

The Voice of the Medical Students Association of India

MSAIVANI

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We apologise in advance for any errors that might have been overlooked despite the best of our efforts.

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EDITORIAL

Man Myth & Medicine

*Evolution bore man.
Man bore myth.
Myth bore medicine.
Medicine bore evolution?*

Our friend and favourite biologist Charles Darwin has very exhaustively covered that first bit - Evolution bore man. Man bore myth out of his need for a system of belief. This system of belief demanded greater meaning and further bore medicine.

Greek mythology birthed medicine from the story of Asclepius. Asclepius was originally a mortal and later became the God of medicine and healing. He was the son of Apollo. His mother was killed for being unfaithful to Apollo and was laid out on a funeral pyre to be consumed, but the unborn child was rescued from her womb. From this he received the name Asclepius - "to cut open".

Chinese mythology speaks of Shennong, a farmer born to a princess and a divine dragon who invented the methods of ploughing and is also believed to have refined the therapeutic understanding of pulse measurements, the practice of moxibustion.

For my Marvel fans, our friend Neil Geiman, and ancient slavic poetry has very graciously described Eir, the Norse Goddess of health, well being and medicine.

Medicine gained its roots in the forests of mythology all over the world. But then came the real challenge.

What next?

Does medicine evolve or does it lead to evolution?

Our grey matter deals with grey areas in a way not many others can. We have a first hand advantage when it comes to this. We have witnessed change, we have been a part of it, we have moulded it to fit our needs.



Amateurs built the
Ark,
Professionals built the
Titanic

Our themes for this year were very carefully chosen for that very reason. We're talking Medicine beyond the wards, climate change and health and the global goals in India. Is medicine really being taken beyond the wards? Are the melting glaciers and high levels of green house gases contributing to corona in a way? Are the Global Goals 2030 for India really on the way to being achieved?

We urge you to rub your neurons together and spark this conversation. Are we contributing to medicine in a way that no one has before? Are we responsible for shaping the path of evolution in this field with our limited knowledge? Is it a yellow brick road or is it one that is yet to be dug and laid down with stone?

Let's take a quiet peek backwards to learn about how to go forward. Janus was the God of beginnings and transitions in Roman mythology, and presided over passages, doors, gates and endings, as well as in transitional periods such as from war to peace. He was usually depicted as having two faces looking at opposite ways, one towards the past and the other towards the future. This is probably the only time I can paraphrase and say it's time to be Janus-faced. Look back to be able to look forward.

Look at how far we have come in terms of logic, technology and medicine and apply that to the wheel of change you wish to keep running. As medical students we are easily the most versatile species to go beyond and look. At MSAI, we hope to be the pioneers of tomorrow, we are doing our bit in making a difference to the future of the way medicine will be imparted, to take it beyond the 4 walls of greying stone, take it to the ones who need it more than anyone does, especially now. Someone once said, 'amateurs built the ark, professionals built the titanic'— It is a time where as medical students, the onus of making sure the gears of evolution have started turning, is on us and we are gathering the oil it needs, to run for the next 100 years and more. Once you have joined us in this process of evolution, all that remains is a lone, simple - 'R' Let it take it's final form - a Revolution. Be that revolution.

And yet, it's so ironic when we say we are in a *constant* state of change.

I hope you find a little bit of inspiration in the pages we have compiled for you over months of handwork and I hope you find your reason to be the change.

Let's make a difference together today.

Sincerely,

Anindya Agarwal

Director of Public Relations and Communications
2019-20





A LETTER FROM *The President*

About a decade ago, the idea of "MSAI" was brought to fruition. I have been privileged enough to be a part of more than half of this journey. The ongoing COVID - 19 pandemic, has provided an opportunity to reflect on this eventful ride. Every single memory brings a smile on my face.

A more structured, stable, diverse, gender-equal, sensitive and yet bold MSAI is a result of the sacrifice of a lot of medical students across all corners of our Nation. I dedicate the 4th version of Vani to all the hard work that our teams have put over the years. Being a close observer to the evolution of the giant we today see as 'MSAI' has been nothing short of a blessing.

As President for the term 2019 - 20 I have had the opportunity to assist a team of 24 individuals as they made MSAI achieve a target of 35 activities with an outreach of more than 80000. We have hosted the first ever 'SCORA X-CHANGE' and 'GoSCORP' in India. MSAI conducted pieces of training over the National Workshop Meet in Chennai and 4 college fests over the term. MSAI has seen the introduction of 2 more units and welcomed 20 new partners to the family. The limitation of being able to share only a handful of our achieved milestones makes me realize the pain a parent has to undergo when asked to choose their favourite child.



I thank the publications team for this wonderful edition of Vani. The contribution of Anindya Agarwal, Director of Publications and Relations along with the entire PRC team cannot be emphasised enough. The theme for Vani this year being 'Medicine beyond wards' is in direct synchrony with our vision at MSAI.

It would be impossible to end the letter without addressing the ongoing COVID-19 pandemic. The upcoming weeks will be a test of our strength, endurance and patience. We all have to be the leaders that our society needs. My time with MSAI has taught me that a bunch of stubborn medical students working together can make any and every initiative a possibility. Such show of unity is now a necessity more than ever. I hope that the magazine becomes a source of inspiration and optimism for the core of the health care force of tomorrow. I hope you enjoy the read.

Sincerely,

Geetanshu Singla

MEDICINE: BEYOND THE WARDS

Beyond the wards is an umbrella theme to highlight the hypocrisy of our education system and to see the various aspects of instilling knowledge and clinical skills in us as medical students, that is more than the words in a text book. It's time to look at things from a different perspective and really put a degree we are working towards, to good use.

CLIMATE & HEALTH

Climate change, together with other natural and human-made health stressors, influences human health and disease in numerous ways. We are taking a sneak peak into the outcomes and whether the current global pandemic is the outcome of disastrous climate change as well.



OUR THEMES

GLOBAL GOALS IN INDIA : INTEGRATION IN ACTION

India committed to achieving the global goals by 2030. But are we really on the path to success? What role are we playing in addition to the government's in making sure we get there?

What Mischievous Marley Taught Me

Divij Sharma

Sikkim Manipal Institute of Medical Sciences



I was on my way to the airport sweating and panicking. I remember finding it funny how someone without any control over the engine is the one always bent out of shape when traffic hits a blind or a tire bursts exactly when it is not supposed to. Jittery and filled with such thoughts, was a medical student, hoping to catch his flight, less than 35 minutes, just to be able to attend a lecture by the tyrannical Head of Medicine, something he couldn't afford to miss. Yes, that's me.

There were plasma screens of arrival and departure time on the walls of the airport. People lined up at the check-in counters, laden with suitcases and baggage. Looking around, teary-eyed individuals bid their loved ones farewell, with minute-long embraces and inaudible exchanges. The soothing classical music played into my ears, adding more emotions to the scene. Catching my attention amidst this interesting amalgamation of emotions was a brown coated puppy with a squeamish bark who was licking off of what I assumed to be his master.

He was held by a lady and from the looks of it, the pup and the presumably the wife had come to drop off the man to the airport. It wasn't until a few days ago when I had watched the movie 'Marley and Me' in the recent past so it was just an impulse to name the dog Marley in my head. For a brief moment, I had forgotten I was running late so I started pacing towards the gate just when I heard the yapp and yin of Marley swiftly turning into soft barks and howls. I turned around only to see the man lying unconscious on the floor. I dropped my backpack in a heartbeat and strutted towards him. Upon reaching there I could see a bunch of helpless people huddled around him when I peered my way through to take gander at Marley's master.

He lay unconscious throwing involuntary jerky movements as saliva dripped off his mouth. What we were witnessing here was a classic case of

tonic and clonic movements amounting to 'seizures'. Marley came trotting to see what was wrong but I wish I had the vocabulary to convey the scenario to him. But, what I did have was skills, or at least I thought I had, taught over the last 3 years of training in medical school. Stepping up announcing that I was a medical student, with chaff of reticence and fear I did the basic resuscitation measures and yelled for help. Looking back, I blame the fear on the lack of preparedness for such a situation. Something my medical training had failed to instil in me.

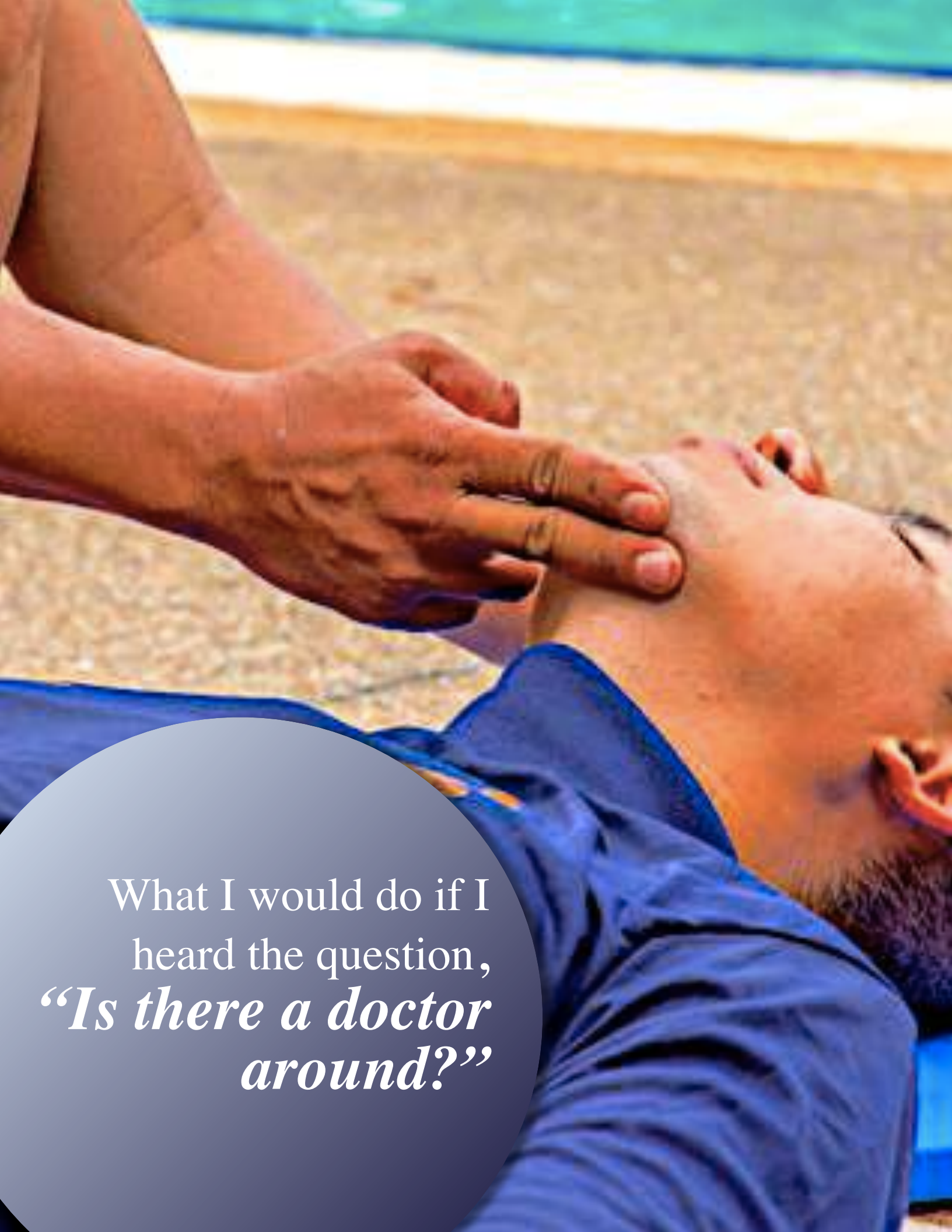
Moving forward not dwelling on the negativity, I hoped to bring some form of medical care that could help stabilize the situation while we wait for advanced medical services to arrive. Fortunately, the Master's erratic movement ebbed and the medical care arrived just in time.

Identifying yourself as a health care provider is that you've ensured that the hospital never leaves you effectively imprisoning yourself with your title. You become a purveyor of health information and a gate-keeper to scandalous stories of patients-past. The health and misery of other people is great gossip to strangers, and insecurity drives you to indulge, but very quickly you feel protective of those patients you now parade. So, I just have to learn with time to stand unperturbed and smile.

This was my one short experience with decision making and applying the limited knowledge outside wards or away from bedside. Maybe if it weren't for the morose tone of Marley's bark and his glistening mischievous eyes, who knows if I would have stepped up?

Hence, my first attempt at the application of Medicine was driven by none other than a puppy, whom I would always indelibly remember as Marley.

Woof Woof!



