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CATHOLIC MEDICAL MISSION BOARD (CMMB)
GUIDING PRINCIPLES

Our Vision

A world in which every human life is valued and quality healthcare is available to all.

Our Mission

Founded in 1928 and rooted in the healing ministry of Jesus, Catholic Medical Mission Board works collaboratively to provide quality healthcare programs and services, without discrimination, to people in need around the world.

CMMB serves those in need of primary healthcare by:

- Establishing integrated and comprehensive programs to address primary healthcare needs.
- Providing pharmaceuticals and healthcare supplies and equipment to clinical facilities for free distribution;
- Coordinating the placement of professional and paraprofessional healthcare providers for tours of volunteer service;
- Providing training grants for in-country primary healthcare professionals in developing countries.
- Raising the consciousness of the inequality of basic healthcare throughout the world;
- Sending emergency relief for victims of natural disasters and socio-political unrest;
- Contributing to the ongoing development of healthcare delivery systems in regions of the world in which it serves.

THE GOALS AND PURPOSE OF CMMB's MEDICAL VOLUNTEER PROGRAM

The Goals

According to the World Health Organization, almost half of the planet's population today does not have access to adequate healthcare. There are numerous reasons for this situation, including a lack of economic resources, competing priorities for these scarce resources, poor transportation and communication systems, an absence of political commitment, poorly developed healthcare infrastructures, and a lack of human resources.

Many developing countries simply do not have enough appropriately trained health professionals to provide adequate care to their populations. Those health professionals brought to North America or Europe for training often choose not to return home after completing their education, creating a "brain drain" in their home countries. Those who do return home are often frustrated by the comparative lack of resources and feel professionally isolated. In addition, these individuals may have been exposed to concepts and techniques that have little or no application in their own country. Volunteers will be challenged daily to seek new solutions for problems created by a lack of material resources. Often, with a little creativity, local materials can be substituted for what might have been imported. The advantage of using local materials is, of course, that they are available, usually at a fraction of the cost of comparable imports. Also, they can be replaced or repaired if necessary, and are indigenous to the environment in which both patient and practitioner are living and working. Additionally, a focus on local materials underscores the expertise, experience and ingenuity of local health care providers in reaching solutions to their own health care needs.

Another important (and often painful) concept that the volunteer must understand prior to going overseas is that he or she will not be able to help everyone. Health problems in developing countries are vast and overwhelming.

The Purpose

1. Catholic Medical Mission Board's Medical Volunteer Program (MVP) is dedicated to improving the quality and increasing the accessibility of healthcare in the developing world through direct patient care, as well as providing service and training to host counterparts. Nevertheless, volunteers must remember that they are just one component in a process that will continue to help improve the standards and quality of core access over time.
2. Programs vary according to the needs of the countries in which they are located. However, there are certain principles that apply across all programs:
    a. Volunteers are encouraged to make maximum use of locally available equipment and supplies;
    b. Training focuses on local pathologies and medical problems;
    c. Practices and procedures taught are both relevant and realistic;
    d. The ultimate goal of all programs is to help local personnel assume the role of educator and provider, thus continuing the learning process.

HISTORY OF CMMB AND THE MEDICAL VOLUNTEER PROGRAM

In 1914 an anesthesiologist on the staff of St. Vincent's Hospital in New York, Dr. Paluel Flagg, recognized the deep need for medical personnel at international Catholic missions. Dr. Flagg's pioneer work led to the eventual incorporation of the Catholic Medical Mission Board in 1928.

In countries such as India and China, religious missionaries were confronting medical problems they could not handle. At that time, there were no Catholic religious orders with medical personnel. (In fact, women religious were not able to practice nursing or medicine until a 1935 revision of Canon law.)

Dr. Flagg's enthusiasm for the establishment of medical mission personnel was encouraged by Father Paul Francis, the founder of the Atonement Friars in Graymoor, New York.

During the 1920s, while Dr. Flagg was a member of the Catholic Hospital Association, he and his medical committee advocated for medical help for missions. They planned to draw support from the Catholic medical community in the United States.

In 1928, with the incorporation of the Catholic Medical Mission Board, Dr. Flagg once again responded to a medical appeal when a severe hurricane injured thousands on the island of Puerto Rico in the Caribbean. Dr. Flagg and his colleagues at St. Vincent's Hospital provided a team of volunteer doctors and nurses, who sailed immediately to Puerto Rico to provide medical assistance.

With the formal appointment of its first director, Fr. Edward Garesche, *SJ*, the Catholic Medical Mission Board heightened its emphasis on medical supplies and assistance and decreased its emphasis on lay volunteers. Fr. Garesche, *SJ,* formerly editor of HOSPITAL PROGRESS of the Catholic Hospital Association, developed a program for soliciting medical supplies from doctors, pharmacies and hospitals for distribution at Catholic Medical Missions. Fr. Garesche also founded MEDICAL MISSION NEWS to promote a greater understanding of the medical problems facing the missionaries.

Interest in providing lay volunteers resurfaced in the late 1950s in the United States. Dr. Tom Dooley, a physician with compassion for his patients reinforced by his Catholic faith, practiced among the isolated villagers in war-torn southeast Asia.

In 1960 members of the Catholic Physicians Guild proposed that the Guild organize an association analogous to the Christian Medical Society, which had been very successful in the recruitment, placement and support of hundreds of Protestant physicians at Protestant Medical Missions. At the same time, the Catholic Medical Missions had initiated a review of its needs for Bishop Fulton J. Sheen, the director of New York's Propagation of the Faith. Bishop Sheen and Father Frederick A. McGuire presented Fathers Garesche and Anthony LaBau with the ideas of the Michigan physicians and proposed a new department and a vital role within the Catholic Medical Mission Board to carry out the proposals.

“There is no other group in the Church that has the background and knowledge and contacts comparable to Catholic Medical Mission Board," Bishop Sheen said. "In as much as they have undertaken the service, I think it would be well to let them proceed with the doctors who have already offered their services.”

Bishop Sheen detailed how the American Catholic medical presence in missions was almost totally absent. In 1960 there were less than 20 Catholic physicians from the United States active in mission work. This dearth of physicians was perpetuated by the absence of any church agency to coordinate medical mission needs or assist in the placement of interested Catholic doctors. Catholic doctors who wanted to volunteer were frequently misdirected, discouraged and ultimately dissuaded. Catholic mission agencies of a coordinating nature did exist in Belgium, France, England, and West Germany.

Many missiologists and religious superiors had expressed approval for such an agency within the structure of the church. It was suggested that a medical mission agency should be best maintained and financed by a solidly established body of Catholic physicians. It was agreed that a physician-sponsored agency would be best financed by the Catholic Physicians Guild and the Catholic Hospital Association (CHA), whose executive director was Rev. John J. Flanagan, SJ.

Fr. Anthony LaBau, SJ, became director of the Catholic Medical Mission Board following the death of its first medical director, Fr. Garesche, and took the leadership role in developing Catholic medical mission personnel. By March, 1961, he received the go-ahead from the board of directors to develop a staff to recruit physicians and dentists for Catholic medical missions.

The first step in program development was identifying what type health care volunteers were needed and where. A list of clinical facilities was developed, medical needs were profiled, and promotion of the program and recruitment of volunteers began.

At first, the Medical Volunteer Program began as an informational and resource service. The Medical Volunteer Program has evolved to meet the growing needs of international missions in developing countries, and the desires of its medical volunteers.

Today CMMB is one of the largest US based placement agencies devoted exclusively to medical volunteers. When an individual expresses interest in volunteering, CMMB matches his or her specialty, time available and desired geographic location with the needs of specific clinical facilities. CMMB also acts as a liaison for communications between the clinical facilities and the prospective volunteer throughout the application process.

Presently, all volunteers receive room and board, and long-term volunteers receive a stipend. CMMB offers in-kind support to volunteers at their site of service. Medicines and healthcare supplies are hand carried or sent to them. CMMB currently provides insurance for emergency evacuation for all volunteers and family members and full health insurance for long-term volunteers. Long-term volunteers are also given allowances for traveling, licensing and visas.

CMMB ORGANIZATIONAL STRUCTURE

The Catholic Medical Mission Board, Inc. is a 501(c)(3) humanitarian non-profit organization working to make health care available in developing and transitional countries. All assistance is provided without regard to creed, race, sex or nationality. It is the leading US based Catholic Organization devoted exclusively to international healthcare.

