

# GLOBAL BUSINESS BRIGADES

## MIAMI UNIVERSITY

### PROJECT DEVELOPMENT



This manual represents the culmination of the planning for, execution of, and reflection upon a uniquely valuable experience in the lives of 23 Miami University students who took the time to learn about a foreign culture, raise the money required to travel there, and help its indigenous people by sharing the education we so often take for granted. It was made possible, in part, by the generosity of Miami University's Associated Student Government and University Honors Program, as well as the invaluable leadership of Molly Babbington, our fearless leader.

The contents of the manual represent a variety of resources that were accumulated during the course of the semester leading up to the Winter 2011 Brigade to Piriati Embera, Panama. As Vice-President of Project Development, it was my responsibility to gather what information I could about the Global Business Brigades model as well as the culture to which we would be applying it and share this, in turn, with our team of brigaders. Not having traveled on a brigade before, and finding myself at the tail end of a complete restructuring in the Global Business Brigades model, this was a daunting task at times. In retrospect, there are many things I wish our group had done to better prepare ourselves for the incredible experience that awaited us. In hopes of continuing to improve the international impact of this organization as it seeks to serve the kind, passionate people of communities such as Piriati Embera, I offer this manual as a resource for all those who will follow in my footsteps. Just as the model of Global Business Brigades applied abroad is meant to be sustainable in the long run, I hope that this manual will help Global Brigades leave a long-standing legacy of learning, hard work, and compassion at Miami University.

C. Nathan Warden



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# The Global Brigades Story

## Founder and CEO

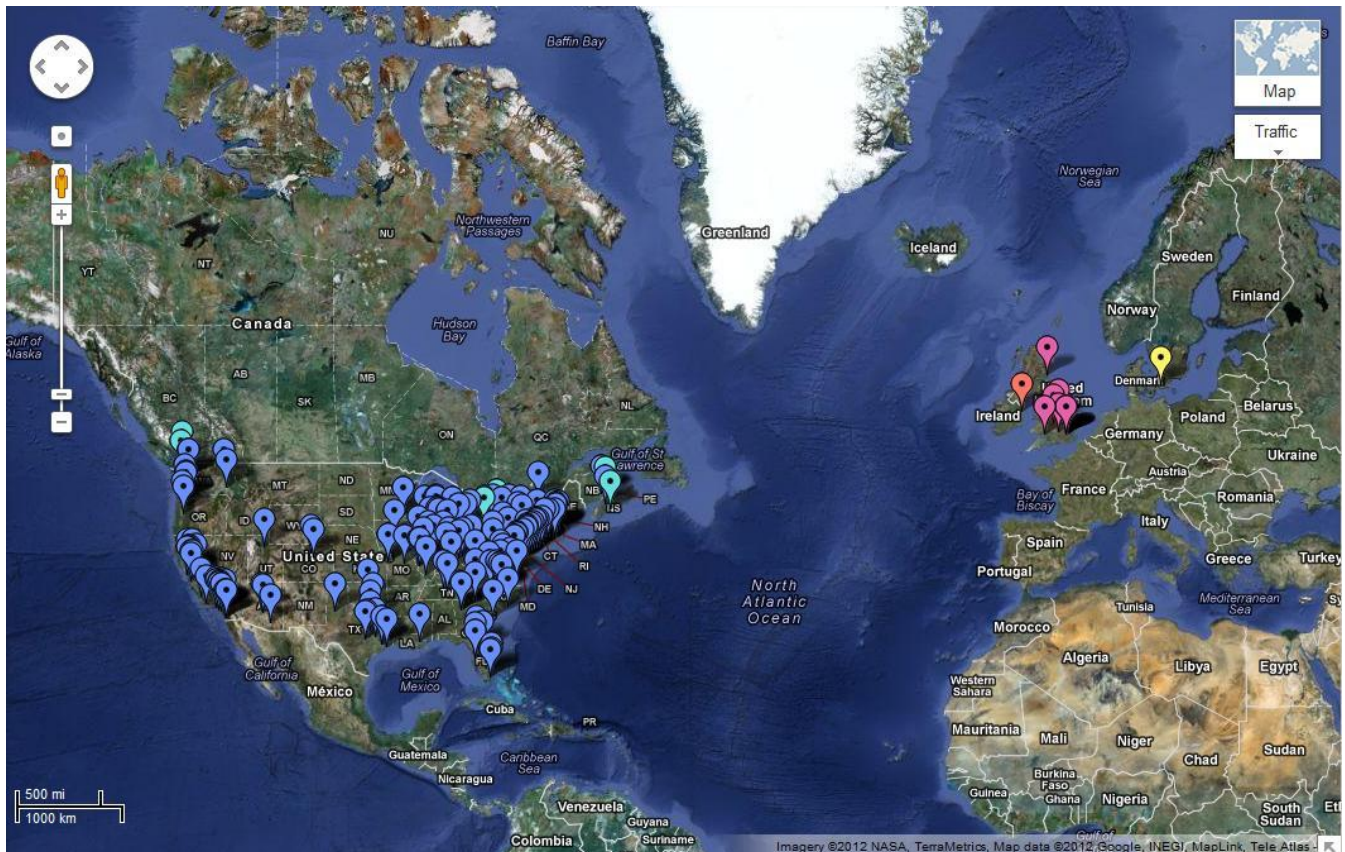
- Steve Atamian graduated from the University of Southern California in 2004 and went on to work for Deloitte as a Community Involvement Specialist. During his time with Deloitte, Steve pursued his interests in social entrepreneurship and founded Global Brigades in 2007. In 2009, Steve left Deloitte to work as the CEO of Global Brigades full-time.

## Origins of GB

- Steve's inspiration for this organization started when he joined a group of Marquette University students on a one-week medical servicetrip to Honduras. As a result of his experience, he was left pondering the other needs of the community he had helped and the long term effect his group's work would have.
- Steve worked with the on-site staff for such medical service trips in Honduras to make similar trips available to students from other universities such as his alma mater. By ensuring the stability of full-time, on-site staff in Honduras, Steve was able to facilitate a connection between passionate college students and under-resourced communities abroad.
- The goal was always to send students into the same communities so that their work would be compounded with each new group of students. As the organization spread to other campuses over time, so too did interest in brigades that went beyond supplying medical care. Eventually Medical Brigades led to Water Brigades which led to Microfinance Brigades until all nine brigades existing today became available.

## GB Today

- As of March 2012, there were 380 university chapters located across the United States, Canada, and several countries in Europe. Between these chapters there have been nearly 12,500 volunteers who have helped change the lives of 300,000 beneficiaries.



# Global Brigades

## Mission

- "To empower volunteers to facilitate sustainable solutions in under-resourced communities while fostering local cultures." - GlobalBrigades.org

## Method

- Through the work of relatively few full-time employees, most of whom are volunteers, and the commitment of college students who travel, Global Brigades is designed as a holistic model that seeks to improve the quality of life in under-resourced, rural areas of developing countries. The term holistic refers to GB's use of nine different types of programs that aim to work in cooperation to facilitate long-term, sustainable growth in target communities. These programs types are:
  - Business
  - Microfinance
  - Dental
  - Medical
  - Architectural
  - Environmental
  - Law
  - Public Health
  - Water

## Regions

- Not all brigades are operational in every region as of 2012, but the countries served by this growing organization include:
  - Panama
  - Honduras
  - Ghana
- The process of cultural and regional education can help brigaders to understand why each of these regions has been chosen as a site for the work GB does. There are many factors that determine a region's suitability. Panama, for example, is an ideal location because of the economic stimulus provided by the Panama Canal, which has created an economic hub in Panama City. Consequently, the surrounding rural areas are well-suited to frequent visits from students and volunteers, but also have reasonable access to modern technology and education. Panama also receives the majority of Business Brigades because of the disparity of wealth between rural and urban areas. With a strong government in place, the Pan-American highway, and availability of resources like technology and education, Panama is an ideal fit for the GBB process.



# Global Business Brigades Model

## Community-Centered Model

- The Global Business Brigades model has been revised since its inception to better support growth that is both long-term and sustainable in targeted rural communities.
- As of 2012, the model spans 5 years of development.
  - The first 3 years involve periodic brigades, which tend to be concentrated during the times of the year when college students are on breaks from school (holidays, spring break, etc). The end-point of this period is the establishment of a savings and credit cooperative that can be effectively managed independently within the community.
  - The latter 2 years of the model are devoted to observation by the full-time volunteers who work in the various regions. During this time the success of previous education and community investment is evaluated.

## Brigade Structure

- The specific structure of any given brigade may vary, but there are a few key components that will be present including:
  - **Introduction to Community Leaders** - learn more about the history and culture of the community as well as the current struggles they are facing
  - **Working with a Co-op or Business** - meet the entrepreneurs with whom you will be working over the course of the brigade, learn about their backgrounds, and get to know their business model and goals
  - **Home Visits and Financial Literacy** - spend time one-on-one with a local family or house representative, learn about their personal income and spending habits, and teach them how to optimize their budgets using techniques like savings and investment in order to achieve goals
- The following pages offer a sample itinerary supplied by GBB.

## Community Investment Fund

- Part of the program fee that every brigader pays includes a \$100 investment in the community. In the long run, this is designed to be a contribution to the savings and credit co-op that will exist as the model matures, however, the use of these funds may vary from brigade to brigade depending on the community's situation.
- It is very important to understand that this contribution is not a donation to be given to the family or entrepreneur with which your brigade works. As is consistent with the sustainability of this model, the money is intended to be invested into the community for future growth, rather than immediate and transient relief. To understand the importance of this aspect, consider the value of charity relative to investment. What benefit exists by making an affordable loan, rather than giving away money? Which is more sustainable and has a potentially broader impact?

## Small Groups

- Every brigade will be divided up into (preferably an even number of) small sub-groups of approximately 5 members. This will allow easy division of students for tasks that require varying amounts of participants during the brigade.
- Consider dividing small groups by a combination of student traits such as Major, Language Fluency, Year in School, Travel Experience, Previous Service Work, etc.
- Remember to use these groups as an opportunity to build the team dynamic during brigade preparation.

# Sample GBB Itinerary

## Business Brigades Sample Program Schedule - Panama

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
8:00am		Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00am		Transport to Community	Transport to Community	Transport to Community	Transport to Community	Transport to Community	Transport to Community	Transport to Community
10:00am		Meeting with Community Leaders	House / Business Visits	House / Business Visits	House / Business Visits	Community Activity	Meet with Leaders of Possible Future Business Brigades Communities	Airport Check-in and Departure
11:00am								(Depending on departure time group may tour city & canal)
12:00pm	Airport Pick-up & Transport to Lodging	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
1:00pm		House / Business Visits	House / Business Visits	House / Business Visits	Meet with Houses, Businesses, and Coop Leaders to Discuss Recommendations	Rainforest Hike	Assessment of Community	
2:00pm								
3:00pm								
4:00pm	Orientation Meeting	Transport to Lodging	Transport to Lodging	Transport to Lodging	Transport to Lodging	Transport to Lodging	Transport to Lodging	
5:00pm		Relax	Relax	Relax	Relax	Relax	Relax	
6:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
7:00pm		Meeting to Review Day & Prep for Next Day	Meeting to Review Day & Prep for Next Day	Meeting to Review Day & Prep for Next Day	Meeting to Review Day & Prep for Next Day	Meeting to Review Day & Prep for Next Day	Meeting to Review Day & Prep for Next Day	
8:00pm							Final Meeting	

# Global Business Brigades, Miami University

## Founder and President

- Molly Babbington attended Miami University where she studied Management and Entrepreneurship from 2010 to 2012 after transferring from Chapman University. Once she arrived in Oxford, Molly set out to find a student organization that was both social and global. Not able to identify an existing group that fit both of these qualifications at Miami, Molly investigated Global Brigades after hearing about the organization from a friend at the University of California, San Diego. There was no turning back once she visited the Global Brigades website and clicked the link to learn more about starting a new chapter.



## Global Business Brigades at Miami

- As spring semester 2010 came to a close, Molly faced the obstacle of generating buzz amongst students over the summer, which she did by inundating listserves across the student body and keeping up a steady stream of Facebook posts regarding Miami's newest student organization. By the time school was starting up again in the fall, however, the barrage of internet media began to pay off as she was contacted by other students as well as Miami University staff in the Center for Social Entrepreneurship.

## Overcoming Early Challenges

- Molly reflects that some of the biggest challenges she faced in the development of Miami's chapter of Global Business Brigades included never having traveled on a brigade before, generating awareness, and raising money. All the same, a group of Miami students traveled to Panama in the spring of 2011 and was able to take its collective business knowledge and share it with a community of indigenous Panamanians.
- Having then traveled on a brigade, Molly was better equipped to prepare for another. With first-hand knowledge, Molly was able to clearly articulate what went on during a brigade as she again sought to spread campus awareness of GBB. When it came time to review applications for the winter 2012 brigade, Molly reflected on her lesson that it was impossible to motivate unmotivated people. She chose applicants who were visibly passionate about the opportunity at hand, rather than the chance to pad a resume with international experience. She also created leadership positions that would comprise an executive team to delegate the many responsibilities associated with building an organized, meaningful brigade.

## Moving Forward at Miami

- As Molly transitioned out of her role as president in 2012, she was thrilled to see that the organization had grown to the extent that it could operate under the leadership of new students who had become equally passionate about the organization. She comments that communication will continue to be the point upon which GBB can continually improve and poses several questions for future leaders to answer:
  - How do we transition new leaders and members without feeling as if we are backtracking and having to rehash past struggles?
  - How can we make non-traveling members feel as if they are gaining value?
  - What is the best way to recruit members? What is the best way to transition new members?
  - How do you describe what we do in one sentence?
  - How do we ensure sustainability not only abroad but internally on our campus?



