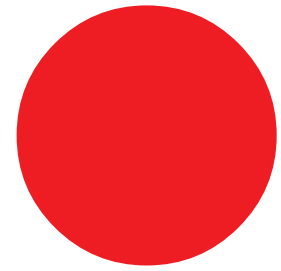


383
medico
friend
circle bulletin



February 2024

50th Anniversary Edition
Looking back and looking forward

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The Bay

Adithya Pradyumna

*I am a barnacle holding firmly onto a rock,
Washed by crackling waves of deep
deliberation.*

*I am a tiny crab hiding in the sandy shore,
Scurrying around with new heady
revelations!*

*I watch brave, skilful sailors venture out
To seas that are often stormy, seldom calm.
To treacherous straits, I watch kind sailors
go*

To apply on the injured a soothing balm.

*The sailors sometimes convene near the
rocks.*

*Then, I overhear their tales of battles long,
Against thundering canons or stock-still air,
Taking considered stands on right and wrong.*

*Sometimes I hear them cheerfully sing,
When together they rest on the moonlit beach,
Songs of protracted gruelling victories,
And of ships that went out of help's reach.*

*As I gratefully witness all this,
the rock slowly erodes and sand washes away.
I start to understand about the cold sea,
and think of setting sail from the warm bay.*

Acknowledgement: The poem was written on the occasion of the 50th anniversary of the medico friend circle which was the inspiration for this work. I thank Dr. Lahari S. for her inputs.

Email: adithya.pradyumna@gmail.com

‘50 Years of Medico Friend Circle: Looking Back and Looking Forward’

February 23-25, 2024,
Sewagram, Wardha, Maharashtra

Organising team for 50th Year of MFC¹

Medico Friend Circle (MFC) began as a group of friends interested in critically analyzing the existing health care system and in trying to evolve an appropriate approach towards health care which is humane and which can meet the needs of the vast majority of the people in our country. Over the years, it has grown to include individuals from diverse fields and ideologies, fostering dynamic discussions and debates which ranged from personal exchanges to themed discussions. MFC's meetings have evolved into structured discussions around themes, study sessions, occasional paper presentations. Since its inception in 1974, MFC has critically examined the healthcare system and through the action by MFC members and others, has

endeavoured to develop a more humane approach that addresses the needs of the population at large.

In 2024, we stand at a significant juncture as we celebrate the 50th anniversary of MFC. The celebration of 50 years is an opportunity to look back, to remember and reflect upon what MFC could do and could not do and also reconnect with old friends and make new ones. The event features insightful discussions and reflections on areas of concern within the healthcare system, encompassing both the retrospective and prospective aspects of the MFC journey. Objective is to make this celebration not only memorable but also intellectually enriching, contributing to the 50-year legacy of MFC.

MFC has a rich culture and history. Various types of health-workers – both medicos and non-medicos joined MFC and shaped it. Many stayed on while many others went away but the space for MFC and the role of MFC has remained. Every MFC-member has contributed to MFC in some or the other way. At the same time, MFC has also given return gifts: a unique, national network of dedicated health-workers, and friends. For many, MFC has offered a new vision, fierce but friendly discussions, opportunity to come together and form new groups, work together, and be a real support for each other.

But MFC also has a history of people coming in and leaving, some stormy debates causing some clashes in ideas resulting sometimes in departures. There has also been the recurring problem of paucity of members from the younger generations, paucity of health-workers and activists from underprivileged background. All these have led to introspection on part of MFC to understand constraints in its structure and functioning. MFC does not deny an honest introspection. And this has added to its transparent nature of functioning.

Some MFC friends are of the opinion that sharing and discussion are very important. Others feel that the rigor of evidence generated by serious discussion around papers for the annual theme makes them feel connected to MFC. Some come to meet old friends and to participate in discussions. Newcomers want to witness what MFC is and they try to understand it for the next two-three years. If they continue, then they feel that they belong here. The young members are still searching for their role and relevance in MFC. To many of them the answers are still unclear.

MFC functions as a volunteer-based organisation with no institutional funding.. In the MFC there are annual and mid annual meets held wherein the participants come on their own expense, take responsibilities and

there is a rotation of office bearers every two years. And all these seem so amazing and unique.

Roughly, every ten years, new leadership has emerged on various health issues. There are five-six generations of leadership that have emerged like this. Hearing the stories of different people's lives in MFC, how they did something, their courage, their successes and failures, during the 50th annual meet, these are the stories and narratives we want to be told, to reach out to the younger lot. We want to know how people could win small victories. The problem they were trying to address, what they did to overcome it and their suggestions on how to solve these kinds of issues.

Purpose of the 50 year MFC annual meet

50 years is a significant milestone in any organisation. It is specially so for the MFC, which is a voluntary, non-funded, loose network of health-activists-friends. As we prepare for the 50th annual meeting what are the important things that we would like to do during this meet.

- Recollection and reflection- What are the things we have been able to do in the area of health and activism. What have been the missed opportunities?
- Renewal of friendships and build new connections.
- Thinking about the present and the perceivable future. How should we reorganise ourselves to meet the current and emerging challenges?

Through all these we would like to celebrate the fact that we are together and alive, remembering our past and thinking about our future.

This meet is primarily for “remembrance, reflections and hence the programme has been designed accordingly.

History of MFC

Following the initial introductions, the first main session (90 minutes) will be ‘About MFC and its trajectory: 50-year presentation’.

Theme sessions

There are themes sessions The first three themes will revisit, by way of example, some of the important themes MFC discussed during the past annual meets. These are:

Theme 1- Status of healthcare in States / Regions with a focus on issues of equity

Theme 2- Medicines, Pharma Industry and Rational care

Theme 3 - State and Healthcare: Provisioning, Privatization and Universal Health Care

The thematic sessions will start with a ten minute presentation summarizing the issues that MFC members have grappled with through discussions and actions. This will be followed by reflections by participants on -

- What attempts were made and what were missed; what we did and what remained, what failed;
- Strengths and weakness of MFC in dealing with the particular theme;
- New challenges and new opportunities in the current era; and
- Where do we go from here.

It was broadly agreed that while these thematic discussions will have a component of ‘reflection on MFC’s actions and discussions’ they will not be limited to that ‘overall theme’ alone. These thematic sessions would go beyond and would touch upon the contemporary situation of these issues as well; and later will continue with reflections on ‘new challenges and new opportunities in the current era’.

Due to time constraints, we will, unfortunately, not be able to discuss all the themes that MFC has discussed in its annual meets.

The fourth theme will be “Right to healthcare as an electoral agenda” in the context of the forthcoming elections in 2024.

Games, cultural activities, and informal sharing

There will be time for chit-chat during tea, lunch etc. We will have games, film screening, cultural programmes and the important after dinner informal sharing.

Organisational discussion and looking forward

There will be sessions on organizational discussion and looking forward as an organization. We are keen that MFC to take this opportunity to work on these issues and search for answers. Based on study, analysis, discussion and writing, we have developed a grounded understanding, advocacy and action on many issues. We should use the same approach with detail, incisiveness, and depth, to develop a self-reflexive analysis for MFC as an organisation. Such an understanding based on our history, learning from our experiences and what has held us together as a group can help us to chart a broad sense of direction on the way ahead, keeping in mind the current situation in our country and the foreseeable future.

Email: anandzachariah@gmail.com

[1]. Organising team for 50th year of MFC: Priyadarsh T, Savitri D, Sunil Nandraj, Shelly S, Manisha G, Roopa R, Lakshmi K, Mithun S, Mohit G, Anand Z, Nidhin J, Rajeev BR, Sarojini N, Prabir C, Aakriti Roy and Kapil

The Debt I Owe to MFC as the ‘Informal University’

Ritu Priya

Convener 2005 to 2007

In my fourth and final years in medical college (1980-81), I was one of a group of classmates who felt that we as medical students were too blinkered in our information and understanding of the world around us and therefore started an informal study circle where we attempted to individually read about the economy, social and political issues and share them within the group. This did not go too far with all the demands on our time and the lack of a supportive system to back us. But it did start us off on explorations in various directions.

The national Emergency period had been on in the years 1975-77, a culmination of political events that had stirred large numbers of youth in universities, especially of Gujarat and Bihar, the Congress government had been ousted from the Centre for the first time in Independent India, and yet there were few echoes or even any discussion of these happenings in our medical college in Delhi. When I was doing my internship in 1982, our study group was approached by the PUCL (People’s Union for Civil Liberties) to assist in medically assessing the injuries suffered at the hands of the police by activists of the Chhatra Yuva Sangharsh Vahini (a youth organisation inspired by the JP Movement initiated in 1973) working in a dalit basti in Agra. Some of us went to Agra as part of the PUCL team and provided whatever medical aid we could as well as contributed our assessment of injuries to the PUCL report.

Subsequently, two of us also engaged in investigating the alleged nexus between Delhi’s obstetricians and a facility located in Amritsar where amniotic fluid was tested for the sex of the foetus. We went to Amritsar, introduced ourselves as medicos wanting to know more because one of us has a sister who needs this ‘service’. We were welcomed and shown around the whole facility and explained

the procedures etc. This was early years of the sex detection and female foeticide phenomenon and we came back and reported on this in the PUCL newsletter.

Subsequently, this friend and I, wanting to explore alternative imaginations to what we could do as medical graduates, looked around and found out about the Voluntary Health Association of India. There we were guided to meet C. Sathyamala. She spent much time with us and then handed us Illich’s revelatory book *Medical Nemesis* to read and to come back with a review of it. Later, she also introduced us to the Medico Friend Circle.

Meanwhile, my continued contact with a PUCL member who had been part of the team to Agra introduced me to the activist-academic dialogue organisation Lokayan, initiated by the Centre for Study of Developing Societies (Delhi) in 1980. Here the dialogue and discussions were on issues of democracy and development, as a response to the Emergency and the fallouts of the development model followed since independence, that was under critique. I then also got the opportunity to represent Lokayan in a workshop on the health system organised by the community health programme in Deenabandhupuram in Tamil Nadu where Mira Shiva and David Werner (author of *Where There is No Doctor*) were the resource persons.

The MFC: Reaffirming my exploration, Widening horizons, Deepening insights of Social Medicine and Community Health

With this background, when I heard of the Annual Meet of the MFC, I decided to attend it. This was in Anand, Gujarat, in January 1983, and the theme was ‘Prejudice against Women in Health Care’. It introduced one to a whole community of people engaging deeply with issues of health and the health system,

reflecting experiences from the ground in working with communities of the rural and poor. It also highlighted the bias against women in the knowledge base and practice of medicine. It placed in a wider perspective the issue of female foeticide using medical technology that we had witnessed ourselves.

Listening to the MFC members, to their animated discussions and diverse arguments, opened up a completely new world! One that reaffirmed the disquiet one had about our medical education and role as a medico. It provided new insights and widened my horizons on how to understand issues related to people's health. This was like water for the thirsty!

In this meet, one of the people I met was Mira Sadgopal. She had plans to visit some of the community health projects being run by MFC members immediately after the Meet. So, I tagged along, and what an opportunity it was! From Mangrol in Gujarat to Nandurbar in Maharashtra, to Hoshangabad in Madhya Pradesh. I then wrote about the learnings from this exploration in the Lokayan *Samvaad evam Sameeksha* ('Swasthya: Soch aur Karma', 1983) and in the Lokayan Bulletin ('Voluntary Action for an Alternative Health System'. Lokayan Bulletin, Vol.4, No. 3-4, 1986). The community health initiatives I had visited also raised questions in my mind about their adequacy in addressing people's needs. Unless the health care providers engaged with people's perceptions more deeply, they did not seem to relate organically with them even if they lived in the village (though Mira Sadgopal's engagement with the village Dais and Marie D'Souza's with the adivasi community were inspiring in this regard). On the other hand, the community health initiatives were not impacting the larger system which impinged on what other health inputs people needed. Therefore, I felt the need to understand issues of health systems and public health more systematically.

