In 1775, Congress authorized the creation of a “hospital” to care for the Continental Army and, from then on, military medicine and the medical corps have been responsible for the care and well-being of countless injured and ailing military personnel and their loved ones. In 1972, the Health Professions Scholarship Program (HPSP) was created to help recruit medical, dental and veterinary professionals to serve in the military. Today, this scholarship continues to give medical, dental and veterinary students a paid medical education in exchange for service as a commissioned officer in a military branch of their choosing.

But what does it mean to be an active duty military physician? For some, being an active duty physician means providing humanitarian relief after natural disasters, or it may mean leaving home to serve as a surgeon in a field hospital on deployment. And for some, it means serving as a physician in a military hospital here in the states. The locations and opportunities for service in the military are vast. All the while, these physicians have the privileged duty of serving their country and its wide variety of patient populations all over the world in a hospital setting or out in the field, wherever the military takes them. As medical corps officers, we work together with our fellow soldiers, airmen, sailors and marines to become part of a much larger family and purpose.

Still, a common misconception is that being a military physician means you’re out on the front line, getting shot at. The truth is that the military has spent hundreds of thousands of dollars on their physicians (well, the HPSP students at least), and because of this investment, it isn’t in their interest to put their physicians in harm’s way, at least not intentionally. However, there are physicians who choose to work with special forces like the navy seals and the rangers and go out on special missions alongside them as their medical care provider. And though it comes with serious risks, this is the path some choose to serve. Others choose to work in aerospace medicine and can work for NASA as an astronaut. The opportunities are seemingly limitless. But still, there are down sides. Physicians, as military personnel, are required to do occasional training exercises out in the field, they need to be able to run a certain distance in a given time, and though marksmanship isn’t a required skill, it’s expected that the docs at least know how to hold a rifle and point it in the right direction. Being paid less than your civilian counterpart given your specialty, having to get up and move your family whenever the
I saw a sea of purple-appareled individuals as I walked up to Riverside University Hospital System (RUHS) early Wednesday morning. They were holding signs and chanting, but it was unclear why they were striking. I spent two days at the hospital, enjoying free lunch, not knowing really why we got a free lunch (and I still do not have the answer). The week concluded and I was still clueless, so I decided to look into the strike. Here is what I learned.

On Tuesday, August 29th members of the service employees international union (SEIU) 721 delivered a notice to strike to the County of Riverside Board of Supervisors. A week prior, Riverside County declared an impasse to contract negotiations with SEIU 721. The negotiations have been ongoing since the contract between SEIU and the County expired last year. Since February, however, SEIU 721 has made claims that the County is not being transparent and was acting in bad faith. SEIU 721 also claims the County prematurely declared the impasse. I reached out to Ray Smith, Riverside County Spokesperson, who says “the county declared impasse only after negotiating in good faith with the union for more than a year.” Prolonging negotiations is increasing the cost of this process, the County declared an impasse after submitting a best and final offer, “to help move the extended negotiations closer to conclusion.”

SEIU 721’s website classified the strike as an Unfair Labor Practice (ULP) strike, claiming they have filed 19 unfair practice charges including surveillance of employees speaking out about unfair labor practices, failing to protect employees from harm, not being transparent in multi-million dollar deals affecting the county budget, and refusing to schedule additional bargaining dates. The website also states the strike is a means of “sending a strong message to the Board of Supervisors that employees are not willing to put up with it anymore.”

According to information from the SEIU 721’s website, the union did not propose any new money except for two modest increases to flex benefits. From the correspondence with Ray Smith, the budget cannot accommodate additional increases because the County is expected to take responsibility for program expenses previously funded by the State. Furthermore, the County is anticipating $30 million/year operating costs for the new John J. Benoit Detention Center slated to open next year. Additionally from 2012-2017, the County gave salary increases of 37.8% to those who had not reached maximum for their position.

In regards to SEIU claims of unfair labor practices, the Public Employee Relations Board (PERB) found an issue in only one of the claims. The instance was an area where employees were handling cash payments from the public.

Iron has many responsibilities in the body but it is best known for its starring roles in hemoglobin and myoglobin production. During my in-patient pediatrics rotation last month, I encountered a toddler with a hemoglobin of five, less than half of what it should be. His ferritin, which is a measure of the body’s iron stores, was even lower. He was pale, had a diminished appetite, and needed a blood transfusion. Cause of admission? Iron deficiency anemia because of excessive milk intake.

