

Wright State University Boonshoft School of Medicine

International Education Program & Global Health Initiative

Refugee Medicine in Greece

Medical Student Greece Trip Planning Document



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REFUGEE CRISIS

Refugee Crisis Explained

There are more people on the move than ever before. Every minute, 20 people around the world are newly displaced. Half of the world's refugees are children and thousands take flight without the protection of parents or other family members.

According to the UN, more than a million refugees had crossed into Europe by the end of 2015. The majority were fleeing conflict in Syria, Afghanistan and elsewhere. The desperate plight of people seeking safety in Europe continues, and the UN reports that more than 170,000 refugees and migrants reached Europe by sea in 2017.

However, most people on the move are from poor countries, and most seek safety within their own country's borders or in nearby developing countries. The communities who welcome them are often struggling to survive themselves.

War, persecution, natural disaster and poverty force millions of people from their homes. This is a political crisis as much as it is a humanitarian one.



Photo Credit: DemocracyChronicles.org

For more information on the crisis see the PowerPoint presentation by Indigo Volunteers: https://docs.google.com/presentation/d/1478BIHlauxVTYglpcdGAcSxrP_LdCKpMJ2vbS75HLzk/edit?usp=sharing.

REFUGEE CRISIS

More Information

CDC, Who is A Refugee?

- <https://goo.gl/e7c1iM>

Basic Refugee FAQs

- <https://goo.gl/spZEeE>

Immigrant/Refugee Medical Exam & Vetting Process

- <https://goo.gl/sBuRAB>
- <https://refugees.org/wp-content/uploads/2015/12/Security-Check-Steps.pdf>

MercyCorps, Crisis Quick Facts

- <https://goo.gl/hSNkZ7>

Ongoing Crisis

- <https://goo.gl/Lbrf2z>

CDC, Syrian Refugee Health Profile

- <https://www.cdc.gov/immigrantrefugeehealth/pdf/syrian-health-profile.pdf>

YouTube Videos: Refugee Crisis

- <https://www.youtube.com/watch?v=JFpanWNgfQY>
- <https://www.youtube.com/watch?v=5KLvs7Yrtw>
- <https://www.youtube.com/watch?v=EEQdVSWvWWA>
- <https://www.youtube.com/watch?v=431Vspkwy3A>

Article from AAMC, Global Health Competency for Medical Students

- http://journals.lww.com/academicmedicine/Fulltext/2007/03000/Three_Domains_of_Competency_in_Global_Health.3.aspx

Article from Elsevier, New Paradigms for Refugee Health Problems

- [https://doi.org/10.1016/0277-9536\(92\)90344-P](https://doi.org/10.1016/0277-9536(92)90344-P)

Humans of New York, Refugee Stories

- <https://goo.gl/EtuR1B>

SIE PROTOCOL

Process

For anyone that is travelling as part of the International Health Program (IHP), a proposal must be submitted at least 90 days prior to your anticipated date of departure. It is suggested to have everything submitted and approved approximately 5 months in advance just in case there are any last-minute changes.

SIE Proposal

The proposal document that was used by the BSOM 2018 group is in Appendix K.

International Health Program

If you are part of the International Health Program (IHP), don't forget to fill out and submit the official form. You can access it on the wright.edu website at: <https://medicine.wright.edu/sites/medicine.wright.edu/files/page/attachments/ihpcontract14.pdf>.

IHP/GHI Scholarship

A scholarship application will be sent out around December of your M3 year that includes a section regarding a scholarship for those travelling as part of IHP/GHI. Do not forget to fill this out.

UCIE Application

There has been a recent collaboration as of 2018 with the University Center for International Education (UCIE) office that is already in place for the WSU undergrads. As part of this relationship there is an online application that must be submitted. This can be accessed on the portal at: <https://studyabroad.wright.edu/index.cfm?FuseAction=Programs.ListAll>. On the portal, click on the link 'Boonshoft School of Medicine Study Abroad – General,' click 'Apply Now' and continue the steps. If you have not heard back from the office and been approved to finish the second half of the application, contact

SIE PROTOCOL

them directly. The main contact person for this office is Joy Wanderi (joy.wanderi@wright.edu). You will have to pay a \$100 fee to submit this application and it is refunded to only those in the IHP program. As part of this application you will also get SOS evacuation insurance (See Appendix H).

International Elective Student Evaluation Form

This form must be submitted upon your return from your trip, you can access it on the wright.edu website at: <https://medicine.wright.edu/sites/medicine.wright.edu/files/page/attachments/B2intelecstudenteval.pdf>.



Photo Credit: UNHCR

VOLUNTEER ORGANIZATIONS

Organizations

There are three primary volunteer organizations that are suggested for future Medical Students: **DocMobile, Alkyone Refugee Day Center & One Happy Family Center.**

Some of these organizations are active in several different locations throughout Greece and others are not. The details of which organization is active where will be outlined later in the document.



Photo Credit: Harrison Bruhn

The 2018 BSOM team in Thessaloniki also worked with the primary organization called Help Refugees which is an umbrella NGO. The organization IndigoVolunteers is contracted by them to coordinate the volunteers for over 70 different projects in Europe and the Middle East, including many of the grassroots NGOs currently active in Greece (35 and counting). Indigo helps to provide volunteers for Soul Food Kitchen, Intereuropean Human Aid Association (IHA), DocMobile, A Drop in the Ocean, Alkyone Refugee Day Center, and many others. However, when the 2018 MedStudents worked there there was a rift between Indigo and Help Refugees as well as some security concerns that makes it less conducive for future volunteer efforts.

DocMobile



Who is DocMobile?

DocMobile is an NGO Medical organization based out of Germany. The organization relies heavily on volunteers from all over the world as there are only two full time paid personnel. Their mission is to provide medical help wherever it is needed, where normal medical care is not available. Right now the focus is on the countries of Greece (Athens, Thessaloniki, Patras, Lesvos) and Bangladesh to provide medical care to the refugee populations there. DocMobile visits refugee camps, dilapidated ruins, abandoned buildings, forests and parks where people seeking shelter are to be found. They utilize ambulances as mobile doctor's offices for initial treatment by medical professionals and partner with other local NGOs to provide holistic care with proper follow-up.



Photo Credit: DocMobile

Alkyone Refugee Day Center

What is the Alkyone Refugee Day Center?

Alkyone Refugee Day Center is an Ecological Movement of Thessaloniki initiative with the support of Diakonie Katastrophenhilfe (an organization that provides worldwide humanitarian aid). Their aim is to address basic needs of refugees who are stranded in Greece, with a focus on vulnerable populations.



Photo Credit: Alkyone Refugee Day Center

The services they provide include: Breakfast & lunch for 100 people daily, clothing distribution, access to washing and drying machines, psychosocial support, limited time housing apartments, skills development workshops and seminars, activities and events focused on cultural exchange, communication and interactivity between refugees and the local community.

Located at Orfanidou 5 in Thessaloniki and open from 10AM-4PM.

One Happy Family Community Center



One Happy Family

What is the One Happy Family Community Center?

OHF is a non-profit association based in Switzerland that has a goal to help refugees lead and operate the community center on the island of Lesbos. It was started in 2017 to fill the gaps created by insufficient humanitarian aid and the lack of governmental intervention. The aim is to give peace, dignity and self-determination back to the thousands of refugees stuck on Lesbos. The community center is built and run WITH the people, not FOR them. It's a way to give refugees back some independence and responsibility.

For more information see the YouTube video: <https://www.youtube.com/watch?v=KngL1-WwhtQ&feature=youtu.be>.



Photo Credit: Janusz Ratecki

LOCATIONS

What are the volunteer locations?

There are three primary locations to volunteer which include Thessaloniki, Patras, and Mytilene on the island of Lesbos. These locations have been vetted and experienced by previous BSOM Medical Students. DocMobile is also active in Greece within the capital city of Athens as well as in the country of Bangladesh. These locations have not been vetted by a previous BSOM team. DocMobile is easy to work with and would help you throughout the planning process if you would decide to volunteer at an unvetted location.



Thessaloniki

Location Cap

The cap for number of Medical Students at this location is 2-3. It is very difficult to have more than 2 working with DocMobile every day as it is a small space when doing mobile clinics.

Organizations & Contact Information

The primary volunteer organizations in Thessaloniki include DocMobile and the Alkyone Refugee Day Center.

DocMobile

- Kai Wittstock, the German coordinator and organization founder
 - Email: Kai.Wittstock@hamburg.de
 - WhatsApp: +49 172.450.8736

Alkyone Refugee Day Center

- Andreana Liora, a founding member and clothing distribution coordinator
 - WhatsApp: +30 694.329.1665

Expectations

DocMobile – The expectations with DocMobile are relatively simple. Show up, do what you are trained to do, treat everyone with respect, and immerse yourself into the various cultures. Clinically you will obtain a brief history, do a focused physical, assessment, and plan based on the availability of medications and services. You will be treating patients at different locations including: Abandoned warehouse, “the Mansion”, Sindos Community Center, the Polykastro Open Cultural Center, and various other places as the weather changes and people disperse. You will be working out of an ambulance every day unless you are at the community centers. The typical volunteer week is Monday through Friday. The schedule is not always the same every day but will be determined by the location coordinator. Common clinical encounters include: Viruses, musculoskeletal injuries, chronic pain, psych/PTSD/sleep disorders, skin infections (bacterial, fungal), strep throat, pneumonia, chronic illness (heart disease, HTN, diabetes...), and most other things you would see in an urgent care setting.

Thessaloniki

Expectations

Alkyone Refugee Day Center – The expectations with Alkyone are to show up when scheduled and to work with the clothing distribution center. Andreana & Shahala (refugee that only speaks Kurdish) will mostly be the ones providing direction. You will be organizing and folding clothing and will also be helping the refugees pick out what they need. You can also work in the washing machine and shower area helping them use the machines and give scabies treatments. Although not clinical, you are serving the same refugee population, can build better rapport and further understand needs.

Patient Population

The patients will predominantly be from: Syria, Pakistan, Kurdistan, Iran, Iraq, and Afghanistan. The predominant languages in Thessaloniki will be: Greek, French, Arabic, Kurdish (Sorani), and Pashto.

Accommodations

DocMobile has volunteer housing that is pretty cheap at ~\$4/person/day but are not the nicest of accommodations. It is decently far from the city as it is located in Diavata outside of the city to the North, does not have much privacy, and is pretty run down. The 2018 BSOM group stayed at a cozy Airbnb which turned out to be comfortable, cheap, and had more amenities. Don't be afraid to reach out to Airbnb hosts and ask for discounts – especially if you are staying in the off season (Jan-Mar) and/or staying for one month. The 2018 group was able to stay for ~\$5/person/day and it had more privacy, security, and cooking space (this is important to factor in).

The 2018 team stayed at a flat hosted by a guy named Stylianos Karfopoulos, located near the 25 Martinou bus stop. They signed a residential contract outside of Airbnb for \$600 for a 1-month period; a great price in comparison to other Airbnb offers. This location is further on the South side of the city, but it's not far from the center of town, is close to several grocery stores, and is very close to the bus route. The 2018 team can tell you restaurants/stores/markets and more navigational details. His contact information is WhatsApp: +30 697.741.1841 and Email: Stylianos.karfopoulos@gmail.com.

Thessaloniki

Navigation

The KTEL bus system is the best route of transportation in Thessaloniki. There are a ton of buses running every 10-30 minutes and many routes that make it a convenient mode of transportation. Keep in mind that it is Greece and the buses are not always running on their scheduled time or at the same time every day, so there is an app that works well called Moovit. Bus fares are €1,50 per trip that can be purchased on the bus (must use exact change because the machines do not give change). The machine also has a button to click for English. There is the option to buy a month bus pass for €30 that starts on the first of each month. These can be purchased at certain stations in the city (locations are listed on the website: <http://www.ktelmacedonia.gr/en/home/>). The main places are at the Thessaloniki Railway station (the ticket office is a small shed outside by all the busses; it is not inside the actual building). You can also purchase one at the ticket office by the Arch of Galerius downtown (also a small shed by the road). Note, these passes are only available for purchase the last week of the month and you must have a passport size photo of yourself (See Appendix A for an example copy of a pass).

It is relatively easy to get to the DocMobile locations. Typically, you will meet at the Abandoned Warehouse which is a dirty, trash-filled dirt lot. To go there you take the bus to the Thessaloniki Railway station and then walk from there across Monastiriou street toward Stathmou street which runs parallel to it. There you will see the lot right off of Sapfous street. If you've gotten to Stathmou you've gone too far. To get to the Mansion just let the DocMobile people take you or have them send you a pin of the location. Another place you may need to go is Diavata, where the DocMobile flat is located, from there you will travel to the Sindos and Polykastro Community Centers. Take the bus to the Intercity Bus station, from there you go up the ramp on the left side of the building to the front where you hop on one of the buses going toward Diavata. Use the Moovit app so you know which stop to get off on (click the button once you pass the stop directly before your stop). To get to Alkyone Refugee Day Center, take a bus past the arch on Egnatia street and get off on the stop right past Hotel El Greco. Walk down the street toward the Mario coffee shop and cross the street. Go down Leontos Sofou, turn right on the first road (Valeurite), take the first left (Orphanidou).

