NEW DIRECTIONS IN INTERNATIONAL DUTY OF CARE

CASE STUDY ANALYSES
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CASE STUDY ANALYSES

Gateway Leadership Institute
Fall 2021
Through its Gateway Leadership Institute, Gateway International Group is committed to preparing the next generation of international education leaders and delivering timely, relevant resources for the professional community. With a team of experienced and knowledgeable facilitators, the Gateway Leadership Institute offers in-person and virtual training for faculty, scholars, administrators, and other international educators seeking to advance and enhance global learning initiatives at their respective institutions and organizations. Through a combination of webinars, workshops, real-world projects, and coaching, the Institute engages participants in an exploration of key topics such as new directions in international strategy, revenue generation, integrated program design, educational technology, international enrollment management, etc.

Mission

The Institute is focused on promoting the development of essential knowledge and skills that transcend any specific professional focus. Institute participants may have professional expertise in specific areas (e.g., education abroad, international student and scholar services, international enrollment management, etc.), or different objectives (e.g., professional development, academic enrichment, career advancement, etc.). Participants develop new knowledge and leadership skills in “next generation” strategic thinking, thinking that is analytical, design oriented, and technological. Previous cohorts of the Institute have focused on “Charting the future of international education” (Fall 2020) and “Education technology for a new generation” (Spring 2021). The institute is proud to have worked so far with more than sixty devoted professionals and over twenty industry leaders in the area of international higher education.

Fall 2021: New Directions in International Duty of Care

The Gateway Leadership Institute is closing its third edition with the present publication intended to serve professionals across the broadest spectrum of education abroad. In Fall 2021, the institute revolved around the topic of “New directions in international duty of care,” and participants were asked to develop crisis management response plans to five case studies that were provided by industry leaders. Participants were divided into teams to address the themes of Safety and Security, Institutional Compliance, Health, Risk Management, and Communication. Each team’s crisis management response serves to produce a holistic framework for international duty of care. The lessons learned through these case studies have practical application to real-world scenarios. The division into themes is intentional to help professionals fully understand different duty of care scenarios and approaches to crisis management response.

The following questions are provided to help readers investigate each problem, examine the alternative solutions, and consider the most effective solution given the supporting evidence. The application of these questions extends beyond the case studies into professional practice.
Health
Do the parties at risk require immediate medical attention? If so, do the parties at risk have immediate access to quality medical facilities? What is the threshold of time in which the parties at risk can wait to seek medical attention?

Safety & Security
What is the first step the Crisis Management Team/International Services Office should take to ensure the crisis does not escalate to involve other parties at risk?

Institutional Compliance
How can the Crisis Management Team/International Services Office act in the best interest of the institution and the involved party? Are there any obstacles that would stand in the way of the Crisis Management Team/International Services Office being able to act in the best interest of both parties? How can the Crisis Management Team/International Services Office minimize legal exposure? Are there any international laws to be considered?

Communication
What is the first step the Crisis Management Team/International Services Office should take in order to control the crisis narrative presented to the family members and friends of the involved parties, as well as the general student body?

Risk Management
What immediate resources are available to the parties at risk? What actions should be taken within the first 12 hours of the Crisis Management Team/International Services Office being notified of the crisis?

Recommended Citation:
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International duty of care encompasses the moral and legal obligations institutions/organizations have to ensure their program participants’ mental and physical well-being, security, and safety during the extent of their participation in their respective education abroad program. If an institution/organization fails to safeguard the best interests of their programs’ participants, the participants are entitled to pursue legal action against the institution/organization in an effort to identify culpability and potentially be entitled to compensation. Higher education institutions that facilitate education abroad programs are responsible for spreading awareness of international duty of care best practices both internally and externally to relevant stakeholders to promote an effective and standardized approach to crisis management.

Education abroad programs must consider all elements of international duty of care through the lens of risk management, communications, and institutional compliance, bearing in mind the institution’s/organization’s obligations to prevent crises, protect the institution’s reputation and ensure the physical and mental wellbeing of all program participants. International education scholars and practitioners are well accustomed to the notion that the development, facilitation, and execution of education abroad initiatives and programs requires extensive risk management assessment, institutional compliance review and communication planning. In regard to the three main factors that must be considered in international duty of care, programs must develop their risk management plans to safeguard students’ health and safety and security. Additionally, programs must consider how to communicate procedures, policies and crisis response to students and their families. The concepts within international duty of care all overlap and produce a clear imagery of key components of program participants’ well-being and how those elements must be preserved to reflect the best interests of the program and the participants. To strive towards implementing and facilitating a program with limited risk and a comprehensive crisis response framework, organizations/institutions must continuously research and improve their approaches to international duty of care preservation and their understanding of the expectations of all stakeholders involved.

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Participating Organizations

Gateway partnered with leading organizations that are shaping the future of international duty of care and risk management. Representatives from these organizations served as webinar panelists, contributors to the delivery of workshops, and assisted with developing each module’s case study. These partner organizations represent the cutting edge in their respective areas and were well-positioned to support the case study development and analysis.
Terra Dotta is the trusted leader in global engagement solutions for higher education. Over 600 universities and colleges use Terra Dotta’s global engagement platform to facilitate cross-cultural experiences for students, faculty, and staff - both domestically and across more than 85 countries worldwide.

Rapidly changing global dynamics – including the pandemic, social and geopolitical unrest, and other unpredictable scenarios – are happening at a time when higher education communities are more dispersed than ever. The rise of virtual classes makes it possible for instructors and students to come together while located in different countries at different times, and the return to travel brings a whole new set of safety considerations. The concept of a campus as a defined geographical area is shifting to encompass this new reality. Additionally, as institutions embrace the value of preparing our future leaders with global experiences and exposure, they are expanding and elevating their duty of care given these new and evolving dynamics.

Institutions taking this broader perspective on duty of care are realizing that timely information about a person’s surroundings is empowering. The more informed an individual is, the more knowledgeable, confident, and engaged they are in making decisions around their safety. This information needs to be accessible, accurate, relevant to a community member’s location – down to the city and neighborhood level – and in real time.

This hyperlocal, personalized, and inclusive data already exists, can be delivered through mobile apps, and can be viewed through the lenses that are most important to each community member. For example, Terra Dotta’s trusted AlertTraveler mobile solution includes the ability to utilize GeoSure’s regional, national, and local safety scores across eight safety categories. These vital components include daytime/nighttime, physical harm, women’s safety, theft, basic freedoms, health and medical, and LGBTQIA+ safety. Relative safety in each area is expressed using a standardized score, and an overall safety score is provided. Sophisticated algorithms, artificial intelligence and reliable data sources are combined to analyze hundreds of location-specific variables. The real-time scores change depending on location, time of day and the current situation.

Terra Dotta’s AlertTraveler app also offers the option to leverage Riskline’s travel alert and intelligence insights, including the ability to issue notifications to administrators and travelers for Riskline Alerts, Country Alert Summaries, Country Reports, City Alerts, COVID-19 updates, and travel advisories. This includes sharing information spanning an array of severity levels, including minimal, low, medium, high, and extreme. With the ability to monitor traveler locations, communicate pertinent local alerts, as well as share critical safety information via any mobile device, higher education institutions can measurably elevate their approach to duty of care.

Today’s complex and rapidly changing risk landscape has pushed institutions to reassess their approach to duty of care. It’s not enough to react and scramble after the fact when campus community members may be in danger. Utilizing the most comprehensive duty of care innovations available gives institutions the tools they need to anticipate and mitigate risk, while building trust with their students, faculty and staff and fulfilling expansive duty of care obligations.
Compliance is everyone’s responsibility at any college or university. It can be a daunting task to ensure laws, rules and regulations are followed uniformly. While many of the compliance regulations today are based upon U.S. law, they are broad enough in scope to be considered an accepted best practice globally. Some laws started in other jurisdictions but also have applicability to U.S. Institutions, such as GDPR.

Whether students are traveling on faculty led programs, exchange programs, internships or independent study programs, the challenges are the same. Travelers are entitled to all of the protections afforded under these compliance laws. At their core, these laws are established to ensure the protection of the rights afforded under these laws.

Faculty and Program leaders will always want to do the right thing but will need to remain institutionally compliant during sometimes stressful circumstances. The dissection and analysis of the following case studies help identify where compliance vulnerabilities exist and help bring awareness to various issues and interpretations. The case studies reviewed in this document cover a full range of issues that program leaders can be faced with. While various risk management issues are also present, a mindful review of compliance issues is essential.

Gallagher is honored to participate in the Gateway Leadership Institute as a firm fully committed to serving the Higher Education community. Gallagher’s Higher Education Practice is a leader in providing Property and Casualty, Student Health, and Employee Benefit and Retirement services to colleges and universities. Our client base includes approximately 1,384 U.S. clients including 259 private colleges and 304 universities, 379 community colleges (totaling 30% of the market), 339 public universities, and 24 higher education managed captives. As such, we have significant day-to-day experience assisting institutions with their insurance and risk management consulting needs.

Higher Education Practice actively publishes white papers, case studies, webinars and conducts risk assessments and tabletop exercises. Providing the risk management and insurance needs of Higher Education institutions has never been more critical.
GeoBlue offers trusted health insurance coverage and technology-powered services that help the globally mobile stay safe and healthy throughout their journey. They have specialized in providing global health insurance for more than 20 years and offer a comprehensive suite of solutions for people who live, work, study, and travel internationally. GeoBlue’s scholastic segment is dedicated to simplifying the international healthcare experience for students, faculty, and staff. GeoBlue offers one of the strongest global medical networks available, along with leading digital tools and 24/7 world-class medical assistance support and services that help address health issues as soon as they arise, as well as Global Wellness Assist, a program that supports the mental health needs of students, faculty, and staff.

Healthcare is a critical part of an institution’s international duty of care and crisis management response. Without the appropriate program in place, institutions are putting themselves at higher risk of financial and legal liabilities, not to mention potential reputational damage. More importantly, they are putting their students, faculty, and staff in a position where they may not be able to get the care they need, when they need it. International healthcare can be expensive, and a medical evacuation or repatriation can be even more costly. If an institution does not have a proper healthcare program in place, it could cost the institution hundreds of thousands of dollars in unexpected expenses resulting in a serious financial risk for the organization. Similarly, if an institution does not have the appropriate healthcare program in place, the institution could face legal and reputational risk. If something happens to one of their students, faculty, or staff while abroad, and they don’t get the care they need in a timely manner, the institution is at risk of being sued, which could be extremely costly. This could also create a public relations crisis, damaging the institution’s reputation, resulting in negative impact to future study abroad programs as well as overall enrollment.

GeoBlue presented a case study on a student that was enrolled in a study abroad program in Hangzhou, China. This student started to experience worsening symptoms of her preexisting mental health condition. Care and support for mental health concerns are the most frequently requested services by students and it’s the number one reason GeoBlue performs evacuations and repatriations for institutions. In this case, the local public health clinic was ill-equipped to handle such a severe mental health crisis. Fortunately, the institution had a healthcare program in place with GeoBlue who was immediately contacted for help. As soon as they were contacted, GeoBlue was quickly able to source the best possible care in China and coordinate a transfer to Shanghai. Once in Shanghai, the student was able to get the care she desperately needed. GeoBlue’s experience, as well as their vetted global network, allowed the student to get the care she needed in a timely manner. And after a three-day stay, the student was stabilized and evacuated back to the U.S. with a medical escort.

Without an appropriate healthcare program in place, the situation with the student in Hangzhou could have easily deteriorated. First and foremost, the absence of a healthcare program could have put the student’s health at risk, as well as potentially becoming a financial, legal, and reputational risk for the institution. In order to mitigate risk, it’s critical for institutions to have an appropriate healthcare program in place as part of their international duty of care and crisis management response. Institutions should ensure that they choose an insurance carrier that has the experience, tools, support services and global network to meet the unique needs of their students, faculty, and staff.
International SOS

International SOS enables organizations to manage the health and safety risks facing their international travelers, including students, faculty, and staff, as well as global workforces. As the world’s leading provider of medical assistance, security services, international healthcare, and outsourced customer care, we serve about 12,000 clients (educational institutions, NGOs, government entities and corporations) around the world, including more than 500 educational institutions, 87% of the Global Fortune 100 and 63% of the Fortune Global 500 companies. Our strength stems from the expertise of our people, our worldwide reach, and a commitment to deliver customer-focused solutions.

Successful implementation, maintenance, and reinforcement of a travel risk management program within higher education has inherent challenges. Senior-level buy-in and collaboration between internal stakeholders is key in ensuring that the program is well-embedded within the organization’s management systems. International SOS is a partner to some of the most prestigious educational institutions globally, helping them manage risks to the safety, security and well-being of their students, faculty, and staff when they study and work abroad. By embedding our travel risk management processes into their management systems, best practice institutions can extend or successfully maintain their activities on an international scale and be prepared to face any challenge.

The education sector faces extraordinary and multiple challenges compared to other industries due to the diverse student/employee base and the institutional culture and governance. These challenges leave educational institutions particularly vulnerable to fully mitigate foreseeable health, well-being, and security risks of their program participants. A robust risk management program helps ensure risk mitigation abroad and facilitate the best possible outcomes from crisis situations.

In 2014, the Scholastic Sector Report, commissioned by the International SOS Foundation, revealed there was limited awareness of the Duty of Care within higher education institutions, even though it had transitioned from a concept to case law more than a decade ago. However, we are now experiencing that universities around the world are increasingly assuming their obligations as well as significantly ramping up their programs and capabilities to support their students, faculty, and staff. Moreover, many universities are equipping themselves to not only do what they are obliged to, but to also do what is right. Duty of Care can be defined as “doing the right thing” and taking care of the scholastic community. The Duty of Loyalty, a crucial feature of responsibility (meaning that staff, faculty, and students must engage in the policies and procedures that institutions have put in place to protect them) can still be inherently challenging to instill within educational institutions. Students, by their nature and the type of activities they engage with, have a great level of autonomy.

By protecting their program participants first, universities are also concluding that it is less costly to prevent and manage risk than having to mitigate incidents that can tarnish their reputation, sustainability goals, and have significant financial implications due to litigation. As illustrated through the Gateway Leadership Institute, more and more key stakeholders within educational institutions are building up their capabilities in managing and mitigating business, financial, and reputational risks. By strengthening their resources, programs, and processes - in partnership with their insurers, travel services, and assistance providers - universities are in a position to
develop sustainable operations where the needs of the institution as well as the needs of students, faculty and staff can be met.

In the International SOS case study described in this publication, a faculty member and spouse test positive for Covid-19 during their final week of sabbatical in Columbia. How the case unfolds illuminates several key opportunities for institutions to incorporate or improve upon risk management best practices. Having a pre-established, well-communicated plan in place prior to the faculty member’s departure would have likely prevented this crisis from arising in the first place. Some of the most important International SOS-recommended best practices for a successful Risk Management program, illuminated through the GLI case study analysis, include:

1. Thinking proactively as well as reactively about how to manage a crisis when one occurs. Some crises can be avoided by having program participants complete a self-administered pre-trip questionnaire outlining their suitability to travel to a particular environment.

2. Program participants – including faculty – must be directly connected to trained medical and security professionals when necessary, understanding that some situations may require evacuation if the necessary care is not available in the host destination.

3. Institutions should understand and educate travelers on the medical and security risks of all the destinations they travel to. Institutions should understand the portfolio of their program participants: what are the characteristics of the various constituents who are traveling? Have an integrated solution and be proactive (train participants, including faculty members who both lead programs or travel solo) on how to safeguard participants’ health & safety while abroad, and have a course of action when an incident occurs.

4. Be able to advise your travelers with information, advice, and direction, and be poised to assist with medical and security services 24/7, and potentially with evacuation when indicated. Additionally, be able to track your participants’ locations and establish effective means of communications so that your direction can be provided efficiently in real time. And finally, be able to fully understand the local resources as well as the limitations for treatment of health concerns.

The bottom line for a best practices risk management approach is that universities must provide support to their students, faculty, and staff before, during, and even after an international experience.

International SOS wants to thank the Gateway Institute and its stakeholders for the privilege of working with such engaged, knowledgeable, and passionate professionals. We hope all participants found the workshop rewarding and educational, and we look forward to the continuing partnership to keep your students, faculty, and staff safe and healthy.
Aerogami is a leading technology provider in making the materials that matter mobile. We support thousands of students and faculty members on their programs by using our technology products to prepare and react to emergencies abroad. Whether it’s with us directly or through one of our partnerships with On Call International, Gallagher Student Health and Special Risk, ScholarTrip, or ViaTRM, it is Aerogami’s belief that every Global Education Office and student should have easy access to the risk management resources they need for a safe journey and to be able to communicate quickly in a crisis.

In many ways our mission as a company ties directly with how communication plays a role within Duty of Care. Communication is defined as the means of sending or receiving information and without it, all other duty of care resources fall apart. The cases we covered as a part of this institute will go into detail about several emergency situations requiring specific resources or decisions to be made by the Crisis Management Team (CMT); the ultimate goal being to reduce damages and danger for our travelers.

Underneath all of these scenarios is a complex web of communication channels between students, program providers, and third-party partners (assistance, insurance, medical) that power the resources needed to support students in these situations. This is why early on our communication cohort determined a tool is needed to organize the different communication channels a CMT coordinates. In the figure below you can see how quickly communication channels can be confused by the different entities involved in them.

Without the proper accessibility and communication of the resources and partners available to a student in a time of crisis, we risk great harm to our students and our universities; understanding this is critical to understanding our duty of care obligation. One could argue that our obligation to duty of care is our commitment to communicate effectively.
Sponsoring Organizations

Allegiant Global Partners
Allegiant Global Partners is a consultative brokerage firm specializing in risk insurance, global benefits, emergency assistance, and safety and security. We serve the needs of higher education institutions, International NGOs, global nonprofits, and their populations around the world. We work to solve the complex puzzle that is the entirety of our clients’ global risk management responsibilities, creating proper alignment between clients and their members, and ensuring a more prepared international travel population.

OffWeGo
OffWeGo is a student-centric risk management tool that transforms needed safety behaviors through social connection, comparison of resources, and proven gamification techniques. OffWeGo combines the fun, social elements of travel with traditional risk management resources. OffWeGo aims to provide higher-quality data and new insights into the travel habits of students and employees.

Verify Ed
Verify Ed works with universities, professional bodies, and organizations to digitize certificates and assure the value of these achievements around the world using blockchain technology to ensure every certificate issued through VerifyEd is completely immutable. As a result, anyone can share their personal portfolio of educational achievements across the globe simply and securely.