Calcium and casein protein in cow’s milk both inhibit iron absorption. Therefore, when children are primarily getting their nutrition from milk rather than food, they are at a high risk for developing iron deficiency anemia. According to the American Academy of Pediatrics, children less than a year old should not drink any cow’s milk. Based on a meta-analysis, for older folks, it is not recommended to drink more than 3 cups of milk per day [1]. Iron deficiency is still a threat and there is a significant increased risk of prostate cancer in whole milk drinkers, likely attributable to the high levels of saturated fat. For those who take supplements, it is recommended not to take calcium.
"HOW TO SURVIVE 2ND YEAR"

By: Adanma Nwachuku, MS3

Wassup Second Years! Doesn't it seem like yesterday when you got your white coats and started on your medical school journey and now ya'll are zooming full speed ahead towards that test that everyone knows about but no one wants to talk about? Even myself, it seems like yesterday when I was freaking out about Block 7 because I wasn’t doing a bazillion questions a day yet and thought that I was doomed to fail (seriously...I wasn’t). I felt like I made so many unrealistic expectations and goals for myself most of second year, and as a result, I felt bad about myself. And second year is NOT the time to feel bad. A lot of times I isolated myself which is a complete NO NO for second year because believe me, you're going to need all the support you can get.

Looking back as a third year, I can now say it gets better. I still can’t believe I am saying that because, honestly, third year seemed so far away from that monster that is Step 1. I’m not going to lie, I am more exhausted than I’ve ever been, and I have under eye bags bigger than the Louis Vuitton and Prada bags on Rodeo Drive, but third year is so, so, so much cooler because you get to see things that you’ve been reading about for the past two years. Literally ya’ll, I saw my first case of Grave’s Disease a couple weeks ago, and I freaked. For those of you that are afraid of what looms ahead, I empathize with you, and knowing what I know now, I can honestly say that second year wasn’t all that bad. Heck, can I say that step studying was even...dare I say...fun? The tips are similar to what I told the first years, but with a little extra sauce. I hope that if anything, you know that you can do it and that you are not alone. You will get through this and look AMAZING doing it!

1. Be reasonable. Let’s be real...you’re not gonna be doing a bazillion trillion questions from your numerous Q banks and do 200 flash cards daily from the jump. The way the questions are worded is unlike any that you’ve ever seen and it takes a while to get used to that. My advice is to set (“2nd Year” continues on p.4)
reasonable expectations of yourself because it gets really easy to get down on yourself second year and you need to minimize the amount of times you feel inadequate. Remember, this is a marathon, not a sprint, and you still have to do the classwork too.

2. **START EARLY.** I know you have a lot on your plate with lectures, assessments, and shelf exams but the key to having a successful second year is starting early. It might sound like I am contradicting my earlier point, but hear me out. I am not saying that you need to do 50 questions a day from block 6, but start off small, maybe do 5 or 10 questions a week, just to see what the questions are like. It will prep you for the shelf part of your finals, but also for step. You can better see what your weaknesses are and work on them as you progress during the year. Now is not the time to really be freaking out about step. I’d say you should still be in bliss until about January. Then you need to step it up...but I’ll have a How To on how to maneuver that then.

(...“2nd Year” continues opposite)

3. **Cut yourself some slack.** Second year can be a HIGH stress environment, and beating yourself over not getting a 70% or higher (lowkey... in the beginning I was happy with a 40%; those questions are HARD) on your first question bank or taking a little longer to get through study material and an assessment will only make you feel worse. Some days you are going to have an off-day and it’s okay... Eat some ice cream or workout or whatever it is that you like to do, sleep it off, and hit it the next day.

4. **PAY ATTENTION IN SUTURING CLASS.** Super random I know, but seriously. Pay attention. Take it seriously. Because I can tell you from experience, you’re gonna look really nice third year. My plastics attending last month didn’t yell at me because my suturing skills were pretty good for a third year. They even applauded me... talk about gassing me up! And not every school has them; I know my brother and his classmates were freaking out…

(...“2nd Year” continued from opposite)
military needs it, or having to leave your family for deployment are also very real possibilities that one must consider before joining. But at the end of the day, as with anything, a career in military medicine is what you make of it.

Here at the UCR SOM, we currently have four talented, brave, and might I add, good-looking, HPSP students in addition to two who have just graduated. Kevin Durgan is currently performing a prelim year in general surgery at Travis Air Force Base and Jacob Van Orman just began his Neurology residency at San Antonio Military Medical Center in Texas. Med students Jennifer Simpson and Anthony Choy are currently embarking on their 4th-year travels to various military hospitals for residency interviews and active duty training rotations. Good luck to all of them! As for your other two Second Lieutenants? McKenna Geary and myself are just some third years trying to survive rotations.

