



TTUHSC Global Matters



Volume 1
September-October 2008

The newsletter of the Center for International and Multicultural Affairs

UPCOMING EVENTS

The Texas Tech University Health Sciences Center American Medical Student Association is proud to host the 2008 AMSA Regional Conference

Falling Through the Cracks: Access and the Underserved

December 5-7, 2008

Topics include:

- Immigrant Health
- Border Health
- Global Poverty
- Barriers to Sexual Health
- Rural Health
- Geriatric Care
- Global Burden of HIV & TB
- Infectious Disease

Also Included

- Intubation Clinic
- Papaya Clinic
- Research Poster Contest

Sunday's program will be hosted by the TTUHSC International and Multicultural Club



A Word from Vice President Germán R. Núñez G., Ph.D.

In January 2008, TTUHSC President John Baldwin, M.D announced the creation of a new **Center for International and Multicultural Affairs (CIMA)**. The Center's function is to support TTUHSC's mission and goals that enhance the education of its students, faculty and staff, through exposure to international health experiences such as study abroad experiences, faculty exchange programs, and institutional articulation agreements with universities world-wide.

This year alone, a number of our medical students have opted to take advantage of the new International Rotation Elective and have spent valuable time abroad. In the month of November a new group of students will be at Mekele University, Ethiopia, participating in a program designed to meet the criteria of a clinical rotation.

In an effort to increase the number of eligible programs abroad that meet the criteria for approval as a site for this elective, CIMA has already made direct, personal contact with universities in Mexico, Chile, Argentina, Uruguay, Pakistan, Egypt and Ethiopia. It is expected that within a few months a number of cooperative agreements and Memoranda of Understanding will be formalized, thus creating the mechanisms to implement these mutually benefiting relationships.

The response of students to President Baldwin's initiative to increase TTUHSC's international presence has been tremendous. This edition of our Newsletter highlights some of their experiences abroad.

During this past summer a team of CIMA and the School of Nursing visited again the Universidad de Estudios Avanzados (UNEA) in Aguascalientes, Mexico. This time the team from TTUHSC conducted research, using simulation techniques and equipment, to assess the skills of Mexican nurses and physicians. Our School of Nursing is assisting UNEA in the creation of their new nursing curriculum. A cooperation agreement is in the works and will focus on the education of new nurses that could potentially help to decrease their deficit in the U.S. labor market.

The President's Forum on International Health continues this year with presentations every other Wednesday. Participation has dramatically increased this fall and a great variety of topics are in schedule. Lunch is being provided to the first 35 participants in the audience, and is being provided by the generous support of the Texas Tech Credit Union.

Among the plans included in the massive renovation of space in our building in Lubbock, there are approximately 3000 square feet that have been designated to house the facilities of CIMA. It is expected that by the last quarter of 2009 this space will be available for occupancy.

CIMA plans to produce and publish this newsletter every other month to keep you updated of its programs and activities. I invite you, our readers, to submit items of related interest that you wish to share with our growing TTUHSC family.

Sincerely,

4th Year International Rotation Elective

TTUHSC School of Medicine students may apply, through a standardized application, to pursue an international health elective. These electives foster the development of humanism and lifelong commitment to service while recognizing the responsibility of physicians in addressing global health issues.

So You're Traveling Abroad?

A few tips to make your trip a success

- Register your travel dates with the State Department at www.travel.state.gov. This will ensure the State Department can better assist you in an emergency and that you are kept up to date on all information regarding your destination.
- Make sure you have a valid passport and a visa, if required.
- Obtain all the routine, required, and recommended vaccinations 4-6 weeks prior to your departure. For more information regarding vaccinations visit www.cdc.gov/travel
- Make certain you have enough of any prescription medications to last the duration of your trip.
- Purchase both international health insurance and medical evacuation insurance.
- Put together an emergency travel kit. Include an extra pair of glasses, a copy of your medical records, bandages, sunscreen, analgesics, decongestants, antihistamines, and antacids. Don't forget the Pepto-Bismol.
- Prepare yourself for the culture adjustment by developing a knowledge of the country's language, history, laws, and culture.
- Develop an itinerary that allows you to enjoy all the location has to offer at a pace that is free of stress and conducive to enjoyment.
- Leave a copy of your itinerary as well as your contact information with a family member or friend.

