This issue: Focus on Refugees and Peace
INTERNATIONAL TEAM,
1996-1997

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Volume 2, Issue number 5
◆ IFMSA News

"An African outbreak" could be, the definition to the latest events,, several major meetings organised, by IFMSA, together with the six,, new member organisations from,, Africa, will have a key milestone,, during our 46th GA in Cape,, Town,,

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◆ Short story

During the siege of,, Sarajevo, Mirza,, Muminovic had the,, time to write this,, innocent (?) story,, called Deus ex,, Machina,, See also the surprising,, Christmas holidays,, from a Ugandan,, medical Student in,, Rwanda on our issue,, focus,,

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The President’s Corner

Luisa Brumana (Italy)
IFMSA President 1996-1997

Over the obstacles

This issue of the MSI is, in my opinion, very ambitious: we want to talk about peace... About prevention of, violent conflicts... What a tough topic to discuss!

I’m very proud of my colleagues of SCORP (Standing Committee on Refugee and Peace), who realized the urge of raising the voice of, the medical students about this issue, recognizing that wars are, in fact, a major obstacle, for the “health for all”. Every single human, being could, in principle, agree that peace is, an assumption for a “human” life, and for acceptable health, socioeconomic and psychological life conditions.

But, in reality, many regions of the world are still involved in violent, long-lasting and exhausting conflicts, and I personally feel completely powerless, disgusted and astonished, when I read the newspapers or see the news on TV (and we cannot hope not to find at least one article about violence of any kind.).

For medical students, in any case, there is a role to play: spreading and promoting the culture of peace, minimizing the health effect of, the conflicts after a thorough and deep understanding process of their main causes.

We should have the tools to approach this problem professionally and with humanity, with both common sense and critical sense, and the action that IFMSA, and SCORP in particular, has been taking, is all addressed to this final result.

The workshop on “Medicine and War”, that took place in August 1996 in Hradec Kralové, (Czech Republic), has been very successful, bringing together more than 40 students from 18 different countries with different degrees of experience on this topic, and, in any case, with a great will to learn, understand and share experiences. I would like here to remind as well the strong impact that the work of SCORP is having in the fight against land mines, with the creation of a “survival kit”, with information about it, and a photo exhibition travelling around the world.

You will be reading throughout the magazine, about the concrete steps taken, and the reflections arisen from it, and I hope that you will feel like starting considering this important issue - peace and war - with a totally different insight and approach. And that you will come, you too, to add your voice to our “fight” against the violent conflicts and in favour of Peace.
Human beings do not differ so much on their ambitions, aspirations or goals; beyond physical or historical distances, they have always shared a common vision of reaching one day a united destiny in happiness and harmony.

Most of the times, though, the reality they were living in has made that this legitimate ambitions, since they seemed absolutely unreachable in a normal life-span, were moved to a spiritual environment. Religions have therefore played that role, reassuring that humans will definitely reach one day what they legitimately deserve. Paradise, Heaven, Valhalla, Nirvana... No matter what the name is, it always has the same meaning.

Key landmarks in History have always been those of wars or revolutions, but not the main ones. Western countries count on years passing after Jesus’ birth day (and not Herod’s), and Islam, does ake with a significant date in Mohammed’s life. Despite, it all, Societies still show this way that they prefer reckoning the occasions when a good hope was present.

Getting closer to our current times, one may think that those old dreams are gone for ever. The 20th Century can be reckoned as the times of largest and more indiscriminated bloodshed, suffering and destruction. Nevertheless, it can also be considered as the time of new hopes and opportunities. Scientific advances, progress in communications, have given a chance to the billions of those (until that moment) "silent spectators" of History. A new fresh air is spreading, from South to North, East and West. Unity is possible.

M. L. King is one of the many examples. His dream brings, back again the same ideas written in Isaiah’s book three thou-sand years before: «there will be the day when black children, and white children will play together». Facing the most horrible crimes to humanity, a general answer and a solution has been given: tolerance! Beyond races, beliefs, nations, the global belief that diversity is a rich heritage and not a cause of conflict has now the chance to be shared and spread worldwide.

Future doctors have also joined the Dream. It is obvious to say that War makes people diseased and an insanity itself, so, we therefore have a big responsibility caring for war and its consequences; and, again, prevention is the best combat. IFMSA, has taken an active and unconfounded position: we care for, prevention, we fight against those who try to profit others’ dis-, graces, so we joined the combat against land mines and nuclear, weapons, and we try to give relief to those who suffer most the consequences: refugees and displaced people.

Over the coming issue focus of this magazine you will travel around some of the places where suffering and irrationality is most present nowadays, but also where Hope, and dreams face the challenge and give reasons to believe in solutions. You are welcome to travel with us; some lan- gauge incorrections are kept to show that there is no real barrier to make this possible.

After six years working in IFMSA, I have personally lived that what politicians cannot solve in life is possible in IFMSA. The shared dream of togetherness is made reality in us: when all former Yugoslavs get together for singing at one of our meet- ings, when all Israelis, Lebanese, and Egyptians share a per- formance in our parties. This is the most visible consequence of what IFMSA is doing day by day, to make those dreams come true. Correction: they ARE already true, but not everywhere.

We are only 46 years old. Just give us some more time...
An increase of 300% in one year

I have a project, therefore I exist

During the 45th IFMSA General Assembly held in Prague, Czech Republic, last August 1996, there was a considerable amount of new projects that were presented for adoption. This meant that IFMSA, international team passed from having 4 project co-ordinators in 1996 to 15 this year. An increase of over 300%!

An easy explanation of this could be, in the fact that 45th IFMSA GA beat all previous records in participation, with over 400 delegates from 57 student organisations represented. It could also have been a logical consequence of the steady evolution of an organisation in continuous expansion over the last decade.

There are too many reasons to be optimistic and happy about this, however, the general feeling was rather of concern and caution rather than euphoria.

"To die of success"

Instead of the logical increase of self-esteem, the overall conclusion was to avoid, growth that could conclude in a too bureaucratic organisation, or unable to cope with, their own activities, thus taking to death, because of too much success.

Immediately after the GA finished, during the team building days, some possible actions were discussed, and proposals kept, coming until the Exchange Officers’ Meeting in March. Budapest hosted the starting point of the new project design baselines, within IFMSA, that will be concluded during the next General Assembly.

Major distinctions will be done in future, between long-term planned activities, in the same sense of the current Village Concept, or Refugee Concept, and others we could define as "events", like seminars, workshops, and so on.

A new technical group

IFMSA Standing Committees will play a more active role during the preparations, presentation, adoption of new projects, and a detailed revision and evaluation will be done periodically, in order to assure that committed objectives are fulfilled.

A new technical group will assist future and ongoing projects in order to assure some quality standards. This "project committee" will raise its final recommendations to the General Assembly, in order to adopt or dismiss projects proposed at the different Standing Committees. The participation of experienced project co-ordinators from previous successful experiences, as well as old IFMSA active members with professional experience will ensure this project committee meets the expected results.

Other major actions have been taken through the year in this same direction: An International Seminar was held in Lund (Sweden) in order to review the WHO/IFMSA "Village Concept" at the World Youth Forum of the United Nations System in Vienna, or during our Leadership Training in Budapest.

Final specifications about the role, structure, and functioning of this new technical group will be discussed during the 46th General Assembly, in Cape Town, South Africa, and will get to full operation during the coming year.

IFMSA has an action-oriented vocation since its foundation in 1951. However, illusions coming from our Youth and International committee have to combine and match certain scientific and effectiveness requirements that will ensure steps are taken in the correct path.
Six new members have joined in three years

The «African outbreak»

Traditionally, IFMSA had only, held a symbolic representation of, African Medical Students in, Ghana, Egypt and Sudan. However, since 1994, a considerable, effort has been made in order to, expand in this continent; first, results can already be shown,

Maybe it has been a consequence of, the co-operation agreement signed, between the Federation of African, Medical Students (FAMSA) and IFMSA, maybe it is not. The truth is that during this, 1997 three major IFMSA meetings have, occurred or will take place in Africa.

Together with this, there has been a subsequent participation of African Medical, Students’ Associations in IFMSA: Kenya, joined in 1994, followed in the next two, years by South Africa, Zimbabwe, Tanzania, and Uganda. It is most likely that next August, during the 46th. General Assembly, (GA) in Cape Town, more membership applications will follow,

Workshop in Kenya

As a direct consequence: new projects and, joint activities with FAMSA have flourished, where the major enterprises will be the, Uganda Refugee Project and the new Violence, Concept Project in Zimbabwe. But also, some other events and meetings that for a, long time had been outside this continent, finally moved in: the Standing Committee, on Medical Education organised the 3rd international medical students’ workshop on, the future of Medical Education in Eldoreth, (Kenya), with a substantial financial support, from DANIDA, the Danish International, Development Agency.

Second in time will be the 46th. GA it-, self, during the first two weeks of August,

Technical discussions

The General Assembly, besides being the, supreme decision-making legislative body, of IFMSA, is the opportunity to summarize, the technical discussions that have been held, during the year on a given theme. This year, technical discussions will be concluded at a, workshop on "AIDS/HIV education and cultural issues", immediately before the sessions of the General Assembly get started.

The General Assembly will also serve to, elect the International Team for the period, 1997/1998, and some training sessions will be, held during the meeting, as well as a Team, Building program to facilitate transitions, immediately after the GA is over.

Finally, as a part of the developments of, the Uganda Refugee Project, an International, workshop on Medicine and Human Rights, will be held in Uganda next September.

Care for prevention

Issues already discussed on the previous, year’s technical discussion theme will have, this way their continuity: conflict prevention, nonviolent communication, land mines, consequences and fight for abolition, and, most of it all, violations of Human Rights, on refugee/displaced populations.

1998 will begin with the 4th medical, students congress on the future of Medical, Education in Monterrey, Mexico. Too, early to know, but maybe a first sign that, the IFMSA world tour is moving onto the Americas.....
Dear Friends and «SCORPions»

As the Director of IFMSA’s, Standing Committee on Refugees and Peace, I would like to introduce you to SCORP and its activities. Through the Standing Committee on Refugees and Peace (SCORP), IFMSA has for many years been involved in activities concerning relief work among victims of war.

Activities were planned through the Standing Committee on Refugees (SCOR), that had been established in August 1983. In August 1994 SCOR changed to SCORP by including the issue of PEACE and the Standing Committee on Refugees and Peace was born. From now on not only refugee relief was a concern of IFMSA, but also the role of medical students in conflict prevention and in the promotion of human rights became important topics in SCORP activities.

By including peace activities in the SCORP objectives and appointing an IPPNW liaison officer, IFMSA established also a good relationship with, doctors and students of the International Physicians for the Prevention of Nuclear War, IPPNW.

SCORP aims to relieve the medical effects of war, to prevent conflicts, by advocating for disarmament and, promoting human rights and tolerance and to enhance post-conflict peace-building.

Working for refugee relief SCORP organises projects in refugee camps, in which medical students can participate.

Important projects are at the moment: the Uganda Refugee project, the Sudan Refugee project, the Burma Refugee project and the Yugoslavian Friendship clubs. These projects give medical students the opportunity to be directly confronted to the problems of refugees. Through this experience, they can better understand the real costs of war and help to increase awareness among others about the refugee issue in the today’s world.

People should realise the consequences of war, and become more interested in possible conflict prevention and the promotion of human rights. Violent conflicts are a major obstacle to health in many parts of the world and human rights violations are one of the most important reasons for emerging conflicts.

Health professionals can play an active role in the relief work to help victims of violent conflicts. These efforts, however, are short-term and palliative. More cost-effective and sustainable solutions are based on prevention of violent conflicts.

The IFMSA Medicine and War workshop in August 96 has been an important event in this work and will continue in 1997 with the International workshop on Human Rights, and Medicine in August, Uganda and, the international workshop on Medicine, War and Peace in September, Sarajevo.

Medical students, being future advocates of health, can play an important role in aiming at a more peaceful world.

Most of the SCORP activities are described in this special issue of the Medical Students International.

Enjoy reading and join us in future!! Become a «SCORPion»!!!

Love and Peace,
SCORP activities in The Netherlands and Germany

‘They had to flee, but where do we stand?’ - a workshop on refugees and medical students in the Netherlands. Wars seem to take place far away from our country. Though, also in the Netherlands, we are daily confronted with the consequences of war: the large amounts of refugees coming into our country.

Refugees often have physical and psychological problems, related to the experienced violence, the displacement and their reception in the Netherlands. Since it is very likely that doctors will meet refugees in their practice, it is of great importance for them to know about the refugee-problems. That is why we organized a workshop on refugees and the health care system from Friday the 18th till Sunday the 20th of April 1997.

Twenty-five medical students from different Universities, a refugee from Iran and a representative of the Dutch affiliate of IPPNW attended our workshop; a very motivated and enthusiastic group... Through lectures, role-plays and discussions, we learned about the problems of refugees in our country and about ways in which medical students and doctors can contribute to the amelioration of the situation of refugees.

Lectures and information were given by representatives of Amnesty International, the Johannes Wier Stichting (the Dutch affiliate of Physicians for Human Rights), Vluchtelingenwerk (an organisation helping refugees in the Netherlands), Pharos (doctors helping refugees), by a doctor who works in a refugee-centre and by a refugee from Afghanistan.

Dutch Medical Students at one of their SCORP meetings.

