International Travel: Health, Safety, and Security for Global Health Professionals

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Top ten travel must haves for GHP?

- Passport
- Money & Credit
- Rx
- Key phone numbers
- Mobile phone

- Risk Assessment & Plan for Emergency
- Insurance
  - Travel Medical, etc.
  - Personal Health
- First aid kit
- Water bottle & treatment
- Other....
Quiz

How many know your organization’s number to call in the event of an emergency overseas?
How many know whether or not your health insurance covers you for “worldwide claims” (ie. cover expense for emergency care abroad)?
General global trends:

- Increased activity, programs, participants
- Increased concentration in low resource, more remote locations
- Disasters increasing in frequency and affecting urban areas due to large population shifts
- Global Infectious Disease Outbreaks of Concern
- Largest number of refugees worldwide than at nearly any other time
Courting Danger while Doing Good — Protecting Global Health Workers from Harm

Claire Panosian, M.D.

Until the morning of February 26, 2010, the name Eddie Roach meant nothing to me. Then a desperate e-mail brought the 32-year-old self-described “global health missionary” into my life. Weeks earlier, Roach had been distributing handheld water purification devices for international service now available to undergraduates and other volunteers of all ages. By the time they take my global health seminar, many students majoring in international development have already worked abroad, often in health-related programs. Patients

Medical Literature:
- Ethics
- Curriculum
- Clinical prep/orientation
- Cultural
- Occupational Hazards
- Health, Safety, and Security issues
Your responsibility (organization AND traveler)

Global Health Professional
Knowledge/Skills/Abilities:
  Ethics
  Clinical
  Public Health
  Health Systems
  Low Resource
  Research...
  AND
Personal/Team/Organization Health, Safety, & Security
  AND
Professionalism….
Professionalism.....
## Perspectives on Health, Safety, & Security

<table>
<thead>
<tr>
<th></th>
<th>Before Something happens.....</th>
<th>After something happens...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveler</td>
<td>I’m experienced, I know what I’m doing.</td>
<td>HELP</td>
</tr>
<tr>
<td>Organization</td>
<td>Who? Where?</td>
<td>HELP</td>
</tr>
<tr>
<td>Data /Experience</td>
<td>Know &amp; Prepare before you go</td>
<td>Told you so</td>
</tr>
</tbody>
</table>

### Global Trends

What are some current global health, safety, security trends?

What is the leading cause of injury related death of U.S. citizens abroad?
Leading causes for injury death of U.S. citizens in foreign countries, 2011-2013

Risk v. Perception

What is the terrorist threat rating in Europe currently?

I’ve been to this country 10 times and I’ve never had a problem.
Terror attacks in Western Europe (1970-2015)

Dead and injured in terror attacks in Western Europe (1970-2015)

- Total Fatalities
- Total Wounded

Control Risks Risk Map 2018
Rwanda Human Resources for Health

Anecdotal incidents….

• Security
  – House breaking and entering
  – Robbery
  – Assault
  – Grenade in marketplace
  – DRC cross-border shelling

• Medical
  – Broken limbs
  – Untimely death
  – Preparation for Ebola outbreak

• Legal
  – Claim of malpractice
  – MVA with death resulting
Risk Indicators

C – Crime: Widespread violent or organized crime is present in areas of the country. Local law enforcement may have limited ability to respond to serious crimes.

T – Terrorism: Terrorist attacks have occurred and/or specific threats against civilians, groups, or other targets may exist.

U – Civil Unrest: Political, economic, religious, and/or ethnic instability exists and may cause violence, major disruptions, and/or safety risks.

H – Health: Health risks, including current disease outbreaks or a crisis that disrupts a country’s medical infrastructure, are present. The issuance of a Centers for Disease Control Travel Notice may also be a factor.

N – Natural Disaster: A natural disaster, or its aftermath, poses danger.

E – Time-limited Event: Short-term event, such as elections, sporting events, or other incidents that may pose safety risks.

