



Fall 2014
Global Health
Lecture Series



12:00 Noon CT
ACB 110

- Monday, August 18
Andrea Tenner, MD, MPH, FACEP
War, Disaster, and Death: Managing
Complex Emergencies
- Wednesday, August 20
Peter Hotez, MD, PhD
The NTDS, Blue Marble Health, and
the Anitpoverty Vaccines
- Wednesday, September 10
Joel Dickens, MD
Baptist Medical Center, Ghana
- Thursday, September 18 *ACB 100*
Robert Gupta, TED Senior Fellow
The Medicine of Music
- Wednesday, October 8 *ACB 100*
Michael Russell, SOM, Class of
2017
- Friday, October 10
Patti Patterson, MD, MPH
Pediatrics in Jinotega, Nicaragua
- Wednesday, October 22
Christina Esperat, RN & Sharon
Decker
Collaborations with Silliman
University, Phillipines
- Wednesday, November 5
Bryan Small, CEO, ACT Holdings,
LLC
The Alabama-Coushatta Tribe
Economic Development Efforts
- Wednesday, November 19
Kenn Freedman, MD
Ophthalmology in Vietnam &
Cambodia
- Wednesday, December 3
Arthur Islas, MD
Himalayan Rescue Association-
Everest ER

Presentations with hyperlinks were recorded and
can be viewed on the [OGH website](#) or checked out
from the [OGH library](#).

Global Matters

The newsletter of the Office of Global Health

Volume 27, Summer 2014

**Please Join the Office of Global Health for the Annual
International Programs Week
Friday, October 3—Friday, October 10, 2014**

* **Friday, October 3**

- **Beyond Borders Beyond Measure Photography Exhibit**
- 6:00—9:00 PM
- Louise Hopkins Underwood Center for the Arts, Icehouse Gallery
- 511 Avenue K

* **Monday, October 6**

- **Breakfast Kickoff**
- 8:00—9:00 AM
- ACB Entrances
- Free Breakfast Burritos!

* **Tuesday, October 7**

- **International Programs Fair**
- Noon—1:00 PM
- ACB 1st Floor Lobby
- Free Refreshments!

* **Wednesday, October 8**

- **Global Health Lecture—Michael Russell, SOM, Class of 2017**
- Noon—1:00 PM
- ACB 100
- Free lunch to the first 50 people!

* **Thursday, October 9**

- **Global Perspectives Film Series featuring *A Doctor of My Own***
- Noon—1:00 PM
- ACB 240
- Free Pizza!

* **Friday, October 10**

- **Global Health Lecture—Pediatrics in Jinotega, Nicaragua**
- Noon—1:00 PM
- ACB 110
- Free lunch to the first 40 people!

Available from the OGH Library

The following resources are available for check-out:

Book

Cutting for Stone
By Abraham Verghese

Marion and Shiva Stone are twin brothers born of a secret union between a beautiful Indian nun and a brash British surgeon. Orphaned by their mother's death and their father's disappearance, bound together by a pre-natural connection and a shared fascination with medicine, the twins come of age as Ethiopia hovers on the brink of revolution. Moving from Addis Ababa to New York City and back again, *Cutting for Stone* is an unforgettable story of love and betrayal, medicine and ordinary miracles — and two brothers whose fates are forever intertwined.

Movie

The Ghost Army

During World War II, a hand-picked group of American GI's undertook a bizarre mission: create a traveling road show of deception on the battlefields of Europe, with the Nazi German Army as their audience. The U.S. 23rd Headquarters Special Troops used inflatable rubber tanks, sound trucks, and dazzling performance art to bluff the enemy again and again, often right along the front lines. This little-known unit's knack for trickery was crucial to Allied success in World War II, but their top-secret mission was kept quiet for nearly 50 years after the war's end.

