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

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

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

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

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

More images from the GRACE tour:

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

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

Let’s be honest, I may be a medical student who lives under a rock with a book stuck to my nose, but even I know about China’s infamous One Child Policy and the cultural preference for male babies. While the strict family planning policies in China have changed since this National Geographic documentary was released, Lisa portrays a socioeconomic scene that still lingers as a result of years of enforcement. Mothers are forced to abandon their newborn girls on park benches and in public markets, women are kidnapped or sold and forced to marry strange men in other provinces because of the unequal male to female ratio, and Americans are adopting overseas. If you have forgotten why you wanted to go in to healthcare, look at the faces of some of the little girls that bombard Chinese orphanages every day. They’ll melt a heart of steel.

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

China’s Lost Girls is available for check out through the CIMA Library. Eunice Lee is a first year medical student. Look for more CIMA movie reviews from Eunice in future volumes of Global Matters.
Teaching Dental Health in Nicaragua
by Amanda Backlund, School of Medicine Class of 2009

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

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

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

Passport Services at TTU
International Cultural Center
601 Indiana Ave
Lubbock, TX
806-742-3667 ext 258

Please allow 4-6 weeks to receive your passport.

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

Additional documents needed for submitting passport application:
1. Previously issued passport or certified birth certificate
2. 2 passport size photos (may be obtained at OIA)
3. Driver’s license or other state-issued photo ID

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

Passport and expediting fees must be paid by check or money order. Processing fee must be paid by separate check or money order or with cash. No debit or credit cards are accepted.
When in…
Croatia

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

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

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

- Week long camp designed to increase awareness and interest in science and health.
- Introduces middle school students to various health careers and topics.
- Students have an opportunity to participate in specific science projects and speak to several professionals in the Lubbock community.
- Camp includes a private tour of Texas Tech University Health Sciences Center.
- Demonstrations by medical professionals within several TTUHSC departments.
- Camp concludes with lunch and presentation ceremony for students. Parents are invited to attend.

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

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

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

CONTACT:
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806.766.1300
OR EMMA CARRASCO
806.743.1522
EMMA.CARRASCO@TTUHSC.EDU
CLICK HERE TO VIEW SEA BROCHURE
Progress and Challenges: Learning About the State of Healthcare in Ethiopia
by Amar Joshi, School of Medicine Class of 2009

In November 2008 a classmate and I had the opportunity to participate in an international health elective rotation organized through the collaboration of the TTUHSC School of Medicine and the College of Health Sciences of Mekelle University in Ethiopia. During the course of my stay, I began to understand various aspects of the healthcare system in Ethiopia. Since many people live in remote towns and villages, they are often served by physicians in regional hospitals located in larger towns that may be more than one hundred kilometers away. Road conditions (and the fact that many people cannot afford transportation) make it very difficult for some farming communities to reach these locations for frequent follow-up care or minor medical or surgical complaints. To address this issue, government-run universities have expanded training programs for community health workers and health officers, who have similar roles to Physician Assistants and nurse practitioners of the U.S. These people often work in clinics in the communities that are far from hospitals, and they often manage most routine health maintenance, chronic condition follow-up visits, uncomplicated pregnancies, uncomplicated malaria treatment, and HIV antiretroviral therapy. When the case is complicated or a surgical procedure is required, the patient is referred to the regional hospital by the health officer. This often results in earlier presentation of the patient to the care of the physician because someone else has seen the patient early during an illness and discovered the need for prompt referral. In other situations the patient gets routine care without needing to travel impractical distances.

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

Despite the obstacles of resource scarcity and infrastructure problems, healthcare conditions seem to be improving gradually. New hospitals are being built while increasing numbers of doctors are choosing to remain in Ethiopia instead of practicing in other countries, which provides hope that the larger physician work force may reduce the staggering patient-to-physician ratios currently found there, thereby slightly mitigating the effects of a growing population in need. The government has expanded the universities’ training programs for health officers, community health workers, nurses, as well as other non-physician healthcare personnel; thus, there are more of them available for rural healthcare also. Roads are being improved by various construction companies, both Ethiopian and foreign, most notably Chinese. These infrastructure improvements will hopefully translate into better accessibility of currently remote areas to healthcare workers. Finally, Ethiopia has also been making strides in reducing the incidence of malaria through the efforts of a massive government-supported campaign involving education on preventive measures, distribution of insecticide-treated bed nets, and the increased use of new pharmaceutical combinations in treating malaria patients.

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

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

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

Bolo Cenoura
(Carrot Cake)

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

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

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

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

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

While attending medical school, Dr. De Toledo recalls that there was an emphasis placed on general medicine. The rural forest peoples, including people of the northern semi-arid regions and central highlands, and the “Kirdi”, of the northern desert and central highlands. French and English are both official languages of the country; however, in addition, there are about 270 African languages and dialects spoken as well, including Pidgin, Fulfulde, and Ewondo.

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

After returning to the US from Saudi Arabia, Dr. De Toledo joined the University of Miami as the Co-Director of the International Center for Epilepsy. He also served as Chief of the EEG lab. Dr. De Toledo and his family resided in Miami for ten years until he accepted a position at Wake Forest in North Carolina in 2007. He was serving as the Chief of Epilepsy and Neurophysiology for Wake Forest when he was invited to apply for the position of Chief of Neurology at TTUHSC.

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

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

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

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

Country Close-up*

Republic of Cameroon

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

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

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

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

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

*every issue CIMA will select another country to feature
4000 Toothbrushes and Countless Smiles
by Sheila Reddy, School of Medicine Class of 2009

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

In conjunction with Mision Paracristo, a Nicaraguan non-profit group, we taught school children and their families in rural villages about basic dental techniques and basic dental healthcare. Using supplies donated by medical students at TTUHSC and local Lubbock businesses we were able to bring over 4000 toothbrushes and dental supplies to the area, reaching over 15 schools and hundreds of children. We also performed dental surveys of the population in order to chart progress and dental health over the next several years. Overall, I was shocked at the poor level of oral health in children. Even at ages as young as three, children had decaying teeth that reached the gums, and plaque covering the majority of the teeth in their mouths. Most children had no access to toothbrushes and had never seen a toothbrush in their life. Simply introducing brushing and the concept of dental care was new to many of our students. Our hope is that TTUHSC medical students will continue educating the Jinotega region, and that improvements will eventually be seen. Already, steps are being taken to start a dental assistant school in Jinotega that can address treating the poor dental health of the region.

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

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

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

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

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

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

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

## Language Lesson

**Happy Birthday**

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3601 4th ST
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**Volume 5**

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**TTUHSC Global Matters**

The newsletter of the Center for International and Multicultural Affairs

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