

Maisha Mabibi: Life
Grandmothers of Kenya

Each year 600,000 infants are infected with HIV—80% of those new infections are in Africa and all of them are a result of mother-to-child transmission. The World Health Organization has offered several recommendations to reduce the transmission of HIV through breast feeding; however, how does one implement these guidelines in an area of the world where breast milk is so valuable? For these areas breast milk becomes both the promise of hope and the culprit of disease.

Chandice Covington, RN, PhD, became interested in evaluating ways to prevent mother-to-child transmission of HIV after traveling to Africa for a study that focused on the breast health of African women. It was during this study in Mombasa that Dr. Covington met lactating grandmothers, a result of a lifetime of extensive breast feeding. Dr. Covington couldn’t help but wonder if a grandmother of a child with an HIV mother could serve as a surrogate wet nurse.

That question prompted another study in the Malindi district of Kenya (a coastal province with a population of about 300,000), which Dr. Covington became involved in. In this study Dr. Covington wanted to look at the feasibility of the idea that non-HIV positive grandmothers could serve as surrogate nurses. She and her team tested the fluid in the breasts of Kenyan grandmothers for quantity and nutritional quality. The fear was that there wouldn’t be any protein in the grandmothers’ breast milk, especially the protein rich in the immunological goodies that protect newborns from infection. What they discovered was extraordinary. The grandmothers participating in the study actually had more protein in their milk than the mothers. They also discovered that stem cells in the breast stay active over a lifetime and remodel the structure of the breast. If pressure is put on the breast to lactate, the cells will remember their function and will indeed produce the necessary milk. This meant that grandmothers could serve an "evolutionary loophole" function to circumvent mortality and morbidity in children in AIDS-impacted populations.

Of course Dr. Covington realized grandmothers were a limited solution. Her study and the idea that grandmothers could serve as wet nurses wasn’t without its issues. Would the community accept this new role of the grandmother? Would grandmothers be willing to serve in this role? Would there be enough non-HIV positive grandmothers to keep so many new babies from contracting HIV? Those questions led Dr. Covington to explore other possible solutions, the most feasible being a copper-lined breast milk shield.

Copper, by nature, is both antiviral and antibacterial, and it demonstrates efficacy against HIV. Knowing this, Dr. Covington began looking at ways that knowledge could be put to use. From the beginning there were multiple questions to be considered and addressed—Would it be possible to pass breast milk through a copper oxide filter device, deactivating the HIV in the breast milk? How much copper would be needed to accomplish this? Can a functional breast shield be created? Can this design work mechanically and at the same time have the technological capability to reduce HIV without degrading the natural nutrition and anti-infective components of breast milk during the filtration process?

The possibility of creating a breast shield that would prevent the transmission of HIV caught the interest of the Bill and Melinda Gates Foundation. The team working on the study was awarded a $100,000 Grand Challenges Exploration grant.
15 Medical Students to Attend the University of Santiago de Compostela

A memorandum of understanding (MOU) was signed in September 2009 between TTUHSC and the University of Santiago de Compostela, located in the Galicia province of Spain. The purpose of the MOU is to offer possibilities for collaboration and exchanges between the two universities.

In July the first fruits of this agreement will be recognized. Fifteen TTUHSC medical students will travel to the University of Santiago de Compostela to attend a Spanish medical terminology course.

The course will be 40 hours per week—8 hours each weekday. Four hours each morning will be spent in class, and the additional four hours will be held in a clinical setting with Spanish physicians attending to Spanish patients.

This will be an opportunity for TTUHSC medical students to fully immerse themselves in the Spanish language. It will also provide them with the opportunity to learn more about the Spanish mother culture and the practice and profession of medicine in another country.

Carmen L. Villasol, Vice-Manager of International Courses at USC, was at TTUHSC in early June. She met personally with the fifteen SOM students who will be attending USC, preparing them for the trip abroad and the program they will attend.

In reciprocation of the agreement between the two universities, TTUHSC plans to offer faculty, students, and residents from USC the opportunity to come to TTUHSC to work on the clinical simulators housed in the F. Marie Hall Clinical Simulation Center. This would result in a truly bilateral agreement benefiting both institutions.

USC traces its roots back to 1495, when a school was opened in Santiago. Today the university has over 42,000 students and more than 2,000 faculty.

