



**IFMSA**  
International Federation of  
Medical Students' Associations

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# Humanitarian Action

**MSI 31**  
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**medical students worldwide**





# IFMSA

International Federation of  
Medical Students' Associations

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# IFMSA

The International Federation of Medical Students' Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 123 National Member Organizations from more than 100 countries across six continents, representing a network of 1.3 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally, so to shape a sustainable and healthy future.

IFMSA is recognized as a nongovernmental organization within the United Nations' system and the World Health Organization; and works in collaboration with the World Medical Association.

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# Editorial



**Firas R. Yassine**

IFMSA Publications Support  
Division Director 2014 - 2015

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Dear readers,

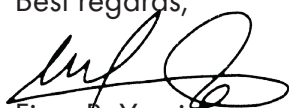
It gives me an immense pleasure to present you with the first edition of MSI for the term 2014 - 2015. For a couple of months now, the publications team has tirelessly worked - alongside the Standing Committee Directors, Projects Support Division Director and Vice-President for External Affairs - to bring you the best that is being developed on the local, national and international levels.

In a very uncertain, ever-changing world, our theme for the March Meeting 2015 - Humanitarian Action - serves to remind us all of the great inequality that exists among and in between different populations. The articles that we invite you to go through in the coming pages shed light on some important measures that we as medical students - as future healthcare and public health leaders - can and should take to bring about the positive change that most call for. In fact, our advocacy has materialized in concrete positive outcomes at several external platforms such as the COP20 conference and the Executive Board Meeting of WHO.

Working on this publication has been an eye opener for us, going through over 200 article submissions, choosing the most relevant to the theme and the priorities set by the Standing Committees, and actually learning about the activities and projects that members of this Federation lead on a daily basis. We would like to thank everyone that had a part in this work, no matter how big or small.

On behalf of the Mikolaj, Esraa, Sadia, Mohamed, Zineb, Adesoji, Amine, Haleema, Youssef, Ammar and Joel - the Awesome Publications Team - I invite you, dear readers, to embark on this amazing journey, and I wish you a pleasant read.

Best regards,



Firas R. Yassine





# Empower Yourself!

**Amine Lotfi,**  
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Dear readers,

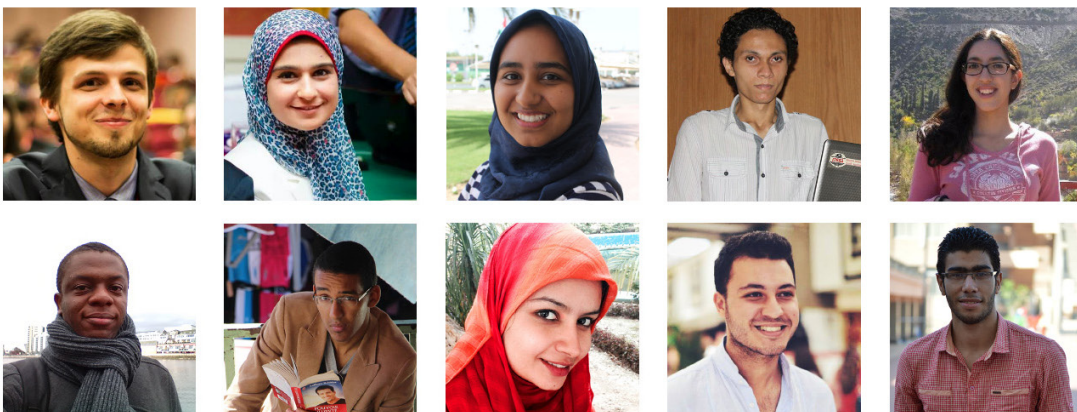
Since I've joined IFMSA back in 2012, little did I know that my life was about to change. Through my work within the Federation, I've seen many medical students, including myself, gain both skills and knowledge that will undoubtedly enable them to be better physicians in the future. Those future health leaders will be better prepared to address global health challenges and to contribute to healthcare improvement in their communities.

Empowerment can be defined as "a cultural process whereby young people gain the ability, authority, and agency to make decisions and implement change in their own lives and the lives of other people." IFMSA has been such an extraordinary tool for medical students' empowerment since its very beginnings; while going through the pages of MSI31, you will see how our members are helping making this world a better place.

I would like to take some time and thank some of the best "empowered" medical students I know: the last Publications Team in its current structure before the Federation's leadership changes take effect and of course our team leader for the awesome spirit and great team work!

I would also like to invite our readers to enjoy MSI 31 as much as we've enjoyed making it. I hope it will inspire the leaders in you and those around you.

Wilfred Arlan Peterson sums it up best: "Walk with the dreamers, the believers, the courageous, the cheerful, the planners, the doers, the successful people with their heads in the clouds and their feet on the ground. Walk with those who have ideals, with zest to help and lift, to create and contribute. Let their spirit ignite a fire within you to leave this world better than when you found it."



***International  
Publications  
Team  
2014 - 2015***



## President's Message



**Agostinho Sousa,**  
IFMSA President  
2014 - 2015

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Dearest IFMSA members,

It is a great pleasure to see that this magazine addresses one of the key questions of mankind: its humanism and the action needed to implement it.

As stated in the Declaration of Geneva: we, as future doctors, have the duty to solemnly pledge to consecrate our lives to the service of humanity.

The present times are still a result of a post second world war era where, more than ever, it was needed to find a solution for the big humanitarian problems. The big boom of social justice and respect for humans re-started once again, and the UN was created. With it, several agencies such as WHO were created and the Declaration of Human Rights was written. Along that way, IFMSA was also created in 1951. Now try to imagine, how students raised in a destroyed Europe, managed to unite and understand that the role of medical students is more than only theoretical science. From there came the spirit to start what we pride ourselves for today: our exchanges, activities, advocacy and vision for stronger, united medical students everywhere. We had our ups and downs in the last 60 years, but can proudly say that we are one of the oldest and biggest youth organisations worldwide, with more responsibility than ever before.

Action must be taken now. We are living in a world which is on the edge of conflicts regionally and globally, feeling one step closer to it everyday. Crises such as Syria, east Ukraine or Nigeria are challenging global diplomacy. Intolerance and fear are exhibited by our media daily. With climate

change, more environmental disasters are expected to take stage and impact millions and millions of human beings. Humanitarian crisis is just around the corner and this is not the end of the list.

More than ever, healthcare professionals need to reflect about their role in the society and their service to medicine. When things go wrong, our community is expected to be in the front and to have the courage to help the ones in need. This magazine is dedicated to all the people, organizations around the world, with a special mention to doctors of today and doctors of the future, the medical students, that have the courage to stand up, gather communities, think outside the box and maintain the utmost respect for human life, not use our medical knowledge to violate human rights and civil liberties, even under threat, as the Hippocratic Oath teaches us.

As Kemal Atatürk once stated, "Peace at Home, Peace in the World." Take examples from this MSI and see what is being done around the world. Let it inspire you and be an active agent of change, at your local community and your country. Even with small steps, the world can become a better place.

I would like to show my gratitude to the publications team, for all the work done while building this magazine and of course, to all of those who took time to submit articles. Although it's just a part, but nevertheless, a really good proof, how our passion can change the world we live in.

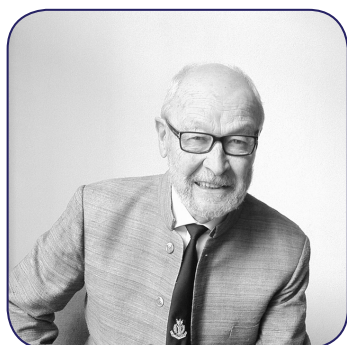
With best regards,  
Agostinho Moreira de Sousa



# Message from Prof. Erik Holst Fund

**Kostas Roditis,**  
Chair, Prof. Erik Holst Fund

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**Prof. Erik Holst (1922 - 2013)**

Are you a medical student and a member of IFMSA? Are you involved in IFMSA activities locally? Are you interested in participating in an IFMSA General Assembly (GA)? This is your chance! Apply now for the first "Erik Holst" IFMSA GA Scholarship.

## **Prof. Erik Holst Fund - General information**

In commemoration of the 60<sup>th</sup> anniversary of IFMSA in 2011, the Federation's Alumni set up the Prof. Erik Holst Fund (PEHF). Many of us have had life-changing experiences being a member of IFMSA. Now, as medical professionals, we would like to give current IFMSA members the chance to have their own experience.

By contributing time and donations, the PEHF hopes to help IFMSA flourish by encouraging future generations of IFMSA activists. There are two high-impact areas where the Fund can make a difference. The first is providing scholarships to attend General Assemblies. The second is funding the work of local chapters through IFMSA Local Project micro grants. More information about the Fund can be found on [www.erikholstfund.com](http://www.erikholstfund.com).

## **The Erik Holst IFMSA GA Scholarship**

Awarded to promising GA attendees from any of IFMSA's national member organizations, the award recognizes contributions the students have made at a local level as well as their potential to contribute to the activities of IFMSA. The PEHF wants to open the door a little wider

for those students, who may face financial obstacles.

## **Call for Applications**

The first ever Erik Holst IFMSA GA Scholarship will be €500 and will be awarded to one (1) medical student, to be used only for participation at the IFMSA GA - August Meeting 2015.

Those interested are requested to fill-in the online application form (accessible via this [link](#)\*). Do not forget to include your CV and Motivation Letter as these will mostly define the applicant who will be awarded the scholarship. Once completed, you will receive a confirmation e-mail from PEHF. You can check [www.erikholstfund.com](http://www.erikholstfund.com) for updates on the application review process. The deadline for receiving applications: May 1, 2015, 23:59 GMT.

The selected applicant will be informed by e-mail with instructions on how to receive the scholarship. A valid e-mail address is crucial.

Don't miss your chance to attend the IFMSA August Meeting 2015. Don't miss your chance to make a difference. Don't miss your chance and apply now!

**Prof. Erik Holst Fund - "Giving back something for what IFMSA has given us."**

\* <http://goo.gl/forms/JkYPFqehkh>

## “Other Students International”



**Bárbara Villela,**  
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### Vampire Cup: a public health collaboration

Technology has come a long way in providing medical doctors and other health professionals with some incredible, man-made tools to help treat patients. Looking back 100 years, our evolution has been exponential and tools that were never thought possible are now being used regularly in some countries. While research on blood substitutes has progressed, possible solutions still need to be tested in humans and later scaled up to industrial levels.

While technology does not catch up to the current transfusion needs of patients worldwide, another system is still in place, one based on the solidarity of others. According to the WHO Fact sheet N° 279, there are 108 million blood donations collected globally and an increase of 8.6 million blood donations, from 2004 to 2012, from voluntary unpaid donors have been reported. Still, there is a noticeable difference between the access to blood between low- and high-income countries: the median blood donation rate goes from 36.8 donations per 1000 in high-income countries to 3.9 donations per 1000 in low-income countries. Interestingly, in the age group of 18-24, this rate is switched with more donations from low- and middle-income countries when compared to high-income countries.

Taking these issues into consideration in 2010, IPSF, the International Pharmaceutical Students'

Federation, adopted a project from one of our member associations, NAPSA Australia. The Vampire Cup Competition is a blood drive competition between IPSF associations, where every association/country will try to collect the most units of blood during blood drive campaigns. The project has been slowly growing: in 2013 we had 9,328 blood units collected with a significant increase in 2014, collecting 23,354 blood units.

Now, a turning point might come for IPSF's blood donation initiatives. There are many issues that can be addressed in terms of awareness to blood donations such as: the discussion of voluntary and paid donations, blood screening and blood processing among others. For instance, the prevalence of transfusion-transmissible infections is as high as 0.85% for HIV in low-income countries. Alternatively, there is a discussion on the rigor of specific exclusion criteria determined by some countries. The process has just begun and the discussion will not end soon, or possibly ever, but in years to come the vision is to have the Vampire Cup as not only a blood drive competition but also an awareness event and strategy, from national endeavors to international collaborations.





## IFMSA 64th General Assembly

March Meeting 2015

In this section you will find articles on  
the theme of the March Meeting 2015:  
**Humanitarian Action**

# The land down under:

## Australian Treatment of Asylum Seekers and the Impacts on Their Health



**Elliot Dolan-Evans,**

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To many, especially individuals with interests in international law, health, politics, and refugee law, Australia is an island nation that displays contempt and aggression towards asylum seekers. At the establishment of the Federal Australian Parliament in 1901, laws were enacted to restrict the ability of non-Caucasian people to enter Australia, in the pursuit of the 'White Australia Policy' (Moylan 2013, 16). This repugnant policy was driven by the fear of 'yellow hordes' invading, and was the official response to immigration until 1973 (McAdam 2013, 436) when the conservative government dismantled it (Moylan 2013, 16). The opposition party in 1977, the 'left-leaning' Labor group, attacked the government over 'boat people' arriving in Australia, who were 'avoiding proper channels', 'economic migrants', and needed to be deterred by harsh policies (Moylan 2013, 16). It was these sentiments that were to echo throughout the history of Australia's approach towards asylum seekers. Once the Labor government regained power, in 1992 they rushed laws through Parliament that authorised mandatory detention for those entering the country by boat (Moylan 2013, 17).

1996 heralded the election of the conservative government, with Prime Minister John Howard a severe critic of multiculturalism and immigration (Moylan 2013, 17). By the late 1990s, Australia had established six overcrowded, remote detention centres on the mainland to imprison asylum seekers (Moylan 2013, 17). Australia now had legalised indefinite, mandatory detention for asylum seekers; and for those who somehow had their refugee applications approved – they were issued with 'Temporary Protection Visas'

(TPVs), which meant they would never be allowed to settle permanently, secure employment, or bring their family (McAdam 2013, 441), contravening the spirit and intent of the 1951 Refugee Convention (Coghlan 2011). Into the 2000s, the government were able to influence and pay nearby nations, such as Indonesia, to adopt aggressive policies towards asylum seekers (Nethery & Gordyn 2014, 186), whilst also excising the migration zone to the mainland, meaning that if the government stopped boat arrivals getting to mainland Australia, the asylum seekers were unable to access legal and administrative protections or rights (Moylan 2013, 18).

The arrival of approximately 12,000 asylum seekers, predominantly from Iraq and Afghanistan, between 1999 and 2002, led to unprecedented negative political, media and public reaction, fuelled by the tenuous link created between Islam and terrorism by the media and government (Thomas et al. 2011, 115). Thus, the 'Pacific Solution' was born, where Australia transferred asylum seekers to detention centres located



Operation Sovereign Borders: Screening Asylum Seekers





International advertisement directed to asylum seekers

on the poor island nations of Nauru and Papua New Guinea, in exchange for increased aid funding and political support (Nethery & Gordyn 2014, 181). These evolving policies demonstrate a progression of the enduring Australian fear of an (mainly Asian) 'invasion' (McDonald 2011, 284).

In the last decade, the international community has witnessed a 'race to the bottom' between the Labor and conservative political parties in Australia, to how best to shut down Australia as a place of refuge (McAdam 2013, 435). With the election of Tony Abbott as Prime Minister in 2013, an extremely socially conservative leader, 'Operation Sovereign Borders' was enacted as the new militarised policy to 'protect' Australia from the threat of asylum seekers, led by a three-star General (McAdam 2013, 441). This policy also permitted the turning back of boats to places of persecution (refoulement – illegal under the Refugee Convention and human rights law (McAdam 2013, 442)), created media advertisements threatening asylum seekers with refoulement (Pickering & Weber 2014, 1018), removed all expert, independent advice to asylum seekers (Seuffert 2013, 778), and used a military shield to stop information release about any government activities under this policy (Hodge, 2015), reminiscent of autocratic leadership (Reilly et al. 2014, 163). To top it all off in true Orwellian fashion, the Department of Immigration and Citizenship was renamed to the 'Department of Citizenship and Border Protection' (Hodge 2015, 122).

Although Australia receives a tiny number of asylum claims

(Greenhalgh et al. 2014, 2), and its highest recorded intake only reflected 1.47% of the world's number of asylum seekers (McAdam 2013, 445), the Abbott government have framed their policies as a 'war' to stop the 'illegals' (Hodge 2015, p127) who threaten the Australian 'way of life' (McDonald 2011, 289). The construction of asylum seekers as a security threat has allowed the government to elevate the

issue 'above' politics, to permit rushed decisions in secrecy, which has been the hallmark of recent border protection laws (McDonald 2011, 284).

Health care in detention is governed by Commonwealth immigration law (Zion et al. 2012, 69), which has resulted in extremely harsh conditions in the processing camps on Papua New Guinea and Nauru that reflect the government's intention to persuade asylum seekers to abandon their refugee claims (Fleay & Hoffman 2014, 8). These camps have been deemed to be below international standards by Amnesty International and the United Nations High Commissioner for Refugees (Pickering & Weber 2014, 1013), and the Australasian specialty Colleges of Physicians (Ferguson et al. 2014, 377), Psychiatrists (Zion et al. 2012, 68), and Paediatricians (Isaacs et al. 2014) have all expressed grave concerns at the poor standard of health care. The camps, with deficits in electricity, drinking water, washing water, and communications devices throughout their history (Fleay & Hoffman 2014), have been marred by violence, unsanitary conditions, hunger strikes, trauma (Moynan 2013, 19), rape, sexual abuse (Seuffert 2013, 753), soiled clothing during medical assessments, easily preventable deaths (Ferguson et al 2014, 377), poor mental health (Fleay & Hoffman, 17), child suicide attempts, riots, rampant homophobia, harassment, bullying, and assaults (Seuffert 2013, 773). There are now thousands of children in detention (Zion et al. 2012, 70), with all asylum seekers having a damaging lack of access to health care and an environment that is so toxic, psychological treatment has little or no effect (Zion et al. 2012, 70).

Australian governments have been able to implement increasingly draconian policies by disingenuously justifying them on the basis of preventing asylum seekers risking their lives on derelict boats (Isaacs 2013, 85), and through labelling asylum seekers as 'queue jumpers' and 'illegals' (McAdam 2013, 436). However, Australia's immigration policies undermine and violate the humanitarian object and purpose of the UN Refugee Convention (McAdam 2013, 443), and the rights to seek asylum from persecution (UDHR 1948), to be free from torture or cruel, inhumane or degrading treatment (ICCPR 1966), and freedom from extradition to another state where there would be substantial risk of torture (CAT 1984). The UN Committee Against Torture has recently issued staunch condemnations of Australia's immigration policies (Webb 2014), and international courts have found Australia to be guilty of removing human rights from asylum seekers (F.K.A.G et al 2011). Australia is a signatory to the Refugee Convention, but has passed domestic laws that basically ignore this document (McAdam 2013, 437). Countries who avoid their freely assumed refugee law obligations are both legally unviable and uncommitted to human rights and the rule of law (Hathaway 2007, 100). The dogma labelling asylum seekers as 'queue jumpers' perpetuates the myth of a regional, orderly queue for processing of refugee claims, which is not only untrue, but allows the government to get away with punitive warehousing of individuals in offshore detention (Pickering & Weber 2014, 1010). It is legal to seek asylum without sufficient documentation (Seuffert 2013, 768), in whatever country the seeker feels safe to rebuild their life (McAdam 2013, 438). Through the granting of broad powers to the Minister of Border Control, and the suspension of the rule of law, Australia has repugnantly rejected its obligations to the world's most threatened people (Seuffert 2013, 767).

seekers 'jumping the queue' has fed populist resentment (McKenzie & Hasmath 2013, 421), with the general public believing that asylum seekers come to Australia for their own personal benefit (Thomas et al. 2011, 129). In the late 1970s, 60% of Australians wanted 'boat people' to stay in the country; while in 2001, 71% believed it was right to detain asylum seekers (Moylan 2013, 19). Thus, it has become clear to the government that anti-migrant propaganda wins elections (Isaacs 2013, 85). Through restricting access to detention centres for anyone independent of the government, and requiring those working in detention centres (including doctors) to sign confidentiality agreements (Fleay & Hoffman 2014, 9), the government has shrouded immigration issues in secrecy, which has kept the general public in blissful ignorance of the harsh treatment served by their elected representatives to the world's most vulnerable (Reilly et al. 2014, 164).

Although the Australian public may live in apathy and ignorance, the author calls on future medical leaders from around the globe to speak up on this shocking issue. Australia, one of the wealthiest and most liveable countries in the world, treat asylum seekers deplorably and put the health and welfare of men, women and children in jeopardy every day. The Australian government have faced little international criticism – but they will take notice of some of the world's best and brightest, future medical doctors taking a stand where others have dared not. I implore you all, write to the following Australian government Minister, and advocate for the health of those who need it most, and perhaps together we can help bring an end to indefinite and arbitrary detention, deaths, and violence.

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These policies go hand in hand with the complete lack of objection by the majority of the Australian public. Through appealing to the Australian ethos of a 'fair go', the government's rhetoric around asylum



# Humanitarian Action:

## The Power of Intention

**Okiror Noah Emokol,**  
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A collective sense of pity, fear and desperation ravaged the entire continent of Africa in 2014. The numbers were growing by the hour. Family after family, homestead after homestead, village after village; it was hard to believe the rate at which people died. Ebola was the talk of the media. As numbers reached thousands, it was unthinkable how people were really failing to adjust their hygiene practices despite the numerous interventions of various humanitarian groups to try sensitize the communities and provide basic measures to prevent the spread of the virus. There are two possible sides to the story of West Africa. While many may delve in the almost obvious side of the story, a few really try to even think over the other side of the coin. I suppose we examine the facts first.

It has become a common trend to offer humanitarian aid to poor nations, especially in times of emergency and long standing crises, with funding towards humanitarian causes reaching a whopping 17.9 billion US\$ from donors. In fact not offering aid to such causes will easily pass off as being uncouth.

What we tend to forget, however, is the fact that the people who take the extra mile to help in such situations also have agendas. To be able to spend billions of dollars on humanitarian aid and not expect anything out of it is not far from outright business suicide per se. As a result many low income countries have literally been kept down on their knees begging and in state of desperation, always waiting for some miracle from some "good will" to come to their rescue. And yet there are countries with inherent capacity to help themselves somehow.

So the question is why is it that we, somehow, have failed to help ourselves? The answer is a consortium of factors, both internal and external.

Humanitarian action has found itself in the heart of war and epidemics no somehow the target is always low income countries. With many examples to cite, humanitarian action has actually helped a lot in terms of providing material and logistics to people in need. But while the health worker on the battle field would much appear as a benign good intent human trying to help in such desperate situations, somewhere in the depth of the network lies a not so good an intent in humanitarian action.

While it can be passed off as a far-fetched idea that humanitarian action has been the very fuel of crises it helps to alleviate, there could be some degree of truth to it because there are no answers to certain questions:

1. Who is the financial muscle of the wars going on in the developing countries? Surely with war going on there is no way whatsoever the people in war areas can have the time to earn. Or if they do then it must be money that comes quick.
2. Is it possible that in the West African Ebola crisis, the people have really failed to adopt the measures of hygiene to help curb the epidemic? Or are the "hygiene" practices fuelling its spread?
3. Is possible to totally rule out the possibility that humanitarian organizations in the health sector take advantage of desperate populations as experimental lab rats?

4. How possible is that humanitarian organizations want to support developing countries have healthier populations but also advocate for population decrease?

5. If the true intent of Humanitarian organizations is pro-human, how possible is it that not every country really approves of them?

In conclusion, while the effort of the humanitarian action especially in the health sector are easy to be numbered, more emphasis should be put on the solving the causes of the problems and helping developing nations fend for their own disasters. It is easier to trust a penny from a 7 year old child

to help Ebola patients in West Africa than trust 1 billion US dollars from a philanthropist in Texas because the intent of the two are very different; one is more genuine.

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## Humanitarian Action



**Salameh Abdalmajeed,**  
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When we talk about humanitarian action, we should know what it means and what it depends on. While there is no accurate definition, we can say that humanitarian action involves helping others without discrimination or separation; it is helping the people in need whilst looking at them as humans.

Humanitarian action depends on human beings in the first place. Because man is the one that helps others in crises, whether through voluntary work, social media campaigns, raising awareness, or moral and financial support. The real meaning of the humanitarian action is to reduce the suffering

of others.

Humanitarian assistance is considered a big and important part of the humanitarian action: it is action which results in saving the lives and the dignity of people in need. It also involves prevention of crises and raising the level of alertness needed to deal with such events. The things that makes humanitarian action special include the following:

1. Saving lives and reducing the suffering of people wherever it is;
2. Neutrality: people who work in this field should act with all the parties with the same level without favor to any party;



3. Independence: staying away from political, martial or financial factors;

What's spent in this field is different from one source of data to another. This is because lack of transparency from the donors. Also, expenses on humanitarian action will differ from one government and one organization to the other. Most of the analysis about the humanitarian spending is about:

- The international response on the humanitarian action;
- The expenses from the local governments on the humanitarian action;
- Who provide these aids and what they include;

Humanitarian work will provide logistics and material aids for the people in need. It is mostly for a short period till the arrival of the aids of long period which is usually provided by the government or the concerned institutions. People who need aid are the homeless, the refugees, and the victims of natural/ man-made disasters and epidemic diseases.

This is what pushed the UN General Assembly adopt the 19<sup>th</sup> of August of every year as The Humanitarian Action Day, to raise the awareness of the importance of this work and to honor those who faces danger to help others. It is a day to celebrate the spirit that motivates humanitarian action all around the world. This day highlights the efforts of workers in the humanitarian services and their local, governmental and international organizations, which help face environmental and health disasters and armed conflicts. On this day, all people are invited to work together against the challenges of the present and future to build humanitarian communities everywhere.

We hope that the Humanitarian Action Day will inspire more volunteers, and we hope to have more

and more public and international support for the humanitarian action organizations.

We can summarize the challenges of the humanitarian action as follows:

1. Anything that undermines the general understanding about humanity: the theory of "clash of civilizations" will create a lot of cultural and racial discriminations;
2. Anything that undermines the general public support for humanitarian action;
3. Anything that limits the capacity of people to accept and contribute to humanitarian action;
4. Anything that puts institutional interests above the main goal of helping people in need.

# Health Professionals Participation in Torture:

## An affront to humanitarian and medical ethics?



**Deborah Vozzella Hall,  
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In December 2014, a United States Senate Select Committee released a report detailing how health professionals including physicians and psychologists participated in, led and even designed “enhanced interrogation techniques” as part of the U.S. Central Intelligence Agency’s Detention and Interrogation Program<sup>1</sup>. Although the report and accompanying documents are significantly redacted, the report details the use of torture including waterboarding, sleep deprivation, forced nudity, physical violence, denial of access to medical care, mock burials, prolonged stress positions and procedures without any medical indication such as rectal feeding and rehydration. Physicians and other health professionals facilitated and aided interrogations. Doctors reportedly recommended shackling techniques to enable prisoners to stand for more than fifty hours. For waterboarding, the use of saline rather than free water was advised to avoid water intoxication. During interrogations, health professionals reportedly monitored detainees’ vital signs and other clinical parameters to ensure interrogations could proceed. Instead of protecting and providing care for sick and injured detainees, medical professionals provided clearance for more torture.

There is simply no defense of physicians’ and other health professionals’ participation in these “enhanced interrogation techniques,” or torture. Such behavior, whether passive or active, entails a blatant disregard for core principles of medical ethics including respect for human dignity and rights as well as medical professionalism<sup>2</sup>. Moreover, physician participation in torture is at odds with key humanitarian principles – it inflicts and perpetuates suffering rather than seeking to alleviate it and compromises physician impartiality.

Even more tragically, physician participation in torture is a global humanitarian challenge and is not limited to the U.S. CIA’s Detention and Interrogation Program<sup>3</sup>. Physician involvement in torture has been noted to be “widely practiced in society<sup>4</sup>.”

The acts of torture described in the U.S. Senate Select Committee report are inconsistent with international humanitarian law and treaties including the Geneva Conventions. The United Nations Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, which has been ratified by the United States, prohibits the use of torture and stipulates that “[n]o exceptional circumstances whatsoever...may be invoked as justification of torture<sup>5</sup>.”

Within the medical community, the World Medical Association (WMA) Declaration of Tokyo prohibits physicians from participating in or being present during the practice of torture or other cruel, inhuman or degrading procedures<sup>6</sup>. The WMA’s Declaration of Hamburg prohibits physicians from participating in “... torture or other forms of cruel, inhuman or degrading procedures for any reason<sup>7</sup>.” The WMA has further repeatedly affirmed a prohibition on physician participation in torture and commitment to physician impartiality<sup>8</sup>. Similarly, the American Medical Association (AMA) Code of Medical Ethics calls on physicians to oppose and not participate in torture for any reason<sup>9</sup>. In December, the WMA, AMA and the British Medical Association all issued statements reaffirming opposition to physician participation in torture as part of the U.S. CIA program<sup>10,11,12</sup>.

