



Global Matters

The Center for International and Multicultural Affairs Newsletter

Volume 10, March—April 2010

CIMA Lectures on World Health



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

- **January 20**
Don Meier MD
Surgery, El Paso
- **February 3**
Revathi Ravi
School of Medicine
Class of 2012
- **February 17**
John Baldwin MD
School of Medicine
- **March 3**
Candice Allen
School of Medicine
Class of 2010
- **March 17**
Miguel Pirela-Cruz MD
Surgery, El Paso
- **April 7**
Chandice Covington PhD
School of Nursing
- **April 21**
Billy Phillips PhD MPH
Rural and Community Health
- **May 5**
Sara Brouse PharmD
School of Pharmacy
Amarillo
- **May 19**
Katie Chung
School of Medicine
Class of 2010

FREE LUNCH!

Free lunch will be provided to the first 35 attendees!
(Lubbock campus only)



Rural Season in Bolivia

by Mauricio Pinto, M.D.
Family Medicine Resident
TTUHSC Permian Basin

Because I was raised in Bolivia, I had the opportunity to complete my medical training in a very different setting than medical students experience in the United States. Bolivia, located in the heart of South America, is surrounded by the Andes mountain range, the Amazon, and the high plains. This area served as the location for some of my most memorable medical experiences. Most events occurred during the latter part of my medical training, when students are sent to far away rural areas for the term of their rural service obligations. The events during my rural and formal training in Bolivia go far beyond the reach of this article, but I'd like to share one particular event I recall.

It's a long wait for the next bus ride to La Paz in Ovejuyo, Bolivia. I am asleep at Santa Rosa de Lima Medical Post. The caretaker of the medical post where I am on call comes and shakes me from sleep. He notifies me of a situation—a woman

just walked into our post and is in active labor. She is in pain, having contractions, and has just begun the long process of labor. This leaves me with a difficult medical management decision—manage a woman 2 cm dilated at our poorly equipped post or send her off on the next bus to the capital city's larger, better equipped hospital. The bus from Ovejuyo to the capital city of La Paz served as our "ambulance" for the patients needing more specialized care. When our ambulance was unavailable, we would resort to transporting patients ourselves. Complications of this sort occurred frequently and left medical trainees to make spontaneous medical decisions. Faced with a difficult situation, I decided to manage the situation at our post and ultimately deliver a healthy baby boy.

These are a few experiences faced daily during rural rotation season (which is funded by the World Health Organization and the Department of Health in Bolivia). Awaiting that important rural assignment can be bittersweet for the hundreds of training physicians at private and public medical schools across

Bolivia. It means saying goodbye to family, friends, and loved ones since our duty requires us to stay at our post for 6 months at a time.



A view of the Illimani mountain

I was posted in Ovejuyo, Bolivia, a small, rural town at the base of Mount Illimani with a rich indigenous and cultural background. Casting its shadow over Ovejuyo, the Illimani is a large snow peaked mountain

at 21,000 feet elevation located 30 miles from the capital city of Bolivia. Patients at the post included poverty stricken indigenous families, prenatal care patients, primary care checkups, and injured mountaineering enthusiasts who dared attempting to ascend the Illimani. Persons who failed their ascent attempt often made up our patient population. These patients arrived at the post with the consequences of their failure which included injuries, respiratory complications and sometimes death.

The experiences during my rural rotation (as well many other experiences during my formal training) will never be forgotten. They have helped form me into a more resourceful physician, and they have sparked a desire to further fuel my formal professional medical education. Although at times overwhelming for a medical student, the rural season is the first opportunity to put their medical knowledge into practice. For the first time, medical students are transformed into doctors, and they get personal and professional satisfaction from helping people who are truly sick. This makes the experience very rewarding and gratifying, and it is an enormous learning experience for hundreds of trainees. Ultimately, the satisfaction is mutual since many sick patients get the benefit of health care when it would otherwise be unavailable. At the end of my term comes a new rural season and a new trainee, overwhelmed with a sense of responsibility but ready for the experience of a lifetime.



