



Volume 7
September-October, 2009

TTUHSC Global Matters

The Newsletter for the Center for International and Multicultural Affairs

CIMA LECTURES ON WORLD HEALTH FALL 2009 SCHEDULE*



Every 1st and 3rd
Wednesday of the month
Noon CST
ACB 120

- September 2
Joaquin Lado MD
Endocrinology
Lubbock
- September 16
Jamal Islam MD
Family Medicine
Odessa
- October 7
James Dembowski PhD
Speech, Language &
Hearing Sciences
Lubbock
- October 21
German Núñez PhD
Vice President
International and
Multicultural Affairs
Lubbock
- November 4
Miguel Pirela-Cruz MD
Orthopaedic Surgery
El Paso
- November 18
Tentative:
Dr. Jack Rudd
Teeth Savers
- December 2
Tyler Levick, SOM 2012
& Sixtus Atabong PA
Purpose Medical
Mission, Cameroon

*Topics to be Announced

Ceremony Marking MOU Signing Held in Spain



On September 11, German Núñez, PhD, Vice President of International and Multicultural Affairs and Director of the Center for International and Multicultural Affairs, traveled to Santiago de Compostela, located in the Galicia province of Spain, to attend a ceremony which commemorated the signing of a memorandum of understanding (MOU) between the University of Santiago de Compostela (USC) and TTUHSC. Dr. Núñez met with the rector of the university who was extremely excited about the possibilities the MOU presents for future exchanges between the two institutions. Officials from USC were particularly excited about the agreement because the current Division Chief of Endocrinology at TTUHSC, Joaquin Lado, MD, once served as Associate Dean of Research at USC. Dr. Lado is highly respected among the officials at USC.

In addition to meeting with the rector of the university, Dr. Núñez had the opportunity to meet the deans and directors of medicine, dentistry, and nursing. The deans and directors also expressed excitement about the agreement. The School of Medicine at USC expressed specific interest in receiving a number of medical students from TTUHSC as early as this summer for a Spanish medical terminology course. The course would be 40 hours per week—8 hours

each weekday. Four hours each morning would be spent in class while the additional four hours would be held in a clinical setting with Spanish physicians attending to Spanish patients. This course would offer TTUHSC medical students the opportunity to learn the Spanish language, more about the Spanish mother culture, and something about the practice and profession of medicine in another country.

In return TTUHSC hopes to offer faculty, students, and residents from USC the opportunity to come to TTUHSC to work on the clinical simulators housed in the F. Marie Hall Clinical Simulation Center. This would result in a truly bilateral agreement benefiting both institutions. Possible exchanges for USC faculty, students, and residents also include the Paul L. Foster School of Medicine in El Paso where the possibility of working in the unique environment of border cities exists.



While in Spain Dr. Núñez also visited the Texas Tech University campus at Seville. The TTU campus in Seville also expressed interest in offering a Spanish medical terminology course for physicians. This would be yet another opportunity for

students to learn the Spanish language and improve their ability to communicate with Hispanic patients. The opportunities offered at USC and Seville are unique in that they allow students the chance to learn more about the Hispanic culture, the Spanish mother culture, and the various elements of the Spanish culture which play a part in U.S. history.

CIMA Celebrates International Day of Peace

On September 20 & 21 CIMA partnered with Students for Global Connections (SGC), a student organization at Texas Tech University, to support the efforts of Peace One Day in promoting an International Day of Peace. Established by UN resolution in 2001, September 21 has been designated as an international day of cease-fire and non-violence. To commemorate the Day of Peace, CIMA and SGC planned several activities at both TTU and TTUHSC.

On Sunday, September 20 CIMA assisted in hosting One Day. One Goal. soccer matches at Urbanovsky park. Organized by 2nd year medical student Kweku Hazel, the One Day. One Goal. event allowed participants to mark Peace Day by challenging each other in soccer matches. Other activities were also available including face painting, writing Peace messages on a Peace banner, and painting Peace rocks. The following day CIMA hosted two screenings of the film *The Day After Peace*. The film charts the remarkable 10-year journey of Jeremy Gilley, award-winning filmmaker and founder of Peace One Day, to establish an annual Day of Peace. Both events were open to the public and free of charge.

For more information about Peace One Day visit their website at www.peaceoneday.org.



Available from the CIMA Library

We have recently added several new items to the CIMA Library. The following books and movies are now available for check-out:

Books

Breach of Peace: Portraits of the 1961 Mississippi Freedom Riders by Eric Etheridge
In the spring and summer of 1961, several hundred Americans challenged the segregation of Mississippi's bus and train stations. Known as The Freedom Riders, these Americans were determined to end the illegal practice of discrimination in the South. In the process over 300 people were arrested and convicted of the charge "breach of peace" then detained at Parchman State Penitentiary. This book is a collection of mug shots taken at the time paired with contemporary portraits and interviews with former Freedom Riders.