Similarly, the American Medical Student Association’s (AMSA-USA) Principles Regarding Human Rights calls for physicians to be able to “fulfill their ethical obligations

to patients and society according to the World Medical Association (WMA) Declaration of Geneva...” Moreover, AMSA-USA “...condemns the participation by an MD, DO, healthcare worker or medical student in state or third-party violations of human rights, including but not limited to torture, and eugenics,” where to torture is defined as “deliberate, systemic or wanton administration of cruel, inhumane and degrading treatments or punishments during imprisonment or detainment.” Participation in torture is defined to include “...providing or withholding any services, substance or knowledge to facilitate the practice of torture<sup>13</sup>.” AMSA-USA has even specifically condemned “the use of torture, cruel, inhuman or degrading treatment or punishment by the United States Armed Forces on prisoners in Iraq, Afghanistan and Guantanamo Bay<sup>14</sup>.” To address the well-documented lack of adequate physician education on torture<sup>15,16</sup>, AMSA-USA has called on medical schools to educate students to medical ethics and accountability under international law.

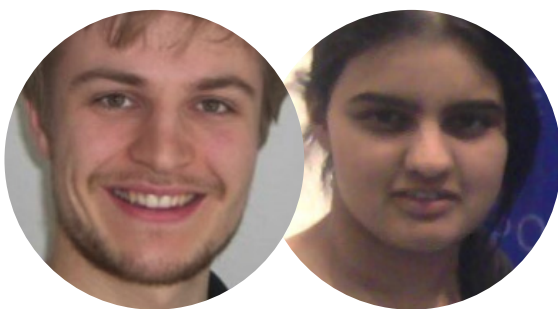
As the lack of sufficient education may contribute to physician participation in and complicity with the practice of torture, organizational principles such as the World Medical Association’s Declarations of Tokyo and Hamburg need to be translated and integrated into medical school curricula both to seek to prevent physician participation in and complicity with torture and prepare physicians-in-training to treat torture survivors<sup>17,18</sup>. As the next generation of physicians, it is critical that we not only join the medical community in denouncing acts of torture and physician participation in such acts, we must also engage with each other as and individual medical students to ensure that we are trained both clinically and ethically to confront and condemn the practice of torture - to ultimately serve patients.

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## Humanitarian action, acces to medicine & trade



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**Elizabeth Wiley**, AMSA - USA

"If these agreements open trade yet close access to affordable medicines, we have to ask is this really progress at all?"

- Dr. Margaret Chan, World Health Organization (WHO) Director-General, May 2014.

Humanitarian action can be defined as, "[a]ssistance, protection and advocacy actions undertaken on an impartial basis in response to human needs resulting from complex political emergencies and natural hazards." Consistent with the recognition of health as a human right, an effective humanitarian response requires not just the direct provision of health care services but also includes access to medicines, medical devices, supplies and equipment. In this context, timely and affordable access to medicines is an essential component of humanitarian action for health.

A new generation of trade agreement negotiations has emerged in recent years that threatens to create new barriers to access to medicines by way of more stringent intellectual property protections. Through a combination of regulatory harmonization and reductions in non-tariff trade barriers, the Transatlantic Trade & Investment Partnership (TTIP), the Trans Pacific Partnership (TPP) and the Comprehensive Economic & Trade Agreement (CETA) all seek to increase trade liberalization and economic growth.

This new generation of trade agreement negotiations is unmatched in terms of scope and size. Announced in 2008 and launched in 2010, TPP negotiations currently include twelve parties: Australia, New Zealand, Singapore, Brunei, Malaysia, Japan, Peru, Chile, Mexico, the United States and Canada. Launched in

2013, TTIP negotiations currently include the European Union and United States. Recently concluded, CETA negotiations included the European Union and Canada. Taken together, TPP, TTIP and CETA negotiations are estimated to include economies representing well over half of the global gross domestic product (GDP). Moreover, these agreements attempt to establish a new global model for all future trade agreements with significant implications for access to medicines on a truly global scale.

The World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) established a set of common international rules governing the protection of intellectual property including the patenting of pharmaceuticals. In 2001, the Ministerial Declaration on TRIPS and Public Health affirmed that TRIPS can and should be used by WTO members "...to protect public health and, in particular, to promote access to medicines for all." To this end, TRIPS includes safeguards and flexibilities including, but not limited to, compulsory licensing, which seek to ensure that patent protection does not supercede public health; unfortunately, not all countries are able to make full use of these flexibilities.

Leaked texts and details of potential intellectual property provisions paint a troubling picture for access to medicines. There are many possible provisions that could have negative implications for the affordability and accessibility of medications including:

- Evergreening, or patent protection extensions for minor modifications of drugs;
- Patent linkages connecting patent protection

terms to regulatory approval resulting in delayed approval of generic drugs; and

- Potential threats to compulsory licensing;
- Extended data/market exclusivity to prevent generic production.

The potential sequelae of current trade agreement negotiations on access to medicines are further complicated by possible investor-state dispute settlement (ISDS) provisions. ISDS provides a mechanism for investors to bring claims against governments and seek compensation. Thus, ISDS provides new and novel opportunities for multinational corporations including pharmaceutical, biologics and medical device manufacturers to challenge domestic laws and regulations that threaten their interests. As a result of both stronger intellectual property protection and ISDS, this new generation of trade agreements could reduce access to medicines for humanitarian purposes.

It is critical that trade agreements, consistent with humanitarian principles, protect and promote health. As the next generation of physicians, our commitment to humanitarian action must include advocacy to ensure that trade agreements advance rather than undermine access to medicines, and the right to health for all.

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## Medical Students Extending an Arm of Support



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Humanitarian Law defines a humanitarian act as "an act performed by a person to protect the life or the human dignity of someone whom he or she may not know or would not ordinarily be inclined to help or protect. A humanitarian act is likely to involve personal risk or loss<sup>1</sup>."

The objective of humanitarian action is to save lives, alleviate suffering and to enhance human dignity, both during and in the aftermath of natural disasters and man-made crises. It can mean the difference between life and death for many thousands of people each year. It helps people get back to leading productive lives more

quickly<sup>2</sup>.

This indeed was the definition of our acts.

Adijat was 17 years old. David was 2. Both of them were two kids no one could just pass by. Adijat was at end stage so was David.

David had retinoblastoma; his right eye was completely gone. Everything was needed to save the second. He was the only child of a young couple who recently relocated to the south, having lost all to the Boko Haram insurgency in the north of Nigeria. After going around, they eventually got to our teaching hospital. The diagnosis

was made on the spot. Then, the real struggle began. How do they raise the money to pay for hospital bills and medications?

They sold the little they had left, still not enough. And then took to the streets, begging and pleading just so her little angel could survive....

Adijat had end stage renal failure. She was dependent on dialysis until she could get a kidney transplant. Her chances were slim. She was deteriorating. It started with childhood hypertension. She presented for management but later defaulted due to paucity of funds and ignorance, only for her to come again, with chronic glomerulonephritis. After days in-and-out of the hospital, money was running out. She started missing school a lot. She was the first of three children. At this point, the father was nowhere to be found. He was the match for the kidney transplant. All efforts to get him back were abortive.

We just could not watch these children suffer. Looking at them, and seeing the distraught state of the parents would move anyone to tears. Everybody was concerned.

*“Whatever you do will be insignificant, but it is important that you do it.”*

– Mahatma Gandhi

*“If you can't feed a hundred people, feed just one.”*

– Mother Theresa

We thought of ways to help, and this brought about the Students' Fund Initiative (SFi). At that time, I was the Vice-President of our Medical Students Association (OOUMSA). We used every way we had to reach every student.

The support we received was unbelievable. Everyone contributed what they had; it was like a thrift collection system. No contribution was too small. We got on social media and were able to bring the cases to public notice through a publication in a national daily (The Nation Newspaper 19 June, 2013).

People from far and near pitched. I remember a friend

of mine sending in ₦ 40,000 (\$211) just for her to have an urgent dialysis session. Another friend who was then studying in the UK was able to get some of her friends to give and she forwarded about ₦ 54,000 (\$285).

All money we raised could not keep Adijat alive. She needed the transplant. On September 2, 2013, she died. David was just too young to lose it all just like that. His mother took his picture everywhere. At times, she carried him along. She went to markets, churches and mosques, all to save her little angel. Eventually, it was time to start the first phase of chemotherapy. The drugs were purchased. David was being prepared and just then, he gave up the ghost.

David and Adijat are just two of many cases across Nigeria and many other countries in the world. Every day at ward rounds, at the Children Emergency Unit, we donate: if not money, then blood or disposables. Not because it is convenient but because, how many people would we let die just because they cannot afford to live? In a setting where hospitals are doing so much to stay afloat, where medical care is not completely free as it is, many patients pay for their medical care out of pocket. Many live below the standard of living.

As we continue in our training and in the profession, we would be faced with Adijats and Davids. In allegiance to the Physician Oath, let us give our best of medical care. In sincerity to the humanity within us, let us use resources available at our disposal to help truly indigent patients we encounter. We are privileged to be where we are, and it is also a privilege to help people give to those who need.

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# Humanitarian Action:

## Fight Against Inequality in the Americas

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The Americas is known as the region with most inequalities in the world<sup>1</sup>. It is a Region that is also highly vulnerable to a wide range of natural disasters that are even more worrying with our small preparedness to adapt to climate change and high rates of violence.

Our governments do what they can, but it often seems not to be enough, so we as medical students are taking the lead and preparing ourselves to do and be more.

### About inequality

The Gini coefficient is a measure of the inequality of a distribution. A Gini coefficient of 0 represents exact equality – every person in the society has the same amount of income – and a Gini coefficient of 1 represents total inequality – that is, one person has all the income and the rest of the society has none.

The average Gini coefficient of Latin America is 0.52 though this hides a deep variation between countries. For example Bolivia, Haiti and Jamaica have Gini coefficients around 0.60 whereas Uruguay's is close to 0.45. The gap becomes bigger and bigger with two developed countries like US and Canada, that have Gini coefficients of 0.45 and 0.32 respectively<sup>2</sup>.

### How Humanitarian action?

Since we were very little one concept has always been clear in our heads: helping others is helping ourselves as in the end we all are world citizens.

2010 was a really hard year for the Americas.

In January, Haiti suffered a 7.0 magnitude quake that struck near Port au Prince leaving 3,500,000 people affected by the quake and an estimated of 220,000 deaths. Over 188,383 houses were badly damaged and 105,000 were destroyed by the earthquake (293,383 in total), 1.5million people became homeless<sup>3</sup>.

In February, Chile suffered a 8.8 magnitude quake that left about 523 people killed, 24 missing, about 12,000 injured, 800,000 displaced and at least 370,000 houses, 4,013 schools, 79 hospitals and 4,200 boats damaged or destroyed<sup>4</sup>.

Prolonged droughts increase the risk of nutritional crises. Disasters hamper access to proper water and sanitation services, undermining children's health, interrupting access to education and increasing the risk of violence, exploitation and abuse, including sexual and gender-based violence.

In Colombia, despite ongoing peace talks between the Government and the Fuerzas Armadas Revolucionarias de Colombia (FARC), the armed conflict continues to provoke forced displacement, landmine-related accidents and child recruitment by armed groups<sup>5</sup>.

We have a lot of challenges as a Region, and even though not all our countries are in the financial capacity to support other country in times of need, many of our governments and citizens take the lead and volunteer in programs to rebuild the damaged areas and provide food and medical supplies, many of our countries have programs to allocated those citizens that are displaced because of armed groups but specially we as medical students we have a greater commitment to our population health and wellbeing.

Sensing the spirit of the Region, this term we have started to work with the Pan American Health Organization (PAHO) on this field and currently we can access internships in several countries of the Americas in the Department of Emergency Preparedness and Disaster Relief, contributing with the humanitarian formation of future medical professionals. Preparing ourselves to face tomorrow's challenges.

There still much work to do to fight inequality and poverty, but we have started; the moment we stop seeing financial values as the face of a country and we start digging into the human nature spirit. We all want to get involved with humanitarian action, beyond the borders we all are the same and surely one day there will be enough of us with the same message to the world.

We are medical students and we decided to do and be more.

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## The Source of Motivation for Humanitarian Actors



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*"I have had a dream since I was a teenager, and I still do have this dream. I want to work for Doctors Without Borders. I want to travel to areas of poverty and insecurity, and help the people to a health life."*

*- Anonymous IFMSA Member*

Every day I have the pleasure to communicate with young people worldwide, possessing a dedication to take actions for a better world, a world with full implementation of peace and human rights. They all have a dream of contributing to help the ones in need, enhance the quality of life of the most vulnerable ones. I read the quote above on Christmas Eve, when sitting at my desk watching snow falling down outside the window, reading applications from you dear IFMSA members to do internships at UNRWA. That message, though, is something I hear every week.

I believe it is cute, it is a source of motivation to do something good, it gives me hope of a world with people of good morals. I also used to have this dream. I wanted to escape the safe life in Sweden. I wanted to

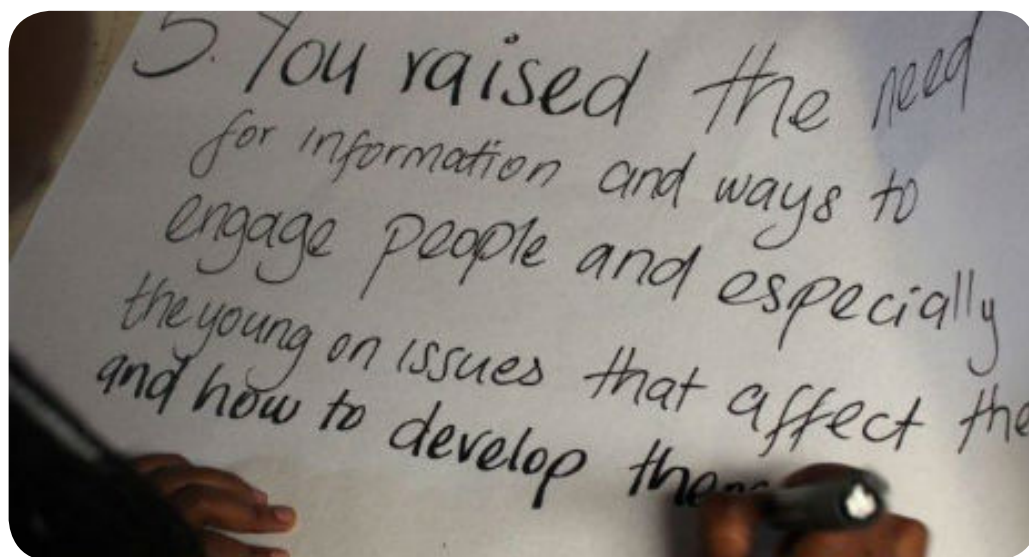
go to the most dangerous part of the globe and work as an humanitarian actor. I used to believe, and sometimes still do, that Sweden is boring; it is too safe and nothing challenges me. Sweden is a country where the solutions to individual as well as societal challenges are complex, you cannot just give food to the starving and thereby solve the problem.

A dear friend of mine, one of my first colleagues in the international IFMSA family, used to say: "The humanitarian actions starts on your door step". I believe that she is right, and that in several extents. Why travel the world to save people, open your eyes and you will find people in the need of support within your neighbourhood. You will find the young mother struggling because of finances to take care of her two children, and thereby not enough

resources to afford and manage a healthy lifestyle. You will find the middle aged man who cannot afford the surgery he needs due to lack of health insurance. Open your eyes and you will have enough to do for a life time. I have changed my opinion concerning means of implementation of humanitarian actions due to enhanced insight in your (IFMSA members) resources and capacities. We represent 117 countries. Some of our members come from countries that unfortunately currently face insecurity and poverty. But this does not mean that you at the individual level are less qualified and motivated to take actions in order to meet the humanitarian needs in your country. The challenge and obstacles are rather the national policies and the form of international support in building a resilient society. Improved early warning systems and better infrastructure reduce the risk of negative consequences of tsunamis. Improved city planning and education in urban areas reduces the struggle of urbanisations and thereby poverty. Enhanced access to education for girls has multiple consequences of sustainable development for the nation. Peace, education and multicultural exchanges of young people reduce the risk of conflicts. The number of potential actions to reduce the need of humanitarian actions are many and investing in such policy development are a long term investment in order to assure that you humanitarian actors around the world

can use your capacities and resources to implement your dreams help the ones in need within your own country.

Within approximately one year from now government representatives, experts from UN agencies, academia, private sector and civil society will meet in Turkey for the World Humanitarian Summit. This is the final event in a three year process of consultations and negotiations on how to meet the humanitarian needs. My belief is that actions of reducing the risk of disasters as well as enhancing the preparedness are the most effective ones in reducing both economical, environmental and human loss. After two years on the road, switching country each week, I did not lose my motivation and I did not change my morals. I still believe and wish to help the ones in need. But life gave me perspective on means of implementation. I do not want to take humanitarian actions just because of the sake of, I do want to contribute. Where I do that the best is by my desk back home in Sweden, looking at my doorstep and provide meaningful contributions to international and national policy development.



What are the global challenges of meeting the humanitarian needs? What are the most effective and urgent actions to meet these needs. World Humanitarian Summit 2016 facilitate consultations and negotiations amongst stakeholders with this topic on the agenda. Your voice is valuable.

Photo credit to Philip Olodo, IFRC.



## Weighing Humanitarian Intervention on the Moral Scale



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Scrolling down your News Feed for no more than a few seconds, you have already started wondering: When did the social media turn into international news networks? Ebola healthcare workers and their experiences, nationwide protests in France, segments about the still-ongoing conflict in Syria... Your mood is slowly but steadily worsening and soon enough you begin to wonder if Humanity has crossed the Rubicon and who is responsible for these phenomena that you have ended up observing silently. The flow of information is larger than ever and yet you have so much to consider when reading sentence after sentence about these large-scale crises.

Meanwhile, you start to clear your mind and think straight. You have learnt at school about all these: Earthquakes, floods, mass displacements, civil wars. Natural and man-made disasters are reported daily. But who is responsible to provide help in such crises? Is there such a thing as humanitarian intervention and, if yes, whose duty is it to offer such aid?

In order not to leave the easiest question unanswered, in other words whether humanitarian aid should be offered or not, let us start with an axiomatic truth: Humanity has a social and moral duty to protect human beings – regardless of their characteristics – from human rights abuses. Pessimistic as it may sound, whether we fulfill this axiom has yet to be defined.

The primary purpose of humanitarian aid is to save lives, reduce suffering and respect human dignity, protecting human rights<sup>1</sup>. Therefore, before we attempt to justify humanitarian intervention, we shall come to an agreement regarding the definition of human rights. The Universal Declaration of Human Rights, 'one of

the highest expressions of the human conscience of our time', as quoted by Pope John Paul II<sup>2</sup>, is the first thing that comes to mind when a definition for the human rights is attempted<sup>3</sup>. Since the civilians of the countries participating in the afore-mentioned Declaration are a dynamic population and such are their needs and characteristics, human rights are undoubtedly in a constant evaluation and redefinition process<sup>4</sup>. Over time, international human rights treaties have become wider and at the same time more focused towards the social groups they refer to.

Having settled that, on the one hand, the justification for humanitarian intervention lays above everything else. Few would disagree that all cultures and religions, be they eastern, western, Hindu, Islamic, Christian or anything else, value human life in its entity and uniqueness. Thus, the first and most important criterion that justifies intervention is the moral obligation of protecting life on all corners of the earth. In a few words, as John Locke noted in the 17<sup>th</sup> century, 'fundamental rights, such as rights to life, freedom, and property cannot be left out of the social contract'<sup>5</sup>.

Have you ever heard of the non-intervention principle or non-interventionism? It is a foreign policy which holds that political rulers should avoid alliances with other nations, but still retain diplomacy, and avoid all conflicts not related to direct self-defense<sup>6</sup>. In terms of political philosophy, it associates with libertarianism (Latin liber 'free'), a maximization of autonomy and freedom of choice, and a common argument employed by those who retain doubts against humanitarian aid<sup>7</sup>. However, the argument fails for a large portion of modern political philosophy, which supports that states which commit

international crimes are subject to the international community and laws. That being said, there has been a whole branch of international law established for such issues in the recent decades and from a legal perspective, humanitarian aid is justifiable by the United Nations, even when it contains acts of force. Specifically, Article 39 of the UN Charter quotes that the Security Council may authorize the use of force in response to any threat to the peace, breach of the peace or act of aggression, article which was recently brought to public attention again due to the ongoing events in Syria and the relevant actions by the UN<sup>8,9</sup>.

Although very few would argue that the idea of human dignity is a strong connector between the two definitions, as it is both cited in Article 1 of the Universal Declaration of Human Rights<sup>10</sup> and various cultural and religious traditions, there have been a number of voices expressing concerns regarding possible Western bias in the perception of human rights. Now, this is where descriptive or comparative ethics come in hand, the study of people's beliefs and morality. Youth groups with large diversity, such as IFMSA, are a perfect example of comparative ethics exercises. Moral reasoning about who should be the first to be rescued in an emergency or who should be the first patient to receive a new, miraculous drug that can treat HIV infection, differs largely among individuals coming from different moral grounds and raised in various cultural environments.

Even with the above reasoning, it sounds too harsh to the ear to deny aid to innocent people for the fear of intervening in cultural diversity or violating moral bylaws. Today's challenge is utterly complicated, as we find ourselves in a need for official aid policy in order to be able to function as a united humanity that will respond to humanitarian crises swiftly, efficiently and with respect to the religious, cultural and ethical guidelines of the state in need. International law faces the constant challenge of remaining up-to-date and evaluation the vast amount of information when it comes to reasoning or not an intervention.

Recent examples have clearly showed that the worst

a nation can do when balancing an intervention is to strand itself on an island of doubt and Western-like superiority complex. The only way to weigh the imperative to intervene is through the international arena and after exhaustive public and democratic debate, requiring a large consensus to be reached on the superior morality of action versus the immorality of violating state rights. As a conclusion, a threshold of moral necessity needs to be reached when humanitarian intervention and human lives are at stake<sup>11</sup>. Let us take action based on moral grounds and base our actions on international communication and cooperation. In the words of Dante, 'the darkest places in hell are reserved for those who maintain their neutrality in times of moral crises'<sup>12</sup>. Let us join hands and act together.

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## Climate Change:

A challenge Deeply Rooted in Health and Humanitarian Action



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2014 - 2015

In the past months, we have seen and felt tremendous effects of climate change throughout the world - ranging from extreme snowstorms in America, to Typhoon Vongfong in Asia, to cold snaps in Nordic countries, and to heavy storms hitting Australia. All those extreme weather events are strongly linked to climate change and they all have an overwhelming effect on the physical, mental and social health and wellbeing of people around the world.

During two extensive weeks in December 2014, climate negotiators from all over the world have met in Lima, Peru for the 20th session of the United Nations Framework Convention on Climate Change (UNFCCC), also known as COP20, to discuss the draft of the text that will lead toward - hopefully - a binding agreement in Paris in 2015. There is an urgency to act and to take meaningful decisions today, but it seems like it didn't reach all the countries' negotiators yet.

Climate change is the biggest threat to health of the 21st century; yet sadly many people, states negotiators included, still do not see the several ways in which climate change and health are intrinsically linked. Health was only mentioned once in the 200-page draft agreement proposed at the Copenhagen UNFCCC Meeting. Only 1% of the global climate funds were allocated to health projects in the past years. Furthermore, out of the 13 main economic models to inform climate mitigation decisions, only one incorporated health co-benefits.

During COP20, IFMSA has been extremely successful in advocating for a greater inclusion of health in the negotiations. In the main outcome document of the Conference - The Lima Call to Action, the concept of health co-benefits, absent in the first version of the

declaration, is now referenced to, next to the principle of sustainable development. Countries now have to consider the implications for health of climate adaptation and mitigation policies, but also how health can be a positive and motivating factor in effectively addressing climate change on the national and international level. It is a first step, but ahead of Paris 2015, there is still a lot to be done.

Antecedent discussions about responses to climate change have consistently failed to capture the human costs of not ferociously mitigating and adapting to increasingly hostile climatic conditions. The past decades have been marked globally by a positive increase of health indicators and of life expectancy around the world, and both good public health policies and the science have helped reduce the burden of infectious diseases on health. However, climate change might be about to reverse that.

The World Health Organization estimate that annually 7 million people die prematurely from air pollution, caused largely by the use of fossil fuels. We have made tremendous progress in the past year in reducing malaria; however the disease is still causing 900 000 deaths annually and this number is set to increase if we don't







stay below a 2°C line. Our bodies are sending a strong message: even our physiology cannot adapt to the rate of change we are imposing upon our environment.

The causes of climate change have also been linked to an increase both in frequency and intensity of extreme weather events, such as tropical storms, heat waves, cold snaps, and eventually leading to massive droughts and/or flooding. Those meteorological events have numerous implications on the health and wellbeing of people: directly by causing injuries and deaths and by posing a major stress on the health care services; but also indirectly by reducing the availability of food and of fresh and clean water, which is linked to an increase of malnutrition and infectious diseases such as cholera and diarrhea. In the long run, they are also associated with mental health problems, like depression and post-traumatic stress disorders. Additionally, it is important to consider the health implications of mass migration, which could lead to an escalation of violent social conflicts.

It is also a well-known fact that the countries that have contributed the least to climate change will most likely suffer the most. Furthermore, most of the time, those same countries are the ones with the most limited structural and financial capacities to mitigate and adapt to climate change. For instance, countries like the Philippines and the Small Islands Developing States (SIDS) and the Africa, Indian Ocean, Mediterranean and South China Sea (AIMS) areas are facing a tremendous social, economical and political instability due to climate change causes and consequences. In 2013, the Philippines suffered from one of the most deadly natural disasters - Super Typhoon Yolanda (Haiyan) - never recorded in history. The Typhoon killed 6,300 persons, affected 16,106,807 more, and caused damages worth 2,051,711 USD. For

countries like Philippines, climate change is only exacerbating the difficult and complex challenges they are already facing, putting the bar even higher to achieve sustainable development and full protection of human rights.

Climate change might be our biggest threat to health, but it is also our biggest opportunity to improve health and well-being of populations around the world, including of the most vulnerable and of the poorest. An integrative and inclusive approach to climate change is needed. Adaptation and mitigation strategies become much more interesting when we consider the financial gains of co-benefits for health. In fact, it is estimated that health co-benefits could offset a substantial fraction of the costs of shifting toward a low-carbon system. If we want to be true to ourselves and build a more resilient and sustainable world where disastrous humanitarian crises are avoided, health must be fully integrated into our actions, and shall be seen both as a driver and outcome of development.

For many years now, medical students part of IFMSA have been attending the UNFCCC meetings with the objective of making sure that health was not left out of the climate change discussions. It is our hope that will continue doing so for our future patients, for humankind, for us. Climate change stands to exacerbate existing inequities and inequalities, and it is those with the least responsibility who are most immediately vulnerable to its impacts. It is our moral obligation to speak up, our duty to act and our responsibility to reach out to policy-makers.

We must also vociferously advocate for the framing of climate change as a public health and social justice crisis, so as to highlight the profound consequences not acting will have for all people, everywhere. We are the first generation to truly feel the effects of climate change, but the last one that can act and change the course of history. There is no magic pill, there is no planet B, we need to bring the two agendas of health and climate change together.

# Health Response at Savar Disaster:

A Humanitarian Lesson to Learn



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It was another bright morning of spring on April 24<sup>th</sup>, 2013, that turned gloomy and melancholic as the deadliest garment-factory accident in history unfolded. Rana Plaza, an eight-story commercial building, collapsed in Savar, a sub-district in the Greater Dhaka Area, the capital of Bangladesh. The death toll was of 1,129 with approximately 2,515 injured people rescued from the building alive.

More than a thousand rescuers from armed forces along with fire fighters and police were deployed immediately. Amidst the situation an extraordinary thing happened. Ordinary people came forward and volunteered to help rescue the victims. These people were brave enough to go to places rescuers feared.

