THE GAMBIA

JUNIATA COLLEGE

Summer trip

MAY 15 - JUNE 7, 2011
Dear Participants in the Summer 2011 Juniata College Gambia Trip,

This summer you will be part of the seventh Juniata College trip to The Gambia. Over 100 students traveled with me on the previous six trips. Fortunately, the worst medical problem we have faced thus far was a jellyfish sting. I aim to continue our good safety record this year.

This book contains important information about our flights, our itinerary in The Gambia, emergency contact information and historical/political information about the region. There is useful medical information from the US Center for Disease Control.

My priorities for this trip are the same as they have been for the previous six trips. In order of importance, I aim to:

1) **Get everyone back home safely.** I will always make your safety my greatest concern. Often, this means that I will not allow you to do things that you want to do. I require everyone to follow the basic safety rules for the trip (see below).

2) **Provide an intellectually enriching experience.** We are not going to West Africa as tourists. You are going as students, and I am going as your teacher. I want you to return from this trip with a new perspective on as many things as possible. This means that I will push you away from the beautiful beaches and toward more enriching experiences. Every year the students discover that it is the tough parts of the trip that have the most lasting and rewarding impact.

3) **Allow you to have fun.** There will be enough “free time” on this trip for you to relax and have fun.

The most important safety rules for everyone:

1) You cannot leave the group without my permission.
2) You cannot go anywhere without at least one other member of the group.
3) Footwear is required all the time – even at the beach.
4) You may not bring guests into any of our accommodations.
5) You must follow my directions throughout the trip.

I look forward to another great trip. I hope that this will be the first of many trips to Africa for you.

Sincerely,

Dr. Emil Nagengast
Professor of Politics, Juniata College
Members of the Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Year</th>
<th>Program of Emphasis</th>
<th>Hometown</th>
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<tbody>
<tr>
<td>Bernstein, Alyssa</td>
<td>SO</td>
<td>Biology Psychology, Pre-Med</td>
<td>Westbrook, CT</td>
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<td>Brandes, Holly</td>
<td>JR</td>
<td>Graphic Arts</td>
<td>State College, PA</td>
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<td>Hamil, Megan</td>
<td>JR</td>
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<td>Bayport, NY</td>
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<td>Healy, Katie</td>
<td>JR</td>
<td>Biology/ Pre-Med</td>
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<td>Overland Park, KS</td>
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<td>Int. Politics and Env. Studies</td>
<td>Syracuse, NY</td>
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<td>SR</td>
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<td>Bridgewater, VA</td>
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<td>Kerestan, Candice</td>
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<td>Non-Degree</td>
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<td>LaChance, Myriah</td>
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<td>History and Human Behavior</td>
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<td>International Studies</td>
<td>Spring Mills, PA</td>
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<td>Messer, Jake</td>
<td>FR</td>
<td>Politics</td>
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<td>Swain, Jackie</td>
<td>FR</td>
<td>Peace and Conflict Studies</td>
<td>Hampstead, MD</td>
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</tbody>
</table>
EMERGENCY CONTACT NUMBERS

JUNIATA COLLEGE  
CALL KATI CSOMAN FIRST – She will know where we are at all times during the trip and how to contact the trip leaders.

Kati Csoman (Acting Dean of the Center for International Education at Juniata College):  

Other contact numbers

THE GAMBIA  
Mohamed Ambrose Obuekwe (Juniata Director in The Gambia)  Cell phone: 011-220-7077295
Lamin Yabo (our driver in The Gambia)  Cell: 011-220-634-8861
The US Embassy in The Gambia  
Carol A. Bass  (Special Consular Services Assistant)  
Tel: (220) 439-2856 or 437-6169 ext. 2130  E-mail: ConsularBanjul@state.gov
LINGUISTIC GROUPS

2003 Ethnic Composition of Gambians

- Wolof, 15.0
- Fula, 19.5
- Mandinka, 36.8
- Sarahuli, 9.2
- Manjago, 0.8
- Soor, 2.9
- Jola/Karominka, 10.7
- Other, 1.8
- Creole/Aku, 2.5
- Bambara, 0.8

WEATHER

Banjul
(elevation: 27 metres)

<table>
<thead>
<tr>
<th>Temperature (°C)</th>
<th>Temperature (°F)</th>
<th>mm (in)</th>
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<td>95</td>
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<td>30</td>
<td>86</td>
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<tr>
<td>0</td>
<td>32</td>
<td>0 (0)</td>
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Humidity (%)

- January: 27%
- February: 26%
- March: 29%
- April: 41%
- May: 49%
- June: 61%
- July: 72%
- August: 78%
- September: 73%
- October: 66%
- November: 47%
- December: 36%
OUR FLIGHT SCHEDULE on ROYAL AIR MAROC:

From JFK (New York) to Banjul, The Gambia

Departing from JFK (New York) at: 6:45PM on May 15
Arriving in Casablanca at: 6:10AM on May 16

Departing from Casablanca at: 9:30PM on May 16
Arriving in Banjul, The Gambia at: 1:05AM on May 17

From Banjul to JFK (New York)

Departing from Banjul at: 1:55AM on June 7
(Stop in Conakry, Guinea)
Arriving in Casablanca at: 7:25AM on June 7