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

A Day in the Life of a Nursing Student in Jinotega, Nicaragua By Elizabeth Stephenson, School of Nursing, Class of 2015

“La prensa, la prensa, la prensa.” The sound of the newspaper man’s voice recording coming out of a speaker on the front of his bike cart was my daily wakeup call at the mission where I stayed, located in the middle of the market. Everything in Jinotega happens about three hours earlier than in the US. The market comes alive around four in the morning and everything shuts down when the sun sets around seven. After a delicious breakfast of fresh fruit, eggs, and gallopinto (rice and beans), I headed off in the back of a truck. It was always a surprise to see where we were going for the day. We journeyed across rocky, steep roads up into the mountains usually for at least an hour.

This day we arrived to four small buildings with a total of five classrooms and excited children who happily squeezed their desks into another classroom so we could have a place to set up the clinic. I started off by helping lead the children in health fair activities, covering

topics such as the spread of germs, nutrition, fire safety, and the importance of exercise. I got to play “pato, pato, ganso” (duck, duck, goose) with the children, and I learned more about a recurring theme in Nicaraguan culture. I observed during

the game that when a boy was chosen to be the “ganso” first, only boys were chosen, but when a girl was chosen as “ganso”, girls and boys were evenly picked. This represents the importance of empowering girls, helping to increase their

self-esteem, and aiding them in planning for the future. In order to impact Nicaragua’s high pregnancy and maternity mortality rate, girls need to be made aware of other options besides having babies. In Nicaragua, education, including college, is free, but many drop-out early or don’t continue after high

school.

In addition to the various school clinics, we also conducted a women’s health clinic, helped in the mission’s clinic, toured Jinotega’s hospital and clinic, taught expectant mothers at Casa Materna, and trained community health workers in topics related to reproductive health. In the afternoons after finishing our work for the day, many of us would get coffee or ice cream and experience a more relaxed aspect of Nicaraguan culture.

During the trip the implications of Nicaragua being the second poorest country in the Western Hemisphere sunk in. Lack of clean water is a major issue, and it, along with the lack of sanitation, is the cause of many of the common health issues in Jinotega such as parasites, dehydration, and infections. Another health issue that affects many children is malnutrition. We saw several children that appeared about half their actual age due to malnutrition-causing growth delays.

Serving others is so much more than just giving



Continued on the top of page 3.

International Medicine Club Column cont.



knowledge are being planted on topics such as reproduction, hygiene, and child development. In addition, basic health screenings and services to people far from healthcare access are being provided. This helps the underserved people immediately in

trying to “improve” them and their healthcare system. These two weeks were full of incredibly valuable experiences that not only humbled me, but improved my critical thinking skills, increased my cultural competence, and enhanced my desire to help others.

one’s time, knowledge, and effort. It includes taking in all one’s experiences, learning from the people you are there to help, and finding ways to enhance their culture and established systems of living. It is hard to see a major impact over a two week trip, but through this trip and others led through TTUHSC, seeds of

hopes that in the future the source of many of their hardships will be lessened.

The trip required a fine balance of respecting the Nicaraguan culture and health practices and working with the community as opposed to



Country Close-up*

*every issue OGH will select another country to feature

Republic of Djibouti

Djibouti is located at the juncture of the Red Sea and the Gulf of Aden between Eritrea and Somalia. After gaining its independence from France in 1977, Hassan Gouled Aptidon installed an authoritarian one-party state and served as president until 1999. That same year, Djibouti’s first multiparty presidential election resulted in the election of Ismail Omar Guelleh as president. Guelleh still serves as president today.

With a population of 810,179, Djiboutian’s are 60% Somali and 35% Afar. The ma-

majority, at 94%, are Muslim. French and Arabic are the official languages of Djibouti; however, Somali and Afar are also spoken. Three-fourths of the population live in the capital city due to the country’s strategic location as a deep-water port on the Red Sea.



Jibouti has few natural resources and little industry. It provides services as both a transit port for the region and an international transshipment and refueling center. The nation is, therefore, heavily dependent on foreign



assistance. An unemployment rate of nearly 60% continues to be a major problem. As of August 11, 2014, one USD is equal to one hundred and eighty-two Djiboutian Francs.