Here at UCR, we also have the honor of having two military veterans: Ms. Lily Ramos and Major Kenneth Ballou, M.D., working in our midst and exuding military bearing and excellence in all that they do. Dr. Ballou served as a Family Medicine physician from 1993 to 2000 and was stationed in Maryland and Arizona after receiving the HPSP scholarship. To read Lily's story, please see page 10.

Ultimately, being a military physician provides the opportunity to serve in virtually any capacity, in any specialty, and in numerous locations here at home and throughout the world. For those who have served and who will serve, our reasons for doing so differ. Personally, I look forward to my career as a military physician. I joined so that I could serve those who sacrifice their lives for our freedom, so I could serve their families, and have the opportunity to serve in humanitarian missions. Having my education paid for, being forced to stay fit, and not having to worry about what I’m going to wear everyday are just additional benefits.

In closing, I’ll leave you all with what our veteran and future military physicians had to say about why they chose military medicine:

“A quote I saw at USUHS stood out to me while I was making the decision to accept a military scholarship, "Learning to care for those in harm’s way." Regardless of changes in political climate across the world, there will always be people, both American and otherwise, in need of medical care. Being in the Air Force gives me the opportunity to provide medical relief to the places and people who need it most.” – McKenna Geary, MS3

"Being a physician in the military allows me to serve an amazing patient population that has selflessly dedicated their lives to serving others. Furthermore, it gives me the opportunity to learn medicine in a variety of unique situations that will undoubtedly make me a better physician." – Anthony Choy, MS4

“I joined the Army in part to help alleviate the financial burden of medical school, but also because I have always had an interest in serving our county in whatever capacity I can. On a lighter side, I also love the idea of traveling within military medicine, and I strangely enough like the structure it provides, including a limited wardrobe.” – Jennifer Simpson, MS4

“The thing that I enjoyed the most about military medicine was the camaraderie I shared with my fellow healthcare professionals in serving a larger purpose that was greater than our usual day to day routine activities. We all knew that we were a part of something important, something larger than ourselves.” – Ken Ballou, MD—

[Image -27x0 to 612x792]
Niya Larios, MS2
Niya turned the PIP conference into a PIP awards ceremony with her red carpet ready ensemble.
She kept it penguin tux cool in the desert heat and the desert theme definitely trickled down to her feet with her sand colored snake skin loafers. Uh oh, KatNIYA, beware of PETA (Sadly, I laughed too hard at my Hunger Games).—NF

Asbat Hasan, MS3
Somewhat like the total solar eclipse, Asbat only blesses the style watch issues every hundreds of years or so. There’s a difference between being well dressed and having style; he has both. He could easily be gracing the cover of GQ magazine, but he chose to grace the hallways of RCH instead. Style doesn’t always equate to sense. Clearly, he made the wrong choice. —NF

Eddie Lievanos, MS3 (center, above)
A frequent flier on our Style Watch, Eddie has proven yet again why he’s a fan favorite. In order to bring out the colors and data analysis in PIP project, he’s chosen to dress in neutral colors, but does it with aplomb. While grey might accentuate sweat stains in real people, Eddie reminds us that he’s a style fairy and that no temperature in Palm Desert and no amount of questions from first years about his project will ever make him sweat. —SC

Med school can be boring, but that doesn’t mean your fashion has to be. Until the next issue...

-XOXO Fashion Maven

By: Nike Fanu, MS3 (NF) & Srita Chakka, MS3 (SC)
Photos by: Michelle Okoreeh, MS3

MS1s from left to right: Renee de la Parra, Jennifer Yoo, & Archana Reddy
And the legacy continues!
Newly minted MS1s continue to prove why UCR SOM has the most stylish reputation on this side of the dried up river! The innocence of not yet having a PIP project under construction shines as these three ladies put their best foot forward at our annual conference. With stunning prints paired with monochromatic colors and glowing smiles, we can only hope that these ladies continue to carry the torch of both fabulous style and stunning PIP projects. —SC

MS2s left to right: Jordan Rossi, Sarah Grace, Monica Gutierrez, Drew Barrymore, Cameron Diaz, and Lucy Who? The MS2 trio wowed in their tri-color outfits. From their poses to their unplanned coordination, they are quite a force to be reckoned with. —NF
The Mobius Band Twists

Poem by: Mark Sueyoshi, MS4

We are separated by glass, wood, roles.
Anxiety, concern, tears
Yours or mine, it’s unclear.
He doesn’t say, I don’t hear
I don’t know, she doesn’t adhere.
I take my plan and file it away
Let me chief, before I say

You’ve become a Resident,
Lying in your bed, guardrails down.
When we feel steady,
We’ll go home when ready.

