

Public Health: Systems, Equity & Field Practice

14-Day Faculty-Led Program

Forum on Education Abroad Member • 20+ Years in Panama • Loyola University Maryland — Returning Partner 2026

★ **Summer (Jul–Aug): Day 8 includes humpback whale watching off Isla Otoque — the program’s strongest seasonal differentiator**

Why Panama for Public Health?

Panama is one of the most compressed and readable health equity case studies in the world. A single country holds a Canal-funded GDP that rivals Western Europe in per-capita terms and rural communities that manage chronic illness without a resident physician within 45 minutes. Students can stand at the site of the greatest public health engineering achievement of the 20th century — where William Gorgas’s yellow fever eradication made the Canal possible — and then spend the afternoon in a community where the nearest hospital is a two-hour boat ride away. That contrast is not a field trip footnote. It is the curriculum. In two weeks, students move from a community-managed water committee on the Pacific coast to Hospital Gorgas’s tropical disease research infrastructure; from an Emberá curandero’s plant medicine to a MINSA sub-center in a volcanic crater; from designing a school nutrition program to evaluating whether it worked. Panama does not require students to imagine health inequality. It puts them inside it.

Program Itinerary

Day	Program	Public Health Learning
1	Arrival & Welcome Dinner Airport transfer to Istmo (90 min). Settle into private bungalows on the Pacific coast. Welcome dinner. Faculty introduces the program’s central framework: Panama as a health systems case study — a middle-income country with a booming Canal economy, a 26%+ poverty rate, and a healthcare system that delivers radically different outcomes depending on whether you live in Panama City, a rural comarca, or a remote Pacific island.	<i>Health equity & social determinants framing Panama as health systems case study Program orientation</i>
2	Beach Orientation — Community Health Landscape, Water Systems & Rural Sanitation Economic orientation walk and beach clean-up: Las Uvas as a snapshot of Panama’s rural public health landscape — demographics, health facility access, and the gap between urban and rural health outcomes. Introduction to the local water committee and community-managed water system: how do rural Panamanian communities administer their own potable water infrastructure with minimal government support? Faculty frames: WASH as the foundation of community health before any clinical infrastructure exists.	<i>WASH fundamentals & rural water systems Community health worker models & access gaps Social determinants: geography & infrastructure</i>
3	Panama Canal + BioMuseo + Casco Viejo — Public Health Engineering & Urban Health Disparities The Canal as a public health triumph. The French failed to build it partly because yellow fever and malaria killed thousands of workers. William Gorgas’s mosquito eradication campaign (1904–1906) — the first	<i>Vector control history & tropical medicine Urban health disparities & development economics</i>