What I would do if I
heard the question,
*“Is there a doctor
around?”*



CLIMATE AND HEALTH

Swetha Muthu
Madras Medical College

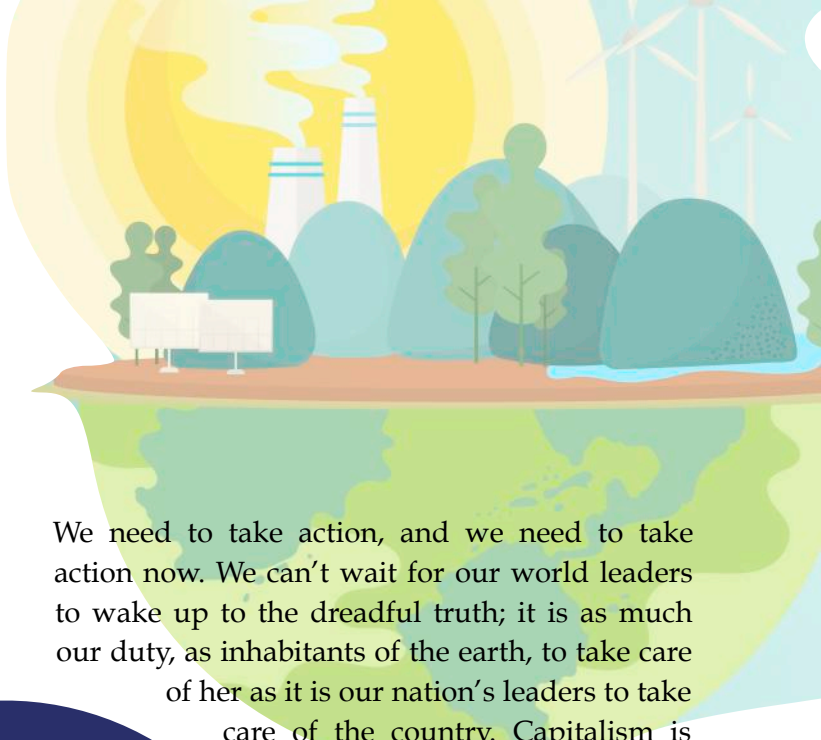
The biggest threat to humanity in the 21st century is not World War III or even the novel Corona virus, as social media would have us believe; it is, undeniably, climate change—a relentless and often underestimated villain which, in the words of beloved former US president Barack Obama, is the one issue that will define the contours of this century more dramatically than any other.

Any student of science can tell you the impact our environment has on public health. Illnesses like malnutrition, lung disease, skin diseases, malignancies and diseases linked to starvation and water scarcity are directly linked to pollution of precious resources, increased atmospheric greenhouse gases and ultraviolet radiations caused by damage to the ozone layer. We’ve read it a thousand times; every year in school, in multiple articles and reports in the news; we’ve seen it extrapolated to dire outcomes in books and movies set in post-apocalyptic worlds.

In the last year, climate change can be directly linked to a multitude of disasters across the globe like floods in India and China, hurricanes in the US, wildfires in California and Australia, and typhoons in China and Japan, to name a few. The World Health Organization estimated that more than 250,000 people could die each year between 2030-2050 because of climate change; and more than 100 million people could be forced into extreme poverty by 2030. On that cheerful note, let’s look at health problems caused by mankind’s rampant disregard to the sanctity of the environment.

Extremes of temperature caused by global warming leads to heat waves and increased atmospheric levels of ozone, air pollutants, and allergens, which can potentially exacerbate respiratory and cardiovascular diseases, an especially ominous threat for the elderly.

Another well-documented of climate change is variable rainfall patterns that wreck havoc on the agricultural industry, and an undeniably increased frequency and severity of natural disasters that leave cities and towns reeling, causing profound damage to life and property, disrupting the normal functioning of medical institutions and services. Water, of course, is the elixir of life; lack of safe drinking water can lead to unchecked spread of water borne diseases including diarrheal disease and other communicable disease. Freshwater reserves are contaminated by floods, which can directly cause death by trauma and also provide a fertile breeding ground of disease-carrying vectors like mosquitoes. On the other hand, water scarcity leads to draught and famine, worsening malnourishment in homes and compromises hygiene. The most vulnerable populations to the ongoing climate change include countries with poor infrastructure, children and the elderly.



Here's a way to catch everyone's attention, even those who generally look the other way when people begin ranting about the environment. Studies on the recently declared COVID-19 pandemic show that the alarming rate of spread of the deadly virus can, at least in part, be attributed to climate change. Dr. Aaron Bernstein, a Harvard expert and pediatrician, explained how air pollution, mainly caused by burning of fossil fuels, causes increased susceptibility to bacterial as well as viral pneumonia. Furthermore, the recent spread of animal-borne diseases to humans can be attributed to the destruction of natural habitats leading to disruption of migration patterns.

Despite these ominous predictions along with a plethora of other effects climate change has on the world that we live in, it is unbelievable that it is still being dismissed as a problem for future generations; one that will not affect us immediately, and thus does not warrant any immediate reaction. In the words of the executive director of WHO, a ruined planet cannot sustain human lives in good health. A healthy planet and healthy people are two sides of the same coin. Indeed, how can we hope to live peacefully in nature's warm embrace if we treat her like a disposable toy. As famously propagated by young activist Greta Thunberg, we do not inherit the earth from our ancestors; we borrow it from our children—the children of tomorrow that will certainly not forgive us for leaving them with a polluted and tarnished environment drained of all resources.

“The recent spread of animal-borne diseases to humans can be attributed to the destruction of natural habitats “

We need to take action, and we need to take action now. We can't wait for our world leaders to wake up to the dreadful truth; it is as much our duty, as inhabitants of the earth, to take care of her as it is our nation's leaders to take care of the country. Capitalism is unsustainable. Economies will crash and rise, but only so much of our planet can be salvaged before it becomes irreversibly damaged. We owe it to the people of tomorrow.

I would like to conclude with a line from one of the few celebrities who have cared to comment on the issue at hand: “This is not a partisan debate; it is a human one. Clean air and water, and a livable climate are inalienable human rights. And solving this crisis is not a question of politics. It is our moral obligation.” - Leonardo DiCaprio, actor and UN Messenger of Peace.

References:
United Nations Foundation
World Health Organization



GLOBAL GOALS IN INDIA

Integration in Action

*Aashtha Shah
GMERS Medical College, Gandhinagar*

The sustainable development goals (SDGs) 2015-16 or the “2030 Agenda” is the universal call for better health, end poverty and ensure that all people enjoy peace and prosperity. SDGs are a collection of 17 Goals also known as global goals with 169 targets.

SDG 3. Good Health and Well-Being

Due to increasing mortality by Non communicable diseases (NCDs) one of the major target under SDG 3 focused on reducing the same with 13 targets per se. **SDG 3.4:** By 2030, reduce by one third pre mature mortality from NCDs through prevention and treatment and promote mental health and well being.

Increasing in life expectancy and improving the quality of life its citizens is a common goal pursued by all countries. Countries all over the world are facing the challenges in reducing the disease burden, premature mortality and economic impact of NCDs which are the

global leading cause of mortality. NCDs are medical conditions or diseases that are not caused by infectious agents. These are chronic diseases of long duration, and generally slow progression and are the result of a combination of genetic, physiological, environmental and behaviours factors.

NCDs are one of the major challenges for public health in the 21st century, not only in terms of human suffering they cause but also the harm they inflict on the socioeconomic development of the country. NCDs kill approximately 41 million people (71% of global deaths) worldwide each year, including 14 million people who die too young (premature) between the ages of 30 and 70. The majority of premature NCD deaths are preventable.

Although morbidity and mortality from NCDs mainly occur in adulthood, exposure to risk factors begins in early life. NCDs are rapidly increasing globally largely due to globalization, industrialization, and rapid urbanization with demographic and lifestyle changes.



ACTION TAKEN :

- “Health-in-all policies” is a new government approach where decision on healthy public policies need to be taken.
- After the SDGs were adopted, the National Institution for Transforming India (**NITI Aayog**), the premier policy think tank of the Government of India, was assigned the responsibility of overseeing their implementation. A multi-disciplinary VNR(**Voluntary National Review**) Task Force was constituted to coordinate the review and process documentation.
- “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular disease and Stroke” (**NPCDCS**) with the objective to increase awareness on risk factors, to set up infrastructure (like NCD clinics, cardiac care units, day care centres for chemotherapy etc) and to carry out opportunistic screening at primary health care levels.
- India’s National Monitoring Framework for Prevention and Control of NCDs has committed for a 50% relative reduction in household use of solid fuel and a 30% relative reduction in prevalence of current tobacco use by 2025.
- Population-based periodic screening to facilitate the early detection of common NCDs.
- The government has taken steps to ensure the availability of coronary stents at affordable prices.
- The National Dialysis Services Programme has been launched for patients with renal diseases.
- Health promotion through social media is also being used to generate awareness regarding NCDs, such as use of mobile applications called **mDiabetes** for diabetes control, **mCessation** to help quit tobacco, and **no more tension** as a support for mental stress management



1 in 4 Indians die from NCDs each year

WHO Report. 2015



- Strengthening district hospitals and Tertiary care centres for advanced management of complicated cases for diagnosis and management of NCDs including rehabilitation and palliative care: NCD clinic, ICUs, district cancer centre, dialysis facility, physiotherapy centre, mental health unit, tobacco cessation center, obesity guidance clinic.
- Health Promotion and Prevention: population-based interventions, behaviour change communication using mass media, interpersonal counselling and public awareness programs.



Proposed Indicators

Percent of population overweight and obese, including children under 5.

This indicator tracks the share of a country's population that is overweight or obese. Obesity at any age has significant effects on health, but is particularly damaging to children who often carry obesity into adulthood. The body mass index (BMI) is a measure of body fat based on height and weight. The BMI is an imperfect measure, as it does not allow for the relative proportions of bone, muscle and fat in the body and it ignores waist size, which is a clear indicator of obesity level.

Consultations with a licensed provider in a health facility (to be developed)

Proposed indicator tracks the average number of consultations - including preventative and curative services - with a licensed provider (adequately trained personnel registered and integrated in a national health system).

Current use of any tobacco product (age-standardized rate)

Tobacco use is a growing problem and contributor to the burden of NCDs in developing countries. This indicator measures the prevalence of tobacco use (daily, non-daily, or occasional) of any tobacco product, including cigarettes, e-cigarettes, cigars, pipes, snuff, chew, to further track use of smokeless tobacco products for adults aged 15 years and over.

Conclusion

The fraternity of Community Medicine need to rise to the occasion by contributing in a big way to prevent and control NCDs, particularly in the areas of surveillance, capacity building, health promotion, behaviour change communication, public health management and operational research for universal access, especially in the rural areas and urban poor communities.



NORTH
AMERICA

North
Atlantic
Ocean

THE TIME

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SOUTH
AMERICA

Stories from

South
Atlantic
Ocean

WAVES OF COVID-19

Quarantine



From Corona to CorOH-NO!

Prachi Pandey
JNMC, Belgaum



The year was 2002.
Reports of a flu outbreak in China were making the rounds on the internet. WHO took cognizance of this but struggled to wrangle information from the Chinese authorities. It took nearly 4 months for the mysterious flu to translate into a global health alert. And it took nearly 2 years to contain it. By the end of it, SARS had claimed 774 lives-including those of the people stationed to cure it.

The year is 2020.
As we were putting up the shutters on 2019, it had one last surprise left in store for us. On the eve of 2020, when celebrations ushering in the new year were underway, China reported a cluster of cases of pneumonia of unknown etiology from its Hubei province with the hotspot in Wuhan. What then ensued in the following weeks was a strict clampdown on intel by the Chinese authorities followed by an unexpected flood of information. While WHO was still on the fence about declaring it a 'Public Health Emergency of International Concern'(PHEIC), select countries around the world jumped into action. Singapore, Macau and Taiwan

immediately tightened their in-bound screening processes. Singapore started screening passengers at its international airport. Hong Kong went a step further and started screening at train stations. Countries started temporarily closing their borders with China and schools started temporarily closing their doors to students.

Travel advisories to avoid travel to China were issued worldwide. Several countries-Mexico amongst them-suspended all flights from China. North Korea, in particular, suspended flights altogether. On 30th January, WHO finally declared the corona virus outbreak a PHEIC. By then the virus had been sequenced but no cure, nor any effective method to deal with it had been discovered yet.

It wasn't until mid-March that the outbreak-Covid-19, by now- was pronounced a global pandemic. In the month leading up to this, countries bore the full brunt of the disease (Italy, Iran emerged as new hotspots) and continued their admirable efforts to fight against it. The months following it are no different.

Nations are coming together to carry out complete lockdowns, essential workers-doctors, nurses, sanitation workers and the likes- are putting their lives at stake daily to contain and control the outbreak and make sure that the Earth is still turning on its axis while its residents stay home. Invention of new technology to deal with the pandemic is occurring at an incredibly fast pace, case in point- development of AI powered diagnosing technology in Iran and that of indigenous testing kits in India. But in spite of our best efforts, the outbreak is still not contained. So far over 1 lakh people have succumbed to it worldwide.

The first thing that became evident as the frantic hand-washing campaigns started doing rounds was the lack of proper public hygiene. Perhaps if we were more cautious in the first place, we could have spared ourselves some of the grief.