In mid-1984, I joined the coursework at the Centre of Social Medicine and Community Health (CSMCH) in JNU as a Ph.D. student,

and continued my participation in the MFC. However, with all the workload of courses, and a baby born in 1985, it became difficult to remain an active member. I also started teaching at the Centre from end-1990. I did read the MFC bulletins keenly and attended a few Mid-annual and Annual Meets. These were just as exhilarating as earlier, despite my own reading, field experience and teaching about public health issues.

For me, from early on, all the discussions one had heard in the MFC meets and in the informal sharing about participants' work and experiences from the ground echoed the relevance of the PHC approach. Fortunately for me, the 'informal university' that MFC was and the formal university that JNU was, reinforced each other. They provided spaces for creative and in-depth exploration around issues of people's health, with grounded perspectives rooted in the Indian context with all its diversity.

It was in 2006-2007 that I accepted to become convenor of MFC with a sense of sharing organisational responsibilities. Besides other organisational activities, two meets organised during that time by the organisational collective were on Social Regulation of Costs and Quality of Care in the Context of Universal Access to Health Care, organised in January 2006 at Sneha Deepam, CMC, Vellore with support of Anand Zachariah and on Public Health Education in India: Lacunae, Challenges and the Way Ahead in December 2006 at the National tuberculosis Institute in Bengaluru, with local support from SOCHARA, Bangalore.

In 2008 and 2009 I took off from the university and joined National Health Systems Resource Centre (NHSRC) for 2 years as Advisor, Public Health Planning. These were two years of intense work and 'participant observation' of how the public governance system works. These creative initial years of the National Rural Health Mission (NRHM) taught me much about the dilemmas and challenges of policy makers and implementors, whom we often critiqued. One

saw those inside the health ministry bureaucracy and technical positions battling for many of the issues health activists and scholars had been advocating. And realising that they cannot talk of what they are doing outside, because then they will weaken the battle inside. But they do look for support from civil society and other dissenters, and so the role of members of MFC and other such networks is also to make bridges with such persons in the public system and provide them the support /inputs and a public voice to issues that they can take up. Of course, there were also the most die-hard bureaucratically rigid officials with an authoritarian bent of mind, or those who only followed orders with little application of mind. One had to work with all these to try and move the programmes and service-related policy decisions and functioning in directions that one saw as essential for a people-oriented health system.

What stood me in good stead was the dialogic mode of thinking and interaction that I had imbibed, very much from its successful functioning in MFC, as from other sources. MFC has been a unique network in many ways— surviving over 5 decades with almost no break in its annual meets; its membership consisting of an ideological range from the Sarvodayite Gandhians to the more radical Gandhians to the Socialists, the Socialist Feminists and the Communist left of various shades, and those whose self-identity was as politically non-aligned but interested in a people-oriented health system. This, to my mind, was made possible by at least two features of the organisation.

One, its foundation was laid by the Tarun Shanti Sena's style of rigorous but dialogic discussions, and a sense of camaraderie among persons with a common purpose; in this case those exploring alternatives to the dominant health care approach and medical education. Social and technical issues were discussed with evidence from the ground and experience of working on the ground. Thereby, respecting the differences in political ideologies as long as basic core values of socially oriented 'health

for all' were not violated came naturally in the functioning of MFC. Total agreement on issues was not a pre-requisite for the discussions or for remaining together; mutual trust and respect were. There was also an acceptance that honest and frank discussion was important for creating alternatives to the dominant approaches, not agreement or consensus.

The second basis of continuity, in my view, has been that, with a minimal organisational structure that kept the network going and a democratic rotation of convenorship every two years, there was little by way of stakes in terms of power within the organisation. There was a conscious decision not to take foreign funds and the network conducted its activities with self-funding or donations from members and others for specific activities only. Thus, there were no assets or funds that one finds have caused dissensions and power battles in other organisations. In fact, in MFC, taking any responsibility has often meant finding the funds to support activities, through self-financing or voluntary work of members and their co-workers. Ashok Bhargava, Anant Phadke and Manisha Gupte are prime examples of such investment for long years in holding the office of MFC. Kamala Jayarao, C. Sathyamala and S. Srinivasan have among others, as editors of the MFC bulletin, faced similar challenges. Sridhar and others who have updated the website and digitised the publications have depended on voluntary time and funds. These are just a few of those who have contributed to keeping the organisational activities going in the spirit of voluntarism. All the mid-annual and annual meets required such contributions too. The point being that basically, more responsibility and little power came with lead roles in the organisation.

What may be identified as points of conflict within MFC were in the realm of politics of knowledge— for instance, whether those working on the ground or academics were to raise issues for discussion, was theoretical discussion of relevance or

challenges faced by those implementing community health programmes to receive priority. Or about data, the validity of nature of evidence, and divergence of approaches on how to interpret it, as in the case of the Bhopal gas tragedy survey data, or about safety and rationale of the universal ban on non-iodised salt, or on the role of traditional medicine in the Indian health system. The resolution of conflict has often been in trying to understand the others' point of view, and when not agreeing, to either withdraw from the debate and let each one take time to rethink, or for a collective operational way out if necessary. This may not always be to the satisfaction of participants in the discussion, but is useful as a check on any one view dominating and allows each one to rethink as well as sharpen their arguments.

The sensitivity to issues from the ground and a dialogic mode with rigour and logical democratic discussion meant that there has been a creativity in the issues MFC has taken up and how it has explored them at its mid-annual and annual meets. Rigorous open discussion meant that MFC was more of a thought current focused on the social, economic and political determinants of health, on the health problems of the vulnerable and marginalised sections, espousing the PHC approach that included other related issues of epidemiology and health systems. It also meant that joint actions were few and more by compulsion of a perceived dire need at a particular point in time. The camaraderie, trust and informal atmosphere of the meets as well as the creativity of issues addressed and the calibre of discussions were special and unique enough to attract members who have stayed with MFC over the years and others who have come on and off but remained at the periphery. Many who are not members visit the website and bulletin to know the 'MFC perspective' on issues of interest. Though difficult to pinpoint it as cause-and-effect, MFC discourse has evidently spawned creative action among members who work in their own capacities outside MFC to fulfil the ideas they imbibe from here and with the confidence of

having a community they can come back to share their explorations and learnings with.

Over the years one can see the issues shift with new ones being added on to the earlier concerns. Besides the primary level, community health service issues and human resources, access to secondary and tertiary care as well as financing of health services became important issues since the 1990s. These were major gaps in the MFC discussions and certainly needed to be addressed. However, in my view the discussions in MFC have not proceeded far enough in this direction due to their getting diverted by the global discourse of Universal Health Coverage and rather defensive position about the PHC approach. At the very least, MFC must re-engage with the issue of UHC and PHC and its diverse nuanced understandings among the members themselves, since it is a contemporary central issue of systems design that is impinging on people's health. Similarly, the issue of health technologies and their assessment for adoption in diverse contexts is another issue that MFC needs to engage with in the changing health care scenario.

Among its many topics of discussion, MFC has constantly been reviewing its own role and thrust, introspecting and despairing, then also raising itself to another round of creative thinking. As new members join, and younger minds bring contemporary issues from their ground experience to the discussions, respond to disaster situations with humane support, one can see that there is a renewal process in place. The e-group has enlarged the interactions beyond those who come for the meets, and so the nature of discussions has tended to shift even at the Meets, but it is heartening to see that the core spirit remains even after 50 years. Thereby this informal university remains a refuge, a continuing source of inspiration and learning for me.

Email: ritupriyajnu@gmail.com

My Reflections on MFC

A Consistent Yet Feeble Pro-People Platform in Health care; The Fee-less, Open University of Community Health

Anant Phadke
Convener : 1981 to 1984

When I look back and reflect on my 47 years' association with the Medico Friend Circle, MFC, (I am not a founder member of MFC) positive things strike me first before I think of the limitations and problems of MFC.

Strengths of MFC

Firstly, MFC has been making humble, somewhat feeble but consistent attempts for the last 50 years to contribute to the voice of critiquing the health system in India and exploring alternatives for a humane health care system. When by “voluntary health organizations” it is increasingly meant funded NGOs, MFC is *a truly voluntary organization* since all MFC meets, all MFC work has been organized through voluntary contributions by participants. Self-funding is partly a reason for a large proportion of MFC meets being organised in ‘Yatri Niwas’ campus in the centrally located Wardha, as it is a very economical modest, simple meeting place. It jells well with the overall ethos in MFC meets.

Majority of pro-people health activists/ analysts in India have participated in the MFC process for some time or the other. In the MFC-process, long term solidarity and friendships also get formed among people sharing common ethos, work-interests and view about health and health care. For many of us involved in health-work with a pro-people perspective, MFC is the main forum for exchange of ideas, experiences, and knowledge as well as for mutual solidarity and support.

I was introduced to MFC in 1976 through the first printed issue of the MFC Bulletin. I wrote to the editor that this is the kind of group that I was looking for and decided to participate in the forthcoming Annual Meet to meet like-minded new friends. In this 3rd Annual Meet in December 1976 in Friends Rural Centre, Rasulia, near Hoshangabad in Madhya Pradesh, I was welcomed by a bunch of enthusiastic like-minded medicos, who like me, were mostly in their early twenties and who like me were very critical of the existing health care system in India for not serving the interests of the poor people, especially those in the rural areas.

Unlike the usual doctors' conferences, I saw that in the MFC meet there were no banquets, coats and ties, no formal speeches and of course no night parties! I was impressed by the MFC meeting in Wardha. It was in the serene atmosphere in the renowned “Bapu-Kuti” in Sevagram, Wardha which had utterly simple dormitory arrangement with floor beds. Here doctors and other health activists, sat down on the floor in circles and discussed, critiqued in an earnest manner, health care issues in India from a pro-people perspective. Initially, the leading role, initiative in MFC was from a few young health activists with some neo-Gandhian background. In my initial interactions with MFC, what impressed me equally was its *democratic ethos and ideological pluralism within a common pro-people framework*. Though the founding members like Ashwin Patel, Abhay Bang, Ashok Bhargav etc. (the first Convener of MFC, a non-doctor) were committed to neo-

Gandhian perspective; they welcomed people like me with Leftist views as we shared humanist commitment to the underprivileged. All of us had youthful drive for fundamental progressive social change in health and in other areas of life. The freshness, openness in attitudes, the humanism and friendliness of the leading members - all these were more important, common bonds cutting across ideological roots. Yes, this is the kind of open group I was looking for! I joined MFC and got centrally involved. Since then I have missed very few MFC Annual meets and Mid-Annual meets of the last 47 years!

Many of the meetings in the seventies and eighties took place mainly in some village level health project campus in different parts of India. One objective was also to enhance our critical understanding about health and health care by examining different grass-root experiments. Other meetings with a different focus took place in the Gandhian campus in Sevagram Wardha. During these early MFC meetings I got introduced to leftists like Imrana Qadeer and her colleagues like Binayak Sen, Ritu Priya, Mohan Rao from the Centre for Social Medicine and Community Health in JNU. I also met other leftists like Amar Jesani, Ravi Duggal, Padma Prakash from Mumbai, Mira Sadgopal, Sathyamala, Veena Shatrughna etc. with wide-ranging backgrounds. Of course, there were those who were not ideologically committed to any particular framework. For example, the respected Kamala Jaya Rao whose natural humanism, her scholarship coupled with her utter simplicity and humility humbled the avowed Gandhians and Marxists alike! A culture got formed during MFC meets because of which we all jelled together with so many *like minded humanists* like - the ever-friendly Mira Shiva, Manisha Gupte, Ravi and Thelma Narayan, Chinu Srinivasan and Renu Khanna. Many of these became lifelong friends in the

exploration towards a humane health care system in India and raising a voice towards a change towards this goal.