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**Water**

**A CIMA Movie Review by Jennifer Roh**

Imagine being 8 again... playing with your friends, going to elementary school, not having many cares. This isn’t Chuyia’s life. She has already experienced more than most adults. Married at a young age, her much older husband dies, leaving her a widow at the age of 8. As custom requires, she is sent by her family to an “ashram”, a “safe haven” for widows in the Hindu culture, where she must lie the rest of her life as a widow of austerity and chastity.

“Water” is set in 1938 British Colonial India at the time of Gandhi’s rising. The movie centers on Hindu religious beliefs concerning widows and how these restrictions conflict with human desires, freedom, happiness, and love.

Chuyia doesn’t understand why she must live at the ashram. She just wants to go back home to her parents. The ashram and their way of life seems more like a prison than an asylum of purity. The widows sleep on mats, eat plain food, beg for money, wear only white, and they are forbidden to ever remarry. They faithfully abide by the long-held Hindu religious requirements for widows, yet society views them as bearers of bad karma and discourages interaction with them.

Chuyia reluctantly begins to adjust to the lifestyle, but her honest questions and attitude toward life provokes the status quo. Eventually, even the most religious start to question their long-held beliefs and suppressed resentment of religious laws start to surface. Things seem to be pure and orderly on the outside, but beneath the surface there is corruption, manipulation and sorrow. Hypocrisy festers in the selfish head Mother who sends Kalyani, a beautiful young widow who befriends Chuyia, across the river as a prostitute to older upper-class men to earn money for the ashram.

One day Chuyia and Kalyani meet a young upper-class man named Narayan, a follower of Gandhi and an advocate for change. Kalyani and Narayan immediately fall in love. However, they must face mountains of religious and societal opposition and it is not quite certain if even Narayan’s voice of truth, Kalyani’s faith, or Chuyia’s innocent and fiery spirit can win over centuries of religious oppression.

Director Deepa Mehta brilliantly brings this issue of injustice to life in this well crafted, thought-provoking story of women who suffer not primarily from physical deprivations, but deprivation of the soul. With vivid colors, superb cinematography, beautiful characters and a script laden with undertones of social commentary, “Water” will not leave their silence unheard.

**RATING:** Water is an extremely moving, vivid, beautiful, and thought-provoking movie.

Jennifer Roh is a second year medical student. Look for more CIMA movie reviews in future volumes of Global Matters. All reviewed films can be checked out from the CIMA Library. For more information visit our website at ttuhsc.edu/cima/library.
The GRACE Graduating Class of 2010

The hallways of Texas Tech University Health Sciences Center (TTUHSC) were busier and noisier than usual on Monday, May 10. On that day over thirty students visited the campus from four Lubbock Independent School District (LISD) middle schools. The visiting students were participants in the GRACE (Great Recruiting And Community Explorations) program during the 2009-2010 academic year.

GRACE is an after-school science program created by The Center for International and Multicultural Affairs that emphasizes medical and health related issues. CIMA provides support and structure for this after school program while TTUHSC medical and nursing students prepare lesson plans, organize teaching materials, and offer encouragement to middle school students interested in science and medicine.

This year’s volunteers included Matthew Baldwin, Tiffany Bunag, Brittany Chan, Lawrence Chiu, Lindsey Daniel, Vivan Ebrahim, Lindsey Gaidousek, Judy Garcia, Dan Gil, Shruit Gohel, Kweku Hazel, Danika Herod, Minji Kim, Eunice Lee, Cole Livingston, Geoffrey Lowe, Asongu Ncho, Tejas Ozarkar, Veronica Parker, Anita Rao, Dan Rhoades, Stephanie Waterhouse, Alison Strickland, Peter Uong, William Waldrip, and Betsy White.

The GRACE program 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, Alderson Middle School, and Dunbar Middle School. On Monday, May 10 the students and their teachers were invited to tour TTUSCH and participate in a graduation ceremony, complete with the donning of white coats.

During the visit to TTUHSC, the GRACE students toured the Academic Classroom Building, the Synergistic Center, and spent time in the Clinical Simulation Center (CSC). At the CSC the students participated in several hands-on activities including an intubation clinic, a demonstration by Telemedicine, viewing anatomy specimens, endoscopy simulations, and demonstrations with Sim Man.