"In three weeks we treated 1,600 patients." ***My Journey in the Himalayas***

by Dustin Corgan, School of Medicine Class of 2011

When I told my parents and friends I was going on a medical expedition to the Himalayas, they were thrilled, fearful, shocked, and excited. I received a lot of questions—"What if you get lost, killed, or fall off a mountain?" "What if you disappear and are never heard from again?" "Why risk going to the other side of the planet and into an unknown and possibly dangerous area?" I told them I had to go. I could not pass up a once in a lifetime opportunity for an experience so unique. It was a chance to give something back to those who needed it most. The people who live in remote areas of the third-world without resources or medical care are at a risk of being neglected, abused, and forgotten.



I was accepted to join an expedition with the Himalayan Health Exchange, an organization which provides medical and dental care to the underserved people living in the remote regions of India and Nepal Himalayas. Our destination was Lahaul, India in the Greater Himalayas, an area which can only be described as one of the most isolated and sparsely populated regions on Earth. Lahaul is separated from the world by the 13,000 feet high Rohtang Pass (translated it means "Corpse" or "Dead Man's" Pass) and the region is cut off, with snow and avalanches for 6 months of the year. I learned that during winter people in desperate need of food, supplies, or medical care will attempt to cross Rohtang Pass. Many of them do not make the journey and when the snow finally melts, the locals find the thawing bodies.

Our expedition consisted of a well organized team of doctors, students, drivers, translators, and porters. When we made it to Lahaul Valley we lived in tents next to picture perfect mountains and waterfalls. We would travel to nearby villages to set up medical clinics in tents or abandoned buildings. Word spread quickly that doctors were in the area and every day we had a line of more than a hundred people waiting to see us. In 3 weeks we treated 1,600 patients. It was such a humbling experience to see people who walked for miles and sometimes days through blistering sun for our medical attention. These people had no access to medical care and very little resources. We treated a constant flow of muscle aches, joint pain, headaches, parasite infections, malnutrition, and GERD. The medical ailments we saw were conditions that are easily treated in the west, but in other parts of the world it is a constant reminder of how lack of medical care can allow simple, treatable infections to decimate individuals.



One man I will never forget came to our clinic with complaints of headaches and eye fatigue. I took a history and found that he had never owned a pair of reading glasses and his eyesight was so poor that he could no longer read. I conducted an eye exam, then handed the man a pair of glasses and asked him to read the lines on the eye chart. He was shocked at the improvement in his vision. His eyes began to tear up from the joy of finally being able to read again. It was amazing to see how a simple pair of glasses could change a person's life.

My trip to the Himalayas made the thirst to pursue medicine insatiable. The journey caused me to reflect on my path in life and my desire to do more for the underserved when I become a physician.



"The changes that medical schools thereby effect in society involve not just obvious things like new technology, but also more subtle things like learning to appreciate the diversity of this country's and the world's population, or learning from people who have alternative approaches to science and medicine."

President John C. Baldwin, M.D.



Meet Robert Casanova, M.D. Assistant Professor, Obstetrics & Gynecology

To learn something new every day is Dr. Robert Casanova's motto. When you have an opportunity to hear Dr. Casanova's story, it's possible to see how this motto could have easily developed from his early life as an immigrant living in a Cuban community on the Texas-Mexico border. Growing up in a Cuban household in the South Texas town of McAllen gave Dr. Casanova a unique perspective on the issues impacting immigrants, Anglos, Mexican Americans, and migrant workers. The diversity of this perspective encouraged him to be open to all that can be learned from a variety of people and sources.