Then comes the poor capacity of our hospitals and the equally deficient number of healthcare professionals available to man them. With 1 doctor per 1,457 people and that too with a strong urban bias, India stands 67th in the physicians per capita ratio amongst the developing countries. With these numbers, doctors can't be realistically expected to cope with the burden of an outbreak such as this despite their best efforts.



“We have witnessed the juxtaposition of thaali-and-taali beating praises for our health workers and their actual thrashing as they attempt to do their duty”

This wasn't merely an unfortunate accident. It was the consequence of the faultlines in our system. Fault lines which are neither new nor previously unheard of.

The only novel variable in this equation is the spectrum of people affected. From Hollywood A-listers to Prime Ministers of first world countries and even actual royalty, Covid-19 has spared few. Where earlier the less affluent and underprivileged sections were the only ones falling through these faultlines, a global pandemic that called for entire nations to be shutdown and essential services to be limited to the bare basics has forcibly stripped us of the conglomeration of choices we previously had access to-the choice to curate a hygienic environment in our immediate surroundings contrary to our actual environment, the choice to

get treated at the best of hospitals-geography no holds barred.

And now, that we can empathize with the less fortunate sections of our society more than ever, we must finally reckon with these faultlines.

To add insult to injury, in the last few months we have witnessed the juxtaposition of thaali-and-taali beating praises for our health workers and their actual thrashing as they attempt to do their duty. Moreover, the essential armaments of the healthcare workers-PPE kits, N95 masks-are being flaunted by the administrative authorities while they themselves are facing a severe deprivation leading to an unacceptable number of medical personnel becoming infected. It is high time that we as a society move past our apathy for our healthcare workers and treat them better so that they can treat us well.

Treatment and diagnosis need to be more widely affordable and accessible-nay, free and universal for all those who need them.

Our first response to a possible outbreak should not be to hide its existence but to determine its cause and map its development trajectory so that appropriate measures are directed for its containment.

Looking back at the various outbreaks the world has witnessed in the past 2 decades, from SARS to MERS to Covid-19, the pattern is clear.

Now, it is upon us to break out of these preformed habits.

We are well into the 4th week of lockdown as I'm penning this. I trust-hope!- that by the time it has reached you, we have put this crisis behind us. So, on you, my discerning reader, I am entrusting the responsibility to advocate for the imperative modifications crucial for the transformation of our current system into one that makes sure that when we're back here again in a few years, our whole world is not brought down by a 120 nm RNA particle, even if it wears a crown.

After all, our actions in between pandemics determine are reaction during them.

CORONAVIRUS

2019-nCoV

SAFETY ADVICE



- USE PROTECTIVE SUITS
- PROTECT YOUR FACE
- WEAR GLOVES
- WASH HANDS FREQUENTLY
- ISOLATE PATIENT
- DISINFECT SURFACES

MEDICAL STAFF



- WEAR PROTECTIVE SUITS
- WASH HANDS FREQUENTLY
- WEAR GLOVES
- AVOID CONTACT WITH WASTE
- WEAR A PROTECTIVE MASK
- DISINFECT SURFACES

MARKET STAFF



- WEAR A PROTECTIVE MASK
- WEAR GLOVES
- KEEP DISTANCE FROM SICK PEOPLE
- WASH HANDS FREQUENTLY
- AVOID CROWDED PLACES
- AVOID CONTAMINATED OBJECTS

GENERAL PEOPLE

A HUMANITARIAN CRISIS : Stories From Quarantine



Tanisha Singh
SRMC, Chennai

My grandfather's and father's morning tea talks:

"The power matrix always has two opposites. Post Second World War the world was bipolar- on one end it was the USA and on the other was The USSR. Ever since the USSR splintered, the power matrix dwindled swiftly and it was a unipolar world with the US being the only Superpower. Religion tried to fill this void created by the falling apart of the bipolar world with Muslim-Non Muslim terrorism and other similar violent actions like Iraq Invasion, Afghanistan, 9/11 etc. But it lacked the economical and commercial ramifications. So China occupied the space and it arrived with a bang. And this is bound to have repercussions. Is it a biological war? Is Corona the first salvo on the world from China or are there others to follow? ...so on and so forth"

"Where Is India Placed in This Game of Chess?"

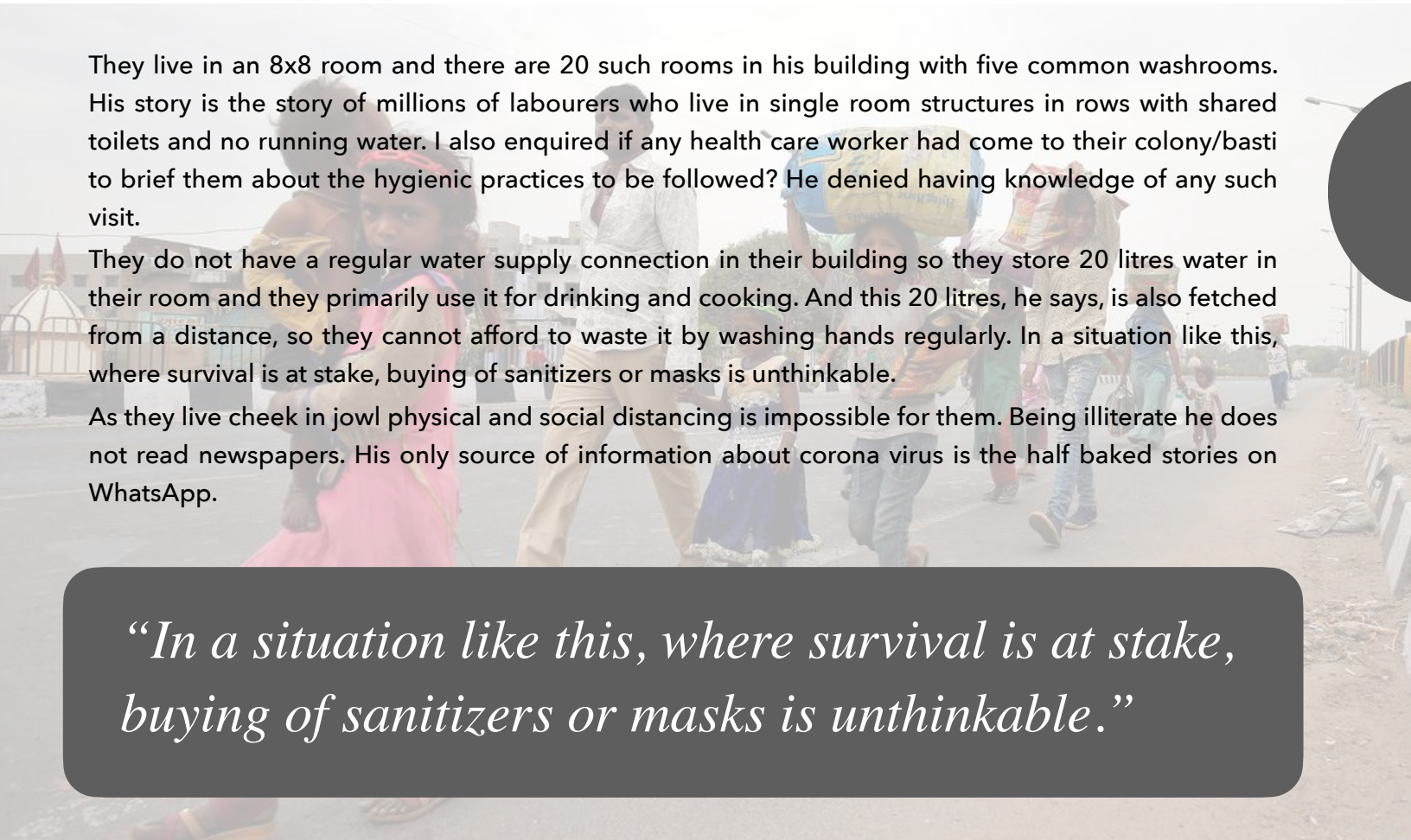
Vinod and the Economic Ladder

Vinod, who used to wash our cars, comes asking for 500 Rupees to buy rice, lentils and other necessities for his family of 8. He is daily wage labourer who used to wash cars for some extra income. His mother and wife are housemaids. His old and sick father takes care of the four children in the house. With the lockdown being announced they lost their jobs, so they are digging into their meagre savings to make their both ends meet. When I go to hand over the money I enquire about the dry food rations and cooked meals that they should be getting from the government. He tells about how the government officials have taken their details but there is not enough rations being provided by the government. They have to divide the rations among themselves which hardly satisfies their hunger. Some households have it worse as they have left behind their ration cards back in their villages. Being a medical student I was curious to know if he has any idea about the safety precautions to be followed to deal with the virus that lead to the whole country being shut down for five weeks. For him and others around him it's a 'Mahamaari' that has forced them to live on less than bare essentials and empty stomachs.

*"It's a
Mahamaari
that has forced
them to live on
empty stomachs"*



“Some households have left their ration cards back in their villages”



They live in an 8x8 room and there are 20 such rooms in his building with five common washrooms. His story is the story of millions of labourers who live in single room structures in rows with shared toilets and no running water. I also enquired if any health care worker had come to their colony/basti to brief them about the hygienic practices to be followed? He denied having knowledge of any such visit.

They do not have a regular water supply connection in their building so they store 20 litres water in their room and they primarily use it for drinking and cooking. And this 20 litres, he says, is also fetched from a distance, so they cannot afford to waste it by washing hands regularly. In a situation like this, where survival is at stake, buying of sanitizers or masks is unthinkable.

As they live cheek in jowl physical and social distancing is impossible for them. Being illiterate he does not read newspapers. His only source of information about corona virus is the half baked stories on WhatsApp.

“In a situation like this, where survival is at stake, buying of sanitizers or masks is unthinkable.”

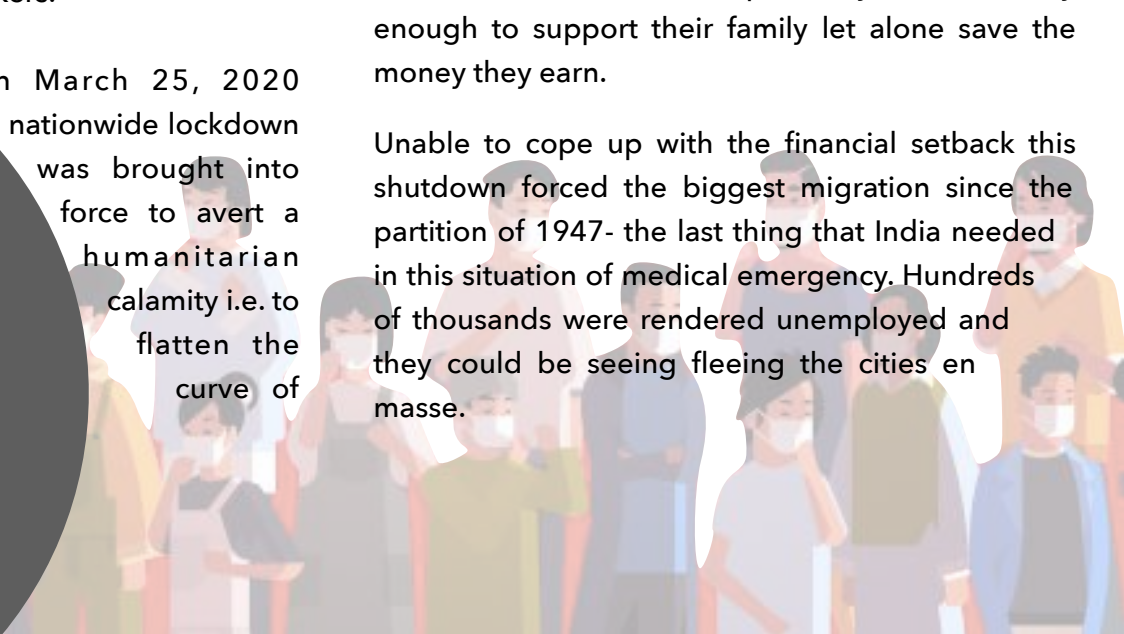
As the COVID 19 pandemic takes over the world at an alarmingly fast rate, all the world governments are on their toes to find ways to win over this invisible enemy. With the unprecedented rise in the number of new cases and deaths on a daily basis, governments all over the world are imposing strict lockdowns to arrest the spread and buy time to strengthen their medical facilities. It is a well known fact that the government hospitals in India have limited supplies, cleanliness issues and shortage of health care workers.

COVID-19 cases. This shut down had unintended consequences on the poor migrant labourers of India. Majority of them live in desolate conditions with no proper ventilation, electricity or water supply. They do all kinds of jobs from pulling rickshaws, to running tea stalls on sidewalks, begging, and working in factories/construction sites or in households as helps. They make hardly enough to support their family let alone save the money they earn.