Departing from Casablanca at: 12:30PM on June 7
Arriving at JFK (New York) at: 4:45PM on June 7

IMPORTANT:
We will meet at the Royal Air Maroc check-in desk at 3:30PM on May 15.
Do not check in until everyone in the group has arrived at JFK Airport.
OUR ITINERARY (tentative)

May 15 Depart from New York
May 16 Full day in Casablanca, Morocco
May 17 Land in Banjul, The Gambia/ Visit US Embassy/ Relax at the Beach
May 18 Peace Corps Office/ Gamcotrap Women’s Rights Organization
May 19 Tour of Banjul/ Royal Victorian Teaching Hospital/ Albert Market
May 20 CIAM Public Health NGO/ Abuko Nature Park
May 21 University of The Gambia
May 22 Alliance for Democracy in Africa women’s empowerment project
May 23 Bijilo Hospital/ Traditional Medicine Clinic
May 24 Trip to Jufureh/ Kunta Kinteh Island
May 25 Gambia is Good Organic Farm
May 26 Bakau Market/ Holy Crocodile Pond/ Museum
May 27 Drive to Tendaba Nature Camp/ Visit Bwiam Rural Hospital
May 28 Tendaba Nature Camp/ Long Nature Hike/ Peanut Warehouse
May 29 Drive to Janjangbureh Nature Camp/ Visit Ancient Stone Circles at Wassu
May 30 Chimpazee Rescue Camp/ Gambia River Cruise/ Hippos
May 31 Visit Bansang Rural Hospital/ Donate medical supplies
June 1 Long drive back to the coast/ Ferry crossing at Barra
June 2 Serekunda Local Market/ Free day
June 3 Camel Rides/ Drumming Lessons
June 4 Gambian National Assembly
June 5 The Point Newspaper/ Gambia Press Union
June 6 Free day/ Prepare for departure
June 7 Fly from Banjul to Conakry to Casablanca to New York
OUR UPRIVER DESTINATIONS

- Hippos & Chimps
- Wassu Stone Circles
- Fajara (our residence)
- Bwiam Hospital
- Janjangbureh Nature Camp
- Tendaba Nature Camp
- Bansang Hospital
Summer Course in The Gambia 2011

PS249/250 Senegambia

Professor Emil Nagengast

Spring/Summer 2011

Departure: May 15  Return: June 7

Credits: 4  (Course Distribution: I, S, CA)
Course Fee: $3500 (Includes: Round Trip flight: JFK-Banjul, Housing, Meals, Transportation in Africa, Field Trips, Visas, Laundry, Donations, Water, 4 Credits)
Pre-requisites: None

Overview: This course provides practical experience in African political and social systems. We will spend three weeks exploring the political culture and society of The Gambia in West Africa. Through extensive visits to numerous important sites, and interaction with traditional institutions, we will attempt to discover and understand both the indigenous and modern African political cultures. The course combines pre-departure lectures at Juniata with lectures and field trips in The Gambia. Students must take an exam and write a paper that will combine research and personal experiences.

Format: This course will meet for one hour per week through the spring semester. The remainder of the course will be the three week trip to The Gambia.

In the Spring Semester, students must file an Eagles Abroad application in the Center for International Education, submit a reference from an advisor, a health check and obtain clearance from the Accounting Office and the Dean of Students’ Office in order to go on the trip.

Course requirements:

Grading:
Quizzes  50%
Final Exam  20%
Final project  30%  (Due July 11)

Required Text: The World and a Very Small Place in Africa  Donald Wright

Additional readings will be assigned throughout the semester

Course Schedule with Assigned Readings:

Week 1  Introduction
Week 2  Early History: Part One The World and a Very Small Place in Africa by Donald Wright
Week 3  Early History: Part Two Wright
Week 4  The Colonial Period: Part Three, Wright
Week 5  The Colonial Period: Part Three, Wright
Week 6  The Postcolonial Period: Part Four, Wright
Week 7  The Postcolonial Period: Part Four, Wright
Week 8  The Postcolonial Period: Part Four, Wright
Week 9  Contemporary Politics and Economics in The Gambia: (Class handouts)
Week 10 Contemporary Politics and Economics in The Gambia: (Class handouts)
Week 11 Contemporary Politics and Economics in The Gambia: (Class handouts)
Week 12 The AU and the African Renaissance: “Assessing the African Renaissance”
Week 13 Freedom of the Press
Week 14 African Health Care
Week 15 Preparing for Travel in West Africa

Final Exam: TBA
The Gambia is one of Africa's smallest countries and unlike many of its West African neighbours it has enjoyed long spells of stability since independence.

President Yahya Jammeh seized power in a bloodless coup in 1994 and has ruled with an iron fist ever since. Stability has not translated into prosperity. Despite the presence of the Gambia river, which runs through the middle of the country, only one-sixth of the land is arable and poor soil quality has led to the predominance of one crop - peanuts. This has made The Gambia heavily dependent on peanut exports - and a hostage to fluctuations in the production and world prices of the crop. Consequently, the country relies on foreign aid to fill gaps in its balance of payments.

