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Safety, Health, and Crisis Management in Brazil

The health and safety of Study Abroad participants is the highest priority of the Autonomous University of Social Movements. 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.

Safety, Health and Crisis Management

We take the safety of our students very seriously, and our record over the past eleven 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 large part, because we have strong local partners in 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. AUSM has a more rigorous alcohol policy than most study abroad programs (inebriation is cause for removal from the program). Staff explain to students that this is a question of responsibility – toward homestay families, toward hosting social movement organizations, and toward AUSM's binational organizing commitments – in addition to being a safety concern. The cooperative interaction of staff and students 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 more than a decade of experience with study abroad, AUSM has the know-how, experience, local connections and commitment to maximize the safety and health of participants.

Health and Safety

The US State Department currently has no travel warnings or alerts for Brazil.

AUSM staff carefully orients participants upon arrival at each site to avoid activities that may expose them to safety threats or 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. We also discuss the sexual assault policy outlined below. Students are given emergency contact numbers to carry with them at all times. Students 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.



In 2011, AUSM identified a possible safety concern – a traditional week-long vacation during the middle of our semester-long program in Mexico. In the Fall of 2011 we eliminated the vacation week entirely from all our study abroad programs. In seven years we had no serious health or safety problems with students during vacation week, but we took this measure because of stories we heard about student behavior (sometimes irresponsible) in regions of the country where they lacked familiarity. We mention this particular decision as an example of our proactive approach to health and safety. 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 led to the high degree of safety for our study abroad programs.

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.
- Orientation on gender dynamics and what to do in case of sexual harassment or sexual assault.

The Center for Disease Control and Prevention reports, “Zika outbreaks have been reported in Brazil. Because of the risk of birth defects in babies born to women who were infected with Zika while pregnant, women who are pregnant should not travel to Brazil. (10/17/16)” Because of this CDC recommendation, AUSM will not accept applications from pregnant women. For most people, Zika is little more than a nuisance. The CDC reports, “Many people infected with Zika virus do not get sick. Among those who do develop symptoms, sickness is usually mild, with symptoms that last for several days to a week. Guillain-Barré syndrome (GBS) is a rare disorder that can cause muscle weakness and paralysis for a few weeks to several months. CDC research suggests that GBS is strongly associated with Zika; however, only a small proportion of people with recent Zika virus infection get GBS. Most people fully recover from GBS, but some have permanent damage.” AUSM encourages students to use mosquito repellent and to travel with a mosquito screen for sleeping. Students are oriented to follow CDC guidelines concerning post-trip sexual activity. For more information on CDC guidelines, see <http://wwwnc.cdc.gov/travel/notices/alert/zika-virus-brazil> and <http://wwwnc.cdc.gov/travel/destinations/traveler/none/brazil>.

Pre-departure health issues

AUSM is not licensed to practice medicine. As such, we do not make medical recommendations, including pre-departure vaccinations. For CDC recommendations on pre-trip vaccinations and other health precautions, see <http://wwwnc.cdc.gov/travel/destinations/traveler/none/brazil>. We strongly encourage participants to consult with their physician 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.

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 time in Brazil 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 entire program. This includes eye care products.

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 in Brazil, especially counseling in English.

STIs and HIV/AIDS

Sexually transmitted infections (STIs) exist in every country and every society. This is also true in Brazil, 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 Brazil. Everything that students know about AIDS avoidance in this country applies in Brazil. Participants should be no less vigilant abroad than they are at home. Because discussion of STIs and AIDS is often less open in Brazil 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 Brazil 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, at the ENFF, and in MST communities that we visit. 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 Brazil. 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 our time in Brazil, 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 through AUSM or provide proof of their own health insurance. At a minimum, health insurance should cover emergency hospitalization and emergency repatriation to the US. AUSM 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 AUSM 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.

Our current analysis (November 2016) 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. Brazil is experiencing a certain level of political instability due to the impeachment of the President in 2016. Public demonstrations before and after the impeachment were largely peaceful and there is no indication of widespread social instability. The MST, our partner organization in Brazil, has been at the forefront of opposition to the coup. The Temer administration briefly entered the MST's Fernandes Florerstan National School in early November, 2016, and fired several shots in the air, in apparent retaliation for the MST's political positions. There were no injuries or deaths and police quickly left the school.

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 of a US university student in Brazil during the past ten years. We are aware of two student deaths in recent years, one due to a disease contracted in Brazil and one due to a swimming accident - both on programs not our own. However, these incidents are uncommon. A March 2016 report by the Forum on Education Abroad, a nonprofit that develops standards for the study abroad industry, says that college students are less likely to die abroad. An analysis of insurance data from 2014 showed that the mortality rate for students on study abroad was 13.5 per 100,000 students; for those on U.S. campuses, it was 29.4. That means students are 2.18 times more likely to die on an American college campus than while studying abroad.

In crisis management, we live by the old saying: hope for the best, but plan for the worst. AUSM 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 AUSM will supersede the individual wishes of students.

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. AUSM 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 Brazil, 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.
- Don't react to catcalls. Best to ignore them and quickly move on to 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 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 Brazil. 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.
- 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, if necessary.
- Prepare travel plans if necessary. Transportation provided by the MST is available for evacuation or emergency travel. The closest airport for international evacuation is Sao Paulo.

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 collaborators, the third contact is with local police, the fourth contact is with family members in the United States, and the fifth contact is with the US Embassy. 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

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 or the following day, 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 of meeting
- 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 the 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

Introduce intervention team members; explain process; set expectations

Stage 2

Have each participant describe the nature of their participation, from a cognitive perspective "What did you see/hear/do?"

Stage 3

Solicit cognitive responses to: "What aspect held the most negative impact for you?"-transition from cognitive to emotional processing.

Stage 4

Solicit emotional reactions to or consequences of cognitive responses given in Stage 3. "How has this experience affected you?"

Stage 5

Transition from emotional domain back to cognitive. "What lessons could be learned from this experience?" or "What is something positive that you will take away from this experience?"

Stage 6

Educate participants to normal reactions (not necessarily shared by everyone) and teach basic stress management, if applicable.

Stage 7

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 (773583-7728), 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 AUSM office in Chicago. For students who have insurance through the AUSM 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 non-medical 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 Brazil 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 AUSM office in Chicago. For students who have insurance through the AUSM 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.



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