DEPARTURE PACKET
ABOUT YOUR DEPARTURE PACKET

This packet has been created to give you assistance prior to your departure for the Medical Mission Team. The contents herein are to aid you as you embark for this trip. Please print the forms and keep them with your travel documents. This packet is not for distribution and is proprietary information reserved for participation with International Medical Relief on an exclusive IMR Team.
THE 10 THINGS YOU REALLY NEED TO KNOW

• What do I need to print and bring from this packet for customs and information on arrival?
  ○ Print and bring the following pages: This page, Letters of Authenticity, and Sample Airline Form (pgs. 3; 6 - 11)
• Contact information for IMR Office:
  ○ IMR Office: 970-635-0110, press 1; admin@imrus.org
  ○ IMR’s cell: 970-624-7400
• Meeting your IMR team leader:
  ○ Please review your itinerary for the exact times that you will need to meet your team leader and that location.
• VISA information:
  ○ Please double check that you have any required visas and vaccinations.
  ○ The VISA is/is not available upon arrival
• SUBSIDIZED PASSENGERS: We recommend arriving at the departure airport 5 hours prior to departure. You will meet your team for check-in 3 hours prior to departure
• Who do I need to call if my domestic arrival flight is late?
  First - call your airline and reschedule your flight. Once you are rebooked please let IMR know.
  ○ IMR OFFICE: 970-635-0110, press 1
  ○ IMR CELL PHONE: 970-624-7400
• What should I have in my carry-ons?
  ○ IMR recommends that you pack everything you will personally need for the trip in your carry-on(s) in case your checked bag is lost in transit
• If you are on the IMR subsidized flight, you will be required to check two bags for IMR both directions, going into the trip and returning home
• What important information do I need to know about going through customs?
  ○ You are traveling as a tourist and any team items are a donation to the people of the country
  ○ Go through customs as an individual and not part of a larger team
  ○ Pick up any bags that you checked (personal or IMR), clear customs, and wait for your team.
• If I am stopped in customs, what should I do?
  ○ Your team leader will be there to help you and will not clear customs until the entire team has cleared.
    ○ Calmly tell the customs officials that you are a tourist and have brought materials for donations to hospitals and orphanages. Your team leader will help if needed.
• What do I fill out on the declaration card that is distributed on the flight?
  ○ See the airline form on p. 10 of this packet

VISA INFORMATION

○ Please confirm whether or not you need a visa for your trip.
○ Notify the IMR office immediately if you have not obtained a required visa or do not have the necessary paperwork
CHECKING YOUR BAGS

Make sure that you have a list of all of the donations with you throughout your travels and a copy in the bag. IMR bags will have a packing list inside.

FLYING ON THE IMR SUBSIDIZED TICKET

• Your participation on the IMR subsidized ticket is at a reduced rate and may require you to check one or two IMR bags of necessary supplies and medications. If you check additional personal bags, those will be at your own expense.
• Pack as much as possible in your carry-on(s). Airline carry-on regulations vary. Adhere to any weight and size restrictions.
• Arrive at the international departure airport at least 5 hours prior to the team departure.
• Be on time to meet your team!
• Notify the IMR office and your team leader if your domestic flight is late.

FLYING INDEPENDENTLY (ON YOUR OWN INTERNATIONAL TICKET):

• It is important that you confirm the baggage allowances with your airlines and adhere to them.
• Attempt to check your bags all the way through to your international destination when you check in for the domestic portion of your flight. You will need to present both your domestic and international ticket to do so.
• If your bags are over the allotted weight or number of bags allocated, you may present the official IMR request to the airline for their consideration in waiving any fees associated with your luggage. If the airline attendant does not waive those fees, you will be eligible to receive a donation letter from IMR stating the value of what you had to pay. Please provide documentation if you would like assistance in this regard. IMR is not able to reimburse you for the actual costs of baggage overage.

FLIGHT DELAYS

• IMR Subsidized Flight: If your flight is delayed, please contact IMR as soon as possible and prior to your domestic departure.
  o If you miss the team flight, you are responsible for any costs incurred to meet the team. Plan to arrive early!
• **Flying Independently:** You are responsible for booking and purchasing your international flight.
  - If you miss your international flight, notify the IMR office with your rebooking information as soon as possible
  - You are required to be in-country prior to the arrival of the team and being on time to meet the team at the designated meeting place

IMR OFFICE: 970-635-0110, email: office@internationalmedicalrelief.org
IMR office: 970-635-0110, press 1
IMR’s office cell: 970-624-7400

**LETTERS OF AUTHENTICITY**

• Print and bring these letters with you in your carry-on. They may help you with excess baggage cost or at customs.
• Tips for excess baggage:
  - Try calling the airlines prior to your flight and ask if they will add 1 or 2 extra bags to your record.
  - The earlier you are checking in, the more likely that someone will help you.
  - Ask when you check-in if they will allow you to take an extra bag and no or reduced fees. You can show them the correct letter for this purpose. Ask nicely and stay calm! Many teams of all sorts travel on the airlines and all want free bags.
  - Try asking for the “Station Agent” at baggage claim before you check in and discuss why you are going and what the bags contain. Stay calm!
• Tips for international arrival (CUSTOMS):
  - Tips for Clearing Customs
LETTER FOR BAGGAGE WAIVER

To Whom It May Concern & Ticketing Agent:

It is an honor for me to introduce you to International Medical Relief, a US registered 501(c)(3) charitable organization. Our organization supports medical volunteers traveling to developing countries to provide medical services free of charge to communities with limited or no access to medical care.