The organization is led by the President and Chief Executive Officer and he is responsible to the CMMB board of directors. The board of directors reflects a broad spectrum of representatives including Catholic priests and religious, medical practitioners and those with business and civic backgrounds.

See organizational chart page 5a

The Medical Volunteer Program is an integral part of the CMMB Department of Programming. The MVP works collaboratively with counterparts for the placement of volunteers overseas. Primarily, these sites in which they are placed are independently owned and run by religious orders, local diocesan boards of health under a Bishop, or are government owned and staffed with a religious presence. The vast majority of sites are hospital and clinic-based facilities. The site locations in countries and regions shift and evolve over time, expanding to new countries and hospitals. At the same time older collaborations may be discontinued for various reasons. As a rule, placements are available throughout the world in Africa, Asia, the Caribbean, Eastern Europe, Latin America, the Near East and the Pacific Islands.

Although the MVP Department continues an active relationship with the volunteer during his/her international placement, the volunteer is directly responsible to the host facility (to either the hospital or health facility administration or his/her designee). This relationship implies that the volunteer will accept the work assignments designated by the hospital administration or designee. It is also understood that the volunteers will abide by the rules and regulations established by the facility with regards to quality of practice, safety, ethics and morals. When possible an in country agency or organization will provide back up support to the volunteer. These may include the Episcopal Conference of Bishops, Family Life Divisions, Catholic Relief Services, Caritas, etc. In some countries, a resident CMMB employee and country coordinator will be available. It is recommended that all volunteers on reaching their international placements notify their national embassies (US, Canadian, other) of their presence and provide placement location and intended length of stay.

CANDIDATE SELECTION

Requirements for Consideration

1) Be 21 – 68 years of age
2) Have a health related professional skill needed in the missions
3) Have good mental and physical health
4) Have a commitment to work and live with the poor
5) Have a strong desire to improve the healthcare in developing and transitional countries (expressed in personal statement)
6) Medical / nursing health professionals must have an appropriate active US or Canadian License and be in good standing
7) Retired clinicians must have been practicing up to 3 years prior to application
8) Willing to abide by the rules, morals and ethics of host facility and Catholic Church
9) Be free of legal implications
10) Not have any serious life changing events within a year of application (death of spouse, divorce, etc.)
11) Willing to come for a personal interview to CMMB Headquarters or other pre-arranged site
12) Although new graduates accepted; work experience of 1-2 years in profession is desirable
13) Appropriate language skills where applicable

Application Process

In order for a candidate to be considered, the following documents must be submitted for review:

a. Completed application form, including with statements as to reason for volunteering and supplemental questions
b. Current curriculum vitae
c. Current clinical license and registration in health fields (where applicable)
d. Physical exam including proof of inoculations
e. Psychological evaluations including completion of CCA Inventory
f. Three letters of recommendation not more than 3 years old
g. Graduation certificates for all degrees post high school education and including medical residency programs and board certifications where applicable
h. Statement of good standing (in clinical professions requiring professional license)
i. Passport number and expiration date
j. A personal photo
k. Emergency addresses, including name of beneficiary in case of death
l. A signed Waiver of Liability
m. A signed Release of Records
n. A signed form of commitment to volunteer
o. Background checks may be secured

All professional diplomas and licenses must be notarized. Letters of recommendation should not be older than 3 years. Documents in foreign languages (including diplomas in Latin) must be translated into English.

Potential volunteers should note: a copy of CV, all of your medical documents, a statement of good standing, passport photos should be hand carried to your mission site, in particular, if in-country medical licensing and work permit status need finalizing after reaching one's overseas assignment.

If a volunteer is married and the spouse is not accompanying the volunteer in mission, then a letter from the spouse is required which states his/her agreement to the spouses volunteering.

In cases of divorce where there are minor children, the children may not accompany the volunteer to placement. This applies even if the volunteer has custody.

Personal Interview:

An interview is required of all volunteer candidates planning to volunteer for more than one month but it may be requested for those going for less than one month. The purpose of the interview is to enable the MVP staff to become familiar with the candidate but, also, for the candidate to become familiar with CMMB and the MVP staff with whom they will interact during the course of their application process and while working overseas. The interview also serves as an informal orientation.

1) The interview will focus on the candidates fitness to volunteer. Topics may include:
    a) Physical health and need for medication
    b) Emotional stability
    c) Ability to articulate the reasons for pursuing missionary work
    d) Flexibility / adaptability
    e) Ability to relate well to others
    f) Racial and cultural sensitivity
    g) Ability to resolve any financial matters, ie. school loans, house payments, etc.
    h) Relationship to authority
    i) Internal resolution of any dysfunctional behavior or relationships, including those with immediate family.
    j) Issues around spouse and family members of children who will accompany volunteer (i.e. spouse employment, children's schooling and daily needs, etc.)
    k) Issues pertaining to any recent (within past year) life changing events or decisions, i.e. death of a spouse/child, marriage, divorce, separation, leaving religious life, conversion, participation in a recovery program for drugs or alcohol, etc.

2) Topics related to orientation:
    a) Culture shock and cross-cultural sensitivity
    b) Language skills
    c) Country specific information (if placement already identified)
    d) Facility specific information (if placement already identified)

e) Preparing for working abroad
f) Reviewing issues of tropical medicine (if candidate not previous experienced or specifically trained)
g) Available CMMB collaborative support: pharmaceuticals, training funds, etc.
h) Stipend payment arrangements; insurance information
i) Expectations on re-entry (reverse culture shock)
j) History of CMMB, volunteerism and current strategic plans

3) Medical Exam / Medical Insurance

A complete medical history and exam are required. Life in the missions can be extremely demanding on an individual both physically and psychologically. A condition which can be easily managed in the US/Canada/Europe can become a factor in determining if and where a candidate should be assigned. (Generally, this requires blood tests and a chest x-ray. Those with prior heart conditions should also have an EKG.)

In addition, for a volunteer to receive full medical, as well as, Medivac insurance, a completed physical examination is required.

In order for a spouse and any children to be covered by insurance a physical examination must also be provided that includes a complete medical history and current health status, including any medicines used continuously.

4) Acceptance

A final decision for acceptance is made after a review by the Department or Program team. A formal letter of acceptance or non-acceptance is to be sent to each applicant. It is important to note that acceptance is contingent upon finding a suitable placement. CMMB cannot guarantee that a placement will be found or successfully completed. However, the MVP makes every effort, from the original screening process to locating potential placement sites, to select qualified persons whose skills are needed in the missions and for whom the MVP feels they are able to find an appropriate placement.

Included with the notice of acceptance, there will be a required signed statement confirming that the potential volunteer will agree to the time committed (upon which certain benefits are contingent). The statement must be returned to CMMB before a placement is finalized.

(In cases of placing volunteers in collaborating programs, the volunteer may need to meet the standards of these programs before final acceptance is given. Some of the placement sites require completion of a separate agency specific application.)

VOLUNTEER ASSIGNMENT (PLACEMENT PROCESS)

Referrals

Those applying to CMMB are invited to state their country/region where they would prefer to serve. Their preference will be a primary factor in seeking an appropriate placement site. However, other factors are also taken into account, such as:

1. Urgency and needs of a mission hospital or health service including CMMB integrated health initiatives.
2. Ability of the requesting site to support a volunteer.
3. MVP/CMMB's relationship with the facility
4. The relative safety of the area, ie. political situation, attitudes towards Americans/Canadians, etc.
5. The needs of the individual in regards to health, family accommodation, etc.
6. Language skills required by the site.

The MVP currently has more than 100 potential placement sites throughout the world. There are frequent requests from new mission sites for volunteers. Some sites are in need of a wide range of providers and others have specific needs for one particular skill. All volunteers are placed where their specific skill will be used. For example, a surgeon will not be expected to do internal medicine or pediatrics. Placements are skill-specific.

Orientation

Because volunteers are placed throughout the year at very diverse sites, currently a formal orientation process is not given. Orientation becomes individually tailored to each volunteer prior to his/her departure overseas. Orientation includes (but is not limited to):

1) Written manual with general aspects related to volunteering: CMMB/MVP history, qualities of a volunteer; culture shock; getting ready to go; insurance; resources (including immunization & health considerations); sending country information (geographical, historical, political, social); culture grams (country specific); site information. The more informed a volunteer is about the country, he/she will work in, the easier the transition cross-culturally.