The morning activities concluded with a game of Jeopardy which challenged the students to demonstrate the knowledge they gained over the course of the school year. During the noon hour CIMA hosted lunch for the students. Robert Casanova, M.D. attended the graduation ceremony and delivered a brief address about the importance of pursuing one’s passion.

Funding for the 2009-2010 GRACE program was provided by University Medical Center. UMC provided a $10,000 grant which allowed the program to thrive this academic year.

CIMA wishes to thank all the LISD middle school students who participated in this year’s GRACE program. We also wish to extend our gratitude to the many medical and nursing student volunteers who made the program possible.

Know Before You Go…
Top 10 Traveler Tips from www.CBP.gov

1. Have all required travel documents for the countries you're visiting, as well as identification for re-entry to the US.
2. Declare everything you are bringing in from abroad, even if you bought it in a duty-free shop.
3. If you're cautious when buying something from a street vendor. Keep in mind that the merchandise may be counterfeit and/or unsafe and you may have to surrender it to CBP when you get home.
4. Know that things bought abroad for personal use or as gifts are eligible for duty exemptions—items for resale are not.
5. Know the difference between prohibited merchandise and restricted merchandise.
6. Be aware that many foreign-made medications are not FDA-approved, and you cannot bring them into the US.
7. Don't bring any Cuban-made products into the US, no matter where you purchased them from.
8. Don't bring any food into the US without first checking to see if it's permitted.
9. Understand that CBP officers can inspect you and your belongings without a warrant.
10. Read CBP’s helpful brochure before traveling.

CBP Brochure
China Lifts HIV Entry Ban

According to news sources and a statement made by Secretary of State Hillary Rodham Clinton, China has lifted a 20-year-old rule that banned foreigners with HIV and AIDS, sexually transmitted diseases, and leprosy from entering the country. The decision was made after realizing the ban did little to prevent the spread of disease and caused problems when the country was hosting international events.

The repeal of the ban came in April, days before the opening of China’s six-month Shanghai World Expo, which organizers expected would draw 70 million people. The government had temporarily lifted the ban in the past for other large-scale events, including the 2008 Olympics in Beijing.

In a statement made on April 29, Secretary of State Clinton commended China’s decision to lift its ban on HIV-positive individuals entering the country. She added that China’s decision will help reduce the stigma and discrimination around HIV/AIDS that fuel the global pandemic and too often prevent people from accessing much-needed services.

China’s health ministry estimates the number of people living with HIV in China had reached 740,000 by October 2009. The total number of deaths caused by AIDS since the first case was reported in 1985 is estimated to be 49,845.

Good Advice for Adjusting to a New Country

Bettina Schmitz, MD, PhD joined TTUHSC in 2005. Originally from Ruhrgebiet, a coal mining and steel industry area in western Germany, Dr. Schmitz received her medical degree from the Heinrich Heine University in Dusseldorf. Upon completion of her education she worked as an anesthesiologist in a trauma center and a pediatric hospital in Cologne. Prior to joining TTUHSC she worked at UT Houston Medical School at Herrmann Hospital and LBJ Hospital, both in Houston. She currently serves as an Assistant Professor in the Department of Anesthesiology.

Dr. Schmitz visited with the CIMA office in April about her journey from Germany to the US. A co-worker from Cologne, Germany moved to the US and encouraged Dr. Schmitz to do the same. Being curious about life in a new place and wanting to try something new, Dr. Schmitz accepted a position at University of Texas, Medical School at Houston.

“I like the American mentality because here, if you want to do something new, people are more encouraging,” says Dr. Schmitz. “You have more opportunities. You still have to do your homework... but there are less obstacles. People are more positive and supportive. That’s why I’m here.”

During the conversation with Dr. Schmitz, she talked about her experience as a new resident of the US. What she said about adjusting to life in a new place was good advice, not only for those coming to the US but for anyone traveling to a new place.

“Most of the time things are different, strange, or difficult for you because you’re used to certain things, ways... You come from a different cultural context. Once you have figured out this is the way it is here, it’s easy again. Cultural codes, communication codes are different and therefore you just have to adjust to where you are. The easiest way is not to judge, just to take things in and watch them, observe, because then over time, even situations and attitudes, you don’t understand in the beginning suddenly make perfect sense. Wherever you’re from, it doesn’t really matter, it’s a universal issue; if you watch a culture with your German or Japanese eyes you think ‘What is this?’ But if you keep your perspective open and don’t judge, you not only gain a better understanding of the culture you are living in, you also gain a different (sometimes more positive, sometimes more critical) perspective on your own cultural background. You see, understand, and appreciate more when you keep your judgment somewhere else.