Dr. Pinto with one of his favorite patients.

You can contact Dr. Pinto by e-mail at mauricio.pinto@ttuhsc.edu

Available from the CIMA Library

The following books are now available for check-out:

Six Months in Sudan by Dr. James Maskalyk

In 2007, James Maskalyk, newly recruited by Doctors Without Borders, set out for the contested border town of Abyei, Sudan. An emergency physician drawn to the ravaged parts of the world, Maskalyk spent six months treating malnourished children, coping with a measles epidemic, watching for war, and struggling to meet overwhelming needs with few resources. This is the story of the doctors, nurses, and countless volunteers who leave their homes behind to ease the suffering of others, and of the people who endure the hardship because it's the only home they have.

Breath, Eyes, Memory by Edwidge Bantocat

At the age of twelve, Sophie Caco is sent from her impoverished village of Croix-des-Rosets to New York, to be reunited with a mother she barely remembers. There she discovers secrets that no child should ever know, and a legacy of shame that can be healed only when she returns to Haiti—to the women who first reared her. What ensues is a passionate journey through a landscape charged with the supernatural and scarred by political violence, in a novel that bears witness to the traditions, suffering, and wisdom of an entire people.

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

Dental Health in Jinotega: A Story of Partnerships in Global Health



In the summer of 2008, three fourth year medical students approached Dr. Patti Patterson about completing an international health elective rotation in Jinotega, Nicaragua. Sheila Reddy, Amanda Backlund, and Megan Shawn wanted Dr. Patterson's help with making travel arrangements and setting up a partnership with Mission Para Cristo, a local non-profit organization which Dr. Patterson had worked with in the past. They also wanted her assistance with creating a project that would benefit the Nicaraguan people. It was decided that the students would create an oral health education program that could be administered to mothers and children in Jinotega.

When Dr. Patterson began searching for information that might be useful in creating a dental health program that would be appropriate for this particular population she discovered Teethsavers International, a non-profit organization already implementing oral health programs in developing countries including Zambia, Belize, Sierra Leone, Morocco, and Malawi. She e-mailed the contact of Teethsavers and discovered the organization was founded by a dentist in Lubbock, Dr. Jack Rudd.

Shelia, Amanda, and Megan went to Nicaragua in October 2008, taking over 3,400 toothbrushes with them. Using materials developed by Teethsavers, the medical students delivered the education program to students in 20 rural schools.



As a result of Dr. Patterson's newly formed relationship with Dr. Rudd, his interest in Nicaragua was piqued. He is now living in Nicaragua and has set up a dental health program in cooperation with Mission Para Cristo through Teethsavers. The vision of this program is to train community health workers to teach the population how to prevent tooth decay. The focus of the program is educational in nature but the community health workers will also be able to provide fluoride treatments and other simple dental treatments. The program has received government approval and 11 students have already completed the classroom portion of the program, making them eligible to begin the community portion of the program.

An important component in the success of the projects TTUHSC medical students have undertaken in Jinotega is the involvement of Mission Para Cristo. Mission Para Cristo has been in existence for about 12 years. They are well established in Jinotega, and they are very active in the community. As Dr. Patterson notes, "You're building on something that's already there so you can have an immediate, huge impact."



For those at TTUHSC involved in international work, it's exciting to see how the institution, our faculty, and our students, have played a small part in the develop-

ment of a program that has grown into something so much bigger than originally imagined. It is a perfect example of what can happen when resources are pooled and partnerships are fostered. According to Dr. Patterson, "When you do international work it's all about partnerships and finding other people who do things you don't know how to do and do things better."

Dr. Patterson's hope is that TTUHSC will continue to be an important partner in this program. "I like this project because I think healthcare—doctors, nurses, allied health, all of us—need to know more about oral health than we do...it's very, very important to overall health. It's a great way to understand population health/public health concepts," she says. In April 2010 fourth year medical student Katie Chung will travel to Nicaragua to complete a Fourth Year International Health Elective. She will begin a project that will examine the impact that poor dental health has on nutrition and overall health in the children of Jinotega. Other students have shown interest in continuing these projects; therefore, the future involvement of TTUHSC in Jinotega does appear promising.



