

## EDITORIAL

# COVID-19 AND CARE TOURISM A NEW CONCEPT

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## SUMMARY

For many years, tourism activity maintained sustained growth that was abruptly limited in 2020 by the COVID-19 pandemic. According to data from the UNWTO World Tourism Barometer , this pandemic generated, with its irruption, the worst crisis that tourism has suffered, revealing its importance both globally and individually. Despite the fact that, thanks to great efforts, tourism is recovering, it is time to think about what we learned from what we experienced. Tourism is going through an unprecedented paradigm shift, being up to the circumstances implies rethinking the activity in the light of a trans disciplinary and innovative approach that allows us to emerge from this crisis strengthened. Thus, the concept of careful tourism arises, which encompasses others such as accessible tourism, travel medicine and regenerative tourism .

Careful tourism reflects the need for a holistic and superior vision, which encourages us to work as a team taking into account the well-being of travelers, assessing the previous state of health and the possibilities of each one, seeking to equalize conditions so that a disability does not face barriers, respecting each community, protecting the physical environment, monitoring the epidemiology of origin and destination, and valuing cultural diversity. Careful tourism pursues, then , as its supreme goal, to raise quality standards in tourism practice, involving us in a spiral of transformations that concerns us all: professionals and effectors of tourism, health, architecture, environmental care, among other disciplinary areas, in order to strengthen the activity based on a safe, inclusive development that incorporates the premises of sustainability and regenerative development.

Keywords: COVID-19, care tourism, travel medicine, accessible tourism, regenerative tourism, sustainable development.

## INTRODUCTION

From its emergence until the arrival of COVID-19, tourism had presented a huge and sustained increase, both in relation to the number of travelers and the diversity of destinations. According to data from the UNWTO (World Tourism Organization), in 2019 there were figures close to 1,500 million international tourist arrivals in the world, an even more considerable value if one takes into account that in 2010 that record was barely around 900 million. of annual arrivals. These data make two points clear: on the one hand, that tourism is one of the fastest growing and most developed economic activities worldwide. On the other, that people choose or need to travel, beyond

the reasons: pleasure, work, study, etc. Additionally, based on data from the Advice for travelers , it is clear that globalization, the increase in life expectancy, greater labor flexibility, and increasingly friendly traveler services, exponentially multiply the number of people who choose to carry out some type of tourist experience at different times of their life.

Between the end of 2019 and the beginning of 2020, the confinement due to the COVID-19 pandemic drastically affected the number of travelers, abruptly decreasing the number of international tourist arrivals to figures below those registered at the beginning of the new

millennium. Beyond the measures established by each country, COVID-19 curtailed tourism activity, affecting users and workers in various situations of dependency. In 2020, according to UNWTO data, the record of international tourist arrivals in the world decreased to 406 million, with an almost imperceptible increase to 429 million in the following year. However, the demand that during that time was repressed by sanitary measures, added to the recovery of confidence, and the lifting of travel restrictions, have made it so that, by 2022, the UNWTO foresees an increase that recovers the number of international tourist arrivals at 65% of the amount reached pre-pandemic . As expected, until November the record already exceeds 800 million international tourist arrivals: Europe leads the recovery with a record that reaches 81% of its pre-pandemic value ; Africa and America exceed 60% of their pre-COVID-19 data and, for the moment, Asia is still far from the number of arrivals it had before 2020.

On the other hand, tourism is movement, and secondary to the changes that occurred during the aforementioned health crisis, the renewal of destinations in 2022 showed an increase in arrivals to places that were previously less crowded such as Serbia, Romania, Turkey, Latvia , Portugal or Pakistan, among others.

**[It is worth clarifying that the phrase “tourist experience” takes into account the tendency of visitors as active consumers, whose choices are driven by motivational aspects, and where integration is sought (“learn by being and doing”), as opposed to traveling to see or contemplate (Ávila & Barrado, 2005, quoted in the Ministry of Education of the Argentine Republic, sf ).]**

## REFERENCE FRAMEWORK

Beyond the specific data reported here, this crisis in tourist activity should make us reflect mainly on 3 axes related to the activity: the economic, social and environmental impact. In relation to the economic impact, we must value tourism as one of the great engines of the economy of each country, which is easy to demonstrate if we consider that according to data from the World Travel and Tourism Council (WTTC), in 2021 the contribution of The travel and tourism sector to the GDP of Latin America represented 6.1% (213.4 billion dollars), and that an increase of 5.5 million jobs in the sector is expected in the next 10 years, only in the aforementioned region.

Regarding the social impact, it is possible to understand that tourism represents a categorical community value, which was violently violated in pursuit of a superior right: the right to health, clearly threatened during the COVID-19 pandemic.

Finally, and by virtue of the environmental impact, the postcard of tourist sites recovering from exceeded load capacities, evidences in many cases the lack of adequate management of resources and the stark exploitation of destinations, data that should not go unnoticed and should force us to assess the appropriate measures that allow us to make a rational use of them for their current and future enjoyment, respecting the communities that inhabit them.