# VP of Project Development

## Executive Role

- The Vice-President of Project Development should be involved in all aspects of Global Business Brigades (GBB) that relates to the planning and execution of a specific brigade.
- As Global Brigades continues to expand at Miami University, this position will increasingly overlap with the roles of officers responsible for professional development and cultural education. A flexible framework of cooperation and communication amongst leaders will be key in helping the organization thrive.

## Summary of Responsibilities

- Project Development can be broken down into 3 broad categories. Within these categories, there is room for creativity, improvement, and expansion, but their basic functions are vital in preparing for a brigade, all of which will be developed further throughout the manual. These are:
  - **Team Building**
  - **Brigade Education**
  - **Travel Logistics**

## Reflections on the Winter 2011 Brigade

- Using the feedback from a past brigade is an excellent starting place for developing a well-rounded brigade that builds on previous success and finds creative solutions to dilemmas.

## Highs and Lows

- When asked about their favorite parts of the brigade, students responded that they most valued the connection they made with the women in the local artisan co-ops as they conducted workshops and could see that their lessons were making an impact - that they were affecting the lives of the community members. Consequently, they would advise future brigaders to be well-prepared in order to give effective workshops using a variety of teaching methods and personal interactions.
- On the contrary, the most difficult part of the process was feeling frustrated with the length of time spent in the community. Being there only a few days made it feel as though there was more that could be done to help, had the brigade lasted longer. Let this be a reminder to make the most of the time you do have - to maximize efficiency and make use of down-time by developing well-planned curricula. In the end, the impact you make will be profound and long-lasting, though not necessarily evident during your short stay.

## Retrospective Suggestions

- When asked what they wished we had done in preparation for the brigade, students said:
  - Learn more about the specific community and its needs
  - Simulate workshops
  - Review business topics
  - Practice basic Spanish

## Testimonials

- "Stay flexible and think on your feet!" - Mariah Torres
- "No such thing as over-preparation. Read, read, read the GBB website, all of the materials and make sure the others in the brigade are sharing their knowledge." - Taylor Darkoch
- "Think simplistically, but don't underestimate the power of the community to understand what you are teaching them." - Lindsay Coleman
- "Listen intently to everything the locals have to say (notes help) and take a real heartfelt and personal interest in them. Even when not in the village, take time to reflect every day on how you are making an impact and how you could be doing more as well as a personal reflection about your own thoughts, concerns, and questions that you want to find closure to by the end of the week." - Peter York

# Team Building

## The Purpose

- Creating a sense of community amongst the brigaders will ultimately add meaning to the experience of participating in a trip with GBB. With several weeks of preparation time prior to departure, there is ample opportunity to facilitate a team dynamic within the group. The personal bonds formed will strengthen the impact the brigade has on the community it visits, but will also help to make GBB a student organization that encourages long-term membership, beyond the requirements of just one brigade.

## Introductions

- Weekly brigade meetings are an ideal place to initiate introductions. A simple way to go about this process is for all members to prepare a 1-2 page slide show about themselves to be presented to the rest of the group. The more informal, the better. Include basic background information, personal interests, funny stories, or career goals.
- Organize introductions strategically. For example, have all of the group's leaders do their introductions during the first meeting. In the following weeks, have general members do their own introductions. Completing all of the introductions sooner than later is best, as the purpose is to facilitate relationships between brigade members as soon as possible.
- Below is an example:

## Nate Warden

### -THE BASICS –

- Hometown: Cincinnati
- Major: Econ / Minor: French
- I've had 5 different majors. Oops.
- Studied abroad in New Zealand!



### -INTERESTS –

- Cooking
- Photography
- Exercise (Lifting, Running, Yoga)
- Fashion

### -FUN FACTS –

- I don't own sweatpants
- I can wiggle my ears; together or independently
- My dream dog is a Great Dane
- I have an actual Bucket List including "Be Naked in Public" and "Convert an Old Industrial Building into a Home"
- I don't have cable in my apt

### -VICES –

- I have an addictive personality; I watched all of Game of Thrones in 3 days, all of Mad Men in 3 weeks, and cannot buy candy because I will eat it until I am sick...
- Glee. Enough said.



## Small Groups

- Small groups are an opportunity to promote a social dynamic within the organization well before the brigade begins. Some applications of small group team building that can be implemented prior to traveling are as follows:
  - Fundraising competitions
  - Scavenger hunts
  - Social events (dinner, movies, etc)

## Practice Workshops

- The winter 2011 brigade unanimously recommended more practical development of workshop skills needed to make an impact during the brigade. The details of how to structure such practice workshops are included in the Brigade Education section. They can serve not only the purpose of preparing individual brigaders for the challenges of teaching business to communities, but the goal of promoting a team atmosphere during the development of the brigade.



# Brigade Education

## The Purpose

- Much of project development involves the education that precedes the brigade itself. Brigade education includes a variety of topics that can be expanded or contracted based on situational preferences, but the main goal is to create an open discussion about topics that relate specifically to international business, service work, and culture. Fortunately, this is the area of preparation that is significantly overlapped by other positions relating to professional development and cultural education.

## Relevant Subjects

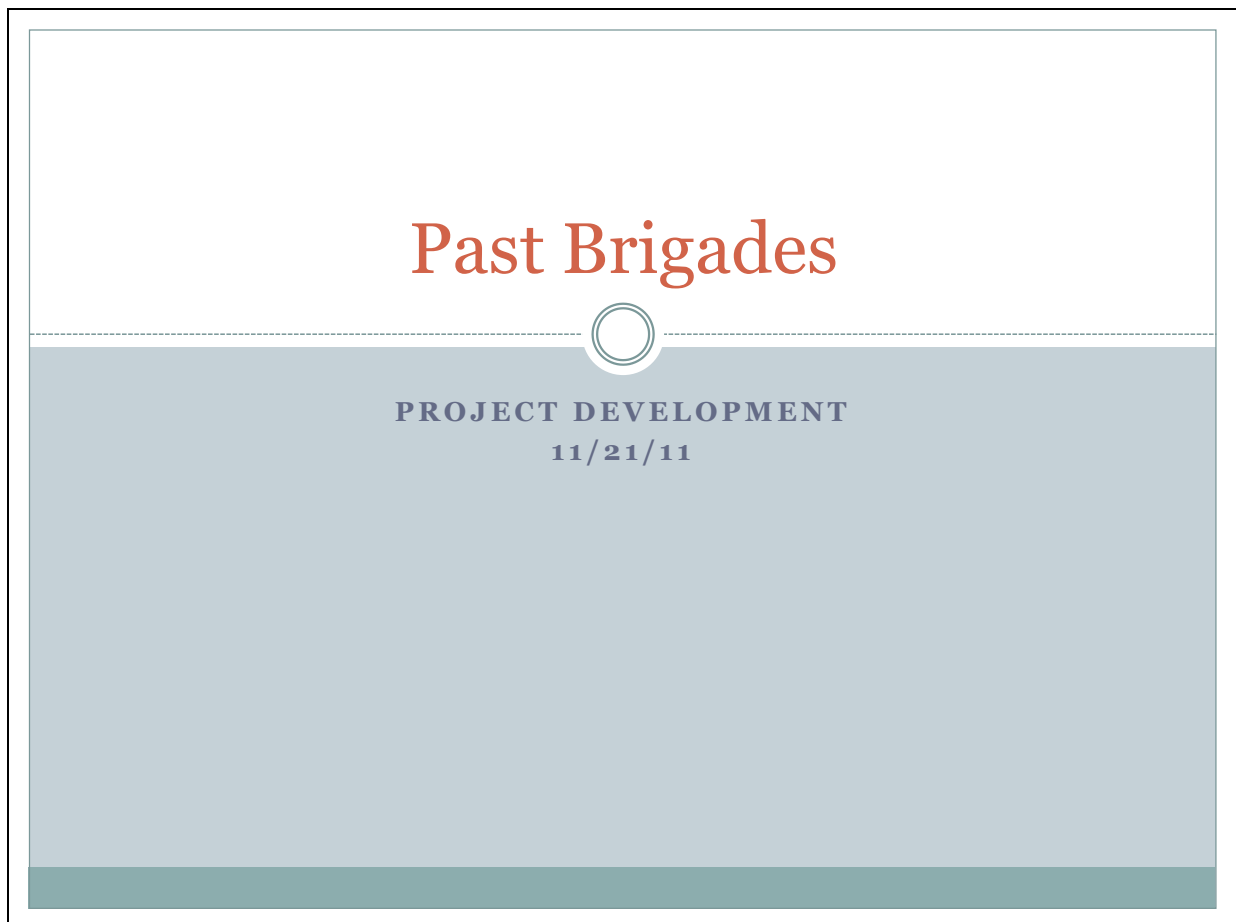
- There are several core topics that need to be covered throughout the process of project development in order to acquaint brigaders with what to expect and how to make the most of the limited time abroad. These can be combined with one another or delegated to various leadership positions, but it is important that each play a role in the overall brigade preparation. These include:
  - Global Brigades
  - Global Business Brigades Model
  - Past Brigade Project Summaries
  - Alternative Models
  - Workshop Development and Business Curriculum
  - Regional and Cultural Education
  - Foreign Language



# Past Projects

## Learning from the Past

- Previous brigades can serve as a valuable resource for planning those in the future in a few ways.
  - Set up Q&A meetings with past brigaders who can offer testimony on everything including effective workshop tactics, cultural environments, and packing must-haves.
  - Read project summaries online, whether they are available for the region in which you will be working or not, to gain a better understanding of the type of work done on brigades. These are available through the GBB Wiki page (<http://brigaders.wikidot.com>).
- Share past brigade summaries with the group, as shown in the following presentation:



## Example Project Community Situation



- Gardi Yandup, one of the 365+ islands in the Comarca, consists of 500 inhabitants across 50 families surrounded by the Caribbean Sea. It is 20 minutes away by boat from Barsukun Terminal (located on mainland Panama). Currently, tourists and indigenous residents alike must travel through Barsukun Terminal to visit the Comarca Islands.
- More than 1,000 visitors stop at Barsukun Terminal per month, yet there are no restaurant facilities for the travelers. The wait time is unpredictable and can range from 20 minutes to 3 hours. The Barsukun Terminal Board is aware of the opportunities a restaurant could bring to the Terminal area to their community.
- It is important to mention that the community in Gardi Yandup views this restaurant business as a communitarian project. This means that all profit generated will be saved in a Communitarian Fund and used based on the needs of the community for the following purposes: to start a native school for Kuna language and culture, community employment and a health center.

## Example Project Action Plan



- The implementation of this project took place over a one-week brigade headquartered at Gardi Yandup Island. Specific objectives were set and broken down into three business components that remained the focus throughout the week:
  - Structural Logistics – Analyze operational and organizational nuances and complexities
  - Menu Allocation – Build a sustainable menu based on local resources, tourist and Kuna dietary preferences, and customer service practices
  - Artesania Expansion – Create marketing strategies to highlight products and identify additional appropriate and profitable opportunities

## Example Project Workshops



- Business workshops encompassed the following topics and discussions:
- *Structural Logistics*: Accounting Ledger Implementation, Cost and Profit Analysis, Roles and Responsibilities- Organizational logistics
- *Menu Allocation*: Competitor Awareness, and Customer Service Language Class
- *Artesania Expansion*: Investigating Tourist Profiles, Cultural Awareness Marketing
- *English Language*: Basic greetings, Food and service items

## Suggestions



- Prior to the brigade, engage in as much background research about the community's culture, economy, and society.
- Go into the brigade with an open mind and ready to work.
- First, assess the situation by asking as many questions as possible before assuming anything.
- Don't give solutions, rather, offer suggestions and support.
- Involve the entire community as much as possible.
- Be flexible and work as a team, everyone has something to offer to the project.
- Prepare a cultural dance, song, story to share with the community, they share so much of themselves, return the favor.

