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Safety, Health, and Crisis Management on the Mexico-US Solidarity Network's Study Abroad Programs

The health and safety of Study Abroad participants is the highest priority for the Mexico-US Solidarity Network. Staff work closely with local partners to assess current health concerns and safety issues, and we adapt quickly to changing political conditions and unfolding events.

Before commenting on measures taken to ensure student safety and health, we'd like to address the issue that people are most concerned about: the narco conflict.

Drug Violence in Context

Despite spectacular daily media coverage of gruesome killings, Mexico's murder rate is significantly less than a decade ago - long before the current narco-battles for turf captured national and international headlines - and better than many US urban centers. The national murder rate in 2010 was 14 per 100,000 residents, an increase from 10 in 2007, but below the 1997 figure of 17. In the late 80s, the number hovered around 20.

Eighty-four percent of the homicides in 2010 were committed in four states: Chihuahua, Sinaloa and Baja California Norte (all located along the US-Mexico border), and the opium producing state Guerrero. The border states of Tamaulipas and Nuevo Leon accounted for most of the rest. The southern state of Chiapas recorded 10 murders per 100,000 residents in 2009, while Tlaxcala reported 4. Tlaxcala is the only state in Mexico that has not reported a single narco-related murder in the past five years.

South and central Mexican cities compare favorably with many US urban areas: the murder rate in Washington, DC, was 31.4 per 100,000 (2008 figures), Chicago (18), Philadelphia (23), Indianapolis (14.1), Memphis (20.5), Baltimore (36.9), Kansas City (25.5), and Atlanta (19.7), while last year, *Mexico City's* rate was 8. (Mexico statistics are from a study by the Citizen's Institute on Crime Studies in Mexico City that takes its figures from official government statistics, while US statistics are from FBI annual reports.)

Shocking stories of dismembered bodies, mass graves and victims hung from bridges sell newspapers and capture the public's attention, but the overall reality is a country with many regions that are safer than much of the US. The vast majority of murders are part of cartel turf wars, and most of the victims are cartel members. While cartel members are heavily armed, often with grenades, metal piercing bullets and automatic weapons, strict gun laws prevent most Mexicans from owning firearms, which helps to account for the relatively low murder rates in most of the country.

The US State Department currently has a Travel Warning for six border cities - Tijuana, Nogales, Ciudad Juarez, Nuevo Laredo, Monterrey and Matamoros - yet the Consulate in Ciudad Juarez was closed for only two days in 2010. The Consulate processes about 5,000 visa applications each week. Applicants for immigrant visas, accounting for half the total, are required to spend up to seven days in the city for medical exams and interviews. At best, this sends an ambiguous message to US travelers visiting the border region.

In writing such a report we fully recognize that narco-cartels are involved in grisly battles for turf, and that cartels exert corrupting influence on security forces and the political class through bribes and threats. We don't wish to downplay the impact of the cartels in any way. However, we are concerned about uninformed and sometimes racist images that are permeating the consciousness of US citizens, largely because of the dramatic and decontextualized media coverage of Mexico. We are concerned that these images are impacting the current debates around immigration reform, making overt racism acceptable in places like Arizona. And we are concerned that some US universities – institutions that would normally play the role of providing solid analysis in counterpoint to the craven dramatics of the mainstream media – are abandoning Mexico by preventing their students from traveling for study and research, under the pretext of safety concerns. Prudent travelers to Mexico will avoid certain areas where drug violence is out of control, particularly if they don't know the area well. Of course, this is true in almost any travel situation. There are plenty of potential dangers associated with a drunken “Spring breaker” or a mono-lingual couple venturing into an unknown urban area in Chihuahua or Sinaloa. But given the statistics cited above, much of Mexico is safer than many urban areas in the US, especially for students involved in rigorous and well-planned study or research programs.

Safety, Health and Crisis Management

We take the safety of our students very seriously, and our record over the past six years is evidence - no deaths and no serious injuries. We've had several medical emergencies, the most serious of which required emergency surgery for a pre-existing condition. The student complained of pains at 4pm and by 11pm she was in surgery. We are able to deal effectively and quickly with emergencies of this sort, in part, because we have strong local partners in each site and, in part, because we have our own transportation at each site. This also facilitates evacuation procedures in case of natural or political emergencies.

We believe a safe and educationally valuable program is constructed on several foundations: experienced staff, solid and extensive local partners, comprehensive pre-planning for emergencies, a solid educational program that keeps students occupied in intellectual pursuits, and family oriented contexts that occupy student's free time.

Anecdotal evidence suggests that student behavior (and occasionally misbehavior) is a major cause of illnesses, injuries or fatalities. Sometimes young people act as though they are invulnerable or reject the advice of more experienced leaders (any parent can attest to this kind of behavior). In particular, excessive alcohol consumption can lead to unfortunate incidents. Excessive consumption of alcohol or use of illegal drugs by a participant can place our entire program at risk, and students who partake in this kind of behavior risk immediate expulsion from the program.