It is with great pleasure that International Medical Relief send a select group of volunteers traveling on a medical mission trip (please see included itinerary). Here, they will volunteer to perform free medical and dental services for designated areas. We are working in collaboration with several small villages that without our care, would have no access to health care. We have secured medicines and supplies that we will give as gifts to the local communities that we will be working with. These supplies are donations to the people of these communities and our team receives no compensation for the supplies or services. We are requesting to bring additional bags with the volunteers. These bags are not for personal use, but to aid us with our clinic as they contain necessary medical supplies for our operation.

Our hosts have asked us as volunteers to bring special medical and surgical supplies for our health clinics around the communities that they will be serving.

On behalf of International Medical Relief, I would like request your assistance with our baggage requirements. If you can allow us to check additional bags and bags of a higher weight free of charge we would be able to bring more medical supplies and conduct more care. Our personal belongings are largely in our carry on luggage and minimal. The donated supplies are essential for our work. We are requesting this waiver as a humanitarian service that we ask you to consider.

We humbly request your assistance in bringing these items of medicine and dental equipment onto this flight. We are obliged for any courtesies that you can extend to safely deliver the very needed items.

Sincerely,

International Medical Relief
Shauna Vollmer King
President

1151 Eagle Drive, Suite 457 - Loveland, Colorado 80537 - USA - 970-635-0110
AUTHENTICITY STATEMENT FOR CARRYING MEDICINES & MEDICAL SUPPLIES ON AIRCRAFT

To Whom It May Concern & TSA Agent:

It is an honor for me to introduce you to International Medical Relief, a US registered 501(c)(3) charitable organization. Our organization supports medical volunteers traveling to developing countries to provide medical services free of charge to communities with limited or no access to medical care.

It is with great pleasure that International Medical Relief send a select group of volunteers traveling on a medical mission trip (please see included itinerary). Here, they will volunteer to perform free medical and dental services for designated areas. We are working in collaboration with several small villages that without our care, would have no access to health care.

IMR Volunteers will be carrying on board with them extensive life saving medical care supplies imperative for the treatment of patients overseas.

On behalf of International Medical Relief, I would like request your consideration to allow this medical volunteer to carry these supplies with them on the aircraft in their carry-on as it is imperative that they have access to its contents upon arrival.

We humbly request your assistance in bringing these items of medicine and dental equipment onto this flight. We are obliged for any courtesies that you can extend to safely deliver the very needed items.

Thank you for your kindness to this humanitarian medical mission. We are obliged for you consideration.

Sincerely,

Shauna Vollmer King
President

International Medical Relief
1151 Eagle Drive, Suite 457 - Loveland, Colorado 80537 - USA - 970-635-0110
DECLARATION AUTHENTICITY STATEMENT
MEDICINES & MEDICAL SUPPLIES
ENTRY INTO THE UNITED STATES OF AMERICA

Dear IMR Volunteer,

We thank you for being an official guest of International Medical Relief, a US-based NGO, traveling for the purposes of medical relief. This is an official invitation sent on behalf of International Medical Relief and our host country partner organizations. These officials have asked that you bring special donated gifts for the communities you will be visiting.

On behalf of International Medical Relief, I would like to certify that you are carrying current and non-expired medicines and supplies, as well as educational materials and gifts to be brought into your current port of entry, through The United States of America, and in transit (please see accompanying airline ticket information).

Let it be recognized that this Letter of Declaration confirms your donation of these gifts as free of any charge and of no monetary value

on behalf of International Medical Relief

The personal baggage carried hereto as part of this official visit will be carried on your person through the port of entry to the host country, whom will be the recipient of these free gifts. Being a humanitarian gift and contribution on your behalf to the county, there is no stated or estimated value for import and export accounting. These goods are provided free of charge and hold no taxation value.

Please confirm with us when the delivery of the donated contents is complete. We are obliged for the service that you are providing to safely deliver the very needed items.

Sincerely,

Shauna Vollmer King
President

1151 Eagle Drive, Suite 457 - Loveland, Colorado 80537 - USA - 970-635-0110
CERTIFICATE OF DECLARATION

Donation Authenticity Statement

On behalf of International Medical Relief, I would like to certify that you are carrying current medicines and medical supplies, as well as educational materials and gifts to be brought into your current port of entry.

Let it be recognized that this Letter of Declaration confirms your donation of these gifts as free of any charge and of no monetary value from International Medical Relief.