The forced stoppage of tourist activity that COVID-19 confronted us with was the worst crisis in the industry since its emergence, according to the UNWTO. Continuing to ignore the needs of travelers and the natural partner environment that shelters us is not an option. We need to face what we have experienced with resilience , carry out an objective analysis of what we have been through, and manage the tools that allow us to reinvent tourism from the awareness of its impact worldwide.

From this analysis, the concept of careful tourism arises, which interrelates 3 clear and forceful spheres of work, necessary to aspire to excellence in the development of tourism, and essential to achieve its recovery and progress. Today, and in light of what we have learned, it is our duty to rethink tourism from a sustainable and regenerative, inclusive and safe vision, which guarantees raising the quality standard of travel to the prevailing reality.

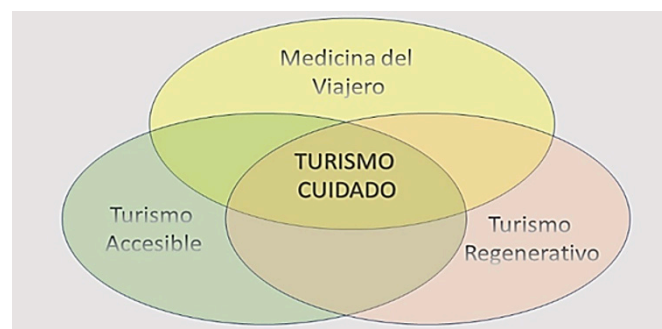


Figure 1: Diagram of the interrelation between the spheres of work that constitute care tourism.

## A) TRAVEL MEDICINE

Many of the diseases known as “emerging” that have appeared or reappeared in the last 50 years are related to the movement of people, animals, food or drinks from one place to another originally distant. As seen, analyzing tourism from a single angle is technically impossible. The development of means of transport, the more tangible possibility of traveling, medical advances that enable more and more people to be able to face a trip, the choice of exotic destinations, together with cooperation and trade between developed countries and developing

countries, make the globalization in which we are immersed generate benefits, but also risks that increase with the passage of time.

Depending on the place of origin and the chosen destination, tourists may be exposed to sudden changes in humidity, altitude, temperature, hygiene habits, sanitation, medical services, and even something as basic as the presence -or not- of drinking water. Of course, infectious diseases are a key issue to mention in this section, since the tourist will be exposed to agents typical of the area visited, and of which his body probably has no record.

An important detail when evaluating the risk of each person on a certain trip has to do with the individual assessment of each case. On the one hand, the particular characteristics of the traveler: general state of health, comorbidities, history, medication, etc. On the other, the characteristics of the trip: the destination (type of country/city, hygiene conditions and habits, water sanitation, industrialization, roads, available health centers, etc.), the duration, the reason for the trip, the type of accommodation and the activities that are planned to be carried out.

Travel medicine is a medical specialty that requires interdisciplinary work, and whose main functions are to ensure that the person makes the trip while maintaining a good state of health, collaborating with public health by maintaining a state of alert and epidemiological surveillance of potential threats, and carry out an adequate diagnosis and treatment in case of pathologies acquired during a trip. In this way, the area of concern of medicine around the trip would be based on a pre-trip consultation, eventually assistance or advice during the trip, and finally the control or diagnosis/treatment upon return, if any. lack. As archival data and to understand the importance of timely medical intervention, it is important to mention that it is estimated that for every 100,000 tourists with an average stay of one month in the tropics, 50,000 will have some health requirement, 8,000 will need to consult a doctor, 5,000 will spend some day in bed due to illness, 1,100 will suffer some degree of disability during or after the trip, 300 will be hospitalized during the trip or upon return, 50 evacuated or repatriated and 1 will die.

For everything mentioned so far, the pre-trip medical consultation is essential, since it generates a space for analysis of the traveler's needs and the preventive behaviors that he must take, assesses the itineraries chosen based on the needs, possibilities and eventual

risks of each traveler, suggests the appropriate or contraindicated activities in each case, and of course, updates vaccination and chemoprophylaxis if necessary.

The pre-travel medical consultation, to be carried out ideally 30 days before the start of the trip, in addition to taking an adequate medical history and analyzing the chosen itinerary, will emphasize 8 possible sources of risk about which the traveler must be warned: Water and food, zoonoses, polluted air, blood/STDs, contaminated soil, height and UV radiation. It is important to remember that the consultation is based on a traveler and not on a patient, that is, it is a prevention consultation that requires having the necessary dynamics to warn and generate awareness in the tourist, without suggesting, or causing fear or alarm. The traveler has to travel, but he must do it calmly, with all the tools we can provide him with, knowing what can happen, how he can prevent different risk situations, and how he should act in each case.

During the medical assessment and preparation of the traveler's medical history, an important point is to determine if it is a high, intermediate or low risk trip, which will depend on the previously mentioned characteristics and belonging (or not) to populations at risk, such as children, the elderly, pregnant women, immunocompromised people or people with previous illnesses.