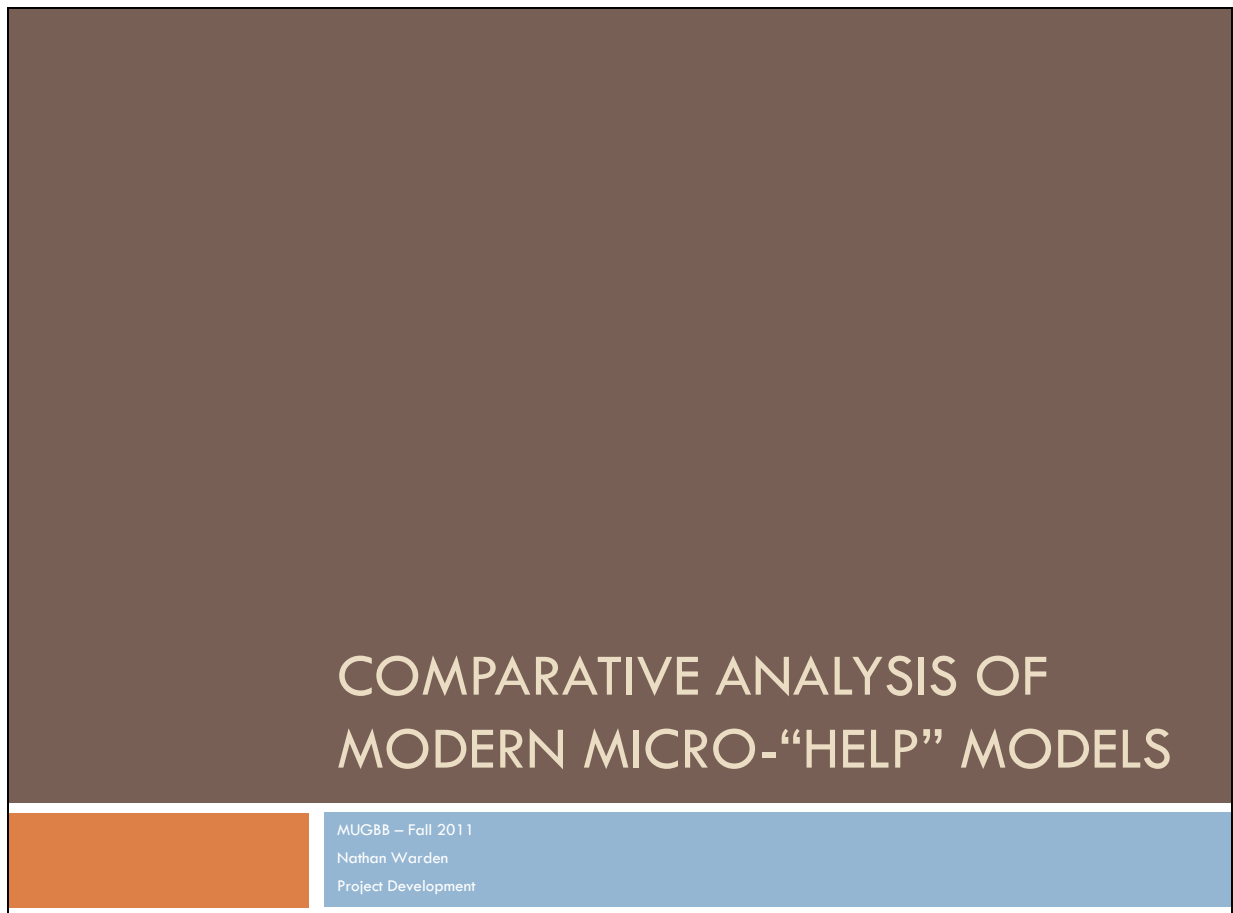
# Alternative Models

## Understanding the Context of the GBB Model

- One project development topic that was well-received prior to the winter 2011 brigade was a lesson on different models used in economic development work.
- Comparing the pros and cons of different development models grants brigaders insights into the significance of their own work as well as that of others. Understanding the shortcomings of any development model is the only way to improve upon them.
- The following pages show the presentation given for the winter 2011 brigade.

## Alternative Models

- There are many organizations devoted to economic development work internationally. Below is a short list of some worth considering for this lesson:
  - The MicroConsignment Model
  - The Hunger Project
  - Acumen Fund
  - The Grameen Bank
  - Also consider the work of Ashoka Fellows





# History of Microcredit

- Early Beginnings
  - ▣ Irish Loans Fund – Jonathon Swift, Early 1700's
  - ▣ People's Banks/Credit Unions, 1800's
- Modern Development
  - ▣ Microcredit and Microenterprise Credit
    - Mohammad Yunus, Nobel Laureate 2006 – Grameen 1976

<http://www.globalenvision.org/library/4/1051/>

# Grameen Bank, Bangladesh

- Poorest of the Poor, Especially Women (96% of borrowers)
- - i) very small loans given without any collateral
  - ii) loans repayable in weekly installments spread over a year
  - iii) eligibility for a subsequent loan depends upon repayment of first loan
  - iv) individual, self chosen, quick income generating activities which employ the skills that borrowers already possess
  - v) close supervision of credit by the group as well as the bank staff
  - vi) stress on credit discipline and collective borrower responsibility or peer pressure
  - vii) special safeguards through compulsory and voluntary savings to minimize the risks that the poor confront
  - viii) transparency in all bank transactions most of which take place at centre meetings.

[http://www.grameen-info.org/index.php?option=com\\_content&task=view&id=24&Itemid=127](http://www.grameen-info.org/index.php?option=com_content&task=view&id=24&Itemid=127)

	The Conventional Top-Down, Service-Delivery Model	The Hunger Project's Bottom-Up Empowerment Model	<h1>The Hunger Project</h1> <h2>Introduction Video</h2> <p><a href="http://www.thp.org/what_we_do/program_overview/intro_video">http://www.thp.org/what_we_do/program_overview/intro_video</a></p> <ul style="list-style-type: none"> <li>- Founded in 1977</li> <li>- Financed by partner and charitable contributions</li> <li>- Committed to less than 25% overhead</li> <li>- Start banks in rural areas headed by local women and support until independent</li> <li>- Same for other facilities like healthcare, technology, etc</li> <li>- Operates in Africa, Southern Asia, and Latin America</li> </ul> <p><a href="http://www.thp.org/">http://www.thp.org/</a></p>
Who are hungry people?	Beneficiaries whose basic needs must be met.	Principal authors and actors in development — hardworking, creative individuals who lack opportunities.	
What must be done?	Provide services through government or charities.	Mobilize and empower people's self-reliant action, and stand in solidarity with them for their success.	
What's the primary resource for development?	Money and the expertise of consultants and program managers.	People: their vision, mobilization, entrepreneurial spirit and confidence.	
Who is in charge?	Donors, who provide the money and hold implementers to account.	Local people: through elected local leaders whom they hold to account.	
What are the main constraints?	Bureaucracy: the inefficiency of the delivery system.	Social conditions: resignation, discrimination (particularly gender), lack of local leadership, lack of rights.	
What is the role of women?	Vulnerable group who must be especially targeted beneficiaries.	Key producers who must have a voice in decision-making.	
What about social and cultural issues?	Immutable conditions that must be compensated for.	Conditions that people can transform.	
How should we focus our work?	Carefully target beneficiaries on an objective-needs basis	Mobilize everyone as broadly as possible, build spirit and momentum of accomplishment.	
What is the role of central government?	Operate centrally managed service-delivery programs.	Decentralize resources and decision-making to local level; build local capacity; set standards; protect rights.	
What is the role of local government?	Implementing arm of central programs.	Autonomous leadership directly accountable to people.	
What is the role of civil society?	Implementing arm of central programs.	Catalyst to mobilize people; fight for their rights; empower people to keep government accountable.	

## The MicroConsignment Model

- Developed by Miami alum, Greg Van Kirk
  - "Greg and George noted that micro credit is very effective for people who already have established businesses and purchase raw materials from a local distributor to meet unmet demand."
- Operates primarily in Latin America, some South Africa
- Community Enterprise (CE) Solutions, Social Entrepreneurship Corps
- MicroConsignment
  - Works on a community-level basis to assess needs (technology, health, etc) and create entrepreneurial opportunity
    - Glasses -> Productivity
    - Stoves-> Less Smoke, Better Health
  - Train locals (women) to become independent entrepreneurs and to train others
  - Provides entrepreneurs with capital goods and no collateral until the costs can be repaid

<http://www.socialentrepreneurcorps.com/history.html>

# Global Brigades

- Founded 2007
- Works in Latin America and Ghana
- Holistic program Diversity: Microfinance, Business, Dental, Environment, Law, Medical, Public Health, Water
- Sponsors other development projects

# Comparative Analysis

	Pros	Cons
Grameen Bank	<ul style="list-style-type: none"> <li>- No longer accepts donations</li> <li>- Exclusive to the very poor</li> <li>- Woman-oriented</li> <li>- Incentives to repay loans</li> </ul>	<ul style="list-style-type: none"> <li>- Borrowers choose money use</li> <li>- Money in-hand is tempting to misuse</li> <li>- Gives interest-free loans to “beggars”</li> </ul>
The Hunger Project	<ul style="list-style-type: none"> <li>- Holistic</li> <li>- Woman-oriented</li> </ul>	<ul style="list-style-type: none"> <li>- Idealistic</li> <li>- Cultural stigmas</li> </ul>
The MC Model	<ul style="list-style-type: none"> <li>- Positive Externalities</li> <li>- No money in-hand upfront</li> <li>- Woman-oriented</li> <li>- Flexible</li> </ul>	<ul style="list-style-type: none"> <li>- Scaling</li> <li>- Creating entrepreneurial opportunity</li> <li>- Sustainability</li> </ul>
Global Brigades	<ul style="list-style-type: none"> <li>- Holistic</li> <li>- Volunteer labor</li> <li>- Flexible</li> </ul>	<ul style="list-style-type: none"> <li>- Rapid turnover</li> <li>- Lack of local investment</li> </ul>

# Workshop Development and Business Curriculum

## Back to Basics

- Because GBB welcomes students of all academic disciplines, it is important to establish a level of comfort with basic business curriculum within the group. While the most common majors found in GBB are Economics, Accounting, Finance, Marketing, International Studies, or Spanish, it is not unlikely to have students with seemingly unrelated backgrounds.

## Gathering the Tools

- Establishing a base level of financial literacy and business practice within the team will increase productivity during workshops while on the brigade. Material such as that covered in introductory business, accounting, and microeconomics courses should be sufficient. Be sure to consider comparative advantages of brigaders. It is not necessary to have economics majors studying accounting if there are at least a few accounting students in the group and vice versa.
- This can be an opportunity for general members to try their hands at leadership or to work in their small groups. Choose volunteers to **lead mini-lectures** on specific topics with which they are comfortable, or have them prepare concise handouts to be distributed on topics like price-elasticity, the basic accounting equation, etc.
- Contact **faculty members** about working with brigaders to establish essential curricula given a specific brigade. Professors need not take the time to come to meetings, but may be available during office hours to consult brigaders on the most pertinent topics and how to explain them.

## Prepare in Advance

- There are many challenges to conducting workshops with community co-ops as well as individual households. Imagine having to explain a complex business concept like elasticity, marginal cost, or price bundling to another person with an 8th-grade education. Then imagine doing it with the help of a translator. Just from this example it is easy to see why workshops can be a frustrating experience for all parties involved. The best way to approach this situation is with thoughtful preparation.
- Plan examples ahead of time that convey the intended message without using complicated vocabulary.
- Prepare a skit or illustration.



## Practice

- Past brigaders agree that it is a good idea to take time out of pre-departure meetings to practice conducting a workshop. Try to incorporate real-life difficulties that these teaching opportunities entail.
  - **Language Barrier:** Try teaching a lesson without using words, or mimic the "telephone" game by having mock-students in one classroom and mock-teachers in another while a third party relays difficult messages from one location to another.
  - **Lack of Response:** Because the local people are sometimes shy or feign comprehension, practice teaching someone who is not allowed to ask questions and then test them on their comprehension.
    - Consultants at the **Howe Center for Writing Excellence** often encounter this problem with international students. Arrange for a consultant to speak with brigaders about the best ways to identify these situations and respond to them effectively.
- Ice-breakers have a strong track record with helping to lighten the mood and generate friendship between brigaders and their audience of entrepreneurs. The winter 2011 brigade used a name association game that involved choosing an adjective that created alliteration, such as the infamous "Nacho Nate," as a means of introducing oneself.
- The pages that follow contain a workshop manual published by GBB that offers a good starting place with regard to **content and basic methodology**. For example, they emphasize the practice of asking entrepreneurs to reteach the material that has been covered, which was a particularly successful tactic in 2011. You can use this as a benchmark for how to develop a thorough **workshop plan**. Others are available on the GBB wikidot webpage.





**Business Brigades**  
**Workshop Development**  
**Financial Literacy Curriculum:**  
*Financial Responsibility and*  
*Decision Making*

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## Section 1: Financial Responsibility and Decision Making

**Overall competency benchmark:** Ability to apply reliable information and systematic decision making to personal financial decisions.

**Number of Workshops:** 2

**Approx. time of delivery:** 1-2 hours per workshop

**Standards covered:** 4

At the end of each workshop there is a section entitled "Delivery of Workshop" which is intended to provide helpful tips and examples of how to approach the material. Please use these examples of how to implement the material as a starting point for your group to begin brainstorming other creative approaches of this material.

### Workshop 1: Covering Standards 1 & 2

The first workshop will cover standards 1 & 2 and should last between 1 to 2 hours.

**Materials Needed:** Paper, pens, poster board, markers.

**Remember to begin each meeting with a friendly conversation or icebreaker to build trust and ease the flow of communication. For reference on various icebreakers please review "100 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community."**

### Standard 1: Take Responsibility for Personal Financial Decisions

The following four items should be covered with the family. Have a conversation with the family to gauge the understanding of financial decision making. Financial decisions will vary person to person depending on personal values and economic situations, so keep that in mind! Though all four items listed below need to be covered prior to advancing onto the next session, do not rush through any material. Take the time to ensure that the participants fully understand any and all topics.

- 1 **Financial decisions and possible consequences**
  - What is a financial decision? Illicit examples
  - Demonstrate that decisions have consequences, whether good or bad, by drawing a connection between a decision and its outcome
- 2 **Identify ways to be a financially responsible individual**
  - Relate to the examples the family listed
- 3 **Give examples of the benefits of financial responsibility and the costs of financial irresponsibility**
  - Remember to work the family's behavior and decisions into your examples
- 4 **Define financial responsibility**
  - How does the family define financial responsibility?
  - Remember there are several components to financial responsibility: living within one's means, good credit, saving, and budgeting.



## Standard 2: Considering Alternatives and Consequences

Standard 2 builds upon Standard 1 by supporting the individual to systematically consider alternatives and consequences of financial decision making. Several of the items below are activities to go through with the family and/or individual with the end goal in mind that the individual will have a greater understanding of how to evaluate varying financial actions.