Attached hereto as part of this official document is a listing of the contents carried on your person through the port of entry to the host country whom will be the recipient of these free gifts. Being a humanitarian gift and contribution on your behalf to the county, there is not stated or estimated value for import and export accounting.

Please confirm with us when the delivery of the donated contents is complete. We are obliged for the service that you are providing to safely deliver the very needed items.

Sincerely,

International Medical Relief

Shauna King
President

Att: (list of items)
Please keep a pen with you on the airplane as you will be required to fill out a form prior to landing. You will be asked to complete an embarkation form. Here are some helpful tips.

**Sur Name:**   Last Name  
**Given Names:** First Name

Have your passport handy as you will be asked for your:  
**Passport Number:**  
**Date of Issue:**  
**Expiration Date:**  
**Place of Issue:**

**Port of Embarkation:**   Home city in the US from which you originally started your journey  
**Port of Disembarkation:**   final destination

**Mode of Transport:**   Aviation - your carrier and flight number

**Purpose of Trip:** **Tourism**  
**Place you will be staying:** please list address of first location you are staying in country  
**Items to Declare:**   NONE

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**TIPS FOR CLEARING CUSTOMS**

NOTE: You are not traveling as a paid employee of a hospital or medical clinic - you are not charging for your medical services or your supplies. These are duty free items. Business Visas are for travelers who are working as a paid employee of a facility for an extended period of time or travelers that are selling their supplies on the open market. Those people will be assessed taxes and fees for their services and supplies which you would be required to pay prior to exiting the airport. You do not fit in this category and you are therefore a tourist.

In Customs - do not declare your supplies - they are free of charge, of no value, and were given to you as gifts without foreign currency or US currency involved. Do not clear customs as a group. ONLY if needed, present the following “Certificate of Declaration” in customs to aid you in getting your supplies through. It is not necessary to point out other members of the team that you are traveling with. This can complicate matters and cause the entire group to be pulled aside. Proceed through the customs area independently and there will be hosts outside the doors to help you. If you cannot locate them remain in the main area until your team leader comes through.

Outside of Customs - Your team leader or a representative of the ground logistics team will officially greet you outside of customs.
INCLUDE THE FOLLOWING IN YOUR CARRY-ON BAGGAGE:

- All allowed personal items (consider size restrictions on liquids and sharp objects such as a multi-purpose tool)
- Medications (prescription and over the counter)
- As much of your personal gear as possible to avoid lost needed items
- Emergency contact information
- International calling card/text or data plan or an unlocked, international phone (with international SIM card)
- Passport and driver’s license copy
- Copy of your airline tickets (domestic and international)
- Credit cards, cash (limited quantities)
- Tip: Carry a little used credit card to limit loss if the card is lost or stolen
- Snacks, water for plane (purchase after going through TSA)
- Books (if desired)
- Money belt for passport - waist, neck, or calf
- Ear plugs (if desired)
- A low-dose aspirin for blood clot prevention on airplane (as recommended by your doctor)
TRAVELING OVERSEAS - TIPS AND TRICKS

Long-distance travel, exciting as it may be, can also be tiring. Following these tips can reduce the stress and fatigue that may occur with long-distance travel and combat the jet lag that may result from crossing time zones:

• Wear comfortable clothing and shoes.
• Get a good night's sleep before your trip and rest as much as possible during the flight.
• Drink plenty of water and/or juice before and during the flight to stay hydrated.
• Eat light meals during your flight. Also avoid caffeinated beverages and alcohol.
• Don't remain in one position too long; perform the simple stretches as seen below, and walk when possible.

Jet Lag: The time change is often difficult for anybody to manage. Don’t underestimate the effects that this may cause to you. You may want to consider going off of your new time zone as soon as you can, even before you reach your airport departure terminal. Being well rested before travel can be helpful, electrolyte drinks and vitamins can also help.

Sleeping: Some people find sleeping on planes can be difficult, as the seats do not recline into a comfortable sleeping position. You may want to consider getting a prescription for sleeping pills or taking an over-the-counter PM product. Eye shields can help block out light and blow-up neck support pillows also may help with sleep. The airlines normally provide a blanket and a small pillow.

Hydration: Hydration is very important on airplanes; you may want to consider purchasing bottled water once in the departure terminal so that you have water with you throughout the flights.

Snack: Airlines are providing fewer meals even on longer flights. To stay comfortable you may want to consider packing a small snack in your carry on so that you are not uncomfortable.

Blood Clots: In 2007 the World Health Organization released a study showing that those traveling over long distances could be at a higher risk for developing VTE (venous thromboembolism). This risk doubles after travel lasting four hours or more. However, the study points out that even with this increased risk, the absolute risk of developing VTE, if seated and immobile for more than four hours, remains relatively low at about 1 in 6000. As a precaution, you may want to consider taking an aspirin during travel, moving around on the aircraft, and staying hydrated.
**EXERCISES**

**Ankle Circles**
Raise your feet off the floor and rotate them in a circular motion. Make five circles in clockwise and counterclockwise directions with each foot.