Staff members work to gain the trust and confidence of participants so that advice and guidance are taken seriously. The Mexico Solidarity Network has a more rigorous alcohol policy than most study abroad programs (inebriation is cause for removal from the program), and staff explain to students that this is a question of responsibility – toward homestay families, toward social movement organizations, and toward MSN’s binational organizing – in addition to being a safety concern. The cooperative interaction of staff and participants is an important element in the overall health and safety program. As in any travel situation, there are no guarantees of complete safety. However, with years of experience taking groups to Mexico, the Mexico Solidarity Network has the know-how, experience, local connections and commitment to maximize the safety and health of participants.

Site-by-Site Safety Evaluations

We do a complete security evaluation before each semester (this includes analysis with our partner groups in each region, suggestions from the US Consulate, and our own on the ground experiences), and we do additional evaluations whenever an incident in one of our regions calls for it. Our current security evaluation is as follows:

Ciudad Juarez

From 2005 to 2007, the Mexico Solidarity Network maintained a study abroad program in Ciudad Juarez. We canceled the program in 2007 as a result of cartel-related and neighborhood violence that appears to be largely out of control.

San Cristobal de las Casas

San Cristobal is a colonial city of about 100,000 in the highlands of Chiapas. As a major tourist center, the city attracts tens of thousands of tourists each year, mainly from the US, England, Italy, Spain, France and Germany. Because tourism is central to the economy, local police and politicians are careful to provide strong security for tourists. We are not aware of a single death of a foreigner over the past five years in San Cristobal or of any drug-related violence there. The main challenges faced by our students are sexual advances and public groping. During the five

years of our program including over 300 students, two women have been briefly groped (incidents lasting less than 10 seconds each) on public streets. We carefully orient female students how to avoid these situations, including not traveling alone, not frequenting certain bars at night, and always being aware of surroundings (one of the groping incidents happened at 2am while the woman was walking down an isolated street talking on her cell phone). We do not permit trips to Agua Azul, a popular tourist area about seven hours from San Cristobal, that require nighttime travel as there have been reports of nighttime robberies on the highway about four hours outside of San Cristobal. San Cristobal de las Casas has ample medical facilities and is located 50 minutes from a major international airport. There have been no reports of narco-violence in the region. There have been several reports of localized confrontations between indigenous groups, mainly disputes over land tenure, in the eastern jungle area of Chiapas. These areas are not visited by our students and are located five to eight hours from San Cristobal.

Oventic

Oventic is an indigenous community in the highlands of Chiapas. It has been, and continues to be, one of the safest places we know of anywhere. In the past five years there have been no student deaths or serious injuries in the region. The community itself has 24-hour security provided by local indigenous residents. The place is so safe that students can leave computers or other valuables outside on picnic tables unguarded. There have been no reports of indigenous or military violence in the region over the past five years. The community has a large clinic that can treat most common illnesses and medical emergencies. There is a major regional hospital located 15 minutes away.

Tlaxcala

Tlaxcala is Mexico's smallest state, located about 2 1/2 hours from Mexico City. Students stay in Toluca de Guadalupe or other small rural communities of about 2,000 residents. There have been no deaths or serious injuries to students over the past five years. Students live with families who have seven years of experience hosting student groups. Tlaxcala has reported no narcotics related violence in the past five years.

Mexico City

Mexico City is the largest metropolitan area in the western hemisphere, and as such, the city suffers from the same kind of criminal activity that one might find in any major US city. Students live in a gated community with 24-hour vigilance and abide by a 10pm curfew unless accompanied by MSN staff or members of their host families. Host families have seven years of experience hosting students. There have been no student deaths or serious injuries in the host community in the past seven years. Before students travel outside the gated community, they

receive extensive orientation on safety precautions, use of public transportation, areas of the city to avoid, etc. Students are not allowed to travel outside the gated community during daylight hours except in groups of three or more. To date, the MSN program has had no problems with assaults, robberies or other petty crimes, and we attribute this largely to our extensive orientation program and our security measures.



The Mexico Solidarity Network staff carefully orients participants upon arrival at each site to avoid activities that may expose them to crime. Orientation topics include how to avoid pickpockets, careful use of ATMs, taxis, and public transportation systems, the requirement that students always travel in groups of at least three, methods for avoiding and reacting to sexual harassment, street smarts, and local conditions concerning crime, health, and safety. Students are given emergency contact numbers to carry with them at all times, are shown safe spaces in the city or village where they are living, and are actively engaged in academic classes, meetings with social movement organizations, spending time with homestay families, and attending cultural events during the great majority of their time. Recently the Mexico Solidarity Network identified a possible safety concern – a traditional week-long vacation during the middle of the semester-long program. In 2009 we began restricting vacation to the San Cristobal area, and in Fall 2011 we plan to eliminate the vacation week entirely. In six years we have had no serious health or safety problems with students during vacation week, but we are taking this measure out of an abundance of caution because of stories we've heard about student behavior (sometimes irresponsible) during the vacation week. It is much easier to provide for strong student safety in the context of homestays and a rigorous academic program. The combination of a thorough orientation, full schedule, experienced homestay families, and strong support from our partner organizations in Mexico has led to the high degree of safety for our study abroad programs.