A "refugee Doctor"R

Highlights during the weekend were the ‘asylum-seeking role play’ and the forum discussion, on Sunday. The play with four refugee-roles and four country-roles demonstrated the vulnerability and dependency of the refugee and the enormous power, indifference and self-interest of the countries where they ask for asylum. Especially, the presence of the refugee from Iran, who is still in the humiliating asylum-seeking process, himself, made this play very serious. On Sunday, we held a forum discussion, preceded by lectures of representatives of various organisations and institutions. What impressed us most of all, was the lecture from a refugee-doctor from Afghanistan.

He read from his own book, which tells about the life of a refugee. These personal stories really helped us realize how urgent action is needed, to create a better life for refugees in our country.

The weekend was very successful and will hopefully lead to many activities in future. At the moment we plan a lecture/film series, about refugees, human rights and conflict prevention, which will take place during this autumn.

Activities in Germany

The second rotation of the Uganda Refugee Project is to be starting on the 8th of March. Participants mainly from Uganda and Africa are going to focus especially on the health problems in the camps now as the only medical assistant has been put to another place. The refugee number has increased now because of the influx from Zaire. Orientation week will be held first at Mbarara University and then the 4 weeks in the camps ORUKINGA and NAKIVALE will follow. We as the international counterpart have printed posters and T-shirts which we sell, for 10$ each. Material costs are covered and...
the rest will support African participants and, the local organising committee. Slide shows, are made in quite all of the universities in, Germany and a new booklet with the reports, will be finished by the GA.

**Research in Freiburg**

We are trying to find out in which circum-
stances the refugees and asylum seekers are, living in Germany. It focuses on the health, and nutrition aspects of the refugees, how, they are taken care about by the German, government, how their living conditions are, and how they are integrated in every day life, in Germany. A really professional study and, results will be very useful for future SCORP, activities in Germany.

**Nonviolent communication seminar in June**

Last year during the workshop on Medi-, cine and War we got in contact with Pascale, Molho, who is a very active facilitator of, non violent communication. With her exam- ples of Jakkel and Giraffe language/ears she, managed to convince us in a very short time, that communication can be improved. This., avoids misunderstandings between people, and also between doctor and patient. For one, weekend we will have the great opportunity, to learn from her and train ourselves and our, fellow students in nonviolent communica- tion..

At the weekend 13th-15th of June the “AG, Internationales” of the “Fachtagung Medi-, zin” presented a Workshop on Nonviolent, Communication at Frankfurt/Main.

On Friday 13th a group of 10 students, came together to learn something about the, special technique of nonviolent communi- cation at the pre-GA Workshop on, Medicine and War in August 96 in Hradec, Kralové (Czech Republic), had travelled all, the way from Paris for that weekend...

First she gave us an introduction to this, kind of communication...

The principles are to be sure about what, is contributing or not contributing to our, personal wellbeing in every situation; fur-, there more to be conscious about our personal, feelings and needs. Everything we wish a., person to do results from these feelings and, needs. The next step is to tell the person, about those feelings and needs before to tell,, him or her what we would like him or her to, do. We form this as a request so that the per-, son still has the possibility to say yes or no,, for the case that his/her needs don’t match,, with ours...

The other way round is to listen empiri- cally, e.g. to listen to another person’s words,, without hearing any blame, but to see the,, underlying observations, feelings and needs,, that made the person say that,..

The symbolizing animal of nonviolent, communication is the giraffe. It’s one of the,, most peaceful animals and because of its,, long neck it overviews,, everything. Corresponding to this the gi-, raffe language uses compassion as motiva-, tion for action instead of feelings of guilt,, shame or fear,..

At this workshop we wanted to learn and,, practise the giraffe language and to put it at,, the place of the commonly used jakkal lan- guage using personal judgement, demand,, and blame against ourselves and others. Our,, practice consisted in writing down recent,, situations of conflict in our life and to re-, play them with Pascale’s puppets and giraffe,, and jakkal ears. Through playing we learned,, how to express our feelings and needs while,, understanding those of another person,..

Speaking about personal conflicts and,, working together at the establishment of a,, new kind of communication built up a trust-, ful relationship between the members of the,, workshop, which made it easy to talk about,, our feelings and needs like giraffes do,..

At the end of the workshop we had to ask,, ourselves how far it would be possible to,

follow the principles of nonviolent commu- nication in normal life. Still we are at the,, very beginning of a long way of practice of,, the technique of nonviolent communication,, for which it is necessary to distinguish be-, tween our own needs and those of others and,, to be absolutely honest when thinking about,, their importance,..

**Land mine exhibition in July**

The land mine exhibition will be opened,, on July, 5th 1997 in Berlin by a workshop,, on the issue of land mines. Lectures will be,, given on the following topics: medical and,, health consequences of land mine injuries,, history of land mine contracts/Geneva con- ventions, production and export of land,, mines-the economic point of view, experi- ences of a soldier. In the end an over all dis-, cussion will follow. The next weeks the ex- hibition will be presented in Berlin as well,, as in many other cities of Germany. This will,, be possible with the help of different organi-, sations who are already working on the land,, mine problem within Germany.
Aid in Conflicts Draws Crowds

Over 100 students attended the latest MEDACT student conference, held at the University College London medical Students' Union on March 8.

Realising that medical students and other young health professionals often see their primary role in the humanitarian field as being providers of emergency assistance in disaster situations, the conference set out to pose series of dilemmas about aid work in complex emergencies: what kind of medical interventions are the correct responses to these types of situations? Should we intervene in the affairs of other countries? Should we really be concentrating our efforts on preventing conflict, from occurring in the first place?

Three plenary session speakers set out to address these fundamental questions. Marlene Barrett from Amnesty International outlined the horror and extent of the international arms trade, a major impetus to conflict worldwide. She talked about the disregard for domestic and international law on the part of arms manufacturers and governments, which is currently allowing arms trade space to flourish.

Graphically illustrating her talks with slides showing instruments of torture and crowd control (leg irons, electroshock, barons and electrified barbed-wire and girdles, Barrett brought home the need for health professionals to campaign against the deadly trade.

Drawing on her own experiences in Somalia and elsewhere, Beverley Collin, a nurse who had worked with Médecines sans Frontières, looked at the dilemmas that face aid workers and aid agencies in the context of emergency situations. Faced with the most appalling crises aid agencies must still keep a clear view of the political situation and prevent themselves from being dragged into local and international politics. In the dreadful reality of war-torn Somalia, agencies were confronted with difficult choices in the face of a complex political situation, and their workers on the ground were also faced with questions around issues of security, legitimacy and advocacy.

Keep goals in mind

Beverley concluded that aid workers, and agencies always needed to keep well informed and be watchful about the context in which the aid is being given. The final speaker of the morning session, Bonaventure Rotinwa, Coordinator of the centre for study of forced migration at the University of Dar Es Salaam, and currently completing his PhD. at the Oxford University’s Refugee Studies Program, talked about the dreadful situation of the world’s refugee population, and the possible responses to it. Emphasising the need for long-term solutions to problems brought about by conflict, he was critical of the responses of some aid agencies to African crises; agencies needed to keep humanitarian goals firmly in mind, and also be aware of other broader global questions which affected the refugee situation, such as worldwide economic trends, and policies.

The afternoon session was packed with seminars on all aspects of aid and conflict. Practical initiatives were also emphasised, and there was much discussion on how students could help refugees in both Britain and the former Yugoslavia. Conference participants were given important insights into working in conflict and post-conflict situations.

The MEDACT student group now hopes to go from strength to strength and setting up a network for conference participants who want to stay in touch and learn about these issues raised by the meeting.
Medical treatment in the Kurd refugee camps in Greece


Every Greek medical student knows very well that HELMSIC, the, Hellenic Medical Students’ International Committee, is maybe the most, active students’ group in Greek Universities,.

During the first days the population of the, camp was increasing rapidly. In the beginning, there were about 300 people but after two weeks, the number became over 1200,,

Beyond medical dutiesR

Most of them were Kurds but there were also,, Armenians and Iraqis who left their countries, because of the war to seek for a better life in Europe. The health problems those people suffered from, were mainly skin parasitoses, respiratory systems’ infections and malnutrition. A,, lot of them suffered from chronic diseases such,, as diabetes mellitus, cardiopathies and lupus erythematosus. We also had to face emergencies,, giving first aid and taking patients to Athens’, hospitals,,

Beyond our medical duties in camp’s clinic,, HELMSIC members were active also in organising affairs. We were the connection between,, the refugees and the authorities, arranging the,, food distribution,, as well as clothing,, donations from,, people that were,, close to the pain of,, those who had,, walked 4000 km,, bare foot seeking,, for a better life,. The vaccination,, program was a,, purely HelMSIC,, project,. Until now, most,, of the encountered,, problems have,. been given a solution and our presence there has,, been part of our daily routine. In addition, the,, vice-president of the DOCTORS OF THE WORLD strongly thanked us for our contribu- tion, and offered HelMSIC the opportunity to,, man with students the organization’s multi-clinic,, in the centre of Athens, which serves free of,, charge undeservedly suffering people. There are,, about 30 students that in a daily basis help in that,, clinic. We also take part in the two (2) mobile,, units that drive to the poor neighbourhoods of,, Athens and the stamping-grounds of drug ad,, dictioned people, exchanging used needles with,, sterilized ones, and giving first aid. And that is,, only the beginning,,

As students of medicine we have the privi-, lege and the obligation to help other people when,, suffer. In HelMSIC we understand that we are,,, not complete doctors yet, can do to help, even if,, it is very small, it is our pleasure to be done. We,, will try to continue this cooperation with Doc- tors of the World, and, if possible, to expand this,, in other fields, because, as Hippocrates said some,, time ago “Man is the measurement for every-,, thing”,,,

“AGIOS ANDREAS (St. Andrew)” CAMP
East Attica 30 km far from the centre of Athens,, Settlement of Curd refugees the Iraqi province,, of Kurdistan,
Christmas in Rwanda

Ever since the Rwanda genocide I, have always been wanting to go, there and see for myself, what is it, like!

For my Christmas Vacation, December, 1996 thus I decided I would go to, Rwanda. I arranged to stay with a, classmate of mine who comes from Rwanda.

Christmas time is a busy period, everybody is, like leaving Kampala. I guess for a much more, fresh atmosphere in the country side. At this time, all routes out of Kampala are very busy. So early, in the morning of 23rd Dec. 1997, I got into the, third bus to Kigali that day. Having missed the, first two. The bus quickly filled and by 7:30 am, we set off for Kigali.

It is such an experience watching the country-, side of western Uganda. The landscape for most, is a pleasant green scenery. Interposed by undu-
lating hills. This takes you through Mbarara town,, the home town of the president and the beautiful,, hilly border town Kabale.

This hilly nature is the pattern of the Rwandan,, countryside. Hills and valleys interspersed with,, mostly eucalyptus trees. You can see from the,, road signposts on which are written names of,, the communes. In Rwanda the people live in,, communes which are collection of several house-,, holds. I guess because of the very good relation-,, ship between Uganda and Rwanda, cross-bor-
der formalities are quite less fussy and easy.,

An endless march

Driving through the countryside of Rwanda, and from the interaction I had with the Rwandese,, in the five days of my stay was such an experi-
ence! As you drive by you can evidently see signs,, of war. The roadside is littered by houses with,, bombed roofs. Fortunately, the road looks all,, right. You don’t see and feel potholes on the road,, In fact the roads in Uganda are even worse! The,, very first awesome experience I witnessed were,, the streams of returning Hutu refugees who were,, coming back from Tanzania at that time.,

It was a sight! It was like a military march.,

You could see little groups, presumably of fami-,, lies, at front would be women and children, fol-,\nlowed by men. The jolt in my mine was that,, of them was only carrying a little bundle on,, their heads wrapped in polythene paper. That is,, their only worldly possession!,

Fled for rescue

I really could not figure out how they would,, start a life with that amount of possession. In,, short, they had nothing! Along the road you could,, see groups of villagers, presumably Tutsi stand-,, ing watching these Hutus pass-by. They were,, not talking to them. What was peculiar was the,, impressive bowed heads of the Hutus as they,, walked. I could not then tell whether it was be-,, cause of the stress of the long trek or some other,, reason. I made this observation to some one in,, Kigali and his thought was that the Hutus were,, feeling ashamed of the genocide they had done.,

A captain in the army I talked to had such a,, horrorful story. He says he was living in Canada,, as a refugee. His life was comfortable. When,, the genocide started, he decided he would join,, the RPF (Rwanda Patriotic Force, the govern-,, ment now in power) so that he would come to,, rescue his relatives who were in Rwanda. When,, they reached the commune where his relatives,, were living in, he was horrified by what they,, found.,

All his relatives had been hacked to death!,, Only one was alive. Even that, one of her legs,, had been cut off! Now the questions that he had,, were: what had he achieved by fighting and yet,, he had failed save his relatives? What had he,, achieved by sacrificing his life? What was he,, supposed to do now? He has a gun now.,

How was he expected to work and live to,, together with the returning refugees, the same peo-,, ple who had killed his relatives. The very people,, whom he had fought at the front line! He says he,, is in a dilemma. So I asked him well what was,, he going to do? He said the impulse is to re-,, venge. However, what would he achieve by that?,, What then will be the difference between him,, and the Hutu who had killed his relatives? He,, did not want to be the same as them.,

Hard to avoid revenge

Although he has decided not to revenge his,, relatives till his death he says he will be tormented,, psychologically. Another army man I talked to,, had a different experience. When they overran,, Kigali, there was no one in the town. The Hutus,, had run away to exile and the Tutsi had either,, been killed or the lucky few had run to the bushes, and only returned after Kigali had fallen to the,, RPF. So they occupied the available houses.,
However, when the Hutus started returning, the government decided that the returnees would claim back their houses. Then the present occupant would be given a week’s notice to vacate the house. He was a victim of that policy. Now his dilemma is why does he have to leave that house for a murderer? I was also told stories of how the genocide was carried out. For a Hutu person married to a Tutsi, you had to begin the cleansing right in your home. You would first, hacked to death your spouse and then go to your neighbours who were Tutsi. A Hutu who did not do this was considered a moderate and then his friends would kill him also. The most shocking story of all was that in, Butare University, 150 Tutsi lecturers and, teaching assistants were butchered to death, by fellow Hutu lecturers!!! A University lecturer killing a colleague! How and WHY??!!. What is the appropriate justification??! The, other touching story is that when the Hutus are being tried in court when asked whether he pleaded guilty to committing genocide, some have given responses such as: “But I ONLY killed a hundred Tutsis!!!! It is such a sad experience listening to all kind of horrifying stories being told by the survivors of the genocide. One of the common sights in Kigali now is people walking along the street, in crutches. Without a leg or an arm. They, are the survivors of the genocide. My observations were: It is hard to imagine the kind of relationship the Tutsis will have with the returning Hutus in a very long time. There, is so much psychological trauma with the, people who were either victims of the genocide or who were the perpetrators. Rwanda needs very special attention. There is too much psychological stress. By Patrick Okello, IPPNW medical student from Uganda.