A “healthy” tradition took shape which was carried forward by the newer, younger leadership which got formed every ten years or so, starting from a Anand Zachariah or a Sunil Kaul or a Sarojini or a Rakhal to a Mohit, Priydarsh and Savitri today. It has so happened that generally a new leadership team does the leadership job for about a decade or so. After that as they start receding from leadership role, MFC’s future looked bleak. But somehow a new generation of leadership emerged and was encouraged to take over. It is because of this democratic tradition and encouragement to younger leadership, that MFC has survived for 50 years in a meaningful way. *MFC continues to be a national pro-people discussion platform for health-activists, analysts from different democratic, humanist secular backgrounds.* It is also a Forum to share among such health activists/analysts one’s concerns, ideas, fears, joys, and sorrows. ‘MFC culture’ has been secular without specifically saying so. However, given the current socio-political culture in the country, now there is the need to state that MFC’s ethos has been *secular*.

Not everything has been nice and smooth. There have been sharp differences, sometimes bitter and there have been kind of fights also – all these things did lead to some hurts and even some drop-outs (some of which were ego-based also). Some of the members who were once very much centrally involved, withdrew completely partly because of disappointments about certain things. Many of the once leading members have left because of personal or other reasons including age-related health problems. Some of them continue to be in touch as per issues/situations that come up. Some encourage newer contacts to attend MFC meet to get introduced to the

MFC-process. Foremost among them is Ravi Narayan who has not been to the MFC meet for decades but continues to encourage newer contacts to participate in the MFC-process.

MFC continues largely to be comfortable place for all of us partly because in MFC, there has not been a fertile ground for power struggle. MFC's functioning has been *totally transparent; no money/property has been involved* in MFC affairs. Secondly, MFC at national level is primarily *a discussion forum, a thought current*. Therefore, unlike say in an action-group, no unanimity, co-ordination, and significant resource mobilization is required and therefore no high stakes are involved. But it's also a bit creditable that we, leading MFC members, have not been too egoist or irresponsible to spoil relations in MFC just because of some differences on some issues.

Secondly, through MFC discussions, people like me have been learning a great deal in Community Health, and Social Medicine while discussing, debating various issues in a holistic manner in different concrete situations. In annual meets we meet different pro-people activists/analysts from different areas and different socioeconomic and cultural situations who engage sincerely with different health dilemmas. The sincerity, the passion, the actions taken and their successes, failures have been educative for all participants. This self, mutual education occurs more in MFC because this is the only national platform whose meetings are not focused on presentations by 'knowledgeable' people but on discussions in a somewhat detailed, intense manner.

In many MFC-meets there has been the conscious policy of not beginning a session on a topic with a presentation by a lead-person. Instead, the homework by a small team is shared in the form of a series of key questions related to the issue. This is taken up for

discussion which would be co-ordinated by a facilitator. Whenever it is decided that for a particular topic the discussion would begin with an individual presentation, the presentation is generally given only 15 minutes followed by discussions. *In MFC meets half the time is consciously kept for intervention from any of the participants*. In most other fora, most of the session-time is spent on presentations after spending time on formalities like introducing the speaker, chair etc. Some perfunctory discussion follows. Intense, detailed discussions occur if at all, in small groups outside the hall over tea etc. In MFC meets this process of indepth discussions starts right in the session time. Since I am interested in detailed, in depth discussions, I have stopped participating in other conferences but have tried to participate in all the MFC meets! I think *MFC is an Open National University for mutual learning in Community Health* and to foster pro-people detailed, intense discussions on the critique of health care in India as well as to foster experiments in alternatives. I am happy to continue to be one of its regular student/teachers. Unlike the commercial outfits called "Open Universities", in 'MFC Open University' there are no admission or tuition fees!

From 1974 for more than three decades, the *MFC Annual and Mid-Annual meets* as well as *the MFC Bulletin* were the only regular, ongoing mechanisms at the National level for health activists in India for dialogue, debates, and sharing. Extremely good quality exchanges took place in the Bulletin, especially in the Mid-annual and Annual MFC-meets. Unlike in the dominant, conventional academic circles, in MFC, *theoretical ideas are analysed by health-activists in the light of their grass root experiences*. The MFC Bulletin and the MFC meets provided a lot of very valuable food for

thought and action for generations of health activists/analysts through the dialogue and debate among intellectual type activists and much grounded health workers, activists. Many of those who left MFC for personal reasons continue to be influenced, guided by the MFC perspective. The *three anthologies* of selected articles from the MFC Bulletin have helped generations of health activists in India to develop a pro-people understanding of health and health care issues in India.

Let me add a rider about the discussions in MFC - In MFC meets, since health-activists from different areas, backgrounds across India engage in fairly intense discussions and since the format of the discussions favours maximum participation, inevitably, there are always some who take a lot of time to make some mundane point or some who speak very confusingly or too much. Therefore, to some participants it may appear that 'non-serious', amateurish discussions are taking place. But in my experience, taken as a whole I do not feel that I wasted a lot of time in participating in a MFC meet (like I have felt about some other conferences) given the context that many excellent interventions, many insightful comments, sharing of experiences are made in MFC meets.

Thirdly, MFC has been a forum for *making, strengthening solidarity, friendship among pro-people health activists/analysts with shared ethos*. Many MFC members keep coming to the MFC meets for years on and a lot of person-to-person dialogue keeps happening among like-minded MFC-guys. We come to know about each other's work, lives, dilemmas etc and we have in depth discussions around a whole range of issues of common interests.

In all MFC meets, there is a *post-dinner "sharing session"* on the first day in which

we all sit in a circle, generally on the floor to listen to whosoever wants to share anything; not necessarily about health issues - new things happening in one's work, area, state, new problems, ideas are put forth and discussed. This includes sharing on political issues as well. Then the singing session starts which can continue for quite some time. All these together create quite an informal atmosphere of being together in the movement for a distinctly better health care in India. It also fosters personal interactions in the rest of the meet between older and younger participants, intellectuals and grass root activists, men and women from different areas, cultures. All this has been leading to bonding among a range of health activists. I don't see such post dinner sessions and such bonding happening in any other national health forum.

Limitations and organizational decline of MFC

One basic limitation is the *social composition of MFC* which continues to be deficient in adequate representation of activists from lower class, caste, or other deprived backgrounds. How to overcome this deficiency in concrete terms has not been discussed, though some discussion has taken place in recent years. For any national organization in India, the *discussion tends to be in English*. In MFC also, discussions are mostly in English and some in Hindi. However, Hindi is not understood by many from the South and concurrent English-Hindi bilingual translation during the sessions is difficult to arrange. This itself puts a limitation and I am unaware how any parallel pro-people current has overcome this problem. Secondly MFC continues to have *much higher proportion of doctors* as compared to other health-workers. I hope, these problems will somehow be overcome in coming years.

MFC has been *primarily a National level discussion forum* for health activists/analysts, a thought current even though this character of being primarily a discussion forum was *not envisaged in the beginning*. Founding members of MFC and those who joined in the first couple of years – all of us wanted to overhaul the health-system and also the socioeconomic system. In the initial years there was a lot of stress on action by MFC to march towards our common goal. But we realized that to be a national action group/organization in such a vast country with such great diversity requires much greater unanimity on the objectives, and the path to be taken. It also requires a band of committed, capable activists, some of them full time, who can devote quite an amount of energy and time for organizational work. Since the leading, founding members of MFC were also very keen to get into some local level health-action on the ground as a priority, there was hardly anyone who had the time for co-coordinating an All India level work. It's a *limitation of MFC that it did not evolve into such an action group*. After some failed attempts, it was broadly agreed that MFC would primarily be a national level thought current, a discussion forum for health activists/analysts.

Many MFC-members have been active at local level. Local MFC action groups were formed in Vadodara, Mumbai, Vellore, Wardha etc. Regrettably this trend did not grow. It is to be noted that MFC as a collective did some practical work on some national level issues a couple of times – MFC intervened after *the Bhopal Gas Disaster in 1984*, after the communal carnage in Gujarat in 2002. In the seventies and early eighties, during MFC discussions, there was quite a critique of anti-people role of the profit-centred pharma companies through many brainwashed, co-opted doctors. We also critiqued the unscientific, anti-people pharma policy of the

govt. These discussions contributed to the formation of a much broader national action-coalition of many organizations on pharma issues – the *All India Drug Action Forum—AIDAN*. But overall MFC's limitation has been that it remained primarily a discussion group/thought current.

What is more regrettable in my view is – *the decline of the MFC Bulletin especially in last 10 years*. The MFC Bulletin was a monthly since its inception in 1976. However, it occasionally became bimonthly from late 1980s, then regularly in the 1990s. So far this was OK. But then frequency reduced further after 2000 and from 2015 the printed version became only an annual production. MFC bulletin as a printed magazine was stopped since 2015 because even after a tradition of about 40 years, we did not have enough subscribers whose subscriptions would pay for the printing of the Bulletin! Since now almost everybody is on the internet, it was decided to have only the online Bulletin instead of closing it down completely. Since online MFC Bulletin is available free of charge on the MFC's website, the discontinuation of the printed bulletin was felt less acutely. From 2015 only Annual Issues were published. These Annual Issues consisted mostly of the papers, background notes for the Annual Meet for that year. These Annual Issues were quite substantive, and this was some satisfaction. Printed copies of these Annual Issues are available at the Annual Meet. But there has been a further decline. Even this online edition of the MFC Bulletin has stopped from 2021 with the onslaught of the Covid 19 epidemic and it has not been revived till now! However, for the 50th year Annual Meet a special online issue will be published.

During last almost 15 years, only two editors took responsibility for editorship - S. Srinivasan ('Chinu') April 2004 to April 2016

and R. Srivatsan 2016- Feb 2019 with some occasional help from Sunil Kaul. For 15 years these two carried the burden of finding, soliciting, editing material for the Bulletin. Overall, the prospects do not look very good as regards continuing the MFC Bulletin. Deficient interest and commitment by MFC members to the Bulletin is a very serious problem.

The *MFC e-group* has provided a good opportunity for discussions via e-mails among the subscribers of this group. It has partially replaced the MFC Bulletin as a medium for discussion, debate. Obviously, MFC e-group cannot replace the MFC Bulletin. It is not clear whether MFC members have stopped writing for the MFC Bulletin because now the MFC e-group is the convenient channel for communication among its subscribers or it is because the Executive Committee and editors are not making adequate efforts to solicit articles for the Bulletin. The bitter truth is that MFC Bulletin publication has stopped; what is worse, nobody is saying anything about it on the MFC e-forum!

Organizational amateurism is a limitation of MFC. Not even ten MFC-members are involved in shouldering the responsibility to run the MFC affairs year after year. These MFC friends are, as mentioned earlier, there have been only two editors in the last 15-20 years. A couple of friends maintained the MFC-e-group (mainly Ravi D'souza). MFC website has been maintained by Sridhar and now Sunil Nandraj; they have borne the expenses for it from their pocket. Convenors have been changing every 3-4 years but Manisha Gupte has been shouldering the responsibility of managing the registered office for more than 35 years! Hats off to this small team! But obviously it is not fair and sustainable that a national outfit with a history

of 50 years is based on so little organizational strength and commitment. The bitter truth is – though MFC e-group members get the opportunity to discuss through the e-group whatever they wish to discuss on health related issues, hardly anybody is willing to spare time and energy to take the responsibility for running the show!

After 50 years, MFC still remains *a very small entity with a very feeble voice and very little impact on healthcare thinking in India*. The fundamental critique by MFC as articulated in the MFC's brochure remains the same; there is no dilution in the perspective and the perspective is validated again and again as the situation unfolds. But MFC remains a small outfit with a feeble voice, which is a far cry from its original aim! Jan Swasthya Abhiyan (JSA) is the broad-based action-coalition of pro-people health organizations in India which emerged in 2000 and MFC has been part of it. JSA's goal is to build a broad-based people's movement for "Healthcare for All". While continuing its nature as the pro-people platform for intense discussions on critique of healthcare in India and fostering experiments in alternatives, MFC can play a role in JSA. Though some MFC members have sometimes done this, overall MFC as a collective has been inactive in JSA.