According to the National Crisis Management Centre, Rana Plaza victims received treatment at various private and public hospitals in and around the capital. Of them, National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR), Savar Upazila Health Complex, Enam Medical College and Hospital, Centre for the Rehabilitation of the Paralysed (CRP), Savar Combined Military Hospital, Dhaka Medical College Hospital, etc... Many of these hospitals formed Emergency Medical Response Teams (EMRTs) that provided emergency medical services during the rescue period. The hospitals also provided ambulances for rescue operation and other necessary items, oral saline, water, juice, biscuit, torchlight, mask, bleaching powder, air freshener and burial clothes for the victims.

According to the former Health Minister AFM Ruhul Haque, The government took a two-year plan to ensure psychological treatment of the Savar building collapse survivors. The WHO is still assisting the government

in this regard. Psychiatrists, psychologists and social workers are working concertedly to manage their post-traumatic disorder, coordinated by the National Institute of Mental Health (NIMH). The health ministry formed a medical team to conduct a survey of severely injured patients to provide long-term support and rehabilitation for the victims. The team, comprising specialists from the NITOR submitted its report to the ministry after evaluating the patients' latest health status.

Despite these prompt and successful responses there were some difficulties too. Dr. Rhedeya, one of the volunteer physicians from Shaheed Suhrawardy Medical College Hospital said that, on the first three days after disaster, there was lack of medical equipment at the disaster area while those were much essential and could save more disabilities and injured lives. She added, in spite of having many competent physicians could not play appropriate role due to lack of training on emergency disaster management.

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# The Power of Opportunity:

Insight from an African Refugee

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I was sitting in front of a laptop, typing my research project report on microRNAs, sipping on a nice coffee dropped off by my Kiwi friend, when all of a sudden it occurred to me that I was living in the West and I was in one of the greatest research teams in the world, only a month before I start Med school! How did this happen?! Only Four years ago, I was just another refugee, almost turning 25, with a high school diploma that would never give me a job, despite my high capacity to study and seek knowledge. Being a refugee was not easy! After surviving the genocide in Rwanda, life in refugee camps and slums became the normal life to us. I can remember very well that it became too normal to the point that I would laugh at any one who asked me what my dreams were. So what really changed? What did I do right? Nothing. But Australia did!

In 2010, two days before my 25<sup>th</sup> birthday to be exact, an undeniable miracle happened. The Australian government granted my family a refugee visa to permanently move to Australia. It did not take long. 2011 saw us beginning a new life in Adelaide. I found myself

achieving little things that I never thought I would in my life time, be it earning more than \$100 a day, or buying my first car... The best of them all though was being accepted into university to study and pay later! For the first time ever, I felt like I was not a refugee anymore.

Before I knew it, I had 200 Australian friends on Facebook, and going out to dance clubs became normal and affordable. What really made me realise that my life had changed was the continuous question in my heart and my mind about what I really wanted to do in this life. And this question brought me to tears. I realised that what my friends back in Kenya dare not think about, was ok for me to think now, and even expected, with doors available for me to knock and try to achieve it. I realised what 'opportunities' meant, and I promised myself not to take them for granted.

Having lived in African refugee camps, I am very well aware of how population health can be profoundly affected by things like sanitation and the lack of knowledgeable and skilled personnel, especially medical professionals. I learnt this lesson the hard way, witnessing relatives die from curable diseases or conditions as simple as high blood pressure during labour. I knew that the need for medical practitioners is at its greatest in disadvantaged areas. Little did I know however, that these disadvantaged areas also exist in Australia and also in other parts of the 'developed world'. This for me came to remind me of where I could orient my energies and capabilities now that I had a chance. I decided to try and get into medical school, despite all the discouragements I heard from different people about how hard it was to get into medical school in Australia. My English required some work. Throughout my





undergraduate Health Sciences degree, I spent at least double the amount of the normal time writing my essays and studying. I was lucky to have classmates who were very supportive and helped me. They often thought my sentences sounded like 'French translated from Google'.

I looked up what the Graduate Australian Medical School Admissions Test (GAMSAT) was and, having been really good at sciences back in my refugee school, I thought: "well, only the English sections will be hard, but I should nail the science sections, ay!" Despite my solid science background, my English in science was not that great! I found the GAMSAT to be really complicated. I knew it would be hard to be competitive, especially since I could not afford any of the courses that usually help candidates to perform better.

Before I knew it, I was offered an interview, and was accepted. The whole African community in Adelaide joined my family in celebrating what we will always see as a milestone! It was one thing moving to Australia, but it was an even bigger thing to gain a position into post graduate medical school.

When I look back at my friends who are still living in slums and refugee camps, I see an exact picture of where I would have been today had I not been given this rare opportunity. My friends are still unemployed, watching years pass them by, turning thirty and not knowing what their future holds. All this happened not because they are illiterate, or incapable of becoming important elements of society but because they were not given the opportunity. They are stateless refugees without a voice. Some of them are much better than me at studies and talents, like Bosco who wrote an entire Rwandan list of proverbs on a pile of papers, unable to publish it, Rukundo who taught himself how to make computerised music and now helping other refugee musicians, Clarisse who is a talented hair stylist, but cannot afford college to get formal recognition and therefore a job... The list is endless. Brilliant minds and



energies are being wasted in refugee camps, unable to flourish, simply because there is no humanitarian intervention to provide them with opportunities.

I urge all who want to make a difference to realise that this is a problem closer to home than we imagined. After my graduation in four years, I will be heading to work in rural and remote areas of Australia. My experiences have brought me closer to suffering Indigenous communities in the desert, because I understand them; I know what they go through. Let this be an example of how efforts to sustain strong humanitarian interventions in countries far away can actually be an indirect way to give back to our own communities. This can be done in many ways, whether it is universities in the West providing scholarships or study opportunities to stateless refugees, or by simply getting involved with different organisations that work closer to refugees... there are many ways to help. But this can only be done after we all understand that we are all connected in one way or another and that helping one person can mean helping an entire community.

## New Immigration Routes and Humanitarian Care in Northern Brazil

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Throughout history, there have always been migratory movements, considered essential parts of globalization process. These occur due to several factors such as income distribution; land distribution; organization of the agricultural production; migratory culture; regional distribution of human capital and the social labeling of some types of work<sup>1</sup>.

There is one special type of migration: forced migration. According to International Association for the Study of Forced Migration (IASFM) it is the "general term that refers to the movements of refugees and internally displaced people as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects" and is closely linked to the refugee people<sup>6</sup>. Change and climate variability have affected the lives of thousands of people worldwide. This increases the number of migrants who, in turn, find an international migration governance practically nonexistent, allowing that the sovereignty of each State be based on their own settings, often restricting the admission of immigrants in their territories, especially after events such as the 09/11 and, more recently, the economic crisis of 2008<sup>9</sup>.

According to the 1951 Convention of the United Nations High Commissioner for Refugees (UNHCR), the term "refugee" shall apply to "any person who "(...) owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of

such events, is unable or, owing to such fear, is unwilling to return to it"<sup>11</sup>.

Nowadays, the creation of new global migration routes is not uncommon, especially when it comes to "environmental refugees," people under disaster-induced displacement<sup>6,10</sup>. Care policies and immigrant legislation are already incomplete in the existing literature, more so when dealing with "environmental refugees," where the legal literature goes into an impasse precisely because of the nomenclature adopted for this type of migration<sup>10</sup>. It is argued, basically, that the Status of Refugees of 1951 does not recognize the nomenclature of "environmental refugees" in the list of people who can be considered refugees. But this is not the only problem<sup>3</sup>.

In Brazil, immigration is a constant process, anyone who entered the country since 1822 is considered an immigrant. Only in the northern region of the country is the passage of immigrants from Tanzania, Colombia, South Africa, Nigeria, Liberia, Zimbabwe and Bangladesh documented. Most come in search of better working conditions, fleeing poverty, or even war<sup>2</sup>. This influx of immigrants has increased. Since the end of 2010, about 15,000 foreigners entered Brazil by Brasileia (Acre state). Most of them are Haitians, as well as immigrants from Senegal and the Dominican Republic. Immigrants then disperse to other regions of the country such as the Midwest, Southeast and South in search of work, usually in construction<sup>5,10</sup>.

Haitian immigrants fall under the definition of "environmental refugees," and because of that, the National Immigration Council presented the Normative Resolution No. 97 of January 12<sup>th</sup>, 2012, which provides the granting of a permanent visa to them, based on

humanitarian grounds<sup>4</sup>. The situation of Haitians occurs largely because of the difficulties in their country's reconstruction after the 2010 earthquake, as well as earlier factors like the country's colonization heritage and great social inequality associated with high poverty rates. In this situation, we highlight high rates of infectious diseases such as malaria, tuberculosis and filariasis, and cholera epidemics among the Haitian population<sup>8</sup>.

The Brazil's National Health System (SUS) is based on the principles of universal access, decentralization and social participation. Thus, the National Force of SUS conducted rapid assessment of the borders to primary care in health and prevention, noting that rates were within the standards. In early 2013, a average 919 Haitians were immunized with administration of vaccines against tetanus, diphtheria, hepatitis and yellow fever. Secondary and tertiary health care services were performed as required, within the principles of SUS<sup>7,8</sup>.

Despite continued efforts of Brazil for the regularization of Haitian immigrants, a majority of stakeholders was barred by ineligibility and even those approved ought wait about a month for their documents to be issued<sup>3</sup>. The difficulty in obtaining the Brazilian visa only corroborate the creation of new illegal immigration routes and to the maintenance of existing routes.

Several NGOs made several appeals and complaints pointing the living conditions of immigrants and serious violations of the Universal Declaration of Human Rights, with the absence of adequate housing, lack of sanitation, lack of drinking water and food, inadequate attention to health, absence of privacy of women and children, among others<sup>4</sup>. State governments needed to allocate funds for the reception of and care for immigrants who arrived in their states without initial help of the federal government, which compromised the structure of the shelters and the provision of adequate conditions.

Even in a globalized world, we can see social inequality as vivid part of several societies, especially in poorer

countries. It is also understood that there is no proper regulation of humanitarian assistance conditions as, most of the time, these functions are exercised by NGOs and ad hoc government aid<sup>5</sup>.

The fact is that we must be prepared to aid the people that need help. Forced migration processes demonstrate the great weakness of many people and the international community must always act towards greater humanitarian assistance. The discussion concerning the recognition of "environmental refugees" must remain a priority. The world's medical students must also act as community leaders to mediate the access to integral and universal health by all those who need it, especially refugees. Every action, no matter how small, can make a difference.

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# Projects Bulletin



The Projects “powerhouse” is responsible for overseeing the implementation of hundreds of projects every year. This section will take you through the various projects available for you to utilize and to get involved at the local, national and transnational levels. Here, you can read about the contenders for the **Rex Crossley Awards**.

# Introduction

from the Projects International Team



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Dear readers,

IFMSA represents medical students from all over the world. We, as members, have combined our strengths to reach our goal; Global Health. Every NMO works in a different way through different activities, which are the core of the Federation. Each activity has its own strengths and will make an impact on its community. This is how IFMSA and we, medical students, dare to change the world for the better.

To determine if an activity is successful, your goals have to be SMART: Specific, Measurable, Attainable, Relevant, and Time-bound.

With the Rex Crossley Awards, we as Projects Support Division would like to highlight some amazing activities that have left a mark on the world in their own way. My name is Marjon Feenstra, from IFMSA-The Netherlands, and I am your Rex Crossley Awards Coordinator for this year.

Hereafter, you will get to know about 14 amazing projects that have proven to be SMART in their application. Do not hesitate to contact an activity if you are interested to find out more about it. If you want to know more about the Rex Crossley Awards you can contact me by email.

All the best,  
Marjon Feenstra

## Against Dengue

CIMSA-ISMKI - Indonesia

MDGs are eight goals that are signed by 191 UN Member countries attempted to achieve by the year of 2015. Point 6 states that there's a huge homework for us to combat diseases, especially neglected tropical diseases such as dengue, one of 17 diseases prioritized by WHO in MDGs program.

As medical students, we have the responsibility to take part in improving our nation's health quality. Therefore, through the Community Development Program, we want to make it happen. CIMSA picked "Against Dengue" as our main focus. Data taken from Dinas Kesehatan Kota Surakarta show that there's fluctuation in the incidence of Dengue, but it's still above our national target (2/10.000 citizen). In addition, the healthy house number is still below national goal (85%). Moreover, Dengue disease can be prevented by changing people's behaviour for the better.

For this program, we chose the Ngogresan region, because it is still considered a non-dengue-free area, with incidence figures higher than average. The program is spread over 3 years, starting September 2013. During this time, we hope to note a reduction of 25% in the incidence of dengue in Ngogresan by the year of 2015, to support the government in MDGs, and to change the citizen's behaviour to healthy and clean lifestyle.

To kick the program off, we introduced residents of the target area to Dinas Kesehatan Kota Surakarta and Puskesmas Ngogresan and explained our program. Next, we did an area-wide needs assessment so that we can choose the best methods to reach the goals.

In April and May 2014, we had a gathering with the folk to give information and counseling about dengue and healthy lifestyle. Previously, the community development team was well trained. The evaluation and follow up were conducted in June through home visits, counting House Index, epidemiological research, sampling and checking incident number of dengue from Puskesmas Ngogresan's database.

In March 2015, we will organize part 2 of the "Grand Opening Against Dengue" with trainings for all participants plus cadre contest socialization. Cadre is someone who is expected to be a thruster that can hopefully maintain the habits and knowledge we have shared, so that after we're no longer active the region anymore, people still can be independent to keep fighting Dengue.

# Anti-Sexual Harrassment

IFMSA - Egypt

A phenomenon that has struck young adults, adolescents and even children has recently been proven prevalent in a tangible manner over the past years: sexual harassment and violation of women's and children's rights. Sexual Harrassment can be described as a social deviation that should be addressed by all relevant parties of the community involved. We as future healthcare workers and future physicians must take a positive action toward putting an end to it.

Despite all our efforts to end the dilemma and the new laws that have been introduced as a result of our efforts, there's still a lot to be done. The controversy of holding events that advocate for sexual harassment, and having harassers in the audience adds insult to injury and rings a bell that we need to evaluate all our previous efforts, and start a different approach.

Sexual harassment whether targeting children or women is a crime, which we can't deny anymore. Empowering women, which is one of the MDGs we have been working on for the past few years, can't be completed without ensuring safety in the streets, establishing a general feeling of self-esteem and uniting forces to face the harasser and not to defend the instigator with meaningless excuses that only add insult to injury. Child sexual harassment is a topic that isn't addressed in the right manner and isn't given enough effort, although it is increasing in a disgraceful way. Children can't be blamed for our negligence and not raising their awareness about this danger that they are prone to.

Having the courage to start an initiative to help in ending sexual harassment is a great step, but as long as we aren't joining forces to learn from each other's mistakes we will never reach an end.



# Cervical Cancer Awareness Campaign

FUMSA - Uganda

Cervical cancer is the second most common female cancer (WHO, 2013); every year, more than 270,000 women die from it, and more than 85% of these deaths are in low and middle-income countries (WHO, 2013). Cervical cancer ranks as the 1st most frequent cancer among women in Uganda (ICO HPV Information Centre, 2014), with an estimated 3,915 new cases and 2,275 deaths. Despite the above, it is the easiest female cancer to prevent with regular screening tests, safe sex and proper follow-up.

In an effort to reduce the burden of cervical cancer, medical students in Uganda created a SCORA project "Cervical Cancer Awareness Project." The project has been running for the past 2 years and spans over 3 regions in Uganda. Our objectives are to create awareness about cervical cancer, provide free screening and encourage risk reduction as preventive measures.

The project is divided into 2 phases. Phase 1 begins with radio talk shows about cervical cancer and announcements about the outreach program. On International Women's Day, we carry out a "Run against Cervical Cancer" 5km marathon, where we charge participants as a way of fundraising for the project. Phase 2 includes a 2-day medical outreach to the community, where we perform (1) cervical cancer screening with referral of positive or suspicious cases, (2) health education about cervical cancer, and (3) HIV testing. During the week before this outreach program, medical schools in Uganda have a cervical cancer screening training, developed by the Department of Obstetrics and Gynaecology within affiliated teaching hospitals.

Due to lack of funding, only two medical students associations could carry out the project last year. However, we managed to screen 796 women in two regions, with 25 positive cases and 6 cases suspicious of cervical cancer.

This project has an impact locally, nationally and globally. Locally and nationally, we are educating women about cervical cancer and reducing the burden of cervical cancer by creating awareness in rural areas. We are also removing barriers that prevent women from accessing reproductive health services by going directly to them. Globally, we are contributing to the achievement of MDG Goal 5, Target 5B, which will also be pushed into the post-2015 agenda.

This project was inspired by the burden of cervical cancer in Uganda which is unacceptably high. We aim at bringing screening services closer to those with limited access, providing HIV testing and health education to the people in order to combat the modifiable risk factors to cervical cancer.

## Circle of Health

SloMSIC - Slovenia

1 day. 1 Circle. 1 mission.

20 stalls. 50 volunteers. 10,000 people.

Circle of Health is a one day event, organized by the SloMSIC Program "Misli na srce" (Think of the Heart). It is dedicated to raising awareness about cardiovascular diseases their prevention and risk factors, as well as offering passers-by free measurements of cholesterol, blood sugar, pressure, body fat, CO content in exhaled air and Ankle-Brachial Index Test. Volunteers conduct measurements and offer advice and useful relevant information on the topic of CVDs and healthy lifestyle choices. 20 stands are placed in a circle (hence the name), each with a different topic: Sports&Activity Promotion, Healthy Diet, Stress Control, Diabetes, Anti-Smoking Stall, Measuring Booths, etc. Several times a day we also carry out a flashmob – a simulation of a heart attack, First Aid and AED use in the middle of a crowd, effectively bringing the issue closer to the visitors. With this event and its activities we are able to reach people of all ages and spread the knowledge about CVDs and prevention even further, convincing the people of the benefits of a healthy lifestyle and its positive impact on our health and future.

Circle of Health is already a traditional yearly event in Slovenia, having been held in the capital city of Ljubljana for the past 5 years, loved by both volunteers and visitors. Volunteers get to experience a more hands-on approach, as well as more contact with the patients.

Our mission, to make people aware of cardiovascular disease and to motivate them to change their lifestyle to a healthier one, is getting accomplished one step, one advice and one measurement at a time.

# Community Health Clubs in Rural Burkina Faso

AEM - Burkina Faso

In a time where more people have access to more mobile phones than toilets, the health of the impoverished has failed to appreciably improve as sanitation has struggled to keep up with population growth. There remain 2.6 billion people who lack adequate sanitation facilities and 1.1 billion people without safe drinking water. Exposure to the majority of preventable diseases could have been avoided by the adoption of safe hygiene and sanitation practices. Many methods used are unsustainable, as well as incompatible with cultural norms that have existed and endured for generations.

The goal of our project is to use a Community Health Club (CHC) model as a vehicle for sustainable development in rural Burkina Faso, by creating a demand for safe hygiene and sanitation practices and facilities. This holistic model, based on participatory health promotion and community development, differs from the traditional top-bottom forms of community health education in that it delivers a customized curriculum for health promotion by empowering the community to become the primary actors and innovators in the incorporation of a culture of health into their already deeply steeped traditions. Participants combine the health education provided by our curriculum with their own knowledge and cultural norms to reach a consensus on how safe practices can be established in their community.

CHCs are voluntary organizations, free to any member of a community to join, that provide a forum for learning, discussion and problem solving. Each club is led by a facilitator who conducts 6 months of weekly health promotion. Those interested in joining receive a Membership Card. The facilitators work through the curriculum by guiding their club through picture-based learning activities adapted for rural Burkina Faso. These activities challenge club members to discuss different scenarios about proper hygiene and sanitation so that the group forms a consensus about which behaviors should be changed. These changes are then applied and adopted in the houses of all members. By the end of our project, fifteen villagers will be certified as CHC facilitators as well as twenty medical students from Burkina Faso's National Medical Student Association. Three hundred villagers will have completed and graduated from the program with a certificate to commemorate their achievement, and a curriculum specific to rural Burkina Faso will also be tailored.

This project is not merely about teaching people what they don't know, but is community organization and sustainable development at its core. Through our project, we hope to create a culture of health that can spread throughout Burkina Faso, saving countless lives in the process.

## Feed with Love

IFMSA - Mexico

Our project was started in 2010 with the firm vision of celebrating breastfeeding by correcting misused techniques and enhancing the benefits for both mothers and babies in our communities.

First of all it is worth mentioning that this project englobes several IFMSA committees. How? SCOME generates trainings for our members, so they can transmit updated and scientifically supported information on breastfeeding. We count on keynote presentations by renowned medical specialists (mainly Gynecologists), aimed at medical students, doctors and interns. SCOPH addresses the basics of breastfeeding for mothers, such as the minimum time recommended and benefits for their babies. SCORA explains the correct techniques of breastfeeding using anatomical models and other multimedia materials. Evaluation forms prior to and after the explanations intend to reinforce the information transmitted. SCORP promotes maternal bonds through breastfeeding and prepares a symbolic gift for all mothers involved.

Our main targets are the Gynecology and Obstetrics departments as well as the maternal and child hospitals.

We believe in 'Feed With Love' because our teamwork has led into four years of successful editions so far. Our dream is that our national project can be reproduced worldwide, and this way help women practicing breastfeeding correctly.



# First Aid for Public Schools

IMCC - Denmark

First aid is important; if a person experiencing a sudden cardiac arrest (SCA) receives CPR and defibrillation within 3-5 minutes of collapse, his/her survival rates may be as high as 49-75%. Today out-of-hospital cardiac arrest (OHCA) is responsible for more than 60% of adult deaths from coronary heart disease (CHD), which is the leading cause of death in the world.

IMCC Denmark established the project "First Aid For Public Schools," where today 400 members spread in the 4 major cities of Denmark (Copenhagen, Aarhus, Odense, Aalborg) each year provide basic and life-saving first aid training to about 4000 school children nationwide in the age of 12-16 years, completely free of charge. This Danish project is a part of the network of first aid projects in the IFMSA called "First Aid For All" (FAFA), which aims to advocate for the need of more and better first aid training of the public, and to facilitate hands-on workshops that give people the necessary skills to practice first aid. At March Meeting 2013 in Baltimore FAFA got a policy statement regarding the importance of teaching first aid to the public adopted by the IFMSA at President's session.

Since 2005 it has been a statute to offer first aid training in Denmark's public schools, but the training is often not carried through and if so only inadequately due to the lack of skills of the teachers to carry out the training. When IMCC's first aid trainers are teaching at the Danish public schools, a group of 3 trainers teach a group of 25 students first aid in 3-4 hours. With hands-on workshops and cases that the participants solve in teams, the students will learn how to react in serious and less serious first aid situations. We simulate real-life situations that demand first aid. The first aid trainers will evaluate the skills of the students and give them courage and motivation to execute first aid if necessary. If all students after the training have the courage to do CPR if necessary, the workshop has been successful.

Each year IMCC Denmark holds several TNTs to acquire new trainers for the project. During the weekend the trainers learn how to administer first aid and how to teach first aid. All members of IMCC Denmark who has participated in the education weekend are qualified to teach the students in basic first aid.

We believe that basic life support can be taught to everyone and therefore taught by everyone.

## Land.in.Sicht

bvmd - Germany

Are you facing a lack of rural doctors in your country? You search for a cure for that? We might have what you are looking for!

Land.in.Sicht (English translation – Land, ho!) is a project aimed at spiking the interest of medical students for rural medicine. You don't need anything more than an enthusiastic team, motivated rural doctors and financial support. Medical students can apply online for a rural internship with a doctor they choose from a list of selected motivated doctors. If accepted, they will receive a scholarship, travel funding and accommodation.

We did exactly this in 2014 in Germany within the federal state of Bavaria. Facing a future lack of doctors we searched for an solution that is voluntary and not mandatory. We try to sparkle the interest of medical students to work in rural areas by showing them how it is. Together with the Bavarian Association of Statutory Health Insurance Physicians, we searched for motivated rural doctors, to give students the opportunity of an interesting one-month internship. The Association provided financial support and we the contact to students plus the administration. The competitiveness made the project so interesting and we reached thousands of students. Providing an easy solution for a rural internship we met a need and had far more application than spots in the project.

After the first face we received a lot of thankful personal feedback and a good bunch of amazing evaluation results which motivate us even further to continue our work on the project. In 2014 we aimed for Bavaria as a starting point, in 2015 we aim for more federal states to join and who knows in a few years we may see a similar project in your country. Interested? Contact us at [landinsicht@bvmd.de](mailto:landinsicht@bvmd.de)!

Promoting public health through national and local action is one of the most sensitive points when discussed. Motivating children and, through them, the general population to have a healthy behavior prompted us to start prevention campaigns targeted at a young populations. The success of the project editions of previous years are encouraging us.

Little Doctors is a national project from SCOPH (Standing Committee on Public Health) of the SSMB (Society of Students in Medicine Bucharest) - FASMR and was adopted by all University Centers: Bucharest, Craiova, Cluj-Napoca, Iași, Oradea, Sibiu, Timisoara, and Targu Mures.

The project aims to promote various health education themes to a large number of children aged between 7 and 11 years. Every year from February till May of the school year, teams of 2-3 students of the Faculty of Medicine, go to schools where they teach in an attractive, modern and explicit way health education lessons to students in grades II-IV. Sessions are 2 hours per week for 7-8 weeks. The topics covered, designed in accordance with the age and existing programs are unique: Activity and Recreation, Healthy eating, Hygiene, Knowledge of the human body (anatomy and physiology), First aid, Environment, Anti-tobacco, Road safety, Abuse and violence.

At the end of teaching hours comes the second stage of the project, which involves a local contest between teams representing each school. Children have to solve individual and team questions covering all the topics addressed in class. A group of 8 children qualifies for the national contest, which takes place in a location agreed with all participating centers of the country. Each center of the country will be represented by a team of 8 children, the local project coordinator and a number of volunteers.

# Mind the Drug

SISM - Italy

The Italian Code of Conduct says that Doctors should avoid any situation of conflict of interest. Only few Universities in Italy teach students how to recognise such situations and how drugs companies often works for profit and not for health.

We, at SISM, created a workshop to teach students the basic concepts of conflict of interest in medical practice, in which participants learn about it and find a space for reflection, growth, sharing and planning. Why is it so important to talk about conflict of interest? Because our choices will effect public health on many different levels, and we need to be aware of it. Prescribing drugs is part of our everyday clinic life: we need to be careful about how we do it, and aware of how we can affect the healing process. Pharmaceutical representatives are well-trained marketing specialist, that aim at selling more of their drugs. Do their ways effect our choices? We have at least to ask ourselves this question, because we have the responsibility to give always the best cure we can.

Every doctor will face conflict of interest situations on daily basis, and he/she has to be ready to recognise them and be ready to make decisions according to his/her ethics.

Almost every session is held by medical students or postgraduates and prepared in On line meetings focusing the work most on: marketing strategies, ghost writing, neglected diseases and Open Access. In addition, in Small Working Groups, the students learn how to critically read a scientific paper and drugs brochures. Almost 200 people have participated in this workshop during the years, and the impact on their future clinic life is relevant: "I appreciate how conflict of Interests was not presented only as a condition that the doctor lives in his relationship with the drug companies, but that there are institutional and global causes that led to the current situation."

This workshop can change the way we live medicine, giving us a new point of view about health and access to cure: that's way we hope that every year always more medical students will be able to approach the topic of conflict of interest.



According to recent Slovenian studies, only 1 out of 10 individuals will approach and help a wounded person in an accident of any kind. The reason behind this unresponsiveness is fear, which points to a lack of knowledge. Currently in Slovenia, many efforts are made to promote knowledge of and skills in first aid and to equip public spaces with AEDs. For Life takes a great part in this.

The project, which was started in 2007 by Maribor Medical Students' Association, Slovenia, offers goal oriented education of the laic population in the field of first aid and promotion of first aid as an ethical, moral and legal responsibility of every individual. It encourages laics to act properly in any given urgent situation. We organize promotions and charge-free first aid courses at various locations, where a limited number of interested participants can theoretically and practically renew their knowledge of the basic procedures of reanimation and other urgent situations. The courses are divided into theoretical and practical parts, together lasting for about three hours. The following topics are discussed during the theoretical part of the course:

- CPR (based on current ERC or AHA guidelines);
- Automated external defibrillator (AED) usage;
- Recovery position;
- First aid in case of physical obstruction of the airway by a foreign body (back slaps, Heimlich maneuver);
- Some selected life threatening conditions (heart attack, stroke, epileptic attack, asthma, anaphylactic shock, hypoglycemia, hyperglycemia);
- Immobilization and caretaking of smaller and larger life threatening wounds.