2) Introductory language tapes (except for fluent Spanish speakers where Spanish health/medical terminology tapes are sent.)

   For volunteers committing to 2 years or longer, a 2-4 week language school opportunity in country can be arranged. Occasionally volunteers choose to make their own arrangements for language training. At most placements, volunteers can manage with English. At minimum, the professional medical staff usually speaks English and the volunteer works with an interpreter, for translating country or local tribal languages.

3) If available, the names and telephone numbers of volunteers who have previously worked at a site will be given. The candidate is encouraged to contact them for specifics with regards to living arrangements, working situation and community resources. In some cases, the candidates will be given contact information with the hospital administrator or volunteer coordinator in collaborative programs (OLBLS, P.R.A.Y., TLC, CRUDEM, CMA, etc.)

4) With the initiation and establishment of in-country CMMB programs, orientation guidelines will be established defining the needs for each specific project.
5) In placing volunteers, it is desirable to send more than one volunteer to a site at a time for camaraderie, especially during the vulnerable periods of cultural acclimation. If this is not possible, an attempt is made to advise the volunteer of other CMMB volunteers nearby. The Catholic Network of Volunteer Services (CNVS) has established a central resource bank, where CNVS international member organizations can locate other volunteers placed in the country.

Travel Arrangements and Visas and Professional Licensing

a) **Travel Arrangements**:

Once a date of travel is established, the volunteer is given the name(s) of the travel agency with which CMMB has an account. The travel agencies selected to use provide a missionary discount, such as Raptim and MTS. The travel agent will discuss with the volunteer the intended date of departure and return. The agency will verify with the MVP office the volunteer's intended schedule. Once confirmed, the tickets will be issued and sent FEDEX to the volunteer with the invoice sent to the CMMB office for reimbursement. In special cases, the ticket may be paid immediately through the MVP Department AMEX account.

Volunteers, when making flight departure arrangements should attempt to arrive on a weekday and during the day if possible. This is in consideration that facility staff are not usually available on Sundays to meet volunteers at the airport. Likewise, traveling at night is usually difficult and sometimes dangerous because roads are not usually lighted, etc. Thus the earlier, you can arrive in the day, the more desirable. Persons arriving in the evenings will often require a place to stay overnight in the vicinity of the airport or in a nearby city.

In order to ease the burden of expense of the short-term volunteer (usually less than 1 year) who must defray the cost of his/her own ticket, the volunteer can follow the above procedure on scheduling tickets and, upon receipt of the invoice at CMMB, reimburse CMMB for the ticket at his/her earliest convenience.

Volunteers overseas needing to arrange return tickets to the US/Canada can either make local arrangements and pay the expense out of pocket and then be reimbursed, or e-mail the US travel agency (Raptrim, MTS, etc.) and have an electronic ticket issued to be retrieved at the airport. It is expected that volunteers will start and return to the same point. They are expected to take the most direct and economical flight arrangements starting from nearest their home to the volunteer site and returning via the same route. Once the tickets have been issued, they cannot be changed unless a true emergency arises. This change must be verified in writing because the cost for reissuing and cancellations of tickets is significant. Volunteers are allowed one break in route coming or going which will not affect the cost of the ticket. This travel interlude is totally at the expense of the volunteer.

b) **Visas, Work Permits, Professional Licensing**:

Visas

Most countries require a visa and CMMB will defray the cost of all visas. Appropriate forms for each country will be sent to the volunteer (and for each family member accompanying the volunteer). The volunteer and any family member must have a valid passport. His/her passport must be valid for at least 6 months beyond the date of entry into the country. The volunteer is asked to return the completed visa application(s) along with a valid passport(s) and required passport photos or flight itinerary via certified mail, FEDEX or similar carrier. The visa applications, with all accompanying documentation, will be sent to the visa agency used by the MVP. The agency will procure the visa and return the passports directly to the volunteer via FEDEX or similar carrier. The agency will bill CMMB for all related expenses.

Work Permits

In cases where a volunteer enters a country on a tourist visa, but intends to stay long term, an entry permit will be applied for in country by the host facility. The facility can then be reimbursed by CMMB for the cost of the permit. In some situations and countries, the work permit will be applied for directly. Request for visas should be submitted approximately one month prior to the volunteer's scheduled departure.

Professional Licensing

In some countries professional licenses (usually applicable only for physicians and nurses) are applied for prior to the volunteers departure. The volunteer will be sent an appropriate country specific license application and list of required supporting documents, such as letters of good standing, current license, etc. If some of these documents are already sent with the MVP application, no additional copies are necessary. On return of these materials to the CMMB office, the application will be sent to the designated office in country (via FEDEX) through which the license is processed. CMMB will defray the cost for the license. A volunteer is licensed only for the facility where he/she is employed and not for the country at large. Work permits may be contingent on prior obtaining of these licenses.

MISSION LIFE

Living in a different country, relating in another culture and working and living with people with a different world view will provide a rich experience and insight into the immensity of God's creation and love. Successful coping with difficult conditions found in many developing nations requires preparation, a fundamental readjustment of expectations, an alteration in the roles of health providers, new approaches to care delivery, a thorough understanding of the problems faced by the population being served and a willingness to protect yourself from burnout.

Steps on Arriving

1) On reaching the country in which the volunteer is placed, it is important that the nearest US or Canadian Consulate be notified of his/her presence, location of assignment and intended length of stay.
2) The volunteer should be met at the airport by someone from the host facility or a designee. As per international airline baggage regulations, volunteers leaving (or returning to US/Canada) are usually allowed up to 140lbs in weight (bags no bigger than 62 linear inches) by the airlines. This is to be distributed in 2 bags not to exceed 70 lbs. (32 kilos) each. Volunteers leaving from any other country are limited to a maximum of 70lbs. You are allowed one carry on, as well as personal items such as a purse, book bag, Laptop or camera case. The volunteer may hand carry extra boxes containing medicines, medical equipment or other needed materials for their work overseas. CMMB will pay for the overweight costs of up to two boxes (which runs approximately $125 per box). All additional travel costs will be at the volunteer's expense unless prior arrangements are made with the MVP office ahead of time. All volunteers are given Letters of Introduction, to carry with them, as a form of ID as a CMMB Volunteer. It is requested that these letters be presented at the airport of departure when there is excess baggage; in anticipation, the airlines may waive the cost of overweight items. Reimbursement will be sent to the volunteer upon receipt of the overweight billing, by the CMMB office. A receipt is required for any reimbursement requested from CMMB.
3) The volunteer is considered to be directly responsible to the host facility where they are "employed". This is usually without any formal contract. It is also understood that these facilities have the authority to expect that the volunteer will abide by the rules and regulations of that facility. This is in regards to morals, ethics, safety, work schedule, and living arrangements established by the host facility. If any of the rules are unacceptable to the volunteer, he/she must first attempt to resolve the specific issue with the facility/hospital administration. If this proves unsatisfactory, then the coordinator of the MVP should be contacted in efforts to resolve the issue.
4) It is anticipated that volunteers will keep in contact periodically with the CMMB main office during the term of their volunteer placement by e-mail, regular mail, etc. The volunteer should notify the MVP of his/her safe arrival (or any difficulties encountered) within several days of his/her reaching the placement site. Likewise, the volunteer should contact MVP again approximately one month after starting his/her assignment, so that any immediate problems can be addressed. After that, contact should be made at least every two to three months, so that any further needs or problems can be discussed. Volunteers frequently find many things lacking at sites ranging from personal needs to those regarding the facility's quality of services. The volunteers frequently search for resources that will help improve the quality of care at the facility and sometimes the MVP office can assist in advising, referring

them or procuring needed medicines and equipment, etc. The CMMB office, in turn, will keep volunteers updated on any issues affecting them, such as insurance coverage changes, stipend deposits, safety concerns.

Services Rendered

Whether one is providing direct patient health care or teaching, the volunteer must, in the context of appropriate technology, offer service which is easy to use, affordable, effective, locally sustainable, culturally and politically acceptable and environmentally safe. A critical element of any teaching program, in a developing country, is the integration of training with appropriate technology.