During last 3-4 years Priyadarsh, Savitri and some others from Sevagram Medical College Wardha have been making efforts to energize MFC. I hope, this process gets strengthened and MFC is able to overcome the organizational decline mentioned above. Such revival has happened in the past. I hope that this will happen again.

Email: anant.phadke@gmail.com

MFC and I

C. Sathyamala

Editor 1986 to 1989 and 1995 to 2000

“Friends, Romans, countrymen, lend me *your ears*:

I come to bury Caesar, not to praise him ...

For Brutus is an honourable man;

So are they all, all honourable men.”^[1]

It was in 1978 (or thereabouts) that I got to know of MFC through Mira Sadgopal (Kishore Bharati, Palia Piparia), Binayak and Ilina Sen (Friends Rural centre, Hoshangabad). This was at the time when I was in the process of adapting David Werner’s *Where there is no Doctor* for the Voluntary Health Association of India (VHAI). Later Mira introduced me to Imrana Qadeer (JNU, Delhi) who gave me some literature on the political economy of health (a term I was not familiar with then) which I found fascinating read.

Then in mid-1979, I got in touch with Anant Phadke while employed in Aroles’ Comprehensive Rural Health project (CRHP), Jamkhed, Maharashtra, as a resident doctor in their sub-centre. One of CRHP’s programme was to organise young farmers’ clubs in the project villages and, not knowing Marathi, I wanted to share with the members some progressive literature in their language. Mira had suggested Anant’s name and I wrote him. Anant sent some copies of *Magowa*. However, the Aroles were unhappy when they came to know that I was distributing these copies. I had genuinely believed the Aroles when they stated that these youth were to become ‘agents of change’^[2] and had thought that they would be pleased with my efforts towards that goal. They then stopped me from interacting with the young farmers club members and said that I should stick to providing clinical care.^[3] This and several other issues which showed the dissonance between the project’s claims and the ground level reality, made me leave CRHP within eight months of my life there.^[4]

So, it was one of life’s ironies that, at the urging of Mira Sadgopal, the first annual meet of MFC I attended was at Jamkhed in January 1980, a few weeks after I had left Jamkhed. It was MFC’s VI annual meet on the topic of Community Health Worker in which, ‘in contrast to the theoretical approach of previous Meets, a two-day field study approach was adopted which formed the basis for discussion’ (Sadgopal, 1980).^[5] It was a stormy meet in more than one way.

Then came a question as to what learning inferences do we draw from the Jamkhed experiment at the end of our meet here. Most of the members present on the last day (General Body meet) felt that there were many spectacular achievements of this project which must be appreciated. But they could see many limitations of the project, specially when they looked at it with a view to duplicate the model in their areas. Many people felt that MFC should publish these observations frankly. This turned in to a hot controversy. As a courtesy to Aroles, Binayak Sen as a convenor had assured them on their asking at the outset that “We have not come to evolution [sic] but to learn.” The spirit of this assurance was appreciated by all, but now several contradictions were seen. How can anyone really learn without evaluating? Secondly as it had happened that, at the start of the General Body Meeting a whole unplanned session got devoted to gathering together of distilled impressions of the Jamkhed project which was nothing less than evaluation. How could we remain honest?

And what was the use of all the efforts put in the meet by MFC and the participants if we were prevented from crystallizing, circulating and discussing our observations and inferences of the Jamkhed project. This would hinder the process of learning. Ultimately it was decided that as MFC was honour bound not to write or publish an evaluation report as a outcome of this meet, 'the participants should keep their inferences with themselves and only a general, descriptive report of the meet should be published in the Bulletin. This report has been written within these constraints. (Sadgopal 1980).

This was my first introduction to the heated exchanges that were the norm those days. I thought, hmmm... interesting! At a personal level, I found a dominant culture of machismo, a 'holier-than-thou' attitude and although not obvious, a hierarchy that reflected the power structure within a health care institution. I wrote about my experience of this first contact with MFC in the 25th anniversary issue of the bulletin (Sathyamala 1998).^[6] More on that later.

My next interaction with the mfc members was in Pune in 1982 during the Drugs Meeting (precursor to the AIDAN) organised by three of us from VHAI (Mira Shiva, Chinu-Srinivasan and self).^[7] In this meeting, a decision was taken to launch a campaign against the use of EP drugs (high fixed dose estrogen-progesterone combination drugs that were being used as hormonal pregnancy tests, abortifacients etc.) and I agreed to coordinate the campaign. This was when I interacted with Anant closely as he handled the campaign from the mfc side. This campaign launched the movement against the pharma companies in India with women and health groups working together. Then in 1983, there was the mfc's disastrous annual meet on 'prejudices against women in medical care' in Anand. I had written two background papers for the meet: one on birth control versus population control and the other on the sexist bias in medicine – both, unfortunately are

untraceable. During this meet, I was put in a peculiar situation: I was viewed with suspicion by the women's groups because they saw me as 'mfc' and the mfc (men) saw me as part of the women's group.

By 1986 I felt adequately secure as an mfc member to take on the editorship of the bulletin. I had just published the co-authored book *Taking Sides; The choices before the health worker*, had participated in MFC's first study on Bhopal and had coordinated the pregnancy outcome study.^[8] Although I had little idea about publishing, it was Mr George the owner of a printing press in Green Park, Delhi, who, with great kindness, initiated me into the mysteries of offset printing and dealing with the 'proofs'. He also charged us (MFC) a nominal bill.

The way we were:

I think it is important to convey at this point what it was like in those days without a computer and mobile phone which is taken for granted today. We communicated through postcards and inland letters of the Indian P&T services. Quickest way of communication was via telegrams and landlines (but many people, including me, did not possess a landline).^[9] The MFC Bulletin was initially printed by letter press (one can see it in the uneven rows) and later by offset.^[10] There were many typos and errors due to lack of adequate volunteer human power to oversee its compilation, proof reading, editing and production. Every two years or so, convenorship and editorship moved from place to place with the only stable point being provided, for a number of years, by the Pune address (50 LIC quarters), the residence of Anant and Sandhya Phadke where the Bulletin was registered.^[11]

Every year, there were two meetings, the annual and mid-annual (core group). The annual meetings were open to all, and the mid-annual was attended by those who had organizational responsibilities or were involved/interested enough to contribute to the organizational growth in preparation for the

theme of the next annual meeting. Everyone paid for their own travel and stay. Attendance fluctuated depending upon the theme; sometimes we had a big turnout, sometimes not. MFC was truly 'loose knit' as there were no bindings on people (except for the office bearers) to attend meetings. There was a membership fee and bulletin subscription fee but no mechanism to ensure that they were paid regularly. Subscriptions fluctuated anywhere from 200 to 450 and approximately 400-500 bulletins were posted, irrespective of subscription status.

Every month, addresses and stamps had to be stuck on the bulletin physically and postcards sent repeatedly asking that subscription fee be paid.^[12] Later, the monthly became a bi-monthly to accommodate lengthier articles. There was an editorial committee which did not overly trouble itself and often the editor carried the burden solely, single handed. Bringing out a bulletin with regularity was a bit of a challenge (an understatement). Often, the editor and the person taking responsibility for printing lived in two different cities. When the roles got combined, the editor ended up with the combined task of soliciting for articles to fill the pages, getting it printed and posting them to the subscribers (like I had to do during my editorship). MFC bulletins were often a potpourri of arguments, thoughts, outpourings, with some original full length contributions, a *jugaad* of sorts.^[13] However, today when anthologies are being compiled from the bulletins for the 50th anniversary celebration many are discovering (and re-discovering) the treasure trove the bulletins are, both as a chronology of the health movement and for the multi-faceted incisive comments on the historical shifts.

There were no paid workers/employees and all labour put in any activity related to the bulletin or organization, were unpaid and voluntary. There were no bindings on the number of days that members had to devote for MFC; we all contributed whatever and

whenever we could, given our other work commitments both outside and at home.^[14] There was no designated 'office' and we lent our homes and addresses for such purposes; sometimes found office space in others'. The bulletin was mostly in the red (I am not referring to the red circle)^[15] and budget deficits were made good by donating from personal funds. I think we were a bit of a nightmare to the Chartered Accountant (at least I know I must have been one) because of poor book-keeping due to inexperience and all this constant moving.

At that time, all the wealth we had (copies of MFC books/old issues of bulletins/ files related to administration etc), could fit into 2-3 trunks which moved along with the convenorship.^[16] MFC did not seek external funding (within the country or outside) to support its activities. For special situations, such as the Bhopal study, funds were accepted from Indian groups. One time (I don't remember which year), there was a discussion as to whether MFC should seek funds and the idea was vetoed because of lack of consensus. MFC is not registered under the FCRA regulation.^[17]

We travelled by rail (ordinary second class) even if it meant long hours and, at times, days of travel. One among the many reasons for choosing Wardha for MFC meeting was it was well-connected by rail and was almost equidistant from east to west and north to south. It was the time of the 'voluntary' sector as the term NGO was just coined and salaries in the voluntary sector were extremely modest.

It was at a time when public health was taught as PSM/SPM (Preventive Social Medicine) when, even in some of the best medical colleges, the department was housed in one sad corner of the plot. The popular image of PSM was that only those who did not get into one of the sought-after specializations (here too there was a hierarchy with Eye, ENT, Dermatology, anatomy, physiology at the lowermost rung), 'chose'

PSM to specialise in. It was at a time, when to ‘do’ public health was not considered cool at all and the concept of a public health degree without a basic medical degree was just beginning to gain legitimacy. The Alma Ata declaration had introduced the notion of ‘community’ and ‘community health’ and the concept of village health worker (VHW) were just beginning to be popularised. David Werner’s *Where there is no doctor* and Ivan Illich’s *Medical nemesis* [18] had hit the stands and de-medicalisation, demystification were the new buzz words. And it was long before globalisation outsourced services including public health in capital’s search for cheap labour.[19]

For many of us who had begun to question modern medicine and its limitations and felt ‘outcasted’ from the mainstream medical community, and who walked to a different drummer, MFC came as a breath of fresh air, breaking stereotypes and challenging the dominant clinical paradigm. Here was a set of intelligent, passionate, and committed medicos in search of alternatives. But moving out of mainstream medicine, there was a critical need for validation and, for many of us, MFC did provide it to a certain measure. Debates and discussions were not always even or pleasant and meetings could sometimes become stormy, but we got along and though we were not necessarily all ‘friends’, friendships when found were genuine. [20] But most importantly there was mutual respect even though at times grudgingly bestowed.

The role of mfc and the influence it wields:

MFC has had an identity crisis from day one, well, almost! In an editorial entitled ‘it is not a fish... it is not a fowl’, for the 25th silver jubilee year of mfc, I summarized it as:

MFC is an organization. No, it is a circle of friends. No, it is a thought current. No, it is not even an effective thought current. MFC should debate issues. No, mfc should act. No, mfc is only for Mitra Milan. No, mfc should take stands. MFC has missed the bus. MFC

members are unfriendly. MFC is like a family. The Bulletin serves no purpose. Bulletin must continue. Close the Bulletin. The Bulletin is MFC’s life line. Let us decide once and for all what is mfc. How can we decide once and for all what is mfc? MFC is not professional enough. MFC is too elitist. MFC which way to go, which way not to go. (Sathyamala 1998) [21]

Recently, there was some discussion on the use of the term ‘thought current’, in a jesting manner. Personally, I do believe the term thought current is quite apt as the ‘thinking’ within the mfc has electrified action elsewhere just as thinking elsewhere has electrified mfc – for instance, the annual meeting on ‘the prejudices against women in medical care’ at Anand. In fact, I would term MFC as an ‘epistemic community’ defined as:

A professional network with recognized expertise and competence, and a claim for policy-relevant knowledge, in a particular domain (Haas, 1992).