Health

Participants receive pre-trip orientation materials and an extensive orientation during the first week of the program, which includes:

- Water and food. Participants have bottled or treated water available at all times.
- Advice regarding cleanliness and other precautionary measures that can prevent illness.
- Orientation regarding emergency situations and nearby medical facilities.
- A private discussion with each participant concerning pre-existing medical conditions.

- Orientation on specific health issues and conditions in each of the sites visited during the program.

The U.S. Department of State Consular Information Sheet notes that in Mexico, "adequate medical care can be found in all major cities." Most of the study abroad program sites are in major cities, including San Cristobal de las Casas in Chiapas, and Mexico City. Rural areas may have less ready access to adequate medical facilities. Participants spend five weeks in the indigenous community Oventic, a rural community located in the highlands of Chiapas. Oventic has a free clinic that effectively treats most common illnesses and minor to moderate injuries, and the clinic's lab also does clinical tests for common illnesses. Oventic is located 50 minutes from San Cristobal de las Casas via paved roads. The Study Abroad program has our own transportation available 24-hours for evacuation from Oventic to San Cristobal de las Casas in emergency cases. Participants spend three weeks in the rural communities in Tlaxcala. Rural clinics are available in communities throughout the state, and all of the communities are located within an hour or less of major medical centers via paved roads. The study abroad program has private transportation available for evacuation to Tlaxcala City in emergency cases, and Mexico City is only two hours away.

Pre-departure health issues

The Mexico Solidarity Network is not licensed to practice medicine. As such, we do not make medical recommendations, including pre-departure vaccinations. We strongly encourage participants to consult with their physicians before departure concerning vaccinations and other pre-travel health care options. We understand that ascribing to a particular school of medicine or religious belief may influence the ultimate decision regarding vaccinations and other health care procedures. That said, we provide the following information on pertinent health issues. For further information, please contact your physician and/or the Centers for Disease Control and Prevention (CDC), or tel. 877-394-8747.

A/H1N1

There have been reported cases of the A/H1N1 virus (aka "swine flu") in the great majority of the world's countries. According to the World Health Organization, "So far most people who have contracted the new A (H1N1) virus have experienced influenza-like symptoms (such as sore throat, cough, runny nose, fever, malaise, headache, joint/muscle pain) and recovered without antiviral treatment." In general terms, the new flu has been very mild, if somewhat more contagious than seasonal flu. The A/H1N1 virus is treatable with common influenza medications, including Relenza and Tamiflu. Mexican health authorities have over a million anti-viral treatments that have proven effective in fighting A/H1N1, and the medications have been available for free from public health authorities when influenza is diagnosed. The Mexico Solidarity Network also carries Relenza during study abroad programs, to be administered under

the care of a physician in cases where local health authorities are short of anti-viral medications.

As of February 2010 there have been no recent reports of A(H1N1) influenza outbreaks. In any case, the World Health Organization does not recommend travel restrictions: “WHO is not recommending travel restrictions related to the outbreak of the influenza A(H1N1) virus... People who are ill should delay travel plans. Returning travelers who become ill should contact their health care provider. Travelers can protect themselves and others by following simple prevention practices that apply while traveling and in daily life.” These prevention practices include regular hand washing, avoiding contact with people who may be ill, and practicing good health habits including adequate sleep, eating nutritious food, and keeping physically active.

Malaria

Malaria is a serious disease transmitted to humans by the bite of an infected mosquito. Symptoms may include fever and flu-like illness, including chills, headache, muscle aches, and fatigue. Malaria may cause anemia and jaundice. Infections, if not immediately treated, may cause kidney failure, coma, and death. Malaria can often be prevented by using anti-malarial drugs and by taking protective measures to prevent mosquito bites. However, in spite of all protective measures, travelers may still develop malaria. Malaria symptoms will occur at least 7 to 9 days after being bitten by an infected mosquito. Fever in the first week of travel in a malaria-risk area is unlikely to be malaria; however, any fever should be promptly evaluated. Malaria is always a serious disease and may be a deadly illness. If you become ill with a fever or flu-like illness either while traveling in a malaria-risk area or after you return home (for up to 1 year), you should seek immediate medical attention and should tell the physician your travel history. In Mexico, there is risk in rural areas of the following states: Campeche, Chiapas, Guerrero, Michoacán, Nayarit, Oaxaca, Quintana Roo, Sinaloa, and Tabasco. In addition, risk exists in Jalisco State (in its mountainous northern area only). Risk also exists in an area between 24° north and 28° north latitude and 106° west and 110° west longitude, which lies in parts of the states of Sonora, Chihuahua, and Durango. There is no malaria risk in the major resorts (that is, resorts located in urban areas) along the Pacific and Gulf coasts, although tourists should use insect repellent and other anti-mosquito measures. Malaria is not a problem at altitudes over 3,500 feet above sea level, which includes Mexico City, San Cristobal de las Casas, Oventic and Tlaxcala, which are all over 6,000 feet. However, travel through lower altitudes may be necessary to reach these areas. The following measures should be followed to prevent mosquito bites by which malaria is transmitted:

- Use long sleeved shirts and long pants to avoid mosquito bites, particularly at dark.
- Use mosquito netting over bedding.
- Use insect repellents on bedding and netting.