At four years of age, Dr. Casanova left his home in Cuba. Along with his mother and sister, he boarded one of the Freedom Flights and eventually joined his father, who had gone ahead to make preparations and arrange for exit visas, in the U.S. As one of the first Cuban families to settle in the border town of McAllen, Dr. Casanova's parents helped develop a community that included other families fleeing from the political turmoil of 1960s Cuba. As a result his parents were able to maintain a strong Cuban heritage. According to Dr. Casanova, "When you walked into my house you were in Cuba. When you walked out of my house it was another country. It was the Texas-Mexico border." Cuban food and Cuban music were a big part of his upbringing. Cuban Spanish was the language spoken in his home and any version of Tex-Mex was strictly prohibited. Because he spoke Spanish as well as unaccented English he was very accepted by his peers in both populations. The unique experience of living on the Texas-Mexico border allowed him to see both sides of the story, both sides of the healthcare issue, as well as spurred his initial interest in border health.

Although Dr. Casanova imagines it was very difficult for both of his parents to be separated from their extended yet close knit families, his father did make it a priority to keep in contact with remaining family members in Cuba via handwritten letters. He also imagines it was difficult for his parents knowing they could not easily return to their country and the family members they left behind. His parents had assumed this was a temporary exile but within time it became obvious that would not be the case. His father made two return trips (his mother has never returned) and Dr. Casanova had the opportunity to join him on the second trip, made in 2004. Over the weeklong trip many of his very vivid childhood memories, memories wrapped tightly in sounds, tastes, and smells, were confirmed and he found himself connecting once again to the Cuba he remembered from his childhood.

Most of Dr. Casanova's cousins still residing in Cuba are physicians. With their assistance he was able to tour hospitals, neighborhood clinics, and the Olympic training center. What he was most impressed by was the ability of Cuban healthcare workers to do a lot with very little. For a country whose average income is \$20/month the Cuban government has managed to create a healthcare system that is available to all people. With challenges such as scarce resources Cuba has developed a system of healthcare with a strong emphasis on preventive medicine. Cuba is not only able to boast of an extremely low infant mortality rate but it also boasts of a system in which physicians and patients have a strong rapport. Physicians have approximately 200 patients and it's not uncommon for things such as nutritional information for diabetics to be discussed with the patient over lunch. According to Dr. Casanova an important component of Cuba's healthcare philosophy is the idea that "if you can't go to the physician they'll bring the physician to you." After the revolution the Cuban government made healthcare a priority and members of government thought "outside the box" in order to decentralize healthcare and guarantee healthcare clinics for every neighborhood. In addition Cuba also helps address the issues and disparities of global healthcare with the voluntary export of its physicians to other countries. This allows Cuba, a country which values healthcare, to do incredible good for developing countries with limited resources.

In addition to healthcare, education is also of significant importance to the Cuban government and preventive health measures are a part of the educational process. This helps to foster a very pro-active philosophy. Beginning at a very young age Cubans are taught about a variety of health issues including nutrition and sex education. For the Cuban people it is important to be upfront and honest about health related issues and as a result more taboo subjects, like sex and abortion, are discussed as opposed to hidden.

Unfortunately Dr. Casanova isn't able to return to Cuba to visit his family as often as he'd like. Because of the current embargo with Cuba, only those with first degree relatives remaining in Cuba can return, and then only every 3 years. Currently he relies on e-mails and handwritten correspondence as means to keep him connected to family members. Although he is unable to travel to Cuba, he still feels very connected to his country of origin and still feels the influence of its culture and heritage, a culture and heritage he has always actively attempted to pass along to his four children, now teenagers and young adults.

When in... Morocco

Greet by shaking hands and saying "Salam" or "peace be unto you." Moroccans often follow this by tapping their hearts with their hands. Members of the same sex often kiss their friends once on one cheek and twice on the other.

In the West it is customary to handle and inspect goods to decide whether you want them. In Morocco, your actions will be interpreted as an intention to buy.

When taking a taxi, long trips are paid for at the beginning, while short trips are paid for at the end.

Always ask permission before taking someone's photograph. If they agree, they will often expect payment. The Berber people are very wary of cameras, believing that they capture a person's soul, whereas the performers in places such as Marrakech rely on your tips to make a living.