Our target population is aged between 15 and 80 and is interested in first aid. According to our experiences, age is not a limitation for running the course; the only potential problem with the elderly is their physical capabilities (e.g. resuscitation).

According to psychologists, first aid should be taught at a relatively early age – primary school students are supposedly very comprehensive. Still, the course was well accepted with participants of all ages, also shown by the results of our various polls regarding quality. The reason is in the relaxed, interesting and innovative approach towards the participants.

Want to start For life project in your country? Visit [project4life.com](http://project4life.com) or email us at [info@project4life.com](mailto:info@project4life.com).

# Refugee Camp Project

IFMSA - Palestine

In Palestine, we have many projects across all the standing committees. But what is special in our NMO is the ReCap project, which is a joint project between IFMSA-Palestine and the IPPNW (International Physicians for the Prevention of Nuclear War), where medical students from different parts of the world visit Palestine in August. They learn more about the conflict, the difficult refugee situation as well as getting to experience real life in refugee camps. ReCap aims to reduce the effect of war and conflict on Palestinian refugee children, as well as training young health professionals from around the world in the field of psychological and community health. Particularly, we are interested in raising awareness of the connection between psycho-social status and health, and to conduct research on the mental health status of Palestinian refugees. The project also aims to build a basis for establishing a permanent peace in the region and develop human resources by motivating medical students to become involved in IFMSA Palestine, NGOs and other medical organisations working in the field of refugee health.

We invite all IFMSA members to participate in this project and to be part of achieving peace in the Holy Land.

# Teach Me Medicine

EMSS - United Arab Emirates

Have you ever felt the restriction of a one-sided, didactic educational system enforced to mold engraved yet encrypted codes in your mind? Do you feel the lack of an appropriate transitional interval to the clinical phase?

Teach Me Medicine is a project born off those concerns boiling into a hot pot of time wasted worrying. It understands the need of the medical student to be expressive and innovative in his/her own education, telling those who do not believe in his/her mind's capabilities that they are wrong. Grab your hidden talents and a video camera and join the team.

The project is a mixture of basic, clinical, and correlative medical information made innovatively into a video of its own design and filtered by a faculty member for medical accuracy. The other newly born division of this project is perhaps more overwhelmingly exciting. It comprises, after appropriate approvals, meeting a patient and discussing his case by itself live on an online conference call with other people around the world or recording it for those who can't make it then. The case will be taken as it is, from communication, observation, history taking, appropriate examinations, differentials, suggested investigations, possible treatments, and perhaps follow up with other videos later on.

This project is on your level, and for you. It will allow your innovation to shine through a simple procedure of expressing what you learnt. It is like publishing a book, but in an easier, more fun, and visually mind-stimulating way. Let's lead our own education and be the stars of refining ourselves and others. It's our chance to be the leaders of our own platform of education sharing.

## Voice of Hands

TurkMSIC - Turkey

The progress of our project is through multiple stages:

First, in order to communicate better with hearing impaired patients, we organize some classes about sign language for med students. For this, we get in contact with governmental education institutions to provide sign language educators. The program runs over 2 months (2 days per week, 2 classes per day), after which students must sit for an exam. Those who pass receive a certificate approved by Ministry Of Education. This educational program was created by our project team and professional sign language educators.

Our biggest goal is to make this project run in every school as a compulsory class. We have been requesting a special curriculum from the Ministry Of Education. In addition, we want to distribute our own published material to participants. Thus, when we graduate we will be able to better communicate with hearing impaired patients.

We want to be an example to whole IFMSA family to do same thing.



# SCOME<sub>Edy</sub>



SCOME<sub>Edy</sub>ians are the guardians of our medical education; their mission is to improve the quality of curricula throughout the world. In the following pages, you will meet some courageous and inspiring members of the SCOME crew, who will discuss with you what they have been up to lately.

# Introduction

from the SCOME International Team



**Ahmad Badr Mosbah,**  
Director on Medical Education

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**Dear IFMSAians,**

It is with great pleasure to present to you these fantastic articles about medical education from all around the world. It is not only the content that enthusiasts us this much, but also the fact that there are so many students willing to write these amazing articles about their activities and experiences.

Being a medical student, one of the important things of our education, important for us as future doctors, is learning how to do research. PubMed, MeSH terms, evidence, UpToDate, case reports, randomized controlled double blind studies, systematic reviews are all terms you probably have heard and studied before and that remind you of your research classes.

When doing research, you will be working towards publishing your research in one of the many medical journals. Writing that publication may be difficult itself. There are many formats and rules your article should meet. This is why writing about your beloved activity or campaign is such a good exercise; practicing writing for a magazine, how to describe the outcomes of your activity in the best way with few words. Once again, we are very proud of every member that wrote one of these amazing articles and encourage everyone to start practicing for the future and to write for MSI. Congrats!

All the best,  
**Ahmad Badr**

On behalf of the SCOME International Team:  
Stijntje Dijk (Liaison Officer on Medical Education issues);  
Zamzam Ali (Africa); Victor Echeveste (Americas); Ying-Cing  
Chen (Asia Pacific); Abdulrahman Nofal (EMR) & Rachel  
Bruls (Europe)

## Discover SCOME in Asia Pacific

**Ying-Cing Chen,**  
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Do you know how SCOME works in Asia-Pacific? Have you ever coordinated with them? In fact, what they are doing now is not that different from what you are doing. But unlike other regions, the Asia-Pacific region has NMOs with the most diverse language, culture and SCOME activities. Let's have an overview, shall we?

While IFMSA-China sent representatives to a national peer education seminar, India planned to have a change in research of curriculum. During these months, both of them were trying to work on their issue by detailed action plan. As an active NMO in SCOME, IFMSA-Pakistan organized a workshop beginning of November 2014, which aimed to improve doctor-patient communication skills. Meanwhile, a workshop in Japan worked on team-medicine and a session on mental health for healthcare professionals was held during the National General Assembly. They also held events about non-technical skills such as team-building and facilitation.

NMSS (Nepal Medical Students' Society) has conducted their First Aid training program for first year medical students, providing skills of basic life support and CPR. A seminar on Ethics and Human Rights in Health, with renowned professors and doctors involved in the national policy formulations as guests, will be hosted by NMSS and is expected to change the situation in Nepal that doctors are often charged with due to violation of the laws and careless attitude towards patients.

In Indonesia, Mini HPEQ, a national seminar that discusses health professional education quality, was held as they feel that students of health profession need further education in this field. Continuously, a collaborative project in Indonesia called National Health Collaborative was held in 10 regions from May 2014 to

October 2014 by 9 student health organizations.

AMSA Hong Kong has rapid development in activities such as Clinical Student Sharing Workshops and Breaking the Silence. Organizing Clinical Student Sharing Workshops at both medical schools in HK, they invited clinical students to share their experiences with pre-clinical students (e.g. bedside etiquette, specialty choosing, etc). Currently, AMSA-HK started working on Breaking the Silence (Sign Language Course) to raise awareness about deaf patients and to let medical students know the problems that deaf people are facing in receiving health care.

More and more NMOs from Asia-Pacific are getting involved in medical education. Halfway around the world, you can discover other partners in different regions with similar goals.



## Dying: A Different Sunset



**Lohrane Bayma,  
Lucas Pereira da Silva,**  
IFMSA - Brazil

Just like sunset, death occurs every day and manifests itself differently for everyone. Each person sees death differently. In the West, for example, understanding the role of death as an intrinsic and undeniable fact of life has always been of great importance, leading to different behaviors, especially among those who need to face death as part of their daily work.

Bringing up the theme of death for future healthcare professionals is very important. The project is a national event IFMSA - Brazil and is conducted as workshops that promote a deep reflection on the subject. The aim is to show how future health care professionals should be prepared to experience death in their profession.

For the implementation of the idea, participants were invited to get into a classroom; a wake climate with real funeral urns was created, with candles and dark environment. At first, participants were encouraged to think of their own wake. Next, they were directed to a room where they could talk to doctors and psychologists.

The project was attended by 35 people, including students, medical doctors, nurses and psychologists of Federal University of Pará and other institutions.

Significant awareness and reflection of participants about their own death was remarkable; we asked them to write on a piece of paper what they felt. During the discussion with health professionals, there was a great interaction in the group. Many questions, stories and ideas were prompted at that time. Several participants had affinity with what was exposed by the professionals and shared experiences that occurred with them. All lectures guided towards humanization



of death, in addition to appropriate forms of bad news communication, showing what would be a bad and a good conduct made by a physician in such situations. IFMSA Brazil contributes to society by training doctors to be able to see the world in a different way so that they can act differently.

“Dying: A different sunset” reaffirms the importance of this institution in medical training.





# Medicine Is Fun

**Jaafar Alaa Taslimi,**  
IFMSA - Iraq

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When we entered medical school, our senior colleagues were very pessimistic; they told us we made the biggest mistake of our lives.

I'm in my fourth year now, and I know that first year students should not go through what we did in the past years.

We worked on an introductory session about college life in general and medical study in specific. We assembled a team of second year SCOMEdians who were really enthusiastic about the project, coordinated with college professors, and had multiple meetings to discuss every detail that would be covered in a one-hour lecture.

We wanted to deliver our experience on how to manage time, the best methods of reading lectures, and what the difficulties would be.

We also wanted to motivate new students. We wanted them to make friendships, always be positive, and have the fun of their lives in these six years.

We wanted to introduce them to IFMSA from day one.

The lecture would also include information about the medical city of Baghdad, in which our college is located.

Most importantly, we wanted them to know that medicine is fun!

We delivered the lecture after the dean's speech. Almost all first years attended and their feedback was brilliant. We then gave a brief overview about what IFMSA is and what we have done in IFMSA-Iraq over the past years.

The following day, we divided the first graders into 20 groups and walked with them around the college and the hospital to let them know where they'll live for the next six years.

About 360 first graders exited the lecture hall with happy smiles on their faces. The event received a very positive feedback from both professors and students, thus we're planning to implement the event next year in our University of Baghdad / College of Medicine and other medical schools as well.



# Human Ressources for Health

A Story of Success in Portugal



**Diogo Fernandes da Silva,**  
PorMSIC - Portugal

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ANEM/PorMSIC very recently launched a campaign on Human Resources for Health, as a part of the commemoration of the 35<sup>th</sup> anniversary of our National Health System.

In less than one week, this campaign reached more than 100,000 people in Facebook.

We invite you to watch the video that we've produced, in which Portuguese medical students and PorMSIC alumni participated. We highlight the conquests of our National Health System and its needs related to medical education and human resources for health planning. At the same time, we challenge our national

and international health stakeholders to invest in medical education quality integrated with the planning of the needs of each country and region.

Above all, we advocate and ask for a balanced planning of human resources on health, in a way that we optimize the resources in our country - and the world - lowering the discard of resources (both human, material and economic), always aiming towards a world in which good and accessible healthcare services are a reality.

With this campaign, ANEM/PorMSIC is making a stand towards a sustainable and equitable National Health Service in Portugal and worldwide.

## The 10th African Regional Meeting:

Human Resources for Health as a foundation for Universal Health Coverage



**Okiror Noah Emokol,**  
FUMSA - Uganda

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The dawn of December 2014 saw an adrenaline rush among the organizers of this highly anticipated event on the IFMSA calendar. Being the first international meeting for the new Team of Officials to organize, the IOC and NOC found themselves riddled with streaks of sweat and sleeplessness was their third name. It had to happen somehow because every reputation was on a high stake. In the mix of examinations and other

important activities everybody had to be push to the limit of stress and see to it that everything is balanced to become an overall success. Indeed it was a big success.

But far from the simplicity of the word success, the time and energy put into the craftsmanship of the regional meeting organizers was far from what met the eye. The journey that started in December 2013 in Addis Ababa Ethiopia had finally reached the heart of the world in

Kampala Uganda the Pearl of Africa.

The Pre-Arm started on the 15th of December in Hotel triangle. It is evident that the backbone of IFMSA was trainings. Three trainings were held which included the Training of New Trainers (TNT), Open Access to research and Medical Education Material and the IPAS training on maternal health and mortality. The result- internationally certified trainers from all over the continent; trainers who will later translate into global health experts that transform the communities they live in.

On the 18th the ARM was officially launched at the Fairway hotel and Spa Kampala an alternative venue the organizers chose due to late cancellation of participants of the meeting. The minister of Health of the republic of Uganda- Hon. Dr. Eryioda Tumwesigye opened the gathering with a fatherly speech imploring medical students to leave by what they learn.

The theme "Human Resources for Health: A foundation for Universal Health Coverage" was rather timely in discussion as the MDG agenda comes to an end and countries and other health stakeholders look into a future of Post 2015 agenda. With largely many countries in Africa failing to achieve the set MDGs it has become evident to many that the role of the health worker in achieving universal health coverage is very key. Health workers in effect are the engines of the health system. A little more focus on the aspects of Human resources will see to it that more health workers are retained to serve their countries and quality health care provided to all. With his discussion, the IFMSA president reflected on the Alma Ata declaration as a road map to achieving Universal Health coverage through Human Resources for Health. The result - a policy statement on the Human resource for health.

The gathering past so fast, with delegates creating memories on and off the meeting. Amazing Things

happened. With a few hiccups in fundraising, the 10th African Regional meeting was but largely a major success- definitely one to remember.



2014  
African Regional Meeting  
Human Resrouces for Health



**SCOME**  
Medical Education

Kampala, Uganda  
18-23 December 2014

# Breaking the Silence:

A Sign Language Project in Romania



**Cornelia Sofron,**  
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Have you ever thought what it would be like to live your life in silence? Imagine for a moment that you are surrounded by people and they all seem to be talking, but you can't hear them. You want to talk to them, but no sound is leaving your lips. You make a sign, but no one notices you. How would you feel? Afraid? Lonely? Insignificant?

That is probably how millions of deaf people feel every day.

Breaking the Silence is a project born from the need of making our society more receptive to those who are hard of hearing. Most medical training programs don't train medical personnel in communicating with deaf individuals. This results in their limited access to health care. Our goal is to raise awareness, among medical students and personnel, of the needs of the deaf people. It is known that due to people not being able to understand them, hard of hearing individuals tend to isolate themselves from society, become impatient and angry when they fail to communicate, and form little or no connections with other hearing members of the community. Our belief is that by learning even a few signs, physicians can build a solid relationship with the deaf patients and are able to gain their trust. As a result these patients will understand their diseases better and become more adherent to their treatment.

In order to achieve our goals we are organizing Sign Language classes and workshops, which can be attended by any interested student. These classes focus on helping the participants to gain an idea about the relationships formed within the deaf community and on teaching them a series of both common and medical words. At the end of the classes participants are able

to take the medical history of a deaf patient, understand their problem and explain the course of treatment using only Sign Language. Those who wish to involve themselves further into the project can become volunteers and participate in the visits that we organize to special schools for deaf children. This way, the volunteers can practice their Sign Language skills, while the children are explained simple medical notions, like hygiene and reproductive health. Another profitable interaction with the deaf community was a screening campaign we did at the Deaf People Association. We measured the blood glucose and blood pressure levels of those who were willing and explained to them the values we found.

For the future, we plan to initiate a campaign in hospitals and clinics, aimed at informing doctors, nurses, and other medical personnel about the needs of the deaf patients. This is a decision based on the fact that few doctors are trained in dealing with such patients or the challenges they raise.

We, as medical students, should be actively involved in making access to medical care easy for every patient. Being trained in Sign Language is a skill that can prove useful in providing the best care for future deaf patients and contributes to our training as well-prepared professionals.



# Call for Ethical Revival

**Abdalla Ahmad Gharib,**  
IFMSA - Egypt

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The majority of medical education system focuses on the scientific side of medical students, but what about the other side of the coin! What about the ethical and moral parts of medical education? What kind of a person can perform and persevere, as a caregiver in a tragic profession, without intensive and broad ethical consideration.

Ethical dilemma is not a priority for many countries; medical education is neglected in many ways, and ethical aspects are not an exception to make. There is no doubt that we suffer from an ethical code crisis; the various codes of ethics describing morally outstanding professionals who are concerned with the honor and integrity of their professions as well as the well-being and dignity of their patients are currently missing.

However, the problem with teaching morality and human rights is that it is often viewed to be “political,” confrontational, or “unnecessary to professional practice,” leading to the stigmatization of such learning and its neglect by the students. Even when it became a part of the curriculum, it may be neglected by the student

as a reflection of their mental image.

As Nelson Mandela once said "Education is the most powerful weapon which you can use to change the world." Our project aims at reviving the importance of teaching medical ethics and codes so that the future health care professionals understand and use their codes of ethics as a description of the professional characteristics necessary to fulfill the care for people which is the moral purpose of medicine.

In order to accomplish this goal, we conducted a national workshop with one of the leading caregiver facilities in Egypt that gives attention to the ethical side of medical care; and in future, we plan on performing a series of local workshops and awareness campaigns in every medical school as well.

We should provide the patients with the best treatment and care we can manage, not only because it is our career but also because we are humans and morally committed to do so.



# Externship ASCEMCOL!



**Jorje Sanchez Duque,**  
ASCENCOL - Colombia

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The Asociación de Sociedades Científicas de Estudiantes de Medicina de Colombia (ASCENCOL) encompasses around 45 associations, which represent 75% of medical schools across the country, with plans to expand across the country by 2020. Among the 45 affiliated associations, 24 have excellent working groups participating in SCOME.

Last year was an incredible period for ASCENCOL, as we hosted the Americas Regional Meeting in Cali, Colombia. Our ASCENCOL member Whitney Cordoba, won recognition as Afrocolombian of the year in the young category. It was also an excellent year for SCOME as is evident through the many activities. SCOME was also congratulated as the best standing committee of ASCENCOL.

Our activities can be divide in two groups. The first is of activities specific to each local association, as every university has some characteristics that make it different from the others. The second includes those that are nation-wide.


Among the new ideas, SCOME-ASCENCOL has promoted concurrent joint symposia around the country, organized between different local associations. We created a page on jimdo including most medical schools in the country so that high school graduates shall have the opportunity to see where they would want to study. Also, a new project was launched.

Externship ASCENCOL is a new project that aims at teaching medical students that the study of medicine must be a compound of discipline, fun and time management.

This initiative was the most ambitious activity for the


committee. Medical professionals need to spend a lot of time studying; so the first Externship was designed to learn, explore and enjoy the holidays with colleagues, friends and family. This activity was carried out in three cities: Pereira, Cartagena and Neiva. The activity consisted of meetings during the vacations, to review important topics including semiology, internal medicine, physiology, pharmacology and many more! We have been doing reviews of the items that we discussed in the sessions.



All the committees have been very active, and we will be using this magazine of the IFMSA to encourage other associations to implement our activities.




## ASCENCOL EXTERNSHIP

Breaktime medschool?  
Study and practice on vacations?  
Research on holidays?...









Start: ?

Encourage to learn!,  
Encourage ASCENCOL!!!

!Limited vacancies!



# New Technologies & Mental Health

**Kristina Ganzieva,**  
LiMSA - Lithuania

[nome@limsa.lt](mailto:nome@limsa.lt)

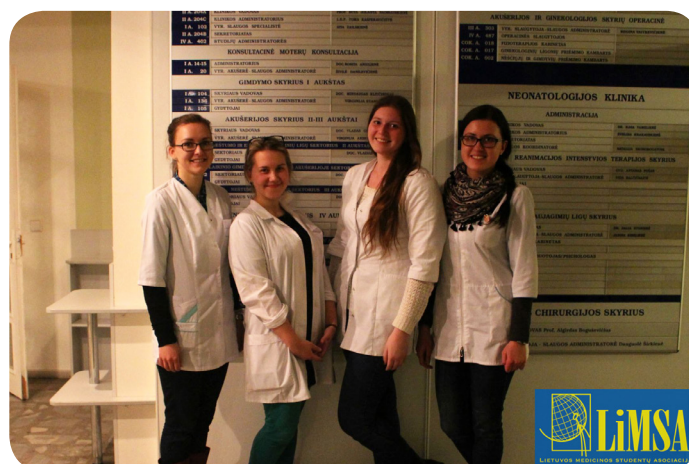


Nowadays, new technologies are highly developed and scientific discoveries in the medical field show significant progress on trying to win a fight against a variety of diseases. However, there are a lot of people all around the world with chronic non-infectious diseases, which negatively impact the human psychological condition. Research shows that our health depends not only on changes of our body but also on factors such as stress, anxiety, unhealthy diet and bad habits.

Physicians should understand that mental health is as important as physical health. Medical students are well aware of it. An excellent doctor is a physician who's able to use all the knowledge in practice, but also feels the importance of physician-patient relationship. Empathy, support, caring about each patient, and even politeness must be a part of a physician's work because it improves doctor-patient relationship and patients start to trust the physician, thereby leading to more accurate case history, diagnosis and effective treatment process. Only a physician who you can trust is described as a great specialist. Of course, nobody is born perfect; communication skills get better through experience and that's why practice is important.

Knowing this, medical students should get as much information as they can from psychologists, doctors, social workers and other professionals who are experts in the field of communication with patients, and try to improve on their physician-patient relationship. That's why, the Lithuanian Medical Students Association (LiMSA) held trainings on the 17<sup>th</sup> - 26<sup>th</sup> of November last year. Trainings for medical students aimed at improving their skills in doctor-patient relationship. These trainings were held by LiMSA SCOME. There were

many lectures and discussions in groups during the said week in many departments of Kaunas clinics, including surgery, oncology, cardiology, gynecology, pediatrics. Students were able to gain experience and get advice from doctors, psychologists and social workers, that were absolutely worth it.



# Fibromyalgia: A Hidden Disease



**Jorge Martínez Bencosme,**  
ODEM - Dominican Republic

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## Definition:

Fibromyalgia (FM) is a rheumatologic disease with possible neurologic and psychiatric influences, characterized by widespread pain and tenderness<sup>1</sup>.

## Epidemiology:

As a common health problem, the prevalence of FM is estimated at 2-8% of the general population with a higher prevalence among women<sup>2</sup>. However, disease prevalence in the clinical settings is much greater, where about 20-30% of rheumatology visits in the United States are made for FM<sup>3</sup>. There are links to family history and other systemic diseases.

## Diagnostic Criteria:

In 2010, the American College of Rheumatology defined the new diagnostic criteria for FM<sup>4</sup>:

1. Pain and symptoms over the past week, based on the total of: number of painful areas out of 18 parts of the body; plus, level of severity of these symptoms: fatigue, waking unrefreshed, cognitive (memory or thought) problems; plus, number of other general physical symptoms;
2. Symptoms lasting at least three months at a similar level;
3. No other health problem that would explain the pain and other symptoms.

Although there are no specific diagnostic laboratory tests used in FM, they may be used to exclude differential diagnoses.

## Treatment:

Pharmacological and non-pharmacological therapies are the most important ways to manage FM. Drugs, such as tricyclic antidepressants, serotonin reuptake inhibitors and gabapentinoids, have demonstrated significant improvement of clinical symptoms. In addition, graded exercise, cognitive behavioral therapy,

and complementary and alternative medicine therapies like yoga, tai chi and acupuncture, are recommended therapies<sup>1, 2, 3, 4</sup>.

Since FM is an important, and often overlooked, medical condition, with uncertainty on the pathological process, many practitioners may fail to consider FM among their differential diagnoses. For this reason, SCOME members of ODEM coordinated a health seminar for the medical community at Hospital General Plaza de la Salud. By inviting specialists who manage FM, including neurologists, rheumatologists, psychiatrists and a member of the Dominican Fibromyalgia Foundation (FUNDOFIBRO), the event opened the discussion about the basics in the clinical diagnosis and management of FM patients. In order to improve our clinical consult, we have to be informed and open minded to any possible diagnosis, everytime the patient's complaints fit with the clinical presentation of a disease. At SCOME-ODEM, we believe that in order to get better results, you have to make a change, and it is our duty to support the medical student community in the process of learning, either by encouraging others to stay updated, or by teaching them yourselves.

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# periSCOPE



In this section, you are going to meet SCOPEople, read about their professional exchange experiences, their challenges, and meet their friends from every corner of the globe. Prepare yourself as you embark on a SCOPE journey that will take your breath away!

# Introduction

from the SCOPE International Team



**Omar Cherkaoui,**  
Director on Professional Exchange

[scoped@ifmsa.org](mailto:scoped@ifmsa.org)

## Dearest SCOPE Family,

I am extremely proud to present to you the SCOPE section for our Medical Student International (MSI).

Since the very beginning, in 1951, it was evident that the exchange of medical students would be one of the main fields of action in IFMSA. As early as 1952, a total of 463 students spent a period of practice abroad, and today, they are more than 13,000 every year across more than 91 countries to discover new health systems, new cultures and to enhance their global health and intercultural understanding.

As soon as we started our term, we set up an annual working plan, having in mind different and innovative priorities. As we only aim at multiplying the achievements of our predecessors and follow the path of success and improvements within IFMSA, we are determined to spare no time, effort or energy in our quest for excellence of the IFMSA Exchange program. We are fully committed to explore new horizons.

This new edition of the MSI is only a reflection of all the voluntary hard work every single Exchange Officer has been doing in his country and university, and we cannot thank you enough for this.

Students all around the world submitted their articles to talk about their projects, to show their passion and to share their experiences. We invite you to read them to get a little bit more inspiration and a little of this craziness that made us all fall in love with IFMSA once.

Last but not least, I cannot say those words without expressing my gratitude to an amazing SCOPE International Team 2014-15. Nothing would have been possible without their constant support.

**Yours,**  
**Omar Cherkaoui**

On behalf of the SCOPE International Team:

Ivana di Salvo (Liaison Officer for Research & Medical Associations);  
Chioma Audrey Amugo (Regional Assistant for Africa); Carlos Morales  
(Regional Assistant for the Americas); Armalya Pritazahra (Regional  
Assistant for Asia Pacific); Karim Salah Abd El-Motaleb (Regional  
Assistant for EMR); Philipp Foessleitner (Regional Assistant for Europe);  
Amr Daa Aylan (Development Assistant on Information & technology)



## A Whole New World: AMSA - Singapore Joins the SCOPE Family

**Tan Xin Zhong Timothy,**  
NEO, AMSA - Singapore  
[timoyhy.tbj13@gmail.com](mailto:timoyhy.tbj13@gmail.com)



**Our 1st SCOPE Team**

**From left to right: Hee Jiamin, Stephanie Yong, Leong YuanYuh, Tony Li, Timothy Tan, Valerie Tan**

Since the last Asia Pacific Regional Meeting, we have been assisted and occasionally pushed up to the steep learning curve by so many wonderful people we would love to thank. This definitely includes Omar Cherkaoui, our beloved SCOPE Director, for not giving up on us and tirelessly answering and troubleshooting every one of our teething problems. Unfortunately, as it was already late into the season, clinical clerkship applications for Singaporean hospitals had already closed. Thus, we are only able to sign unilaterals out, with the promise of bilateral contracts next year (still subject to school clearance). This makes us immensely grateful to all the NEOs who have kindly agreed to unilaterals. Many thanks also to NEOs who could not, for we understand your space or operational constraints and are thankful that you gladly supplied information and support. The list of people we are grateful for stretches too long to name all, so here's our heartfelt thanks for helping us as long as we in need.

Although we are admittedly young, we are committed to the vision of ensuring that exchange students learn and

enjoy to the fullest, and experience Singapore in all its splendour.

Affectionately known as 'Little Red Dot', Singapore is a metropolitan city, a melting pot of different cultures coming together to create a uniquely Singaporean culture. Our republic strives towards efficiency and has a fast-paced working environment. Exchange students would follow our 5-day work week, and attachment schedules may include night shifts, depending on the posting. Also, a friendly Singaporean medical student buddy will take you to experience our home country and culture. More information can be found in our Exchange Conditions and on our Explore webpage.

Last but not least, although this is our first year in IFMSA there was an overwhelming response for the March Meeting call for delegates, and we are proud and eager to be sending a full, well-qualified delegation of 16 to Antalya, Turkey. This contingent will be headed by Local Exchange Officer Ms. Hee Jia Min, who will be happy to answer any inquiries regarding our country, universities, and exchange program overall. Once again, it is our honor to be able to join the ranks. We hope to see you soon. Blue Hugs from all of us here in Singapore!