For more information about Teethsavers visit their website at www.teethsavers.org.

For more information about Mission Para Cristo visit their website at www.misionparacristo.com.

To read about the dental health project conducted by Amanda Backlund and Shelia Reddy see [Global Matters Volume 5](#).

Join us on Wednesday, May 19 for our CIMA Lectures on World Health series as Katie Chung, MS IV, delivers a presentation regarding the dental and nutrition information she will collect in Jinotega.

The International Medicine Club Column

Guatemala

by Victor Lohla, SOM 2012

When you think of Guatemala, you might think of some of the best beans for making coffee, extraordinary Mayan ruins, or intricately woven brightly colored textiles. Guatemala indeed has a rich culture, and it is the richest country in Central America. It ranks first with a GDP of 38,956 billion USD (compared with Haiti, the lowest, at 6,952 billion.) It is also the most populous country in Central America. Its population of over 13 million is more than twice that of any other country.



You might not realize that it also has some of the worst health and education statistics in the world. Here are some of the more surprising numbers:

- Guatemala has the fourth highest rate of chronic malnutrition in the world and the highest in the Western Hemisphere (CNN.com, September 9, 2009).
- Approximately 56.2% of Guatemalans live below the poverty level, which is defined as an income that is not sufficient to purchase a basic basket of goods and services (CIA World Factbook, 2004 est.).
- 17.7% of children under 5 years old are underweight for their age, while 54.3% had stunted height for their age (as compared with the next highest Central American country, Honduras, at 8.6% and 29.9% respectively; WHO, 2006).
- Guatemala has a literacy rate of 69.1%, which is the lowest in all of Central America (WHO, 2009).
- The infant mortality rate in Guatemala is at 31 per 1000 live births, the highest in Central America (WHO, 2009).

By looking at these numbers, it becomes apparent that Guatemala's high GDP must not be distributed very equitably. Indeed, the high disparity rate between income levels has contributed to the country having one of the highest rates of violent crime in the world. The developed metropolitan urban areas are starkly different from the rural underdeveloped mountainous regions of the country.

During the summer of 2007, I had the opportunity to visit some rural parts of the country in and around the town of Patzún, where I witnessed firsthand the grave health troubles facing the population. I went

with a group from my church, St Joseph Catholic Community of Arlington, TX, on one of their bi-annual medical missions. A team of ten, including 1 doctor, 2 nurse practitioners, 1 ultra-sound tech, four translators, a driver, and myself, spent 7 days travelling deep in the mountains to remote villages setting up mobile health clinics. They were so remote that most of the villagers did not even speak Spanish, the official language of the country; instead they spoke the native Mayan Quichean language. Normally, to access a doctor, these villagers would have to access costly and infrequent transportation and miss out on 2-3 days of valuable work wages (the physician density in Guatemala is 9 per 10,000, WHO 2009). We stayed at a convent that regularly hosted these missions, and the Sisters there helped us coordinate the clinics.

The clinics were typically set up in any public building that was available and which had sufficient resources, usually schools and churches. We brought donated medications with us.



We also had vitamins and basic health care items like toothbrushes which we were able to distribute. The distribution method included a small contribution from the villagers, as they all insisted on giving something rather than taking it for free. Because these clinics were run on a bi-annual basis, we were able to track and record the growth of the children. We also gave every child vitamins and anti-parasitic medicine.



The adults we treated for a myriad of problems. Many people had abdominal pain and diarrhea which we treated with medication for temporary relief while also educating them on boiling water,

drinking sufficient fluids, and increasing fiber and protein in their diet. People also complained of muscle pain, mainly from carrying heavy loads of broccoli and cauliflower from the fields (I swear they must have been over 100 pounds).

New Non-Immigrant Student Check-ins

for

Spring 2010*

Numbers include both TTU and TTUHSC students

The Spring 2010 semester boasts the largest new non-immigrant student check in (for a spring semester) since the early 1990s.