The consultation should be carried out between 4 and 8 weeks before the departure date, especially in planned trips, business trips, and in patients or high-risk destinations; however, even people who make last-minute inquiries can benefit from advice and preventive measures.

During the course of the medical interview, in addition to delving into prophylaxis and vaccinations (which we will mention shortly), it will be necessary to prepare a detailed medical history of the traveler, talk about accidents since they constitute the main cause of hospitalization and death even during trips, detailing the assembly of the first-aid kit and how to carry the necessary medication, clearing up doubts about medical care if required, and warning about the following situations that could generate some risk to consider:

- **Water and Food:** Many travelers need a diet that meets certain characteristics or particulars: Diabetes, celiac disease, severe food allergies, etc., in which case they should be instructed on ways to maintain adequate care on the trip and avoid non-food foods. allowed. Let us bear in mind that although at first glance it may

seem simple, food becomes more complex when the language or communication barrier makes it difficult to understand the packaging, menus or dialogue with those in charge of providing food, mainly in areas with a different gastronomic culture than those originating from the traveler. On the other hand, we cannot ignore the fact that diseases caused by contaminated water and food are the most frequent in tourists, with traveler's diarrhea heading the list of possible related complications. The risk of contracting any disease of this type decreases by instructing the traveler in relation to adequate hygienic-dietary measures and drinks suitable for consumption in each site. Accurate measures in relation to this point could prevent, for example, hepatitis A, typhoid fever and cholera. Simple recommendations can make a difference in the development of the trip, such as drinking bottled water; avoid the use of ice; eat hot and well-cooked food; if meals with raw fish are eaten, choose those made with frozen fish (never with the catch of the day); eat fruits and vegetables processed and washed by oneself with adequate water. The ideal is to avoid street products and not buy dairy products that are not pasteurized to avoid infections such as brucellosis.

- **Zoonosis:** These are diseases transmitted by animals, either by their bite, the consumption of contaminated products, contact with dead animals, their secretions or their excrement. Knowing the risks of each site and how to avoid them decreases the risk of contracting rabies, brucellosis, leptospirosis, hantavirus, to name a few examples. In fact, COVID-19 itself and other types of Severe Acute Respiratory Syndrome originated in wildlife and were transmitted to humans (Jobe, 2020). The journal Nature published a study in 2008 stating that 71.8% of emerging infectious diseases that occurred between 1940 and 2004 were zoonotic (Jones, Patel, Levy et al., 2008).

- **Polluted Air:** Although many diseases can be caused by airborne transmission, at this point we are not referring to diseases due to gas contamination or artificially caused contamination, but to the transmission of infectious diseases through small particles that sick people eliminate in the form of drops or aerosols. When coughing, sneezing, yelling, or just talking in small, enclosed spaces. The largest drops generally fall no more than 2 meters away under their own weight; however, droplets smaller than 5 microns in size can remain suspended and spread diseases such as tuberculosis, pneumonia, legionellosis, measles and chickenpox.

- **Vectors:** Many infections are transmitted by bites from mosquitoes, ticks, or other insects. Knowing the risk helps

to take measures to reduce the danger, avoiding contact with said vectors in places where a certain infection is known to be contracted. Examples of these diseases are the Zika virus (and at this point it is important to mention the strict recommendation not to travel to places of Zika transmission while pregnant), dengue fever, chikungunya, malaria, Japanese encephalitis, etc. Let's take into account that for most mosquito-borne diseases there is no vaccine, so prevention is essential. Among them, malaria, a disease that so many travelers fear. The only vector disease that has a vaccine is yellow fever.

From the above, it is clear that in addition to any prophylactic measure that we must take, avoiding mosquito bites will be of fundamental importance. Depending on the destination and the activities to be carried out, it is important to talk to travelers about the habits of insects, the times of greatest risk, the importance of covering arms and legs in areas with a greater chance of contagion, etc. Regarding repellents, any that contains DEET (dimethyl metatoluamide) between 15 and 30% can be used on bare skin, since it has been shown to repel 100% of all types of insects. Aedes, Culex and Anopheles for 6 to 13 hours depending on the concentration and repeating its placement at the appropriate times depending on the concentration used. These repellents can be used under the indication of the Pediatric Medical Association and the Center for Disease Control (CDC) from 2 months of age to 30%, always in open environments and never to sleep, at which time it is suggested to increase protection with the use of mosquito nets if they are in high-risk areas. Inside homes, the use of insecticides is recommended, mainly.

- **Blood/STDs (Sexually Transmitted Diseases):** Infected bodily fluids transmit disease. Sexually transmitted diseases should not be taken into account in any medical consultation for preventive purposes, so medical advice in relation to safe sex practices should focus on reducing the risk of transmission of hepatitis B and C, HIV, syphilis etc. Likewise, it is suggested to remind travelers of the risks of being exposed to blood through the use of potentially contaminated needles or syringes, which may result from unsafe medical procedures, cosmetic procedures (tattoos, piercings, etc.) or the use of drugs intravenous (it is important to mention this because even if the use of drugs is not legal in the country of origin, it may be legal at the destination, or even if it were not, it may be the traveler's choice and it is our duty to warn about possible complications).