- Use insect repellents on skin and clothing. DEET-containing products, e.g., Off, Deep Wood, Jungle Juice, Muskal, may be used on skin in concentration up to 30-40% and on clothing in higher concentration. Permethrine (Permanone) used on clothing and bed netting is also quite effective.

The Centers for Disease Control and Prevention recommend Chloroquine phosphate for malarial prevention. Side-effects may occur, such as gastrointestinal disturbance, headache, dizziness, blurred vision, and pruritus, but generally these effects do not require discontinuance of the drug. If you experience any of these side effects as a result of taking chloroquine, consult a physician. According to the Centers for Disease Control and Prevention, the adult dosage of Chloroquine phosphate (brand name Aralen) is 500 mg to be taken weekly, starting 1-2 weeks before travel. Prophylaxis are continued weekly during travel in malarious areas and for 4 weeks after a person leaves such areas. Alternatives should be discussed with your physician. Dengue Fever This is a viral disease transmitted by mosquitoes. There is no licensed vaccine against it, but personal protective measures against mosquito bites are effective in prevention. Insect repellents, protective clothing such as long-sleeved shirts and pants, plus the use of Permethrin-treated mosquito netting are therefore essential. The disease causes considerable discomfort (fever, body aching), but is self-limited in adults.

Typhoid Fever

Typhoid is an infection caused by a species of the Salmonella bacterium. In about half the cases, it includes bloody diarrhea, but often is characterized only by fever, severe toxicity, and a rash. It is spread by the oral route from contaminated food and water. Untreated, there is a 30% mortality rate. Vaccines are 60-70 % effective in prevention. Careful dietary discretion is the main line of defense. One vaccine involves a single injection, with immunity lasting 2 years. A second one is administered orally every other day for 4 doses, and lasts 5 years. Antibiotic resistance has been developing, but the bacteria are still sensitive to certain well-known antibiotics. Salmonella is an occasional problem in Chiapas, and two students (from a total of over 300) have contracted salmonella during the study abroad program.

Hepatitis A

Hepatitis A is a highly contagious virus that causes liver inflammation. It is most commonly spread through person-to-person contact or through contaminated food or water. Most people from the United States have not been previously exposed to the Hepatitis A virus and are at risk of contracting the disease during travel to areas where the disease is more prevalent. A very effective vaccine is now available and is given 2-3 weeks prior to travel.

Rabies

Rabies is a viral disease almost always caused by animal bites (especially dogs) and is considered a uniformly fatal disease. It is endemic in Mexico. There are two methods of prevention:

- avoid contact with possible rabid animal saliva, including items which may have come in contact with the saliva; and
- immunization, both pre- and post-exposure.

Pre-exposure immunization can be given by either intramuscular or intradermal injection, both requiring completion of the 3-shot series five weeks prior to travel. Post-exposure treatment is required immediately following any suspected contact. Avoid bites from all animals and especially avoid handling or feeding puppies, kittens, monkeys or other animals. They can have rabies before it is obvious. If you should be bitten or have direct contact with the saliva of a suspected rabid animal, immediately wash the affected area with a soap solution and running water for about 20 minutes to neutralize and to rinse out the virus. Then proceed immediately for post-exposure treatment, the sooner the better; depending on the location of the bite, you may have little time. If at all possible, the animal should be captured and kept under cautious surveillance until the diagnosis and therapy are completed. If capture is not possible, a clear description of the animal and the circumstance of contact should be recorded.

Tuberculosis

Tuberculosis is a bacterial disease spread by airborne droplets from a person with untreated pulmonary TB or by ingestion of TB-contaminated unpasteurized milk products. Transmission is more likely in conditions of crowding and poverty. A TB skin test can indicate prior exposure to tuberculosis. If negative, a repeat test after returning to the United States will reveal exposure to the disease. Infection with Tuberculosis may not be apparent for months or even years after exposure, but the skin test becomes positive rather soon. The development of clinical disease can be easily prevented by a course of antituberculosis antibiotic.

Hepatitis B

Hepatitis B is a serious and often chronic viral infection of the liver. Since this type of hepatitis is most often acquired from contact with infected blood, or sexual contact, or from skin-to-skin contact of mutual open cuts and sores, appropriate precautions to avoid exposure via these routes must be observed. This includes avoiding tattooing, ear/body piercing, and cuddling children with sores and draining insect bites. A series of three immunizing injections is available,

requiring at least two doses taken previous to departure. This will provide partial protection. The third shot may be taken five months after the second dose, and may be given after returning home to achieve full, long-lasting immunity. An accelerated schedule can also be used as an alternative.