**Foot Pumps**
With your heels on the floor, raise your toes as far as possible. Hold for a few seconds and lower them to the floor. Then raise your heels while keeping your toes on the floor and hold for several seconds. Repeat 5 times.

**Shoulder Roll**
While seated, keeping your arms in place, move your shoulders in a circle from front to back 5 times. Repeat in the opposite direction.

**Knee to Chest Stretch**
While seated, lean slightly forward and clasp your hands around one knee. Slowly pull your knee toward your chest and hold for 15 seconds. Release and switch to the other leg. Repeat twice.

**Shoulder Stretch**
While seated, place your right hand behind your back, on top of your left shoulder. Grasp your right elbow in your left hand and gently stretch your right shoulder toward your left side. Hold for 15 seconds. Switch arms and repeat twice.

**Neck Roll**
Relax your shoulders. Stretch your neck toward your left shoulder; hold for a few seconds, slowly roll your head toward your chest, and then stretch toward the right shoulder. Hold for several seconds and then reverse, rolling your head from right to left. Repeat three times.
WHAT IS A TEAM

TEAM is acrostically known as:
Together,
Everyone
Achieves
More

Team Hopes & Outcomes:

- To provide free community health services to people in developing countries of pre-selected villages or areas.
- To be ambassadors of good will representing INTERNATIONAL MEDICAL RELIEF
- To provide an experience for US medical personnel of cultural diversity, tropical medicine, developing country diseases and service.
- To exchange methods and education of care with local medical personnel regarding disease common in the US as well as tropical disease not often diagnosed.
- To assess current and future health and medical supply needs of these communities and bring this information back to INTERNATIONAL MEDICAL RELIEF for future medical care.
- To establish a working relationship with medical personnel abroad.
- To build relationships
- To provide service for others
- Improve medical knowledge of others
- Improve our language skills
- Embrace the culture by working with the people, helping others and experiencing some of their day-to-day life.
IMR TEAM WORKING AGREEMENT

The primary goal of IMR teams is to provide accessible and free community health services to those people most in need within developing countries. We are ambassadors of good will and as such are representing International Medical Relief during our trip. IMR seeks to provide volunteers with an experience of cultural diversity, knowledge of health care and health and wellness in developing remote areas, exchanges of knowledge of treatment methods and education and collaboration with local health providers.

IMR seeks to establish a strong, positive working relationship with local community members, leaders, and health personnel by building upon these relationships in the service of others, embracing new cultures and working alongside the community while experiencing some of the day-to-day life of our hosts.

- Be prepared for your trip.
  - Participate in or listen to recordings of the IMR conference calls and all Team Q&A calls.
  - Read all trip preparation materials and emails.
  - Pack the necessary personal equipment for your trip based on directions from your team leader and the IMR materials.
- Be on time and be flexible.
  - Respect the need for flexibility and time adjustments as scheduled events may change.
  - Please be on time! If you are late, you will make the entire team late, often with significant consequences to patient care or travel time.
- Honor the culture of our hosts.
  - Be respectful with respect to dress, greeting individuals, and being thankful for what they provide.
  - Eat and share with them in their way. Try to eat food prepared by our hosts as it is a sign of respect. Do not bring personal food or snacks to meal times.
  - Give our hosts your utmost courtesy and use your best judgment and etiquette.
  - Always follow the laws of the country you are in, especially regarding illicit drugs, alcohol, smoking and public behaviors.
- Security must always come first.
  - Never leave designated areas or go anywhere alone without first discussing with your team leader. Walk with no fewer than two people.
  - Always let your leaders know your whereabouts and adhere to any set curfews.
  - When in doubt, ask your team leader.
- Never discuss our specific itinerary or travel plans with people outside the team, including family and friends, or with people in country.
  - Do not discuss our locations or travel plans on social media. This includes posting photos during the trip that are "tagged" with a location or "tagging" team members in your photos. Team member privacy is valued on IMR teams - please be mindful.
- Let the team leader do their job.
  - Always listen to instruction and follow direction, even if you do not fully understand the reason at a given time.
  - Always ask your team leader, not your in-country hosts. Your team leader is the only one who can make a request of the in-country hosts.
• Uphold a positive attitude
  • When providing care or working with the team always assume positive intentions and grant trust.
  • Always share concerns privately. Grievances should be brought up in private as soon as an issue arises. Create unity, not division.
  • Conflict resolution: Always go to the person with your concern first. Try to resolve it privately and not in front of others. Bring in your team leader if needed.
  • Politics & Religion: Team members should avoid discussing political and religious situations and opinions, especially in public or with our hosts and translators. Remember that your opinion may be hurtful to another person.
  • Use every conversation as a steppingstone to talk about a community positive.
  • Rumors should never have a place on an IMR team. If you want to know, ask your Team Leader. Don’t waste your time speculating or spreading rumors.

