

# CONNECTIONS

BULLETIN OF THE GOVERNMENT MEDICAL COLLEGE CHANDIGARH OLD STUDENTS ASSOCIATION (GMCCOSA)

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## Happy New Year from GMCCOSA

### *From the Editors Desk*

With the New Year, GMCCOSA celebrates its first birthday. The New Year is a time for introspection, and lets take a moment to reflect on GMCCOSA's first year (for those who don't have kids, trust me, GMCCOSA's infancy was a lot easier to handle than that of my now three year old daughter's).

We now have a little over 250 active members - we could do better given that around 14 batches have entered GMC since we started in 1991. Besides being a web/internet based organization, lack of members from the current batches is among the main reason for these modest numbers. The 'Career Series' on the GMCCOSA website and giving a contribution for 'Euphoria - 2004' are among the more useful things we have done. Sandeep Kochar (Class of '93) was back home in early October and he organized an informal seminar to guide current students interested in coming to the US for graduate studies and residencies. Another initiative of GMCCOSA (the brainchild of Sandeep Kochar) is 'KOSHISH', which is described in greater detail later in this issue.

I would also like to reinforce the primary objective of GMCCOSA by quoting my very good friend Nittin Mittal (Class of '91). It was late in our internship, and it was around 3:00 AM one of those typical late hostel nights - a group of us had been gossiping and chatting all night and now half asleep, Jimmy (his nick name) said, "We make friends only during our MBBS, after that we just make colleagues!" We did make his life miserable for a while, both for his '*sentiap*' (which is forbidden in the boys hostel) and for his ability to come up with something so philosophical in English (this language was not one of his stronger points); but over the years I have come to realize the reality of those words. GMCCOSA aims to keep all those friends we made in GMC keep in touch with each other.

Wishing you and all your dear and near ones a very happy and prosperous New Year, and as we make resolutions for the New Year, let us resolve to keep in touch.

Navneet Majhail  
(Class of '91)

### **An Appeal to all GMCites**

All of us know of the huge death toll, human suffering and damage to property resulting from the earthquake and tsunami that affected the south-east Pacific including India a week ago. The GMCCOSA editorial board extends sympathy to all involved by this unfortunate calamity.

I would like to encourage all GMCites, both in India and abroad, to donate generously to help in the reconstruction efforts.

❖ You can send donations to GMCCOSA and we will forward the same to the Prime Ministers National Relief Fund (this option might be more convenient for alumni in the USA). You can either send donations through PayPal (www.paypal.com) to

nsmajhail@hotmail.com or mail your checks to: Navneet S Majhail, 3480 Golfview Dr, Apt 1203, Eagan, MN 55123.

❖ Or you can donate individually by sending checks/drafts to the Prime Ministers National Relief Fund (for details visit [www.indianembassy.org/Tsunami/Tsunami.htm](http://www.indianembassy.org/Tsunami/Tsunami.htm) or [pmindia.nic.in/relieffund.htm](http://pmindia.nic.in/relieffund.htm)). Overseas contributions can be made by checks drawn in favor of the Prime Ministers National Relief Fund and sent to the nearest Indian Embassy or Consulate General.

I hope all of us will contribute without hesitation and generously to this cause...this is the least we can do.

The Editors

## Days of Our Lives...

*Shalini Sehgal ('91), who is currently an attending Nephrologist at Lewes, Delaware, USA, reflects on being a physician...*

Within those plain looking buildings of the hospitals lie the long corridors bustling with activity. These corridors have become our life; we spend more time here than we often do with our families. These corridors bring the morning caffeine surge that we need to get through the day, as we make life and death decisions. Everything dates back to the time when we dreamt of becoming a doctor or were pushed by our parents /peers to become a doctor or were inspired by a great role model. Regardless of why and how we are here, our days begin and end in those endless long corridors.

The other day I was touring a new physician and as I walked along not rounding, no pager, no white coat, but touring I got a new perspective of the hospital. There I was, on the fifth floor, "morning doc" a chirpy voice of the charge nurse greeted me. As I walked, the fancy telemetry monitor buzzed, "beep-beep" and like a news flash 'rapid ventricular tachycardia: 506' appeared on the overhead monitor. As everybody rushed to room 506, in the room next door, I saw a family huddled around their dying father shedding silent tears. "We want him to be comfortable," the family said, as the nurse quietly went in to titrate the morphine up. Few steps further a janitor deftly doing her job looked up, nodded her head and smiled.

Climbing down the stairs, behind the transparent sliding doors of the ICU, lay a 27 year old who was in the comfort of his home last night, before he broke into a fight and overdosed himself. And here he was, with numerous tubes, catheters, monitors, IV bags hanging around him, his body trying to hold on to the thin thread of life keeping him alive. "Daddy wake up," his 3 year old son quivered. Along the other end of the corridor, brightly colored rainbows, clouds and daffodils adorned the walls in contrast to the dull lifeless walls of the ICU. A young couple beaming with joy held their newborn son and saw the entire world in his brilliant brown eyes.