Cigna
Cigna Global has health insurance plans for all of your international needs and can be tailored, offering a global support network of hospitals and medical professionals. Ultimately, Cigna can help people live their lives in full – the good, the bad and every moment in between, knowing that you are supported in every aspect of your world.

Peter F May Consulting International
With more than 25 years’ experience in the global higher education and development assistance sectors, Peter advises senior management and university counsel on internationalization strategy, governance, business structures, strategic program partnerships, contracts, employment, risk and crisis management, compliance, and effective implementation of international operations.

WorldStrides
WorldStrides Custom Programs specializes in faculty-directed, short-term education abroad programs. WorldStrides collaborates with universities to deliver global experiences to students. Each program features interactive adventures that bring the classroom to life and unparalleled health and safety measures, top-notch logistical expertise, and best-in-class customer support.
International Duty Care of Organizations

To identify the leading organizations that support international duty of care primarily engaged in the United States, Gateway conducted a survey of international education leaders from across the country. Survey respondents included education abroad directors, university counsel, university directors of health, safety, and security, and those engaged in areas related to international risk management. Survey findings were only cursory reviewed for accuracy and broad representation.

To qualify for inclusion, an organization must meet each of the following criteria:

- The organization’s mission focuses, at least in part, on supporting or enhancing international duty of care within a higher education context.
- The organization provides services, either directly or indirectly, that support travelers on institution sponsored or approved international programs.
- The organization offers services that align with at least one of the eight categories identified in the survey.

Please note that this compilation has been developed with fidelity to these survey findings and as such, does not attempt to provide a comprehensive listing of all organizations engaged in international duty of care. Moreover, these findings have not been verified with the noted organizations.

For more information, and to retrieve a downloadable image, please see International Duty Care of Organizations - Gateway International Group.
CASE STUDY 1

University Exchange Program in Hangzhou, China

This “world city” is home to a number of major organizations – big players in the global economy – and attracts thousands of young, intelligent minds to its top-quality universities. That was the case for a GeoBlue member and exchange student looking to make the most of her time in a city renowned for its global influence. But as the young exchange student reached toward higher goals, she began to lose her grip on reality – experiencing worsening symptoms of her preexisting mental health condition. That’s when she turned to GeoBlue for help.

Confused and afraid, the woman checked into a public health clinic in need of emergency care. However, the hospital was ill-equipped to handle such a severe mental health crisis and could only offer shock therapy as a potential treatment option. When the student and her family refused, GeoBlue worked to secure admission at Hangzhou Hospital #7, a local network facility.

As the staff attempted to stabilize the woman, it once again became clear that her condition was too complex to treat effectively. So medical experts at GeoBlue sourced the best possible care in China and coordinated a transfer to Shanghai for a proper evaluation. Once the staff in Shanghai received the distressed young woman, they were able to help deliver the care she desperately needed.

Helpless and in need of a friend, the troubled student relied completely on GeoBlue to coordinate direct billing and arrange an escort from the U.S. Embassy to Shanghai, as well as schedule daily visits from a U.S. Embassy representative. After a three-day stay, the student was stabilized and evacuated back to the U.S. with a medical escort where she was hospitalized and diagnosed with extreme psychosis.

That’s how we simplify the international healthcare experience for a mentally unstable member in desperate need of a steady hand to help guide her home. How would you advise the Crisis Management Team to proceed?
Safety & Security Perspective

During a medical emergency, crisis management teams must provide individuals with personalized quality care, particularly in regard to behavioral health and timely support. Providing such services can mitigate the risk of a student’s condition escalating. An effective plan for an individual with a pre-existing mental health condition requires a comprehensive advising and support strategy that begins at the home institution and ends after several follow-ups with the student.

Background

In this case study, an exchange student began experiencing mental health issues that required medical attention. She attempted to find a health clinic that could assist her, but the clinic was not equipped to offer her the care she needed. The student was admitted to several different hospitals before receiving proper treatment. Given the student’s mental state, and the possibility of being a harm to herself, delayed care could have been a serious safety and security risk. The crisis management team did not clarify which health information was shared with the insurance company beforehand, and what they did to assess the student after her diagnosis.

Alternatives

The main issue in this case study is how long it took for the student to receive adequate medical care. She visited three hospitals before receiving a proper evaluation. The inability to immediately connect her to the appropriate medical facility could have arisen for several reasons. One possibility is that the student did not self-report her pre-existing mental health condition to her home institution and/or the international health insurance company. In this instance, the international health insurance company would not have the most comprehensive information to share with their medical experts prior to determining where the student could receive the best possible care. As a result, the international health insurance company would not have proper procedures in place to ensure the most timely and personalized crisis management response for the student in the event of a crisis. Alternatively, the student may have reported her pre-existing medical condition, but ended up in a more unstable mental state than the diagnosis she reported. In this scenario, the international health insurance company may have selected an appropriate medical facility based on the student’s pre-existing mental condition. However, they may not have been equipped to recommend appropriate care for psychosis because they were unaware of the changes in the student’s mental condition.
Proposed Solutions

For this case study, it is important to recognize that there were several gaps in the journey management of the student that can be corrected to ensure a holistic and effective response to future mental health crises. First and foremost, having the ability to capture any preexisting physical or mental health concerns or disabilities in a voluntary survey is key to becoming aware that additional steps should be taken prior to travel. This can include working with the institution’s wellness or mental health department to ensure that the right type of care is being administered during the trip and to develop contingency plans should an issue arise while traveling, as well as speaking with the program’s health insurance provider to understand what steps would be taken during an incident and what services are covered by the provider. On the topic of health insurance, making sure that students have adequate coverage and that the city they are traveling to has adequate healthcare facilities and capability is equally important prior to travel, as well as providing a single phone number to contact the health insurance provider’s 24/7 call center should a situation occur to ensure that the student is matched with the appropriate type of care.

Shifting to the crisis management team, ensuring that when an incident occurs the team is able to bring in the appropriate stakeholders, which consists of the core response team as well as student health & wellness, the health insurance provider, and in this case, the student’s host institution. It would also be helpful to be in contact with the embassy that the student is a citizen of and understand their responsibilities in this situation. The team needs to have regularly scheduled check-ins during the entire crisis response, both with the team and with the student as able, and communicate the latest developments, cover any improvement or deterioration of the student’s status, discuss next steps to take and planned communication, and coordinate these actions with the institution’s leadership team for awareness and approval as needed. Outreach and support to the student’s family must also be considered during the response, to include being sensitive to privacy concerns for the student and what support to the family (i.e., flying to China to be at the student’s bedside) will help assuage the situation. Lastly, the journey care management does not end when the student departs the country to return home. The Crisis Management Team has a responsibility to arrange long-term care with the institution’s mental healthcare provider to provide support for the student post-program.
Recommendations

To best accomplish this enhanced improvement to journey management to prevent future incidents such as the one presented in this case, the home institution’s international health and safety office, or equivalent, should work with the mental health services office to understand what is possible in terms of capturing existing mental health concerns, protecting student privacy, and ensuring resources are available globally. The international health and safety office should also work with schools, colleges, and other departments that sponsor international travel to educate students on mental health resources available during their trip, including what number to contact if they need assistance. The mental health office should work with individual students as necessary to ensure that support continues as feasible or to adjust as necessary to comply with local laws and regulations. Separately, the crisis management team should exercise a similar scenario of a mental health incident that covers the updated policy, including the health insurance provider, when possible, to identify any gaps or potential friction points in the plan. This exercise can include pre-trip and on-site response, as well as post-trip long-term care and support.

The majority of the crisis management team’s work in bringing the stakeholders together, establishing incident response scheduling, and working with the health insurance provider should be executed pre-crisis. Often during an incident, individual units will respond to the best of their capabilities, however, many times this results in different units operating at cross purposes that can delay or hinder the response effort. Activities such as workshops or tabletop exercises that bring these stakeholders together to work on a scenario are crucial in establishing relationships and building trust.

Additionally, home institution leadership support and bestowing responsibility to a central crisis management team is critical in ensuring such a team has the authority and capability to lead a consolidated response effort. Limitations to the response outlined above often lack pre-program risk management as well as institutional leadership buy-in, resulting in an incomplete and substandard crisis management response. Apart from these core components, students can choose to withhold from disclosing pre-existing mental health conditions, which would initially cause a delay in the crisis management team’s response. However, a strong team is able to overcome the lack of disclosure, provided the student is able to alert either the institute or the health insurance provider of an issue immediately.
Institutional Compliance Perspective

Assisting affiliates engaged in institutional-related travel abroad can be challenging in the best of circumstances, let alone when dealing with a complex mental health case in a location unable to meet the needs of a traveler. Unfortunately, Case Study Number One posits an all too familiar reality that educational institutions must be prepared to confront. While there are complex compliance-related concerns presented in this case, institutions should operate with one primary overriding principle in mind when assisting students in crisis: acting in the student’s or students’ best interests. Critical to providing timely assistance when a student may need it most is ensuring that prior discussion regarding the legal bounds of institutional response is discussed and agreed upon internally beforehand. Additionally, pre-departure risk mitigation measures should be considered, both to provide the best support to students with pre-existing medical conditions, and to protect the institution’s compliance-related obligations.

Compliance Considerations

Institutions will naturally want to take any legally permissible measures they can to assist students in crisis. In this case, this may consist of enlisting direct liaisons to communicate with the student and the student’s family, the travel health and assistance provider and/or insurer, the exchange institution or program provider where the student is matriculated, and the treating facility. Specifically, institutions may have valuable information that could assist in the provision of a student’s care while abroad, particularly in situations such as presented in this case study, where the student’s pre-existing medical conditions may have been known and even treated on campus. In addition to host country laws and limitations, the educational and healthcare sectors are fraught with complex legal obligations that limit the ability to share records and private information of the student. Chief among them are the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Among other provisions, HIPAA enacted a “Privacy Rule” which stipulates how healthcare providers and other covered entities can share Protected Health Information (PHI) of patients without their consent. FERPA conversely, prohibits the disclosure of Personally Identifiable Information (PII) found in educational records without consent. Violations of HIPAA and FERPA can result in civil monetary penalties and withdrawal of federal funding respectively. Accordingly, institutions are right to carefully ensure compliance with their HIPAA and FERPA compliance mandates, when applicable.
Proposed Solutions

Fortunately, ensuring an institution’s compliance obligations with the law are not normally mutually exclusive with providing assistance in situations such as presented in this case study; there are specific exceptions within HIPAA and FERPA, for example, that allows for the disclosure of information in emergency situations where there is a threat to the health and safety of the student/patient. Due to nuances in these laws – as well as potentially overlapping host country obligations, state laws in the sending institution, and internal policies and procedures – an institution’s Crisis Management team should include representation by a member from their general counsel’s office when responding to case-by-case crises. Just as important however, an institution should review its Crisis Management policies and procedures in advance of a crisis abroad. In addition to discussion and review, key institutional stakeholders should conduct annual tabletop exercises with critical cases, to ensure shared understanding of procedural efficacy. Enacting such exercises is key to avoiding decision paralysis and taking swifter action by agreeing on the framing of the primary priority, acting in the student’s best interest. As discussed below, not acting in a student’s best interest could potentially expose an institution to liability.

In the context of education abroad programming, an institution owes a duty of care to its students to avoid reasonably foreseeable harm. Although the topic of healthcare concerns may be taboo for many institutions to discuss in this context, an institution may jeopardize the health of a student and expose the institution to liability by failing to do so. In the case study at hand, it is reasonably foreseeable that harm could result to a student with potentially known pre-existing medical conditions if an institution allows them to travel to a location that is unable to meet their healthcare needs, particularly if the institution knew about the pre-existing conditions in advance of travel and failed to warn the student or mitigate the risks posed. Some institutions may choose to avoid discussion of health concerns of students for this very reason, i.e., ‘we can’t be held liable for what we don’t know about.’ With respect to students’ healthcare needs while abroad however, an institution should not strive to do just the bare minimum (i.e., to be ‘lawful but awful’).
Recommendations

Institutions should encourage students to disclose their pre-existing conditions in order to reconcile the adequacy of the destination country’s healthcare capabilities with a student’s needs, and even encourage continuity of care while abroad. Travel assistance and insurance policies for instance often include mental healthcare benefits, and can help source local providers (or even telehealth services if adequate care is not available in the destination country) in advance of a student’s departure. When collected, knowledge of a student’s pre-existing conditions also has the added benefit of allowing an institution to better assist in the event of emergency response, as it undoubtedly would have done here. To better act in a student’s best interest – while simultaneously helping to protect itself – institutions should consider the use of Risk Acknowledgements, Waivers/Releases, and Authorizations to act on the student’s behalf in case of a medical emergency. As each jurisdiction treats the use of these documents differently, careful collaboration with one’s general counsel’s office is necessary to ensure compliance with applicable law(s).

Compliance with legal obligations is an important aim but acting in a student’s best interest should be the guiding principle in responding to crises abroad. As the axiom goes, ‘an ounce of prevention is worth a pound of cure.’ To this end, institutions should proactively review their pre-departure health disclosure processes and crisis management procedures before a crisis occurs.

3 One caveat bears special compliance significance in this discussion: disclosure of one’s medical needs should not be the basis for denial of program participation except in the most extreme of circumstances. Such a decision should be made in close consultation with one’s general counsel’s office to avoid non-compliance with the Americans with Disability Act (ADA) protections on discrimination.
Health Perspective

The key problem in this case is that the student in question has a pre-existing mental health condition that goes seemingly unmonitored by administrators from the home institution. The condition is exacerbated while the student studies abroad, yet administrators would never know due to a lack of communication with the student.

Another problem is that mental health care in the student’s study location does not meet the expected standards in the United States. It seems the student was not educated on mental health care options in her host city, such as a digitally accessible list of options and contacts, before her arrival and the program staff is not aware of westernized mental health clinics in the area, either. Therefore, the student ends up in an insufficient hospital and is uncertain of how to receive the needed mental health care.

The student should have received extensive preparation regarding health care options in her host city, as well as frequent check-ins to ensure her preexisting mental health condition was not exacerbated during her travels.

Background

A student with a pre-existing mental health condition is studying in Hangzhou, China. It is unclear whether she is fluent in the local language. The population is over 10 million people. The environment can easily be overwhelming, even for an experienced traveler.

The combination of the student's mental health condition and her new environment leads to a mental crisis, with the student not knowing how to locate the proper medical facility for treatment. Seeking help, she ends up in a facility that exacerbates her mental health crisis. She knows enough to refuse treatment, however, is unaware of alternative treatment options that would equate to modern U.S. mental health standards.

Proposed Solutions

Should the traveler be covered by GeoBlue, as is in this case, utilizing their services is the proper solution. GeoBlue is able to provide the traveler with proper mental health care and assist with evacuation back to the U.S. when her condition allows.

If GeoBlue, or a similar health insurance provider, were not available for assistance, the student's international programs office should have identified a proper mental health clinic in the local area, and an on-site supervisor to escort the student there. Once the student's condition was stabilized, the on-site supervisor should have consulted with her and her family on whether she wished to continue her studies or depart for home. However, much more could have been done for this traveler prior to her departure from home and during her first weeks in Hangzhou.
Prior to her departure from her home institution, program staff should have assisted the student in identifying local healthcare options in Hangzhou. For example, where could the student go should she have a cold? Should she go to the same clinic for a more serious health condition? And where could she go for mental health support? Were any tele-health options available? Program directors should have collected locations of clinics and relevant contact information and organized the information in a document accessible via physical documentation and digital records. Directors should have also discussed the different mental health care facilities available in Hangzhou with the student before her departure, ensuring she understood her options.

While the student studied in Hangzhou, trip directors should have conducted weekly wellness checks. By checking in with the student on a frequent basis, program staff may have been able to foresee the student’s deteriorating mental health condition and, combined with the knowledge of her preexisting condition, connected her with a mental health support system.

Weekly wellness checks would have provided the student with an outlet to debrief any feelings of anxiety or depression and allowed the program staff to discern the level of support and resources the student required.

**Recommendations**

To prevent the student’s mental condition from escalating and receiving inadequate support, the international program staff should have employed the following actions:

1. The home institution/the trip provider should have scheduled regular wellness checks with the student, given her known pre-existing mental health condition
2. The home institution/the trip provider should have provided the student with a list of local mental health clinics or mobile support resources

GeoBlue is an outstanding emergency support service, but their services should not be the only safety net provided for students. Preparation and communication with all students, especially those with preexisting health conditions, is integral in empowering students to be independent and healthy during their studies abroad.
Risk Management Perspective

This case study presents several risk management challenges for the Crisis Management Team (CMT) of a higher education institution, in part because the healthcare provider resolved the case without explicit involvement from the home institution. Nevertheless, this case can help institutions plan what measures they could take to prevent such a crisis from arising in the future, highlight areas of collaboration with their healthcare provider, and support students before, during, and after an incident.

The key problems in this case are tacit. It is unclear whether the home institution facilitated a thorough pre-departure orientation process before the student left for Hangzhou to provide some guidance as to how to respond to her intercultural experience and react in the event of an emergency. It is also unclear whether the student had contacted the healthcare provider or even knew of available services before her departure.

Background

Having knowledge of mental health resources could save valuable time in responding quickly during an emergency. In this case study, it seems to be unknown whether the student met with a personal physician or a travel health specialist to plan appropriately for both their mental and physical well-being while undertaking a challenging intercultural experience. It is not stated whether the home institution solicited voluntary health information from the student that, with consent, they could have shared with the exchange partner. Perhaps most importantly, it is also unknown if the home institution had provided the student with an intercultural lens that helped set her expectations for healthcare in another country and the different meanings and understandings implicit in such services. Although an individual should reserve the right to seek healthcare treatment as they prefer, they also must understand how healthcare is socially constructed differently in other cultural environments.

Several variables may account for these issues. For one, the student, and perhaps even the home institution, may lack awareness of what services GeoBlue, or similar providers, offer and what abilities they have to directly assist with student care. Institutions should provide all relevant information, including policy summaries and coverage, to their students and other university travelers, on their institution’s public website or policies guidebooks. In addition, members of the CMT may lack training or relevant experience to inform students properly about their healthcare resources and ability to access them. Providers like GeoBlue provide guidance for institutional staff and may be able to join pre-departure orientations or other preparatory sessions directly to relay information about their services. Furthermore, university staff facilitating intercultural experiences should always remember that different cultures conceive of mental health (and health in general) in diverse ways. Language, for example, may pose but one barrier to intercultural understanding; a host culture’s perception of what constitutes mental wellbeing may be radically dissonant with the home institution’s expectations or standards.
Alternatives

A well-meaning, but culturally ignorant and logistically unprepared, Crisis Management Team may do more harm than good if they fail to remember their mission as intercultural educators who prioritize wellbeing foremost. Most importantly, such lack of care may result in the exacerbation of the student’s condition and health, possibly even death. Aside from the clear moral implications of such a tragedy, the institution may be found negligent, facing legal action or lawsuits, and risking its reputation. Additionally, its relationships with other host institutions or partner organizations may be threatened for lacking good faith in supporting its students in the midst of a crisis. The institution may have to dedicate more financial resources for insurance policies or emergency support. From an intercultural ethics perspective, the institution’s lack of action or poor preparation could reify stereotypes that inhibit mutual understanding across cultures, perhaps even inflicting moral harm on the host community through sowing confusion and implicit bias. All parties—including the student, the home institution, the host community, and the healthcare provider—should remain committed to the operational measures necessary to ensure healthy and sustainable intercultural exchange.