Movies

Born into Brothels
Academy Award Winner Best Documentary, 2004
While living in Calcutta, Zana Briski, a New York based photographer, befriends several youngsters who reside in the red-light district. She gives them cameras and teaches them how to shoot and edit. The result is visually stimulating photographs of Calcutta's beauty as seen through the eyes of it's most vulnerable citizens.

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

Meet Revathi Ravi School of Medicine Class of 2012 And 2009-2010 International Medicine Club President



Revathi Ravi doesn't remember wanting to be anything other than a physician. Old home videos of Revathi as a child reveal a girl playing with her younger sister. When the younger sister gets "hurt," Revathi must determine what medication her patient needs and whether the patient should receive emergency medical attention. The home movies are very telling of the future that awaited Revathi. Although there have been times over the years when she has second guessed herself and her choice to pursue medicine as a career, there was always something, an interaction or an experience, that would bring her back to what she knew to be true—she was meant to be a physician.

Revathi's international experience began at a very young age. Her parents are originally from India, so she made many trips to her parents' homeland during her childhood. In addition she traveled with her family to Hong Kong, Kenya, and all over Europe. This experience gave her an appreciation of other countries as well as a value of other cultures.

At the age of fourteen Revathi and her family moved to India. While there she attended an American school which served as a melting pot for teens from all over the world. Revathi loved being surrounded by the variety of cultures. The presence of so many different views and backgrounds resulted in a very rich and diverse experience. Each individual viewed the world from a different perspective. The school environment gave the teens a safe place to debate pertinent issues while keeping friendships intact.

As a result of her interest in medicine and her exposure to diverse cultural experiences, Revathi developed an interest

in international health issues. A passion for HIV is tied tightly to her interest in international medicine. Revathi can remember watching a movie as a teenager during health class about HIV. The story line left a deep impression—a young man dealing with HIV, the anger he felt about his disease, and the actions he took because of that anger. Eventually this passion led to Revathi's involvement with HIV issues impacting both Africa and India.

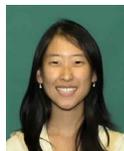
During the summer of 2006, Revathi had the opportunity to travel to Uganda with a prominent NGO. She sites this as "the beginning of everything" and says the experience gave meaning to her fire. It also greatly changed her perspective of medicine. Medicine was no longer medications and hospitals. It was now a person, a smile, and a relationship—everything that comes together and must be considered to provide efficient care. For Revathi HIV pulled back a veil on society to reveal what was really happening. After the veil was lifted she was never quite the same.

The following summer Revathi traveled to India. She contacted the infectious disease department at Washington University in St. Louis where she was completing her undergraduate degree and expressed her passion for HIV research. She found the department was involved in conducting research that looked at how everything in one's life works together to determine how sick one can get. The research looked at the interconnectedness of social, economic, psychosocial, and relational factors on the disease. Through this program Revathi came in contact with a local physician in India active in training physicians to care for the increasing population of HIV patients in India. She resided in India for six months and worked on a project which looked at how the problems HIV patients deal with may be related to the type of medical treatment they receive (i.e. primary, secondary, or tertiary.)

Interview with Revathi continued on page 7.

CIMA is pleased to announce the newest feature of the Global Matters newsletter. Beginning this issue the International Medicine Club will provide a column written by the officers and members. This issue's column is written by Revathi and can be found on the following page.

My Name Was Sabina Spielrein A CIMA Movie Review



Imagine rolling through your personal Rolodex and your thumb flips through the names of Governor Howard Dean, Senator Bill Frist, Charles Everett Koop... Oh wait, that's President Baldwin's Rolodex. Ok, imagine your personal address book contains the names of Carl Gustav Jung and Sigmund Freud. This book belonged to Sabina Spielrein.

Sabina Spielrein had the privilege of being Carl Jung's first patient. The diagnosis? Hysteria. He even used her case to present his ideas, influenced heavily by Freud, in Amsterdam but the group of doctors didn't receive it very well because they felt Freud's ideas were "unwholesome". But *My Name Was Sabina Spielrein* is not about Jung or Freud, it's about Sabina – her life, her ideas, and her relationship with the two men that helped to explore and expand psychoanalytic theories.

This documentary is not another stuffy, boring documentary. The film manages to portray the drama that existed in the very real-life biography of Sabina Spielrein. For those with a short attention span, this documentary does an excellent job of marrying soap opera type flashbacks with fact. At the same time it educates you a little on psychoanalysis and Freud's theories. The best aspect of the film is that the script is actually composed of excerpts from letters, diary entries, and clinic notes of Sabina, Jung, and Freud.

