MGH Institute for Health Professionals
Health, Safety & Security during for Student and Faculty Travel Abroad

July 28, 2016
MGH IHP

Ryan Wildes, Manager, International Risk Management
Treasury | Partners Risk and Insurance Services
Assembly Row | 399 Revolution Drive, Suite 705 | Somerville
T: 857-282-0951 | rwildes@partners.org
Agenda

• **International Travel Risk Management Overview**
  – Perspectives, Global Trends, Observations and Issues
  – Legal Issues
  – Insurance
  – Safety & Security
    » Security Model
    » Travel to High Threat and Sanctioned Countries

• **Partners TravelSafe**
  – Resources & Services
  – Incidents and Responses
  – TravelSafe – Incident Management Team

• **Case Examples**
  - Case discussions
  - Recent Incidents
  - Earthquake, April 2015
  - Research Trip to Guinea-Bissau, May-June 2016
International Travel Risk Management Overview

Opportunities and Challenges
Warm-up

- You’ve arrived in the country with two other colleagues. Driver has picked you up from the airport and you are now on your 5 hr drive to your site.

- 2 hrs into the drive your driver begins talking extensively on his mobile phone.

- Essentially ignoring you, your driver is now speeding.
Health, **Safety** & Security Issues - Vehicles
• Your colleague is badly injured.
• Your driver is unconscious.

• A crowd is beginning to form. Some people look like they are trying to help.
• Others are yelling and it looks like a possible altercation is forming.
• Your colleague is badly injured.
• Your driver is unconscious.

• A crowd is beginning to form. Some people look like they are trying to help.
• Others are yelling and it looks like a possible altercation is forming.
• You’ve called for assistance.
  ▪ What info do you give?
  ▪ Where are you?
Courting Danger while Doing Good — Protecting Global Health Workers from Harm

Claire Panosian, M.D.

Until the morning of February 26, 2010, the name Eddie Roach meant nothing to me. Then a desperate e-mail brought the 32-year-old self-described “global health missionary” into my life. Weeks earlier, Roach had been distributing handheld water for international service now available to undergraduates and other volunteers of all ages. By the time they take my global health seminar, many students majoring in international development have already worked abroad, often in health-related programs. Patients

Medical Literature:
- Ethics
- Curriculum
- Clinical prep/orientation
- Cultural
- Occupational Hazards
- Health, Safety, and Security issues
## Perspectives on Health, Safety, & Security

<table>
<thead>
<tr>
<th></th>
<th>Before Something happens.....</th>
<th>After something happens...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traveler</strong></td>
<td>I’m experienced, I know what I’m doing.</td>
<td>HELP</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>Who? Where?</td>
<td>HELP</td>
</tr>
<tr>
<td><strong>Data/Experience</strong></td>
<td>Know &amp; Prepare before you go</td>
<td>Told you so</td>
</tr>
</tbody>
</table>

What is the leading cause of injury related death of U.S. citizens abroad?
What are the 3 leading causes for injury death of U.S. citizens abroad?
Leading causes for injury death of U.S. citizens in foreign countries, 2009-2011

Dengue in Haiti

• In October 2012, a doctor from IFRC contacted the Haiti Ministry of Health and CDC to report that an unusually high number of NGO workers in Haiti—and primarily in Léogâne—had been diagnosed with dengue in the previous 6 months.
• Six of these NGO workers had been evacuated out of Haiti in order to receive more advanced medical care.
• Survey of nearly 200 NGO workers revealed that one in ten participants had been infected with dengue virus in the last 3 months....

What type of work are you doing?  
Where are you doing it?  
What is YOUR PLAN for staying healthy and safe?  
Do you know when to seek medical advice when you return?