President Jammeh wants to turn The Gambia into an oil-producing state. He says this could usher in a "new future". However, the country has yet to strike crude oil. Tourism is an important source of foreign exchange, as is the money sent home by Gambians living abroad. Most visitors are drawn to the resorts that occupy a stretch of the Atlantic coast.

In 1994 The Gambia's elected government was toppled in a military coup. The country returned to constitutional rule two years later when its military leader ran as a civilian and won a presidential election. But the credibility of the poll was questioned by a group of Commonwealth ministers.

**Full name:** Republic of The Gambia  
**Population:** 1.8 million (2008)  
**Capital:** Banjul  
**Area:** 4,361 sq miles  
**Major languages:** English (official), Mandinka, Wolof, Fula  
**Major religions:** Islam, Christianity  
**Life expectancy:** 59 years (men), 60 years (women) (UN)  
**Main exports:** Peanuts and peanut products, fish, cotton lint, palm kernels  
**GNI per capita:** US $320 (2007)

Yahya Jammeh seized power in 1994 as a young army lieutenant and has won three widely criticised multi-party elections since then. He won his third five-year term in September 2006 with more than two-thirds of the votes cast. His main rival, Oussainou Darboe, rejected the result, saying there had been widespread intimidation by local chiefs, governors and members of the security forces. Commonwealth observers said overt support for Jammeh from public officials during the run-up to the vote may have given him an unfair advantage.

Mr Jammeh raised eyebrows early in 2007 when he claimed that he can cure AIDS. His cure involves a green herbal paste, a bitter yellow liquid and eating bananas and he says his methods produce positive results within days. Mr Jammeh's government has been criticised by international rights groups for its attitude to civil liberties, especially freedom of the press.
SAFETY, SECURITY AND CRIME IN THE GAMBIA

(Information provided by the US Department of State: http://www.travel.state.gov/)

SAFETY AND SECURITY: The Gambia has not experienced any acts of terrorism or other major issues of safety and security, but The Gambia borders the Casamance region of Senegal, which is home to a long-running low-intensity conflict. Like most countries in the region, conditions are always subject to change and travelers should check with the US Embassy if they have specific concerns. Demonstrations are rare in The Gambia.

CRIME: Petty street crime is a problem in The Gambia. Travelers should be careful of pickpockets in crowded markets areas and on ferries. Packages or luggage should never be left unattended, especially in taxis. U.S. citizens in The Gambia should be careful not to leave valuables or identity documents unsecured in hotel rooms or cars. Travelers should also be cautious of individuals who persistently offer unsolicited help.

Visitors and resident U.S. citizens should drive with their windows up and doors locked while driving due to several reported residential and automobile burglaries, including theft from occupied cars stopped in traffic with the windows open or doors unlocked. Long-term residents should consider hiring a security guard for their home to prevent burglary and theft.

Women should avoid walking alone especially after dark including beach and tourist areas. In addition, female visitors to The Gambia should be particularly cautious of men locally known as “bumsters” who approach them wishing “just to get to know you” or offering to be a tour guide. Bumsters often use romance in hopes of gaining money and/or assistance of various types, or in hopes of departing The Gambia through marriage to a Westerner. Travelers are advised to be polite but decisive in turning down unwanted help or attempts at conversation.
A wide variety of ethnic groups live in The Gambia with a minimum of intertribal friction, each preserving its own language and traditions. The Mandinka tribe is the largest, followed by the Fula, Wolof, Jola, and Sarahule. Approximately 3,500 non-Africans live in The Gambia, including Europeans and families of Lebanese origin. Muslims constitute more than 90% of the population. Christians of different denominations account for most of the remainder. Gambians officially observe the holidays of both religions and practice religious tolerance.

More than 63% of Gambians live in rural villages (1993 census), although more and more young people come to the capital in search of work and education. Provisional figures from the 2003 census show that the gap between the urban and rural populations is narrowing as more areas are declared urban. While urban migration, development projects, and modernization are bringing more Gambians into contact with Western habits and values, the traditional emphasis on the extended family, as well as indigenous forms of dress and celebration, remain integral parts of everyday life.

The Gambia was once part of the Ghana Empire and the Songhai Empire. The first written accounts of the region come from records of Arab traders in the 9th and 10th centuries A.D. Arab traders established the trans-Saharan trade route for slaves, gold, and ivory. In the 15th century, the Portuguese took over this trade using maritime routes. At that time, The Gambia was part of the Kingdom of Mali. In 1588, the claimant to the Portuguese throne, Antonio, Prior of Crato, sold exclusive trade rights on The Gambia River to English merchants; this grant was confirmed by letters patent from Queen Elizabeth I. In 1618, King James I granted a charter to a British company for trade with The Gambia and the Gold Coast (now Ghana).