"I, too, was once a human being. My name was Sabina Spielrein."

Rating: Don't avert your eyes from the screen (there are a lot of subtitles.)

My Name Was Sabina Spielrein is available for check out through the CIMA Library. Eunice Lee is a second year medical student. Look for more CIMA movie reviews from Eunice in future volumes of Global Matters.

The International Medicine Club Column

Dr. Binayak Sen

by Revathi Ravi, IMC President

"The most important thing is that we love one another," said Dr. Binayak Sen when I met him at the Christian Medical College in Vellore, India. It has been two years since he first set foot in the Raipur jail of Chhattisgarh, held in violation of his own human rights, and yet his message is clear: we must all come together.

The travesty of Chhattisgarh which has now made headlines all over the world has brought physicians, journalists, students, human rights activists and Nobel Laureates into the trenches, reminding us of why we began a career in medicine, and how little of that work is what was taught to us in textbooks. Dr. Sen, a pediatrician, was not working long in Chhattisgarh, when he pinpointed the great need of the local mining community for sustainable health care. He helped to set up the Chhattisgarh Mukti Morcha's Shaheed Hospital, where mine workers who access its services also help to operate and sustain it. He and his wife also founded 'Rupantar', an NGO that trains and supports community health workers in 20 surrounding villages. At the heart of his work is a love and care for the needs of the disempowered and underserved. It was his passion for the lives within this community that enabled him to see the greater travesty affecting his patients: murder.

"Salwa Judum" is the name given to a group of tribal individuals believed to be fighting Maoist invasions in Chhattisgarh. The Maoist/Naxalite movement, well known for its terrorism and violent acts in the guise of the 'People's War', has spread throughout India and is slowly taking over tribal hierarchies and communities. Dr. Sen found that while Salwa Judum had been widely publicized as individuals fighting against the Maoists on their own accord and standing up to the Naxalite violence, they were instead armed by the Chhattisgarh government and killing thousands of innocent people, displacing entire communities. For a physician deeply involved in the needs of the people he served, he did what any individual would do when faced with such atrocities: he began to talk about them.

A believer in non-violence, Dr. Sen began writing and speaking publicly, gaining national and international attention as he decried the government's under-handed and murderous maneuvers. For his expression of human rights, Dr. Binayak Sen was arrested, initially with no charge, and later, for "aiding" the Naxalites. He spent the next two years in jail and then solitary confinement, as the government attempted to create a case against him. Dr. Sen was held without bail. For two years the international community, human rights groups, and individuals from all walks and professions worldwide fought for his freedom, citing injustices in holding an individual with no credible charge. Finally in May of 2009 he was granted bail due to his deteriorating health at the CMC Hospital in Vellore, India, following a ruling by the Supreme Court of India.

Through my time with him at the CMC Hospital, I saw an individual who had simply done what any other person would have in his situation. As health care providers, we are entrusted not only with the health of those around us, but their lives, and in doing so, our interactions go beyond

health care, to human rights and patients' freedom and needs. In attempting to deliver care to others, we are held in privy to the most intimate details and workings of people - their exploitation, vulnerabilities, triumphs, and tragedies. It is our responsibility to see medicine for more than the diseases but a privileged undertaking in making the world a better place.

In an interview following his arrest, Dr. Sen stated: "I don't condone the Naxals. I don't approve of their violent methods. In fact, I've spoken strongly against them several times. I'd like to say three things. First, this case has no basis and I want it to end as soon as possible. I'm 58 years old, I haven't given my family much attention all these years. I want to spend time with my wife and children. Second, Salwa Judum has to end. It has created a split in the tribal community. It will take a long time for the rift to heal. Third, establishing peace should be the first priority. I think we need to work to bring all parties to the negotiating table. It is the first thing I will work towards after I get out of here."

With the price of Dr. Sen's head quite high once he re-enters Chhattisgarh, I inquired whether he was afraid of what lay ahead. He said, "Of course - but I have to go back." His heart is there with the people of Chhattisgarh, and no matter what the future holds for him his work will always be there—fighting for the needs of the people.

Dr. Sen's story emphasizes the continual integration of international health and social justice that the International Medicine organization hopes to emphasize in the coming year. In August Dr. Jason Prystowsky, who has spent the past year working with Doctors Without Borders, came to speak on his work in Sudan. It is our hope to prepare students who want to make a difference in the world not only through medical training, but the issues that will impact us in our line of medical work. Very little of what it means to be a doctor is emphasized in the disease of a person, and much more in social, economical, and political factors that govern their lives. Just as Dr. Sen works to empower the individuals in his community through health care and human rights, our hope is to also arm students and all interested individuals with this insight and provide them with the tools to help make the world a better place.