On March 25, 2020 nationwide lockdown was brought into force to avert a humanitarian calamity i.e. to flatten the curve of

Unable to cope up with the financial setback this shutdown forced the biggest migration since the partition of 1947- the last thing that India needed in this situation of medical emergency. Hundreds of thousands were rendered unemployed and they could be seeing fleeing the cities en masse.

“Where are the poor of India placed in this game of chess?”



This kind of reverse migration in large numbers defeated the very objective of the preventive measures taken by the government. Since the rural India was safe from infection, steps were taken to stop the penetration of COVID-19 in the rural population by stopping the movement of the migrant labourers to their native places. They were sent back from the state borders and sheltered in the already overflowing shelter homes thus leaving them stateless.

The shutdown has no doubt given us the time to plan and implement strategies to retard the progression of the pandemic and equip our creaking healthcare infrastructure like acquiring testing kits, PPEs and Ventilators etc. At the same time there is no denying the fact that we have forced the invisible daily wage earner to face the existential question of 'death by hunger or death by COVID 19.'



My Thoughts

After listening to all the conversations at home and the story of Vinod I think the world is reeling under the shock of an unforeseen crisis called COVID 19. It has brought the world including India to a grinding halt. The post corona world maybe multipolar or non polar or unipolar or bipolar but the present crisis asks for saving every precious life and also to take urgent measures to make the essential services and benefits available to the neediest and the most vulnerable. It has definitely taught us lessons of humanity, compassion, solidarity, pity, social responsibility and co existence.

Total cases : 59,662
Recovered Cases : 17,847
Deaths : 1981

India as of 09th May, 9:00pm



Taking Care of Those Who Cure

Dr. Rohin Vinayak

Government Multi-speciality Hospital, Chandigarh



Unprecedented in an era of medical advancements, an insidious virus has dramatically brought the world to a halt. In a span of few months after China first reported a localized outbreak of novel Corona virus, it has emerged as the worst pandemic since 1918 when the Spanish influenza killed millions.

Suddenly, the health emergency that is both life-threatening and life-altering has put the usually 'taken-for-granted' medical professionals to the forefront. With no vaccine to cure the virus, the fear-stricken people are looking up to doctors as "saviours". And, doctors too see the positive side of the Corona crisis as it has made the citizens extra conscious on the basic hygienic practices that, in turn, has led to a drop in morbidity of other infectious ailments which put a major load on the Indian health care system.

However, high hopes are not without downsides. Medical professionals, in the thick of high-risk duties, have been an easy target of aggressive Corona-wary people. The real vulnerability of the frontline warriors lurks around their work places: infection. Cases of doctors catching the Corona virus are on the rise. Also, haunting them is the fear of carrying the virus home. The psychological scourge of being in the frontline may be impacting the medical professionals and their families. Being in the thick of fighting the virus, their signs of stress and anxiety may be overlooked. But, they

may not be immune to long-term psychological impact of dealing with the crisis.

Already, anxiety, stress and insecurity are showing up in the first rush of research on the common citizens under lockdown. An online study, conducted in the first ten days of the nation-wide lockdown by the psychology department of Panjab University, Chandigarh, mapped out the psycho-social impact of Covid-19 and coping strategies. It found that the respondents - over 400 from over a dozen states - felt stress, anxiety and insecurity over the impact on their lives and livelihood.

Yet, they were able to deal with the new situation effectively on account of spending time and bonding with their family, enjoying nature and practicing yoga, meditation and physical exercise. Majority reported happiness and a very good emotional, mental and physical health in the first phase of nation-wide lockdown imposed since March 24. But, such cushions may not help medical professionals cope with the new situation. For, they are exposed to the Corona risk daily and the fear lingers on even they are home.

Researches have found that positive mental and emotional health promotes happiness and satisfaction. To effectively deal with the Covid-induced stress and anxiety, the need for sustained and structured psychological counseling of the medical warriors and their families cannot be overstated.

The Standing Committees on

Professional and Research Exchange



SCOPE
Professional Exchange



SCORE
Research Exchange



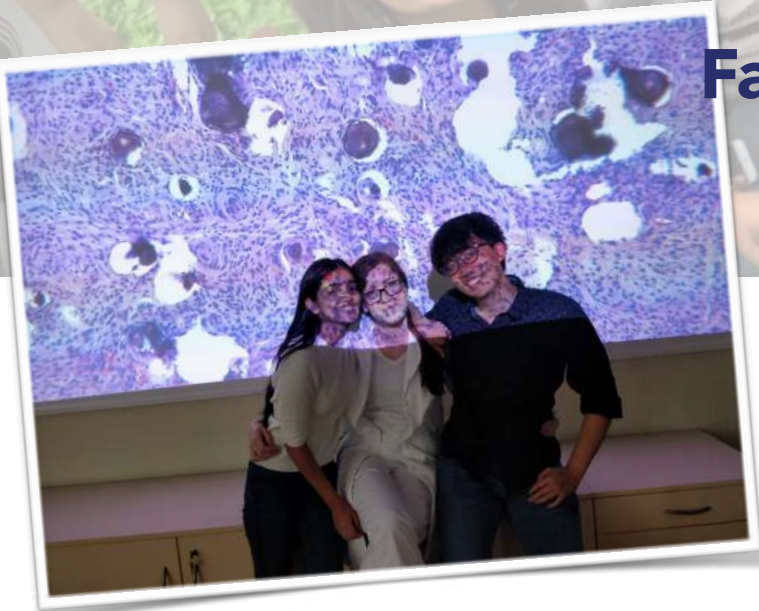


MSAI

AROUND THE GLOBE

Falling in sLOVEnia

Riya Barar
MIMER Medical College, Pune



Once the initial adrenaline and excitement dissipated, I spent a considerable amount of time learning to pronounce the name of the city I was going to. To save you a google search, it's pronounced- Lub-ly-ana. After a lot of packing, excitement and nervousness, the day I was leaving for Ljubljana finally arrived. I took three flights to reach this tiny country and an even tinier city locked in the middle of the Julian alps.

As I dragged my bag across the streets of Ljubljana, I saw musicians in the main square playing their instruments on the side of a river. Shoutout to my contact person, Masa Strojnik and the best travel buddy ever, Stuti Patel for helping me carry my huge suitcase up to the dorm!

My first weekend in Ljubljana was all about finding the best pizzeria and exploring every nook and corner of this dreamy city on foot.

Then began the exciting days in the Department of Pathology. My mentor, Dr. Jera Jeruc was incredibly kind and had arranged all kinds of visits for me to explore pathology in a way I had never before.

I was in the middle of the action with all of these residents and professors who let me help with autopsies, frozen sections and helped me explore pathology beyond what I had read in my text books.

I even got to visit a research laboratory and see mouse autopsies. We were basically covered in plastic from top to bottom and then allowed to enter the laboratory! Between cutting up gall bladders and rushing to see the newest liver samples delivered I made really great friends in the department of Pathology. Tanja, in whom I found a teacher and a friend. Ales, whose birthday we all celebrated and so many more people with whom I started my mornings. I spent my weekends exploring neighbouring countries, Croatia and Budapest. Piran, a small town on the coast of Slovenia is probably the most peaceful place I have ever had the pleasure of visiting.

From trying the most interesting looking dessert to having the most whacky drinks, my month in Ljubljana was nothing short of a dream. A city with castles on hills, myths about dragons and people so happy that you think you're in a fairytale. I never believed in love at first sight. And I certainly didn't expect to feel this way about a city.

A German Adventure

Dwij Mehta
HBTCM, Mumbai

As a forewarning, apart from this testimonial being almost infected by Corona (not the beer, because that would be German preferably) this was my second exchange and on the other end of the exchange spectrum. My last exchange had 40 people and a 40°C weather while this one had 1 other guy and almost -4°C weather.

But unlike the weather, Munich and Germany as a whole has a lot of warmth to it, you just have to find that spot. (Germany also begins with a G)

As academical as it gets, I have to admit that it's not a place for the faint hearted. You would clock a minimum of 30-35 hours a week, (waking up at 5.30 am everyday) but I honestly didn't know when it passed because you're always on your toes with some work assigned. This made the exchange go off the charts as far as the academic quality was concerned (and my weekends off the record). I'd recommend anyone to know basic German, if they want the best out of it.

Being centrally placed, it was really convenient to travel around to other cities on the weekends where i did get my dose of a detox/retox after the "40 hours" in Munich. The list of cities I visited included Budapest, Prague, Berlin and Nürnberg. Was it not for the panic and pandemic, this list would've just begun.



NMO- BVMD Germany
City- Munich
Department- Orthopaedics and
Trauma Surgery

Pick any stastic and you'd find this country leading and the true German experience will prove it's worth, even when it comes down to that individual you, they've got you covered.

As racially sensitive as I may be, it was the epitome of first-world.

A different, yet a similar culture to ours, you'd stand out, not because you're Indian, but because you're just not German and that's the beauty of it. You learn to adapt, you have to; and before you know, like their beer, it's an acquired taste you don't want to let go. In a land far away, where the tongue is different, so is the food; the manners different and the clock on time; it was for me, a road less travelled by, which made all the difference.



Peruvian Dreams

Vijaya Rupa K
MIMER Medical College, Pune



Ever watched a setting sun and wondered if that can get any better? Well, It does, Siempre y Siempre (meaning always), welcome to Peru. Hola, Como Estas? (how are you doing) I am Vijaya Rupa K, penning down my amazing first-ever research and south American experience here.

Academically, I had my 6-hour shift weekdays and off on the weekends. I have been given access to all the endoscopies, their libraries, GI case files, and attended Outpatient of three doctors, as part of my project, they taught me GI, beyond my project and gave me access to other/all the procedures of the department.

Peru had so much to offer for me beyond the research project. Staying in Lima I had the luxury to travel to many or almost all the best places in Peru, From Lima center, Miraflores, Barranco to Ica, and Cusco, I have been everywhere. The most outstanding was the Machu Picchu, my zenith moment, my favorite world wonder, surrounded by Andes mountain ranges. The Inca trail definitely has something, that changes a part of you forever.

Being an opacarophile and big fan of gastronomy, Peru is nothing than heaven on earth for me. From learning Peruvian Espanol, trying such disparate fruits like lucuma (my favorite Peruvian fruit) to taking a dip in the south pacific ocean, I've had the best experience ever.

A land, exactly on the opposite side of the globe from us, different tongue, different culture, with their famous Peruvian gastronomy, opened doors warmly, not only for my academic development but also personally, made me a better comprehensive person, this is what traveling does to you, teaches you to adapt and learn, not only about the world outside but also about the world inside.

You know, sometimes or often, a touristic journey becomes a personal academic reflection, and vice versa.

Fancy a rainbow? Well, Inca has a whole new experience of it, for you.



Incoming Reviews!

Darshan Sai and Franziska Schroeder
AIMS, Mandya

NMO- MSAI India
City- Mandya
Department- Preventive and
Social Medicine

Adichunchanagiri Institute Of Medical Sciences hosted Franziska Schroeder, 5th year medical student from Friedrich-Alexander- Universität, Nuremberg, Germany in their department of Community Medicine in August 2019.

"I had the chance to spend one month at the Department of Community Medicine at AIMS as part of a clinical clerkship. The clerkship was supervised by H.O.D. Dr. Basavaraj M. Ingalgeri. I spent the month with the interns who were then posted at the Department. Everyone was extremely helpful especially translating for me because I couldn't speak Kannada although I learned a few words at the end of the exchange. I've been to almost every CHC and PHC in the region which was very interesting for me because the structure of the German health care system differs enormously from the Indian one. I even got the chance to visit a subcenter and an Anganwadi Center during the month. To get a full experience I also had the chance to participate in the "Workshop on Dissertation Protocol/Synopsis writing for first year MD/MS students". This gave me an insight into the scientific part of medical school in India. Another highlight of my stay was the visit of Navanirman Charitable Trust Mayasandra, a school for children with special needs. This visit was arranged by the Department of Pediatrics. I want to thank everyone who made my stay at AIMS and the exchange a wonderful and learningful experience. "

-Franziska





Subregional Training in Lithuania

Tushar Sharan
Terna Medical College, Navi Mumbai

This August, I was fortunate enough to be selected as a participant in the 'Your Global Update--SRT Lithuania' training program. Aside from how beautiful Vilnius is as a country, I was awestruck by how friendly and polite the learning atmosphere was.

As a first timer at any international event, I had my doubts and wondered if anyone would be welcoming enough to this simple Indian guy; well it turns out, they were.

I quickly became friends with all of my co-participants, with some of whom I've had the time of my life on this trip. From asking strangers to take childish photos for us to letting each other borrow soap, we've done it all in just these five days.

I attended the 'Advocacy for Global Health workshop' and learnt a lot from our experienced trainers. I also got a chance to give a presentation about the healthcare system of India. I encourage anyone who is interested to keep an eye on medicine in the global scene to attend any further workshops or events. After all, medicine is so much more than theory and Katzung's pharmacology.

This is how, as I lifted the Indian flag in the corner of the group photo, I truly felt grateful for the opportunity and realised how happy I was to be there.