Proposed Solutions

In addition to being intentional and proactive toward these concerns, institutions can manage the likelihood and magnitude of risk in this scenario in a host of ways. Robust collaboration with a reputable health insurance provider is perhaps the most effective solution, as evidenced in this case study by the fact that GeoBlue resolved the student’s emergency almost on its own. Given an institution’s inherent focus on education, its Crisis Management Team likely cannot replicate the communications networks, staff experience, intercultural and linguistic competence, and global reach of such healthcare providers, of whom institutional staff should consider fully-fledged partners in the maintenance of healthy intercultural exchanges. What Crisis Management Teams can (and must) do is formulate a clear emergency communications plan to ensure timely information relay among all relevant parties, from the healthcare providers to the student and their families, and perhaps to other members of the campus community. For guidance on such plans, institutions should look first to resources such as the Forum on Education Abroad’s Advocating for Student Safety Abroad or NAFSA’s Responsible Education Abroad publication4,5. The Forum’s Standards of Good Practice should serve as the starting point for any discussion on risk management6.

From the moment the emergency arose in this case study, a well-prepared CMT should have activated protocols immediately to execute their primary role as a clearinghouse for efficient communication. Responsible campus authorities should have been notified of the situation and have been prepared to engage knowledgeably with the healthcare provider and the students’ families or guardians. The CMT should have taken care to communicate responsibly, discreetly, and with propriety about the student’s condition and needs. Once the student is stabilized and urgency subsides, the CMT must consider ways to support the student’s return home and reintegration into the campus community. The CMT should collaborate with campus wellness and counseling staff for short- and long-term care.

**Recommendations**

The CMT should undertake an after-action review of the incident, exploring any communication issues, resources and information shared, missteps, provider, and institutional responses, and what additional resources are needed to prevent and mitigate future incidents. Student pre-departure orientations should be examined to ensure students receive insurance and healthcare provider information as well as understand how to set appropriate expectations about intercultural communications and understandings.

Although somewhat removed from the narrative of this case study, the CMT of an institution does indeed have a present duty of care in managing risk through transparent and effective communication. If any barriers exist to such communication, the Team should advocate and build collaborative networks among institutional staff and administrators, including its host program partners, and ultimately the healthcare provider.
Communications Perspective

The key problems for this case study are that there were insufficient local resources for the student’s particular condition, there was no local university contact available to guide or assist the student in finding a treatment, and there was no proof of preparation materials. Such materials may have encouraged the student to pursue a more suitable program for her pre-existing mental health condition or at least provided them substantial resources to prevent an escalation of their mental health conditions.

An analysis of this case study reveals the difficulties institutions and providers face when there are limited local resources to support students who face mental health challenges. In addition to providing resources to support students with mental health challenges, an institution could utilize a 360°, or on-going orientation, model to better prepare students with mental health challenges for their time abroad.

Background

In this case, a student with a pre-existing mental health condition begins to experience dangerous symptoms in their new environment. Without knowledge of a proper process to seek treatment, the student goes to a local medical facility with insufficient resources to respond to her condition. As suicide is reported to be the second leading cause of death for individuals from 15-29 years old, according to the World Health Organization, it is critical the program staff works to identify and facilitate appropriate medical treatment for the student before her condition worsens.

Alternatives

One alternative is that the university could respond with standardized procedures with this crisis and make no other changes. This assumes that procedures were adequate, and the case presented was simply atypical. We rejected this alternative because it is unrealistic to think a similar situation could not occur again in the future. Doing nothing could potentially expose the university to additional liabilities and cause unnecessary pain and suffering to future study abroad students.

Another alternative would be to screen prospective education abroad participants who have medical or mental health challenges that may exceed the capacity of local services. We also rejected this proposal because it may be difficult to screen individuals while protecting their privacy, as well as being in violation of the Americans with Disability Act. The study abroad office could engage the student in conversation with their doctor, based on the student’s approval, to discuss the best program options for the student; however, unfamiliar situations, in this case the study abroad program, can elicit mental health challenges for students who had no previous history of mental health issues.

Proposed Solution

The home institution has a responsibility to fully prepare and educate students prior to, during and after the study abroad experience. A solution to the key problems presented in this case study is the development of an “ongoing or 360° orientation program” which prepares students prior to, during and after the study abroad experience utilizing a variety of methods and interventions. According to NAFSA and Gateway International’s Foundational Reading for Education Abroad Scholar-Practitioners, ongoing orientations include, “comprehensive curriculum encompassing pre-departure, while abroad, and upon return phases with advanced planning and in conjunction with well-articulated learning objectives”. For this case study, a 360° orientation program would include all aspects of a regular orientation while highlighting challenges or differences unique to this destination such as not having a local university contact, cost benefit analysis of studying in a remote city location, and the perception of mental health in China, as well as intake forms that aid students in selecting the most suitable destination for study based on their academic and professional goals, objectives, personal comfort and health level. The proposed orientation model would also include various pro-active intervention methods during the experience to ensure the prioritization of student success such as connecting the student with tele-health resources or home institution counseling services.

A 360° orientation would establish check-in points upon arrival and during the experience to prevent or anticipate the development of deeper issues the student may be facing. The use of health providers such as GeoBlue for more comprehensive medical services may still have been needed, however a 360° orientation approach could have alleviated the reliance on the health and assistance provider or, more importantly, the delay in the student receiving access to the services required. This solution was chosen because it proactively addresses potential problems that may arise throughout the duration of a student’s study abroad program. Through the development of an ongoing orientation program that thoroughly prepares the student for the realities of studying in China, the problem presented in this case study may have been avoided.

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Recommendations

We recommend the home institution to implement the following strategies to ensure students with mental health challenges are supported throughout their entire study abroad experience:

1. The study abroad office poses questions regarding pre-existing mental health conditions on their intake form. If a student self-identifies as having a condition, the office would be able to more efficiently ensure that appropriate resources are shared with the student.
2. The study abroad office creates a list outlining healthcare-related considerations for their available programs so that students know which programs/countries to consider/avoid if they have a pre-existing condition or are a part of an “at-risk” group.
3. The study abroad office holds a pre-departure orientation that informs students and their parents/guardians of the contact information for all parties involved (home country contact, host country contact, provider contact if appropriate, health insurance company contact, etc.) through communication methods such as a wallet-sized emergency contact card. The orientation(s) should ensure that all students will be able to connect with the study abroad office personnel through the proper communication channel(s) while abroad, keeping in mind that some communication channels may not be available in certain countries. Advisors should also encourage students to check-in with the host institution’s contact and familiarize themselves with the location of the nearest police station, hospital, and embassy. Advisors could offer students the option to set up a zoom meeting with the host institution for any pre-departure concerns.
4. The host institution conducts an on-site orientation for all incoming students to familiarize them with program staff and campus resources. The host institution could even pair exchange students with domestic students to ease the transition.
5. Study abroad program staff are familiarized with early warning signs of mental health concerns as stated by the National Alliance of Mental Illness. The program staff should have the ability to connect students with pre-existing mental health conditions with a local psychiatrist if available.
6. The study abroad office at the home institution provides resources for the student both in the home and host country based on the following questions: 1) Could the student utilize the home institution’s Counseling Center services while abroad?; 2) Is there a Counseling Center at the host institution?; 3) Did the student have access to telehealth appointments through their medical insurance?; and 4) Is the student aware of the free resources online available for them? The University of Tennessee at Chattanooga’s Counseling Center recommends several free mental health apps including What’s Up, MindShift, Self-Help for Anxiety Management, Happify, MoodTools, etc.

Adequately preparing students for their study abroad experience is essential to an enjoyable, safe, and educationally enriching experience. The international office and their team should work diligently to help students self-select and thoroughly analyze their study abroad destination during peer and staff advising sessions, including evaluation of goals and objectives, academic and vocational priorities, and connecting them with other students who’ve participated on similar programs, in addition to a 360° orientation program. Students should also be informed of the types of services available to them during their time abroad, such as local and remote counseling services, location of health care providers overseas and tele-health options. Having multiple check points before, during and after the study abroad experience can assist in uncovering unforeseen issues that could affect program participants, such as presented in this case study.
On Friday, August 23rd at approximately 3:30PM local time, a faculty member on sabbatical in Bogotá, Colombia calls a local colleague to advise that she and her spouse have tested positive for COVID-19 during a leisure trip to Girón, in rural Colombia. The faculty member and her spouse visited a crowded piazza in the town center and, three days later, the couple began to experience symptoms of COVID-19 including chills, loss of smell and fever. The couple decided to get a rapid COVID-19 test as a precaution as they were planning to meet family friends back in Bogotá. The couple both tested positive for COVID-19.

The faculty member is feeling stable with mild symptoms; however, the faculty member’s husband’s symptoms are worsening. The husband is experiencing hot flashes, chest pain and an intense headache. The faculty member drives her husband to the closest hospital but immediately regrets her decision as the hospital is overcrowded and there are no available beds. The husband begins to have difficulty breathing and the faculty member is frantically asking her local colleague for further guidance. The faculty member’s husband speaks Spanish but she does not and is having an incredibly difficult time communicating with locals to ask for assistance in locating a medical facility. The local colleague calls the Home Institution to ask for further guidance for the faculty member.

The faculty member has one week left before her sabbatical ends and she and her husband are scheduled to return to their home in New England, USA in two days. The faculty member is set to teach two courses for the upcoming semester for a program in which there is a limited number of faculty who would be able to teach the same courses. How would you advise the Crisis Management Team to proceed?
Safety & Security Perspective

In this case study, the faculty member was not aware of local hospital conditions, nor who she needed to contact in order to obtain quality medical care. This lack of preparedness and understanding of resources becomes dire during a medical emergency, which is where the faculty member finds herself currently, trying to obtain medical aid while being unable to speak the local language. Additionally, the faculty member may not be able to return home in time to teach her courses, introducing the possibility that the affected students will experience impacts to their academic progression. The home institution first needs to address the life-threatening health emergency and related issues, and then work with the impacted academic department to resolve the gap in course instruction.

Background

The case study involves the faculty member and her spouse contracting COVID-19 during her sabbatical in Colombia. The faculty member is currently experiencing mild conditions, but her spouse is having respiratory problems and severe pain, prompting her to seek medical care, which is unavailable and, due to language issues, challenging to navigate.

Alternatives

When reviewing this case, several alternatives were available to the Crisis Management Team (CMT). First, the team could claim that their duty of care was limited because the faculty member was on sabbatical and thus not directly related to institutional business. This alternative is further strengthened by the fact that the spouse is likely not affiliated with the home institution. Additionally, the home institution could cancel the courses and offer them another semester. This alternative would be appealing especially if the substitute instructors were already scheduled to teach courses during the same time. Both these alternatives carry a significant reputational risk for the home institution. For the health alternative, determining not to take care of a faculty or a direct family member seems callous and uncaring and will likely have a chilling effect on travel. Additionally, cancelling courses so close to the spring semester does not give them adequate time to adjust their schedules and find suitable alternatives.

Proposed Solutions

In this case study, it is evident that the faculty member did not receive adequate pre-departure international health and safety guidance from her home institution. However, steps can still be taken to fulfill the most immediate need of managing her spouse’s life-threatening health condition. The top priority is coordination among the faculty member, home institution, and the institution’s international health insurance provider to locate the nearest hospital with an available bed and a ventilator. This would provide her spouse with the best chance of recovery. If he needs to be medically evacuated, the home institution’s international health insurance provider should determine the fastest and safest way to transport him, while considering the security and technical risks surrounding such transportation. Isolation units and a ventilator may be necessary on the plane, and the ventilator’s possible impacts on the atmospheric pressure at high altitudes will need to be considered.
to the lack of information provided in the case study regarding whether he is insured through his wife’s institution, it is unclear whether the institution is responsible for managing this crisis. However, offering recommendations, even if the institution is not able to cover the medical expenses, mitigates the reputational risk of not providing support to the faculty member’s spouse. After a hospital has been secured, the CMT can begin working on insurance-related matters, which would remove an additional burden from the faculty member. Furthermore, the faculty member’s home institution should determine how to ensure the students’ academic progression if she is unable to teach the courses.

To best accomplish the goal of facilitating medical care for the faculty member’s spouse, a Spanish-speaking professional at the international health insurance provider will need to consult with hospitals in Bogota to determine who has space and ventilators available. They should also confirm whether there is an English speaker available at the hospital to assist the faculty member. The faculty member currently has mild symptoms, but her physical and mental condition could escalate, so arrangements should also be made to monitor her health at the hospital. Separately, the Crisis Management Team should arrange a plan for continued care and support for the faculty member’s spouse if he needs to be medically evacuated to the U.S. This would involve consulting with the faculty member to determine what kind of U.S.-based health insurance her spouse has and contacting the provider to confirm what kind of continued care would be covered through his insurance plan.

**Recommendations**

There are several limitations to the outlined response. First, given the unpredictable nature of COVID-19, the availability and quality of local medical care can change daily. As a result, the information provided during pre-departure may change several times before the faculty arrives in the destination country. Medical evacuation is also a limitation, as the logistics take time, and the technical equipment necessary for patient transport may not be available. Both of these limitations further delay patient care. Additionally, the preferred academic progression plan may not be possible if there is not a replacement faculty member available to teach the courses. Despite these limitations, an effective Crisis Management Team can develop and execute plans that mitigate safety and security risks during an ongoing crisis.

Regarding the academic progression of the students at the home institution, the CMT should work with the home institution’s academic department and the Provost to determine whether there is a faculty member who can teach the courses. If this is not possible, other options should be considered, including offering alternative courses that fulfill the affected students’ academic requirements, offering the courses during a different term, and issuing refunds to enrolled students if it is not possible to make changes so close to the beginning of the semester.

Proactive planning and collaboration among crisis management teams is key to mitigating safety and security risks for faculty members on sabbatical. Offering a pre-departure training program that explains the steps to take in the event of an emergency, discussing the international health insurance policy for faculty and travel companions who are not affiliated with the institution, encouraging travelers to get a COVID-19 vaccination, and establishing a contingency plan for academic progression prior to departure can be effective ways to prepare faculty members for international travel, and can play a critical role in facilitating medical care in a timely fashion.
Institutional Compliance Perspective

From an institutional compliance perspective, this case study presents complex challenges. An institution has compliance obligations from various areas but primarily from its own internal policies and procedures, and from laws applicable to its activities. The institution must determine which policies apply to its faculty members when they are on sabbatical.

Compliance Considerations

If a faculty member is still considered a full-time faculty employee with comprehensive privileges, then the sabbatical is considered part of the faculty member’s job duties. As such, the institution has generally the same duty of care it would have if the employee was working on campus. In these circumstances, the institution should ensure it is aware of the faculty member’s activities while on sabbatical so it can provide the requisite resources and be available to assist when needed. This may include access to international health insurance, coverage of certain expenses, and international emergency services.

In the case a faculty member is not considered a full-time faculty member while on sabbatical, the institution should be clear about its residual responsibilities. The faculty member may still enjoy certain employee benefits; however, such benefits may be limited or nonexistent if the faculty member is on leave or taking personal time. In turn, this may reduce the duty of care owed by the institution to the faculty member from a compliance standpoint. Regardless of the status of the faculty member while on sabbatical and the university’s desire to provide assistance, the leisure nature of the trip to Girón in this case likely reduces the institution’s legal duty of care to the faculty member and her husband. At the same time, the institution should weigh its priorities when it comes to providing assistance to employees and consider the relative importance of assisting employees when capable.

Proposed Solutions

In this particular case, the institution should examine what documents, if any, the faculty member executed prior to starting the sabbatical to determine whether the institution has committed to certain responsibilities; such documents should be considered along with institutional policies and applicable laws. In some cases, consent is required for the institution to act on health-related matters and/or international privacy laws may impact how personal information is used or transferred. In addition, the institution should determine whether it has any authority to act on behalf of the faculty member or grant permission to medical providers for treatment of the faculty member while abroad. The institution may facilitate contact with the medical insurance provider if the faculty member and her husband are on an insurance plan provided by the institution.

The home institution’s Crisis Management Team may need to convene to determine their duties with respect to the faculty member’s husband. The institution may choose to be fully engaged in arranging for his medical care, or it may be limited to placing the faculty member...
and her husband in touch with a specialized vendor or a translator to assist in obtaining suitable care. The institution may then take a risk-based approach and withdraw from the situation since the faculty member herself is not severely ill, and the leisure trip may not be part of the faculty member’s institutional job duties. On the other hand, the institution may decide to be more involved to ensure that the matter is successfully resolved by, for example, contacting providers or the consulate/embassy on the faculty member’s behalf, arranging for a translator on the ground, or arranging transportation to a facility that can treat the spouse. While the latter course of action prioritizes the institution’s reputation and ethical duties, it may come at additional financial costs to the institution. Such costs can include transportation and medical services, institutional resources, and costs associated with confirming the applicability of laws and compliance obligations.

With respect to the course which the faculty member plans to teach, institutional compliance requirements may arise from laws mandating leave for recovery from COVID-19, travel restrictions, and mandatory quarantine, in addition to sick and other types of leave as well as workers compensation considerations. The institution must adhere to such requirements and consider them when determining the best approach for the course instruction. The faculty member may elect to take leave to care for her spouse which can impact institutional compliance requirements, in addition to potential accommodations for medical reasons. This may mean the class is taught in an alternate manner or the faculty member teaches the course from abroad, which could trigger various tax and labor law considerations.