# The BEACH Project



Rodrigo Brito,  
Roa Sarmiento,  
IFMSA - Brazil

[neo.in@ifmsabrazil.org](mailto:neo.in@ifmsabrazil.org)

What can you expect for an excellent social program? Drinking coconut water on the beach? Watch a Brazilian football match in the stadium? Having few beers? Getting to know the city locally?

What if you could do all those cool things and get to know other cities during the weekends of your internship? Yes, it's possible!

IFMSA Brazil came up with this brilliant idea of giving incomings the best Brazilian experience of their lives. We gave it a name: The BEACH Project. It stands for "IFMSA Brazil's Exchange Assistance on Care and Hospitality Project" and our main goal is to promote the best Brazilian Experience exchange students could ever imagine. All incomings are taken to the same city of Brazil on the weekends to party while getting to know our landscapes and our different local cultures.



In 2014, the host cities were Rio, São Paulo and Recife. Last year, I had the opportunity to coordinate the Social program of the BEACH Project in Recife, the city where I live and the best one to spend your vacations in Brazil.

Sharing a bit of what we did for Incomings, It's important

to say that we had a trip full of parties and three-day tours to Itamaracá, Porto de Galinhas, Old city and Olinda! We couldn't sleep at any moment.

The incomings were picked up in the airport and taken directly to a welcome party on Thursday, it was amazing! And then, in the following day we were ready to take the bus for Itamaracá beach at 7:00 am. We enjoyed the beach and the sun, visited the Oldest Catholic Church of Brazil in Igarassu and went to the "Projeto Peixe-boi" to observe the Manatees. For Friday night, we had planned a Forró/Sertanejo/Eletronic party and the after was directly in Porto de Galinhas, the perfect place to swim and scuba dive. On Saturday night, we had planned a Pub Crawl Experience in Old Recife that they enjoyed a lot after a few shots of the cachaça "Santa Dose" and sweet caipirinhas. On Sunday morning, we went to Boa Viagem Beach, the most famous beach of Brazil due to its shark attacks (nobody was hurt) and after to Old Recife once again but during daytime and then to Olinda, an UNESCO area, to have lunch. In the end, all of the incomings were home by Sunday night or early Monday to avoid skipping the day at the hospital.





## Unforgettable Sicily!

**Ksenia Kochetkova,**  
HCCM - Russia

[elenabelyantseva@mail.ru](mailto:elenabelyantseva@mail.ru)



My name is Ksenia Kochetkova. I'm a 5<sup>th</sup> year student at South Ural State Medical University, Russia. Last summer, I was lucky enough to have my second exchange in the Neurology department of Paolo Giaccone General Hospital in Palermo, Italy. I know that every new exchange opens up your soul and refreshes your mind more and more. This opportunity was thanks to IFMSA. I'm going to use it as much as possible.



Sicily is known as a place with a great history, the warmest relationships between people and the most delicious food. It is the heart of Italy, and its capital city is Palermo. I was sure wasn't mistaken in my choice.

A characteristic feature for me is the history of Sicily conquests during the previous centuries. It shows, for example, in one church – the Palatine Chapel, which was done in Arab-Norman architecture. It's the current reflection of all those centuries, of all those people, who lived and fought for this gorgeous land. There are Byzantine mosaic walls and typical Arabic sealing and floor. I wouldn't imagine that anywhere else on Earth. It's incredible how different and at the same time absolutely similar we are, how peaceful we may live near each other. We were 70 multinational incomings all over the

world and we confirm it!

The doctors and residents of Paolo Giaccone hospital were patient as mentors, polite and friendly as persons and brilliant as professionals. We followed them at daily rounds; we learned how to read special neurological laboratory results and MRI scans; we saw spinal punctures and once even examined the patient with systemic lupus erythematosus. For me as a future neurologist, my tutor, Dr. Marco D'Amelio is a great example: his way to find that special doctor-patient connection with practically everyone is simply amazing. I wish I could do the same one day.

I'd like you to know about the story of this hospital's name. Paolo Giaccone was the man who fought against sadly-known Sicilian mafia. He refused to cover mafia's crimes from a medical point of view as a forensic pathologist. Paolo Giaccone was murdered in front of his own department at the age of 53. He has done a lot for his country and, during the last 32 years, Palermo's citizens (especially medical students and doctors) celebrate Paolo Giaccone memorial day on August 11<sup>th</sup>. I've been there this year and it was an incredibly significant event.

I have to mention our adorable staff members. They are almost 40 people who made a perfect social program for one of the biggest exchange groups in the world. And it wasn't just a duty, I noticed. Some of them enjoyed our August even more than some of incomings.

30 days became a thousand memories.

## Wonderful Serbia



**Asel Ibraeva,**  
HCCM - Russia

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I've come to Serbia through the professional exchange program of IFMSA. I rotated in the Pediatric Surgery department of the Clinical Center of Serbia in Belgrade. My mentor was Prof. Sanya who didn't stop to surprise me. She operated so proficiently, explained everything to me in perfect English and didn't stop asking me if I understood her point or not. When she had surgeries, I assisted her, and helped her to examine patients.

During my exchange program in Serbia, it was difficult not to admire all that I saw there – people, landscapes, traditions and for sure the city. Belgrade is a city with centuries-long history. It was captured in action 40 times, then 38 times – was destroyed by the root and built again. Something firm, something reliable, something everlasting.

Over the weekends, we were traveling to nearby towns. I got most the lively recollections when we were in the Golubac and Kralevo. We drove there with one purpose – to see ancient fortresses. In Golubac, there is a secure stronghold developed by the Ottomans in the XIV century on the shore of Danube. The river was so broad like a lake, and the fortress was erected on the slope of a cliff. In Cralevo, we were roaming in the city for a few hours, trying to find where is the Magilc – the medieval “castle of kings.” When I saw pictures of these ruins, I just fell in love. I just had to visit and see for myself. But people on the spot only shrugged their shoulders and assured us that they haven't any castle. They sent us to see The Zhicha Monastery – the showplace of this town. The landscape is really beautiful: the town is surrounded by mountains and eagles fly high. Tourists usually seldom go there and that is why people on the spot looked at us as if we



were extraterrestrials.

In the evening, when we came back to the Belgrade we met a local girl Elena. We asked her about unknown “castle of kings” and, voila, she confirmed this place exists, but that it's in 20 kilometers from Cralevo in the Ibarck's ravine. The way was so hard and dangerous. Once upon a time first kings lived there, but now it's wrecks. Also, she's said few locals know about it.

I will remember this trip forever, as a country with a lot of history, people with kind hearts and city which is so firm and perpetual.

# Report from the SRT Vienna 2014

**Philipp Foessleitner,**  
Chair, SRT Vienna 2014 OC  
AMSA - Austria

[ra.scope.europe@gmail.com](mailto:ra.scope.europe@gmail.com)



Fruitful exchange sessions, delicious food, hot Christmas punch, Academic Quality, an unforgettable NFDP and new friendships: all of that happened during the AMSA Austria Sub-Regional Training on Exchanges in Vienna, Austria!

From the 5<sup>th</sup> till the 8<sup>th</sup> of December, 2014, AMSA Austria organized an SRT on Exchanges, attended by a total number of 100 participants. The focus of the program was Academic Quality in exchanges, and AQ sessions for both SCOPE and SCORE were held in order to provide each of our exchange students with the best possible learning experience. We are working to (1) assure the highest standards and strong educational outcomes, (2) establish learning objectives and ways for the students to achieve them when they go abroad, and (3) to achieve recognition of our exchange programs in more medical faculties within and outside of our region!



Additionally, NEO, NORE, LEO and LORE trainings took place to prepare our exchange officers even better for their tasks while taking care of incoming and outgoing students. Small-Working Groups were formed to solve current problems in exchanges such as a new more

useful IFMSA evaluation form, upon-arrival training for incomings, SCOPE and SCORE collaboration, handover and contact persons, etc... The sessions were facilitated by 8 international and 10 Austrian trainers including the SCOPE and SCORE directors.



IFMSA exchange programs are also about promoting intercultural understanding! So, during the social program we invited all participants to discover a little bit of Viennese traditions and our great cultural heritage by organising two different city tours and a visit to the breathtaking Vienesse Christmas markets.

We thank all participants for coming and for their very valuable inputs during the different sessions and small working groups. We are convinced that our outcomes will help our IFMSA exchange programs to improve even further! It was our pleasure to have you here with us in Vienna!



## Two and a Half Years as NEO: The Untold Story



**Carlos Morales,**  
IFMSA - Mexico

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It all started 5 years ago, when a friend of mine asked me to join this mysterious thing that's called IFMSA; he told me I would be a "contact person," and I agreed even though I didn't quite know what I was doing.

Unexpectedly, what I experienced that summer was one of the best of my life. I got to meet people from all over the world, showing them my beautiful city Monterrey and Universidad Autónoma de Nuevo León. I got to learn about a lot of cultures and health care systems.

That summer spiked interest in IFMSA and, at the time, I became the LEO of Monterrey and started to arrange the Exchange program for Incomings and Outgoings. Luckily, I received massive support from my wonderful Local Committee and I quickly learned and arranged up to 100 exchanges every year.

In September 2012, I became NEO-in of IFMSA-México. I had a lot of things to learn. Being a part of an international association with other people similar to me, getting to know the NEO database and preparing myself for General Assemblies became a limitless excitement to me. My term started with around 250 exchanges and after two years we doubled with almost 500 amazing contracts.

Of course, it has not been easy to handle billions of emails, millions of Invitation Letters, thousands of substitutions, hundreds of sleepless hours and one or two mistakes in the database; but more than five GAs and NFDPs, contract fairs, AF markets and unforgettable Exchange summers are all memories I hold for life.

After these 2 years, I've gained numerous skills. This federation didn't just give me the opportunity to work with foreign students, but also the chance to know



about global health, our role as future leaders, when we all work for a unified and strong purpose; better health for all the world.

I have to thank that friend actually, my faculty and of course my Local Committee SINESP.

This journey has not ended yet, and hopefully I will continue learning from all the wonderful people I meet, all wonderful NEOs, LEOs and Exchange students.



## Elective Exchange Program in Nepal

**Shankar Raj Lamichhane,**  
NEO, NMSS - Nepal  
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It has been two decades since elective exchange program started in Nepal. We have the pleasure of hosting many students from different parts of the world.

Nepal has been considered as one of the best destinations for the elective exchange program. World famous magazines have listed it as one of the top ten countries that must be visited. It is one of the most economical destinations. And, as a medical student, you will have the opportunity in Nepal to observe a disease pattern that is quite different from that in Europe and America.

For the time being, we have been able to conduct elective programs in only one hospital of Nepal: Tribhuvan University Teaching Hospital (TUTH). Nevertheless, it is one of the biggest referral hospitals of Nepal, where you can see a lot of interesting cases and get a



glimpse of almost every disease prevalent in this part of the world. The hospital has different departments and super specialization programs, so you get the chance to choose from a whole range of different departments that you would like .

We have a different way of accommodating incoming students. Students get to stay at a Nepalese Paying guest house. With the hosting family, you will learn the cultural aspects of Nepal and Nepali language.

Students can make use of the weekends to have short trips to other beautiful nearby cities like Pokhara, Chitwan and Nagarkot. Apart from this, students can visit many world renowned cultural heritages. The Kathmandu valley itself has seven cultural heritage that are listed as the World Heritage sites by the UNESCO.

Students can experience the simplicity and respectful behavior of Nepalese. We have a famous Sanskrit saying in Nepal "Athiti Devo Vaba," which means Guests are our God.

Having said these things, we have to mention that, sadly we have been lagging behind in extending our elective exchange program extensively. We may not have the best transportation facilities or the cleanest streets, but we do have a loving heart and we hope you will always kindly consider this.

Finally, NMSS offers a warm welcome to all of you to the land of Shangrila, the Abode of Gods.

## Exchanges in the Americas Region



**Carlos Morales,**  
Regional Assistant for the Americas  
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During January 2015, the Americas Regional Meeting took place in Santiago de Cali, Colombia. People from all over Americas gathered in SCOPE and SCORE sessions to learn and improve their skills within exchange. PreRegional Meeting sessions were conducted by Luiza Alonso (SCORE-D) from IFMSA and myself, Carlos Morales (SCOPE-RA). Delegates discussed the importance of academic quality and the work towards the recognition of our exchange.

After the PreRM, Exchange sessions continued with more enthusiastic NEOs, NOREs, LEOs and LOREs. This time, sessions were conducted by Ilse Ramírez (SCORE-RA) and myself.

26 delegates from Canada to Chile enjoyed dynamic and energetic sessions, and worked on topics such as Pre-Departure Training, Cultural Shock, and establishing an exchange among others. After the Meeting, the delegates, charged with new motivations and expectations from IFMSA, started working on groups towards the implementation of a Social Program Manual for Exchanges and on the improvement of communication in our region.

All delegates were divided into two teams: SCOPERin and RESEARCHin. They competed over 4 days and presented what they believed is the "Perfect Exchange." On the last day, judges from the TO evaluated the work from the groups in which SRESEARCHin took the first place. This team activity made the sessions more interactive and proactive.



Special thanks to the wonderful OC of ASCEMCOL for what they have done in the Regional Meeting and all the attention towards the Exchange Sessions. Many thanks to the wonderful PAMSA Team for their support, Luiza and Omar, SCORE and SCOPE Director, delegates from all the NMO's, support persons, Pedro and Pitufa, Sally, Camille and Gustavo for their wonderful team building activities and of course my friend and colleague Ilse Ramírez.

We are looking forward to the next Regional Meeting, we hope that people from around the globe take the chance to experience Americas. We are a new and improved Americas Region. We are now the Americas Region we want!

I want to thank everyone that at some point helped in the exchange sessions because without them our sessions wouldn't have light.

# Magic of Medicine in Montenegro

**Asel Iunusova,**  
HCCM - Russia



When God just started to create our planet, it was only a blue endless ocean. He decided to decorate the Earth. Taking with him a knapsack full of majestic mountains, rivers, forests, lakes and seas, he went off on a journey. He was spilling his gifts in different places. But as soon as he entered upon the land of Montenegro, the knapsack was torn, endowing this small piece of the Balkans with unique wealth and beauty... This parable was told to us by a good-natured taxi driver on the way from the airport. It was August 2014, and my acquaintance with Montenegro had just begun.

This was possible thanks to the IFMSA. I wanted to get acquainted with a new country, to meet new people, to look at foreign medicine, to gain some experience. Isn't that a really amazing plan for summer?

I did my practical work in Podgorica, the largest city



of the country. I was pleasantly surprised to see a little piece of my motherland, a statue to a Russian poet and composer Vladimir Vysotsky. The heavenly beauty of this place won over him.

Montenegro and Russia have a long common history and that's why we are similar. Perhaps, for this reason, 23 people of the 28 exchange students were from Russia.

In the largest clinics of the country we were greeted by friendly tutors. The choice of department was really difficult, but I fixed upon the emergency medicine. There were many interesting cases, such rupture of the diaphragm post trauma, burn the esophagus and so on. I have only the warmest memories about the patients, every one of whom tried to tell us everything about their diseases. Many things I was seeing for the first time.

After a busy day of work we needed some rest. It was great that our organizers took care of entertainment! They prepared an interesting and exciting social program. We not only became friends, but also travelled almost the entire territory of Montenegro.

That exchange month gave me an unforgettable and incredible experience, not only in medicine but in communication too. If you still haven't tried it, just do it. Open yourselves to new impressions!





## Exchange in Slovenia



**Francesca Alaimo,**  
SISM - Italy

Here I am. I finally arrived in Slovenia.

Alone. Afraid. Not so far from my country (Italy), but far from my family, my friends, my daily routine, getting ready to live an enthusiastic month.

First of all, I shared my room with someone in a hostel.

Well, the perspective of sharing all my time with other person who's not exactly my boyfriend or a male relative, has been hard to me. I guess now I'm a survivor, from this point of view.

Slovenia does not have a social programme in October; living in a hostel with many Erasmus students gave me the possibility to meet people from all over Europe. I felt the pleasure of meeting new people and learning about other cultures, ways of living and thinking, and the need of a continuous comparison with others.

I can't say that Ljubljana is a big town, but it has a lot to offer. It is a European Capital that offers a lot of attractions and occasions to find out the contemporary world through international alternative artists, such as Ursula Martinez, Liad Hussein or the dancer Andrea Miltner.



Out of Ljubljana, I spent my weekends at the Bled Lake, Postojna Caves and Zagreb (Croatia). Slovenia is considered as a bridge to reach other parts of the Eastern Europe easily.

My experience was very satisfying at the hospital. The polyclinic centre was very modern; there were several departments full of joyful and helpful staff. I did not do a lot of practice as a fifth year medical student, but I could see many important gynaecological laparoscopies.

I met young doctors that were very happy to show me their work and stimulated me to be curious, more than I am.

My month spent in Ljubljana was as fast as amazing and all my joy had been transmitted to my classmates so that many of them decided to participate to the Clerkship competition this year. This is another satisfaction that lets me say that I am proud to participate in this exchange, it has changed me and it has been unique.





# The SCOPHian



In this section, you are going to meet SCOPHeroes who save the day through their Orange activities. Enjoy learning about various public health initiatives. Whatever your interests, you are sure to find something that captivates you.

# Introduction

from the SCOPH International Team



**Skander Essafi,**  
Director on Public Health

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## Dearest SCOPHheroes,

It has already been 6 months since a new term has begun within IFMSA and you, wonderful Global Public Health advocates are always aiming to reach new goals. I am personally very impressed by the amount of knowledge and energy that you are spreading around you!

Our celebrations started with the World Diabetes Day on November 14<sup>th</sup>; a blog post on the matter was published to complement the amazing and numerous campaigns you have conducted locally and nationally. Recently, we just celebrated the World Cancer Day on February 4<sup>th</sup>.

We are working continuously to increase the level for our SCOPH Sessions. The African, Americas and EMR Regional SCOPH Sessions were diverse, outcomes-oriented and of high quality. We are also aiming to increase SCOPH visibility and interaction on the servers.

We are rocking this term with our presence at a set of diverse and important external events such as the World Health Summit in Berlin, with a focus this year on the Ebola Outbreak; the Trade and Health; as well as Healthy cities. At COP20 Conference in Lima, IFMSA successfully advocated for a greater inclusion of health co-benefits in the climate change negotiations. We are lucky to also attend the 16<sup>th</sup> World Conference on Tobacco or Health in Abu Dhabi and the 14<sup>th</sup> World Congress on Public Health in Kolkata India later on this term. Finally, we are boosting our membership within the Alcohol Policy Youth Network (APYN) with a greater presence and contribution to their events.

As the theme for this General Assembly is 'Humanitarian action,' we are calling to join our forces and increase

the impact that we have on our fellow members and our communities, for healthier living and better access to health facilities. In this same context, we are aiming this term for stronger collaboration within the World Healthcare Students Alliance (WHSA) as well as the International Veterinary Students Associations (IVSA) in the One Health Initiative, reiterating our voice in different fields joining Human, Animal and Environmental Health. We are conducting a preGeneral Assembly Workshop on One Health that is tackling Neglected Tropical Diseases and Outbreak Management. We are also helping our national members organize the World STOP TB Campaign on March 24<sup>th</sup>. Last but not least, we are raising our voices during the next One Health Conference taking place in Madrid, in May, promoting 'collaboration between vets and meds.'

To conclude this welcome letter, I would like to thank every single person who has made of SCOPH an incredible source of motivation towards improving global public health state at your manner, and wish a great read in this edition of Morning SCOPHian. If you haven't joined the ride yet, our doors are always open. It is health that brings us altogether!

## Orange Hugs,

On behalf of the SCOPH Dream Team,

Arthur Mello (Liaison Officer for Public Health Issues), Cynthia Waliaula (Regional Assistant for Africa), Sergio Menchaca (Regional Assistant for the Americas), Wonyun Lee (Regional Assistant for the Asia Pacific Region), Hani Hafez (Regional Assistant for the Eastern Mediterranean Region) and Pauline Bos (Regional Assistant for Europe)



## 25 in Solidarity for Stronger Tobacco Regulations

**Camille Pelletier Vernooy,**  
President, IFMSA - Quebec

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In the late 1990s and mid-2000s, Quebec and Canada were quite admired for their policies on tobacco. Canada was the first country to put graphic warnings on tobacco packages in 2001 and, since then, 76 other countries followed! Quebec was the first jurisdiction in the world to ban the sponsorship of cultural and sporting events tobacco and the first to prohibit the sale of tobacco in bars.

All this leadership seems to have faded away as smoking rates are not longer going down...

The government of Quebec is actually reviewing the tobacco control law it seems that, for now, nothing "big" will be included in it; nothing that can significantly reduce smoking rates. IFMSA-Quebec is considering Tobacco Regulations as one of its concerns and priorities. Last year, we managed to make our voice heard on raising tobacco taxes, and it worked; the provincial tobacco taxes were increased the following year! We are pushing for a ban on flavours (a big aspect when it comes to recruiting young smokers) and measures on the packaging (ideally, plain packaging, like in Australia, but some intermediary measure would be better than nothing).

This time, IFMSA-Québec Public Health Committee, in collaboration with a provincial coalition against tobacco, decided to launch a huge campaign on the subject. We wrote a two-page letter to the Québec Prime Minister asking for more leadership on tobacco regulations and to include the points discussed above in the upcoming revised version of the tobacco law. And because we believe in international solidarity, we sent a call for international signatures.

**« Le tabagisme demeure un fléau loin d'être éradiqué. »**

- Dr Philippe Couillard, 2012



**« 1/3 des coûts encourus par les journées d'hospitalisation au Québec sont directement attribuables au tabagisme. »**

- Groupe Analyse, consultants en économie

Le taux de tabagisme au Québec est de 21%. Chaque année, le tabac cause 10 000 décès évitables et nous coûte collectivement 4 milliards \$.

Fixons-nous un objectif à la hauteur de la souffrance humaine causée par le produit inutile qu'est le tabac.

**10<sub>10</sub> DANS**

**VISIONS 10% DE TABAGISME DANS 10 ANS**

C'EST UNE QUESTION DE VOLONTÉ POLITIQUE



And we succeeded again! 25 National Member Organizations answered our call: IFMSA-Thailand, TaMSA-Tatarstan (Russia), ALEM Luxembourg, IFMSA-Panama, IFMSA-Jordan, IFMSA-Kurdistan, AECS-Catalonia, Medsin-UK, MoMSIC-Montenegro, IFMSA-Bolivia, bvmd-Germany, SloMSIC-Slovenia, SWIMSA-Switzerland, IFMSA-Sweden, IFMSA-Chile, IFMSA-Morocco, IFMSA-Brazil, SleMSA-Sierra Leone, IFMSA-Pakistan, Associa-Med-Tunisia, IFMSA-The Netherlands, IFMSA-Mexico joined IFMSA-Québec.

IFMSA also signed the letter as the Federation has a policy statement on tobacco regulations and tobacco control, and is supporting the Framework Convention on Tobacco Control.

IFMSA-Québec just received an answer from the

Prime Minister saying that they will take all our points in consideration and they will open a working group on the subject. Like always, a political answer is vague and not precise... but we still join our voices and we really believe that can make a difference.

25 international voices helping the public health in Québec; it is a global health movement. You cannot imagine how we were so grateful to our international community. We also encourage our fellow IFMSA people to launch similar campaigns for health policies against Tobacco!

## Antibiotic Resistance: A Global Concern



**Avin O. Taher,**  
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Antibiotics are drugs that treat bacterial infections, either by stopping the growth of or killing the bacteria. The first antibiotic was Penicillin, invented in the 1940s; it was regarded as a magic drug and a start for revolutionary treatment of infections that were causing death of human beings. Today we are facing a major threat on our 'magical' drugs and that is the development of resistance.

### Why Antibiotic Resistance is a Global concern?

In 2012, there were about 450,000 new cases of

multidrug-resistant tuberculosis (MDR-TB). Extensively drug-resistant Tuberculosis (XDR-TB) has been identified in 92 countries. Both require treatment courses that are much longer and less effective than those for non-resistant TB.

Bacterial resistance occurs when healthy persons or patients are exposed to unnecessary, irregular or non-scientific use of antibiotics. It is one of the greatest threats currently facing human and animal health. Resistance is threatening our ability to cure and treat bacterial



infections! Without an urgent action, it is possible to return to the pre-Antibiotic era; where simple infections were ending the lives of patients.

Antibiotic resistance can spread through the food chain as well, as antibiotics are widely used in veterinary medicine and in agriculture. Animals receive treatments in order to kill or stop bacteria from growing and multiplying, and promote animal growth. This can put people at risk by exposing them to other types of resistant bacteria. Research is being done on the link between veterinary antibiotic use and the development of antibiotic resistance in humans

Effective and meaningful action is needed to restrict abuse of Antibiotics through legislation, international cooperation, and awareness campaigns to educate the general population. Medical students worldwide can have great impact through local, national and international activities and collaborations.

The main causes of the development of resistance can be summarized in few points:

- The over usage of such medications by the patients, mostly self-prescriptions;
- Under dosage and failure to continue the full duration of usage;
- Over the counter medications;
- Unnecessary prescriptions by the physicians because of cultural and patient pressure, financial gains or even sometimes the lack of knowledge;

#### **How medical students can contribute to the solution?**

The Standing Committee on Public Health of IFMSA-Kurdistan launched a project to define antibiotic resistance as a public health threat and to raise awareness among the public about rational use of antibiotics. The project started from the three local committees of Hawler, Slemayn and Duhok by informative presentations for high school students and will be continued to reach as many schools as possible. The project also includes creating antibiotic use guidelines, public campaigning,

and making an awareness video, to be projected soon.

Antibiotics have saved millions of lives and now they're losing their effect because of the resistance development in which inappropriate use of antibiotics is the main cause. November 17-23 is the Antibiotic Awareness Week and this year, it was the beginning of our national project in the name of "Use Antibiotics, Don't Misuse Them"

#### References:

WHO factsheet on Antimicrobial Resistance, cited on 10<sup>th</sup> of January 2015, can be accessed from: <http://www.who.int/mediacentre/factsheets/fs194/en/>

Antimicrobial resistance: global report on surveillance 2014, cited on 10<sup>th</sup> of January 2015. Can be accessed from: <http://www.who.int/drugresistance/documents/surveillancereport/en/>

## World Diabetes Day: The View of a Diabetic Medical Student



**Tarek Ezzine,**  
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We often think that a doctor is a person that delivers healthcare and by definition, he is. Yet we often forget that a doctor can also be a patient, delivering and receiving healthcare at once. Let me tell you how the "Let's Beat Diabetes" Campaign happens, from the eyes of a medical student with Type I Diabetes.

It all started with the diabetes training. There was a doctor telling us all about the pathophysiology of the disease, the life-long treatment, the complications... She was asking the group some questions. I was answering most of them and to my big surprise, a significant number of medical students didn't know much about the disease: the 8<sup>th</sup> leading cause of death touching over 381 million people.

Later on, another speaker came, telling us all about Public Health's dimension of Diabetes. It was my turn to be ashamed. As I was listening, I realized that I knew absolutely nothing about prevention programs, about health insurance or about the rising burden of NCDs. I never wondered what the repercussions of my illness on economy or on Global Health were. I felt like a failure.

Next day was World Diabetes Day. We went to the most popular street in Tunis to start our awareness and screening campaign. With a white coat, a blue circle pin and a badge, I started speaking with people, telling them about Diabetes, the complications of which can be avoided by early detection. Then, I invited them to measure their blood sugar and they all were hesitant at first. "FREE" was the key word! Once my shift finished, I switched to the screening group. Luckily, I was no stranger to glucose testing. People were very happy when I told them their blood sugar was fine. I could see the relief in their faces and it was euphoric;



my feeling of pride was indescribable. Those who had measures above normal made me even prouder. I had the chance to have parents who were aware of diabetes symptoms. Unfortunately, this chance is not given to all. Now, thanks to our campaign, they know. With some healthy life choices, and medication, they could lead a life as normal as mine.

This was my first experience with the SCOPH and it made me feel useful. It also made me wonder if I could do more. Yes, we can improve some lives thanks to simple public health tools. However, there are thousands of people out there not having access to screening, nor healthcare nor information. We sure are effective at a certain level but is it enough to make a difference worldwide?