If you see a bottle floating in a squatting toilet, leave it alone. It is there for a good reason—to deter passing rats from taking an interest.

Unless you are Muslim, you will not be allowed inside any of the mosques except the Great Mosque in Casablanca. You can visit other monuments for free on Fridays, unless you want to avoid the crowds.

from *Behave Yourself!*
by Michael Powell

International Flavor



Indian Chicken Curry from Kunal Taskar, Pharmaceutical Sciences

Ingredients:

1kg Chicken
4 tablespoons Oil
1 cup Yoghurt
1 cup Tomato puree
4 tablespoons Chicken Masala
2 tablespoons Ginger-garlic paste
1 tablespoon Red Chili powder
2 Green chilies (chopped)
1/2 tablespoon Turmeric powder
4 Garlic cloves (chopped)
2 cups Onion (chopped)
Cilantro, for garnishing
Salt, as per taste

Preparation:

Apply 2 tablespoons of chicken masala, chili powder, turmeric powder, ginger-garlic paste, yoghurt and salt to chicken and marinate. In a non-stick pan pour oil and let it heat. Add onions and garlic in the oil and sauté till onions turn slightly brown. Add tomato puree and let it cook for 5-6 minutes. Then add the remaining 2 tablespoons of chicken masala in the pan and mix well. Add the marinated chicken and mix it well in the pan with other ingredients. Add 2 cups of water and let the chicken cook on medium flame with a lid on. Cook for 20 minutes. Finally garnish with cilantro leaves.



Meet Resident Physician Umaru Labay-Kamara, MD., Department of Psychiatry

Dr. Labay-Kamara came to the U.S. from Sierra Leone three years ago in order to advance his knowledge in clinical medicine and research. He received his undergrad in Biology from Sierra Leone then attended medical school in Europe. He is now completing his residency at TTUHSC. Moving has always been fun for him and he considered the U.S. for his residency because he had always had a good impression of the U.S. and its people. Making the adjustment to living in the states has been a mixed experience. The death of Dr. Kamara's father while living in the U.S. was very difficult for him. He also has moments when he misses his friends and former colleagues. He believes the U.S. has been good to him and he feels he owes this country a great deal. He has been both surprised by and grateful for the friendliness of West Texans. Dr. Kamara still has family residing in Sierra Leone—a brother, a sister, and a grandmother, 90 years of age. He tries to travel back to his country of origin every two years and was last there in July, 2006. In addition to missing his family and colleagues he also misses the food, the climate, and the people. Currently Dr. Kamara plans to do a fellowship in child and adolescent psychiatry, work for a few years in the U.S., and then return to Sierra Leone to open a child/adolescent clinic. Because of his love for both countries he would like to divide his time between the two, working in the U.S. during the summer months and Africa during the winter.

According to Dr. Labay-Kamara, Sierra Leone's healthcare system is similar to the British healthcare system in which government provides healthcare access to all. There are also private hospitals and clinics owned by private enterprises and healthcare professionals. The healthcare system is now trying to focus more on preventive medicine. A big campaign on public health has recently been initialized. Sierra Leone is affected by diseases quite different from those in the U.S. A huge focus is placed on infectious diseases like malaria, TB, cholera, parasitic diseases, as well as hypertension and diabetes. Unlike a large portion of Africa, the HIV prevalence in Sierra Leone is still small.

Facts about Sierra Leone from Dr. Labay-Kamara: Sierra Leone is located in West Africa. It was colonized by Britain and gained its independence in 1961. It has a population of approximately 3 ½ million people. In 1992 Sierra Leone experienced a devastating civil war which lasted almost 10 years. It has three political parties, a newly developing economy, and its major export is diamonds. The official language is English with 8 local dialects.