We’re woken up by the needling.
Every 24 or 8 if one of us is teetering.

We greet each other
Before the sun has risen.
You, over here.
Me, right there.

““What is OMM?”

By: Peter Lee, MS3 at Western University of Health Sciences

“The pain just won’t go away!” Mrs. T had been experiencing a sharp pain in her left flank region and had troubled breathing for the past 3 weeks. While asking for her history, I was told that she tripped about a month prior and bumped her ribs onto her kitchen island. She looked anxious and took short shallow breaths in fear of reproducing the pain that she was feeling. As I started my palpatory assessment, a flood of information was given. Through each layer from the skin to bone, I was able to gather where to hone in. The myofascial layer over the intercostal muscles had been restricting the ability of the muscles to function properly. After providing a few treatment modalities, Mrs. T’s breathing pattern normalized and she looked relieved.

Osteopathic manipulative medicine (OMM) stems from the teachings of Andrew Taylor Still, M.D. who found inadequacies with conventional treatment modalities of his time (IE: use of arsenic, mercury, whiskey). A.T. Still found structure and function relationship through the study of anatomy, stating that “disease is the result of anatomical abnormalities followed by physiologic discord.” The practice of osteopathic medicine is, essentially, the potentiation of the intrinsic health-maintaining and health-restoring resources of the individual.

An osteopathic physician is a fully qualified physician, trained within a framework of distinct philosophy that emphasizes the health of the patient, with specialized diagnostic and therapeutic hands-on skills. Anyone can find disease, but to find health should be the object of the doctor.—
supplements with iron-rich meals due to its inhibitory effects on iron absorption.

If you are looking to increase your absorption of iron, let us C how we can do that. Vitamin C has been proven to increase iron absorption, likely due to its ability to reduce ferric to ferrous iron, which is the form that is best absorbed by duodenal enterocytes [2]. Its effect is so strong that it has even been shown to decrease the erythropoietin requirement in hemodialysis patients [3]. The foods highest in Vitamin C include bell peppers, broccoli, oranges and strawberries.

Breastfed babies are at a lower risk for developing iron deficiency because of breast milk’s high concentration of Vitamin C. In addition, the dominant protein in human milk is whey, rather than casein, which does not hinder iron absorption. As we know, breast milk is the whey healthier option and should be encouraged when possible.

For those of us who no longer drink breast milk, dietary iron has two forms – heme (found in beef, chicken, turkey, pork & fish) and nonheme (found in beans, lentils, chickpeas, tofu, eggs & fortified grains). The heme form has a higher bioavailability but a healthy diet should consist primarily of the nonheme form. See the table to the right for the USDA foods with the highest iron content per serving. Note that a 3 ounce serving of beef has the same amount of iron as a potato. The iron-y!—

<table>
<thead>
<tr>
<th>Table 2: Selected Food Sources of Iron [17]</th>
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<tbody>
<tr>
<td>Food</td>
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<td>------------------------------------------</td>
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<tr>
<td>Breakfast cereals, fortified with 100% of the DV for iron, 1 serving</td>
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<tr>
<td>Oysters, eastern, cooked with moist heat, 3 ounces</td>
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<tr>
<td>White beans, canned, 1 cup</td>
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<tr>
<td>Chocolate, dark, 45%-60% cacao solids, 3 ounces</td>
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<tr>
<td>Beef liver, pan fried, 3 ounces</td>
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<tr>
<td>Lentils, boiled and drained, ½ cup</td>
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<tr>
<td>Spinach, boiled and drained, ½ cup</td>
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<tr>
<td>Tofu, firm, ½ cup</td>
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<tr>
<td>Kidney beans, canned, ½ cup</td>
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<tr>
<td>Sardines, Atlantic, canned in oil, drained solids with bone, 3 ounces</td>
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<tr>
<td>Chickpeas, boiled and drained, ½ cup</td>
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<tr>
<td>Tomatoes, canned, stewed, ½ cup</td>
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<tr>
<td>Beef, braised bottom round, trimmed to 1/8” fat, 3 ounces</td>
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<tr>
<td>Potato, baked, flesh and skin, 1 medium potato</td>
</tr>
<tr>
<td>Cashews, oil roasted, 1 ounce (18 nuts)</td>
</tr>
</tbody>
</table>

References

Quotable

“I love a good protest.”

- Annie Le, MS3

“They had a citrus festival, but it got out of hand, so they had to cancel it.”

- Andrew Lapato, Biomedical PhD Candidate

“Are you cooking to eat?”

