



Volume 5
May-June, 2009

TTUHSC Global Matters

The Newsletter for the Center for International and Multicultural Affairs

PRESIDENT'S FORUM ON INTERNATIONAL HEALTH



Wednesday, May 6
Selim Krim, M.D.
International Medical Graduates in the U.S
ACB 120
Noon CST

Wednesday, May 20
Leslie Shen, Ph.D.
Epidemic Obesity in China
ACB 120
Noon CST

Free lunch provided by Texas Tech Federal Credit Union to the first 35 attendees.

DIVERSITY LECTURE



Tuesday, May 19
Greg Bruce, VP of Corporate Services, UMC
Palliative Care: Consideration for Patients and Family
ACB 120
Noon CST

Free lunch provided by Texas Tech Federal Credit Union to the first 35 attendees.

CIMA FILM SERIES



Tuesday, May 12
Most Honorable Son
ACB 100
Noon CST

Free snacks provided to attendees!

TTUHSC Hosts Universidad de Monterrey



President Baldwin shakes hands with Dr. Garcia Luna

The Center for International and Multicultural Affairs, led by Vice President German Núñez, Ph.D., had the honor of hosting Dr. Eduardo Garcia Luna Martinez and Dr. Pablo Villarreal Guerra of Universidad de Monterrey (UDM) on Monday, April 27.



Dr. Garcia Luna and Dr. Villarreal tour HSC with Allison Sansom and Dr. Cerdan

During their visit Dr. Garcia Luna and Dr. Villarreal had the opportunity to tour the facilities at TTUHSC and University Medical Center. Allison Sansom from Development and Mario Cerdan, M.D., Internal Medicine Resident and an alumni of UDM, conducted the tour. The tour included the Medical Pavilion, the Academic Classroom Building, and several locations at UMC.

In addition Dr. Garcia Luna and Dr. Villarreal were given the opportunity to explore the Clinical Simulation Center (CSC). Veronica Valenzuela, Unit Coordinator, and Mercedes Beasley, RN, BSN, Faculty Associate-CSC, conducted the tour of the CSC. The visiting physicians were introduced to Harvey and SimMan. Detailed information

was delivered regarding the use of the Simulation Center by all TTUHSC schools including the use by School of Medicine (SOM) to perform the Objective Structured Clinical Examinations (OSCE) using standardized patients. The new Immersion Endoscopic Simulator (which simulates upper GI, Colonoscopy, and Bronchoscopy procedures) as well as the Ear Examination Simulator and the Eye Examination Simulator were also available for use by the physicians.



Dr. Garcia Luna and President Baldwin sign an MOU between TTUHSC and UDM

Dr. Garcia Luna and Dr. Villarreal were joined at lunch by President John C. Baldwin, M.D. Upon conclusion of the lunch a memorandum of understanding (MOU) was signed by both parties. The MOU will allow for the development of future academic exchanges between TTUHSC and UDM.

Universidad de Monterrey is a private, non-profit university located in Monterrey, Mexico. It's School of Medicine is SACS accredited as well as LCME accredited. CIMA hopes the MOU with UDM will open the door to students for new opportunities in both education and research, particularly as UDM is an approved site for the SOM 4th year International Health Elective. Faculty from both universities have already begun collaborating, and they have written a proposal to the National Institute of Health (NIH) in the important area of genetics.



Dr. Garcia Luna listens to SimMan's heart rate as Mercedes Beasley, RN, BSN looks on



Several MSI students chose to participate in Multicultural Wednesday by dressing in attire from their country of origin or the country of origin of a fellow classmate.

School of Medicine Celebrates Multicultural Wednesday

The Student National Medical Association (SNMA) hosted Multicultural Wednesday on April 15. Students were asked to come to class either fully or partially dressed in a cultural outfit or to swap attire with a classmate from another culture. Many MSI students chose to participate in the event. Several female class members dressed in traditional Indian Saris. Kweku Hazel, originally from Ghana, dressed as a cowboy while fellow classmate Mike Berry dressed in traditional African attire. Multicultural Wednesday, which led up to SNMA's Roshni Banquet held Friday, April 17, was an opportunity for medical students to celebrate the diversity of cultures present within the TTUHSC community.

Available from the CIMA Library

The following books and movies are available for check-out from the CIMA Library:

Books

How We Die

by Sherwin B. Nuland
Distinguished surgeon Sherwin B. Nuland describes the mechanisms of cancer, heart attack, stroke, AIDS, and Alzheimer's disease with both clinical exactness and poetic eloquence. In an age when death occurs in sterile seclusion and is cloaked in euphemism and taboo, *How We Die*, is a vital revelation of how most of us are likely to die and, in doing so, suggests how we may live more fully and meaningfully.