Rwanda - From a Ugandan student’s point of view

So much has been said about the Rwandan Genocide and the apparently eternal conflict between the Hutus and the Tutsis, peoples of Rwanda. The media has presented and discussed the events as they wanted to or as they were influenced by one or the other party. This has led to the misunderstanding of the Rwandan problem by citizens of the developed countries.

This account is based on what we, Ugandan students who have interacted with Tutsi refugees in Uganda, before the 1994 genocide and Hutu refugees, in Uganda after the 1994 genocide. In the media the conflict is portrayed as being between two different ethnic groups. However, the Rwandan peoples Hutus and Tutsis speak the same language and have the same culture and tradition.

This qualifies them to be of the same ethnic group. For a very long time Tutsis, who, cattle keepers acting as the ruling class while, the Hutus, who are agriculturalists were the subjects. During the late fifties and early sixties, a civil war in which several Tutsis were killed by the Hutus and the rest thrown out of the country to Zaire, Uganda and Tanzania.

The hatred which steamed mainly from this, genocide has been passed on down the generations. In order to be able to take the power again the resolved to give back as many children as possible to replenish their numbers.
In Uganda today, 30 years later the Hutu refugees are doing the same thing. The Tutsis invaded their country in 1991 and after three years of fighting took governance ending with two months of genocide.

Long time planned

The invasion of the Tutsi refugees into their country was led by Tutsis who have been in the Ugandan Army and about our point of view the Ugandan government supported the Tutsi led RPF after they already had invaded Rwanda. But still it was obvious that the Ugandan government had no intention of taking over Rwanda and had, been ignorant of the plan of invasion. The RPF was strongly supported by Tutsis all over the world. Zairean Tutsis helped in the fighting while Rwandese Tutsis who had fled in the early sixties had managed to become very prosperous, especially those in Uganda and the western world.

They played a big role in funding the war. Thousands of Hutus have now taken refuge in the Ugandan refugee camps that were formerly inhabited by their Tutsi counterparts. The 1994 genocide had been planned over a long time after the RPF had invaded Rwanda, in 1991. This was by the government and the Hutu extremists and society. It is important to note that many Hutus did not participate in the killings. After their assassination of the then Rwandan president (Juvenal Habyarimana) the plan was set into action. The mass media and the inherited hatred were key instruments in stirring up the hatred and fertilised the ground for the massacre.

From the beginning

Right from the colonial days they had been segregated by having identity cars that pointed out whether you are Hutu or Tutsi. These together with physical appearance were used at this time to identify those to be killed. Both Tutsis and Hutu sympathising Hutus were killed. These massacre was the culmination of decades of hatred. When the RPF came into power some soldiers in search for revenge did kill Hutu civilians but this would pale when compared to the genocide.

Some of the bodies that were shown to the international community to be claimed to be Hutus were actually killed Tutsis. The work of the international community in providing relief for refugees and setting the country back into motion was appreciated. But we wonder why the UN was so quiet about the late fifties genocide in Rwanda and the Tutsi expulsion from Rwanda and yet they made a lot of noise about the RPF invasion and the Hutu refugee problem.

Peace efforts

We think that the UN should have supported the Tutsis in their efforts to get into their country peacefully. This would have avoided the war and probably the genocide. In working with the Hutu refugees in Ugandan camps today we have unfortunately found that there is still harbour a lot of hatred for the Tutsis and we are worried a day will come when they too will invade the country. When will this vicious cycle brake? What is our role as medical students in this sowing of peace seeds in the hearts of the Rwandan people?

We think we should get rather involved in the refugee and peace campaign of the IFMSA and FAMSA. In doing this we are given an opportunity in coming in closer contact with the refugees. Hopefully by interacting and counselling them we will be able to change some of the deep seated prejudices against each other. We hope that the International Community will stop fuelling these prejudices and hatred by playing the Tutsis against the Hutus and vice versa and constantly pointing out that they have to be different and they can never work and live together.

We encourage international medical students to come and participate in the Uganda Refugee Project rotations in order to be able to interact with these refugees and understand the Rwandan problem as an example of causes of civil war all over the world. This will enable them to play a positive role in creating peace through addressing their experiences to different fora back in their home countries. Maybe this will have impact on refugee and peace policy making in the future!
It was a war night in a small town, surrounded by hills. War, that, enemy of every kind of life, was, already several months old.

Severe fighting was in effect on, the hills and there weren't any, lights in the streets. All around, was dense darkness. The darkness, would be broken just momentarily, by the light of heavy explosions,

ven the Moon was a little frightened, peeping out behind the clouds. And, the clouds rushed to come by some, quiet place in the dark sky. Hardly a living, soul could be seen. Just occasional shadows, would rush over pavement to disappear in, the dark of a secondary street. The dark was, hardly broken by poor lights peeping through, small windows of cellars. Only through the, ones that weren’t blocked by sandbags...

The people found relative safety there, a, few meters below. It was warm night out, side, but cold and wet one for all the people, in cellars. I was in such a cellar, together, with several neighbours...

Our building was quite old. Each rain, would give a contribution to demolition of, its beautiful facade. Anyway, the building, was solid, which was the most important...

Its cellar was in similar situation. The walls, were of dilapidated bricks. The dusty cellar, was of several meters long corridor with, three rooms on its right side. Old wooden-, latticed doors were at each entrance. All that, reminded me of some ancient catacombs. As, the light of single bulb was quite poor, I won-, dered if there were some ancient skulls and, bones somewhere in the dark. Two arm-, chairs, two couches and a table were placed, in the corridor, that seemed a bit safer than, the rooms, to achieve a minimum of com-,
for them. The only school was war in which, adults were becoming barbarians of their, own future. Unfortunately, also of their kids’ one. With my eyes half open and half dream-ing, I listened to their voices. “Are you scared?” Father asked. “A little” boy re sponded, and added “Daddy, tell me some story. Please.”. And so, father started: “Once, upon a time, there was a faraway sea island. A big island with plenty of natural beauties, from wonderful coast to high mountains, embellished with dense green forests. Several thousand men, women and children were mostly settled in a coast town. They were neither poor nor rich but most of all - happy, with their life. They were especially proud of the sea as the majority of them devoted, their life to fishing. A big Gull, their guard-ian angel, would fly over their fishing boats, crying joyfully. So the island was named ‘Fishland’. The life was a harmony and all of them lived happily. But one day, a mysteri-ous Stranger appeared in peaceful Fishland. He began to move about and ask some questions. Fishlanders kindly answered all his questions but there was a question without answer - “What is your favourite fish?”.

Fish are fish

At the main town square, many Fishlanders, both old and young, were discus-sing with the Stranger. “Is it possible that nobody can tell me what your favourite fish is?” Stranger asked. A long silence followed, with no response when finally someone interrupted it: “There isn’t a favourite fish for us. Fish is fish, no matter what look, size or name.”. “But it is impossible! You must have, your favourite fish! It’s stupid to adore fish, and not to have a favourite one!” Stranger, tried to assure them “So you must find out, just one type of fish to be the favourite fish, of Fishland”. “But how can we find out, that?” A shy question followed. “It’s very easy - make a ballot! So everyone will have, to make up his mind for only one fish from the ballot paper.” Stranger responded convinc- ing and continued “After you add up all your votes, you’ll get one fish with the ma-jority of your votes. It will be the favourite fish of Fishland”. At the end, Stranger said, “That is all from me. Now I am leaving but, I’ll return to hear about your favourite fish”...

Basketball Court at the Faculty of Forestry

I’ll return to hear about your favourite fish”...

First contest

Madness of the primary contest spread all over Fishland. Both at home and in the streets, both, in harbour and on the sea, everyone was talking, about sardine, herring and tuna. Even some fish, songs were resounding from local pubs. Soon, the whole town was overflowed with fish post-ers that could be found everywhere, often one, over another. More and more people devoted their time to the fan clubs while their real job was, slowly neglected. Few fishing boats would leave, harbour, factories reduced production, the whole economy was on its knees. But who cared? The, most important was to get - the favourite fish of Fishland! Finally, the big day of ballot arrived. Early morning found Fishlanders at their ballot places. Although there were several fish listed, on ballot papers, the votes were devoted to sar-, dine, herring and tuna. Till early afternoon the whole population fulfilled their right to vote. At three places ballot had to be repeated because of cheating by all three clubs. As it was done, everyone hardly waited for the next day, for the final results. But tomorrow, a huge surprise waited, for them. It was announced that there wasn’t the winner as the result was a draw! A third of votes, for each fish. Soon, rumours about the results started by each fish supporter group. As the ru-mours became larger, the clubs agreed to repeat, the whole ballot in a week. Poor consolation for everyone as that week was a week of conflicts, and dissension among Sardiners, Herringers and, Tunans, formerly Fishlanders. Mutual char ges, grew larger, old friendships broke, even old loves... The people became enemies to each other, dis-trust started to grow with frequent quarrels. In such atmosphere, the new ballot was received. Dawn brought fresh painted words on the walls, “Sardine stinks”, “Herring is disgusting”, “Horrible tuna”... Not much better situation even at the ballot places. Permanent quarrels threatened, to become a real physical conflict. Unfortunately, that was exactly what followed. Disturbing ru-mours, that a ballot box was destroyed at one, place and many false ballot papers were found.

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at other, spread like wild fire. Within minutes, the whole town was boiling. Quarrels were transformed into fights, and rumours continued.

Sad Gull made several circles over the town, cried out and flew away. One after another, barricades were raised throughout the town. That was how the town spent the longest and saddest night in Fishland ever. A new oddest day finally dawned. The streets were empty and silent, as if the town was abandoned. But no! There, on the barricades, were the divided people of Fishland, on permanent alert, each expecting an attack from the others. The others were their outgoing friends, colleagues, relatives; ongoing enemies. Was that possible what was going on to all of them?

**How to divide the Sea?**

Unfortunately, yes. The morning was quiet. The people on the barricades thought about the whole situation; about the divided town, about many other divisions... What was next? Dividing of the sea maybe!? How to divide the sea, its waves, shells, pebbles... And its fish...!? Crazy! Even the Gull, their guardian angel, left them. About noon, there came the news - a big fight was going on at the main square. Everyone rushed to the place of conflict, to join the fight, to fight the enemies. For the favourite fish! At the square, horrible scenes of human madness were waiting for everyone. A few thousand, mostly men, were fiercely fighting. Besides fists, everything that was near at hand was used in the fight. Mostly boxes full of fish from surrounding battered fishmonger’s shops. Sardines, herrings, tunas and other fish were thrown off in all directions. Before long, the pavement was covered with fish while the fighting continued. Black eyes, broken noses, bruises and so on was the picture of the people in the square. There, below their feet, were their favourite fish, sardines, herrings, tuna and others; kneaded, trampled down, wrecked... But nobody paid attention to the fish. The fight was on. To the last breath. Against the enemy. For the favourite fish! All of a sudden, a strange sound came from the sky. As it became louder, the fighting slowed down. More and more people looked up, to the sky. “What is that? What is that strange sound?” Everyone wondered. “Look!”, somebody exclaimed, “It is our Gull!”. 