• Use discretion
  • When relating to team members of the opposite gender, always show respect and prudence with regard to judgment. Be above reproach in all that you do.
  • Always be professional. Be respectful of any requirements by our host regarding alcohol, illicit drugs, prescription opioids and other medications, and smoking. Disrespectful behavior will not be tolerated.
  • Out of control behavior of any kind is cause to ask you to leave the team and return home, at your own expense.

• Dress appropriately at all times.
  • Scrubs are required for clinic hours.
  • After clinic hours you are still representing IMR. Keeping arms and legs covered and wear t-shirts that do not promote a cause or ideal, or that could be seen as offensive is appreciated.

• Participation and illness.
  • The Chief Medical Officer is responsible for the care of sick team members. No other members of the team should prescribe or provide medications to another team member.
  • If a team member becomes ill, the team will continue to move ahead with the scheduled activities. If a medical professional is needed to remain with a sick team member, the team leader will make the decision and assignment of that person.

• Look at how to serve others and not be served.
  • When everyone on the team shares and does a small part, great things are accomplished!
  • Everybody is expected to participate and work together. Recognize your role. Always see how you can help. Many hands make light work.
  • Always support your team! Help with packing and carrying, don’t spread rumors, support your team members and team leader.

• Provide care through the eyes of the patient. Understanding where one is coming from will help you to share in their lives.

• BE FLEXIBLE!
  • The only constant will be change. You may not always know what is to come and that is part of the fun! Be open to new ideas and enjoy each moment.
  • Appreciate the experience for what it is and do not take on unnecessary burdens.
  • Participate and Don’t Anticipate!
  • Have fun and maintain a positive attitude.
ETHICS OF CONDUCTING CLINIC

It is important to know that what you are doing is of great and incredible value to both IMR and the country that you will be serving. You will save lives. During this process some issues may arise that are different for you than our culture here in the United States. You are providing assistance where there are unknown factors in the outcomes of the delivery. You have control over what you treat during that short time frame that you are conducting clinic. After your departure, the communities may revert to ways of life that they are familiar with regardless of the education that you provided them on how to maintain a healthy lifestyle.

Remember that what you are able to control is limited to the receptiveness of the people that you treat. Even if you only impacted one individual, it is still worth every effort that you put forth. You may be in a position to provide health care to a person who has had fundamental human rights violated. You may see evidence of ethical conditions that are not common in our western culture. There are inabilities for us to manage post-treatment care or follow up on patients we have treated. Remember that you can only do what is humanly possible. You will make a great difference and have a positive effect on these communities. Do not let differences overcome your ability to make a positive impact on these communities.

MAINTAINING A LOW PROFILE

As Americans overseas we tend to be easily spotted. There are common guidelines that the military and State Department have frequently given to lower a group’s profile and make them less obvious while traveling overseas. Here are some of the basics for you to consider on your trip.

Group Travel:
1. Americans traveling overseas tend to make more noise than Europeans. Practice talking in low tones, don’t make loud comments or laugh or tell jokes loudly.
2. Security is tighter in international terminals. Don’t be impatient or complain openly about delays.
3. If the team splits into small groups (for example, when shopping) please stay in a small groups of two or three - never go off alone.
4. Avoid straying into dark alleys or secluded areas with inadequate lighting or few people.
5. Avoid taking large groups into congested areas or markets - break up into smaller groups to keep a lower profile.
6. Keep your passport and money in a secure place. Keep your passport on you at all times. Don’t leave money in hotel rooms unless in a locked safe.
7. Listen to and stay with a local guide who knows the areas and risks involved. Consult State Department guidelines for travel in each area and any recent warnings. Go to: http://www.travel.state.gov

Dress:
1. Dress conservatively: Wear darker clothing and avoid bright colors or markings on clothes that would identify you as an American, e.g. flags or sayings on t-shirts, etc.
2. Don’t carry large bags or purses that can be grabbed or cut from the handle. Use fanny packs or neck pockets and keep wallets in front pockets.
3. Avoid shorts or sleeveless shirts/tops in countries where religious standards prohibit them. Women should remember to wear head covering in churches, mosques and synagogues.

You are an Ambassador of International Medical Relief. We sincerely appreciate you adhering to the standards that have been provided to you.

THE GIVING OF A MIRACLE

On this trip you will be giving miracles to people. Remember the goodness you are doing in everything. A short story about the power of miracle follows:

A little girl went to her bedroom and pulled a glass jelly jar from its hiding place in the closet. She poured the change out on the floor and counted it carefully. Three times, even. The total had to be exactly perfect. No chance here for mistakes. Carefully placing the coins back in the jar and twisting on the cap, she slipped out the back door and made her way 6 blocks to Rexall's Drug Store with the big red Indian Chief sign above the door.