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	systematic application of vector control at this scale — is what made American construction possible and reshaped the science of tropical medicine. Casco Viejo: urban health disparities in real time — the contrast between Panama City's gentrified historic district and surrounding neighborhoods is a visible illustration of how economic development distributes health outcomes unequally. Faculty frames: what does it mean for a city to have a thriving tourism economy and a failing primary care system in the same postal code? (Lunch not included)	
4	El Valle — Rural Health Clinic + Community Health Workers + Primary Care Access Full-day excursion to El Valle de Antón (600m, volcanic crater). Morning: visit to the rural MINSA health sub-center — how does a primary care facility function in a community of ~4,000 with no hospital within 45 minutes? Discussion with clinic staff: patient load, staffing ratios, referral pathways, disease burden (dengue, respiratory infections, chronic NCDs), and the practical limits of primary care in a resource-constrained setting. Also includes a hike to a local waterfall and visit to the local market. Faculty frames: what does universal health coverage look like when the 'last mile' is a mountain road? (Lunch not included)	<i>Rural primary care access & facility capacity Community health worker models & task-shifting Disease burden: infectious vs. non-communicable</i>
5	Panama City — Hospital Gorgas — Tropical Medicine, Research & Health System History Full day in Panama City. Hospital Gorgas (Instituto Conmemorativo Gorgas de Estudios de la Salud) is named for William Gorgas, the public health officer whose mosquito eradication work students encountered in Day 3's Canal history. The institution carries that legacy forward as Panama's leading tropical medicine research hospital: epidemiological surveillance, vaccine research, infectious disease management, and the public health response infrastructure for a country at the crossroads of two hemispheres. Afternoon visit to BioMuseo: the isthmus' ecological and epidemiological story. Discussion: how does a research hospital at the intersection of global trade routes approach disease surveillance differently from a purely clinical facility? What tropical disease threats does Panama monitor that most countries do not? (Lunch not included)	<i>Tropical medicine & disease surveillance Research hospital systems & public health infrastructure Historical continuity: Gorgas legacy to present Disease ecology & environmental epidemiology</i>
6	Senior Center — Aging Population, Elder Care & Chronic Disease Management Panama is undergoing a demographic transition: a population that was predominantly young 30 years ago is aging rapidly, with life expectancy now above 78 years. Visit to a local senior center: chronic disease management (hypertension, diabetes, COPD) as the dominant health challenge for Panama's aging population. Discussion with facility director and social workers: what does elder care look like in a country where informal family care is the norm, formal care infrastructure is limited, and the pension system is under structural pressure? Faculty frames: the epidemiological transition — from infectious to non-communicable disease as the primary burden — and what it demands of a health system built for a different disease profile.	<i>Epidemiological transition & NCD burden Elder care systems & aging population health Chronic disease management in resource-limited settings</i>
7	Recreation Day — Surfing + Evening Salsa Morning surf lesson at Pacific beach. Afternoon free for rest, journaling, or independent fieldwork. Evening salsa dancing class at Istmo.	<i>Rest & program integration Independent fieldwork option —</i>
8	Isla Otoque — Remote Island Health Access + Pacific Snorkeling Boat trip to Isla Otoque in the Gulf of Panama. A small Pacific island community with no road connection to the mainland — a live case study in health access under geographic	<i>Geographic access barriers & health equity Remote community health &</i>

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	isolation. Discussion with community members or health promotor: what happens when someone has a medical emergency on Otoque? How do residents manage chronic conditions, maternal health, or pediatric illness without a resident physician? What role does traditional medicine play when formal care requires an hour-long boat ride? Faculty frames: geographic access as a social determinant of health. The 'last mile' problem has a literal meaning on an island. Afternoon Pacific snorkeling.	<i>emergency response Traditional medicine & informal health systems</i>
9	School Health Education #1 — Nutrition & Hygiene Program (Design & Deliver) Students design and deliver a structured health education session for children at a local primary school. Session 1 focus: nutrition and hygiene — handwashing, foodborne illness prevention, and basic nutrition concepts appropriate for the age group. Faculty frames this as applied health communication: how do you translate public health knowledge into a culturally appropriate, engaging session for an audience that doesn't share your language or health literacy baseline? Afternoon debrief: what worked, what didn't, what needs to change before Session 2. Students refine their approach for Day 12.	<i>Health education design & delivery Health communication & cultural competency Nutrition & hygiene promotion methods</i>
10	Emberá Village — Traditional Medicine & Indigenous Health Practices → Overnight Portobelo Dugout canoe into the Chagres River rainforest. Emberá community: traditional medicine systems — plant-based treatments, the role of the curandero, and how traditional and biomedical health systems coexist inside an indigenous community. Discussion: when does a community member choose traditional medicine over formal care? What are the access, trust, cultural, and economic factors that shape that decision? Faculty frames: medical pluralism as a public health reality — integrating traditional medicine into community health strategies is a formal WHO recommendation, but what does it look like in practice? Continue to Portobelo/Colón area. Overnight — the only night away from Istmo.	<i>Medical pluralism & traditional medicine systems Indigenous health practices & WHO integration frameworks Health-seeking behavior & cultural determinants</i>
11	Colón — Community Health Facility + Caribbean Snorkeling + Return to Istmo Colón public health visit — MINSAs regional health center, CSS clinic, or community health NGO in the Colón area. Colón province has some of Panama's highest poverty and disease burden indicators despite sitting at the Atlantic entry of the Canal — a pointed illustration of how proximity to economic infrastructure does not guarantee health equity. Discussion: what public health challenges does Colón face that Panama City does not, and why? Also includes a boat trip and Caribbean snorkeling. Return to Istmo.	<i>Health equity & geographic resource distribution CSS/MINSAs dual system at regional level NGO and community health program models</i>
12	School Health Education #2 — Nutrition & Hygiene Program (Revised Delivery) Students deliver the revised version of their health education session at a second school, incorporating feedback from the Day 9 debrief. This is the academic capstone of the health education arc: students observe their own improvement, compare responses across two different communities, and generate data for a reflective analysis of health communication effectiveness. Faculty frames: the difference between designing a health education program and evaluating one. What would it take to scale what students built in two sessions into a sustained school health program?	<i>Health program evaluation & iterative design Comparative community health education Scaling & sustainability of health interventions</i>
13	University Exchange — Public Health Faculty + Final Presentations + Farewell Bonfire Day trip to university partner for health system exchange. Discussion with	<i>Panama health system architecture & history</i>

