Two favorite recipes from Oriana Guzman*
School of Allied Health, Class of 2011
*See interview on page 6

**Arepas**

1 cup arepa flour ( precooked cornmeal)
1 cup crumbled ricotta salata or grated mozzarella (1/4 pound)
1 cup plus 2 tablespoons water
1/4 cup vegetable oil

Toss together arepa flour, cheese, and 1/8 teaspoon salt in a bowl, then stir in water until incorpolated. Let stand until enough water is absorbed for a soft dough to form, 1 to 2 minutes (dough will continue to stiffen).

Form 3 level tablespoons dough into 1 ball and flatten between your palms, gently pressing to form a 1/4-inch-thick patty (2 1/2 to 2 3/4 inches wide), then gently press around side to eliminate cracks. Transfer to a wax-paper-lined surface. Form more disks with remaining dough in same manner, transferring to wax-paper-lined surface.

Heat oil in a large nonstick or cast-iron skillet over medium heat until it shimmers, then fry arepas in 2 batches, turning over once, until deep golden in patches, 8 to 10 minutes total per batch. Drain on paper towels.

**Empanadas**

**FILLING:**
1 lb. ground meat
1 onion, chopped
1 tomato, chopped and peeled
1 tsp. salt
1/2 tsp. pepper
1/2 tsp. cumin powder

Fry tomato and onion until well cooked, add meat and seasonings. Continue to fry until done. Cool before filling empanadas.

**DOUGH:**
3 c. flour
2 tbsp. butter or shortening
2 tsp. baking powder
1 tsp. salt
1 tsp. sugar
1 c. water

Mix first 5 ingredients, add water, stir and knead into a dough. Roll out thin and cut into 5-inch circles. Fill with cheese, or with the meat filling given above. Fold dough over into half moons, sealing edges by pressing together. Fry in deep hot fat.

**DOS Sees Increase in Issuance of Student and Exchange Visitor Visas**

In fiscal year 2008, the U.S. Department of State issued a record high of 710,631 F, J and M student and exchange visitor visas. This represented a 9.1 percent increase in F, J and M student and exchange visas issued in fiscal year 2008 than in fiscal year 2007; and a more than 26 percent increase over fiscal year 2001.

This is the third fiscal year in a row the State Department has broken records in this area. The State Department continues to issue student and exchange visas well above highs before 9/11.

The State Department issued almost 40 percent more student and exchange visitor visas to Chinese nationals than in fiscal year 2007, and that is after an increase of 40 percent from fiscal year 2006. The State Department is also continuing to see significant increases in student and exchange visitor visa issuances from the Middle East, where we issued 26.2 percent more student and exchange visitor visas in fiscal year 2008 than in fiscal year 2007.

The State Department, along with the Department of Homeland Security and other U.S. government agencies, recognizes that one of the foundations of the U.S. academic and scientific communities is vibrant international participation. America’s outstanding academic and research institution are as valuable to U.S. national security as protection of our borders.

According to an article in The Chronicle of Higher Education, international students who studied here in 2007-8 contributed an estimated $15-billion to the U.S. economy. The same article sited increases in international student enrollment from several developing countries including Vietnam, Saudi Arabia, and Nigeria.

The U.S. government has put more resources into promoting American higher education and continues to streamline the visa-approval process, which, officials acknowledge, had become overly strict in the years immediately following the 9/11 terrorist attacks. Largely because of those restrictions, the U.S. experienced enrollment declines for three years before bouncing back in 2006. In addition to improvements by the U.S. government, colleges are also investing more in international recruiting. As a result, colleges and the U.S. government are both working harder to attract students.


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Guatemala Healing Hands
an interview with Dr. Miguel Pirela-Cruz

In the late 1990s Dr. Miguel Pirela-Cruz was encouraged by a fellow physician to volunteer his specialized services in Guatemala for a surgical mission offered by a pediatric foundation located in Guatemala City. Little did he know that this experience would lead to almost a decade of work in Guatemala involving pediatric hand surgeries.

Two years after the initial surgical mission Dr. Cruz was asked by the American Association for Hand Surgery to lead their yearly international surgical mission. On this mission he was paired with hand surgeon Dr. Lynn who was known for her dedication to children's care in Guatemala. Lynn was originally from Guatemala and was interested in conducting the mission in her native country. The two health care professionals traveled to Guatemala for two weeks. Once there they paired with a non-profit organization located in Guatemala City to treat pediatric cases. In addition they conducted a two day didactic lecture for surgeons and hand therapists. The visit was so successful they were encouraged to return the following year.