International Holidays and Celebrations

- September 2nd First of Ramadan
- September 3rd Independence Day; Qatar
- September 8th International Literacy Day
- September 15th Harvest Moon Festival; Korea
- September 16th Independence Day; Mexico
- September 18th Independence Day; Chile
- September 24th Heritage Day; South Africa
- September 26th September Revolution; Yemen
- September 30th Rosh Hashanah
- October 1st Eid al Fitr
- October 5th World Teacher's Day
- October 9th Yom Kippur
- October 13th Thanksgiving Day; Canada
- October 17th International Day for the Eradication of Poverty
- October 24th United Nations Day
- October 25th Republic Day; Kazakhstan
- October 26th National Day; Austria
- October 27th Labor Day; New Zealand
- October 31st Reformation Day; Slovenia & Germany

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

Gabonese Republic

The Gabonese Republic is located in the western portion of central Africa and is about the size of Colorado. The equator runs directly through the country and as a result the climate remains hot and humid all year. With a population of approximately 1,454,867 people, more than half of Gabon's workforce is agricultural, producing cocoa, coffee, rubber, sugar, and pineapples. French is the country's official language and a strong unifying force of the country's 40 ethnic groups.

Gabon gained its independence from France in 1960. Under its constitution Gabon became a republic with a presidential form of government and a National Assembly consisting of 120 deputies. In 2003 an amendment to the constitution removed presidential term limits.



Oil revenues comprise a major part of Gabon's budget. Although oil production is declining the economy remains highly dependent on the revenue collected from the export of oil. Inefficient financial management as well as overspending have caused some serious debt problems for the country. Although Gabon has a strong per capita GDP for the region the country struggles with skewed income distribution. About a third of the Gabonese people live in poverty.

The average age of life expectancy in Gabon is 57. In 2006 the infant mortality rate was 91 of every 1,000 live births. According to the World Health Organization's statistics the leading cause of death among children is neonatal causes followed closely by malaria. For Gabonese adults the leading cause of death is HIV/AIDS.

Coming Back To America

by Eunice Lee, School of Medicine Class of 2012

Osteogenesis imperfecta, leishmaniasis, carbuncles, "swan's neck", many cases of scabies, impetigo, and even a suspected case of tuberculosis – Pantasma, Nicaragua is any ambitious medical student's dream, but at the end of the week the medical experience was not what mattered, or even what stayed on the forefront of my mind. I came back from Nicaragua being very thankful, feeling blessed, and more compassionate.



One of the first emotions I experienced upon arriving at the Houston Airport was relief and excitement. What made me excited? Plumbing! Being able to sit on a clean toilet seat and flush – actually, the toilet had automatic flush so it did not require effort on my part – had been a luxury we took for granted. Living in "sub-standard" conditions for even a week was enough to make you thankful for the public health system we have in place in the United States. Just think about how many diseases we no longer worry about because of public sanitation and the general public's knowledge of hand-washing. In America we educate children in pre-school to sing "Happy Birthday" twice while lathering their hands with soap. In stark contrast, children in Nicaragua do not even have toothbrushes, much less know how to properly use one.



It has been months since I came back from Nicaragua, but even now as I go through my clinical encounters as a first year medical student, I know that the compassion I have for the patients I meet is greater because of the memories that will forever stay with me from that week stay. Having this international experience before the start of medical school has really helped me keep in focus my original intentions for wanting to go into medicine in the first place. Whenever I forget why I want to be a doctor, amidst the long hours of studying gross anatomy, it always helps to return to those pictures I took while in Nicaragua of the people I helped. As a Christian, Nicaragua was especially meaningful for me because it allowed me to share the love of Christ with the people I met just by tending to their physical needs. It is something I hope to carry over in to my medical practice as well.



Spending some time abroad should be a part of everyone's curriculum, whether it be for the international health experience or not. It just makes you more well-rounded to see how everyone else in the world lives, and I would challenge anyone reading this to create their own memories of helping people abroad. When your senses are assaulted from all sides, as mine were in Nicaragua, it wakes you up to the sometimes sad reality of the world. Luckily, you can extend a helping hand from across nations and oceans.