Dax's Case

edited by Lonnie D. Kliever
In 1973 Donald "Dax" Cowart was critically injured in a propane gas explosion which left him blind, disfigured, and maimed. Today Dax lives a productive life as a lawyer in Henderson, TX; however, at the time of the accident Dax wanted to be allowed to die and still believes he should have been granted that escape from suffering. Dax's story embodies a range of challenging medical, moral, and legal questions.

Movies

A Brilliant Madness

The story of John Nash, the "most remarkable mathematician of the second half of the century" and inspiration for the award winning film, *A Beautiful Mind*. Nash spent a decade in and out of mental hospitals after suffering a breakdown and being diagnosed with paranoid schizophrenia. In 1994, Nash capped his remarkable return from madness by winning the Nobel Prize.

Prince Among Slaves

In 1778 the slave ship *Africa* arrived in America carrying its cargo—men, women, and children bound in chains. Included among them was Abdul Rahman, a 26-year-old who claimed he was a prince of an African kingdom larger and more developed than the newly formed United States. This is the remarkable true story of an African prince who endured the humiliation of slavery without ever losing his dignity or hope for freedom.

Contact CIMA at 806.743.1522 or by email at CIMA@ttuhsc.edu for more information

GRACE Graduation by Emma Carrasco, M.Ed.



The hallways of Texas Tech University Health Sciences Center (TTUHSC) were busier and noisier than usual on Friday, May 8 due to visiting students from three Lubbock schools. The visiting students were participants in the *GRACE* (Great Recruiting And Community Explorations) program for the 2008-2009 academic year. *GRACE* is an after-school science program with an emphasis on medicine and health. Lubbock Independent School District (LISD) and the Center for International and Multicultural Affairs (CIMA) hold a partnership which allows *GRACE* to thrive in the local schools. CIMA provides support and structure for this after school program with lesson plans, teaching materials, technology, refreshments, and encouragement. The program also includes active volunteerism by TTUHSC first and second year medical students.

By investing in our community's disadvantaged or underrepresented youth, *GRACE* encourages students to stay in school, improve their academic achievements, develop critical academic skills and seek a higher education. In addition to providing unique hands-on experiences for the students, *GRACE* raises awareness of health issues unique to the West Texas community and provides support in pursuing a higher education and/or career in the health care field. *GRACE* also serves as a way to widen the education pipeline and enrich community engagement.



GRACE was held this academic year at Atkins Middle School, OL Slaton Middle School and Iles Elementary. Medical students who volunteer through *GRACE* add to their existing responsibilities the roles of mentor and teacher. The medical students who worked tirelessly this academic year were as follows: first year—Eunice Lee, Dan Rhoads, Mike Berry, Lindsey Casey, Allison Strickland, Kweku Hazel, Ted Ritchie, and Kiersten Andrews; second year—Tera Brooks.

During their visit to TTUHSC the *GRACE* students and their teachers went to several departments for hands-on activities and demonstrations. The morning concluded with a "graduation" ceremony at noon. President John C. Baldwin, M.D. delivered a brief address then presented the students with certificates. Media representative Karin McKay with KCBD NewsChannel 11 attended the graduation and taped a segment for her HealthWise broadcast.

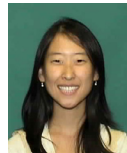


GRACE continues to gain recognition and local interest. Other Lubbock schools have requested the program be implemented at their campuses, but additional financial support is needed in order to expand the worthwhile program. If you are interested in becoming a sponsor, please visit our website www.ttuhsc.edu/cima or contact Emma Carrasco at 806.743.1522.

More images from the GRACE tour:



China's Lost Girls A CIMA Movie Review by Eunice Lee



Unless you kick cute puppies and knock over old ladies with walkers, you can't help but sympathize with the fate of some of "China's Little Girls". Lisa Ling does an excellent job portraying the picture that existed in China, when the documentary was made, as a result of the One Child Policy.

Let's be honest. I may be a medical student who lives under a rock with a book stuck to my nose, but even I know about China's infamous One Child Policy and the cultural preference for male babies. While the strict family planning policies in China have changed since this Na-

tional Geographic documentary was released, Lisa portrays a socioeconomic scene that still lingers as a result of years of enforcement. Mothers are forced to abandon their newborn girls on park benches and in public markets, women are kidnapped or sold and forced to marry strange men in other provinces because of the unequal male to female ratio, and Americans are adopting overseas. If you have forgotten why you wanted to go in to healthcare, look at the faces of some of the little girls that bombard Chinese orphanages every day. They'll melt a heart of steel.