Professionalism:

The standard of care to which a medical or any professional is held, is that of a person of ordinary skill, competency, and standing in that particular trade or business. The standard of care required of a professional is still tied to the ordinary care standard, however that standard is adjusted to take into account the skill and competence expected of a professional in the restricted (compromised) work environment found at a mission site. Thus professionals' who volunteer their services should aim to not provide a lower standard of care to patients, they would expect to receive themselves.

Given the overwhelming obstacles posed by poverty, malnutrition and lack of resources, providers must accept the fact that they cannot deliver sophisticated, first world medicine. However, decent basic healthcare delivery is possible even under adverse circumstances with some innovation and hard work. Some examples of how expectations must be altered include:

- In a busy outpatient ward or clinic not all patients may be able to be seen by the doctor.
- Work-ups of medical problems may need to be simplified, thus not all illnesses may be definitively diagnosed.
- Not all illnesses may be treated as well as might be desired.
- Equipment, supplies and referral options will likely be limited and therefore at times inadequate.
- Patients' families may be expected to provide meals, medications, bedding and supplies for hospitalized patients.
- Don't expect to be tremendously effective your first time out. Like any new job, there is a steep learning curve in the beginning.

Role Adaptation

Where healthcare is scarce, there are rarely neatly defined job descriptions. To be effective, the volunteer must be highly innovative in the way he/she works and responds to challenges. For example, care must often be organized so that tasks are performed at the lowest appropriate level on the referral chain. This means that many duties which are performed by nurses or physicians in developed countries, are taken up by local health workers, who are specifically trained to do so. They may drain abscesses, conduct tuberculosis follow-up clinics or attend all but the most complicated births.

Even short-term volunteers should be prepared to take on new kinds of duties. The doctor or nurse often becomes teacher, supervisor, organizer, and consultant. The long-term volunteer is sometimes called upon to shoulder administrative and organizational tasks. These may include

responsibilities with which the volunteer has no prior experience, such as acquisition of food, water, fuel, electricity, shelter and medical supplies. Project planning, construction, transportation, logistics, budgeting and funding can also become new, but crucially important burdens. The person taking on these responsibilities often becomes a liaison and conduit for aid and the taskmaster-friend who listens to, guides and advises the community on ways to make the best use of any available resources.

New Approaches to Care

Healthcare systems in developing countries often operate much differently and more cost-effectively than in highly developed areas. For example, since cost is usually a major concern, donated or low-cost supplies are used. Innovative funding ideas, such as community-shared payment must be devised. Supply and waste disposal costs are reduced by cleaning, sterilizing and re-using normally disposable items such as surgical gloves and syringes. Staffing costs can be lessened by having families feed patients and help with other chores. Frequently, treatment without the benefit of extensive laboratory testing or expensive drugs or therapies is required. Clinical efficiency is improved by use of treatment protocols, streamlining and simplifying treatments and minimizing paperwork. For instance, self-retained medical records help minimize record-keeping costs and provide some continuity of care for patients on-the-move, like refugees or migrant workers.

Few staff, caring for many patients, must implement triage and referral systems. Screening out abusers and the "worried well" patients through a triage system ensures that the most needy get the help they need. Referral schemes promote efficiency by ensuring that highly trained staff don't spend valuable time performing tasks that can be handled by caregivers with less training. Triage and referral occurs both within and between healthcare facilities. For example, within a district hospital, a community health worker may treat some cases and refer others to be seen by nurses. They, in turn, treat some and refer the more complex ones to the appropriate doctors. A referral hierarchy of several tiers may be required depending on the patient-to-staff ratio and the relative sophistication of services. These same principles apply between facilities.

Understanding the Patients

Understanding the local community is fundamental to the planning and implementation of a health program or project. This implies understanding both their culture and their medical problems. Lack of knowledge about culture and customs may result in a well-intentioned healthcare provider inadvertently insulting patients or planning treatments that they don't find culturally acceptable. The uninformed caregiver can be tripped up by subtle and obscure causes and keeps him from gaining patients' trust or getting them to follow instructions. He or she will remain mystified as to why people return again and again without apparent medical problems, exaggerate symptoms or fail to return for much needed visits. Therefore, it is important that health providers make a conscious, serious effort to learn about relevant local customs and beliefs, and, usually, this information will come from local people willing to share it.

Conflict of Interest:

Volunteers are not permitted to conduct independent business while acting as a CMMB volunteer, in either the neighboring community or on the site of their volunteer placement. This includes solicitation of other staff or fellow volunteers. Volunteers may not use their affiliation with CMMB in connection with partisan politics, community issues and environmental issues.

This includes overt religious evangelization other than that acceptable to the host facility. A volunteer may not charge any fees for services rendered to any patient or client while a CMMB volunteer. Volunteers are expected to provide free service to all regardless of the potential ability to pay. This does not affect the decision of the host facility to charge a reasonable fee to the patient for services provided. In order for any organization to maintain sustainability in paying staff wages or purchasing medicine and supplies, it is recognized that frequently, at least a small charge must often be incurred by patients.

Addressing Home Sickness and Culture Shock:

Culture shock is a term that describes the more pronounced reactions to the psychological disorientation most people experience when they move into a culture markedly different from their own. Signs of culture shock include homesickness, withdrawal, irritability, stereotyping of and hostility toward host nationals, loss of ability to work effectively and physical ailments.

Culture shock is a cyclical phenomenon. Several recognized stages include
a) initial euphoria; b) irritation and hostility; c) gradual adjustment and level of comfort with the culture; d) adaptation to bi-culturism.

Culture shock usually onsets about 1-3 months after arrival and reaches its peak at 6-9 months. It is therefore advised that volunteers staying one year or more do not return home during the first year. Otherwise, the stage virtually starts all over and the person never completes the process.

If the person leaves at the height of this process, he/she frequently retains a negativism towards the culture no less his own personal experience. Details of how to prepare for the acculturation process are addressed in greater detail in the MVP Orientation Manual. You can make a positive impact on the healthcare of the community in which you are working; but it is important to remember that true change is slow and incremental.

Changes of Assignment:

Changes of assignment during the agreed upon term of service are discouraged for a number of reasons. However, there are circumstances when a change of assignment is necessary, e.g. concerns for personal safety; failure of the host facility to fulfill its part of the agreement, or reasons of personal health. Should a change of assignment appear necessary, the individual should contact the MVP coordinator. No change of assignment may be initiated by the individual. Any change of assignment must be handled through the MVP office. (Once in-country, if the volunteer feels he/she is not providing the service as described or anticipated prior to placement, then this should be brought to the MVP Coordinator's attention, as soon as possible.) A change of assignment is different from evacuation. There are circumstances when the US/Canadian Embassy(s) will advise all of their resident citizens to leave a country. This may also be advised by the local diocesan bishop or via the hospital administrator of the host facility. Under circumstances, such as these, the volunteer is to comply with this directive. If time allows the MVP office should be consulted prior to planned departure. Once the individual has returned home, a decision regarding a new assignment will be made.

Financial Support

Long Term Volunteers:

Those volunteers agreeing to serving overseas for 1 year or longer on a continuous basis will receive the following assistance: full travel expenses including visa; cost of professional licensing in-countries where required; work permit fees; a monthly stipend (approximately $350/month, which, depending on individual circumstances, is negotiable); full health insurance including medivac for an individual and all family members; malpractice coverage and life insurance. It is anticipated that room and board are provided free by the host facility. Stipend amounts for volunteers/interns working in CMMB-operated projects may vary, depending on additional needs, such as housing, rental, and food procurement. The local economy will be taken into account, as well.

Short Term Volunteers:

Those volunteers staying less than 1 year (weeks or months) will receive medivac insurance; malpractice coverage (where professionally applicable); life insurance; visa assistance and professional license costs where required.

Stipends

Those qualifying to receive stipends must furnish the MVP with the required bank deposit information (bank name and address, account name, account number, swift number) or the full name and address of the individual handling the volunteer's accounts during his/her overseas assignment. Some volunteers choose to retain US bank accounts or may open an account once in country. All money will be wired to bank accounts where the required information is provided. It is essential that the volunteer wishing to establish an in-country account, locate a bank, that can accept an international money transfer. Some small local banks are not always able to receive such a transaction. Stipends are sent to the volunteer quarterly. The first 3-month payment is sent approximately 1 month after the volunteer has begun his/her volunteer services.