According to the World Fact Book, life expectancy at birth for males is fifty-nine years, while for females it is sixty-five years.

The World Health Organization (WHO) reports the non-communicable leading causes of death to be non-communicable, maternal, perinatal, and nutritional conditions; cardiovascular diseases; cancers; chronic respiratory diseases; and diabetes.

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
September 25
Saving Face
- Thursday
October 9
A Doctor of My Own
- Thursday
November 13
Silenced Voices
- Thursday,
December 4
TBD

Attendees are welcome to bring their own lunch.
Free snacks will be provided!



When in... Finland

- Punctuality is very important, especially in business. Arrive on time to social events.
- Greet with a brief, firm handshake with direct eye contact and say your name.
- When introduced to a married couple, greet the wife first.
- Do not use first names until specifically invited to do so.
- Finns will often ask you what you think of their country, so do some homework and bone up on Finnish culture.
- Small talk is not important and is not often used. Finns attach great importance to language and choosing words carefully, making silence preferable to empty chatter.
- If someone is talking, the biggest contribution you can make is to listen; don't interrupt. Always wait until the other person has finished talking.
- Talking to strangers in the street or on public transportation is unusual, although if you ask for directions you will usually find Finns to be very helpful.
- Directness and honesty are important, so you should only extend invitations or make offers that you intend to follow through. Comments such as "We must do this again sometime" will be taken literally.

Clinical Decision Algorithm for Patients with "Vision Problems" in the Himalayas

By Ryan Hassan, Paul L. Foster School of Medicine, Class of 2014

One of the most common complaints in the clinics of the Himalayan Health Exchange (HHE) is "vision problems." During my rotation with HHE, however it took me and my colleagues a few days to figure out the proper way to approach these patients. By the end of the rotation we had designed a general algorithm for patient care, and I have decided to provide that algorithm to the program in the hope that future groups will be able to provide more productive, efficacious care.



Solar Irritation

The first thing to consider when seeing a patient with visual complaints in the Himalayan regions of India is that these patients are exposed to a much higher concentration of UV radiation from solar rays due to the region's high altitude. In addition, many of these patients are farmers. This means that during the day they spend most of their time outside. To compound the problem further, few of these patients are aware of the damage the sun's rays can cause, and therefore they do not wear sunglasses. Hence, many of the "visual complaints"

turned out to be solar irritation caused by over-exposure to UV rays. These patients typically complained of blurry vision (worse with sun exposure) and watery and/or dry



eyes. Clinicians can easily confirm this diagnosis by observing a yellowing of the sun-exposed portions of the patients' sclera (namely, the medial and lateral aspects were affected, while the superior and inferior aspects were spared). These patients usually required no more than education, some lubricating eye drops, and a referral to purchase a pair of sunglasses.

In some of the older patients, the long-term solar damage had progressed to pingueculae or pterygiums in the eyes. These conditions are characterized by a raised and yellowed portion of the conjunctivae over the sclera of the eye. Pterygiums are large pingueculae that have invaded the cornea. Pterygiums and more severe pingueculae usually require surgical removal, in addition to the standard treatments for eyes with solar irritation. As such, we referred these patients to an ophthalmologist and gave them sunglasses before sending them on their way.

Although it would be ideal to provide all patients in this region with sunglasses, it is difficult to get supplies to the re-

gions in which we are working, even supplies as inexpensive as sunglasses. An advantage of using the above criteria to determine who will get sunglasses is that it is a sure-fire way to avoid giving sunglasses to the malingering patients who just show up to get a cool pair of glasses, which, unfortunately, happened on several occasions.