Mark Your Calendar

Fall 2010 CIMA Lectures on World Health Schedule

Noon CST
ACB 120

Every first and third Wednesday of the Month

- Wednesday, September 1
- Wednesday, September 15
- Wednesday, October 6
- Wednesday, October 20
- Wednesday, November 3
- Wednesday, November 17
- Wednesday, December 1

Check the CIMA website and the TTUHSC announcement page in the coming weeks for a list of speakers and topics.

www.ttuhsc.edu/cima/world_health_lectures
Fantasy Coffins of Ghana

For the Ga tribe in coastal Ghana, funerals are not only a time for mourning the loss of a loved one, but they are a time to celebrate the life of the departed. The Ga people believe that when their loved ones die they move on to another life, and this journey must be made with style, dignity, and status.

Woodcarvers work in open-air workshops along the sea of Teshie (Eastern Accra), creating elaborate, colorful coffins known as fantasy coffins. The coffins are designed to honor the dead and usually represent some aspect of the departed's life. Because the Ga believe the coffin acts as a home in the afterlife, it must be beautiful and ornate.

The Ga are the original inhabitants of the area around Accra. Over the years their elaborate coffins have become world famous. The story of how this tradition began is as follows:

During the first half of the 20th century, Ata Owoo was well-known for making magnificent chairs to transport the village chief. When Owoo had finished a particularly elaborate chair, an eagle, a neighboring chief wanted one too. This chief wanted his in the shape of a cocoa pod, a major crop in Ghana. Unfortunately the chief died before the cocoa bean was finished and so it became his coffin. Several years later, the grandmother of one of Owoo’s apprentices died. She had never been in an airplane so the apprentice built her one for her funeral. The custom coffins were a huge hit and thus a tradition was born.

Because Teshie is a fishing community all manner of fish coffins are available—barracuda, lobster, red snapper, and crab. Bibles are also popular, as are hens, roosters, and angels. Even a coffin in the shape of a Coca-Cola bottle is a possibility. Most fantasy coffins start at around $400, inexpensive by U.S. standards, but that could be a year’s salary for many Ghanaians.

It should be noted that most Ghanaians still are buried in traditional caskets. The custom coffins tend to be popular with the wealthy, eccentric, and with foreigners who buy them as art. They are also a draw for tourists who want to come investigate the growing tradition of fantasy coffins.

To view more images of Ghana’s fantasy coffins visit the following links:

- [http://www.eshopafrica.com/acatalog/Ga_Coffins.html](http://www.eshopafrica.com/acatalog/Ga_Coffins.html)

International Flavor

Chicken Curry*
Serves 4

Ingredients:
- 3-4 chicken breasts
- 1 TBS Kosher salt
- 2 TBS ground pepper
- 2-3 TBS roasted curry powder
- 1 TBS paprika (for color)
- Juice from 1/2 of a lime (including pulp)
- 2 diced garlic cloves
- Additional garlic cloves (optional)
- 2 tsp crushed chili (optional)
- 3 TBS olive oil
- 1/2 - 1 cup water
- 1/4 cup cream (optional)

Instructions:
- Mix salt, pepper, curry, paprika, lime, garlic, chili in a large bowl
- Cut chicken breasts into 1-2 inch cubes, add to mixture in bowl
- Coat well and marinate overnight in the fridge or cook the same day
- Heat olive oil in wok at medium—low temperature
- Add seasoned chicken and cook until brown
- Place lid on wok and continue to cook for 20-30 minutes
- Add 1/4 cup of cream, reduce heat to low, and cook for 5-6min

*recipe submitted by K. Wyatt McMahon, PhD Internal Medicine. His wife, Enusha Karunasena PhD, an employee of TTU, is from Sri Lanka.
**When in... South Africa**

