



# MEDICAL MISSION TO ECUADOR: QUITO AND THE AMAZON March 14-23, 2008

Dear Medical Mission Applicant,

Have you ever had the desire to walk the Equator, or trek through the cloud forests of Ecuador? Now is your chance! This March NSU DOCARE will be traveling to Ecuador, visiting the beautiful city of Quito and the wonders of the Amazon. This unique opportunity offers the chance to serve indigent tribes of the Amazon rainforest, in addition to tubing down the tributaries of the Amazon, bathing in Ecuador’s hot springs, teaching medical students, and most importantly serving the medical needs of these communities.

The number of physicians that participate in this mission will dictate the number of students that are able to go, and we are in desperate need of your help! Enclosed are the documents and instruction checklist for a complete application packet. Below are some of the quick reference basics regarding our mission:

- The mission is from **March 14-23**, please see Page 2 for more details.
- The cost is \$1500.00 including flight from Miami, hotel, transportation, two to three meals per day, some of the activities listed above. **\$ 1,650 DUE with the application.**
- Please indicate in your application if you are interested in possible **CME credit**. Depending on interest, this may or may not be offered.
- Family members are welcome! We are in need of approximately 10 volunteers. However, we may not be able to have space for everyone.
- Completed applications are **due by January 5, 2008** and can be mailed to:  
**Mary Chrisocho**  
**461 NW 87th Terrace**  
**Apartment 301**  
**Plantation, FL 33324**

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We would like to thank you for your time and consideration! All of the forms are available on our website at [www.nsudocare.org](http://www.nsudocare.org). Please don’t hesitate to contact me if you have any questions. We look forward to working with you!! You are also welcome to explore the DOCARE International Website [www.docareintl.org](http://www.docareintl.org) to learn more about our organization.

Sincerely,  
 Mary Nicole Chrisochos, OMS II  
 NSU-DOCARE Vice President  
 Physician Recruitment Chair  
[chrisoch@nova.edu](mailto:chrisoch@nova.edu), 954-817-5180



**Dear Physicians, Colleagues, and Friends,**

Looking to do something different for a vacation, but also want to use your clinical skills? Come join us for our next medical mission! Thank you so much for your interest in NSU-COM and DOCARE's trip to the Amazon of Ecuador in the Spring of 2008. Whether you found out about our mission through a professional publication, are an alumni of NSU-COM, or work with one of our students, we are so proud to offer you an **amazing opportunity for professional and personal growth**. Please read on for details. This information is accurate at this time, but as one would expect with large groups and international travel, this is tentative. **We appreciate your patience and flexibility as we work to prepare for this mission.**

Ecuador Mission 2007

- *Dates:* Friday March 14-23, 2008
- *Cost:* \$1,650 all inclusive cost including air fare, most meals, and accommodations
- *Locations:* Quito, Baeza, Quijos, and Tena-Napo Amazonica of Ecuador. We will visit a variety of clinics in these towns. Our home base will be *Hosteria San Jorge* <http://www.hostsanjorge.com.ec/>
- *Group size:* approximately 20 physicians/NP/PA, and 40 students. Our goal is a 2:1 student to doctor ratio to maximize the learning experience for the students.
- *Types of physicians needed:* primary care specialties including Peds, Internal Medicine, Family Medicine, Optometrists, Dentists, Pharmacists, ER Physicians, ect.
- *Special skills:* Spanish Speakers are extremely helpful to us! Interest in Osteopathic Manipulative medicine is also a great asset. At this time we are not planning to offer CME credits.
- *How to prepare now:* Make sure your **passport** is up to date and consider **vaccinations** recommended for travelers by the CDC website. We recommend anti Malarial prophylaxis such as Malarone, Aralen, or Doxycycline. Vaccines recommended include Typhoid Fever, Yellow Fever, and HepA/B.
- What you can expect: Although we see patients in some remote locations, our accommodations are quite nice. You **will have hot water, shower, three meals a day, bottled water, and a bed**. Students share rooms, but physicians can have private or semi private rooms. We expect to see about **2,500 patients over 4 days (about 30 clinic hours)**. Much of the trip requires bus rides to reach our destination. We travel from the capital city of Quito and work our way east into the Amazon basin, seeing patients, taking in the scenery, and sight seeing along the way. **We visit sites specified by the Ecuadorian government to be in extreme need and are areas of true poverty**. Last year we most commonly saw patients with: parasitic infections, fungal infections, acute infections, and musculoskeletal pain. **Unique cases** included multiple patients with AAAs, Leishmaniasis, Scabies, and blindness in twin girls due to maternal Chlamydia.
- **For fun** we visited the beautiful colonial city of Quito, Ecuador, hiked to a waterfall, rode inner tubes down a tributary of the Amazon, hiked through a beautiful section of rain forest, bathed in the natural springs of mountain water, and enjoyed **cultural presentations** from a traditional **Shaman medicine man** and the Children's Performing Arts School of Baeza, Ecuador.
- What our students expect from their preceptor physicians:  
We are very grateful to have physicians volunteer to work, teach, and explore with us. If you haven't recently done H and Ps or general family health due to your specialty, please be self motivated and brush up on exam skills to be of most help to the people we serve. You need to be comfortable diagnosing microbial infections, musculoskeletal problems, some dermatological conditions, and occasional tropical disease. **This is a special opportunity for physicians to remind themselves of why they became a doctor**. Also, students who join this mission are very committed to learning and advancing their clinical and communication skills so you can be sure you will have enthusiastic, hard working students at your side! Students hope to be challenged by their preceptors in an encouraging and positive manner. We hope that physicians who join us enjoy teaching students, sharing, working hard, and exploring. **It would be an honor to have you join us and help us provide much needed medical care!**