Thessaloniki

There is a nondescript gray/silver building with an airconditioner over the entry on the right side.

The best way to get to/from your accommodation and the airport with luggage is by taxi. It is relatively cheap and you save yourself a significant hassle. The buses are typically very packed so just getting on and off with luggage is pretty difficult.

Thessaloniki is a very walkable city if you want to explore. If you download the Google maps of the area before walking, you can use your GPS to help navigate. This would not be recommended for travelling to your volunteer sites, however, unless you are living close by. If you get lost, head toward the water. The 2018 team also suggests doing the Thessaloniki Free Walking Tour (see ThessalonikiFreeWalkingTours.com). The guide's name is Giorgos Semkos, a great guy that knows a lot of history; he also plays the bouzouki and sings for you. One of the best things done on the trip. See photo of walking tour map in Appendix B, Giorgios circles locations of key sites and restaurants.

If you want to travel internationally you can get busses to neighboring countries for a decent price and can also take a train. These are both accessible at the Thessaloniki railway station. You go to the main railway ticket office (many counters in the back-center of the building) for train tickets and outside the building on the right side to the second office door to get to the international busses.



Photo Credit: Jon Stofer

Patras

Location Cap

The cap for number of Medical Students at this location is 4-5.

Organizations & Contact Information

The primary volunteer organization in Patras is DocMobile.

DocMobile

- Kai Wittstock, the German coordinator and organization founder
 - Email: Kai.Wittstock@hamburg.de
 - WhatsApp: +49 172.450.8736
- Patras Coordinator
 - WhatsApp: +30 694.373.7884

Expectations

DocMobile – The expectations with DocMobile are relatively simple. Show up, do what you are trained to do, treat everyone with respect, and immerse yourself into the various cultures. Clinically you will obtain a brief history, do a focused physical, assessment, and plan based on the availability of medications and services. You will be treating patients at different locations including: the Big Factory, Small Factory, and Algerian Squat. You will be working out of an ambulance as well as tents at the factories. In Patras you will be working every day of the week. The schedule is relatively the same every day. Organize at 10AM, head to the Small Factory, Algerian Squat, lunch, Big factory and then head back to the flat. You are never in factories after dark. Common clinical encounters include: Viruses, musculoskeletal injuries, wound care, chronic pain, psych/PTSD/sleep disorders, skin infections (bacterial, fungal), strep throat, scabies, and most other things you would see in an urgent care setting.

Patient Population

The patients are predominantly from: Pakistan, Afghanistan, Morocco, and Algeria. The predominant languages are: Pashto, Farsi, and Duri.

Patient Population

There are 350-400 male refugees that are living in abandoned factories. Most injuries occur from jumping fences at the port or from beatings by the Coast Guard. Because of this type of population, volunteers should be flexible. Those interested in pediatrics or women's health would not do well in this location. See this YouTube video for more information: https://www.youtube.com/watch?time_continue=2&v=Af5VcZeuzsc.

Accommodations

DocMobile has volunteer housing that is pretty cheap at ~\$3/person/day but are not the nicest of accommodations. The 2018 BSOM team stayed at the volunteer flat and did not stay at an Airbnb. The organization did recently change to a larger flat but the 2018 team did not stay there. The housing is shared between the DocMobile and FoodKIND volunteers. They liked living with people from different countries, but there were some challenges as well. There is only one bathroom, kitchen, and washer, so sharing with that many people can be challenging. The beds are single twin beds either in bunk beds or cots in a shared room (will be multiple rooms in the new flat). There is no guarantee that the rooms will be only female/male.

Navigation

FoodKIND and DocMobile share a small car for running errands and you can do almost anything by using this car or walking. There is a KTEL bus system also in Patras but the 2018 team did not use it and cannot therefore share information on the system/usability. There is an app that works well for many of the transportation systems in Europe called Moovit. Bus fares are typically €1,50 per trip elsewhere in Greece so is likely the same case in Patras. The 2018 team is unsure about how the tickets work here (purchase using the machine or pay the driver directly) as well as whether there is a month-long pass available. If it is the same case as elsewhere in Greece, see the Thessaloniki Navigation section for more details.

Mytilene/Lesvos

Location Cap

The cap for number of Medical Students at this location is 2-3. There is just not enough to do for more people to be there.

Organizations & Contact Information

DocMobile

- Kai Wittstock, the German coordinator and organization founder
 - Email: Kai.Wittstock@hamburg.de
 - WhatsApp: +49 172.450.8736
- Belen, the Mytilene Coordinator
 - WhatsApp: +3 460.657.1603
- Spyros
 - WhatsApp: +30 697.806.5254

Experience

For a little personal experience, see the Facebook video: <https://www.facebook.com/docmobile.org/videos/1849420818463927/>

Expectations

DocMobile – Your responsibilities are to essentially run the clinic and make sure that patients are seen in order of their arrival and severity. You will run triage for the doctors and determine how severe their problems are. You will also ensure that the translators are there for the patients when they see the physician. They also have a basic EMR system that you will sign patients in and write a brief focused history. You will also gather vital signs on the patients if time permits. The EMR system is very basic and should only require a day or two to get familiar with. If you have time, you will also shadow the physicians in the clinic to hear about the medical problem. Other expectations are to clean the clinic at the end of the day, and to help wherever needed on a day to day basis. I would also highly suggest getting involved with One Happy Family or another NGO.

Mytilene/Lesvos

Patient Population

The primary languages that you will see in the refugee camps are Arabic, Persian, French, and English with some Eritrean, Spanish, and Urdu. The people are more conservative and are very shy about discussing medical problems. The women will not directly tell you about rape or STIs. They will state that it is a female problem or that they have abdominal pain. They also prefer a female translator and a female physician if given the chance. They may leave if no female physician is available. The population ranges in ages. The Moria camp will tend to be adults of both genders, but largely male. Kara Tepe is mostly families and they will have children with them. If you come in the winter, you will have patients who live in the hotels. You will need to be aware of this as the physicians will sometimes make house calls.

Accommodations

The 2018 team stayed at an Airbnb close to the airport. As long as you are in Mytilene, you will be close to everything. DocMobile will have someone who will pick you up; if not, it is an hour walk to clinic if you are staying near the airport. The clinic starts at around noon so time is not a major issue. There are no bad areas per se, but the closer that you live to the port the better as that includes all of the places that have food and dinner options.

Navigation

Mytilene is very straightforward to navigate. If you get lost, head to the water and that will help you orient yourself. North of Mytilene is the camp and the clinic. South of Mytilene is the airport. West of Mytilene is mountains with almost nothing for 20kms or more. Most signs are in Greek and English, so navigation is not too bad. Also, most people are bilingual and will help out.

TIME OF YEAR

Weather

The 2018 BSOM team went during Blocks 8b-9 having volunteered during 8b & 9a. During this time of year, the weather is very similar to the Midwest and is 30s-50s depending on location in Greece and variability. For example, in February 2018, it was much warmer on the island of Lesbos that it was in Thessaloniki or Patras for most of the volunteer dates. It is off season and there aren't a lot of tourists during this time of year, so you will stand out and there are a lot of things that will be closed. On the other hand, if you go during a busier time of year you will have to compete with a greater number of tourists.



Photo Credit: Marko Djurica

Block Options

Block 8 (for those going into specialties that know they will have their interviews done), Block 9, Block 10b-11a, Block 11, Block 11b-12a are your best options. You just need to keep in mind when you need to be back for Match, Graduation, and the start of residency. Also, if you wish to do some travelling before or after your volunteer weeks, keep that in mind as well when scheduling things.

COST

Financial Breakdown

See Appendix C for the breakdown of the finances for the 2018 BSOM team. We actually came in significantly under our proposed budget because some things ended up being cheaper than we planned and we also ended up not doing a few excursions because of weather. If you stay at an AirBnb with a kitchen you can cook and save money that way. Regardless, food in Greece is pretty cheap. For example, you can get a gyro for €3 or less, coffee/cappuccino for €2 or less, Moussaka/Pastitsio for €5 or less, cheese pies for €2 or less, gelato/ice cream is €2-4, wine is €3-12 for a bottle. Water is potable in Greece so you don't have to worry about buying water, but if you do it is €1 per bottle.



Photo Credit: Agence France-Presse

PACKING LIST

What should I pack?

There is a packing list in Appendix D.

Packing Advice

The best advice is to pack as lightly as possible. You can purchase a lot of things in the cities in Greece that take up a lot of room. You also want to be prepared so there is a fine line between overpacking and under packing. It is also possible to pack a duffel bag in your checked bag so you can bring back some souvenirs. Just be careful to abide by the different airline requirements (size & weight). This can be difficult especially when using different airlines to travel Europe.



Photo Credit: Jerika Ortlieb

APPENDICES

- Appendix A: Bus Pass**
- Appendix B: Walking Tour Map**
- Appendix C: Financial Breakdown**
- Appendix D: Suggested Packing List**
- Appendix E: Pearls of Wisdom**
- Appendix F: Recommendations**
- Appendix G: Helpful Words**
- Appendix H: Insurance**
- Appendix I: Safety**
- Appendix J: ISIC**
- Appendix K: SIE Proposal**
- Appendix L: Team Reflections**



Photo Credit: 2018 BSOM Team

Appendix A

Bus Pass

ΟΔΗΓΙΕΣ

- Η ΧΡΟΝΙΚΗ ΚΑΡΤΑ ΑΠΕΡΙΟΡΙΣΤΩΝ ΔΙΑΔΡΟΜΩΝ είναι αυστηρά προσωπική και αποτελείται:
 - Από το στέλεχος που φέρει τα στοιχεία του κατόχου.
 - Από το εισιτήριο (κουπόνι).
- Ο επιβάτης για να προμηθευτεί το στέλεχος πρέπει να μεταβεί σε ένα από τα σημεία πώλησης με μία πρόσφατη φωτογραφία του, την αστυνομική ταυτότητα ή οποιοδήποτε αποδεικτικό επίσημο στοιχείο.
- Στα ίδια σημεία πώλησης μπορεί να αγοράσει το εισιτήριο (κουπόνι) το οποίο θα ισχύει για τον ημερολογιακό μήνα που αναγράφεται επάνω σε αυτό.
- Η ΚΑΡΤΑ ΕΠΙΤΡΕΠΕΙ την πραγματοποίηση απεριόριστου αριθμού διαδρομών με τα λεωφορεία του Ο.Α.Σ.Θ. σύμφωνα με την κοινή απόφαση των Υπουργών Οικονομικών, Μεταφορών και Επικοινωνιών, ισχύει για όλες τις γραμμές του Ο.Α.Σ.Θ.
- Ο επιβάτης έχει την υποχρέωση να επιδεικνύει την ΚΑΡΤΑ στα ελεγκτικά όργανα του Ο.Α.Σ.Θ. όταν αυτό του ζητηθεί.
- Επιβάτης που καταλαμβάνεται από τα ελεγκτικά όργανα χωρίς το νόμιμο εισιτήριο της συγκεκριμένης διαδρομής ή την ισχύουσα εκάστοτε χρονική κάρτα, υποχρεούται να πληρώσει το οριζόμενο από το Νόμο πρόστιμο.
- Να επιδεικνύεται σε κάθε ελεγκτικό όργανο του Ο.Α.Σ.Θ.