**Recommendations**

The institution should take care to document the steps it has taken to assist the faculty member and her spouse and how those steps align or go beyond institutional compliance responsibilities. The institution should be aware that it could be setting a precedent for future sabbaticals and may need to be prepared to repeat the extent of these measures for future faculty member sabbaticals if a similar scenario were to arise. Going forward, the institution should ensure that policies and processes are clearly understood by all stakeholders on campus and that processes and procedures are established to address such scenarios. This includes clarifying the governance structure and ensuring that certain institutional units are empowered to make decisions under emergency circumstances. Institutional compliance varies greatly in international circumstances, and it requires the institution to first be aware of its legal responsibilities to its faculty members, and then assess whether, as a practice, it should extend itself beyond such measures. If this is the case, the institution should be ready to execute these responsibilities consistently and fairly and anticipate scenarios so that it can respond accordingly.
Health Perspective

A faculty member and spouse contract COVID-19 while on a personal trip in Colombia, and when the spouse’s condition deteriorates, they cannot find a hospital that is not already overcrowded. They reach out to their university colleagues for guidance, uncertain how to proceed.

Background

The faculty member had mild symptoms, however the spouse’s condition worsened to include chest pain and difficulty breathing. The couple traveled to a local hospital to seek medical care for the husband, but there were no available beds. Adding to the frustration, the faculty member cannot speak Spanish and was unsure how to proceed. She contacted the home institution to ask for guidance however it was unclear what information they shared with her.

Alternatives

The fundamental issue is that the faculty member did not prepare an international medical coverage plan or was unaware of one that may have been eligible through her employment with the university. Most faculty trips abroad overlap with their areas of expertise, and faculty often utilize their research funds to pay for travel expenses which would qualify the sabbatical as a business trip, thus making the trip eligible for medical coverage under their employer. If the faculty member had been aware of these stipulations, she could have directly contacted her medical provider for a virtual doctor’s appointment with an English-speaking physician and received guidance on what specific hospital to visit rather than aimlessly searching for one with an available ICU bed.

Furthermore, the provider can determine whether a medical evacuation to another city or country is necessary and will cover both the costs and logistics of the evacuation. Given the spouse’s difficulty breathing and the apparent strain on local hospitals, this may have been a viable solution for this particular case.

Lastly, it is unclear what guidance, if any, the faculty member received from whomever she contacted at the home institution. Given the restrictions on international travel with positive COVID-19 test results, the couple would have no choice but to wait two weeks at minimum for their symptoms to pass, and without immediate medical support, they would risk the spouse’s condition deteriorating further.
Proposed Solution

All students and employees affiliated with the Home Institution should have readily available access to their international medical provider through a variety of mediums, including official mobile applications.

The emergency international contact number for these providers should be listed on any web pages that deal directly or indirectly with international travel to increase the likelihood that an individual in a similar situation will find it while searching online. Additionally, resources and liabilities for faculty and contract staff should be accessible on the University’s website for review before departure.

It is critical to familiarize yourself with your medical provider while overseas or have a Crisis Management Team that can quickly facilitate dialogue on the traveler’s behalf. The author’s (Sean Hackett) team in Travel Risk Management assisted a faculty member in Cuba who reported experiencing shortness of breath and pain in his chest. Once notified, the team reached out to their global medical insurance team who diagnosed his condition and determined that the medical facilities in Cuba were incapable of performing the necessary treatment, and immediately arranged a medical evacuation back to the U.S. Had there been any delay in this process, the faculty member could have experienced a lethal heart attack during the trip.

Recommendations

The members of the Crisis Management Team, along with Risk Management and Public Affairs/Communication, should develop an awareness campaign to inform university faculty and staff of the travel resources available to them, including their medical coverage plans and the importance of utilizing those resources while abroad. This effort should include developing web pages with relevant links to resources, along with emails from leadership to both the community and administrators that facilitate travel at each school and department.
Case Study 2

Risk Management Perspective

When faculty travel during sabbaticals, risk situations may present themselves and impact campus risk management. During an emergency abroad, as in this case, the response from the Crisis Management Team (CMT) ultimately depends on institutional policies pertaining to duty of care. Campus staff must understand the required steps for faculty when away from campus and the offices that play a role in facilitating any assistance or support.

The key problem presented in this case focuses on how the CMT can and should respond to the emergency situation involving their faculty member and spouse diagnosed with an illness while on sabbatical abroad. The critical issues in this case include having a faculty member abroad with limited support and language abilities, contracting COVID-19 near the end of their planned travels and close to the start of the new semester. This situation poses challenges to the faculty member’s health, ability to travel, and potentially their teaching responsibilities for the upcoming term. The formulation of a response, services provided, and how to assist will largely depend on campus policies and risk management procedures.

Background

Two options typically exist regarding treatment of faculty on sabbatical. The first places all responsibility for sabbatical activities on the faculty member, leaving them on their own and free to use their time as they please with little engagement from the home campus. In other cases, institutions maintain a greater connection to the faculty. In these instances, faculty may be provided additional levels of resources and support, such as international travel assistance, insurance coverage, and other in-country resources. Before acting on the substance of this case, a risk manager should have a solid understanding of how their institution works.

While understanding the background of the home institution’s liability is essential, immediate efforts should be made to assist the faculty member abroad due to limited language abilities and possible personal duress. For the CMT, the first twelve hours after notification should focus on gathering details, resources currently available, how to facilitate any additional steps needed to support the faculty and spouse in-country, and overseeing the couple’s return to the U.S.

While the faculty member is not currently exhibiting negative symptoms of the virus, their travel companion does, possibly causing additional stress to the faculty member and compromising their ability to take necessary action. The spouse’s illness and the faculty member’s limited knowledge of the Spanish language may hinder effective communication and advocacy for necessary care and assistance.
Alternatives

The primary alternative to the proposed solution involves leaving the faculty member to resolve their situation on their own. However, even when an institution technically is not liable for faculty on sabbatical, there are reasons the CMT should consider assisting. A lack of response could foster negative relationships between the faculty, department, and international partners. There could be legal ramifications should the faculty feel not enough guidance or assistance was provided, or that the institution failed to provide adequate or complete due diligence or duty of care.

Proposed Solution

The priority solution first focuses on obtaining any needed medical support for the faculty and spouse, ensuring they are in a stable situation. The next step involves obtaining pertinent information from the faculty and possibly their colleague in Colombia. Subsequently, the CMT should explore the following clarifying questions as a guide for developing a response:

1. What are the institution’s policies related to faculty on sabbatical, including the legal scope of duty/responsibility? What services are requested outside this scope, and is the CMT equipped to facilitate that role?
2. What other entities need to be involved?
3. What insurance do the faculty and their spouse have access to, if any?
4. What resources are available in the location, including the faculty member’s colleague, in-country connections, or campus exchange or other institutional partners in the area?

Answers to these questions should enable staff to initiate assistance for the faculty member and her spouse. One of the first actions should include understanding who their colleague in Colombia is and how they are aiding the couple. Knowing what resources the colleague can provide, as well as any liabilities that they may pose to the faculty and/or the institution is crucial.

Next, contact should be made with the faculty’s travel and medical insurance provider to determine available coverages and services. With those resources secured, the faculty can be directed to medical experts in-country to address healthcare needs. Should the faculty be without insurance, the home institution can explore securing a policy through their partnered insurance provider, examining options such as backdating policy or other special arrangements, ensuring coverage for the remainder of the faculty member’s time abroad.

While working through the in-country situation, the communication procedures of the CMT with impacted campus offices and officials should be a priority. The faculty’s department should be notified to alert them to the faculty members’ situation and possible issues related to courses for the upcoming term.

Finally, support should be offered to assist the faculty member to address their remaining time in-country, any additional COVID related accommodations that may be necessary, and arrange their return to the US when able.
Recommendations

At the resolution of this crisis, the CMT should review issues that may have contributed to or impacted this situation to ensure an overarching policy and process related to faculty sabbatical trips exists and clarify the role of the campus during such activities.

First, the CMT should explore requiring faculty to register their travel in a campus system. In doing so, with travel plans submitted and reviewed in advance, staff may have caught the issue presented in this case study with the short turnaround time returning to the US and current COVID-19 travel restrictions. This allows the CMT to have knowledge of the proposed trip and possibly advise against travel during the pandemic. If travel does occur, resources such as insurance partner services and available support systems can be shared with the faculty member prior to departure. Finally, policies should be in place regarding limitations on guest or dependent travel with faculty while on official university business.

Institutions that do not have any policy in place can explore creating one. This requires establishing buy-in from the department chairs/Deans, Provosts, and other academic leaders to ensure travelers understand and follow new policies.

Many of the critical complication areas in this case study stem from the faculty member not properly preparing for international travel. The CMT should create resources that encourage faculty to consider critical needs for international travel such as insurance, emergency planning, services and support offered by the home campus. Clear communication on pre-travel responsibilities of the faculty and/or their department should come into this conversation as a risk management and risk mitigation focus. It is also critical to determine which parties are in charge of the policy and its enforcement.

Resources for building solid faculty travel policies and protocols can be obtained from numerous sources. Peer institutions should be consulted to understand policies that exist on other campuses. CMTs should engage their international insurance provider, such as GeoBlue, for materials and guidance that can be offered prior to departure. Registry systems can be utilized to track faculty travel and can be facilitated through industry partners like Terra Dotta and their Travel Registry software, or even through insurance providers’ databases.

The role of the CMT in this case involves aspects of facilitating and coordinating resources. As described above, the biggest takeaways from this case come from requiring a better understanding of the institution’s policies and ensuring that the faculty has access to the resources promised. Once those are secured, the office should engage in follow-up steps to review the situation and what, if anything, could have been done to mitigate the impacts of becoming ill while abroad for faculty or any other individual connected to the institution.
Communications Perspective

An analysis of this case study reveals one leading challenge facing higher education institutions: the extent to which support is required or even possible to faculty on sabbatical abroad. Even when support may not be possible (i.e., programming in a remote location, language barriers, no home-university insurance coverage), adequate communication should take place between key institutional stakeholders as contingencies are established.

Background

A faculty member on sabbatical and her spouse tested positive for COVID-19 while in Colombia. Although the faculty member had mild symptoms, her spouse required medical attention. Unfortunately, the faculty member could not communicate with locals as she did not speak Spanish, which complicated seeking medical help. Moreover, this faculty member was set to return home soon to teach two courses in the upcoming semester. One of the main problems of this case is the sabbatical status of the faculty member. Depending on a university’s protocols and procedures for faculty on sabbatical, the university might be excused from providing any support, if for example the faculty handbook clearly states that no or limited benefits are available for faculty and their spouse/dependents on leave. Furthermore, if the university does oversee crisis situations with faculty members on sabbatical, the crisis response and liability may fall upon different departments depending on institutional organization (i.e., academic affairs, study abroad office, risk management, etc.). For example, at the University of Tennessee at Chattanooga, the study abroad office does not monitor faculty on sabbatical. Furthermore, in this case, the spouse is the one who is more critically ill, and he does not have direct ties to the university, weakening the ties between the faculty member and their home institution’s obligations during their sabbatical.

Alternatives

As presented in the case study, one proposed alternative to solving the problem at hand is connecting with a local medical facility or professional to take care of the faculty member’s spouse. The faculty member tried to explore this option and there were no beds available; even with a local connection via the home institution, this option was not feasible. The additional language constraint together with COVID-19 being a global pandemic equates to hospitals having limited supplies and beds, unable to take care of everyone who needs care. Another alternative could be to seek a local independent doctor or contractor who can take on short-term cases, speaks English, and works with sojourners; however, there is no mention of a local medical contact available to the faculty leader and their spouse. The plan provided to the faculty member did not describe a protocol or list a trusted medical contact available to them in a time of crisis. The best solution, given the resources available to the faculty members, is to seek assistance through the medical provider under the university’s health insurance plan. Knowing that the faculty leader had already attempted to use the local medical facilities without success, there is no other choice for the crisis team than to activate an Assistance or Medical Provider such as On Call International, GeoBlue, or International SOS. This is the best option available to the communications team in the face of ambiguity.
surrounding this situation, i.e., no university connection to local people, amenities, resources, etc., and no plan set-up to help faculty on sabbatical abroad. The crisis team cannot make a decision on their own without further input from other university officials.

**Proposed Solutions**

There is likely little that can be done for the faculty member given the constraints of the situation, aside from ensuring she is in contact with their insurance or other assistance resources. It also appears unlikely that the faculty member will return in time to start her course, especially given quarantine and other re-entry requirements. Therefore, the university will need to focus on finding another faculty member to step in for the course or else make other arrangements regarding the course. There may need to be communication with students in that case, but that is beyond the scope of this case.

**Recommendations**

An immediate response to the COVID-19 positive results in this situation must be handled by an insurance provider. The faculty member and her husband must work with either the university provided insurance provider or their own insurance provider to meet their immediate health needs. As discussed in the alternative solutions, an insurance provider could connect the faculty member and her husband with an international health provider such as International SOS. The university must then work internally to fill or cancel the faculty member’s course, of which communication to the larger faculty and student body would be required.

The Norwegian University of Science and Technology (NTNU) discusses research sabbaticals and other research visits abroad and the coronavirus in the face of the COVID-19 global pandemic and the consideration of whether overseas travel is a necessity in the current environment. In the spring of 2020, NTNU stopped sabbaticals and research trips abroad without exception. The decision regarding overseas sabbatical at NTNU is determined between the faculty department and faculty member, with the Dean having final approval. While NTNU’s solution addresses how to handle an overseas sabbatical in the face of a global pandemic, it does not resolve who at the university is responsible for overseeing and assisting faculty members who choose to conduct a sabbatical abroad.

Further action from the university could be through the discussion of whether the development of a comprehensive sabbatical program is required. Cornell University’s international office provides a plethora of public facing resources for faculty conducting sabbatical overseas but does not appear to fully facilitate the process internally. Without

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adequate preparation and participation from decision-makers at the university’s highest level, even a crisis communication team within the international education office might not be able to intervene depending on the faculty’s situation. Faculty, together with the university’s top decision makers, are responsible for the development of sabbatical requirements and initiating what role, if any, the international office and crisis communication team might play in an overseas sabbatical crisis situation.

To set expectations and establish guidelines for faculty sabbatical programs, the university could include an application in the sabbatical proposal that describes the requirements of university partner/local contact, established travel countries, and the role of the university vs. the role of the faculty, as well as who will work with the faculty in terms of preparing them for situations that have occurred in the case study. These guidelines could align with existing overseas requirements or be drafted separately for sabbatical. Through establishing a schedule of granting overseas sabbaticals that coincides with personnel available to guide the faculty through the process (i.e., similar to an international short-term faculty-led program working with an international office team member), faculty participating in an overseas sabbatical could be connected to the international office or team advisor who would ensure the faculty members understand sabbatical parameters as related to overseas travel. Another important consideration is to monitor and filter the number of faculty overseas at any given time on sabbatical, as is common with short-term faculty-led programs. It would be important to establish a chain of communication between university administration in charge of granting sabbaticals, the international office, and the communications team, potentially through creation of an overseas sabbatical committee charged with managing emergency situations such as depicted in this case study.
Each May, a professor from a middle size US private university leads a month-long program in South Africa. The program participants’ flight arrived in Johannesburg on a Sunday morning, and they were met by their long-term program guide. Their transportation was arranged with the same bus operator as in previous years. After the bags were loaded onto the bus, they were on their way to their hotel.

The bus was about 10 miles from the airport in a fairly remote area when 6 motorcycles approached and started riding circles around the bus. It was clear they were armed and intended to take over the bus. Two of the local chaperones were former military and quickly approached the driver instructing him to keep the bus moving; an instruction quickly ignored. The chaperones then instructed the driver to keep the door closed and again they were ignored.

The bandits boarded the bus with weapons drawn, taking cash, cell phones, and passports from the students. However, the faculty member was able to hide and keep her phone. One of the students confronted the bandits and was stabbed and started bleeding profusely. The driver started yelling and they all left the bus, including the driver.

After calling the authorities and requesting immediate medical care for the injured student, the faculty member immediately contacted the university as well as their emergency assistance provider as all of the students needed replacement passports, emergency cash and counseling after the traumatic event. The university President demanded their immediate return to campus. How would you advise the Crisis Management Team to proceed?
Safety & Security Perspective

It is essential for study abroad offices to inform students and faculty leaders of potential safety and security risks in their destination country prior to departure. Informing study abroad program participants of these risks beforehand could decrease the likelihood of potential harm while overseas. In this case study, a stabbing during a robbery left a student with a life-threatening injury that required immediate care. Several valuable items, including passports, were stolen and will need to be replaced in order for the students and faculty leader to return to the U.S. Furthermore, this traumatic event may have adversely affected the mental health of the robbery victims. To respond to these issues, the crisis management team should develop a plan that addresses the physical, psychological, and stolen property concerns of everyone involved.

Background

This case study involves a robbery and assault that takes place in Johannesburg, South Africa, during a short-term faculty-led study abroad program. While the program participants were in a bus on the way to their hotel, several motorcycles began circling the bus, and eventually boarded with weapons. They stole valuable items from the students, including cash, cell phones, and passports. One of the bandits stabbed a student who tried to confront them, causing excessive bleeding. Eventually, the bandits left, and the driver abandoned the bus. Luckily, the faculty leader was able to hide her cell phone, and was able to call the authorities, the university, and their emergency assistance provider. After notifying the university of the incident, the university President demanded for the group to immediately return to campus.

Alternatives

The faculty leader in this case study was already in the process of managing the safety and security risks, but there are a couple of alternative responses that could have been executed. First, the faculty leader could have stayed in South Africa with the student while he received medical care, and the other students could have returned to the U.S. While this alternative addresses the life-threatening injury, provides support for the injured student, and prevents the reputational risk of leaving students in South Africa after they were robbed, the proposed solution discounts the importance of psychologically evaluating the students before they leave the country. Sending the students home without being evaluated, with no long-term care plan in place for students who will require continued support in the U.S., could have adverse effects on their mental health. Additionally, there could be potential delays with receiving emergency passports due to processing times and the location of the embassy/embassies.

Other alternatives, which could have happened prior to the robbery, would have been for the bus driver to keep driving or leave the door closed on the bus, as suggested by the local chaperones. Often attempted carjackings or robberies can be averted if the bus driver continues to drive or pulls into a safe location such as a police station. Once the bus stops...
then the criminals have the situational advantage as they have the close-range weapons (knives) and a number of personnel involved. However, trying to escape attempted robbers by continuing to drive is not without risk and may have been rejected as a solution as the armed bandits could have potentially harmed more people by shooting at the bus if they had guns or trying to stop the bus by running it off the road. Separately, the individuals could have attempted to fight the criminals, but often due to the number of perpetrators and their monopoly on violence in this instance, complying to avoid additional injury or death is often the safest way to resolve the situation.