She waited patiently for the pharmacist to give her some attention but he was too busy at this moment. Tess twisted her feet to make a scuffing noise. . . Nothing. . .She cleared her throat with the all of the sound she could muster. No good. Finally she took a quarter from her jar and banged it on the glass counter. That did it! "And what do you want?" the pharmacist asked in a deep tone of voice. I'm talking to my brother from Chicago whom I haven't seen in ages," he said without waiting for a reply to his question. "Well, I want to talk to you about my brother," Tess answered back in the same tone. "He's really, really sick... and I want to buy a miracle." "I beg your pardon?" said the pharmacist. "His name is Andrew and he has something bad growing inside his head and my Daddy says only a miracle can save him now. So how much does a miracle cost?" "We don't sell miracles here, little girl. I'm sorry but I can't help you," the pharmacist said, softening a little. "Listen, I have the money to pay for it. If it isn't enough, I will get the rest. Just tell me how much it costs." The pharmacist's brother was a well dressed man. He stooped down and asked the little girl, "What kind of a miracle does your brother need?" "I don't know," Tess replied with her eyes welling up. I just know he's really sick and Mommy says he needs an operation. But my Daddy can't pay for it, so I want to use my money." "How much do you have?" asked the man from Chicago. "One dollar and eleven cents," Tess answered barely audibly. "And it's all the money I have, but I can get some more if I need to." "Well, what a coincidence," smiled the man. "A dollar and eleven cents---the exact price of a miracle for little brothers." He took her money in one hand and with the other hand he grasped her mitten and said "Take me to where you live. I want to see your brother and meet your parents. Let's see if I have the miracle you need."

That well dressed man was Dr. Carlton Armstrong, a surgeon, specializing in neurosurgery. The operation was completed free of charge and it wasn't long until Andrew was home again and doing well. Mom and Dad were happily talking about the chain of events that had led them to this place. That surgery," her Mom whispered. "was a real miracle. I wonder how much it would have cost?" Tess smiled. She knew exactly how much a miracle cost...one dollar and eleven cents; plus the faith of a little child.. In our lives, we never know how many miracles we will give to those in need.
PROVIDE CARE FROM A PATIENT'S PERSPECTIVE

Have you ever been in a culture where the people have such limited or no access to health care that the mere fact that you as a medical professional and volunteer are taking the time to listen to them and want to be a part of their world - help them in any little way - can bring them to tears? I have, and it is incredibly powerful.

Try to put yourself in the position of these people - elate to them and their life if you can. And then, give them healthcare. You don’t need to heal everyone - some people you can rejoice with - they are health and wonderful! Some just may need a word or two of encouragement - and some may be very sick, and some still yet - we wont be able to help at all. Do everything you can and everything you know how - and everything will be just fine.

Let me take you back to a place closer to home than where we are now, February 15, 1921, New York City.

*The Operating Room of the Cane Summit Hospital.*

A doctor is performing an appendectomy. In many ways the events leading to the surgery are uneventful. The patient has complained of severe abdominal pain. The diagnosis is clear, an inflamed appendix. Dr. Evan O’Neil Cane is performing the surgery. In his distinguished 37-year medical career, he had performed nearly 4,000 appendectomies. So this surgery will be uneventful, in all ways except two. The first novelty of the operation: the use of local anesthesia in a major surgery. Dr. Cane is a crusader against the hazards of general anesthesia. He contends that a local application is far safer. Many of his colleagues agree with him in principle, but in order for them to agree with him in practice, they would have to see the theory applied. Dr. Cane searches for a volunteer - a patient that is willing to undergo surgery while under local anesthesia. A volunteer is not easily found. Many are squeamish about being awake during their own surgery. Others are fearful that the anesthesia might wear off too soon. Eventually, however, Dr. Cane finds a candidate.

On Tuesday morning, February 15 the historic operation occurs. The patient is prepped and wheeled into the operating room. A local anesthetic is applied. As he has done thousands of times, Dr. Cane dissects the superficial tissues and locates the appendix. He skillfully excises it and concludes the surgery. During the procedure, the patient complains of only minor discomfort. The volunteer is taken into post op and then placed in a hospital ward. He recovers quickly and is dismissed two days later. Dr. Cane has proven his theory. Thanks to the willingness of a brave volunteer, Cane demonstrated that the local anesthesia was a viable, even preferable alternative.

Now, I said there were two facts that made this surgery unique - I have told you the first, the use of local anesthesia, the second is the patient - you see, the courageous candidate for surgery by Dr. Cane was . . . . Dr. Cane. To prove his point, Dr. Cane operated on himself, a wise move. The doctor became a patient in order relate to what the patient was truly going through - the patients trust the doctor that shows understanding and compassion for what they are going through.
IMPORTANCE OF PRIMARY HEALTH CARE

International Medical Relief focuses on primary health care and your work is invaluable to the success of this method. The largest health care threat we face in developing nations and the greatest impact that can be made is through primary health care. A 2008 New York Times article states it best:

Most Americans surveyed for a poll released yesterday think either AIDS or malaria is the top killer of young children around the world. They are wrong. Childbirth complications, pneumonia, and diarrhea - age-old causes of death that can be prevented with cheap, proven methods - are actually the biggest culprits, according to the World Health Organization.