1. Rank personal wants/ needs in order of importance
2. Set measurable short-term, medium-term, and long-term financial goals
3. Outline the steps in systematically evaluating alternatives and making a decision
4. Apply systematic decision making to a goal
5. Prioritize personal financial goals
6. Evaluate the results of a financial decision
7. Demonstrate ability to determine the cost of achieving goals
8. Give examples of how decisions made today can affect future opportunities

## Delivery of Workshop

Some of these topics are not as easy as just Q and A. For a few of these topics you will need to work with the family to determine the answer (for many in rural Panama, the topics presented here will be the first time these individuals are asked about such things). In situations such as these it is best to turn everything into a visual representation. For example, when discussing decisions and consequences a visual may be helpful to show the connection between spending money on lottery tickets and having less money to spend on school fees. This is why poster, paper and markers are helpful!

### Draw the Journey

This activity is helpful in illustrating the connection between a decision and its outcomes/ consequences. Draw out each step of the process, from evaluating alternative decisions, to the decision, and its outcome. Explain all the steps first then jumble up all the pictures and ask the community member to put them back in order. Try changing out one decision for a worse or better decision and examine the resulting outcome!







## Delivery of Workshop

Work with the family on their personal financial contract. Have the family add their definition of financial responsibility and ways they identified to be financially responsible. Are there pictures or examples that can be included in the contract for the family to look back on and review? Add their financial goals (short, medium, and long term). Use the SMART Goals framework to create goals. There is more information about goal setting at the end of this packet.

### SMART Goals Framework

**Specific-** What will I do? (Who, what, where, why?)

**Measurable-** How will I know I am finished?

**Attainable-** Is my goal realistic?

**Relevant-** Is my goal necessary for what I want to achieve in the end (long-run)?

**Time-bound-** When will I do it?

### In Spanish

Smart goals = Metas inteligentes

S- Especifica

M- Medible

A- Realista

R- Relevante

T- limite de tiempo

# Regional and Cultural Education

## Local Culture

- Beyond understanding the model and its application, brigaders will be most interested in the community you will be visiting. As of 2012, GB will be notifying brigaders of their specific destinations four weeks prior to departure. This will allow better understanding of the community in which brigades will take place, which was not previously possible. There is also a great deal of information available on the cultures of countries, tribal peoples as national communities, and economic standards for general regions that can be researched even further in advance.
- Although this is a subject that directly overlaps with the leadership position relating to cultural education, there is a wide variety of information that can be developed in either a collaborative or specialized fashion. For example, if the VP of Project Development is an Economics major and the VP of Cultural Education is a Spanish major, the logical division of work is to have the former focus on the difference in economic standards between the US and the destination country while the latter focuses on topics like language or local culture.

## Suggested Subjects

- Macroeconomic summary of the destination versus the US
  - Relate to Miami if possible
- Native Languages
  - Using Panama as an example, Spanish as well as the tribal languages are valuable. Even learning simple greetings or questions will be well-received. Recall that this is one of the specific suggestions from the 2011 brigade.
- Native Customs
- Native History
  - Particularly with reference to US relations
- Native Art, Music, Dance etc

## Sample Materials

- A presentation relating the US economy to that of Panama is given below. Notice that it uses the Miami University Farmer School of Business as a reference point in economic welfare to personalize what can otherwise be a dry lecture.
- Shortly before the Winter 2011 brigade, GBB supplied a brief introduction to the Piriati Embera community. Again, this sort of information should be available as of four weeks prior to departure on all future brigades.
- The Pre-Departure pamphlet distributed by GBB shortly before the brigade contains basic cultural information that should be discussed as a group, prior to actually traveling. This document is found in the Logistics section of this manual, but has value in the cultural education setting as well.



# Economic Overview of Panama

Project Development  
Nate Warden

## Panama – The Big Picture

- ▶ “Panama's dollar-based economy rests primarily on a well-developed services sector that accounts for three-quarters of GDP. Services include operating the Panama Canal, logistics, banking, the Colon Free Zone, insurance, container ports, flagship registry, and tourism. “
- ▶ Upcoming Endeavors
  - Canal Expansion Project – Increase capacity to larger ships
  - Metro System in Panama City
- ▶ Wealth
  - 30% of the population lives in poverty
    - Poverty reduced by 10% between 2006–2010
  - Second worst income distribution in Latin America

\* <https://www.cia.gov/library/publications/the-world-factbook/geos/pm.html>

## USA – The Big Picture

- ▶ “The US has the largest and most technologically powerful economy in the world... In this market-oriented economy, private individuals and business firms make most of the decisions, and the federal and state governments buy needed goods and services predominantly in the private marketplace.”
- ▶ “Since 1975, practically all the gains in household income have gone to the top 20% of households.”

\* <https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>

## Panama v USA

	Panama	USA
2010 GDP (PPP)	\$44.36 Billion	\$14.66 Trillion
Largest Sector	Services (78.7%)	76.8%
Per Capita GDP (PPP)	\$13,000	\$47,200
Below Poverty Line*	25.6%	15.1%
Income/Consumption of Top 10%	40.6%	30%
Income/Consumption of Bottom 10%	1.3%	2%

\* Population below poverty line National estimates of the percentage of the population falling below the poverty line are based on surveys of sub-groups, with the results weighted by the number of people in each group. Definitions of poverty vary considerably among nations. For example, rich nations generally employ more generous standards of poverty than poor nations.

# Miami University

- ▶ Farmer School of Business Grads – 2009–2010
  - Mean base salary: \$52,059.00
  - Median base salary : \$47,438.00
  - Mean signing bonus: \$4,392.00
  - Median signing bonus: \$3,100.00

\*[http://www.businessweek.com/bschools/rankings/undergraduate\\_mba\\_profiles/miamiohio.html](http://www.businessweek.com/bschools/rankings/undergraduate_mba_profiles/miamiohio.html)

RANK	COUNTRY	GDP - PER CAPITA (PPP)	DATE OF INFORMATION
1	<a href="#">Qatar</a>	\$ 179,000	2010 est.
2	<a href="#">Liechtenstein</a>	\$ 141,100	2008 est.
3	<a href="#">Luxembourg</a>	\$ 82,600	2010 est.
4	<a href="#">Bermuda</a>	\$ 69,900	2004 est.
5	<a href="#">Singapore</a>	\$ 62,100	2010 est.
6	<a href="#">Jersey</a>	\$ 57,000	2005 est.
7	<a href="#">Norway</a>	\$ 54,600	2010 est.
8	<a href="#">Brunei</a>	\$ 51,600	2010 est.
9	<a href="#">United Arab Emirates</a>	\$ 49,600	2010 est.
10	<a href="#">Kuwait</a>	\$ 48,900	2010 est.
11	<a href="#">United States</a>	\$ 47,200	2010 est.
12	<a href="#">Andorra</a>	\$ 46,700	2009 est.
13	<a href="#">Hong Kong</a>	\$ 45,900	2010 est.
14	<a href="#">Guernsey</a>	\$ 44,600	2005
15	<a href="#">Cayman Islands</a>	\$ 43,800	2004 est.
16	<a href="#">Gibraltar</a>	\$ 43,000	2006 est.
17	<a href="#">Switzerland</a>	\$ 42,600	2010 est.
18	<a href="#">Australia</a>	\$ 41,000	2010 est.
19	<a href="#">Austria</a>	\$ 40,400	2010 est.
20	<a href="#">Bahrain</a>	\$ 40,300	2010 est.
21	<a href="#">Netherlands</a>	\$ 40,300	2010 est.
22	<a href="#">Canada</a>	\$ 39,400	2010 est.
23	<a href="#">Sweden</a>	\$ 39,100	2010 est.
24	<a href="#">British Virgin Islands</a>	\$ 38,500	2004 est.
25	<a href="#">Iceland</a>	\$ 38,300	2010 est.

Think On That



... Panama is Number 90

# Pre-Departure Community Information



**Business Brigades** volunteers empower rural communities in Panama, without access to financial services and business guidance, by providing micro-enterprise consulting, financial planning assistance and strategic investment. **MU Ohio's** dedication to Global Brigades and Torti Abajo supports community development, builds leaders, and changes lives.

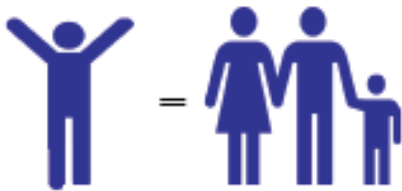


## Major Needs that Business Brigades addresses:

- Business know-how
- Financial literacy
- Access to financial resources
- Self-empowerment

**Embera** is an indigenous group of Panama. **Piriati Embera** is one of a three Embera communities in the Alto Bayano region of Panama where GB implements projects. The Embera speak their own distinct language but most speak Spanish as well.

For every 1 volunteer, a \$100 loan can be made to a small business.



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Timeline of Community Involvement

**Early 2011-** Piriati Embera is selected based on needs, accessibility, hospitality, entrepreneurial drive, and business environment.

**May '11-** Calvin College works with artisan women to build administrative capacity and help Global Brigades develop initial relationships in the community. Community members eager for more Brigades.

**Summer '11-** Staff conducts follow up visits. Artisan women are involved in cultural events and set up handicraft markets for summer Brigade groups. Environmental Brigades begin reforestation and sustainable agriculture projects in Piriati.

**Oct '11-** Idea of a community bank for local Embera communities is introduced in a meeting with regional leaders. Currently, Global Brigades is waiting to hear back from the Embera

## What will you be doing?

- ✓ Work with 1 Embera family
- ✓ Work with an artisan group of women
- ✓ Build trust between volunteers and community members
- ✓ Hold personalized workshops on personal financial topics such as credit and debt and savings and goal setting
- ✓ Consult and provide business support for an artisan group by holding workshops on leadership and marketing.
- ✓ Participate in a community activity such as a construction project, farm activity, or softball game!
- ✓ Speak Spanish ☺ (whether or not you have ever spoken it before!)

students EMPOWERING communities

# Travel Logistics

## There and Back Again

- The responsibilities associated with arranging travel logistics fall on multiple leadership figures, as well as every traveling member of the organization. Cooperation and delegation between positions is imperative to cover all that must be done to satisfy requirements for safe international travel as college students.

## Health

- Traveling internationally presents specific health concerns stemming from food and water quality, as well as infectious disease. Vaccinations and preventative medications, such as those used for malaria, are essential for planning trips abroad.
- Refer to The Centers for Disease Control and Prevention (CDC) website to learn more about the specific requirements of traveling to any country at a given time. Some vaccines are strongly encouraged while others are absolutely required for crossing international borders.
- Miami University's Student Health Center has a special unit for International Travel where students can schedule appointments to receive the necessary vaccinations and prescription medications. Students may also choose to pursue medical treatment with their family's own care provider.
- The abridged pages that follow have been supplied by the Miami University Student Health Center and include information on basic preventive measures, food and water safety, malaria, as well as concerns specific to those traveling in Panama.

## Safety

- The potential dangers of traveling internationally are mitigated by traveling in such a large, well-established group like GBB. However, in the event of an emergency (i.e. natural disaster), proper precautions should be taken in advance to ensure the safety of every brigader.
- **US Embassy Registration:** Trips abroad should be registered with the local US Embassy so that the US government is aware of your presence in a specific region in case of an emergency.
  - This can be done online at the US Embassy's site for the Smart Traveler Enrollment Program (STEP): <https://travelregistration.state.gov/ibrs/ui/>
- **Miami University Registration:** All international trips involving Miami student organizations must be registered through the Study Aboard Office.
  - A specific link will be generated for a given brigade and all brigaders must fill out the required information for emergency purposes. You **MUST CONTACT** the Study Aboard Office about this in advance.

## Travel

- When booking flights, consider that not all students will be using the same airports. Allow flexibility for students to fly in and out of their home cities, rather than Cincinnati or Dayton.
- Coordinate car-pooling to and from the the airport.
- Investigate baggage policy with your airline. Consider packing one checked bag for the whole group to hold any workshop materials or community investments such as calculators, notebooks, or other supplies.

## What to Pack

- Accommodations will vary by location and so too will amenities. Packing should be light and practical. The pages that follow include a suggested list from GBB.

# Health and Safety Informational Brochures

## BASIC PREVENTIVE MEASURES

Most travel-related health problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.

### INSECT PRECAUTIONS

- Significant or potentially life-threatening illnesses transmitted by insects are a threat in the tropics and are best prevented by personal protective measures.
- Clothe yourself to reduce as much exposed skin as practicable.
- Apply a repellent containing DEET (concentration 30 to 35%) or picaridin (concentration 20% or greater). The repellent should be applied to all exposed non-sensitive areas of the body. Frequent application ensures continuous protection. The time of day and type of insects to be avoided determine when the repellent should be applied.
- Treat outer clothing with permethrin (or other pyrethroid) when at risk of malaria or other mosquito-borne or tick-borne diseases.
- Sleep under a permethrin impregnated bed net when at risk of malaria.
- If not in a sealed air-conditioned room, ensure all open windows have insect screens.
- Use an aerosol insecticide before going to bed and a vaporizer device throughout the night.
- Outdoors, a smoldering pyrethroid coil can be used to reduce flying insects.

### SAFE FOOD and WATER

- Traveler's diarrhea is always caused by something you ate or drank.
- Always wash hands with soap before eating and after using the toilet.
- Avoid purchasing food from dubious eating places, markets, and roadside vendors.
- Flies feed on both feces and food. Avoid buffets where there are no food covers or fly controls.
- Avoid high risk food such as shellfish, undercooked meats and poultry, dairy products, mayonnaise, unpeeled fruits, and salads.
- Avoid both tap water and drinks or ice made from tap water, unless you are advised by a reliable fellow foreigner that they are safe.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and brushing teeth.