Proposed Solutions

Turning to the optimal response by the faculty member and Crisis Management Team (CMT), several problems need to be addressed immediately due to the life-threatening nature of the situation. First, the injured individual needs to have their wounds tended to as best as possible to stop the bleeding and if necessary, a stretcher improvised to carry the student to a safe location. Often, a first aid or trauma kit is available on the bus with supplies like a tourniquet or gauze that can halt the bleeding until emergency vehicles arrive. Second, the group needs to move away from the scene of the crime and find a safe location nearby to secure the group until help arrives, updating the emergency services of the new location; this is to prevent the criminals from coming back to the bus a second time to commit additional crimes. With these time-sensitive safety and medical needs addressed, the CMT can work with the faculty member as well as the hotel to secure transportation to the hotel for the group.

Once the group is safely at the hotel, the CMT should next work with the embassies of the students’ respective nationalities to issue emergency passports as well as any required exit visas. The faculty member will likely have to report the loss of passports to the police and obtain a copy of the statement as many governments require this police statement to issue emergency exit documentation. During this waiting period, the CMT will also want to consider whether additional security is needed at the hotel or to support daily activities such as obtaining food or transportation to and from the embassy or government offices providing the exit documentation.

Additionally, the faculty member and CMT should organize a schedule to check in on the injured student should they be hospitalized. Often, the injured student’s immediate family may want to travel and be bedside with the injured. This can be accomplished through the international health insurance provider, but if not, it is helpful if the home institute financially covers this option.

The last immediate action the Crisis Management Team should take is to obtain mental health resources for the travelers either in person or remotely. With these initial steps addressed, the CMT can work with the home institution and mental health providers to determine when students are able to return home as well as allocate additional resources such as sending staff to South Africa to support the faculty member and program participants.
Recommendations

Over the long term, all third-party vendors should be routinely reviewed for compliance with best practices and safety standards to include, but not limited to, background checks on all program support staff, first aid and emergency communication capabilities on program vehicles, and contingency and planning documentation that respond to the threats and hazards identified in a particular country or area. These steps, in conjunction with pre-departure assessments and program leader response exercises and training, will reduce the risk of a similar event from occurring.

This case study presents a dire situation that will require immediate and swift action by the faculty member and strong support from the Crisis Management Team. However, by triaging the response to include addressing time-sensitive safety and medical issues first, before developing a plan to safely and promptly depart the country to return home, will ensure that the students’ physical and mental health needs are met.
Institutional Compliance Perspective

The events that took place in this case study present various institutional compliance considerations that begin prior to departure and take the institution through its response. Such considerations include the vetting of third parties, preparation for travel, engaging with specialty providers, and ensuring a response consistent with the institution’s obligations.

Compliance Considerations

At the time of program development, the institution should ensure that all in-country partners are properly vetted. This includes conducting background and restricted party checks, verifying reputation, checking references, requiring proof of insurance, and ensuring screening of employees. In addition, contracts with in-country partners should contain language to protect the institution and ensure the partner meets its obligations in a reasonable and acceptable manner. Regular audits of partners as well as continuous communication are necessary to ensure the continued preservation of institutional standards and to help maintain a positive working relationship.

In order to meet its duty of care obligations, the institution should provide an orientation for its faculty members who will be leading programs abroad, including pre-departure safety and incident management response training. Such orientations could also include best practices for working with in-country vendors, such as having faculty members ask for identification or verifying credentials. The home institution should consider implementing additional requirements such as First Aid certification and other third-party safety certifications to better prepare faculty members in responding to incidents abroad.

The home institution may also choose to provide safety briefings and incident response training to students ahead of their education abroad programs. Such training can be done in a risk-based manner depending on the travel risk level for that country or region issued by the U.S. Department of State or other governmental agency. If the destination has an elevated risk designation, the institution should consider implementing additional measures to ensure students’ awareness of the specific risks in their host destination and to meet the home institution’s duty to inform students of all present risks. Additional measures could include implementing enhanced safety training tailored to the host destination, and in this case, informing students that confronting potential thieves should be a last resort for property-oriented crime; these actions place some responsibility on the students and provides them with tools to adequately respond to an incident. Documenting that the above steps were taken by the institution is critical for the institution to meet their duty of care, confirm the reasons for taking such steps, and assist in improving the incident response process.
Recommendations

In response to the robbery and the wounded student, the Crisis Management Team should first ensure the immediate medical and safety needs of the students and faculty members. Given the local chaperones’ and faculty member’s experience in South Africa, their discretion could be used to determine the utility of engaging with local police. This may depend on the reputability and level of corruption of the local police force. The faculty member should consider this decision in conjunction with the Crisis Management Team (assuming the Crisis Management Team is responding in real time), as well as with the emergency assistance provider, the chaperones, and other local contacts. However, it is important to consider the benefits of engaging with police and/or filing a police report. It is possible that the institution’s ability to take advantage of various insurance policies and to obtain replacement documentation requires having a police report being filed.

The Crisis Management Team should work with local contacts to ensure proper medical care for the wounded student and liaise with other institutional units to facilitate proper communication with the student’s family. This includes coordinating with chaperones or the faculty member who can stay behind with the student and act as a point of contact for updates on the student’s condition and help coordinate the medical care. The Crisis Management Team should also work to understand the scope of its third-party emergency assistance providers’ resources in obtaining assistance for the students’ return to campus. Understanding the scope of all the applicable policies, and provider roles/responsibilities is helpful to determining what claims can be filed and whether coverage is available for new cell phones, personal items, and other items lost. The CMT should assist in arranging for flights home, locating accommodations in a safe area until flight homes are available, and ensuring the students are aware of medical resources in case they wish to take advantage of them. Many providers offer telehealth services which may be of interest to the students and faculty member.

The Crisis Management Team can also determine the level of urgency of the faculty member and students to return home and whether the next flight home must be booked or if there is some leeway in booking a flight in the subsequent days for a more reasonable price. The CMT, after determining the scope of what their various providers can offer, can determine whether they wish to absorb any associated costs to assist the faculty member and students physically and mentally recover from the incident. Regular communication with the students and their parents would also need to be considered to ensure all involved parties are aware of the steps being taken. The institution’s information technology unit may also need to be engaged if any institution-issued assets were stolen or potentially compromised to ensure steps are taken to protect sensitive information. The CMT should also work with campus safety, its equal opportunity compliance office, and possibly the office of the general counsel to properly comply with reporting requirements such as the Clery Act.

Once the students have returned to campus, the institution should regularly check-in to determine what services it can provide, such as counseling services and assistance with the transition to campus. This includes working directly with students or connecting them with other campus units to review their options for enrollment, assisting with enrollment in courses, locating housing, applying for financial aid, and other logistical matters. The Crisis Management Team should continue to document the various steps they have taken to support the students and determine at which point to conclude their support services and “hand off” the support responsibilities to other institutional units.
Health Perspective

A faculty-led program in Johannesburg, South Africa had hardly begun when tragedy struck. Their transportation from the airport to the accommodation, a frequently used bus operator, was surrounded by armed assailants on motorcycles. The driver refused to comply with the instructions from the group chaperones, stopped the vehicle in a remote area and allowed the bandits to board. Cash, cell phones, and passports were stolen from the group. One student confronted the gang, was stabbed in an unknown location, and began to bleed profusely, leading to the assailants and bus driver fleeing the scene. Medical care and authorities were contacted, along with the university emergency assistance staff. The university President has ordered their return to campus.

Background

The ambush was clearly coordinated by the bus driver, as he fled the scene alongside the criminals. Understanding the identity of the bus operator and the nature of their arrangement with the criminals is critical. Johannesburg's Tambo International Airport is a notorious hotspot for criminal activity, and travelers are urged by the U.S. Department of State to use either official transportation via metered taxis dispatched from established taxi companies or hotels.

Furthermore, the faculty leader and chaperones should have on hand information regarding the preferred, vetted medical facility, with a suitable 24/7 trauma center, approved by the international health insurance plan.

Alternatives

The stabbing attack on the student could lead to several days in the local hospital, if not longer depending on the diagnosis and the presence of any complications. The faculty member or one of the chaperones should remain behind with the student at the hospital until a family member arrives. The chaperones must ensure there is sufficient staff to support the remaining students through their departure, and if necessary, request supporting staff from the university.

On the other hand, depending on the severity of the injury and distance from a medical facility, the injury could result in the student’s demise. Aside from the emotional trauma for the student’s family and fellow classmates, the Crisis Management Team would also have to coordinate the repatriation of remains with the international health provider while conferring with Public Affairs to provide an update to the university community.
Proposed Solutions

Roadside accidents and criminal activity are significant risks in South Africa and should have been mitigated with a professional transportation service arranged through a knowledgeable third-party local contact or the hotel and vetted for past transgressions and incidents by a risk management team. Additionally, the bus should not have any identifying labels that reveal it is carrying foreign tourists and the windows should be closed at all times.

Furthermore, students should have been briefed pre-departure on the risk of violent crime in the country and informed that they should never resist a robbery. The author, Sean Hackett, visited Johannesburg to conduct a site survey, and was informed of a similar incident at a well-known Western hotel. A shuttle bus escorting guests from the hotel to the local Nelson Mandela Square shopping center was ambushed upon its return to the hotel, with armed assailants pinning the bus at the entrance to the parking area. Bandits boarded the bus and within minutes had stolen the group’s cell phones, cash, jewelry, and other personal belongings. One individual resisted and was struck in the head with the butt of a gun. This incident demonstrates the importance in briefing all participants through pre-program orientation on crisis response best practices in order to minimize risk.

Lastly, virtual wellness checks for the students from the university’s wellness center may be necessary after the trauma of seeing one of their peers gravely injured, especially as several days may pass before program staff can obtain passports and visas for every student. Daily check-ins by the wellness center, as well as the students’ relevant academic department, can alleviate any post-traumatic stress students are experiencing.
Recommendations

While on program, the faculty, chaperones, and students should have a laminated business card with all relevant emergency contact information, to include the preferred local hospital identified by the international healthcare provider, the provider’s emergency line, the program accommodations, the U.S. Embassy, and local police. Most international healthcare providers will disseminate a dashboard to university administrators that describes pre-approved medical facilities in every major city worldwide; these dashboards, and similar platforms, should be a standard part of the pre-travel planning process.

Additionally, the school or department should have a contingency plan to send additional staff to support the program on short notice, along with a representative from the Crisis Management Team (CMT). The staff member should ideally have training in student counseling and mental health, although this can also be provided remotely via the university’s Wellness Center and/or international medical provider. The CMT should establish an emergency response protocol that dictates who, in such an event, will be designated to travel to the location.

Lastly, education abroad programs to destinations that lack adequate emergency medical centers within an hour of any given itinerary location should consider developing and investing in additional medical resources. This can include providing first-aid training and appropriate kits for faculty, acquiring local nurses or medical support to travel with the group, or utilizing smart first aid kits that guide an untrained user in how to appropriately utilize medical equipment during an emergency. It is important to consider that all of these options have specific legal risks and may require further input by the university’s general counsel, as well as disseminating waivers for participants to acknowledge any associated risks, before they can be implemented.
Risk Management Perspective

This case study represents the critical need for institutions to vet their program partners (including sub-contractors) and be aware of the unique circumstances in different locations regarding scams, threats, and other risk conditions before departure. In what appears to be a scam gone wrong, there is an injured student, others traumatized, and a university president wanting to recall students in haste. For the Crisis Management Team (CMT), two main areas concerning risk management require immediate attention: securing the safety of the students (especially the one that is bleeding) and addressing the program’s recall notice given by the president. Within these areas, there are multiple layers of political and financial red tape. The CMT may need to assist (where applicable) with re-issuing passports prior to any travel, the logistics of providing immediate care for the injured student and setting up support services for students. Depending on the advice from local partners, involving the local authorities should be broached, keeping in mind local corruption may be a continuing factor. After the current situation stabilizes, the CMT should re-evaluate the home institution’s program vetting process, including security risk assessment, and enhance student and faculty leader risk management training through pre-departure orientation(s).

Background

Study abroad administrators are often relieved when a repeat faculty-led program comes up for renewal as the heavy load of planning, preparation, communicating roles, and establishing responsibilities are completed, tested, and areas for improvement are known. In this case, the program facilitated by a medium-sized U.S. private institution appears to be a repeat one with previously utilized bus operators and seemingly well-prepared local chaperones. However, the bus driver did not follow the chaperone’s instructions, leading to a situation with a severely injured student and nearly all program participants without their cash, cell phones, and passports. Upon learning about the situation, the university president instructed the group to return to the United States.
Proposed Solution

The CMT must act quickly to establish an immediate crisis response plan and, if possible, gather more information on the official mandate from the institution. The first step should be to establish a clear line of communication between the local faculty, insurance providers, and the home institution’s leadership team.

The CMT’s risk manager should make their main and immediate priority securing a safe location for the program participants to debrief and wait for further decisions. Ensuring the safety of the program’s participants requires collaboration with the program’s in-country partners. Unfortunately, those relationships may be tarnished due to the bus driver’s apparent involvement with the bandits. The CMT may need to seek out other local support systems to ensure no future thefts occur in hotel locations, which may or may not have been shared by the bus driver. Regardless, all scheduled excursions and activities will need to be canceled due to the program’s order for return to the U.S.

The home institution’s medical emergency policy should provide the needed medical support for the injured student. Additionally, as many providers now offer mental health counseling services, participants should be given access to these resources as needed, particularly as this may be their first time experiencing a robbery or seeing someone violently injured. Providers, such as OnCall International, have international crisis management services that can set up an “event-specific call center to help organizations balance compassion and discretion when responding to an incident”\(^\text{14}\). In today’s climate of mental health awareness, they will not be the only provider to offer such services. If the home institution has not opted into a plan with a similar service, they need to purchase such a plan and consider it mandatory for future programming.

If the mandate from the president stands (that the group is required to return to the U.S.), the CMT must then assist the ground team with preparing the group to travel. It is the CMT’s responsibility to ensure that the repercussions of the order are communicated to all parties regarding logistics, financial impacts, legal implications and beyond. The CMT must consider the capabilities of the injured student in addition to the continued risk of the group. If the threat of further attacks remains, and the injured student cannot travel, many would argue that it is best practice for someone trusted to stay with the student. Whenever possible, the CMT should advocate for the group to stay together. The next step for the CMT is to secure access to the local consulates or embassies and begin the necessary paperwork for passports to be issued to the group. Some institutions require students to submit a scanned copy in their application; these copies should assist staff in acquiring new documents for the students.

Many additional steps remain unsolved, with further decisions to be made in the coming days. Within the first twelve hours after the incident, if the above items are set into motion, the CMT and the other partner offices on campus and in-country should have solid support services to respond to this unfortunate event.

Recommendations

In addition to post-program support following the participants’ return to the U.S., the CMT should initiate a review of the approval process for local providers, determining ways to ensure all subcontractors and involved parties remain reliable and trustworthy during all future programs. In this process, if risks of scams or threats are known, the home institution could request additional documentation on employees and other parties that will interact with the group. In addition, having a comprehensive understanding of the terrain and possible risks that are expected can lead to the group potentially having alternative routes and making deviations to keep the program on a more randomized path through establishing alternative plans. For some institutions, having alternative plans may be part of the risk management plan prior to departure. An important lesson in this case study comes with remembering that even with repeat programs, study abroad administrators should conduct routine risk assessment and engage in proactive risk prevention.

In light of the financial and legal risks presented in this case study, the home institution must show that all due diligence and planning occurred. Additionally, a swift response to the situation may alleviate the possible public relations nightmare awaiting the program at home. Getting ahead of the media and ensuring that the home institution is able to provide the necessary funds to get students back home, refunded, and supported will go a long way.

International travel, and travel in general, will never be without risk. The institution must mitigate risk and prepare all participants for extremely rare scenarios such as the one presented in this case study. Had the one student not interfered, it is possible that no one would have sustained any bodily injury. Reviewing the training provided to the program students, local chaperones, and faculty is warranted. It should be noted that there is a balance needed in pre-departure orientations. Administrators should not scare their participants with all the negative “what-if” situations; however, there should be risk management training for situations that have some likelihood of occurring. With the review and assessment of resources such as OSAC, country-specific travel warnings from the U.S. Department of State, or the program’s respective insurance provider, the program coordinators could have potentially known the frequency and likelihood of crime, specifically robbery-related crime, in certain locations. While engaging in these extensive risk management strategies will not guarantee the elimination of risk abroad, it will greatly contribute towards educated risk prevention decisions.
Communications Perspective

Over the past 15 years, international short-term faculty-led programs have become an increasingly popular and growing program type for students wishing to engage in an overseas experience. Short-term faculty programming provides both students and faculty the option to engage in an overseas experience within a short time frame, the opportunity for in-depth, experiential programming not always available to semester-based programs, intensive academic study, and, in some cases, a less expensive program option. Several of the challenges presented in this case study are exacerbated by the program’s short-term nature and the interjection of the university president who does not appear to be acting in collaboration with a crisis management team. Institutions of higher learning can be challenged in managing these well-meaning, yet labor intensive programs, particularly in the face of an emergency. A unified crisis management team and robust pre-departure orientation that includes an understanding of health and safety considerations, emergency response training, and in-country logistics surrounding transportation, culture and language considerations should be required for all education abroad programs; this is particularly important for short-term programs where an organized and timely response to an emergency situation is of the essence. This case study reveals the complexities that can arise in responding to an emergency abroad despite adequate preparation and how crucial it is for the Crisis Management Team (CMT) to be trained and prepared to execute tough decisions in the face of a university president’s demands.

Background

A group of students, chaperones and faculty members have just arrived at their short-term study destination in South Africa. Despite using a trusted partner to transport the group from the airport to home base, the group is stopped on the road by bandits who are found to be working with the locally hired driver. All passports and most electronic equipment are stolen, and one student is seriously injured, leaving the group stranded and fearful. While the group is only in South Africa for a short-term program, it does not seem possible to immediately send them home as the home institution president is demanding. There are several steps that need to be taken before students can safely return home such as obtaining emergency passports, attending to the wounded student, and determining whether it makes sense to cancel a program as a result of this sort of incident.

The university president’s request that the group return home may not be feasible given the immediate needs of the situation. The crisis communication team must work efficiently and in partnership with the university president to manage this situation while considering the needs of the remaining students and controlling the narrative.


Alternatives

The first alternative for this case would be to follow the president’s instructions to return home immediately. This alternative was rejected because it would not be possible without first considering and facilitating the processes of retrieving new passports, traveling without money, rebooking flights, making sure that the student who was wounded is stable enough to return home to the U.S, commitment to the police, etc.