Myopia, Presbyopia, and Hyperopia

There were many patients who complained of decreased visual acuity rather than (or in addition to) tearing of the eyes. These conditions include myopia, hyperopia, and presbyopia. Myopia and hyperopia are caused by an abnormal shape of the lens of the eye, while presbyopia is caused by a hardening of the lens that reduces its ability to accommodate. Myopia leads to difficulty seeing far away because the lenses of the eyes are too



curved and is commonly seen in children and adolescents. Hyperopia leads to difficulty seeing objects up close because the lenses of the eyes are too flat. Hyperopia, is much rarer and typically presents in patients less than 35 years old. Presbyopia, on the other hand, eventually affects every person as they age, due to the natural loss of flexibility of the lens of the eye, and also leads to difficulty seeing objects up close. All three conditions

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Clinical Decision Algorithm for Patients with “Vision Problems” in the Himalayas cont.

are treated with corrective lenses.

In the first few days of my rotation, my group made the mistake of attempting to treat each of these patients with the corrective lenses we had available to us. We later learned that our lenses only correct for farsightedness (myopia). Patients with nearsightedness (hyperopia or presbyopia), required prescription lenses from an optometrist, which we were unable to provide. Thus, clinicians should only dispense the HHE stock of corrective lenses to nearsighted patients who typically have presbyopia and commonly present complaining of difficulty reading, knitting, or stitching. Patients who complain of difficulty seeing far objects do not require further work-up and can simply be referred to an optometrist. Due to the limited supply of corrective lenses, we also implemented a policy of not prescribing corrective lenses to patients who were both near- and farsighted, as they would eventually need bifocal lenses to fully correct their vision. These patients should also be referred to an optometrist.

In addition to corrective lenses, these patients also need education about how to maintain their visual acuity. We found that many patients, especially school-aged children, were regularly reading in dim lighting. We advised them that the strain on their eyes might also be affecting their vision.

During my rotation, we



found that corrective lenses were just as fashionable as sunglasses, and as such many patients came to the clinic simply to obtain a pair. For this reason it is important to carefully examine patients to determine if their visual acuity actually improves

with corrective lenses. If they cannot read more comfortably with the corrective lenses then clinicians should consider a diagnosis of malingering.

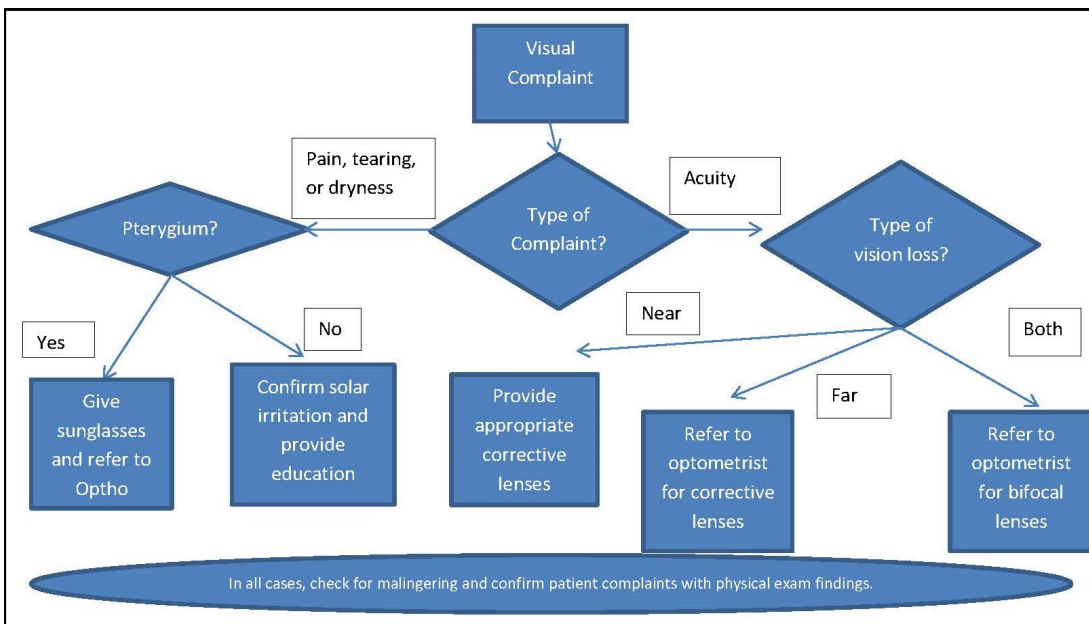
Lastly, the Snellen charts that many of us have commonly used to assess visual acuity only provide meaningful results for nearsighted patients.

