



TTUHSC Global Matters

Volume 3
January –February, 2009

The Newsletter for the Center for International and Multicultural Affairs

DIVERSITY LECTURE SERIES



Tuesday, January 20
Discussion panel led by
Kent Wilkinson, Ph.D.
ACB 110
Noon CST

Tuesday, February 17
President John Baldwin M.D.
ACB 110
Noon CST

Tuesday, March 17
Women's Health Fair
2B152
Noon CST

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

CIMA MOVIE SERIES



Tuesday, January 13
King: Man of Peace In a Time
of War
ACB 250
Noon CST

Tuesday, February 10
Zora's Roots
ACB 250
Noon CST

Free snacks provided to
attendees!

Two favorite recipes from Oriana Guzman* School of Allied Health, Class of 2011

*see interview on page 6

Arepas

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

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

Form 3 level tablespoons dough into 1 ball and flatten
between your palms, gently pressing to form a 1/4-inch-
thick patty (2 1/2 to 2 3/4 inches wide), then gently press
around side to eliminate cracks. Transfer to a wax-paper-
lined surface. Form more disks with remaining dough in
same manner, transferring to wax-paper-lined surface.
Heat oil in a large nonstick or cast-iron skillet over medium
heat until it shimmers, then fry arepas in 2 batches, turning
over once, until deep golden in patches, 8 to 10 minutes
total per batch. Drain on paper towels.



Empanadas

FILLING:

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

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

DOUGH:

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

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



DOS Sees Increase in Issuance of Student and Exchange Visitor Visas



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

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

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

The State Department, along with the Department of

Homeland Security and other U.S. government agencies,
recognizes that one of the foundations of the U.S. aca-
demic and scientific communities is vibrant international
participation. America's outstanding academic and re-
search institution are as valuable to U.S. national security
as protection of our borders.

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

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

Information from Media Note delivered by Office of the Spokesman, DOS,
Washington, D.C., November 18, 2008 and *The Chronicle of Higher Education*,
Volume LV, Number 13, November 21, 2008.

**TOP 20
2007-2008
DESTINATIONS
FOR U.S.
STUDENTS
STUDYING
ABROAD**

1. **United Kingdom**
number of students: 32,705
1 year change: +1.9%
2. **Italy**
number of students: 27,831
1 year change: +6.7%
3. **Spain**
number of students: 24,005
1 year change: +9.7%
4. **France**
number of students: 17,233
1 year change: +10.5%
5. **China**
number of students: 11,064
1 year change: +25.3%
6. **Australia**
number of students: 10,747
1 year change: -2.1%
7. **Mexico**
number of students: 9,461
1 year change: -5.6%
8. **Germany**
number of students: 7,355
1 year change: +7.2%
9. **Ireland**
number of students: 5,785
1 year change: +5.2%
10. **Costa Rica**
number of students: 5,383
1 year change: -2.4%
11. **Japan**
number of students: 5,012
1 year change: +13.6%
12. **Argentina**
number of students: 3,617
1 year change: +26.2%
13. **Greece**
number of students: 3,417
1 year change: +5.9%
14. **South Africa**
number of students: 3,216
1 year change: +28.0%
15. **Czech Republic**
number of students: 3,145
1 year change: +10.5%
16. **Chile**
number of students: 2,824
1 year change: +9.6%
17. **Ecuador**
number of students: 2,813
1 year change: +29.6%
18. **Austria**
number of students: 2,810
1 year change: +6.6%
19. **New Zealand**
number of students: 2,718
1 year change: +6.9%
20. **India**
number of students: 2,627
1 year change: +24.2%

Source: Institute of International Education



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

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

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

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

The cases seen on these surgically based missions are about half traumatic injuries and half congenital injuries. Some of the environmental factors of life in Guatemala, like open fire cooking and lax electrical regulations, can result in injuries such as severe burns which often go untreated. In addition to these traumatic injuries, children with congenital injuries and deformities such as connected fingers, missing thumbs, or too many fingers are seen and treated by the team. Many of the children are from rural areas and as a result have never seen a health professional. Even though the mission's main focus is pediatric hand cases,

there are times other types of cases are seen as well. Guatemalans who are desperate and looking for hope will come to the hospital in hope of being treated. On rare occasions a case has been extensive enough to warrant the patient being brought to the U.S. for a surgical procedure.

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

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

Visit the Guatemala Healing Hands Foundation website at the following link:
www.guatemalahands.org

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

Republic of Cyprus

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

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

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

two-thirds of the island, located in the south, and the Turkish Cypriot-administered one-third, located in the north.