Over the years Dr. Cruz and Lynn Bassini have continued to return to Guatemala once a year, treating traumatic and congenital injuries as well as conducting didactics for local health care professionals. As a result of their missions Lynn Bassini created the Guatemala Healing Hands Foundation for which Dr. Cruz serves as one of the directors.

The cases seen on these surgically based missions are about half traumatic injuries and half congenital injuries. Some of the environmental factors of life in Guatemala, like open fire cooking and lax electrical regulations, can result in injuries such as severe burns which often go untreated. In addition to these traumatic injuries, children with congenital injuries such as connected fingers, missing thumbs, or too many fingers are seen and treated by the team. Many of the children are from rural areas and as a result have never seen a health professional. Even though the mission’s main focus is pediatric hand cases, there are times other types of cases are seen as well. Guatemalans who are desperate and looking for hope will come to the hospital in hope of being treated. On rare occasions a case has been extensive enough to warrant the patient being brought to the U.S. for a surgical procedure.

Initially the surgeries were performed at a small hospital in Guatemala. Access to equipment and even electricity was not always guaranteed. As a result each mission had to be planned accordingly. More recently a pediatric foundation in Guatemala renovated a hospital which is relatively “good” by Guatemalan standards. Still, there are occasions in which some “McGyvering” is required. When the missions began, the only surgeries conducted were soft tissue surgeries, or surgeries that did not involve bone; however, over the years the foundation has been able to collect a small array of equipment allowing for more extensive procedures. The missions are generally two weeks in length; therefore, all follow up is conducted by health providers in Guatemala. However, when the foundation turns for the following year’s mission they are able to evaluate the progress of the children. In one particular case, Dr. Cruz was able to see the work of the foundation come full circle when a young man who had received treatment grew up to become a medical technician.

Dr. Cruz says that perhaps it was fate which led to his unfolding involvement in Guatemala. Over the years he has witnessed the missions grow in size and scope. Current missions can include as many as 40 volunteers. Dr. Cruz had no idea these missions would blossom into what they are today and he believes each mission is an opportunity to solidify his reason for becoming a physician—to help people. The surgical missions have given him many opportunities to use his skills to improve the life of Guatemalan children who have endured life with less functionality and who at times have been forced to the margins due to the extensive nature of their injuries, deformities, and defects. The missions have not only benefited the pediatric patients; they have helped Dr. Cruz grow in his practice and they have instilled in him a greater sense of gratitude and humility.

Country Close-up*

Republic of Cyprus

The Republic of Cyprus, an island located in the Mediterranean Sea just south of Turkey, is approximately the size of Connecticut. Residents of Cyprus are called Cypriots. The two largest ethnic groups residing in Cyprus are Greeks (77%) and Turks (18%).

Because the island of Cyprus was a crossroads between East and West, it has experienced Assyrian, Egyptian, Persian, Greek, Roman, and Byzantium domination. It came under Frankish control in the Late 12th century, was ceded to the Venetian Republic in 1489, and was then conquered by the Ottomans Turks in 1571. Control of Cyprus was ceded to Great Britain in 1878, and the island was formally annexed by the U.K. in 1914, becoming a crown colony in 1925.

Cyprus gained its independence and established a constitutional republic in 1960; however, differences between Greek and Turkish residents in regards to the constitution led to fighting after which Turkish Cypriots ceased to participate in the government. In 1974, following a military junta led by extremist Greek Cypriots and the intervention of Turkish troops, the Republic of Cyprus was divided de facto into two areas—the government-controlled two-thirds of the island, located in the south, and the Turkish Cypriot-administered one-third, located in the north.

The 1960 constitution provides for a presidential system of government with a weighted power-sharing ratio designed to protect the interests of the Turkish Cypriots. In addition, Turkish Cypriots elect a “president” and “prime minister” for their administered area. Negotiations to develop an arrangement acceptable to both the Greek and Turkish communities have been ongoing since 1968.

Cyprus is among the most prosperous nations in the Mediterranean. The services sector, including tourism, is the major contributor to the economy and employs 71% of the labor force. The major exports of Cyprus are manufactured goods, potatoes, and citrus. Due to its size and location, trade is vital. Cyprus must import fuels, food, most raw materials, heavy machinery, and transportation equipment. In January of 2008 the Euro replaced the Cyprus Pound as the nation’s currency.