**ΟΡΓΑΝΙΣΜΟΣ
ΑΣΤΙΚΩΝ ΣΥΓΚΟΙΝΩΝΙΩΝ
ΘΕΣΣΑΛΟΝΙΚΗΣ**

**ΠΡΟΣΩΡΙΝΗ ΚΑΡΤΑ
ΑΠΕΡΙΟΡΙΣΤΩΝ ΔΙΑΔΡΟΜΩΝ**

Οδός ΑΛΕΞ. ΠΑΠΑΝΔΡΑΣΤΑΣΙΟΥ 90
Τηλ.: 2310 981.100

ΟΡΓΑΝΙΣΜΟΣ ΑΣΤΙΚΩΝ ΣΥΓΚΟΙΝΩΝΙΩΝ ΘΕΣ/ΝΙΚΗΣ

Αρ. Κάρτας
N° 298618

Επώνυμο: **STOFFER**
Όνομα: **ΣΟΦΙΑΝΑ**
Όν. πατρός: **ΜΑΚΕΔΟΝΗΣ**

Δ/ση κατοικίας: **137**
USA

Υπογραφή - Α.Μ. Εκδότη **1990**

ΑΣΘ ΟΡΓΑΝΙΣΜΟΣ ΑΣΤΙΚΩΝ ΣΥΓΚΟΙΝΩΝΙΩΝ ΘΕΣΣΑΛΟΝΙΚΗΣ

Αριθμός Κάρτας
- 2 98 618

ΦΕΒΡΟΥΑΡΙΟΣ

30,00 €

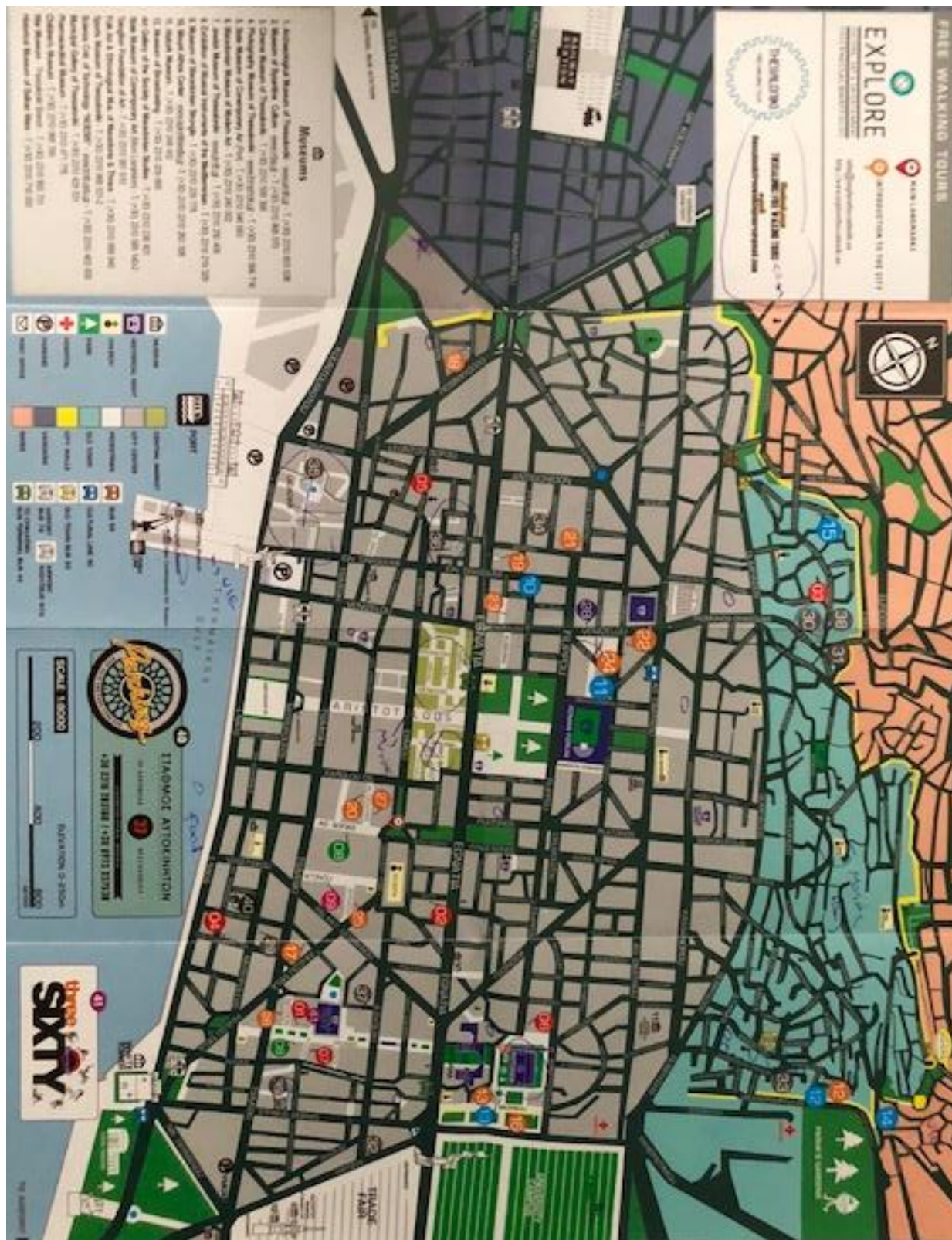
N° 52117

ΙΣΧΥΕΙ ΓΙΑ ΟΛΕΣ ΤΙΣ ΛΕΩΦΟΡΕΙΑΚΕΣ ΓΡΑΜΜΕΣ ΑΠΟ 1.2.2018 ΕΩΣ ΚΑΙ 28.2.2018
ΤΟ ΠΑΡΟΝ ΝΑ ΕΠΙΔΕΙΚΝΕΙΤΑΙ ΣΕ ΚΑΘΕ ΖΗΤΗΤΗ ΕΛΕΓΚΤΙΚΩΝ ΟΡΓΑΝΩΝ ΤΟΥ Α.Σ.Θ.

2018

Appendix B

Walking Tour Map



Appendix C

Financial Breakdown

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Volunteer Portion

Item	Cost
International Flight (Cincinnati/DC/Paris & Paris/DC/Cincinnati):	\$572.00
Europe Flight (Paris/Athens/Lesvos):	\$199.32
Europe Flight (Paris/Thessaloniki):	\$160.26
Lodging Thessaloniki:	\$66.67
AirBnb Lodging Lesvos:	\$101.33
Travel Insurance:	\$35.00
Volunteer Food:	\$150.00 (estimated)
Local Transportation:	\$50.00 (estimated)
Extra Expenses:	\$20.00 (estimated)
Total:	\$1,354.58

Tourism Portion

Item	Cost
Europe Flight (Lesvos/Athens):	\$48.29
Europe Flight (Thessaloniki/Athens):	\$19.20
Europe Flights (Athens/Rhodes/Athens):	\$108.16
AirBnb Lodging Rhodes:	\$45.88
Rhodes Transportation:	\$50.00 (estimated)
Rhodes Excursions:	\$100.00 (estimated)
AirBnb Lodging Athens:	\$35.22
Athens Transportation:	\$25.00 (estimated)
Athens Excursions:	\$50.00 (estimated)
Europe Flight (Athens/Rome):	\$82.65
AirBnb Lodging Rome:	\$71.83
Rome Transportation:	\$35.00 (estimated)
Rome Excursions Total:	\$85.00 (estimated)
Pompeii/Herculaneum Day Trip:	\$200.00 (estimated)
Rome/Naples/Pompei Train:	\$40.13
Europe Flight (Rome/Paris):	\$71.85
AirBnb Lodging Paris:	\$71.48
Paris Transportation:	\$35.00 (estimated)
Paris Excursions Total:	\$93.00 (estimated)
Tourism Food:	\$300.00 (estimated)
Extra Expenses:	\$117.86 (estimated)
Total:	\$1,645.42

Appendix C

Financial Breakdown

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Total Trip Cost	
Item	Cost
Volunteer Portion:	\$1,354.58
Tourism Portion:	\$1,645.42
Total:	\$3,000.00

Appendix D

Suggested Packing List

Clothes	Food
<ul style="list-style-type: none"> • Clinic Clothes <ul style="list-style-type: none"> ○ 2 Pair Scrub Pants ○ Scrub Tops or Long Sleeve Tops (5) • Sweatshirt/Sweater (2) • Pants – Jeans, khakis, leggings (2-3) <ul style="list-style-type: none"> ○ You have to wear appropriate clothing to churches and such during tourism weeks, no leggings, so pack accordingly. • Coat – It will be 30-50 degrees (1) • Hat/Scarf/Gloves • Tennis Shoes and/or Boots • Sleep Clothes (Pants/Shirts) • T-Shirts/Button Downs • Dress Clothes (We may need to dress up for a fancy dinner) <ul style="list-style-type: none"> ○ Skirt/Dresses (Can wear with leggings) ○ Sweater/Button Down • Socks & Underwear <ul style="list-style-type: none"> ○ Enough for 10-14 days <p>Notes: Plan to pack for 2 weeks, we can wash clothes. Its easiest to bring clothes that match enough so you can wear tops with different bottoms and vice versa.</p>	<ul style="list-style-type: none"> • Snacks <ul style="list-style-type: none"> ○ Granola Bars ○ Nuts ○ Dried Fruit ○ Trail Mix ○ Beef Jerky ○ Crackers <p>Notes: Just remember to abide by airline requirements.</p>
	Toiletries
	<ul style="list-style-type: none"> • Brush/Comb • Shampoo/Conditioner • Body Wash • Towel – just in case not provided (1) • Toothbrush • Toothpaste • Mouthwash • Deodorant • Hair Bands/Headbands/Bandannas • Razor • Contacts & Solution <ul style="list-style-type: none"> ○ Don't forget spares • Glasses • Chapstick
Bags	Medications
<ul style="list-style-type: none"> • Checked Bag • Carry On (backpack) • Personal Item • Drawstring Bag/ Small Backpack • Fanny Pack and/or Travel Band <ul style="list-style-type: none"> ○ Pickpocketing is bad in Europe • Packing Cubes <ul style="list-style-type: none"> ○ Helps keep organized 	<ul style="list-style-type: none"> • Ciprofloxacin (1BID X3d = 6 pills) • Benadryl or Tylenol PM • Ibuprofen/Tylenol/Motrin • Zofran/Phenergan • Other <ul style="list-style-type: none"> ○ Medications you regularly take ○ Anticipate anything: Diarrhea, migraines, allergies, etc.

Appendix D

Suggested Packing List

Miscellaneous	Miscellaneous
<ul style="list-style-type: none"> • Hand Sanitizer <ul style="list-style-type: none"> ○ Small containers • Ear Plugs • Travel Pillow • Light Blanket or Sheet • Pens/Pencils • Bible (Not mandatory) • Journal <ul style="list-style-type: none"> ○ Everyone should have one, we will be doing reflection exercises. • Water Bottle (1000mL Nalgene) • Ziplock Baggies (Sandwich, Quart, Gallon) <ul style="list-style-type: none"> ○ May need them for packing and organizing • Trash Bags and/or Drawstring Bag <ul style="list-style-type: none"> ○ For dirty clothes • Electronics <ul style="list-style-type: none"> ○ Ex: Phone, iPad, Computer, etc. ○ Don't forget their chargers, etc. • European Electrical Adapter <ul style="list-style-type: none"> ○ You need this! • Cash <ul style="list-style-type: none"> ○ Amount is up to you. Will need for some transportation, some excursions, food, souvenirs, etc. ○ Most places will likely also take USD, but we can exchange money there as well. Postal banks in post offices usually have the best rate. • Debit Card/ Credit Card <ul style="list-style-type: none"> ○ For other purchases, most places will likely take them. ○ Notify your bank and card company that you are travelling to Europe. 	<ul style="list-style-type: none"> • Student ID and/or ISIC Card <ul style="list-style-type: none"> ○ Can get some student rates, ISIC card gets you additional deals. • Kleenex (Travel Size) • Sunglasses • Medical Supplies <ul style="list-style-type: none"> ○ Stethoscope, pen light, shears, etc. • Photo ID (Driver's License) • Passport & Documentation <ul style="list-style-type: none"> ○ Always take a copy stored in a safe place

DocMobile

When no physician is present there are certain things that medical students are not allowed to do or prescribe without proper supervision. Examples of those things include: Antibiotics, HBP meds, Benzodiazepines, Psychological medications... The reasoning is to avoid mistreatment and prevent treatment with medications that require regularity. Also, independence of practicing is variable depending on what physician or leadership you are with so be flexible. Lesvos & Patras have team dinners at least once per week.



Photo Credit: DocMobile

Internet/Data Access

Someone in each group should have internet or data access. There are several options. You can get an international data plan through your phone carrier (they have to unlock your phone for use abroad) and it costs approximately \$10 per day that you use it. You can get a portable WiFi hotspot. There's something called the Skyroam that looks like an affordable option (www.skyroam.com/solis). The 2018 team used a hotspot from the Wind store that was €100 for the device and 5GB of data. Claire Triplett (Triplett.11@wright.edu) has the device and likely would be willing to sell it. If you have a significant other at home with whom you want to talk daily with, you'll want this.

Accommodations

Prior to getting to each country or new AirBnb, print out directions on how to get from the airport to the AirBnb location. Also download the city Google maps before you arrive although Google Maps takes some time to actually figure out where exactly you are in the world.

Pharmacies

Make sure to take your everyday medications, but if necessary you can purchase almost anything (ex: antibiotics) at any of the pharmacies for pretty cheap.



Photo Credit: DocMobile – Rose Hansen

Smoking

Smoking is a thing in Europe, especially in Greece. A big terrible thing. There are no rules on where you can or cannot smoke so be prepared especially if you have asthma/allergies.