As I waited for the elevator, a familiar voice echoed, "Are you here to see me doc?" I recognize the sparkling eyed 55 year old multiple myeloma patient. She had just reached remission after a long course of chemotherapy and was looking forward to going home. "I will drop by later Anita," I replied.

Innumerable times each day, as we lend a shoulder to the grieving families, share a smile with the employees, pat on the back of a familiar face, embrace the joy of new parents, we fulfill the dream we set out to achieve. From cadavers of anatomy class, we reach out to parents, brothers, sisters, husbands, wives and children. So go on

with pride GMC graduates, no matter where you are, because healing is beyond boundaries and those are the days of your lives!!

*Shalini Sehgal  
(Class of '91)*

## KOSHISH, and More...

The hesitant birth of a gravid idea, that is how I would describe KOSHISH (name suggested by Anupam Talwar of 2004 batch). KOSHISH is an enterprise in community and grassroots participation. It is comprised of similar minded individuals from our alumni as well as current students. So far we have only been able to get this idea across to the first and second year batches (all others were involved in professional examinations); we have a small group of excited, eager and energetic individuals. On the home front Varinder Pal Sandhu ('93 batch, currently Senior Resident in orthopedics at GMC Chandigarh) is working hard on this cause as well.

The mission of KOSHISH is three fold: firstly to serve as a channel for us to contribute back into our community through the provision of our services and expertise, medications, medical equipment, money and other means; secondly to foster among current students, a sense of social responsibility, community leadership and involvement and lastly, but certainly not the least, a way for us, alumni, to be able to connect back with our alma mater, our colleagues and our community.

Though the genotype has been "conceived" by ex-students, the phenotype will be entirely a product of current students. In other words, what form and figure KOSHISH finally evolves into will be determined mostly by the vision and efforts of the current students. They will be responsible for making all decisions, deciding budgets and resource allocation and prioritization. It would be up to them to decide about the structure and day-to-day running of KOSHISH. That does not imply in any sense that we would be passive observers. There are several ways that we could contribute. Most vital would be able to generate and provide funds. We are of course there to provide advice whenever required, as well as to lend our services, either in person or by other means of communication, where feasible and required.

Through KOSHISH we could provide medicines, money to those who can't afford basic drugs, organize camps in slums or blood donation drives, buy medically necessary equipment, conduct educational seminars and talks, link with local health related organizations such as the Red Cross and the Mother Teresa foundation, work in tandem with the media...there are many ways that this can work. Ideas and suggestion, are as always, welcome.

What we need for now are several more alumni to get excited and involved in this cause. We need all current

batches of our college to be aware about KOSHISH as well. KOSHISH may have just begun, and it will require a lot of persistence and nursing, but in the end, it will be worth the effort.

At the same time that I was back home in India in October working on KOSHISH, I was able to have a 'chai and samosa' session with about 40 odd students regarding the USMLE and visa issues. Veeraiish Chauhan ('99 batch) was a big help as he got the message across to other students and helped organize this meeting. We had students from all the current batches including some interns as well. The session went on for about 2 hours; despite visa clamp-downs it was quite evident that the interest to come to the USA for residency is unabated; questions ranged from the structure and timing to the USMLE to the interview process, visa issues and the GRE. It was a very enjoyable session and personally to me very gratifying and stimulating to be able to get together with current students. Of course a little bit of gossip is always in order, and we exchanged some vignettes about our more non-academic moments! Hopefully many more alumni will volunteer for such meetings with students; it certainly does not have to be about the USMLE; it could range from the Indian PG exams to the IAS etc. I realized through this session just how helpful some current students perceive such interactions, and for us this is a win-win deal anyway.

Sandeep Kochar  
(Class of '93)

## Spotlight

*Maneesh Gupta ('94) is currently a Research Assistant Professor in Molecular and Medical Genetics at the Oregon Health & Science University, Portland, Oregon, USA. He shares some of his experiences with us, which we hope will be helpful to alumni/students aspiring to go into basic research.*

♠ **Editors (Eds):** *Maneesh, which batch are you from and what are you doing currently?*

♣ **Maneesh (MG):** I am from the 1994 batch of GMC. I came to the USA shortly after completing my MBBS and have been at Portland, Oregon since then. I am currently working as a Research Assistant Professor in Molecular and Medical Genetics at the Oregon Health & Science University (OHSU) in Portland.

