



Volume 4
March-April, 2009

TTUHSC Global Matters

The Newsletter for the Center for International and Multicultural Affairs

1ST ANNUAL WOMEN'S HEALTH FAIR



In celebration of Women's History Month CIMA will host a Women's Health Fair.

This come and go event to be held Tuesday, March 17 includes free health screenings by the Larry Combest Health and Wellness Center as well as more than a dozen exhibitors with door prizes

Light refreshments will be served.

DIVERSITY LECTURE

Tuesday, April 21
Alan H. Tyroch, M.D., FACS
Mexico's Drug War
ACB 110
Noon CST

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

CIMA FILM SERIES



Tuesday, March 10
The Gender Tango
ACB 250
Noon CST

Tuesday, April 14
The Power of Forgiveness
ACB 250
Noon CST

Free snacks provided to attendees!

The El Paso Baby Café

by Lizabeth Berkeley, MPH, CHES, IBCLC,
Faculty Associate, Department of Obstetrics & Gynecology, TTUHSC-El Paso



The El Paso Baby Café exists for one purpose: to provide a fun and casual environment where breastfeeding mothers can receive support from professionals and peers, at no cost. The idea of the Baby

Café took root in the year 2000 in London, England, as an informal place where pregnant and breastfeeding women could meet over coffee and get help and support from each other as well as from a lactation professional. Presently, in 2009, the idea has taken off with lightning speed. There are over 130 Baby Cafés for breastfeeding support in the U.K. alone (see www.thebabycafe.co.uk). The Baby Cafés are usually open once or twice a week, are free, and no appointment is needed. The motivating idea is to create a place for mothers supporting other mothers with a lactation specialist on hand to help with any specific problems. Since breastfeeding mothers are often isolated, segregated, and discriminated against, the guiding principle is that Baby Cafés are places where all pregnant and breastfeeding mothers are welcome and able to access information, help, and support.

In the U.S. there are only two centers that follow this particular model: The El Paso Baby Café in El Paso, Texas, and the Melrose-Wakefield Baby Café, in Melrose, Massachusetts. Our Baby Café in El Paso is an outgrowth of years spent working on the Baby Friendly project at the county hospital and at TTUHSC—El Paso. After more than a year of planning, developing a community-oriented advisory committee, and raising money, we decided that we would need our own space dedicated to the El Paso Baby Café that was located near TTUHSC—El Paso and the



hospital, but convenient for everyone in our sprawling, bilingual/bicultural city.

We envisioned the El Paso Baby Café as a place where women came to relax over a snack and a cup of herbal tea or fruit juice, but it's so much more than that. Maribel Ramirez, a Certified Lactation Educator and coordinator of the Baby Friendly Project at TTUHSC and Thomason Hospital, put it best, "Now breastfeeding moms have a special place of their own!"

We have been surprised that the majority of moms are not coming simply for community, although there is an element of that; they have real problems and difficult situations. For example, there are women who have had breast reductions,



there is a cab driver (imagine pumping at work!), one mother with twins, a baby who lost 25% of his birth weight, and lots of women who have been told by one provider or another to supplement with formula.

All of us who worked so hard to see the Baby Café get off the ground have been completely floored by the response we've had. At the end of one particularly lively session, Kathy Nuwayhid, one of our co-founders and a Board Certified Lactation Consultant, sat in the overstuffed recliner located in the private area we have for "tearful mums" (as the English wrote in their guidelines), and laughed out loud. "They love us!" she exclaimed. "It's like we turned on a faucet."

Each and every young mom we meet for the first time has either relief or worry on her face, as well as a certainty that it's reasonable and right to "just want to breastfeed". One young mom whose baby has a serious birth defect said it best, "I told that doctor that if my baby has a mouth, I know he can breastfeed." And he did.

Country Scramble: Can you unscramble the names of the following countries?



1. grltuopa _____
2. rensuami _____
3. gielara _____
4. abruesl _____
5. asilyaam _____
6. rpcsyu _____
7. aaistjunki _____
8. eaoirgg _____

Find the answers on page 6.

Available from the CIMA Library

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

Books

The Double Helix: A Personal Account of the Discovery of the Structure of DNA

by James D. Watson
With humility unspoiled by false modesty, James Watson relates his and Francis Crick's desperate efforts to beat Linus Pauling to the Holy Grail of life sciences, the identification of the basic building block of life.