## Greetings to all!

I thank you for this opportunity to introduce you to the NSU DOCARE trip that is planned for this upcoming April in Ecuador. This will be another exciting mission that will offer you and your family opportunities to explore and serve in one of the most stable, yet exciting countries in South America. **The Ecuador mission will leave Miami on March 23 and return to the United States on March 24, 2008.** This year we are also offering an opportunity for you to bring your family members, who will be required to serve in some capacity during the mission. Please note that due to the limited number of spaces we may not be able to accommodate all the requests for additional guests. We hope that you can join us and see the world and serve the world.

Hope to see you at the equator!!

Elaine M. Wallace, D.O., M.Sc., Administrative Coordinator, Medical Director  
Camille Bentley, D.O., Medical Director, President of South Florida Region, DOCARE Intl

### **ITENERARY- Service opportunity: Quito and the rain forest- TENTATIVE PLAN**

This mission will be based out of Quito and will include patient care both in Quito around the Hosteria we are staying in as well as in clinics along our way to the Amazon Basin. Upon arrival on Friday, an afternoon/evening opportunity to sight see in Quito is planned. Saturday will include a trip to Ottavalo, the largest outdoor market/shopping area in this region. Sunday afternoon will begin patient care in Quito. Two days will be spent serving patients in this area. Tuesday the trip will leave for the cloud forest, making a stop along the way at the natural hot springs of this region. You will have the opportunity to bathe in these springs. One to days will then be spent serving patients in Baeza and Quijos east of Quito. We will then continue on to the rain forest to serve patients and sight see. A side trip will also be made to visit the equator. After staying in the Tena-Napo of the Amazon in Ecolodges in beautiful jungle surroundings, we will enjoy a river tubing ride down a tributary of the amazon and a jungle educational walk. The trip will return to Quito on Thursday or Friday evening. The trip will be based out of **Hosteria San Jorge in Quito, which is an 80-acre ecological reserve (check out the web site on our host site (<http://www.hostsanjorge.com.ec/english/archeology.html>)).** Throughout our trip we will be accompanied by Jorge of San Jorge himself as well as his staff that will drive our tour buses, assist with distributing lunches, as well as be our general advocates and guides throughout the trip. We were very well taken care of last year- including a fresh bottle of water by our beds in the evening.

### **CME: TENTATIVE DEPENDING ON INTEREST**

#### **OPP and Radiology**

CME has been planned for Saturday afternoon and evening and Sunday morning prior to the beginning of patient care. The OPP program will consist of lectures and hands on didactics in Facilitated Positional Release, taught by Dr. Wallace and the NSU team of OPP fellows. The Radiographic portion of the trip will consist of lectures in Radiology for the generalist and will be geared to the musculoskeletal system. 10 hours of AOA certification for this CME is pending and the extra cost to physicians who desire the CME credits for this program is \$150.00. Once CME credit has been confirmed as available, we will let you know. Please do not pay until notice is given that this program will be available.