♠ **Eds:** *What is your area of current research?*

♣ **MG:** I am working on a knock out mouse model for SSADH (Succinate Semi-aldehyde Dehydrogenase) deficiency. I am using this mouse model to investigate the use of either pharmacological measures or gene therapy to treat this deficiency. Interestingly this model also has huge amounts of gamma-hydroxy butyrate (GHB), which is a drug of abuse. So the disease is also called gamma-hydroxy butyric aciduria. I have used recombinant adenovirus as gene therapy for the mouse. Currently, I

am trying to clone this gene into a transposone vector which I can subsequently use for gene therapy. I am also doing hepatocyte transplant in these mice since this is a metabolic disease and can be potentially cured by liver cell transfer.

♠ **Eds:** *There is hardly any impetus on basic research during MBBS, how did you get interested in genetics?*

♣ **MG:** I have always been exposed to an academic atmosphere, both at home and at school. My father retired as Professor of Microbiology and the Dean of Punjab University and my sister is a PhD in Biochemistry. During MBBS, I would often talk to ABC (for those who don't know, Amit Bir Chawla of '92 batch) about genetics and how it is going to be the future of medicine and I have always wanted to pursue a career in it.

♠ **Eds:** *How did you get a position in the current lab that you are working in?*

♣ **MG:** I initially volunteered to work in a genetics lab at the OHSU here at Portland. There was no formal interview or exam. I had to do a lot of work to begin with - had to learn many new things and experimental techniques (on my own). As I progressed, I was able to show that I could work independently and be productive. After I had spent some time in the lab, a position for a post-doctoral fellow opened up. I applied and was accepted for the position. That's how I started working here.

♠ **Eds:** *Were you expected to have a PhD or other prior research lab training?*

♣ **MG:** No. We don't really need a PhD since our MBBS is equivalent to MD here in USA, and for basic research this is sufficient. The only disadvantage with our medical school training is that we don't get much education and exposure to basic research and most Principal Investigators (faculty in charge of the lab) like to hire someone who already knows the nuts and bolts of lab functioning. You can of course pursue graduate course work towards a PhD and that is a good option if you want to spend major part of your time and effort in basic research.

♠ **Eds:** *You did not have any basic research experience, what steps did you have to go through before you started as a post-doctoral fellow?*

♣ **MG:** Like I said earlier, I worked as volunteer for sometime. So I had some basic research experience at the time I applied for the post-doc position. I had learned most of the techniques you would need in a lab. Basically, after this, all you need are ideas and follow them up with experiments. My training as a doctor has been very helpful as I can also look at things from a clinical perspective, some thing a lot of PhD researcher's lack.



After all, the whole idea of gene therapy is to develop treatments that can be eventually used in patients. Overall, I think most of the time, people want to hire someone who is reliable, hard working and well grounded so that their project can move forward. Lot of experience is not expected, especially when starting as a post-doctoral fellow.

♣ **Eds:** *What visa are you on currently?*

♣ **MG:** I was on a tourist visa when I started here as a volunteer, currently I am on H1B visa.

♣ **Eds:** *What are your long term plans?*

♣ **MG:** I do intend to do pursue a residency because I think just doing basic research without clinical training here is not going to take me far. Almost half or more of the faculty here are physicians who see patients and also pursue bench research and I think this is the best combination. I intend doing a fellowship in Medical Genetics after finishing basic residency training which will train me to become a clinical geneticist.

♣ **Eds:** *Any tips for people wanting to pursue careers in basic research in the USA?*

♣ **MG:** It is not easy for someone applying directly from India to get a basic research position here in the US. I was able to get it because I worked as volunteer for sometime. No one will pay to get someone here from India who has no experience at all. So if you have no experience, the best way is to work in a lab here as a volunteer and prove your mettle. A better option would be to take the GRE and then join a graduate program for PhD in an area of interest. For someone who has a green card, it is easier because they can work without having to be on a visa. I would like to emphasize again that hard work is the key to success.

♣ **Eds:** *Tell us a little more about yourself.*

♣ **MG:** I am still a bachelor. I sing ... (just kidding). You know honestly, I have been so busy over the last few years that I did not get time for anything, especially with all the USMLE exams and work. Now I am looking for fun things to do, but don't have anything particular in mind.

♣ **Eds:** *Thanks for your time and all the best for the future.*

## In The News

*Below is an excerpt from a Tribune article on Nipun Vinayak ('93) (<http://www.tribuneindia.com/2004/20040725/cth1.htm>).*

### AIMING TO INTRODUCE A TRANSPARENT SYSTEM (Tribune News Service, July 24<sup>th</sup> 2004)

Emerging as a winner from the country's "budding intelligentsia" at each step of training would make anyone react with extraordinary exuberance. But try

asking this medico-turned bureaucrat Nipun Vinayak about his latest achievement of being awarded the "best overall performance" in the foundation course and all the phases of training at the IAS Academy in Mussoorie, the reply is well-balanced.