Man and Microbes: Disease and Plagues in History and Modern Times

by Arno Karlen
A dramatic panorama of the natural history of disease including a look at measles and smallpox during the ancient empires of Rome and China, leprosy and tuberculosis, and the influenza pandemic of 1918. The author also looks at modern diseases such as AIDS, Lyme disease, and the deadly Ebola virus.

Movies

Daughter from Danang

Academy Award Nominee and Winner of the 2002 Sundance Film Festival Grand Jury Prize for Documentary
The story of an "all-American girl" from Pulaski, Tennessee who was born in Danang, Vietnam and is reunited with her Vietnamese mother twenty-two years after being placed on an "Operation Babylift" plane to the U.S. only to find the "happy ending" to her story filled with heart-wrenching clashes of culture.

*My Name was Sabina Spielrein**

Winner of the Fipresci Prize, Zurich International Film Festival
A riveting dramatization of the love affair between the 29-year-old Carl Jung and his first patient, Sabina Spielrein. Based on letters, photographs, and diaries of Jung, Spielrein, and Sigmund Freud.

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



Before you Travel Abroad... TravelMed

An interview with Ronald Warner, DVM, MPVM, PhD

TravelMed, located within the Department of Family and Community Medicine, is a clinical service that provides both country specific consultations and immunizations for person traveling to other countries. The clinic serves a wide variety of clients including students, church groups, medical missionaries, off-shore oil field workers, and residents of the West Texas and Eastern New Mexico area who will be vacationing abroad. The clinic's goal is to help clients stay as healthy as possible while traveling abroad so that they may enjoy their trip to the fullest.

Dr. Ron Warner, director of the TravelMed clinic, says the information he shares with clients is based on the answers to three important questions—where is the client going, what will the client be doing, how long will the client be abroad. The answers to these questions will help him determine the possible medical risks faced while abroad.

The following is a list of things Dr. Warner suggests clients take into consideration when planning a trip abroad:

- Vaccine preventable diseases— Do you have a current tetanus shot? If traveling during the winter months have you received an influenza vaccine?
- Exotic diseases— A yellow fever vaccination should be administered to those traveling to many places in Africa or the Amazon basin of South America. Malaria pills should be taken if traveling to a country with a high risk of the disease. Precautionary measures can be taken against mosquito born and tick born diseases by the use of products (creams, wipes) containing DEET as well as wearing long sleeves and long pants.
- When traveling to areas with an increased risk of food and water contamination you might consider a Hepatitis A and/or a Typhoid vaccine.

- Don't forget about many common sense issues—If possible drink only bottled water or beverages that have been sealed. Avoid food from street vendors and wash and peel your own fresh fruit and vegetables. Don't touch animals that are either loose on the street or at petting zoos due to the possibility of rabies. Wash your hands frequently. Use plenty of sunscreen, especially if visiting a location near the equator. Use medication to prevent altitude sickness if traveling to a place with a high altitude. Always wear shoes in developing countries, even when walking along the beach.
- A Hepatitis B vaccine should be considered for any type of medical work which involves possible exposure to blood or body fluids.

Much of the information Dr. Warner gives to clients can be found at the CDC's website. In addition, Dr. Warner is able to stay up to date on medical issues impacting various areas of the globe through list serves such as Pro Med Digest. These list serves provide daily real time discussions concerning both real and suspected outbreaks in over 185 countries around the world.

If planning a trip abroad Dr. Warner suggests travelers begin considering the medical aspect of their trip at least 4-6 weeks before the departure date. Some vaccines require multiple injections over the course of several weeks and therefore must be started early enough to complete the cycle of injections. Bringing a record of previous immunizations will help the clinic know which vaccinations may be needed.

Finally, Dr. Warner notes that internationals currently living in the U.S. should take special consideration of possible preventive measures they need to employ when returning to their country of origin after being in the U.S. for awhile. Many internationals, especially young children who have spent all or most of their lives in the U.S., forget they may now be more susceptible to the diseases uncommon to the U.S.