Dr. Sen has received several awards for his work in community health and activism since his imprisonment, including the Paul Harrison Award for a Lifetime of Service to the rural poor, the Jonathan Mann Award in Global Health and Human Rights (the highest distinction in Global Health), and the R.R. Keithan Gold Medal. Due to his imprisonment, his wife and activist Dr. Iliana Sen accepted them on his behalf.

To watch Dr. Jason Prystowsky's lecture from Doctors Without Borders, please visit http://www.ttuhsu.edu/som/curriculum/international_health_elective.aspx (scroll down to the link entitled 'Doctors Without Borders: Tales from the Field').

Mark Your Calendar



CIMA Film Series

A Class Apart

Tuesday, September 15
Noon CST
Room ACB 250

The Released

Tuesday, October 20
Noon CST
Room ACB 250

Free snacks provided to attendees!



Fall 2009 Diversity Lecture Series*

- September 8
Maria Cerqueira, PhD
Pan American Health Organization, El Paso
- October 15
German Núñez, PhD
Vice President International and Multicultural Affairs Lubbock
- November 12
TBA
- December 10
Kelly Overley, EdD
Vice Chancellor Institutional Advancement
- January 14
Don Meier, MD
Pediatric Surgery El Paso
- February 11
Quentin Eichbaum, MD, PhD, MPH, FACP
Pathology El Paso

*Lecture titles TBA

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



Your credit union for life™

When in... Italy

- Greet with a firm handshake and direct eye contact, and say "Buon giorno" (good day) in the morning and "Buona sera" (good evening) in the late afternoon and evening. When you know someone better, you may embrace or kiss on both cheeks.
- Only use first names when invited to do so. Titles are very important and show respect. Use Signore (Mr.) and Signora (Mrs.) plus the family name (rather than first names.)
- When answering the phone, say "Pronto," which means "ready," not "Buon giorno."
- Breakfast is very small; lunch is usually the main meal of the day; and dinner is eaten very late.
- Cappuccino is a morning drink. After about 11 a.m. Italians switch to espresso.
- Sitting down to drink coffee is much more expensive than standing at the bar, which is why you will often see a crowd of Italians crowded at the bar drinking espresso.
- When you buy coffee or ice cream (gelato), you usually pay first, and then take the receipt and show it to the server.
- It is polite to stay at the table until the meal is finished, rather than visiting the bathroom during the meal.
- Don't mop up sauce or olive oil with your bread.

Hometown Doctors Endorse Choice of Study for Luke Watkins

by Emma Carrasco



Luke Watkins is a student enrolled in the MD/MBA degree program at Texas Tech University Health Sciences Center (TTUHSC) in Lubbock. "When I mentioned this degree to doctors from my hometown of Midland, Texas, almost all of them said they wish they had been offered the opportunity for this option when they were in medical school," Watkins recalls. "Although this is changing, in many cases medical students do not have the opportunity to learn how to properly manage a practice and many physicians may have little control or understanding of their practice's financial side."

Watkins earned his Bachelor of Science degree in Biology from Texas A&M University. As a biology major, many of his classes were basic versions of TTUHSC medical school classes, allowing advanced understanding of difficult concepts before having to add significant amounts of detail to them. One particularly difficult class was his first semester of organic chemistry. This class required a great deal of memorization. A teacher advised that whenever possible he find patterns and rules which help reduce memorization, strengthen understanding, and allow for

better integration of the material. This strategy has enabled him to perform better.

"Although the MD/MBA program is allowing me to learn specifics before becoming a physician, the scheduling of the program is carried out separately by the School of Medicine and the graduate program of the business school. During the beginning and end of my first two summers, courses during the summer are for business classes and medical school simultaneously. The stress of catching up on a week's worth of classes in two days was not an environment conducive to truly learning," says Watkins.

Despite heavy demands, Watkins participated in a program called Hard Hats for Little Heads through the Texas Medical Association. Through this program properly and individually sized bike helmets are passed out to local elementary students just before summer. Watkins believes that teaching the students how and why they should prevent head injuries is important. This program allowed Watkins to interact with local students who were appreciative of the helmets.

"Practicing medicine is something that I have always wanted to do, and these degrees will make that possible. I have always enjoyed helping people, and being a physician is a way to help people with their most valued asset. The business degree will allow me to better perform my duties as a physician for a longer period of time. Knowing that my practice is financially and legally sound will allow me to provide assurance to my patients that I will be around to continue to serve them," Watkins concluded.