Rating: An interesting 40 minutes that will motivate you to save the world.

China's Lost Girls is available for check out through the CIMA Library. Eunice Lee is a first year medical student. Look for more CIMA movie reviews from Eunice in future volumes of Global Matters.

Teaching Dental Health in Nicaragua

by Amanda Backlund, School of Medicine Class of 2009



During our fourth year of medical school, my friends and I came across a unique opportunity to travel internationally and start a project in coordination with a permanent mission facility in Nicaragua. We planned to use the mission doctor and dentist (as well as their teaching and missionary resources) to pioneer a dental education project we hope will be continued by future students who would also like to complete an international health elective. While medicine is our focus in school, we felt that everyone in medicine can (and should) promote proper basic dental care. In preparation for the trip, we gathered toothbrushes and teaching materials from local dentists and other medical students. We were able to bring over 4,000 toothbrushes and enough teaching tools to sustain educators for a long time. We hope that future

students will be able to use our screening data and teaching projects to begin a permanent cycle of student educators, eventually making a difference in the dental health education of Nicaraguans.

Once in Nicaragua we were able to do two jobs. Our first job was dental education, and our second job, which was equally important as medical students, was taking mobile medical clinics to remote communities that had little or no medical care. We drove hours through poorly paved or unpaved roads to get there with our toothbrushes and props. We would then spend the day teaching children that cavities in their teeth is not normal and can be prevented. We explained that they have to avoid sugar when possible. They learned not only how to brush their teeth, but why eating sugar and not brushing their teeth leads to cavities and even jaw decay. We attempted to give out as many toothbrushes as possible, encouraging students to take plenty for their family members.

The mobile medical clinics, while unrelated to the dental project, were probably the most meaningful experiences that I had. We drove to extremely remote places to bring donated medicine to villages that (in some cases) had never seen a doctor. We would arrive in the morning and be greeted by hundreds of people—more people than we could see in several days. We often had to turn people away at the end of the day, which was emotional for us because we all wanted to help. As a senior medical student, having the opportunity to visit a third world country, view first-hand their medical challenges, treat unique diseases, and work as a physician alongside Nicaraguan doctors, was an incredible experience.



Thank You
TTUHSC and
UMC for
Supporting the
Recent
Toothbrush
and OTC
Drives!



A big "Thank you" to all faculty, staff, and students as well as employees of University Medical Center who donated either toothbrushes, over the counter medications, or wound care supplies in the recent toothbrush and OTC drives.

According to Eunice Lee, coordinator of the toothbrush drive, there was a total of 1,389 toothbrushes and 224 tubes of toothpaste collected from the two TTUHSC drop off locations. In addition to the toothbrushes and toothpaste, dental floss and mouthwash were contributed as well. All the items have been boxed and are ready to be delivered to a clinic in Nicaragua by Dr. Patti Patterson this summer.

First year medical student Tyler Levick will be accompanying Purpose Medical Mission, founded by former Allied Health student Sixtus Atabong P.A., to Cameroon this summer. He reports that all donated OTCs and wound care supplies have been shipped to Cameroon and will be awaiting the mission's arrival. All the donated supplies will go towards stocking the clinic built by the members of last year's mission.

Passport Services at TTU International Cultural Center

601 Indiana Ave
Lubbock, TX
806-742-3667 ext 258

Please allow 4-6 weeks to receive your passport.

The Office of International Affairs (OIA) located at the International Cultural Center (ICC) can take your passport photos and process your passport application. Applications are available online at www.travel.state.gov or at the Office of International Affairs located at 601 Indiana Ave.

Additional documents needed for submitting passport application:

1. Previously issued passport or certified birth certificate
2. 2 passport size photos (may be obtained at OIA)
3. Driver's license or other state-issued photo ID

Fees:

- Passport—\$75
- Expediting fee—\$60
- Processing fee—\$25
- 2 Passport size photos—\$6

Passport and expediting fees must be paid by check or money order. Processing fee must be paid by separate check or money order or with cash.

No debit or credit cards are accepted.