Information about the TravelMed clinic can be found at the following website: <http://www.ttuhsc.edu/som/fammed/travelmed.aspx>
Appointments can be made by calling 806.743.2757



Murder at Harvard

A movie review by Eunice Lee

A Harvard Medical School professor of chemistry, a rich doctor turned land lord, and a janitor/grave robber in the chemistry professor's lab with a dissection kit?

In 1850, a rich doctor disappeared from Boston's genteel society. Days later, according to the testimony from a janitor at the medical school, the rich doctor's body was found dismembered in the school's basement plumbing right beneath the privy of one of its very own chemistry professors.

Contrary to today, Harvard Medical School was viewed by the common Bostonian as a place where horrific misdeeds occurred. Today, those horrific misdeeds are called gross anatomy lab.

So it was an outrage when one of Boston's wealthy former doctors disappeared after having visited the school. The OJ trial was hardly a blip on the radar compared to this

case. Spectators were rotated in and out of the court room in 10 minute intervals to view this historic case of the rich doctor's murderer.

Murder at Harvard is a blend of history and fiction from historian Simon Schama. To say it's a documentary would be false because Schama manages to turn this into an olden time CSI episode. He does just enough historical research to get into the minds of the different characters then speculates what gruesome murder happened that fateful day. If you want a movie to turn on in the background while you're studying or working, this one is not for you.

So "who dun it?" The suspiciously more than helpful janitor who won reward money from the doctor's family? The unassuming chemistry professor who supposedly left the building before the disappearance of the doctor? We'll never quite know.

Rating: Chair gripping, but not quite in *Unsolved Mysteries* fashion.

Eunice Lee is a first year medical student. Look for more movie reviews from Eunice in future volumes of Global Matters.

School of Medicine—Office of Admissions

with
**Center for International and
 Multicultural Affairs**
 and



Announce
2nd Annual Pre-Medical Conference
Saturday, April 25, 2009
10:00 am to 3:00 pm

Registration will begin at 9:00 am
 Free and Open to ALL interested faculty, students and
 advisors
 Lunch provided

Highlights include:

- Admissions Process
- Curriculum
- Student Affairs
- Financial Aid
- Anatomy Lab Simulation
- Joint Admissions
- Faculty Session
- Medical Student Panel
- Tour of HSC
- MCAT Preparation

Located at TTUHSC
 Academic Classroom Building
 3601 4th Street
 Lubbock, TX
 For more information contact
 Emma Carrasco at 806.743.1522

**When in...
 Iceland**

- Thank you, or “*takk fyrir*,” is a vitally important expression in Iceland.
- Iceland has the highest literacy rate in the world therefore conversations should be direct and to the point.
- Iceland is renowned for its fresh fish, Arctic lobster, organic lamb and fabulous cheese, however the cost of dining out is the highest in Europe.
- Alcohol is very expensive as well. Do not offer to buy a round unless you are prepared to part with a large amount of cash.
- Don't leave the country without sampling *skyr*, which is a white, yogurt-like substance with a unique acquired taste.
- Don't expect to buy coffee to go. Icelanders believe that coffee should be savored and appreciated, not chugged on the run.
- If you are offered *Hakarl*, don't feel obliged to eat it. It is shark meat that has been buried and left to putrefy for up to six months.
- Icelanders tend to dress up to socialize. Only dress down in jeans and sweater if you want to stand out as a tourist.
- Tipping in restaurants is not allowed. Service charges are included in the bill.
- Remove your shoes when entering someone's home.

taken from
Behave Yourself!
 by Michael Powell

OB/Gyn in Ethiopia

by Evangelyn Okereke, School of Medicine Class of 2009



My experience in Ethiopia was very rich and rewarding. I really enjoyed and learned a lot from it. I was able to experience a diverse set of clinical encounters that represented healthcare in a developing country.

I spent the first week doing OB/Gyn work. During this week, I got to see how labor and delivery and its complications are managed. I witnessed a variety of interesting cases, ranging from postpartum sepsis to prolonged labor that required an episiotomy with forceps delivery. There were no fetal monitors present in the hospital so fetal monitoring was done via a simple cone shaped hearing device they called a fetoscope. The device was used to listen to the baby's heart sounds as the mom was having a contraction.

These moms mainly had their babies naturally, and there was no anesthesia except for local anesthetics used to numb the area before an episiotomy was done.