During the late 17th century and throughout the 18th, England and France struggled continuously for political and commercial supremacy in the regions of the Senegal and Gambia Rivers. The 1783 Treaty of Versailles gave Great Britain possession of The Gambia, but the French retained a tiny enclave at Albreda on the north bank of the river, which was ceded to the United Kingdom in 1857. As many as 3 million slaves may have been taken from the region during the three centuries that the transatlantic slave trade operated. It is not known how many slaves were taken by Arab traders prior to and simultaneous with the transatlantic slave trade. Most of those taken were sold to Europeans by other Africans; some were prisoners of intertribal wars; some were sold because of unpaid debts, while others were kidnapped. Slaves were initially sent to Europe to work as servants until the market for labor expanded in the West Indies and North America in the 18th century. In 1807, slave trading was abolished throughout the British Empire, and the British tried unsuccessfully to end the slave traffic in The Gambia. They established the military post of Bathurst (now Banjul) in 1816. In the ensuing years, Banjul was at times under the jurisdiction of the British governor general in Sierra Leone. In 1888, The Gambia became a separate colonial entity.

An 1889 agreement with France established the present boundaries, and The Gambia became a British Crown Colony, divided for administrative purposes into the colony (city of Banjul and the surrounding area) and the protectorate (remainder of the territory). The Gambia received its own executive and legislative councils in 1901 and gradually progressed toward self-government. A 1906 ordinance abolished slavery.
During World War II, Gambian troops fought with the Allies in Burma. Banjul served as an air stop for the U.S. Army Air Corps and a port of call for Allied naval convoys. U.S. President Franklin D. Roosevelt stopped overnight in Banjul en route to and from the Casablanca Conference in 1943, marking the first visit to the African Continent by an American president while in office. After World War II, the pace of constitutional reform quickened. Following general elections in 1962, full internal self-government was granted in 1963. The Gambia achieved independence on February 18, 1965, as a constitutional monarchy within the British Commonwealth. Shortly thereafter, the government proposed conversion from a monarchy to a republic with an elected president replacing the British monarch as chief of state. The proposal failed to receive the two-thirds majority required to amend the constitution, but the results won widespread attention abroad as testimony to The Gambia's observance of secret balloting, honest elections, and civil rights and liberties. On April 24, 1970, The Gambia became a republic following a referendum.

Until a military coup in July 1994, The Gambia was led by President Sir Dawda Kairaba Jawara, who was re-elected five times. The relative stability of the Jawara era was first broken by a violent, unsuccessful coup attempt in 1981. The coup was led by Kukoi Samba Sanyang, who, on two occasions, had unsuccessfully sought election to parliament. After a week of violence which left several hundred dead, President Jawara, in London when the attack began, appealed to Senegal for help. Senegalese troops defeated the rebel force.

In the aftermath of the attempted coup, Senegal and The Gambia signed the 1982 Treaty of Confederation. The result, the Senegambia Confederation, aimed eventually to combine the armed forces of the two nations and to unify economies and currencies. The Gambia withdrew from the confederation in 1989. In July 1994, the Armed Forces Provisional Ruling Council (AFPRC) seized power in a military coup d'etat, deposing the government of Sir Dawda Jawara. Lieutenant Yahya A.J.J. Jammeh, chairman of the AFPRC, became head of state.

The AFPRC announced a transition plan for return to democratic civilian government. The Provisional Independent Electoral Commission (PIEC) was established in 1996 to conduct national elections. The transition process included the compilation of a new electoral register, adoption of a new constitution by referendum in August 1996, and presidential and legislative elections in September 1996 and January 1997, respectively. Foreign observers did not deem these elections free and fair. Retired Col. Yahya A.J.J. Jammeh was sworn into office as President of the Republic of The Gambia in November 1996. The PIEC was transformed to the Independent Electoral Commission (IEC) in 1997 and became responsible for registration of voters and conduct of elections and referenda.

In late 2001 and early 2002, The Gambia completed a full cycle of presidential, legislative, and local elections, which foreign observers deemed free, fair, and transparent, albeit with some shortcomings. President Yahya Jammeh, who was re-elected, took the oath of office again on December 21, 2001. The APRC maintained its strong majority in the National Assembly, particularly after the main opposition United Democratic Party (UDP) boycotted the legislative elections. President Jammeh was re-elected for a third five-year term on September 22, 2006 with 67% of the vote. The UDP received 27% of the vote, and instead of boycotting future elections, vowed to take part in the 2007 National Assembly elections. In the January 2007 parliamentary elections the ruling Alliance for Patriotic Reorientation and Construction (APRC) won 42 of the available 48 elected seats.
MEDICAL INFORMATION

Before visiting The Gambia, you may need to get the following vaccinations and medications for vaccine-preventable diseases and other diseases you might be at risk for at your destination: (Note: Your doctor or health-care provider will determine what you will need, depending on factors such as your health and immunization history, areas of the country you will be visiting, and planned activities.) To have the most benefit, see a health-care provider at least 4–6 weeks before your trip to allow time for your vaccines to take effect and to start taking medicine to prevent malaria, if you need it. Even if you have less than 4 weeks before you leave, you should still see a health-care provider for needed vaccines, anti-malaria drugs and other medications and information about how to protect yourself from illness and injury while traveling. CDC recommends that you see a health-care provider who specializes in Travel Medicine. Find a travel medicine clinic near you. If you have a medical condition, you should also share your travel plans with any doctors you are currently seeing for other medical reasons. If your travel plans will take you to more than one country during a single trip, be sure to let your health-care provider know so that you can receive the appropriate vaccinations and information for all of your destinations. Long-term travelers, such as those who plan to work or study abroad, may also need additional vaccinations as required by their employer or school. Be sure your routine vaccinations are up-to-date. Check the links below to see which vaccinations adults and children should get.