Greek Alphabet

Prior to arriving to Greece, learn the capitals and lowercase of the Greek alphabet. It will make things significantly easier when navigating, knowing the bus stops, and reading signs. Save a picture of the Greek alphabet on your phone so you have easy access.

Refugee Relationships

It is easy to become close to the refugees and for the most part this is actually a good thing. A lot of them just need someone to be there for them and to listen to them. Where it gets hazy is when there are expectations involved. Be upfront about your friendship, don't let things get out of hand, be careful with your contact information. This advice is especially important for the women as relationships can get out of hand quickly so be smart.



Photo Credit: DocMobile – Yasmin Mulji

Language

While learning a whole language for this trip isn't practical, it does go a long way with refugees to at least learn a few words or sentences. Greek, Arabic, Farsi, Pashto & Sorani are great options to learn how to say: hello, my name is, thank you, etc.

Packing

Pack super light as it is much easier when traveling around and it was really doable to just rewear clothes and wash them. Just get a place with laundry available or be prepared to handwash all of your clothes. Dryers are not really a thing in Europe so expect to hang dry (bring some paracord and buy clothes pins there). If you are going in January/February, don't forget scarves/hats as it gets pretty cold. Bring good shoes as you will mostly be walking a lot. Bring a converter for your electronics (different countries in Europe have different plugs so get a multi-country one). Pack an extra bag (foldable duffel is best) that you can use for souvenirs. Don't use a hard suitcase as they are easily damaged during flights and soft cases are actually more durable. If you notice damage to your suitcase you **MUST** tell the baggage people before you leave the airport (preferably before you exit security) as they will likely give you a brand new replacement bag. Don't forget to pack a raincoat, small amount of spices for cooking (sometimes the usual spices are hard to find), cough drops, cold medicine. Pack a tiny umbrella or be willing to buy one in Europe. The 2018 team experienced a lot of rain during their trip. Don't forget to bring some playing cards or other card games to use during downtime or in the airports. Bring a portable battery charger for your phones. There will inevitably be a time when your phone is dead and you need it for directions or communication. The medical supplies that you will need include: stethoscope, pen light, otoscope/ophthalmoscope, small antibiotic chart (not a book), international drug name resource (can be something on your phone). Don't pack toiletries (or at least large ones) as they are really easy to buy at grocery stores in any of the cities. Do not forget to bring your student ID and always ask for discounts. Many of them only give discounts for EU students but it doesn't hurt to ask.

Food

Food is cheap if you make it yourself. Most food items can be found in grocery stores but there are also markets. Fish markets require you to get there before 9AM to get the best fish. The Greek coffee scene is amazing! Look up how to make Greek coffee and try it. Make sure to try a frappe, freddo cappuccino, and freddo espresso. Trying to order delivery while in Greece doesn't always work without a Greek phone number. Also there is no delivery fee in Europe. Other countries do have UberEats though.

Finance

There are a few options when paying for things in Europe.

1. Use a credit card or debit card with no international fees such as: Modern Woodman (Jon Stofer's brother works as a financial representative for this company), Capital One VentureOne, Capital One Student Journey, Bank of America Travel Rewards... You will want either a Visa or Mastercard as others aren't always accepted. Discover and American Express are not widely accepted.
2. Withdraw cash from an ATM in Euros. A Modern Woodman bank card will reimburse any ATM fees. Keep in mind that many banks and credit card companies will charge up to 2% to use a foreign ATM and the ATM servicer will also charge up to 2% on top of that as a convenience fee.
3. Bring cash and have it converted to Euros right away.

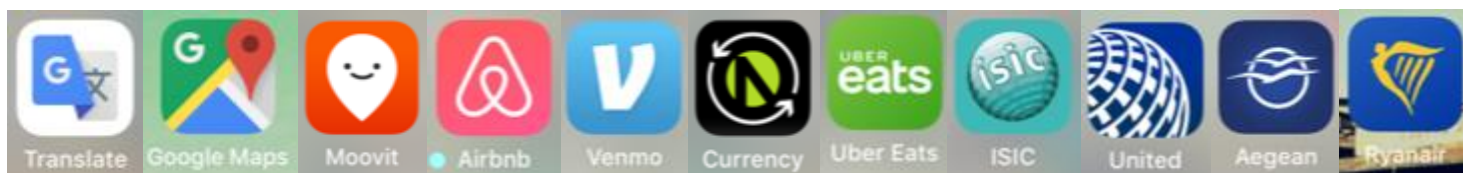
All options work well, it is really up to you. Most of the 2018 team used a credit card with no international fees and withdrew cash from an ATM. It depends on what extra charges you will get to figure out how you will get the best rate. Plan to use Venmo a lot! Splitting checks is not well recognized in Europe and they will often refuse or get angry. Just have one person keep track of who owes who and keep a tally so everyone can be appropriately reimbursed at the end of the trip. Be prepared to spend more money in touristy areas. If you're on a low budget, walk away from the attractions till you find food in your budget. It is sometimes also helpful to look up options before you go searching because its no fun to search for a long time while hungry. You'll prevent a lot of hangry team members that way.

Plumbing

Water heaters in Greece and throughout most of Europe are different that what you expect at home. You have to turn on the water heater breaker approximately 20 minutes before you use it. You also can't have the water heater on while using other electric items (heaters, stove...) as you can trip their breakers and they require a replacement fuse. No toilet paper in toilets in Europe as the pipes are often small and can't handle it. Water is drinkable in big cities in Greece, less so on some islands.

Phone Apps

There are a number of apps that work great without internet. Google translate: Download the Greek & Arabic keyboards on your phone so people can type in what they want to say. Google maps: Download the offline maps before getting to any new location so you will always be able to find out where you are. Moovit: A great map to help you navigate the different forms of public transportation and also tells you when to expect a bus, train, etc. You need internet with Moovit, but if you load your trip for the day before going to the bus stop you can see the GPS move and can see how many stops you need to take and where you need to get off at. AirBnb: You will definitely need this app if you plan on staying in AirBnbs so that you can easily keep in contact with your host(s). Venmo: This is definitely a must to transfer money between team members. See the 'Finance' section above. A currency app is helpful so you know whether or not you are getting a good exchange rate. UberEats: If you ever plan on ordering delivery, UberEats is a great option. Sometimes you just won't feel like going out so this is a good one to have on hand. ISIC has an app that allows you to access your ISIC card digitally offline should you need it and not have it on you. Although they don't work without internet, most of the airlines you take will have apps, you should download them and use them for bookings and to have passes handy; at the very least the team leader should.



Travel

Of all the budget airlines in Europe Aegean/Olympic are undeniably the best. Don't use Ryanair if you don't have to, cheap flights come at the cost of expensive transportation (to/from airports far from the city center) and extra baggage fees. Try to avoid overnight stays in the Athens airport. You cannot get to the gate without checking in first (check-in starts 3 hours prior to boarding) and they won't let you sleep

anywhere. **Use Scott's Cheap Flights (on Facebook) to book international flights or to find the cheapest flights.** If certain activities you want to do require prepurchased tickets – do it! It is off season in the winter but many places will still have long lines and you should still show up early if it says to online (Vatican for example). Make sure to plan all parts of the trip beforehand including transportation to/from the airports. You may need to book some buses or taxis for this depending on how much luggage you have and what will be easier. It may be worth it more to spend the money rather than to deal with the hassle of the metros or buses with luggage. If you plan to go to Rome, keep in mind there is a city tax (this is not factored into the AirBnb booking). It is an additional €2/person/night and you should factor this in when budgeting. Street names are on the sides of buildings, NOT on street signs. They are often pretty easy to miss.

Miscellaneous

Explore your respective sites! Lesvos is a beautiful island with great history and food, Patras and Thessaloniki are great cities with ruins and authentic restaurants! Be prepared to go with the flow and expect unexpected shifts in what you're doing. When serving an ever-changing population, the needs are ever changing. At the end of the day as long as you have a positive attitude and can get to know some of the people, you'll be doing exactly what people need! Get to know the refugees and their respective cultures! This experience will be richer if you jump in and expand your knowledge.

Most stores close at 2:30pm/3pm and will reopen around 5pm/6pm. Some grocery stores will be completely closed on Sunday (especially in Thessaloniki). Winter hours, things mostly close at 3pm. Sundays are easy travel days as no one is on the road and all government operated places are open.

Always use the buddy system by having an exit buddy on transportation if you aren't travelling by yourself. Preferably one buddy should have some form of internet/data access. Most people in Greece speak English, they just prefer not to or are older and

Appendix E

Pearls of Wisdom

didn't learn it in school. They are always willing to help, but you must ask because their culture is to not bother people. This is especially apparent in restaurants and grocery stores.

Try to read up on the current political situation and what has led to refugees being stuck in Greece in horrible conditions.

If it's possible beforehand, form groups that like to go fast and need to always be doing things like exploring, and groups that like to sleep in and not go out as much. These don't have to be hard and fast groups, but plan on people wanting to do their own things and experience things differently. The whole group doesn't need to do everything together at the same time. It's best to come up with meeting points and times. If you are in a large group, flexibility and respect are important!



Photo Credit: HIAS – Gabe Cahn

Thessaloniki

SITES

- Modiano Market
- The Kapani Market
- White Tower of Thessaloniki
- Aristotle Square
- Monument of Alexander the Great
- Crypt of Agios Demetrios
- Nea Paralia & Pirate Ship
- Arch of Galerius
- Church of Agios Dimitrios
- Ano Poli & Byzantine Wall

RESTAURANTS

- Plaisir
- Fregio – Amazing gelato
- Mono
- Full tou meze – Tapas in Ladadika

Mytilene

SITES

- Petrified Forest
- Molivos Castle
- Mytiene Castle

RESTAURANTS

- Sugar House

Patras

RESTAURANTS

- Prego
- Aptaliko

Athens

SITES

- Acropolis
 - Temple of Athena/Parthenon
 - Theater of Dionysus
 - Erechtion
- Syntagma Square
- Tomb of Unknown Soldier
- Panathenaic Stadium
- Temple of Zeus
- Roman Agora
- Ancient Agora
- Monastiriki Flea Market
- Plaka

RESTAURANTS

- Katsourmos
- Oinapothiki – We stayed in the owner's AirBnb, he was nice, food was amazing!

Greek

- 'Thank You' is 'efcharisto' (pronounced ef-ar-isto)
- 'I'm sorry' is 'signómi' (pronounced cignomee)
- 'Please' or 'you're welcome' is 'parakalo' (pronounced para-kah-loe)
- 'Good Morning' is 'kalemera' (pronounced kah-lee-MER-ah)

Arabic

- 'Hello' is 'marhabaan' (pronounced ma(r)haben)
- 'Peace upon you' is 'salamu aleikum' (pronounced sal-ah-moo al-ee-coom)
- 'Thank you' is 'shukraan' (pronounced shoo-krawn)
- 'My name is' is 'ana is mi' (pronounced Auna iss me)
- 'Friend' is 'habibi' (pronounced ha-bee-bee)
- 'Son' is 'walid' (pronounced wal-id)
- 'God has willed it' is 'Masha'Allah' (pronounced Ma-sha-Allah), used often when admiring or praising something
- 'Fever' is 'harara' (pronounced ha[r]a[r]a), r's have a trill
- 'A little' is 'shway' (pronounced sh-way)

Kurdish (Sorani)

- 'Hello' is 'choni' (pronounced ch-o-nee)
- 'I don't speak any Kurdish' is 'ez kurmancî nizanîm' (pronounced Es ker-mon-gi nee-saw-num)
- 'My heart' is 'dlakam' (pronounced Dla-CAM), used to express love or that you really care for someone

Pashto

- 'Thank you' is 'manana' (pronounced Ma-na-na)

Berkshire Hathaway Travel Insurance

It is highly recommended that you obtain traveler's insurance for your trip. You don't want to spend the money to book everything and then find out that you can't go, or there is always the possibility of missing a flight. The 2018 team recommends the Berkshire Hathaway ExactCare plan which is just \$35, but covers cancellation, delays, interruptions, missed connections, baggage loss, etc. See <https://www.bhtp.com/travel-insurance> for more information. Berkshire Hathaway also has an app that you can download to your phone before you leave for your trip.



Photo Credit: Kenneth Danielson

International SOS Insurance

International SOS insurance is predominantly evacuation insurance rather than true travel insurance. It can be applied for through the school as an online application. You can pick up the card from the UCIE office in the Student Union. The WSU ISOS Member Number is 11BSGC000054 but you must have the application submitted in order to use the resources. International SOS also has an app that you can download to your phone before you leave on your trip.