O – Other: There are potential risks not covered by previous risk indicators. Read the country’s Travel Advisory for details.
General Legal Concepts

• Organization
  – Duty of Care
  – Duty to Warn
  – “Foreseeable Risk”
  – “Prudent and Reasonable”

• Individual / Employee
  – Duty of Loyalty
  – “Foreseeable Risk”
  – “Prudent and Reasonable”

  ▶ Product Liability Law
  ▶ OSHA Regulation
  ▶ Workers Compensation Law

• Degree granting institutions
  - Title IX
  - ADA
  - Jeanne Cleary Act reporting
Legal Issues: OFAC Sanctioned Countries

- US Department of the Treasury, Office of Foreign Asset Control current list: [https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx](https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx)

- 22 countries on US Sanctions list (As of May 2016)
- 6 have wide reaching sanctions programs:
  - North Korea
  - Cuba
  - Russia
  - Sudan
  - Iran
  - Syria
Perspectives on Health, Safety & Security Issues

Dengue in Haiti

- In October 2012, a doctor from IFRC contacted the Haiti Ministry of Health and CDC to report that an unusually high number of NGO workers in Haiti—and primarily in Léogâne—had been diagnosed with dengue in the previous 6 months.
- Six of these NGO workers had been evacuated out of Haiti in order to receive more advanced medical care.
- Survey of nearly 200 NGO workers revealed that one in ten participants had been infected with dengue virus in the last 3 months.

Source: http://blogs.cdc.gov/global/2013/08/05/dengue-in-haiti/
Security Model: The Security Triangle

Figure 1: The Security Triangle

- **Acceptance**: Support from host community and actors
- **Protection**: Reduce risk, but not affect the threat, by strengthening your mitigations
- **Deterrence**: Reducing the risk by containing a threat with a counter-threat

- **Non-Profit**
- **Profit & Government**

• Source: Lawrence Tucker Gardner, Global Constantinople
Do you know where you people are?
Travel Profile / “Cohort” Profile

- Characteristics in general...
  - Entrepreneurial
  - High autonomy
  - Travel/programs wide global geographic distribution
  - Short travel planning (booking very close to departure dates)
  - Busy, deadlines, grants...
  - Potentially traveling with third-party organization (e.g. NGO)

- Part of institution that is silo’ed and fragmented
- Variable coordination
- Variable centralized support
- Variable integration
**How to manage a HSS program? (one approach)**

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>PROCESS</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Health Program</td>
<td>Application process</td>
<td>Accepted as Trainee</td>
</tr>
<tr>
<td>Pre-trip Orientation</td>
<td>Online and attendance at in-person training</td>
<td>Knowledge of core ‘Away Elective’ elements</td>
</tr>
<tr>
<td>Emergency Action Plan</td>
<td>Development &amp; updating by multiple stakeholders</td>
<td>Awareness of risks and plans for what to do should incident arise</td>
</tr>
<tr>
<td>24/7 emergency line</td>
<td>Protocol to alert key responders</td>
<td>Awareness of incident and response begun</td>
</tr>
<tr>
<td>Insurance program</td>
<td>Data gathering, multi-stakeholder review</td>
<td>Comprehensive coverage to map to institutional risk</td>
</tr>
</tbody>
</table>
Key Insurance

Organization

- **Business Travel Accident**
  - Medical Assistance & Evacuation
  - Repatriation
  - AD&D
  - Security Evacuation/Political
  - Security Evacuation/Natural Disaster

- **Foreign Package Policy**
  - General Liability
  - Auto
  - Business Personal Property
  - Foreign Voluntary Workers Comp

- **Medical Professional Liability**
  - ? Locally placed?

Individual

- **Personal Health/Medical**
  - worldwide claims coverage

- **Additional Emergency Medical Coverage may be required**
  - E.g. Personal Deviation

- Key terms: “in-patient” and “medically necessary”

- Trip interruption, cancellation, etc.
Driving abroad....

......is more than just insurance

How many have driving requirements, policy or guidelines for driving abroad? Transportation abroad?