- **Contaminated Soil:** Seldom taken into account, soil-borne diseases refer to those caused by spores, which,

when in contact with open wounds on the skin or mucous membranes, can cause damage, such as anthrax or tetanus. Some parasitic diseases such as ascariasis and trichiriasis also fall into this group, so it will be appropriate to offer prevention measures and adequate recommendations to avoid contagion.

- **Altitude:** Barometric pressure decreases with increasing altitude, therefore, the partial pressure of oxygen drops, and the traveler may be exposed to hypoxemia situations when traveling to high altitude areas. Changes in the partial pressure of oxygen and the consequent hypoxemia generate stress for the organism that in some cases can have serious consequences. Adaptation can take several days, and those with previous lung disease may have more difficulty achieving it. The commonly called “altitude sickness” or “soroche” begins to occur at approximately 2,100 meters, although it is much more intense when it exceeds 2,700 meters above sea level, and increases proportionally to the decrease in barometric pressure, generating an extreme situation in which hypoxic stress exceeds the acclimatization capacity. Knowing the risk of each particular person and providing information about it helps prevent situations that endanger life.

The most feared outcome of altitude sickness is acute pulmonary edema, and although more rare, cerebral edema, both potentially fatal. In the pre-trip consultation, knowing the health status of the tourist helps to determine possible complications and warn about unwanted effects, considering that tourism to high altitude areas is contraindicated in people with unstable angina, pulmonary hypertension, severe COPD, and anemia . falciform. The recommendations should include gradual ascents, not making physical efforts greater than necessary, staying overnight in lower-altitude areas, and resting adequately between sections.

- **UV radiation:** Both UV A and UV B solar radiation are harmful to the skin, eyes and mucous membranes. As we well know, the proximity to the Equator area increases the risk of exposure and it is necessary to warn the traveler about it. An important fact to take into account will be the exposure time, avoiding the sun for approximately 3 hours around solar noon, that is, an hour and a half before, and an hour and a half after solar noon. On the other hand, many travelers need information on ways to protect themselves, the need for adequate sunscreen, the duration of its effect, etc. The recommendation of the necessary SPF (sun protection factor) will depend on different factors, being people with paler skins and

those with a greater tendency to suffer from solar effects those who require higher SPF protectors in the range of 50 to 65. Solar radiation penetrates clear water up to 1 meter deep, penetrance being greater in depth when we get closer to the equator line, having to repeat the use of sunscreen after exposure to water, or after a few hours of placement of the same. Depending on the destination that the traveler chooses, they may have to use sunscreen and insect protection at the same time, so it is important to remember that the sunscreen is applied first, and after 30 minutes the repellent, which will be repeated as many times as possible. appropriate based on activities and exposure to water. Although they may seem minor details, providing the appropriate prevention measures will prevent redness, burns, and eye lesions (keratitis) in the short term, and pathologies such as melanomas or other oncological skin lesions in the long term.

It is necessary to mention that all these measures, which may seem difficult to consider together, will be analyzed individually, selecting the pertinent ones in each case, prioritizing needs, possibilities and previous habits of each person.

Likewise, reference should be made to the general health risks derived from global situations that represent an unforeseen threat, on which we can have little effect in advance. Among them are natural risks such as epidemics, earthquakes, typhoons, hurricanes, and artificial risks caused by chemical toxicities, attacks with weapons of mass destruction, nuclear attacks, radioactive, etc. While it is true that most cannot be prevented, in some areas the risks need to be made clear to the traveler.

### **Vaccination and Chemoprophylaxis**

The subject is extremely broad and deserves a distinguished treatment that exceeds the purposes of this article. However, it is worth considering to always take advantage of the pre-trip consultation to raise awareness about the importance of vaccination and update the calendar.

Vaccination is a highly effective method to prevent certain infectious diseases that can put the life and/or integrity of the traveler at risk. Currently the main vaccine subject to international regulation is that of yellow fever, although vaccination with the quadrivalent vaccination against ACWY meningococcus is also mandatory for pilgrims who come to Mecca and against poliomyelitis. The rest of the vaccines will depend on the assessment of the International Vaccination Center, considering the endemicity of each country, being able to indicate

vaccines against rabies, typhoid fever, hepatitis A and B, cholera, Japanese encephalitis, tick encephalitis, yellow fever, COVID -19, flu, as appropriate.

For its part, malaria or malaria does not have vaccination, and if necessary, chemoprophylaxis with chloroquine, mefloquine, doxycycline or malarone should be indicated.

