

## Information for Student Participants

### Price

\$2400

### Key Dates

- \_\_\_ 5 March 2025. Due date for application emailed to Dr. Osborne.
- \_\_\_ 11 March 2025. Applicants emailed about selection.
- \_\_\_ 23 March 2025. \$150 nonrefundable deposit is due to Business Office before registering for this course. Note that deposit will be refunded if we have to cancel due to the pandemic.
- \_\_\_ 1 July 2025. \$1000 due to Business Office, specifying Medical Practicum.
- \_\_\_ 1 September 2025. Passport pages scans due to Dr. Osborne. Online waiver completed.
- \_\_\_ 1 September 2025. Photo and paragraph introducing yourself to group due to Dr. Osborne.
- \_\_\_ 15 September 2025. Remainder of trip cost due to Business Office, specifying Medical Practicum.
- \_\_\_ 10 November 2025, 6:30-8:00 PM. Off-Campus Student Orientation.
- \_\_\_ 6 December 2025, 6-9 PM. Final Trip meeting including dinner for entire group.
- \_\_\_ x December 2026. On campus meetings and packing.
- \_\_\_ 2 January 2026. Early morning. Leave campus for Guatemala.
- \_\_\_ 21 January 2026. Late evening. Return to campus from Guatemala.
- \_\_\_ 2 February 2026. Daily journals due.
- \_\_\_ 16 February 2026. Reflection papers due.
- \_\_\_ TBD February 2026. Students present Science Seminar/VIA.
- \_\_\_ TBD March 2026. Reunion of January 2026 Medical Practicum participants

### Passport

If you do not have a passport that will be valid through July 2026, begin the process now. A passport is required for Guatemala. Your passport is always the first item requested at immigration and at many other times during the trip. A few steps about obtaining a passport are listed below, but go to this website for more detailed information, including an application form:

<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 or Walgreens stores and many post offices.

\_\_\_ *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, birth certificate, and completed application form to the North Manchester post office, Wabash courthouse, the main Ft. Wayne post office, or one of the many passport offices in the U.S. Processing currently takes 8-11 weeks or more, so do not delay. It has happened before that a student's passport did not arrive in time to participate in the trip. Also, passports are processed in the order needed, so in the space that asks when you plan to

travel, indicate December 20, 2025 to be sure it arrives in plenty of time. A new passport is good for ten years.

\_\_\_\_\_ *Electronic Copy:* Take a good cell phone photo of the photo page and the facing page and send it to Dr. Osborne and the Medical Practicum Assistant.

## Health Items

\_\_\_\_\_ *Travel Consultation:* A provider will need to sign a provided travel consultation form, which will include information about the location to help advise you on health issues.

\_\_\_\_\_ *SARS-CoV-2 Vaccine:* While you do not need to be vaccinated for SARS-CoV-2, you will receive a \$25 rebate for having received the most updated COVID vaccine (currently SpikeVax) by November before the trip. Since we are going to a remote, indigenous region of Guatemala that will have less exposure to SARS-CoV-2, we want to minimize the risk of transmitting SARS-CoV-2 within this population or becoming infected during our visit. We'll have rapid tests with us.

\_\_\_\_\_ *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 doctors to open. Otherwise, I'll return it to you at the end of the trip.

\_\_\_\_\_ *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 glucose-6-phosphate dehydrogenase (G6PD) 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 travel 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 Januarys 2019 and 2020.

\_\_\_\_\_ *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.

*Other 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 recommendations. 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 the 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 also 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 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. 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, holistic 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 minibuses will take us the 3-6 hours to the two or three surrounding communities in which we'll have clinics. We'll stay in each community approximately one week.

*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 sometimes 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.