According to statistics from the Department of State and the World Health Organization, the life expectancy of Cypriots is 77 years. The infant mortality rate is 7 out of every 1,000 live births. The two leading causes of death are ischemic heart disease and cerebrovascular disease.
Humanism and Medicine
by Anna Nguyen, School of Medicine Class of 2011

The rain begins to pour again. Each drop falls mercilessly onto the thin metal roof that barely covers the twenty-five or so beds in the confined pediatric ward of the Svay Rieng Provincial Hospital in southern Cambodia. With more than seventy-five percent of the population living below the poverty line, Svay Rieng is one of the four poorest provinces in Cambodia, dependent on fishing and subsistence farming. The young Vietnamese-American medical student anxiously stares at her watch, now almost 7 o’clock in the evening. She turns to the window and lets out a heavy sigh as her bicycle soaks up the rain. Reaching into her pocket, she takes the last of her one dollar bills and places them gently into the palms of an elderly woman next to her. The woman is caring for her 4-year-old orphaned grandson who is lying listlessly on a thin bamboo mat that barely covers a rusted hospital bed. The boy had recently lost both his parents to HIV/AIDS and is now hospitalized for failure to thrive secondary to malnutrition. The two of them have not had anything to eat for many days.

"Please tell them that this is all I have with me, and I hope the money can help them with transportation to get back home," the medical student says to the translator. Great care is taken as to not let the words get to the other patients on the ward as such an act may bring about envy.

Looking at the five new one dollar bills in her hands, the elderly woman closes her eyes and smiles. She puts her hands together and bows to the young medical student. The student also puts her hands together and bows good-bye to the woman. Though sincere, the gesture feels rushed by the worsening downpour and the awkwardness of having a woman of her mother’s age bowing to her. Like the rain, a feeling of comfort and happiness falls all over her, and she is happy to have reached out to another family in the poverty-stricken area of Svay Rieng.

But the story does not end here. The next day, when the medical student came back to the pediatric ward, she once again saw the elderly woman and her grandson as they were leaving the hospital. The woman grabbed the young student’s hand with one of hers while the other pointed to a family of five standing a few beds away from her grandson’s. To the student’s surprise, the elderly woman spoke through the translator with the same gracious smile, “Please thank her for the help, but if she is able, please also help that family, for they are in worse shape than us. I have given them three dollars out of the five she gave me yesterday.”

Before the student could register the meaning of what she was hearing, the woman had turned around and walked away with her grandson. As the pair moved out of sight, the medical student was left with a mix of emotions that eventually gave way to an important realization: her purpose for this trip was not to apply her limited knowledge as originally thought, but to learn what it means to act out of human compassion.

That medical student was me, and the valuable lesson I learned that day was that humanism is not merely some catchphrase reserved for the well-off or privileged to exercise, but an ideal sustained by the efforts to strengthen human bonds; between poor and rich, sick and healthy, patients and physicians.

Humanism is the foundation from which all disciplines of medicine are built upon. Physicians are blessed with the gift of knowledge and the skills needed to treat and heal patients, and with this great power comes the virtues of humility and servitude. Every day we interact with patients, whether or not we are practicing physicians, residents, or medical students, we are giving part of ourselves to serve others. A conscious physician is not distracted by selfishness or pride, and true acts of giving never lose focus of the patient’s values, dignity, and culture.

If you asked me about my UNICEF internship that summer in Svay Rieng, I could easily speak about the poverty, the struggling healthcare system in Cambodia, and the lack of healthcare access that the Khmer people are currently facing; however, those are things that one can also learn from a book. The most important lessons in life are not always easy to describe, and what I would want to share with you is a purer, clearer, and more humanistic sense of giving, much like that grandmother did for me. A person does not need to wait until he/she has reached the pinnacle of success before giving part of him/herself to serve others. No matter what stage you may be in life, there is always something that can be shared with others. When grounded in humility and concern, even the simplest acts of kindness resonate powerfully with what it means to be human.

Students interested in public health pursuits as well as opportunities offered by UNICEF can contact Anna at ana.nguyen@ttuhsc.edu or ana_a_nguyen@yahoo.com.