Hours of Passport Acceptance:

	Open	Close
Monday	9:00 am	1:00 pm
Tuesday	1:00 pm	6:00 pm
Wednesday	9:00 am	1:00 pm
Thursday	1:00 pm	6:00 pm
Friday	9:00 am	1:00 pm



When in... Croatia

- A common greeting is "Zdravo" or "Bog". Shake hands firmly and maintain good eye contact; good friends may kiss and hug.
- Do not ever refer to Croatia as Yugoslavia or bring up the subject of the war; almost everyone has been directly affected, and the psychological scars run deep.
- If someone offers you something to eat, it is impolite to say "No, thank you." Instead, you should say "I cannot" ("Ne mogu.")
- Don't talk about your lifestyle back home unless invited to do so, and then do not make a big deal of it.
- Expect to be asked how much you earn, and be prepared to say something tactful, such as "enough."
- Croatian hospitality is considerable, and you will therefore be offered plate after plate of food and lots to drink. Always except someone's hospitality, and try to sample a little of everything, since the hostess invariably will have spent the whole day preparing the meal. Your wineglass will be topped off endlessly unless you leave it half full.
- Croatia is now one of the safest countries in the world and the crime rate is very low.
- Hagglng in markets and tourist shops is acceptable. Croatia has a long history of tourism, so the people are experts at spotting a gullible foreigner ready to part with his money.



Science Exploration Academy (SEA) At Dunbar Math and Science Academy June 29-July 3, 2009



The Center for
International and
Multicultural Affairs in
collaboration with
Dunbar Math and Science
Academy
is hosting the 5th Annual
Science Exploration
Academy (SEA)
Summer Camp

- **Week long camp designed to increase awareness and interest in science and health.**

- **Introduces middle school students to various health careers and topics.**

- **Students have an opportunity to participate in specific science projects and speak to several professionals in the Lubbock community.**

- **Camp includes a private tour of Texas Tech University Health Sciences Center.**

- **Demonstrations by medical professionals within several TTUHSC departments.**

- **Camp concludes with lunch and presentation ceremony for students. Parents are invited to attend.**

All classes are taught by an experienced public school faculty and emphasizes both minds-on and hands-on activities.

Camp begins Monday, June 29 and runs through Friday, July 3. Classes begin at 8:30 a.m. and end at 4:00 p.m.



CAMP FEES & REGISTRATION GUIDELINES

\$100 fee includes instruction, a camp t-shirt, admission and transportation for all field trips. All applicants must complete the registration forms from Dunbar Math and Science Academy. Student must bring their own lunch and drink each day.

CONTACT:

MELISA GUTIERREZ
806.766.1300

OR EMMA CARRASCO
806.743.1522

EMMA.CARRASCO@TTUHSC.EDU

[CLICK HERE TO VIEW
SEA BROCHURE](#)

Progress and Challenges: Learning About the State of Healthcare in Ethiopia

by Amar Joshi, School of Medicine Class of 2009



A street in Mekelle, Ethiopia

In November 2008 a classmate and I had the opportunity to participate in an international health elective rotation organized through the collaboration of the TTUHSC School of Medicine and the College of Health Sciences of Mekelle University in Ethiopia. During the course of my stay, I began to understand various aspects of the healthcare system in Ethiopia. Since many people live in remote towns and villages, they are often served by physicians in regional hospitals located in larger towns that may be more than one hundred kilometers away. Road conditions (and the fact that many people cannot afford transportation) make it very difficult for some farming communities to reach these locations for frequent follow-up care or minor medical or surgical complaints. To address this issue, government-run universities have expanded

training programs for community health workers and health officers, who have similar roles to Physician Assistants and nurse practitioners of the U.S. These people often work in clinics in the communities that are far from hospitals, and they often manage most routine health maintenance, chronic condition follow-up visits, uncomplicated pregnancies, uncomplicated malaria treatment, and HIV antiretroviral therapy. When the case is complicated or a surgical procedure is required, the patient is referred to the regional hospital by the health officer. This often results in earlier presentation of the patient to the care of the physician because someone else has seen the patient early during an illness and discovered the need for prompt referral. In other situations the patient gets routine care without needing to travel impractical distances.

While many highly-skilled and knowledgeable non-physician healthcare providers patrol the front lines of Ethiopia's progress in public health, the system still suffers from the scarcity of diagnostic and therapeutic resources in most parts of the country. I was told by the doctors and medical students in Mekelle that the only place to get a CT scan in the whole country was in Addis Ababa, the capital city. Also, when a patient with a kidney stone arrived at my hospital in Mekelle, I discovered that there was no lithotripsy available in any place except Addis Ababa. As a result, our patient would need a major surgery to remove this stone instead of the less invasive lithotripsy, which would be the first choice procedure for many patients with kidney stones in the United States. In addition to the unavailability of many resources, other challenges confronting Ethiopia's healthcare sector—just as in much of Sub-Saharan Africa—include the morbidity, as well as mortality, caused by high burdens of AIDS, malaria, malnutrition, and TB.



