



# Global Matters

The newsletter of the Office of Global Health

Volume 24, May—June 2013

## Spring 2013 Global Health Lecture Series



12:00 Noon CT  
ACB 110

- Ambassador Tibor Nagy  
[State of the World 2013: Predictions and Reflections](#)
- Yan Zhang, PhD  
[Traditional Chinese Medicine and Acupuncture](#)
- Milton Jones  
[Christian Relief Fund](#)
- Chris Hobart & Julianne Yeary  
[International Experiences through FIMRC—Costa Rica and Peru](#)
- Cynthia Hester, BSED, RN  
[Medical Mission to Zambia](#)
- David Sacks, PhD  
[NIAID](#)
- Dan Kelly, MD  
[Well Body Alliance](#)
- Marie Leiner, PhD  
[Mental Health & Children on the US/Mexico Border](#)
- Michael D. Parsa, MD  
[Challenges of Short-Term Medical Missions](#)
- Dr. K. M. Cherian  
[Medville Project: A Model For Research, Medical Education, and Patient Care in Rural and Urban Areas](#)
- Vera Von Bergen  
International Health Elective at King George Medical University, India

Presentations with hyperlinks were recorded and can be viewed on the OGH website or checked out from the OGH library.

## Office of Global Health

By Michelle Ensminger, Senior Director, Office of Global Health

Since its inception, what is currently the Office of International Affairs has undergone several name changes to meet the evolving needs of TTUHSC and its students.

### Global Health Lecture Series

As the institution grows and its vision expands, we recognize the gaps that must be filled and the health trends that must be addressed. To this end, the office will again adopt a new name, the Office of Global Health (OGH), in an effort to support the mission of promoting global health education both on campus and abroad.

### Global Perspectives Film Series

Global Health education attempts to address the various factors that impact the wellbeing of communities and to understand and reduce health disparities at home and abroad. While the terms global and international are both acceptable, many institutions are moving away from international and embracing global because it implies a collaboration of

### Beyond Borders, Beyond Measure Photography Exhibit

efforts to improve community health. Global stresses the “global commonality of health issues that transcend national borders, class, race, ethnicity, income or culture.” (Haupt, et al. Acad Med 2007; 82(3): 22-5) In addition, global seeks to focus on the interconnectedness of countries and communities as opposed to their separate-

ness. In April 2001, the Director General of the World Health Organization addressed this issue when he stated, “In the past, desperate conditions on another continent might cyn-

ically be written out of one’s memory. The process of globalization has made such an option impossible. The separation between domestic and international health problems is no longer useful.” The expansion of travel and trade and increasing immigration has created a globalization of disease that can no longer be ignored.

At TTUHSC, we want our global initiatives to em-

brace this same idea of collaboration and commonality, respect for other countries and their health systems and practices, and mutual interest in addressing the existing inequalities in access to health care. The TTUHSC Office of Global Health is charged with supporting faculty in developing educational programs and student exchanges and assisting and preparing students interested in participating in a global health program or elective.

The Office of Global Health will continue its efforts to enhance global health education through its activities, events, and services, including the bi-weekly Global Health Lectures Series, the newly renamed Global Perspectives Film Series, and bi-yearly cultural events.

It is through our programs on campus and abroad that TTUHSC meets the challenge of leading the state in the education of globally competent health professionals.

### International Programs Week

### Cupcakes for Peace

## Available from the OGH Library

The following resources are available for check-out:

### Book

*Quiet: The Power of Introverts in a World That Can't Stop Talking*  
By Susan Cain

At least one-third of the people we know are introverts. They are the ones who prefer listening to speaking; who innovate and create but dislike self-promotion; who favor working on their own over working in teams. It is to introverts—Rosa Parks, Chopin, Dr. Seuss, Steve Wozniak—that we owe many of the great contributions to society. Susan Cain argues that we dramatically undervalue introverts and shows how much we lose in doing so. *Quiet* has the power to permanently change how we see introverts and, equally important, how they see themselves.