The Standing Committee on
PUBLIC HEALTH.



SCOPH
Public Health

Public Health : Who are we?

Ritika Mishra, Ashwath Vasudevan
MIMER, Pune ; GMC, Kolhapur
National Officers on Public Health 2019-20



"One of the first duties of the physician is to educate the masses not to take medicine."

— Sir William Osler

The Standing Committee of Public Health (SCOPH) is one of the biggest and formative pillars of the IFMSA and MSAI. With a vision of a world where all Medical Students contribute to their full potential towards the making of healthier societies in their capacity as medical students and as future healthcare providers, SCOPH or Standing Committee for Public Health primarily deals with the public health scenario.

HEALTH, can be defined by all.

We are all well acquainted with the definition of health since 8th grade, but how many of us can answer these questions - whose responsibility is assuring health? Is it purely a matter of individual choice or do governments have a role to play? What about health professionals; do they also have responsibilities? Bemused in our didactic lectures, we have learned to memorise and repeat 'important points' of the lesson with little gloss or interpretation. During this process the term public health has been consigned to oblivion.

Public health has been defined as "The science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals" (Winslow, 1920).

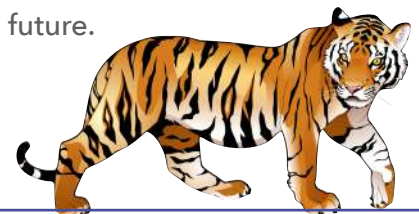
Understanding this is important - We interpret public health to be not just science but also an art that involves an intricate interplay of medicine, sociology, economics, resource and environment.

It is a spectrum of health and well being not just of an individual but of entire communities, by identifying risks that can affect different people in different places and at different stages of life. Public health deals with intervention for prevention of the cause.

It gives us an opportunity to provide, support, work and ensure no one else is left behind as we strive to be better, for health cannot be a commodity, employment perk or privilege. It must be a social right for all. As future health professionals, we should develop a more holistic vision of our role in public health. In particular, we have an important responsibility to patients to serve as public health role models and advocates for interventions that will make a difference to a large number of people.

Our country is already climbing up the ladder and becoming a rising superpower of the world. Although according to the World Health Organisation (WHO), India's per capita spending on health care is the bottom quartile, putting us in competition with the likes of developing countries. Clearly we still have miles to go.

Things need to change for the better, and that change begins with us. The youth of our nation, for we are the present and future.



Keeping this in mind, we had decided relevant public health issues which we thought were the need of the hour and which medical students could address right from the start of our term. The primary areas which we wanted to focus on were Climate Change and Health, Universal Health Coverage, Mental Health, Non Communicable Diseases and Antimicrobial Resistance.

One of the most exciting and satisfactory parts of working in SCOPH is the experience you get while conducting an on ground activity. To go into the community and convey basic yet important information for the betterment of the people is the most primary objective of SCOPH and we live and breathe for this. As we knew how important this aspect is, our aim this term was to create new and innovative campaigns for our members which creates maximum awareness and impact in the community and at the same time gives a wholesome experience to our members as well.

This term, we launched some amazing new campaigns by starting with our medical student fraternity (B-free) and addressed important public health topics to the general population ("Jal Hai Toh Kal Hai", "Calorific 2.0") irrespective of their age, caste and socioeconomic background.

With the help of our tremendous LPOs and enthusiastic members, we were able to conduct more than 300 on ground activities reaching out

to more than 30,000 people. These numbers were much more than we ever dreamed of and we are blessed our efforts were appreciated with such a participation.

We didn't restrict ourselves to on-ground activities. We engaged our members digitally and created a positive impact with the help of online campaigns that included surveys and polls, challenges to advocate health and myth busters related to the current COVID-19 pandemic. We also collaborated with fellow SCOPHeroes from Turkey and Pakistan to impact online users beyond the borders.

The National Public Health Officer is a prestigious and challenging post as we have to succeed the tremendous work of the previous NPOs and continue the legacy. In an effort to increase awareness and evaluate the continuous impact of the public, we launched campaigns on Anti-Tobacco, Blood Donation and Mental Health created by our previous NPOs.

One of the biggest milestones which we could achieve this term was the activation of Public Health Exchanges during the August Meeting 2019 in Taiwan. With the tremendous ground work done by our previous NPOs, we could make SCOPH India active for PH exchanges in 3 different cities like Bengaluru, Nashik and Vadodara with international contracts with Italy, Germany and Egypt.





Jal Hai Toh Kal Hai
Picture by Nimisha Ramesh

One of the most joyful occasions for us is to create new public health leaders and train them to go out in the public and create change. In SCOPH we create public health workshops on various relevant topics to train members on various skills required to be a public health enthusiast like project design, leadership skills and evaluation methodologies. We created 2 new Public Health workshops this year on Mental health and participatory hygiene and sanitation transformation (PHAST). We conducted 4 Public Health workshops throughout the country in various cities like Mumbai, Aligarh, Chennai to strengthen our army of public health leaders.

This year, we represented MSAI-SCOPH at IFMSA General Assemblies and Regional Meets (Asia-Pacific Regional Meet, August Meeting and March Meeting) and we left a positive impression on the global community. Our activity, "Jal Hai Toh Kal Hai" which was shortlisted as one of the top 10 activities under IFMSA for the Rex Crossley Awards at the March Meeting 2020 was the icing on the cake!

The entire term was a roller coaster of several emotions for us. We feel jubilant and humble to witness the end result of our blood, sweat, tears and so many sacrifices to nurture our committee. Some people deserve more than a "Thank You." Just like our NPO Assistants who were always on their toes and willing to work for many sleepless nights with us to make our vision into reality. It's because of the collective efforts of the national team that our term was fruitful enough. We want to express our heartfelt gratitude to our energetic Local Officers who have been the main reason behind our successful tenure.

We are leaving here today with a wealth of knowledge we will always treasure. Working for SCOPH has been a fantastic learning experience, and we are thankful for the skills we have acquired. We feel as if living and enjoying each day has made us complete and well-rounded people. We don't believe it's a conclusion to our beautiful journey with SCOPH. We believe that it's the beginning of a new epoch where we pass the baton to the new NPOs and continue making a difference together!



Semicolon : Not Just A Pause

Salman Khan,
GGMC, Mumbai
NPO Assist 2019-20



"What Mental Health needs is more sunlight, more candor, more unashamed conversation.

-Glenn Close

"Semicolon," said my English teacher in a usual boring grammar class, "is a punctuation mark (;) indicating a pause or continuance, typically between two main clauses, and it is more pronounced than that indicated by a comma." My 10-year-old self struggled hard to understand the grammatical importance of that punctuation mark and still continued to ponder over it for a really long time until I had to take a pause and choose continue the sentence of my life despite wanting to end it.


My journey at MSAI, started with volunteering for Semicolon: a mental health awareness project for high school students. Having been diagnosed with clinical depression as a teenager, I felt this was the most fitting start this journey of mine could have had.

Fast forward two years, the National Team of SCOPH, of which I was a part, decided to relaunch Semicolon. It was not an easy job for us. Reviving a campaign

that not only left an impact on thousands of adolescents but also bagged the second place at the Rex Crossley Awards in the March Meet of 2018 was a daunting task. We realized that it will take more than a few pairs of hands on something similarly huge and impactful. Hence, we started looking for people who would enthusiastically, passionately and dedicatedly work for the same.

After sifting through hundreds of applications, we selected five creative and sincerely hardworking people to form the Small Working Group. (SWG) Interestingly, each one of us (including the national team) turned out to have experienced a mental health issue firsthand. So, we found it easy to bond from the beginning and put our hearts into the task, and to thus ensure no one has to suffer what we did.

This time, we chose to target people who are learning how to save lives and sadly, neglecting their own health in the process: and emotions, medical students. With a vision of having physically and mentally healthy medical students and a goal of creating awareness about mental health and the associated stigma amongst them, we curated resources for the campaign under the guidance of our extremely motivated National Officers.



In the offline campaign, the participants would be asked to voluntarily fill the Depression, Anxiety and Stress Scale - 21 Items (DASS-21) questionnaire. This would be followed by an awareness session on Depression, Anxiety, Stress and Suicide with ways to tackle them by SCOPH enthusiasts. Our main highlight was the interactive session through which students learnt the things that should and shouldn't be said to a person suffering from depression, anxiety and/or stress. We also launched an online campaign where people submitted materials in the form of poetry, stories, art, doodles etc. which could be used as coping mechanisms. All the materials were then converted into a newsletter.

A workforce of 184 'SCOPHeroes' volunteered to do their bit in touching the minds and souls of 3334 Medical Students through 29 events across India. Our campaign was a huge success. Thousand lives impacted in a positive way, again.

I finally realised, the semicolon, is not just a punctuation mark. It is a wake-up call to let your mind breathe in this world of chaos. It is a representation of continuity, to be able to continue living even when the entire world seems to come crashing down on your shoulders like an avalanche. It is a ray of hope, the light at the end of a tunnel; not a pause, but a prelude to one's highest potential. **Semicolon: not just a pause.**

You can read the issue of My Mental Health here : https://issuu.com/msaindia/docs/my_mental_health_newsletter_by_msai_scoph



SCOPHero Business!

*Nimisha Ramesh, Zoofi Shan,
BVDUMC,Pune ; SGRD Medical College, Amritsar*



UNDER THE WEATHER

With the help of 9 volunteers, we could educate 156 people about the common diseases prevalent in Maharashtra during monsoon. The best part about organising this event was being able to step out into the community and interact with the general population. The target population was very attentive and happy to receive the printed info-graphics translated in Marathi. Organising this event was one of the most fruitful experiences of this term and I am very thankful to the SCOPH national team for their guidance which helped us conduct the event smoothly.

Venue: Shree Shiva Chhatrapati Market Yard, Pune.

Date: 18th August 2019

Organisers:

Nimisha Ramesh

Prajwal Oswal

College: BVDUMC, Pune



BLOOD AND MARROW DONATION

Being a medical student ,it has always been a dream to save someone's life. Organising a blood donation camp under the aegis of SCOPH seemed like the perfect opportunity.

A total of **175 donors** came forward to donate blood. And to see that look of satisfaction on the faces of donors-just priceless!

Just like every SCOPH activity ,this activity has made me more confident and has strengthened my faith that together we can make a difference.

Venue: SGRD Medical College, Amritsar.

Date: 14th June 2019

Organisers:

Zoofi Shan (LPO)

Sartaj Singh Sandhu

Kanwarnir Singh

College: SGRD Medical College, Amritsar.



The Standing Committee on

REPRODUCTIVE HEALTH AND RIGHTS INCLUDING HIV & AIDS.



SCORA

Sexual & Reproductive Health
and Rights including HIV & AIDS

SRHR Translation Dictionaries

Shweta Poduval, Mauli Mehta

GGMC, Mumbai ; GMC, Ahmedabad

National Officers on Reproductive Health and Rights Including HIV&AIDS 2019-20



India is a diverse and multicultural country. This is a known fact. Something lesser known though is that we have way more languages that are spoken in our country than we have states! As a popular saying goes "In India, Every two miles the water changes, every four miles the speech"

One can naturally imagine the barriers that language can pose in India. Sexual and Reproductive Health and Rights or SRHR is the concept of human rights applied to sexuality and reproduction. It is a combination of four fields that in some contexts are more or less distinct from each other, but less so or not at all in other contexts. We have observed that often, in our SCORA events, or even during our obstetrics/gynaecology and other clinical postings, students often are unaware of words related to SRHR in their local languages. This barrier often results in decreased quality of event/interaction/clinical history taking.

With this in mind, SCORA in India began its "SRHR Translation Dictionaries" project to create a translation dictionary for medical students of India which includes SRHR-related terminologies & its meaning in major languages of our country. This dictionary aims to make taking sexual history more accessible for medical students & instil communication skills among medical students to enable more fruitful communication with the community. Sometimes, the time of taking sexual history is the only window of opportunity to provide SRHR advice.

Knowing the local language also helps a healthcare professional to build up a more confident body language, and both body language and verbal messages can significantly increase or reduce the stigma surrounding sexuality in the delivery of sexual and reproductive health services. It is extremely vital for us as healthcare professionals to create an environment where our patients feel comfortable expressing themselves openly about sexuality without a fear of judgement. SRHR Translation Dictionaries is one of the major ways SCORA-India is trying to bring this change to the society and make sexual history more compliant and easy.

It also aims to help our Local Officers and General Members in conduction of SCORA Activities by supporting organisers and volunteers who struggle to translate some technical SRHR terms into local languages, and in turn increase the outreach along with improving the impact and quality of our events.

We are currently working with 14 SWG members experienced in 11 different Indian languages to create the first ever SRHR Translation Dictionaries in multiple languages of our country. Currently, our SWG members are working hard to translate the words into their local languages to ensure that our dictionaries are ready to be shared with our NMO members by the time the current term ends in MSAI - India!