A group of people with shared knowledge, expertise, beliefs, or ways of looking at the world: for example, ‘the scientific community’, a group of professional specialists, or a school of thought. [22]

...epistemic communities are expected to do three things to achieve their policy goal: first, actively disseminate their views and arguments. Second, gain access to decision-makers, either by gaining their attention, or by ‘[consolidating] bureaucratic power within national administrations and international secretariats’ and shaping policymakers’ preferences from within. Finally, convince decision-makers of their preferred policy solution. [23]

MFC as an *organization* may not have been invited to participate in policy making but many of the mfc members have participated in important committees (national, international, government, non-government, professional bodies) and surely

‘mfc thinking’ did percolate and permeate into policy making through such activities. If one considers the number of attendees of the annual meets over these years and the readers of the bulletin (not just subscribers) it has had quite a wide circle of influence in providing contrasting viewpoints on almost all aspects of health and medical care. MFC has been a treasure house of resources and an excellent (critical) sounding board with original thinking.

The document entitled, ‘Organizational development of the medico friend circle: a brief overview’, dated June 1988 (author unknown) is an interesting document written at a time of one of MFC’s many crises and ends by stating, ‘Many activists, look upon MFC as a source which would give them a critical, non-medicalized viewpoint about different issues in health.’^[24] I would add to this that mfc members have also been able to provide perspectives on contentious issues based on rigorous research, for instance the contribution to the campaign against injectable contraceptives, and the global polio eradication initiative. A recent request circulated in the e-forum that ‘a senior activist from a Women’s Organization had asked - What is our [mfc’s] position on the Govt of India’s HPV vaccination programme being launched in 7 states?’, is a testimony that even today mfc is looked upon as an organization that can help non-medical organizations take pro-people political stands on contentious health technologies. It is also a sad comment that today there does not seem to be any takers. MFC, unlike many other organizations is not associated with just one or few individuals. But, for sure, some ‘icons’ among the NGOs/ academics cut their teeth in MFC.

Why has mfc not grown?

One major reason, in my opinion is that at the time MFC was started during the political turmoil of the mid-1970s, there was indeed a longing for a different world. After a while the collective search for answers became individual quest for results with members

engaging in alternate experiments. Moreover, in the 1990s, with the emergence of the NGO sector, organizations engaged in knowledge production (research, publications) too mushroomed weaning potential energy and personnel away from MFC (true for other social movements as well). Funded, with full time workers, they were/ and are in a better position to carry out such activities, oftentimes generating excellent work. A conflict of interest then existed and continues to exist: which one to nurture? one’s own organization or the MFC. Which one to prioritise? Which cap to wear and when? This is not to minimise the support given by NGOs associated with MFC members that has been important for the survival of MFC. The question is about priorities and apportioning of time and energy. I witnessed such debates in other non-funded autonomous organizations as well.

This naturally led to attrition. There were other reasons too for attrition. MFC has not experienced splits, part of the reason being that there has been nothing much to fight over in terms of coveted assets, whether money or power.^[25] While there were power conflicts, there was no serious attempt at ‘capturing’ power. There was certainly some social capital, but it was accessible and quite easy to dip into.

People just left when they felt they could not win. I too am one of those who moved out of active involvement in MFC, and I am not the only one. A meeting in Calicut, before I joined MFC, was said to have been one of the stormy ones and one of MFC’s watersheds after which there was an exodus. I think the last MFC meet I attended was the one in December 2006 in Bangalore. In my case, the way the general body meeting of 2000 handled the issue of a political piece I wrote in the bulletin left me shocked and deeply traumatised. This was not because of the charges which I had rejected even then, but because not one person defended my position, of the ‘personal also being political’, particularly after I had been lauded earlier by

some mfc-ites for the courage to write this ‘important’ piece!^[26] The irony was that just that year, I had contributed five years of free labour towards the writing and publishing of the Depo-Provera monograph as an MFC publication. Though I had made my decision to leave MFC, it was not easy for me to break and leave because at that time my life and identity were entwined with that of MFC as I had made it my priority for many years. It took me six years to say goodbye in a definitive way.^[27] Today I have no rancour. Looking back, I can only marvel at what a storm it was in a tiny cup. Do I regret writing that piece in the bulletin that invited the disciplinary action of the collective? No, not a single bit. Will I write such a piece again? Perhaps, if the situation demands it, but it will be more sophisticated, I will be a bit more selective of the forum and also know how to defend and protect my interests better.^[28] Most of all, I am glad that it is there as part of the history of MFC to learn from. I lost a few friends, (*dost, dost na raha, pyar, pyar na raha*) but I gained some critical insights and valuable life lessons. Parenthetically, the resolution taken in the 2000 Annual Meet to formulate a formal editorial policy was not realised.

Should MFC continue?

This is a story I don’t think I have shared with anyone. In January 1995, despite grave misgivings, I took over the editorship of the bulletin for the second time because the publication had become extremely erratic and the then editor wanted to hand over the responsibility of the bulletin to someone else. And no one was willing to accept the responsibility and it seemed like the closure of bulletin was all but certain. It was also at a time when there was a serious discussion about closing MFC.

Around that time, I was in the Naga hills of Manipur to attend the wedding of one of our Naga friends. The late Fr. Thomas Kocherry, who was the then chairperson of the

National Fishworkers’ Forum and a friend of mine, was also there to attend the wedding.^[29] He was a ‘movement’ person I respected greatly, and I discussed with him the problem MFC and the bulletin were facing and that I was in a great dilemma if I should take up the editorship as there was no one else willing to. I have always maintained that the bulletin was the life blood of the organization. My misgiving was because of the conflicts I had had with MFC in the past, which included the reason why I had been asked to give up the editorship the previous time. Fr. Kocherry gave me sage advice. In movements, he said, like tides, there comes a time when it is in an ebb for many reasons. It is at this point, when hope is low, that someone needs to pitch in and see it through the lean phase till it becomes attractive enough for others to join in again and the organization regains its health. It was on this advice that I decided to take up the bulletin’s editorship for the second time (even though I had no infrastructural support) and gave it a stability for the next five years till 2000 when karma once again bowled me a googly!

Fr. Kocherry’s advice still holds. MFC has functioned as a relay race with the baton passing from hand to hand; sometimes there was vigour sometimes there was not, but there was always someone to take it before it hit the ground. Today MFC is at a low ebb and probably has been for some years. I had not realised that the publication of the bulletin stopped a few years ago. We need people to see it through this phase and I find it difficult to believe that there is no one to carry on and help tide over this phase. In November-December 1998 issue of the bulletin (25th anniversary issue) I wrote:

... in the next few years, we in mfc are going to face a crisis around the issue of communalism; on the question of who is an Indian; on the rights of the minority to exist not on the largesse of a majority but as equal citizens less to none in the polity. It will be

another litmus test. It does not require great powers of prophecy to predict this. It is the sign of the times we live in. ^[30]

I am a founder member of four NGOs (am associated with only one of them now) and have been a paid employee in five others (three of them were during the ‘voluntary sector’ phase).^[31] But I take most pride in my association with MFC and Saheli (organizations that cannot be categorised as NGOs), since they both attempted to function in a collective democratic way and were seriously engaged with socio-political issues.^[32] In my PhD thesis (defended in 2016), under acknowledgements, I wrote, ‘To the Medico Friend Circle, an organization that I am privileged to be a part of, I am grateful for all the years of intellectual input and friendship.’

I am still invested in the idea of MFC and have continued to remain in touch through the e-forum.^[33] We have survived for 50 years without paid workers, with very little financial support and have survived conflicts. MFC needs to survive whichever form it takes. Nature allegedly abhors vacuum. We cannot allow non-democratic forces to occupy the place we vacate. The need for an organization like MFC has never been greater. I see MFC as a ‘think-tank’ organization providing critical analysis of the health problems in our country. This is not in opposition to ‘taking action’. For my part, I am still willing to contribute to the continued existence of the organization (or the bulletin) in ways possible within my means.

*I am a gatherer of thoughts,
wanderer of the nights,
keeper of shrines,
burnt as a witch,
I rise from the ashes,
so others can gather...*

(Sathyamala, 2019) ^[34]

Acknowledgements: During the two periods of my editorship many provided support. For printing: Mr and Mrs George (Kalpana Printing House, New Delhi) and Santosh-ji (Colourprint, New Delhi); Santosh-ji also provided the formatting service and printed the Depo-Provera monograph at a very reasonable rate. For office space and mailing address: Centre for Education and Communication (particularly the Late E. Deenadayalan), New Delhi, Mr. Sultan Basha, and the residence of my parents. Folding bulletins, sticking stamps, and posting: several friends but notably Vamadevan, Ravindranathan, Snehalata Gupta, Rajeev Singh, (the late) K. Satish, and Malika Viridi; Ratna Mathur for picking up the proofs and the bulletin issues on a regular basis. The several convenors of this period: Dhruv Mankad, Narendra Gupta, Ravi Duggal, Anand Zachariah, Madhukar Pai and Prabir Chatterjee. Although I can mention several highlights of this period, the annual theme Meet on ‘Emerging and re-emerging infectious diseases’ holds a special place. The intensive preparation that went into its organization by the convenors of that time (Anand, Madhukar and Prabir) with the support of the CMC and SOCHARA team can be witnessed in the bulletins published during this period. Many mfc members sent in original articles. It is a pity that the collection of these excellent articles written for the Meet was not put together as an anthology.

Finally, I wish to acknowledge my parents. They never understood why their daughter, on whom they had spent their life savings to put through an expensive medical college, was spending her time sticking stamps; yet, by not withdrawing their support they provided a point of stability in my otherwise turbulent life.

Email: csathyamala@gmail.com

[1] Mark Antony's speech at the funeral of Julius Caesar

<https://www.poetryfoundation.org/poems/56968/speech-friends-romans-countrymen-lend-me-your-ears>

[2] See Arole, R.S. (1980) 'Comprehensive rural health project, Jamkhed', <https://www.mfcindia.org/mfcpdfs/MFC049.pdf>

[3] With the farmers club members, I had also tried to do a small survey on their profile and activities which showed that they came from landed families.

[4] During that time, I had sought admission for MPH at Johns Hopkins University in the department that Carl Taylor was heading (International Health). Both Carl Taylor (who was visiting Jamkhed) and Dr. Arole offered sponsorship provided I was willing to sign a five-year bond with CRHP. The MPH carrot was not tempting enough for me to stay on. I was seen off with the label 'freelancer' and a rolling stone that will never gather any moss. As an aside, I have often wondered why gathering moss is considered virtuous.

[5] 'VI All-India annual meet of MFC at Jamkhed 24-27 January 1980' MFCB 52. <https://www.mfcindia.org/mfcpdfs/MFC052.pdf>

[6] <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/MFC-bulletin-25-years.pdf>

[7] When I had left Jamkhed, I joined VHAI as part of a two-member community health team.

[8] Some aspersions were cast on my competence to be the editor the bulletin, given the fact that I was 'only' an MBBS.

[9] The last telegram of the Indian telegraph services was sent on July 14, 2013, at 11:55 pm having been outpaced by new technology!

[10] It was registered as both English and Hindi newsletter, but the Hindi part reduced to nil after a

while with no contributions.

[11] Later, taken over by Manisha Gupte, once again providing ongoing stability over many years. The other point of stability was provided by Chinu Srinivasan as the editor of the bulletin, again for several years.

[12] I used to joke one time that if all the stamps and addresses I had stuck on the bulletin and the postcards I had written were to be laid in a row, the line would go from Kanyakumari to Kashmir, twice over!!! (not really, but you get the point). During my second stint as the editor I received a monthly honorarium of Rs 1000/- for two years from the GM Trust, through the good offices of Anil Pilgaokar.