"I am just doing my job sincerely," is all the young officer has to say. City-based Nipun Vinayak who completed his MBBS from GMCH Sector 32, Chandigarh, and cleared civil services exam in 2001 with an All-India rank of 25, has come back to his hometown for a brief halt after receiving the prestigious Ashok Bambawala award for overall excellence for the IAS officer batch 2001-03 yesterday.

The achievement is no mean task as Nipun has emerged the winner from among more than 200 of his batchmates. The officer has also received the running trophy constituted by the first batch of IAS officers in India (1953 batch) to mark their golden jubilee year.

After more than two years of rigorous training at Mussoorie, Nipun is now exposed to both the idealism that the academy equips one with, along with the hard ground realities that the field training teaches.

Though slightly put off by the occasional red tapism and "bureaucratic babudom" that has become the hall mark of bureaucracy in the country, this young officer aims at a "transparent system, preferably a computer-based system of working which would cut the dull government services and improve the delivery of services considerably."

After having observed the working styles at different levels closely, Nipun has come to believe that minor improvisations in the set working styles will not make a lasting difference until a strong transparent system is devised with minimum loopholes.

During his current posting as the SDM in Umred in Nagpur district, Nipun gave the district glimpses of implementation of his futuristic plans. "One of the initiatives that I implemented in Umred was the introduction of single-window system for giving out the caste certificates under the government's SETU project. It actually made things easy and faster for the people there," he says.

As an IAS officer, Nipun believes in working in a way that makes things easy for the multitudes. Remaining loyal to the Constitution will remain his next commitment, he asserts.

But this bright bureaucrat "never dreamt that he would be an IAS officer but rather wanted to be a good surgeon," the transition from medicine to babudom has not been difficult. "Perhaps, the sensitivity towards people's needs is the common cord between the two professions," he says.

## Album

*Hemender Singh ('91) performed a house warming ceremony in October for his new home in Marshfield, Wisconsin, USA. Pictured with him are Jaswinder Singh ('91) and Navneet Majhail ('91) (Navneet is holding somebody else's son in his 'godi').*



*1992 batch reunion at Chandigarh (Feb 2003) – included in the photo are Navneet Singh, Rupinder Kaur, Rishi Kad, Rohit Rambani, Anil Kumar and Gursewak Singh, all from '92 batch. (More photos in 'Album' section of GMCCOSA website)*



**Editors:** Please send us photographs of your re-unions, parties, meetings, weddings, etc (anything) to [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com).

## Snippets

- ♣ The 14<sup>th</sup> (2004) batch of GMCH started classes on July 17<sup>th</sup> 2004.
- ♣ GMCH annual day was celebrated on September 9<sup>th</sup> 2004; the UT administrator, Justice OP Verma presided as the chief guest.

## Kudos

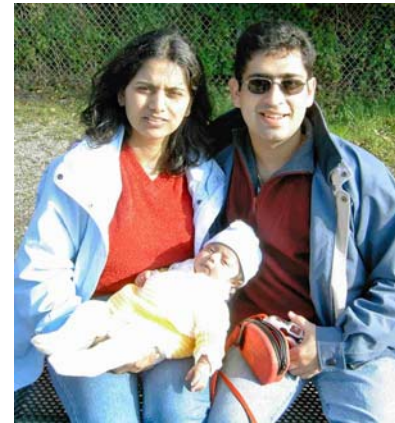
...to Datinder Bir Singh Deo ('93) for securing a fellowship in Nephrology at the University of Louisville, Kentucky, USA starting July 2005.

...to Maneesh Gupta ('94) for starting as Research Assistant Professor, Molecular and Medical Genetics, Oregon Health & Science University, Portland, Oregon, USA.

## Stork Line

ESHAN (11<sup>th</sup> August 2004), Connie & Amarender ('91)

SOUMYA (5<sup>th</sup> August 2004), Sonia & Amit ('91) (pictured below)



## Congratulations

Roosy ('97) married Nishant ('96).

Pooja Malhotra ('97) wed Karun Behl.

Minni Kamboj ('93) wed Sandeep Gill on 7<sup>th</sup> March 2004 (pictured below).



**Editors:** Navneet Majhail ('91), Minneapolis, Minnesota, USA; Hemender Singh ('91), Iowa City, Iowa, USA; Sandeep Kochar ('93), Derby, Connecticut, USA; Manish Mehta ('97), Panchkula, Haryana, India

**Subscriptions:** [gmccosa@yahoo.com](mailto:gmccosa@yahoo.com)

**Mailing Address:** Navneet Majhail MD, 3480 Golfview Drive, #1203, Eagan, MN 55123 (USA)