Issues with driving
• Licensure
• Insurance
• Accidents – minor
• Accidents – major
  • Bodily injury; death
• Criminal or civil charges
Medical Malpractice or Medical Professional Liability (MPL)

» Physicians, Other clinicians, Hospital/Organization

Legal Issues

» Domestically - varies by state

» Internationally - varies by country

• Jury trial v. Bench trial; Criminal v. Civil
• Professional peer administrative process
• Some countries provide protection for volunteers that act in good faith
• International humanitarian law protection
• Insurance cannot follow to OFAC countries

• Bottom line: Know local requirements - if any – and keep up to date through good local contacts (colleagues, medical professional societies, etc.)

OFAC – Office of Foreign Assets Control (enforces economic and trade sanctions)
https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx
Risks and Mitigation

Risks

» Licensing
» Scope of practice
» Country-specific legal issues
  – Civil v. Criminal Liability
  – Punishment for inability to pay retribution to patient and/or family

Mitigation

» Check with your sponsoring organization for its requirements
» Consult with foreign colleagues for their local requirements
» Standard of care
» Professional ethics
**Fundamental ‘Truths’ About Insurance**

- Insurance is
  - In general, a financial instrument to prevent significant financial loss
  - Reactionary (generally a loss occurs and a claim is made)
  - Not a substitute for poor decision making
  - Not a substitute for lack of planning

**Bottom line:** Work with the person or department in your organization that obtains insurance. And make sure you stay up-to-date on any changes.

**Better:** be part of a group or task force that helps review travel risk management annually and make recommendations for improvement.
Individual Travelers: Your responsibility

• Comply with advice given to you
• Properly prepare for your travel
• Get trained
  – Intro to International Health, Safety, Security is offered twice monthly
  – On-line training is also available
• Take responsibility for yourself:
  “Personal safety is an individual responsibility.
  The best way to be safe is to avoid trouble in the first place rather than try to extract yourself later.

  This means you should develop a strong sense of security awareness and adjust your behavior to take into account the environment in which you find yourself.

  Remember, you are responsible and accountable for your safety and security.”

  » UN DSS Security Awareness and Prevention Training
List of Organizations Staff Serve With

There are approx 100 international programs, which include:
- Advisory & Consulting
- Education
- Teaching and Clinical care
- Humanitarian/Disaster Aid
- Volunteerism

**Beware: not all organizations are created equal…**

Who is responsible for the traveler(s)?

- Tiyatien Health (Liberia)
- Partners In Health
- Global Health Service Corps
- Ujenzi
- Team Heart
- iTEACH & UFM (South Africa)
- International Medical Corps
- Medecin Sans Frontieres / Doctor’s Without Borders
- Project Hope
- International Rescue Committee
- About Face
- Heat and Minds of Ghana
- Health Volunteers Overseas
- Medical Missions for Children
Health, Safety, Security is EVERYONE’S JOB

Organizations must develop a CULTURE of S&S:

• Program leadership & management
• Travelers/Staff
• HR
• Security
• Risk Management
• Occupational Health
• Finance
• EAP
• Others…..

• Develop a travel risk management system
• Resource it properly
• Train Travelers
• Prepare to Respond
Training, Training, Training....

• Introduction to International Health, Safety, Security
  – Core Concepts
    » Know before you go
    » Situational Awareness
    » Low Profile
    » Communications
    » Manage Movement
  – Insurance
    » Response Services
  – Personal Responsibility
  – Emergency Action Plan
  – Packing
Emergency Action Plan (Planning....)

- Organization
  - Data on where travelers are
  - Travel registry
    » An excel spreadsheet will do!
  - Incident specific protocols
    » E.g. HIV exposure
  - Response Services & Insurance
  - Incident Management Team
  - Mapping

- Program / Individual
  - All relevant personal contact info
  - Emergency contact numbers
  - Local contact info
  - Flight / Lodging
  - Basic itinerary
  - Passport data
  - Other relevant information
Types of Incidents

• Road traffic incidents
• Various medical
  – Mental Health
• Occupational Hazards
  – Needle stick / exposure to bodily fluids
  – Infectious / contagious disease
• Petty to violent crime
• Sexual Assault
Top ten travel must haves for those who manage and oversee global health programs and travelers?