I learned while on this rotation that most moms prefer to deliver at home because many families live too far away from the hospital and have crops and animals they need to tend to. If they did not work, they could lose their livelihood for a whole year or perhaps even longer and this is a fate that they could not accept. In addition to all of this, sometimes the hospital costs are another added burden to these mothers and their families. As a result many moms tend to deliver at home, only coming to the hospital after prolonged or difficult deliveries. By the time they arrive many moms have lost their babies and/or developed other complications such as sepsis and fistulas. To further complicate matters, women tend to get married at a young age which can predispose them to fistula.

Because fistulas are such a problem in the community, they built the fistula hospital. This hospital, one of the newer and nicer editions to the Mekelle hospital, can house up to 27 patients and is dedicated entirely to women who have developed fistulas. Women that are afflicted with this problem usually suffer a lot because not only have they lost a child in some cases, but the community looks down upon them for not being able to produce healthy offspring as women are expected to do. They also have other problems such as husbands leaving due to the constant leakage of urine and stools from the fistula, being banned from church because their religion dictates they need to be clean before entering the church, and being made to live in outhouses upon their return due to the shame their families feel.



As you can probably gather, these women face a variety of issues, both social and religious. As outcasts in their own home, they become prisoners. Most stop eating and drinking in an effort to try and control the leakage of urine and/or stools that they constantly have. The fistula hospital is a great place because they try to address most of these social issues. They know there is more that needs to be done for these women than just fixing the fistula and sending them on their way. They address the patient's issues by providing them a place to stay in order to medically optimize them before surgery. They also provide them a place to work or money to start a business on their own after they have completely healed. I felt that patients arrived in absolute despair but left with hope and faith, even if the surgery was not completely successful.



This was a very memorable and moving experience for me. I not only saw how these patients recovered, but also the steps it took to lead to their recovery. I saw how much hope we can give to patients as doctors as well as how much hope patients can give to other patients. It was like seeing a different person leave the clinic doors. They left armed with information to help others in their community and to increase awareness of a problem they once faced.

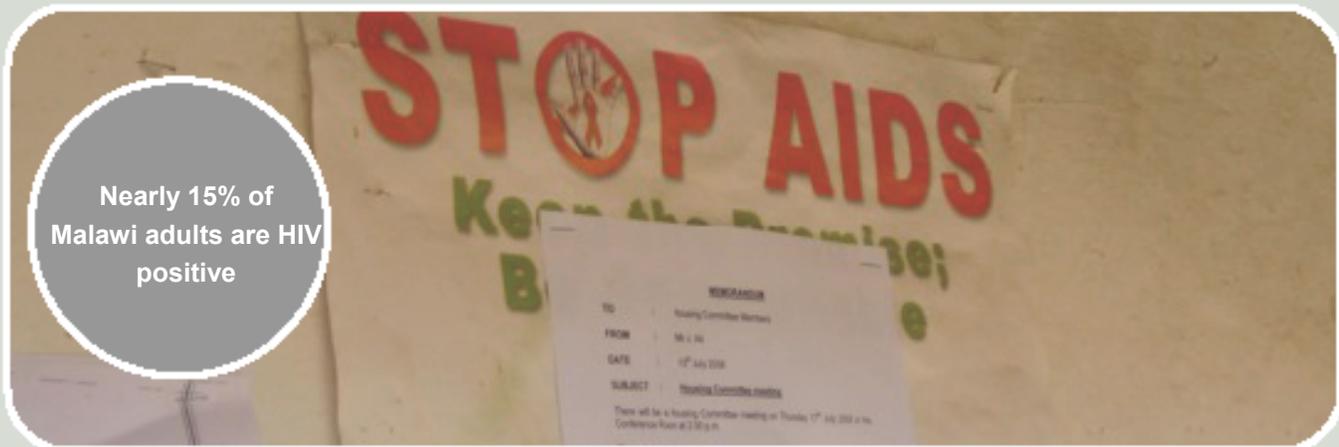
Lilongwe

MALAWI

Lilongwe Facts

Malawi is the 13th poorest country in the world. With only one Doctor for every 200,000 people. Life expectancy for male and female is only 35 yrs old.