The charts only describe how well a patient can see an object that a healthy eye can see from a distance of 20 feet. The charts can be helpful to determine whether presbyopic or hyperopic patients have difficulty reading up close, but they should not be used to define a visual acuity for these patients. The charts can be used to determine the visual acuity of myopic patients; however, as these patients will be referred to an optometrist regardless of the results, this is largely an academic exercise.

When in... Finland Cont.

- Finns prefer to entertain at home rather than meet in restaurants.
- Keep your knife and fork in your right and left hands, respectively, at all times; don't put your knife down to eat with your fork. Don't start drinking wine until the host has made a toast.
- It is forbidden to smoke in public buildings and workplaces.
- Although Finns aren't big talkers, cell phone use in Finland is greater than in most other places in the world. However, they are used with considerable discretion and respect for others.
- If your phone rings when you are at the theater, a restaurant, the library, or even a sports stadium, you may be asked to leave.
- Finnish sauna is a way of life, and everyone has one at least once a week. The ratio of people to saunas in this country is about two to one. You will definitely be invited to share the experience during your visit—no clothes allowed.
- Dress conservatively in good-quality, stylish clothes. Take your shoes off when entering a home.
- Tipping is not customary.

Taken from *Behave Yourself!* By Michael Powell



International Flavor



Chorizo con Huevos

*recipe provided by
Esther Salazar,
Institutional
Advancement*

Ingredients:

- 1/2 pound Ramirez Chorizo
- 1 white onion chopped (add desired amount)
- 4 eggs
- Pepper (desired amount)
- 4 flour tortillas

Instructions:

- Fry the chorizo in a skillet over medium heat until browned.
- Drain off any excess oil.
- Add the amount of onion desired.
- Cook 3 to 5 minutes
- Stir in the four eggs and cook along with the chorizo and onions until the eggs are fully cooked.
- Add pepper as desired.
- Heat the tortillas.
- Serve on a plate or on a tortilla as a burrito.
- You can add your choice of salsa as well.
- Desfruta!

Which Way Home

A Movie Review

by Karla A. Arredondo, School of Allied Health Sciences, Class of 2015

On top of a train, exposed, unprotected, and completely driven, are children, siblings, abandoned toddlers, and courageous teens who all share one common goal: to ride a cargo train known as The Beast and make it to the United States. In the Emmy-winning and Oscar-nominated documentary “Which Way Home,” the filmmakers track several children from Central America and Mexico on their journey to the United States in search of a better future. For many, the journey ends badly, if not tragically. Menaced by predatory smugglers and corrupt police, the children must contend with dodgy weather, hunger, and the constant danger of falling off the trains and being killed or losing limbs.

“Which Way Home” presents the invisible side of immigration. It is hard to imagine how a five-year-old child travels by himself on top of a train, surviving on the compassion of many women and non-profit organizations who set up along the tracks to care for these young travelers. It is such a huge problem that humanitarian organizations in Mexico are specifically dedicated to stopping the delinquency and crimes committed against immigrants as they make their way across Mexico. It hap-

pens, and it happens daily in unimaginable numbers.

When Rebecca Cammisa, the film’s director, met the Honduran boy named Jose at a detention center in southern Mexico, he was alone, scared, and crying. He is one of tens of thousands of Latin American children who annually attempt to cross illegally into the United States on top of La Bestia. Most children go in search of work or missing parents. Cammisa’s work in directing this documentary deserves admiration. The



filmmakers capture the subtleties that make these kids kids, while immersing themselves aboard The Beast to film and interview the children along the journey and show the dangers they encounter. They are the unheard, invisible children. These are stories of hope and courage, disappointment and sorrow.