- Itinerary copies
- Passport copies
- Key phone numbers 24/7
  - Institution
  - Local site
- Traveler contact info
- Risk Assessment
- Written Emergency Plans
- Insurance info and numbers; policies
- Other…. 
• Assess your
  – Connection with your organization
  – Understanding of your sites and risks involved
  – Ability to respond to incident 24/7
  – Risk tolerance
  – Liability and responsibility
  – Mission, Vision, VALUES

• Assess process improvement by
  – Looking at travel data and past incidents
  – Convene a group to review overall institutional travel and programming abroad
  – Understanding the degree to which your program integrates with institutional resources and other like programs, departments
  – Ensuring you and others know what their role is in an emergency
Partners *TravelSafe* Program

- Comprehensive Approach to Communicate, Reduce, Respond and Recovery from Risks
• Utilizes a travel risk management company called and their **itinerary tracking system**.

• Provides
  – 24/7 Hotline
  – Travel Intelligence
  – Itinerary Tracking
  – Response
  – Insurance

Go to: [www.partners.org/travelsafe](http://www.partners.org/travelsafe)
Partners TravelSafe

TravelSafe Program

For emergency assistance while traveling contact:

Partners TravelSafe

Global Assistance Hotline

+1 443-965-9242

Within the U.S. 1-866-647-9716

www.partners.org/travelsafe
Knowing where your travelers are
Travelers by Top High & Moderate Risk Destinations
29 September 2015 - 11 January 2016

The Americas
- Peru – 5
- Puerto Rico – 5

Africa
- South Africa – 27
- Kenya – 22
- Uganda – 44
- Tanzania – 6

Europe:
- Turkey – 12

Asia
- Bangladesh – 8
- China – 44
- India – 22
- Philippines – 6

Top Very High Risk Destinations (CSAR 5)
- Top High Risk Destinations (CSAR 4)
- Top Moderate Risk Destinations (CSAR 3)
Data, Data, Data

- *TravelSafe: Past, Present, Future*
  - Growth in annual trips
  - Growth in international programs & activities

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
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<tbody>
<tr>
<td>Tickets Purchased</td>
<td>14,162</td>
</tr>
<tr>
<td>Domestic</td>
<td>11,093 (78%)</td>
</tr>
<tr>
<td>International</td>
<td>3,096 (22%)</td>
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<tr>
<td>Preferred Travel Agency</td>
<td>4,248 (30%)</td>
</tr>
<tr>
<td>TravelSafe Trips</td>
<td>7,630 (54%)*</td>
</tr>
</tbody>
</table>
Partners TravelSafe Hotline – Call Data

• FY16 Oct - May
  – 11 calls
    » 4 medical Assistance
    » 3 Travel Assistance
    » 3 Intel Requests
      – Central African Republic
      – Uganda
      – Pakistan
    » 1 Other
## Partners *TravelSafe* – Incident Data

<table>
<thead>
<tr>
<th>Category</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
<th>FY12</th>
<th>Totals</th>
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<tbody>
<tr>
<td>Sexual Assault</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Physical Assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Property Crime</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Personal Threat</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Safety Threat</td>
<td>2</td>
<td>3*</td>
<td>4</td>
<td>1</td>
<td>10</td>
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<tr>
<td>Security Threat</td>
<td>5</td>
<td>8</td>
<td>13</td>
<td>5</td>
<td>31</td>
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<tr>
<td>Medical Case</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Public Health Threat</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Legal(^3) Issue</td>
<td>2</td>
<td>1*</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL** 90

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1 “Major Incident Categories for Unified Reporting” (MICU).
2 **Not complete year**: Data from Feb. 2012. FY = Oct.-Sep.