Routine vaccines, as they are often called, such as for influenza, chickenpox (or varicella), polio, measles/mumps/rubella (MMR), and diphtheria/pertussis/tetanus (DPT) are given at all stages of life; see the childhood and adolescent immunization schedule and routine adult immunization schedule. Routine vaccines are recommended even if you do not travel. Although childhood diseases, such as measles, rarely occur in the United States, they are still common in many parts of the world. A traveler who is not vaccinated would be at risk for infection.

Vaccine-Preventable Diseases
Vaccine recommendations are based on the best available risk information. Please note that the level of risk for vaccine-preventable diseases can change at any time.

<table>
<thead>
<tr>
<th>Vaccination or Disease</th>
<th>Recommendations or Requirements for Vaccine-Preventable Diseases</th>
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</thead>
<tbody>
<tr>
<td><strong>Routine</strong></td>
<td>Recommended if you are not up-to-date with routine shots such as, measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.</td>
</tr>
<tr>
<td><strong>Yellow Fever</strong></td>
<td>CDC yellow fever vaccination recommendation for travelers to Gambia, The: For all travelers &gt;9 months of age. Gambia, The requires travelers arriving from countries where yellow fever is present to present proof of yellow fever vaccination. Vaccination should be given 10 days before travel and at 10 year intervals if there is on-going risk. Find an authorized U.S. yellow fever vaccination clinic.</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong> or immune globulin (IG)</td>
<td>Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (see map) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with &quot;standard&quot; tourist itineraries, accommodations, and food consumption behaviors.</td>
</tr>
</tbody>
</table>
Vaccination or Disease | Recommendations or Requirements for Vaccine-Preventable Diseases
---|---
**Hepatitis B** | Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission ([see map](#)), especially those who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment (e.g., for an accident).

**Typhoid** | Recommended for all unvaccinated people traveling to or working in West Africa, especially if visiting smaller cities, villages, or rural areas and staying with friends or relatives where exposure might occur through food or water.

**Meningococcal meningitis** | Recommended if you plan to visit countries that experience epidemics of meningococcal disease during December through June ([see map](#)).

**Rabies** | Recommended for travelers spending a lot of time outdoors, especially in rural areas, involved in activities such as bicycling, camping, or hiking. Also recommended for travelers with significant occupational risks (such as veterinarians), for long-term travelers and expatriates living in areas with a significant risk of exposure, and for travelers involved in any activities that might bring them into direct contact with bats, carnivores, and other mammals. Children are considered at higher risk because they tend to play with animals, may receive more severe bites, or may not report bites. **Note: Rabies vaccine is temporarily in limited supply.** For updates on the rabies vaccine supply, please check the [Rabies News and Highlights page](#) regularly.

**Malaria Contact for Health-Care Providers**
For assistance with the diagnosis or management of suspected cases of malaria, call the CDC Malaria Hotline: **770-488-7788** (M-F, 8 am-4:30 pm, Eastern time).
For emergency consultation after hours, call **770-488-7100** and ask to speak with a CDC Malaria Branch clinician.

**Drugs to Prevent Malaria (antimalarial drugs)**
If you will be visiting a malaria risk area in The Gambia, you will need to take one of the following antimalarial drugs: [atovaquone/proguanil](#), [doxycycline](#), or [mefloquine](#) ([primaquine](#) in special circumstances and only after G6PD testing).

**Note: Chloroquine is NOT an effective antimalarial drug in Gambia, The and should not be taken to prevent malaria in this region.**

**Malaria risk area in The Gambia:** All
To find out more information on malaria throughout the world, you can use the [interactive CDC malaria map](#). You can search or browse countries, cities, and place names for more specific malaria risk information and the recommended prevention medicines for that area.

**A Special Note about Antimalarial Drugs**
You should purchase your antimalarial drugs before travel. Drugs purchased overseas may not be manufactured according to United States standards and may not be effective. They also may be dangerous, contain counterfeit medications or contaminants, or be combinations of drugs that are not safe to use.

Halofantrine (marketed as Halfan) is widely used overseas to treat malaria. CDC recommends that you do **NOT** use halofantrine because of serious heart-related side effects, including deaths. You should avoid using antimalarial drugs that are not recommended **unless** you have been diagnosed with life-threatening malaria and no other options are immediately available.
More Information About Malaria

Malaria is always a serious disease and may be a deadly illness. Humans get malaria from the bite of a mosquito infected with the parasite. Prevent this serious disease by seeing your health-care provider for a prescription antimalarial drug and by protecting yourself against mosquito bites (see below). Travelers to malaria risk-areas in The Gambia, including infants, children, and former residents of Gambia, The, should take one of the following antimalarial drugs listed above.

Symptoms

Malaria symptoms may include: Fever, chills, sweats, headache, body aches, nausea and vomiting, fatigue.

Malaria symptoms will occur at least 7 to 9 days after being bitten by an infected mosquito. Fever in the first week of travel in a malaria-risk area is unlikely to be malaria; however, you should see a doctor right away if you develop a fever during your trip.