U.S. Embassy Athens

- **Address:** 91 Vasilisis Sophias Avenue, 10160 Athens, Greece
- **Telephone:** +30 210.721.2951
- **Emergency:** +30 210.729.4444
- **Fax:** +30 210.724.5313
- **Email:** AthensAmericanCitizenServices@state.gov
- **Website:** gr.usembassy.gov/embassy-consulate/athens

Smart Traveler Enrollment Program (STEP)

The STEP program is a free service that allows U.S. citizens travelling or living abroad to enroll with the nearest U.S. embassy or consulate. It provides you security through travel warnings and travel alerts. You can enroll online at <https://step.state.gov/step/>.

Schengen Agreement

This agreement allows U.S. citizens entry into any of the 26 European countries for short-term tourism, business trip, or transit to a non-Schengen destination with just a passport valid for at least three months beyond your intended date of departure.



Photo Credit: DocMobile

International Student Identity Card (ISIC)


ISIC Association is a non-profit organization behind the ISIC. The card allows students the world over to prove their official student status and make the most of thousands of targeted student benefits and discounts in over 130 countries. You can apply for your card at <https://www.isic.org/>. ISIC also has an app that you should download before travelling abroad. With the app you can access your digital card and can also search for discounts in the areas you are in abroad.



Wright State University Boonshoft School of Medicine (BSOM) Biennium 2 International Student Initiated Elective (I SIE) I SIE Proposal

1. NAME OF STUDENTS: Kenneth Danielson, Karolin Ginting, Bryan Grove, Shaina Logemann, Lorena McConnell, Jerika Ortleib, Sydney Shepherd, Jonathan Stofer, Claire Triplett

STUDENT EMAILS: danielson.8@wright.edu, ginting.2@wright.edu, grove.24@wright.edu, logemann.2@wright.edu, mcconnell.48@wright.edu, ortleib.4@wright.edu, shepherd.85@wright.edu, stofer.3@wright.edu, triplett.11@wright.edu

2. TITLE OF ELECTIVE: Refugee Medicine in Greece
3. DEPARTMENT: Department of Community Health
4. DIRECTOR AND FACULTY: *This should be the person who will serve as your on-site supervisor/preceptor at the facility in the country where you will be traveling. Include all the information below related to the on-site supervisor/preceptor.* 

Organization: DocMobile – Emergency Help!

Name: Kai Wittstock

Current Professional Affiliation: Founder/Director, German Coordinator

Email: Kai.Wittstock@hamburg.de

Phone: +49 172.450.8736

Organization: DocMobile – Emergency Help!

Name: Rose Hansen

Current Professional Affiliation: Thessaloniki Coordinator

Email: docmobileteamphone@gmail.com

Phone: +49 172.491.8390

Organization: DocMobile – Emergency Help!

Name: Belen

Current Professional Affiliation: Mytilene Coordinator

Phone: +3 460.657.1603

Organization: Alkyone Refugee Day Center

Name: Andreana Liora

Current Professional Affiliation: Clothing Distribution Coordinator

Phone: +30 694.329.1665

Note: Because of the rapidly-evolving nature of the refugee crisis, supervisors and medical personnel are constantly changing and rotating between the different clinic sites on the island where we will be volunteering. We will not be able to know those we are

directly working with or have specific contact details until much closer to the trip date or possibly not until we work with them directly. The contact information above is for the administrative personnel for the organizations we will be working with.

5. SPECIFIC DATES OF ELECTIVE: 1/22/2018 – 2/18/2018
6. SPECIFIC LOCATION(S) OF ELECTIVE: Thessaloniki & Lesvos, Greece
7. RATIONALE, GOALS, AND RELEVANT PRIOR EXPERIENCE:

The international prevalence of refugees presents a unique challenge to healthcare system, as persons arrive with no medical record, no experience with the system, and a set of health problems different from those of their new home. Wherever we elect to train, we will likely care for a sizeable refugee population. Although they may be from different parts of the world, while the refugees in Greece are largely from Syria and Afghanistan (via Turkey), it is important to gain a better understanding of their unique position. We hope to gain from this elective a better appreciation of the difficult road many of our patients have taken to get to us; from the dangers of war to the perils of travel to the uncertainty of where they will end up next. We also hope to gain a better understanding of the healthcare barriers our patients face: monetary, culturally, and linguistically. Our prior experience includes working with refugee patients during our third year clerkships. We have all taken an interest in the subject, getting to know these patients and their stories personally. We have also read extensively on the international conflicts that drive these people from their homes.

The goals of this elective are many-fold. Most of the students listed above are part of the International Health Program and are traveling as part of the requirements for completing the program. Additionally, we are all keen on doing our part to contribute to the growing refugee crisis in Europe. Most refugees arrive in Greece after weeks or months of traveling in difficult conditions. Many have been extorted for their life's savings or have lost family members along the way. Some have been abused, tortured, or otherwise harmed in the process. Given the restrictive nature of residency programs, this is the only time we are able to devote a full month to volunteering our time and medical expertise. This is a clinical elective in which we will be actively participating in clinics providing care through the organization DocMobile in addition to public and global health education through the organization ERCI. While we still technically qualify as students and will be learning a great deal from our refugee patients, we will also be just a few months from graduation as physicians and possess triage and first aid skills that are badly needed by refugee aid organizations.

8. ELECTIVE DESCRIPTION: *Include in this section a daily schedule of your elective.*

We will be working with DocMobile (<https://docmobile.org/en/>), a non-profit based out

of Germany that provides emergency response and humanitarian aid in life threatening environments. DocMobile's operation aims to assist the large flow of incoming refugees by providing its assets for the administration of medical care. Care is not only limited to refugees, but also the homeless population that has limited access to traditional means of care. The daily schedule will be subject to the needs of the organization, however, includes triage and direct patient care in the mobile clinic environment under physician supervision.

9. CONTENT CATEGORIES

The program goals are as follows: Gain experience in 1) clinical primary care with an emphasis on physical examination and diagnosis; 2) triage services skills, including primary assessments and administration of appropriate resources or immediate referral to higher level services; 3) recognizing the unique health needs of refugee populations.

10. LEARNING METHODS

Learning methods will include hands-on clinical experience triaging, treating, and planning healthcare system entry for patients, direct observation of our supervising staff, and oral discussions with experienced purveyors of emergency refugee assistance.

Our local clinical and non-clinical preceptors will determine reading assignments, including medical topics unique to or prevalent in Middle Eastern refugees. All travelers are also committed to further educating themselves on the current refugee crisis through long-form news articles and other excellent journalism on the topic.

11. EVALUATION:

- a. **Grade criteria:** Grade will be Pass/Fail. Criteria will include clinical performance, professional behavior, cultural competence, and general knowledge.
- b. **Preceptor Evaluation Form:** Preceptor will complete and sign the Preceptor Evaluation Form and students will submit the forms to Dr. Kim Gilliam (kim.gilliam@wright.edu) upon return to the USA
- c. **International Elective Student Evaluation Form:** Students will complete the International Elective Student Evaluation upon completion of the elective and submit this to Dr. Kate Conway (katharine.conway@wright.edu).

Introduction Session

This will be the first of 15-separate global health discussion days that we will have. We will cover many different subjects over the course of our trip. We will learn not only of the lives of refugees but also our host country. There is no right or wrong answers but chances to reflect and learn from our thoughts and the thoughts of others. As this is our first day in Greece, this session will focus more on the initial impressions and thoughts as we begin our trip. We will also address some facts about refugees in general as well as facts about the refugees in Greece.

Fast Facts

- There are 22.5 million refugees currently found throughout the world.
- 62,000+ of these refugees currently reside in the country of Greece.
- Per the CDC, the priority medical conditions for refugees are anemia, diabetes, hypertension, and mental illness.
- 62.6% of the refugee population is male and 37.4% female.
- 38.6% of the population is made up of children.

Reflection and Discussion

1. What are your initial thoughts about beginning our work at the refugee camp? Concerns?
2. What do you expect to see from the majority of the refugees that we will take care of?
3. Do any of the statistics about refugees surprise you?
4. What do you believe is the best role for us as we take care of this population?

Session Day 2

As this the second day of our series will spend today talking about a subject that matters most to us as healthcare providers. We will discuss what are the exact medical needs of those who are medically underserved and underinsured. Many refugees have chronic and acute diseases. The CDC states that depending on the camp disease prevalence varies widely with some camps having high STI rates while others it may virtually be nonexistent. Vaccination rates also vary widely with Syrian refugees having very low rates of vaccination. Contraceptive use is typically nonexistent in most camps and women's health is lacking in most areas. More than half of refugee children are also suffering from severe anxiety and depression. This is just a small sampling of the many healthcare challenges that we will face in our time here, but hopefully will give us some insight.

Fast Facts

- Per the CDC, the priority medical conditions for refugees are anemia, diabetes, hypertension, and mental illness.
- According to a recent study by Doctors of the World Organization, 72 percent of the health problems refugees faced were treated "inadequately" or not at all.
- In 2014, Syria notified WHO of 3,576 cases of tuberculosis and an overall incidence rate of 17 cases per 100,000 population. Incidence rates of TB are similar (or lower) in countries where Syrian refugees are being processed, with the exception of Iraq, which has a relatively high incidence rate
- Tabaco use in Syrian refugees is high. It was estimated that 60% of men and 17% of women smoked cigarettes, and 20% of men and 5% of women used water pipes
- 65.5% (N=452) of women between 18 and 45 years of age were not using any form of birth control in typical refugee camps per the CDC

Reflection and Discussion

1. What challenges do you foresee in taking care of the medically underserved? Globally? At Home?
2. As most of these refugee statistics are from Syrian refugees, what do you expect to be the main difference between other refugee populations?
3. Do any of the statistics about refugee health surprises you?
4. Do you believe more medical problems will be acute or chronic in nature? Why?

Session Day 3

Today is day 3 of our series and we will talk about the viability and safety of medications across the globe. Medications have changed the way we live our lives both at home and abroad. Most people will at some point in their lives require medications to prevent or treat an illness of some sort while they are alive. Unfortunately, the safety of the medications varies widely from country to country. The WHO lays out four different ways that patients are at increased risk due to medications and those are the following: patient medication literacy, medication names and quality, complex and dysfunctional healthcare systems, and unsafe medical practices by healthcare providers. The people most affected by these errors are the young, old, and those taking

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more than 4 or more medications a day. Fortunately, the WHO has made challenge to reduce medication related errors by 50% over the next 5 years. As we discuss, let's try to keep these facts in mind.

Fast Facts

- Unsafe medication practices and medication errors are a leading cause of avoidable harm in health care systems across the world.
- The scale and nature of this harm differs between low-, middle- and high-income countries. Globally, the cost associated with medication errors has been estimated at US\$ 42 billion annually
- Patients living in low-income countries experience twice as many disability-adjusted life years lost due to medication-related harm than those in high-income countries
- WHO estimates that at least 72,000 children die of pneumonia and 69,000 people die of malaria each year as a result of falsified or substandard treatments.
- WHO estimates that 10.5 percent of medicines in low- and middle-income countries fail to treat the condition they're supposed to.

Reflection and Discussion

1. What challenges do you foresee in your own use of medications abroad?
2. What do you believe is the most important aspect of medication safety that we can provide?
3. Do any of the statistics about medications surprise you?
4. How do you think you can help to lower the amount of medication misuse?

Session Day 4

Today is day 4 of our series and we will discuss epidemiology of global infectious and chronic disease. The world is beginning to go through a period of transition as treatments get better and the developing world continues to push towards modernization. The battle with infectious disease is not over but the effects have greatly diminished over the past century. Immunizations and greater public health works have helped both developed and developing nations fight against these illnesses. The oldest old are now the fastest growing part of the total population, and with that comes the challenge of ever increasing chronic diseases. The WHO now believes over the next 10 to 15 years, people in every world region will suffer more death and disability from such noncommunicable diseases as heart disease, cancer, and diabetes than from infectious and parasitic diseases. This is not to ignore the increase in infectious disease themselves. The increase in people living with HIV/AIDS and living into elderly age has increased the prevalence of disease like TB. The challenge is to not only look for the typical developing world diseases such as Malaria, TB, and HIV but also to take note of rise in chronic diseases as well.

Fast Facts

- On a global level, the 85-and-over population is projected to increase 351 percent between 2010 and 2050, compared to a 188 percent increase for the population aged 65 or older and a 22 percent increase for the population under age 65
- In 2016, 6.3 million new cases of TB were reported (up from 6.1 million in 2015), equivalent to 61% of the estimated incidence of 10.4 million
- There were 476,774 reported cases of HIV-positive TB (46% of the estimated incidence), of whom 85% were on antiretroviral therapy (ART)
- By 2020, chronic diseases will account for almost three-quarters of all deaths worldwide, and that 71% of deaths due to ischemic heart disease (IHD), 75% of deaths due to stroke, and 70% of deaths due to diabetes will occur in developing countries.
- Among Syrian Refugees, half of all households reported having at least one household member with a previous diagnosis with one of five non-communicable diseases: arthritis, cardiovascular disease, chronic respiratory diseases, diabetes, or hypertension

Reflection and Discussion

1. What challenges do you foresee in diagnosis and treatment of patients globally with chronic and infectious disease?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe is the best way you can help patients with their chronic diseases?