By Andrew Shakespeare, SOM Class of 2012



Nearly 15% of Malawi adults are HIV positive

OPERATION HOPE

A non-profit organization under local surgeon Dr. John Thomas. Hope stands for “Healing Outreach for People Everywhere.”

In late July and early August of 2008 I had the privilege of going to Lilongwe, Malawi with Operation Hope. The trip was a medical mission with a faith-based approach to medicine and community care. In Malawi we teamed up with a church group called Somebody Cares. The goal was simple—help as many people as we could, how ever we could. The trip turned out to be more rewarding and fulfilling than I could have ever imagined.

The days were filled with operating and visiting villages. There were two teams that went on the trip, a medical team and a community team. It was so great for me to get to experience another country in a medical setting. It was honestly surprising to see the standards of health care in Lilongwe. It truly was a different world.

One of the signs posted at the hospital stated that a goal of the facility was to not have a maternity death rate over 50% for that year. The hospital was fairly well housed for standards in Malawi and included male/female wards, a maternity ward, an operating theater, and one ward that visitors could pay to stay in that had much nicer accommodations (your own room instead of just a bed and a curtain). Coming from a westerner’s viewpoint, there were plenty of strange things about the property. For example, the list of medications that were available for the whole hospital was written as a stock on a blackboard. Also, what they called the operating theater was merely a bench outside. It lead into a pre operating room that doubled as the post op room which, by the way, was without any nurses.



A local village

It is not uncommon to see young children caring for babies. Notice the girl with the bottle and the one carrying the baby.

My favorite story...

FIXED HERNIA



Toward the beginning of our trip we were out in one of the communities, and Dr. Thomas ran into the little boy pictured on the left. He had an umbilical hernia that Dr. Thomas offered to repair for him that week.

The boy's name was Adressa. He was from a small family and had two younger siblings. His mother was a widow. Adressa was very nervous before the operation, as can be expected for a young child, as was his mother. But the operation went smoothly and in a few days he was headed home, happy and healed.

There was just something about that particular family that touched my heart. To think of a single mother trying to raise 3 children in Lilongwe reminded me how much of a privilege it is to be here in the United States of America, and to be able to get one of the best medical educations in the country is remarkable. I do not want to take it for granted.

There are countless people just like Adressa in Malawi. The burden is overwhelming to think about, but there is joy in knowing that I helped influence the lives of that family.

It reminds me of exactly why I desire to be a physician.

After coming back to the states, I have tried to carry with me the compassion and fire that was already inside of me, but that was set ablaze in Africa. For me it is important to do things like this trip to keep a healthy perspective on the need for health-care, and for compassion. Africa was the trip of a lifetime and I hope it's not my last!



Operating room with less than modern equipment.

International Flavor

Recipes from Kenya,
home of
Sally Kipyego,
School of Nursing

Ugali

Ingredients:

1 c cold water
1 c yellow cornmeal (the Mexican flour "Mozerapa" is a close substitute to the Kenyan flour)
1 tsp salt (optional)
3 c boiling water

Put cold water in a medium-size saucepan, add cornmeal and salt, mixing continually. Bring to a boil over high heat, gradually stirring, and slowly add 3 cups of boiling water to prevent lumps. Reduce to simmer, cover and cook for about 8 minutes, mixing frequently to prevent sticking. The ugali will be done when it pulls from the sides of the pan easily and does not stick. It should look like stiff grits. You can serve ugali with everything from meat stew to sugar and cream.

Plantains in Coconut Milk

Ingredients:

3-4 plantains, sliced in rounds
1/4 tsp salt
1 tsp of curry powder
1/2 tsp cinnamon
1/8 tsp cloves
1-2 c coconut milk

Combine all ingredients, except the coconut milk, in a heavy saucepan and stir. Pour in 1 cup of coconut milk and simmer over low heat until the plantains absorbed the milk and are very tender. It takes awhile for them to get soft; give them about the same time you would need for cooking potatoes. You can add more coconut milk if desired. Serve hot and try with fish or curries.