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	Panamanian university students and faculty: Panama’s health system from the inside — the dual MINSA/CSS structure, universal coverage gaps, the legacy of structural adjustment on public health funding, and students’ own experiences as patients and future practitioners. Return to Istmo. Student final presentations or capstone exercise. Farewell bonfire.	<i>CSS/MINSA dual system & coverage gaps</i> <i>Peer-to-peer academic & professional exchange</i>
14	Departure Breakfast at Istmo. Final reflection. Airport transfer to Tocumen International Airport (90 min).	— — —

All meals at Istmo included. Off-site lunch on Days 3, 4, and 5 (El Valle & Panama City excursions) not included. Overnight accommodation near Portobelo (Day 10) included.

<p>What’s Included</p> <ul style="list-style-type: none"> Private retreat center — 8 bungalows, 24 beds (exclusive use) All meals prepared by on-site chef All activities, bilingual guides, and entry fees Ground transportation throughout Airport transfers (arrival & departure) Hospital Gorgas visit coordination El Valle rural health clinic + community health worker coordination Emberá village traditional medicine visit Two school health education partnerships (Days 9 & 12) Isla Otoque boat transport Colón area health facility coordination Overnight accommodation — Portobelo area (Day 10) <p>Not Included</p> <ul style="list-style-type: none"> Airfare, travel insurance, off-site lunch (Days 3 & 5), personal expenses 	<p>Safety & Support</p> <ul style="list-style-type: none"> Panama: US State Dept Level 2 (same as Costa Rica & most of Western Europe) US-trained EMT on staff at Istmo Medical clinic 10 min away; hospital 90 min (Panama City) Sean Davis: dedicated on-site coordinator, full program duration 24/7 emergency protocols and documentation available Exclusive-use property — no other guests during your program Forum on Education Abroad Standards of Good Practice
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Program Pricing

Larger groups = lower per-student cost. All pricing includes lodging, meals, activities, and ground transport.

Group Size	Low Season(May–Nov)	High Season(Dec–Apr)	Per StudentLow Season	Per StudentHigh Season
7 students + 1 leader	\$27,193	\$28,890	\$277/day	\$295/day
12 students + 1 leader	\$38,558	\$40,752	\$230/day	\$243/day
14 students + 2 leaders*	\$43,104	\$45,497	\$220/day	\$232/day
22 students + 2 leaders	\$61,288	\$64,477	\$199/day	\$209/day

*At 14+ students, a second faculty leader is included at no additional cost. | Prices include all lodging, meals, activities, and ground transport.

Your Hosts

Sean Davis — M.S. Educational Administration. Returned Peace Corps Volunteer (Chile). Founded an international school in Panama City. 20+ years in Panama.

Ayesha Davis — M.S. Environmental Engineering. Returned Peace Corps Volunteer (Paraguay). 10+ years designing water and sanitation projects with the World Bank and IDB across Latin America. Istmo co-founder.

Ready to explore?

This itinerary is a starting point, not a contract. We work with study abroad offices to shape programs that fit the faculty member's course, the institution's timeline, and the students' level.

Schedule a call: calendar.app.google/Nve9vEcYxtJKpRpE8

Want to visit first? Our reconnaissance visits let you see the property before you commit. 4 days / 3 nights — email us to book yours (info@istmoretreat.com).