Immunizations

In the case of Mexico, no immunizations are required for entry into the country from the US or into the US from Mexico. However, several are available. You should discuss with your physician which immunizations you may want before traveling to Mexico. Immunizations require advance planning, generally at least eight weeks before departure. Among the possible immunizations are the following:

- MMR (measles, mumps, German measles)
- Polio
- Diphtheria-tetanus
- Typhoid
- Hepatitis A
- Hepatitis B
- Influenza
- Rabies

With reasonable attention to health and hygiene rules, your stay in Mexico should be a healthy one, aside from minor ailments due to adjustments to new food, water and climate. We recommend you see your physician on returning to the US in order to test for any possible lingering infection contracted overseas.

Student responsibility for personal health

Each study abroad participant must submit a health report based on an examination within the past twelve months by a physician. The exam should reveal any current health problems. The participant and physician should develop strategies for dealing with current health problems, taking into consideration that the participant will be spending 13 weeks in Mexico and may not have access to the quality of health care to which s/he may be accustomed in the United States. Participants who require regular medication, either prescription or over-the-counter, should bring a sufficient supply for the 13 week program. This includes eye care products. Participants who require, or who are likely to require, specific medications for their conditions must communicate with the Mexico Solidarity Network about the process for obtaining these medications in the host country. This needs to be done two months in advance of the beginning of the program so that appropriate planning can take place. Included in this group are students who need to know about managing diabetes, epilepsy, allergies, or other chronic ailments.

Mental health issues

Students who are in counseling or therapy, who have received treatment for psychological or emotional problems in the past two years, or who feel the need for these services should schedule appointments with their mental health professional before they leave to discuss the overseas program and the related issues of living and working in a new environment. Psychological counseling will not be easily available during the 14-week program in Mexico, especially counseling in English.

STIs and HIV/AIDS

Sexually transmitted infections (STIs) exist in every country and every society. This is also true in Mexico, but they are not always discussed as openly and frankly as they are in the US. For the protection of participants and their partners, sexually active students should be certain they are disease-free before leaving this country (where diagnosis and treatment are relatively easy to obtain). Participants should take all appropriate precautions when involved in sexual activity. AIDS is a health threat in every country in the world, including Mexico. Everything that students know about AIDS avoidance in this country applies in Mexico. Participants should be no less vigilant abroad than they are at home. Because discussion of STIs and AIDS is often less open in Mexico than in the United States, this may create an impression of freedom from risk. This is not true. Those participants who will be sexually active are encouraged to practice safe sex. Condoms are available in most pharmacies.

Alcohol and other drugs

Excessive consumption of alcohol affects the ability of students to make rational decisions, and may result in the immediate expulsion of a participant from the program. The legal age for alcohol consumption in Mexico is 18 years old, which means that alcohol will be legally available to participants. This may be a new experience for some participants, and we encourage participants to consider the potential consequences of reduced motor skills and impaired judgment that can often result from alcohol consumption. We strongly encourage participants to avoid alcohol consumption. Consumption of alcoholic beverages is strictly prohibited during class hours and while in indigenous communities. If participants decide to consume alcohol, please do so carefully and in a culturally appropriate manner. Never drive a vehicle, operate machinery or swim while or soon after drinking. In no case are students allowed to consume more than two alcoholic beverages in any 24-hour period, and inebriation is grounds for immediate expulsion from the program. Marijuana and other drugs that are banned in the United States are also illegal in Mexico. Penalties for possession or use of illegal drugs can be quite severe. Possession or use of illegal drugs is strictly prohibited and is grounds for immediate expulsion from the study abroad program.

During the time in Mexico, it is important for participants to monitor their own health. When problems arise, it is the responsibility of the participant to inform group leaders and to work with group leaders to take appropriate measures.

Health insurance

All students must either purchase health insurance from the Mexico Solidarity Network or provide proof of their own health insurance. At a minimum, health insurance should cover emergency hospitalization and emergency repatriation to the US. The Mexico Solidarity Network offers insurance through a policy written by Travel Health and Accident insurance through U.S. Fire Insurance Company, policy #US022072. The policy covers accident/emergency hospitalization coverage with a limit of \$25,000 per person/per incident and has a \$100 deductible per person/per incident. The additional cost is \$125 per student for the Fall and Spring semesters and \$62 for Summer semesters.

Crisis Management

The Mexico Solidarity Network crisis management plan is designed to deal with unforeseen crises that may arise during the study abroad program, including accidents, natural disasters, civil unrest, political uprisings, physical or sexual assault, kidnapping or serious medical problems.

Evaluation of current conditions

Our current analysis (July 2011) of the political situation in the areas where we travel leads us to conclude that widespread civil unrest and/or a political uprising is very unlikely. Accidents and natural events cannot be predicted, but must be planned for (see below). Kidnapping and other serious crimes affecting US students are rare, and we are not aware of a single case of kidnapping or death of a US university student in Mexico during the past five years. During the five years of our program, we have had two concerning incidents in which students were groped briefly on the street in San Cristobal de las Casas with each incident lasting less than ten seconds – and no cases of rape. We also had one case of a serious medical problem – a case of hepatitis in which the student was repatriated to his home before the program finished.

