GMT TRIP INFORMATION
And useful tips from our team

WHAT SHOULD YOU EXPECT FROM A REGULAR GMT TRIP?
**Contenido**

ABOUT US ................................................................................................................................. 1

OUR TRIPS AND PROGRAM ........................................................................................................ 2

OUR ADVANTAGES ..................................................................................................................... 3

DESCRIPTION OF A GMT CLINIC ............................................................................................. 4

GETTING READY ........................................................................................................................ 5

IMMUNIZATIONS, DISEASE PREVENTION AND TRAVEL SAFETY FOR INTERNATIONAL TRAVELERS ...

GMT TRIP SECURITY AND PERSONAL SAFETY ............................................................................ 7

DONATED OTC MEDICATIONS TO BRING ................................................................................. 8

ARE WE STRANGERS IN THIS WORLD? ...................................................................................... 9

CONTACT INFO ............................................................................................................................ 9

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**ABOUT US**

Global Medical Training is an International Humanitarian Organization that provides medical services to poor communities in Central American countries. Our main purpose is to offer healthcare students and professionals a truly international experience that will expand their understanding of medicine and life outside of the United States.

This organization was created by North American Physician, Dr. Wil Johnson MD and Costa Rican administrator, Santiago Mora. We had several humanitarian ideals in common that needed a fertile soil to flourish. GMT was not meant to be just another option for helping the impoverished Central American communities but also providers, for a heart and mind changing experience, by turning our sponsors into key participants of this effort.

**OBJECTIVES**

- Providing free healthcare services to the needy in Central America
- Training the students and requiring crucial participation from them in the process of medical diagnosis and treatment.
- Giving the students a firsthand experience on cultural, social, and political life in this region.

Medical students as well as all other future professionals in the United States should globalize the vision they have of their careers. This means that they should expose themselves to other ways of living, working, and providing healthcare from the ways to which they are accustomed. Applying what they learn to what they face as students and as medical professionals can perfect them as healthcare providers and human beings.
Medical work on Ometepe Island

Method
The participants will travel to a Central American country where medical attention is needed and not generally obtained. Upon arrival students will receive specific training for the trip upon which they embark.

Students will be exposed to a medical environment where they will be allowed to observe and participate in medical consultations with patients who have scarce economic resources. This will be done in various settings: urban and rural.

Students will learn about the culture and history of the countries in which they travel and will try to apply the information learned to their experiences during clinics. They will make reflections about the medical and cultural experiences and will apply them to what they believe their future holds for them.

OUR TRIPS AND PROGRAM
GMT welcomes groups ranging from 10 to 22 students for a period of 8 to 13 days. Smaller groups assure a better quality of service (translation/closer medical supervision) and a more personalized learning experience. The group/individual departs from a city in the U.S. and will picked up from the airport to a Hotel or residence where the training part of the program begins. GMT will provide transportation for all the programmed activities.

On the fourth day of the trip the students will start their first “set up” clinics. We provide all the medication that patients are prescribed (hundreds of them sometimes). Clinics are usually carried out at community halls or local churches; however GMT does not hold particular religious affiliations. We work with any moral group that is willing to help its fellow human being.

Our Budget

<table>
<thead>
<tr>
<th>Expense</th>
<th>% of our budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local transportation</td>
<td>30%</td>
</tr>
<tr>
<td>Salaries and administration</td>
<td>15%</td>
</tr>
<tr>
<td>Financial Aid (for participants)</td>
<td>5%</td>
</tr>
<tr>
<td>Medical supplies and medication</td>
<td>15%</td>
</tr>
<tr>
<td>Lodging and food</td>
<td>35%</td>
</tr>
</tbody>
</table>

100%
Who are we looking for?

We focus on students of healthcare professions (including undergraduates) who want to be part of a life changing experience and serving in a Central American country. Participants are not required any language skills or previous medical knowledge.

Tourism Options

After a few days of clinic we get on the road again to visit other communities and serving there. Clinic days will be intense; however, we give the participants at least two days of great GUIDED recreation every two or three clinic days. At the end of the trip all the group members are taken to the airport to wait for their flights back home.

OUR ADVANTAGES

- **Strong medical orientation:** Unlike other volunteer programs, GMT assigns a high priority to all medical aspects of the trip. Our medical director, Doctor Will Johnson, a very experienced physician, oversees the quality of our medical work.
• **Student satisfaction centered:** We seriously care about the results of our program. Our success depends on the overall satisfaction of participants who want to make this a productive and meaningful experience. We undertake frequent evaluations of our staff and all the project aspects to certify the quality of our program.

• **Highly trained staff** Our collaborators will exceed your expectations with the quality of their skills and outstanding service.