The poll, sponsored by a coalition of groups trying to raise awareness of child mortality, found that 42 percent of Americans guessed that AIDS killed the most children. But the disease is responsible for only 3 percent of the 9.7 million deaths a year of children younger than 5.

Eighteen percent of Americans thought malaria was the deadliest, but it killed 8 percent, or about 800,000 young children.

The reasons for this misapprehension are varied, but they most likely include health advocates’ recent success in focusing politicians and news organizations on the undeniably horrific toll from AIDS and malaria. “It’s based on what’s in the news,” said Nils Daulaire, president of the Global Health Council, an organization of health professionals, nonprofit groups and other institutions. “And it’s a vicious cycle. The things that get reported on are the things that people believe are important.” Federal spending has soared in recent years to combat AIDS on a global level, and it has risen substantially to combat malaria. But spending has stagnated for many other child killers that have become overshadowed, in part because the cures and treatments for them are old news.

The U.S. Coalition sponsored the poll for Child Survival, an alliance that includes the Global Health Council, CARE, and Save the Children. The coalition is trying to persuade Congress to spend more on basic child and maternal health care.

Lake Research Partners conducted a national telephone survey of 1,025 adults from Aug. 16 to 20. The margin of error was plus or minus 3.1 percentage points.

"It’s a lot easier to communicate about a single disease than multiple causes," said David Oot, an associate vice president of Save the Children. He said that progress was being made nonetheless in raising awareness about the range of causes of child mortality. "There really is a lot of momentum building over the last couple of years."

Public health doctors who have worked in poor countries where most of the deaths occur say what frustrates them most is how many children’s deaths could have been avoided by relatively cheap and simple steps. Pneumonia, treatable with an inexpensive dose of antibiotic syrup, accounts for almost one out of every five deaths of children under age 5 each year. Diarrhea, treatable with oral rehydration salts and inexpensive antibiotics, was the reason for 17 percent of young children’s deaths.
More than a third of child deaths resulted from complications related to birth - a cluster of causes that includes tetanus (preventable with inexpensive tetanus shots for the mother during pregnancy) and failure to breathe at birth (correctable with a simple mask and plastic bag device or CPR training).

International Health Care
Infectious disease is making a worldwide comeback and the United States is not immune. During your trip, you may see diseases rarely seen in the United States. IMR will be able to save lives in the country you work in. You will play a vital role in this. You will make a difference.

"For much of this century the United States has served as the 'world's policeman' in armed crises. Now, with the cold war over, it may be time to put on the hat of "world's doctor," alone or in concert with others. As the danger of nuclear war recedes, we may have less to fear from rogue nations than from rogue viruses."--New York Times editorial, May 12, 1995

Infectious disease is making a frightening worldwide comeback. You can help fight back. Until relatively recently the world's long struggle for control over infectious diseases was in sight. Smallpox was eradicated and half a dozen other diseases were close to elimination. Nearly eighty percent of the world's children were immunized against the six top killer diseases. Antimicrobial drugs were effectively suppressing countless infections.

Recently, however, it has become clear that the struggle to control infectious diseases is far from over -- even in the United States. "We stand on the brink of a global crisis in infectious diseases. No country is safe from them. No country can any longer afford to ignore their threat," said Dr. Hiroshi Nakajima, Director-General of the World Health Organization (WHO).

Diseases that seemed to be subdued, such as tuberculosis and malaria, are making a serious comeback around the world and in the United States. Some diseases, such as cholera and yellow fever, are striking in regions once thought safe from them.

In addition, deadly new diseases, such as Ebola hemorrhagic fever, are demanding headlines and threatening many parts of the world. The last few years have seen the emergence of a completely new strain of cholera in Asia. In South America, Venezuelan hemorrhagic fever and Indian hemorrhagic fever have emerged -- both fatal and both caused by newly recognized viruses related to the Lassa fever in Argentina.

The World Health Organization reports that at least 30 new diseases have emerged in the last 20 years. For many of these diseases, there is no treatment, cure or vaccine.

As medical professionals, you have the responsibility to confront these threats. As IMR medical clinic team members, you will see these diseases first hand, bettering your understanding of diseases that are rarely seen in the United States. You will undoubtedly learn more and be able to help more patients upon your return to the US. Not only will you be aiding in the global struggle for control over infectious disease, but you will also be preparing yourself for those diseased patients who come to you in the United States in need of immediate diagnosis and treatment. Being able to see many of these diseases first hand will be an invaluable tool for your future.
Viruses know no borders. The United States feels the threat of infectious disease spread. Infectious diseases are the world’s leading cause of death, killing at least 17 million people - mostly young children - every year. As has been witnessed by the spread of HIV/AIDS, the United States is not immune to the explosive expansion of infectious disease.