Session Day 5

Today is day 5 and we will discuss financial aspects of providing health care while residing in an international setting. The cost of living is something that is rarely discussed when talking about global health. This may be due to the fact that the majority of global health trips are short term and require a much smaller financial investment. The costs of these trips are also skewed heavily on the travel aspect as compared to longer trips where typical costs associated with daily living may become a larger piece of the pie. One study by Dr. Kevin Sykes as points to the fact that whatever intervention done on a global health trip needs to make financial sense for both the provider and the patient. As some interventions do not make fiscal sense in a short term, but may make more sense in a long-term setting.

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Fast Facts

- 5 of the 6 most expensive cities to live in world wide are found in Asia
- WHO estimate of minimum spending per person per year needed to provide basic, life-saving services-US\$ 44
- Low income patients make up 59% of Disability-Adjusted Life Years (DALY) lost globally
- Giving women around the world access to contraceptives and family planning could reduce the number of maternal deaths by 20 to 35 percent and is by the most cost-effective healthcare intervention
- Most areas that require global health intervention are the same as in the U.S. as in rural and urban underserved populations per a study by Global Health Action
- Long term retention of workers in impoverished areas was found highest when workers had either family ties or high financial compensation to those areas per study mentioned above.

Reflection and Discussion

1. What challenges in cost of living do foresee in your global health work? Why?
2. Which of the fast facts was surprising to you? Why?
3. Do you see yourself practicing globally in a short term or long-term basis? Why?
4. What do you believe is the intervention that one can do on a short-term trip? Long-term?

Session Day 6

Today is day 6 and we will discuss socioeconomic factors as determinants of health and disease. Income and social status are linked directly to the health of patients and communities. The greater the gap between the richest and poorest people, the greater the differences in health. So as the financial link between poverty and healthcare are well known, we will dive into the refugee crisis and the finance surrounding the problem. The Greek government has recently begun to stop providing meals and provide only stipends for people to buy food, but speculation remains as to how much money is directly going to the refugee camps. The other side of the coin is that the Greek economy is struggling to cope with the refugee influx as many industries have been harmed by the influx to Greek islands. This compounded by the financial crisis that bankrupted the country in 2010. The facts below help to paint a better picture of some of the problems refugees face as they try to establish themselves in Greece. This problem and the amount refugees have to live on is more complicated than one page of information can provide but hopefully this provides some insight.

Fast Facts

- A single refugee receives only \$359 per month in the state of California and family of three will receive \$723 per month
- Greece offers €90 to €330 a month for refugees with food accommodations and €150 to €550 a month for those without all depending on family size
- The EU gave Greece \$803m for the refugee crisis and the total represents the most expensive humanitarian response in history
- It is estimated that \$70 out of every \$100 spent on the refugees in Greece has been wasted.
- There is currently no official count on the number refugees within Greece as numbers vary widely

Reflection and Discussion

1. What are your thoughts about the standard of living patients have financially in Greece?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe is the biggest financial burden that both parties must endure?
4. What do you believe is the best solution to the problem?

Session Day 7

Today is day 7 and we will discuss environmental factors as determinants of health and disease. Traditionally, the focus of environmental factors has been concerned with local health hazards such as: pollution of the air, water, land. In recent years, there has been growing concern with a number of global hazards such as stratospheric ozone depletion and climate change. The focus must then be both on short term and long-term determinants of health. Access to clean drinking water, clean air, and proper hygiene are easy short-term goals that can be solved and have long term effects. The broader issues of ozone and climate change must also be addressed but require more political capital. The easier to remedy issues are typically found in developing nations and strike the people at the lowest portion of the economic ladder. However, to consider environmental factors as strictly a developing nation problem would be a mistake. It is estimated by the WHO that 10% of EU GDP was spent on handling air pollution alone. So as much as these factors are hitting the developing nation, the entire world needs work to clean up and improve health.

Fast Facts

- Approximately 1.1 Billion People (1 in 7) Lack Access To Safe Water per the WHO
- Approximately 2.6 billion people (half the developing world) lack access to an improved latrine per the WHO

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- 1.1 million people, mostly under the age of 5, die from diarrheal diseases directly attributable to unclean, unsafe water. Almost all these deaths occur in developing countries per the UNICEF
- A child dies every 90 seconds from a water-related disease per UNICEF.
- Half the world's population are exposed to unsafe levels of air pollution every day, by WHO standards.

Reflection and Discussion

1. What are your thoughts about the environmental determinants of health?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe should be the priority of someone working in global when thinking about the environment of patients?
4. What do you believe you could do to help with these environmental factors of health?

Session Day 8

Today is day 8 and we will discuss political factors as determinants of health and disease. Public policies established by the government can have a direct effect on health and disease. A great example of this can be found in the seat belt law. The implementation caused an almost 20% increase in seatbelt usage and with an average of 15000 lives saved per year. Another great example is found within the tobacco industry. Since the institution of laws prohibiting tobacco advertisement, the amount of people using tobacco products has dropped from 42% to 16%. Education is also a great example as public policy tends to help those to gain an education and potentially live a longer life. These statistics show how influential government policies can be when it comes to reducing morbidity and mortality. Globally, countries can have influences on everything from tobacco to total refugee population.

Fast Facts

- A recent court ruling stated that the last two hold outs against refugees within the EU had to take refugees again.
- EU policy has shifted refugees to Italy and Greece.
- In many U.S. cities, life expectancy can vary by as much as 25 years across neighborhoods per AHQR
- At age 25, U.S. adults without a high school diploma can expect to die 9 years sooner than college graduates
- Medicaid and CHIP cover nearly 70 million people

Reflection and Discussion

1. What are your thoughts about the political determinants of health?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe should be the priority of someone working in global health when talking about refugees in politics?
4. What do you believe you could do to help with these political factors of health?

Session Day 9

Today is day 9 and we will discuss health and human rights issues and determinants of health specific to immigrant, migrant, internally displaced, and refugee populations. Based on the international laws of human rights states cannot limit the enjoyment of any human right and discriminate against non-nationals on the grounds of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Most countries have programs or some type of healthcare system for their population, but this becomes tricky with populations without a country to claim. International law requires that health systems do not discriminate against these populations but are provided for with equal access to adequate health. This creates a burden on the healthcare system of the host nation and can cause problems with systems that are unable to take care of the influx of new patients. People who are displaced are also at increased risk of a mirage of health problems. New health ailments that may have been previously under control but have come back due to a deterioration of the healthcare system. This is not to mention the dangers of the travel for those who seek refuge. As you can see, there are many different health related issues that refugees can face due to their status and understanding them can help us take care of them.

Fast Facts

- Civilian fatalities in wartime climbed from 5 per cent at the turn of the century, to 15 per cent during World War I, to 65 per cent by the end of World War II, to more than 90 per cent in the wars of the 1990s per the WHO.
- 10 million people a year, on average, are displaced by dam projects alone.
- In Angola, trypanosomiasis, which had decreased from 2,500 to 3 cases between 1949 and 1974, re-emerged with one in three Angolans being at risk after a civil war.
- 356 refugees drowned on an overcrowded boat that sank off the coast of Indonesia in 2001.
- 25% of refugee women in Tanzania, Kanembwa camp had been exposed to sexual violence.

Reflection and Discussion

1. What are your thoughts about the healthcare problems faced by refugees?
2. Which of the fast facts was surprising to you? Why?

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Team Reflections

3. What do you believe is the best way to ensure refugees have equal access to healthcare?

Session Day 10

Today is day 10 and we will discuss social factors influencing the ability of the health system to control the emerging epidemic of chronic disease. Several studies have found that the social context of a person's life determines the risk of exposure, degree of susceptibility, and the course and outcome of disease. For example, smoking is associated with more diseases than any other health-related behavior and is a learned social behavior that is affected by social factors and policy. As the diseases caused by smoking became more well known, society began to focus on stopping the spread of smoking. In partnership with the healthcare system, society has begun to beat back the problem of smoking. Per the University of Kansas, one of the major ways society helps to equip healthcare systems to fight these chronic diseases is to give healthcare systems data showing the effectiveness of different treatments and deterrents. As Healthcare 2020 illustrated, the partnering with the individual also helps to manage disease and provide better treatment by making them part of the team. So as the world wrestles with chronic disease, it is our job to partner with society and our patients to fight its spread.

Fast Facts

- An estimated 36.5 million adults in the United States (15.1%) said they currently smoked cigarettes in 2015.
- Each day, more than 3,200 youth younger than 18 years smoke their first cigarette, and another 2,100 youth and young adults who smoke every now and then become daily smokers.
- 96 cents per dollar for Medicare and 83 cents per dollar for Medicaid is used to treat chronic disease
- DPP (Diabetes Prevention Program) efforts and education for improved diabetes management have now been proven to both improve wellbeing and reduce costs.
- Public Health early detection programs for breast and cervical cancer have been responsible for identifying thousands of cancers in early stages when treatment is more effective and less expensive.

Reflection and Discussion

1. What are your thoughts about societies role in helping health systems control chronic disease?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe is the best way you can partner with any host society to combat chronic disease?

Session Day 11

Today is day 11 and we will discuss environmental and geographical factors influencing the ability of the health system to control the emerging epidemic of chronic disease. Areas that are further from major population centers have harder times attracting physicians and healthcare workers to their regions. This has a direct effect on how well health systems can control chronic disease. If the population is too far away from a health system, the population cannot receive the education and basic management that can prevent the disease as well as control it once it occurs. Environmental factors as play a major role in chronic disease management by health systems. If the environment is unstable or has issues with humidity or temperature, then there can be issues for a healthcare system. Medical devices and medicines require specific temperatures to work properly. This can cause problems for the both the health system and those that they wish to serve in managing chronic disease.

Fast Facts

- For high-income countries, alcohol, overweight and blood pressure are also leading causes of healthy life years lost: each being responsible for 6–7% of the total.
- Adults in nonmetro households reported higher rates of hypertension, heart disease, cancer, and stroke than adults in households in large metro areas per NHIS.
- Almost 75% of rural Russia people who could not obtain medicines reported unavailability as the main reason, and only 20–25% could not afford them.
- Rural Greek doctors reported average population of responsibility of 2263 citizens and a regular average of 26 consultations per day but only around 30% had health records for their patients.
- The losses associated with temperature excursions in healthcare come to \$35 Billion.

Reflection and Discussion

1. What are your thoughts about the environmental challenges health systems have when treating and managing chronic disease? Geographical Challenges?
2. Which of the fast facts was surprising to you? Why?
3. How do you believe this information can be used to help treat our refugee population?

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Session Day 12

Today is day 12 and we will discuss telecommunication factors influencing the ability of the health system to control the emerging epidemic of chronic disease. As stated in yesterday's discussion, the world has a problem with a large amount of the health inequality in rural areas. Telecommunication has been able to help with bridge the gap for these areas for more acute infectious diseases. Whether these technologies help patients to communicate problems to physicians or physicians are able to quickly address issues to patients from a distance, chronic diseases will be more easily treated with distance healthcare. These technologies will give healthcare systems more range to cover populations previously unreachable. This can be through apps, wearable technologies, telemedicine or other devices not listed here. There is still not a lot of data in the role of technology in chronic diseases, but the future of possibly managing diseases remotely holds promise.

Fast Facts

- A recent survey of 2000 patients with chronic disease who were almost 50% more likely to fill a prescription for a health app than for a prescribed medication.
- A study using wireless scales successfully reduced readmissions by 44%
- 100,000 health apps are also available in the market allowing patients to record, track, and analyze vital signs and physical health data over time, to obtain feedback and general information about the disease they suffer from
- A recent study showed that 83.1% of patients who are provided with information about their HbA1c values were more engaged and current about their diabetes.
- A recent study showed a savings of 24% over the year to the healthcare system made through falls in the number and cost of GP visits, specialist visits and procedures carried out due to remote management of chronic diseases

Reflection and Discussion

1. What are your thoughts about the rise of telecommunication in the attempts to control chronic disease?
2. Which of the fast facts was surprising to you? Why?
3. How do you believe telecommunication can be used to help treat our refugee population?

Session Day 13

Today is day 13 and we will discuss sociocultural and psychological factors influencing health literacy and interaction with the local health system. A patient's culture has a major role with how they interact with healthcare systems. Some cultures have a high level of respect for the physician and place a higher priority on a paternalistic style of medicine. Other cultures, such as our own in America, place a higher value on being individualistic and making our own medical decisions. Different cultures also have different problems that are endemic to their culture. A great example of this is found in Nepal. Nepali women live shorter lives than men. The number reason for this is that women marry earlier due to cultural reasons and have higher rates of mortality in child birth per the WHO. Not only do diseases differ, treatments can also vary and by highly subject to cultural practices. The gypsy community for example will not accept most healthcare unless they are in dire straits, and when they do they typically only will accept healthcare from the leaders in their respective fields or older more seasoned physicians. Psychological factors influencing health are also a major cause for concern. Most people who need mental help from local healthcare systems. Patients need more access and better access to help them cope with their mental illnesses without stigma. Sociocultural and psychological factors play a huge role in any population when dealing with healthcare and it is our duty to learn where our patients come from.