We are honored to have the participation of highly experienced doctors and the most qualified guides with wide experience in the field of medical missionary efforts.

**DESCRIPTION OF A GMT CLINIC**

Our approach is hands on patient contact medical clinics for the students. This experience is 100% interactive: students, patients, doctors all actively involved in the evaluation, assessment and treatment of medical conditions.

You will not just sit and watch. You will work with doctors side by side. You'll be encouraged to do medical work according to your abilities/training but always with medical guidance/teaching and supervision.

We start out with small sub-groups of 2-4 students assessing a patient. As you gain experience, this is broken down to two and even one student per patient. The more advanced you are, the more quickly you move into a one on one full patient assessment mode. This is all with full doctor assistance and supervision, but letting you take the assessment and treatment process as far as you can with each patient. This is individualized for each student this way.

Our clinics are primarily non-surgical, as we go directly to the small village communities and set up in "non medical" buildings. Therefore, there are no true surgical facilities...however; minor lesions are sometimes excised within that setting. We minimize this, as we do not have reliable post op follow up. We move to new villages every 1-2 days.

**Medical School Recommendations:**

GMT is able to recommend students to Medical Schools in the USA. Participants are not given a recommendation just for participation in this experience. The situation of every applicant is carefully reviewed by our Medical Director based on strict performance standards.

For more relevant information, please contact our Medical Director, Dr. Wil Johnson.
LEARNER-CENTERED TEACHING

The GMT clinic model provides a real, hands-on, supervised Medical experience.

This is a dynamic, interactive way of learning. Combined with intentional reflection on the experience, insights can be gained that can be transformed into action and further exploration. In our setting, this should fan the sparks of humanism that attract students into the medical profession in the first place.

Place this within the larger framework of the concrete trip experiences and a transformation into remarkable personal knowledge takes place. The pieces of this patchwork quilt will come together, they connect coherently, and we then see the larger patterns. This provides unlighted answers from which we can analytically extract the next better questions...on and on. Soon we must convert this into action to benefit others.

This is conceptually how the Medical Assessment process works in our clinics [using the SOAP format]...this is how one’s life can best proceed AND progress.

Remember, your medical patient rarely provides ‘wrong answers’...in fact, there may be no wrong answers, just the wrong questions. Keep asking though and you will hit upon the right ones. We will help and you will be amazed at how quickly you catch onto it. The medical neophyte is not expected to know many of the right questions initially. In addition, the medical jargon, and terminology can be daunting. This is frustrating, but try not to allow this to discourage or overwhelm you. By the 2nd clinic and beyond you will increasingly get the hang of it. I and the other professionals are there to guide you along. We know you are here to learn these things.

Also, remember that although you do much of the patient assessment process, that a clinic Doctor is ultimately and entirely responsible for the final diagnosis and treatment. NO PATIENT LEAVES OUR CLINIC WITHOUT A DOCTOR'S DECISION AND SIGNATURE. It is not ethical or reasonable to be otherwise.

GETTING READY

What to bring?

Luggage

- One large backpack (for luggage) or one big duffel bag. Suitcase type luggage is not convenient, since you might have to carry it through uneven terrain or stairs.
- One small backpack or equivalent to have with you daily for cameras, personal hygiene, sun block, manuals, water & other personal materials.
- Do not overpack! Bring a bag that you can handle without assistance.

Clothing - General

- Scrubs are essential for the clinics (six clinic days are usually scheduled)
- All the countries we visit are warm and humid. Get your clothes for the tropics!
- Sunglasses, sunscreen, Swim suit, shorts, & sandals.
- We recommend you to be as "laundry independent" as possible. We will be able to have laundry done throughout the trip, but most places are NOT very reliable.
- Light weight rain poncho (for all countries).
• Some **nicer clothes** to go out for dinner.
• If you wear contacts: carry an extra pair of regular glasses. It’s very dusty and windy in Nicaragua and Mexico.

**Other important suggestions:**

**Antibacterial hand gel** will be frequently used. A small bottle will be enough.
Small flashlight.

**Premeds should bring stethoscope (BP cuffs & Otoscope if possible).**
**Predentals MUST bring a headlamp (like the ones used for camping) and SIMPLE protection goggles.**
Insect repellent (CDC recommends 30-35% DEET) One towel and washcloth
Laptops are OK.
Ziplock bags for items that can't get wet.
Small travel alarm clock or watch.
Toiletry articles - in zip lock bags
Pens
Toilet paper: one small roll (for the clinic sites only)

**Documents & Money**

**Bring enough cash!** Only small bills ($1 - $20). **Travelers' checks are difficult to cash.** For credit cards, use only internationally recognized types: Visa, MasterCard (other cards are not generally accepted). Bring two photocopies of the front and back of your credit card and passport keep them with your luggage. **Do not exchange money in the US in preparation for the trip (this applies for all countries).**

You will need additional money ($15 per meal on average) for meals that are included in the program (check the itinerary). We will go out for dinner so you can bring some nicer clothes for a couple of nights.