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

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

According to statistics from the Department of State and the World Health Organization the life expectancy of Cypriots is 77 years. The infant mortality rate is 7 out of every 1,000 live births. The two leading causes of death are Ischaemic heart disease and Cerebrovascular disease.

Humanism and Medicine

by Anna Nguyen, School of Medicine Class of 2011



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

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

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

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



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

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

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



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

When in... Chile

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

taken from
Behave Yourself!
by Michael Powell

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

Available from the CIMA Library

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

Books

The Spirit Catches You and You Fall Down

by Anne Fadiman
Winner of the National Book Critics Circle Award for Nonfiction
The story of a Hmong child, her American doctors, and the collision of two cultures.

Sophie Scholl and the White Rose

by Annette Dumbach & Jud Newborn
A captive account of German resistance to the Third Reich by five university students and their professor.

Guns, Germs, and Steel

by Jared Diamond
A New York Times Best Seller and Winner of the Pulitzer Prize
A brilliant work answering the question of why the peoples of certain continents succeeded in invading other continents and conquering or displacing their peoples.

Movies

Yesterday

2004 Academy Award Nominee for Best Foreign Film
The story of a spirited and happy young mother living in a remote village in South Africa's Zululand whose life is suddenly threatened when she is diagnosed with AIDS

Something the Lord Made

Starring Alan Rickman and Mos Def
Based on the true story of the impressive and unprecedented work conducted by Alfred Blalock, one time Head of Surgery at Johns Hopkins Hospital, and his lab technician Vivien Thomas during the time of the Jim Crow South.

Rosenstrasse

Starring Katja Riemann, Winner for Best Actress, Venice International Film Festival
Based on the true story of Aryan wives who protested against the imprisonment of their Jewish husbands during the cold Berlin winter of 1943.

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

Promotoras de Salud

written by Deborah Flores



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

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

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

setting by Debora Flores, M.A., CCHWI (Certified Community Health Worker Instructor).

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

Promotores as Patient Navigators

The Larry Combest Community Health And Wellness Center recently received a grant from Health Resources Services Administration (HRSA) that will sustain a Promotora program for Chronic Disease Management. This project, called "Transformation for Health," will employ four Promotores to be recruited from a pool of trained and certified CHWs that belong to the West Texas Community Health Worker Network started by Ms. Flores. The current CHWs in the network have been trained using the basic certification competencies required by the Department of State & Health Services Certification Program. As a result they have the basis for the appropriate skills needed to fulfill the position. They live or have lived in medically underserved areas of Lubbock and either have worked in the community as volunteers or are currently serving the community in a similar capacity which demonstrates their desire to serve the target population.



1st Graduating Class of TTUHSC "Promotoras de Salud", along with two instructors

Memorandum of Understanding signed between TTUHSC and Mekelle University, Ethiopia

The Center for International and Multi-cultural Affairs, led by German Núñez, Ph.D., had the honor of hosting Mitiku Haile, Ph.D., president of Mekelle University in Ethiopia on the morning of Tuesday, January 13.



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

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

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

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





TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Center for International and Multicultural Affairs

Women's Health Fair
Tuesday, March 17
Noon
Room 2B152

Celebrating Women's History Month

MULTICULTURAL CONNECTION: Promoting Uniqueness of Others

Demonstrations



Natural & Organic Products



Spa Therapy

Dance



FREE Health Screenings

ALLOW TIME FOR
YOURSELF



Skin Care

Refreshments & door prizes



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Email: cima@ttuhsc.edu
EVERYONE IS INVITED- NO CHARGE

Did you know...

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

COMING SOON!

NEW CIMA website!

Including event calendar, photo galleries and slide-shows, travel abroad resources, information regarding ongoing programs, on-line library check out form and more

Big 12 Stats

2008 International Student Enrollment Numbers collected by Joe Potts of the University of Kansas



Baylor:

Intl Undergrad-227
Intl Grad/Pro-196
Intl Total-423
Total Undergrad-12,162
Total Grad/Prof-2,379
Total Enrollment-14,541
Percent Intl Total-2.9
Percent Intl Ugrad total-1.9
Percent Intl Grad total-8.2

Colorado-Boulder:

Intl Undergrad-406
Intl Grad/Pro-823
Intl Total-1,229
Total Undergrad-25,080
Total Grad/Prof-4,629
Total Enrollment-29,709
Percent Intl Total-4.1
Percent Intl Ugrad total-1.6
Percent Intl Grad total-17.8

Iowa State:

Intl Undergrad-990
Intl Grad/Pro-1,507
Intl Total-2,497
Total Undergrad-21,607
Total Grad/Prof-5,249
Total Enrollment-26,856
Percent Intl Total-9.3
Percent Intl Ugrad total-4.6
Percent Intl Grad total-28.7

Kansas:

Intl Undergrad-799
Intl Grad/Pro-941
Intl Total-1,740
Total Undergrad-20,811
Total Grad/Prof-6,188
Total Enrollment-26,999
Percent Intl Total-6.4
Percent Intl Ugrad total-3.8
Percent Intl Grad total-15.2

Kansas State:

Intl Undergrad-631
Intl Grad/Pro-802
Intl Total-1,433
Total Undergrad-18,491
Total Grad/Prof-5,029
Total Enrollment-23,520
Percent Intl Total-6.1
Percent Intl Ugrad total-3.4
Percent Intl Grad total-15.9

Missouri:

Intl Undergrad-419
Intl Grad/Pro-1,120
Intl Total-1,539
Total Undergrad-22,689
Total Grad/Prof-5,811
Total Enrollment-28,500
Percent Intl Total-5.4
Percent Intl Ugrad total-1.8
Percent Intl Grad total-19.3

ORIANA GUZMAN: ABILITY TO DEAL WITH MULTIPLE CULTURES LEADS TO SUCCESS

by Emma Carrasco, M.Ed. | Multicultural Affairs

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



Venezuela is a beautiful country located in the northern portion of South America, and it shares a border with Colombia, Brazil, and Guyana. Although it is a small country geographically, it has a population of almost 30 million.

After WWI the Venezuelan economy shifted from a primarily agricultural orientation to one centered on petroleum production and export. As a result of the large migration by Europeans and Asians after World War I, as well as the oil boom, Venezuela has developed a very diverse population. This diversity provided Guzman with multicultural awareness and understanding.

In 1999 Guzman was involved in an accident that required

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

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



The students and faculty of TTUHSC have helped Guzman adjust to Lubbock. They have shown her the same friendliness and family oriented culture of her native country. Guzman plans to complete her education at

TTUHSC, earning a Doctorate of Physical Therapy (DPT) license. Guzman would like to combine her multicultural experience, education, strong work ethic, and passion for others to become a college professor in the United States and Venezuela.

See page 1 for a copy of two of Oriana's favorite Venezuelan recipes.

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



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

During her presentation Dr. Yan focused on WHO's vision of the attainment by all peoples of the highest possible level of health, health being defined as a state of complete physical, mental, and social well-being, not merely the absence of disease. To accomplish this vision, WHO's goals include reducing child mortality by two-thirds, reduc-

ing maternal mortality by three-fourths, and combating HIV/AIDS, malaria, and other diseases by the year 2015. According to Dr. Yan, WHO believes the key to attaining an acceptable level of health for all people is through primary health care.



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



A recording of Dr. Yan's presentation can be found on CIMA's website at the following link: <http://www.ttuhsu.edu/diversity/lecture/>

Seeing a Face, Not Just a Disease

by Libby Hanushek, School of Allied Health Class of 2010



Entering a world completely unfamiliar to you, a nation that is deemed the 5th poorest nation in the world, and expecting to use all the “do-gooder” tendencies you possess to educate and aid the suffering in whatever ways possible. Going to a country with your eyes wide open, ready to pounce at any opportunity to help that passes by. All of this is good-intentioned and undoubtedly needed, but in Malawi the country is so stereotyped by an incurable disease that all other aspects are ignored. HIV is not the only hardship haunting the people of Malawi. A closer, more intimate look at the culture, people, and life will show you that there is so much more to the African nation than the illness. As physicians, therapists, and volunteers, or anyone working in the medical field, we must see

beyond the piece of paper giving the diagnosis, without overlooking what is right in front of us.

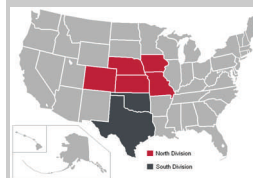
I entered Mzuzu, Malawi prepared to work at the Rafiki Foundation orphanage for 6 weeks. I was ready to pour all of my skills and knowledge into the 75 children waiting for their new “auntie” to arrive. I was determined to touch their hearts and make a difference. Not 15 minutes after I arrived was I stepping into my “humility box,” and I came to realize that this nation was probably going to make a bigger difference in me than I would for it. As an occupational therapy student I looked around at the lives of the people in Mzuzu and found myself thinking that I should have gone to med school. My thinking was changed very quickly after I saw the quality of life the children at the orphanage gained, all because they were ensured a safe, healthy, and educated life. The most surprising truth that changed my views of helping the children was learning that only one of the children actually had HIV, and the rest were in some way abandoned by the virus. Some of the children went from cooking their own food over an open fire at three years of age, to being able to go to class and play soccer—to actually *live* as a child.