They are eye-opening and very worth watching.

Currently the Rio Grande Valley in South Texas is facing great challenges as hundreds of children are being detained daily by immigration officials. Civil rights lawyers have been monitoring the facilities to make sure the housing conditions are adequate, as the children wait to be processed in the international legal limbo. This matter, unknown to many until recently, is a heartbreaking and disturbing problem.

In the News, Around the World

- [Embracing the New Globalism: a Challenge to Rethink Study Abroad](#)
If overseas programs aren't revamped for a generation of globally minded students, they risk becoming marginalized.
- [FBI Movie Warns Students Going Abroad of Being Drawn Into 'Game of Pawns'](#)
The law-enforcement agency says more American study-abroad participants are being targeted by foreign intelligence services.
- [The 23-year-old with 24 kids: Genocide Orphans Form Their Own Families](#)
Young genocide survivors are coming together to form "artificial families" in Rwanda. They help each other financially and offer emotional support.
- [Book News: Each Page of 'A Drinkable Book' Kills Bacteria in Drinking Water](#)
The organization WaterisLife is developing a "Drinkable Book" that not only teaches water safety but can actually be used to treat drinking water. Each page, coated in bacteria-killing silver nanoparticles, can be torn out and used as a filter.
- [Ghana Bamboo Bikes Initiative](#)
The Ghana Bamboo Bikes is a socio ecological green initiative that addresses the quadruple problems of climate change, poverty, rural-urban migration and high unemployment amongst the youth in rural Ghana.
- [Mysterious Kidney Disease Plagues Central America](#)
CKDu is a complex health problem with unknown origins especially prevalent among sugarcane workers in Central America.
- [Chikungunya Virus Spreads to U.S., Cuba](#)
Experts say American tourists are bringing chikungunya back home, and it's just a matter of time before it starts to spread within the United States.
- [U.N.: Number of Displaced People Hits Mark Not Seen Since World War II](#)
At least 51.2 million people are now living under forced displacement, a U.N. agency says, announcing its tally of people who are seeking refuge or asylum, or who are internally displaced. It's the first time this number has topped 50 million since World War II.
- [Measles Hits Amish Communities, And U.S. Cases Reach 20-Year High](#)
Members of Amish communities in Ohio traveled to the Philippines for heartfelt reasons: They were there on a service project to help less fortunate people. Unfortunately, they came home with unwelcomed hitchhikers: measles viruses.
- [Visualizing Brazil's Score on Health and Equity Goals](#)
While soccer fans globally have been following the excitement of the World cup matches in Brazil, riots in the country have thrust its poverty and inequality into the international spotlight.
- [This Paper Cup Can Be Recycled—Unlike the 50 Billion That End Up in Landfills](#)
50 billion cups in the U.S. end up in landfills every year—enough that if placed end to end, they would go to the moon and back roughly five times. British inventor Martin Myerscough was puzzled by this and has now come up with an alternative to make the recycling process easier.
- [Peru to Provide Free Solar Power to 2 Million of Its Poorest Residents by 2016](#)
Peru has initiated programs that will provide more than 2 million of its poorest residents with electricity—for free.
- [Three Maps That Explain America](#)
The United States of America is a young country, but it's still big and complicated and fascinating. It can be tough to distill all that down to a few maps, but here are three that capture the story of America about as well as anything.
- [This Kenyan Runner Can't See But He Has a Far-Reaching Vision](#)
When Henry Wanyoike and Joseph Kibunja first started running, it was out of necessity. The childhood friends had no other way to travel the three miles from their Kenyan village to school. Thirty years later, Wanyoike and Kibunja are still running together, only now, they're headed to the finish lines of races around the world—and often getting there first.
- [Volunteer Recap: A Bumpy \(and Itchy\) Ride Through Tanzania](#)
Nick Stadlberger, a fourth-year medical student at Dartmouth College spent four weeks this spring in Dar es Salaam, Tanzania, working in the infectious disease ward at Muhimbili Hospital as part of his school's global health program.
- [Universities Strive to Make Sure Researchers Are Included in Global Efforts](#)
Amie K. Lund, a biologist at the U. of North Texas, traveled to France this spring to work directly with a colleague there as part of a university program to encourage global research.
- [Doctors Aren't Sure How to Stop Africa's Deadliest Ebola Outbreak](#)
An outbreak that started in Guinea last February has surged in the past few weeks. It's now the deadliest outbreak since the virus was first detected in 1976. More than 500 cases have been reported in three West African countries.
- [Pathogens On a Plane: How to Stay Healthy in Flight](#)
How easily do bacteria and viruses spread on commercial jets? And is there anything we can do to cut our risk?
- [As 'Voluntourism' Explodes In Popularity, Who's It Helping Most?](#)
More young adults and teens are swapping sun tanning and sightseeing for working in orphanages, building schools and teaching English abroad.
- [Fist Bumps Pass Along Fewer Germs Than Hand Shakes](#)
That strong, sturdy handshake your grandpa taught you isn't the cleanest way to greet someone, scientists say. So should doctors and nurses in hospitals start bumping fists?