The second alternative would be to allow those close to the situation on the ground, such as the faculty leader, chaperones, students, and stakeholders in the U.S. such as the director of the international office, the university president, and parents, make suggestions about how to handle the situation. Given that these individuals would be located in different locations and time zones, meeting online would be most convenient. This alternative was rejected because it would be hard to make a decision with conflicting perspectives; all decisions in this case should be made by the experts in the field and based on the protocols established at the university and by the program. The university may also face backlash if the president does not give students the option to stay if they wish to complete their program.

Proposed Solution

The immediate solution to this situation should be to facilitate immediate medical care for the wounded student and bring the remaining group to a safe location. The safety of all program participants is of the utmost importance in this situation. One chaperone should stay with the wounded student while the faculty member stays with the rest of the group and consults with the home institution’s crisis communication team regarding next steps. Ideally, the faculty member can work with the international office to formulate a plan to obtain emergency passports for all students, connect with local police to file a police report, reach out to students’ parents or guide students on reaching out to their parents, determine who in the group might benefit from counseling services and determine if returning home is the best way forward. Concurrently the CMT should begin to contact the local embassy for emergency passport guidance, the international insurance provider for the wounded student, and in-house legal and media departments for narration control.

Ideally, the students and faculty would be equipped to properly handle an emergency situation as the result of a thorough pre-departure orientation, including emergency response training, and a well-organized crisis communication team. These items are especially important on a short-term faculty-led program abroad when connection to local colleagues or team members may not be present or not available in the arrival city. Relying solely on the faculty member and chaperones to respond to crises during a short-term program reinforces the international office’s burden of preparation, evaluation of risk, and health and safety. As this case demonstrates, these tenets are also important in managing expectations of those who may never have dealt with this type of situation, such as the university president. A well-organized CMT could have immensely positive lasting effects on the university president, students, faculty, and the greater community if the situation is handled efficiently.
Recommendations

For future programs, each participant (including faculty and chaperones) should be required to provide copies of their passports to both the international office and a family member. Faculty and students should have familiarity with the local embassies and the procedures and documentation needed when applying for an emergency passport in case of theft or loss. The study abroad staff should also recommend acquiring a satellite phone or a SIM card beforehand, with instructions on how to obtain this upon arrival at the airport so use of their international phone is immediate.

During pre-departure orientation, a session on safety and security should also be included. In this session, the study abroad staff should touch on "common" scenarios and how to best respond. They should encourage students “not to be a hero” if they ever face a dangerous situation like this one. The chain of communication should also be presented during this session so that students know who they need to contact in case of an emergency. Finally, it would be helpful if the students are provided with a list of home and host country counseling, health services, and security resources available to them.
CASE STUDY 4

Education Abroad Program in Barcelona, Spain

At approximately 2:45 AM on a Saturday night, the Director of a US education abroad program based in a Spanish university receives a call from the local police that they have discovered the body of one of the program’s students in a drainage sewer off the city’s main river. The body is that of a young Sophomore man in the program who has a history of misconduct. The police inform the Program Director the student’s remains are set to be autopsied within the next few days and that the police suspect foul play. The man has a gunshot wound to his lower abdomen and bruises covering his torso and face.

Once the crime scene had been secured, the Program Director and the local police department called in the student’s three roommates at 4:00 am to determine the timeline of events. The only roommate who had been with the deceased student had reported the student wandered off inebriated around 12:15 am from the local bar. The roommate tried messaging the student around 2:00 am but the message was not delivered.

After leaving the local police station, the Program Director and the student’s three roommates encounter a local news station. The Program Director had ordered at the time of the original phone call that the security at the student dormitory not permit any student to leave and had shut off the building’s Wi-Fi until the Director was able to call the student’s family. The Program Director has yet to inform the student’s family or the Home Institution. How would you advise the Program Director to proceed?
Safety & Security Perspective

In this case study, a Program Director found themselves in the middle of a potential reputational crisis while trying to determine the best course of action to deal with a deceased student. The Program Director needs to address both life and safety-related issues almost simultaneously to ensure that the immediate threat to the program is addressed while enabling the home institution to properly address a potential reputation crisis. In order to accomplish this, the Program Director needs to work with police to understand the existing threat to the remaining program participants, implement short and long-term safety measures to mitigate this threat and connect the program participants with a mental health provider.

Background

The main concerns of this case are the potential of an ongoing threat to the program participants, namely the deceased student’s roommates, as well as a brewing reputational crisis for the Home and Host institutions. The death of the student, potentially the result of foul play, raises a number of questions that only close collaboration with local police and assessing the threats in the area can answer. For instance, did the student’s death result from an organized crime act tied to drug purchasing or failure to pay? Or rather, did the student’s death result from merely an attempted robbery or kidnapping? By analyzing and assessing possible motivation behind the incident, the Program Director will gain a better understanding of the threat the remaining participants face. The fact that the cellphone was possibly stolen suggests that the deceased’s roommates could be targeted in future crimes.

Alternatives

There are several response alternatives available to the Program Director at this time in the case study. For starters, the program staff’s effort to secure the student dormitory by instructing security to not allow students to leave or access Wi-Fi could continue as the Program Director attempts to work with police and resolve the case on their own. However, locking down the dormitory will only last for a short period of time. As the day breaks and students wake up, they will want to leave and understand what is happening and will grow increasingly disruptive - potentially trying to escape the lockdown or posting their “imprisonment” to social media - the longer they stay locked down. Additionally, basic needs such as food will have to be figured out, as well as the potential for missed classes.

Proposed Solution

After the tragic loss of a student on an education abroad program, there are several immediate action steps to take, especially when the safety and security of the other students could be at risk. First, the Program Director should contact the Home Institution to inform them of the incident. Once the Crisis Management Team (CMT) is assembled, the team, in collaboration with the Program Director, should make a plan on what short-term limitations they are able to place on the participants while the Program Director works with
the police to determine the existing threat to the remaining participants. Limitations could include restricting the hours participants could be outside the hotel, limiting the locations they can visit, establishing a “buddy system” where two people go together whenever they leave the hotel, and checking in routinely with the Program Director, likely at the end of the day. Depending on the outcome of the risk assessment, the Home Institution will need to decide whether to provide additional security at the hotel, continue or increase the limitations on freedom of movement, relocate the participants to a different location, or end the program early and bring the students back to the U.S. Lastly, the CMT should contact their international health insurance provider to begin the process of connecting the program participants with a mental health provider for psychological support.

**Recommendations**

There are several limitations to the outlined plan. First, there is the possibility of the local news station or a student leaking the story before the Program Director informs the Home Institution. This could have significant reputational and legal implications for the Home Institution. Another limitation is the lack of time available to take action. There are many stakeholders involved, so decisions need to be made swiftly. However, with the significant number of steps required to manage this crisis, and the additional problems that may arise due to a limited ability to control the environment, confidential information could spread rapidly, leading to an increased safety and security risk. The Program Director, Home Institution, and local police must work together to execute a comprehensive and effective crisis management plan that assesses the possible safety and security risks for the other students on program. Prior to contacting the Home Institution, the Program Director should gather all the pertinent information about the incident from the police and program participants. A password-protected electronic version of written documentation of the case should also be sent to the Home Institution for their records. Simultaneously, the health insurance provider should ensure that the other program participants receive mental health support. After mental health support is secured, the Program Director should identify a safe location where students can speak privately about their feelings and address their concerns about the incident. Even if the Home Institution decides that it is better for the students to end the program early and return to the U.S., they should be evaluated prior to leaving the country to mitigate the risk of further psychological damage. Regarding the possibility of threat to remaining program participants, the Program Director should speak with the Host Institution and the police to determine the best course of action. This requires a risk assessment from the local police, a psychological evaluation of students and the Program Director by a mental health provider, and an academic continuity plan from the Home Institution if the students should return to the U.S.

Comprehensive safety and security training for education abroad Program Directors and pre-departure orientations for students are key components of preparing for emergency situations in the host country. However, one cannot always be prepared to handle every situation, especially when their mental state is affected. When a student dies abroad, additional support is required to respond to the crisis as quickly and sensitively as possible. Contacting the home institution notifying the deceased student’s family, identifying other potential safety and security risks, and providing psychological and academic support for the program participants are effective steps to manage the crisis.
Institutional Compliance Perspective

The death of a student abroad has aptly been described as the “ultimate tragedy” that can befall an institution’s international educational efforts\(^\text{17}\). Although no two situations are ever exactly the same, responding well to the death of a student while overseas requires diligent forethought and consideration. While ensuring institutional compliance may be one of the least concerns for administrators responding to such a tragedy, failure to do so can make an already awful situation worse. Additionally, an institution’s compliance obligations don’t exist just when tragedy occurs, but instead extend to before a program is even greenlit. Although such actions could be well-intentioned, this case study exhibits what program administrators should not do in the event they are faced with the death of a student abroad.

Compliance Considerations

To begin, the home and host institutions’ staff members should be careful not to assert themselves into local police investigations unless necessary to do so. Specifically, it may be problematic for the Program Director to be involved with calling in the deceased student’s roommates and participating in the investigation into the timeline of events. Although there is no indication in the fact pattern to suspect the deceased students’ roommates were involved in his death, the steps taken in an investigation should be left to the local law enforcement authorities. Despite a natural inclination to do so, program administrators should carefully weigh whether they add value in such a scenario. In fact, programs may want to consider giving instruction to students on their legal rights if questioned by local police during their orientations, and in extraordinary situations such as in this case, may choose to engage local legal counsel for a myriad of reasons as legal rights vary by country. In addition to providing guidance on the legal rights of those questioned by local police, as well as any legal obligations of the home institution, engagement of a local attorney can serve as a liaison between the home institution and the local authorities and should the deceased student’s family so choose, can offer guidance on what to expect regarding the repatriation of the students remains\(^\text{18}\).

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\(^{18}\) Counsel, foreign or domestic, would likely advise the Program Director not to commit false imprisonment by instructing security not to permit any students to leave the dormitory.
Recommendations

In the instance of U.S. citizens that die while abroad, the local U.S. embassy or consulate can help to effectuate necessary repatriation documents, to include a Consular Mortuary Certificate, Affidavit of Foreign Funeral Director and Transit Permit, and compliance with country specific export requirements. If the institution maintains a blanket insurance program for affiliates engaged in university-related travel abroad – such as a Business Travel Accident or Out-of-Country medical policy – there are likely embedded travel emergency assistance vendors that can provide assistance with the repatriation. As affected families may have their own desires for disposition of the remains, to potentially include burial requirements proscribed by their respective religion, timely notification and coordination with these resources is needed in order to effectuate the repatriation process in an expeditious manner.

Just as importantly, an institutions’ duty of care responsibilities – i.e., the duty to avoid reasonably foreseeable harm – begin before students ever set foot in their destination country. These obligations extend not only to site selection and disclosures of health, safety, and security related information, but also to participant selection. Specifically, institutions could be found liable in situations if they run programs in inherently dangerous locations where the risk of harm to participants is reasonably foreseeable. Additionally, institutions could also be found liable in situations on the periphery, i.e., those not inherently dangerous, but with some indication of risk. For example, if the country and city are adjudged to be generally safe, but the area around the program site or where students are known to congregate is in a location that is a known crime area, the program would likely have a duty to warn prospective students and provide appropriate pre-departure and/or onsite orientation to mitigate known risks. In fact, educational institutions may have special reporting requirements under the Clery Act for certain types of crimes that occur in locations abroad that they may own or control. Although the Program Director instructs security at the dormitory not to allow anyone to leave, there are not enough facts present in this case to determine what the relationship is between the U.S. sending institution and the Spanish university to conjecture as to the former’s Clery obligations (or lack thereof). All the same, institutions are cautioned to carefully review this specific issue in close coordination with the respective General Counsel’s Office.

Finally, access to study abroad opportunities should be treated as a privilege and not a right. To that end, institutions have an obligation to carefully vet their prospective program participants to ensure, at a bare minimum, that they will not be a danger to themselves or others. This should include review of a student’s discipline and misconduct records. If for

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example an underage student has multiple infractions for drinking, permitting them to study in a location where the drinking age is lower, and students are known to visit a local bar may be inviting mishap. To this end, institutions should consider developing internal processes for determining eligibility to participate in study abroad and ensure that the reasons for any denials are carefully documented and applied consistently. If the misconduct only manifested itself while abroad, institutions also have obligations to address behavior that poses a risk to the other program participants. Although difficult, this may include removing students from programs in some instances.

Nobody is expected to be an expert when dealing with the death of a student abroad. Fortunately, it is not a journey program administrators need to go through alone. Timely communication with one’s home institution is critical to ensuring that institutional compliance considerations are given due consideration and not exacerbated. Similarly, pre-program and continuous vetting of conditions that pose a risk to program participants is important to ensuring an institution meets its duty of care obligations to program participants.
Health Perspective

This case study opens in Barcelona amidst a sudden tragedy: a student has seemingly been shot dead and his body has been recovered by police. Suddenly, the program director must manage multiple channels of communication, most notably with Barcelona Police, the deceased students’ classmates, and the deceased student’s family.

In addition to these critical conversations that must take place, the program director must also direct the deceased student’s roommates on how to handle local press - likely, an entity that the director had not planned on dealing with during the semester. Furthermore, the director must take part in some damage control after locking students in their dormitories and cutting off Wi-Fi and communication with the outer world. When it comes to health considerations, the program director must start planning for repatriation of the student’s remains.

Background

The emergency begins in Barcelona at 2:45am, when the director of a U.S. education abroad program learns about the recovery of a student’s body by local police. The body will remain in police custody for the next couple of days until an autopsy is completed. The director must prepare for processing the repatriation.

At the time of the call, the program director locked down the dormitory, prohibiting students from leaving. The program director also shut off the dorm’s Wi-Fi in an effort to keep the student’s death under wraps. Despite this effort to control the narrative surrounding the deceased student, the director must consider how this lock down and removal of communication will affect students’ mental health.

Proposed Solutions

Most immediately, the program director must reach out to the family of the deceased student. This must be done as soon as possible in order to prevent others from finding out about the story before it is released by the media; additionally, once the family has been notified, the director can lift the Wi-Fi ban on students that was previously enacted to prevent students from releasing information on the incident.

Upon reaching out to the deceased’s family, the program director must be informative yet empathetic. This will certainly be a difficult call to make; however, it must be done immediately so that the following tasks can be completed. The program director should inform the family that they will be following up within 24 hours to plan the student’s repatriation. Once the deceased student’s family has been contacted, the program director must lift the student’s Wi-Fi ban and debrief students on what has occurred. This includes releasing information on who had passed away and the fact that police believe foul play was involved. The program director should then offer two services to the students:
1. Free mental health support via tele-health. In the lens of holistically supporting students’ health, the director must offer some form of mental health support. Students who are emotionally affected by the death of a peer will then have resources to help them complete their program. The director should follow up with students three to four days after offering these mental health services to ensure students understand how to use them.

2. The option to return home from their travels. Due to the possibility of foul play, students may feel unsafe and uncomfortable with completing their studies. Thus, the director should offer to assist students with booking trips home and with transferring coursework back home.

Finally, the program director should start communications with the program’s medical assistance provider to begin the repatriation process. First, the director must confirm that a repatriation benefit is included in the program’s contract with the medical assistance provider. Then, they’ll need to confirm logistical details with the repatriation provider:

1. Demographics: student’s name, policy number, nationality, DOB, etc.
2. Cause and circumstances of death (this is part of the policy benefit check)
3. Location of the deceased and contact details for the local funeral home if available.
4. Family’s wishes – specifically, the director will be asked if the deceased’s family desires a cremation or burial service, and, with the advice of the repatriation assistance partner, identify any limitations to the family’s request. This is especially important during the pandemic since some countries prevent moving the deceased out of the country and only allow for local cremation.

Finally, the medical assistance provider will confirm with the director who the main point of contact will be. For most student cases, this is the local program director, but it could be a family member as well. Limiting the points of contact in repatriation cases is important because they are so sensitive. Usually, the universities prefer to act as the primary contacts for the family while they go through the repatriation process.

**Recommendations**

For future iterations of this program, the director should host an “alcohol abroad” seminar in which they would review the dangers of over-consumption, as well as safety precautions all students should take when they or their peers are inebriated, including avoiding solo-travel and always ensuring peers are safe. Resources for mental health support, such as a psychiatric telehealth line or a Zoom counseling session with the home-institution’s Wellness Center, should be made available, in case students wish to talk to a confidential counselor on drug use. Contacts and resources for overconsumption, such as a local hospital, should also be made available to students and should be discussed as the first line of help during an emergency.
Risk Management Perspective

This case embodies one of the gravest nightmares that a Crisis Management Team (CMT) of a higher education institution could envision: the death of a student abroad. Although the COVID-19 pandemic has forced education abroad professionals to reframe what types of major crises could occur, CMT members have always had and will continue to have anxiety about handling the death of an individual student, regardless of the cause. This case provides multiple points of instruction on best practices in formulating and executing risk management protocols.

Beyond the death of a student, the main problems in this case study center on appropriate communication and duty of care for affected individuals after the incident. A well-meaning, well-resourced, and well-trained CMT cannot always prevent such crises from occurring, no matter how much preparation and planning they undertake before a program begins. Other than facilitating efforts to mitigate the likelihood of the event occurring in the first place, the best risk management approach in this scenario requires proper, swift reaction in support of the Program Director, the deceased student’s family or support network, and the remaining students on the program.

Background

The first key issue in this case study is communication amongst multiple audiences including: 1) the Program Director and the deceased student’s roommates; 2) the Program Director, the roommates, and the local news station; 3) the remaining students and the outside world, given the termination of Wi-Fi services in the student dormitory; 4) the Program Director and the Spanish university’s support staff or equivalent of Dean of Students; 5) the Program Director and the home institution; and, 5) perhaps most critical, the home institution and the deceased student’s family.

By the end of the case study, it is unclear whether the Program Director informed the host institution at all, or if the student’s emergency contacts were notified. The Program Director likely was quite stressed during the full timeline of events and therefore acted instinctively. It is not stated how the Program Director and the local police department behaved during the forensic interview with the student’s roommates. What training, if at all, did the Program Director have for such action? How did they take statements and document the timeline of events? It is also unclear what information, if any, the Program Director, and roommates provided to the local news station, including discussing the student’s death publicly before they informed emergency contacts. Although the Program Director’s rationale for shutting off the dormitory’s Wi-Fi and locking students inside is easier to intuit with their ostensible attempt to control panic, manage communication, and ensure students’ further safety, such an action could have the unintended side effect of creating more panic or putting those students in harm’s way if they needed assistance for any reason. We find it curious, as well, that the student support staff of the host Spanish university are absent from this study, as they too could provide assistance and need to be informed.
A second key issue is the duty of care that the Program Director and, ultimately, the home institution has toward all parties involved in this case. The deceased student, of course, is of greatest concern; the Program Director undertook actions that could have compromised respect for the student including, but not limited to, their interactions with the local news station and not communicating faster with the students’ family and home institution. The roommates as well as the deceased student’s peers on the program also require care, perhaps treatment for post-traumatic stress. Also at risk are the reputations of the Program Director, the host university, and the home institution, all of whom may face legal consequences for negligence, wrongful death, or other criminal activity. It would be wrong to pin blame on the student himself, despite his record of misconduct and poor judgment in wandering off alone and inebriated. Instead, the CMT should focus on the care of the student’s remains, his family, and the rest of the program’s participants.