Learning Spanish in Xela, Guatemala

By Claire Sellers, School Of Medicine, Class of 2011



Last summer, I spent the month of July in Quetzaltenango, the second largest city in Guatemala known by the locals as Xela. I was there to attend the Spanish immersion program, Pop Wuj. In addition to offering an intense Spanish language program, they also offer optional Medical and Social Work components. It was the combination of medical experience and Spanish immersion that attracted me and four other TTUHSC students to spend a month in the beautiful valley town of Xela.

Pop Wuj is owned and operated by a co-operative of teachers. Their goal is to teach students Spanish in a one-on-one, immersion-style of education, while offering the opportunity to participate in community service events. While I was there, I participated in activities at the local daycare sponsored by Pop Wuj and run entirely on donations. The kids were adorable and it was great fun to spend a morning playing with them and helping with homework. They also sponsored a stove building project. Once a week students go to surrounding smaller communities and help build a stove for a family. This was in great need because without a proper stove and proper ventilation, the families were at a much higher risk for lung damage.



The Spanish instruction itself is set up in a one-on-one environment. I personally knew very little Spanish before visiting Guatemala, and although I was initially nervous at the prospect, I think the Spanish instruction worked very well. We each had 4 hours of Spanish instruction per day in a very informal setting; often student-teacher pairs would choose to walk the city instead of staying in the classroom location. I found this to be very helpful in learning more of a conversational Spanish. The Medical component of the program in which I took part ran a clinic in the downstairs area of the school twice a week. The clinic offered inexpensive medical care and prescriptions. Most of the initial interviews were done by students, with us reporting back to the attending physician what we believed the diagnosis to be. This offered wonderful

practice for using the medical Spanish we had learned during class. Pop Wuj also traveled once a week to a local Mayan community to give medical care. This was an especially rewarding experience because often the patients we saw would have to wait a few months before the next time a doctor visited the community. It was also challenging because it required us to communicate through a translator from a language we were only beginning to know to a language we did not know. A third great medical opportunity, and one I greatly enjoyed, was the opportunity to observe and work with a local midwife. It was very interesting to watch the patient-midwife interactions and I loved that she could tell you how many weeks along a woman was in her pregnancy just by feeling the belly.

Another aspect of Pop Wuj that I really liked was the fact that each student stayed with a family in Xela. I was placed into a home along with two of my classmates, and we couldn't be happier in the situation we had. The family we stayed with was a warm, friendly family of women who didn't mind when I (often) blundered on my Spanish and were eager to help me improve. They provided us with three meals a day, clean water, and a warm place to sleep and shower. One of the sisters, in this household of 5 sisters and their mom, was also in medical school. During my last week in Xela she was generous enough to take me with her to the hospital, allowing me to experience medical school in Guatemala firsthand. I was able to observe several surgeries and see several patients. It was a wonderful experience. Overall, I think the homestay aspect of Pop Wuj was one of my favorite parts of the program.



On the weekends we took the opportunity to travel across Guatemala. We spent one weekend at Lake Atitlan, known to many as the "most beautiful lake in the world". It definitely lived up to its reputation and provided a calming, gorgeous weekend. We also traveled to the West coast of Guatemala as well as Antigua, one of the oldest and most beautiful cities in the country. Close to Xela was another volcano, technically live although it hasn't erupted in almost 200 years. Local hiking companies hold Midnight Hikes to watch the sun rise. This hike began at 12:30 and lasted (for me at least) until almost 5 am. Once we reached the top we snuggled as much as possible into a sleeping bag and watched the sun rise over a series of mountains. It was one of the most challenging and rewarding things I have yet to do.

Overall, I loved my time spent in Guatemala. I was constantly surprised and thrilled at all the adventures this small country had to offer, and the language program in which I took part offered a great opportunity to study the language while meeting students from around the world.



Country Scramble Answers:

1. Portugal
2. Suriname
3. Algeria
4. Belarus
5. Malaysia
6. Cyprus
7. Tajikistan
8. Georgia

The President's Forum on International Health

Spring 2009 Schedule of Presenters

Every
1st & 3rd
Wednesday
in
ACB 120
Noon CST



January

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

February

4—Revathi Ravi, SOM Class of 2012 &
Libby Hanushek, SAH Class of 2010
18—Peter Tabaczewski, M.D., Ph.D.

March

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

April

1—Rosa Vizcarra, M.D.
15—Tim Huerta, Ph.D.