Malaria may cause anemia and jaundice. Malaria infections with Plasmodium falciparum, if not promptly treated, may cause kidney failure, coma, and death. Despite using the protective measures outlined above, travelers may still develop malaria up to a year after returning from a malarious area. You should see a doctor immediately if you develop a fever anytime during the year following your return and tell the physician of your travel.

Items to Bring With You

Medicines you may need:

- **The prescription medicines you take every day.** Make sure you have enough to last during your trip. Keep them in their original prescription bottles and always in your carry-on luggage. **Be sure to follow security guidelines**, if the medicines are liquids.

- **Antimalarial drugs**, if traveling to a malaria-risk area in Gambia, The and prescribed by your doctor.

- **Medicine for diarrhea**, usually over-the-counter.

Note: Some drugs available by prescription in the US are illegal in other countries. Check the US Department of State Consular Information Sheets for the country(s) you intend to visit or the embassy or consulate for that country(s). If your medication is not allowed in the country you will be visiting, ask your health-care provider to write a letter on office stationery stating the medication has been prescribed for you.

Other items you may need:

- **Iodine tablets and portable water filters** to purify water if bottled water is not available. See Preventing Cryptosporidiosis: A Guide to Water Filters and Bottled Water and Safe Food and Water for more detailed information.

- **Sunblock and sunglasses** for protection from harmful effects of UV sun rays. See Skin Cancer Questions and Answers for more information.

- **Antibacterial hand wipes** or alcohol-based hand sanitizer containing at least 60% alcohol.

- **To prevent insect/mosquito bites**, bring:
  - Lightweight long-sleeved shirts, long pants, and a hat to wear outside, whenever possible.
  - Flying-insect spray to help clear rooms of mosquitoes. The product should contain a pyrethroid insecticide; these insecticides quickly kill flying insects, including mosquitoes.
  - Bed nets treated with permethrin, if you will not be sleeping in an air-conditioned or well-screened room and will be in malaria-risk areas. For use and purchasing information, see Insecticide Treated Bed Nets on the CDC malaria site. Overseas, permethrin or another insecticide, deltamethrin, may be purchased to treat bed nets and clothes.

See other suggested over-the-counter medications and first aid items for a travelers' health kit.

Note: Check the Air Travel section of the Transportation Security Administration website for the latest information about airport screening procedures and prohibited items.
Other Diseases Found in West Africa
Risk can vary between countries within this region and also within a country; the quality of in-country surveillance also varies.
The following are disease risks that might affect travelers; this is not a complete list of diseases that can be present. Environmental conditions may also change, and up to date information about risk by regions within a country may also not always be available.

Dengue, filariasis, leishmaniasis, and onchocerciasis (river blindness) are other diseases carried by insects that also occur in West Africa. African trypanosomiasis (African sleeping sickness) has increased in Africa (it is epidemic in Angola, Democratic Republic of the Congo, and the Sudan; and highly endemic in Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Guinea, Mozambique, Uganda, and Tanzania; low levels are found in most of the other countries), and an increase in travelers has been noted since 2000. Most had exposures in Tanzania and Kenya, reflecting common tourist routes. Protecting yourself against insect bites will help to prevent these diseases.

Schistosomiasis, a parasitic infection, can be contracted in fresh water in this region. Do not swim in fresh water (except in well-chlorinated swimming pools) in these countries. (For more information, please see Swimming and Recreational Water Safety.)

Polio outbreaks were reported in several previously polio-free countries in Central, Eastern, and Western Africa beginning in 2003. Polio is still endemic in Nigeria.

Highly pathogenic avian influenza (H5N1) has been found in poultry populations in several countries in Africa. Avoid all direct contact with birds, including domestic poultry (such as chickens and ducks) and wild birds, and avoid places such as poultry farms and bird markets where live birds are raised or kept. For a current list of countries reporting outbreaks of H5N1 among poultry and/or wild birds, view updates from the World Organization for Animal Health (OIE), and for total numbers of confirmed human cases of H5N1 virus by country see the World Health Organization (WHO) Avian Influenza website.

Many countries in this region have high incidence rates of tuberculosis and high HIV prevalence rates. For more information, see the Geographic Distribution of Potential Health Hazards to Travelers and Goals and Limitations in determining actual disease risks by destination.

Staying Healthy During Your Trip
Prevent Insect Bites
Many diseases, like malaria and dengue, are spread through insect bites. One of the best protections is to prevent insect bites by:

- Using insect repellent (bug spray) with 30%-50% DEET. Picaridin, available in 7% and 15% concentrations, needs more frequent application. There is less information available on how effective picaridin is at protecting against all of the types of mosquitoes that transmit malaria.
- Wearing long-sleeved shirts, long pants, and a hat outdoors.
- Remaining indoors in a screened or air-conditioned area during the peak biting period for malaria (dusk and dawn).
- Sleeping in beds covered by nets treated with permethrin, if not sleeping in an air-conditioned or well-screened room.
- Spraying rooms with products effective against flying insects, such as those containing pyrethroid. For detailed information about insect repellent use, see Insect and Arthropod Protection.