Volunteers should make every effort to live within the limits of their living allowance. Volunteers are encouraged to live in a way that will not alienate co-workers and community members. Leading an extravagant life style by using outside resources will make it more difficult for the volunteer to gain the respect and confidence that are essential to a successful experience. If one is a poor manager of one's own resources in the US, one may very well have the same difficulties overseas. The stipend amount provided has been gauged to be adequate for individual volunteers to live comfortably. Buying local items and avoiding overspending on non-essentials will help one to live comfortably within his/her allotted funds.

Volunteers are responsible for their own personal finances. CMMB assumes no responsibility for returned checks due to insufficient funds or charges made by the bank due to insufficient funds. Volunteers must budget for themselves. CMMB will not assume responsibility for sending extra money or stipends in advance of pay due date. Volunteering does not relieve a volunteer from responsibility for private debts. Prior to the initiation of a volunteer's placement overseas, the volunteer who has recently graduated can request the MVP to complete a form or write a letter for student loan deferments. Most financial institutions will honor this request with specified regulations, but not all.

Income tax:

CMMB reports total annual payments to individuals greater than $600 in any calendar year to the Internal Revenue Service. Please consult your tax advisor as to the income tax impact of stipends.

Borrowing and Lending Money:

If a volunteer loans or borrows money from local people and does not ask for a receipt, this may lead to problems and misunderstandings, later. Remember that an expatriate volunteer's concept of what giving and borrowing means may be very different in another cultural context. CMMB does not reimburse any debts. The failure of a volunteer to discharge debts may create difficulties for future volunteers at the host site.

What the Host Facility Provides:

The placement site is expected to provide the volunteer free room and board. This is considered a sign of appreciation for the free services rendered by a volunteer in support of the hospital/clinic. Some facilities will offer a token stipend in addition. Housing, varies per site but a volunteer should be provided a clean, livable room with a bed, chair, desk, lighting and toilet with bathing facilities and running water. Some facilities provide separate small houses with or without kitchen facilities. Some placement sites may not be able to provide modern amenities, such as 24-hour electricity and indoor toilets. Not all sites have advanced technology such as computers, Internet and e-mail access or television. In some cases, meals are provided and in others an allowance for purchase of food is given by the facility to the volunteer. Because most of the placement sites are mission hospitals serving the poor, providing adequate housing, food, etc. for a family, may cause financial strain on the facility. The family may need to monetarily supplement some of the support. A person cannot equate his/her worth employed in the US, Canada or Europe to his/her worth in a developing country. Food provided by the facility must be edible by the volunteer, although, it may not be the cuisine with the variety one would expect at home.

Transportation:

As previously indicated, CMMB provides transportation to and from the place of assignment for long term volunteers going abroad for 1 year or longer. If the volunteer resigns prior to completion of the year, or is asked to leave because of non-compliance with established rules and regulations of CMMB and/or the host facility, CMMB will provide the return flight via the most economical route possible. It is expected that those leaving early reimburse CMMB for the cost of the return fare home. At the completion of an agreed upon term of one year or longer, CMMB will provide the volunteer with the equivalent of the most economical trip home, which may be used in the manner best suited to the individual. Frequently, the return trip has been pre-paid from the outset, as purchase of a round trip is usually the most economical.

Volunteers extending their assignments for 2 or 3 years or longer may return to the US after a year for rest and relaxation (R & R) and CMMB will defray the cost of the round-trip. In the event of serious illness or death in the immediate family (parent, sibling, spouse, child, grand-parents). CMMB will provide round trip transportation.

a) Depending on the individual sites, one may or may not have access to a vehicle for full or

part-time use. Many times a car is available for work purposes only. When a vehicle is available, the volunteer may be asked or should offer to pay for gasoline when the vehicle is used for personal errands and recreation. Given the nature of missionary work, the volunteer should consider using public transportation whenever possible.

b) Often volunteers have family members and friends who wish to come and visit while the volunteer is in mission overseas. Permission must be obtained first from the host facility/administrator, with the anticipation that these visitors will not be an imposition or put a burden on the facility. If approved locally, then the MVP is available to assist the "visitor" with travel arrangements including visas, although any costs must be defrayed by the volunteer family

Norms of Behavior:

The CMMB volunteer is presumed to be a socially mature adult, capable of making decisions about appropriate responses and behavior. He/she is considered a missionary. Whether one is aware of it or not, or whether one agrees to it or not, the volunteer will be judged according to those standards. Because of the variety of countries and cultures where volunteers are placed, it is nearly impossible to draw up a generic list of do's and don'ts. It is important to be aware of the fact that other cultural norms and standards will be applied. Therefore one should pay attention to:

a) attitudes towards foreigners (expatriates), Americans/Canadians/Europeans

b) what is considered appropriate dress for men and women

c) how men and women relate to one another in public

d) class distinctions

e) drinking alcoholic beverages and/or smoking in public

While on mission, one represents all CMMB volunteers and one's actions will reflect not only upon one's self, but on CMMB as well. Your actions in turn may affect future collaboration and volunteer placements at a site. Being sent by the Catholic Church in America, actions also reflect on the Church as a whole, missionaries in general and Americans/Canadians/Europeans in particular. The volunteers should strive to offer their talents and professional skills, so that by their actions, others may come to know Christ through this witness.

Americans are generally known for an informal style and direct communications. However, these cultural norms are not universal standards. One should be aware a volunteer is a guest in another country. A good rule to follow is to accept the fact that as an expatriate volunteer, one has much to learn. It is important to be observant and slow to judge or criticize.

Volunteering as a witness to the Gospel, entails walking with the people, one serves, in all aspects of their life. At times, volunteers may find themselves in a situation where their values are challenged by existing structures or cultural practices. Before any action is taken, volunteers are asked to wait before speaking and pause before acting. Often cultural practices convey much more than what is first perceived as a threat to basic human rights. Careful discussion with those who know the culture might be necessary before making a decision to challenge an existing culture's way of doing things. All volunteers are asked to work within the existing structures and ways of a people, withholding criticism as much as possible (for at least six months on the assignment site). Volunteers are not being asked to deny their values and opinions, but asked to

view them through the eyes of their counterparts and community members.

Any action that would bring harm or cause scandal or is contrary to CMMB standards for their volunteers is grounds for termination. Failure to complete work assignments, violence, insubordination, sexual misconduct, and public intoxication are among the actions that could lead to termination.

Social life and working life can not be separated to the extent they can be in the US, Canada or Western Europe. An indiscreet private life is bound to reflect on both the host facility, as well as other volunteers, and ultimately, CMMB. Especially in small communities, everyone will know what you do, where you go, who visits you, etc.

In non-English speaking regions, speaking English in front of local community members, may be seen as offensive or as a conscious attempt to exclude them from the conversation. The more volunteers attempt to speak the local language, the better their command of the language will become, as well as their effectiveness at work.

Personal Appearance / Dress:

Two things to keep in mind regarding personal appearance are cleanliness and neatness. The basic dress code is that clothing should be culturally sensitive and appropriate to country and work site. In many hospitals and clinics in Africa, for example, nurses are expected to wear white uniforms and physicians are expected to dress formally with a tie and white lab-type coat. Volunteers should dress like their co-workers. Professionals in most every country where CMMB volunteers are sent take pride and care in their appearance, for one not to do so would be insulting to their concept of professionalism and will make it harder for volunteers to gain acceptance and professional respect. For women in particular, appropriate clothing is important. For comfort and safety, women should stay away from revealing clothing, which can lead to an embarrassing and possibly dangerous situation. Prior to a volunteer's departure every effort is made to determine the type of clothes a volunteer should bring; taking into account local culture, seasonal weather/ temperatures and professional working expectations.

Harassment:

Harassment is defined as any unwelcome, inappropriate conduct or action which has the effect of interfering unreasonably with an individual's work performance or which creates an intimidating hostile or offensive work environment. All volunteers should expect to work in an atmosphere free of unwanted sexual overtones or any unwelcome behavior, which is personally offensive, or which interferes with working effectiveness.

Anyone who believes he/she has been the subject of sexual harassment should report this immediately to the clinic/hospital administrator. If not satisfactorily resolved the matter should be brought to notice of the MVP coordinator who will address the issue with the administrator and/or in-country CMMB or collaborative organization representative. Complaints should be promptly and confidentially investigated, protecting the rights of all concerned.

Relationships / Marriage:

Volunteers are encouraged to form friendships and relationships with the people with whom they work and serve. It is through these relationships that one comes to learn the beauty and truths of other cultures and peoples.