It is also the semester with the greatest drop in numbers for one particular country—China.

- Undergraduate Students: 27 (23% decrease)
- Graduate Students: 98 (34% increase)
- Countries Represented: 39

Major countries of origin:

- India 40
- Nepal 9
- Norway 8
- Bangladesh 4
- Brazil 4
- China 4
- Iran 4
- Sri Lanka 4
- Thailand 4
- Turkey 4

* information courtesy of TTU Office of International Affairs



Current Travel Warnings

A travel warning has been issued by the Department of State for the following countries:

- Afghanistan
- Algeria
- Burundi
- Central African Republic
- Chad
- Colombia
- Congo (DRC)
- Cote d'Ivoire
- Eritrea
- Georgia
- Guinea
- Haiti
- Iran
- Iraq
- Israel
- Kenya
- Lebanon
- Mali
- Mauritania
- Nepal
- Nigeria
- Pakistan
- Philippines
- Saudi Arabia
- Somalia
- Sri Lanka
- Sudan
- Syria
- Uzbekistan
- Yemen

Travel to these locations is discouraged.

Travel Warnings are issued 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.

New Program Offers Solution to Primary Care Doctor Shortage

On Tuesday, March 23, TTUHSC School of Medicine held a press conference to announce their plan to address the nationwide shortage of primary care physicians—The Family Medicine Accelerated Track.

This new program will allow medical students to complete their degree in three years, instead of four. In addition, students accepted into the program will receive a scholarship to cover the cost of tuition and fees during their first year. These two factors combined will cut the total cost of tuition and fees in half, thereby dramatically lowering the amount of debt typically accumulated during medical school.

Dr. Steven Berk, dean of the School of Medicine, has already experienced success with a similar pro-

gram in Tennessee. He led the initiative to take the idea to the school's accrediting body which approved the plan about a month ago.

The Family Medicine Accelerated Track will begin in the Fall 2010 semester. The inaugural class will include ten students who have already been accepted into TTUHSC's medical school. In the future TTUHSC hopes to expand the program to additional students.



Students participating in the program can expect courses and training geared towards general medicine rather than a specialty. They will complete the same number of hours but in only three years. Graduates will then complete a three-year residency in the West Texas area.

With the creation of the Family Medicine Accelerated Track, TTUHSC will be one of the few schools in the nation with a medical fast track program. As a result, we will not only lead the nation in developing innovative ideas to meet the area's medical needs, but we will provide a solution to a national problem that is only expected to worsen with time.

The International Medicine Club Presents the 1st Annual Poverty Banquet



When: Tuesday, April 20, 2010 at 6pm
**Where: International Cultural Center
Hall of Nations
601 Indiana Ave**

Tickets: \$5 pre-sale/\$7 at the door
**Pre-sale : March 23 to April 16 outside the
TTUHSC cafeteria from 12-1PM,
Tuesday/Wednesday**

**All proceeds will benefit Breedlove Foods, Inc.,
an innovative humanitarian relief
organization that provides food to starving
people in over 80 countries.**

Additional donations will be appreciated!
Questions?

Contact student.services@ttuhsc.edu

**Special thanks to: Kohl's, Orlando's, Fazoli's,
United Supermarket and Market Street**



New to the CIMA Library

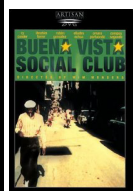


The following movies have recently been added to the CIMA Library and are available for checkout to all TTUHSC faculty, staff, and students. For more information and to view all the movies available through CIMA visit [our library](#). To check out a movie from our extensive collection complete a [library catalog request form](#).



The Bielski Brothers

The true story behind Edward Zwick's *Defiance* is laid out in this brisk, straight-to-the-point account of the Bielski brothers, the leaders of a large, organized Jewish resistance effort during World War II. Escaped Jews from the ghettos of Eastern Europe joined together in the woods under the leadership of Tuvia, Zus, and Asael Bielski, and for over two years they created their own hidden society of approximately 1200 people. This History Channel installment gathers together survivors of the partisan movement to tell their stories.