Impacting Global Health by Katie Chung, School of Medicine Class of 2010

What does it mean to you to contribute to the global society? When faced with this question, most medical professionals imagine themselves personally providing medical assistance to a vulnerable population in a foreign country for a set period time. While this is an integral aspect to contributing to the global society, it takes countless man hours prior to these voyages to make this type of contribution possible.

Merely three years ago, no organized international rotations for Texas Tech medical students existed. One student with a vision to expand global health opportunities began organizing Texas Tech's first ever international rotation during his second year of medical school. In collaborating with the undergraduate international office and a few enthusiastic faculty members a formal relationship with Mekelle University in Ethiopia was established. After three years of investment, he led a group of fourth year medical students to Mekelle, Ethiopia to participate in the first Texas Tech international rotation. Since then, medical students have been traveling to Mekelle to spend one month with local physicians and public health officials in various settings, including a government-funded university hospital, a world-renowned fistula hospital, and in the field delivering a malaria prevention education program. These students return home with a deeper understanding of infectious disease processes such as Leishmaniasis, cultural practices such as Female Genital Mutilation, and the structure of health care delivery in Ethiopia. Upon returning to the United States, students give educational seminars to the medical community on their experience in Ethiopia.

Shortly after the development of the Ethiopia International Rotation, several Texas Tech faculty members with international involvement approached the students who were working on the establishment of these programs in hopes of offering structural support for the further development of international opportunities to medical students. Because of these gracious proposals in conjunction with the students' visions, a myriad of options for international rotations now exists. Students may spend their fourth year critical care rotation in a neonatal intensive care unit (NICU) in Pakistan with a Texas Tech faculty member who travels there annually. With another Texas Tech faculty member, students may go to rural Uganda to practice general medicine and provide basic health education to locals. Additionally, several first and fourth year students have spent time in Jinotega, Nicaragua with yet another Texas Tech faculty member delivering health care in a general medical clinic as well as a maternal-child health clinic. This project also includes a dental health education delivery component to elementary aged children in order to encourage fluoride treatment.

In yet another realm, one student-physician pair in Amarillo worked together last year to establish a donation project to send medical supplies abroad with the support of local charitable organizations and the academic institution itself. Another student authored a guide that is now available online to prepare students for selecting, organizing, and executing international experiences.

The depth and breadth of opportunities in the realm of global health are endless. A creative initiative from a dedicated student or faculty member can blossom into a meaningful opportunity with a great impact for many years to come. So in reflecting on the question of what it means to contribute to the global society, the answer may be closer to home than you think.

South Korea's Got Seoul

by Eunice Lee, School of Medicine Class of 2012



I didn't live in a hut or sleep on a dirt floor. I didn't worry about dangerous infectious diseases or refuse to eat the local food as a result. But rather, I spent many hours on the subway, dodged my way through crowds of well-dressed people going to work in an office building, ate delicious food without questioning, and showered every day. If you didn't know any better you'd say I was in Manhattan or LA. However, my international health experience this past summer was in the not so third world and very industrialized motherland of South Korea.

As industrialized and westernized as it has become, there are still cultural differences, besides the language barrier, that make you aware you're no longer "in Kansas." Here are just a few things I noted about the culture and the practice of medicine in South Korea this summer:



- One of the first lessons I learned was not to cross my legs while interviewing patients because it is offensive and fails to establish rapport.
- Remember that when eating together, a lot of food is shared and double dipping isn't a big concern. That may be problematic in instances where there's even a slight chance of transmitting disease via saliva, so you should mention to the patient that they eat separately.
- Ambulances get stuck in traffic.
- Medicine seems more focused on prevention than treatment. Every year, South Korean citizens are eligible to receive a wellness exam that comes complete with a full package of MRIs, X-rays, endoscopies, and blood tests. The physician I worked with handed out a lot of advice on reducing spicy foods, alcohol, and not lying down immediately after a meal because of inflammation seen on endoscopy at the fundus of the stomach that could potentially become an ulcer.
- South Koreans place a high priority on staying healthy and love anything that claims to help return balance to their body. As a result, Eastern and complementary medicine is frequently self-administered. In fact, a lot of patients will come in recommending to the nurses and staff that they try out this new herbal tea that helps them lose weight or cook with this herbal root that helps improve your memory. It's safe to say that many patients are using complementary/alternative medicine.



When students speak of international medicine most people begin thinking about the lessons that will be learned as a result of working in an impoverished area, but I learned very valuable lessons in industrialized South Korea on cultural competency that the classroom had failed to teach. The most education my first year of medical school provided me in the arena of cultural competency was a few journal articles that had to be read for discussion. One of the things I admired the most about the Korean medical school curriculum was the requirement for students to do a rotation abroad, regardless of whether that country was a third-world country or America. In this student's opinion, time abroad is really the best way of teaching cultural competency and helping us realize its importance in the care of our patients.