- Khoa Nguyen, MS3

“You know what I wish? That you could just go to the clouds and hug them.”

- Sumedha Sinha, MS3
Dzień dobry everyone!

So I have the honor of talking a little bit about my experience in Krakow, Poland this past summer! A really, really dope group of us spent our summer at the Jagiellonian University Medical College doing rotations in Anesthesiology, General Surgery, and OB/GYN. My personal favorite department was Anesthesiology. After administering anesthesia, we usually rotated around the different surgeries that were being performed at the time. We participated in a variety of different surgeries including brain surgery, laparoscopic surgery, and even open heart surgery! Having not really been exposed to surgery in the past, this was extremely cool. It was interesting to see how differently other parts of the world practice medicine. There are a lot of aspects that the US healthcare system is more advanced in. However, there are also a lot of areas that we fall short on. This was truly a humbling experience, and I would recommend it to anyone interested in traveling during their "last summer in medical school." When we weren’t at rotations, you could usually catch us eating lody (ice cream) at the square or eating at our favorite restaurant POD PRETEKSTEM. The people are totally dope fresh, the food is to die for, and I could not have seen myself doing anything better with my summer. I want to shout out to all the members of the wolfpack that made this summer one of the greatest times I have ever had. After burning out during Block 5, this was just what I needed to recharge so I could hit 2nd year with a bang. *BANG (that bang has now subsided now that ... #yaystep). If any of you adventurous MS1s are interested in traveling during the summer while still doing something productive, let any of the Poland peeps or myself know and we can give you the contact info of the program director (the program is through Kaiser Riverside). Dziękuję Ci,

Rashid "Busta" Awan

PS. you can check out my YouTube channel for some Europe vlogs if you're interested (:    YouTube.com/RashidAwanVlogs--
Medical Movie Review: Mommy Dead and Dearest (2017)

By: Rennie Burke, MS3

For sheer number of possible presentations, not even lupus can match Munchausen syndrome. A condition in which people desperate to assume a “sick role” fabricate an illness, it is the great imitator not because its physiology is complex, but because of the sheer, monstrous creativity of the human mind. Sufferers wound themselves, often with great skill and subtlety, not because they want to get out of work or secure a wanted prescription, but because they need the attention. Officially, it is called “factitious disorder,” and it is most often directed at the self. In rare instances, though, it is directed outward onto vulnerable others. “Mommy Dead and Dearest” profiles a truly sensational - and tragic - instance of factitious disorder imposed on another, also known as Munchausen syndrome by proxy.

The subjects of Erin Lee Carr’s documentary are the Blancharde family, namely mother Dee Dee and daughter Gypsy Rose. For 19 years, Dee Dee convinced the world that her daughter Gypsy Rose suffered from a constellation of serious illnesses: leukemia, severe intellectual disability, deafness, vision loss, epilepsy, and muscular dystrophy, among others. Gypsy Rose moved through the world in a wheelchair, cloistered under wigs or caps to hide a head hairless from chemotherapy, constantly receiving treatment for one or another of her conditions, and prevented from forming human relationships with anyone but her mother. And while the treatments were real (and often devastating in their side effects), the illnesses were not. None of them. Dee Dee deliberately made Gypsy Rose sick to secure unnecessary treatments, and as Gypsy Rose grew older, the conditions she supposedly had, as well as the intense need for psychological nourishment Dee Dee fulfilled by injuring her child, grew more profound. Given the film’s title, it should not be too much of a spoiler that Dee Dee Blancharde is murdered. And indeed, that is revealed in the first 10-15 minutes of the film. The how and why of the murder, as well as its lengthy aftermath, form the crux of the film’s narrative.

Whereas lurid daytime TV treatments of Munchausen syndrome tend to dwell on the patient, (“Dearest” continues on p11)


I still remember that feeling when I left to join the military right after high school. Excited, scared, and anticipating all the new changes in my life in being part of the greatest country in the land by serving her military. What a great experience. I obtained an honorable discharge as a Petty Officer 2nd class Yeoman and classified as a disabled veteran. I am first-born generation American. I am proud of my culture and womanhood. I am a wife, mother and grandmother, proudly passing on both my American and Spanish culture with pride. We are woman who are smart, strong and beautiful. However, it was an honor to have the American Pride of being part of the military and serving our country.

The military taught me so much about teamwork, U.S. military, government history, and how to be resourceful. Most of all inclusion, respect and integrity. Meeting so many diverse people from around the country at a young age really changes your perspective about how we view life. Not only culturally, but becoming more self-aware of others. I learned many skills in the short time that I was active duty.