Fast Facts

- Only 12 percent of English-speaking adults in the United States have proficient health literacy skills.
- Only 25% of adults in the US with mental health symptoms believed that people are caring and sympathetic to persons with mental illness
- The majority of people who suffer from depression who need treatment do not receive it. Where data is available, this is globally fewer than 50%, but fewer than 30% for most regions and even less than 10% in some countries per the WHO.
- Asian Americans are least likely to feel that their doctor understood their background and values and are most likely to report that their doctor looked down on them.

Reflection and Discussion

1. What are your thoughts on how to best learn and respect other cultures in the global health field?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe you can do to best take care of patients from a culture other than your own?

Session Day 14

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Team Reflections

Today is day 14 and we are officially half way completed with our discussions and our work here in Greece. As we are half way, this is a great time to take a pause and talk about mental wellness. We have been placed in a high stress environment and our mental health is important. We cannot take care of others if we are not mentally able to take care of ourselves. There are many different strategies that we can take to help manage our stress. Establish boundaries with others so that you do not overly emotionally invest yourself in patient's problems. Keep a journal, it will help you to digest all that happens throughout the day, and create instead of reacting. Remember that you are well trained and that your intuition helped to get you here, so listen to it if you believe that something may be going wrong. Take time to rest, this does not mean to distract yourself but to find a mentally engaging way to think of something that restores you. Lastly, take time to enjoy your life and find ways to spark joy throughout your day. Hopefully, these are some minor ways to help you deal with the stress of our environment. If you are struggling, let one of your colleagues know. We are all in this together.

Fast Facts

- A recent study in 2014 found that 54% of physicians are experiencing some level of physician burnout
- A study found that healthcare professionals who listen to stories of fear, pain and suffering can find themselves empathetically experiencing similar emotions and experience compassion fatigue
- Burnout among health care workers globally has become an occupational hazard, with its rate reaching between 25% and 75% in some clinical specialties
- Some health care workers offering services to refugees on the ground are developing stress responses as a direct result of their experiences with Syrian refugees. These stress responses are secondary traumatic stress (STS) and burnout.

Reflection and Discussion

1. How do you feel that you are coping with stress?
2. Which of the fast facts was surprising to you? Why?
3. Is there anything specific that helps you to deal with stress? How about to find joy?
4. Take some personal time to think of a way that you can work on your stress over the next week.

Session Day 15

Today is day 15 and we will discuss disease specific consequences due to regional and genetic influences of health. A population's genetics can have a huge role in the health of the population. This can occur in a number of ways. Genes can cause a population to be more susceptible to a disease as found in certain mutations such as HER2, BRCA1, BRCA2 genes. These genes do not cause the directly but create an environment that promotes disease pathology. Other gene mutations may cause a disease directly as in the cystic fibrous or with thalassemia disease. The latter of those diseases may have a higher incidence with the population that we will be working with. Lastly, genetic influences can alter how our medications interact with the population that we will be treating. A population that has high amounts of G6PD deficiency will not be able to tolerate many sulfa containing drugs that we would normally prescribe. There could also be differences in the speed in which they metabolize drugs that may require different dosing intervals. So as we learn to treat a population, it is important to keep our mind focused on the possible genetics that our target population may carry.

Fast Facts

- BRCA 1 gene account for a small proportion of all breast cancers, but affected family members have a greater than 70% lifetime risk for developing breast cancer or ovarian cancer.
- In an assessment of healthy Syrians, 17.5% were identified as carriers of Familial Mediterranean Fever
- Approximately 5% of the Syrian population are carriers of beta thalassemia trait, and less than 5% are carriers of alpha thalassemia trait
- Sickle cell disease is uncommon in Syrian populations, and less than 1% of the population are carriers for the disease
- Glucose-6-phosphate dehydrogenase deficiency (G6PD) has been reported in 3% of the Syrian population

Reflection and Discussion

1. What are your thoughts on how to best monitor for possible genetic disease within your patient population?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe you can do to best ensure that you are treating patients with their genetic factors in mind?

Session Day 16

Today is day 16 and we will discuss services and technology available for specialized medical care, diagnosis, treatment, and rehabilitation in a specific international setting. This is one of the extensive topics that we have listed to discuss, and we may not cover it all. Technology and technology services are always underdevelopment and are paving the way to better healthcare internationally. This applies from low cost innovations to high cost breakthroughs. For example, foldscope invited a microscope that can be created under 50 cents. It is also easy to ship and could be used in many different environments for a low cost. The reverse of this can be found with a company like cisco. They invented "The Refugee First Response Center," which is a mobile clinic that can be moved to anywhere in the world easily. It also offers language services and can be shipped like a typical freight car. These just serve as some basic examples but help to illustrate the importance of services and technology in the international setting.

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Team Reflections

Fast Facts

- A recent mobile portal was created for NGOs to provide refugees with real time information for safer and quicker onward journeys away from danger.
- EmpowerHack has launched Hababy, an app providing prenatal care information for pregnant women.
- CelloPhone app uses imaging to analyze bodily fluids and assess the spread of infectious disease
- UNHCR health providers in a camp for refugees from Bhutan in Nepal use telemedicine to connect refugees and specialists in other regions of the country.
- 3Dmena uses 3D printing to replace body parts of affected patients who have lost limbs due to the dangers of being a refugee.
- Many 3D imaging parts can be manufactured in under 30 minutes for just \$1.50 which is a fraction of the typical costs associated with many of the parts in need.
- Emergency Integrated Lifesaving Lanyard is a drone that works off the costs of Lesvos to search and save potentially drowning refugees

Reflection and Discussion

1. What are your thoughts on the increasing role technology plays in global health?
2. Which of the fast facts was surprising to you? Why?
3. What do you believe is a technology that is needed in the global arena to help refugees?

Session Day 17

Today is day 17 and we will discuss unique health care delivery methodology and outcomes data for specific international settings. The topic we will cover today is focused more on the outcomes of different healthcare systems. Healthcare systems throughout the world vary as to whether their healthcare is privately or publicly insured. Per a 2009 study, there are currently 58 countries with public healthcare systems. The rest are private or in the case of the U.S. a mixture of the two. There are pros and cons to each system, and it is our duty as someone working in global field to be aware of each. The private system typically is faster and shows more care towards their patients. The public system has greater access and typically has a lower overall cost. However, most studies agree that the outcomes do not seem to change with either system. Our host country of Greece has universal healthcare and spends around 3% of its GDP to cover costs. With its expenditure, it ranks 29th in the world for healthcare. Unfortunately, its most recent economic downturn has crippled the nation and its healthcare outcomes have continued to get worse year after year. As we discuss today, let us not only talk about healthcare systems, but also have a discussion about our host nation.

Fast Facts

- Globally, the healthcare outcomes have begun to level off as the world's population has begun to age from the baby boomer generation.
- According to the World Bank, the world spent 4% of its GDP on healthcare in 2014.
- Canadians have to wait 18 weeks on average before receiving specialist treatment per CNN health report.
- The average visit to see a PCP by an American costs between \$30 and \$200 per 10 minutes.
- Care is free across the U.K., but long waiting times and a limited choice of hospital or physician can be a problem. Roughly 11% also have private insurance, often offered as a perk by employers to get around these wait times per CNN health report.
- A recent study found that Private sector had greater risks of low-quality care, and served higher socio-economic groups, whereas the public sector tended to be less responsive to patients and lacked availability of supplies.

Reflection and Discussion

1. What are your thoughts about public vs private healthcare systems in the world?
2. Which of the fast facts was surprising to you? Why?
3. With the fall of the Greek healthcare system, what lessons should we learn from it?

Session Day 18

Today is day 18 and we will discuss varied cultural approaches to healing. Cultures have an immense impact in patient outcomes when it comes to healing. Our job as future physicians and especially physicians in the global health sector. As we are in working in refugee camps, we will primarily discuss Syrian refugee's cultural practices towards healing. Most Syrian's have had some exposure to western medicine, and understand how it functions. Even with this understanding, Syrians still have a culture that interacts uniquely within western medicine. It is important to note that a patient's personal culture may or may not follow the tenets of the broader culture around them. As the population of Syria is mostly Islamic, it is not surprising that many of the cultural practices have their roots within the Islamic tradition. Understanding this religious background will help to overcome some hurdles before the even arise. Lastly and most importantly, cultural trust must be earned from your patients. They may not trust you initially but, by respecting their various approaches to healing, you will gain their trust and improve their health.

Fast Facts

- Prefer a provider of the same gender

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Team Reflections

- Request long hospital gowns for modesty (especially female patients)
- Request meals in accordance with Islamic dietary restrictions (Halal) during hospital stays or request family to bring specific meals or foods
- Fast or refuse certain medical practices (e.g., to take oral medication) during certain periods of religious observance such as the month of Ramadan
- Be less likely to consider conditions chronic in nature
- Not be open to questions or discussions regarding certain sensitive issues—particularly those pertaining to sex, sexual problems, or sexually transmitted infection
- Refuse consent for organ donation or autopsy

Reflection and Discussion

1. What are your thoughts about how to discuss with patients their cultural beliefs towards healing?
2. Which of the fast facts was surprising to you? Why?
3. When discussing health with refugees, what should you keep in mind about their culture?

Session Day 19

Today is day 19 and we will discuss varied cultural approaches to death and dying. People within a culture accept different beliefs based on their personal and shared experiences. These beliefs then go on to shape the way that they act in different stressful environments and death is one of them. There is no correct way to deal with death or grief and that may cause strife between different cultures. As one practice may seem normal to a Syrian but extremely odd to a Canadian. In Syrian culture, a death is followed by three days of mourning. Female relatives of the deceased wear black for several months to up to one year or more following the death. Widows generally do not remarry and often dress in mourning for the rest of their lives. As healthcare providers in any region, it is important to understand how a culture handles death as it will help us to take better care of our patients and communities. It may even give you cues to a patient's social well being if you are able to recognize some of these cultural practices.

Fast Facts

- A recent study found that 50% of the Japanese physicians reported that they often or very often experienced families as being reluctant to discuss end-of-life issues, the corresponding figures were 59% in Korea and 70% in Taiwan. This was due mainly to the belief that talking about death leads to bad things.
- In Islamic tradition at the time of death, contact between the body and non-Muslims is discouraged. If a non-Muslim needs to touch the body, gloves should be worn. Male staff should handle male patients, female with female patients.
- In Greek Orthodox tradition, a candle is lit at the time of death and a prayer is said. This is repeated for 40 days, because it is believed that the soul roams on earth for 40 days, as did Christ. The lighting of the candle is symbolic in asking God for forgiveness on behalf of the deceased
- After death, Greek Orthodox will hold mass as memorials, at 3 days, 9 days, 40 days, 6 months, 12 months and 3 years. After each mass, food is eaten in honor of the deceased's soul.

Reflection and Discussion

1. What are your thoughts about how to discuss with patients their cultural beliefs towards dying?
2. Which of the fast facts was surprising to you? Why?
3. When discussing death with refugees, what should you keep in mind about their culture?

Session Day 20

Today is day 20 and we will discuss resources and issues pertinent to travel medicine that are specific to international travel. As world has become more global, our patients are increasingly becoming more likely to encounter diseases that are not endemic to our region. This is where travel medicine comes into play. It is not a recognized specialty of medicine but plays an important part of keeping people safe from the harms of diseases globally. The CDC states that clinicians who have received special training in the field of travel medicine do provide better outcomes than those who are not trained in the field. Patients who do not receive pretravel advice often get sick. Fortunately, the majority of these illnesses are minor and resolve shortly. The danger is that some of these diseases such as malaria are extremely dangerous and even a slim chance of the disease is enough to warrant protection. The protection provided by these physicians is offered through antibiotics, vaccines and travel advice in general. The population that they serve also tends to be diverse. Most people assume that they are treating tourists or people on international aid trips out of the country, but by far the most people are those who travel to visit relatives that exist in foreign countries. As global physicians, it is important to either work along side these physicians to provide care to our patients who are leaving the country or to get care from them ourselves to protect ourselves from these diseases abroad.

