manchester University requires from all off-campus course participants.

_____*Passport Pages:* Email a cell phone photo or scan of your passport photo page and facing page before 1 January.

Passport

A passport is required for Guatemala. If you do not have a passport that will be valid through December 2027, begin the process now. A few steps about obtaining a passport are listed below but go to this website for more detailed information: https://travel.state.gov/content/travel/en/passports.html .

_____*Photo*: You will need two identical passport photos of the dimensions specified by the agency. Passport photos can be taken at most CVS stores.

_____*Birth Certificate*: Obtain your original, or certified copy of, your official (state-issued) birth certificate (not baptismal or hospital). If you have an expired passport, then use it and the birth certificate will not be required.

_____*Application*: Take the picture and birth certificates to the Wabash courthouse, the main Ft. Wayne post office, or one of the many passport offices in the U.S. Processing currently takes 5 weeks or more, so do not delay. It has happened before that a student's passport did not arrive in time. Also, passports are processed in the order needed, so in the space that asks when you plan to travel, indicate 1 March 2027 to be sure it arrives in plenty of time. A new passport is good for ten years. It is helpful to print out and complete an application beforehand

_____*Physical Fitness*: Exercise regularly in the months leading up to the trip. Good physical fitness will make the trip easier.

_____*Health Conditions*: Let me know of any relevant health conditions you have, such as diabetes, heart conditions, allergies, etc. If you have health conditions that, for privacy reasons, are important to know about only if you become sick, write them in a letter and then seal it in an envelope. If you become incapacitated, I'll give it to the providers to open. Otherwise, I'll return it to you at the end of the trip.

_____*COVID-19*: We will have along rapid tests.

_____*Malaria*: Chloroquine, mefloquine, malarone, or primaquine (after a G6PD test) are recommended for rural Guatemala regions below 1,500 meters, where we'll be part of the time. A prescription is required. Chloroquine, mefloquine, malarone, doxycycline or primaquine (after a G6PD test) are all recommended by the CDC for travel to rural Guatemala regions below 1,500 meters, where we'll be part of the time. A prescription is required. Please note that the most prevalent and least serious of the endemic malaria (*P. vivax*) where we'll be is most effectively prevented with primaquine. A blood test to rule out G6PD (glucose-6-phosphate dehydrogenase) deficiency is required before taking primaquine to avoid possible serious side effects. Test results can take a few days, so timely consultation with your medical provider about the most appropriate plan for you is important. Also, please note that all of the recommended drugs provide protection from the less common but more serious malaria (*P. falciparum*) where we'll be. In any case, treating mosquito nets, outerwear, and bedding with permethrin before traveling, along with wearing clothing to keep as much skin covered as manageable and frequent applications of effective insect repellent, are highly encouraged. Encouragingly, we saw or experienced only a small number of mosquitos in January 2026.

_____*Dental Checkup*: Have one beforehand, because no restorative work can be done on the trip, although we will have a dentist along.

_____*Glasses*: Take an extra pair and/or contacts, as a backup.

_____*Personal Medication:* If you have allergies or other conditions, take an adequate supply.

Immunizations: None of the following are required by the Guatemalan government for entry or by the U.S. for entry upon return, but they are recommended. Immunizations are available, of course, at any County Health Department.

____a. *Polio* and *Tetanus* immunizations should be up to date, even if you are not traveling. Tetanus immunization is good for 10 years.

____b. *Hepatitis A* consists of 2 vaccines 6 months apart. Have the first one at least two weeks prior to leaving.

____c. *Hepatitis B* consists of 3 vaccines 1 month and then 4-5 months apart. Complete at least two of the series before leaving. *Note that there is a combined vaccine called Twinrix that is for both Hepatitis A and B, consisting of 3 vaccines 1 month and then 4-5 months apart.*

____d. *Typhoid* oral immunization covers 5 years and injection covers 2 years. Typhoid immunization should be complete before starting malaria tablets.

____e. *MMR*, for measles, mumps and rubella, should be done twice in your lifetime: once as a child and once as an adult.

____f. *Influenza* is something we don't want to carry into Guatemala, especially since we'll be around patients in the clinic with weakened immune systems. Get a flu shot sometime in late fall.

Additional Notes

Students. Approximately 12 students are going on the trip. They will rotate for a day with each healthcare provider in their various roles, including intake and distributing evenly as much as possible. It's a wonderful opportunity to interact with a variety of providers.

Clinic. We will have Guatemalan translators for each healthcare provider. The Guatemalan nurses in small health clinics (*puestos de salud*) can follow up with the patients. Patients can be referred to small health centers (*centros de salud*) or regional public hospitals, with the limitations being lack of money to pay for transportation, travel times, and insufficient staff in the public healthcare system.

Since we purchase many medicines in Guatemala and might move between clinics, we will spend a lot of time packing and organizing supplies and medicines.

Setting. We will be working in the indigenous Maya communities in the Alta Verapaz and Baja Verapaz departments (states) of Guatemala, cooperating with local, indigenous, community leaders; healthcare providers from the national health care system; and the non-profit, community development organization called Fundenor Ab'Al'Aq (FUNDENOR).

These indigenous communities involve the following Mayan languages: Q'eqchi', Pocomchi', and/or Achi'. We'll travel with English to Spanish interpreters and then hire Spanish to Mayan interpreters in each village. The furthest village will be about 5 hours from the city of Tactic, depending on the conditions of the dirt roads. We will stay in each village when we work there,

sleeping on school room floors, eating food prepared by local people, and purifying water. Each community has electricity, and a small clinic staffed by a specialized community health worker (*auxiliar de enfermería*), part of the national healthcare system, with whom we will coordinate patient care. This region has relatively large populations of people and insufficient healthcare. While there are some mosquito-borne illnesses and parasites, Guatemala is one of the many developing countries transitioning from a high burden of infectious diseases to a high proportion of disease burden caused by chronic and noncommunicable diseases. As you likely know, one of the most pressing global health problems today is the growing disease burden of noncommunicable diseases in developing countries.

FUNDENOR is a small organization, based in the city of Tactic, doing balanced, wholistic community development focusing on raising fowl, home gardening, nutrition, personal hygiene, women's issues, and health. We will augment their carefully shaped, sustainable programs.

Travel. A chartered bus will transport in the Guatemala City area and to the Tactic region. Pickup trucks, trucks, and microbuses will take us the 3-6 hours to the surrounding communities in which we'll have clinic. We'll stay in the community for approximately 14 days.

Living Arrangements. We will sleep in a school in each community. There are latrine facilities and bathing by scooping water out of a barrel will probably be most convenient. Electricity will be available in the clinic and schools. Meals will be prepared by community people. The diet consists of food available locally: tortillas, beans, tamales, rice, cheese, eggs, and vegetables, along with some meat and fruit. Our portable purification systems will provide plenty of drinking water.