International Trivia

- In the mid-seventeenth century Australia was known as New Holland
- The native language of the Fiji Islands is Fijian.
- The Philippines were disputed in the largest sea-air battle in history, from October 22-27, 1944.
- Swiss children receive their Easter eggs from the Easter Cuckoo instead of the Easter Bunny.
- In Iceland Domino's Pizza has reindeer sausage pie on its menu.
- Cholulu de Rivadavia in Mexico is the largest pyramid in the world (177 feet tall, covers 25 acres.)
- The Eiffel Tower was officially opened March 31, 1889. The date refers to the day the flag was hoisted to the top of the Tower.
- Africa is the continent that has the most countries represented in the U.N.
- The Mediterranean sea gets its name from the Latin phrase meaning "sea in the middle of land."
- Madagascar produces two thirds of the world's vanilla.
- The literal meaning of the Italian word linguine is "little tongues."
- El Salvador is the only Central American country with a coastline on the Caribbean.

Travel Warnings

Since September 2007 travel warning have been issued by the State Department for the following locations:

- Afghanistan
- Algeria
- Bolivia
- Burundi
- Central African Republic
- Chad
- Colombia
- Cote d'Ivoire
- Democratic Republic of the Congo
- Eritrea
- Georgia
- Haiti
- Iran
- Iraq
- Israel, the West Bank and Gaza
- Kenya
- Lebanon
- Nepal
- Nigeria
- Pakistan
- Philippines
- Saudi Arabia
- Somalia
- Sri Lanka
- Sudan
- Syria
- Timor-Leste
- Uzbekistan
- Yemen

Travel to these locations is discouraged.

Travel Warnings are issue to describe long-term, protracted conditions that make a country dangerous or unstable. A Travel Warning is also issued when the U.S. Government's ability to assist American citizens is constrained due to the closure of an embassy or consulate or because of a draw-down of its staff.

For more information visit www.travel.state.gov

Aguascalientes, Mexico



In October 2007 TTUHSC School of Nursing had the honor of hosting representatives from Universidad De Estudios Avanzados (UNEA), a private university in Aguascalientes, Mexico. UNEA was in the process of acquiring national approval for the expansion of their university programs to include a nursing program. As part of this expansion, UNEA wished to explore potential collaborations which would benefit both their program as well as the TTUHSC School of Nursing program in addressing the global nursing shortage.

As a result of this initial meeting, representatives from TTUHSC School of Nursing and the Office of International and Multicultural Affairs traveled to Aguascalientes in December 2007 at the invitation of Mauricio Gonzalez Lopez, proprietor of Universidad De Estudios Avanzados. During this trip, which was led by School of Nursing Dean Alexia Green and Vice President Germán R. Núñez G., representatives met with local and state leaders, advisors, and university officials to assess the interest of future collaborations. In addition, they had the opportunity to tour health care facilities and meet local practicing nurses and physicians.



After an initial assessment and the successful accreditation of UNEA's nursing program, TTUHSC began to identify possible scenarios for partnership with UNEA. These scenarios included an opportunity for an international research project focused on simulation assessment of clinical competences for both physicians and registered nurses. In July 2008 a second coalition returned to Aguascalientes to accomplish the following:

- Further dialogue for exchange opportunities with UNEA, led by Dr. Green, Dr. Núñez, and Karla Chapman.
- Implement a research component to evaluate clinical decision making skills of health care providers in Mexico via simulation led by Dr. Sharon Decker and Dr. Patricia Allen.

The team was impressed with the results of the research and efforts are continuing for publication of these results. As a result of this trip, the TTUHSC School of Nursing is developing an international exchange opportunity for its students to travel to Aguascalientes beginning in the Summer of 2009. A number of opportunities presented themselves in working with such a qualified university; opportunities that will bring an international perspective to our nursing students and help in addressing the globalization of the nursing profession. One area in particular is the ability to offer current faculty with the UNEA School of Nursing a web-based educational program to earn their MSN, thus increasing the quality of their students and their ability to pass the NCLEX. With the international shortage of nurses, this will increase the quality of baccalaureate prepared nurses for not only the country of Mexico, but nurses that are imported to other countries to address the shortage.