Being married to my husband while on active duty (he did 21 years of service), was also a learning experience of becoming independent and a problem solver. Nothing is too big to manage if you use your support system (family, friends, peers, co-workers). That I learned early on. As Americans, we have learned to be independent from other nations and think constantly outside the box. That makes us great.—
“Mommy Dead and Dearest” dedicates just as much screen time to the victims that Munchausen sufferers leave in their wake, and it is a better movie for it. We meet townspeople who had helped build her a house, local friends who had no idea she was not sick, and a host of other friends and family horrified by the extent of the abuse that is revealed. One of the most sympathetic figures in this is Gypsy Rose’s father, increasingly isolated from his daughter after Dee Dee moved her further and further from Louisiana following their divorce. As he and his family try to build a relationship with Gypsy Rose following Dee Dee’s death, they have to confront the reality that Gypsy Rose is nothing like the person they imagined her to be, both in her intellectual capabilities and her moral character. Their story is an emotionally challenging story of reconciliation and guilt that could have been a short film all on its own.

In discussing victims, however, it bears emphasizing that Dee Dee’s biggest victim of all was Gypsy Rose. The film’s attitude toward Gypsy Rose is rather ambivalent. She endured unimaginable abuse at the hands of a profoundly sick person, abuse which lasted her entire childhood. Yet the grisly murder that she sets in motion and her subsequent behavior make it somewhat more difficult to sympathize with her, even for those who would intuitively do so. Gypsy Rose is a complicated figure, and the filmmakers do that complexity a great service by allowing viewers to come to their own conclusions about what was justified and what was not, and just how much she should be held responsible for her role in her mother’s murder. Because the film is (“Dearest” continued on p12)

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**Ball is Life**

By: Tri Tran, MS3

Every sports fan knows that in this day and age, it takes more than one-star player to power a successful basketball team. This is no different for our very own UCR SOM basketball team. Playing alongside renowned point guard Robbin “Buckets” Melo is another talented player hailing from the streets of Moreno Valley. Standing at an imposing 5’11, Elias “J-Smoove” Fanous is currently having a breakout sophomore campaign. After being suspended three games earlier on in the year for an accumulation of flagrant fouls, “J-Smoove” is starting to put together a season reminiscent of Laker legend Mark Madsen.

On a recent appearance of ESPN’s First Take, Fanous was asked by Stephen A. Smith how his game has evolved over the past 10 months. Fanous answered enthusiastically, “Dude...I’ve just been focused more, going to the gym 5-6 times more than what I did before daily. Lifting those weights has really helped me hone in my craft.” Despite his recent run of form, many pundits question Fanous’ ability to concentrate on basketball for the duration of this year’s arduous season. It is no surprise that athletes frequently find themselves distracted by off the court issues and “J-Smoove” is no different.

Nicknamed not only for his smooth handles on the court but also his suave skills off it, Fanous has often found himself at the center of attention for various media outlets. In his rookie season, his play on the court was frequently overshadowed by ill-fated distractions in his private life. Notorious for attracting the attention of one or two female counterparts, “J-Smoove” will undoubtedly need to keep his eye on challenging for a championship this year. Coach Scott Cramer has even gone as far as confiscating Fanous’ cellphone during practice to prevent any further distraction.

With the playoffs drawing closer and closer, fans of the UCR SOM, are looking for “J-Smoove” to help push for a title. His performances each game will help dictate whether or not this basketball team is capable of moving in the right direction. In order to do this, Fanous will no doubt need to set aside any and all disruptions to his basketball world. On Tuesday’s press conference, Fanous was questioned about his commitment, to which he simply replied, “Ball is Life.” For “J-Smoove”, we are all hoping that ball, and nothing else, is indeed life.—

A photo of J-Smoove in his surprisingly extra small uniform.
Dear readers, the most important fact of this academic year is to know that your very own critically renowned editor of The Scope is Greek. Since the ancient Greeks created a lot of mathematics back in the day, I should be precise and say 1/2 Greek. The individuals carrying all the clout in The Scope, Rita Lis, Khoa Nguyen, and myself, went to Greek Street Grill on 3312 La Sierra Ave in Riverside near the Tyler Mall. Yes, it was quite a trip. It was almost like traveling to Greece, but with the view of the glorious grocery store Ralphs vs the Parthenon. If you squint really hard so that close your eyes, you can travel to Greece in your mind.