Source: http://blogs.cdc.gov/global/2013/08/05/dengue-in-haiti/
General Legal Concepts

- Organization
  - Duty of Care
  - Duty to Warn
  - “Foreseeable Risk”
  - “Prudent and Reasonable”

- Individual / Employee
  - Duty of Loyalty
  - “Foreseeable Risk”
  - “Prudent and Reasonable”

- Product Liability Law
- OSHA Regulation
- Workers Compensation Law

- E.g. MGH IHP
  - Title IX
  - ADA
  - Jeanne Cleary Act reporting
Key Insurance

Organization (Partners)

- **Business Travel Accident**
  - ACE Insurance (Insurer)
  - **AXA Assistance USA** (Emergency Medical Provider)
  - iJET – Intelligence provider & Security Assistance
    » Worldcue – web-based travel risk management platform
- **Foreign Package Policy**
  - Chubb (Insurer)
- **CRICO International**
  - MPL
  - Consulting & Advisory E&O

Individual

- **Personal Health/Medical**
  - worldwide claims coverage
- **Additional Emergency Medical Coverage may be required**
  - E.g. Medjet Assist
- Key terms: “in-patient” and “medically necessary”
Fundamental ‘Truths’ About Insurance

• Insurance is
  – In general, a financial instrument to prevent significant financial loss
  – Reactionary (generally a loss occurs and a claim is made)
  – Not a substitute for poor decision making
  – Not a substitute for lack of planning
Health, Safety, Security is EVERYONE’S JOB

Organizations must develop a CULTURE of S&S:

- Program leadership & management
- Travelers/Staff
- HR
- Security
- Risk Management
- Occupational Health
- Finance
- EAP
- Others….

- Develop a travel risk management system
- Resource it properly
- Train Travelers
- Prepare to Respond
Individual Travelers: Your responsibility

• Comply with advice given to you
• Properly prepare for your travel
• Get trained
  – Intro to International Health, Safety, Security is offered twice monthly
  – On-line training is also available
• Take responsibility for yourself:
  “Personal safety is an individual responsibility. The best way to be safe is to avoid trouble in the first place rather than try to extract yourself later.

  This means you should develop a strong sense of security awareness and adjust your behavior to take into account the environment in which you find yourself.

  Remember, you are responsible and accountable for your safety and security.”

  » UN DSS Security Awareness and Prevention Training
Partners *TravelSafe* Program

- Resources and Services
- *TravelSafe* – Incident Management Team
- Intro to International Health, Safety, Security training
TravelSafe Program

• **RESOURCES & SERVICES**

• Utilizes a travel risk management company called **iJET** and their **Worldcue system**.

• Provides
  – 24/7 Hotline
  – Travel Intelligence
  – Itinerary Tracking
  – Response
  – Insurance

Go to: [www.partners.org/travelsafe](http://www.partners.org/travelsafe)
Resources & Services

- Worldcue Travel Intelligence Database
- US Dept of State Country Specific Information
- US Embassy Messages
- CDC Travel Notices and Travel Health Information

- Be sure your Worldcue Profile is up-to-date
- Register your group with US Dept of State STEP program
- Keep copies of passports, visas, and other important info on file
BlueCross BlueShield

- [http://www.bluecardworldwide.com](http://www.bluecardworldwide.com)
Partners TravelSafe

TravelSafe Program

For emergency assistance while traveling contact:

Partners TravelSafe
Global Assistance Hotline
+1 443-965-9242
Within the U.S. 1-866-647-9716
www.partners.org/travelsafe
TravelSafe Program

1-866-647-9716 (US only)
1-443-965-9242
(US & International)

Manual Trip Entry (MTE)

WORLDcue®
TRAVELER
PLANNER

Travel Agencies:
Egencia
Great GetAways

AXA Assistance USA
Emergency Medical Provider
Insurer: ACE
(Business Travel Accident)

iJET
Intelligence and security provider

Partners/BWH/ MGH
- TravelSafe IMT
- critical points of contact

Manual Trip Entry (MTE)
Knowing where your travelers are
Travelers by Top High & Moderate Risk Destinations
29 September 2015 - 11 January 2016

The Americas
- Peru – 5
- Puerto Rico – 5

Africa
- South Africa – 27
- Kenya – 22
- Uganda – 44
- Tanzania – 6

Europe:
- Turkey – 12

Asia
- Bangladesh – 8
- China – 44
- India – 22
- Philippines – 6

Top Very High Risk Destinations (CSAR 5)
- Top High Risk Destinations (CSAR 4)
- Top Moderate Risk Destinations (CSAR 3)
Partners *TravelSafe* Hotline – Call Data