### BLOOD-BORNE and SEXUALLY TRANSMITTED DISEASES (STDs)

- STDs, hepatitis B, and HIV are generally more prevalent in developing countries. Unprotected casual sex whether with the local population or with fellow travelers is always high risk.
- Inhibitions are diminished when traveling away from the social constraints of home. In addition, excess alcohol and other recreational drugs can influence behavior and encourage unintentional risk exposure.
- HIV and hepatitis B may be transmitted through blood, blood products, and contaminated surgical or dental instruments. These may be required following accidents or trauma. Consider carrying a needle and suture kit for high risk areas. If possible, defer medical treatment and travel to a facility where safety can be assured. Tattooing and body piercing carry similar risks.

### TUBERCULOSIS

- Tuberculosis is prevalent in most developing countries and also presents risk in certain developed countries. Avoid crowded public transportation or crowded public places which are poorly ventilated.
- Distance yourself immediately from anyone with a chronic or heavy cough.
- Screen domestic help for tuberculosis.
- Long-stay residents should have a TB skin test pre-departure and once per year thereafter.

### PRE-TRAVEL CHECKLIST



- Before departure, if you are using medication or have a medical condition, ensure adequate supplies of medication for the full journey and that they are securely packaged in their original containers and carried in more than one place. You should have a letter from your physician, stating your condition and the medications and/or medical supplies you are carrying.
- Always arrange adequate medical and evacuation insurance when traveling. Ensure all pre-existing medical issues are declared to the insurer so that non-covered conditions are ascertained in advance. Have the contact details recorded and accessible at all times during travel.
- Pre-departure medical and dental exams are advised.
- Pack a spare pair of eyeglasses or contact lenses, and adequate cleansing solution if applicable.
- If you have concerns about jet lag, altitude illness, or motion sickness ask your travel health provider about medications that may be suitable for you.
- Pack sunglasses, wide-brimmed hats, sunscreen lotions, and lip protection to avoid sun exposure problems during travel.

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## Food and Beverage Precautions

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It is difficult, if not impossible, to guarantee the safety of food and beverages when traveling, especially in developing countries. Without strict public health standards, bacteria or parasites in food or water may go undetected and cause illness such as traveler's diarrhea. However, travelers can continue to enjoy local foods—this is part of the pleasure of international travel. Just be sure to follow food and water precautions and concentrate on eating the types of food that tend to be safest.

Traveler's diarrhea is caused by something the traveler ate or drank. While it may not be possible to avoid diarrhea in certain high-risk destinations even with the strictest adherence to preventive measures, the risk can be minimized by following the guidelines below.

### FOOD PRECAUTIONS

#### Travelers should:

- Eat at establishments that are known to cater to foreigners or that are specifically known by other foreigners to be safe.
- Eat foods that are well-cooked and served steaming hot.
- Eat breads, tortillas, crackers, biscuits, and other baked goods.
- Eat fruits, nuts, and vegetables with thick skins, peels, or shells that you remove yourself.
- Eat canned foods.
- Always wash your hands with soap before eating and after using the toilet.

#### Travelers should NOT:

- Eat any food from street vendors or market stalls.
- Eat leafy or uncooked vegetables and salads. Some organisms in soil and water are not destroyed by normal cleaning methods.
- Eat undercooked, raw, or cold meat, seafood, and fish.
- Eat large carnivorous fish, especially from reef areas. Many contain concentrated toxins.
- Eat or drink unpasteurized dairy products such as cheese, yogurt, and milk. Be particularly wary of ice cream and other frozen confections that may have been made or stored in contaminated containers.
- Eat cold sauces such as mayonnaise, salad dressing, chutneys, or salsas, which are usually raw and made by hand.
- Eat buffet foods such as lasagna, casseroles, and quiches—unless you know they are fresh (not reheated) and have been kept steaming hot. Avoid buffets where there are no food covers or fly controls.
- Eat creamy desserts, custards, or sauces that may not have been adequately refrigerated.

### BEVERAGE PRECAUTIONS

In developed countries, clean drinking water is available right out of the tap and breakdowns in the system are rare. Developing countries, however, don't always have the resources needed to ensure a pure water supply, and consequently tap water is not safe to drink. Even if the people who live there can drink the water, travelers should not assume that they can. Local residents have built up immunity to organisms in the water, but visitors have not. As a result, tap water can make travelers sick.

When traveling through areas with less than adequate sanitation or with water sources of unknown purity, travelers can reduce the chance of illness by following these precautions.

#### Travelers should:

- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and for brushing teeth.
- Drink beverages made only with boiled water whenever possible (such as hot tea and coffee). Water boiled for any length of time (even 1 minute), at any altitude, is safe to drink.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. International brands are safest. Beware of unsealed containers that may have been re-filled.
- Safely drink beer and wine; however, alcohol added to beverages does not render them safe.
- Purify your own water (see "Treating Water," below) if one of these options is not available. Decide which method to use for water purification and bring along the appropriate equipment.
- Carry safe water with you if you are going out for the day and where availability of safe water is not assured.
- Breast-feeding is the safest food source for infants who are still nursing. If formula is used, it must be prepared with boiled water and sterilized containers.

#### Travelers should NOT:

- Drink tap water.
- Rinse toothbrush in tap water.
- Use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can make you ill.
- Drink from wet cans or bottles—the water on them may be contaminated. Dry wet cans/bottles before opening and clean all surfaces that will have contact with the mouth.
- Drink fruit juice unless it comes directly from a sealed container; otherwise it may have been diluted with tap water.

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## MALARIA

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### SHORELAND'S RECOMMENDATIONS FOR MALARIA PREVENTION

- Chloroquine is the drug of choice for malaria prevention in areas of the world where there is no resistance to this drug. (If you are unable to take chloroquine, one of the 4 drugs mentioned below can be used, as they are effective against chloroquine-sensitive *P. falciparum* malaria.)
- In areas of chloroquine resistance, mefloquine, atovaquone/proguanil (Malarone), and doxycycline are equally effective drugs of choice against chloroquine-resistant *P. falciparum*. Primaquine can be considered as a second-line drug choice in special circumstances.
- For short-term travelers (less than 2-3 weeks), atovaquone/proguanil may be preferable to mefloquine or doxycycline because you can stop taking the drug just 7 days after leaving the malarious area. Longer courses of atovaquone/proguanil appear safe but are more costly than mefloquine or doxycycline.
- For long-term travelers, mefloquine is preferable—if tolerated—due to lower cost and the fact that the drug is taken once weekly (rather than daily).

### WHAT'S NEW

Use of either Malarone™ or co-artemether (combination artemether-lumefantrine; called Coartem® in the U.S. and Riamet® in Europe) is preferred for standby emergency treatment, if this strategy is chosen by the traveler. However, co-

artemether should not be used in areas where there is resistance to artemisinin, from which one of the components of co-artemether is derived.

## GENERAL INFORMATION

Malaria is an infection caused by a single-celled blood parasite that lives within red blood cells and is transmitted through the bite of the *Anopheles* mosquito. (Occasionally malaria is transmitted through blood transfusion, congenitally from mother to fetus, or through contaminated needles and syringes.) Malaria remains the most important infectious disease and most frequent infectious cause of death for persons traveling to countries in the tropics and subtropics.

Malaria occurs in more than 100 countries, including those in Africa, Central and South America, the Indian subcontinent, Southeast Asia, the Middle East, and islands of the South Pacific. Most of the world's malaria occurs in sub-Saharan Africa and risk is considerably higher there than anywhere else.

While there is no vaccine available, malaria usually (but not always) can be prevented by the use of antimalarial drugs and personal protection measures against mosquito bites (see "*Insect Precautions*") each time you are exposed to malaria.

## SYMPTOMS

Malaria symptoms can develop within days of being exposed or, less commonly, can present weeks or months (or rarely, even years) after leaving a malarious area, when use of preventive drugs has been stopped. Symptoms always include fever and may also include flu-like symptoms that may come and go, such as chills, sweats, headache, muscle aches, and/or a vague feeling of illness. Vomiting, abdominal pain, diarrhea, cough, anemia, and jaundice (yellowing of the skin and the whites of the eyes) can occur. The symptoms of malaria can mimic almost any other infection that causes fever.

Malaria caused by the malaria strain called *P. falciparum* usually occurs about 10 to 12 days after infection and is a **medical emergency**. If *falciparum* malaria is not treated immediately and properly, it can proceed to shock, lung and kidney failure, coma, and death. While illness caused by other milder strains (*P. vivax*, *P. ovale*, and *P. malariae*) is not usually life-threatening, there may be serious health risks to very young or very old persons or to those with underlying illness. Malaria due to *P. vivax* and *P. ovale* may eventually resolve without treatment but can relapse periodically until properly treated. Malaria is always completely curable when the appropriate drug is used.

## DISEASE RISK

In most parts of the world, malaria is a rural disease with minimal or no risk in urban areas. However, as a general rule, malaria risk occurs in both rural *and* urban areas of sub-Saharan Africa and the Indian subcontinent. Malaria is less common above a certain altitude (varies by country, but usually around 5,000 feet), during dry seasons, and among those who stay in air-conditioned and/or screened accommodations.

The risk of getting malaria can vary greatly even within the same country, depending on the intensity of transmission, the season, duration of travel, type of travel, the location within a country (e.g., urban vs. rural), and where you will spend the evening and nighttime hours. (Malaria is usually transmitted only between dusk and dawn, the time that *Anopheles* mosquitoes generally feed on humans.) You can obtain country-specific malaria risk information from your health care provider in the form of a Travax country report or a malaria risk map (where available).

For example, short-term travelers living in urban centers and staying in air-conditioned hotels will be at much lower risk than long-stay, adventurous travelers living in rural areas. However, even if your exposure will be brief, such as a 1-night stay in a malarious area or a night-time train trip through a malarious area, you should take protective measures, including insect precautions and a full course of prescription anti-malarial drugs. It is also possible to contract malaria during brief stopovers at airports in malarious zones if health officials have not taken proper measures to rid the area of mosquitoes. Airports off the main international circuit are particularly suspect.

Adults who grew up in malarious areas should be aware that immunity to malaria disappears within 6 months of the last exposure to malaria. Malaria preventive medications are indicated for these individuals just as for first-time travelers to the region.

## PREVENTIVE THERAPY

The use of preventive medications ("chemoprophylaxis") and personal protection measures against mosquito bites are important safeguards if you are traveling to malarious areas. (See "*Insect Precautions.*") If you will be traveling to a malarious area, you should get expert medical advice regarding malaria prevention; travel medicine advisors are the most qualified to provide this advice. They can inform you of which destinations require preventive measures and will choose an appropriate anti-malarial drug for that destination.

In some areas of the world, where it is still effective against the malaria parasite, chloroquine is the drug of choice for malaria prevention. In many other areas, however, the parasite has become resistant to chloroquine, and other drugs must be prescribed. In these cases, there are 3 drugs that are considered to be equally effective in preventing *P. falciparum* malaria: atovaquone/proguanil (Malarone), mefloquine, and doxycycline. Choice of drug depends on patient, itinerary, and economic factors, and each drug has advantages and disadvantages in this regard. Primaquine is a second-line option only when all other choices have been eliminated, and then only for short-term travel to areas where *P. vivax* constitutes all or nearly all of the malaria cases.

Let your doctor know if you have any serious underlying health problems (such as kidney, heart, or liver disease, or allergies) so that these problems can be taken into consideration in choosing the drug for malaria prevention. If you have a serious, unusual, or unexpected reaction after taking an antimalarial drug, seek medical attention promptly and indicate to your health care provider that you have taken such medication. An overdose of antimalarial drugs (particularly chloroquine) can be fatal. Medicine should be stored in childproof containers, out of children's reach.

Remember that there is always the risk of potential side effects, no matter which medication is used to prevent malaria. However, any possible minor side effects of antimalarial medications must always be weighed against the risk of severe and potentially fatal infection with *Plasmodium falciparum*. Disabling side effects are uncommon with most antimalarial drugs.

In addition, remember that although the use of preventive drugs and insect precautions will decrease your chances of getting malaria by up to 97%, such measures do not guarantee protection.

Travelers will encounter fellow travelers en route who have been prescribed a wide variety of regimens, some highly effective but many others much less so. This may include drugs not available in the U.S. Travelers should be instructed to stick to their own regimen at all times. If intolerable side effects arise, they should make every effort to contact the original prescribing health provider by e-mail, fax, or telephone for advice. Should medications need to be changed mid-course due to side effects, special considerations apply with respect to duration of therapy; a knowledgeable physician needs to review your case with you.

## **TIMING OF ANTIMALARIAL DRUGS**

Malaria chemoprophylaxis needs to be started before you enter a malarious area and continued while you are in the risk area and for a time after leaving the area. Different drugs must be started at different times with respect to the beginning of travel. This has to do with the time it takes to build up effective blood levels as well as the need to assess for any serious side effects prior to departure.

Not all malarious countries have malaria in all areas of that country. The timing of when you start the drug does not always correspond to when you arrive at your first destination; rather it depends on when you will first arrive in an actual malarious area of that country or a subsequent country on your itinerary. For example, if you will be traveling to a major city where there is no risk of malaria for several days or weeks before you enter a malarious area, you don't need to start taking the drug until the appropriate time before the actual malaria exposure starts. You should continue to take antimalarials for as long as malaria risk occurs, in some cases months or even years. It is also important to continue taking your antimalarial drugs for a period of time after you leave the malaria risk area. Please see the information below for the drug you have been prescribed. Some long-term travelers or expatriates, who may be overseas for months or years, may be traveling into malarious areas only periodically and may need to take antimalarials only periodically. Discuss the best individual strategy for this with your health care provider.