When in... Italy cont.

- Eating well is a compliment to your hosts, so eat as much as you can and expect to be offered seconds and thirds.
- Italians never cut lettuce. They fold it into a small parcel with their knife.
- In most restaurants a 10 to 15 percent service charge (*servizio*) is added to the bill, and tipping is not obligatory, although you may choose to leave an extra five percent for excellent service.
- Italians have an expression, *bella figura*, which refers to the ability to conduct oneself with dignity, pride, and confidence in public. Be aware of the image that you are presenting to those around you. It will be noticed.
- Tip the people sitting outside public restrooms 25 to 50 euro cents.
- When you are invited to someone's home, an odd number of flowers (except chrysanthemums, carnations, or red roses) or quality chocolates are acceptable gifts.
- If you place your hand on your stomach and make a face, it means you dislike someone or something. Rubbing your chin with your fingers and then flicking them forward is an expression of anger or frustration.
- Chewing gum is considered vulgar. Smoking, on the other hand, is widespread, even in non-smoking sections.

taken from *Behave Yourself!* by Michael Powell



Can you name the countries represented by the flags below?

Answers on page 7



International Flavor



A recipe from Russia home of Svetlana Schoggins, Senior Accountant, Accounting Services

Stuffed Cabbage Rolls Serves 3 (2 rolls per person)

- 6 cabbage leaves
- 1/2 lb ground beef
- 1/2 cup cooked rice
- 1 small onion, chopped
- 1 tomato, chopped
- 1/4 cup shredded carrots
- Water
- Parsley, chopped
- Dill, chopped
- Sour cream
- Salt
- Pepper

Cover cabbage leaves with boiling water. Let stand 5 minutes; drain. Combine ground beef, salt, pepper, and onion. Wrap in cabbage leaves, roll and fasten. Place in a small pot. Add chopped tomatoes and shredded carrots. Pour in water, just enough to cover the top. Simmer covered for 30 minutes or until ground beef is cooked. Top it with sour cream, chopped parsley and dill. Serve.

CIMA Hosts Diversity Lecture Featuring Maria Cerqueira, MSc, PhD



Maria Cerqueira, M.Sc., Ph.D.

CIMA was honored to feature Dr. Maria Cerqueira at a recent Diversity lecture. Dr. Cerqueira currently serves as the Chief of the U.S.-Mexico Border Office of the Pan American Health Organization (PAHO). PAHO serves as the Regional office of the World Health Organization.

PAHO has been a presence in the Americas since 1902. PAHO's mission is to lead strategic collaborative efforts among member states and other partners to promote equity in health, to combat disease, and to improve the quality and lengthen the lives of the peoples of the Americas.

The U.S.-Mexico Border Field Office was established in 1942 to provide technical cooperation and support to local, state, and federal health authorities in order to bi-nationally respond to the emerging diseases at the border. The Field Office, located in El Paso, TX, serves 10 border states, 48 U.S. counties, 80 Mexican municipalities, 14 pairs of sister cities, and a population of 13 million people. The office serves the busiest and most traveled border in the world. The U.S.-Mexico border sees over 400 million people cross each year. In addition there is \$638 million in trade conducted along the border each day.

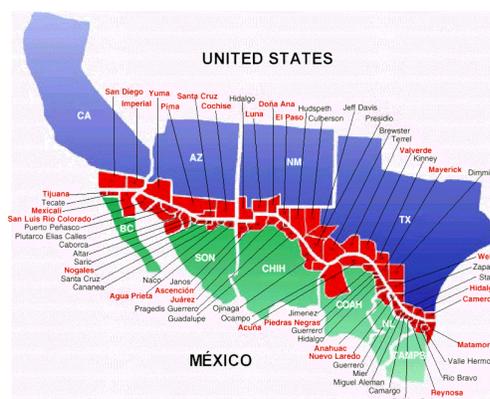
Dr. Cerqueira's lecture focused on PAHO's efforts to promote health and prevent illness along the U.S.-Mexico Border. She shared some of the issues and challenges faced along the border, which include inequities impacting migrant and ethnic minorities, family disintegration, internet influences on lifestyles and values, and access to health services. Some of the border health issues PAHO is in-

involved with are chronic non-communicable diseases such as diabetes, CVD, obesity, hypertension, and cancer; violence and injuries; as well as a growing concern about TB.

To deal with the issues and challenges faced along the U.S.-Mexico border, PAHO established two programs—Healthy Border 2010 and the Border Environmental Program 2012. The objectives of these two programs include establishing better access to health care; combating health issues such as cancer, diabetes, and infectious diseases; focusing on environmental health issues; and improving maternal, infant, child and mental health services.