- FY16 Oct - May
  - 12 calls
    » 5 Medical Assistance
    » 3 Travel Assistance
    » 3 Intel Requests
      - Central African Republic
      - Uganda
      - Pakistan
    » 1 Other
### Partners TravelSafe – Incident Data

<table>
<thead>
<tr>
<th>Category</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
<th>FY12&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Property Crime</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Personal Threat</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Safety Threat</td>
<td>2</td>
<td>3*</td>
<td>4</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Security Threat</td>
<td>5</td>
<td>8</td>
<td>13</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Medical Case</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Public Health Threat</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Legal&lt;sup&gt;3&lt;/sup&gt; Issue</td>
<td>2</td>
<td>1*</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>6</strong></td>
<td><strong>4</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

<sup>1</sup> “Major Incident Categories for Unified Reporting” (MICU).  
<sup>2</sup> Not complete year: Data from Feb. 2012. FY = Oct.-Sep.  

*Note: The data do not capture underreported incidents.*
Partners *TravelSafe*: Major Incidents & Responses

- **Approx 20 incidents per year**
- **2-3 major incidents per year**
- **2-3 calls for assistance from employees on personal travel**

**2015**
- Medical evacuation from South Asia
- Nepal Earthquake (subsequent MGH Global Disaster Response Team Deployment)**

**2014**
- West Africa Ebola Outbreak**
- Attack on airport in Karachi
- Driving accident with death resulting

**2013**
- Typhoon Haiyan (subsequent MGH Global Disaster Response Team Deployment)**
- Medical evacuation – East Africa
- Exposure (low) to VHF – West Africa**

**2012**
- Missing person
- Exposure (low) to VHR – Sub-Saharan Africa**

**When TravelSafe-IMT or its predecessor convened**
TravelSafe Incident Management Team (IMT)

• Institutional Context
  – Strong domestic/on-campus incident response; travel incident response is new area for most

• Why Established
  – To provide support to travelers, departments, and institutions through a multi-disciplinary team
  – Partners travel increasing
  – Formerly ad-hoc response structure, no formal connection to needed resources
  – Incidents and locations are complex, require multiple people/experts

• 10 Multi-disciplinary Team Members
  – Activated through the Employee Alert System
Intro to IHSS Sessions

Training: Introduction to International Health, Safety and Security

Typically 2 sessions monthly

Covers a range of personal health, safety, security topics and the following concepts to keep you safe:

Know before you go

Situational Awareness

Low Profile

Manage Your Movement

Communications
Travel Preparation

- What to do before you go
- What to do while you are there
- What to do if something happens
What to do before you go - Packing

• Money belt

• First Aid Kit – customized for your trip

• Bring safety equipment with you
  – PPE (rubber gloves, mask, gown, etc.)
  – Smoke detector
  – Flash light
  – Locks, door stop, motion alarm

• Compass

• Toilet paper
What to do before you go - Review

• Understand your role in emergency preparation and response
• Understand the health, safety, and security concerns of the location you intend to travel to. Keep apprised of local news leading up to the trip.
• Keep a hardcopy and also Pre-program emergency numbers into your mobile phone:
  • Local emergency number
  • Local host(s) who can assist in emergency
  • Partners TravelSafe
  • The local embassy and or consulate where you will be traveling
• Ensure all travelers information and in case of emergency contacts are on file in the appropriate places
  • MGH IHP
  • Worldcue Profiles
  • Photocopies of passports, visas, etc.
Transportation

- Is your driver…
  - Trained?
  - Licensed professional?
  - Insured?
  - Part of an organization (with resources)

- Vehicle(s)….
  - Maintained?
  - Inspected?
  - Worn parts?
  - Working seat belts?
  - Records?
  - Properly documented?
  - First Aid Kit?
  - Tools?
  - Water?
Hotel

- Located in safe location? Neighborhood?
- Double locks work on all rooms?
- Responsive management?
- Life safety
  - Smoke / fire alarms?
  - Marked exits for egress?
  - Exits free and clear of obstacles and usable?
  - Fire extinguishers visible and audited?