[13] *Jugaad* ... 'refers to an innovative fix or a simple work-around, a solution that bends the rules, or a resource that can be used in such a way. It is also often used to signify creativity: to make existing things work, or to create new things with meagre resources' (<https://www.shabdakosh.com/dictionary/hindi-english/%E0%A4%9C%E0%A5%81%E0%A4%97%E0%A4%BE%E0%A4%A1%E0%A4%BC/%E0%A4%9C%E0%A5%81%E0%A4%97%E0%A4%BE%E0%A4%A1%E0%A4%BC-meaning-in-english>).

[14] If I remember correctly, Anant Phadke allocated 15 days monthly for MFC's work for a few years.

[15] There is a story to the red circle, quite prosaic, not what it appears to convey (see <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/MFC-bulletin-25-years.pdf>)

[16] I think the only publication of mfc that not only covered its cost of printing but made a bit of money was the Depo-Provera monograph. In the initial years, the publication and distribution section of VHAI (Augustine Veliath) provided help with the production and distribution of the first three anthologies.

[17] I learnt from the document uploaded on the mfc website that MFC had taken Rs 10,000/- from Oxfam for printing the first two anthologies (5.4) <https://mfcindia.org/wp-content/uploads/2023/02/MFC-Organisational-Development-A-Brief-Overview-June-1988.pdf>

[18] Full title: “Medical nemesis: Limits to modern medicine: Expropriation of health”. I was also influenced by Illich’s other book “Deschooling society”.

[19] See Sathyamala (2006) ‘Public Health Foundation of India: Redefining Public Health?’ <https://www.epw.in/journal/2006/30/commentary/public-health-foundation-india-redefining-public-health.html>). It was a commissioned article by the EPW. Even given this perspective when the PHFI’s license under FCRA was cancelled in May 2017, I was also one of those who agreed that MFC should send a letter of protest.

[20] Several years ago, there was a debate on how to define a ‘friend’ and whether MFC was a ‘friends’ circle or not.

[21] <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/MFC-bulletin-25-years.pdf>

[22] <https://www.oxfordreference.com/display/10.1093/oi/authority.20110803095755941;jsessionid=285CEAC79DF14E6469F0B9BE64BCDC4D>

[23] https://academic.oup.com/eurpub/article/28/suppl_3/7/5149569

[24] <https://mfcindia.org/wp-content/uploads/2023/02/MFC-Organisational-Development-A-Brief-Overview-June-1988.pdf>

[25] Our yearly budget would probably fall under the criteria of ‘petty cash’ in several health NGOs.

[26] See Bulletin and Editorship, Minutes of the 25th Annual General Body Meeting of the Medico Friend Circle. <https://www.mfcindia.org/mfcpdfs/MFC270-273.pdf>

[27] I followed the adage of the sangam poet Avvaiyar on self-respect, that one should not cross the threshold of those who do not respect one: ‘மதியாதார் தலைவாசல் மதியாதே’. The full quote is மதியாதார் முற்றம் மதித்தொரு கால்சென்று மதியாமை கோடி பெறும்.

[28] This is why I did not participate in the mfc webinar on Bhopal held last year.

[29] To read about him: Sundar, A. (2014) ‘Thomas Kocherry: A Powerful Voice for Fishworkers’ <https://www.epw.in/journal/2014/22/commentary/thomas-kocherry.html>

[30] <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/MFC-bulletin-25-years.pdf> Prophetic or not, the genocide of Muslims in Gujarat took place in 2002. MFC rose to the tragic occasion with a ‘fact-finding’ report entitled *Carnage in Gujarat: A public health crisis*. Also see the editorial by Srinivasan (2002), entitled ‘Of human beings: living, dead and living dead’ in the bulletin <https://www.mfcindia.org/mfcpdfs/MFC298-299.pdf>

[31] I am also the first convenor of the *Bhopal Gas Peedit Sangharsh Sahyog Samiti* that came up in the aftermath of the Bhopal settlement formed by a network of 35 organizations (NGOs, Trade Unions, Political party affiliated and autonomous).

[32] NGOs are by no stretch of imagination are collectives, and often function as individual fiefdoms.

[33] In 2014, along With Dhruv Mankad, I co-edited the special issue of the bulletin on Bhopal <https://www.mfcindia.org/mfcpdfs/MFC361-362.pdf>

[34] First poem I wrote the year following my chemotherapy as I was contemplating life. I have added a line to it in honour of my contribution to MFC.

Memories, Learnings, and Lessons: Glimpses from the Past

Imrana Qadeer

I had promised to respond to Sunil's rather demanding call of reviewing my association with MFC and in the process answer very specific questions, comment on its strengths, weaknesses, and the way forward. At that point of time which was not very long ago, I thought it would be easy but then every time I sat down, I did not know where to begin from. Seventies and eighties were the decades of active involvement, so who was I to comment on its trajectory over fifty years?

Yet, I am flooded with memories of those intellectual and emotional interactions, and the excitement of searching, trying, making friends, and also labeling each other. Yes, we assumed we knew and we could define those we met! One such character who I was told could be a CIA agent, I ultimately chose to marry! That is why when I am called a Marxist who intervened in those early MFC days I cannot help but laugh, because I was just an unhappy doctor with a certain background that made me see things in a certain way, uncomfortable and as inadequate as anyone else. Actually I was just beginning to become a student of public health for in my education, this subject had no place.

I am flooded with memories of young faces such as the ever competent Ashok Bhargava and the gentle Ashwin Patel who came to convince me to join MFC. They were much more politically savvy and active than I was despite my years and being in JNU; of an American looking girl with wrists full of red lac bangles and the Bindi and her most charming smile - none other than our very own Mira Sadgopal rooted in India. Anil Patel who despite his very different training in epidemiology was ready to listen to another view point and we instantly respected each other. Abhay and Anant often wary of me but

very tolerant and very sharp in their insights; Lalit Khanra who shared much of my perspective and Kamala Jaya Rao whose serene personality brought reason and civility into debates; Kamala Bhasin and Dunu who dug trenches to be used as latrines in Kishore Bharti.

There were those whom I met only once but the bonding was instant, like Ratna, the cardiologist from Bombay who believed that the American and German stents popular among cardiologists were only marginally different, if at all, from the Indian stents that she considered a better choice. We could help many more people if we used those, she said. Her broader perspective no doubt was less acceptable among her colleagues, but she was steadfast in her belief. This circle kept expanding and was joined by Binayak my babu mushai, Ravi, Amar, Mira (Shiva), Sathyamala, Yogesh, Anurag, Rakhal, and many other - equally important educators for me. This 'manthan' was a powerful mix of spiral and circular thinking processes and its centrifugal forces took me away in the 1990s but never too far, even though my interactions became fewer and infrequent. I did try to reconnect as MFC has been a major educator for me. An important contribution was the effort to include field visits, camps, and surveys; these have been the most provocative learning experiences that left a deep impact on my thinking process.

Ayesha was probably 17 years old. She was the daughter-in-law of a small farmers family with which we spent a night and a day in the village near Kishore Bharti during a camp. The two daughters spent all their time with me, but she was busy doing the housework and stacking hay to make a warm bed for me to sleep but not communicating. I

wondered, till early at four or five o'clock in the morning, I was shaken by her to get up; there she was ready with two tins full of water to take me out. The space for women to relieve themselves was fixed outside the village and except for the wandering pigs no one came and there, Ayesha talked non-stop of her friends, parents, sisters and brothers, of hopes of making a home of her own, of going to the city. She had so many questions to ask that I who was out for the first time, fearing the pig might come too close, not knowing how to socialise as well as manage other requirements, was completely baffled, she however happily carried on! I did try to stay in touch with this wonder girl through the family. First the two young people went to the city, were living in a slum but after some time the thread broke even the family -having problems surviving due to land problems and tuberculosis in the family - did not know where they were and I lost Ayesha.

She has always been there in my thoughts when I read on patriarchy, women's health and work and survival of migrant families. Similar first-hand experiences of health intertwined with real life issues through the involvement in Bhopal gas tragedy (thanks to Sathyamala), the goiter survey in Govindpur with the help of Banwasi Seva Ashram and, MFC's work on the Gujarat Riots and its report were for me – key learnings in public health that I integrated in my work at the CSMCH where students' field work is given heavy weightage in its teaching programs.

However limited my interaction, MFC has immensely contributed to my growth, disappointments and hopes. I had dreamed of regional or local MFC groups working more intensively together to involve interested medical or non-medical students so that the unavoidable gaps of six month did not dampen the enthusiasm and kept the light burning. I had dreamed that those who had field-based projects could come together to design possible ways to generate primary data on

critical issues for which official data confounds more than it clarifies. This could be used to challenge the larger institutions shying from their responsibility to produce relevant national level data. I had hoped that organizationally younger people will be challenged to think about the root causes of ill health through experiential learning and discussions around rather than be protected or promoted to confine themselves into paper writing and listening to talks by seniors.

There was a time when MFC was obsessed with rejecting those working with foreign funds without an open debate on why, when, and how it works. Over time however many of us took recourse to it to run programmes outside MFC. Today the blocking of foreign funds for liberal NGOs tells us that not all of them were converting or spreading terror. MFC also became a place from where others interested in health could pick up desirable participants into their own networks while the group itself continued in confusion whether it is an action forum or an educational platform or a thought current! Obviously, the requirements of these are very different and a clarity of objectives a must. The format of meeting is becoming more and more 'academic', though still open. The motivation for the new members in such formats can only come from secondhand experiences which I believe is not enough. The participation of nurses and non-medical healthcare givers and social scientists has certainly increased which is an extremely positive trend. I hope we have gained some clarity on these aspects in the past fifty years. And I hope too that MFC is able to revive this practice of providing experience rather than only written analytical papers. I believe the former helps us weave our way through the load of readings we do and our own work later in life. It helps choose a perspective and forces us to take sides.

In a time that is so different where religion dominates every thought and every action, how do we take forward these learnings

and those of other members, requires yet another ‘manthan’. I believe MFC too, being an institution, has a religion apart from our private ones - that of humanism. My first lesson in this was taught to me by Ulhas (Jajoo lest there is a new Ulhas in MFC!) the doctor whose goodness calmed the storms in early MFC debates, whose confusions about heated ideological differences and whose faith in friendships and equanimity often acted as a balm for the intellectual aggression in us. He helped me understand that differences (in our paths not objectives) are no bar to warmth and trust if you learn to be transparent and respectful of differences and are ready to debate your biases and ideological understanding.

It is often assumed that students are too young and need protection, that they must not be exposed to confounding complexities but MFC’s experience has shown that the young, given a chance, are not afraid of comprehending or handling complexities of public health. Today, in new India, MFC carries a huge responsibility of redefining health not just of the people but of the nation itself. So, while I celebrate its resolve to grow, I would, like those - who will see the end of the Century and beyond – to take the baton handed over to us, inscribed with, “Medicine is a social science, and politics nothing but medicine at a larger scale” (Virchow), with freedoms to choose dreams of public health but without excluding the weakest.

Email: imranaqadeer@gmail.com

MFC @ 50: Thematic Anthology Series

The first MFC anthology, *In Search of Diagnosis* (Editor Ashvin J. Patel), was published in 1977. This anthology carried select writings published in the MFC Bulletin from its first issue in January-February 1976. This initiative continued for the next two decades, which saw the publication of *Health Care: Which Way to Go?* (1982; Editors Abhay Bang and Ashvin Patel) and *Medical Education Re-examined* (1991; Editor Dhruv Mankad).

It was decided to revisit that early initiative and curate theme-based anthologies to commemorate the 50th year of MFC in 2024. We called for MFC friends to participate in this initiative, suggested a range of thematic options (those that MFC had engaged with over the decades), and got many positive responses.