*Note: The data do not capture underreported incidents.*
Partners *TravelSafe*: Major Incidents & Responses

- Approx 20 incidents per year
- 2-3 major incidents per year
- 2-3 calls for assistance from employees on personal travel

**2015**
- Medical evacuation from South Asia
- Nepal Earthquake (subsequent MGH Global Disaster Response Team Deployment)**

**2014**
- West Africa Ebola Outbreak**
- Attack on airport in Karachi
- Driving accident with death resulting

**2013**
- Typhoon Haiyan (subsequent MGH Global Disaster Response Team Deployment)**
- Medical evacuation – East Africa
- Exposure (low) to VHF – West Africa**

**2012**
- Missing person
- Exposure (low) to VHR – Sub-Saharan Africa**

**When TravelSafe-IMT or its predecessor convened**
TravelSafe Incident Management Team (IMT)

• Institutional Context
  – Strong domestic/on-campus incident response; travel incident response is new area for most

• Why Established
  – To provide support to travelers, departments, and institutions through a multi-disciplinary team
  – Partners travel increasing
  – Formerly ad-hoc response structure, no formal connection to needed resources
  – Incidents and locations are complex, require multiple people/experts

• 10 Multi-disciplinary Team Members
  – Activated through the Employee Alert System
• Continuing Work
  – Increasing enrollment
  – Governance of travel approvals
  – Strengthening preparedness and response capabilities at all levels (personal, department, institutional, system)

• Continuous improvement – always more work to be done
Case Discussion

- Current Conditions…
- Recent Incidents
- Notorious “Malpractice” Cases
- Highly Infectious Disease / Ebola Epidemic 2014
- Earthquake, April 2015
- Research Trip to Guinea-Bissau, May-June 2016
Current conditions...Examples

Overseas Security Advisory Council (OSAC)
Part of Diplomatic Security, US Dept of State
Public and Private partnership to share information

Hurricane Matthew
- U.S. State Department Task Force Alert
  - https://travel.state.gov/content/travel/en.html

- UK FCO Foreign Travel Advice https://www.gov.uk/foreign-travel-advice

- UK MI5 Threat Level: Severe https://www.mi5.gov.uk/threat-levels
Recent Incidents

ROAD TRAFFIC ACCIDENT

January 13, 2016 - Bus accident involving Barnard & Columbia students on global health program
- 3 died in the crash
- 12 injured

VIOLENT CRIME

June 23, 2016 - Shooting of Tulane medical student (from Boston) on sanctioned global health program in Haiti
- Wounded in hand and chest during armed robbery
- Evacuated to hospital in Miami for treatment
Contagious Disease…

- **Feb 2016 - Lassa fever infection of two American PA’s in Togo**
  - February 12 - Index case was thought to be severe case of Malaria
  - February 25 - Transported to Germany for treatment, where he died
  - Secondary exposure of care team
  - Mar 5 - Second case treated first case in Togo; moved to isolation Mar 9
  - Mar 12 evacuated to Emory University Hospital in Atlanta

- Occupational Hazard
- Medevac issues
- Clinical care issues
Highly Infectious Disease and Ebola: Medevac Issues

- Airframe and medical team capability and competence
- Overflight permission
- Refueling
- Not a commercial option – must go through government
Nepal Earthquake, April 2015

- Pre-trip
  - Travelers attended IHSS training
  - All itineraries entered into Worldcue
  - Local contacts recorded

- Post-earthquake
  - Sat AM TravelSafe-IMT convened
  - Within several hours, all travelers welfare & whereabouts accounted for

- Approx +72 hrs, MGH Disaster Response Team Deployed to Nepal
MGH launches Research Institute

THIS MONTH, the MGH will launch its new Research Institute—an initiative to support, promote and enhance the hospital’s existing research enterprise. The Research Institute comprises more than 6,000 staff working across more than 30 research centers, institutes and departments, and is the largest hospital-based research enterprise in the nation.

Research has been part of the hospital’s mission since its founding nearly 200 years ago and has led to innovations such as the use of general anesthesia in surgery, a vaccine for tuberculosis and the modern PET scan, says Harry OHT, MD, senior vice president for Research. “The new institute will help us take the steps necessary to maintain our leadership in medical innovation.”