Fast Facts

- It is estimated that more than 1 billion travelers crossed international borders in 2012.
- 15% to 70% of international travelers falling sick during or after travel
- 8 percent of sick travelers are sick enough to seek medical care either while traveling abroad or shortly after returning home

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Team Reflections

- The most common reported illnesses are: diarrhea (34%); a respiratory disease (26%); a skin disorder (8%); acute mountain sickness (6%); motion sickness (5%); an accident and injury (5%); an illness with fever (3%).
- A study found that Health Advice for Overseas Travelers was the most useful resource to learn travel medicine guidelines

Reflection and Discussion

1. What are your thoughts about the usefulness of travel physicians? Should they become their own specialty?
2. Which of the fast facts was surprising to you? Why?
3. When traveling, how do you plan to incorporate travel medicine?

Session Day 21

Today is day 21 and we will discuss resources and issues pertinent to health risk prevention and health maintenance that are specific to international travel. It is important to understand the specifics of health prevention and maintenance while our patients are abroad. The most basic health risk prevention is to have knowledgeable conversations about the area that you will be traveling to people who know and understand the risks of the area. One of these risks is to look and determine malaria prevalence in the area that you will be visiting. As preventing malarial illness can prevent morbidity and potentially death. Patients should also consider hiring a driver if they are unfamiliar with driving in some of these nations. The most common cause of death for those who travel abroad is due to auto accident. As for health maintenance, patients should buy insurance for their local region if they are staying abroad long term with chronic illness. These are just a few aspects of health maintenance and prevention that a patient must plan for while abroad. Hopefully, this will spark some conversation and thought amongst the groups.

Fast Facts

- Students who traveled sought predeparture advice from primary care providers (52%) and travel health specialists (18%)
- 71% of imported malaria cases in travelers with an identified purpose of travel were travelers visiting friends and family.
- The median duration of travel that prompted the pretravel evaluation was 14 days,
- Asia (33%) and sub-Saharan Africa (27%) were the most common regions where travel-related illnesses were acquired
- 7 to 8 million U.S. residents travel annually to countries where malaria is present.

Reflection and Discussion

1. What all do you believe, besides what was already mentioned, patients should do to prepare for international travel?
2. Which of the fast facts was surprising to you? Why?
3. When speaking with a patient who traveled, what symptoms should you look out for? What questions should you ask?

Session Day 22

Today is day 22 and we will discuss resources and issues pertinent variations in health care services for non-citizen that are specific to international travel. Most medical insurance companies do not cover medical expenses abroad or at least not initially. Some medical insurance companies will pay but will initially require you to pay out of pocket. You will then be reimbursed after the fact. Medicare patients typically do not have coverage except for some very minor exceptions. Medigap is a form of insurance that is suggested for such patients as it will typically cover for care outside of the U.S.. Another potential health insurance that patients may require is a form of evacuation insurance. This is important as some areas may be remote and require help via expensive modes of transportation to get healthcare. These are just examples of coverages for people leaving the U.S. to go abroad. If you are taking care of a patient who is from another foreign country to either the U.S. or a third country, the rules could be even more complicated. Hopefully, these facts will help guide our discussion today.

Fast Facts

- U.S. Medigap plans C, D, F, G, M and N will cover 80% of the cost of care outside the U.S. during the first two months of a trip
- The CDC states that an evacuation for medical reasons can cost up to \$100,000 or more.
- A specific incident cost \$989,000 to cover the medical costs of treating a traveler who suffered a stroke. This includes \$78,000 for an air ambulance back to the UK
- Nearly \$2 billion worth of travel insurance products were purchased in 2010.
- 64 percent of travelers said that their health and safety were the most important consideration when deciding where to travel due to expenses related to insurance

Reflection and Discussion

1. What all do you believe patients should do to prepare for international travel?
2. Which of the fast facts was surprising to you? Why?
3. What problems do you foresee arising for patients who are traveling to the USA who have a state run insurance?

Session Day 23

Today is day 23 and we will discuss specific safety factors that might be handled differently when taking part in health care delivery in an international setting. While we work abroad, there will be many different safety challenges that we will have to deal with that will be unique to that specific region of the world. One safety challenge in healthcare abroad that is very obvious is the language barrier. A lack of communication is one of the greatest dangers to patients that there can be. Without effective language, you are completely unable to address patient medical concerns and in fact may be likely to cause harm than to benefit the patient. Another safety factor that differs dramatically across the global is health care related infection rates. Developed nations struggle with these tasks and studies by the WHO have shown that the developing world struggles even more so. These are just two different factors that come into play when discussing patient safety. As physicians abroad, we must continue to first do no harm and monitor for any safety failures that may cause problems for our patients.

Fast Facts

- A study by the WHO found the risk for patients to develop SSI in developing countries is significantly higher than in developed countries (e.g. 30.9% in a pediatric hospital in Nigeria, 38.23% in general surgery in a hospital in the United Republic of Tanzania, 33 and 19% in a maternity unit in Kenya).
- ICU infection rates in developing countries can be up to seven times as high as ICUs in developed nations.
- A study by the ACEP found a 12 percent as opposed to 22 percent error rate for professional vs ad hoc interpreters.
- In the UK, recent estimations show that on average, one incident of patient harm is reported every 35 seconds per the WHO.
- In the US, about 1.5 million patients are harmed and thousands killed every year due to unsafe medication use per the WHO.

Reflection and Discussion

1. What safety concerns do you foresee as a challenge?
2. Which of the fast facts was surprising to you? Why?
3. What steps do you think you can do to prepare for unforeseen safety concerns?

Session Day 24

Today is day 24 and we will discuss specific legal and ethical considerations that might be handled differently when taking part in health care delivery in an international setting. As we provide healthcare abroad, we will be tempted to fall into a paternalistic style of healthcare delivery. It is important that we do not and that we follow the local laws as providers within different countries. Not only is providing care in a paternalistic fashion less effective, it is also potentially harmful per the WHO. As the BMJ stated, this is partially due to a failure in information gathering in the areas that are most visited in global health work. Global health physicians provide care that they believe the areas need because they do not know what they need. Many countries require that you get licensed for their own country, and some do not. It is up to you as physician to ensure that you are doing right by your patients and host country by being licensed in both countries. These are just two of the ethical and legal considerations to make while you are preparing to work abroad. Let us focus today's conversations on diving into some of these complex issues.

Fast Facts

- From 2001 to 2011, nearly 6,000 doctors had their clinical privileges restricted or taken away by hospitals and other medical institutions for misconduct involving patient care. But 52% — more than 3,000 doctors — never were fined or hit with a license restriction, suspension or revocation by a state medical board per USA today.
- In the UK, a report from 2007 found that 30.94% of the overall physician pool, or about 20,863 physicians came from other European Union member states.
- A recent survey of medical malpractice insurance groups found that only 58% offered coverage abroad.
- Per the CHA, 93 percent of international respondents said a needs assessment is appropriate before engaging in international missions.
- Only 25% of a recent study by the CHA stated that local groups needed a needs assessment in conjunction with a US based team.

Reflection and Discussion

1. What ethical concerns do you foresee in a global health clinic?
2. Which of the fast facts was surprising to you? Why?
3. What steps do you think you can do to prepare for unforeseen legal or ethical problems?

Session Day 25

Today is day 25 and we will discuss political issues unique to international travel and tourism. The world is a troubling place at times. World tensions rise, and they cool. As we travel abroad it is important to always be aware of world politics for not only our patient's safety but our own. The U.S. State Department has a constant list of countries that are not safe for travel. This list also includes regions that may have threats that may not be in the news. The travel advisory is not a complete ban, but it does require one to pause when traveling to said areas. Our duty is not necessarily to avoid these regions,

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Team Reflections

but as with doctors without borders. It is our job to have all the facts before traveling to said areas. It is also important to take note as areas that have changes in politics that are less favorable may also lose financial stability that tourists bring. For example, the U.S. might lose an estimated \$246 billion due to the more recent travel ban by President Trump per CNBC. As we practice globally, our patients are not only the tourists but also the people who rely on tourists as their main source of income.

Fast Facts

- U.S. Department of Commerce showed a drop in international visitors to the United States by close to 700,000 in the first quarter of 2017 compared to the previous year.
- Catalonia had a 20% slump in tourist travel that cost the state an estimated 1.1 billion euros after the referendum vote turned violent
- Homicides in Mexico have gone up over 300% due to turf battles between different rival gangs over popular tourist locations
- Antarctica is under the U.S. Department advisory list due to increased risk of danger from extreme and unpredictable weather.
- Dangers on the travel ban range from 1 to 4 based on the level of danger that is present in each country on the list and information gathered by the various U.S. departments

Reflection and Discussion

1. What do you think the role of a physician in politics is? Is it different at home or abroad?
2. Which of the fast facts was surprising to you? Why?
3. What steps do you think you can do to prepare for unforeseen politics problems abroad?

Session Day 26

Today is day 26 and we will discuss safety issues unique to international travel and tourism. Travel and tourism have unique safety problems. These problems can be from the safety of the mode of transportation or from the actual safety of the destination. When it comes to danger via our mode of travel, most people assume that the danger comes with flying. However, statistics show that the majority of the danger is actually from the rides within motor vehicles. This is not to say that air travel does not have its own set of risks that must be understood and taken account of. Cosmic radiation dosing is much higher at higher altitudes and constant air travel can theoretically increase your risk of cancer. You are also being placed in an environment that is recycling an air supply with many other world travelers. This can lead to higher amounts of airborne disease spreading throughout the cabin and an increased risk of acquiring said diseases. Lastly, there is a danger of acquiring a DVT from the long periods of time in a stationary position. These are just some of the safety risks involved with travel that make international travel somewhat hazardous as we travel the globe. It is our job to keep ourselves aware of these threats and safe.

Fast Facts

- CNN found that of the greatest concerns that people face when deciding to travel, safety was the greatest concern and cost was second
- In 2016, there was a record 1.2 billion trips across the globe
- In 2015, there was one commercial jet crash per every 4.5 million flights per the IATA
- 96% of people involved in air plane crashes internationally survive the incident
- The WHO estimates that 1.2 million people die by auto accident globally each year
- Only 16 people died via cruise ship travel from 2006-2011
- Fatalities of pedestrians and bicyclists make up nearly 15% of annual average highway fatalities.

Reflection and Discussion

1. What do you think is your biggest safety concern while traveling? Why?
2. Which of the fast facts was surprising to you? Why?
3. What steps do you think you can do to prepare for unforeseen travel safety concerns?

Session Day 27

Today is day 27 and we will discuss environmental and climate factors unique to international travel and tourism. International travel involves movement throughout the world and because of this involves dangers associated with the different environments across the globe. Hostile environments exist all over the world and they all have their unique hazards. The world risk report keeps track of countries with the highest risk of natural disasters and Vanuatu, Tonga and the Philippines were the three highest risk countries for travel. Natural environmental concerns are broad and can be due to an almost enumerable amount of potential threats. The other risk that is involved in global travel is the effect of the travel on the climate. As tourism boosts the amount of CO2 production, it can also increase the risk of climate. This not only poses a threat to those traveling but to those who are not traveling as well. Global travel is becoming easier and easier every year. While this is good news, it is also concern as we try to curb these carbon emissions. These are exciting times to potentially travel but also times where it is best to be smart about our travel. While on our travels, we should be prepared for unforeseen natural disasters and have plans in case they do unfold.

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Team Reflections

Fast Facts

- Tourism involves the movement of people from their homes to other destinations and accounts for about 50% of traffic movements; rapidly expanding air traffic contributes about 2.5% of the production of CO₂ per the WHO
- Countries with higher rankings include Japan, which was struck by an earthquake of 9.1 magnitude per the WHO
- Norway has the lowest risk of a natural disaster of any country per a study by International SOS
- Water consumption rates as reported in the literature are in the range of 84-2,000 L per tourist per day
- Golf courses can consume up to 1 million gallons of water a year at tourist specific hotels

Reflection and Discussion

1. What do you think is the best way to try and mitigate dangers associated with traveling?
2. Which of the fast facts was surprising to you? Why?
3. What steps do you think you can do to prepare for unforeseen natural disasters?

Final Session

Today is our last session and we will be wrapping up our time in the camps today. Hopefully, these discussion days were helpful to all of us and we learned a lot about Greece, refugees, and the world at large. Our discussion today will be able how we will take these lessons with us on our future trips. I believe that the majority of us are going to continue in our global health pursuits as future physicians. As this is the first time making any form of daily discussion. I would love any feedback that you all can provide as well.

Fast Facts

- Notre Dame is the most visited place in France
- Paris is the third most visited city in the world
- The Colosseum is the most visited place in Italy
- Pizza in Italy as we know it began in the 18th century
- The acropolis is the visited place in Greece
- Rhodes once had one of the 7 wonders of the ancient world

Reflection and Discussion

1. What are your overall impressions about the trip?
2. What was your most memorable moment on this trip?
3. What patient encounter left the deepest impact?
4. What do you look forward to the most in the next two weeks?
5. How can we improve these daily discussions?



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