At the conclusion of Dr. Cerqueira's presentation she spoke briefly on PAHO's initiatives along the U.S.-Mexico border to combat the current H1N1 pandemic. As of August 23, H1N1 had been confirmed in 177 countries resulting in 2,200 deaths. The largest infected group are individuals between the ages of 10 and 19. PAHO's border efforts include providing technical cooperation to prepare workshops for health professionals and community health workers and working with both partners and the media to keep communities informed.

To view Dr. Cerqueira's presentation visit our website at the following link: <http://www.ttuhs.edu/cima/diversitylectureseries.aspx>



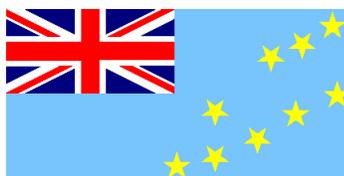
Area served by PAHO/WHO US-Mexico Border Office

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

Tuvalu

The nation of Tuvalu consists of four reef islands and five atolls located in the South Pacific, half-way from Hawaii to Australia. 96% of the population is Polynesian while the remaining 4% are Micronesian. Tuvalu has a constitutional monarchy with a parliamentary democracy. Queen Elizabeth II serves as head of state (represented by a governor general) and a prime minister serves as head of government. In addition there is a 15 seat Parliament, or House of Assembly, elected by popular vote to serve 4-year terms.

In the 1500s Spain became the first European nation to discover the islands. The islands were visited by American and British sailors and expeditions in the 1800s. In 1819 an American Captain in command of a British merchant ship named the main island Ellice's Island after the British politician who owned the cargo aboard the ship. In 1863 hundreds of Tuvaluans were kidnapped, taken to Peru, and forced to work in guano mines.



The islands became part of a British protectorate in 1892. During World War II the islands were a key location for U.S. airbases. In 1974 the islanders voted to separate from Britain taking the name Tuvalu. They became fully independent four years later.

Although there are no major political parties in Tuvalu the islands are considered a democratic nation with free elections every four years. Chiefs and Islands councils also play an important role in island affairs.

Most Tuvaluans work as subsistence farmers, fishermen, or seafarers. Tuvalu's major exports are national stamps, copra, and handicrafts. The major markets for exported goods are Fiji, Australia, and New Zealand. It's currency is the Australian dollar.

The life expectancy for Tuvaluans is 61 years for males and 62 years for females. The infant mortality rate is 36 per 1,000 live births. According to World Health Organization statistics the two leading causes of death in Tuvalu are cerebrovascular disease and ischaemic heart disease.

Interview with Revathi Ravi. Continued from page 2.

In August 2008 Revathi began medical school at TTUHSC. During her search for a medical school she knew it was important that she find an institution that would support her interest in international medicine as well as offer opportunities to go abroad. In addition she wanted an environment that could provide everything she would need to effectively learn all she would need to know in order to be the best physician possible. She was also looking for a community that fostered relationships with faculty as well as peers. She found all of this and more at TTUHSC.

It was during orientation she was introduced to the International Medicine Club (IMC). Although many clubs were available, this was the only club Revathi chose to join during her first year of medical school. She knew it was the one club she deeply cared about and the only club to which she would dedicate her time and passion. Revathi found the International Medicine Club to be an organization of individuals who are either interested in going abroad or have had experiences abroad and are passionate about international medicine. For some members the IMC means the opportunity to explore different parts of the world while doing something they are good at—medicine. For others it is a place where they can explore ideas of social justice, human rights, and health equity.

In addition to Revathi's role as president, the IMC has five Vice Presidents. These five individuals have a rich variety of experience. Revathi says they are all hard working, deeply passionate, and have gone abroad in some capac-

ity. Together these six medical students have a vision of where they'd like to see the IMC go over the course of the 2009-2010 academic year. That vision includes making travel abroad more accessible to students and increasing opportunities, exploring and defining what international medicine truly is and all its many faces, and approaching ideas of health equity and social justice by looking at recognized gaps and what others have done to bridge those gaps. The IMC hopes to begin looking at the big issues and what people are fighting for right now.

Revathi's interest in and contagious passion for international health issues, especially HIV, has done much to influence her view of medicine. Her experiences have led her to believe that medicine has to be for the individual. The individual isn't a number and isn't made happy with a pill. She believes medicine fails when it doesn't address all the complicated aspects of being human. She likens it to a glass of water and explains it this way: "If you ask me to get the water out of the glass the easiest solution would be to drop the glass, letting it shatter, but which also destroys the glass. Most of the time, when people ask you to get the water out, they're not asking you to destroy the glass at the same time. I see people the same way. When people come that are sick, they are not asking you to destroy them. They are asking you to preserve this person, to uphold them as the center of your care and to focus on them as a unique individual that comes with a family, amazing talents and abilities—a life. You can tip the glass over and let the water out, preserving the glass so that it can be used over and over. Medicine is a body of knowledge and power."