### Movie

*¡Salud!*

This film reveals the human dimension of the world health crisis, and the central role of international cooperation in addressing glaring inequalities. Through their personal stories, and those of an array of young medical students—now numbering 30,000—from the Americas, Africa and the Caribbean being trained by Cuba. *¡Salud!* invites us to explore new paths to making health a global birthright, wiping out the diseases of poverty.

For more information about the resources available from the OGH library, visit our [website](#).

## Unite for Sight Global Health & Innovation Conference 2013

By Kristin Mauldin, Office of Global Health

Unite for Sight is a non-profit organization founded by Jennifer Staple-Clark specializing in healthcare delivery in resource-poor areas throughout the world. Unite for Sight supports eye clinics worldwide by investing in human and financial resources to eliminate patient barriers to eye care. The organization and its members have served 1,500,000 patients, performed 65,662 sight-restoring surgeries, and trained 9,050 fellows.

The annual Global Health & Innovation Conference is the world's largest global health and social entrepreneurship conference, with 2,200 professionals and students from all 50 states and more than 55 countries. This year eleven TTUHSC faculty, staff, and students attended the Unite for Sight Global Health and Innovation Conference (GHIC) at Yale University in New Haven, Connecticut. The two day conference consisted of keynote speakers, individual social innovation sessions, enterprise pitch sessions (ideas in development), film screenings, and workshops spread out over the beautiful Yale campus.

Keynote addresses were delivered by global health leaders such as Tina Rosenberg, *New York Times* journalist; Jeffrey Sachs, Director of Earth Institute at Columbia University; Sonia Ehrlich Sachs, Director of Health, Millennium Village Project, Earth Institute at Columbia University; and Al Sommer, Dean Emeritus at Bloomberg School of Public Health. The conference sessions provided a unique view of global health through topics such as peer pressure, environment, education, art, social media, technology, water and many more.

The Senior Director of the Office of Global Health at TTUHSC, Michelle Ensminger, has attended the conference for the past two years. When asked what she likes best about this conference she replied, "What I like about this particular conference is that it approaches health from multiple angles. It recog-

nizes that global health is everything that goes into creating healthy communities. It's not just the work being performed by medical professionals or community health workers. It's a combination of factors including social enterprise, design, nutrition,

economics, human rights, technology, and policy. Health isn't just the absence of disease; it's a much larger idea of wellbeing and GHIC recognizes this. As a result, the conference sessions offer a wide variety of topics all

geared to address this broader view of health." The main concept Ensminger took from this year's conference is the importance of research. "When you have numbers and data to back up what you're doing, it gives your projects more credibility. People pay attention to numbers and it's research that can help programs and initiatives gain recognition. It provides talking points that go beyond personal experiences and opinions. I'm really proud of the programs we've been developing at TTUHSC, but I feel like we're missing this important component. I want to see research become a more important piece of our current and future global health initiatives."

When discussing the benefits of attending GHIC, Ensminger said, "One of the biggest benefits for me is the opportunity to learn from others: universities with global health programs, health care organizations, NGOs, leaders in the field, students, CEOs, doctors, lawyers, the list goes on. The opportunity for like-minded individuals to gather to share their work, their opinions and ideas, and their vision of what health can and should be is tremendous. It has the potential to make the global health field stronger because it offers a larger pool of ideas and experiences to draw from. Not all conference presenters agree with each other. There are varying approaches to health and being exposed to the varying opinions provides more tools to access when building our programs at TTUHSC or

forming my evolving understanding of global health. Attending the conference is like being involved in a two-day brainstorming session. By including a variety of voices in the global health discussion, we have more opportunities to learn and grow."

Michelle McClelland, a 3rd year School of Medicine student at the Amarillo campus, also attended the conference for the second year in a row. McClelland's favorite presentation was by Sonia Ehrlich Sachs. Mrs. Sachs' presentation was about The 1 Million Community Health Worker Campaign. In regards to Mrs. Sachs' presentation, McClelland said, "her passion for the expansion of community health workers (CHWs) was palpable and the facts behind her excitement don't lie—the number of people who could be reached by CHWs is outstanding and the savings created are impressive. I especially liked the discussion on using CHWs in the US and seeing that we are actively trying to learn from developing countries and incorporating very important lessons learned into the current gaps in US healthcare."