Alternatives

A CMT must both react in the moment to support the Program Director and undertake a forensic analysis to learn what circumstances led to the student’s death. In our view, it was a grave mistake for the Program Director to not contact the home institution early on in the crisis, or as soon as they identified essential facts and ensured the safety of all those involved. Seasoned education abroad professionals know through experience that timely communication to relevant parties can mitigate the severity of an incident, help manage expectations, and represent best ethical practice toward others. Aside from timing, the form of communication also matters; the Program Director should call these contacts, not send their message in an email, Facebook post, WhatsApp message, or similar medium, if at all possible. Even in the midst of such a horrific situation, the Program Director must consider the long-term consequences of their actions and the harm they could inflict on all stakeholders.

Although the timeframe of the study is focused on the incident and immediate aftermath, it is important to consider medium- and long-term care for the deceased student, his family, and the other students on the program. The student’s parents, guardians, or emergency contacts may need to travel to Spain for his repatriation, perhaps using the home institution’s international insurance policy benefits. They may require counseling, along with the students’ three roommates, the other students on the program, and possibly the Program Director. The Spanish university, local first responders, and the nearest U.S. embassy or consulate also could provide care and resources for these parties.

Proposed Solution

Once the urgency of care is met, the most important risk management action a CMT can take is to conduct a thorough forensic analysis. The CMT must investigate who was responsible for the circumstances that led to the student’s death and identify measures to prevent future fatalities. The investigation should start with the deceased student and identify what support structures failed or did not exist such that a student with a record of misconduct was able to fall off the program’s radar. No one should be surprised that
many American students will engage in binge drinking while traveling abroad; however, universities should implement a training program for their students and Program Directors that functions to mitigate alcohol-related incidents. In this particular case, did the Program Director and other program staff fail to see warning signs, and if so, why?

As communication failures abound in this scenario, the CMT should inquire into why the Program Director took the actions they did in chronological order and what information, if any, did the Program Director provide to the local news station and how they came into contact with the media. This case study brings up the question of the proper way to control knowledge of the situation among the remaining program participants, so they are not exposed to additional risk. In order for the CMT to effectively respond to this case, they must consider why the Program Director did not contact the home institution at an earlier point in time.

**Recommendations**

The goal of this forensic analysis, of course, is to identify new processes that best ensure the safety and holistic wellbeing of program participants. The home institution’s pre-departure orientation process should cover responsible alcohol use through the lens of the host program’s culture and legal regulations. Students should know before they depart which support individuals, they have access to including counselors, host university staff, international insurance providers, local first responders and police. Once on site, the Program Director and staff should reinforce these topics, relate local and regional safety risks and common criminal behaviors, set guidelines for free time, and institute a “buddy system” that holds program participants responsible for themselves and their peers.

It is essential that every education abroad program have a well-trained Program Director who is experienced in crisis management and versed on American regulatory standards such as FERPA, Title IX, and the Clery Act. Either the home institution or an external risk trainer should assess the Program Director’s competence as well as arrange periodic refresher training sessions. Among the most important subjects to cover in such training is communication, supplying the Program Director with clear guidelines for conversations with local police, media outlets, program participants, and student contacts. The home institution must ensure that, if the Program Director did not have direct access to students’ emergency contacts, they should at least have the contact information for the home institution’s designated CMT representative(s), who can serve as a clearinghouse for appropriate flow of crisis communication. The Program Director also should know how to contact the home institution’s “care team” (if separate from the CMT itself) and, if appropriate, serve as a member of that unit for the purposes of their program. Finally, the CMT must establish and maintain an emergency protocol document accessible to all on-site staff and students that can help ensure timely response in the face of any crisis.
Communications Perspective

An analysis of this case study reveals the importance of narration control in the face of an extremely sensitive situation such as the death of a student. The Program Director appears to have acted independently of the communications crisis response team, ostensibly restricting information flow to and from key players to the situation, i.e., the home institution, the deceased student’s family, the students on the program and the local university community. The sensitive nature of this situation reinforces the need to establish clear channels of communication in order to carefully control how information is presented and to whom.

Background

A student participating in a study abroad program died unexpectedly in a tragic situation involving alcohol, with the possible cause of death being a homicide. The Program Director managed the first several hours of the situation independently, rather than consulting the home institution’s point of contact or emergency response team. As this case demonstrates, this lack of communication, or lack of following proper procedure in an emergency situation, resulted in the Program Director making what appear to be a series of poor decisions which could have further deteriorated the home institution’s crisis management response plan. While the death of the student is extremely tragic, the priority in this case is to ensure all parties involved in the tragedy receive a similar, yet tailored message.

Alternatives

The Program Director’s first step following the call from local police regarding the now deceased student should have been to contact the home institution’s Crisis Management Team (CMT) to determine the best communication plan moving forward. This call could have determined which tailored messages would need to be disseminated to whom, when and where. The university’s legal counsel and media team could have prepared the Program Director for a conversation with local police, for example, as well as the other students on the program, so they would have been prepared if they were questioned or received frantic calls or emails from their parents in response to the student’s death. This course of action would have allowed the home institution to gain control of the situation as quickly as possible and allot the program staff time to consider all possible scenarios and establish a clear and concise narrative to disseminate to critical constituents in this evolving situation. Additionally, this course of action would have allowed the dissemination of messaging consistent with university protocols while being sensitive to the situation.

This alternative was rejected because the Program Director has already made several decisions independent of the communications crisis team that could lead to multiple narratives about the situation and hurt those close to the investigation, particularly the deceased student’s parents and the home institution’s reputation.
The best way forward in this situation is for the Program Director to refrain from communicating with local police until they speak with the home institution’s crisis communication team and receive clear media communication guidance. Given the sequence of events and the Program Director’s decision to act alone, the local media will potentially spill the story to the home institution, and subsequently the parents of the deceased individual and student body, before the crisis communication team has the opportunity to adequately respond to control the narrative; the less communication the program staff has with local media before they are able to debrief the home institution, the greater control the home institution will have over the tragedy’s narrative.

**Proposed Solutions**

Transparency is key when dealing with emergency situations and it does not seem like that happened in this case. The first step for the proposed solution involves calling the home institution and making them aware of the situation. The deceased student’s family should also be contacted as soon as possible (preferably by someone at the home institution such as the university President or head of campus safety). Staff from the legal office should also be informed as this case could have many legal ramifications. For example, the student who is considered a witness may be required to stay in the country while the case is ongoing, the legal team at the home institution might need to get involved with the local police, etc. Students and faculty should be advised on which information they should disclose regarding the (active) case and what they should withhold from the media.

Maintaining transparent communication with the rest of the students is also key. The Program Director should keep the rest of the students updated on his knowledge of the investigation and follow guidance from the home institution’s legal counsel on what should and should not be shared with them. For example, the director might be able to share the name of the student but not the cause of death (since it has not been made official) or the deceased student’s history of misconduct. It is recommended that someone else (most likely personnel from the legal counsel, leadership from the home institution or maybe even someone from the U.S. embassy abroad) be present when information is shared with students as well. Closing students in a room and shutting off the Wi-Fi would only increase their anxiety; after receiving a briefing from program leadership, students should be able to discern the gravity of the situation and understand their responsibility to protect the sensitive nature of the situation by abstaining from discussing the case with anyone outside of the program. The Program Director should also coordinate counseling services for the affected students once they are informed of the tragedy. After students are able to process the information and situation (up to a few days after their initial debriefing), the Program Director should also inform students of the options they have at that point based on the policy established by the home institution and program; these options could include, but are not limited to, staying in the country and completing the program, returning home but losing all associated academic credit and repaying program-associated scholarship funds, returning home and still receiving full academic credit, etc.
Finally, when the time is appropriate, the university should guide the parents of the deceased student to contact the health insurance company to arrange bringing the body back to the United States. The university should also make a public announcement to the faculty and student bodies via a university-wide, in-person meeting and potentially via a press release to specific individuals within the greater university community to avoid being accused of hiding information. It would be extremely important to have discretion and consider the deceased students’ family when making decisions about how information should be shared and disseminated.

**Recommendations**

Having a student pass away while abroad is a challenging and emotional situation for all involved, which is why it is important for any university that offers education abroad programming to have a well-thought-out emergency response plan and procedures in place. The home institution should also have an International Crisis Management Team identified for emergency situations as well as a communications plan that is updated frequently and as staff changes happen. According to Friend (2013), the International Crisis Team should have representatives from the following offices: study abroad, risk management, general counsel, student affairs, counseling center, and media relations. Friend also recommends consulting individuals including the head of the school, the Dean/chair of the deceased student’s department, the campus police, etc.\(^{22}\)

The study abroad office should require students to purchase international health insurance that covers emergency travel, repatriation of remains, and access to services abroad. Universities should always have an emergency fund set up for emergencies like these. A staff member may need to travel to the overseas site to support the students and faculty abroad; the university might want to pay for a parent’s travel expenses (if not covered by insurance), a memorial service might be put together at the institution, etc.\(^{23}\) It is important that the parents feel supported by the institution during these critical times and having an emergency fund may help achieve that.

Finally, it is important that the university takes necessary precautions when sending out notifications of the student’s passing. Friend (2013) mentions three types of announcements, one for the families, one for the faculty and staff, and one for the students. Counseling and even pastoral care should be made available to all students, faculty, and staff. Ongoing and follow up grief support is also recommended as parents, friends, and family process this tragedy. For example, Friend (2013) recommends that the institution ensure that the family will no longer receive emails from the school as it may trigger negative memories or to not offer a posthumous degree unless the institution is 100% sure it is possible.

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CASE STUDY 5

University Faculty-Guided Program in Tokyo, Japan

At approximately 6:09 PM local time on Saturday, July 10th, Japanese media outlets report a 7.2 magnitude earthquake with the epicenter in the sea off the coast of Miyagi. The earthquake triggered a tsunami warning for all of northeast Japan. Japanese public broadcaster, NHK TV, said there were reports of irregularities from nuclear plants in the Miyagi area and the prime minister’s office promptly set up a crisis management office to inform residents within and immediately outside of the area how/where to evacuate.

At 6:30 AM EST (1 hour and 21 minutes after the earthquake), the university’s study abroad office line was called by Parent A requesting information on the status of their son’s faculty-guided, two-week study program in Tokyo. Emails slowly start rolling in from other concerned parents of the 15 students on the trip as the earthquake is being covered all over the news at home in the U.S. The Home Institution’s Crisis Management Team (CMT) tries calling the faculty leader’s emergency cell, but it seems to be shut off. None of the 15 students are responding to calls, texts, and emails. After calling every 10 minutes for 3 hours to check if there is any news on their son’s whereabouts, Parent A informs the Crisis Management Team they will only be communicating with the American Embassy in Tokyo from now as the CMT seems to not have any information.

At 9:30 AM EST the CMT is informed that all but two of the students have been accounted for. Two students, including the son of Parent A, had traveled to a small Japanese fishing village 60 kilometers south of Miyagi for a weekend trip. The Japanese government ensures the nation’s citizens that radiation is being contained and there is no need for widespread evacuation. The American Embassy is recommending the students return to the U.S. out of an abundance of caution. The two students in the Northeast have been unaccounted for nearly 12 hours and flights to the U.S are rapidly booking up. How would you advise the Crisis Management Team to proceed?
Safety & Security Perspective

Managing the safety and security of students after natural disaster incidents during study abroad programs can be very challenging for Crisis Management Teams. In this case study, two study abroad students went missing after an earthquake occurred off the coast of Miyagi, Japan. Additionally, it is unknown whether the program participants’ living accommodations were affected by the earthquake and whether it’s safe to return there for shelter. Furthermore, a decision needs to be made regarding whether it is safe for the program participants to remain in Japan. The immediate safety and security responsibilities of the Crisis Management Team (CMT) include confirming the location and safety of every participant, confirming the students who are accounted for are unharmed, immediately transporting the students to a safe and secure location, and deciding whether it is safer for the students to remain in Japan or return to the U.S.

Background

Upon hearing the news of the earthquake, many concerned parents contacted the home institution’s study abroad office line for information on their children’s safety and whereabouts; however, it was difficult for the Home Institution’s Crisis Management Team to confirm this information as the students were not responding to messages, calls or emails, and the faculty leader’s phone seemed to be shut off. Several hours after the earthquake, the Crisis Management team learned that 13 of the students were accounted for, and that the remaining two students, who went on a weekend trip 60 kilometers south of where the earthquake occurred, still needed to be located. The American Embassy and the Japanese government have two different opinions regarding whether a widespread evacuation is necessary, and flights to the U.S. are rapidly being booked by concerned travelers.

Alternatives

There are a couple options the Crisis Management Team can take in this scenario. As a precautionary safety measure, the American Embassy recommended that the students return to the U.S., but there are several issues with this plan. Two students have been unaccounted for almost 12 hours, and there is limited flight availability to the U.S. Even if the CMT were able to secure seats for the 13 students accounted for, they would still need to locate the remaining two students, request permission from the home institution for the faculty leader to stay in Japan until they’re found, confirm whether the students require medical attention, and attempt to book flights for the remaining students and the faculty leader, or secure housing in a safe location in Japan if they are unable to secure flights. Additionally, the CMT would have to secure an academic continuity plan for the returning students.

Another alternative would be for the Crisis Management Team to allow the students and faculty leader to stay in Japan and continue the study abroad program. To execute this plan, the CMT would have to confirm whether the program participants’ housing and learning facilities were affected by the earthquake, move them to a safer and more secure location...
if necessary, and consider the possibility of aftershocks. The Japanese government stated that it was not necessary to evacuate because the radiation was being contained. However, this alternative might be rejected due to the reputational risk of going against the U.S. Embassy’s recommendation.

**Proposed Solutions**

In this case, it is important that the Crisis Management Team continue to make efforts to contact the two students in the small fishing village. Due to the two students’ supposed location being only a short distance from the earthquake epicenter, and therefore vulnerable to radiation from the nearby nuclear power facility, the CMT would need to attempt communication with the students by any means necessary, including asking the students’ friends, emergency contacts, the U.S. Embassy, and if available, a third party insurance provider who specializes in political and natural disaster support and evacuation as they may have resources in the region who can be mobilized to make contact and provide support. Separately, the remaining students should be transported to a secure location in an undamaged building if their existing accommodation was impacted by the earthquake. As the earthquake occurred some distance from Tokyo, the CMT should assess the impact to Tokyo, if any, consult with program sponsors on the logistics and feasibility of continuing the program, and convey this message and the recommendation to evacuate or not to university Leadership. Should the Leadership elect to continue the program, the CMT should conduct regular check-ins, likely at the end of the day, with the program sponsors to re-evaluate the program’s operational viability. Additionally, the Crisis Management Team should monitor airline carrier availability and any deviations from the normal volume of passengers as part of their departure planning.

**Recommendations**

Outreach with university Leadership on the decision to stay or evacuate should be accomplished by the Crisis Management Team but could involve consulting program staff who have local contacts in the village, as well as members of student affairs, who often have more experience interacting with families. Additionally, the political and natural disaster evacuation insurance provider may be able to supply situational awareness and insight into any changes in airline status.

Ultimately, establishing contact with the affected individuals is crucial to determine if they require any assistance or are in an unsafe situation and need to be immediately evacuated. Once the students are accounted for, the next step is to ensure that the group is residing in a safe accommodation that was not impacted by the event. Lastly, the situation should be monitored frequently to determine if the environment becomes unstable and thus unsafe for the program to continue, requiring the home institution to facilitate the participants’ return home.
Institutional Compliance Perspective

This case study presents difficult challenges for any institution, not only due to the occurrence of a natural disaster, but also because of the resulting complications from students scattered around the country and uncertainty with nuclear plant safety. While pre-departure orientation and preparatory measures are important, the institution’s response to the circumstances presented in any emergency response will also determine whether it has met its duty of care obligations. Counterbalancing these concerns, programs should be prepared to deal with some level of potentially foreseeable trip complications and should not automatically resort to cancelling international efforts unless necessary to do so.

Background

The most important considerations in this case are the missing students and the decision the institution needs to make regarding evacuations and possible return to the U.S. From a compliance standpoint, the Crisis Management Team (CMT) should ensure that proper consideration is given to the duty of care owed by the university to its students. At a minimum, this includes ensuring that the institution avoids reasonably foreseeable harm, and warning students of the potential dangers inherent in travel to a particular destination. The institution should also confirm the status of program participants in the aftermath of incidents potentially affecting their health, safety, and security while abroad, and make decisions on program cancellation or continuation accordingly.

Alternatives

Given the conflicting information regarding the need for evacuation from various government authorities, the institution must work with institutional leadership to determine whether it will require evacuation. Regardless of the home institution’s decision, it is important that it document how, and the reasons for, the decision in order to demonstrate that it took reasonable steps in meeting its duty of care obligations. If the institution elects to evacuate the students, the Crisis Management Team should work with the appropriate entities to arrange for flights to the U.S. and allow the faculty member and local staff to focus on the search for the missing students. Should the institution elect to keep the students in Japan pursuant to the guidance from the Japanese, the CMT should work with local providers and the faculty member to determine the division of responsibilities on the ground.
Proposed Solutions

Institutions should exercise prudence where the health and safety of students is concerned, and as a matter of best practice in risk management, extra caution should be taken in times of uncertainty. At the same time however, almost all activities entail some inherent risks. While Japan is a relatively safe country for students to visit, it is well known to reside in the “ring of fire” (i.e., the Circum-Pacific Belt), where earthquakes are relatively common occurrences. Accordingly, a “run-of-the-mill” earthquake without resulting damage or injury should not normally result in trip cancellation. In this particular case, while there are reports of irregularities from nuclear plants in the Miyagi area, and the U.S. Embassy specifically advises that the students “return to the U.S. out of an abundance of caution,” it may in fact be acceptable for the trip to proceed as planned from a duty of care perspective; specifically, as there are no reports of damage or casualties associated with the earthquake, there appears no pressing need to curtail the planned itinerary. Although the reports of nuclear plant irregularity in the Miyagi area are certainly concerning, it is worth noting that it is more than 205 miles from Tokyo as the crow flies, and the Japanese government has proclaimed that there is no need for widespread evacuation outside of the affected area.