Donkeys carrying one day's water supply for a family. Axum, Ethiopia



The newly-built Ayder Hospital. Mekelle, Ethiopia

Despite the obstacles of resource scarcity and infrastructure problems, healthcare conditions seem to be improving gradually. New hospitals are being built while increasing numbers of doctors are choosing to remain in Ethiopia instead of practicing in other countries, which provides hope that the larger physician work force may reduce the staggering patient-to-physician ratios currently found there, thereby slightly mitigating the effects of a growing population in need. The government has expanded the universities' training programs for health officers, community health workers, nurses, as well as other non-physician healthcare personnel; thus, there are more of them available for rural healthcare also. Roads are being improved by various construction companies, both Ethiopian and foreign, most notably Chinese. These infrastructure improvements will hopefully translate into better accessibility of currently remote

areas to healthcare workers. Finally, Ethiopia has also been making strides in reducing the incidence of malaria through the efforts of a massive government-supported campaign involving education on preventive measures, distribution of insecticide-treated bed nets, and the increased use of new pharmaceutical combinations in treating malaria patients.

Participating in this elective has not only provided an opportunity to observe some of the challenges confronting health in a resource-limited region, but it has also provided an introduction to some of the methods currently employed to address those challenges. In addition, it was also a chance for me to determine whether I could envision myself participating in healthcare-related work abroad in the future. After this elective I believe I will be able to work in healthcare settings abroad without feeling completely lost because I was able to participate in this elective without any insurmountable difficulties. This fact was quite encouraging, even when things occasionally did not run smoothly. That was the most important aspect of this experience for me, in addition to the chance to get to work with some great people during my stay in Mekelle (with whom I hope to keep in touch.) I hope the Ethiopia Elective continues to be a great experience for future groups of medical students from both TTUHSC and the College of Health Sciences of Mekelle University.

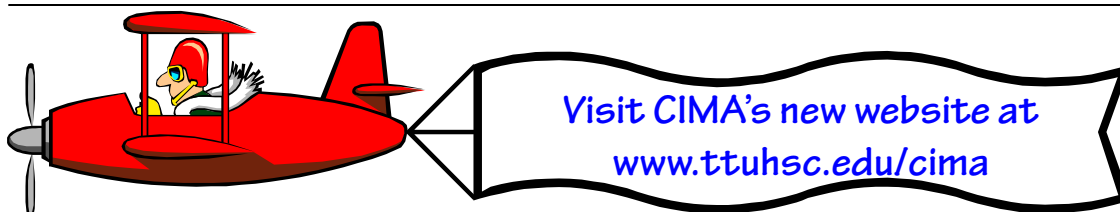


Lab Services at Mekelle Hospital

When in... Croatia cont.

- By law you must register with the local authorities within 48 hours of arrival in a town. If you are staying in a hotel, you usually will be asked to leave your passport at reception for a day, and they will sort out this procedure for you. If you are staying with friends, you must visit the police station yourself. You will receive a registration card that gives your address and date of arrival, which you should carry at all times along with your passport.
- Avoid visiting isolated places in the east of the country as one of the legacies of the war is the danger of unexploded land mines.
- Dress in simple, clean, and modest clothes. Don't flaunt your designer labels or expensive accessories—not because of crime, but because you will be seen as pretentious.
- Always bring a wrapped gift when visiting a Croatian home (such as wine, coffee, cookies, or candy—most grocery stores have wrapping services. Give it to the head of the household. It will be opened in private and maybe not even mentioned again, but that does not mean that gifts aren't appreciated and very important.
- Tipping is necessary in restaurants and should be between 10 and 15 percent.

taken from
Behave Yourself!
by Michael Powell



International Flavor

Recipes from Brazil, home of Eser Graham-Marski, MPT, Class of 2009

Sopa de Palmito (Palm Heart Soup)

Ingredients:

1 liter water and water from palm heart cans
2 cans (500 g) of palm hearts
1 large vegetable tablet or bouillon cube
5 Tbl flour
1 egg yolk (optional)

Slice or chop palm hearts. Bring water, palm hearts and vegetable tablet to a rolling boil. Stir occasionally. Cook for 15 minutes on medium heat. Mix egg yolk with a little water and add to pot. Mix flour with a cup of water and strain into soup. Cook for 5 minutes or more. Serve warm.