Shamini Parameswaran, a third year School of Medicine student at the Lubbock campus, presented a pitch at GHIC on a Portable Neonatal Jaundice Incubator. In regards to her experience presenting at GHIC Parameswaran said, "Presenting at the Unite for Sight Conference was definitely a once in a lifetime experience; it was a great opportunity to not only get my prototype out there but to be able to network with other professionals in bettering my product. The portable neonatal jaundice incubator that I gave my pitch on will now be able to be improved and have the potential to be used with better resources, thanks to the networking opportunities I had after I gave my speech. I would highly recommend submitting a pitch to this conference if you have any great ideas or projects in the



Continued on the bottom of page 3.

## Why Volunteering to Serve Others Benefits You

By Suzie Thillen-Cain, School of Nursing, Class of 2013

When given the opportunity to apply for a spot on the Texas Tech University Health Sciences Center (TTUHSC) March 2013 faculty-led program to Nicaragua, I found my heart racing with excitement. I envisioned how this experience would expand my knowledge and skills in pursuit of my dream: to become a medical mission nurse.



As I waited to hear if I had been selected, my mind wondered, what would I do in Nicaragua? Who would I meet? What would the other nurses be like? Would I fit in? Would I be safe? Was I too new a nurse to be helpful? Excitement battled fear during the wait. Nursing school had trained me to face fear, evaluate it, and move forward.

That training allowed me to focus on the goal of serving others.

Although the trip was only a week long it held an unbe-

lievable variety of experiences. We were given the opportunity to work in the local hospital, the clinic, and two pharmacies. In addition, we visited local villages to perform checkups on the children and many adults. A simple procedure of cleaning out villagers' ears restored hearing for a man who had not been able to hear for years. Child well-checks provided parents with the comfort of knowing their child was healthy. I was surprised at the depth to which the experience impacted me.

In the middle of the week our group conducted a training session for community health care workers to better prepare them for the challenges they would face.

We taught them how to dress various types of wounds with materials they would have available and how to recognize and treat chocking, heat stroke, and dehydration. We

also conducted emergency drills to demonstrate how to work in teams during times of crises. The community health workers were provided bags with medical supplies and learning guides to use in their practice.

That one week provided unexpected personal growth and a deeper professional perspective on nursing. Through exposure to a vastly different culture, incredible poverty, and different societal values and priorities, my perspective on the practice of nursing was enriched.

Based on my personal experience, I strongly recommend involvement in international medical opportunities. The Office of Global Health is a great place to seek out such opportunities. These types of programs allow for precious life-changing experiences, friendships, and growth far greater than the material cost.



## Unite for Sight Global Health & Innovation Conference 2013 cont.

making!"

Sessions led by Michael Fairbanks were fourth year medical student Christine Pan's favorite lectures. Pan described the lectures: "Michael Fairbanks spoke about two subjects: 1) Africa's and China's political/economic strategy for each other and 2) Rwanda's culture and how it sets a basis for successful development. Beyond the generally interesting subject matter, these sessions stood out because the speaker refused to speak only in generalities. He gave clear details about what steps he thought Africa could take in dealing with other countries (namely, China and the US) in order to become a successful player in the global market. He illustrated how Rwanda's own vocabulary and cultural imperatives shape their culture and create a platform on which the

country can become a successful development story. He spoke candidly and challenged commonly held misconceptions."

Brenda Watkins, a third year medical student at the Lubbock campus, took advantage of the film screening sessions. Watkins saw *A Doctor of My Own* by Trisha Pasricha, a Vanderbilt University School of Medicine student. The movie follows the first medical student class of the newly opened University of Namibia School of Medicine in Windhoek. "I really enjoyed the film", Watkins said. "I knew of the 'brain drain' concept—that students from Africa often leave to work in other countries — but I had no idea that one of the main reasons for brain drain, in the medical field at least, is the fact that there are so few medical schools in Sub-Saharan Africa. So it is great that

schools like this school in Namibia are being built to supply future physicians for the people in Sub-Saharan Africa. Unfortunately, these students have many obstacles to overcome - pressures to leave their country to make more money elsewhere, tensions among themselves due to race and ethnicity, and severe lack of resources especially in the very rural settings. Hopefully, though, a group of them at least will remain in Namibia to provide healthcare to their people."