Prevent Animal Bites and Scratches
Direct contact with animals can spread diseases like rabies or cause serious injury or illness. It is important to prevent animal bites and scratches.

- Be sure you are up to date with tetanus vaccination.
- Do not touch or feed any animals, including dogs and cats. Even animals that look like healthy pets can have rabies or other diseases.
- Help children stay safe by supervising them carefully around all animals.
- If you are bitten or scratched, wash the wound well with soap and water and go to a doctor right away.
- After your trip, be sure to tell your doctor or state health department if you were bitten or scratched during travel.
Be Careful about Food and Water
Diseases from food and water are the leading cause of illness in travelers. Follow these tips for safe eating and drinking:

- Wash your hands often with soap and water, especially before eating. If soap and water are not available, use an alcohol-based hand gel (with at least 60% alcohol).
- Drink only bottled or boiled water, or carbonated (bubbly) drinks in cans or bottles. Avoid tap water, fountain drinks, and ice cubes. If this is not possible, learn how to make water safer to drink.
- Do not eat food purchased from street vendors.
- Make sure food is fully cooked.
- Avoid dairy products, unless you know they have been pasteurized.

Diseases from food and water often cause vomiting and diarrhea. Make sure to bring diarrhea medicine with you so that you can treat mild cases yourself.

Avoid Injuries
Car crashes are a leading cause of injury among travelers. Protect yourself from these injuries by:

- Not drinking and driving.
- Wearing your seat belt and using car seats or booster seats in the backseat for children.
- Following local traffic laws.
- Wearing helmets when you ride bikes, motorcycles, and motor bikes.
- Not getting on an overloaded bus or mini-bus.
- Hiring a local driver, when possible.
- Avoiding night driving.

Other Health Tips
- To avoid animal bites and serious diseases (including rabies and plague) do not handle or pet animals, especially dogs and cats. If you are bitten or scratched, wash the wound immediately with soap and water and seek medical attention to determine if medication or anti-rabies vaccine is needed.
- To avoid infections such as HIV and viral hepatitis do not share needles for tattoos, body piercing, or injections.
- To reduce the risk of HIV and other sexually transmitted diseases always use latex condoms.
- To prevent fungal and parasitic infections, keep feet clean and dry, and do not go barefoot, especially on beaches where animals may have defecated.

After You Return Home
If you are not feeling well, you should see your doctor and mention that you have recently traveled. Also tell your doctor if you were bitten or scratched by an animal while traveling.
If you have visited a malaria-risk area, continue taking your antimalarial drug for 4 weeks (doxycycline or mefloquine) or seven days (atovaquone/proguanil) after leaving the risk area.
Malaria is always a serious disease and may be a deadly illness. If you become ill with a fever or flu-like illness either while traveling in a malaria-risk area or after you return home (for up to 1 year), you should seek immediate medical attention and should tell the physician your travel history.

Important Note: This document is not a complete medical guide for travelers to this region. Consult with your doctor for specific information related to your needs and your medical history; recommendations may differ for pregnant women, young children, and persons who have chronic medical conditions.
Kathryn Cunningham Hall had a comfortable upbringing in Chadds Ford, raised in the privilege of not having to sweat such small stuff as whether the lights would come on. So the horror was especially profound when, as a summer volunteer at a hospital in West Africa four years ago, Cunningham Hall witnessed a frantic - and ultimately futile - scramble of doctors and nurses trying to save the life of a newborn.

The 3-day-old girl would die because Sulayman Jungkung General Hospital had run out of fuel for a generator needed to power a breathing machine. From that death two things were born: Cunningham Hall's decision to become a doctor, and her commitment to help provide electricity to health-care facilities in that little-known impoverished country of 1.6 million people, Gambia.

Now 24 and married, Cunningham Hall is a third-year medical student at the University of Pennsylvania, enduring a regimen that barely allows time for sleep. But her West African aid mission powers on through a Philadelphia-based nonprofit that Cunningham Hall founded in 2006.

Power Up Gambia so far has raised nearly $500,000. About $300,000 of that has funded the installation of a 12-kilowatt solar and battery-backup system that now guarantees the availability of electricity 24/7 to 65 percent of Sulayman Jungkung hospital. Other projects are in the works, including job training so that Gambia's people can maintain the solar systems that are installed.

"A huge blessing" is how Sulayman Jungkung's chief executive officer, Kebba Badgie, described the solar system that has saved lives in his hospital and delivered predictability - and so much more. But he reserved the highest praise for Cunningham Hall, speaking with an awe and reverence afforded saviors. For in his eyes, she is one. "Kathryn is an angel in human form," Badgie said. "Kathryn has made the hopeless be hopeful."

His list of what a reliable energy source has meant to his hospital is long - the ability to perform surgeries and run ventilators at any time, to safely store blood and drugs, to be able to have high-speed Internet. That, he said, will enhance the education of medical students and help attract and retain more staff. "Solar," Badgie said, "is the answer to quality health-care delivery."