How can one take sexual history if they don't understand the local language?

Stories from SCORA

A series of fortunate events!

*Divya Garg, Kriti Bhalotia,
UCMS Delhi; KPC Kolkata*

Local Officers on Reproductive Health and Rights Including HIV&AIDS



Periodoubt 2.0

My best experience was in a school when I had organised the Periodoubt 2.0 event with girls of class 8th. Some of them had recently attained puberty and they openly shared all their problems with us. They shared how awkward it was when they had first menstruated. Some shared the pain of being made to sleep in a separate room and not being allowed to eat their favourite food like pickles during that time. Some hated to miss their school because of pain while one talked about the embarrassment she went through when her dress was stained.

I taught them how to deal with stigma and remain hygienic but I think I myself learnt a lot. It wasn't easy at first to make them all talk about periods but I had gone there to make them more aware and bold about the situation. So slowly and gradually I asked them to share their experiences starting by sharing some of mine. We even discussed how to handle such problems in future.

Some of the things they told me, I had only read about but I had never experienced them. Talking to them made me realise that they live in an entirely different world till date. They are being educated but the orthodox mindset of their family still holds them and they are not yet free. After getting to know the on-ground situation I felt that we need more of such events to enlighten them and to make them bold to stand against the world that binds them.

"After conducting these events, I have come to realise, the world is much more different than what we have read in books. "

"For the longest time while growing up our minds are filled with questions we're scared to ask. Things nobody talks about and nobody teaches us but things that are a part of our lives. However progressive our society becomes, sex education, period education still remain tabooed subjects and even if they are included in curriculum, the one way communication regarding these matters doesn't clear doubts most children have. With SCORA we try to spread the word about issues that aren't talked about, starting the conversation, touching the topics that aren't touched."



Hearty's Hearty Moments

Yashaswi Sachdeo,
HBTMC, Mumbai

Local Officer on Reproductive Health and Rights including HIV&AIDS



The Trumpet Project [TTP]

We visited the Temple of Transgender people and it didn't feel any different than the other temples. They welcomed us to their place and took us to their homes. They were happy that we visited them. This showed how much we people need each other. The love and warmth with which they showed us everything and shared their stories touched my heart. I feel that humanity and compassion is being forgotten by our society. It is humans who have created these differences while nature treats them all equally. I got to know how difficult survival is for them as we betray them from all the basic rights of humanity. And all of this made more sense when we heard it from them in their community. In this harsh fight for survival, it was beautiful to see how they stood up for each other. They always had the back of this "Family of Choice" as they called it. I couldn't understand the feeling but I know my heart wept a lot that day.



"No activity is a success without intercommunication, SCORA has always nurtured us with this."

ASIA SAFE ABORTION PARTNERSHIP

Dr Manisha and Dr Suchita were there with us in this exceptional journey. Dr Manisha started the session with all the questions that had haunted me and I couldn't take my eyes or ears away. It's like I was getting all the answers about life and death. She took us deeper into our childhood systems, from where all our values originate. How all our actions and opinions are deep-rooted in this patriarchal system. It was sad to realise how I had been contributing to patriarchy without even knowing it. How the commercials, the film industry, and the media has been promoting patriarchy in some way or the other and how we have expected it to be a part of our daily lives without questioning it. I needed equality for all. I needed to establish justice. And this is how my journey of knowing what true feminism was began. I knew the situation of women in India was not great. But I realise that the situation was way more worse than I had imagined. It is not just the lack of opportunities but also deprivation from the little decision making processes in the house. I realised how in a minor way I had been a part of it too.





Pratibha Foundation
The Trumpet Project

The Story of a Gulaab

Tanishq Jain,

SBKMS Vadodara

Local Officer on Reproductive Health and Rights including HIV&AIDS



Breast Cancer is one of the leading cancers in women, thanks to the advancements in medicine, it is curable. Thus, they must have a piece of complete knowledge as to what this is, where and when this occurs and finally how we should treat this cancer.

In the month of October 2019, SCORA celebrated the Breast Cancer Awareness month and launched the event Go Gulaabi. The goal of the event was to awaken women aware of breast cancer and its adversities. The objective was to inform them of this cancer. The development of their body and to break the stigma and fear around it.

We contacted Pratibha Foundation, Vadodara for getting us the target audience, and we got the perfect venue for conducting the event. Pratibha foundation, is an active NGO working for uplifting women in our society. On reaching the venue we saw over 50 women working on sewing machines with all efforts on a weekly wage basis.

We took it as our responsibility to clear the hesitance in the audience. Our team of volunteers helped women comprehend their body, the changes it endures. We made them self-examine of their breasts in a safe environment and notified them about the precautions and treatment accessible for the same and how to spread the knowledge to other females.

We emboldened them to look for signs of cancer, have regular mammograms, solicit professional support and help them come over the discomfort and stigma around the disease that the society has formulated.

We handed cutouts of small bras and made the participating women write about their experience of the event and what they learnt.

Their names will remain hidden from us, but we promise that each Gulaab went home a bit more bold and strong that day.

Go Gulaabi.

Standing in front of the mirror she dressed,
The fragrance of mogra scattered from her
hair,
As she was wearing the gown of
responsibilities,
She felt something in her chest, maybe a lump
in her breast?
Scared and in shame she never disclosed it to
anyone,
And made an excuse to go to the doctor once,
On her way, she was filled with fear,
Weak and alone she just wasn't ready to face it,
Her tests were done and alas, Cancer.
Her family in front of her eyes, a fright of
surgery,
And more than that, the worry for the money.
This is just a tale for thousands of females in
India,
Let us join together and tell Gulaabi that,
You are strong and you have the valor,
And if you search for support, we all are there
for you.

The Standing Committee on
Medical Education.



SCOME
Medical Education

MED-EVOLUTION

Sanjana Taneja

LHMC, Delhi

National Officer on Medical Education 2019-20



The past one year has been one of many surprises and changes when it comes to the Indian Medical Education System. With changing guidelines, curricula, examination patterns, licensing amongst other major aspects of healthcare, we have seen massive steps being taken by the Government of India. All this change has impacted the world of medical education immensely. With decisions that can change the course of studies that each medical student in India begins their education with, there was a furore over the future of doctors.

The UG medical curriculum of India has been revised for the first time in around 21 Years.

Contrary to our traditional medical education system which focused primarily on academics the current system aims to incorporate AETCOM (Attitude, Ethics and Communication) in the learning process. We are now aiming to switch from a discipline based to a system based approach, which will enable students to link various aspects when it comes to medicine. Alas, as students who have spent their entire first and second years sitting in lecture halls all day long, we are hopeful that this change will help medical students get a more hands on training, and a much better clinical acumen, an earlier feeling of being trained to become doctors, because who doesn't want that? Are our medical institutions equipped to cater to the new system? We'll have to wait and see.

They say, old is gold, but was that truly the case with MCI? The Medical Council of India had

outlived its tenure. When you and your doctor parents have the exact same teaching process, you know something's wrong with the system, something is grossly wrong. The NMC having replaced the MCI has brought with it many new modifications, some of which are controversial to say the least. The old anecdote "everyone in India is a doctor" was taken a bit too seriously by the council, who proposed the bridge course that allowed allied sciences to practice allopathic medicine after meeting a few, seemingly fair conditions. You know what they say, modern problems require modern solutions, our decision makers decided to solve the problem of shortage of doctors by allowing everyone to be doctors. Widespread opposition and multiple amendments later, we were back to square one.

Facing adversities from all walks of life, healthcare workers not only do their best to ensure their patients and the general population attains optimum health, they also sacrifice their own health and peace while at it. What most people fail to realise at times is, while being a service to humanity, healthcare is a profession; healthcare workers are professionals. Any service to humanity, people would argue, should be provided selflessly, but the question is, where do you draw the line? Building houses is service to humanity, cooking food is service to humanity, in fact any job that is created because there is a human need for it, hence every job is a service to humanity. Why then, do healthcare workers face the brunt of sacrifice and disrespect? All this makes us

“I’m sure most of you want your doctors to be able to take care of a patient more than being able to tell you who discovered the Mitochondria”

My dear friends, the next time you have that doubt, think of pearls of advice like the one by Robbins. Writing one of the best books in MBBS, he interspersed the text with some pretty accurate life advice, “The best way to avoid cancer is to avoid being born”. You would’ve never come across it had it not been for medicine.

Amidst all the uncertainty, and all the chaos happening, there were a few people who were as confused as they were concerned. Medical Students. Their question of ‘what next?’, was, ironically solved by the government introducing NEXT, The National Exit Exam. This exam, which is meant to license medical graduates has an entirely different dynamic than the currently existing NEET PG, which is what students all over the country have been training for. They say healthcare is dynamic, and must evolve to meet the needs of the people, but change at this pace is something nobody was ready for. Having braved the “dynamic” UG entrance exam which has changed names, formats and provisions multiple times in the past few years, the students thought things would be a bit more stable. But one can never underestimate Indian Healthcare. Years of observation led to the realisation, that NEET PG, wasn’t a competent enough testing tool for a profession as hands on as ours, a realisation that came a bit too late, but also suddenly. It wasn’t testing clinical skills enough, and was leading to a rather questionable form of study practices being adopted by the students. Anyone who works in the field of education knows, that it is equally important to have optimum assessment techniques, as it is to have optimum training techniques. And the introduction of NEXT, while abrupt is a fresh start to the world of clinical teaching in India.

I’m sure most of you want your doctors to be able to take care of a patient more than being able to tell you who discovered the mitochondria.

Students across the country indulge in these conversations. We read, we stay informed, all while making efforts to be the ray of hope for someone in the future, why then are we not considered relevant in this entire decision making process, that puts us in the centre and expects us to deliver? MSAI as a medical student organisation has provided voice to thousands of medical students all over india. Here, we are the change makers, we are responsible, we are the now and the future. In a country like India where on an average we have a little over 11.57 doctors and over 79 thousand medical students annually, we can only hope that students are recognised as a force that can propel healthcare forward to newer heights. We thrive for that at MSAI, we thrive for that at SCOME. While the last one year has proved to be a massive stepping stone in terms of healthcare education reforms, there are still certain areas that need to be addressed. While the government focuses on polishing the current reforms, we at SCOME and MSAI will continue talking about change, continue talking about medical education and continue building the leaders of tomorrow. Who knows one day a SCOMEian ends up at the helm of decision making in this country and takes care of all of us! Who knows maybe the one making decisions right now was a visionary as a student who got a voice!

GET YOUR FACTS RIGHT!

ALL ABOUT NMC

AIM: Introduced with a purpose to unify all the medical entrance examinations and setting uniform standards for Indian System of Medicine.

WHY? Following reasons make NMC unique and different from MCI:



Constitution: The NMC will consist of 25 members, appointed by the central government.

Autonomous Boards: The Bill sets up 3 autonomous boards, appointed by the central government:



- (i) the Under-Graduate Medical Education Board (UGMEB) and the Post-Graduate Medical Education Board (PGMEB)
- (ii) The Medical Assessment and Rating Board (MARB)
- (iii) The Ethics and Medical Registration Board

Community Health Providers: the NMC bill may grant a limited license to certain mid-level practitioners connected with the modern medical profession to practice medicine. These mid-level practitioners may prescribe specified medicines in primary and preventive healthcare.



Entrance examinations: There will be a uniform National Eligibility-cum-Entrance Test for admission to under-graduate and post-graduate super-speciality medical education in all medical institutions regulated under the Bill. The Bill proposes a common final year undergraduate examination called the National Exit Test for the students graduating from medical institutions.



WHAT'S NEXT?!

AIM:

A **common final year undergraduate examination (NEXT)** with common standards of knowledge and skills for Doctors on a Nation-wide basis:

NEXT will also serve the purpose of Screening Test for Foreign Medical Graduates.

This test will also serve as the basis for admission into **post-graduate courses** at medical institutions under this Bill.

WHEN?

There is a **3 year window** before NEXT becomes operational[clause 15 NMC bill(2019)]

It is believed to be implemented after 2022.