May

6—Selim Krim, M.D.
20—Leslie Shen, Ph.D.

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



From Spain to West Texas

An Interview with Joaquin Lado, M.D., Ph.D.

A chance meeting with Dr. Reid Norman in 1996 brought Dr. Joaquin Lado to Lubbock, TX from his native country of Spain. At the time Dr. Lado had just completed three months of training with Dr. Michael Besser in England. He was invited to present his work at a conference in San Francisco which Dr. Norman was also attending. Dr. Lado was aware of Dr. Norman's impressive work in the field of endocrinology. A few months after meeting at the conference Dr. Lado received a call from Dr. Norman extending an opportunity for him to join the team at TTUHSC. He joined as a research assistant and conducted work involving reproductive endocrinology in Rhesus monkeys.

He returned to Spain for one year, then, in 1999, he completed the USMLE exams and returned to Lubbock for 6 months. He was offered a fellowship position in Chicago, where he resided until early 2003 at which time he accepted a faculty position in Spain. For the past 5 years he has been a professor of medicine at Universidade de Santiago de Compostela. His career path almost took him to Canada until he was again offered an opportunity by Dr. Norman to rejoin TTUHSC. The warm climate of West Texas appealed to his nature much more than the colder weather of Canada. As a result Dr. Lado returned to Lubbock in January.

From Dr. Lado's fourth floor office window you can look out and see acres of flat fields. This is a very different view from what he was used to in northwest Spain where the terrain is mountainous and the weather remains rainy much of the time. Spain has several different, and very distinct, cultures based on the various regions of the country. As a result Spain has four official languages—Castilian, Catalan, Galician, and Basque. In the northwest, where Dr. Lado resided, the area consists of coastland and mountains. Many of the people in this area are fishermen. Others make their living in agriculture. Families farm small but very fertile pieces of land.

To the north is Basque, a very beautiful, and also green, area. The culture of this area is different from that of its neighboring region. The area along the north Atlantic, which includes Barcelona, has an even different culture. This area is very prosperous because it was formerly used as a trade route between Africa and Europe and is well known for being the home of King Ferdinand, husband of Queen Isabella who financed Columbus's exploration of the new world. In the South, which includes Andalucía, one will find a rich Arabian culture. This area has a long history of serving as a mediator for many Arab countries. Finally there is the largest cultural group in Spain, the Castilians.

The healthcare system in Spain is completely different from that of the U.S. It is a socialized system in which all citizens are provided with healthcare. As with most healthcare systems there are both pros and cons. One of the problems with the system in Spain is that hospitals are becoming primary care facilities instead of emergency facilities. In addition, there are times it is difficult to be treated immediately. Emergencies are treated promptly but those with less serious problems may be placed on a waiting list.

Spain has a low infant mortality rate and one of the longest life spans of Europe. The major health related issue facing the country is the sustainability of the current healthcare system. The combination of chronic disease, obesity, new diseases, and extended life expectancy is very taxing on the present system. Spain's ability to continue to support the current universal health system is very much in question.

When Dr. Lado speaks about his native country he talks fondly of the people. The people are not only extremely friendly, but they are people of honor and can be taken at their word. They "help each other out" and can be trusted. They also enjoy life. He chuckles when he mentions that they "live in the streets," meaning they are a very social beings. Although the people work hard, they also know how to play hard.

As much as Dr. Lado enjoys life in West Texas there are some aspects of life in Spain he misses. For Dr. Lado the hardest part of leaving his native country was moving away from his aging parents who he is very close to. In addition, he says he misses Spain's coffee, not just the beverage, but the social life formed around the coffee table. The friendliness of West Texans and, of course, the almost-always-sunny weather, has help ease the transition from Spain to Texas.