Bolo Cenoura (Carrot Cake)

Ingredients:

2 cups sugar
4 large carrots, chopped
4 eggs
1 cup oil
3 cups flour
1 1/4 Tbl baking powder

Mix first four ingredients in a blender until combined well. Pour into a large bowl and mix in flour and baking powder. Spray or coat pan with margarine or oil then coat with thin layer of sugar. Bake at 350 degrees for 30 minutes. While the cake is still warm cover with the following mixture:

4 Tbl sugar
4 Tbl cocoa powder or chocolate syrup
2 Tbl margarine
2 Tbl milk

Note: Can also substituted 4 small apples or oranges for carrots and 2 Tbl caramel or lemon zest for cocoa or chocolate.



CIMA Welcomes John De Toledo, M.D. to TTUHSC

John De Toledo, M.D. joined TTUHSC as the Department Chair for Neurology on April 1, 2009. Originally from Brazil, Dr. De Toledo completed his medical degree and his internship at the Federal University of São Paulo in 1980. Brazil is a large country (roughly the size of the lower 48 states of the US) with a great disparity between the “haves” and the “have nots.” It has an estimated population of 196 million inhabitants making it the largest population in Latin America.

While attending medical school, Dr. De Toledo recalls that there was an emphasis placed on general medicine. The six year curriculum included a great deal of exposure to Family Medicine, Ob/Gyn, Pediatrics, Primary Care, and public health issues. Although students did rotate through several specialties, most students chose to serve the community; however, Dr. De Toledo found himself drawn to neurology.

In 1982 Dr. De Toledo came to the United States after being accepted at the neurology residency program at Boston University. Following the neurology residency he completed a one year internal medicine residency at The Columbia University affiliated residency programs in New York after which Dr. De Toledo returned to Brazil for two years. It was in 1988 that he returned to the U.S. He moved to Portland, Oregon and joined the Oregon Comprehensive Epilepsy Program. He remained in Portland until 1992 when he accepted a position as the Chief of Epilepsy and Neurophysiology at George Washington University in Washington DC. While in Washington DC he was offered the opportunity to work at King Faisal Hospital in Riyadh in 1996.

After returning to the US from Saudi Arabia, Dr. De Toledo joined the University of Miami as the Co-Director of the International Center for Epilepsy. He also served as Chief of the EEG lab. Dr. De Toledo and his family resided in Miami for ten years until he accepted a position at Wake

Forest in North Carolina in 2007. He was serving as the Chief of Epilepsy and Neurophysiology for Wake Forest when he was invited to apply for the position of Chief of Neurology at TTUHSC.

When he first received the invitation from TTUHSC, Dr. De Toledo said he was both honored and apprehensive. He had just moved with his family to North Carolina and he was not very familiar with West Texas. At the urging of his wife he began to read and inquire about TTUHSC. He made several phone calls to various departments and clinics and he said he was very impressed with everyone he spoke to. In addition he talked with the Dean’s Ambassadors about their impressions of TTUHSC in order to get a student’s perspective. Once again he was very impressed with what he heard. According to Dr. De Toledo, no matter who he talked with—faculty, staff, or students—there was a sense of pride and ownership that he had not experienced in other places he’d been. While reading the TTUHSC website he came across several webcasts delivered by Dr. Steven Berk, Dean of the School of Medicine. Dr. De Toledo liked what he saw in Dean Berk. He said he felt a sense of commitment and transparency that was refreshing.

Impressed with the quality of education, available resources, and the degree of cooperation and collegiality amongst co-workers and departments, Dr. De Toledo came for the interview and ultimately accepted the position of Chair of Neurology. He said he has not been disappointed.

Over the next several years we can expect to see Dr. De Toledo’s vision of the Department of Neurology grow and unfold. Already he is recruiting for several positions within the department. A stroke physician will be joining the department in June, and an Alzheimer’s colleague is expected to join in the near future.

Although Dr. De Toledo has only been with TTUHSC a few short weeks he has already learned what many of us know: Texas Tech University Health Sciences Center is a secret that is too well kept.

Country Close-up* *every issue CIMA will select another country to feature

Republic of Cameroon

Cameroon has an estimated 250 ethnic groups which form five large regional-cultural groups: western highlanders, coastal tropical forest peoples, southern tropical forest peoples, Islamic peoples of the northern semi-arid regions and central highlands, and the “Kirdi”, of the northern desert and central highlands. French and English are both official languages of the country; however, in addition, there are about 270 African languages and dialects spoken as well, including Pidgin, Fulfulde, and Ewondo.

The earliest inhabitants of Cameroon were probably the Bakas, or Pygmies, which still inhabit the forests of the south and east. Malaria prevented significant settlement by Europeans until the late 1870s when the malaria suppressant quinine became available. Cameroon was important to both Europeans and Muslims for coastal trade and slave trade.