"This is what you do," she said last week during a rare respite between her internal-medicine rotation and studying for upcoming national board certification exams. "You just give back."
She credits her commitment to Gambia to her parents. Stories by her father, Scott Cunningham, about his time with the Peace Corps in West Africa intrigued her as a child; mother Carol's devotion to community nonprofit groups inspired her. She had never heard of Gambia when Operation Crossroads Africa assigned her there in the summer of 2006. Once there, she "saw a lot of things that were just unbelievable at the time." Nothing more so than babies dying because of no dependable power source.

Cunningham Hall considers her charitable work not in heroic terms, but as a life decision that should come naturally to anyone who learns of a need. As her time there ran down and Cunningham Hall prepared to return home, she said she asked Badgie what she could do to help him. Expecting him to urge her to send medical supplies, she was stunned by his reply. "He said, 'What we'd like is electricity full-time.'"

When she recounted Badgie's request back home, her mother's response was an enthusiastic, "You can do this!" Within six months, a board of directors that included Cunningham Hall's mother, neighbors, and acquaintances was formed and $20,000 raised - much of it through appeals that Cunningham Hall delivered in person to schools, community groups, and individuals. Donations ranged from a quarter from a schoolboy to a $50,000 check from a local woman who reduced Cunningham Hall to tears.

Carol Tyler was another donor moved by Cunningham Hall's plea for help: "I was so inspired by the presence of this young woman," recalled the member of the Chestnut Hill Rotary Club, which donated $1,000 to Power Up Gambia. Besides making a personal contribution, the amount of which Tyler declined to disclose, she joined Cunningham Hall and the Power Up leader's family on a trip to Gambia about three years ago. Tyler said she was especially moved by the English-speaking country's severe lack of resources (annual income per capita in the largely agrarian-based economy is $350) and its poorly maintained roads.

What Gambia has in abundance is sun, which made solar panels a sensible objective for Power Up Gambia to embrace, said Lynn McConville, hired in January as the group's first executive director. She is one-half of the charity's paid staff. Paul Blore is director of development, hired in July after serving as an intern and then a volunteer for the group. Their hiring, and Power Up's official certification as a 501(c)3 charity a year ago, were motivated by the realization that as a doctor in training, Cunningham Hall would have less and less time for fund-raising and volunteer recruitment. She currently is chairwoman of the organization's nine-member board.

Two weeks ago, Power Up recorded its second success - the installation of the first of two solar arrays, along with a battery-backup system, planned for a satellite clinic about 15 kilometers from Suleyman Jungkung hospital. Fund-raising soon will begin for a $300,000 solar system for a hospital in Gambia's remote central river region that serves a population of 600,000.

For now, Power Up's mission will remain narrowly focused on health-care facilities. With the right influx of money, that could change. Cunningham Hall said: "If the Bill and Melinda Gates Foundation gives us enough money to power up the country, sure, we will go to schools and homes."
POWER UP GAMBIA FIELD REPORT:
A visit to Bansang Hospital

Power Up Gambia’s Executive Director, Lynn McConville, is currently in The Gambia, visiting the sites of our past and future installations, meeting with staff, patients and community members and elders. She just sent this report of her visit to Bansang Hospital, our next project site:

“Who would have thought of The Gambia as being cold in January? I can’t complain about the cool 70 degree nights though, as it makes the days very pleasant. It has been a great experience travelling to Bansang and touring Bansang Hospital with Anita Smith of Bansang Hospital Appeal, and with Mr. Baboucarr Jammeh, the Chief Executive of the Hospital. Despite limited resources available to the hospital, the staff shows a tremendous enthusiasm and commitment to their work and to their patients.

Bansang is a busy hospital. As the only hospital serving the Central and Upper River regions, patients stream in all day long, 7 days a week. The replacement of the solar batteries that Power Up Gambia funded in December has helped the pediatric ward tremendously. When I was there, two small children were on constant oxygen from oxygen concentrators. They were smiling shyly at us, and their mothers also had smiles. If the batteries had not been there to supply electricity to the concentrators through the night, things may have been less rosy. The hospital has some oxygen cylinders, but they are very expensive to fill and very hard to transport from Banjul to Bansang. One oxygen cylinder in the maternity ward had the valve blow off from a bad fitting last week, cutting the face of one of the nurse midwives. Yet only the pediatric ward has the solar power and battery bank to power oxygen concentrators when the generators shut down for the night. Without reliable electricity for the other wards, the struggle to provide oxygen for patients in respiratory distress continues.

The pediatric ward solar batteries were also keeping the neonatal incubators running all night. This part of the ward was also very busy. Three incubators were in use for their tiny and fragile occupants. One small patient had just been born, one of triplets and the only one to survive at birth. Weighing just a kilogram, he was in one of the incubators and closely attended to by the staff nurse. The mother gently folded down the blanket so we could see her son’s face, gazed at him and then gave me one of the saddest smiles I have ever seen. My heart went out to her, and to her young, tiny son.

What I have seen has reinforced how important reliable electricity is for all of the wards of Bansang Hospital. In the female, male and maternity wards, nurses and doctors are still struggling to do their job by candle light. This doesn’t have to be. By providing solar power, we can give the medical staff the power they need to save lives. Everyone at Bansang Hospital is so grateful that we have chosen this site as our next project and after visiting, I know selecting Bansang Hospital was definitely the right choice.”

(http://powerupgambia.org/blog/?p=190)