- Introductions usually take place in order of seniority. Greet everyone in the room with a firm handshake and maintain good eye contact.
- Although the people may seem relaxed and laid-back, South African culture includes strong formality and is very courtesy-conscious. For example, men stand up when a woman enters the room.
- South Africans are generally gregarious and chatty. If there is an awkward silence, then something is seriously wrong!
- Avoid the old official governmental terms—Bantu and “native”—when referring to black people. The expression “ethnic group” is preferable to “tribe.”
- Racism is still a big problem, but if you treat everyone with respect you should encounter few difficulties.
- Eating customs and menus are similar to those in Western Europe, although in rural areas there may be ethnic differences. In some places a spoon or fingers are used to eat. Eating on the street is rare.
- If you’re invited to a South African home for dinner, your family is usually included in the invitation.
- Talking with your hands in your pockets is considered rude.

For the safety of its students, TTUHSC requires that all students participating in an international program have emergency medical evacuation & repatriation and repatriation of remains insurance coverage in addition to health and accident coverage.

To ensure uniform coverage the Center for International and Multicultural Affairs has contracted with HTH Worldwide for insurance that provides health and accident coverage as well as emergency medical evacuation & repatriation and repatriation of remains insurance coverage for students participating in programs that do not offer their own coverage. This coverage extends to all TTUHSC students participating in an international program for students as well as any faculty members accompanying the students abroad. Coverage by HTH is mandatory for all students in these programs even if they are covered under a private policy as most domestic policies do not cover international travel.

HTH Worldwide is a leader in providing comprehensive coverage to students around the globe. Their network of program providers, emergency evacuation processes, and other services make this a valuable tool in our effort to provide the safest program environment possible to TTUHSC students participating in international programs.

For more information about HTH Worldwide visit their website at [http://hthworldwide.com/](http://hthworldwide.com/)

For more information about the services provided to TTUHSC and/or to register students with HTH Worldwide contact the CIMA office at 806-743-1522 or e-mail Michelle.Ensminger@ttuhsc.edu

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

**Republic of Seychelles**

The Republic of Seychelles is located in the Indian Ocean about 1,000 miles east of Kenya. It consists of 115 tropical islands, about half of which are comprised of granite. The other half are coral atolls, many uninhabitable. Mahe is the largest island and is the site of Victoria, the capital. Close to 90% of the islands 87,476 inhabitants live on Mahe.

The climate of Seychelles is tropical marine. The temperature remains between 70-80 degrees year round and it rarely exceeds 88 degrees. The humidity tends to increase during the hottest months (December—April.)

Most Seychellois are descendants of early French settlers and the African slaves brought to the island in the 19th century by the British, who freed them from slave ships on the East African coast. The official language of the country is Creole. English and French are also widely spoken.

The government strongly encourages education. The literacy rate for school age children is estimated to be about 98%.

While the Seychelles islands appear on maps as early as 1505 they remained uninhabited until the 1700s. In 1756 France asserted formal possession of the islands and the islands were named Seychelles in honor of the French finance minister under King Louis XV. In 1814 the islands passed to the British under the Treaty of Paris. Seychelles was regarded as a dependency of Mauritius until 1903. It was on August 31, 1903 that Seychelles became a separate British colony.

The country became a sovereign republic on June 29, 1976. James Mancham became president but only remained in office until June 5, 1977 when Prime Minister Albert Rene overthrew Mancham in a coup. President Rene ruled by decree until June 1979 when a new constitution was adopted.

July 1993 saw the first multiparty presidential and legislative elections. President Rene won by a landslide and continued to remain in power. James Michel was appointed to power by former President Rene in 2004. President Michel won his first elected term in July 2006.

Tourism and fishing are the two major sources of income for Seychelles. The country is categorized as “upper middle-income” by the World Bank. However, its heavy dependence on tourism and government mismanagement has left Seychelles very vulnerable. Many residents have difficulty obtaining basic items, such as rice and sugar.

Seychelles offers free government health services for all people. According to World Health Organization (WHO) statistics the life expectancy for Seychellois is 67 years for males and 78 years for females. The infant mortality rate is 14 per 1,000 live births. The leading causes of death for residents of Seychelles is ischaemic heart disease, ischaemic heart disease, and lower respiratory infections.
There is still much work to be done so that this project can come to fruition. Lab and field tests still need to be conducted. And there are future questions to be addressed such as how to distribute the filters and how the filters will best be employed by the mothers using them. The World Bank has agreed to relinquish any profits from the project, and if the study shows efficacy, the World Bank has agreed to pay for the distribution to any woman who needs the filter. If the study proves positive and if a shield can be designed that will work mechanically and technologically, the results could be astounding. It’s possible that 420,000 new infections a year could be prevented. That number could grow to 4,200,000 over the next 10 years.