## **ANTIMALARIAL DRUGS**

### **Atovaquone/proguanil (Malarone)**

Malarone (a combination of atovaquone and proguanil) is available in a single tablet. The recommended adult dose is a 250 mg/100 mg tablet, taken orally once a day. You should start taking Malarone 1 day before arriving in a malarious

area, take it each day that you are in the risk area, and continue taking it daily for 1 week after you leave the malarious area. If you miss a dose, you can take it later the day, but do not double the next day's dose if you miss a dose completely. Malarone should be taken with a meal or milk, at the same meal time each day.

This drug works equally as well as mefloquine, doxycycline, or primaquine. It appears to be very safe and effective, but somewhat expensive for a long-stay traveler.

When Malarone is used for malaria *prevention*, no definite side effects are evident. However, nausea, vomiting, abdominal pain, and diarrhea may occur when higher doses of the drug are used for treatment. Convulsions and rash have rarely been reported.

Malarone should not be used by pregnant women, persons with severe renal failure, or persons with an allergy to either drug that make up Malarone (atovaquone and proguanil).

In South Africa, Malarone is called Malanil.

### **Chloroquine (Aralen and generics)**

Chloroquine is a safe and effective medication that may be used to prevent malaria in areas where chloroquine-resistance has not occurred. The adult dose of chloroquine (brand name Aralen) is 500 mg taken orally once a week. Start taking chloroquine 1 week before arrival in a malarious area, take it continuously (weekly) while in the risk area, and continue to take it (weekly) for 4 weeks after you leave the malarious area. If you miss a dose, take it as soon as possible that same week and resume the next week's schedule on the normally scheduled day. Do not take a double dose if you completely missed a dose one week. Most people find Sunday the most convenient and easy day to remember for weekly medication.

Do not take chloroquine if you are allergic to the drug or have eye problems called retinopathy. If you take chloroquine for long periods of time, you may need regular eye check-ups, periodic blood work, or periodic check-ups for muscle weakness. Chloroquine can worsen psoriasis or porphyria (a disorder that causes abnormalities in the production of a component of hemoglobin) and should be used with caution if you have pre-existing hearing damage, liver disease, alcoholism, or a blood deficiency called G6PD.

Serious side effects of chloroquine are uncommon. Minor side effects may occur, such as upset stomach, headache, dizziness, blurred vision, and itching (the latter most often in African Americans). If you have epilepsy, you might be at risk for seizures. Rarely, hematological or cardiac changes can occur; serious side effects such as seizures, psychosis, and encephalopathy have also occurred with chloroquine use. The few people who experience stomach upset may tolerate chloroquine better by taking it with meals or in divided, twice-weekly doses. Chloroquine has been shown to be safe for infants and pregnant women. Chloroquine tablets should be kept in child-proof containers, well out of reach of children; as few as 2 tablets can be fatal to a young child.

In some countries, chloroquine may be prescribed in combination with proguanil (a drug that is not available by itself in the U.S.) if you are going to chloroquine-resistant areas and cannot take mefloquine, doxycycline, atovaquone/proguanil, or primaquine. Proguanil may be purchased in Canada, Europe, and in many countries in Africa. However, the chloroquine plus proguanil combination is much less effective than the drugs mentioned above.

### **Mefloquine hydrochloride (Lariam\* and generics)**

For travel to risk areas where there is chloroquine-resistant malaria, mefloquine is one of the drugs of choice. The adult dose of mefloquine is 1 tablet containing 250 mg taken orally once a week. Start taking mefloquine 2-3 weeks before arrival in a malarious area, take it continuously (weekly) while in the risk area, and continue taking it (weekly) for 4 weeks after you leave the malarious area. If you miss a dose, take it as soon as possible that same week and then resume your normal schedule the next week. Do not double the dose the next week if you completely missed a dose one week.

Mefloquine usually is well tolerated but may cause gastrointestinal, neurological, and (occasionally) psychological side effects. The adverse effects of mefloquine have received considerable media attention, much of it exaggerated and unwarranted, although a small percentage of people do have significant problems with mefloquine. Minor side effects include headache, stomach upset, dizziness, and bad dreams, which tend to be mild or temporary. (If you plan to drive, pilot a plane, or operate machinery, be aware that mild dizziness is a possible side effect.) About 5% of users develop disabling anxiety, dizziness, depression, insomnia, or irritability that is bad enough to make them stop taking the drug.

However, it is important to remember that about 95% of mefloquine users tolerate the drug without discontinuing it, and for long stay travelers to chloroquine-resistant areas, this weekly medication is the most convenient regimen. Severe adverse events, such as psychosis, seizures, and encephalopathy may occur in about 1 out of 6,000 to 10,000 users, most of whom had a previous history of one of these problems. Very rarely, mefloquine can cause inflammation of the lung tissue.

You should not take mefloquine if you have an allergy to the drug, history of epilepsy, current depression, or a history of depression, anxiety disorder, psychosis, schizophrenia, or other major psychiatric disorder. Stop taking the drug if you experience the following symptoms while taking the drug for malaria prevention: acute anxiety, depression, restlessness, or confusion. In this case, you will need to obtain an alternative medication from your health care provider.

\*Lariam (Roche brand of mefloquine) is no longer available in the U.S.; generic mefloquine remains available.

## **Doxycycline**

Travelers to areas of resistance to chloroquine or mefloquine can use doxycycline. The adult dose of doxycycline is a 100 mg tablet, taken orally once a day. Start taking doxycycline 1 day before entering a malaria risk area, continue taking it (daily) while in the risk area, and continue the drug (daily) for 4 weeks after you leave the malarious area. Late doses can be made up on the same day, resuming the normal schedule the following day. Do not double the dose the next day if you completely missed a dose one day. Doxycycline should be taken while sitting or standing in an upright position, and it should be taken with food or a liberal amount of fluid. Do not lie down for 30 minutes after taking this drug. Do not take Pepto Bismol or antacids while taking this drug, as they can interfere with absorption of doxycycline.

Skin sensitivity to sunlight is an uncommon side effect but can be annoying and can lead to severe sunburn. You can lower your risk of this complication if you use a sunscreen that blocks both UVA and UVB rays, avoid prolonged exposure to sunlight, and wear protective clothing, including a hat. Women who take doxycycline may develop vaginal yeast infections and therefore should carry an antifungal drug for self-treatment.

Do not take doxycycline if you are pregnant, younger than 8 years of age in the U.S. or younger than 12 years of age in the U.K., or have an allergy to doxycycline or tetracycline.

## **Primaquine**

Primaquine is a second-line choice for primary malaria prevention when all other options have been eliminated, and then only for short-term travel to areas where all or nearly all the malaria cases are caused by *P. vivax*. The adult dose of primaquine, when used for prevention, is 30 mg taken orally once a day. Primaquine must be started 1 day before arrival in a malarious area, taken daily while in the risk area, and continued (daily) for 1 week after you leave the malarious area. Primaquine should be taken with food in order to reduce stomach upset. Late doses can be made up on the same day. Do not double the dose the next day if you completely miss a dose.)

Your physician may also prescribe primaquine for use after leaving certain malarious areas, to prevent certain kinds of malaria (*P. vivax* or *P. ovale*) from occurring ("relapsing") weeks or months (or rarely even years) after routine preventive medications have been stopped—this is generally for persons who have had prolonged exposure (more than 6 months) in certain malarious areas.

Do not take this drug if you are pregnant or if you have low levels of glucose-6-phosphate dehydrogenase (G6PD) (it can cause severe anemia in persons who are deficient in this blood enzyme). This enzyme deficiency is most common in African Americans, Mediterraneans, South Asians, and Orientals. Primaquine should be used only after a blood test for G6PD deficiency has been performed and found to be normal. If you have a genetic deficiency of methemoglobin reductase, you may experience a condition called methemoglobinemia when taking primaquine.

## **PREGNANCY**

In general, if you are pregnant you should not travel to a malarious area unless the travel is absolutely unavoidable, because malaria poses a very serious threat to you and to your fetus. In fact, it can cause more severe problems in pregnant women than in those who are not pregnant; malaria increases the risk of maternal death and fetal prematurity, miscarriage, and stillbirth. If you are pregnant and travel to a malaria risk area is unavoidable, it is very important that you consult your health care provider or travel medicine advisor, take preventive medication, and take measures to protect against mosquito bites. (See "*Insect Precautions.*")

In malaria risk areas where chloroquine is still effective, it is the preferred drug for pregnant women. Chloroquine has not been shown to be harmful to the fetus during pregnancy.

In areas of chloroquine-resistance, mefloquine is the drug of choice and can be used during all trimesters. However, there is less data available on mefloquine use in the first trimester, so delay of trip should be considered if possible.

Doxycycline, atovaquone/proguanil, and primaquine should not be used during pregnancy.

An alternative to mefloquine is the combination of chloroquine and proguanil. However, this alternative regimen has relatively low efficacy and therefore should be avoided if possible.

## WHEN TO SEEK MEDICAL ATTENTION

If you think you might have symptoms of malaria (especially fever and/or "flu"-like symptoms), you should seek medical attention immediately. Delay of appropriate therapy can have serious—even fatal—consequences. Inform your health care provider that you might be at risk of malaria and where you have traveled. Request "thick and thin blood films" or a malaria rapid diagnostic card test for diagnosis. One negative blood film does not rule out malaria; if symptoms persist, 2 additional films should be performed 12 to 24 hours apart. Similarly, a negative rapid malaria test should be followed with up to 3 thick/thin blood films.

- Certain strains of malaria can lie dormant in the liver and cause malaria symptoms long after you leave the malaria risk area (months or even years later) and stop taking malaria drugs. If you develop a fever or flu-like symptoms—even months after your return—be sure you seek medical attention and advise your health care provider of previous travel to a malarious area.

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## PANAMA

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### GENERAL INFORMATION

Panama is a developing nation but is in the upper half of the world's economies. Located on the isthmus connecting Central and South America, its climate is tropical marine.

### IMMUNIZATIONS

- **Hepatitis A**—*Recommended for:* all travelers.
- **Typhoid**—*Recommended for:* all travelers.
- **Hepatitis B**—*Recommended for:* prolonged stays; all health care workers; the possibility of a new sexual partner during stay. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.
- **Yellow fever**
  - *Requirement:* A yellow fever vaccination certificate is required for travelers coming from countries with risk of yellow fever transmission.
  - *Recommendation:*
    - *Recommended for travelers over 9 months of age:* all mainland areas east of the Canal Zone (see map). Transmission does not occur on the San Blas Islands, but it is necessary to transit areas with known transmission risk en route to the islands.
    - *Not recommended:* itineraries limited to Panama City, the Canal Zone, areas west of the Canal Zone (see map), or the Balboa Islands.
  - Daytime insect precautions are essential where vaccination is recommended.
  - *Official Status:* listed by WHO as a country where yellow fever transmission risk is present.
- **Rabies**—Risk occurs in limited areas. No canine cases have been reported in at least 10 years. *Recommended for:* occupational exposure; children with prolonged stays; adventure travelers, hikers, cave explorers, and backpackers, especially individuals who will be more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment. Bat and dog bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

- **Influenza**—Flu (including 2009 H1N1) is transmitted throughout the year in the tropics, and all travelers are at increased risk. *Recommended for:* all travelers. Consider a standby treatment course of oseltamivir for unvaccinated travelers, especially those who are at high risk for complications from influenza.
- **Routine vaccinations** (adults only)
  - *Tetanus/diphtheria/pertussis.* Adequate primary series plus booster within the last 10 years (Tdap or Td). Those who have not received a previous dose of an acellular pertussis-containing vaccine in adulthood should receive a one-time dose of Tdap vaccine, regardless of interval since last tetanus/diphtheria-containing vaccine.
  - *Measles/mumps/rubella.* Indicated for those born in 1957 or later (1970 or later in Canada) without a history of disease, laboratory evidence of disease, or of 2 adequate doses of live vaccine at any time during their life. Many countries (including the U.K.) recommend that adults need to have had only 1 countable dose at any time during their life.
  - *Pneumococcal.* All adults over 65 and those with chronic disease or compromising conditions.
  - *Polio.* Adult polio boosters are unnecessary for travel to this country.
  - *Varicella.* Indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

## MALARIA

- **General information:** almost exclusively *P. vivax* (*P. falciparum* transmission is minimal and limited to areas east of the Canal Zone). Transmission occurs throughout the year.
- **Protective recommendations:**
  - *Chemoprophylaxis is recommended for all travelers:* throughout the provinces and comarcas of Darién, San Blas and San Blas Islands (Kuna Yala), Kuna de Madugandi, Kuna de Wargandi, Embará, and eastern Panamá (see map); all cities and towns in these areas except the central urban area of Coco Solo.
  - *Insect precautions only are recommended (negligible transmission is reported):* rural areas within certain municipalities in the provinces and comarcas of Bocas del Toro, Chiriquí, Ngöbe Buglé, Veraguas, Colón, Coclé, and western Panamá (see map); the central urban area of Coco Solo.
  - *No protective measures are necessary (no evidence of transmission exists):* the former Canal Zone (see map inset), including Panama City; all other areas not mentioned above.
- **Protective measures:** Evening and nighttime insect precautions are essential in areas with any level of transmission. Chloroquine is protective in this country west of the Canal Zone. Atovaquone/proguanil (Malarone), doxycycline, and mefloquine are protective east of the Canal Zone. Drug choice depends on personal factors discussed between the traveler and medical provider.
  - No preventive measure is 100% effective. Immediate medical attention is necessary for fever or flu-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

## TRAVELER'S DIARRHEA

- Moderate risk exists in deluxe accommodations but high risk elsewhere. Food and beverage precautions are essential in order to reduce chance of illness.
- Travelers should carry loperamide and/or a quinolone antibiotic for presumptive self-treatment of diarrhea if it occurs.