NUMBER GAME



There is one allopathic doctor for every **10,926** people in India

75% doctors face verbal or physical abuse in hospital premises



Mean life expectancy of a doctor from Kerala is **61.75 years** While that of a normal Indian is 68.56 years

A Year of SCOME

Sanjana Taneja, Simran Garg
LHMC, Delhi, GGMC Mumbai
National Officers on Medical Education 2019-20



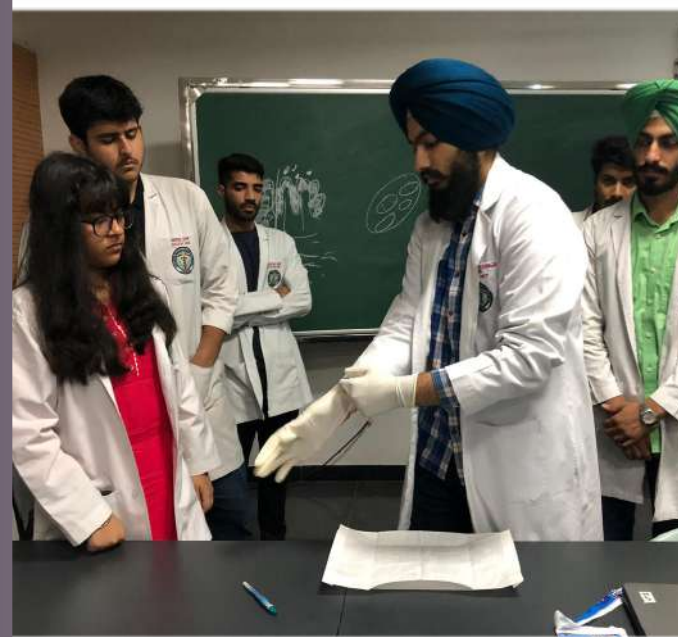
SCOME has always strived to create a holistic learning space for medical students across the country. With the firm belief that medical students are indispensable and paramount stakeholders in the medical education system, SCOME strongly advocates for an all-inclusive environment where students can be a part of primary decision-making processes through a continuous learning curve and evolve into leaders of tomorrow.

Our term kicked off with the launch of our first event-Drop the Dope, an activity to assess the extent of substance abuse in the medical community and formulating solutions to combat the targeted problems. With the collective effort of the SCOME National Team and our local officers, the campaign yielded groundbreaking results with an overall outreach of more than 2700 medical students. The reflection of the magnitude of potential a meticulously structured event can have propelled us to work relentlessly towards our goals and led to the launch of seven more vastly successful campaigns. Taking inspiration from the previous term, we re-launched Introduction to Clinics with improved and curated content and reached more than 3000 medical students.

Beat the Burnout, a group discussion activity to teach healthcare students effective stress management strategies and techniques and Beyond The Books, an activity to inculcate the importance of soft skills in healthcare students were both scrupulously attuned to address discrete obstacles faced by the students. They had a comprehensive and desirable impact with an outreach of 2100+ and 100+ respectively.

To expand our footprint and bring a discernible change, we collaborated with other standing committees and launched the campaigns- Under the Weather with SCOPH, Heart to HAART with SCORA and Research Methodology with SCORE. The groundwork for success is laid in the premedical years. With the launch of Back to School, we were able to reach more than 1200 medical school aspirants and amalgamate any differences to make transitioning into medical school a less daunting process.

SCOME has always been more than merely a committee. It is a dream realized and a powerful force but above all, it is a family with a universal vision- a world where no healthcare student is left behind.





Beat the Burnout
Ketaki Kulkarni



Intro to Clinics
Deep Forgad

'The purpose of education is to replace an empty mind with an open one.'- Malcolm Forbes



I started working as a LOME in 2019. Trying to cover up the deadlines and tasks, I tried to be the best one that I could be. Little did I know about the monumental vision of SCOME. As the time passed by, I tried to get more and more involved in SCOME. With every passing day, right from getting the on-ground events done to attending the workshops, the vision of SCOME got clearer. I started to understand that SCOME is not just a committee, it's a platform which had the potential to trigger huge changes in the system. Attending the TMET workshop and SCOME sessions at the March Meeting 2020 was like a lifetime experience that I gained. Done with that, I knew what SCOME actually stood for, I could understand what SCOME is working for.

Today, when I sit and think about my journey in SCOME I can easily descry the change that it has brought in me. It gives me a sense of completion as a medical student as today I am much more aware about the system and the surroundings in which I have to work in the future as a health-care professional. Today, I know that SCOME is the place where I shall belong to forever.

-Prabhat Jha

Local Officer on Medical Education 2019-20



Being a part of SCOME's panda family was amazing. Got hands on experience of being LO, boosted my confidence and got to learn about managing, working in groups, conducting events. It gave me a sense of responsibility.

All the events planned by our panda parents were amazing. My favourite was beat the burnout, which was about stress management.

I highly recommend SCOME for those who have interest in medical education, conducting events and is an actual panda in their comfort zone.

-Alina Rizvi

Local Officer on Medical Education 2019-20



The Standing Committee on
**Human Rights and
Peace.**



SCORP
Human Rights & Peace

Designer babies : A Conundrum

Sharwari Bodhkey

Local Officer on Human Rights and Peace 2019-20



"The best way to predict your future is to create it."

– Abraham Lincoln

Genetic editing has opened up a Pandora's box which has stirred a wide array of novel ideas not only among scientists but amongst varied sections of society.

One such case that sparked debate between different strata of the society about the ethical considerations was that of Lulu and Nana, Chinese twin girls who were given birth by IVF technology and their genome was modified using CRISPR/Cas9 technology to alter the CCR5 gene associated with HIV genetic alteration inherited from their father. The emergence of this novel genetic approach led to halting of all genome editing projects by WHO.

Can you imagine creating a baby made with each and every trait berry picked and customized to your needs? This exactly is the concept of designer babies.

This exactly is the concept of designer babies. A designer baby is one whose genetic makeup has been altered to include a particular gene or genes and/or removal undesired genes. Hence the name designer baby. It certainly has several advantages.

For one, it provides a promising solution to genetic diseases like sickle cell anemia, Tay-sachs disease, Down Syndrome, Hunter's syndrome etc. as well as inherited diseases like HIV and cancers especially resistant lymphocytic leukaemia, thereby decreasing several abortions and infant deaths.

It will allow parents with genetic disabilities to conceive genetically normal children who will not only be able to live a productive personal life as well as contribute to the economy of the country.

It can also help increase the chances of survival in embryos.

However, one cannot ignore the potential risks associated with it including the risks of introducing new genes and altering gene pools.

"Can you imagine creating a baby made with each and every trait berry picked and customized to your needs? "

It has also opened a platform of debate amongst ethicists, humanists and scientists all over the world on the concept of human enhancement and human rights. We are aiming to enhance the human race in terms of their various traits, but who decides what is better and what is the best. And if such an institution is made to be established, will it further widen the gap between different socioeconomic classes of the society.

Moreover, by applying genome editing in practice, the division between germline and somatic line will become blurred, which will require significant adjustments in regulation.

It also has legal aspects in a way that is going to cast in a new light on the distinction between the stances of protecting life and giving priority to personal autonomy in reproductive rights.

The very thought of it puts us into a huge dilemma. It seems right out of Greek Mythology in which Goddess Athena gave birth right out of her mind. Genome editing has forced us to rethink the dichotomies between natural and artificial human existence. If there is a line between the two then where and when should it be drawn.



GoSCORP India

Sahiba Maniar

National Officer on Human Rights and Peace 2019-20

A city for dreamers, a city of the Stars,
A city of the hand carts and a city of the cars. Our participants headed to the financial capital of India, Mumbai. They conducted a health camp for underprivileged children, bustled through the by lanes of the Dharavi Slum, volunteered with differently abled children and visited the PHC and local aanganwadi. On Gandhi Jayanti, our participants paid respect to the Gandhi Ashram to immerse into the most peaceful place there has ever been. The participants also attended a workshop on child sexual abuse in collaboration with Arpan. They danced and swayed the Garba nights during Navratri, had a Bollywood sing and dance night out and Midnight cycling Mumbai Darshan trip in the pompously lit roads of the city.

A quick getaway amongst the lush greenery in the mighty sahyadris on the little hill station called Lonavala was the farewell. The society we live in, sees the existence of two worlds at the same time. One which is constantly progressing, while another one is obsolescent and stagnant. Most of us are fortunately, privileged to be enveloped in a healthy and peaceful living condition. However, it still remains a far fetched dream for innumerable, innocent and tender aged

lives who shudder through illiteracy, homelessness, hunger, exploitation, sexual assaults, physical, psychological and emotional abuse which remain the keyless locks to the doors that open up to milky ways of progress. Hence we initiated GoSCORP India.

This was a journey which began in the land where turquoise waters kiss the shores as the French colonies flank on one side, our little Pondicherry. MSAI's first IFMSA training was introduced as the TNHRT (Training New Human Right Trainer's) at GoSCORP 2019. A 5 day capacity building programme aimed to create human right trainers with skills and knowledge of human rights and passion for humanity. Along with 9 international participants, we also selected 10 national participants to learn, yearn and seek for a better world. The highlight remains a unique invitation for our participants by the Governor of Pondicherry, Dr Kiran Bedi to her home.

A Pottery workshop, a splash at the beach, a local drama and a day trip to Auroville entertained our guests during their stay.



“GoSCORP was a dream come true to invite the world to experience the essence of 1.3 billion, 28 states, 8 union territories, 19500 languages, and innumerable cultures to paint a canvas of peace amidst the unrest, unity in diversity, and love overpowering animosity.”





The GAP

Alina Rizvi

I fell in love with, the way our human body functions, all of us are so similar yet there is a 0.1% difference in our DNA. At first, it wasn't medicine. Somewhere between NEET 9am to 5pm college time, my curiosity faded. But the experiences I've had & will have, will be with me forever. The first time I held a human brain. I dissected the intestines. It was squishy & slimy. I couldn't stop thinking everyone is same inside (anatomically). Doing Benedict's test and watching bright blue turn brick red. I was calculating, what my dad's reports meant.

In 2nd year, came drugs, microbes, pathogens & CID feels. Seeing patients in posting, learning to take history. This all step by step process. I learned that my "love" was actually Empathy. The scenario here is less of empathy and more of "treating" patients. The one on one talk, finding out the disease and prescribing medicine is over in 2 minutes (WHO data of time, a doctor in India interacts with patient). I as a human need time to analyse a person, be it patient. I believe half the *bimari* can be solved if we communicate with our patients in a better way. The gap between quality or quantity, marks over practicality, communicating over just treating. Needs utmost attention. Having just a little exposure into this vast field I am acknowledging, trying to fill my Gaps. The question still remains, when will the system act on The Gaps?

A Refugee Crisis!

Ishani Solanki

Local Officer on Human Rights and Peace 2019-20



India is a country of diverse cultures and civilisations and that is the reason Refugees choose to seek asylum in India from various neighbouring countries. Every refugee has equal right to accessible Health care services, Education and other basic needs like clean water and electricity.

Although India is not a signatory of UN Refugee Convent 1951 or 1967 . India has its own unique ways to shelter refugees. We do not have any specific law for protecting and accepting refugees, thus refugee from Sri Lanka and Tibet are protected and assisted by the Government while for refugees from other countries, UNHRC (United Nations Human Rights Council) plays a role.

Refugee camps are generally built to provide temporary facilities to the migrants, which are generally overcrowded lacking access to sanitation and proper bathrooms, even if they are present, they are shared by large group of people. Leading to various disease and infections (bacterial, viral and parasitic), including vaccine preventable ones. They can be provided with vaccines for those disease and try to prevent them.

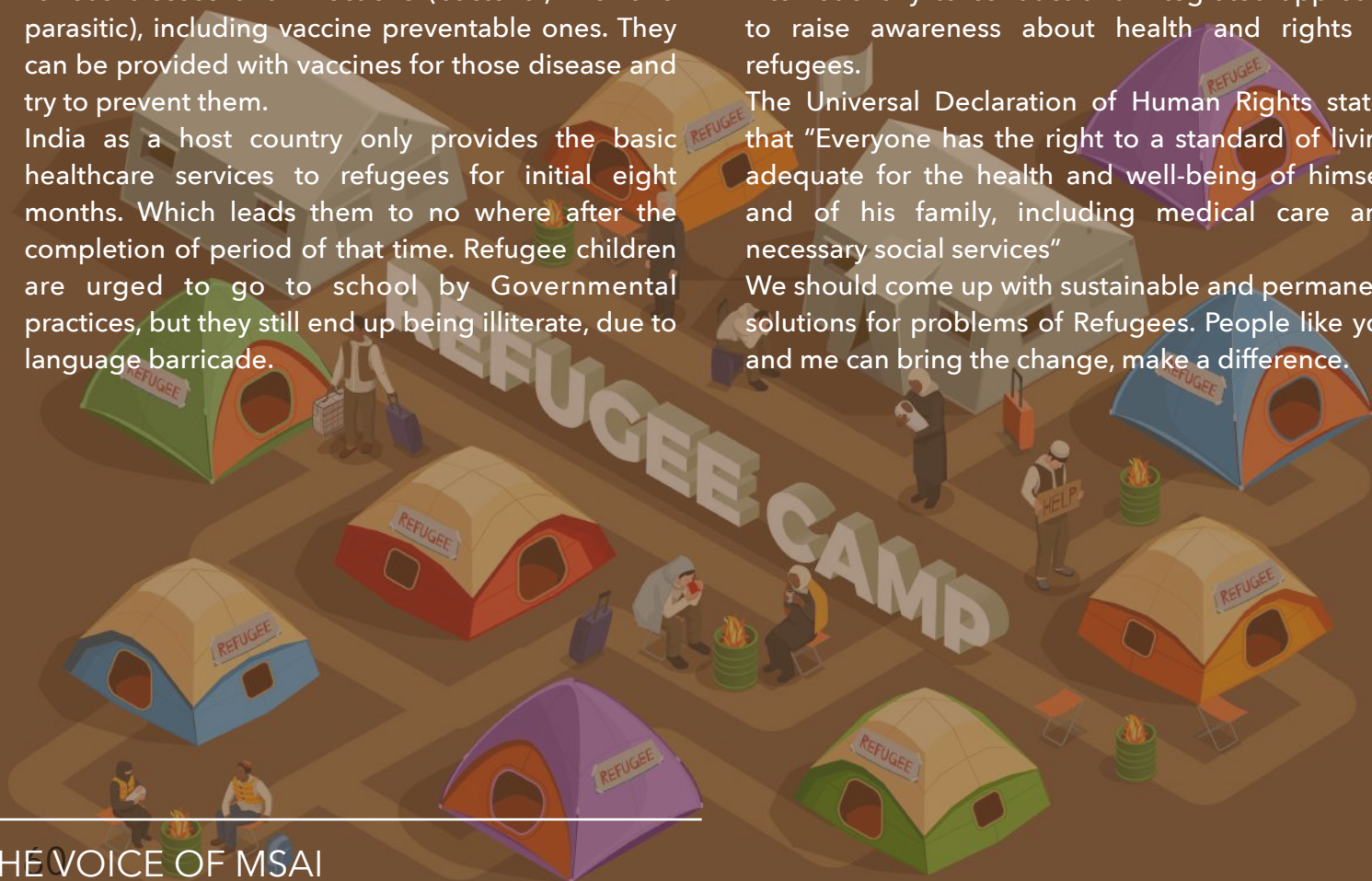
India as a host country only provides the basic healthcare services to refugees for initial eight months. Which leads them to no where after the completion of period of that time. Refugee children are urged to go to school by Governmental practices, but they still end up being illiterate, due to language barricade.