Bring valid passport and two photocopies of the photo page, leave one with parents, bring one. **Remember your passport must be valid (check your expiration date) for at least six more months after your return date.** If you are not a U.S. citizen, contact their embassy (of the destination country) to verify visa requirements.

**IMMUNIZATIONS, DISEASE PREVENTION AND TRAVEL SAFETY FOR INTERNATIONAL TRAVELERS**

The best single online site for this information is the Centers for Disease Control and Prevention. Please read the info there very carefully...THIS IS YOUR RESPONSIBILITY to be sure that you are fully up to date re immunizations and travel safety tips, in general, and for the specific country you will be going to: http://wwwn.cdc.gov/travel/destinations/list.aspx

None of the specific regions that GMT travels in these countries have high endemic risk for unusual diseases...eg Yellow Fever and Typhoid Fever. However, there is always some risk to all of the usual diseases found in the Tropics and SubTropics. A careful read of all related links on the CDC website will help
you prevent acquisition of these diseases. THIS IS YOUR RESPONSIBILITY. If, after thoroughly reading this site, you still have questions please contact us.

You must, at least, read the sections on Malaria and Dengue...I strongly suggest you read up on several other diseases on there, also. **MALARIA PREVENTION PILLS are recommended for ALL of our trips.** Choroquine Sulfate tablets or Doxycycline are the top two suggested meds for Malaria prevention....because...cheapest, fewest adverse reactions and effective for all GMT travel regions. The former needs to be taken only once a week, the latter needs to be taken daily. **You must buy these prescription meds and start on them before you depart.** Follow your doctor's advice.

Common Tropical / Subtropical diseases e.g. DENGUE, Intestinal Parasites, etc. are always a risk. There are no vaccines or specific medication treatments available for the virus of Dengue, however, you can take several prevention measures as detailed by the CDC. Read up on food, water, insect travel advice to be fully aware. We will also discuss this during Orientation on day two, but you MUST come prepared to take care of yourself. There will always be purified water available for you...plan on drinking only this water. You must ALWAYS be extremely careful of the food you eat on the trips. We can also advise.

You should see your physician, at least, six weeks before departing in case you need immunizations. Be sure to inform all healthcare providers with your intended country, your past immunizations, allergies, special history of health problems, and current medications. Please fully inform us of current health problems, medications, allergies and special needs.

If you should develop a fever or other symptoms of illness after returning home, go immediately to your Physician and fully inform your provider of your travels. You should do this even up to a year after traveling (e.g. Malaria can develop even up to a year later).

**Wilbur E. Johnson, M.D.**

**GMT TRIP SECURITY AND PERSONAL SAFETY**

We are supremely focused on student safety / well being as a baseline for everything else that we do on these trips. So much depends upon this as a baseline for everything else that we do on all trips.

We will be there with you and the group the entire time. Our GMT staff will have a cell phone. The people we work and often travel with are all from that country and often live in the communities we serve. They, above all, want all of us to be safe (they appreciate our being there & want us to have a good safe trip / clinics, so we will keep coming back). They are very protective of us. The other Doctors, guides, interpreters, & assistants are hired from there, and they travel, and stay with us.

We always start the trip off discussing safety / precaution measures for your well-being...both security and personal health. e.g...ALWAYS stay with the group...or, at least, in smaller groups of four or more (at least, one of whom speaks Spanish) when you go out to eat in the eve, etc. We encourage our going out to eat, etc. as a full group. At least, ask our guides or interpreters to go with you. Notify us first so we know where and for how long. Do not eat fruits / veggies unpeeled or uncooked. Do not buy food from street vendors. Drink only purified bottled water [we will provide]...keep a close watch on your luggage and personals when in public...guard your passport at all times...avoid provocative attire...& much more. Most of this is common sense wherever you may travel.
The above pertains to PREVENTION of problems, which is of #1 importance.

If someone gets sick, she/he is to notify us immediately. We have been able to handle everything that has come up so far over nearly 7 yrs of these trips. If needed [e.g. appendicitis], we will take you yourselves to a good hospital in the vicinity. Our local docs and we know which places have good Docs / health care facilities. Of course, we can arrange to fly severe, stable injuries, etc. back to the USA if that seems prudent and best.