**Deus ex machina**

Really, there in the lovely bright blue sky was their Gull, white and beautiful more than ever. “Yes, it is our Gull but who is that behind?” A question followed. Behind the Gull, it was - Deus ex machina.” “Daddy,” boy interrupted the story “What is Deus ex machina?” . “Deus ex machina”, father said and caressed his boy’s head, “is an expression for appearing of God on the scene, to resolve a hopeless situation. Is it all right now?”. “Yes, daddy.” Boy said contentedly . “Deus ex machina was standing on an air platform that was approaching. The gigantic figure of Deus, in white togs, inspired great respect. The people were amazed by the sight. When it approached the square, it stopped in the air several meters above, in sight of everyone. "Look at you!" Deus shouted “Look what you have done with your life! You ruined it completely! And because of what? Because of the favourite fish of Fishland? What a stupidity! And where is Stranger now? Probably sowing the seeds of discord in some other country. It is the devil himself. How naive you were...”. Deus severely looked at them “Fortunately, thanks to your Gull who flew a long way to call me, it is all over now. So, hug each other and go home in peace! Make your life happy and beautiful again! Will you?" Deus asked. “We will!” Fishlanders responded cheerfully. “I did not hear you so well. Will you?" Deus asked again. “YES, WE WILL !!!” all responded more loudly. Even the Gull cried out joyfully for a few times, circling over the square.

Deus ex machina went away, probably to resolve similar situation elsewhere. Fishlanders went back to their occupations and soon forgot the days of discord. And so they lived happily as before.” “Nice story” boy said. “I wish Deus ex machina came to resolve this situation of ours.”. “My boy, it is just a fairy tale. Reality is so cruel.” Father responded. I liked the story too. With my eyes closed, I imagined that world from the tale when I suddenly heard a strange sound becoming louder. “Deus ex machina?” I wondered. The answer came quickly, within a second, in a form of loud explosion in front of our building. That sound immediately returned me in sad reality to our dusty cellar and I heard the well-known prophetic voice: “We will all get killed!”. 

Mirza Muminovic Sarajevo, July - August 1995. 
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Wilson’s Alley: from lovers’ walk to front line.

Twin Towers at Sarajevo’s «Snipers’ Alley».
At the GA in 1994 IFMSA made a statement against the production, trade and use of anti-personal mines. That was when the idea to make an exhibition about land mines was born. The exhibition was created by a girl in Egypt (a country in which land mine production is a very infected issue) and the opening ceremony in Alexandria was a great event with a lot of media attention.

At that time the exhibition included provocative photographs of mines and victims, information folders and paintings made by art students in Alexandria. Later the exhibition would leave Egypt for Norway and then travel to Yugoslavia where some pictures were added. You could see parts of the exhibition at the IFMSA Exchange Officers’ Meeting in Budapest.

Unfortunately, parts of the exhibition were lost somewhere between the airport of Budapest and Stockholm, so the land mine tour had to be put out of schedule. But the work is still going on trying to make an even better one. There is a great “Land mine Advocacy & Information Kit” made in Norway, which contains advice on how to approach a newspaper (sample letters to editor of newspaper and sample article for magazines).

It also contains information about countries producing land mines, the effect and cost of mines, hints on how to make an artificial land mine exhibition, good ideas for funds raising and a great deal of other interesting topics useful for the struggle against anti-personal mines. Making an artificial land minefield, blocking part of a street, putting up danger signs, preventing people to reach their goal makes them react.

SCORP video for sale:

Starring Mirza Muminovic (BoHeMSA president), Melisa Okicic and their vice-dean Osman Sinanovic about their students lives during the war. 20 minutes of breathless stories and impressions of Tuzla.

For 10 dollars only!!!

Please tell me if you would like to have a copy!!!!!!
Syphilis, Pestis and the Spanish Lady

Through history war and health have not only crossed roads innumerable times. They have actually been walking hand in hand along the same road, as war’s way of achieving goals goes through inflicting bad health on opponents. Also outbreaks of infections disease is a faithful follower in war’s footsteps.

In modern times doctors and humanitarian aid agencies have appeared further down the road. There are many interesting ways in which war have helped spread disease and death.

From a long list I would like to mention a few examples of how war indirectly has affected health by facilitating the spread of disease.

The Christian disease

In 1493 there came a ship back from a newly found continent. It was the Niña, carrying Columbus and his crew back from the West Indian islands, and a small organism not earlier known in Europe, the Treponema pallidum. Within one year it had spread to Naples, in time to welcome the invading French army, largely consisting of mercenaries. Within a year the conflict ended and the not very prudish mercenaries dispersed all over Europe. In their not very hygienic medieval loins they carried syphilis to the whole continent. The French called it “the Neapolitan disease”, the Neapolitans called it “the Spanish disease”, the Turks called it “the Christian disease”. An epidemic of early syphilis occurred in many countries during and immediately after Second World War. Unfortunately there was a rise again between 1965 and 1975, helping defenders of a strong army to argue that the hippie slogan of Peace & Love was also bad for health.

Biological war

The Genoese colony Caffa in Crimea was under siege by the Tartars in 1346. The perhaps first example of organised biological warfare occurred when the Tartars constructed catapults and started to shoot plague ridden corpses into the city. The defenders immediately gave up and took to the sea in their galleys, and rowed for safety back home to Genoa, only to spread the disease. The conflict with the Tartars thereby helped the quick spread of the Black Death to Europe, responsible for the death of every third person in a few years.

Influenza

At a farm in Iowa, USA in 1918 there were an outbreak of swine fever, and an influenza-like disease started to spread from the farm. It was carried aboard a US army ship to Europe where it found a poor and devastated continent in a terrible hygienic state at the end of the First World War. Known as the “Blitzkatarrh”, “The Flanders Grippe”, and through the infection of the Spanish King, the Spanish Lady”, it affected primarily young people, killing millions of Europeans, and possible 40 million worldwide.

By Kurt Hanevik, Norway.
Guidelines for IFMSA/FAMSA refugee projects

The Refugee Concept Project (RCP) is an organisational proposal for projects of the Standing Committee on Refugees and Peace of the International Federation of Medical Students' Associations (all regional offices are addressed by this as well). It is supposed to be a structure for projects in refugee/displaced person camps in different parts of the world run by medical students.

Refugee Project either deals with refugees in transitory/settlement camps or with displaced people within their own country. According to this a Refugee Concept Project includes more or less developmental objectives and sustainability can be achieved to a different extent.

In a Refugee Concept Project (RCP) students try to meet the different needs which are important for the everyday life of refugees/displaced persons, i.e. health, nutrition, education, economics, agriculture and last but not least understanding of a refugee/displaced person's situation.

A Refugee Concept Project is aimed at promoting a culture of peace, observation of human rights and the prevention of war.

Objectives of a Refugee Project

1. The General Objective of the RCP shall be to promote: 1.1 Health care delivery (Definition of the WHO) in the camp. That means either to provide relief work (needed medical supplies, food and shelter) in transit/settlement refugee camps or sustainable structures for health care delivery and development in settlement camps of displaced persons through intersectorial teamwork. 1.2 Public sensitisation about the global refugee problem, i.e. through the voice of participating students (publishing their experiences) 1.3 International understanding of the refugee problem through active participation of students from all over the world. 1.4 A culture of peace by making the participants more sensitive about the basis for the development of conflicts/wars and their consequences.

2. Specific Objectives: These will be the means through which the general objectives will be put into concrete terms according to the special circumstances in the camps. The specific objectives are related to several groups such as children, adults, women and men or subjects as sanitation, food and water supply (concept of Primary Health Care and Community Based Health Care) 2.1 Provision of Primary Health Care facilities in the refugee/displaced person's community. 2.2 Providing education for children and adults. 2.3 Observation of human rights in the camps. 2.4 Promotion of developmental initiatives, creativity, self-reliance and responsibility among the refugees/displaced persons. 2.5 Promote conflict coping strategies for the refugees/displaced persons. 2.6 Participation in and support of all developmental initiatives originating from the refugees/displaced persons by national and international students and NGO members. 2.7 Improving social and cultural structures in the camp. 2.8 Promoting knowledge of the participants concerning fieldwork (and perhaps research).

Organisation

A continuous evaluation of the RP has to be done by both the Local OC and the International Organising Committees. 3.2 Fund raising has to be done on national and international level according to specific objectives (i.e. for building latrines, health centres, and other necessary investments). Income generating activities in the refugee/displaced persons community should be promoted, if possible. The income of the community should then contribute to the projects' investments. 3.3 Exchange of information and experiences with qualified people and other NGOs/IGO's/IFMSA/FAMSA projects is advised.

Tasks of the LOC: 3.4 The LOC has to carry out a baseline survey as a preliminary for acceptance of the project. 3.5 The LOC is responsible for the local organisation of the project. This will include a) local planning. b) elaboration and implementation of the plan of action together with IOC and authorities in the camps. c) Taking care of foreign participating students in terms of accommodation and feeding, transport from airport to the camps, preparation of the participants (workshop, period in a local hospital, pre-reading material), introduction of participants to the supervisor at university, to local authorities in the camp, to the health centre staff, elaboration of the concrete objectives and activities for each rotation together with the participants or to inform them particularly about their tasks. d) Negotiation with the authorities in the camp. e) Looking for efficient supervisors. f) Working out a yearly budget plan (see for this minimum criteria of IFMSA). g) Spread of information about the project on national/regional level. h) Getting support.
from the local government.

3.6 The LOC has to present the project and its structure at an official meeting of IFMSA/FAMSA according to the Minimum criteria for projects of IFMSA/FAMSA. A draft proposal about the project’s background, aims, implementation and budget has to be prepared. 3.7 The LOC has to continuously provide information about the security in the region/camps; information has to be passed to the IOC and if necessary a rotation cannot take place or has to be interrupted. If such a situation arises the LOC should organise an alternative program for the international participants (e.g. medical training in a hospital).

Tasks of the IOC: Promotion of the project abroad, fund-raising and spreading of information-material

3.8 An information sheet about the project has to be made to inform future participants about the background, aims, setting, tasks, fees, deadlines and application conditions of the project. 3.9 Choosing the foreign participants and informing the LOC about the choices. 3.10 Providing a preparation kit/pre-reading material for participants. 3.11 A booklet should be made which has information about the project background, objectives, implementation and budget. This booklet can then be used for fund-raising and act as information material for medical student associations, universities and professors, agencies, authorities and other institutions in this field.

3.12 Raising awareness/providing more objective information about the issue of refugees (the original conflicts which have led to the flight, the health situation, the political and economical circumstances of refugees, perhaps possible solutions) by sending out material and reports of the rotations and the participants’ experiences. Finally: MOVE FROM CONCEPTS TO ACTION!
Friendship Clubs for refugee adolescents in FR of Yugoslavia

Since the beginning of war on ex-Yugoslav territories, YuMSIC's SCORP decided to try to find their place in refugee relief work. Very soon after the first big inflow of exiled people from territory affected by war, we made our decision about our influence in child rehabilitation.

Federal Republic of Yugoslavia (which I have to explain because of many misunderstandings while writing FR of Yugoslavia - most people read it as Former Yugoslavia) is a part of former Yugoslavia, and it consists of two republics Serbia and Montenegro. Main and biggest city is Belgrade (around 2 million inhabitants) which was, of course, as a best developed town, most affected with refugees.

This war resulted 700.000 refugees in FR of Yugoslavia. Among total number of refugees approximately 8.76% are adolescents (15-18 years old), the most harmful group for occurrence of psycho-social disorders. Different problems appeared in refugee relief work such as lack of food, clothes, accommodation, medical equipment drugs, appearance of tuberculosis and other diseases that follows poverty. Socializing exiled people into a new surrounding was also another difficult problem, etc.

First step on this field, YuMSIC and its SCORP decided to collect some candies (because it was around Christmas and New Year’s eve) for exiled children without parents. We organized, now already traditional, so-called “YuMSIC Sweet Party” in some of Belgrade’s biggest clubs on which guests are supposed to bring candies instead of paying an entrance fee. Members of YuMSIC collected all the sweets and, with a help of some candy-factories, organized a Christmas presents for those exiled kids, in institutions they were placed. Members of YuMSIC also organized some kind of show for children, which included Santa Claus and music show (all performed by medical students).

In one of our diverse contacts with several humanitarian organizations we reached experts in child psychiatry from Institute for Mental Health in Belgrade. Our first contact with Prof., Dr. V. Ispanovic-Radojkovic, Prof., Dr. S. Bojanin and Friendship Club coordinator D. Lazic (psychologist) was very successful. They offered us to join the project that was run by The Institute.

First contact

That was project Friendship Club established to use in re-socialisation of refugee adolescents. The Club as a method of work in the social psychiatry of adolescents, was introduced to Serbia in autumn 1964, as a Club for re-socialisation of adolescents experiencing an acute crisis of mental disorder who had been treated in the Institute for Mental Health. The inspiration for such a club was founded the previous year by the same Institute and were the result of the experience our experts had acquired during their study visit and research in London. Later on, this method was applied to the prevention of psycho-social disorders in ado-
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lescents coming from the provinces to Belgrade to attend secondary schools. According to this experience we organise and run the so-called “Friendship Clubs” for refugee adolescents in FR of Yugoslavia.

Our first contact with adolescents was very dramatic because they were acting psycho-drama (which was one of methods used in the Clubs for their rehabilitation). After we kindly accepted an offer for our influence on the Project we passed different consultations with experts, about how to act and what to do during our visits to Friendship Clubs (FCs) and how actually we can help in adjoining the Project. We agreed, since we are not even doctors yet, that our role should be more like an older friend in usual communication during the meetings in FCs.

Adolescent refugees should recognise good older friends among us, with whom they can talk more easy about every topic they like (love, music, sport, art, travelling, languages, other cultures...). We play music and sing with them, support them in learning foreign languages, propose them various new activities (photo-club, painting, comic drawing, running their own newspapers etc.)