Romantic relationships, however, are discouraged. The difficulties of cross-cultural adaptation,

loneliness, homesickness, the hardships of mission life and isolation can lead a person to establish romantic relationships that later prove to be unviable. It is understood that the single volunteer can be emotionally vulnerable. Because of this, efforts are made to place more than one volunteer at a site to provide camaraderie, especially as one goes through the process of culture shock and cultural adaptation. One sign of an unhealthy relationship is secretiveness. Should one be drawn towards a romantic relationship, discuss the matter with someone objective. Sometimes, during the course of a mission assignment, if one is attracted to another, what seems to be love, may more accurately be a reflection of one's loneliness. Many people may be attracted to those from Western cultures because marriage may be seen as a way of escaping a life of poverty. For these reasons, marriage during the term of one's service as a CMMB volunteer is not allowed. Volunteers who choose to marry during their assignments will be terminated from their assignments. Issues related to pregnancy (see page 28).

Married Couples and Families:

While the advantage of having the support and presence of family is a blessing, there are unique challenges in this area. At home, working married couples generally hold separate jobs, spending the majority of the day apart, coming together at the end of the day to reflect and share the experiences of the day. In the missions, it is often the case that husbands and wives are working together and are relating in a new way. This can lead to stress on the marriage.

For families with children, there are other challenges. The nature of parenting in the US/Canada/Western Europe is often very different than the way people at mission sites teach, discipline and relate to their children. Because schooling, may differ by subjects taught and grade level from home, as well as, by the start and end of the school year, parents may need to seriously consider home schooling. Admission to local schools is often competitive and space may not be available. Public education is not always free in some countries. The alternatives of using "American" or "European" run schools in-country may not be realistic as tuition rates are usually very steep. It is also important that the parent-child relationship remain consistent, with special attention to the behavior of children in public.

Spouses with no prior arranged employment, may be able to find work/activities at the mission site where their talents can be used, but this is not always guaranteed. Where both parents are working, it is often possible to hire a local "nanny" but not guaranteed. Since TV or access to lots of toys, may not be available at mission sites, it is important the family identify and plan for activities, such as reading or painting before they leave that will occupy the children's time. Remember that having family members going through their own cultural adaptations can add to the overall stress on the volunteer.

Communication/Emergency Contacts/Mail

a) **Communication with the MVP office**:

Periodic communication between the volunteer and CMMB headquarters is important. The long-term volunteer is asked to write to the office, each quarter and monthly for short term volunteers to inform the MVP staff of your activities and well-being. Volunteers are encouraged to share their experiences during their time of service, including the times of loneliness and difficulty. Often the act of sharing can ease the burden or shed new light on a difficult situation. Many locations now have access to e-mail, otherwise postal mail should be used for communication.

b. **Communication On-Site**

Be slow to judge or interpret the actions of others. Very often, volunteers will find themselves working not only with the indigenous people at the volunteer site but also other expatriates. Even though all may speak the same language, cultural variation, age, and personality will all impact on communication.

In the event of emergency, one should contact the CMMB, New York City Office. All Volunteers will be given phone numbers (including in internationally accessed "800" number) so that CMMB may be reached any time, day or night, weekends or holidays. An answering service will receive the calls during non-working office hours and make the appropriate contact.

THE DEDICATED NUMBER THROUGH HCL/HLINK FOR VOLUNTEER EMERGENCIES: + 212-774-1400. VOLUNTEERS SHOULD GIVE THIS NUMBER TO FAMILY MEMBERS WHO MIGHT NEED TO REACH THE VOLUNTEER AT THEIR PLACEMENT SITE OVERSEAS.

c) **Personal Mail:**

Volunteers are encouraged to have regular correspondence with family and friends at home. This sharing often eases the cultural transition the volunteer may be experiencing.

Telephone calls are usually expensive when placed from overseas and unless the host facility has a mechanism of reimbursement, placing calls can become a financial burden on the hospital/clinic/school. Requesting personal lines for phones or computers usually places a considerable expense on the facility and are frequently difficult to arrange and should not be expected. Often volunteers feel they are in an information vacuum. Bringing a short wave radio which can access the BBC or Voice of America will help. Local (and regional) newspapers tend to be country-centric and usually carry little news related to world happenings.

In this current globalized economy, most products people need or want are available everywhere. However, volunteers may find certain products are not available and wish to have them sent from home. It is advisable, that, should any boxes be sent, they be airmailed, listing virtually little or no monetary value. Some countries charge steep import taxes. There is no guarantee that boxes will not be opened or that everything will reach the intended party. Never have money sent enclosed in letters or packages. Items sent by regular surface mail may take at least 3 or more months in transit. The volunteer should anticipate the approximate arrival time of any package because in some countries postal systems charge a daily fee for holding such items until retrieved. Sometimes, the cost for the holding fee is greater than the worth of the item sent.

d) **Site Visits by MVP Coordinator**:

The MVP Coordinator will visit (at least 2 regions/countries per year) in order to meet with volunteers at their placement sites and see their work and activities, as well as address any pending issues. Unfortunately, due to the disbursement of volunteers worldwide it will not be possible to visit all volunteers placed within a given year.

Work Schedules/Vacation/R & R:

Volunteers need to discuss their work schedule, as well as their free time, with the hospital/clinic administrator on site. Volunteers are expected to have at least 1-2 days free per week and should not be required to exceed what is considered a normal work shift at that site. Physicians and others expected to participate in night call should be adequately compensated with the time off that would be given local staff. Volunteers are not expected to take the shortfall so that local staff can have extended time off. Holidays and Holy Days are to be off at the discretion of the hospital administrator.

Volunteers should be allowed one week of vacation for every 3 months worked but this time off must be negotiated with the hospital/clinic administrator so that the facility's services are not unduly interrupted. Vacation time should be used as a time for rest and rejuvenation. It is an ideal time to travel and see other sights in and around the country. One may also use the time to visit other volunteers nearby. It is suggested that prior to departure for one's volunteer assignment, one should purchase a good travel guide for the country, where one is placed. It will serve as an invaluable resource.

Vacation is not intended to allow the volunteer to return to their home in the US or Canada. Such visits are highly discouraged, except in emergencies, as this often impairs the cross-cultural adaptation process.

Home Leave:

Before becoming a volunteer, a person should give serious consideration to the kind of commitment that is being made. Going on a mission means leaving one's home, family and friends. This means that one will be absent from family events and holidays. One must be prepared to weather a certain amount of loneliness and nostalgia as a volunteer. Sacrificing family holidays or events can be a heavy burden.

CMMB will provide for round-trip transportation in the event of the death or serious illness of an immediate family member only. (Immediate family being understood as grandparent, spouse, parent, sibling or child.)

After completing a one-year assignment, a volunteer is entitled to home leave. It is important to come home, at least once every two years, not only to visit family and friends, but also to touch base with one's home culture.

Health:

Protecting one's health is the responsibility of each volunteer. Mission life often means exposure to illness and conditions unknown in the US/Canada. Therefore it is imperative that each volunteer follows the health directive of the particular assigned site/country. Although mission life can be demanding, it is important that volunteers maintain adequate diet and get sufficient rest; overtiredness and malnutrition invite sickness. This is particularly true when one first arrives. The change of climate will also affect one's health.

All volunteers must be prudent in how they handle themselves in areas where various diseases are prevalent (HIV, malaria, venereal diseases, river blindness, cholera, typhoid, etc.) While basic information is provided in a general format, the volunteers are advised to know their regions and take necessary precautions to maintain their health. All volunteers are required to go through any necessary vaccinations or prophylactic treatment if this is seen as necessary for safety in an assignment. Local and regional information is provided by the CDC (Travelers Health Hotline +404-332-4559) and/or individual local international travel facilities. In the case that prophylactic treatment is encouraged but not required, treatment will be at the discretion of the volunteer. CMMB, currently does not have financial resources to pay for vaccinations or prophylaxic medicines and the cost must be incurred by the volunteer.

While overseas, the volunteer is financially responsible for providing for any medication or prescription drugs obtained from home or purchased in-country.

Routine medical care should be provided on site with the costs borne by the hospital, clinic, host facility. If a volunteer becomes seriously ill or is involved in a serious accident, for which adequate medical care is not available, he/she will be medically evacuated for hospital care.