The Unite for Sight Global Health and Innovation Conference was an exceptionally thought-provoking experience. If interested in attending next year's conference or for more information about Unite for Sight, please visit their [website](#).

## Mark Your Calendar for the Global Perspectives Film Series



You're invited to join the Office of Global Health as we host a screening of one of the many films from our library.

**12:00 Noon  
CST  
ACB 240**

- Thursday  
June 13
- Thursday  
July 11
- Thursday  
August 15

### June Feature film:

***Crisis: Behind a Presidential Commitment***

*Crisis: Behind a Presidential Commitment* is the first and only film ever shot candidly of a President making decisions during a crisis. *Crisis* is the most intimate and engaging film of John and Bobby Kennedy ever made. In June of 1963, the President and his brother, Attorney General Robert Kennedy, faced one of the gravest racial confrontations of the 20th century. Despite a federal court order, Alabama Governor George Wallace vowed he would personally bar the door to the all-white University of Alabama to prevent two black students from enrolling at the school. With unprecedented access inside the oval office and rare footage of John and Bobby making critical, last minute decisions, *Crisis* is an astonishing and suspenseful film classic.

Attendees are welcome to bring their own lunch.

**Free snacks will be provided!**

## When in... Mexico

- Mexicans place much importance on personal and family relationships, so trust and respect, especially in business, are built up by your ability to interact with others, not by your credentials.
- A Mexican handshake is a brisk, firm snap. Say “Buenos días for “Good Morning”, Buenas tardes/noches” for “Good afternoon/evening or night” or “Hola, cómo estás” (“Hi, how are you?”).
- Friends greet each other with a touch on the elbow or a full-on *abrazo*, which is a bear hug with much back-slapping. Don’t be surprised if someone gives you a hearty *abrazo* after only the second meeting. Mexicans are very friendly.
- Winking and whistling (called the *piripo*) is quite common between men and women on meeting. Check-kissing is also popular.
- Always use *Señor* (Mr.) and *Señora* (Mrs.) or *Señorita* (Miss) plus the paternal family name until you are invited to switch to first names.
- Punctuality is very flexible in Mexico. It is common to arrive half an hour late for social events. The main adjustment you will have to make will be adapting to the slow pace of life.
- Spanish is the main language, but about a third of the population also speaks the indigenous Indian language of the Aztecs and Maya.

## At Home and Abroad: A Comparison of Two Health Care Systems

By Julia Berry, School of Medicine, Class of 2015

The Internal Medicine physician I was shadowing encouraged me to lean in closer to the patient we were examining in order to listen to her lung sounds with my stethoscope. Just then, she coughed, and I instinctively jerked back a little. I dreaded getting sick, especially in a foreign country. Not alleviating my fears one bit, my physician mentor nonchalantly remarked, “We think she might have tuberculosis.” Those were words I neither expected, nor wanted, to hear. Images of abandoned sanatoriums and positive TB skin tests flashed through my head. I could now add “disease incidence rates” to my mental list of differences between the health care systems of the United States and Spain.

In July 2012, I participated in an International Health elective in Santiago de Compostela, a city in northwestern Spain. For three weeks, I shadowed Internal Medicine physicians in a local hospital. I had visited Europe before but had not yet encountered a health care system outside of the United States. With all of the proposed changes in (and debate about) the health care system in our country, I was very eager to observe firsthand a system very different from our own.

Spain has a universal health care system in which health care is provided free of cost to its citizens. It is very similar to the health care systems in England and Canada, with which many Americans are somewhat familiar. Health care and its payment are administered through the government, and the physicians in

Spain are essentially civil servants who are paid an annual salary with periodic, predetermined pay increases. Some citizens choose to purchase private insurance, but the majority of people do not. Even if a person is out of work and out of money, he or she still has full access to free health care.