Buena Vista Social Club

In 1996, composer, producer, and guitar legend Ry Cooder entered Egrem Studios in Havana with the forgotten greats of Cuban music, many of them in their 60s and 70s, some of them long since retired. The resulting album, *Buena Vista Social Club*, became a Grammy-winning international bestseller. When Cooder returned to Havana in 1998 to record a solo album by 72-year-old vocalist Ibrahim Ferrer, filmmaker Wim Wenders was on hand to document the occasion.



The Color of Olives

From Mexican director Carolina Rivas and cinematographer Daoud Sarhandi comes this elegant and visually breathtaking new film about the Palestinian experience. The Amer family lives surrounded by the infamous West Bank Wall, where their daily lives are dominated by electrified fences, locked gates and a constant swarm of armed soldiers. This unique and intimate documentary shares their private world, allowing a glimpse of the constant struggles and the small, endearing details that sustain them. *The Color of Olives* is an artistic and beautifully affecting reflection on the effects of racial segregation, the meaning of borders and the absurdity of war.



The Sea Inside

Winner of the Academy Award for Best Foreign Language Film of 2004, *The Sea Inside* is a life-affirming film about a man who wishes to die. That may seem like a massive contradiction, but in the hands of director Alejandro Amenábar (*Open Your Eyes*, *The Others*) and actor Javier Bardem (*Before Night Falls*), this fact-based Spanish drama concerns the final days of Ramón Sampedro, the quadriplegic poet who waged a controversial campaign for his right to die. He was denied this right for 30 years, and ultimately arranged for his own assisted suicide, but this remarkable film--and Bardem's keenly intelligent performance--examines the hotly-debated issue of assisted suicide with admirable depth and humanity, just as Sampedro did until his death in 1998.



Triage: Dr. James Orbinski's Humanitarian Dilemma

The massive suffering documented in *Triage: Dr James Orbinski's Humanitarian Dilemma* is difficult to watch, but it reiterates Orbinski's overall message: that the only way to improve human conditions is to acknowledge hardship and to take moral responsibility for the prevention and alleviation of international atrocities. Directed by Patrick Reed, this enlightening documentary portrays Orbinski as both the heroic winner of the 1999 Nobel Peace Prize's for his work with NGO, Médecins Sans Frontières, and as an anti-heroic existentialist, whose cynicism towards failed government interventions impels him to travel the world in aid of those most unfortunate.

International Flavor

Irish Cream Bundt Cake

In honor of
St. Patrick's Day

Ingredients

1 cup chopped pecans
1 (18.25 oz) package
yellow cake mix
1 (3.4 oz) package
instant vanilla pudding
mix
4 eggs
1/4 cup water
1/2 cup vegetable oil
3/4 cup Irish cream
liqueur
1/2 cup butter
1/4 cup white sugar
1/4 cup Irish cream
liqueur

Directions

Preheat oven to 325 degrees F. Grease and flour a 10 inch Bundt pan. Sprinkle chopped nuts evenly over bottom of pan. In a large bowl, combine cake mix and pudding mix. Mix in eggs, 1/4 cup water, 1/2 cup oil and 3/4 cup Irish cream liqueur. Beat for 5 minutes at high speed. Pour batter over nuts in pan. Bake in preheated oven for 60 minutes, or until a toothpick inserted into the cake comes out clean. Cool for 10 minutes in the pan, then invert onto a serving dish. Prick top and sides of cake. Spoon glaze over top and brush onto sides of cake. Allow to absorb glaze then repeat until all glaze is used.

To make glaze: In a saucepan, combine butter, 1/4 cup water and 1 cup sugar. Bring to a boil and continue boiling for 5 minutes, stirring constantly. Remove from heat and stir in 1/4 cup Irish cream.