International Graduate Admissions Decline for First Time in Five Years

A press release from the Council of Graduate Schools (CGS) dated August 20, 2009 reports that offers of admission from U.S. graduate schools to prospective international students decreased 3% from 2008 to 2009. This is the first decline since 2004. The report additionally shows a 16% decline in offers to students from both India and South Korea while offers to students from China increased by 13%. Admissions in all three of the most popular fields of study for international students—engineering, physical sciences, and business—declined by at least 4%. There was a 2% decrease in international offers at doctoral universities, compared to a 9% decline at master's-level institutions.

The Council of Graduate Schools is an organization of over 500 institutes of higher education in the U.S. and Canada engaged in graduate education, research, and the preparation of candidates for advanced degrees. The organization's mission is to improve and advance graduate education, which it accomplishes through advocacy in the federal policy arena, research, and the development and dissemination of best practices.

The information above was taken from the findings of the 2009 CGS *International Graduate Admission Survey* which can be found at the following link: www.cgsnet.org.

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- | | | | |
|----------------------------|---------------|--------------|-------------|
| Answers to name that flag: | 1. Seychelles | 4. Belize | 7. Palau |
| | 2. Aruba | 5. Nicaragua | 8. Slovakia |
| | 3. Kuwait | 6. Vietnam | 9. Egypt |



International Holidays and Celebrations

September

- 01—Constitution Day; Slovakia
- 02—Onam Festival; India
- 03—Independence Day; Qatar
- 06—Somhlolo; Swaziland
- 07—Independence Day; Brazil
- 08—International Literacy Day
- 09—Independence Day; Tajikistan
- 10—Teacher's Day; China
- 11—Quaid-e-Azam; Pakistan
- 12—National Day; Cape Verde Islands
- 14—San Jacinto Day; Nicaragua
- 15—Keiro-no-Hi; Japan
- 16—Fiesta Patrias; Mexico
- 18—Independence Day; Chile
- 19—Rosh Hashanah; Jewish
- 20—Liberation Day; East Timor
- 21—International Day of Peace
- 22—Birthday of Princess Martha Louise; Norway
- 23—National Day; Saudi Arabia
- 24—Constitutional Declaration Day; Cambodia
- 25—Kamarampaka Day; Rwanda
- 27—St. Vincent de Paul Day; Madagascar
- 28—Confucius's Birthday
- 29—Boqueron Battle Day; Paraguay
- 30—Botswana Day; Botswana

October

- 01—Mehregan; Iran
- 02—Republic Day; Guinea
- 03—Tag der Deutschen Einheit; Germany
- 04—St. Petronius Day; Italy
- 06—Armed Forces Day; Egypt
- 08—Death of Henri Christophe; Haiti
- 09—Independence Day; Uganda
- 10—Independence Day; Cuba
- 12—Independence Day; Equatorial Guinea
- 13—Rwagasore Day; Burundi
- 14—Nyerere Day; Tanzania
- 15—Rectification Day; Burkina Faso
- 16—St. Gallus Day; Switzerland
- 17—International Day for the Eradication of Poverty
- 18—National Independence Day; Azerbaijan
- 20—Birthday of the Bab; Baha'l
- 21—Revolution Day; Somalia
- 23—Proclamation of the Republic; Hungary
- 24—Independence Day; Zambia
- 25—Constitution Day; Lithuania
- 26—National Day; Austria
- 27—Naming Day; Zaire
- 28—Ochi Day; Greece
- 29—Cumhuriyet Bayrami; Turkey

Language Lesson How are you?



Albanian
Basque
Croatian
Danish
Ewe
French
Galician
German
Hmong
Italian
Jutish
Kongo
Latvian
Mayan
Occitan
Polish
Romany
Somali
Tagalog
Uzbek
Vietnamese
Zulu

Si jeni?
Zer moduz?
Kako si?
Hvordan har du det?
Efoa?
Comment ça va?
Qua tal estás?
Wie gehts?
Koj puas nyob zoo?
Come va?
Hvordan gaat det?
Wena matimpi?
Kā tev iet?
Bijx a beel?
Va plan?
Jak sie masz?
Sar šan
Bal ka waran?
Kumusta ka?
Ishlaringiz yaxshimi?
Khỏe không?
Unjani?

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Center for International and Multicultural Affairs staff:



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



Michelle Ensminger
Editor, Global Matters
Manager
International Affairs



Emma Carrasco
Manager
Multicultural Affairs



Kathy Milner
Executive Administrative Assistant

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