Medical education is also very different in Spain. Those who wish to pursue a medical degree, and are deemed qualified to do so by an entrance exam, begin medical school immediately after high school, typically around age 18. Medical school is a six



-year program, after which time residency training begins. Scores on another exam determine what specialties an applicant is qualified for, and the number of available spots in each specialty in a given year is determined by the particular needs of each region of Spain at that time.

Through my own personal observations while shadowing in the hospital, I noticed many other ways in which health care in Spain is very different than it is here. First, and not surprisingly, there is a language barrier. Most people I encountered in northwestern Spain, including the physicians I shadowed, spoke very little English, if any at all. I mistak-

ely thought that I would be just fine with my own limited Spanish and my English-Spanish pocket dictionary, but I ran across two problems with that theory. First, the Spanish spoken in Spain has some distinct differences from its Latin-American counterpart. Not only are *vosotros* and its verb forms commonly used, but certain words that may have an innocuous meaning in one country, have a very different and very vulgar meaning in another. Second, not only is Spanish spoken, but so is another language called Galician. It bears virtually no resemblance to

Spanish and is instead related to Portuguese. Much to my chagrin, I found that some patients spoke it exclusively, which made communication with them near impossible.

Another major difference I noticed between the health care systems in Spain and the United States was the length of time that patients stayed in the hospital. There were at least two patients who were there on the first day that I began shadowing and who were still there three weeks later on my last day. I was really curious about one patient, in particular, because there did not seem to be anything seriously wrong with him and every time we went to see him, he was out of bed and in good spirits. I asked one of the physicians why he remained in the hospital for so long, and I was told that he just did not have someone at home to help take care of him. So

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## At Home and Abroad: A Comparison of Two Health Care Systems Cont.

instead, he just remained in the hospital. There was no insurance company to balk at this decision or to refuse payment. There was no demand for outpatient services. It seemed as if there was no sense of urgency to move patients along, so to speak. It was quite a stark contrast to dynamics I have witnessed in American hospitals.

A final glaring difference I noticed between the two health care systems was the fact that “germaphobia” seemed to be much less prevalent in Spain than in the United States. In my particular rotation, I never once saw a physician put on a pair of gloves before examining a patient, nor did I see one use hand sanitizer. Granted, I was observing



physical examinations instead of invasive procedures, but glove use is so prevalent in the United States that I found a lack of it to be a little disconcerting. I am certainly not saying the practice is wrong; I am just saying that it was the ever-present “elephant in the room” for an American medical student. Out of habit, fear, or probably both, I used the hand sanitizer dispensers copiously, and when I did, I was in for yet another surprise. Instead of the pleasantly scented gels and foams that I had grown accustomed to in the United States, I was greeted with a handful of pure rubbing alcohol. It was harsh and watery, with the typical pungent smell, but with thoughts of tuberculosis running through my mind, I was more than grateful for it.

Before arriving in Spain, I had heard horror stories and stereotypes about universal health care systems abroad. Lack of resources, patient dissatisfaction and neglect, and physician incompetence were just the tip of the iceberg of my numerous negative expectations. However, what I found instead were very competent, caring, and compassionate physicians. I found content, well-cared-for patients who never had to worry about a lack of health care. I found the hospital to be very clean, modern, and very similar to those I have seen in the United States. I also found the Spanish people, in general, to be very vibrant, passionate people who both love life and live it to the fullest. It seems as if their health care system is definitely a factor in helping them do just that.

## When in... Mexico Cont.

- Any attempt to speak Spanish, however inadequate, will be appreciated.
- If you hear someone saying “psst-psst,” they are trying to get your attention; this is not considered rude.
- When paying in shops and restaurants, always place the cash or credit cards into the hand of the person who is serving you. It is rude to place it on the counter.
- Personal space is small. Mexicans stand close, so don’t back away; they will think you are being shy and quickly close the gap again. Or, worse, they will think you are being unfriendly.
- It is respectful to keep eye contact short and infrequent, especially with your elders. Holding a stare is confrontational, as is standing with your hands on your hips.
- Gift-giving is not an integral part of Mexican business culture, but a small gift is not inappropriate.
- Bringing a small gift when you are invited to someone’s house is optional. Avoid red or yellow flowers (according to Mexican folklore, the former cast spells, the latter signify death).
- Also, avoid silverware from another country, as Mexican silver is world-famous.