- Walk through
- 2nd-6th floors
- Walk around
- Location relative to other services
**Hotel Selection Example**

- **Diplomatic warnings:**
  - “...warning of possible terror attacks targeting Marriott Hotel, Sind Club, and nearby locations on Abdullah Haroon Road. ...”
When something happens, HAVE A PLAN

• “The second crisis in an emergency is communications”

• Be prepared: know who and how to contact someone
• Have number pre-programmed into your phone
• If you become ill or are injured, TELL SOMEONE IMMEDIATELY.
• If you are the victim of a crime, TELL SOMEONE IMMEDIATELY
• When in doubt, TELL SOMEONE IMMEDIATELY

• Methods:
  – International mobile
  – Local mobile
  – Text message
  – Landline
  – Fax
Communications Apps

WhatsApp:  https://www.whatsapp.com/ mobile messaging app proven to work in times of emergency

FireChat:  
https://itunes.apple.com/us/app/firechat/id719829352?mt=8  communicate phone to phone and in groups without cellular or internet service from 40-70 yards.

Viber:  http://www.viber.com/en/ free messages (texts) and calls to other Viber users globally.

Skype  https://www.skype.com/en/ computer and mobile communications
Case Studies

- Case Discussion
- Recent Incidents
- Earthquake, April 2015
- Research Trip to Guinea-Bissau, May-June 2016
Case Discussion

- Kelly, one of your students is an avid runner and she opts to go running alone as she normally does at 5:30AM.

- Everyone shows up to breakfast for an early start except for Kelly. It is now 7:15AM.

- 7:35 – hotel staff come to you and say you have a message that Kelly has broken her leg and is at the local hospital.

- DISCUSSION POINT
  - Give clear direction that individuals should not travel alone, particularly before sunrise and after sunset.
  - Contact details for hotel for everyone.
  - Emergency Action Plan
  - Assistant Team Leader in time of crisis?
Recent Incidents

January 13, 2016 – Honduras
Bus accident involving Barnard & Columbia students on student global health program
- 3 died in the crash
- 12 injured
- Photos / videos from scene on-line and on air in hours post-incident
- Columbia sends response team to Honduras to help manage the case

June 23, 2016 – Haiti
Shooting of Tulane medical student (from Boston) on sanctioned global health program
- Wounded in hand and chest during armed robbery
- Evacuated to hospital in Miami for treatment
- Online news reporting in 12 hours or less
February 2016 - Lassa fever infection of two American physician’s assistants in Togo

- February 12 - Index case was thought to be severe case of Malaria
- February 25 - Transported to Germany for treatment, where he died
- Secondary exposure of care team
- Mar 5 - Second case treated first case in Togo; moved to isolation Mar 9
- Mar 12 evacuated to Emory University Hospital in Atlanta
- Only 6th recorded case of Lassa in the U.S.
Nepal Earthquake, April 2015

- Pre-trip
  - Attended IHSS
  - All itineraries entered into Worldcue
  - Local contacts recorded
Nepal Earthquake

MGH physician recounts days following devastating earthquake

REBECCA SIMS, MD, of the MGH Wilderness Medicine Fellowship Program in the Department of Emergency Medicine, was in Nepal at the time of the earthquake. She was unharmed and remains in-country providing medical care with the Himalayan Rescue Association Nepal (HRA) in Kathmandu near the Mount Everest Base Camp. On April 28, she described the situation in an email to the MGH.

Where were you and what were you doing when the earthquake struck?

It was just after noon, and my colleagues and I were in the living space of the HRA clinic. As the realisation set in to the events that were occurring, we ran outside to see exactly all of the buildings of the small village of Phakding crumling, at least partially. About 30 minutes later, the building had been completely destroyed. In the midst of conscious and chaotic events, we quickly circled the village after the earthquake vibrations had settled to see if there were any injuries. Amazingly, the only injury was one small hand laceration. If this disaster had occurred at night, I fear the injury rate would have been much higher. The village came together as everyone gathered one another and assistance those who had completely lost their houses. Some even began rebuilding their structures with the initial waves of aftershocks.

What did you experience/think at the time?

This was my first experience with an earthquake, and the severity of the northward movement was astounding. It felt as if it were an ocean at sea. The immediate thoughts and concerns were to the status of the families of the HRA workers and our HRA colleagues in Everest Base Camp and Manang.

Unfortunately, we had few means to gain credible information. We had had a previous Internet contact for the few preceding days, and this remained unavailable. We attempted to reach Everest Base Camp with the radio system, but we had no place but were also unsuccessful.