Tuberculosis is reappearing in the United States and other industrialized nations, where the disease was believed to have been defeated. Migration, international travel, and tourism have increasingly allowed tuberculosis to reach U.S. soil. The U.S. Center for Disease Control and Prevention reports that one third of all U.S. tuberculosis cases are among foreign-born individuals. In some U.S. areas, such as San Diego County, 70 percent of people diagnosed with tuberculosis were born in another country. Additionally, the Center for Disease Control and Prevention reports that migrants and visitors to the United States are more likely to be resistant to common tuberculosis treatments, such as rifampin and streptomycin.

In the United States, there have also been recent epidemics of infections due to contaminated food and public water supplies, and the emergence of new diseases, such as Hantavirus Pulmonary Syndrome. This disease was recently discovered in the southwestern United States. It is caused by a previously unknown hantavirus, transmitted to humans by field mice, and has been fatal in more than half the 60 cases identified.

In 1993, the largest U.S. outbreak of water-borne illness occurred when more than 400,000 people in Milwaukee, Wisconsin suffered prolonged diarrhea. The cause of these outbreaks: water supplies contaminated by human or animal feces containing the intestinal parasite cryptosporidium. About 4,400 people needed hospital treatment, and more than 100 people died. A series of less severe outbreaks of cryptosporidium contamination have occurred in 11 other states since 1990.

As a medical clinician, you can help to control the spread of infectious disease. This trip will give you the chance to gain valuable skills, including language and patient communication skills, diagnostic skills, and skills involved with different models of medical care. Working in clinic will teach you to rely on your innate judgment and common sense, your hands, eyes and intuition, rather than relying on sophisticated equipment and tests.

Foreign aid has led to significant accomplishments. Despite often-publicized humanitarian disasters, there have been amazing long-term advances in the war to protect children from killer diseases. Development programs have contributed to:

- A 31 percent worldwide reduction in the number of children worldwide who die from the five top killers (pneumonia, diarrhea, measles, tetanus and whooping cough). In the fight against measles alone, 1.4 million fewer children under five years old die than did in 1983.
- A large increase in the number of couples who know of and exercise their family planning options. In fact, more than 50 million couples worldwide presently use family planning to control family size.
- The saving of one million lives each year through the use of oral re-hydration therapy (ORT). This low-cost, easily administered solution, developed in Bangladesh with U.S...
foreign assistance, is credited with saving tens of millions of children's lives. ORT helps sick children retain fluids and stave off deadly dehydration.

You will make a difference.

"When the philosopher Thucydides was asked when justice would come to Rome, he famously replied that it would come when those who are not injured are as indignant as those who are." It is up to all of us to develop a level of indignation that accurately reflects our understanding of our common humanity and what is at stake for all of us. *British Medical Journal, Yamey and Rankin, editorial on the future of AIDS*

Life Span - Infectious diseases have been a major killer of mankind throughout our existence. But medical science has changed the demographics of mortality with antibiotics and vaccines, contributing to a life expectancy of more than seventy-five years in the United States. This compares to a life expectancy of 37 years in the poorest nations. As if trapped in another century, millions of people in the developing world die of diseases the developed world already considers part of history. The price paid is both grief and socio-economic deterioration. Studies have shown that life expectancy is one of the strongest predictors of economic output. *Doctors Without Borders*

Motherhood in Argentina - The death rate for women due to pregnancy and childbirth is twenty times higher in developing countries than in the industrialized world. Causes for this alarming fact include cultural factors such as early marriage, poverty compounding malnutrition and inadequate education, and lack of the most elementary medical services. Tragically compounding the maternal deaths are an estimated 5.4 million newborns who die each year, 98% of them in the developing world. Most of these infants die at home because of infection, birth injury or prematurity, almost all preventable. Hope for saving these lives does not depend upon new technology. It depends upon finding ways to give women in the developing world access to basic information and healthcare that most countries take for granted. *Gates Foundation*

Around the world today 35,000 children will die from diseases linked to poverty and malnutrition. Two out of every five people on the earth are malnourished and over one billion people live in a state of absolute poverty. *Mercy Ships*

HIV - “In my own country, there has been enormous sadness over the more than 3,000 lives lost in the September 11th attack. Recently, many have asked whether we knew enough before that date to have prevented those lives from being lost. As this newspaper clipping indicates, there is considerable doubt whether there was enough information to have prevented the attack from occurring. The same can't be said in the case of HIV. We know where the future is headed - 45 million new infections. And we know how to prevent this from occurring.” *Dr. Helene Gayle*

We are here because we know we can do better together than we can do separately. We help our own countries by being globalists. Einstein reminded us that Nationalism is an infantile disease. He called it the measles of mankind. We have learned, that strengthening our ability to solve disease problems, involves the paradox involved in strengthening ourselves... that is... our independence as both people and countries, is achieved through consenting to interdependence.

*William Foege, M.D., M.P.H., Gates Fellow*
A world coming together . . . .

People’s hearts changed forever . . . .

With you, International Medical Relief embarks on this endeavor . . . .

Thank you, sincerely,

International Medical Relief
REFERENCES

This section largely came from CountryWatch.com. The US State Department and the following sites have been adapted to create the material herein.