Recipe from
www.tastespotting.com

When in... Bulgaria

- The most common greeting is a firm handshake while maintaining good eye contact.
- Bulgarians tend to downplay their achievements and dislike those who try too hard or show off (about wealth, for example.) Even if you are making minimum wage at home, you are still earning three times as much as they are.
- Be sensitive to the fact that relations between Turkey and Bulgaria are strained.
- Lunch is the main meal of the day. Dinner is a social event, and dancing is common in many restaurants.
- Bulgarians, especially the older generation, shake their heads to say "yes" and nod to say "no."
- Be sure that you are given a *carte statistique*, or border control card, by Customs officials upon arrival in the country; you cannot check into a hotel without it.
- Avoid using travelers' checks; few places will cash them. Change currency on the border (and keep your *borderaux* receipt, which indicates the amount of currency exchanged, until you leave.) ATM machines are available in Sofia and a few other places, but don't pull out too much cash because you can't take it out of the country.

Saturday
April 10th, 2010
7:00 - 9:00 pm
Lubbock High
School Auditorium

The 5th Annual International Talent & Fashion Show

Tickets purchased at the door
\$4 students with ID • \$6 General Admission
12 years and under free

All proceeds go to purchase furniture for our new International students at Texas Tech.



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

State of Qatar

The State of Qatar is a country about the size of Connecticut and Rhode Island combined located on the Arabian Peninsula. Most of Qatar's 1.5 million inhabitants reside in the capital of Doha. The population of Qatar is very diverse. Some Qataris are descended from a number of migratory tribes from the neighboring areas; however, a staggering 85% of the population consists of foreign workers including South and Southeast Asians, Egyptians, Palestinians, Jordanians, Lebanese, Syrians, Yemenis, and Iranians. Approximately 8,000 U.S. citizens reside in Qatar. The culmination of foreign workers makes up about 90% of the total labor force.

Islam is the official religion of Qatar. As such Islamic jurisprudence is the basis of Qatar's legal system. Arabic is the official language, and English is widely spoken.

Prior to 1868 Qatar was dominated by the Al Khalifa family of Bahrain. It was in that year that the British negotiated the termination of the Bahraini claim. The Ottoman Empire occupied the country from 1872 until the beginning of World War I. In 1916 the British recognized Sheikh Abdullah bin Jassim Al Thani as ruler.

Qatar's history was greatly impacted by the granting of an oil concession to the Qatar Petroleum Company in 1935. In 1940 high-quality oil was discovered and by 1949 Qatar began exporting oil. During the following decades increasing oil revenues brought prosperity, rapid immigration, and substantial social progress.

When the British treaty with Qatar ended in

1971 Qatar declared its independence becoming a fully independent state on September 3, 1971. The following February Sheikh Khalifa bin Hamad assumed power. Amir Khalifa remained in power until 1995 when his son, Sheikh Hamad bin Khalifa, deposed him in a bloodless coup. Under Amir Hamad, Qatar has evolved into a more democratic country. While the constitution recognized the hereditary rule of the Al Thani family it also establishes an elected legislative body and makes government ministers accountable to the legislature.

Oil remains the cornerstone of Qatar's economy accounting for 62% of total government revenue. In 2007, Qatar's per capita income was nearly \$67,000, making it the fifth-highest in the world. In addition Qatar has the third-largest gas reserve in the world and is the world's largest producer of liquefied natural gas. It is projected that Qatar's GDP is soon to be the highest in the world.

Qatar recognizes education as the key to success. The country has an increasingly high literacy rate. Many Qataris study in the U.S. Several U.S. universities have branch campuses in Qatar including Texas A&M, Carnegie Mellon, Virginia Commonwealth, Georgetown, and Cornell, which has established a degree-granting branch medical school campus in Doha.

According to WHO statistics the life expectancy of Qataris is 76 years of age. The infant mortality rate is 12 per 1,000 live births. The leading cause of death is Ischaemic heart disease followed by road traffic accidents, diabetes mellitus, and hypertensive heart disease.