Additionally, it could be persuasively argued that the Department of State’s guidance has lost some measure of credibility since the COVID-19 pandemic began. For example, as of December 1, 2021, 106 countries are currently rated as Level 4: Do Not Travel by the Department of State. This list includes countries that have been on the list for a significant period of time such as Afghanistan, Syria, and Yemen for example, but also includes countries such as the United Kingdom, France, and Denmark at present. As such, it is possible that the risk tolerance of an institution may be higher than the advice given by the Department of State, and the long-held barometer for many academic institutions – the Department of State Travel Advisories and guidance – may be waning more generally.

While on first reading it is certainly concerning that the institution has yet to have contacted the two students that were in the Miyagi area, it is not terribly uncommon for students to be unreachable for 12 hours while overseas – particularly in situations like these where the local infrastructure may be temporarily overwhelmed. As there are no reports in this fact pattern that a tsunami actually occurred – or any reports of damages or casualties for that matter – the immediacy of their accountability is somewhat mitigated. Additionally, the duty of care an institution owes to students who choose to take personal side-trips is lessened from a liability standpoint. All the same, institutions should not strive to do the bare minimum for a variety of ethical and reputational reasons. Here, the institution should be prepared to ascertain the students’ plans and maintain contact with the U.S. Embassy, the Japanese crisis management office in the Miyagi area, the students’ parents, and the institution’s emergency assistance provider until they are accounted for.

Recommendations

The institution should examine its pre-departure orientation process on a regular basis to review the extent of safety trainings provided to students and accompanying faculty, as well as assess whether the institution takes specific pre-departure measures when a program is set to take place in a high-risk location or one predisposed to certain risks (e.g., as in this case, earthquakes). This process helps the institution meet its duty of care obligations by ensuring that students are aware of contingencies and are trained to respond adequately.

In addition, the institution's training of its faculty and the compliance obligations assigned to faculty members are important considerations. This includes reviewing whether a robust communication plan is in place in case of an emergency, what obligations the faculty member and/or the institution have to students when students separate from the group, and the availability of in-country resources.

Institutions should also have defined “trip wires” or “decision points” for when travel to a country should be evaluated for recall and restriction. Historically, many schools have used the Department of State’s Travel Advisory system to this end. Given the continued effects of the COVID-19 pandemic on the Advisory system ratings however, many institutions may find that their risk tolerances are greater than the advice described in the ratings. Institutions that deviate from use of the Department of State’s Travel Advisory system should ensure that they have viable and well-reasoned criteria for responding to circumstantial changes affecting the health, safety, and security of students on institution-related travel abroad.

Additionally, FERPA releases should be in place to allow communication with parents and/or emergency contacts when necessary. To this end, the Crisis Management Team could liaise with the general counsel’s office to confirm whether there is a need for a FERPA release in the current emergency should such releases not be in place. As privacy laws vary by country and Japan may bestow privacy rights to students beyond what may be expected in the U.S, there may be additional compliance obligations at play here. However, as with the FERPA release, it is possible that such laws may be overridden in case of a crisis or emergency. The Crisis Management Team should include representation from the general counsel’s office to ensure the institution meets its compliance related obligations.

Institutions have a duty of care to avoid reasonably foreseeable harm to students, but all travel entails some level of inherent risk. Institutions are judged on whether they meet their duty of care by both pre-departure preparation and emergency response. To this end, regular review, and documentation of institutional travel risk management processes - during both practice and actual emergency response - are critical to ensuring institutional compliance considerations as they pertain to institutional-related international activity.
Health Perspective

An earthquake off the coast of northeastern Japan has led to tsunami warnings and panicked parents of students on a faculty-led trip in Tokyo. Program leaders are able to account for all but two students, who are on a weekend trip close to the location of the earthquake. The home institution’s Crisis Management Team (CMT) must direct on-site faculty on how to establish communication with the two unaccounted-for students as quickly as possible as plans are being made for students to return to the US.

The CMT should instruct the on-site faculty to search for the two missing students and prepare the faculty to manage a range of health conditions the students may have.

Proposed Solutions

The CMT must enlist two on-site faculty to travel to the unnamed fishing village 60km south of Miyagi to search for the students. One faculty member should be attempting to call both students every 10 minutes. If the faculty have social media pages, WhatsApp numbers, or personal emails for either student, they should attempt reaching out through all possible mediums. Furthermore, the CMT should compile a list of qualified health facilities along the route from Tokyo to the fishing village so once the students are recovered, if either student requires medical assistance, the faculty can bring them to an appropriate facility ASAP.

Recommendations

It is unclear whether there is an emergency procedure in place for this program, and whether the students are aware of it. For future faculty-led programs, students should be educated on external events that qualify as an "emergency" (i.e., a tsunami warning for the host country) and the necessary steps to take once an emergency has occurred. These steps should include reaching out to program leaders, confirming well-being, and relocating to an established safe zone (i.e., student accommodations). Faculty should also establish as many channels of communication as possible with students. For example, faculty should have social media handles, WhatsApp numbers, cell phone numbers, and personal emails on file for each student (if applicable). Students must willingly provide these accounts and contact points to the CMT and the program leaders and should understand why they’re being collected. All of these channels should be utilized when attempting to establish communication with travelers during an emergency.
Risk Management Perspective

This case study examines how an institution and Crisis Management Team (CMT) responds to a natural disaster and possible missing students from a university-sponsored faculty-guided study abroad program. While many of the issues identified in the case relate to communications issues and will be addressed by that respective team’s response, several general risk management issues emerge for discussion. The key risk management issues presented in this case involve communication with the faculty member and student participants, parental involvement and expectations, accounting for students, and Embassy recommendations for an evacuation in the aftermath of this cataclysmic event.

Background

Responding to a natural disaster presents numerous challenges to a CMT, and when such a disaster occurs affecting a study abroad program, the primary first response is to verify the safety of all program participants. This case does not describe a specific communication plan, but as part of the risk management process one should be in place. It is also critical to recognize the limitations that might arise in telecommunications during and after a disaster situation. This can often lead to delays in communication and add to the frustrations of parents.

Alternatives

One alternative to explore focuses on ensuring that the CMT, faculty leaders, and program participants are prepared to respond to this type of crisis situation when there is the possibility of a communications blackout. Faculty leaders and the CMT must work together to identify on-site contacts, resources, and emergency services to utilize in the event of a crisis, as well as develop a contingency plan with designated meeting points. These activities should be shared with students and the CMT prior to departure.
Proposed Solutions

The risk management solutions proposed for this case focus on developing a comprehensive communications plan to respond to natural disasters or other emergencies, procedures, and tools for locating participants in an emergency, policies regarding the tracking of independent participant travel, requirements for on-site support for faculty-guided programs, emergency action plans for participants to follow, and a plan to respond to recommended evacuations from a country.

The first solution proposed for this case focuses on ensuring that the campus has in place a comprehensive communication plan for responding to these types of events. Such a plan should include several components:

1. Processes and plans for communicating with participants, including alternative methods of communication beyond email and phone, and ensuring all participants understand the plan;
2. Inclusion of technological tools to communicate with participants, such as Aerogami, AlertTraveler, International SOS, ViaTRM, etc. and ways that participants can connect with campus officials;
3. Preemptive and frequent communication and contact with emergency contacts, setting appropriate expectations and timelines for communications, and ensuring all FERPA requirements are followed;
4. Inclusion of ways to connect with in-country contacts, including the host organization/institution, accommodations, etc.

Additionally, the CMT must ensure there is a process for accounting for all participants on the program to avoid the struggle they had in making contact during this crisis. Numerous technological tools are available to locate and track participants, such as Aerogami, AlertTraveler, International SOS, ViaTRM, etc, which allow CMTs to push notifications to the participants and request easy check-in responses. However, as discussed above, all parties must understand that cell and Wi-Fi reception may not be available in an emergency of this magnitude. In addition, these tools also include capabilities for participants to register any side trips or independent trips outside the official program if the campus wishes to require this type of tracking. At the very least, students could be asked to submit basic itinerary information for all independent travel. Finally, it is recommended that all participants are required to register in STEP, whether they register individually or are batched enrolled by the education abroad office.

Another proposed solution focuses on ensuring that all faculty-guided programs have sufficient on-site support to assist with the response to an emergency situation. This could be accomplished by utilizing the services of a local host institution or a study abroad provider organization. Institutions should also consider requiring at least two campus leaders to be present on each education abroad program, particularly in areas more susceptible to risk. Such a requirement would allow for one (faculty or staff) member to assist in locating missing students while the other remains with the group.
In this case, as Japan is known for experiencing multiple earthquakes, some earthquakes are more severe than others. Campus staff and the CMT should consider developing and implementing the use of a travel registry system that would provide participants the space to share any independent travel outside of the program site/location. Requiring this information, along with their itinerary and accommodation, would provide the institution with critical details in the event of a crisis. Pre-departure and onsite orientation activities could also help students understand how to develop their own emergency plan for their independent travel and how to research local emergency protocols specific to their destinations.

Finally, possible evacuations will require significant coordination across multiple stakeholders and must be quickly undertaken as flights will rapidly book up, leaving limited space for the group. The university’s CMT should have procedures in place for working with their designated insurance provider, such as GeoBlue, or other risk management partner, such as International SOS, to assist with the logistics of an emergency evacuation of participants. If these options are not available, staff from the home institution may consider connecting with a travel agency to make arrangements for the group. However, in the case it is extremely difficult to evacuate the group from the country, the CMT should consider moving the group to a safe location in-country away from the disaster area.

**Recommendations**

A lack of clear policies, procedures, and proper training and expectation setting of faculty leaders, students, and parents can lead to a loss of faith and trust in the institution, possible injury or death of participants, and potential legal action against the faculty leader and institution. Ultimately, the Education Abroad Office, along with the CMT, are responsible for formulating clear communication plans to ensure the timely sharing of crisis-related information with all parties involved, including participants and their families and members of the campus community. As shared in previous responses to case studies, CMTs should explore resources available through the Forum on Education Abroad and NAFSA. Once all participants have been accounted for and safely evacuated, the institution should conduct a review to assess their crisis response, ways to improve for future practice, and research resources available to assist with facilitating future crisis responses and ensure they fulfill the institution's duty of care for the participants.
Communications Perspective

An analysis of this case study reveals the depth and severity of the types of emergencies that can occur during an overseas study experience, and a university’s perceived responsibility to adequately respond to these crises. Institutions of higher education are burdened with the responsibility to expertly respond, act, and inform those close to the situation of what is happening, and provide quick and efficient resolution; yet in the face of a natural disaster as presented in this case study, it can be impossible to adequately respond. In this case study, other actors such as the U.S. and Japanese governments, natural disaster responders and safety experts may be better equipped to lead crisis management efforts over a well-prepared Crisis Management Team (CMT). It will always be necessary for university international offices to be prepared for such crises, but this case study demonstrates the delicate balance between adequate preparation and response versus experts trained in responding to natural disasters that can disrupt entire infrastructures. It also demonstrates the necessity of having open and clear channels of communication developed by the CMT alongside experts experienced in emergency disaster response, as the CMT on their own may not be equipped to deal with a disaster of this nature.

Background

A short-term faculty-led program to Japan was abruptly disrupted when a tsunami struck, leading to an interference in Japan’s transportation and communications infrastructure, a possible radiation leak, and separation of students from the group. Faced with competing demands from the U.S. Embassy to evacuate, the Japanese government to stay, and parents demanding to be informed, the CMT must decide whether to evacuate the group despite not being able to account for two students on the program. Multiple risk factors are at play with the health and safety of the missing students and accounted-for individuals unknown, and the evolving nature of natural disasters.

Alternatives

One alternative could involve sending one or two members of the group or from the home institution to the remote fishing village to search for the missing students while the rest of the group communicates directly with the university to determine next steps. This alternative was rejected because it could create more risk in an already ambiguous situation. Separating the group during an already chaotic situation could present a range of potential issues including injury or fatality; assuming the members of the group are not experts in emergency disaster response, they would not be equipped to tackle a missing person expedition. Any additional actions, such as sending a faculty member to search for the missing students, sending accounted-for students home, or remaining together as a group while the situation unfolds, must be weighed against multiple risk factors that may exist. In this case, direct coordination with local emergency response personnel, including public safety officials, would more directly benefit all students rather than sending staff members who might be unfamiliar with Japanese infrastructure and response protocol.
Another alternative could be for the CMT to follow the advice of the U.S. Embassy and evacuate members of the group who are accounted for and safe. This process could be facilitated in conjunction with the U.S. Embassy, if possible, and the home institution CMT, while the faculty members remain in the country and wait to connect with the missing students. This alternative was narrowly rejected as, once again, it seems riskier to separate the group than stay together. Sending students home without a chaperone could create larger problems for the group, such as an inability to communicate with on-site faculty or individuals back home if another problem emerges in transit. In this case, it makes sense to stay the course and operate “as is”. If a crisis management plan already exists, it may make sense to adhere to it, despite parents’ calls, texts and emails requesting updates on the safety of their children and the U.S. embassy’s call to evacuate. While it would be important for the CMT to communicate with parents and experts on the ground in Japan regarding the risks of the evolving situation, it would be difficult to cater to competing demands for action and results. It could be tempting for the CMT to look for a solution outside of an existing emergency response plan, even if one is not available or feasible. However, critical information, such as the condition of the remote fishing village, the health and safety of the missing students, the number of people trying to evacuate the country, and the level of damage to the country’s infrastructure system in general, is unknown, and changing the course based on limited information could be risky. This alternative was chosen as the safest way forward based on the understanding that it may be necessary to make split second decisions as the situation on the ground in Japan evolves.

Proposed Solutions

Responding to a natural disaster could be one of the most difficult types of emergencies the CMT could face, mainly because natural disasters are unexpected and present a variety of risk factors that are difficult to anticipate when developing an emergency response plan. Often, natural disasters result in a loss of infrastructure, affecting channels of communication and transportation as well as the well-being and health of those involved. In addition, it may not be common for experts working in natural disaster response to also be university administrators.

This case study demonstrates that institutions of higher education may not be equipped to deal with an emergency of this level despite an extensive crisis response plan being in place. It is recommended that the CMT follow the university or study abroad office’s existing crisis communication plan while staying in constant contact with the U.S. embassy, the study abroad group in Japan, and the parents. It would be important for the CMT to connect with or consult a local emergency response organization such as Red Cross or FEMA to obtain a general understanding of how to respond to a disaster of this caliber. The level of this disaster would normally warrant following the recommendation of the U.S. Department of State, which recommends the participants evacuate the country and return home; however, the group is separated and two people are unaccounted for, making the decision to send participants home challenging. All considered, it may not be appropriate to make snap decisions such as separating the group while others are missing as there is not enough information to know how to proceed.
It is important, once the CMT is in touch with the faculty leaders, to reassess and re-evaluate the situation, recommend to the faculty leaders to limit travel of the accounted for individuals to the immediate area, and shelter in place until they are able to determine the severity of the situation. It would create more risk and chaos to immediately separate the group. It is recommended that the CMT divide and conquer in their communication response: one member of the team should maintain close communication with the faculty members on program, one faculty member should communicate to the U.S. embassy that two U.S. citizens are missing and emergency assistance is required, and one faculty member should lead communications with the parents of the students on program, keeping them abreast of their actions. The CMT should determine what action should be taken given the recommendations of the U.S. embassy, the Japanese government, the threat of possible radiation, and potential infrastructure issues. As a group, the CMT should monitor the situation as a whole with the expectation that a decision to return home might be necessary in the immediate future if any of the presented risk factors are exacerbated. Ideally, the group would stay in Japan until the two missing students are accounted for and return home together. If after a decided upon time frame in consultation with the CMT (i.e., 24 hours) the two unaccounted for students are still missing and the situation on the ground has escalated, it may be necessary for the CMT to advise the group to return home without the missing students. If after the decided upon time frame the two students are located in good health, the CMT should heed the warning of the U.S. Embassy and send the group home. If after the decided upon time frame the two students are found but in poor health or unable to evacuate, the CMT should be prepared to make quick decisions based on the situation. Decisions such as advising the group to shelter in place, evacuate, or separate would need to be made with the CMT and other university administrators such as the president of the university, legal counsel, and the director of the international services office. This case study presents the need for a flexible CMT who is able to shift focus, if necessary, despite competing demands for action and results.

**Recommendations**

In this case, the Crisis Management Team should gather all the information and consider all the alternatives before making a decision. Even though the local U.S. Embassy recommended that students return immediately, battling their way through overcrowded airports might not be the safest solution, especially since two students have not been accounted for and the Japanese government ensured that the radiation is being contained. The trip leaders should consider reviewing the itinerary to avoid locations where radiation is more likely to be present. The CMT would need to reevaluate their decision to stay, in this case, if the conditions were to deteriorate. Even though the tsunami did not trigger a widespread evacuation in this scenario, being prepared and having a communication plan in place is always advisable. Before departing the U.S., the study abroad office should establish different means of communication with the students, faculty, and staff. Relying solely on email communication is not sufficient in crisis situations as cell phone signals may drop but Wi-Fi connection might still be available. Alternate communication mediums could include social media (although it is important to remember that some countries ban certain platforms), communication platforms provided by the health and security provider, text messages, group messaging apps, satellite phones, etc. Testing out these platforms before traveling is also recommended to ensure that all students have access to them. Constant communication should also be established with parents (even if some parents decide not to communicate with the Crisis Management Team).
Institutions might also consider having a website that houses information regarding different types of crises (i.e., political unrest, natural disaster, medical emergency, etc.) available to the student body. This website should contain important steps to take depending on the crisis and the recommended communication plan to follow. In this case, students could have located helpful information on how to respond during an earthquake and a tsunami. Providing students crisis response toolkits such as the one developed by the Oregon Office of Emergency Management could be helpful in establishing their ownership of their health & safety\textsuperscript{25}. Additionally, home universities should utilize Ready.gov to understand the various types of crises that could occur on study abroad programs and highlight certain emergency situations depending on the location students are traveling to\textsuperscript{26}. For example, if a location is known for experiencing frequent hurricanes, students should be advised to familiarize themselves with how to prepare and respond to a hurricane. Finally, it is important that the university knows who to collaborate with and contact at the host institution (if applicable) in case of an emergency of this magnitude. Examples could include coordinators in the host institution, the local U.S. embassy, the local Red Cross chapter, etc.