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

I did everything from play games with the children, to serve as an assistant teacher in the classroom, to just mentoring the children. Whatever task I was asked to do, I made sure to do it with the intention of understanding more about the place, and not with the intention of being able to say that I went to Malawi and helped people. The truth is that treatment begins when you begin to see where the patient is coming from—not just the diagnosis or the country where they live. For the people of Malawi, and the 75 children at the orphanage in Mzuzu, along with the 40 some odd nationals that were employed there, HIV, infected or not, has a bigger impact on life than I realized. This is what forever changed my views on my future career in occupational therapy.

Big 12 Stats cont.



Nebraska:

Intl Undergrad-505
Intl Grad/Pro-872
Intl Total-1,377
Total Undergrad-18,526
Total Grad/Prof-5,047
Total Enrollment-23,573
Percent Intl Total-5.8
Percent Intl Ugrad total-2.7
Percent Intl Grad total-17.3

Oklahoma:

Intl Undergrad-784
Intl Grad/Pro-848
Intl Total-1,632
Total Undergrad-18,791
Total Grad/Prof-4,244
Total Enrollment-23,035
Percent Intl Total-7
Percent Intl Ugrad total-4.1
Percent Intl Grad total-19.9

Oklahoma State:

Intl Undergrad-513
Intl Grad/Pro-1,235
Intl Total-1,750
Total Undergrad-17,986
Total Grad/Prof-4,782
Total Enrollment-22,768
Percent Intl Total-7.7
Percent Intl Ugrad total-2.9
Percent Intl Grad total-25.8

Texas:

Intl Undergrad-1,555
Intl Grad/Pro-3,097
Intl Total-4,652
Total Undergrad-37,406
Total Grad/Prof-12,600
Total Enrollment-50,006
Percent Intl Total-9.3
Percent Intl Ugrad total-4.2
Percent Intl Grad total-24.6

Texas A&M:

Intl Undergrad-578
Intl Grad/Pro-3,591
Intl Total-4,169
Total Undergrad-38,430
Total Grad/Prof-9,609
Total Enrollment-48,039
Percent Intl Total-8.7
Percent Intl Ugrad total-1.5
Percent Intl Grad total-37.4

Texas Tech:

Intl Undergrad-260
Intl Grad/Pro-1,172
Intl Total-1,432
Total Undergrad-23,107
Total Grad/Prof-5,315
Total Enrollment-28,422
Percent Intl Total-5
Percent Intl Ugrad total-1.1
Percent Intl Grad total-22.1

International Holidays & Celebrations

January

- 1—Liberation Day; Cuba
- 2—Ancestry Day; Haiti
- 3—Revolution Day; Burkina Faso
- 4—World Braille Day; International
- 5—Dia de la Toma; Spain
- 7—St. John’s Day; Bulgaria
- 8—World Literary Day; International
- 11—National Unity Day; Nepal
- 12—Zanzibar Revolution Day; Tanzania
- 16—Martyr’s Day; Benin
- 21—Errol Barrow Day; Barbados
- 25—Burns Night; Scotland
- 26—Duarte Day; Dominican Republic
- 27—Feast of St. Sava; Serbia
- 28—Democracy Day; Rwanda
- 31—Independence Day; Nauru

February

- 1—St. Brigid’s Day; Montserrat
- 2—Candlemas; Switzerland
- 4—Independence Day; Sri Lanka
- 5—Dia de la Constitucion; Mexico
- 6—Bob Marley Day; Jamaica
- 7—Independence Day; Grenada
- 9—Feast of St. Maron; Lebanon
- 12—Isra & Merag; Sudan
- 15—Rose Monday; Bolivia
- 16—Independence Day; Lithuania
- 18—Independence Day; Gambia
- 21—International Mother Language Day; International
- 22—Independence Day; St. Lucia
- 24—Baire Proclamation; Cuba
- 26—Liberation Day; Kuwait
- 28—Andalusia Day; Spain

Spring 2009
Schedule of Presenters

The President's Forum on International Health

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



January

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

February

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

March

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

April

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

May

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

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

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Language Lesson

I love you

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



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Lubbock, TX 79430



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**TTUHSC
Global
Matters**

TTUHSC Global Matters The newsletter of the Center for International and Multicultural Affairs

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