#### **Family members:**

A large number of activities are planned for family members who choose to go on the trip. Please note again, all who travel with us are expected to serve. We will be presenting the "Doctor's Bag" program in schools on both mission opportunities. This program teaches children what is in the doctor's bag. It is a rewarding and exciting educational opportunity. As always, if you speak Spanish, your skills are at a premium and you will be asked to serve as a translator. We will do our best to match your job with your skills, so please be specific on your application.

#### **Availability:**

There is great interest in this mission, but we can obviously take only a finite number on each trip. We will of course try to take as many as we can, but get your application and base fee in as soon as possible, as the trip will be first come, first serve.

# ECUADOR APPLICATION PACKET CHECKLIST

**DUE:** January 5<sup>th</sup> 2008

The following must be submitted as part of the completed application packet. PHYSICIANS, please be sure **to include a copy of your medical license**. Please paperclip the following completed items in order as follows:

## **A COMPLETE APPLICATION INCLUDES PAGES 5-10 OF THIS DOCUMENT!**

- Application Packet Checklist
- Application Form \* Name as it appears on passport\*
- Waiver of Liability
- Altitude questionnaire
- Proof of Emergency Insurance
- THREE photocopies of your passport/TWO copy of medical license if applicable
- Roommate Assignment Sheet
- DEPOSIT of \$1000 payable to NSU DOCARE Student Chapter**

If mailing completed application, please mail to  
**Mary Chrisochos, NSU DOCARE**  
**Vice President at:**  
**461 NW 87th Terrace Apt 301**  
**Plantation, FL 33324**

**\*\*\*NOTE: If ANY documents are missing or if each form is not completed in its entirety, the application will not be accepted.\*\*\***

- On the application, please write your name exactly as it appears on your passport. If you are married and recently changed your last name, do not write your married name unless you have officially changed it with the Embassy and have the attached renewal.
- The altitude questionnaire is not only for our knowledge, but also yours. The elevation of Quito is approximately 10,500 ft above sea level and altitude sickness is a common occurrence when traveling, especially from Florida.
- Family members are welcome to help with the mission and join you in Ecuador. They will need to complete an application packet as well. Based on availability, volunteers will be ranked according to triage experience and/or Spanish fluency.
- We suggest that each traveler to have emergency insurance. In the event of an emergency, you will have the option to be evacuated out of Ecuador and back to the United States to receive your care. If you are currently covered under NSU's Chickering Insurance Plan, this coverage is included and you simply need to provide a copy of the *front and back* of your insurance card on the same 8 ½ X 11 sheet of paper. If you do not carry NSU's insurance, this extra coverage can be purchased for a small fee, around \$70, by contacting Medex at <http://www.medexassist.com/safetrip.cfm>.
- The passport copies must be on separate 8 ½ X 11 sheets of paper and the photograph must be clear.
- The rooms will accommodate anywhere between 2-6 people. We will attempt to match you top choices, however, if that is not a possibility, we will have additional roommate to choose from for you. If you do not feel comfortable sharing a bed, please indicate it on the sheet. Also, men and women will not be assigned to the same room, unless specifically requested. If you are traveling with a spouse/significant other and request a separate room for the two of you, please indicate that as well.
- We will be staying at Hosteria San Jorge, which includes two-three meals/day, transportation, and activities. You may visit their website at <http://www.hostsanjorge.com.ec>.

# Nova Southeastern University

## ECUADOR MISSION APPLICATION

MARCH 14-23, 2008

Name (on passport)			
E-mail		Cell phone	- -
Mailing address		Home phone	- -
		Office phone	- - X
		Fax	- -

STUDENTS ONLY (IN GOOD ACADEMIC STANDING)  YES  NO

### HEALTH-CARE PROVIDERS ONLY

LICENSE #	STATE	AOA /AMA#	SPECIALTY
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CME TOPIC SUGGESTION / INTEREST

NON-HEALTH RELATED EXPERIENCE \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Spanish proficiency (fluent, intermediate, none) \_\_\_\_\_