# Applying nutritional education for a proper child development

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Around the world, the necessity of optimize every task created what can be called a “problem of priorities.”

Time itself became so precious that only a few of us can actually choose what kind of food we eat. Unfortunately, this is affecting the children and their growth.

There’s a widespread concern about the progressive increase of childhood obesity and about the development of cardiovascular diseases, hypertension and illnesses related to osteoarthritis – currently, 42 million children aged under 5 are obese. The most alarming point is that childhood obesity may affect more than 75 million children in 2025 if nothing is done to stop it. That’s why our local committee thought of a project about alimentation during childhood. Its main objective is explaining the necessity of nutritional education to the



parents and applying it in the life of everyone in the family, during meals and snacks. For a project that would try to change years of bad habits, it could not be just a simple work; it had to be a true and well-performed operation. Our “Snack Operation.”

However, a project of this magnitude had to be effective not only for the parents, convincing them that they

actually have time to choose what their children can eat, but to the kids as well, convincing them that they must eat healthy food.

The physical contact and the exchange of knowledge were both really appreciated by the ones who heard about our proposition. We focused on awareness, and our goal was reached, as a lot of parents – and even their children – looked surprised by some data, such as the harm that sodium is able to cause, the proper meaning of “wholefood” and the importance of reading medication label. The best result was that many of the parents and children learned the tips of what to eat to be healthy and accepted to try them out.

We can say that “Snack Operation” has fully reached its goals. Locally, our project affected the life of entire families, changing their habits and creating a precedent to new projects with the same objective. Even the simplest action can change lives, so imagine what it can do when performed globally.

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# Benefits of Laughter Therapy



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Laughter is more than a mere inadvertent disruption of breath; it goes beyond a physiological response to an (internal or external) stimulus, beyond the activation of the central nervous system<sup>1</sup>. As Charlie Rivel said "laughter is the only language in which all peoples of the earth are expressed".

It is an ancient language that can be understood by anyone (regardless of culture, language, age, race). it is contagious and, along with the tears, is considered as one of the first human communication mechanisms, allowing to understand others' feelings.

In recent years, in different parts of the country, a new therapy has been implemented in hospitals: "laughter therapy," which is more a work of accompanying the patient and creating a pleasant and comfortable environment for people in prolonged hospitalization.

Such interventions are performed by groups of "Hospital Clowns" who work or are students in the field of health sciences (doctors, nurses, nursing assistants, psychologists and students in areas of health), and who have appropriate training for hospital interventions (a hospital clown is far from a conventional clown).

Hospital clowns acquire some knowledge and skills that will be useful, later in their work, such as:

- Increased empathy towards the patient;
- Strengthening of personal development;
- Improving communication between doctor and patient;
- Helping to create a better working environment for the doctor;
- Reducing the stress level and anxiety in healthcare.



The patient also benefits from this form of therapy: multiple studies have shown that regular clown interventions in patient services help reduce stress levels in patients by reducing cortisol levels and Protein C (CRP) 3-4x which contributes to the improvement of physiological processes such as immune response, blood glucose, blood pressure, thus improving the overall condition of the patient.

In conclusion, "laughter therapy" seeks through various techniques to positively impact on the person and his disease. Although it can not alter the natural history of the disease, it is an excellent complementary therapy to cope.





## Road Safety: Stop. Think. Live!

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**STOP:** In a world with many social problems, including refugees and natural disasters, listing traffic accidents as another challenge faced by society seems too trivial. After all, if we have so many problems, why calling the security to the streets as a topic to be discussed by all populations globally?

**THINK:** The truth is so shocking and abrupt as the impact of a car crash: traffic accidents are the eighth leading cause of death worldwide, generating about 1.24 million deaths annually. These accidents constitute the leading cause of death among individuals between 15 and 29 year olds, an economically active population, the loss of which causes severe impacts on society beyond their families. Deaths are only the tip of the iceberg. About 20 to 50 million people suffer disabling consequences after accidents, limiting them for all their lives. And to aggravate the scenario, 80% of all these tragedies occur in middle-income countries, mostly without infrastructure or effective public politics to deal with these issues.

Many conditions predispose young people to a greatest risk for being the main victims: the feeling of invulnerability, overconfidence, carelessness with the security measures, and the excessive use of alcohol. For all these reasons, young people should be the main target of our actions.

**LIVE:** In 2010, the United Nations defined the years 2011-2020 as the "Decade of action for road safety": this means that, today, we live the challenge of improving road safety in our cities. This can be done through various actions, all of them with the main purpose of improving education about traffic safety.

In 2014, medical students from IFMSA Brazil took to the streets with posters containing impactful messages about

the number of victims generated by accidents annually. This action became known as "Yellow May." In addition, the issue was also addressed in our 46th National General Assembly in a SCOPH session intended to cause reflection and debate on a subject so little explored.

In addition to the tragedies caused by traffic accidents, excess vehicles in the streets creates another challenge: the stress caused by congestion in large cities. Although it doesn't seem a priority, this issue should be viewed with a special look in a society where cardiovascular diseases are the leading cause of death.

In São Paulo, during the National Traffic Day, an advertising agency decided to put people on the streets dressed in colorful clothes, holding posters with messages of tolerance, education and respect, in order to generate joy in one of the most stressful moments of the day: the tiresome back home after work.

With our creativity, it is possible to act on the various links that lead to traffic accidents. We are the main victims, but we can also be the main agents to change this reality.



## Panamerican Health Organization Regional Meeting: Public Health Advances in the Americas



**Sergio Menchaca,**  
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A few months ago, the Regional Office of the Americas for the World Health Organization (PAHO) held its meeting at the headquarters in Washington, DC. Public health leaders, ministries of health and NGOs in the Americas came together to discuss a wide agenda with a main focus on regional health issues and new action plans for them.

The International Federation of Medical Students' Associations (IFMSA), as one important global health actor and regional NGO, had the opportunity to participate in the meeting, with a very productive delegation formed by Maria José Cisneros Caceres (Regional Coordinator for the Americas), Pedro Correia de Miranda (Liaison Officer for the World Health Organization), Sergio Alejandro Menchaca Dávila (Regional Assistant for Public Health) and Rael García (former Advocacy Development Assistant for the Region).

In what we can describe as the most hard working days for the PAHO secretariat and public health leaders, the ministers of health and their delegations sustained debates on Universal Health Access, Access to Safe Blood, Childhood and Adolescent Obesity, Mental Health among others. This resulted in brand new action plans for the region that make the future look bright in health.

The IFMSA Delegation had the opportunity to take part in the discussions by presenting interventions in different points of the agenda with great results:

Discussing the Prevention of Obesity in Children and Adolescent, the IFMSA called upon the PAHO member states to ensure a multisectorial approach in the fight

against obesity, to consider the mental health implications in obesity and to focus on the development of public quality spaces for physical activity, food security and availability as a priority.

At the Mental Health debate, medical students asked to ensure adequate training in mental health to medical students, prioritize mental health in primary care, focus on adolescents as a risk group for mental health issues and integrate the mental health in the national health systems and reforms.

In Universal Access to Safe Blood, we declared the necessity of member states to integrate universal access to safe blood in the national health systems, elaborate and promote a national blood program inclusive to everyone, training personnel in blood banks and hospitals in this matter and guarantee the access to safe blood to all the members of society.

Finally we had the opportunity to highlight the importance of the Universal Access to health services during the discussion of the theme, where we presented the experience and work we have been doing as IFMSA to assure that it is a reality.

The interventions presented in the name of our Federation were applauded and taken into account when writing the resolutions and proposals for the action plans voted and accepted during the meeting. This is the result of the hard work we do in every region and a motivation to keep going the same way. Today, we are shaping the model in health in every corner of the world!

## Your Health 1<sup>st</sup>

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Your Health 1<sup>st</sup> is IFMSA-Iraq's main project. It was launched in 2012 when we realised that heart attacks and strokes are among the leading causes of death worldwide, though people can minimize their risks and avoid having these illnesses by achieving a proper control over their blood pressure. The project mainly targets middle-aged and elderly people to address the issue of hypertension (the so called Silent Killer).

We simply attract passers by to our activity booths, where our teams give them a small introduction about hypertension, its management, prevention and complications (if left untreated). Next, we measure their blood pressure and identify any undiagnosed cases of hypertension. Anyone with high blood pressure is referred back to our seniors for extra consultation. We aim to raise public awareness about hypertension and highlight factors contributing to increase blood pressure (overweight, obesity, diabetes, increased sodium intake and physical inactivity).

Another benefit of this project is that medical students have the outstanding opportunity to apply their clinical knowledge outside their medical schools.

### Why must the issue of hypertension be addressed?

1. Hypertension kills 9.4 million people every year;
2. Hypertension has a very high prevalence: 40% of adults aged 25 and over have raised blood pressure;
3. Its prevalence is continuously rising: it's the highest in the African Region at 46% of adults aged 25 and above, lowest prevalence in the Americas at 35%;
4. Hypertension rarely causes symptoms in the early stages and many people go undiagnosed (SILENT KILLER).



### What were our outcomes for the 18 events conducted?

1. Over 2500 people had been tested;
2. Almost 600 of them had hypertension and took extra care and consultation from our seniors;
3. 4500 people were outreached and 4000 brochurs had been distributed.

If you want to know more about our project, or would like to implement in your NMO, please contact me via e-mail.





## Kick Ebola Out!



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In May 2014, Sierra Leone was hit with what I would refer to as the worst ever health crisis in the history of humanity.

The Ebola crisis took Sierra Leone, West Africa and the entire world by surprise. Very little or almost nothing was known about the deadly Ebola virus, which was spreading so rapidly from the eastern part of the country, gradually moving towards the densely populated parts of Freetown.

One advantage the Ebola virus had over us was the ignorance of the general population about it. What made it more serious was false information spreading all over the nation.

As the government Sierra Leone was baffled by the crisis, not knowing what to do, we as medical students couldn't just sit down and do nothing. We came up with our KickEbolaOut campaign in August of 2014.

The campaign happened to be the first of its kind during the outbreak and was geared towards raising awareness on the deadly Ebola virus. We focused on educating the general population on:

1. The signs and symptoms of Ebola;
2. The preventive measures for Ebola;
3. What to do when one discovers any of the signs and symptoms;
4. Correcting most of the false rumors circulating in the country.



We started off on the busy streets of Freetown, the market places and then went to the slums (Kroo Bay), which were at the highest risk!

It was definitely a risky mission, but we undertook it simply because it was important. At the end of our first day, we were so happy for the remarkable success we were able to achieve. The government later on decided to implement some of the KickEbolaOut campaign ideas nationwide.

The KickEbolaOut campaign later on went global, we launched it on social medias (facebook, twitter, etc...), soliciting funds so as to be able to continue playing our part in the fight against the deadly Ebola virus. We are still determining to engage seriously in the fight until the end. As of today, we have medical students engaged in various fields in the fight (surveillance officers, contact tracers etc..)

We thank you all for your various support in this very hard time for us, we sincerely appreciate you all, and we hope to continue working hard with your supports to make Ebola part of history.

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We kicked off with a training session for all medical students in collaboration with the ministry of health, and on the following day started our "Door to Door" sensitization on Ebola.

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# Finding Candidates for Superheroes:

## Bone Marrow Donors Registration

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Hearing from a doctor that the only chance for recovery depends on a bone marrow transplant is always difficult for both the patient and his relatives. Annually, thousands of Brazilians suffering from diseases such as leukemia, lymphoma, solid tumors and autoimmune diseases. It becomes even worse when a compatible donor is not found in the family; the chance then goes from 1/4 to about 1/100,000.

To increase the chances of compatibility it's important to have a large number of donors registered at databases like RENOME (portuguese for National Registry of Bone Marrow Donors). In 2000 there were 12,000 registered donors. Today there are about 3.5 million<sup>1</sup>. Brazil has today the largest public program of organ donation and the third largest bone marrow donors database in the world. The growth of the number of donors was due to investments and public awareness campaigns, promoted by the Ministry of Health, NGOs, public and private institutions and civil society in general<sup>1</sup>. Still, there are more than 2,000 people on the waiting list for bone marrow donation in Brazil.

The local committee IFMSA Brazil of the Federal University of Mato Grosso State held a bone marrow donors registration campaign with the support of the Blood Donor Center of Mato Grosso State, at the city of Cuiabá. On November 14<sup>th</sup>, 2014, new donors filled out a form with personal data and two nurses collected 5 ml of blood from each volunteer. During the campaign, videos transmitted information about the procedure and testimonials from people who were on the waiting list. A group of students was ready to address possible doubts about the registration and transplant procedures. They explained that the whole process is entirely accomplished

by the Brazilian National Health System, with no cost to donors or to the receiving patients.

The "Medulômetro," the bone marrow donors recorder, was updated in real time according to the number of bone marrow donors registered during the campaign. The result surprised the Blood Donor Center staff. On average, they register 10-20 potential donors a day, but in 5 hours of campaign the "medulômetro" hit the number of 169 volunteers, with great local impact. More than the number of new potential donors, the action aimed disseminating information and causing people's reflection on the subject. This simple act can save lives and create candidates for super heroes.



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## Global Surgery and Anesthesia



SWG on Global Surgery,  
IFMSA

About 234.2 million major surgical procedures are undertaken every year worldwide. Of these, almost 7 million patients will have a major complication, and 1 million will die during or immediately after surgery. More than 500,000 women die each year during childbirth. As we look at surgery across the world, there is a huge disparity in provision, complication rates and quality. The poorest third of the world's population receive just 2% of the world's surgical procedures, and death and complication rates can be as high as 5–10% and 3–16% respectively in some developing countries. What's more is that nearly half of these adverse events are preventable. It is not just in surgery that these problems exist, as mortality from general anesthesia as high as 1 in 150 in parts of sub-Saharan Africa.

In Africa, surgery was famously described as the neglected stepchild of global public health. The story is the same in the poor parts of Asia and Latin America. In the Eastern Mediterranean Region, many of medical errors are also related to operations.

Global access to surgery is especially important among IFMSA members and they wish to change the status. The IFMSA working group on Global Surgery started addressing this issue after the general assembly in August 2013 in Santiago, Chile. As stated in the Policy Statement on Global Surgery adopted by the IFMSA General Assembly in Hammamet, Tunisia in March 2014, we as medical students see ourselves as important actors in raising awareness about global surgery and advocating for equitable access to safe surgery for all, both within the IFMSA in the general population of our respective countries and globally.

In order to achieve this, we propose the formation of

a Permanent Small Working Group on Global Surgery, aiming to work on:

1. Establishing an international team of students working together to address issues relating to Global Surgery;
2. Connecting students to the growing network of Global Surgery researchers and advocates;
3. Raising awareness among medical students and the general population alike, through: Campaigns, Articles and publications, Workshops, Lectures, Mentorship, video screenings, webinars and other activities.



On May 26<sup>th</sup> 2014, the WHO Executive Board passed the EB Agenda Item "Strengthening Emergency and Essential Surgical Care and Anesthesia as a Component of Universal Health Coverage" for a resolution at the 68<sup>th</sup> World Health Assembly in May 2015. Access to Surgery and Anesthesia will be discussed during the next WHA in 2015. Representatives from a number of high and low-income countries agreed on the necessity of a campaign of advocacy that includes civil society, patients, public health experts and healthcare professionals. Their aim is that every child born with a congenital problem such as cleft lip, clubfoot, cataracts, or hernia receives life-changing surgery, every woman needing an emergency

C-section has timely access to one and every injured person worldwide has timely emergency surgery.

Autors:

Sanam Ladi Seyedian, Issy Marks and Godfrey Sama (co-coordinators of the small working group), Salil Patel, Eslam Fouda, Skander Essafi, Ivana Di Salvo, Haleema Munir, Michael Keem and all members of the SWG.

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Global Surgery Training in  
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## The Precious Gift of Life



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I could not think of a gift to give humanity bigger than the gift of 'life.' Yes, once, I was ignorant regarding this very important issue but as the doors of awareness opened to me I decided to take the responsibility to spread the word to each and every human being.

My journey started almost 2 years ago when I read interviews with recipients of organs from deceased donors published in a regional newspaper. One of the recipients said "although I have not seen the [person] who [gave] me vision but I will keep on praying for him my whole life!"

It was the first time I heard about cadaveric organ donation and I started reading more about it. During my 2<sup>nd</sup> year of my medical studies, I got the chance to investigate level of medical students' awareness regarding cadaveric organ donation. Unfortunately more than a half were unaware of it, but most were really interested to know more. Many were willing to be future donors.

This research gave me a positive push to continue my mission and spread awareness among the general population (beginning with medical students). When I joined IFMSA, my journey became greater as I found a great platform where I could actually make this come true. I planned a seminar in collaboration with our faculty hospital, involving the departments of urology, ophthalmology, liver surgery and cardiothoracic surgery. It will take place in the middle of February. We will discuss the need of cadaveric organ donation, its importance, its national status, religious concepts and, in the end, answer the audience's questions.

This will be a first step of course. More seminars will

hopefully take place in other medical and non medical colleges and also at national and international level.

Through these awareness programs we will also try to get contacts of interested individuals and make them join the donors database.

In addition to this, I also intend to form a 'cadaveric organ donation awareness team,' having national and international members so that we can join hands for the common cause.

As of today, there are far more people on the waiting list than there are donors. If with all these efforts we manage to save a single life, I will consider that we have achieved our objective.



# Global Hand Washing Campaign

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The Global Hand Washing Campaign was organized by BMSS Bangladesh at the P.H.D Kindergarten School run by ASROY, a non-profit organization, which works to lighten up the lives of underprivileged street children in terms of education and other social initiatives.

Today, diarrhoeal disease and respiratory tract infections are the two biggest killers of children in the developing world, with an estimated 1.7 million children under 5 dying every year. These figures could be cut dramatically if handwashing with soap were widely practiced. Handwashing with soap can prevent even Ebola. Scientific research shows that handwashing with soap prevents disease in a more straightforward and cost-effective way than any single vaccine.

Handwashing with soap thus represents a cornerstone of public health. Hands often act as vectors that carry disease-causing pathogens from one person to another, either through direct contact or via surfaces and foods. Handwashing helps break this transmission.

Handwashing with soap can also mean more school days for children. Diarrhoea is responsible for children missing hundreds of millions of school days every year. By having children integrate the habit of handwashing with soap in their daily routines, school absenteeism could be reduced substantially. A recent study suggests that handwashing with soap at critical times could help reduce school absenteeism by around 42 percent.

In the Global Handwashing Campaign, all the students of the School took part with enthusiasm. The School children were first shown videos of proper hand-washing practices. They were then given a practical demonstration of handwashing by the amazing SCOPhians. Then,

one by one, they practiced the proper handwashing techniques in front of the facilitators and it was evaluated by a checklist.

The event also included colouring activities for the little ones. Almost 80 students took part in the event. All were given soap and a leaflet about proper handwashing practices. There were also presentations regarding the necessity of drinking safe, clean water and improvement of personal hygiene i.e. cutting nails, using sanitary latrine, proper handwashing before and after food... There was a role-play session by the medical students on how does the body gets infected with the germs if the personal hygiene status is not maintained.

The health impact of our campaign was remarkable. Statistics show that, now, less students suffer from infectious illnesses. The absenteeism rate of students due to illness has also been significantly reduced.



# SCORAlicious



Welcome to the world of SCORAngels! This section will provide you with much insight into the life of the delightful Standing Committee On Sexual & Reproductive Health including HIV/AIDS.

# Introduction

from the SCORA International Team

**Michalina Drejza,**  
Director on Sexual & Reproductive  
Health including HIV/AIDS

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**Dear SCORAngels,**

I have an honor to serve IFMSA as your SCORA Director for this term and I am super excited to meeting you during SCORA sessions in March Meeting 2015 in Turkey!

The year of 2015 is going to be the year of change. The Millenium Development Goals are going to expire and be replaced with Sustainable Development Goals. IFMSA and SCORA are being really active in raising awareness of post-2015 agenda issues.

Your SCORA International Team is working really hard to make sure that the sessions will be useful, inspirational and fruitful for all of the SCORAngels - no matter whether you work for our beloved Standing Committee for 5 years or you just decided to join SCORA!

The main aim for this term is to mainstream SCORA Focus Areas, which are Maternal Health and Access to Safe Abortion, Comprehensive Sexuality Education, HIV and other STIs, Sexuality and Gender Identity and Gender-based Violence. We have had very successful 6 months in SCORA with three extraordinary regional meetings, a SCORA International Team Meeting in Uganda, Regional Webinars and SCORA X-Change Call and for the rest of the term we planned much much more, so stay tuned!

I am sure we will be having an extraordinary time together in Turkey, and I look forward to seeing you in Antalya!

All the best,

**Michalina Drejza**

On behalf of the SCORA International Team:

Kelly Thompson (Liaison Officer for Sexual & Reproductive Health including HIV/AIDS); Cephas Ke-on Avoka (Regional Assistant for Africa); Paula Escobedo (Regional Assistant for the Americas); Prabesh Bikram Singh (Regional Assistant for Asia Pacific); Rewan Youssif (Regional Assistant for the EMR); Maria Cunha (Regional Assistant for Europe).



# A Glance into the Past for a Better Future



**Gil Goldinger,**  
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"Think +" is the first and only SHAPE program in Israel. It was established two years ago as a collaboration between the Medical Student Association in the Negev and Prof. Klaris Riesenber, head of the HIV and Infectious Diseases Clinic at the 'Soroka' Medical Center, Beersheba.

Since its creation, the program has had a major impact on the debate around medical education. This has led to greater discussion on the importance of sexual education within medical curricula. Though sexual education had been part of the curriculum at 'Ben-Gurion' Medical School, participation of students had been limited in terms of their contribution to the discussion around medico-sexual education.

Following the "Think+," there has been an injection of fresh ideas around this area. It has stimulated a greater number of initiatives and led to SCORA activities becoming an intrinsic part of our everyday life as medical students.

Over the past year, we have focused on trying to improve our 'Think+ training of trainers' and we have achieved this thanks to the collaboration with other SHAPE programs within IFMSA, as well as by adopting a creative and open mindset.

Students taking part in the training of trainers participated in a HIV/AIDS history session. We felt it was important to educate students on this topic in order to have a greater understanding of HIV/AIDS. We wanted to explain that living with HIV in Israel, where all HIV-related drugs are financed by the Government, has significantly changed since the 80s, and only after a major struggle. We understood that to move forward

and to make a change in the future we had to learn about the past.

During the sessions, students were exposed, most of them for the first time, to the struggles within the gay community and amongst those diagnosed with HIV from the early 1980s until the present day. The sessions shed light on this groups' continued battle against the federal government, the FDA and the medical community in the United States as well as other countries. It was a fight for their right to equal medical care, for proper funding of medical research into the disease as well as for their lives.

The students spoke of their shock from the indifference and disregard of the medical community and policy makers of the time. However, they expressed gratitude for being able to understand what happened and, most importantly, to learn from the mistakes of the past. We realized that, in order to tackle the stigma surrounding HIV/AIDS with the medical community and the society as whole, we need to understand the cause and the consequences.

HIV/AIDS is not the first and definitely not the last medical issue to be ignored or be left untreated. It is our obligation as medical students to learn from the mistakes of the past, work towards correcting them in the present and make sure that these errors are not repeated in the future. Use history to learn and improve SCORA work in your country. Keep on the good work!



# World AIDS Day Flashmob in Uganda

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The World AIDS Day is about raising awareness, fighting stigma, improving education, mobilizing resources and raising funds to better our response to HIV/AIDS. 2.5 million new HIV infections are registered each year, with 2,400 young people newly infected every day. Raising awareness and knowledge of HIV is crucial to get these figures to zero.

The theme for this year's campaign was "Getting to Zero in Africa: Africa's Responsibility, Everyone's Responsibility." Public Health Ambassadors Uganda (PHAU) emphasized a holistic approach in the fight against HIV/AIDS. This emphasis was based on the five prevention strategies: abstinence, being faithful, condom use, elimination of mother-to-child Transmission, safe male circumcision as well as routine HIV counseling and testing among singles and couples. However, prevention strategies can only have a positive impact through establishment of partnerships and synergies across different sectors and support from development partners.

We at Public Health Ambassadors Uganda (PHAU), in partnership with African Women Development Fund (AWDF), organized the 1<sup>st</sup> World AIDS Day Flashmob in Uganda aimed at increasing awareness about HIV prevention strategies, using an informative performance arts approach. With support from Uganda Cares, TASO Mulago, International Health Sciences University (IHSU), UAP Insurance, British Airways, Uganda Police, Thought Arts, Open Mic Uganda and A & S Electronics, young people received free voluntary counseling and testing (VCT) services with over 5000 free condoms distributed as they dual protection against HIV/AIDS, STIs and unplanned pregnancy.

The flashmob was designed by 5 different dance crews,

with over 50 dancers, putting emphasis on HIV prevention strategies as mentioned above. It was staged at Colville Street, Kampala road at 5pm and attracted over 500 young people working within and around the city center. The dancers wore branded t-shirts dubbed with #Getting2Zero, #Everyone'sResponsibility message.

We at PHAU believe that the #Getting2Zero Campaign should run throughout 2015, reaching out to the different regions of the country, because our fight is not a one-day activity that should take place on December 1<sup>st</sup>. The struggle continues. Join us in the fight against the HIV epidemic in Uganda.

# Blue November



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## Background:

Prostate cancer is the sixth most common type of cancer in the world and most prevalent in men, accounting for 10% of all cancers. In Brazil, it's the second most common tumor in men, accounting for four out of ten cancers that affect males over 50. Every year, about 50,000 new cases are registered.

The high incidence of this cancer shows the necessity to talk about this subject.

## Objectives:

Inform the public about prostate cancer: what it is, what its symptoms are, how it is diagnosed, and how it can be prevented.

## Methodology:

Before the campaign, volunteer students had a lecture with a pathologist who clarified all doubts about prostate cancer and what distinguishes it from benign

prostatic hyperplasia (BPH). The importance of routine screening tests for prostate diseases and their relevance were a widely discussed subject.

The campaign took place in a busy mall in the city. We approached people with a quiz of five questions about prostate cancer. If all questions were answered correctly, the participant would win a little brooch in the shape of a blue tie; otherwise the prize would be a fingerprint - a nudge with a foam finger. The idea behind this game was to put into question male's prejudice and fear in relation to rectal exams.

## Conclusions:

Our approach was effective; it didn't only allow breaking the ice but also made it possible to discuss the prejudice against the rectal exam. Most people couldn't answer the five questions correctly. This fact demonstrates the lack of information about the subject.



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## I am not ill: I Choose!

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The Brazilian stance regarding transsexual rights has been, over the past years, an unclear set of laws that won't permit taking a decision concerning transgender surgery. As a matter of fact, there is no specific law that protects the right to sexual adequacy and its legal consequences. In view of this, we assumed responsibility of creating awareness and educating our medical students to identify social factors that may be neglected by doctors when treating transsexual individuals. We also aimed to use the doctor as an education tool for society to be more tolerant and respectful towards transsexual patients.

One of the main points of discussion in Brazil, is the fact that scientific authorities consider sex reassignment as a therapeutic treatment in the national health system without considering the fact that individuals that choose this type of procedure pass through radical life changes that alter their own autonomy to take the decision of sex change, without even being diagnosed with sex dysphoria. Only under this condition is the person able to apply for public insurance coverage of the procedure. These changes are poorly followed in most cases.

Another factor is the social perspective. A person who changes sex is forced to enter back into society without any guidelines, therefore face many social and psychological challenges. There are a lot of constraints to change his/her name and gender identity. Therefore, there is no legal protection, and transsexual rights fall into subjectivity when filing lawsuits for public offenses. Sexual dysphoria is not always the profile that patients present when deciding to change their sex. This has been taken into consideration in the States' Justice Tribunals but there is no law whatsoever backing it.

We identify the doctor as a social educator who can express the freewill of human beings and this is why in we held debates as part of our Scientific Encounter of Medical Students in order to break the hetero-normative parameters in our "Shattering Genders Party" where you dress up as the contrary gender you identify with. The idea is to introduce gender equality into common social events in our NMO.



Sex change surgery is just the beginning of a long way to the recognition of transsexuals as human beings with dignity, because even after the completion of the surgery, there continues to be stigma and discrimination. Our proposal is to reformulate our social conducts to enter into new social spheres of respect that will provide a more integral response of society so we can work for a better social development.