We tried to ensure that Club meeting places are as well equipped as possible (TV, stereo, VCR, piano, guitar, etc.). The fact that membership of the Club is volunteer creates a very pleasant atmosphere. Adolescent refugees have found in the Friendship Clubs a very friendly and effective way of integrating themselves into the new surroundings into which circumstances have landed them. They are no longer labelled as refugees. They become people of real worth and have influential moral figures as role models.

A total of 13 “Friendship Clubs” have been set up in larger towns in Serbia (9 in Belgrade and one in each Sabac, Leskovac, Subotica and Kovin).

Numbers increase

Activities are so attractive to adolescents that about 3000 refugees number among Club members. This is about half the number of local children, who are also members of the Clubs.

In latest time we influenced establishing of one more new Friendship Club (this is 13th FC in our country with members constantly increasing) in Kovin. That was one of our donations to the Project. By presenting FCs to the IFMSA SCORP workshop on “Medicine and war”, held in Hradec Kralove on August 1st to 4th 1996, we widened project on international level. On IFMSA GA, after the workshop, where our project was accepted as an official IFMSA project, we confirmed that our presence on the Project was real worth.

International participation

Now we expect four foreign participants on the Project each third month for a period of three weeks (first rotation in July ’97 is already full) with a participation fee of 100 US Dollars which provides food, lodging and transport between FCs in our country. The students must have a proficiency English language certificate.

Students that are coming in winter months will be accommodated in rented apartments. During the summer, all students will be staying in student dormitories, in single or double rooms. Also they will go, during their rotation, in Summer Camp on lake Palic in Subotica, where the members of the Clubs go during holidays, while the schools are not working. We expect that they will enjoy their stay on our project. Application forms must be sent at least four months before you want to attend the project. You’ll receive a reply concerning your application 15-20 days after we receive your AF. Any donations such as drugs, food cans, candies, audio & video material, music equipment, books, comics etc. will be gratefully accepted.

After the first rotation, we will start an evaluation of international participation on the Project. Participants, members of Clubs, and psychiatrists in Clubs will fill special questionnaires about their opinion and experience on this foreign students participation. By different points of view we expect to get more precise and real picture of this work. We’ll be able to evaluate the Project after a few rotation periods, and we expect to have good results.

Looking forward to meeting you in the Friendship Clubs,

By Tigran Vilotijevic and Nikola Jagodic
Yugoslavia

Musical activities are very popular in the clubs.
With or without you...

Workshop on Medicine and War
‘Bosnian experience’

Former front line in Sarajevo.

Organizer: BoHeMSA, in coordination with Faculty of Medicine of the University of Sarajevo.

Place and time: Sarajevo, Sept. 22 to 25, 1997.

Participants: Students of medicine and young doctors from Bosnia-Herzegovina and from abroad.

Topics: War medicine, human rights, humanitarian law, mine awareness.

Objectives: Presentation of war medicine results and medical experience from Bosnian war.

Background information: BoHeMSA organized presentations of students’ scientific works within the First Congress of BH medical students with international participation that was held in Tuzla in June 1996. There were more than 120 participants from 19 countries who applied and were registered for this successful Congress, the very first one.

With this Workshop, BoHeMSA wants to share experience from war medicine primarily with students and young doctors from abroad. In preliminary contacts, there was a number of students interested in such a Workshop, also to present their activities.

Implementation: The workshop will consist of lectures from our leading war-experienced professors, presentations of students’ activities and scientific works, round table discussions, war medicine exhibitions, visits to a war hospital and former front lines, etc.

Evaluation: Final report of the Workshop will be made in English and distributed to all participants and others concerned. Video/photo documentation will be available too.

Remarks: As at the moment we have just good will and strength to make this Workshop, we are approaching to a number of possible donors and other interested parties. We hope many of them will help us to make this happen.

Special note: The concert of U2 will take place in Sarajevo during the Workshop, on 23 September. With or without you...

More information: At BoHeMSA National Office Sarajevo, preferably by e-mail.

IFMSA MSI was born to satisfy those needs of yours! Just send us any article of your own; preferably on next issue focus, telling your experiences about Adolescent Health. We accept any text format on a PC disk, but prefer US-ASCII. If you have any pictures, graphics, etc., that you want to include with your article, please forward them to us too. Layout and extension may be modified according to editorial needs. IFMSA retains all copyrights on published material for non-profit purposes. You can send us your contribution on paper, better on a diskette and even better on e-mail!
A project developed by IFMSA and FAMSA

The Uganda Refugee Project

For a long period of time, IFMSA has cared for the issue of refugees. After a close co-operation with our regional partner in Africa, FAMSA, the Refugee Concept Document was developed. The Uganda Refugee Project has provided the necessary experience to develop this new project profile.

IFMSA and FAMSA dedicated themselves to helping in the alleviation of the suffering of our fellow human beings who live a desperate life in refugee camps. It is in this vain that a baseline study of refugee camps in South Western Uganda was carried out with the aim that future IFMSA/FAMSA Uganda refugee projects should be implemented in these camps.

The main objectives of the Uganda Refugee Project are:

1. To work hand in hand with the health workers in the camps to help to improve the health status of refugees. This can be through assisting in health education and health care delivery.
2. To learn more about the problem of refugees by living with, listening to and discussing with the refugees. This will make us understand and better be able to help the refugees.
3. To encourage participation of both national and international students in order to share experiences, learn from each other and to work as a team concerning the global problem of refugees.
4. To be able to feedback to the communities in which we live in order to make people more aware and sensitive about the problem of refugees.
5. To promote intersectoral teamwork as basic element of sustainable improvements.

The camps

There are two refugee camps in Western Uganda and they are presently the home for about 10000 refugees. These camps are Orukinga and Nakivale.

Orukinga refugee camp has about 7500 Rwandese refugees (Hutus), while in Nakivale there are Rwandese (Hutus and Tutsis), Somalis, Ethiopians and Kenyans, totally about 2500 refugees. Due to the fact that many different languages are spoken in the camps translation is necessary. This is given by Red Cross workers, Ugandan students and also by some of the refugees who are able to speak English.

The camps are run by the International Federation of Red Cross and Red Crescent Societies (IFRCS) through the Uganda Red Cross Society (URCS).

Both refugee camps are each served by a health centre with a medical assistant/clinical officer, nurses, midwives and nurse aids. There is a psychiatrist who visits the camps once a month and a consultant physician who visits the camps twice a month to manage the more difficult cases. No laboratory facilities are available yet.

Orukinga and Nakivale are two huge valleys in Western Uganda which were provided by the Ugandan government about 30 years ago. The refugees are allowed to build huts and to grow
crops in this area. During the past varying numbers of refugees from different areas settled in Orukinga/Nakivale, mainly Tutsies from Rwanda, Somalis and Ethiopians. In 1990 many Tutsies returned to Rwanda and with the beginning of the genocide a new influx of Hutus was recorded in Orukinga.

The camps can be described as settlement camps. The refugees are not forced to return to their home countries, but on the other hand long-term planning of development is also avoided. As soon as the refugees are able to feed themselves with their agricultural goods the Red Cross will stop the distribution of supplementary grants by the United Nations World Food Programme.

Administration of the camps

The humanitarian organization in charge of Orukinga and Nakivale refugee camps is the Uganda Red Cross supported by IFRCS. A Red Cross camp manager coordinates the influx of refugees, the distribution of relief food- and non-food items, the division of land and the activities of Red Cross zone managers.

At the Health Centre the Red Cross Health Coordinator is responsible for the staff which is employed by both the Red Cross and the District Medical Office (DMO) of Mbarara district. The whole refugee area is supervised by the commandant manager and the Resident District Commissioner who are working for the Ugandan government.

In the refugee zones, each nationality/community lives in a different zone, chairmen are elected by the refugees to be responsible for the wellbeing of every household. The chairmen are working together with the Red Cross zone managers. The camps are administered through a structure consisting of full cooperation of the Government, the Red Cross and Refugees.

Common health problems

Malaria is endemic in the camps, and respiratory tract infection, diarrheal diseases, tuberculosis and sexually transmitted diseases are fairly common. It is thus advisable that the participating students, especially the foreign students, have methods of personal prevention of these diseases.

Some cases of malnutrition occur although most refugees are able to subsidise the rations they get from the Red Cross by growing crops.

Water from bore-holes is available.

Organisation of the rotations

Working in the camps can be difficult if not well planned. The students have to apply at least 3 months in advance at the International Organizing Committee (please ask for the application form first!). Participants will be informed immediately whether they are accepted and after paying their participation fee of 150 US$ they will be sent the preparation kit and all further informations. Every participant has to insure himself before entering Uganda, he/she has to pay the costs for the travel, and he/she has to check if a visa is needed (participants who belong to the IFMSA-Travel Assistance Fund defined countries will be charged 50US$. Whoever gets problems with visa and insurance please contact the IOC immediately).

Before going to the camps an orientation week will take place at Mbarara University including a workshop on “Medicine and Refugees” to work out a concrete plan of action for the rotation as well as preparing the evaluation of the planned impact. The workshop will also enlighten the students on the situation in the camps and on the common health problems of refugees. Of course there will be social programmes, too...

While in the camps, students are expected to behave maturely, not be judgemental and respect the refugees and the workers.

The students could participate in the following activities:

- Health education, antenatal care, immunization/vaccination, drinking water supply, nutrition sessions, screening and registration of patients at the health centre, attending social activities of the refugees and home visiting in the zones.
- The participants, 3 from Uganda, 2 from the rest of Africa and 3 from the rest of the world, will be divided in two teams- one for Orukinga and the other for Nakivale. After the 4 weeks in the camps one week of feedback and re-planning will take place, again at Mbarara University. The students are meant to make their evaluation, to make a draft programme for the next rotation and to write the final report of their stay.

For further informations and for the application form please contact LOC or IOC.

LOC: Peter Waiswa, fax: 00256-485-21728/21304
IOC: Meike Nitschke, fax: 0049-4106-66646, E-Mail: u70jah@sunmailhost.lrz-muenchen.de
Summary from the first rotation

I first visited a refugee camp in 1993. At the time I felt that there isn't much a student could do to help refugees. Two years later, I got convinced that these people can be helped even by medical students.

After some politicking I finally got elected into the office of FAMSA SCORPA director and coordinator for the Uganda Refugee Project. It then became my dream to organize the first rotation.

It has not been pretty simple. In July I organized a pilot survey in Oruchinga and Nakivale camps with many difficulties. Later in the month I organized a local pre-IFMSA GA workshop on “Medicine an War, the East African Experience”. Not more than twelve people turned up. I was frustrated but didn’t loose hope.

Finally we started thinking of the first rotation to take place in September 1996. Again it was not that easy. Getting permission from the Ministry of local government, convincing the Red Cross that we can be helpful, getting many students involved, involving my university, and organizing the workshop were big challenges for me.

Well, through sort of “pain and sweat” we finally got to the camps. Experiences were varying and wide. We do not expect many difficulties next time. Now we have good working relationship with most people who matter, and we have made a memorandum of understanding with the Red Cross.

Just one last word: “Try to give a hand to those who need it”, and to borrow from my university’s motto: “Succeed we must.”

A short word from the IFMSA Director of the Standing Committee on Refugees and Peace

The Uganda Refugee Project is one of the projects of the Standing Committee of Refugees and Peace (SCORP). SCORP organizes projects in refugee camps in which medical students can participate. This gives medical students the opportunity to be directly confronted to problems of refugees and through this experience they can better understand the real costs of war and inform others.

I would like to stress that the projects organized in refugee camps will not be of high ‘medical’ quality. Our experience in the field and our practical knowledge is often too small to be really medically useful in the camps. For most of us it will broaden our knowledge of life. It shows you how it is to work in a refugee camp and how it actually is to live as a refugee.

I also would like to emphasize that it is of great importance that participants inform us, and others, about their experiences, afterwards. Participants should also inform themselves about the refugee issue in their own countries and try to see if they can be of any use in their homeland.

The Refugees Problem and naturally Conflict Prevention in the first place need to have more attention.

In my opinion (future) doctors fulfill an important role in the distribution of information about these issues. They can bring it to the public’s attention as physicians are a respectable group that people listen to.
From the International Co-ordinator

Molaho! This is Nyarwanda and means Welcome! You are most welcome to the Uganda Refugee Project! I am happy that you take some minutes to read what has happened during the first rotation of the Uganda Refugee Project from 21/09/96 to 30/09/96 in South Western Uganda.

Maybe you are also interested to know what international students from far away have to do in a refugee camp in the middle of Africa?! Me as international coordinator of the Uganda Refugee Project, I really do feel responsible to make clear the importance of international students’ participation:

The Uganda Refugee Project as an independent students’ project
- is to learn more about refugees and together with refugees; on one hand the participating students make their experiences in Uganda but also with refugees in their home country, where they are better able to alleviate the suffering and to prevent (violent) conflicts,
- is a project run by Ugandan medical students; it is their project and their organization, and really I can tell you, they are good organizers!
- is not a project to develop the area in which the refugees are living,
- is to give the future generation of doctors the chance to work together with their colleagues in Africa and to better understand the situation in a developing country (meanwhile I hate this expression because it does not reflect the real situation!) Which on top has to face ten thousand refugees,
- should give medical students from all over the world the possibility to work intersectoral, e.g. with law students to be better able to figure out ways of solution for the prevention of conflicts and the reintegration of displaced persons and refugees
- last but not least we are all learning medicine and we are trying to give our knowledge to the ones who need it, as good as we are able to give: to both the refugees and nationals as patients and the staff of the health centres.