Previous medical mission experience? \_\_\_\_ If yes, where \_\_\_\_\_

**Fee includes airfare from Miami International Airport, ground transportation, lodging, and ~2 meals/day in Ecuador.**

**Physicians applying by Nov. 27, 2007- your check will be held for deposit until we evaluate how many physicians and specialties we have. You will be contacted to confirm your acceptance and attendance for the mission. Preference will go to primary care physicians.**

**Camille Z Bentley & Elaine M Wallace, Co-medical Directors  
Michael L Funk, PA Coordinator**

**NSU-COM, 3200 South University Dr., Fort Lauderdale, FL 33328-2018**

**J GREEN GREEJOSH@NOVA.EDU E WALLACE [ewallace@nova.edu](mailto:ewallace@nova.edu)**

# NSU-COM INTERNATIONAL MEDICAL OUTREACH RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

**THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISKS** (the "Release") is executed by me, \_\_\_\_\_ whose address is \_\_\_\_\_ in favor of NOVASOUTHEASTERN UNIVERSITY, INC., a Florida not for profit corporation (the "University"), whose address is 3301 College Avenue, Fort Lauderdale, Florida 33314.

1. **PARTICIPATION IN THE TRIP.** I desire to participate in a trip to Ecuador (state/country) scheduled to occur from 3/14/08 (beginning date) through 3/23/08 (ending date) for the primary purposes of travel (reason) (the "Trip"). I acknowledge that I am not required as part of my academic program or otherwise to participate in the Trip.
2. **WAIVER OF UNIVERISTY LIABILITY FOR DANGERS AND RISKS.** I understand that there are certain dangers, hazards, and risks inherent in international travel and the activities to be engaged in during this Trip to Ecuador, which can cause personal injury, death and property damage. I further understand that the University cannot and does not assume responsibility for any such personal injury, death or property damage.
3. **ASSUMPTION OF RISKS.** Notwithstanding the dangers, hazards, and risks involved, and in consideration of being permitted to participate in the Trip:
  - (i) I agree to assume all the risks surrounding my participation in the Trip and in the activities I undertake in connection therewith; and
  - (ii) I release and forever discharge the University, its trustees, officers, agents, employees, and any students acting as employees (hereafter collectively call the "Releasees"), from any and all liability for any injury, damage, claim, demand, action, cost, and expense of any nature that I may at any time have or incur, arising out of or in any manner related to any loss, damage, injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while in Ecuador (state or country) or in transit to and from Ecuador (state/country).
4. **DISCLAIMER OF UNIVERSITY RESPONSIBILITY.** I understand and agree that the University is
  - (i) not responsible or liable for any injury, damage, loss, accident or delay which may be caused by a defect in any vehicle or other mode of transportation, or the negligence or other wrongful act of any party engaged to provide services connected with the trip.
  - (ii) not responsible or liable for any injury, damage, loss or expense due to sickness, weather, strikes, hostilities, wars, natural disasters, terrorism, or other such causes,
  - (iii) not responsible or liable for disruption of travel arrangements, or any consequent additional expenses that me be incurred therefrom, and
  - (iv) not responsible or liable for any loss, damage, or theft of my luggage or other personal belongings.
5. **RESPONSIBILITY FOR MEDICAL NEEDS.** I represent to the University that I am aware of my personal medical needs and that there are no health-related reasons or problems which preclude or restrict my participation in the Trip. I acknowledge that the University has strongly recommended that I obtain insurance coverage valid in Ecuador (state/country) to protect against the cost of hospitalization and physician care in the event of sickness, accident, injury and disability. I understand that I am solely responsible for obtaining such insurance and that I will have a copy of such insurance on my person while traveling. I further understand and agree that (i) the University is not responsible for attending to any of my medical or medication needs, (ii) I assume all risks and responsibility for my medical and medication needs, and (iii) if I am required to be hospitalized at any time during the Trip, the University does not assume any legal responsibility for payment of such costs.
6. **EMERGENCY MEDICAL TREATMENT.** I understand that the Releasees do not have medical personnel available at any time during the Trip. I grant the Releasees permission to authorize emergency medical treatment, including surgery, and I agree that such action by the Releasees shall be subject to the terms of this Release. I understand and agree that Releasees assume no liability or responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
7. **LEGAL PROBLEMS.** I understand that if I have a legal problem in Ecuador (state/country) during the Trip, I will attend to the matter personally with my own funds and that the University is not responsible for providing any assistance to me under such circumstances.
8. **BINDING NATURE OF RELEASE.** It is my express intent that this Release shall bind the members of my family (including my spouse, if any) if I am alive, and my heirs, personal representatives, successors, and assigns if I am deceased.
9. **INDEMNIFICATION.** I agree to indemnify, defend and hold the Releasees harmless from any liability, claim, action, debt, damage, loss, cost and expense of every kind or nature asserted by any party against any Releasees or incurred by any Releasee and arising directly or indirectly from or in connection with mu participation in the Trip or any of the activities I engage in during the Trip.
10. **RESERVATION OF RIGHTS.** I acknowledge that the University reserves the following rights that it may exercise in its sole discretion: (i) the right to cancel the Trip, and (ii) the right to make alterations, changes, and modifications in any part of the Trip itinerary and the activities in connection therewith.
11. **PASSPORT, VISA AND VACCINATIONS.** I understand that I am responsible for obtaining my own passport, visa, and public health vaccinations.
12. **COMPLIANCE WITH LAWS.** I agree to comply with all laws of Ecuador (state/country) during the Trip.