**The
President's
Forum on
International
Health**

Every first and third
Wednesday of the month.
Located in ACB 120.

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



Fall 2008 Scheduled Presenters:

August

20—Daniel Hardy, Ph.D.

September

3—Rajkumar Lakshmanaswamy, Ph.D.

17—Rey Vivo, M.D.

October

1—Mubariz Naqvi, M.D.

15—Elizabeth Trejos-Castillo, Ph.D.

November

5—Gabor Racz, M.D.

19—Myrna Armstrong, Ed.D., RN, FAAN

December

3—Jean-Michel Brismee, PT, ScD, OCS, FAAOMPT



**Texas Tech
Federal Credit
Union**

**Proud sponsor of
the President's
Forum on
International
Health**

For more information visit
www.texastechfcu.org

A Summer in Nicaragua

by Brian Mahmood, School of Medicine Class of 2012

"Please don't go," said a Nicaraguan boy in broken English. He flung his arms out and pleaded as I prepared to leave the poor northern town of Pantasma.



This past summer, two other medical students and I spent a week in Nicaragua with Dr. Patterson and her team. As we were getting ready to depart I realized I didn't want to leave. Even though we were working in Nicaragua, seeing patients in 90-degree heat with 90% humidity, it hardly felt like work. We were there for a purpose—to help people with little or no access to healthcare. The last thing you think about is your own comfort. We stopped seeing patients at night in order to get back to where we were staying before dark. We strived to see as many people as possible and to pay individual attention to each one. We saw up to 138 patients on half-days and 258 on full days. It was only daylight that limited our numbers.

My favorite memory was the day I was part of the "mobile team." Six of us drove two hours into the mountains (We were already 8 hours by car from Managua, the capital city.) The team included one physician and me, a medical student. I was apprehensive and a little scared when the physician told me he wanted me to see patients that day. Back at the main clinic the medical students handled triage, h & p, and assisted the physicians on small procedures. I didn't know if I was ready to see patients on my own. When we arrived we set up in one room of a three room clinic—our interpreter located between us. Then the patients came. Three, four, sometimes five at a time for each of us. One patient would enter then bring the whole family and we would end up with five people. I saw many cataracts, sore throats, coughs, a deaf boy whose parents did not know he was deaf, an elbow fracture, lice, scabies, venous ulcers, fungal infections, and a multitude of other ailments. I double-checked all the cases with Dr. Weiss but I felt like a physician. I felt like I was really helping the people. That day the two of us saw 192 patients. I was reminded why I want to be a doctor and why I am in medical school.



I love being active on my time off and helping the destitute, the poor, and the sick— those who really need help. I went to Europe after I returned from Nicaragua and I felt like I was wasting my time. I wished I were still in Nicaragua, doing what I love most— helping the sick. I do not know what specialty I will go into but I know I will always find time to help those who really need it no matter where that may be.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

TTUHSC Global Matters

Center for International and Multicultural Affairs
3601 4th ST Stop 6266
Lubbock, Texas 79409-6266
P 806.74.1522
F 806.743.1521

Postage

Language Lesson

Welcome

- French—Bienvenue
- German—Wilkommen
- Spanish—Bienvenido
- Italian—Benvenuto
- Afrikaans—Welkom
- Cantonese—(fonying)
- Greek—(Kalos orisate)
- Japanese—(yokoso)

Please send
tax deductible
charitable
contributions to

*Center for
International and
Multicultural
Affairs*

3601 4th ST
Stop 6266
Lubbock, TX 79430



Volume 1
September-October 2008

TTUHSC *Global Matters*


**TTUHSC
Global
Matters**



Center for International and Multicultural Affairs Staff

	German R. Núñez G., Ph.D. Vice President Director, CIMA		Michelle Ensminger Manager, International Affairs
	Emma Carrasco Manager, Multicultural Affairs		Kathy Milner Executive Administrative Assistant

Contributing Editor

	Karla Chapman School of Nursing
---	------------------------------------

To receive an electronic version of this newsletter, visit www.ttuhsu.edu/diversity/