## OTHER CONCERNS

- **Tuberculosis** is common in all developing countries and also presents risk in certain developed countries. This country, while not in the highest risk category, has an incidence of over 25 cases per 100,000 population. Travelers planning to stay more than 3 months should have pre-departure PPD skin test status documented. Those who expect to have close contact with the local populace should be tested if staying more than 1 month. Travelers should avoid persons who are coughing in crowded public places whenever possible. Domestic help should be screened for TB.
- **Dengue** fever occurs in urban and rural areas. Daytime insect precautions are recommended.
- **Leishmaniasis** (cutaneous), transmitted by sandflies, occurs throughout the country, especially along the Atlantic coast. Mucocutaneous leishmaniasis is uncommon. Daytime and nighttime insect precautions are recommended.
- **Chagas'** disease (American trypanosomiasis) occurs in rural areas; risk to travelers is unknown but is thought to be negligible. Avoid overnight stays in houses constructed of mud, adobe brick, or palm thatch.



- **Hantavirus** causing hantavirus pulmonary syndrome is transmitted by rodents and occurs in Los Santos and Herrera provinces. Risk is minimal for most travelers. Avoid contact with mice and rats (including their excreta) in rural areas.
- **Marine hazards** may include jellyfish (often causing sea bather's eruption), coral, and sea urchins. Dangerous (potentially deadly) jellyfish are present year-round, but particularly during the rainy season. Children are especially at risk, and adults wading, launching boats, or fishing.

## MEDICAL CARE

- Adequate medical care is available in private medical facilities in Panama City but is not up to standards of industrialized countries. Medical care is substandard in the rest of the country.
- For emergency services, dial 911.
- A recompression chamber is located in Panama City. Before diving, check that facilities are operational.
- Cash payment may be required prior to treatment, including emergency care. Most hospitals accept credit cards for hospital charges, but not for doctors' fees.

## TRAVEL ADVISORY

*The material below has been compiled or quoted verbatim from the consular websites of the United States, United Kingdom, Canada, and Australia and, in some cases, the U.S. Overseas Security Advisory Council and internationally recognized media sources. Standard safety precautions that apply to all international travel are not included in this advisory. Please refer to the "Safety and Security" handout for standard precautions.*

### Visa/HIV Testing

Visa applicants may need to meet specific requirements. Review the application and contact Panama's embassy if you have questions. According to the U.S. Department of State, some HIV/AIDS entry restrictions exist for visitors to and foreign residents of Panama. Panamanian immigration does not require an HIV/AIDS test, but Panamanian law does allow for deportation upon discovery by immigration. The U.S. Department of State is not aware of any U.S. citizens who have been deported due to HIV/AIDS. Verify with Panama's embassy before travel.

### Warning against Travel

Due to ongoing security concerns, a Canadian consular warning currently advises against all travel beyond Yaviza located in Darien Province (the danger zone begins at the end of the Pan American Highway at Yaviza, about 230 km southeast of Panama City, and ends at the Colombian border). Other governments concur.

### Personal Safety

Guerrillas, terrorist groups, and drug traffickers are present in border areas with Colombia. Levels of violent crime in these areas are extremely high, with numerous reports of kidnapping, armed robberies, deaths and disappearances.

Petty theft is common in rural and urban areas of Panama, especially in Panama City and Colon. Violent crime is rare, but does occur throughout the country. Crimes that are typical include shootings, rapes, armed robberies, muggings, purse-snatchings, thefts from autos, thefts of unsecured items, petty theft, and "express kidnappings" from ATM banking facilities.

Demonstrations and protest marches over various social and political issues occasionally occur in Panama City near the university, and on main streets and highways.

Some beaches, especially those on the Pacific Ocean and those in Bocas del Toro Province, have dangerous currents that cause drowning deaths every year. These beaches are seldom posted with warning signs or monitored by lifeguards.

### Travel

Panama's roads, traffic and transportation systems are generally safe, but traffic lights often do not exist, even at busy intersections. Driving is often hazardous and demanding due to dense traffic, undisciplined driving habits, poorly maintained streets, and a lack of effective signs and traffic signals. Riding a bicycle in the streets is not recommended.

Seat belts must be worn by drivers and front seat passengers. Children under 5 must travel in the back in fitted child seats.

An International Driving Permit (IDP) is recommended.

Registered taxis are the safest way to travel in urban centers. Local buses do not follow a permanent route, and are relatively unsafe.

The hurricane season extends from June to the end of November. The rainy season extends from April to December. Landslides, mudslides, and flooding may occur. Western Panama is located in an active seismic zone.

The U.S. Federal Aviation Administration has assessed this country's civil aviation authority and determined that it licenses and oversees air carriers in accordance with aviation safety standards established by the International Civil Aviation Organization.

### **Other**

An airport tax is charged upon departure, although it is often included in the price of the airline ticket.

Panamanian law requires all individuals to carry official identification documents at all times.

Penalties for use or possession of illegal drugs in Panama are very strict. Offenders can expect long jail sentences and heavy fines.

It is illegal to photograph official buildings in Panama. Taking photographs, particularly of children and women, may be met with suspicion and violence.

Knowingly infecting others with a sexually transmitted disease is a crime.

Although homosexual activity is not illegal, discretion is highly recommended in public places since homosexuality is not socially acceptable in all areas.

There may be curfews for minors under 18 years of age in Panama City.

Outside the Panama City area, which has many first-class hotels and restaurants, tourist facilities vary in quality.

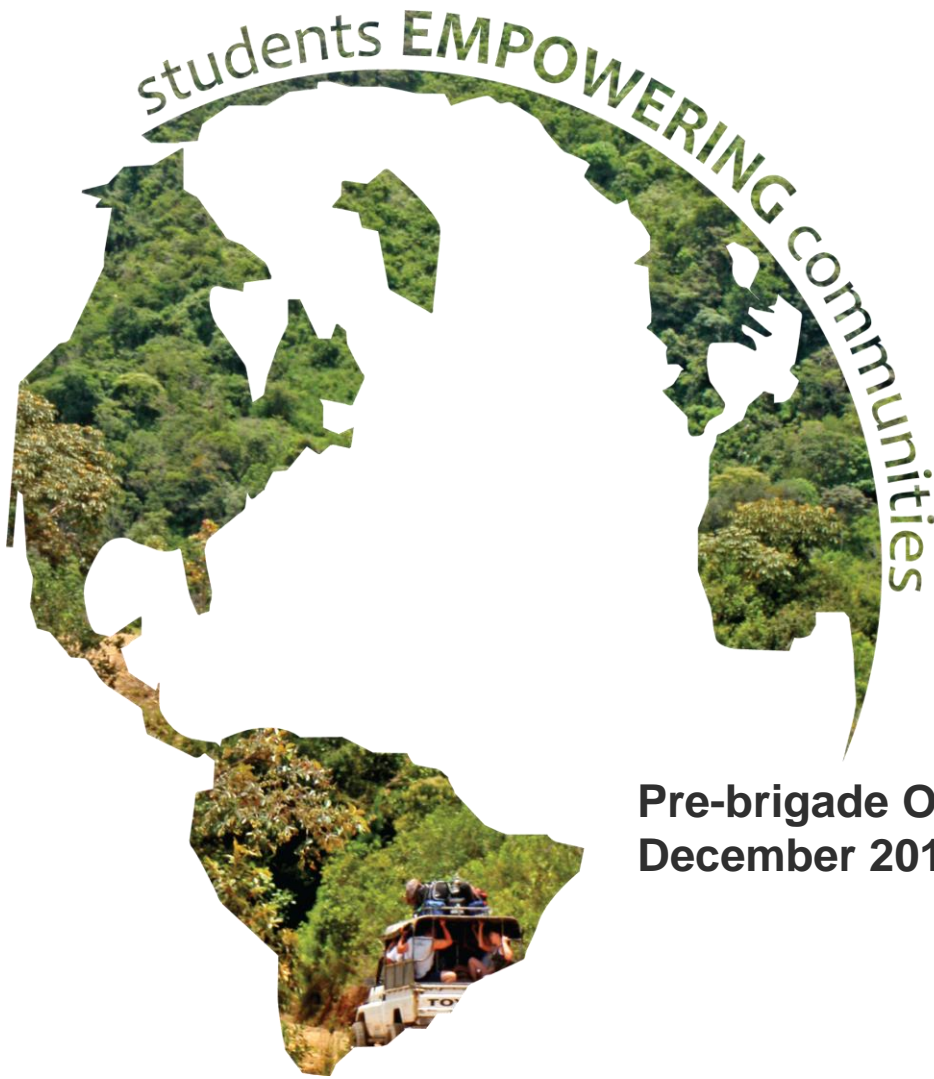
The official currency in Panama is the Balboa (PAB), which is used interchangeably with the U.S. dollar (USD). Credit/debit cards are widely used for payment in establishments. ATMs are widely available in banks and shopping malls.

Panamanian customs authorities may enforce strict regulations concerning temporary importation into or export from Panama of items such as firearms and ammunition, cultural property, endangered wildlife species, narcotics, biological material, and food products.

### **Consular Information**

#### Selected Embassies or Consulates in Panama

- U.S. Embassy: Avenida Demetrio Basilio Lakas, Building No.783, in the Clayton section, Tel.: 507-207-7000, E-mail: Panama-ACS@state.gov, Web: panama.usembassy.gov
- Canadian Embassy: Torres de Las Americas, Tower A, 11th Floor, Punta Pacifica, Apartado 0832-2446, Panama City, Tel.: 507-294-2500, E-mail: panam@international.gc.ca, Web: www.panama.gc.ca
- U.K. Embassy: MMG Tower, Calle 53, Apartado 0816-07946, Panama City, Tel.: 507-269-0866, E-mail: britemb@cwpanama.net, Web: ukinpanama.fco.gov.uk/en
- Australian Embassy: Australia does not have an Embassy or Consulate in Panama. By agreement between the Canadian and Australian governments, the local Canadian Embassy (see above) provides consular assistance to Australians in Panama; the nearest Australian Embassy is in Mexico. Ruben Dario 55, Col. Bosques de Chapultepec, C.P. 11580, Mexico D.F., Tel.: 52-55-1101-2200, E-mail: consularpassports.mexico@dfat.gov.au



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# WHAT'S INSIDE



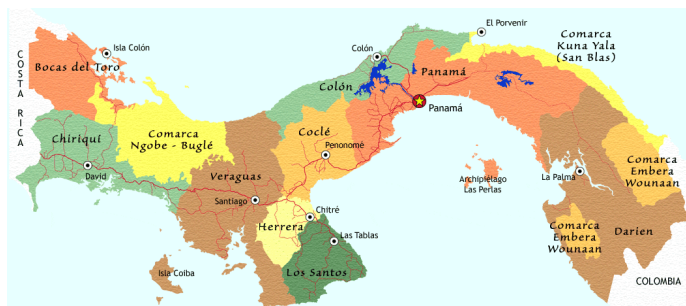
## General Brigade Information

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## SOCIO-ECONOMIC & POLITICAL BACKGROUND



**Official Name:** Republic of Panama  
**Capital:** Panama City  
**Nationality:** Panamanian  
**Population:** 3,410,676 (2010 est.)  
**Land Area:** 29,340 sq mi (75,991 sq Km)  
**Age Distribution (%)**: 0-14 years 37.0%,  
 15-59 years 56.3%, 60+ years 6.7%  
**Literacy Rate:** 90%



Panama is a constitutional democracy with an executive branch led by a president who is elected to a 5-year term, a unicameral legislature, and judicial branch. The country is divided into 9 provinces and 4 territories called *comarcas*. Panama has a rapidly developing economy but suffers from a weak, non-transparent judiciary. Outside the Panama City area, which has many first-class hotels and restaurants, tourist facilities vary in quality. The U.S. dollar is the paper currency of Panama, and is also referred to as the Panama Balboa. Panama mints its own coinage.

Panama has the **second most unequal income distribution in Latin America**. About **30% of the population lives in poverty, primarily concentrated in rural areas**. The wealthiest 20% of Panamanians control more than 50% of the country's wealth, while the poorest 40% only control 12%. Colon, Panama's second largest city, has the highest rates of poverty and crime in the country. In Colon, unemployment is estimated to be 50% among youth between the ages of 15 to 25.

**The poorest group of people is the indigenous native people**, who make up only 8% of the population. This minority group lives in remote areas of the country where access to **education and health care is limited**. About 17% of the overall population is undernourished and **almost half of all Panamanian children are poor**. Overall, 7.4% of the population is living on less than \$1 a day. According to Transparency International's Corruption Perceptions Index, Panama is ranked 84 out of 163 countries.

Major Exports include: Banana, shrimp, sugar and coffee.

## Regional Breakdown

There are 9 provinces and 7 indigenous communities (distributed in 4 comarcas). Comarcas are "indigenous reserves"- territory under the control of the indigenous group. The 7 indigenous groups are: Kuna, Ngöbe, Buglé, Emberá, Wounaan, BriBri and Naso.

The comarca de Kuna Yala, better known as "San Blas" by foreigners, is home to the Kuna. They run the islands of San Blas with minimal interference from the national government. Known for their tenacity and ingenuity, they enjoy one of the greatest degrees of political autonomy of any indigenous group in Latin America.

Emberá groups traditionally have lived along rivers in eastern Panama and the Darién province. They are recognizable because of the colorful skirts the females wear, beaded and silver jewelry, and body paint worn by both men and women.

# CULTURAL BACKGROUND



## Some typical sights in Panama



The "**Pollera**" is Panama's National Dress.