Taken from *Behave Yourself!* By Michael Powell

## Country Close-up\*

\*every issue OGH will select another country to feature

Guyana

1966.

Guyana is located on the northern coast of South America between Suriname and Venezuela. It was originally a Dutch colony in the 17th century, but by 1815 the British had taken possession. The abolition of slavery led to black settlement of urban areas and the importation of indentured servants from India to work the sugar plantations. This ethnocultural divide still exists and has been the cause of many political disputes. Guyana has been ruled mostly by socialist-oriented governments since it achieved its independence from the UK in



The Guyanese population is predominately East Indian (43.5%) with a black (African) population of 30.2%.

Guyana is the only English-speaking country in South America. About one-third of the Guyanese population lives below the poverty line. Guyana’s emigration rate is among the highest in the world—more than 55% of its citizens reside abroad.

Guyana’s economy is heavily dependent upon the export of six commodities—sugar, gold,

bauxite, shrimp, timber, and rice—which represent nearly 60% of the country’s GDP and are highly susceptible to adverse weather conditions and fluctuations in commodity prices.

According to the CIA World Factbook, the life expectancy at birth for males is 63.83 years while the life expectancy for females is 71.72 years. According to the World Health Organization the leading causes of death are HIV/AIDS, diabetes mellitus, endocrine disorders, unipolar depressive disorders, ischemic heart disease, cerebrovascular disease, respiratory infections, and violence.



## International Flavor



### Capirotada

(Mexican Bread Pudding)  
 recipe provided by  
 Debbie Rivera, School of  
 Nursing

#### Ingredients:

- 4 rolls or French bread
- 4 1/2 cups water
- 1 1/2 Piloncillo cones (Mexican brown sugar) or regular brown sugar
- 4 cinnamon sticks
- 6 whole cloves
- 3 cups shredded cheese
- 1 cup raisins
- 4 tbsp. butter or Pam spray

#### Instructions:

- Preheat oven to 350.
- Cut rolls in half.
- Butter both sides and place in baking sheet
- Bake for 3 minutes on each side
- Combine water, piloncillo, cinnamon sticks, cloves in large saucepan.
- Bring to boil.
- Simmer uncovered for 15-20 minutes.
- Remove from heat and cover for 1 1/2—2 hours.
- Pour the mixture through a strainer to remove the cinnamon sticks and cloves.
- Spray a 8 x 10 1/2 baking dish with non-stick cooking spray.
- Layer in thirds; first the bread, then raisins, syrup, and cheese.
- Repeat 2 times.
- Let sit for 15 minutes.
- Cover dish with foil and bake for 40 minutes.
- Uncover and bake for 10-15 minutes until cheese is golden brown.
- Serve warm.

## International Medicine Club Column

### International Wilderness Adventure

by Alyse Power, School of Medicine, Class of 2015

Cultivating interest in subspecialties during the early portions of medical students' academic careers facilitates their understanding of the fields, while increasing the dedication of future physicians to their chosen specialty. Texas Tech University Health Sciences Center

(TTUHSC) School of Medicine strives to provide opportunities that serve this purpose in a multitude of ways. One such event is the International Wilderness Adventure, a collaboration between the International Medicine Club (IMC) and the Emergency Medicine Club (EMC). This year's IWA event was held on March 23 and March 24.