Medicines / Pharmaceuticals:

Volunteers must be personally responsible for understanding any treatment offered them in regards to medicinal intake. This requires reading all package inserts of medicines purchased OTC or prescribed. If this information is not available, the volunteer must request this information from the local pharmacist or get it through reading in a drug/pharmaceutical reference text. Some medications, that have benign side effects on the local indigenous population may be lethal to an expatriate. There is no equivalent in most developing countries of the Federal Drug Administration to control public use of dangerous drugs. Therefore, many unscrupulous stores and pharmacies sell items, which would be prohibited elsewhere or only sold with appropriate warning. Stick to the medicines you are familiar with, if possible.

MANAGEMENT OF COMMON ILLNESSES AND EXPOSURES

1) **Diarrhea**:

The most common health problem that overseas travelers report is diarrhea. Traveler's diarrhea is an intestinal infection caused by bacteria, parasites or viruses transmitted by the consumption of contaminated food or water. The main symptom is watery, loose stools but symptoms can also include nausea, vomiting and a low - grade fever. The main problem associated with traveler's diarrhea is dehydration. You should be

seen by a healthcare provider immediately, however if you experience a high fever or bloody stools.

a. **Prevention**:

Your best defense against diarrhea is to avoid any uncooked food (raw meat, seafood or shellfish), raw salads, unpeeled fruit, raw eggs, unpasteurized milk and cheese, street vendor food, and buffet food that has been rewarmed or recycled. You should also avoid untreated tap water or locally bottled water including ice cubes and drinks that may have been mixed with local water. In addition, you should always wash your hands with soap and water before eating. Boiled or chemically treated water will be safe. Also hot drinks, such as tea or coffee, are generally safe but be sure that the cup you drink from is clean. Bottled or canned beverages, such as soft drinks, fruit juices, carbonated water, beer and wine, will be safe as well.

b. **Treatment**:

Fluids, fluids, fluids! It takes two things to potentiate diarrhea: the pathogen and the depressed, frustrated, and weakened individual.

One person may be infected with amoeba or giardia and not show any symptoms while the next person gets sick on a low dose of E. coli.

International travelers continually discuss whether or not to use tetracycline, Bactrim or Flagyl. These antibiotics may shorten the symptoms. Bismuth subsalicyclate (Pepto Bismol) may prevent diarrhea. Antiperisstatics such as paregoric and Lomotil, and kaopectin solutions may temporarily alleviate the symptoms, but may also prolong the disease.

What one really needs is rest and fluids. Fluid and electrolyte balance can be maintained by drinking potable fruit juices and soft drinks (preferably caffeine-free) and eating salted crackers. Iced drinks and non-carbonated fluids made from water of uncertain quality should be avoided. Dairy products aggravate diarrhea in some people and are best avoided. If you are still experiencing problems after 24 to 36 hours, seek help from another healthcare provider.

2) **Malaria**:

Malaria is a protozoan infection transmitted to humans by mosquitoes and is a significant health risk to international travelers. Transmission occurs in large areas of Central and South America, Sub-Saharan Africa, the Indian subcontinent, Southeast Asia, the Middle East, and Oceania. The estimated risk of acquiring malaria varies markedly from one region to another. Travelers should be aware that some forms of the disease can persist in the liver, causing relapses for up to four years. The most pronounced clinical manifestations of malaria are periodic chills and fever, usually accompanied by frontal headache and myalgia. Fever may persist for several days before the typical periodicity develops. The initial appearance of symptoms of malaria occurs 10-15 days after the bite of the infected mosquito.

Volunteers should take the necessary prophylactic drugs before, during and after their trip as protection against malaria. In choosing an appropriate chemoprophylactic regimen prior to travel, several factors should be taken into consideration. The travel itinerary should be

reviewed in detail and compared with the information on malarial areas to determine whether the traveler will be at risk. In addition, it should be established whether the traveler has previously experienced an allergic or other reaction to the malarial drug of choice.

Due to the nocturnal feeding habits of mosquitoes, malaria transmission occurs primarily between dusk and dawn. Travelers should take measures to reduce contact with mosquitoes during those hours including remaining in well-screened areas, using mosquitoes nets (especially those impregnated with insecticide), and wearing clothes that cover most of the body.

Additionally, travelers are advised to purchase insect repellent before travel for use on exposed skin. The most effective repellents contain DEET (N, N diethylmetatoluamide), an ingredient in many commercially available insect repellants. The actual concentration of deet varies among repellents; the higher the concentration, the longer lasting the repellent activity. Travelers are also advised to purchase pyrethrum-containing flying insect spray to use in living and sleeping areas during evening and night time hours.

Information about specific malaria drug regimens can be obtained from the Centers for Disease Control and Prevention (CDC). Since recommendations for malaria chemoprophylaxis, changes with some regularity, it is recommended that volunteers check with the CDC (or your local traveler's clinic) prior to starting a specific regimen.
Finally, volunteers should be aware that it is still possible, despite these efforts, to contract malaria. It is important to understand that malaria can be treated effectively early in the course of the disease but that delaying appropriate therapy can have serious or even fatal consequences. Individuals with symptoms of malaria should seek prompt medical attention.

3) <u>Heat Exhaustion:</u>

In the U.S., an adult needs two or three liters of fluid a day. In the tropics, this increases to three to four liters per day. Coffee, tea and beer do not count as fluids since they dehydrate. In fact, it is a good rule not to use alcohol in tropical countries before sunset. Many travelers have collapsed after a cold beer in the desert sun.

Soft drinks may be one of the best sources of clean liquid in many countries, but they attract flies and tend to be a diuretic due to their sugar content. Cold drinks are not needed, as cold fluid actually makes you vasoconstrict and get warmer. Simple bottled or boiled water is best, assuming that the cup you are using has been washed with clean water. Remember to avoid ice in your drinks unless you know that it was made from boiled water.

4) **<u>Wounds</u>**:

Skin wounds can take a long time to heal, so they should be prevented as much as possible. In particular, keep you feet covered. Wear shoes; sandals do not provide enough protection. Remember that the ground may harbor hookworm, nails, glass, snakes and insects. An infected foot can take months to heal, especially if you continue working and do not take the time to keep it elevated. Be sure to shake your shoes out in the morning before you put them on - scorpions, in particular, seem to find them an appealing hiding place. You may want to wear rubber thongs in the shower to prevent infections.

5) **<u>Animal Bites</u>**:

The best protection against animal bites is to be aware of the risk, and to avoid being bitten.

Most animals are wary of humans and will keep their distance unless encouraged. Be sure that your tetanus immunization is up-to-date and check about rabies vaccination for areas where rabies is endemic.

6) **AIDS:**

Many volunteers in developing countries are concerned about exposure to the HIV virus. Given that HIV infection is preventable, volunteers are encouraged to follow the precautions outlined by the World Health Organization:

- Avoid risk taking behavior through sexual promiscuity
- Avoid any procedure that pierces the skin unless it is absolutely necessary. This includes tattoos, ear piercing, acupuncture, and immunizations or injections.
- Reduce the risk of serious injury, which may require blood transfusions, by taking everyday precautions. Wear a seat belt and drive carefully, etc.
- If you are injured, avoid or postpone any blood transfusion, unless it is absolutely necessary. If you need blood, try to ensure that screened blood is used.

If a volunteer has access to an anti-retroviral, it might be recommended that he/she bring along one dose in case of possible exposure. This type of medicine is rarely available in most developing countries.

Safety:

Personal safety entails freedom from undue fear or worry, as well as awareness of situations, conditions or events that are potentially harmful or dangerous to one's well being. Safety is ultimately in the hands of the individual. Keep in mind that, as a foreigner in any country, you are particularly susceptible to acts of crime. (In other words, you are a target). A maxim to remember – a little sense goes a long way. Volunteers are often eager to fit in and afraid to offend. This may cause a person to let down his/her defenses. Remember, your safety comes first. Trust your instincts. If you don't feel safe, you probably aren't and remove yourself from the situation.

CMMB is not responsible for reimbursing volunteers for property/personal effects lost or stolen while traveling or at the volunteer site.

Insurance:

a) **Health Insurance**

Long-term volunteers and their family members receive full medical insurance. Health and medivac insurance for every individual covered is contingent on completion of a physical exam and the provision of medical records to CMMB during the application process. Should a volunteer or one of his/her family members become seriously ill or injured in their country of assignment, he/she will be medivaced to the nearest country where a health facility can provide medical care equivalent to US/Canadian standards. Such facilities are arranged and contracted directly through the Medivac organization used by CMMB's insurance carrier. Short-term volunteers are covered by the medical evacuation insurance but do not receive full health coverage.