Perhaps with the intent of setting the stage for a real Greek experience, Rita arrived a few minutes late though she was closest to the place. As her beautiful blue eyes wondered at the streamlined, minimum décor with full force of casual dining emanating from every corner, a tinge of sadness crossed her face. "Oh, this is not like a restaurant," she bravely said with a smile on her face. She still excitedly looked at the menu on the wall to make sure we had a real Greek food experience. Another blow came to Rita's soul. There was no white lasagna. It's also called pastitsio, pronounced pas-tee-tseeo, for all our PC (sensible) readers. I know I should not generalize food. "It's my favorite food. Usually, only sit down restaurants have it cause it's baked in oven for a long time with béchamel sauce." Since it was Khoa's first time trying Greek food, he obviously ordered first. As our pronunciation of gyro (correct: ghyearo; Khoa: guyro; me: gyro as in gyrate) jabbed Rita's identity, she cheerfully told us more about one of the most famous Mediterranean foods. It's a vertical rotisserie dish with a blend of two or more types of meats. Greek Street Grill had beef and lamb mix gyros. Traditionally, it's a dish with pork and chicken mix, but outside of Greece, the more common variant is beef or lamb or a combo of the two. It is served with pita bread, which is nicely warmed in Greece, with tomatoes, onion, and tzatziki sauce, a yogurt based sauce.

("Greek" continues on p13)
Looking through the menu, Rita made the recommendation for tiropita. I’m not even going to try to attempt to remember how to pronounce this. “It’s like baklava (one of my favorite desserts) but not sweet and filled with cheese.” My brain was confused for a fleeting moment and then thrilled as Rita’s face brightened as she explained further. “It’s set on fire when they bring it out.” Yes, FIRE! How cool. It’s on the same level of excitement as flaming drinks on 21st birthday celebrations. The Greeks know how to make food exciting. Our friends at Greek Street Grill did not light the tiropita as it was very crowded there. Fret not our dear readers, however. For your visual pleasure, we have added fire on the photo of our crushed tiropita (left). Doesn’t it raise it another level? I also ordered souvlaki (soo-vlah-kee) plate, which came with soup and salad. Great deal! The chicken and pork skewers were well flavored, and according to Rita, “it’s more traditional.” Yes, I nailed being authentic Greek. As we enjoyed our well priced and delicious food, I had the opportunity to talk with Rita more about her relationship with Greek food.

“It’s clear cut, she loves the food. Brace yourself. She enjoys the lamb dish her mom makes sometimes. Lamb. It’s a big reveal. Rita’s food palate and world includes a meat unique as lamb. I don’t know what was more mystical: seeing the solar eclipse or knowing this about Rita. When questioned about what makes other Mediterranean food different from Greek food, she pensively replied, “I never thought of that. I just thought it was all Greek food. That’s usually what I eat.” Finally, Rita shocked us with some of the food prices in Greece. Khoa, a boy who does not know what Europe is, was told he could have the gyro dish for 1 Euro in Greece. We must go. I leave with you the encouragement to try Greek Street Grill when you’re near the far away land of the Tyler Mall. There is variety of food for a non-Greek person and prices are affordable. Also, it’s quite tasty. Opa!—

Distinguished members of the Scope community enjoy an elegant dinner at Greek Street Grill.
out because they didn’t know squat, and I was sitting there cool as a cucumber.

5. Talk to your peers. I had never felt so stressed out as in second year, and a lot of times I thought I was going crazy. What helped me was talking to peers because believe it or not, most of your classmates are going to feel some fraction of what you’re feeling too. I found that second year I really got close to my peers because you’re going through something scary, new, and daunting and it’s nice to know that you’re not alone. It’s also nice to have someone to run and get pizza just because you want to and pizza fixes everything (thanks Ann for the numerous pizza missions at midnight).

6. GET OUT AND HAVE FUN! Med school doesn’t have to be you getting pressure ulcers from the hours on hours of studying in the same seated position. As my mom always says “All work and no play makes Jill a dull girl” (or Jack. But I’m a girl so you know… improvise with your name of choice). Contrary to popular belief, you CAN go out and have fun second year. As long as you manage your time and refer to earlier tips (#1 and #3 to be exact), you will have more than enough time to get out and do stuff that you want to do.

7. Exercise. It is so easy to pack on the pounds second year because all you do is study, eat, sleep, and repeat! Keep the blood pumping and go to the gym. Exercising releases endorphins and endorphins make you happy and happy people do well on step (insert legally blonde quote here)! If you absolutely abhor exercise, do something that makes you happy and makes you confident in yourself!