### Travel Medication

Another of the tasks of the pre-trip consultation is based on assembling the first-aid kit that the traveler requires, which will be determined by their particular characteristics (medication for pre-existing conditions), and the particularities of the destination (prevention and/or treatment of habitual situations where they are going). It is ideal for the travel kit to have your usual medication, some antihistamine, a complete scheme of antibiotic treatment for traveler's diarrhea, oral rehydration salts, analgesics, antidiarrheals and aspirin.

Education is essential: medication is useless if the traveler does not know how to use it and/or uses it inappropriately, so we must be careful and specific with the information and recommendations. It is always necessary to carry the medication in its original and labeled container to avoid problems at the borders, and eventually medical prescriptions. In the case of patients who use medication on a chronic basis, it is important to provide themselves with a larger volume than they would use for any inconvenience that may arise, and a medical history signed by a competent professional with their contact information, indicating which medication they use, for what and in what quantity.

In case of using high prescription lenses, it is appropriate to transport spare parts, as well as batteries suitable for hearing aids. If the patient uses injectable medication, such as insulin, it is very important that they also present a clinical history signed by their doctor or the travel doctor, stating their need and authorizing the possession of syringes and needles. For their part, patients with pacemakers can activate the metal detectors at the airport, and in this case it is also very useful to have a well-made history, to avoid inconveniences.

### Post-trip control

Clinical control is recommended in the return traveler even without obvious inconveniences. However, statistics indicate that upon return, 10% present gastrointestinal pathology, in most cases of spontaneous resolution, 8% skin lesions, between 5 and 13% mostly mild respiratory pathology, and 3% fever. . Knowing the history of the trip

is essential to be able to consider diagnoses that in other cases would not be taken into account.

### B) ACCESSIBLE TOURISM

The concept of accessible tourism is based on understanding tourism as a social right that concerns us all, based on equal opportunities. The word accessibility refers to the fact that any person must be able to have and use the services or facilities in the same conditions as the rest, however, although it may seem simple, this implies a radical change in the genesis of tourism, both in terms of the structural as well as the functional, social and training of human resources.

Of course, as we mentioned at the beginning, tourism is also an economic activity. From this point of view, accessibility is a benefit that raises the quality levels of services, generating the possibility of standing out in a rapidly expanding market. .

Today it is estimated that 25% of the population has some type of disability. Although this number alone represents a large number of people, it is necessary to consider that the majority of them travel accompanied, which implies an even greater number of travelers who demand services that meet their needs. On the other hand, although when we talk about accessible tourism, we tend to think of the needs of people who have a physical disability (motor, visual and/or hearing), the increase in life expectancy, added to the greater ease of displacement, make the market with accessible requirements even broader than thought.

Beyond the pre-trip consultation, as we mentioned in the previous section, in the case of people with disabilities it is very useful for the doctor who advises the tourist to link up with the travel agency or tour operator, in order to collaborate with appropriate strategies to optimize the assembly of the itinerary, looking for the places that can generate greater security and comfort for the person.

Returning to the aforementioned, today the users of accessible tourism are very diverse and include:

- **Older Adults:** according to the World Health Organization (WHO), we refer to people over 60 years of age, which represents 22% of the population. Many of them will not have any particular requirements, since changes in daily conditions and activities have prolonged their well-being and state of health. However, as age advances, it will be more common to find some kind of need to work on: difficulty walking, history of visceral pathology, hearing loss, cognitive impairment, etc.

Older adults will need, in many cases, an adequate analysis of their particular situation, a follow-up in relation to the tourist experience they wish to travel, and the adaptation of their itinerary, accommodation and catering places so that the trip is safe, satisfactory and appropriate. Of course, and under no circumstances, the idea is to limit the possibilities of the traveler, but -on the contrary- to accompany them to enjoy the experiences they want to live without risks to their health and integrity.

Many older people will have particular requirements in terms of transportation, accommodation, income, expenses and activities to be carried out. Something as simple as a few steps at the entrance of an apartment can be a barrier that makes it difficult to pass smoothly and affect your tourist experience, in the same way that an inadequate diet due to lack of options, communication difficulties or lack of foresight of it, could have critical consequences on your health.

- **Pregnant:** Pregnancy is a special period in a woman's life. It is not a disease, although the WHO determines it as a temporary disability that needs special attention and care, prioritizing your health and possibilities to guarantee the safe and careful enjoyment of any activity. In this case, pre-travel advice, in addition to everything mentioned in relation to travel medicine, will take into account that the woman can count on health services with care for pregnant women at an adequate distance for a prompt response in case of emergency. require it, in addition to checking the needs that it presents in relation to the adequate physical means for its displacement, food, etc.

- **Families /People with Children's Cars:** We are referring to families who use a stroller to transport their children, either due to their young age or due to a situation that prevents or makes it difficult for them to wander. The architectural barriers present both in transport and in the streets, restaurant sites, etc., can hinder the trip, threatening your satisfaction and safety, in the same way that would happen with attractions or recreational activities if they do not have the space and facilities. adequate conditions.