In 1884 Cameroon became a German colony. After WWI it was partitioned between Britain and France, with France gaining the larger share. French Cameroon gained its independence in 1960 becoming the Republic of Cameroon. The republic has a strong central government dominated by the President. There are no term limits and

the President is immune from prosecution for acts committed while in office.

Agriculture-related vocations make up seventy percent of the work force and produce the country’s timber, coffee, tea, bananas, cocoa, rubber, palm oil, pineapples, and cotton, much of which is exported. Cameroon’s economy is very dependent on these exports. Both economic mismanagement and corruption result in Cameroon having one of the lowest economies in the world. The European Union is the country’s main trading bloc. Although France is the main trading partner, the U.S. is the leading investor. Recently China has become the leading importer of Cameroonian exports, especially unprocessed timber.

According to statistics from the World Health Organization, the life expectancy of Cameroonians is only 50 years of age for males and 52 years of age for females. The three leading causes of death are HIV/AIDS, lower respiratory infections, and malaria. The infant mortality rate for both genders is 149 per 1,000 live births. The leading causes of death among children are neonatal causes (including infection, asphyxia, and preterm birth), pneumonia, diarrhoeal diseases, and malaria. In 2007 it was estimated that 500,000 people were living with HIV/AIDS and 39,000 deaths due to AIDS.

4000 Toothbrushes and Countless Smiles

by Sheila Reddy, School of Medicine Class of 2009

In October 2008 I traveled to Nicaragua with two other medical students for an international health elective rotation offered as part of the fourth year medical school curriculum. Our goal was to create an oral health education program in the Jinotega department of Nicaragua. The department of Jinotega, located to the north of Nicaragua, has precarious economic conditions and there are high indices of illiteracy that is propitious for bad general health of the population. There are frequent cases of poor dentition in early age groups due to the deficient infrastructure of the official system of health and the low income of the Jinotegan family. Poor dental health has concerned this population and led them to seek better dental health care because their only method of dental aid at this time is dental extraction.



In conjunction with Mision Paracristo, a Nicaraguan non-profit group, we taught school children and their families in rural villages about basic dental techniques and basic dental healthcare. Using supplies donated by medical students at TTUHSC and local Lubbock businesses we were able to bring over 4000 toothbrushes and dental supplies to the area, reaching over 15 schools and hundreds of children. We also performed dental surveys of the population in order to chart progress and dental health over the next several years. Overall, I was shocked at the poor level of oral health in children. Even at ages as young as three, children had decaying

teeth that reached the gums, and plaque covering the majority of the teeth in their mouths. Most children had no access to toothbrushes and had never seen a toothbrush in their life. Simply introducing brushing and the concept of dental care was new to many of our students. Our hope is that TTUHSC medical students will continue educating the Jinotega region, and that improvements will eventually be seen. Already, steps are being taken to start a dental assistant school in Jinotega that can address treating the poor dental health of the region.

In addition to our oral health project, we also worked in a variety of medical settings in Jinotega. Some days we would travel to rural villages and set up a mobile clinic, seeing over 200 patients a day. Other days we would work in a city clinic, nursing home, or maternity ward. In Nicaragua, we were given a large amount of autonomy to diagnose and treat patients, and the knowledge I gained in Nicaragua is priceless. Having to cope with limited resources (lab tests, imaging, and common medications were not available), I had to rely on my examination skills and clinical knowledge. I left Nicaragua with much gratitude for my medical education, our medical resources, and respect for the Nicaraguan people. In addition, I learned how important education is for becoming a physician. Although we saw over a thousand people in Nicaragua, there were only short-term solutions. In order to really implement change, public education and health programs are the answer.



My trip to Nicaragua was an incredible experience. The people I met, the places I saw, and the experience I gained were wonderful. My time in Nicaragua will hopefully serve to make me a more well-rounded and more knowledgeable physician.



WANTED: New or Used Wii Games



The Center for International and Multicultural Affairs (CIMA) is seeking donations of any new or used (in working condition) Wii games and/or equipment.

CIMA would like to offer the availability of Wii games for use by TTUHSC students and TTUHSC organizations for events, fundraisers, etc. at the Lubbock TTUHSC campus.

For questions call
806-743-1522
or e-mail

CIMA@ttuhsc.edu

Donations can be taken to the CIMA office (2B410) or call 743-1522 to have them picked up by a CIMA staff member.

Barbershop BP



The TTUHSC chapter of AMSA wants to reach out to the community of Lubbock by offering blood pressure readings to patrons of locally owned barbershops. Members of AMSA will be going to barbershops on May 16, 2009 to distribute electronic blood pressure cuffs and provide training to barbers that serve populations with a high risk for hypertension. These barbershops will provide ten locations where patrons can regularly check their blood pressure in hopes for better management of their disease.