I think we all know: the world is global, the economy is building its net over it and I feel that we as future medical doctors will be responsible for the rest of humans in this money world! And how to be able without knowing?

Let’s share the world, let’s share our experiences, let’s share our capacity for the ones who cannot share anything anymore!

Introduction

In April 1995, during the Federation of African Medical Students’ Association general assembly (FAMSA GA) Mbarara University (Uganda) was elected to chair the Standing Committee on Refugees and Population Activities (SCORPA).

As one of the activities, Mbarara University decided to start a refugee project. In 1995, a pilot study was done in Nakivale and Orukinga refugee camps in South Western Uganda, with permission from UNHCR and Uganda Red Cross.

In December 1995, students from Makerere University (Uganda), Mbarara University (Uganda), and Muhimbili Medical School (Tanzania) took part in health education and health care activities in refugee camps in Northern Uganda.

The major aim of the project was to give an opportunity for medical students as future doctors, to learn the problems refugees face, while also assisting the refugees. This programme was meant to be a pilot for similar programmes throughout Africa.

However, in March 1996, the president of
FAMSA, while attending the Exchange Officers Meeting (EOM) of the International Federation of Medical Students’ Associations (IFMSA) presented the project and the Uganda Refugee Project became an IFMSA project.

The aims and objectives of the project were then revised to include:

1. To work hand in hand with the health workers in the camps to help to improve the health status of refugees. This can be through assisting in health education and health care delivery.

2. To learn more about the problem of refugees by living with, listening to and discussing with the refugees. This will make us understand and better be able to help the refugees.

3. To encourage participation of both national and international students in order to share experiences, learn from each other and to work as a team concerning the global problem of refugees.

4. To be able to feedback to the communities in which we live in order to make people more aware and sensitive about the problem of refugees.

5. To create a data information base about the worldwide problem of refugees with regard to numbers, location, causes of, and the health, economic, social and other problems affecting refugees and the impact on society and the environment.

6. To promote intersectoral teamwork as basic element of sustainable improvements.

Because of the war in Northern Uganda, the project could not continue in camps in this region. Instead, Orukinga and Nakivale refugee camps in South Western Uganda became the focus of the project.

Permission was sought from the Commissioner for Refugees, Ministry of Local Government, for students to work in the camps. At the same time, there were intensive discussions with the Ugandan Red Cross, Mbarara branch which is in charge of the camps. We were successful in this after some delay.

Workshop on Medicine and refugees

In order to be properly prepared for the stay in Orukinga and Nakivale Refugee Camps and also to discuss the global problem of refugees intensively, a workshop on "Medicine and Refugees" took place from 3rd to 5th September 1996 at Mbarara University. It was organized by the Standing Committee on Refugees and Population Activities (SCORPA) of FAMSA and facilitated by several experts of Mbarara University.

The participants group, students from Mbarara University and Germany, consisted of 10 people. After an introduction, the expectations were worked out in order to meet the needs of the participants:

Main points included getting more information about the refugee camps we intended to work in and also learning about previous experiences in refugee camps.

One of the students from Mbarara reported his experiences from the first part of the Uganda Refugee Project which took place in the North of Uganda. The NGOs in charge were grateful for the work offered and the students were able to participate in many activities carried out within the existing structures. At the end the participants concluded that medical students can assist the authorities in many things and gain a considerable amount of experience concerning work with refugees.

Next we were introduced to the important but difficult role women have to play in their society as the ones responsible for well being and health.

The lesson about Community Based Health Care and Primary Health Care was especially a challenge for the international students and it became a foundation of knowledge, on which the national and international students could work as a team.

Fortunately the psychiatric counsellor of both refugee camps, Orukinga and Nakivale, was able to introduce us to the structure of the camps and could provide us with many details about the living conditions of the refugees. We were all impressed by this level of organization within a refugee community.

Nevertheless, the refugees are still suffering from common diseases including malaria, upper respiratory tract infections, diarrhoea, sexually transmitted diseases and mental disorders.
The Non-Governmental Organization in charge of these camps is the Ugandan Red Cross in collaboration with the International Federation of the Red Cross and Red Crescent Societies and we were glad to meet the administrator of Mbarara Red Cross office. He highlighted the narrow budget plan and the many items they provide to both the refugees and nationals.

The expectation of sharing experiences about refugees abroad was met when one of the German students told about the similarities and differences in German refugee camps.

After these few but very intensive days the participating students felt well prepared; with a sensitized perception for the meaning of health among both nationals and refugees living in and around a refugee camp.

The next workshop was recommended to focus also on human rights and to involve a field visit in an Ugandan village where the team of medical students could make its first steps from theory to practice.

Activities in the camp

For the period of one week, we spend in one camp, we were based at the health centre where most of the activities were done. Although our stay was shortened from the original proposed period of at least one month, we managed to participate extensively in a number of activities. We assisted in health care delivery. This consisted of the preventive section and curative/clinical work. Preventive included health education and immunization mainly. During health education emphasis was laid on topics like epidemic diseases, hygiene, nutrition, dental care, family planning, use of drugs which were covered. Occasionally home visits were also made. Clinical work included registration and screening, dispensing, antenatal clinic. Clinical students were mainly involved in clinical work while preclinical students were involved in the preventive mainly. A one day visit to Nakivale camp was made for KAP (Knowledge, Attitude and Practice) survey. During the visit we took part in the collection of data from the Somali community to find out, whether female circumcision is still a practice.

It was a little bit difficult to collect this data because it was sudden. Thus had little time for preparation making an adequate work plan.

All the activities we were involved in, work went on smoothly. Both teams (medical students and health workers) were interested in working and learning from each other. We were therefore happy with what we managed to do within the short period of our stay.

Experiences

During our one week rotation we realized that the health centre staff have a lot of work, having to attend to both nationals and refugees. However, it was good to note that the staff was dedicated and hard-working.

But we also realized that there is a lot students can do, especially in assisting the health centre staff and other Red Cross workers in their day to day activities.

We also appreciated the fact that the refugee structure is well organized, both administratively and physically. Whenever we had home visits, the refugees welcomed us gladly. They also involved themselves in social activities like singing and dancing.

The Red Cross administrators and their voluntary workers were very welcoming, giving us accommodation, food, and all the assistance necessary for our stay.

The experiences we had during this rotation made us conclude that it is important for other students, both Ugandans and those from other countries, to stay and work in the camps in order to learn more about refugee problems, especially in relation to medicine.

- Language barrier was a problem as most of us could not speak Kinyarwanda. We are grateful to the Red Cross staff in Orukinga who helped us a lot in this.
- There was an outbreak of meningitis which delayed our going to the camps as we had to wait for ten days for our vaccine to take effect.
- Transport within the camps was a bit of a problem since there was a need of moving far distances to deliver out health programs.

Evaluation

In order to find out how we could assist the health centre staff most effectively we distributed a one question questionnaire among the health workers. They were given time to think about it carefully, to write down the thoughts in-
individually and to return the sheet at our departure.

The question we asked was: «In which part of the activities carried out by the health team would YOU like medical students to get involved?»

All the respondents want the medical students to be involved in health education especially concerning sanitation and personal hygiene, child care and nutrition as well as to raise AIDS awareness and immunization.

Also home visiting in the camps in order to experience the grassroots and to provide mental health services through our knowledge or simply through our presence as listeners was mentioned several times.

At the health centre assistance is wished in screening and registering the outpatients. Researches on specific issues concerning the health status of both the refugees and the nationals could be a helpful task carried out by the students in order to meet the needs of the population effectively.

The health centre staff recommended that medical students work cooperatively in every discipline carried out by the team of the Red Cross under the umbrella of medical ethics and to evaluate their experiences continuously through discussions.

Conclusions and recommendations

On reviewing our stay in the refugee camps according to our objectives, we found that we had achieved most of them satisfactorily.

We confirmed that it is of great importance for medical students as the future generation of doctors to get in contact with this most vulnerable group concerning the issue of health. Only will it be possible to achieve the goal of the WHO: «Health for all by the year 2000» by sharing experiences with health workers in other regions and in other countries.

We conclude that this IFMSA Uganda Refugee Project should continue to get more students involved over a longer period of time in order to help the refugees better in Orukinga and Nakivale refugee camps in particular but also to serve as an example for other refugee projects carried out by medical students throughout the world.

Uganda Refugee Project
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Burmese Refugee Project

Thailand is a promised land of SE Asia and therefore a destination for many refugees from practically all neighbouring countries.

Most of them come from Burma. Brutal military regime, calling itself SLORC (State Law and Order Restoration Council) is terrorising the peoples of Burma for more than fifty years.

Dr. Cynthia’s Clinic in Mae Sot, Thailand is the biggest Primary Health Care providing centre on Thai-Burma border ran by Burmese themselves. It was established by Dr. Cynthia Muang in 1989 and serves as a training centre as well. Until recently it covered a huge area with smaller jungle hospitals situated on Burmese side of the border and served as a starting point for mobile medical teams that brought essential medical care to hill-tribe and displaced people in remote jungle areas. The hospitals were lost in last SLORC offensives in February 1997.

The clinic has no status as well since its ran by Burmese “illegal immigrants”. Local Thai authorities however are co-operative and allow them to work with no major problems. Dr. Cynthia has established many international connections so there are always some foreigners working in the clinic either as doctors or English teachers.

First student expedition to the area was in July 1995. Five Slovenian medical students followed the example of Dr. Jani Kokalj, a Slovenian doctor that used to visit that area on the way to Nepalese mountains. Idea of getting constant student support to the Clinic arose and SCORP members have spread the information world wide. 17 students from different European countries participated in IFMSA Burmese Refugee Project till February this year when we had to put the project on hold because of the unstable and dangerous situation on the border.

The need of the “displaced people” how Thai authorities name the people without status that flee to Thailand constantly become ruthlessly exploited by Thai is bigger than ever and situation in Mae Sot became stable enough to continue with our activities. Since the Clinic is small and with limited capacities, only 2 students can participate at the time, staying there for at least 2 months. Only 5th and 6th year students are accepted. Young doctors are also welcome.

Further information can be obtained at (see address on top):

How I spent my six weeks on the Thai-Burma border

I promised Jet already in March I will write something about Burma, Thailand and people I met there. Then I discovered how hard it is to describe such strong experience with so little words. We were there from the beginning of December 1996 till middle of January 1997.

There were three of us there at that time, all Slovenian medical students in third, fourth and fifth year.

First Impression

It was better than I expected. People adapt very quickly and try to find the best of what they can have. The whole hospital is working on donation basis, people there receive no payment. Mostly they are young people without family. First they were patients and after they stayed, they attended Dr. Cynthia’s one-year program of training and became medics. Hospital is their home, family and work. That’s the way they will maybe live till the rest of their life. And how do they live? One wooden barrack with outdoor and indoor patient care departments and delivery room is also a place where all the staff and all trainees are living.

Around 50 people in 5 rooms, everybody is sleeping on the floor and all their belongings are few clothes they use for a pillow at night. No privacy at all. The other house is built. Doctor Cynthia is living upstairs together with her hus-
band and two children and all the doctors and their families who come to visit and work or tutor in the hospital. Downstairs there is a kitchen and a paediatric department. All trainees, young people from villages inside Burma or refugee camps along the border who came to the clinic for one year to be trained to become a medic are studying outside in the backcourt in a palm-leaves covered classroom.

Second Impression

Most of the medics are learning English and Thai language in their free time. It is hard to understand them from the beginning because their Asian accent is very strong and we are not used to it. But after few days in Bangkok it was a pleasant surprise when I finally met someone who actually could understand me. Both Thai and Burmese are very friendly and they always agree with you. I had big problems with that because I didn’t know whether they just wanted to be kind and tried to please me or because they really agreed. So it took me two weeks to discover that they really want us to eat with them (it’s a sign of richness if guests are in the house), that it is nice from you to wash the dishes after you finish eating (even if they won’t allow you to), that it is better to sleep somewhere close to the hospital and not in the hospital (they would be glad to offer you the place to sleep but usually they are already too full), that it is better to wear long trousers or a skirt than shorts and tight T-shirts in the hospital or that hospital doors close at 10 pm every day because they didn’t want to have any problems with Thai authorities so no parties or walks are allowed at night.

Sometimes it was hard to realize what they found rude and what was appropriate.

Working/Living in the Hospital:

To practice medicine means working with people. Sometimes one has to know their habits to set the right diagnosis or prescribe the right treatment. For example, if you prescribe treatment with antibiotics three times per day, be sure the patient is not a sewer or a field worker. They are working more than 12 hours per day and nobody would take medicine during work, because they would forget or they wouldn’t want their chief to see they are sick. Almost all Burmese refugees are illegal and it’s very hard for them to find a job.

People in the hospital came from different parts of Burma, speak different languages and have different cultural habits and religions. They speak Karen, Shan, Burmese or some other language and are Buddhists or Christians. There are many classes of Buddhism and people can’t marry if they belong to different classes, also they can’t marry with Christians or Muslims. If a woman has different religion than the man, she has to accept his religion if they want to marry. It can cause many problems, especially in the rural areas. But luckily people living in one area have mostly the same religion.