As of June 2002, health insurance is covered by AIG International Services. Each volunteer is given the CMMB Policy ID number with a collect call number to Houston, Texas (US access +713-267-2525). Coverage excludes pre-existing conditions and extends for 52 weeks after return home, but only applies to diseases contracted or accident incurred overseas. Coverage starts as of the date the volunteer embarks on his/her travel to the volunteer assignment and continues until the date of return. Loss of life as the result of Terrorism is covered.

The break down of the coverage includes:

Medical expenses, incurred as the result of an accident or sickness, will be paid up to $50,000 per illness or accident. The charges must be made for services provided within 52 weeks of the incident and there is no restriction on where treatment may be sought. Payment will be subject to a deductible of $250 for each accident or sickness after which 80% of the charges will be paid of the first $5,000. Thereafter, expenses will be reimbursed at the rate of 100%.

b) **Life Insurance**:

All long and short-term volunteers are covered by life insurance for accidental death. A total of $100,000 of insurance is provided through two policies: $50,000 through AIG and $50,000 Hartford Boiler Plate Company. The volunteer should advise CMMB in writing, prior to departure, who is to be beneficiary of his/her estate in case of death.

c) **Malpractice**:

All physicians, dentists and direct care clinicians (PA's, NP's, etc.) are covered by malpractice insurance, which totals $2 million accumulated and maximum $1 million per incident.

TERMINATION

Termination automatically occurs when one leaves the mission assignment overseas for reasons other than for illness or vacation. There are two types of termination:

a. Completion of agreed period of assignment
b. Early termination

Completion of agreement occurs when one completes the agreed-to-terms for the assignment. This is an agreement and anticipates one's personal integrity to stay the agreed upon time. The extent of benefits is dependent on the agreement.

Early Termination occurs when the assignment ends prior to the agreed time and may be either voluntary or involuntary.

Voluntary Termination occurs when the volunteer decides to end the agreement. This is typically for reasons of illness, an unresolvable situation or a personal decision that one cannot complete the mission assignment. One must state in writing the reason for the desire to return early from the agreed assignment, and preferably after this has been discussed with the MVP coordinator. Even without such a letter, the leaving of one's assignment shall constitute voluntary termination.

Involuntary Termination occurs when a volunteer is terminated from the assignment. Any behavior, statement or action contrary to the ideals of CMMB, contrary to the teachings of the Roman Catholic Church, or contrary to the norms stated in the volunteer handbook is grounds for involuntary termination. A decision to terminate an assignment may also be made for the well being of the individual or the mission site. The CMMB coordinator of the MVP Program has the final word on this matter. A person who is terminated from his/her assignment, either voluntarily or involuntarily, is provided with the return trip home as soon as can be arranged. Once a person is home, all benefits cease.

A volunteer who requests an early termination is expected to reimburse CMMB the cost of the return airfare home.

If the volunteer refuses to return home upon termination, there will be no responsibility on the part of CMMB to provide for the return home at a future date. CMMB does not give cash in lieu of the airfare home. Likewise, all benefits, insurance and obligations between the person and CMMB cease. In giving an assignment overseas, CMMB assumes no responsibility to care for or provide for the individual beyond the actual time of service overseas at the assigned location. The volunteer understands and accepts this risk. Should an assignment end early, either by voluntary early termination or involuntary early termination, CMMB has no obligation or responsibility to provide for the individual in any way other than outlined in the handbook, especially noted in the Benefits and Termination sections. It is the responsibility of the individual to assure that he/she has the resources necessary for resettlement at whatever time their assignment ends. Depending upon the situation an individual may receive another new assignment. CMMB has no responsibility to reassign the individual to another location for the remainder of the time should involuntary termination occur or when a volunteer completes an agreed assignment and is available for another placement.

Pregnancy

Because of the insurance and legal implications as well as the potential medical issues, pregnancy is grounds for termination. If a volunteer learns she is pregnant while on assignment overseas the volunteer must notify the MVP immediately and arrangements for return home should be made as soon as possible.

RETURNING HOME

For the long-term volunteer, the return or re-entry is often a more difficult adjustment than the initial adaptation to the country where they were placed. As an experienced volunteer, one has been changed. One's experiences have been broadened and one's understanding of society and global realities have been challenged and deepened. While one has had this experience his/her friends and family have not.

One of the volunteer's frustrations is the feeling that his/her actions had only small effect. It may be difficult for the volunteer to reconnect with people with whom he/she was close prior to going. After the initial excitement of being with the people one has not seen for a long time, one can easily feel a stranger in a land once familiar. The United States, once seen as the land of abundance, now seems to be a place of rampant materialism and consumerism. The amount of waste can seem staggering. Anger, on the part of the returned volunteer, is not uncommon. Very often, for instance a returning missionary feels frustrated, misunderstood, and at times even alienated.

Re-entry is a transition process. Like other transitions, it can be a painful process. No matter how well prepared one is to return, or how anxious one is to come home, the process will involve the pain of letting go and beginning anew.

The re-entry process begins while one is still on assignment. One needs to relinquish duties and responsibilities, even though the person who will replace the volunteer may not do the job as well. One may find oneself with more free time than previously.

It is extremely important to say good-bye to the people with whom one has worked. Sometimes, volunteers do not wish to have others do anything special, so they leave by "sneaking out the back door." Although this is understandable, it is an insensitive act.

Volunteers have affected the people with whom they have worked and lived. In many instances, they have been accepted as members of a family. People should be given the respect of bidding farewell done in a manner that is respectful of the culture. This may involve spending time with people individually, or exchanging gifts, photos or personal items. The important thing is to say good-bye.

CMMB does not currently have a formal re-entry program. Within a week of the volunteers return home, CMMB is to be advised of his/her safe return, address and telephone or e-mail. Often volunteers return to different locations from where they were living and working, prior to volunteering. After the volunteers return home, he/she will be sent a debriefing questionnaire along with re-entry materials. The re-entry materials will address various facets of issues returning volunteers will face in transition back to life at home. The packet will include multiple resources provided through the St. Vincent Pallotti Services for returned volunteers, FROM (For Returned Overseas Missionaries), and other agencies. The debriefing questionnaire provides valuable information. This information helps the MVP determine the appropriateness of the site for future volunteers. Likewise, it provides additional information that can be shared with future volunteers who will be working at that site. It also offers a way to determine the costs to volunteers for the time spent overseas. Once the completed questionnaire has been received, volunteers will receive a letter specifying donated time and expenses that can be used with the IRS. The volunteer is requested to provide some photos of his/her time abroad which could be used for, not only new recruits, but also by the CMMB communications department for

upcoming issues of **CMMB Today**. Current and former volunteers are sometimes approached and asked for stories of their experiences which can be printed in the **CMMB Today**, the organization's quarterly newsletter. We anticipate that all volunteers will be ready to share their experiences with CMMB staff and with new volunteers.

It is advised that the volunteer and any family members who were accompanying him/her in mission upon re-entry to the US/Canada, have a complete Physical Examination. As noted in the section titled Health Insurance, any condition found to have originated while on assignment is covered under the CMMB health insurance plan for up to 52 weeks after one's return. The insurance does not cover the expense of this exam.

Volunteers who are successful at coping with re-entry find ways to integrate their volunteer experience into their lives at home. One of the best ways to do so is to communicate with other former volunteers. Another successful re-entry strategy is to give talks and presentations to interested groups about one's overseas experiences. Some volunteers get involved with social justice issues at home and activities supporting missionary activity overseas. The US Catholic Commission for Immigrants and Refugees looks for people in communities throughout the US to assist newcomers with their orientation and resettlement in the US. Projects such as these help the returned volunteers to channel their enthusiasm for having lived and worked overseas.

Often volunteers stay in contact with the facilities they worked at or with individuals they worked with in an effort to continue to provide support. The ongoing material needs of these places can be overwhelming. However, volunteers need to understand that CMMB cannot be a pass through agency for financial donations. CMMB can only accept donations which are unrestricted and available for use by the CMMB organization as it deems needed.

The MVP is available for advice and as a reference for returned volunteers who are seeking employment.