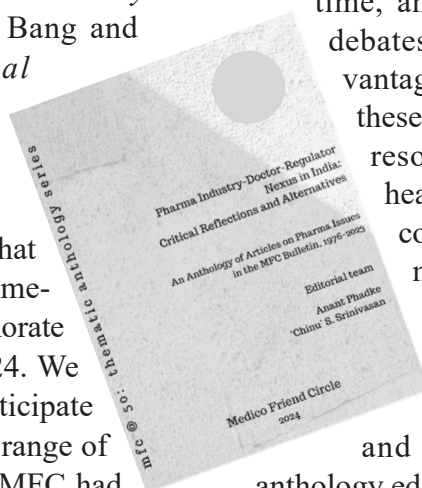
We are happy to announce that four thematic anthologies (Discrimination and

Healthcare, Pharmaceutical Industry, Women & Health, Private Health Sector) will be available soon on the website (<https://mfcindia.org/publications/>).

This new series of anthologies attempts to provide a glimpse into MFC discussions on a theme, the evolution of the theme over time, and voices/ perspectives and debates on the theme from varied vantage points. More importantly, these anthologies will form critical resources for those working in health,; students, practitioners in community settings, programme managers, academicians, policy-makers and those from related fields.

For us as series editors, and for the different thematic anthology editors, revisiting and reflecting on MFC writings over the years has been a truly enriching experience.

Lakshmi Kutty, Mithun Som, Sunil Nandraj



A Peep into Bubbly mfc Moments

Eddie Premdas Pinto

Co-convener 2009 to 2012

I was introduced to the medico friend circle while being part of the community health fellowship programme at SOCHARA (then CHC – community health cell) in 2005 through mfc-stories of Ravi Narayan and reflections of Thelma. Anant Phadke and Chinu who addressed us as a group during their visit to Bengaluru (Bangalore) added more insights on AIDAN as mfc-tag along group. It was the mfc meet in CMC Vellore in January 2006 on Quality of Care that added a lot of fun to being part of mfc. Then onwards being participant in the mid-annual and annual and some mid-annual meets in Bangalore, Bilaspur, Bongaigoan, Wardha, Pune, Hyderabad, Delhi. Being a co-convener provided some opportunity to do some organising work as well. As I recollect, here are some of the key memories.

· *Punches:* The annual meeting held at the National Tuberculosis Institute, Bengaluru, in 2006 saw hot and crunchy debates around the formation of PHFI. With lines clearly drawn between insiders, outsiders, fence-sitters and on-lookers, ‘co-option or collaboration’, ‘derailing or strengthening India’s public health’ debates reverberated the two days of mfc meet, while most of the time, I failed to understand who was throwing what and at whom. This meeting is the epitome of ‘never-say-die’ spirit of the ‘argumentative mfc’ian.’ It took some more years to understand that there is some undercurrents of order and perspective, hidden beneath the cacophony and chaotic decibels that one witnessed.

· *Cruising ahead of time:* One of the best mfc discussions that I attended was on the theme of *Universal Access to Health Care*. It was a well-prepared critique of then emerging UHC and a scholarly contribution to the significant discourse on the universal access to health care. With some of the most razor-sharp brains around, the discussions and writings testified to the fact that mfc was quite ahead of time in many a front.

· *Solidarity and emotional connect:* The most touching moments of anguish, anxiety, anger, and frustration shared were at the mfc meeting held at Shaheed Hospital, Dalli-Rajhara, around the arrest of Binayak Sen, a veteran mfc member. It also incubated the ideas for sustained ‘Release Binayak Sen’ campaign that continued in several states. Being part of Community Health Cell provided me a unique opportunity to be part of this campaign in Bangalore.

· *Different avatars of mfc’ians:* Meeting the stalwarts of mfc in diverse spaces such as NRHM, Community Monitoring, drug litigations, JSA, and research conferences, constantly reminded one of the multiple hats the mfc’ians wore, leaving no stone unturned, to be in the thick of things when issues of public health, health rights, and health system warranted them dirty their hands.

Email: e.premdas@gmail.com

Reflections at the Fiftieth Milestone of MFC (2024)

Ravi Narayan and Thelma Narayan

Editor 1984 to 1985 and Convenor 1984 to 1986

Our association with mfc goes back over decades. Ravi was first introduced to the circle and invited to join by Anant Phadke, at a Science Policy workshop organized by the Society of Young Scientists (SYS), at the All India Institute of Medical Sciences in New Delhi, when he was a post graduate student at the Centre for Community Medicine at AIIMS. Thelma was associated since 1978 through discussions at the Dept. of Community Medicine, St. John's Medical College initiated by Ravi with team members.

Initiation into community based health work and questioning for Ravi took place through internship experiences in an East Pakistan refugee camp in 1971, followed by an introduction to 'socio-political analysis' on the sidelines of postgraduate studies in public health and industrial health at the London school of Hygiene and Tropical Medicine from 1972-74. Thelma was initiated through student years at St. John's since 1971 with a further inspiration following volunteering with the Andhra Pradesh super cyclone in 1977-78.

As young faculty members at St. John's Medical College, we were deeply involved with early community health experimentation which included developing field or community practice areas. The first was the Mallur Health Cooperative, selected later by ICMR in 1976, as one of the 14 alternative projects to the Primary Health Centre model in India (the only one linked to a Community Medicine department of a Medical College). This was followed by Community Health Orientation in the tea plantation communities in South

India and the upgradation of health sub-centres in Mugalur, Huskur, Bidreguppe and Yedavanahalli, of PHC Dommasandra, since 1979. Apart from this we evolved in thinking through close association with the 'social analysis and community development training' of the Indian Social Institute in Bangalore and participation in the SEARCH experiment in Bangalore (see 'People in Development' by John Staley, SEARCH).

During this period, it was uncommon to meet medical professionals involved in societal analysis or action. Hence discovering a group like mfc was exciting, inspiring and challenging. We experienced solidarity, friendship, like mindedness with divergent approaches and philosophies, generational collectivity and a healthy space for heated, lengthy discussion. For us it was never just personal. Our teams and young community health fellows have been an invaluable part, as well as support in the journey with mfc. Decades since that encounter in 1977, mfc remains important to us, and to the CHC-SOCHARA team, as a continuing point of reference and influence, identity and most important a circle of friendship.

(See blog in March, 2007 – "A roomful of friends". <http://narayanblog.blogspot.in>)

The linkage with mfc took many forms over time. This broadly divides into an active phase (1977-1996), a relatively passive phase (1997-2019), with ongoing renewal thanks to younger friends and fellow travellers, including the Yumetta group. During the active

phase the responsibilities as national convenor from 1984-86 and bulletin editor at the same time were held jobs simultaneously, during an intense period of active response to the Bhopal industrial disaster. This was possible because of the full support of the CHC team, who saw our involvement and support as part of the CHC quest at that time. We played many roles - manager, campaigner, policy advocate, researcher, bulletin contributor, peace maker, fund raiser, agent provocateur, and active participant in discussion and dialogue. In later times which started around 1997, we had got somewhat disillusioned by the ‘thought current preoccupation’ of mfc and its addiction to the ‘discussion mode’, with no concerted effort to shift into action mode – Bhopal response and AIDAN development not with- standing. Therefore from 1998 along with SOCHARA members, friend’s and associates, we began to evolve an idea that had been suggested in Thelma’s doctoral thesis and later in our contribution to the VHAI report of the Independent Commission on Health in India (ICHI) which was as follows: (see box)

Need for a Health Movement

“What is needed is a strong countervailing movement initiated by health and development activists, consumer and people’s organizations that will bring health care and medical education and their right orientation high on the political agenda of the country.”

- From CHC’s contribution to ICHI report – VHAI -1998

This led to CHC/SOCHARA’s deep involvement with first the International Poverty and Health Network (IPHN) and later for the collective mobilization for the people’s

health assemblies in Kolkata and Savar; leading to the evolution of the Jan Swasthya Abhiyan in India with mfc also as one of the 18 national networks which included SOCHARA that came together.

SOCHARA continued to promote the mfc linkage and ethos among all its teams and fellows, as part of an organizational commitment - encouraging all to read bulletins and anthologies, join the e-group, attend mfc meetings to appreciate and draw from the collective analysis. This ensured support and solidarity but in a more indirect way. It was also part of the phase of an inter-generational shift in SOCHARA, with the younger generation taking over from the older folks. Gen-next were now active in mfc. Not surprisingly just 25 years after CHC hosted mfc, SOCHARA team members – Rakhal, Sukanya, and Premdas took over as co-convenors for another period of involvement. Earlier Anand, Prabir and Madhukar also played co-convenors role which we supported since we also considered them part of the SOCHARA network.

As we reflect on our association with mfc at this 50th milestone, we would like to record that for both of us and probably for many of our network members, the linkage with mfc has been a significant component of our personal journey in community health and also in the journey of SOCHARA and many of its members. There are a lot of stories and reflections we both have written in the mfc bulletin over the years.

mfc – A circle of friendship

mfc’s key strengths are its commitment to open, transparent, serious dialogue and its culture of friendship which helps people to

hear other voices which are different, dissenting or with opposing views.

The friends circle ethos is also exemplified by the gentle, peer pressure, camaraderie and non-hierarchical style, in which all those who breach these boundaries and etiquette of communication between friends are handled.

Interestingly whenever two or three members with mfc links are invited into a larger government or NGO committee then the friends circle ethos takes over, and the members on the committee experience and often function together with greater openness, listening and dialogue.

In-depth discussion and perceptive analysis

While a ‘thought’ current is a very significant concept and the serious dialogue without the frills and diversions of current conferences, result in in-depth discussion, perceptive analysis, some very significant background papers, critiques, and position papers, the tendency to just enjoy a really good discussion and dialogue and most often not plan to do anything with the output – proceedings or declaration or statements especially in the past beyond publishing mfc bulletin needs to be revisited.

Some of the dilemmas that irked us in the initial, younger and more formative stage in our own growth was - are we just talking to ourselves? Are we just satisfied with perhaps reaching mfc bulletin or EPW? (both of which have a selective readership). Should there be a concerted effort by mfc to reach out to policy makers, opinion leaders, younger generation of health professionals, and health activists, etc more pro-actively? Should the focus of analysis shift from critique to suggesting concrete constructive alternatives?

Very often in our work we come across younger members or recruits who find this predilection for ‘non-action’ quite demotivating. mfc should ensure at least some follow up after every meeting, with the proceedings and background papers distributed more actively, and some forms of advocacy and knowledge translation to many more fora. A small committee of gen next members could facilitate such engagement including digitally.

Learning from Praxis – are we doing enough?

Another issue that needs to be considered by gen next was more effort to learn from the action of individual members of mfc, who are deeply involved with community action for health and community based initiatives. Many are engaged with health policy and programme advocacy and engagement including links to the task forces of NRHM/NHM; many have participated in steering groups of the Health Ministry, Planning Commission, now Niti Ayog or are advisors at national and state level or engaged in other capacities. Many facilitate training and research initiatives and many facilitate networks and social initiatives. Can there be a process in mfc’s learning from them in some proactive way, even if perhaps just through a interactive website or a special e-group of policy and or action engagers. This would add a further credibility to mfc and ground its discussions and perspectives with community and policy making proxis reality- thus enhancing relevance and context.

Recent Engagement - a sign of hope!

The engagement of mfc with the whole national pre-occupation with universal health coverage and its active engagement with

members of the High Level Expert Group (HLEG) of the Planning Commission and its output of over 20 papers or more, has been an opportunity very well used that greatly enhanced mfc's credibility and influence at many levels. The involvement in Bhopal and medical education was responsive but not sustained.

In the last decade there has been a national revival of interest and commitment to public health education and in spite of an annual meeting on this theme there has been little follow up in the mfc circle and there by missing many opportunities. In the last few years there have been efforts to define 'public health' for the Indian context; evolve lists of public health skills and competencies; many MPH courses and diploma courses have evolved in new and older schools of public health and medical colleges; civil society sector learning programs like Public Health Resource Network (PHRN) and the Community Health Fellowship of SOCHARA and others have evolved but the mfc committee set up to evolve an alternative public health curriculum has not been functional. A major missed opportunity even though some mfc members had been involved in other capacities.