Our crisis management plan is very important. We live by the old saying: hope for the best, but plan for the worst.

The Mexico Solidarity Network on-site staff is responsible for crisis management. While under normal circumstances, we prefer to make collective decisions on major changes in the program, taking into consideration the wants and needs of students, during a crisis we expect students to follow the lead of on-site staff and ask questions later. On-site staff will do whatever is necessary and possible in a crisis to protect students. This responsibility may, at times, appear to

conflict with the values or respect for the students' individual autonomy and independence. But in matters relating to personal safety and crisis management, the authority of on-site staff and the Mexico Solidarity Network will supersede the individual wishes of students. While every person responds to and deals with crises uniquely, there is little time "in the heat of the moment" for extensive discussions or negotiations. In a crisis situation, students are expected to respond quickly to the plan of action outlined by the on-site staff.

By their very nature, crises are unexpected events that take us out of our normal range of experience. Good judgment and flexibility are important in dealing with any crisis situation. The Mexico Solidarity Network relies on experienced on-site staff and local collaborating organizations to collect information and develop the specific elements that make up a comprehensive response to a crisis.

Sexual or physical assault

Unfortunately in Mexico, groping of women by strangers is not uncommon, particularly on crowded public transport and in tourist areas. Students are oriented to:

- Always travel in groups of at least three people
- Be aware of your surroundings. One of our cases of groping happened at 2:00am on a side street in San Cristobal de las Casas where the victim was talking on a cell phone, an action that distracted her from her surroundings.
- Women in Mexico generally don't wear shorts, low cut blouses or shirts that expose the midriff, and men generally don't wear shorts or muscle shirts. Most Mexican women are accustomed to wearing large baggy shirts when traveling on public transportation.
- Don't react to catcalls. Best to ignore them and quickly seek a safe public space.
- Don't use taxis that are unmarked. All taxis should have a photo ID of the driver and an official taxi license plate. Students are oriented to identify legitimate taxis in each locality.
- Avoid taverns and nightclubs that are known to be troublesome. Staff will orient students on known trouble spots.

Crisis response

The following lists and information are maintained to facilitate response to crisis situations:

- Roster of students with copy of passport and emergency family contact.
- Students with special medical needs.
- Contact information for each student homestay. Contact phone number for each student with a cell phone.
- Contact information for on-site staff, including cell phones.

- Maps to designated local meeting places, evacuation routes, and alternative local transportation.
- Emergency telephone numbers for police, medical facilities, local collaborators and the US Embassy.

Communication is central to overcoming a crisis. This includes internal communication within the group and external communication with authorities, family members and local collaborators. All communications should be clear and concise. Ask the other party to repeat key pieces of information, including telephone numbers and names. In almost any emergency contact, the caller should be prepared with the following information:

- Your name
- Where you are
- Nature of the emergency
- Telephone number where you can be contacted, and until when
- When you will call back
- Specific requests for action, with a clear understanding of how the contact person will respond to each situation

In the case of a natural disaster or political unrest, the first step is communication with local collaborators, local officials and the US Embassy to evaluate the situation. On-site staff will develop a plan of action depending on the nature of the crisis at hand. Options include remaining in the present site, evacuation to a nearby urban center, or evacuation from Mexico. The plan of action includes:

- Inventory of personnel. Immediately locate all students and collect them in one place to facilitate communication and quick decision-making. Evaluate medical conditions and make sure everyone is calm. If anyone requires immediate medical attention, arrange for transportation and medical assistance. The list of contacts below provides medical contacts at each site.
- Inventory of personal belongings. On-site personnel assign a team to collect and inventory personal belongings.
- Food and water. On-site personnel assign a team to procure emergency food and water.
- Prepare travel plans if necessary. In the case of an evacuation, ground transportation is provided by the Mexico Solidarity Network van. If this vehicle is damaged or unable to be used, on-site staff will contact alternative ground transportation (contacts listed below for each locality). In case of evacuation from Mexico, the following airports can be utilized:

Chiapas

- Tuxtla Gutierrez airport, about 1 hour from San Cristobal. Regular flights to Mexico City leaving about every hour throughout the day.
- Comitán, about 1 1/2 hours from San Cristobal. A small local airport with only one flight per day to Mexico City.

Tlaxcala

- Puebla international airport, about 40 minutes from Tlaxcala, with regular flights to US destinations.
- Mexico City international airport, about 2 hours from Tlaxcala, with regular flights to US destinations.

Mexico City

- Mexico City international airport has hundreds of flights each day to other parts of Mexico and dozens of flights to different US cities.
- Toluca international airport, located about an hour from Mexico City. Buses depart every 20 minutes from the World Trade Center on Avenida Insurgentes, arrival to the WTC by taxi or subway.