When in... Chile

- Initial greetings are quite formal, with handshakes and direct eye contact. Greet the most senior person first, as elders are treated with great respect.
- Personal space is small. Chileans stand close, so don’t back away; they will think you are being shy or worse, they will think you are being unfriendly.
- It is acceptable to interrupt others while they are speaking; in fact, if someone interrupts you it is a sign that they are interested and engaged in what you are saying.
- Keep your knife and fork in your right and left hands, respectively, at all times; don’t put down your knife to eat with your fork in the typical U.S. style. Accept what you are given and wait to be offered seconds; don’t ask for more.
- When toasting someone, look that person in the eye and say, “Salud.”
- Always arrive late to a social function (unless it’s an official function).
- The host always pays the bill in a restaurant, and the bill arrives only after it has been requested. Women never pay; any attempt to do so may embarrass the host.
- Restaurants often include a 10 percent service charge, but it is customary to add another 10 percent for good service.

by Michael Powell
Promotoras de Salud
written by Deborah Flores

Promotores are indigenous, trusted, and respected members of the underserved community who can serve as a bridge between their peers and health professionals. They have knowledge about the subcultures in the predominantly minority areas in East Lubbock as well as an understanding of the community's health beliefs, behaviors, and barriers to accessing health care, which no other groups of helping professionals have. These community health workers are a potent tool for eliminating health disparities experienced by the target population of this program.

The Promotores can have a significant impact on health services in the community through their ability to build therapeutic alliance and foster both improved health care utilization and a reduction of health risks among the target population. By acting as liaisons, Promotores can build strong relationships between the health care community and the residents of medically-underserved areas. One of the hallmarks of promotora practice is the ability to perform visits in patients' homes. In their role as outreach workers, they can establish a relationship of trust and confidence once they have gained a foothold in the patients' own environments. They can then conduct comprehensive home assessments which help to identify the reasons why patients miss appointments and fail to adhere to specific disease management protocols, as well as identify other barriers to self-care that may impede their ability to manage their diseases more effectively. In this way the Promotores are able to gain a much more comprehensive understanding of patients' realities that would not be possible in a traditional clinic visit.

TTUHSC School of Nursing received its certification from the Texas Department of State Health Services (DSHS) in October 2006. DSHS requires the Certified Community Health Worker (CHW) to acquire 160 clock hours in eight competencies. These clock hours are acquired in formal face-to-face didactic sessions provided in the classroom setting by Debora Flores, M.A., CCHWI (Certified Community Health Worker Instructor).

Promotora competencies are in the following areas: Communication, Interpersonal, Service Coordination, Capacity Building, Advocacy, Teaching, Organizational, and Knowledge Base. Each competency area is covered in didactic sessions, with the use of various types of learning experiences. These learning experiences enhance the knowledge base required and allow the trainee to practice and develop specific skills in application.

Memorandum of Understand signed between TTUHSC and Mekelle University, Ethiopia

The Center for International and Multicultural Affairs, led by German Núñez, Ph.D., has the honor of hosting Miliku Haile, Ph.D., President of Mekelle University in Ethiopia on the morning of Tuesday, January 13.

Over the past two years Mekelle University has been active in hosting several fourth-year medical students from TTUHSC who are interested in pursuing an international health elective.

President Haile was accompanied by Girmay Tesfay, Ph.D., Dean of Agriculture at Mekelle University. Both leaders met with Ambassador Tibor Nagy, Vice Provost for International Affairs for the Texas Tech System. A tour of TTUHSC and University Medical Center facilities was included in the visit.

At the completion of their visit President Haile met with President John C. Baldwin. A memorandum of understanding (MOU) was signed by both parties. The MOU will allow for the development of future academic exchanges between TTUHSC and Mekelle University.

Mekelle University is located in Northern Ethiopia. It was established in 1993 as the Arid Zone Agricultural College with a starting class of 42 students. Over the past 15 years it has grown to include seven faculties and 44 departments, including a College of Health Sciences. Mekelle currently has an enrollment of approximately 2200 students.
Did you know...