- **People with Food Restrictions:** A person with diabetes, celiac disease, or any major food allergy (milk proteins, eggs, fish, etc.) needs to overcome the food barrier to enjoy a safe tourist experience. Eating is necessary to survive, and cannot be avoided in any way for health reasons, however, eating is more than that since it is a social act related to sharing, and should be a joy in itself. People with severe food restrictions are affected

by the development of their tourist experience from the functional and from the community. To this is added, as mentioned above, the possible language barrier, and the different culinary habits. The pre-trip advice provides each person with the appropriate guidelines for eating at the destination, the texts or expressions to look for on food packaging, and the strategies to communicate with the person who provides the food, making clear their needs.

- **People with Disabilities:** We can divide people with disabilities into 4 groups, although in some cases more than one may occur in the same human being.

- *Motor or Motor:* Refers to all disabilities that can occur at the motor level: ambulation with difficulty without the need for support means, ambulation with a cane or any physical means of support, use of a wheelchair, etc. Disabilities can be, as in other cases, permanent or temporary (family with children's cars or someone who presents a test in MMII). In these cases, the advice will be focused on selecting destinations that provide greater autonomy for having a more accessible design such as Singapore, Denver or Barcelona, recognized for their added value in the matter. For its part, in case of having a chosen destination, architecturally suitable sites will be sought that do not present barriers and guarantee the greatest possible autonomy, both for transport, walks, activities, accommodation, etc.

Like many older adults or families with children's cars, people with mobility disabilities will benefit from sites with adequate transportation, ramps, and parking spaces close to their destinations. They will be grateful that the places they go to do not present barriers to their transit, that they are adequate in the case of requiring physical support or mobilizing in a wheelchair, both in flat distances and in elevator areas. The accommodation, for its part, will be accessible if it gives the person the greatest possible autonomy, including the resting place and, of course, the toilets.

- *Sensory:* Integrated by deaf, hard of hearing, blind and visually impaired people. In general, this group of people share the characteristic of presenting some type of difficulty related to communication and/or language. Blind people tend to develop their senses of hearing and touch very well, reaching extremely high levels of perception. In this case, priority will be given to places, establishments or activities that use braille in their media, use the appropriate technology to allow their satisfactory integration (rings for reading texts, screens capable of

creating texts in braille such as ferrotouch , 3D printing, coin identifiers, Apps for the blind) have implemented audio guides , tactile floor and other amenities that make your experience richer and more autonomous.

For their part, deaf people and those with hearing impairment can communicate in different ways, in some cases they use sign language, in others they prefer to read lips, in the case of hard of hearing they may use a hearing aid . It must be achieved that each one feels comfortable with the way in which they habitually communicate with their environment. Signage is extremely important as it helps people find their way around easily and builds confidence and peace of mind. Technical aids such as hearing aids, vibrating vests, magnetic loops, portable text phones, video or information panels are extremely useful and must be taken into account when reviewing itineraries as they contribute to traveler comfort.

- *Cognitive*: At this point many very diverse situations are covered, which converge in presenting some type of decrease in mental functions, be it permanent, transitory or episodic, such as people with memory loss, attention deficit, spectrum disorders autistic, people with Down syndrome , people with mental retardation, etc. In these cases, human resources are a priority. These are people who need large spaces, with little concentration of people, quieter places, and trained personnel for their attention. Knowing the needs of each person will help to find the activities and places of greatest enjoyment for each one. The staff in charge (guides, hotel staff, restaurants, etc.) must be properly trained and show an understanding and open attitude that facilitates communication and contributes to the satisfaction of the tourist experience.

- *Visceral*: These are people who suffer from some deficiency in the normal functions of the body, related to the cardiovascular, respiratory, hematological, immunological, metabolic, endocrine systems, etc. Secondary to the visceral disability, gait disturbances or another secondary disability may occur. In this case, the advice must take into account the distances that the person is from possible medical care sites, and the activities must be previously scheduled to avoid exposing the traveler to a situation that negatively affects their state of health. In these cases, we are talking about travelers with greater fragility in their health, and the demand usually requires telephone assistance while traveling, in order to generate calm in cases in which a simple measure resolves eventual complications, but maintaining an adequate alert rate. indicating when it is necessary to go to a health center if necessary.

As is clear, accessibility is a necessity in every instance of daily life, and it is highly probable that, for any of the reasons mentioned above, we all need it at some point.

To analyze accessibility more fully, we divide it into 3 axes on which it is necessary to work: First, tangible accessibility, which encompasses all the actions developed in pursuit of eliminating barriers and allowing comfortable and safe movement in any space. Secondly, but equally important, intangible accessibility, which refers to all actions carried out in order to train human resources to overcome discrimination, and that each person receives adequate attention in any field, knowing and anticipating the people's needs with a proactive and inclusive attitude. Lastly, signage, a point of fundamental importance that will make the experience of tourists in general, and of tourists with special requirements in particular, safer and more satisfactory.

When analyzing the feasibility of a trip for a particular person, it is necessary to look in detail at each step of the accessibility chain offered by the proposed itinerary, in order to guarantee a safe and adequate trip that meets the expectations of travelers and the necessary conditions for their protection and autonomy.

