

## Safety 101 For Summer Jaunts

By Laura Landro | July 7, 2009,

In Santiago, Chile, for a study-abroad semester, 20-year-old Nellie Gotebeski fell ill in March after eating some undercooked fish. Her condition worsened and her kidneys shut down, leaving her hospitalized for 22 days on a dialysis machine, too ill to go home.

Summer camp, teen tours and study-abroad programs are great for building character and broadening horizons. But with growing recognition that such activities can also result in injury, illness and even death, parents need to evaluate the risks and make contingency plans for emergencies.

Some age-old dangers remain the same: drowning, motor-vehicle accidents, fires, and falls. Meanwhile, with more children and adolescents on behavioral medications, new concerns are emerging, including lost pills and mental-health crises in unfamiliar environments. Adventure travel and tours that promote outdoor survival skills can put young participants at risk for dehydration or altitude sickness far from medical care. And the growing threat of global pandemics like swine flu and food- and water-borne illnesses can expose kids to more-dangerous infectious agents, whether they are in California or China.

The Centers for Disease Control and Prevention last month issued guidelines for preventing the spread of the H1N1 virus in camps. Recent outbreaks of acute viral gastroenteritis associated with the norovirus led the Fresno County, Calif., department of public health to urge camps to screen all campers and employees for symptoms of swine flu and the stomach virus.

Also, injuries are a persistent problem; among the more than 5,000 deaths from preventable injuries in children under 14 each year, more than 2,000 occur during the summer months, according to nonprofit safety group Safekids USA. "We aren't suggesting that parents need to cover their kids in bubble wrap," says Alan Korn, the group's executive director. "But we need to protect children from ending a summer day or a vacation in an emergency room or in a coffin."

The American Camp Association, which accredits camps, is taking part in a five-year study of illness and injury at camps. Chief Executive Peg Smith recommends that parents ask if anyone on staff is trained in CPR and learn about provisions for emergency transportation, protective sports gear and safe food handling. Parents can check on whether a camp is accredited and view videos on issues such as swine-flu preventive measures at [campparents.org](http://campparents.org).

The Forum on Education Abroad, which sets standards for study programs, is piloting the first database to track incidents related to health and safety. A survey by the group earlier this year found that educators rated student mental health as the top health and safety issue, followed by alcohol and substance abuse, risky student behavior and pandemics. But also high on the list was the lack of student concern about potential problems that might arise overseas.

"The most difficult thing is getting a student to think about health and safety issues and plan ahead," says Julie Friend, international analyst for travel health, safety and security at Michigan State University in East Lansing, which operates its own travel clinic for students. "They are really living in the moment."

Mental-health problems, in particular, can occur without warning—emerging when a student is already overseas. When that happens, parents or students usually can find local mental-health professionals through study-abroad programs. For students who already take behavioral medications, it's important to check on countries' policies on importing or mailing medications and on whether the drugs are available overseas. For example, the antidepressant Zoloft isn't available in the U.K., Turkey and Peru.

The Association of International Educators says study-abroad

program sponsors should have information on such policies. The group offers a guide for dealing with mental-health issues in study-abroad participants at [nafsa.org/mentalhealth](http://nafsa.org/mentalhealth).

Students in such programs are almost universally required to have health insurance. Since family policies may not cover overseas care, many buy policies from travel health insurers provided through the study-abroad programs, which cost about \$25 to \$30 a month. For example, HTH Worldwide, which provides policies to Michigan State and New York University, among others, provides care to students overseas through a network of about 5,000 physicians and 1,000 hospitals in 180 countries.

Generally, student health policies cover transport to the nearest medical facility. But they may also bring students home to medical facilities or fly parents abroad. When Ms. Gotebeski fell ill in Chile, HTH helped cover the travel costs for her mother, Cathy Knecht, who flew there from her home in Pennsylvania. While Nellie recovered and is now finishing up her studies in Santiago, Ms. Knecht urges parents to make sure they have a valid passport of their own and any immunizations that might be recommended or required for the country. The CDC.gov Web site lists recommended vaccines and has travel health advice for students studying abroad.

Ad executive Orson Munn's 14-year-old daughter was hospitalized with viral encephalitis in China in 2007 while on a summer program sponsored by the Hotchkiss School in Lakeville, Conn. He says his family had to spend more than \$60,000 to bring her home and to travel to China; in a lawsuit filed against Hotchkiss in federal district court in Bridgeport, Conn., the family says the school didn't have a proper protocol for emergencies and failed to notify them promptly of the extent of their daughter's illness or to have arrangements in place for emergency transfers back to the U.S.

Hotchkiss says it has a "comprehensive set of protocols and procedures" to ensure student safety and "we followed these practices" in the Munn case. The school says Mr. Munn's daughter was taken to top-quality hospitals in China before being brought home for further treatment and adds that it is saddened that she continues to suffer from her illness and hopes for improvement in her health.

Mr. Munn, who says his daughter still can't speak or play sports and has difficulty eating and drinking, warns parents to check out risks in countries where children will travel, determine if they need vaccinations and make sure that those supervising children are trained to deal with emergencies. He also advises separate medical-evacuation policies, which cost between \$95 and \$400 and will provide a medical expert at the scene and, if necessary, transport kids home.

When Eileen Glovsky's son Jordan was doing a hospital internship at age 19 two years ago in Ghana, she says she couldn't get a straight answer from the British sponsor about what provisions they had for medical emergencies since he was not a British citizen. She bought a policy from medical-evacuation firm Global Rescue; when Jordan had to be hospitalized after falling ill with gall-bladder-attack symptoms during a visit to Togo, Global Rescue had French-speaking doctors monitor his care and covered his flight home on a commercial airliner after discharge, which Ms. Glovsky says would have cost more than \$5,000 without the policy.

For adventure tours, parents should make sure kids are physically fit for rigors they may not have encountered and check out programs' safety records, says Paul Auerbach, an emergency physician and co-founder of the Wilderness Medical Society. Parents should ask whether children will ever be left alone in the wilderness and what plans are in place for emergencies, Dr. Auerbach says. "Read the fine print, because sometimes people don't thoroughly understand what they are signing up for."

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