“We do believe in human adaptability to preserve life… These families want their children to live and be educated and be successful, just like we all do anywhere in the world,” says Dr. Covington.

There is a good chance we have not heard the last of the possibilities. If the breast shield study shows what Dr. Covington and her team hope it will, then there is an additional grant the team can apply for to begin the design phase of the project.

Maisha Mabibi continued from page 1.

To view Dr. Covington’s lecture Maisha Mabibi: Life Grandmothers of Kenya, visit the CIMA website at the following link:  www.ttuhsc.edu/cima/world_health_lectures.aspx
**International Holidays and Celebrations**

### May
- 01—Flores de Mayo; Philippines
- 02—Mother’s Day; Lithuania
- 03—La Cruz de Mayo; Venezuela
- 04—Cassinga Day; Namibia
- 05—Cinco de Mayo; Mexico
- 06—Hidirellez Festival; Turkey
- 08—V-E Day; International
- 09—Day of Honor & Memory; Uzbekistan
- 10—Constitution Day; Micronesia
- 12—Nurse’s Day; Australia
- 14—Unification & Integration Day; Liberia
- 15—Independence Day; Paraguay
- 17—Syttende Mai; Norway
- 18—Revival & Unity Day; Turkmenistan
- 19—Shavuot; Jewish
- 20—Independence Day; East Timor
- 21—Vesak; Buddhist
- 22—National Sovereignty; Haiti
- 23—Declaration of the Bab; Bahá’í
- 24—Battle of Pichincha; Ecuador
- 25—Independence Day; Jordan
- 26—Independence Day; Guyana
- 27—Waisak Day; Indonesia
- 28—Restoration of Statehood; Armenia
- 30—Indian Arrival Day; Trinidad & Tobago
- 31—Corpus Christi; Chile

### June
- 01—Independence Day; Western Samoa
- 02—Republic Day; Italy
- 03—Martyr’s Day; Uganda
- 04—Emancipation Day; Tonga
- 05—Liberation Day; Seychelles
- 06—Flag Day; Sweden
- 07—Trinity Sunday; Monaco
- 08—World Ocean Day; International
- 09—Murcia Autonomy Day; Spain
- 10—Carnival Day; Portugal
- 12—Dia do Namorados; Brazil
- 14—Queen’s Birthday; United Kingdom
- 15—Valdemar’s Day; Denmark
- 16—Bloomsday; Ireland
- 17—Independence Day; Iceland
- 19—Independence Day; Kuwait
- 20—World Refugee Day; International
- 21—Soliice; International
- 22—Schoolteacher’s Day; El Salvador
- 23—Jonines Night; Lithuania
- 24—Discovery Day; Canada
- 25—Statehood Day; Croatia
- 26—Independence Day; Madagascar
- 27—Independence Day; Djibouti
- 28—Birthday of Kuan Kung; Taiwan
- 30—Independence Day; Zaire

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**Language Lesson**

**Hello/Goodbye**

- Afrikaans: Haai/Mooi loop
- Basque: Kaixo/Agur
- Czech: Aho/Nashesdanou Čau
- Danish: Hej/Farvel
- Estonian: Tervist/Nägemiseni
- French: Bonjour/Au revoir
- German: Guten Tag/Auf wiedersehen
- Hebrew: (šalom) nerv/lehitraot
- Italian: Ciao/Arrivederci
- Japanese: 今日は (konnichiwa)/きょうなん (sayōnara)
- Latvian: Sveiki/Jz redzēšanos
- Macedonian: Здраво (zdravo) Dovidvanje (Doviduvanye)
- Norwegian: Goddag/ha det bra
- Occitan: Bonjour/A Ieu!
- Polish: Cześć/Do widzenia
- Romanian: Salut/La revedere
- Samoan: Talofa/Tofa soifua
- Turkish: Merhaba/Hocça kal
- Uzbek: Assalomu Alaykum/Hayirli tun
- Venda: I nhlikanh!/Sala kahle
- Yappese: Mogethin/Kafel

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