The accessibility chain includes each instance that the person must go through to carry out a certain activity on an equal footing with the rest of the people, that is:

- Adequate and safe transportation, both on arrival and departure.
- Relevant public spaces (roads, routes and paths, ramps, stairs, furniture, etc.).
- Properly constructed space (entrances and exits, circulation, lighting, floor, etc.).
- Information and communication means that are within reach and are easily understandable by everyone, both in terms of signage and web accessibility ( Web Accessibility Plan, CDH Puebla)

The increase in sites where the accessibility chain is respected will depend on both the public and private sectors, and will require the accompaniment of government policies that encourage and support the development of inclusive tourism projects. At this point, it is sought that the effectors of the sector incorporate the conception of universal design into the generation of tourist experiences, in order to ensure that each space, attraction or experience that is created can be used by all people, regardless of their conditions. individuals. It is worth reaffirming a concept already mentioned: to



the extent that the development of each tourist site is generated from a true inclusive conception, it will not be necessary to think about adaptation strategies, allowing equal use and enjoyment for all people.

Among the concepts that we must take into account when advising on a trip, is that each person is different, and therefore, presents different needs, motivations and tastes. The consultation that involves a person who for some reason has special needs, must consider, in addition to everything mentioned in the section on travel medicine, their wishes and requirements to guarantee their safety and satisfaction, which requires joint work between the doctor who performs the pre-trip consultation, and the agency or tour operator that offers the tourist experience.

### C) REGENERATIVE TOURISM

Before talking about the particularities of regenerative tourism, mention should be made of the concept of sustainable tourism, which the UNWTO (2001, cited in Ramírez, 2015) defines as one that:

**It recognizes the current needs of tourists and local regions, protecting and enhancing opportunities for the future. They are expected to lead to the management of all resources in such a way that economic and social rights can be fulfilled, while maintaining cultural integrity, essential ecological processes, biological diversity and living conditions (p. 46).**

It is important to highlight that sustainable tourism arises from the very heart of development of the same name, defined by the World Commission on Environment and Development (1987) as “a process that meets the needs of the present without compromising the ability of future generations to meet their own needs.” needs” (quoted in UNWTO, 2006, p. 8). What has just been expressed means the incorporation of ecological and socio-cultural aspects in the different economic development decisions of the nations, with a view to achieving an improvement in the quality of life of the human being, eliminating the conditions of poverty and social vulnerability, at the same time that avoiding jeopardizing the resource base on which such development depends and -thus- their own survival as a species.

Regarding tourism, the United Nations Environment Program (UNEP), as well as the UNWTO state that “the guidelines for the sustainable development of tourism and sustainable management practices apply to all forms of tourism in all types of destinations, including mass tourism and various tourism segments” (UNWTO, 2006,

p. 11). In other words, it encompasses a set of aspirational goals that must be applied to all types of tourism, although sustainable tourism is not one of them by itself.

Having said the above, sustainable tourism should focus on the following aspects (UNWTO, 2006):

- Protection of environmental resources, an essential factor for its development.
- Protection of the integrity and sociocultural authenticity of the host communities.
- Generation of a viable activity from the economic point of view, which is distributed equitably, favoring local prosperity and well-being.
- Participation of all stakeholders in the tourism value chain, guided by strong political leadership.
- Report a high degree of satisfaction among visitors, in order to achieve a meaningful experience.

It is undeniable that -especially since the beginning of the new millennium- initiatives aimed at achieving the premises of sustainable development have multiplied, in all economic activities and, consequently, also in tourism. However, the truth is that they have not yet penetrated deeply and become widespread throughout the globe, thus achieving the necessary transformations to get out of the spiral of planetary collapse and “point of no return” (Broffoni, 2020, p. 72) that human beings currently face.

That is why the implications of “sustainable development” and -consequently- of “sustainable tourism” have been resignified through the proposals arising from regeneration, not only from the point of view of its practical application but also from the multiple challenges that humanity as a whole faces, as indicated in the previous paragraph (Teruel-Avecilla, 2018).

It can be said, then, that regenerative development presents an integrating, transversal, systemic approach, which works with the whole rather than with the parts, and takes the territory as the unit of action (Müller, 2016). It is important to highlight that it does not set aside the aspirational goals of sustainability, but complements them from a broader and more holistic perspective, based on 6 pillars or dimensions (Müller, 2016):

- **Ecosystem regeneration:** both for natural and productive ones, seeking the proper management of biological diversity in its triple sense: genes, species and ecosystems themselves.
- **Social:** Here we refer to the construction of societies that have equity, solidarity and functionality as fundamental

foundations, and that leave aside the excessive / superfluous consumption of resources.

- **Economic:** The key to the issue lies in the transformation of the economic system to get out of impoverishment and disconnection with the other pillars, taking well-being and happiness as priority aspects.