Donations of Omron HEM-780 blood pressure cuffs for the purpose of distribution to local barbershops would be greatly appreciated. Monetary donations are also welcome. All parties that make donations (cuff or monetary) will be acknowledged on Barbershop Decals to be displayed on barbershop glass store-fronts.

For questions about the Barbershop BP program e-mail amsa.texastech@gmail.com or call Kweku Hazel at (832) 247-4003.

International Holidays and Celebrations



May

2-Dos de Mayo; Spain
 3-Kempo Kinen-Bi; Japan
 4-Cassinga Day; Namibia
 5-Cinco de Mayo; Mexico
 8-Yom ha'Atzma'ut; Israel
 9-Victory Day; Russia
 12-Nurse's Day; Australia
 13-Independence Day; Paraguay
 17-Syttende Mai; Norway
 18-Revival & Unity Day; Turkmenistan
 19-Ataturk Commemoration; Turkey
 20-Independence Day; East Timor
 21-Naval Glories Day; Chile
 22-National Day; Yemen
 23-Labory Day; Jamaica
 24-Battle of Pichincha; Ecuador
 25-Independence Day; Jordan
 26-Prince Frederki's Birthday; Denmark
 27-Reconciliation Week; Australia
 28-National Flag Day; Philippines
 29-Anniversary of the death of President Ali Soilih; Comoros
 30-Harvest Festival; Malaysia
 31-Armed Forces Day; Brunei Darussalam

June

1-Children's Day; China
 2-Botev Day; Bulgaria
 4-Emanicipation Day; Tonga
 5-Liberation Day ; Seychelles
 6-Pushkin's Birthday; Russia
 9-Hereos Day; Uganda
 10-Abolition of Slavery; French Guiana
 11-Corpus Christi; International
 12-Dia do Namorados; Brazil
 14-Queen's Birthday; United Kingdom
 15-Day of National Salvation; Azerbaijan
 16-Bloomsday; Ireland
 17-Independence Day; Iceland
 18-Evacuation Day; Egypt
 19-Independence Day; Kuwait
 20-World Refugee Day; International
 21-National Music Day; France
 22-School Teacher's Day; El Salvador
 24-Battle of Carabobo Day; Venezuela
 25-Independence Day; Mozambique
 26-Independence Day; Madagascar
 28-Birthday of Kuan Kung; Taiwan
 29-Independence Day; Seychelles
 30-Army Day; Guatemala

Language Lesson Happy Birthday



Aleut	<i>Raazdinyaam Ugutaa</i>
Basque	<i>Zorionak zuri</i>
Chechen	<i>Deeqhal xyyl vinde</i>
Esperanto	<i>Feliĉan datrevenon</i>
Finnish	<i>Hyvää syntymäpäivää</i>
French	<i>Joyeux anniversaire</i>
Hebrew	<i>Yom Huledet Sameakh</i>
Italian	<i>Buon compleanno</i>
Jerriais	<i>Bouon annivèrsaithe</i>
Kinyarwanda	<i>Isabukuru rwiza</i>
Latin	<i>Felix dies natalis</i>
Malay	<i>Selamat hari jadi</i>
Norwegian	<i>Gratulerer med dagen</i>
Occitan	<i>Aüròs aniversari</i>
Romanian	<i>La mulți ani</i>
Spanish	<i>feliz cumpleaños</i>
Turkish	<i>Doğum günün kutlu olsun</i>
Uzbek	<i>Tug'ilgan kuningiz bilan</i>
Vietnamese	<i>Chúc mừng sinh nhật</i>
Welsh	<i>Penblwydd Hapus</i>
Xhosa	<i>Imini emnandi kuwe</i>
Zulu	<i>Halala ngosuku lokuzalwa</i>

Please send
tax deductible
 charitable
 contributions to

*Center for
 International and
 Multicultural
 Affairs*

3601 4th ST
 Stop 6266
 Lubbock, TX 79430



Volume 5
 May-June, 2009

**TTUHSC
 Global
 Matters**

TTUHSC Global Matters The newsletter of the Center for International and Multicultural Affairs

Center for International and Multicultural Affairs staff:



German R. Núñez, Ph.D.
 Vice President
 Director



Michelle Enslinger
 Editor, Global Matters
 Manager
 International Affairs



Emma Carrasco
 Manager
 Multicultural Affairs



Kathy Milner
 Executive Administrative Assistant

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