Although this was the third annual International Wilderness Adventure hosted at TTUHSC, several changes were made to the style and content this year, including changing the location to the Junction campus to provide more authenticity. The purpose of International Wilderness Adventure is to provide twenty

interested first and second-year medical students a skill-based exercise in providing emergency or primary care in varying low-resource environments like rural America, the American wilderness, or some international settings. The event was created with a game-show



realities of the environment before entering it. Following this lecture, everyone completed an ice-breaking, team-building exercise of constructing a makeshift stethoscope

out of garden hoses, funnels, and paper towel rolls; the group to create the stethoscope the fastest gained the advantage of being first to select their items for the team's first aid kits for the following day's activity. Afterwards, the evening focused on bonding while building a bonfire and making s'mores.

The following morning, participants were separated into their respective teams to begin the game. The game consisted of a starting point (or "Station Zero") and five stations at which the student-leaders involved in planning the event



served as "patients." At "Station Zero" each group had the opportunity to build a first aid kit by choosing five resources/tools from among fifteen items. The teams were then sent to their first station. During the game, the groups rotated amongst five stations: Sta-



theme, somewhat akin to The Amazing Race and other types of team-based survival shows, in an effort to foster the camaraderie and

bonding essential to propagating inter-professional relationships. Hopeful participants were required to complete an application stating why they were interested in participating in the event and sign all necessary waivers. After the application due date, the selected participants were divided into five teams with an even distribution of first and second-year students



After arriving at Junction, participants attended a lecture on herpetology of the region to satisfy a philosophical stance of the international medicine community: those who wish to render aid in another environment have a duty to educate themselves on the

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## International Medicine Club Column cont.

tion Kilimanjaro focused on assisting a trauma patient; Station Appalachia featured treating a rattlesnake bite and stretcher-building from makeshift supplies; Station Kiva required participants to assist a cholera patient; Station Congo focused on childbirth in resource-poor settings; and, Station Junction challenged participants to diagnose and treat a patient with chest pain. At each station, the teams received a vignette created by the first and second-year student-leaders and subsequently reviewed and edited by the fourth-year students attending the event as team leaders and whose role it was to provide advice to their teammates while completing each station. Prior to the event, scoring guidelines were created based on the proper way to provide care for each patient at the five stations, and each student actor grad-

ed the participants based on the scoring rubrics. Two physicians were also present to rotate among the stations and provide assistance where needed. At the completion of the race, one group was declared the winner and awarded flash drives shaped like Swiss Army knives provided by the IMC and EMC. After the prizes were distributed, all participants received packets outlining the key take-home points for each station as well as explanations of how and why certain steps should be taken when managing the types of patients featured.

After the event, feedback forms were distributed to the race participants, student leaders, fourth-year team leaders, and participating physicians. The responses were exceptionally positive. When asked if they felt their expectations of the event were met, one participant re-

sponded, "Yes, the trip was excellent in making students think outside the box and work together with people of different backgrounds in a hands-on setting." 100% of the participants stated that they would recommend the event to other students or would attend the event in the future. Though there is always room for improvement, the initial response to the event is encouraging to its further success.



## In the News, Around the World

- [Lady Mechanic Initiative Trains Women For 'The Best Job'](#)  
The young women training to be mechanics at Nigeria's Lady Mechanic Initiative wear navy overalls and work boots and their hair is tucked under customized red caps as they repair vehicles in a garage. The Initiative has empowered about 350 female mechanics in Nigeria.
- [This Little Piggy Cookie Is A Sweet Mexican Find](#)  
A few years ago, Pati Junich had never heard of Piggy Cookies, but after numerous recipe requests and a chance encounter with the treats in her home country, they've become a family favorite.
- [New York School Goes All-Vegetarian](#)  
A school in Queens now has moved to all-vegetarian meals five days a week. The school of nearly 400 students, from pre-kindergarten to third grade, was founded five years ago on the principle that healthy lifestyle leads to strong academic achievement.
- [After Genocide, Helping Rwandans Tell Their Story](#)  
The tiny African nation of Rwanda has been rebuilding ever since its devastating genocide in 1994. Jean Leon Iragena, who attends Millsaps College on a scholarship from Rwanda's government, has started the Isaro Foundation to help his fellow Rwandan's read, write, and tell their own history.
- [Illinois College Finds a Way to Help Low-Income Students Go Abroad](#)  
Stormy Almanza, a senior, got to spend six weeks in Ghana through a program at Augustana College that provides \$2,000 to every student to study abroad.
- [Stunting From Malnutrition Affects 1 in 4 Kids Worldwide](#)  
Recent studies have found that proper nutrition is most critical early in life. If babies don't get enough calories and Vitamin A, iron and folic acid in the womb, and during the first two years, their bodies and brains don't develop properly, and the damage can be irreversible.
- [A Role for NGOs in Cancer Care in Latin America: Patient Accompaniment](#)  
Guatemala faces many of the challenges that beset Latin American countries in cancer care. Geographic, economic, and linguistic barriers conspire to restrict access to cancer therapy for a large portion of the population. Maya Health Alliance is a NGO that sponsors a nutrition and primary health care program that also addresses cultural and logistical barriers to care.
- [Child Abuse Billboard Contains Secret Message Only Visible to Children](#)  
International nonprofit, Aid to Children and Adolescents at Risk (ANAR) joined forces with the Grey Group Spain ad agency to create a PSA that both draws attention to the problem of child abuse and may actually make a difference.