So far, there have not been any serious security / health problems on our trips...probably largely because we are so aware and cautious...and place such a high priority on this. We are perhaps a bit redundant and nagging at times...but repetitive persistence seems to have paid off. Therefore, we will persist with that. Of course, we also want to stay personally safe / healthy. We would not treat the students any differently.

DONATED OTC MEDICATIONS TO BRING
By Dr. Wilbur Johnson, MD
GMT Medical Director
1. ARTHRITIS / PAIN: eg aspirin, acetaminophen [Tylenol], ibuprofen [Motrin], naproxen. We dispense A LOT of these. SKIN [rashes, etc.]: hydrocortisone cream / ointment, triamcinolone cr. / oint, antibiotic cr. / oint, anti-fungal cr.[eg Tinnactin; Lotrimin---many others]--use A WHOLE LOT of these anti-fungal meds-- , zinc oxide oint----meds for lice, scabies, fleas
2. ENT: many various cold, cough, decongestant meds-------pills, liquids, drops[use A LOT]
3. GI (gastro intestinal): many various meds for stomach eg cimetidine [Tagamet], Zantac, Pepcid];----anti-acids [Maalox, mylanta, etc]-------use A LOT of these-------- laxatives / stool softeners / "fiber-pills", etc------ ------anti nausea--dramamine , donnatal, phenergan, antivert.
4. ALLERGY / ANTI HISTAMINES-----Benadryl, chlortrimeton, Dimetapp, ---many others
5. GYNE: mostly for vaginitis----------eg monistat, gyne-lotrimine, metrogel, triple sulfa, etc. creams / tabs / suppositories-------use A LOT of this--esp. yeast vaginitis
6. VITAMINS / IRON----any of many----the very cheapest ones work exactly the same, and as well, as the most expensive ones. Children chewable is best [use A WHOLE LOT of these--probably our #1 item of all our pharmacy] ;----adults [esp with iron];--etc
7. GIVE AWAYS----stickers, safety suckers, crayons,coloring books, small bibles / children's books, pencils, school tablets, small toys, toothpaste [small tubes], toothbrushes,-- whatever ----ie small things for you to PERSONALLY give to children during our clinics.

We will have 90- 95%+ of the prescription meds that I use there. Doctor's offices usually have a lot of free / sample meds from the drug companies, and they are the most expensive type meds there are----because that is what the drug companies are pushing. Some are very useable, to me,--eg anti-histamines, stomach/ulcer meds [Prilosec; Previcid; etc], cold and cough meds, arthritis/anti-inflammatory meds/muscle relaxants, and any antibiotics. If you can get THESE free meds, DO SO--they are great to get and use a lot of them . These are meds for acute, semi-acute, off and on chronic problems---which is what we treat ca. 98% of the time. I do not get involved in treating true chronic problems that must have close frequent follow up care.-----eg high blood pressure, diabetes, glaucoma, etc --I diagnose and refer, because I am not able to have follow up with them, personally, and that would be mandatory....it is for this same reason that I avoid doing any surgery in our clinics. Most doctor offices have a lot of these free [to them] meds---and are happy to give them out to you, once they know what you will be doing with them. Actually, it will be one of the nurses who will get them for you , so try working primarily through them [they will get the Dr. OK on it]. In general, the nurses are very helpful to "clean out the drug closet", esp. for this good cause. Lots of them are
wasted (the meds, not the nurses), eventually, anyway [not used, expire, thrown out] --so look at it as though you are doing a service for them AND doing a service for the poor that we serve in C.A. That is a win-win-win situation. Give it a try.

ARE WE STRANGERS IN THIS WORLD?

Our life’s journey is of asking the right questions, truly listening to the answers, critically analyzing, and moving from relative ignorance to a more enlightened, firsthand knowledge of the world. This process will provide answers to the above question.

“The rich are different than you and me” F Scott Fitzgerald... Great Gatsby

If you accept this assertion and take the magnitude of difference, increase it cruelly and exponentially...observe...reflect...then perhaps a better understanding of the poor, oppressed and exploited in the world will emerge.

If you do not accept this assertion because you choose to focus on the commonality of humanity, consider their situation anyway.

If they see no hope, they join a community bonded by a shared suffering that the rest of us might ignore or do not see or choose not to see. They come to feel ultimately united [and equal] only in the realm of death. In the end, perhaps that which matters most are the questions we have asked, the ropes we have thrown and those we have grasped. Could this be, in part if not entirely, an answer to...What IS the meaning of life? If we ask the right questions, there will be no wrong answers.

We do these trips to ask questions, become enlightened by the answers, and then convert this to action. Your presence on this trip tells me that you have chosen NOT to ignore and that you will live a life of considered action.

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