Together with patients that are mostly Burmese refugees but also Thai and Indian we formed a big group of cultural mixture. Just don’t ask me how they communicated if the patient spoke Karen or Thai language! We tried to live and work their way. We rented a house close to the hospital (for $100 US!) And because it was too big for the three of us we invited some trainees to stay with us. We all slept on the floor in a completely unfurnished house. We didn’t have shower or western toilet, but an ordinary latrine with concrete pool for water in one corner. We had lunch and dinner in the hospital, mostly rice and some vegetables.

They cooked extra for us even though we tried to convince them it would be OK for us to eat with the others. Work in the hospital started every morning at 8 o’clock. We were mostly working in OPD together with medics and occasionally a doctor. In the first week we were just observing and trying to remember all the drugs they prescribed (those were the only drugs they had in drugstore, so bring as many as possible) and examinations they ordered to laboratory. In the hospital they do just urine, malaria and HB test, if they assume TBC, HIV infection or something else they send the patient in Thai hospital and pay for expenses of examination.

Later we started to take histories, with the help of medic as translator and co-worker, suggested some medicine or treatment, did physical examination and similar. I worked with Au-Maung, a young 28 years old medic and we were a great team. Sometimes we met in the afternoon and talked about studies in Europe, about living here and living there, his life and how he was in the jungle for few years alone with his teacher, learning Buddhism. They have a great library in the hospital, you just have to ask somebody for the key. You can read lots about the Buddhism and medicine. We also did some other, unexpected things sometimes. For example vaginal examinations. Once I was the only woman in the OPD and since just women could do it, doctor asked me to examine one woman. He was suspecting an illegal abortus.
He knew I hadn’t studied gynaecology at home yet. So he gave me a 5 minutes course and then I went. I found one Burmese medic to go with me. After that I studied all about gynaecology and the next time it was easier to do it alone. But don’t think one can do there whatever he wants to. Medics and doctors (if there are any) exactly know your knowledge and skills. So they won’t allow you to do anything risky or something that could endanger patient’s life. In the afternoon we usually went to our house to study some cases we saw that day.

There were also minor surgeries or sometimes deliveries in the afternoon. We could watch or sometimes assist or even operate some small abscess. At evenings we sometimes went to the centre of Mae Sot and visit our Thai friends in Crocodile Tears Pub. Be sure you visit it, if you decide to go to that part of the world. All medical workers from different humanitarian organizations come there in the evenings and there is always some nice Thai people there.

**Mone Story**

There are small groups of people living deep in the jungle, Thai people called them hill tribe nation or Mone people. We met them by coincidence. After two weeks in Mae Sot our Thai friend invited us to the jungle for a weekend. The hospital is not working at weekends, so we were glad to go. After few hours of driving in the back of a pick-up (all the people have pick-ups there and are willing to offer you a ride if you just wave them your hand) we saw the jungle for the first time. Together with the first village of Mones. Deeper into the jungle we went, poorer and simpler the villages were.

Our last stop was the village where most of the people never saw a white men before, they didn’t have electricity or running water. When they saw us and our medicine, they announced on the megaphone that doctors came. In the moment all the villagers gathered around us and we had no choice. We became doctors in 10 seconds. The back of our pick-up truck was our clinic. It’s good that medical students always wonder about all the diseases that exist. That’s why we had almost a real pharmacy with us. Just in case, if something happens to us in these two days in the jungle.

We treated children with tonsillitis, some elderly with pneumonia, some cystitis and other bacterial infections. Children were crying and screaming because they were afraid. Another problem was that they didn’t have any clock in the village. So, to describe when to take medicine, we had to tell the hour by the sun. Also history was very hard to get. The translation was from Mone to Thai to English into Slovene. Unfortunately we didn’t have any anti-malarics or anti-helmintics with us that time. But after that we visited Mone people every weekend.

We brought the medicines they needed and till the end of our stay we treated quite many people. At the end, children run to our truck when we came calling my name. I will always remember the family I saw in our first visit. After examining patients that came to our truck we went to see some patients at their home. Houses were made of palm-leaves and people were sleeping on the floor. At the end of the village we entered quite a big house. Two children were playing near a bed where mother was laying. Coughing with visible effort and spitting on the floor.

I set diagnosis already at the door: TBC. We even didn’t have masks or gloves with us. But her husband! He knew she will probably die and the family was prepared. But suddenly we came in the middle of the jungle, with medicine and we lit a little light of hope in his eyes. So what should we do? It could be just pneumonia or some other respiratory disease and antibiotics could save her life. So we decided to inspect her and unfortunately we came back to first diagnosis. There was nothing we could do.

But one of the hardest things in my life was the moment I have to tell this to her husband. The next time we came, she was already dead. There were also some serious cases that we didn’t dare or could treat for ourselves. One woman was pregnant 6 months and fetus wasn’t moving any more in last few days. Another had serious gynaecological problems with strong, painful, yellow and smelly vaginal outflow for already 6 years and had in that time 2 children, who were healthy, no eye or other disorders. We had great problems to convince those few patients to come to our hospital.

And they did come. Not three, four or five of them, but the whole village! They rented two trucks and during our lunch time they appeared in our yard. Clinic was too small and there were not enough staff (they were also shocked from sudden invasion of Mones) to examine them all. So they were complaining that they had to wait too long and unused to candies children wanted to eat all supplies from the store. At the end of the day everything turned out just well.

Only the pregnant woman with intrauterine death who should stay in the hospital refused to stay. She went home with the others and the next weekend we came she had already spontaneous abortus at home, fortunately without complications.

**Expect the Unexpected**

When one joins a project like this, there are always some things that go with your expectations and a lot of them that surprise you. Lots of my friends asked me about my health.

In second week I got strange blisters on my skin. We just moved in into the house and I was cleaning it that afternoon. So everybody thought that some strange insects bit me. We actually had cockroaches and other smaller insects everywhere. The first domestic animal I saw was a rat. But there were too many blisters for insect bites.

My temperature has risen to almost 40°C and in the second day I started to feel pain in the lower chest while breathing and other signs of lower respiratory disease. So I started with antibiotics and got fungal infection. Great. I was scared that I got some exotic disease, I even thought of HIV infection, even though I knew it was almost impossible. I didn’t have any contact with other blood yet and all the patients that are being operated or have some gynaecological proceedings are being tested on HIV and hepatitis B. But in the beginning of the third day I discovered the real cause for my illness. I had Chickenpox, nothing mysterious or exotic. And I probably got it from my younger sister just before I left. I think I was the luckiest person with Chickenpox on the world that moment.

While preparing for this trip I was wondering how much I can really do there and how big is the role of our the hippies’ snobbism. Now I know I have done something good for them and for myself. And I Feeeeeeeeeel Good!

_Ursa Stepisnik, Slovenia_
I am really very happy to introduce myself to you, looking forward to your participation and cooperation from SCORPions and with SCORP activities you know dears, that we as future health advocates are trying to minimize the impact of wars, conflicts and disasters on human Kind.

This concept is always restricted to a very narrow range of applications, maybe due to shortage of facilities and experiences. But this should not render our poor knowledge and practice to be captured within this narrow limited facilities.

As Sudan was bordered by many conflicts (Eritrean war independence, Chad national war, etc.), being one of the kindest and most hospitable nations and a big country (1x 10E6 mileE2). All the previous factors recruited refugees from other countries to Sudan.

This lead to my birth on 1992, the Sudanese medical students wanted to play a much bigger role in doing relief work for those who have lost their land, for those who are forcibly abroad from their homes. My birth wasn’t for the Sudanese sake only, but also for other SCORPions to participate in the curative and preventive objectives in the different rotations: in the 1st, third and fifth rotation Swedish and Dutch students participated.

They saw the effects of wars, handled refugee work, experienced life in the hardest way. Now my friends, I am looking for much bigger action on next rotations in future. The plan was 12 Sudanese and 12 international medical students. But it turned out that we were the only two international medical students.

Our time in Sudan

After a long journey Elske and I arrived in Khartoum the capital of Sudan. We had been accepted by the Sudanese medical students to come and work in a refugee camp with them for 3 weeks. Before the trip to the camp, we would first have one week preparation in Khartoum. So once we had checked in to a cheap hotel, registered with the police and drank a lot of soda (it was so hot), we went to find the medical faculty and Muhammad, our coordinator.

Nobody at the medical faculty expected us; we had been accepted for the project but they hadn’t found our confirmation. The first few days it was unclear whether there would be more international students coming to the camp. The plan was 12 Sudanese and 12 international medical students. But it turned out that we were the only two international medical students.

During the one week preparation, which became ten days, we visited the hospital, attended some lectures, went on trips with the medical students and tried to get used to the climate and the culture. Only at the end of those ten days we found out who was going to be in our group. Then we went to the camp.

The refugee camps are located in the east of Sudan near the border with Ethiopia. They are inhabited by Ethiopians and Eritreans, who sought safety there 12 years ago already. A lot of the Ethiopians have returned home, now that the war with Eritrea has ended. But the Eritreans are not welcome in their homeland.

We worked in 3 of these camps, with approximately 2 thousand refugees each. The atmosphere of the place was in between a refugee camp and a village, because a lot of the people had been there for such a long time, that little businesses had started to bloom (agricultural) and a social structure had developed. On the other hand, these people were still refugees, which means that
they are somewhere not out of their free will, so they don’t have the feeling they want to stay there for ever.

**Hunger for pills**

In this camp we were divided into two groups, one day the first group worked in the clinic in the morning the other day the other. The work we did in the clinic was mainly GP’s work in couples of two medical students, under supervision of two doctors. Elske was in one group and me in the other. We both were teamed up with a Sudanese medical student. In this way we got a good translation, and were also useful. The diagnosis were made through history and extremely basic physical examination. We gave a lot of vitamin pills to people who came just for attention or because of hunger for pills. We also diagnosed a lot of malaria, gastro-enteritis and common colds, for which we had some basic medicines. We also sent a group of patients to the hospital for further treatment, but most of the people were too poor even to pay for transport. In a few cases this really became frustrating and nasty.

While one group was working in the clinic. The other group of medical students went on house visits, to ask the civilians about their medical situation and their wishes and problems. And to look around in the houses to see how (healthy) the refugees live.

**Language barriers**

In the afternoon after lunch, which was usually very good, we gave lectures on diarrhoea, malaria, mother and child health care etc. to the women in the camp. For these lectures we also divided into groups; which went to four different locations in the camp. The group I lectured was a very highly educated group that took notes and asked many questions. Later I discovered that Elske’s group was very different: it consisted mainly of teenage-mothers and children. They were quite noisy. During the first lecture I got rather upset because of the lack of translation and my uselessness, but after my outburst, we found a way to make me more useful and I got a lot more translation.

During our stay in the camp, our program developed from day to day and it was unclear how long our stay would be. In the end we stayed ten days, where we were planned to stay 3 weeks. This was because the Sudanese students had to make a test which they couldn’t postpone. We were of course quite upset because we had spend so much money and missed so many tests in order to come to this project. And they didn’t even find it important enough to miss one test. Anyway we had to leave with them, but were able to work at the village concept project for ten days more. This was also a very interesting time.

Points of attention. In my opinion:
- Sudanese students should be more aware of the expectations they raise and try to fulfil them. In ways that for instance 3 weeks are 3 weeks.
- Some thoughts also have to be spent on ways of making the foreigners of use (arranging enough translation and making use of their specific qualities)
- the training at the beginning of the project is a good idea but should be better organised.

On the other hand apart from the different culture and climate, the hospitality, friendliness and the obvious need of the refugees, made it a very worthwhile experience which we both cherish.

PS. Back in Holland we were still full of our experiences and wanted to use them. That is why we are now organising a seminar about refugees and medicine, in the Netherlands.

I would advise everyone who has been to such a project, to try to do something constructive with this experience.

Lots of love and inspiration,

Elske Hoornenborg and Donna Muller

The Netherlands
To clarify the role that IFMSA and medical students can play in conflict prevention, tolerance promotion and post conflict peace-building a workshop covering these topics was needed: The first IFMSA workshop on Medicine & War was held from 1st to 4th of August in Hradec Kralove, Czech Republic.

The workshop was planned by an international organising team made up by Wigs Bateman, Jet Derwig, Kurt Hanevik and Ilja Mooij. In addition a local organising committee headed by Petr Vaculik cared for local arrangements and practical matters during the workshop.

The event gathered 41 medical students from 18 countries to learn about conflict, violence and war and to discuss a possible role for medical students in limiting and preventing the health consequences of violent conflicts.

Listening to the lectures we understood that the field of Medicine & War is a complex one. There is currently much discussion within humanitarian organisations on questions of neutrality, and ability to speak out on violations of human rights. MSF has given up the illusion of neutrality.

The Geneva conventions are instruments to limit war damage and suffering of soldiers and civilians, but are difficult to apply and are not well respected in today’s civil wars. ICRC have become more interested in a preventive role, doing active advocacy against blinding laser weapons and anti personnel land mines.

There is a great need for psycho social treatment for refugees and war traumatised people in former Yugoslavia. How it should be given and by whom is also an issue of much debate currently. We learned that we should perceive otherness not just in the medical sense, as deviation to be corrected. Otherness is a also a socio-cultural construct that can easily be used for violence and discrimination against others.

Democracy and widespread emancipation is crucial to stop such development. In order to overcome the barriers between people, a feeling of sameness must be developed. This can be done through critically rethinking the past and present in an introspective way, and to create an unity based on the common features of man. Broad participation in the political process is necessary.