Through communications any Nepali friends who had contact with the HRA and the HRA volunteers in Kathmandu, we learned that it had suffered the city but had no understanding of the severity. We then began the damage to the clinic, which had thankfully suffered only a portion of the living quarters and left the patient treatment area. Unfortunately, the numerous aftershocks experienced caused the village to remain outside for a good portion of the day. Unfortunately, it was moving with moderate winds, which made this situation more difficult.

What have you been doing since?

The first patients from Everest Base Camp were two climbing Sherpas who arrived about nine hours after the earthquake, as they had immediately descended via foot and by horse. We saw and treated them – one was unresponsive and unconscious, and one minor who was treated and released. We began to understand the gravity of what had occurred.

MGH Medical Intelligence Line (MHIF) is a publication for employees and staff of the Massachusetts General Hospital.

On April 26, a devastating 7.8 magnitude earthquake struck Nepal – the country's worst in 80 years. As the death toll continues to rise to more than 5,000, an additional 10,000 people have been injured, and there are thousands more without homes. The earthquake is a major catastrophe to the Nepalese people as well as the country’s infrastructure as a whole.

Despite the nearly 1,000 miles between Boston and Nepal, the earthquake has been felt here at the MGH. It has personally and professionally affected two MGH physicians—Ron Salas, MD, and Lara Phillips, MD—both fellows in the MGH Williams Medicine Fellowship in the Department of Emergency Medicine—working in Nepal at the time of the earthquake. They are both safe and have been working with Nepalese colleagues to provide medical care in rural areas hard hit by the earthquake.

When asked about the immediate response, they say: “We have been responding to this disaster with a collaborative and selfless post-earthquake initiative in the Kathmandu Valley.”

The situation in Kathmandu remains grave, with medical facilities having been quickly overtaxed and the need for ongoing care of patients in buildings that have been temporarily turned into makeshift clinics. As food and water resources diminish, the lack of sanitation and the need for more medical expertise are critical.

The country will require basic needs such as food, water, medical care, and infrastructure to be maintained and supplied. Any assistance, depending on your resources and abilities, would be greatly appreciated—such as providing medical expertise, medical supplies, and assistance for rebuilding efforts.

The MGH Relief Fund is supporting the Nepal Relief Effort, a collaborative effort among the MGH, Partners HealthCare, the Harvard Global Health Institute, and our international partners. To support the Nepal relief effort, please visit the MGH website.
Research Team to Guinea-Bissau: Know Before You Go!

• **Threats**
  – Crime
  – Road Traffic Accident
  – Land Mines
  – General insecurity & poor police response

• **Needs**
  – First Aid/medical
  – Back up communication
  – Journey management
  – Protection for $50,000 piece of equipment

• **Resources**
  – No U.S. Mission in GNB
  – Poor healthcare; no emergency services
  – Portuguese Mission
MGH Research team to Guinea-Bissau

Dangerous Area Marker

Unexploded ordnance at ILONDE
MGH Research team to Guinea-Bissau

May 31 - June 6

Arrival  Villages  Evacuation
• Delorme InReach global satellite communicator
International Risk Management Resources

• Ryan Wildes, Manager, International Risk Management
• Task Force on International Activities Management (TFIAM) soon to become a standing committee ….(?)

• [www.partners.org/travelsafe](http://www.partners.org/travelsafe) and Travel intranet sites
  – Partners TravelSafe Google Maps: [Highly Infectious Care and Transportation](http://www.partners.org/travelsafe)
• [Partners Risk & Insurance Services intranet site](http://www.partners.org/travelsafe)
• iJET and Worldcue Planner – travel intel requests and database
• Overseas Security Advisory Council, Diplomatic Security, US Department of State - Partners has been a constituent member since 2009.
  – Currently executive board member of Middle East & North Africa Regional Council (MENA-RC)
• Training: [Introduction to International Health, Safety and Security](#)
Partners TravelSafe

**TravelSafe Program**

For emergency assistance while traveling contact:

- **Partners TravelSafe**
  - Global Assistance Hotline
  - +1 443-965-9242
- Within the U.S. 1-866-647-9716
- www.partners.org/travelsafe