In the case of physical or sexual assault, kidnapping or other crimes, the first contact is with local medical officials (if necessary), the second contact is with local police, the third contact is with the US Embassy, the fourth contact is with family members in the United States, and the fifth contact is with local collaborators. Discussions with local collaborators may include counseling assistance, legal advice (including contact with a lawyer), and/or alternative medical facilities that may be appropriate to a particular medical need.

As soon as the victim is stabilized and/or witnesses are available, on-site staff should conduct an interview documenting in writing as much information as possible about the incident, including at least:

- Time and place of incident
- Description of perpetrators
- Description of vehicles involved
- Witnesses

Police emergency: 040

Medical facilities

San Cristobal de las Casas: the Ornela Clinic is located ½ block from the MSN house in San Cristobal de las Casas.

Oventic: the clinic is located two doors down from the front entrance.

Tlaxcala: First contact is with Dr. Luis Rivera, part of the CNUC staff. His phone number is 044-246-134-0320. Major medical facilities are located in Tlaxcala City and Apizaco.

Mexico City: Major medical facilities are located in almost every neighborhood.

US Embassy: 555-080-2000

Local collaborators

Chiapas:

- Dr. Raymundo Sanchez Barraza (Universidad de la Tierra) 967-678-0206 (home and office)
- Ernesto Ledesma (Capise) 967-678-5347 (home); 961-254-5033 (cell); 967-678-9738 (office)

Tlaxcala:

- Luz Rivera (CNUC) 044-246-134-0320 (cell), 246-462-7976 (office), 246-497-2939 (home).

Mexico City

- Elisa Benavides 555-538-0816 (home and office), 552-670-4433 (cell)

Emergency assistance on toll roads

Green Angels (01) (55) 5250-8221

Emergency assistance 060

Post-crisis defusing process

Almost every crisis involves a period of intense initial response, followed by an evaluation and defusing process once the immediate trauma has passed. The immediate on-scene or near scene demobilization process should:

- Mitigate the immediate impact of the event
- Accelerate the recovery process
- Assess the need for debriefing and other support
- Reduce cognitive, emotional, and physiological symptoms

Within a short period of time, usually the day of the event, the group should take part in an initial defusing process:

- Establish non-threatening social environment
- Allow rapid ventilation of stressful experience
- Equalize access to facts and information
- Restore cognitive processing of event
- Provide information for stress survival
- Affirm value of individuals
- Establish linkages for additional support
- Develop expectancies for the future

The defusing components are as follows:

1. Introduction

- Introduce facilitator(s)
- State Purpose
- Invite voluntary participation
- Establish ground rules (not therapy, not investigation)
- When possible assure confidentiality (no notes, recording, etc.)
- Describe process
- Offer additional support

2. Exploration

- Ask individuals to describe what just occurred
- Answer questions of clarification
- Review experiences and reactions
- Assess need for more help
- Reassure participants, as necessary

3. Information

- Accept/summarize their exploration
- Normalize experiences and reactions
- Teach multiple stress survival skills
- Advise diet & nutrition, alcohol/caffeine avoidance
- Pay attention to rest & relationships
- Recommend recreation & exercise

4. Aftermath

- Offer handshake and comment to each participant
- Provide one-on-one follow-up
- Determine whether to proceed with debriefing

The defusing process may provide the necessary support to groups or individuals, however it may happen that the defusing will reveal that need for further support. Indicators that additional support may be necessary include:

- Intense emotions, unusual behavior
- Unfinished business
- A sense (sometimes subtle) of incompleteness
- Excessive silence

Within two or three days of the crisis, on-site staff should facilitate a more in-depth, guided discussion that aims to:

- Screen and prioritize individual needs
- Identify areas for follow-up support and referrals
- Prevent stress dysfunction

The process involves seven distinct stages. It is important to follow all the stages in order to realize optimal effectiveness. The process moves the participants from the cognitive level (less threatening to express) through the emotional level (essential to explore and address) and back to the cognitive level (where the participants find comfort). The seven stages of the process are as follows:

Stage 1	Introduction	Introduce intervention team members; explain process; set expectations
Stage 2	Fact	Have each participant describe the nature of their participation, from a cognitive perspective

		<i>"What did you see/hear/do?"</i>
Stage 3	Thought Reaction	Solicit cognitive responses to: <i>"What aspect held the most negative impact for you?"</i> -transition from cognitive to emotional processing.
Stage 4	Emotional Reaction	Solicit emotional reactions to or consequences of cognitive responses given in Stage 3. <i>"How has this experience affected you?"</i>
Stage 5	Reframing	Transition from emotional domain back to cognitive. <i>"What lessons could be learned from this experience?"</i> or <i>"What is something positive that you will take away from this experience?"</i>
Stage 6	Teaching	Educate participants to normal reactions (not necessarily shared by everyone) and teach basic stress management, if applicable.
Stage 7	Re-entry	Summarize experience with emphasis on positive learning aspects.