Women and children are abused and violated during flight and the asylums. Most of the women are overworked, underpaid and harassed. Which leads to mental disorders. They generally work for lower wages and illegally. Most of them are forced to involve in prostitution and trafficking. Which leads to various commutable diseases like AIDS and other STDs. The most common barrier they face to access the education and healthcare services is stigma due to cultural and language barriers. Which can be solved if they are provided with translators and the service providers are non biased.

Regular check-ups of refugee shelters should be included in the curriculum including dental and mental health. As healthcare providers we can provide them with essential drugs, shelters and food during emergency conditions. We can also work with Local NGOs, who works for protection of refugees to seek and provide help. Join other NMOs internationally to conduct and integrated approach to raise awareness about health and rights of refugees.

The Universal Declaration of Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care and necessary social services"

We should come up with sustainable and permanent solutions for problems of Refugees. People like you and me can bring the change, make a difference.





March Meeting 2020 was my first GA and indeed a special one. I was super excited, thrilled and little intimidated to travel all the way to different continent with people I've never met. But my MSAI family has been so warm and welcoming! I cannot express my gratitude enough towards them for teaching me so many things and for all the sublime memories which I'll cherish forever.

Enough though the working hours were quite long, with lot of switching lanes from morning SCOPE sessions to NMO hours to Asia Pacific regional sessions and then to plenary, barely getting 6 hours of sleep, surprisingly we weren't drained at all. It's the excitement to meet different students from NMOs across the globe, learning their culture, and developing bond kept our enthusiasm high all the time. I thoroughly enjoyed every moment at GA.

Post GA was equally happening I must say! Got to experience "The African Wildlife Safari" (Lol, now I can die peaceful), Visited Kigali genocide memorial which was the most heart touching place I've ever been too, beautiful Inema art gallery and scary yet amazing Kimironko market. Departure was a heartbreak after the awesome GA from the little family I made over there. I look forward to meet them again and for another opportunity to attend another GA.

Anushree Burade
Local Exchange Officer 2019-20

69th IFMSA General Assembly MARCH MEETING *Kigali, Rwanda*



Let's (ex) change the world.! Being fairly new to the IFMSA family, I was absolutely thrilled, excited and little intimidated to represent our India at international level, at the EXCHANGES FAIR. I learnt how extensively MSAI has established our exchange programs may it be in any Standing Committee! I held immense pride in presenting the exchange programs MSAI conducts to all the students around the globe at the exchange fair. Them, learning about our exchange programs, appreciating our efforts and ofcourse our cute merchandise. Everyone was going gaga over Indian bindis and Bangles! I had an amazing time with my lovely MSAI Exchange family. And our success of bagging **1st place** at Exchanges fair (yesss! you've read it correctly!) added extra charm to my experience!

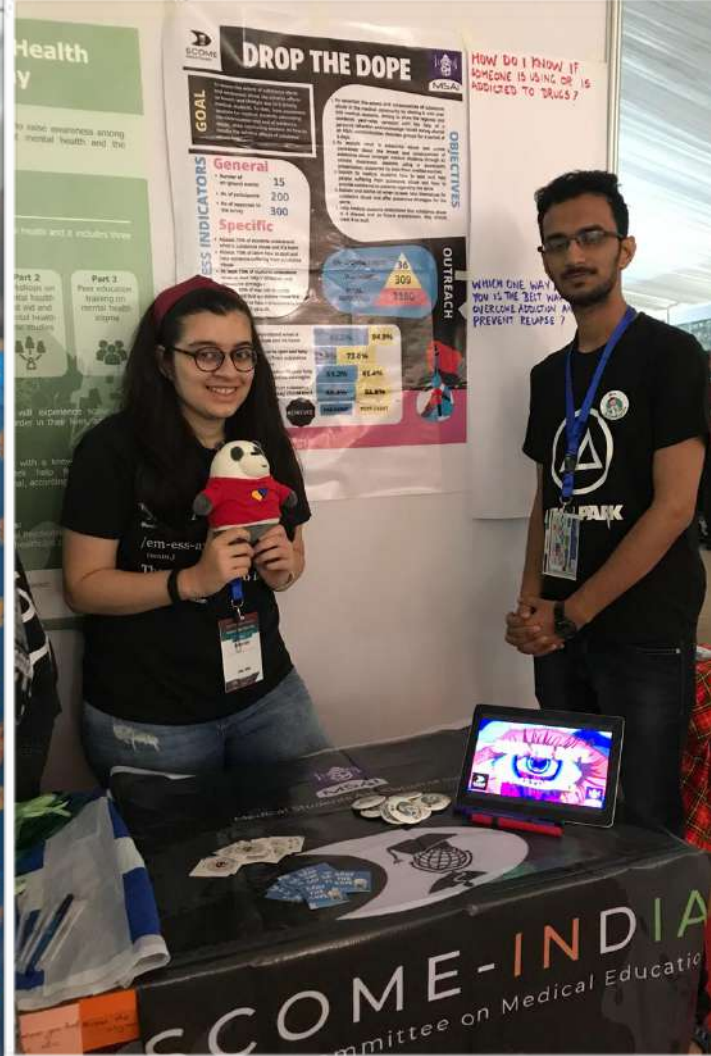
Anushree Burade
Local Exchange Officer 2019-20



One of the best things that has happened to me in this year 2020 was for sure the MM and the amazing delegation, not forgetting the memories that I made back in Rwanda. Meeting new people, exploring new places, getting a chance to look at the situations from others point of view and learning throughout the entire journey while truly living each moment; what else could I ask for?

It was like a belated new year's gift; a gift that has given me a box full of experiences, happiness, bonds, relations; a box that I can always look for when I miss those days. Even indifficult times, I will always think of the best and smile because this journey has just added to the list of things that I should always be grateful for and keep smiling.

Vidisha Maurya
NORP Assist, 2019-20





APRM was my first international external experience. The fact that I was going to represent MSAI on such a big fora, instituted a sense of responsibility mixed with some fear in me. One the first night, in the beautiful city of Hong Kong, the sessions of Pre - APRM started.

I was attending the Public Health Leadership Training (PHLT) Workshop organised under SCOPH Standing Committee. The pre APRM was 3 days long and we had multiple energy packed sessions!

From the 4th day onwards we attended the APRM where I was the part of SCOPH Sessions. The SCOPH sessions of APRM and the SCOPH Workshop of Pre- APRM had a different approach to learning. The workshop had a more people centric approach while the SCOPH sessions of APRM were more topic centric approach. But one thing in common was the enthusiasm of the trainers as well as the participants!

I had presented the SCOPH-India Activity 'Anti- Tobacco Campaign' at the Activities Fair and 'Bony' at the SCOPH Fair. The Indian Delegation set the stage on fire with some Bollywood movies at the Cultural Night. This was a truly unforgettable experience.

Aakash Sethi
Medical College Baroda, Gujarat



ASIA PACIFIC REGIONAL MEETING

Hong Kong 2019

RECOMMENDS...

MOVIES

1. Patch Adams

A must see for all medicos, this movie is based on the true story of a doctor, who insisted on treating his patients with humor! With the evergreen Robin Williams in the lead role, this is a true masterpiece (and also an inspiration for our all time favorite Munnabhai!)

2. Fundamentals of Caring

Muscular dystrophy. Wheel Chair. Paralysis. And trust me when I say it, this is a comedy! Probably one of the most unique and heart warming movies out there about how a caregiver bonds with a disabled teen(who's an actual prick) on an epic road trip!

3. Dear Zindagi

A heartfelt and beautiful movie, that follows the life of an independent yet troubled girl. And as Kaira learns to love life again, with the help of an eccentric yet lovable therapist, so do we!)

4. The Sixth Sense

A chilling ride into the mind of a child who claims to see dead people. If you like psychiatry, this is just the movie for you! Just be warned, everything might not be what it seems...Also, who in their right mind would say no to Bruce Willis..?

5. Split

A true masterpiece by M.Night Shyamalan, the movie delves into the depths of split personality disorder. James McAvoy portrays fantastically a man with 23 personalities, at war amongst themselves, leaving you biting your nails, waiting for the next character to emerge!

SERIES

1. House MD
2. The Good Doctor
3. Scrubs
4. Grey's Anatomy
5. New Amsterdam
6. Code Black
7. E.R.
8. Nurse Jackie
(And for the times when you're absolutely done with medicine...)
9. Seinfeld
10. Sarabhai vs Sarabhai

BOOKS

1. Doctors by Erich Segal
2. The Final Diagnosis by Arthur Hailey
3. Coma/Outbreak by Robin Cook
4. The Lost Symbol by Dan Brown
5. Mountains Beyond Mountains by Tracy Kidder
6. The House of God by Samuel Shem
7. Being Mortal: Medicine and What Matters in the End by Atul Gawande
8. The Soul of Medicine: Tales from the Bedside by Sherwin Nuland
9. When Breath becomes Air by Paul Kalanithi
10. The Man who Mistook his Wife for a Hat and Other Clinical Tales by Oliver Sacks

6. Untouchable

A multiple-award winning French movie, which makes sure to find fun even in suffering, as a quadriplegic Frenchman hires an unconventional caretaker, and they have a riot together!

7. Something the Lord Made

A truly inspiring and moving story about the pioneers of heart surgery for the treatment of 'Blue Babies.' Based on the lives of Dr. Alfred Blalock and Vivien Thomas, who started off as his technician but eventually becomes his research partner!

8. The Island

What if someone were to tell you, that your whole existence was a lie? With the advancements in genetics, how far is too far? In this intriguing and thought provoking thriller, you find yourself rooting for the protagonists as they navigate through the world in an effort to survive!

9. Shutter Island

A dive into the dark recesses of the human mind. A mental asylum. A murder. Shocking twists. An Edge of the seat thriller. And Leo, did I mention Leo? That's Scorsese for you! An absolute masterpiece.

10. The Lake House

To end with, on a lighter note, here's a sweet little movie about a doctor who finds love in the most unexpected way! One of the best romantic movies of all time, this is absolutely worth your 'time' ;)

Exam season must haves-

- Do you need coffee during exams? Only with my oxygen!
- A fully charged phone so you can set enough alarms of course (and to use youtube/ Instagram when you lose hope)
- Stock up on enough Cuppa noodles (who has time to go to the mess?)
- Past papers or Question banks - I mean how else are you going to study?
- Water- Stay hydrated!
- A friend - to check up on your mental health of course
- Badam - To keep your brain sharp and your mom happy!

First years must have-

- Enough latex gloves (Anatomy maybe fun, but it's definitely sticky)
- Dettol Squeezy - for after dissection
- Lancets- you literally have to give M.B.B.S. your blood and sweat (and the tears will come close to exams- so that's covered)
- Netter's Atlas of Anatomy - absolutely must invest in this book. Take our word for it
- A Netflix account - binge all you want now, there's no time later.

Final years must have-

- Unsubscribed to netflix
- Enough coffee and be awake during classes! (You're going to be doctors by the end of the year)
- A regular study schedule (Come on! Your relatives already think you're a doctor, might as well study well now)
- Mom's number on speed dial to call after your case presentation is ripped apart by your unit head
- The mental preparedness to have your life sucked out of you (joking! Or are we?)

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