# Start-up of Peer Sexual Education in Korea



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On December 20<sup>th</sup>, Korean SCORAngels held KMSA Korea's first ever peer sexual education called "Bon Saek," which means one's true color and also one's true lust. Korea has not been open to public conversation on sexual issues because of its conservative social atmosphere. The main theme of Korea's public sexual education has usually centered on the biological aspect of fertilization, rather than practical advices on sexual activities. To compensate these shortcomings, Bon-Saek aimed to provide useful tips for dealing with everyday sexual issues, and a safe place to exchange frank thoughts about sex. It was open to all university students who voluntarily registered online. The participants spent the most of the time discussing sexual issues with each other, along with practicing using condoms as briefly instructed by SCORA members.

All of the Bon-Saek staff attended weekly on- and off-line group studies for three and a half months, taking turns instructing the rest of the members. Bon-Saek had six topics:

(1) basic anatomy of genital organs and related physiology, (2) opinions about Korean public sexual education, (3) methods of contraception and safe sex, (4) common physical and psychological concerns about individual sexual issues, (5) social perception of sexual and gender issues, and (6) how to have healthy sex-talks with significant others.



away from it. They enjoyed open discussion with their partners on sexual matters. Couples were not the only ones who appreciated Bon-Saek; one 20-year-old participant was quite impressed, for it was his first time ever to say out loud the phrase "having sex." For quite a few female participants, it was their first-ever encounter with condoms. Everyone in the room was greatly satisfied with comfortable atmosphere to honestly talk about and conceptualize their own perspectives towards sexual issues.

Bon-Saek was important in two ways; it was the first peer sexual education organized by SCORA-Korea and it provided practical sexual education for the young. SCORAngels are planning to make it a biannual event in Korea, hoping to provide a trigger for more practical sexual education in Korean society. We believe this will be the most suitable beginning step that students can initiate, in order to solve bigger social problems like sexually transmitted diseases, gender-based violence, unsafe abortion, and hardships faced by single mothers.

Many of the participants were couples searching for better ways of sexual communication, instead of shying



# Positive Health, Dignity and Prevention:

## HIV Prevention Beyond the Individual

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It's been over 30 years since the break of the AIDS epidemic on the international landscape. A lot of water has flowed under the bridge since then and, step by step, we've come to understand many of the secrets behind the causal agent, the Human Immunodeficiency Virus, and its ways of transmission.

Traditionally, prevention efforts were aimed at preventing HIV negative people from contracting the virus, with a particular focus on people who undertook so-called risky behaviours such as a same sex relationship, sex work and drug use. People living with HIV were included in programming and strategies to prevent HIV, however, they were seldom approached as active participants in prevention strategies, but rather as vectors of a disease that were to be controlled and whose behaviours were to be reduced. Such an approach, served to further marginalize them. A push came from people living with HIV to adopt a wider approach that embraced the most important determinants of health and that saw them as the drivers of a much needed change<sup>1</sup>.

Seeking to develop a more responsive and effective movement, the Global Network of People Living with HIV (GNP+), alongside UNAIDS and multiple networks of people living with HIV (PLWHIV), developed the concept of Positive Health, Dignity and Prevention (PHDP), which is unquestionably the next logical stage when it comes to HIV prevention. Framed within human rights it engages, HIV+ people to actively participate in the global HIV response rather than be passive targets of prevention. To implement the program and create new policies according to it, it was determined that the following principles should be taken into account:

1. PLWHIV are more than patients. They have the

knowledge and the insight on what's important for their health. In consequence, they need to be involved in any action that affects them;

2. PLWHIV won't be treated as transmission vectors; PHDP will include measures to ensure non-discrimination and tackle stigma;

3. Prevention of HIV transmission is everybody's responsibility, regardless of their HIV status;

4. Sexual and Reproductive Health and Rights should be recognized and exercised by everyone regardless of their HIV status<sup>2</sup>.

PHDP takes a holistic approach to the health - mental, physical and sexual health - of people living with HIV, in which they are the subjects of change and can secure the maintenance of their dignity. If PLWHIV are able to support their own rights and take well informed decision about their health, the PHDP engine will hopefully move towards the implementation of new outcome-based measures that will not only cover the needs of HIV+ people, but also those of their loved ones and the community they belong to, therefore helping reduce the number of new HIV transmissions<sup>3</sup>.

In case you'd like to know more about this topic, in the quoted references, you will find the Positive Health, Dignity and Prevention policy framework from GNP+ alongside other resources.

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# Women Empowerment:

## Are We There Yet?



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Promoting gender equality and empowering women is the 3<sup>rd</sup> Millennium developmental goal of the post 2015 agenda. It many positive economic, political, and social impacts. No one can deny the huge effort and the great improvements in this issue, but are we there yet?

### Harassment in Egypt

Women empowerment cannot be complete without ensuring safety in public places. Women sexual harassment has been an issue for ages, but recent studies have put this phenomenon under the spotlight. Harassment is any unwelcomed behavior on the basis of race, gender, sexual orientation etc. which has the purpose or effect of either violating the victim's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for the victim. Recent studies on sexual harassment in Egypt have revealed scary numbers. Studies by the UN show that the percentage of women in Egypt who have experienced sexual harassment was 99.3% (El Deeb, Bouthaina, 2013). This must come to an end.

### Sexual harassment law

Although sexual harassment is considered a crime under Egyptian law, with a prison sentence from 6 months up to 5 years and a fine of 50,000 L.E, it is still an ever growing problem. Fear, shame and disgrace prevent girls from reporting such cases to the authorities. Sexual harassment cannot end without fighting all the taboos and stereotypes which blame the victim for being the reason. Blame is wrongly directed to their attire and the way they walk. These are just excuses and stereotypes that women get harassed regardless of.

### Current Situation

Although lots of efforts have been put to end this problem, the controversy of holding events that are against sexual harassment, having harassers in the audience, and finding new cases of harassment in the event, shows that we are still standing where we were a few years ago. We as medical students and future doctors should have a role to solve this problem.

### IFMSA-Egypt efforts

We, as IFMSA-EGYPT, planned to take a step forward to help end this dilemma. Together with our partners, we organized a concert at Cairo Opera House, under the theme **"Raise Your Voice"** as the first step of our project, to advocate for our cause. We will hold a national workshop against sexual harassment and address other related issues as gender equality and gender based violence. We will be having university campaigns to encourage women to raise their voices and not fear to report such acts. We will also be holding self-defense training for women and girls to empower them against their harassers.



## Why SCORA in Iraq?

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The Standing Committee On Sexual & Reproductive Health including HIV/AIDS has had a profound impact on medical students by changing their perspective on SRHR and enriching their knowledge on reproductive health, women rights and sexual comprehensiveness.

IFMSA-Iraq has been a member of IFMA worldwide for over 2 years now, but it is still not SCORA-Active. The activation of SCORA in IFMSA-Iraq has been a subject of debate for the past year within the organization. The nature Iraq and the sensitivity of the topics that SCORA deals with have made it extremely challenging, almost impossible, to have an active SCORA committee.

Despite all odds, **SCORA was officially activated in October 2014** when we had our biggest campaign to date - **"Detect & Protect"** - for breast cancer awareness.

Slowly but surely, both medical students and IFMSA-Iraq members began to appreciate the value of having an active SCORA committee in this country. We stressed on men's health with our Movember online campaign, focused on women rights on World Human Rights Day, and had an official SCORA meet-and-greet party for the new members, during which we talked about AIDS, peer education, maternal health and decided on a solid structure for our committee.

SCORA is breaking boundaries and speaking about problems in Iraq previously thought of as taboo. We stand by the values that every Iraqi woman should have a complete access to professional care and consultation during pregnancy with the proper prenatal and postnatal care, that every girl and women are given their full rights and are treated as equals to their fellow men, that education and awareness on reproductive health issues is ensured to all, and that everyone has a complete right over their sexuality and body. Regardless of gender, age, color sect or religion.

In Iraq, we are faced with many problems like FGM, rape, sexual assault, honor killing, abuse, lack of medical facilities for pregnant women with absence of adequate child car, complete absence of LGBT rights (most people are not even aware of what the LGBT community means), and overall a neglected problem of HIV.

Giving medical students the tools and knowledge to identify those problems and understand the solutions and how to deal with them from a physician's aspect is greatly done through SCORA. It has not been an easy ride so far trying to advocate for all these topics in a very closed community, but it has been one heck of a ride and the future seems very bright now.





# Pink Lips Project



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What do pink lips mean to you? To us they mean femininity, force and freedom!

About 1.4 million women worldwide are living with cervical cancer and, every year, approximately 500,000 new cases are diagnosed with nearly 300,000 deaths. In Poland, there are about 3,300 new cases yearly, with mortality at 50%.

Concerned by these facts, we decided to set up a pink border for this particular cancer. During the European Cervical Cancer Prevention Week, we tried to attract people's attention with an easily recognizable sign: pink lips.

The Pink Lips Project is an educational event organized by the Gdansk Local Committee of IFMSA Poland. It aims to create awareness about cervical cancer and pass on necessary information about its prevention.

Our greatest success is reaching approximately 65,000 people, who have been informed about cervical cancer. We are really proud receive support from NGOs involved in cancer prevention, specialists in gynecology and oncology, medical universities, Polish bloggers, models and other influential people.

In addition, several events have been organized at shopping malls and universities. Basically, we tried to educate people on what prevention is about.

Motivated by the huge success of our campaign, we decided to set new and more ambitious goals.

Currently, we are focused on organizing a street gear with the slogan "leave cancer behind," during which women run out with lips painted in pink. We are extremely proud that our project has been appreciated



and we won 3<sup>rd</sup> place in the Activities Fair during XI EuRegMe2014 in Warsaw.

The Pink Lips Project has been created to raise public awareness of cervical cancer. We are not only interested in meeting and sharing our knowledge with you but also in uniting and showing respect to all women living with cervical cancer.

Let's make a difference together, put that pink lipstick on and learn about risk factors, prevention and early detection.





## Pointing Finger: Barriers to Healthcare

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The child sitting across the table from me didn't seem to have any dream. His eyes were not the kind a child usually has. "Isn't there anything you'd like to become in future?" He stared at me blankly. "Not even Superman?" At that point, I wish he had at least managed to smile.

This child is one of the patients at the adolescent HIV clinic in a Teaching Hospital in Ghana. Ironically, he is part of the Future Leaders Club formed by adolescents living with HIV within the community. He has been made to believe that living with HIV is a "death sentence" and that there is no need to think of or even plan a future.

Some of the kids have been taken out of school and into apprenticeship; "why educate a child who wouldn't live long enough to graduate from the university?" people would say. The concept of PHDP emphasizes that PLHIV must be supported in overcoming self-stigma, stigma and discrimination faced at home and in their communities.

Stigma is described as a negative stereotype – a thought that can be adopted about specific types of individuals or certain ways of doing things, thoughts which may or may not reflect the reality. Discrimination on the other hand is an unfair treatment due to a person's identity such as race, sexual orientation or disability. Thus, stigma is a negative stereotype and discrimination the behavior that results from it.

Negative public attitudes, misconceptions and fears have suppressed health seeking behaviors of people within our community, sometimes denying them access to life's necessities. All this is because someone adopts a negative thought and decides to point a finger at another person. Ghanaians have a saying that "if you point one finger at a person, the other four fingers are pointing right back at you," a clear manifestation of the paucity of reflection that sometimes guides our words and actions.

Some people are shunned by family, peers and the wider community, while others face poor treatment in healthcare and education settings, erosion of their human rights, and psychological effects all because stigma feeds upon, strengthens and reproduces existing inequalities within our society.

People like the adolescent we spoke to above have been led to believe that they have no future. Stringent laws in some countries criminalize transmission of HIV. People are denied healthcare just because of their gender identity, because they are young and are living with STIs or just because they were ashamed to buy condoms and are even more ashamed to go to a clinic for treatment.

All healthcare interventions therefore need to address stigma as part of their focus. This can be achieved by attitudinal change influenced by education and shared experiences, after all, attitude is an expression and therefore modifiable.

Together we can make a difference. It starts with you.

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# SCOREview



Have you ever wondered what SCORE Exchanges are all about? Which countries you could go to? Or what research projects are offered? Find out more here in SCOREview, the publication that has everyone talking about research exchange



# Introduction

from the SCORE International Team

**Luiza Alonso,**  
Director on Research Exchange

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**Dear SCOREans worldwide,**

It is with pride and pleasure that we present to you this edition of the SCOREview. In it you can go further in the world of the Research Exchange. You can get more information about some NMOs and an inside on our meetings.

Presently, SCORE has 65 active NMOs, offering over 3,000 research projects to provide over 2,500 medical students worldwide the opportunity to participate in the IFMSA research exchange program and learn the basic principles of medical research. Through our programming and opportunities, we aim to develop both culturally sensitive students and skilled researchers, intent on shaping the world of science in the upcoming future.

This year the SCORE International team is working hard to support the SCORE-active NMOs and to bring some new members into our blue family. Always having in mind the goal to maintain the high standards of Academic Quality, we work on increasing the visibility of our Standing Committee through recognition in the NMOs and from external partners. All our efforts wouldn't be possible without the work done in each NMO. National and local officers, contact persons and everyone that works in SCORE make it the amazing Standing Committee that it is.

We are confident that you will enjoy reading the articles present here and those will remind you of the experience you had in your own exchange or maybe of the experience you are losing not trying one. If it is the second option, go for it! We guarantee you will not regret it!

**Blue Hugs,**  
**Luiza Alonso**

On behalf of the SCORE International Team:

Ivana di Salvo (Liaison Officer for Research & Medical Associations); Osman Aldirdiri (Regional Assistant for Africa); Ilse Ramirez (Regional Assistant for the Americas); Fajar Putra (Regional Assistant for Asia Pacific); Omar Hafez (Regional Assistant for the EMR); Evangelia Antonopoulou & Orhun Çakir (Co-Regional Assistants for Europe); Koen Demaegd (Development Assistant on Academic Quality); Benjamin Kamberi, Kwan Park, Marta Borys, Maysah Al-Mulla, Mirona Predescu - Romania (Supervising Board)

## A life-changing experience!



**Diogo Capela,**  
PorMSIC - Portugal

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I never thought about going on research exchange, but with so many friends telling me wonderful stories about their experiences, I built up some courage and decided to fill in the initial application. I was accepted for a research exchange far away from home in Sofia, Bulgaria. It was a mixed feeling: I was going alone to a country on the opposite side of Europe and I felt scared, but also excited. Little did I know that it would be one of the best decisions of my life!

The project I worked on there was "Research in modern treatments of acute coronary syndromes with or without ST-elevation," supervised by Prof. Asen Gudev M.D. at the Tsaritsa Yoanna Hospital. I attended the hospital only during the mornings, and I had all afternoons free. I really enjoyed working in this project; it helped me boost my knowledge in cardiology and in clinical skills. I have only nice things to say about the research project, the hospital and all the staff there.

I was already in touch with my contact person before arriving in Bulgaria. She picked me up from the airport, took me to the dorm, showed me around the city, introduced me to the staff in the hospital, etc... She was

amazing and I was extremely lucky to have had her.

Bulgaria is such an amazing country, known for great traditions and history. Sofia is a small, but lovely city. The people there are very friendly and helpful. During my stay I've made many good friends from Turkey, Spain, Armenia, Poland, Tunisia, Russia, Greece, India, Colombia, Romania, Hungary, Lithuania, Latvia, Czech Republic and of course Bulgaria.

I think research exchange is not only about the research project or the clinical practice, but so much more! It's the people you meet and the experiences share together. Arriving alone in a new country is like changing your identity. It's like pressing the "new game" button in life. No one has prejudice about you. you feel free to recreate yourself in a better way. It completely changed my life.

Right now I'm an Erasmus exchange in Katowice, Poland and I've already applied to another IFMSA Research Exchange next summer, this time to Skopje, Republic of Macedonia!





# Research Exchange in Taiwan

Olga Sawicki,  
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*"The world is a book and those who do not travel read only one page."*

*- Aurelius Augustinus*

16:45, Airport of the Republic of China Taiwan. With the first words in Mandarin, my new life began.

23 million Taiwanese were waiting to be engaged. Immigration Control was the first test. Next, the SCORE welcoming committee and my room mates. They were always polite. They were always smiling. I was lodged in the sports campus of Chung Gung University on the top of one of Taipei's surrounding hills.

Taipei is Asia's adolescent metropolis, a city full of life. The cultural kaleidoscope pulses wherever you go. Incense-veiled temples dating back to dynastic times blend seamlessly with the neon street life of a decidedly more modern era. Taking the U-bike you are really fast at "Chinese Taipei."

In the lab where I worked, three PhD students were responsible for the daily work and meetings with Dr. Chiu occurred regularly. From blotting to multilocus

sequence typing, I practiced proper methods. I learned a lot about *Acinetobacter baumannii*. Learning, eating, travelling, shopping, everything was done together.

With my Taiwanese friends, I enjoyed the beautiful countryside just outside the city. "Taipei is Taiwan, the rest is landscape."

The Ilha Formosa lures with its gorgeous natural landscapes, hot springs. Gigantic mountain ranges pass through the windows of the High Speed Rail.

From the airplane I am staring into the white sun for a long time. I am feeling really thankful.



## Gene transformation in MET cloning in Krakow Poland



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The project was mainly about using the MET cloning ability by plasmids in E.coli, which are first cultured in the laboratory, then choosing the clones without mutation to observe and get the results by DNA electrophoresis, Western Blot...etc.. with an ultimate purpose of curing patients by gene therapy.

The people working in the laboratory were really nice and could also speak good English. During this month, I did cell counting, observations, and shadowed Masters and Ph.D. students and my tutor to learn more about their research project. This exchange helped me know more about what laboratory work is really like, what kind of skills can be used in different projects and how to carry out your own research project in a good way. Most importantly, my English improved a lot during that month!

IFMSA Poland volunteers were the most well-organized people I have ever met. They were really helpful and always managed to solve our problems quickly. They offered us a rich social program that helped us discover their beautiful country, including sightseeing, parties and NICE (National Incomings Care and Excursion)

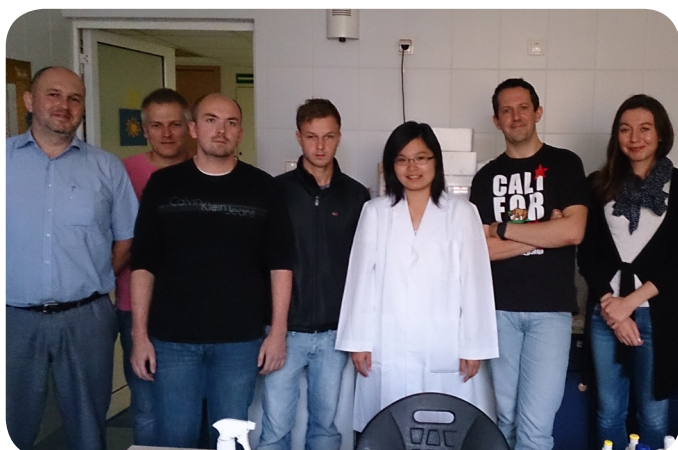
trips. They also updated their Facebook page with useful information and kept us always informed.

We even wrote a song during our exchange about the time we spent together, and I think this song is going to be the on of the best song in our lives and remind us about the wonderful memories of that exchange in August, 2014.

Krakow is a very beautiful and wonderful place. I met there so many students from Germany, Italy, Jordan, Morocco, France, Spain, Japan, Egypt, Lebanon, Romania, Greece, Belgium, Brazil, Turkey and Sweden.

I'm really grateful I had the chance to spend my exchange in Krakow, and I would definitely recommend all my family and friends to visit.

This opportunity changed me to be more global-minded and see the world in a different way. For sure, this exchange was a wonderful experience like no other in my life. If given the chance, I would do it all over again!





## Brains, Bridges and Baths: Watching BBB\* in Budapest

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If you've ever heard about the Rubik's cube, you already know that Hungarians are great at science! It was a no-brainer then to choose this country's capital city as my destination for research exchange!

Semmelweis University in Budapest has a lot to offer. I was accepted by professor Mihály Kálmán at the Department of Anatomy, Histology and Embryology. With the help of his assistant, students and other researchers, I was able to observe and perform multiple procedures such as craniotomy and cryogenic lesions in rat's brain; animal perfusion fixation; brain sectioning with vibrating microtome; immunohistochemical staining; and even multiphoton microscopy in vivo!

Changes in the structure of brain-blood barrier as consequences of lesions are a vital problem and it was a pleasure to analyse them in such a friendly and mostly English-speaking environment. Everyone was open to teaching, answering my questions and showing me all kind of techniques and tools used in the department. I wish I could continue to participate so actively in such serious research at my home university – now I know what to reach for!

As Hungary is part of the European Union, I only needed me ID to get there. My contact person was extremely helpful both before and after arriving in Budapest. Since there were only three exchange students in September, we were lodged in a rented apartment in the city centre. It was really comfortable and I still miss the view of Parliament greeting me everyday next to the nearest metro station. We also had a guaranteed lunch for weekdays in one of Budapest's university's canteens.

In Budapest, I felt quite like home! What I can say for sure is that Hungarians are really friendly and we had warm relations with all the people taking care of us (and there were a lot of them!). With my roommates, we explored suburban areas other than the treasures of the city itself. We visited museums, attended concerts, ballets and traditional Hungarian dance show with one of our Contact Persons on stage!

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\* Blood-Brain Barrier



## Testimonial of tutor from Medical University in Gdansk



**Tomasz Marjanski,**  
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My name is Tomasz Marjanski and I come from Poland where I work as a doctor. In the Thoracic Surgery Department at Medical University of Gdansk, we are working on a project entitled "Harvesting of lung cancer tissue samples for lung cancer tissue bank."

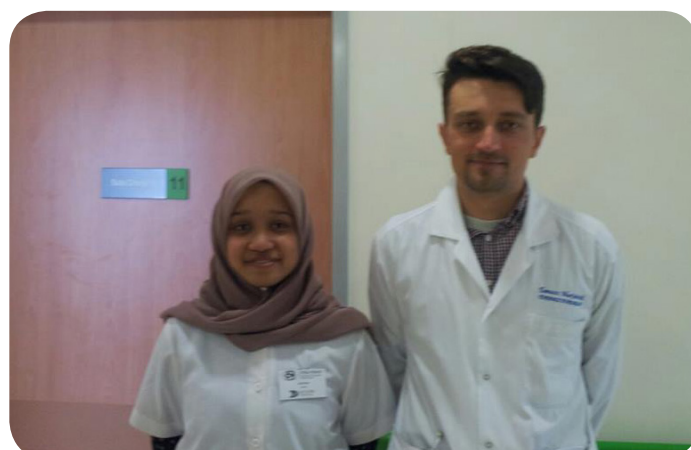
Our department is involved in harvesting samples of lung cancer tissues mainly for molecular and genetic studies. Our incoming exchange students will take part in the daily routine of the ward, assist in surgical operations and harvest samples of lung cancer. They will gain practical knowledge of morphology of lung cancer. Participating students should have a basic knowledge in surgical procedures – brushing of hands, behaving in the operating room.

My first adventure with IFMSA began when, as a student, I took part in IFMSA exchange. I then decided to start SCORE in my Local Committee in Gdansk where I was the first LORE there. Nowadays I'm a tutor for SCORE students that come to Gdansk every year to take part in our project. Being a tutor gives me the opportunity of giving to the students the possibility of improving their knowledge about lung cancer that is

very common in Poland and also gaining experience in research. Moreover, I have a chance to meet new young people that always inspire me as I can learn more about other cultures and medicine from different parts of the world.

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Dr n. Med. Thomas Marjański, employee Department of Thoracic Surgery at the Medical University of Gdansk, was awarded the Young Investigators Award ESTS for the best oral presentation in the field of clinical and experimental sciences in thoracic surgery during the 17<sup>th</sup> European Conference on General Thoracic Surgery, organized by the European Society of Thoracic Surgeons. This prize has been awarded to researchers for 35 years. The presentation given by Dr. Marjańskiego is the first presentation by the award-winning author of Polish origin in the history of Europe's largest organization of thoracic surgeons.





# The effect of natural diet compounds on cell death in different cancer cell lines

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The aim of the project is to find the most effective natural diet compounds that can kill cancer cells. The techniques used in this project included cell culture, fluorescence staining and fluorescence microscope, MTT assay, and Tali Assay Apoptosis, etc... To sum things up, the natural diet compound was added in different concentrations and different cancer cell lines. Then, results were qualitatively measured by fluorescence staining of cytoskeletal proteins and quantitatively measured by MTT assay and Tali Assay Apoptosis. Working hours depended on the tasks each day, but I usually worked 6 hours on weekdays from 9 a.m until 3p.m.

Everyone in the department was truly nice and friendly. They made my time in Poland memorable and worthwhile. My professor and tutors did not only teach me, but also cooked me breakfast with local food and sweets, took me to restaurants along with their families, and threw a wonderful farewell party for me.

Bydgoszcz is such a peaceful city. The temperature in summer was around 20 degree Celsius which is the same as winter in Thailand. The portion of food in Poland was two times larger than in Bangkok and prices were as high as in shopping centers in Bangkok.

I was lodged in a students dormitory in a single room with shared bathroom and kitchen.

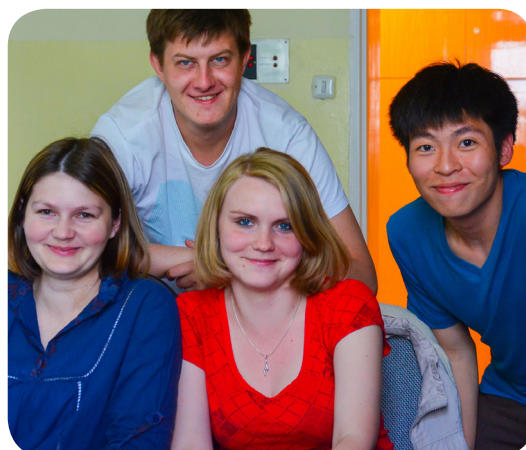
I attended the exchange program in June, which is the month of final exams for many students here in Poland. Luckily, I met Erasmus students and spent a great time with them. They made my life in Bydgoszcz unforgettable.

Special thanks to my contact person, Tobias. You are the best contact person!

I dedicated one week before and one week after the research exchange for sightseeing and travelling. For hiking, Zakopane is the city you shouldn't miss.

Travelling cost is very cheap for students. To make your trip much easier, I recommend getting cellular data on your smartphone or tablet and downloading a mobile application for bus and train timetables (which you can ask from the locals).

I had such a wonderful time during this research exchange and I would never forget my time there !  
Dziękuję bardzo!



# Change is Inevitable in Medicine



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Let's just imagine the time stops at this moment and no progress is made anymore on planet Earth. Even after 20 years, you still find the same products on the same shelves in the same local shop. Your children are still going to the same school and sitting in the same classroom. Patients are still treated by the same identical methods and lost for the same reasons as years ago.

For us it is difficult to understand a world without constant change because we grew up in the era of technology and innovation. Medicine is not an exception. It is changing so fast that in several years you might notice yourself falling behind. The truth is that both scientific and medical studies take enormous amount of time and the pace of it is not suitable for everyone.

Nowadays, graduating from a medical university is not enough to become a competitive medical doctor. You will have to strive for excellence if you seek to be attractive for employers. Volunteering in health care institutions, conducting scientific research, releasing publications and articles might help to get a better paid job<sup>1</sup>. Research shows that employees with science, technology, engineering or math (STEM) skills make a huge positive impact on economic growth and innovation<sup>2</sup>.

The primary goal of medicine is to help people. Unfortunately, sometimes medical doctors cannot help due to the inaccessible price or the lack of diagnostic tests. Dave Chase states in his Forbes article 'Healthcare's Age of Enlightenment' that one of the main causes to innovation in medicine is constant learning from previous knowledge. Even when the quantity of research in health care improved massively during the past century, for the next 50 years, it is necessary

to learn from mistakes and develop clinical trials more thoroughly<sup>3</sup>.

Both science and medicine require life-long commitment. It is our own responsibility to manage our professional knowledge by self directed learning, effective team work and our own desire to be more competent<sup>4</sup>. It is very likely that every medical or biomedical student is able to make alterations to medical problems by determining their scientific background, managing a comprehensive analysis and making suggestions for solutions.