8. Lean on your family and friends. What helped me a lot was just being able to talk school out with people. Sometimes you just need to have someone listen while you vent. Sometimes you just need to be reminded of how amazing you are. Also, free food. When I go home it’s an excuse to alternate between studying, sleeping, and being fed constantly by my parents. Surround yourself with people that love you and wish for your success. Some people may not understand the rigorous training that comes with medicine and you need to accept that. ESPECIALLY year two. If you need to, you can talk to the upperclassmen if you need to be reminded that you’re okay. We are always willing to lend an ear or a hug if you need it!

9. Journaling. Writing down your feelings and how you’re progressing throughout the days will really help. You may be able to find trends in the way you’re feeling which brings me to my next point.

10. It’s okay to not be okay. For some people the transition is harder than others and you also have to remember that you have a life outside of school. Life can be crazy, unpredictable, and sometimes downright chaotic. Med school doesn’t stop for these life events, and you have to recognize that it’s okay to admit to yourself that you don’t have it all together. What is NOT okay is not reaching out because there are people who can help you figure out the problem and get back on track. Remember that you are your first patient; if you are not okay you can’t properly help your patients. Being in tune with your mental and physical health humbles you and allows you to better empathize with your patient.

So my second years, here are ten tips that I think can help you have a successful second year. It is not easy (unless you’re that exception), but it is DEFINITELY doable. When you’re studying and stressed out about the amount of material you have to know, remember that you have one year already under your belt, which means you have a track record of being successful. Keep doing what you’re doing and I PROMISE you will be fine. You WILL get through this…just take it one day at a time. Good luck!—

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What type of support does this fellowship offer?
Fellowships provide 12 consecutive months of stipend support, health insurance, research training costs (approximately $15,000), travel costs to and from international field site, support for online courses, and a week-long orientation on the NIH campus.
“Isle of the Lost”
Frances Tao, MS3
2017, Photography

“You find yourself alive on an island, accompanied by a few other survivors. Is this the end, or the start of a new beginning?”

“At last, Atlantis”
Frances Tao, MS3
2017, Photography

“Awoken by waves crashing outside at 5:15 in the morning, I sighed in relief while thinking ‘oh thank God, we didn’t get washed away last night.’ I crawled out of our tent in the darkness and gasped at the sight of a whole new world, uncovered by the receding ocean before my very eyes.”

“I Bare Good News”
Frances Tao, MS3
2017, Photography

“A patch burned bare, charred black and left to dry. Out there beyond the shadows, life continues to thrive.”
All of us at The Scope would like to thank our faithful readers as we take this trip back in time! As September seems to have flown by in no time, it’s time for us to take some time to remember a simpler time. The Scope would like to extend thanks to off staff contributing writers Ariana Ramirez, Peter Lee, Rashid Awan, and Lilia Ramos. Additional thanks to the comedic genius of Jasmine Jafari and Mark Halin, as well as the beautiful artistry of Frances Tao. Further thanks to the investigative work of Vinson Vong. The Scope welcomes all who wish to participate! If you are interested in writing, please email the Editor in Chief at rllis001@medsch.ucr.edu. If you are interested in submitting art for Art et al, please contact the Senior Editor at khoanguyen@medsch.ucr.edu. Save the Date: Annual Scope Writer’s Gala on December 1st, 2017. The Scope wishes the best of luck to those readers taking upcoming Block 1 and 6 finals!

Until next month,

Rita Lis,
Editor in Chief

Congratulations to…
Luqman Nasouf (MS4, left) & Razan Duella
on their engagement on 7/5/17

“Congratulations Luggy Luq on your engagement. If our friendship is any indication of how you’ll be as a husband, I know your life with your future wife will be filled with love, I am beyond excited for you and I wish you two the best on your next steps to forever together.”

-Nike Fanu, MS3

Scopes Staff: Back row, left to right: Kevin Ha, Director of Marketing & Special Projects; Scott Cramer, Official Scope Punster, Rennie Burke, Senior Investigative Specialist; Tran, Senior Traveling Sports Writer; Mark Sueyoshi, Official Scope Literary Guardian; Elias Fanous, Official Scope Punster; Middle row, left to right: Deema Akari, Senior White House Correspondent; Srita Chakka, Junior Associate Fashion Maven; Veronica Scott, Official Scope Freelancer; Lisa Schwartz, Health & Wellness Expert; Front row, left to right: Nike Fanu, Head Fashion Maven; Rita Lis, Editor in Chief; Sumedha Sinha, Senior Food Critic; Center: Khoa Nguyen, Senior Editor. Not pictured: Stephanie Dreikorn, Associate Editor of On Campus Divisions; Dr Paul E Kaloustian, Resident Boheme; Adanma Nwachuku, Official Scope Resident Advisor; Nostradamus A Charmander, Deliverer of Future Portents; Dr Emma Simmons, Moderator.