International Flavor

Vegetable Curry

Ingredients:

2 large onions, chopped
2 tbl oil
1 tsp cumin seeds
1 tsp mustard seeds
8 medium potatoes, quartered
1 and 1/2 tsp fresh ginger, crushed
1 tbl whole coriander, crushed
2 chili peppers or 1 tsp cayenne
1/2 tsp turmeric
1 tsp salt
4 cinnamon sticks
6 cloves
4 oz tomato paste
1/2 lb green beans
1/2 small cauliflower
1 medium eggplant
1/2 lb fresh green peas, shelled, or 1 small package of frozen green peas
1 bunch fresh leafy greens (kales, spinach, collards) or 1 small package of frozen greens
1/2 c dry chickpeas, cooked (optional)

Pre-heat oven to 350 degrees. In a large, heavy skillet or pot, brown the onions in moderately hot oil along with the cumin seeds and mustard seeds. Add the potato pieces (peeling is optional), and stir to coat each piece with the spices. Now add the remaining spices and continue to stir for several minutes. Thin the tomato paste with about 2/3 cup of water. Stir into the pot. Add vegetables, one at a time, cooking for a minute or so between each addition, and put in the cooked chickpeas last. If your pot is not oven proof, transfer mixture to one that is. Cover with a lid or seal with foil and bake for about 45 minutes, checking after the first 20 minutes. The consistency should be rather thick, but add liquid if necessary to prevent burning. Stir occasionally to prevent sticking. Serve over rice or with Indian bread.



International Holidays and Celebrations

March

- 1—Samilijol; South Korea
- 2—National Day; Morocco
- 3—Hinamatsuri; Japan
- 5—World Book Day; International
- 6—Independence Day; Ghana
- 8—International Women's Day; International
- 9—Baron Bliss Day; Belize
- 12—Moshoeshoe's Day; Lesotho
- 14—White Day; Japan
- 15—J. J. Robert's Birthday; Liberia
- 16—St. Urho's Day; Finland
- 18—Charshanbesuri; Iran
- 19—Battle of March; Dominican Republic
- 20—Independence Day; Tunisia
- 21—Benito Juarez's Birthday; Mexico
- 22—Emanicipation Day; Puerto Rico
- 23—Pakistan Day; Pakistan
- 24—Waffle Day; Sweden
- 26—Swadhinata Dibash; Bangladesh
- 29—Boganda Day; Central African Republic
- 31—Freedom Day; Malta

April

- 1—Republic Day; Iran
- 4—Independence Day; Senegal
- 6—Chakri Day; Thailand
- 7—National Mourning Day; Rwanda
- 8—Flower Festival; Japan
- 9—Araw Ng Kagitingan; Philippines
- 11—Battle of Rivas; Costa Rica
- 12—Yuri's Night; International
- 13—Cambodian New Year; Cambodia
- 14—Pan American Day; Latin America
- 16—Queen Margrethe's Birthday; Denmark
- 17—Independence Day; Syria
- 18—Independence Day; Zimbabwe
- 19—Landing of the 33 Patriots; Uruguay
- 21—Yom HaShoah; Israel
- 23—Castilla y Leon Day; Spain
- 24—Armenian Martyrs' Day; Armenia
- 25—Liberation Day; Italy
- 27—Freedom Day; South Africa
- 28—Hero's Day; Barbados
- 29—Showa no-Hi; Japan
- 30—Children's Day; Mexico

Language Lesson

Cheers/good health

Afrikaans.....Gesondheid!	Maltese.....Evviva! Cirs!
Alsatian.....G'sundheit!	Norwegian.....Skål!
Bosnian.....Žuvjeli!	Occitan.....A la bona santat!
Chinese (Mandarin).....乾杯 (lit. "dry glass")	Polish.....Na zdrowie!
Chinese (Taiwanese).....呼乾啦! (lit. "let it be dry/empty")	Portuguese.....Viva! Saúde!
Dutch.....Proost! Op je gezondheid!	Romanian.....Noroc! (lit. "good luck")
Fijian.....Bula!	Russian.....Будем здоровы! (lit. "let's stay healthy")
French.....à votre santé!	Scots.....Guid Health!
German.....Prost!	Spanish.....¡Salud!
Hebrew.....L'chaim (lit. to life)	Thai.....ໄໝ້!
Indonesian.....Pro! Tos!	Turkish.....Şerefe! (lit. "to honor")
Italian.....Salute! Cin cin!	Uzbek.....Oldik!
Japanese.....乾杯 (lit. "dry glass")	Vietnamese.....Chúc sức khoẻ!
Latvian.....Uz veselību! Priekā! (lit. "in happiness")	Welsh.....Iechyd da!
	Zulu.....Impilontle! Akubekuhle!

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