- Portugal is the largest producer of cork.
- Residents of Tromso, Norway go three months per year without seeing a sunset.
- El Salvador is the only Central American country without a coastline on the Caribbean.
- The name of the Canadian city Winnipeg means “muddy water.”
- The world’s longest road is the Pan-American Highway which runs from Texas to Valparaiso, Chile.
- Haiti was the first Caribbean country to gain independence.
- Although Britain went metric to join the European Community it kept the pint for use in pubs and for milk.
- When traveling in Africa if you rent a “rakumi” you are renting a camel.
- When dining in Scotland if you order “finnan haddie” you are ordering smoked Haddock.
- Napoleon is said to have designed Italy’s national flag.
- The continent of Australia is cut into two fairly equal halves by the Tropic of Capricorn.
- Residents of Bunyol, Spain throw tomatoes at each other during the La Tomatin Festival.
- The Turkish site of Hissarlik is said to be the site of ancient Troy.
- The Suez canal is 105 miles long.
- The peacock is the national bird of India.
ORIANA GUZMAN: ABILITY TO DEAL WITH MULTIPLE CULTURES LEADS TO SUCCESS

Oriana Guzman did not always know she wanted to be a physical therapist; however, due to the influence of her parents, she developed an interest in health and science at an early age. Her mother is a dentist and her father is a geochimist. Although Guzman’s native country is Venezuela, her father’s occupation in the oil industry required the family to move from country to country every few years. A job transfer to Houston, Texas would eventually influence their decision to call Texas their permanent home. For Guzman the question was never if she would go to college, but where. Would she choose to attend college in Europe or the United States? She eventually chose to attend the University of Houston and in 2007 she graduated magna cum laude with a Bachelor in Science.

Venezuela is a beautiful country located in the northern portion of South America, and it shares a border with Colombia, Brazil, and Guyana. Although it is a small country geographically, it has a population of almost 30 million. After WWI the Venezuelan economy shifted from a primarily agricultural orientation to one centered on petroleum production and export. As a result of the large migration by Europeans and Asians after World War I, as well as the oil boom, Venezuela has developed a very diverse population. This diversity provided Guzman with multicultural awareness and understanding.

In 1999 Guzman was involved in an accident that required work with a physical therapist. A strong bond was formed which developed into an interest in the profession of physical therapy. This interest combined with the influence of her mother’s work in underprivileged rural areas of Venezuela led to her decision to join TTUHSC’s physical therapy program in 2008. Guzman witnessed her mother working with those in need and this experience instilled the value of dealing with people of different cultures with respect and kindness.

“I would love to specialize in pain management and neurological disorders such as Parkinson’s disease, Multiple Sclerosis, or paralysis,” says Guzman. “Although it can be challenging, I believe it is fascinating to dedicate time to a patient and track their progress.” She adds, “Coming to Lubbock to attend Texas Tech University Health Sciences Center was a huge decision in my life. Since my primary language is Spanish, my biggest obstacle has been learning concepts, definitions, and methods in English. Sometimes I have to look up things twice in the dictionary or take longer on tests or assignments in order to complete them correctly.”

The students and faculty of TTUHSC have helped Guzman adjust to Lubbock. They have shown her the same friendliness and family oriented culture of her native country. Guzman plans to complete her education at TTUHSC, earning a Doctorate of Physical Therapy (DPT) license. Guzman would like to combine her multicultural experience, education, strong work ethic, and passion for others to become a college professor in the United States and Venezuela.

CIMA hosts a Special Edition of the President’s Forum on International Health

On Friday, January 9th, CIMA hosted a special edition of the President’s Forum on International Health. Jean Yan, Ph.D., Chief Nurse Scientist for Nursing and Midwifery at the World Health Organization (WHO) in Geneva, delivered a presentation regarding Primary Health Care and WHO’s vision to increase the quality and quantity of healthcare delivered worldwide in the coming years.

During her presentation Dr. Yan focused on WHO’s vision of the attainment by all peoples of the highest possible level of health, health being defined as a state of complete physical, mental, and social well-being, not merely the absence of disease. To accomplish this vision, WHO’s goals include reducing child mortality by two-thirds, reducing maternal mortality by three-fourths, and combating HIV/AIDS, malaria, and other diseases by the year 2015. According to Dr. Yan, WHO believes the key to attaining an acceptable level of health for all people is through primary health care.

In addition, Dr. Yan touched on the need of health care providers to address the inequities in access to care and health outcomes, impoverishing costs, and the erosion of trust in health care. The urgency of the health care situation is reflected by the fact that there are 1.3 billion individuals globally with no access to health care. Dr. Yan concluded the presentation by sharing statistics that demonstrate primary health care’s impact on population health and the significant contribution it can play in the improvement of population health.