Before debriefing it is important for on-site staff to:

- Review case documents, incident reports, press clippings, etc
- Circulate among the group in order to establish informal contacts, study relationships and individual behaviors, and gather additional background information
- Hold strategy meeting to agree on focus, roles and responsibilities.

After debriefing it is important for on-site staff to:

- Make one-on-one contact with all participants, inviting those deemed needful of further individual support to attend follow-up session.
- Conduct post-debriefing review with team:
 - "How did we do?"
 - "What did we learn?"
 - Coordinate any follow-up
 - Check-in with each team member, "Are you okay?"
- If necessary, write post-action report keeping it general, ensuring confidentiality, and focusing on lessons learned.

Some of the issues that are likely to emerge for students and staff in the aftermath of a crisis are:

- Coping with the loss of personal belongings;

- Lack of opportunity to say good-bye to friends;
- Inability to bring closure to projects/ coursework;
- Dealing with the sudden need to plan next steps;
- Dealing with previous experience of loss and disappointment that the situation may evoke;
- Loss of control of daily activities and immediate future;
- Abandoning previous goals and aspirations;
- Concerns about status, earning academic credit, refunds, etc.
- Feelings of powerlessness, being manipulated.

Sample Medical Evacuation Procedures

1. On-site administrator consults with local doctor, central administrative office in Chicago (773-583-7728), insurance representative, 24-hour hotline to obtain pre-approval for medical evacuation (medevac). Determine insurance carrier and contact for student. Many students carry their own insurance and contact information is available from the MSN office in Chicago. For students who have insurance through the MSN program, the contact number is: AIG WorldSource 212-770-2792 or Sharon Caruso 847-398-7060. Claims can be filed via internet at https://aiu2.aig.com/aiu/claimsform_sel_ws.htm. Our health policy is: Travel Health and Accident insurance through U.S. Fire Insurance Company, policy #US022072. The policy covers accident/emergency hospitalization coverage with a limit of \$25,000 per person/per incident and has a \$100 deductible per person/per incident.

2. If administrator office concurs medevac is necessary, determine

- a. How soon medevac should occur.
- b. If medical or nonmedical accompaniment of patient is necessary.
- c. If patient is stable enough to transport to home country/state or will need to have medical care in country abroad with appropriate medical facilities.

3. Inform administrators of any special needs in itinerary such as

- a. Destination
- b. Special seating arrangements (stretcher, first class)
- c. Special airport arrangements (wheelchair, stretcher, ambulance)
- d. Special airline medevac or airline's permission in advance to fly
(Usually necessary if you want to bump another passenger, if stretcher needed, if medically accompanied, if IV necessary, or if any other visibly obvious, serious medical problems.)

4. Ensure the patient has passport and visa needed for departure from abroad and entry into USA or country enroute. If passport is unavailable, contact US Embassy consul to make another passport or arrange for proper documents.

5. Inform administrator if student wants parents or family notified and /or review pre-departure form to see if student has pre-approved emergency contact(s).
6. Brief patient about medevac procedure going over medevac checklist and reviewing standard medevac handout with student.
7. Prepare patient's medical chart and ensure that all results are translated into English. Instruct patient to carry chart, etc in hand luggage. Include any x-ray or lab results.
8. Make sure patient has any necessary medications or supplies he/she will need along the way.
9. If patient is traveling alone and will need to overnight in a city enroute, remind patient that airline is usually responsible for providing food and lodging while the patient is enroute to destination. Have patient check at airline desk for lodging voucher. This situation is unlikely in the case of medvac from Mexico to the US.
10. If patient is traveling with accompaniment, determine if patient will need to go directly to hospital when arriving at destination.
11. If direct hospital evaluation/admission will be needed, call administrator to determine which hospital and consultants will be used and go there directly from the airport.

Procedure for Medical Evacuation with Emergency Evacuation Assistance Company

1. Contact the insurance company as soon as the decision to medevac the patient is taken. Many students carry their own insurance and contact information is available from the MSN office in Chicago. For students who have insurance through the MSN program, the contact number is: AIG WorldSource 212-770-2792 or Sharon Caruso 847-398-7060. Claims can be filed via internet at https://aiu2.aig.com/aiu/claimsform_sel_ws.htm. Our health policy is: Travel Health and Accident insurance through U.S. Fire Insurance Company, policy #US022072. The policy covers accident/emergency hospitalization coverage with a limit of \$25,000 per person/per incident and has a \$100 deductible per person/per incident.
2. Give insurance company the following information:
 - a. Patient name
 - b. Age
 - c. Citizenship
 - d. Medical problem
 - e. Medical equipment needed in transport (e.g., blood, oxygen)
 - f. Medical personnel needed in transport (e.g., anesthesiologist, nurse, other specialist)
 - g. Name and phone number of local attending physician

- h. Place to which you want to medevac patient
- i. Central administration and on-site telephone numbers and fax number, Embassy number
- j. State U.S. Guarantee of payment: Fiscal Data
- k. Whether someone will accompany the patient

3. Develop a medevac checklist individualized for each incident in consultation with the insurance company for procedures /practice in case of medical evacuation.