If you ever had questioned yourself about 'why' or 'how,' you are capable of making a change in medicine by conducting your own scientific research, there is no doubt that it is the 'now or never' moment to contribute to the development of medicine!

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## Breaking Borders

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That brief moment was like a flash. We were discussing about the social program at local, regional and nationwide level in a Small Working Group at the SCORE sessions in March Meeting 2014 in Tunisia. At that moment, the NORE of Estonia and myself had an idea: why not take our respective social programs onto an international level?

Our incoming students in Finland very often visit Tallinn and Stockholm as a weekend trip. Distances between these capitals and Finnish coastal cities are relatively short and ferry trips are affordable. And even though Helsinki and Tallinn are only 80 km apart and share quite similar language in the population, the architecture and history of the cities differ significantly. We had the first conversations about our event in Tunisia and arranged the first Finno-Estonian weekend last August.

We gathered over 50 students, both SCORE and SCOPE, from all local committees of Finland and Estonia in our event. Fitting everything into the tight agenda was perhaps the most challenging task of the planning. Our students travelled to Helsinki where we met on Friday afternoon. We had a very brief tour on major sites of Helsinki. Afterwards, some of us had a great time

enjoying the nightlife of Helsinki.

On Saturday morning, with some of us more tired than the others, we took a two-hour ferry trip to Tallinn where we met some more Estonian students who were kind hosting us there. We had a walking tour in the beautiful old town where we were able to learn a lot about the history of the city. Afterwards we just spent leisure time getting to know each other better.

We indeed had a wonderful experience and the feedback we got was without a doubt positive. We really hope to collaborate more with EstMSA (Estonian Medical Students' Association) in the future. There is still a lot to improve in our event, but we are hoping to establish it as a part of our annual social program for incoming students.

By creating new social program events at an international level, we can really help participating students get the best experience possible. This can be done rather easily especially in Europe, where distances are short and the network of public transport is very extensive. As far as we know, regular international social program events like these are a rarity, if not totally absent, from the IFMSA exchange program.



Given the positive feedback our event got, we would like to warmly encourage all NMOs to consider the possibility of arranging international social program together with some of their neighbouring countries.



# The LeMSIC Research Day 2014



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The Lebanese medical community eagerly awaits LeMSIC's yearly Research Day in its upcoming edition.

SCORE's main event of the year aims at shedding light on the indisputable importance of medical research. It also hosts keynote speakers who generously share their own research experience with the audience.

The Research Day provides students with the opportunity to showcase their own research projects whether by oral or poster presentations. The main attraction is the distribution of the national database of all ongoing medical research across Lebanon's seven medical universities. This yearly publication paves the way for interested students and residents to engage in a project of their choice.

Year after year, the Research Day is attracting more attendees and our organizing committee is overwhelmed by and grateful for the ongoing support of professors and physicians who offer several grants to students to continue their research projects as they truly believe in SCORE's mission to make research opportunities available and accessible to all Lebanese students.



**THE 7th ANNUAL RESEARCH DAY**  
An Idea Can Save Lives





# The SCORPion



The SCORPion will take you into the world of Human Rights and Peace, where you will find out about the numerous activities that everyday SCORPions conduct on the local, national and international levels.

# Introduction

from the SCORP International Team



**Matthew Valentino,**  
Director on Human Rights & Peace

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## Dearest SCORPions worldwide,

When people ask me why SCORP is so important, I remind myself of what it means to be a SCORPion. We are achieving something good and meaningful in the lives of people around us. In the midst of negativity, we are a beam of light and a helping hand. In the next pages of this IFMSA publication you will be reading about just a handful of the many activities and projects that our members are doing.

So far, we've had several successes worth promoting. First, we had a wonderful Human Rights Day Campaign, followed by over 1,000 members, which saw the organisation of a photo-competition, creation of a new manual for member involvement, a social media campaign to put 'humanity' back into our daily lives.

The PAMSA region saw the first TNHRT to be organised at a pre-regional. The Pre-EMR also had a successful TNHRT and this was thanks to Human Rights Trainer, Vanja Lazic. To improve the financial support for TNHRTs we worked on a grant of the Journalist Writer's Foundation (JWF). This year's Pre-EuRegMe will see a whole team working on the organisation of a new workshop focusing on disasters and human rights violations.

IFMSA SCORP has also been working on several other publications, namely our new NORPs manual, which aims to facilitate the experience of starting NORPs into the world of IFMSA and will finally be out and available for viewing. The SCORP International Team has set out the guidelines for the 4<sup>th</sup> SCORP Manual and will work on realising this idea during the second half of the term. Our new SCORP Camp Manual has facilitated the way interested hosts can prepare their applications and this resulted in candidates having amazing proposals.

The SCORP Database has had a structural revamp to improve the way information is obtained and displayed in preparation for its migration to the official IFMSA.org website.

Externally, SCORP has been continually connecting members with our partners at high-profile NGOs and agencies such as the Red Cross, WHO and MSF, thanks to our hard-working Liaison Officer for Human Rights and Peace, Moa Herrgard.

The journey is still long and there will surely be more updates and important milestones to be made this year, especially during this upcoming March Meeting, with the approval (hopefully) of our first program. I want to thank all our members for their incredible work so far because this Standing Committee's impact is felt mostly at the local level where our members are continuously at work to bring a holistic health into existence.

**Yours,**  
**Matthew Valentino**

On behalf of the SCORP International Team:

Moa Herrgard (Liaison Officer for Human Rights & Peace issues); Florence Mwende Kiragu (Regional Assistant for Africa); Daniela Estefania Meneses Valle (Regional Assistant for the Americas); Abdullah Al Mukit Shams (Regional Assistant for Asia Pacific); Yamen Jaber (Regional Assistant for EMR); Inga Stonkutė (Regional Assistant for Europe).

# IFMSA and WADEM:

## Building Disaster Resilience

Knox Andress,  
WADEM



### Global Disasters and Medical School Students

The United Nations International Strategy for Disaster Risk Reduction (UNISDR) has reported that from 2000 till 2012, disasters killed 1.2 million people, affected 2.9 billion and caused 1.7 trillion US\$ in damage. The same strategy reported that disasters were related to drought, earthquake, epidemic, extreme temperature, flood, insect infestation, mass movement, storm, volcano and wildfire<sup>1</sup>. Health and medical management challenges that result from isolated and recurrent disasters such as these have been well documented; the negative impacts are numerous. Mental health disorders, as one example of both short- and long-term impacts, are especially profound for the disadvantaged, at-risk, and vulnerable populations. Further trends in climate change associated with global warming are likely to increase if not compound disaster medical requirements while simultaneously increasing the needs for physician leadership skills<sup>2</sup> in the disaster context.

The training of future physicians in disaster preparedness and public health issues has been well recognized in the literature as an important component of graduate medical education. Medical students have a critical role in disaster medicine preparedness and response. Whether assisting to develop international health policy, researching disaster medicine, participating in a disaster triage exercise, preparing for or responding to an incident, medical school students have a substantial role<sup>3,8</sup>. The World Association of Disaster and Emergency Medicine (WADEM) is a resource for physicians and medical students in this disaster and emergency medicine role development.

### Common Goals of IFMSA and WADEM

The International Federation of Medical School Associations (IFMSA) and WADEM share many

beliefs related to disaster medicine and the need for preparedness. Within the 2012 IFMSA Policy Statement on Disasters and Emergencies, the 61<sup>st</sup> General Assembly of IFMSA calls for “greater disaster and emergency preparedness and response from medical students, healthcare professionals, the health sector, governments, non-governmental organizations and international organizations.” Medical students are also called upon to participate in disaster preparedness training activities by developing their knowledge and skills associated with disaster risk and medical management<sup>9</sup>. WADEM is a multidisciplinary professional association whose mission is the global improvement of prehospital and emergency health care, public health, and disaster health and preparedness. These two associations align to prepare for the growing global disaster context.

### WADEM - An International Disaster Medicine Resource

The Club of Mainz (Germany) for Improved Emergency and Disaster Medicine Worldwide was founded in 1976 with the leadership of Dr. Rudolf Frey and others. The founding members were renowned researchers, practitioners and teachers of acute care medicine, who joined together to focus their energies on the scientific, educational, and clinical aspects of disaster and immediate care. In 1983, following the constant development of its scope and extension worldwide, and to better reflect its nature, the organization’s name was changed to the World Association for Disaster and Emergency Medicine (WADEM)<sup>10</sup>.

Today WADEM underscores a commitment to advance the frontier of disaster and emergency research. WADEM is a multidisciplinary international organization that offers membership to physicians, nurses, behavioral scientists, emergency medical technicians, paramedics, public health and other relevant experts in the field from



all continents and cultures. Its membership spans the globe, representing over 55 countries.

### WADDEM Features

WADDEM is led by an international Board of Directors along with Executive Officers that provide operational expertise. Its members have the opportunity to participate in a number of professional interest sections and committees. An Oceania Chapter of WADDEM offers additional geographically focused opportunities.

Regular features of WADDEM include a biennial World Congress on Disaster and Emergency Medicine (WCDEM) and its peer-reviewed journal Prehospital and Disaster Medicine (PDM) published by Cambridge University Press. The WCDEM provides an environment to share evidence-based science, research, experiences, and networking opportunities with colleagues. WCDEMs contain a core scientific program presenting the developments within the field of disaster and emergency health, focused meetings for the various committees and task forces, disaster research workshops, and the General Assembly of WADDEM.

Over the years key collaborating organizations in WCDEMs have included the World Health Organization, International Red Cross and Red Crescent, the military, and national and regional disaster and emergency medicine societies<sup>11</sup>. Congresses have been seen as an excellent showcase for scientific and technical exhibitors who have sponsored events and made presentations.

Prehospital and Disaster Medicine (PDM) is the official publication and peer-reviewed journal of the World Association for Disaster and Emergency Medicine. Currently in its 30th volume, Prehospital and Disaster Medicine is one of the leading scientific journals focusing on prehospital, emergency and disaster health. It is the only peer-reviewed international journal in its field, published bi-monthly, providing a readable, usable worldwide source of research and analysis.

PDM is available at more than 7,400 institutions worldwide<sup>12</sup>. Its readership includes physicians, professors, EMTs and paramedics, nurses, emergency managers, disaster planners, hospital administrators, sociologists, psychologists and many more disaster-related disciplines.

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## ODEM Celebrates International Peace Day

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On September 21<sup>st</sup> 2014, SCORP members of ODEM Dominican Republic organized a concert and bucket-list wall mural to commemorate World Peace Day 2014.

Under the slogan "Paint Peace," various artists from disciplines of plastic art, music and literature offered their talents to disseminate the idea of peace in the Dominican Republic. Members designed a promotional banner with a child making a symbolic peace graffiti, which was promoted in social media (Facebook, Instagram, Twitter).

Also, members participated in a concert on La Espiral, a local business in the Colonial Zone of Santo Domingo. They raised over \$100 USD for our World Human Rights Day campaign. This money would go towards

implementing an immunization outreach campaign for Lazos Foundation, targeting children in the Los Rios sector who endure violence. Overall, this campaign successfully involved the Dominican community and facilitated a national dialogue about the meaning of peace to each individual as well as society as a whole.



## Africa Arising

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I had the pleasure of attending the 10<sup>th</sup> ARM in The Pearl of Africa, Kampala Uganda. I had many expectations of what the ARM would be like and had conjured this glamorous, perfect, well-coordinated event that would blow my mind. It surpassed my expectations. It was a small intimate gathering of the most solution driven individuals I have ever met. It might not have been the most glamorous event but it was the most heartfelt. It

was a group of young brilliant African minds creating sustainable solutions for Africa. It was young Africans working for the future of Africa!

As the SCORP RA for Africa, I spent most of my time in the company of "Peace Stingers." I wanted to motivate participants to exploit their intellectual and creative brilliance to come up with solutions to most of the Peace

and Human Rights problems facing Africa. And they did. They engaged in lengthy discussions and brainstorming sessions that took all our will power but in the end produced solutions.

More Advocacy work was the first solution. This is to help demystify Africa. Most individuals, Africans included, still view Africa as a Dark Continent. Advocacy can provide a much needed platform for Africa to be viewed as a potential Development Partner instead of as a charity case.

The second was to start more regionalized projects. Most NMOs have ongoing projects that have outstanding local impact. This is good but if two or three of such NMO's could work together to have a larger impact on Africa as a whole this would be amazing; hence the concept of 'Grand Fathering'. This is where a more experienced NMO can partner with an NMO that is just starting a project to ensure the success of both projects as well as to provide a wider target group with bigger impact.

Third is a proposed partnership between SCORP and the African Union to enable the NMOs to have a voice in most issues pertaining to the African Region. We are also very eager because SCORP Sudan has just submitted their application to host this year's SCORP Camp in Khartoum. If accepted I would encourage

every SCORP enthusiast to attend because it will be an amazing event. We are also organizing a Sub-Regional Training (SRT) in Mombasa, Kenya later this year which will definitely include a Training New Human Rights Trainers (TNHRT). This is another great opportunity for African NORPs and SCORP enthusiasts to interact with Peace Lobbyists and Human Rights Advocacy groups within Africa.

In conclusion, ARM Uganda was a Fresh Start for SCORPions within Africa. It was a promise to do better. It was a vow to be better advocates for Peace and Human Rights in Africa. It was a celebration of all the great things happening in Africa. It is the Rise of a Phoenix. Look out for great things happening in SCORP-Africa!





## Our Challenge: The Right to Health

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Martin Luther King, Jr. once said: "Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." I wish anyone could say that in the 50-something years that have passed since, we have managed to change that. Unfortunately, nowadays this has only been exchanged with sayings like: "Our current national health care system is simple: don't get sick."

Health is not indefeasible nor is it a privilege. Health is our right; it is a Human Right that needs to be protected as stated in the Declaration of Human Rights. And yet so often people ask what does health even have to do with human rights? This is asked by our family members, passersby on the street when we're organizing an event for Human Rights day, by our colleagues who had just "pulled an all-nighter" studying for that cardiology test, and even by doctors who teach us in the hospitals.

People don't ask this question out of ignorance or apathy, but simply due to lack of knowledge.

In the 12 years that I have spent sitting at my school desk, nobody once talked to us about the inequalities that exist in the world regarding health and its protection. Having reached medical school, we were finally informed that only 10% of our health consists of medical healthcare and up to 50% consists of our conditions and way of living. However it stopped there and we were never told what we as future medical professionals could do to lessen differences in accessibility to healthcare services.

Having dedicated our entire life for a profession that will help us treat people, why should we only focus on the 10% of the whole?

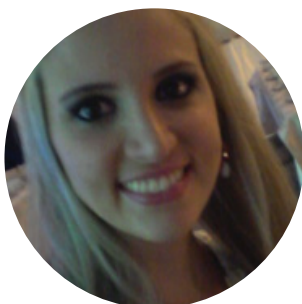
Fortunately, those who ask questions and seek knowledge will always find ways to get it. I was one of the lucky

ones to get involved in the activities of the International Federation of Medical Students' Associations (IFMSA). Here we had the chance through theory and practice to learn about the hardships caused by differences in healthcare in different countries. Here we are learning about humanitarian assistance and the importance of mental health, here we are coming up with projects to get as many students as possible involved in not neglecting the elderly or children or the less economically fortunate ones when it comes to healthcare and humanity.

Here we found not only the people who are aware of the differences and inequalities the world is facing every day in healthcare, but the people who are motivated to fight those differences, to come up with solutions, not just words, and seek the awareness of the society - that health is the right of each and every one of us and that only together can we aim to protect it.

I believe that everyone can find their own way to a place where they can make a change or join a force to work towards their purpose. As for now, I am happy to be able to say that there is a strong new generation developing and fighting with no fear for everyone to have their right to healthcare.

# Being Different is Normal



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According to the American Association of Mental Retardation (AAMR) and the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV), mental retardation is the state of notable reduction in intellectual functioning below average, associated with limitations of at least two aspects of adaptive functioning: communication, personal care, domestic competence, social skills, use of community resources, autonomy, health and safety, school skills, leisure or work<sup>1</sup>. For these and other reasons, a mentally handicapped individual has many challenges to overcome, not the least among them being rejection by society.

Thinking about that, the FMT local committee devised a project called "Ser Diferente é Normal" (in English: "Being Different is Normal").

Lar do Caminho, a Brazilian NGO, welcomes children with mental disabilities abandoned by parents or taken from them because of abuse. It works on promoting the integral development of these children throughout their growth period, to become young people fully able to leave home and take an independent life<sup>2</sup>. The institution tries to include them in all areas. However, a withdrawal from society is often observed.

The Unit from Taubaté provides shelter for 12 young people with special needs. There, they receive psychological and psychiatric treatment and take part in educational and vocational programs in specialized schools.

SCORP paid a visit to this institution to throw an entertaining afternoon with the girls living there, and bring the reality of this group of people to us medical students.

the house recreational activities and thereby add higher quality of life for each of them. Participating medical students got to understand the need for a more humane look at the Doctor contemporary.

The activities were a success and what at first was only a simple visit, probably will continue this year, 2015. It is noteworthy that there are already other projects with the theme "Being Different is Normal" in other parts of Brazil.



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The project started with the aim of adding to their lives and to promote more equality, helping in the formation of new bonds. The goal was to provide residents of

## Letters Curved in a Generation

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IDPs stands for Internally Displaced Persons. It is only a few letters you can easily write down on paper but can you imagine their suffering? To be forced to leave your home, your world, and your realty on a dark night, only to face a completely different world that you have not imagined yourself, even in your dreams. A world where you own nothing except your naked body and human sympathy; if you were lucky you will have a tent that you can shelter your family under and protect them from the freezing gales of a cold winter.

Lost future, uneasy present, and longing for the past despite its bitter memories – that, in short, is how these people live.

The biggest concern for a child I once met was when to do his homework or play with his friends. Overnight that same child now thinks of when to get up in order to stand in a long line to get food to stave his hunger. A girl

used to sprucing up every day in a new dress abruptly starts begging for a piece of cloth or blanket to cover her naked body.

As SCORPions in Iraq, or should I say as humans, we have tried to help IDPs as much as we can through our fundraiser events and through providing healthcare services on weekly visits to their camps in collaboration with IHAO. We provide them with blankets, heaters, and medication. Two projects were held, the first was (Our IDPs Our Responsibility) and the second was (To Keep Them Healthy). However, this is not enough and we need your help to stand together for peace and share it everywhere because only the message of peace can help them end the plight of IDPs and bring us a better future.

## Beat Cancer

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Sahoor was a healthy 9 year old boy. He used to play, study and make everyone laugh. But the best thing about him was that he never gave up, and he fought leukemia till his last breath.

Sahoor's is one of the many stories in the Pediatric Oncology Ward. We wanted to give the kids a moment which they have long forgotten to cherish. Most have

been on the ward for a long time. They had no friends – just worried parents coming in to complete the journey towards an ultimate end. We made coloring books, bought crayons and markers and little watches, with smiley faces on them, to tie around their tiny wrists. We told them to just look at this smiley whenever they feel down or worried; "it will remind you to smile and give



you strength." The kids were just so happy to see us around and then their parents were so grateful and kept on telling us that it has been a long time since their kids smiled.

Another beautiful girl, maybe 7 years old, came up to us repeatedly with her coloring book. Every time she was done with one page, she would come running to get our reviews; I could clearly see how she was deteriorating, almost bald, but she was just a kid and she deserved to live the end of her days happily.

A year after our visit to the oncology ward, we came to know that Sahoor breathed his last. It was traumatic and reminds us that life is short and we need to spread

as much love around us as we can while we can.

We, medical students, have the most exposure to patients and should have a soft corner in our hearts to help our brethren. The reason behind writing this article is to give motivation to medical students all over the world that small moments are bound to make a huge difference given that we take the opportunity every now and then.

## Migrant Health:

### Defining the regional theme of the EMR



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Refugees, internally displaced people (IDPs), asylum seekers and several other groups have long been the centre of focus in the Eastern Mediterranean Region (EMR) from a human rights perspective, with armed conflict, declining health care and complex emergencies attributing to the severity of the issue in the region, prompting responses via humanitarian aid and relief efforts.

According to recent statistics by the Office of the United Nations High Commissioner for Refugees (UNHCR), conflict-ridden countries such as Syria and Iraq factor into the highest number of refugees in the region, averaging 3 million, and 420,000+ respectively,

whereas others such as Lebanon and Jordan are burdened with sheltering excessive numbers of refugees, collectively reaching almost 2 million<sup>1</sup>; most refugees are victims of armed conflict, having lost their loved ones, their homes and their state of wellbeing.

Further adding to the region's plight, it witnessed the largest regional increase in the number of IDPs in 2012, where 2.5 million people were forced to flee their homes; a rise of 40% in 2011, with figures continuing to rise from 2013 onwards. As of July 2014, there are about 6.5 million IDPs in Iraq and 1.9 million in Syria<sup>2</sup>, signifying a distressing situation for such groups where their vulnerability is disregarded and status marginalised.

In the North African sub-region, the most compelling issue faced is migration; sub-Saharan populations in particular seek refuge or asylum in North African countries, however, the scope for intervention and support for these people is limited by escalating civil conflict (e.g. Libya), unpreparedness to shelter them, and the violation of their basic human rights and needs; this is the situation in many countries.

According to a 2014 report by Human Rights Watch "Abused and Expelled: Ill-treatment of sub-Saharan African Migrants in Morocco," the mistreatment, abuse and possible expulsion of those migrants in Morocco are regular occurrences, despite government efforts to draft laws and regulations tending to their rights. The report highlights how the interviewed migrants live under harsh conditions, barely scraping by throughout the day, and constantly fearing raids<sup>3</sup>.

Furthermore, Human Rights Watch highlights the abuse of migrants' rights through domestic work in the Arabian Gulf; as of 2014, an estimated 2.4 million domestic workers are subjected to unpaid wages, confiscation of passports, physical abuse, and forced labor, to name a few.

"[...] the plight of migrants in the Gulf demands urgent and profound reform," said Rothna Begum, Middle East

women's rights researcher at Human Rights Watch<sup>4</sup>.

Recent years have shed light on the multifaceted nature of human rights' violations in the region; in response, several of IFMSA's NMOs in the region (incl. Iraq, Jordan, Kurdistan, Lebanon) took it upon themselves to improve those people's way of life; and so far their actions have spoken volumes, inspiring many to advocate and act towards the unified goal of eliminating migrant health violations.

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## Sexual Education with Equality



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On June 12, 2014, SCORP members of ODEM-Dominican Republic organized a sex-education campaign to increase awareness about STIs between the Dominican lesbian, gay, bisexual and transgender (LGBT) community, while recognizing and supporting their right to live their sexuality to the fullest without fear of discrimination.

Under the theme "Sexual Education with Equality," members collaborated with the American Medical Student Association to promote multiple activities. Members dressed with "Pride" shirts, colorful scrubs and stethoscopes, distributed condoms and preventive health information related to sexuality. The national press requested interviews for their event coverage.

In summary, their campaign demonstrated that medical students can collaborate and educate the national and international community on LGBT rights. The campaign was awarded first place for the AMSA 2014 Pride! Contest.



## Medical Students' Role in Disaster Management

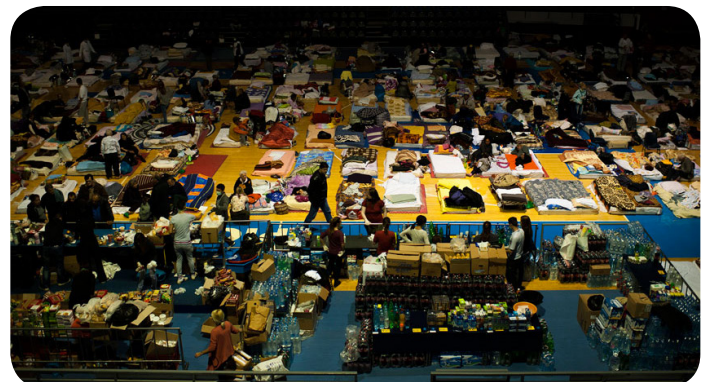


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The main role of medical students, as future doctors, is to promote prevention and a healthy lifestyle. However, we should not forget an important role of medical students in case of nature disasters.

As many already know, massive floods took to Serbia in May 2014. With whole cities destroyed, more than 200,000 people were evacuated to improvised rescue centers. Several hundred people were placed in a rescue center at the time. Cramped with elderly, whole





families, homeless people, infants, and children each rescue center was full. Stress from losing their homes and being evacuated caused many acute health problems and exacerbated chronic illnesses. Teams of doctors and medical staff were overwhelmed with work.

Over 1,000 medical students offered their help. They were divided to help out at rescue centers under the supervision of the Ministry of Health, the Medical faculty of University of Belgrade and IFMSA-Serbia as a direct link. As medical students, we are still not competent or authorized to treat people, but we were able to provide psychological support to people that were in a state of shock from everything that happened as well as help prevent epidemic outbursts, take care of food, clothes and medicament distribution. We were a helping hand to medical teams, already overworked, in many cases of emergencies that occurred. Many medical students volunteered to go to the flooded areas to help with the evacuation process and transporting people to rescue centers. Some were in charge of accompanying people that needed further medical care or assistance, to emergency rooms or hospitals. Other, stronger ones gave their contribution in helping to reinforce the coastal defenses, in order to prevent additional damage from happening. We helped anywhere where our help was needed, 24 hours a day. As long as the emergency state lasted, nothing else mattered.

For those few weeks, medical students stood as one, working hard, with their hearts open and only one thing in mind: help those in need the best way they could.

By being there, helping, medical students showed that medicine is not about wearing white coats and stethoscopes rather about selflessly helping another human being, in any kind of way.



## Popular Health Forum: Truly Discussing Health as a Human Right



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Brazilian Health Reform (BHR) was the movement of various entities and the community, back in the late 70s, towards ensuring the health and rights of all. This movement resulted in the establishment of the S.U.S (National Health System), and ensured health as a right in the 1988 constitution.

However, what is in the law is not necessarily what the movement called for, nor was prioritized by subsequent governments. Thus, the community is still in this fight, organizing themselves through the Popular Health Forum (PHF), striving for health guarantee, not only as a constitutional right. These forums strive to organize entities in defense of 100% public, free, universal, comprehensive, equitable, quality and socially relevant health. The fight is for rights and against overruled expression in health, which is personified in the medico-industrial complex.

PHFs have acted as true institutions of social control, promoting audits, actions and interventions that advance the practice and avoid setbacks in several areas, therefore understanding that health is not only the absence of disease but a social issue as well. They hold meetings aimed at several improvements, opposition and legal action against new forms of health

management that benefit enterprises instead of health promotion such as the Brazilian Company of Hospital Services vested of economic interests.

Today the PHF has achieved more progress in building a more just health system, or at least avoiding setbacks, by bringing the discussion directly to the Brazilian national congress, to launch law projects that benefit the system's users. It is a constant, multidisciplinary discussion, which provides a broader view of actual health problems as well as gives the student a better understanding of the objectives and point of view of other health professionals. The National Executive Direction of Medical Students (DENEM) has strong relationships with PHFs. We work together towards a fair and socially referenced health system, and the fight against the private sector.

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# The Human Doctor Project

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A stable country surrounded by war zones makes an attractive hub for refugees and war victims seeking to preserve their simplest human right – the right to live. When you are a part of a community where over 14% of the population are stuck below the poverty line, a community that houses over 3 million refugees, it is simply inconceivable to ignore the elephant in the room. We came up with a project that changed the lives of many – from medical students to refugees and poverty stricken people.

The Human Doctor project was launched in May 2014 and is a fully integrated project inspired by the Hippocratic Oath.

Five teams complementing each other make up with the full picture of the Human Doctor. The Social Media team works on spreading videos that aim to enrich the humanity of doctors. The Workshop team organizes several workshops for medical students, in partnership with local and international trainers. These workshops focus on communications skills, art and music therapy, as well as other topics. The University Campaigns team works to raise awareness of medical students about a humanitarian issue. The Conference team and the External Affairs team collaborate with several organizations such

as the Flying Doctors of America, the Syrian American Medical Society and the North American Arab Medical Association, to benefit from their services and expertise in the field of humanitarian aid.

We have already set up free medical clinics serving more than 6,000 refugees and we have a comprehensive plan for the next 6 months.

A project dedicated to humanity will always defeat the weapons, keep hearts pure, erase a tear on a child's cheek, and draw a hope for a better future.



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# IFMSA

International Federation of  
Medical Students' Associations

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