There's an App for That

- [World Countries](#)
Information on all 260 countries, including continental maps, flags, and trivia
- [iCountryDetails](#)
Information about the most widely recognized countries
- [World Customs and Cultures](#)
Customs, cultural information, and facts on over 165 different countries
- [Flags Fun](#)
Learn to identify flags from around the world
- [Capitals Quizzer](#)
Learn the capital cities of the world
- [Currency](#)
Up-to-date exchange rates for over 100 currencies and countries
- [Units](#)
Easily convert various units into others
- [Free Translator](#)
An interface to the free Google Translate API for many languages
- [Country Codes](#)
Keep track of the two letter identifier codes for countries throughout the world
- [2010 World Map](#)
Political, physical, and time zone maps
- [WorldView](#)
Pictures from places, streets, and landscapes from around the world
- [World Heritage](#)
See pictures of all items designated as the World Heritage by UNESCO
- [PowerPlug](#)
Reference guide to the power plugs and electrical power systems of the world



In the News, Around the World

- [U.S. not ready to lift ban on Scottish haggis](#)
Scots Americans were rejoicing as news circulated that the US government was planning to lift a 21-year ban on Scottish haggis. Just one problem...it may not happen.
- [Thousands mark anniversary of Nelson Mandela's release](#)
Thousands of South Africans make the 20th anniversary of Nelson Mandela's walk to freedom after 27 years as the world's most famous political prisoner.
- [Nigerian novelist Chimamanda Adichie: The danger of a single story](#)
Novelist Chimamanda Adichie tells the story of how she found her authentic cultural voice—and warns that if we hear only a single story about another person or country, we risk a critical misunderstanding.
- [Dr. Paul Farmer interviewed for PBS Newshour about the Haitian earthquake](#)
Dr. Paul Farmer, PIH co-founder and the United Nation's deputy special envoy to Haiti, shares his perspective on the Haitian earthquake disaster.
- [French woman marries dead fiancé](#)
A French woman earned the rare distinction of becoming a wife and widow at the same moment, when she married her dead fiancé.
- [Finnish Sauna Etiquette and Customs](#)
How to take a traditional sauna the way the Finns do.
- [Supplying Central America with safe, fuel-efficient stoves](#)
Rotary members found Stove Team International.
- [Hungry to learn across the world](#)
In India, one schoolboy's remarkable education project is transforming the lives of hundreds of poor children.
- [Norway conquers infections by cutting use of antibiotics](#)
The best way to cut down on infections is to reduce antibiotic use, Norway finds.
- [Sunitha Krishnan fights sex slavery](#)
Sunitha Krishnan has worked to rescue over 3200 women and children from the sex trade in India.
- [Hans Rosling's new insights on poverty](#)
Researcher Hans Rosling uses his cool data tools to show how countries are pulling themselves out of poverty.

International Medicine Club Column cont.

One surreal experience was when I treated a young man who had cut his thumb with a machete. He was my exact age, and we looked pretty similar too (same skin tone and we both had baseball caps.) We could not have been from more different worlds. As I washed out his wound I told him (in broken Spanish) that I was going to apply some antibiotics. He nodded and was silent, then finally said back to me, "What are antibiotics?" I made sure to educate him on basic wound maintenance and how to change dressings.

After we left I heard that gang violence began to target the religious people and priests in the area. Apparently the violence in the country was not isolated to the urban areas. The mother of the convent had received death threats, and she had been unable to travel about safely. The next mission trip, scheduled for January 2008, had to be cancelled.

Clearly, the economic situation in the country is the largest obstacle to an improved health situation for the population. While Guatemala has so many positive aspects, it still has a ways to go to better distribute its wealth and create greater access to clean water, healthy diets, and healthcare.

When in... Bulgaria cont.