June

02—Children’s Day; Cambodia
06—Labor Day; Bahamas
09—Community Day; Spain
10— Reconciliation Day; Congo
12—Russia Day; Russia
16—Youth Day; South Africa
20—World Refugee Day; Nauru
22—Anti-Fascist Resistance Day;
Croatia
23—Discovery Day; Canada
27—Day of National Unity; Tajikistan
28—Start of Ramadan; Afghanistan
30—Prayer Day; Central African
Republic

July

04—Fisher Man’s Day;
Marshall Islands
07—Gospel Day; Kiribati
08—Carnival Tuesday; Saint Vincent
& Grenadines
12—Orangeman’s Day;
United Kingdom
20—Peace and Freedom Day;
North Cyprus
21—Marine Day; Japan
23—National Remembrance Day;
Papua New Guinea
24—Children’s Day; Vanuatu
28—End of Ramadan; Albania

August

01—Parent’s Day; Congo
04—Farmer’s Day; Zambia
05—August Festival; British Virgin
Islands
09—Women’s Day; South Africa
11—Hero’s Day; Zimbabwe
18—Parsi New Year; India
25—National Hero’s Day; Philippines
26—National Day of Repentance;
Papua New Guinea
31—National Language Day; Moldova

International Holidays and Celebrations

Language Lesson: Where are you from?

Afrikaans

Albanian

Basque

Bosnian

Croatian

Danish

Fijian

German

Hawaiian

Igbo

Indonesian

Italian

Japanese

Luxembourgish

Malay

Maltese

Nepali

Waarvandaan kom jy?

Nga jeni?

Nongoa zara?

Odakle dolazite?

Odakle si?

Hvor er du fra?

O ni lako mai vei?

Woher kommst du?

No hea mai 'oe?

Olee ebe i si?

Anda berasal dari mana?

Da dove vieni?

Shushin wa doko desu ka?

Vun wou kennst de?

Dari mana asai saudara?

Minn fejn int?

tapaaikii ghara kaaham ho?

Portuguese

Russian

Samoan

Scots

Somali

Spanish

Swahili

Tagalog

Tahitian

Turkish

Uzbek

Wolof

Yiddish

Xhosa

Zulu

É de onde?

Otkuda vy?

Ofea e te sau ai?

Whaur d'ye come frae?

Xagee ayaad ka timid?

¿De dónde es usted?

Unatoka wapi?

Tagasaan ka?

Nohea mai oe?

Nerelisin?

Siz qay yerdansiz?

Fan nga joge?

Fun vanent kumstu?

Uvela phi?

Uphumaphi?