13. **DISCLOSURE.** THE UNIVERSITY HAS INFORMED ME THAT BY SIGNING THIS DOCUMENT I RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I OTHERWISE MIGHT HAVE, AND THAT I SHOULD READ THE DOCUMENT CAREFULLY AND UNDERSTAND IT FULLY BEFORE SIGNING.

14. **REPRESENTATIONS.** I represent to the University that (i) I have read this Release and fully understand its contents and the effect of its terms and provisions, (ii) I sign the Release as my own free act and deed, (iii) with respect to the matters set forth in this Release, no oral representations, statements or inducements other than those expressly contained herein have been made to me by any of the Releasees, and (iv) I am over eighteen (18) years of age and fully competent to sign this Release, and (v) I execute this release for complete and adequate consideration, fully intending to be bound by the same.

15. **GOVERNING LAW.** I agree that this Release shall be constructed in accordance with the laws of the State of Florida.

16. **PARTIAL INVALIDITY.** If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I agree that the validity of all remaining terms and provisions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this Release of Liability and Assumptions of Risks this [redacted] day of [redacted], [redacted].

WITNESSES:

[redacted]

Signature

[redacted]

Printed Name

[redacted]

Signature

[redacted]

Printed Name

STUDENT:

[redacted]

Signature

[redacted]

Printed Name

### EXHIBIT "A"

Problems and hazards that participants can experience:

- 1) Poor quality food or drinking water;
- 2) Food poisoning and/or skin rashes;
- 3) Circumstances of travel via plane, or local automobile;
- 4) Pick pockets, or theft at hotel or elsewhere during trip;
- 5) Sexual harassment and unwarranted sexual advances;
- 6) Natural events, e.g. earthquakes, tropical storms, volcanic activity, etc.
- 7) High altitude nausea, nose bleeds, headaches;
- 8) Drug availability and severe police/legal penalties;
- 9) Possible political instability;
- 10) Kidnapping, torture and death;
- 11) Guerrilla warfare;
- 12) Drug cartel violence;
- 13) Terrorist activity of any kind;
- 14) And any other unforeseen circumstances that can cause problems, permanent damage or even death.

## ALTITUDE QUESTIONNAIRE

We will be setting up medical clinics in Quito and the Amazon at an elevation that may exceed 10,500 ft, which means that you must be physically capable of working at a very high altitude. The trip to some of our sites can be difficult and may take several hours; the roads are rocky and extremely rough. In order to screen for medical capability of the mission participants, it is imperative that you complete this questionnaire honestly and completely.

Your Name:

Please write yes or no to the following:

Have you ever had altitude sickness?

Do you currently have any respiratory dysfunctions or illnesses?

Have you ever had pulmonary edema?

Have you ever had cerebral edema?

Do you have hypertension or cardiac disease?

Do you currently have anemia?

Do you currently take steroids?

Do you currently have asthma?

Comments:

## ROOMMATE PREFERENCES

Please list your top six choices for roommates. In the event that we are not able to place you with your top four choices, we will have additional options for your preference regarding room assignments.

Please check here if you would prefer not to share a bed.

Please check here if you have a spouse or significant other that you would prefer to room with.

(Please note that there may be an additional cost)

Name of spouse/significant other \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_