The "**Montuno**" is Panama's National Males outfit.



### Embera women

Wearing a "paloma" the traditional colorful skirt of the Embera group.



**Red Color** stands for the blood of our leaders who fought for the independence. The **red star** stands for the liberal party. The **blue color** stands for the seas we have. The **blue star** stands for the conservative party.



### Panama's Shield Of Arms



### Panama's National Bird The Harpy Eagle



### The "Dirty Devils" (Diablicos Sucios)

# CULTURAL BACKGROUND



## Important dates in Panama's History

YEAR	HIGHLIGHT
1821	Panama becomes independent of Spain, but joins the confederacy of Gran Colombia, which also comprises Colombia, Venezuela, Ecuador, Peru and Bolivia.
1830	Panama becomes part of Colombia following the collapse of Gran Colombia.
1846	Panama signs treaty with US allowing it to build a railway across the isthmus.
1903	Panama splits from Colombia and becomes fully independent. US buys rights to build Panama Canal and is given control of the Canal Zone in perpetuity.
1914	<b>Panama Canal</b> completed.
1939	Panama ceases to be a US protectorate.
1968-81	General <b>Omar Torrijos</b> Herrera, the National Guard chief, overthrows the elected president and imposes a dictatorship.
1981	Torrijos dies in plane crash.
1983	Former intelligence chief and one-time US Central Intelligence Agency informant <b>Manuel Noriega</b> becomes head of the National Guard, builds up the size of the force, which he renames the Panama Defense Forces, and greatly increases its power over Panama's political and economic life.
1988	US charges Noriega with drug smuggling; Noriega declares state of emergency in the wake of a failed coup.
1989	Opposition wins parliamentary elections, but Noriega declares results invalid. Noriega declares "state of war" in the face of increased threats by Washington. <b>US invades Panama</b> , ousts Noriega and replaces him with Guillermo Endara.
1991	Parliament approves constitutional reforms, including abolition of standing army; privatisation begins.
1992	US court finds Noriega guilty of drug offences and sentences him to 40 years imprisonment, to be served in a US prison.
1999	Mireya Moscoso becomes Panama's <b>first woman president</b> . Panama takes full control of the Panama Canal, ending nearly a century of American jurisdiction over one of the world's most strategic waterways.
2004	Panama Canal earns record revenues of \$1 billion for the financial year.
2006	Voters in a referendum back a \$5.2bn plan to upgrade the Panama Canal. The scheme aims to double the capacity of the waterway. Panama and the US agree on a free trade deal.
2007	Work to <b>widen Panama Canal</b> begins.
2009	A US federal appeals court says Panama's ex-leader, Manuel Noriega, can be extradited to France. Noriega was released from a Florida prison in September 2008 after serving a 17-year sentence for <b>drug trafficking</b> .



# TRAVEL



## Safety in Panama

The security situation is stable in Panama. Do not display unnecessary signs of affluence or carry large sums of cash, and be aware of your surroundings. Project sites are evaluated and determined to be safe before volunteers enter. The sites are rural and the level of crime is low to non-existent. Volunteers are always accompanied by local guides and we advise members to **always stick together**. There will be a paramedic at each lodging facility. Every staff member is trained in GB's emergency procedures. For the latest security information, U.S. citizens traveling abroad should regularly monitor the Department of State's **Bureau of Consular Affairs' website**, which contains current the **Travel Warnings and Travel Alerts**.



## Passports & Visas



You need an up-to-date passport (at least six months valid) to travel to Panama – check the expiration date! Before leaving, **make two copies of the inside page of your passport**. Leave one copy with a trusted individual at your university (i.e. an advisor) so that it can be faxed to you in case you lose the original. Stash one copy in your wallet and have it on you at all times. If you have a US Passport you don't need a Visa. If you don't, please visit the following website to make sure you have the correct visa: [www.embassyofpanama.org/cms/immigration3.php](http://www.embassyofpanama.org/cms/immigration3.php)

**CARRY A COPY OF YOUR PASSPORT WITH YOU AT ALL TIMES**

## Vaccinations



[www.globalbrigades.org](http://www.globalbrigades.org)

You should always check with your personal physician for advice on vaccinations and health precautions before leaving the states. If you have a medical condition, you should also share your travel plans with any doctors.

**Please consider attaching a vaccination card to your passport, especially proof of your yellow fever vaccine!**

### Recommended Vaccinations & Precautions:

- Hepatitis A (most already have)
- Hepatitis B (most already have)
- Tetanus (most already have)
- Typhoid
- Malaria
- Yellow Fever

**DON'T FORGET YOUR MOSQUITO REPELLENT (DEET> 30%)**

# TRAVEL



## Vaccinations Continued...



If you need HEP A and HEP B, they are given in doses that are months apart, so you will need as much time as possible to complete these. Vaccinations can usually be obtained at the university health clinic, through each volunteer's personal health care provider, or through a travel clinic. For more information about necessary vaccinations, please see the CDC's website:

<http://wwwnc.cdc.gov/travel/destinations/panama.aspx>

## Travel Insurance

Every volunteer is covered under Emergency Accident Insurance while traveling outside of their home country. Insurance covers medical expenses, emergency evacuation, and emergency dental expenses. The cost of this travel insurance is included in your Program Contribution.

**Insurance Company:** Travel Guard

## Recommended packing list



**Pack light, yet remember the essentials.**

Consider carrying on your bag to avoid lost baggage issues.

**Don't Forget Workshop Materials:**

- **Poster paper, notebooks, markers, pens, pencils, calculators etc...**

- ✓ **Passport (Original & 2 copies)**
- ✓ Other important documents (e.g. Visas—if needed)
- ✓ Spending money (\$200 should be plenty)
- ✓ Bug spray (>30% deet)
- ✓ Light blanket & **flashlight or headlamp!**
- ✓ Light rain jacket
- ✓ Lightweight pants, light sweatshirt
- ✓ **Hat, sunglasses, sunscreen**
- ✓ Shorts & t-shirts (please be modest and conservative in your attire)
- ✓ Camera/ Video camera
- ✓ **Re-usable Water bottle**
- ✓ Shower sandals, toiletries
- ✓ 1-2 Towels
- ✓ Swim suit
- ✓ **Closed-toed shoes (sneakers)**
- ✓ Pen and notebook
- ✓ Long-sleeves shirts (for indigenous meetings if applicable)
- ✓ Below-the-knee pants (for indigenous meetings if applicable)
- ✓ Prescription medicine (if applicable)



# TRAVEL & THE BRIGADE WEEK

## Packing Tips

- Panama is **hot, humid, and wet**. When on community visits, whatever you wear may get wet, muddy, and dirty– so don't bring your favorite jeans.
- Leave hair dryers and most major electronics (iPods are O.K.) at home.
- Try to pack light. A large backpack or duffel bag should provide plenty of room for everything that you need to bring. Please consider carrying on your bag, to avoid lost baggage issues!
- We will be moving back and forth daily between your accommodations and the project site, so you may want to bring a small backpack for day trips.
- Medicine: keep them in their original prescription bottles and always in your carry-on luggage. Be sure to follow security guidelines if the medicines are liquids.
- Bring some plastic zip-lock bags to keep your personal belongings (e.g. camera, wallet) dry.
- Leave some room in your bag to bring presents home!

## Transportation

Volunteers will fly into Tocumen International Airport in Panama City, Panama. Global Brigades staff will meet volunteers at the airport. Look for a GB staff member wearing a brightly colored GB shirt! Volunteers are transported to the secured compounds, which are located between 1-3 hours away from the airport. GB uses trucks and buses to transport volunteers and their luggage.

## Upon Your Arrival

Make sure you keep your passport and other important documents in a ziplock bag and in a secured place. Your emergency contact will be notified by email of your safe arrival in Panama. Every student will receive a wallet-sized card with emergency contact numbers and accommodations' addresses of the hostel to keep you on while in Panama. Most U.S. cellular phones do not work in Panama unless an international phone plan is pre-arranged.

All transportation and lodging is provided. Global Brigades ensures that you are taken to and from lodging, projects sites and any other brigade activities conveniently and safely. There will always be at least one adult GB Brigade Coordinator and translator on each brigade. A trained Global Brigades Coordinator will lead the week-long brigade, as well as a trained logistics coordinator. Water is potable in Panama City, and Brigaders will always have access to safe drinking water during community visits.

# THE BRIGADE WEEK



## Lodging and Accommodations

All volunteers stay 2 and half hours outside of Panama City in a very safe, rural area in the eastern region of the Panama province.

We will be staying in Wuacuco, a rustic lodge with camp-style amenities such a bunk-beds and sheets. It located near Torti, Panama. There are bathrooms and showers (no hot water) on site. Filtered drinking water will be available. Meals will be prepared and enjoyed on site. The site has GB logistics staff and a trained paramedic present 24/7.

Meals will consist mainly of traditional Panamanian style food, such as chicken, rice, fruits, and vegetables. Vegetarian meals will be provided and GB will accommodate dietary restrictions. Please let your Chapter President and Program advisor aware of any special needs or requirements.



Left: Outside view of Wuacuco.  
Bottom Left: dorm style room with bunk beds. Below: Open meeting space within Wuacuco.



# GB POLICIES



## Policies and Things in Mind

**Brigaders! You are just a few months away from living this gratifying and adventurous experience! Here are a few ground rules for you to always keep in mind.**

### REACH OUT TO LEADERSHIP

Every brigade will be assigned a brigade coordinator and interpreter. GB staff has been previously trained to carry-out brigades according to their specific roles and responsibilities. Reach out to your Brigade Coordinator for itinerary, workshops, food/medication allergies and overall brigade issues. Reach out to your interpreter for cultural sensitivity and language issues.

### HANDLE YOUR TIME

Time at the community will go faster than you think! It is of utmost importance that the brigade handles time efficiently and wisely. Debrief sessions during the night can and will extend for many hours. Take advantage of this free time to prepare and to get together for your workshops. Be considerate to your team and the community members; everyone's punctuality is requested. Even when the locals do not share this best practice.

### FOLLOW THE ALCOHOL POLICY

It is completely prohibited to drink alcohol while in the community. We do not want to have any issue or an uncomfortable moment. We can't control situations when alcohol is involved and this can cause irreversible damage to the relationship our organization has with our partners, schools, brigaders and community members. Carrying liquor with you during the brigade is prohibited.

### BE CAUTIOUS OF ANIMALS

Panama is a tropical-rainforest country, this means we have many different species of animals anywhere you go. Regardless of if you're in the countryside, the jungle or on an island, DO NOT walk around by yourself without letting anyone know –especially at night. Snakes like to go out at night and they are not necessarily the friendly ones.

### STAY IN A GROUP, ALWAYS!

Always stay with the group. It is important that we stick together so that we avoid having anyone get lost –this includes city or country side. If we're all together, it's safer.

### REMEMBER: CULTURAL SENSITIVITY

Working with rural communities in Panama can be a challenge. This is not because they are unwilling to cooperate, but it more so because of their cultural tradition. Fortunately, this is not a huge obstacle. Here are a few pointers to follow in order to be culturally sensitive:

**INITIATIVE** Take the initiative to make contact with the community, even if language is a problem at first. (Remember you will have initiatives with you)

**RESPECT** Show respect for their culture and language. Ask yourself, "How would I feel if I were in their shoes?"

**NAMES** Learn how to pronounce names correctly (even if it is in dialect). Their name is as important to them as yours is to you.

**FEELINGS** Be sensitive to their feelings about their homeland. Developing nations are not as poor, backward or uneducated as it is sometimes assumed.

**AUTHENTICITY** Be yourself. Show our interest & that you care about them as people and are here to learn and help.

**LISTEN** Take time to listen. You will be amazed by the reasons behind many of their decisions.

# GB CONTACTS



## Panama Team

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## Home Team (For Emergency Use Only)

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330.605.3576

# References and Additional Resources

## References

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  - 1) Ernst and Young, LLP., Ford Motor Company, Google Inc., JP Morgan Chase, and UC Hastings Juris Doctor Candidates of 2012. "Professionals Touristic Restaurant at Barsukun Terminal Project." *Global Brigades Wiki*. Global Business Brigades. Web. 01 Nov. 2011. <<http://globalbrigades.wikidot.com/gbb:past-projects>>.
- Comparative Model Analysis
  - 2) "The History of Microfinance | Global Envision." *Global Envision | The Confluence of Global Markets and Poverty Alleviation*. Web. 10 Oct. 2011. <<http://www.globalenvision.org/library/4/1051/>>.
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    - 8) "Miami University: Undergraduate Profile - BusinessWeek." *Bloomberg Businessweek*. Web. 01 Nov. 2011. <[http://www.businessweek.com/bschools/rankings/undergraduate\\_mba\\_profiles/miamiohio.html](http://www.businessweek.com/bschools/rankings/undergraduate_mba_profiles/miamiohio.html)>.
    - 9) "GDP - Per Capita (PPP)." *CIA - The World Factbook*. Web. 01 Nov. 2011. <<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2004rank.html>>.
- Health and Safety
  - 10) Medical and Regional literature originally from Shoreland and provided by Miami University Student Health Center, International Travel
- Photography
  - All photographic images are owned by the author or have been used with written permission

## Additional Resources

- Global Business Brigades
  - Global Business Brigades - Wikidot: <http://brigaders.wikidot.com>
- Health and Safety
  - The Centers for Disease Control and Prevention, Travelers' Health: <http://wwwnc.cdc.gov/travel/>
  - "Smart Traveler Enrollment Program (STEP)." *Travel.State.Gov - US Department of State*. Web. 01 Feb. 2012. <<https://travelregistration.state.gov/ibrs/ui/>>.