- It is illegal to take antiques out of the country, and besides, they are probably fakes or stolen.
- Watch out for fake police, who drive around at night in ordinary cars with blue lights and ask for your papers and money. Genuine police patrol in the daytime as well and have official cars. If you suspect that you have been stopped by a fake policeman, insist on accompanying him to the police station on foot; do not climb into his car.
- Speed limits are strictly enforced, and traffic police are everywhere. They will stop you (by holding up a hand-held stop sign) even if you are going only slightly over the limit.
- Dress smartly with simple elegance, in well-made clothes, but avoid clothing that makes you stand out or broadcasts your wealth.
- Remove your shoes when you enter someone's home.
- In a restaurant, the tip is not included in the bill, so add 10 percent. It is rude to place the tip into someone's hand; leave it on the table. You may find that the waiter chases you outside to tell you that you have paid too much, despite your insistence that it is supposed to be gratuity.

International Holidays and Celebrations



March

- 01—Samilijol; South Korea
- 02—National Day; Morocco
- 03—Hinamatsuri; Japan
- 04—World Book Day; International
- 06—Independence Day; Ghana
- 08—International Women's Day; International
- 09—Baron Bliss Day; Belize
- 10—Decoration Day; Liberia
- 11—Moshoeshoe's Day; Lesotho
- 12—Independence Day; Mauritius
- 14—Mothering Sunday; United Kingdom
- 15—Constitution Day; Belarus
- 16—St. Urho's Day; Finland
- 17—St. Patrick's Day; Ireland
- 18—Charshanbe suri; Iran
- 19—Battle of March 19; Dominican Republic
- 20—Legba Zaou; Haiti
- 21—Benito Juarez's Birthday; Mexico
- 22—Nauryz Meyrami; Kazakhstan
- 23—Pakistan Day; Pakistan
- 24—Ramanavami; Hindu
- 25—Waffle Day; Sweden
- 26—Swadhinata Dibash; Bangladesh
- 29—Memorial Day; Madagascar
- 30—Passover; Jewish
- 31—Freedom Day; Malta

April

- 01—All Fool's Day; International
- 02—Malvinas Day; Argentina
- 04—Independence Day; Senegal
- 05—Qingming Festival; Hong Kong
- 06—Uprising Day; Sudan
- 07—National Mourning Day; Rwanda
- 08—Buddha's Birthday; Buddhist
- 09—Araw Ng Kagitingan; Philippines
- 11—Battle of Rivas; Costa Rica
- 12—Yuri's Night; International
- 13—Baisakhi; Hindu
- 14—Orange Day; Japan
- 15—Kim Il-sung's Birthday; North Korea
- 16—Queen Margrethe's Birthday; Denmark
- 17—Independence Day; Syria
- 18—Yom Hazikaron; Israel
- 19—Dia do Indio; Brazil
- 21—National Tree Planting Day; Kenya
- 22—Earth Day; International
- 23—Castilla y Leon Day; Spain
- 24—National Concord Day; Niger
- 25—Anzac Day; Australia & New Zealand
- 26—Union Day; Tanzania
- 27—Independence Day; Sierra Leone
- 28—Hero's Day; Barbados
- 30—Liberation Day; Vietnam

Language Lesson Good Luck!

Afrikaans	<i>Sterkte!</i>
Basque	<i>Zorte on!</i>
Croatian	<i>Sretno</i>
Dutch	<i>Succes! Veel geluk!</i>
Esperanto	<i>Bonŝancon!</i>
French	<i>Bonne chance!</i>
Greek	<i>Καλή τύχη!</i> (kalí tíhi !)
Hebrew	<i>בהצלחה</i> (Behatslacha)
Indonesian	<i>Semoga Beruntung!</i>
Italian	<i>Buona fortuna!</i>
Japanese	<i>ご幸運を祈ります</i> (gokōūn o inorimasu)
Lithuanian	<i>Sėkmės! Geros kloties!</i>
Macedonian	<i>Co sreka!</i> (So srekyal!)
Portuguese	<i>Boa sorte!</i>
Russian	<i>Удачи!</i> (Udači)
Swahili	<i>Kila la kheri!</i>
Turkish	<i>İyi şanslar!</i>
Urdu	<i>اللہ کا فضل ہو</i> (allah ka fazal ho)
Vietnamese	<i>Chúc may mắn!</i>
Zulu	<i>Ngikufisela iwela!</i>



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