**The current economic system does not consider the real costs of natural capital, which at a global level far exceeds the gross national product of nations. It is necessary to permeate the real valuation of natural capital in all sectors of the economy [...] (Müller, 2016, p. 27).**

- **Political:** This is the axis that seeks true governance, based on the promotion of ethics, transparency and participatory democracy as fundamental means, in all spheres and estates (public, private and the third sector).

- **Cultural:** Broken down by the social pillar, it considers the relevance of culture as a uniter of societies, in pursuit of achieving a better future.

- **Spiritual:** The most important dimension that can lead to a real process of transformation in the aforementioned context of collapse. Each one must recognize their responsibility and act accordingly, seeking the common good through joint solutions, leaving individualism and reductionism aside.

In short, regenerative development is “[...] a way of understanding that a ‘ functioning ‘ planet is supported by ecosystems and their biodiversity. And this is the basis of life as we know it up to now” (Müller, 2020, cited in Escobar, 2020). It is not based on compensation for the damage caused, nor on maintaining things as they are and/or not allowing them to continue to deteriorate for prosperity, as advocated -in a certain sense- by sustainable development. For this reason, it is established that “regenerative development, beyond reversing degradation, is based on values, ethics, transparency, equity and inclusion, peace, true education, awareness, and why not, include happiness” (Müller, 2020, cited in Escobar, 2020).

Regenerative tourism comes, of course, from the development paradigm just alluded to. Without being a typology but guidelines for action (just like sustainable tourism), the imprint of a systemic approach that tries to facilitate a transformative encounter of the human being with oneself, with others and with nature is also perceived here (Teruel- AVECILLA, 2018), through the creation of tourist experiences that activate lasting and deep connections between destination communities, visitors and ecosystems; thus creating shared value and

promoting the restoration of the social and natural capital that sustains a particular destination ( Guardamagna & Criado, 2020).

Among the main characteristics of regenerative tourism are the following (Teruel-Avecilla, 2018):

- It puts nature at the center. Based on the undeniable fact that the human being is nature, it seeks to create optimal health for human communities (physically, psychologically, socio-culturally and economically speaking) and non-humans.

- Its foundations are collective intelligence, co -creation, diversity and complementarity. It is a bottom -up movement , of collaboration and symbiosis (as nature does), which does not rely on external experts who provide canned solutions. For this, its design must be carried out from the particularities of each site (remember that the unit of action is always the territory).

- It does not generate quick and/or standardizable solutions. By not tending towards a fixed or idealized objective, learning is evolutionary and is focused on processes, relationships and the needs of a particular territory.

## DISCUSSION

Along these lines, we have referred very briefly to three fundamental issues linked to tourism:

- Traveler’s Medicine.
- Accessible Tourism.
- Regenerative Tourism (and its connection with sustainability).

Due to the extension of each one of them, it is not necessary for this work to delve into them beyond what is briefly mentioned, but rather to demonstrate their interrelation and the symbiosis of the themes and particularities that each one of them covers.

The nature of tourism, its complexity and development, require that we begin to look at it from a holistic and integrating vision, which allows us to work in a transdisciplinary way to offer the traveler an excellent, personalized experience, safe for him, his environment

Initiative of a group of citizens, aimed at solving a specific problem that exists within the community they inhabit. It differs from a top- down type because in it the experts, politicians and other agents not directly related to that community make the transformation proposals (Cultura Material, sf ).

and the world in general. We need to take on the challenge of learning from others, working as a team, exceeding the limits of the comfort in which we have been immersed to generate transformations that allow us to advance as a society and as professionals.

Tourism concerns us all: professionals, tour operators and tourist providers of all branches, but the need to involve doctors, environmental scientists, architects, psychologists, economists, occupational therapists, lawyers and all the specialties that with their Knowledge, experience and experience can contribute to achieve a tourism according to the needs of today, a tourism that tends more and more towards sustainability, universal accessibility and security, in all areas.

COVID-19 generated a crisis in many aspects. In tourism, we are faced with rethinking and understanding it under a binding and overcoming concept, which we could well call careful tourism. A tourism in which respect for the human being prevails under a mantle of absolute inclusion, respect for the physical environment and different cultures, and adequate and timely health care for each traveler to guarantee safe and responsible tourist experiences.

This new concept of tourism that is proposed, careful tourism, tries to provide an adequate framework to raise awareness about the importance of tourism activity both globally and individually. Traveling is a right and a necessity at the same time. We have the obligation to optimize the provision of services to generate tourism with high quality standards, which also provides the necessary tools to optimize epidemiological safety in each country and guarantee the development of adequate preventive measures to protect travelers from possible risks. .

## CONCLUSION

The concept of careful tourism proposes a superior and multidisciplinary approach to tourism, based on a real and sustained commitment to our peers and the physical environment. The pandemic overwhelmed tourist activity; Therefore, we need to come out of this crisis resilient and strengthened, working as a team, and generating coordinated strategies that ensure concrete actions in order to achieve truly safe and inclusive tourism, which approaches the premises of sustainability and uses the regenerative development.

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