On the personal level one can resolve many conflicts by communicating better with other people. We were introduced to one such method, called non violent communication. We heard ten students present their different projects related to creating a culture of peace.
Workshop (continued)

to the topic Medicine & War. The IFMSA refugee project in Uganda was presented. So were the IPPNW projects on the legality of nuclear weapons and Children & War. Students from Zambia told about their activities and situation over the last years. We heard about medical stu-
dent work among refugees and war victims in former Yugoslavia, as well as an international congress arranged by medical students in Tuzla. In Egypt a land mine exhibition had been organised and we heard the conclusions of a workshop on Medicine & War in Uganda.

During brainstorming for concrete peace building activities a wide variety of ideas came up. Activities that medical students can organise or participate in. We roughly grouped the various ideas as to whether they could be performed as means of conflict prevention, during violent conflicts, or in the post conflict peace-building. Many of the activities can be performed in more than one of these situations. Many plans for future activities were made, in example having a travelling land mine exhibition in the coming year. The workshop concluded that believed that there is a role for medical students in aiding victims of war and prevent violent conflicts. As a whole IFMSA's involvement in promoting tolerance, prevention of conflicts, disarmament advocacy and post-conflict peace building was strengthened by the work shop.

Reflections of the workshop on Medicine and War

Arriving to Hradec Kralove, last August I had a very vague picture of what the four days of the workshop were to bring. Though the theme had immediately struck me as something I wanted to find out more about. I never attended a workshop before and having only studied one year of medicine, I thought of my role mainly to be of a learning observer.

Meeting the other participants one by one, however, I started to realise how much those days could actually bring about. This was really a chance to get involved. There were young students from all over Europe, some from Africa, and Asia was represented by Japanese.

The feeling of collectiveness that arose from the very start was very strong and it framed our whole stay in Hradec Kralove. Medical students from so many different countries, of different religions, languages- this great variety in our backgrounds and still that overwhelming unity in our common dreams and goals- a more peace


sonal engagement and the whole spectrum of feelings with laughs and tears, were present at each session. This part was not time-bound, we could continue sharing thoughts and searching for answers during meals, in the bathrooms, in the corridors everywhere.

This is what made the days so intensive, everyone was present all the time, including most of the lecturers. These were people with experience and knowledge from working with different medical aspects of war and its aftermath. We heard about the work in the from Jacques de Milliano from MSF-Holland and from Pierre Perrin from the International Committee of the Red Cross. We got a better picture of these two organisations and their principles, and we were presented a piece of the reality that doctors face working in the field.

From Charles Tauber, an American doctor working for the Mala Sirena Foundation in Eastern Slavonia we learned about the psychological difficulties that people face after war. A man with a big heart and such contagious enthusiasm for peace-work.

We also got to participate in a short course on nonviolent communication, lead by Pascale Molho from France. With the help of playing role-play out of everyday- situations where we might face some kind of conflict, we learned to communicate in ways that can prevent or solve a conflict, to try to see the situation with other person eyes (“giraffe”), rather than stubbornly persisting in our own point of view (“jackal”). This was a lot harder than it may sound, and needs practice, as we were to find out. But we learned to get better at it, which became clear even during the workshop days.

Because among us participants there were many from the former Yugoslavia, it was natural that the recent war got a central place in the discussions. There were representatives from all the different sides, and it goes without saying that these were numerous incredibly emotional situations. The time spent together, going through experiences from now and before, it all helped form understanding and new friendships during the days of the workshop. It was clear that the things that were shared were more than things that differed. Watching this happen taught even the rest of us a lot.

So what Did I learn during these intensive four days? The power of a group believing in the goal was an impressive experience. There didn’t seem to be many obstacles that you cannot cross if you have enough strength with you. Too many good ideas die in the heads of big and small thinkers, before they make it out to the open. In a supportive group these can be brainstormed and worked for.

It will never be easy, but the barriers in the way can be torn down, one by one.

Nina Kontinen, Sweden
Are you interested in SCORP activities?

Addresses for Application and Information

The Uganda Refugee Project
International Organising Committee:
Meike Nitschke
c/o Fachschaft Medizin, BLG
Pettenkoferstr. 11
80336 Muenchen
Germany
Fax: ++49-89-51608920
E-mail: u70z1ah@sunmailhost.lrz-muenchen.de

Local Organising Committee:
Brett Kintu and Peter Waiswa
Mbarara University
P.O. Box: 1410
Mbarara, Uganda
fax: 00256-485-21728/21304
must%uga.healthnet.org@uga.healthnet.org

The Burmese Refugee Project
International Office SOU
SloMSIC
Burmese Refugee Project
Kersnikova 4
1000 Ljubljana, Slovenia
fax: ++386 61 133 33 48
email: betel.nut@mf.uni-lj.si
http://www.sou.uni-lj.si/mp/slomsic/burma/burma.html

The Sudan Refugee Project
International Organising Committee:
Tim Baker
86 Slinn St
Sheffield
UK
E-mail: t.baker@sheffield.ac.uk

Local Organising Committee:
Mujtaba Mohd Osman and Suhel Mohd Gamal
Sudanese Medical Students Association
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fax: +249.11.779087

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fax: + 381.11.344 513
E-mail: yumsic@eunet.yu

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E-mail: info@ifmsa.org
In Monterrey, Nuevo León, Mexico

4th Medical Students' Congress on the future of Medical Education

«New technologies and research on Medical Education»... That’s right, we never stop. The last two workshops have had themes related to primary health care, and now we direct our attention towards a new exciting area: New technologies; this means that we will explore the world of computers: talk about computer assisted teaching, how to use the Internet, advantages of multimedia use and data banks, among many, many other things!

This is a chance to give a medical student’s perspective on and opinion about developments in the field, and also to present and look at posters.

The workshop will follow the same concept as the others and the participants will work in small groups in a problem-based format during the week. There will be lectures for input in the group work and there will also be software demonstrations.

A front line hosting institution

The Faculty of Medicine of the Autonomous University of Nuevo León, has been concerned along time to stay on the front line of the new medical education systems, like closed-circuit TV sets to attend surgical interventions, access to the most updated medical information systems via CD-ROM and Internet, medical diagnosis software, TV-i systems for video conferences throughout the Pro-UNI program, computed assisted software to teach pharmacology, and so on.

About the local organising committee

SINESP, the Medical Students’ Research Section of the Faculty of Medicine of the UANL has been appointed to host the General Secretariat of the Mexican Medical Students’ Scientific Society (SOCINAMEM); this will allow to making the invitation for this Workshop extended to all Faculties and Medical Schools in Mexico. Being a part of the Latin American Federation (FELSOCEM) will allow similarly for the rest of Latin American Medical Students.

The dates to remember are: Nov. 30th to Dec. 6th., 1997, and the place: Monterrey, Mexico, at the Faculty of Medicine of the UANL, where SINESP (the IFMSA Member Organisation in Mexico) and the Faculty of medicine are our partners in the arrangements. The deadline for applications will be Sept. 30th and the fee will be 110 USD for which you will get accommodation in a really nice hotel in the city, close to the faculty where we will be working. If you have any questions contact the international or local workshop coordinators Eva Schmidtke, and Alejandro Soto Romero at the following e-mail addresses (full address on the application form): <eva.schmidtke@medstud.gu.se> and <asoto@alumnos.uanl.mx>

IFMSA PHOTO BY WOLFRAM ANTEPOHL

After Maastricht, Belo Horizonte and Eldoreth, the Medical Education Workshops will give a new opportunity to analyse the future of Medical Education, this time in Monterrey.

IFMSA PHOTO BY WOLFRAM ANTEPOHL
International meetings

- **IFMSA General Assembly**
  August 1997, Cape Town, South Africa
  e-mail OC: samsa@medicine.ucz.ac.za
  Phone OC: +27-21-47.89.55
  e-mail EB: eb@ifmsa.org

- **Association for Medical Education in Europe (AMEE)**
  31 August - 3 September, 1997, Vienna, Austria
  Contact: Eva Schmidtke
  e-mail: eva.schmidtke@medstud.gu.se
  Fax: +46-31-773.38.66 (att. E Schmidtke)

- **The 20th Network Anniversary Conference.**
  “Involvement of Communities in Health Profession Education: Challenges, Opportunities and Pitfalls”

- **AMSC, General Assembly of AMSA**
  Manila, the Philippines, July 27 - August 3rd
  Contact: wtsantos@mail.cnl.net

Workshops, Summer schools and Student congresses

- **International Summer School Stop AIDS**
  July 15th - 30th, 1997, Belgrade-Kopaonik, Yugoslavia
  Deadline: June 20, 1997
  Part. fee: 250 USD before May 1st, 270 USD before June 20, and 300 USD upon arrival .
  E-mail: <dedikova@crick.fmed.uniba.sk>
  <scoas@eunet.yu>

- **2nd Congress on HIV Infection & AIDS for University Students**
  July 15th - 30th, 1997, Belgrade-Kopaonik, Yugoslavia
  Abstract deadline is June 15, 1997.
  E-mail: <dedikova@crick.fmed.uniba.sk>
  <scoas@eunet.yu>

- **EMSA International Scientific symposium**
  Macedonia, Ohrid
  August or September 1997.
  e-mail: emsa@ifmsa.org

- **Workshop on AIDS prevention and cultural issues**
  July 29 - August 3, 1997, Cape Town, South Africa,
  e-mail: <scoas@eunet.yu>

- **International Workshop on Refugees and Human Rights**
  Kampala, Uganda, from 23rd, August to 1st Sept., 1997 Contact: Jet Derwig
  e-mail: <jet.derwig@mail.uva.nl>

- **The Ethical Summer School**
  Place: Aarhus, Denmark
  Duration: 1 week
  Period: third week os August 1997 (week 34)
  Fee: 375 US$
  Ethical Summer School (EES)
  Phone: +45-89422811
  Fax: +45-86137225
  e-mail: mr@svfedb.aau.dk
  Home page: http://www.health.aau.dk/student/medread/mr.html

- **2nd International Medical Students’ Scientific Congress**
  Nis, Niska Banja, Yugoslavia, September 24-27, 1997.
  Deadline for abstracts: June 15th.
  Contact: Dusan Milenkovic
  e-mail: dusanm@medfak.medfak.ac.yu

- **Summer School on Tropical Medicine**
  Place: Cairo, Egypt
  Duration: 20 days
  20th December, 1996 - 10th January 1997
  1st - 20th June, 1997
  1st - 20th August 1997
  Deadline: 30 days before
  Fees: 250 US$ (after deadline line 280 US$)
  Further information and detailed material from:
  Prof. Ali Khalifa, Onclogy Diagnostic Unit
  Ain Shams University, Faculty of Medicine
  Abbassia, Cairo, Egypt
  Fax: +20-2-285.99.28 or 285.54.41 or 284.51.50
  e-mail: gamalasss@frcu.eun.eg

- **Alexandria Summer School in Tropical Medicine, 1997**
  Alexandria, Egypt
  1st - 21st, 6 months a year (Jun, Jul, Aug, Oct, Nov, Dec)
  Dead line: 2 weeks before
  Fees: 240 US$ for summer and 265 US$ for winter program
  Contact: Mohammed Magdy
  Phone: +20-2-2578990 (home)
  Fax: +202-25.78.990 / 28.59.828
  e-mail: talaat@asunet.shams.eun.eg,
  gamalasss@frcu.eun.eg

- **Tanta Summer School, Skin and venereal Diseases**
  Tanta, Egypt
  1 - 21 of Aug, Sept. and Oct. respectivley
  Dead line for registration is 2 weeks in advance.
  Fee: 250 USD
  Contact: Hossam Sayed El Sherif
  53 El Gaish street
  31211 Tanta
  Egypt
  Phone: +20-40-316354
  Fax: +20-40-331800 (att. Hossam El Sherif)
  e-mail: SA_GAMIL@FRCU.EUN.EG

- **The 4th International Medical Students’ Workshop on the future of medical education**
  New technologies and research on medical education
  Monterrey, Mexico
  Nov 30th - Dec 6th, 1997
  Participation fee: USD 110
  Deadline for application: 30th of September 1997
  Phone: +46-31-82.18.51/ +52-8-32.94.156
  Fax: +46-31-77.33.866 (att E Schmidtke)
  +52-8-32.94.050 line 2662
  e-mail: eva.schmidtke@medstud.gu.se
  asoto@alumnos.uanl.mx

- **6th Annual International Ain Shams Medical Students’ Congress**
  (11 - 14 Feb, 1998)
  Cairo, Egypt
  Tel: +202-2578990 (home)
  Fax: +202-25.78.990 / 28.59.828
  e-mail: talaat@asunet.shams.eun.eg,
  gamalasss@frcu.eun.eg

Eurotalks, Music and other events

- **English/German Eurotalk**
  July 1997, Kiel, Germany
  Contact: Martina Schubert,
  Holtenaeruerringe 171 a,
  24118 Kiel, Germany
  Tel: +49-431-80.69.85
  e-mail: <kli01@rz.uni-kiel.d400.de>
IFMSA is the world’s largest student organisation committed to the Peoples’ Health, Education and Development. We work in over fifty countries promoting international understanding through students exchange, and facilitating progress in our profession through a multi-cultural experience. Thousands of medical students have joined our compromise, working on voluntary basis, away from profit-making purposes, with no political filiation or any other kind of discrimination.
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