According to OHT, the Research Institute is intended to create a “front door” to the MGH research enterprise in order to better engage funding agencies and create (Continued on page 9)

MGH HOTLINE
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

ON APRIL 25, a devastating 7.8-magnitude earthquake struck Nepal—the country’s worst in more than 80 years. As the death toll continued to rise to more than 9,000, an additional 9,000 people have been injured, and there are scores more without homes. The earthquake is a major catastrophe to the Nepalese people, as well as the country’s infrastructure as a whole.

Despite the nearly 6,000 miles between Boston and Nepal, the Vermont Medical Fellowship Program in the Department of Emergency Medicine, which we are working in Nepal at the time of the earthquake. They are both safe and have been working with Nepalese colleagues to provide life-saving emergency care in rural areas hard hit by the earthquake. “Although it was a difficult time, the medical community in Nepal has really stepped up to the challenge,” said Diagee Niall, MD, MPH, director of the Global Health Initiative. “Our thoughts and prayers are with the victims, families and our colleagues who are working to help in relief efforts.”

On April 26th, the team of seven MGH physicians and nurses were deployed to Nepal. Led by Miriam Ackerman, MD, the team is working with the Nepal Army to provide medical care in the aftermath of the earthquake. The team has been working closely with the government and local organizations to provide medical care to those affected by the disaster.

Instrumented with the latest technology, the team has been able to quickly and efficiently respond to the needs of the injured and displaced. They have treated patients with broken bones, head injuries, and other injuries resulting from the earthquake, and have provided basic medical care to those in need.

The team has also been working to establish communication lines with the outside world, allowing them to receive supplies and medical equipment. They have been working to establish communication lines with the outside world, allowing them to receive supplies and medical equipment. They have been working to establish communication lines with the outside world, allowing them to receive supplies and medical equipment. They have been working to establish communication lines with the outside world, allowing them to receive supplies and medical equipment.

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Research Team to Guinea-Bissau: Know Before You Go!

- **Threats**
  - Crime
  - Road Traffic Accident
  - Land Mines
  - General insecurity & poor police response

- **Needs**
  - First Aid/medical
  - Back up communication
  - Journey management
  - Protection for $50,000 piece of equipment

- **Resources**
  - No U.S. Mission in GNB
  - Poor healthcare; no emergency services
  - ?Portuguese Mission
Research team to Guinea-Bissau

Dangerous Area Marker

Unexploded ordnance at ILONDE
Research team to Guinea-Bissau

May 31 - June 6

Arrival

Villages

Evacuation
Research Team to GNB: Communications

- Delorme InReach global satellite communicator
MPL Case: Dr. Cyril Karabus Case

- UAE: 2002, hired by Canadian worked on short term contract
- 3 y/o Yemeni girl died under his care
- Charges filed in Abu Dhabi; 2004 tried in absentia and convicted
- Aug 18, 2012 - 10 years later arrested in transit at DXB; detained under house arrest for 9 months.

A Doctor’s Nightmare Stopover in Dubai

The United Arab Emirates portrays itself as a modern state with Western ways, but it is not to land in court.

By IRWIN COTLER
March 11, 2013 7:07 p.m. ET

On Aug. 18, 2012, Dr. Cyril Karabus—a 77-year-old oncologist from South Africa—was arrested during a stopover at Dubai International Airport, as he was returning from his son’s wedding in Toronto. Formerly the senior pediatrician at the Red Cross Children’s Hospital in Capetown, Dr. Karabus had last visited Dubai in 2002, when he treated patients at the Sheikh Khalifa Medical City Hospital.

What helped his case:
- Medical record
- Public diplomacy
- Very good legal counsel
MPL: “Bulgarian Nurses” Case

Benghazi, Libya

- 1998 – El-Fatih Children’s Hospital, Benghazi
- 5 Bulgarian nurses, 1 Palestinian medical intern
- Case lasted for 8 ½ years
  - Prison time
  - Twice sentenced to death
- “…useful scapegoats and lucrative hostages…”

Sources: http://www.nytimes.com/2007/07/18/world/africa/18libya.html?_r=0
THANK YOU

“Luck favors the prepared”

Questions Welcome