A recording of Dr. Yan’s presentation can be found on CIMA’s website at the following link: http://www.ttuhsc.edu/diversity/lecture/
Seeing a Face, Not Just a Disease
by Libby Hanushek, School of Allied Health Class of 2010

Entering a world completely unfamiliar to you, a nation that is deemed the 5th poorest nation in the world, and expecting to use all the “do-gooder” tendencies you possess to educate and aid the suffering in whatever ways possible. Going to a country with your eyes wide open, ready to pounce at any opportunity to help that passes by. All of this is good-intentioned and undoubtedly needed, but in Malawi the country is so stereotyped by an incurable disease that all other aspects are ignored. HIV is not the only hardship haunting the people of Malawi. A closer, more intimate look at the culture, people, and life will show you that there is so much more to the African nation than the illness. As physicians, therapists, and volunteers, or anyone working in the medical field, we must see beyond the piece of paper giving the diagnosis, without overlooking what is right in front of us.

I entered Mzuzu, Malawi prepared to work at the Rafiki Foundation orphanage for 6 weeks. I was ready to pour all of my skills and knowledge into the 75 children waiting for their new “auntie” to arrive. I was determined to touch their hearts and make a difference. Not 15 minutes after I arrived was I stepping into my “humility box,” and I came to realize that this nation was probably going to make a bigger difference in me than I would for it.

As an occupational therapy student I looked around at the lives of the people in Mzuzu and found myself thinking that I should have gone to med school. My thinking was changed very quickly after I saw the quality of life the children at the orphanage gained, all because they were ensured a safe, healthy, and educated life. The most surprising truth that changed my views of helping the children was learning that only one of the children actually had HIV, and the rest were in some way abandoned by the virus. Some of the children went from cooking their own food over an open fire at three years of age, to being able to go to class and play soccer—to actually live as a child.

I found that I didn’t necessarily have to be a med student to make a difference in the lives of the people around me. As I learned about the culture through dressing like the locals, eating the food they ate, and learning the language. I saw that even though HIV is a serious threat to them, many of the people needed a face to talk to about life, interests, and the world. The children needed someone to notice their handwriting and learning deficits, and a willing person to help them overcome the everyday occupations preventing them from moving forward. They so badly want other people in the world to identify a face with their country, and not just HIV.

I did everything from play games with the children, to serve as an assistant teacher in the classroom, to just mentoring the children. Whatever task I was asked to do, I made sure to do it with the intention of understanding more about the place, and not with the intention of being able to say that I went to Malawi and helped people. The truth is that treatment begins when you begin to see where the patient is coming from—not just the diagnosis or the country where they come from moving forward. They so badly want other people in the world to identify a face with their country, and not just HIV.

Big 12 Stats cont.

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Language Lesson

I love you

Afrikaans ...........ek het jou lief
Albanian ...........të dua
Basque ...........maite zaitut
Czech ...........miluji tě
Danish ...........jeg elsker dig
Estonian ..........ma armastan sind
French ..........Je t'aime
German ..........Ich liebe Dich
Hungarian ..........Szeretlek
Italian ..........Ti amo
Javanese ..........aku tresnasiramu
Latvian ..........Es tevi mïlu
Macedonian .......Te çaxam
Polish ..........kocham cię
Romanian ...........te iubesc
Samoan ...........Ou te alofa ia te oe
Spanish ...........Te amo
Swahili ..........ninakupenda
Turkish ..........Seni seviyorum
Uzbek ...........Men seni sevaman
Zulu ...........Ngiyakuthanda

Please send tax deductible charitable contributions to:

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Lubbock, TX 79430

Spring 2009
Schedule of Presenters

January
07—Surendra Varma, M.D.
09—Jean Yan, Ph.D.
21—Denise FitzSimon, M.D., FAAP

February
04—Revathi Ravi, SOM Class of 2012 & Libby Hanushek, SAH Class of 2010
18—Peter Labaczewski, M.D., Ph.D.

March
04—Michael Keller, MBA, FACHE
18—Dustin Corgan, SOM Class of 2011 & Alexander Yu, SOM Class of 2011

April
01—Rosa Vizcarra, M.D.
15—Tim Huerta, Ph.D.

May
06—Selim Krim, M.D.
20—Leslie Shen, Ph.D.

Free lunch provided by TTFCU to the first 35 attendees (Lubbock campus only)

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TTUHSC Global Matters

The newsletter of the Center for International and Multicultural Affairs

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