## May

01—International Worker’s Day; Tanzania  
02—Community Day; Spain  
03—Constitution Day; Japan  
04—Independence Day; Latvia  
05—Anniversary of the Battle of Puebla;  
Mexico  
06—Children’s Day; Japan  
08—Liberation of the Republic; Slovakia  
09—Europe Day; Kosovo

10—Día de la Madre; El Salvador  
13—Memory/Parent’s Day; Moldova  
14—National Unification Day; Liberia  
17—Constitution Day; Nauru  
18—Flag and University Day; Haiti  
19—Youth and Sports Day; Turkey  
20—Discovery Day; Cayman Islands  
21—Independence Day; Montenegro  
23—National Labour Day; Jamaica

24—Culture and Literacy Day; Bulgaria  
25—Africa Unity Day; Ghana  
26—Independence Day; Georgia  
27—Memorial Day; USA  
28—National Day; Ethiopia  
29—Democracy Day; Nigeria  
30—Mother’s Day; Nicaragua  
31—Children’s Day; Laos

# International Holidays and Celebrations

## June

01—Mother’s and Children’s Day; Mongolia  
02—Father’s Day; Lithuania  
03—Children’s Day; Cambodia  
05—Constitution Day; Denmark  
06—Memorial Day; South Korea  
07—Labour Day; Bahamas  
09—National Heroes’ Day; Uganda  
10—National Day; Portugal

11—Dragon Boat Festival; China  
12—Independence Day; Phillippines  
14—Freedom Day; Malawi  
15—National Day of Salvation; Azerbaijan  
16—Youth Day; South Africa  
17—Independence Day; Iceland  
18—National Day; Seychelles  
21—National Day; Greenland

22—Midsummer’s Day; Åland  
23—National Day; Luxembourg  
25—Independence Day; Mozambique  
26—Independence Day; Somalia  
27—National Day; Djibouti  
28—Constitution Day; Ukraine  
29—Autonomy Day; French Polynesia  
30—Army Day; Guetemala

Albanian	<i>Plazhi</i>
Asturian	<i>Sablera</i>
Catalan	<i>Platja</i>
Croatian	<i>Plaža</i>
Danish	<i>Strand</i>
Finnish	<i>Uimaranta</i>
French	<i>Plage</i>
Haitian	<i>Plaj</i>
Indonesian	<i>Pantai</i>
Irish	<i>Trá</i>
Italian	<i>Spiaggia</i>
Latin	<i>Ora</i>
Latvian	<i>Pludmale</i>
Malay	<i>Pantai</i>
Occitan	<i>Plaja</i>
Polish	<i>Plaža</i>
Portuguese	<i>Praia</i>
Romanian	<i>Plajă</i>
Slovak	<i>Pláž</i>
Somali	<i>Qoori</i>
Spanish	<i>Playa</i>
Sundanese	<i>Basisir</i>
Turkish	<i>Plaj</i>

## Language Lesson: Beach