We hope the involvement with UHC and health equity will be a long standing, strategic and sustained one with advocacy and campaigns to promote the UHC models and approaches we feel are relevant to the country. Linking our thinking with action at different levels is urgently required. Simplistic formulations by different sections of civil society and the sensational contributions of

media not rooted in multidisciplinary evidence, are reasons for mfc's role to take the UHC debate to a campaign stage. Critical and strategic analysis becomes even more relevant and necessary.

In conclusion – Being not Doing!

Whatever is decided or happens to mfc after the 2024 annual meet, it is important to affirm and endorse at the 50th milestone, that a friends circle, that could keep friends connected over five decades, with continuous addition of younger friends, has been a great experiment in intergenerational knowledge and inspiration transfer. The thirst for and commitment to health equity is as strong as the need for it. It has taken us nearly five decades to understand deeply that the most significant contribution of mfc has been '**Being**' a sustained friendship circle beyond ideological positions, ego clashes, discrimination, communalism, and the ferocious onslaught of commercialisation and commodification of the health system.

While each of us personally in our own ways as individuals or groups; as new or old coalitions and collectives; continue to '**Doing**' things, the mfc experience of being a friends circle is precious, significant and inspirational.

mfc '**Being**' not only '**Doing**' and a symbol of serious thought, democratic functioning and sustained friendships that bring together and hold together diverse people and approaches all working towards health equity has been its greatest legacy. We trust that mfc will keep the faith, carry on, and grow!

Email: chcravi@gmail.com

MFC Way forward – One Opinion

Priyadarsh

Co-convener : 2021 to present

It was a Sunday morning with winter mist just clearing and pleasant sunrays pouring down the window of our house. The sparrows were chirping in the balcony around their bowl, asking for their share of daily food grains. This was a special day for me as a few friends were coming home and I was worried about the preparations such as food, space and arranging blanket for them. In my disorderly way, I started the preparations with the lunch as the guests were supposed to reach around 10 am in the morning and already it was 8 am! I hurried with the ingredients for the pulao and curry and busied myself with the preparations.

Ting Tong!! The bell rang and as my friends entered with greetings, the atmosphere changed suddenly to laughter and nostalgia; catching up with each other and lots of teasing, we sat down to share and discuss important things. This was a group of health care professionals in their mid-30s working in different places and committed to health care of the people. So, when the discussion came to MFC and its way ahead, everybody got excited. And thus started an important conversation.

Nikhil: I have been thinking how MFC can become a more accommodative place for the young doctors and medical students and not only for the regular members. What can be incorporated in it and how?

Aniket : Hmm. That's an interesting question. But did you ever ponder if it is really a good place for the youngsters. I think,

someone who is at mid-level of their journey finds it more interesting and useful.

Pallavi : I don't think so Aniket. Don't you remember that we all could meet and also get yearly dose of sensitisation and motivation about working for the broader spectrum of health when, as a 2nd year medical student from our college, we started going for the MFC meeting? But for the learnings at MFC, I don't think I would have understood health in such a broad perspective.

Aniket : I agree Pallavi. But then isn't it also true that during our college days in MFC, we could not feel connected with all the discussions going around. And we often used to sneak out and meet different senior people and listen to their stories. It was that connection, stories and, motivation, which made a long-lasting impact on me.

Zara : I do agree with both of you, Aniket and Pallavi. But I think that MFC gives justice to all these different sets of people, doesn't it? People who like intellectual debates, people who like meeting others, people who want to understand different domains of health, it gives various connections, it is a place to make lifelong friendships, and also a safe place to go and express ourselves irrespective of our ideology, age, experience and past. So, I am always amazed by the variety of interfaces and opportunities MFC presents in itself.

Abhinav : I completely agree with Zara. But I also think that as the younger spectrum of members coming to MFC, we were a little

bit lost. It often is difficult to follow the discussions and we often don't understand the relevance of the discussions. Nor we understand all the significance of meeting people, making connections, learning these huge domains of health, etc. I have seen many new participants not coming back because, nobody helps them see clearly what MFC is offering them. MFC is actually offering them several things which they are not aware of at that age. Only when people come 2 or 3 times in different meetings, that they begin understanding its significance and keep coming again and again due to the many opportunities, connections and friendships it presents to not only the regular attendees, but also to the new member.

Aniket : But one thing is clear that the lack of hierarchy we experience there is so unique, also it is so much fun. I remember having goosebumps when I called someone above 60 years of age by their name. It suddenly changed the dynamics between us and we both stared feeling more connected and equal.

Pallavi : But listening to Abhinav, I am also feeling that, Yes. Somebody needs to help the people coming to MFC for the first time with proper sharing of its spectrum and navigations. So that they can relate more about its present structure, the opportunities and friendships it offers. They can then enjoy their participation. Because the problem is, unless they come and see, and then keep coming back for few years, it is difficult for them to understand what MFC is offering and how our lives are enriched by it. Therefore, I also feel we need to think how MFC can reach out to

the youngsters and relate to them, tickle their curiosity and attract them.

Nikhil : Yes. This is exactly what I was thinking about. How to have some discussion, some actions, which are focused on new members; I am not saying just the youngsters. Because, now a days, I am seeing that people have different motivations to come to some places and stay connected. And for youngsters, many of them feel more inclined to learning by doing, only some like intellectual discussion, provided they have already given a thought to the subject in the past. Some like connections and some like making friends. So, how can we make some efforts in MFC through which it can respond to the needs of our younger members? Can we modify our structure and operation a little bit in a way that it responds to these needs of the new comers better? May be they then feel more welcome, can relate to MFC activities and, build their connections on this solid base.

Aniket : So how to achieve all these, I am curious to know!

Nikhil : I also don't know for sure. But something in the range of involving the youths in some action work, some collective responses to disaster and humanitarian crisis, some research work together, some session on helping them understand the social determinants of health and its relevance in their academics, etc. are some of the things which comes in my mind for now.

Pallavi : It may also be some mentorship opportunities, or visiting to some good health institutions/organisations for exposure visits, arranging some time slots for youths to present their work, research, confusions, etc.

Aniket : But aren't we over concerned about the youths and not thinking much about other members?

Nikhil : Yes. I think we are focusing more on the youths in this discussion. But I think that's fine to be focused. I see two things in it. First is that the regular MFC members are always there and they know what is MFC and the opportunities it presents. So, they will continue with the MFC. Second thing is that since last few years, we saw good number of youths coming at the MFC, but then they don't return to MFC. So, we need to find reasons why they don't continue as well as work on engaging them without disturbing much the present structure of MFC.

Zara : Also being from the mental health background, I know that youths today have so many pleasant diversions in terms of mobile, web series, relationships at early age, movies, games, parties and all. We did not have such diversions in our time, so, we choose to explore outside and found MFC. But, to reach out to youth today, who make the effort to come to MFC and retain them, we need to have some focussed discussion exploring their need and ways to cater to these needs about growth, inclusion and friendships.

Pallavi : Absolutely true Zara. Today's youth are having so many activities and tasks around them. We had lot of free time. So yes, we need to have some mechanism in place to engage the youth. But also, we need to properly cater the need of all members, through this beautiful platform called MFC.

Me : Wow. Such a nice discussion. I am glad to hear and witness it. Never gave it a thought in such depth. I think that's the beauty of MFC. We are from different places and doing different work, but we still got to know each other through MFC. And look now, we are close friends thinking about the way forward for MFC. I completely agree that to hand over MFC to credible people, we need to put efforts for the new comers. But at the same time, MFC should remain relevant to its regular members. I hope it prospers and expands soon to celebrates its 100th Annual Meet one day.

Ting ting ting!! The oven rings

Me : Hey all . I forgot completely that I kept some cake in the oven. Food is ready friends. Let's discuss this over our lunch.

Aniket : Ha ha. MFC way, Sessions after the sessions!! During the lunch and dinner break!

All : Very true. Lets have a song before we start.

All :

Tu jinda hai, tu jindagi ki jeet par yakin kar.

Agar kahin hai swarg to utar la jamin par.

Tu jinda hai.

Tu jinda hai .

(All move towards the dining table and the friendship among these medicos completes another circle)

Email: priyadarsh313@gmail.com

Medico Friend Circle – Way Ahead, Another Opinion

D Savithri

Co- convener 2021 to present

In 2020, the annual meet of mfc was on the theme, ‘Dilemmas of young health professionals’. In my recollection, it was a telling meet. MFC had actively opened the discussion on what the young health professionals were dabbling with, many of whom were members or frequent attendees of mfc. There had also been a recent increase in numbers of students, albeit only MBBS students, that had started to attend the meet. Many of them were unfamiliar with the ways of mfc and also of the larger socio-political context within which the health system was operating. This led to several questions on mfc itself and whether it wants to reinvent itself to meet the needs of these so-called newer members. It also led to a discussion on the origins of mfc and the felt needs then by the earliest members. Though the questions were ample, the answers were perhaps not so clear. To a large extent, the format of the mfc bulletin and discussions during annual meet remained unchanged. After the Covid-19 pandemic, the first in-person annual meet that was on the theme of discrimination within the health sector further opened questions of inclusivity, including that within mfc. Questions arose both directly and indirectly about who constitutes mfc and if there were any barriers to making this constitution more inclusive. All along, the question of action taken on any issue remained as pertinent as ever.

In this context, at this crucial juncture of completion of 50 years of mfc, when mfc is also going through a restructuring, it is most significant to revisit these questions and find satisfactory answers and action points. The following discussion is based on some conversations that the author has had with individuals that are working in various parts of the country towards ‘health for all’ and have attended mfc meetings in the past. The aim was to find out if the felt needs and opinions of this group are reflected in the working and thought process of mfc and after analysis of the discussion, whether mfc wishes to accept these as a choice to be made.

It is generally accepted and appreciated that mfc is a discussion platform that focuses on people-centric health instead of the much more commercialized discussion of “mainstream” health associations. This provides a valuable space for individuals pursuing such an approach to health in various capacities where they can meet, make friends and network with each other. In the larger political context, mfc is also viewed in the light of much needed solidarity for alternate approaches to health and health systems other than the predominant commercial approach.

Some of these individuals have also been significantly associated with regional mfc groups that have pretty much independent functioning from the so-called national mfc.

The composition and formats of the regional groups are independent of the larger group with several members who may have never attended an annual meeting. There also exists no system to integrate or link the regional groups to the larger group except for some common membership. The bulletins also do not feature any representative content from the regional groups, in the recent past.

Most of these individuals feel that mfc has played a significant role in their personal and professional lives. Some of them attribute a major portion of their choices to work in public health to the inputs received from mfc whereas almost all of them acknowledge the important friendships made in mfc.

As for the role of mfc in the coming days, many feel that mfc should continue to remain a think tank of sorts, that can hold discussions to generate ideas. Some feel it could take a more radical position in voicing the problems of the health system today in connection with other socio-political realities. However, it is felt that without a stronger organising structure, mfc may fail to play any greater role than being a networking platform. The desire for collective action ranging from increasing visibility of grass roots level health movements to actively engaging with youth in the form of mentorship was felt.

When it comes to inclusivity within mfc, it is felt that mfc is predominantly a Modern Medicine dominated group with predominantly elite and liberal ideology. The views on caste, gender, etc are also not seen

as adequately inclusive. There is also a call for more regional representation with attempts to include more grassroots level, regional language speaking, membership. Unless these attempts are made, mfc faces the threat of being an echo chamber of similar views. The format of discussion needs to be changed to accommodate and welcome all the diverse groups that wish to be part of mfc.

Plenty of suggestions regarding a future course have been made such as dedicated activities for mentorship by the experienced members that can benefit the more younger members, activities in Medical colleges, colleges of allied health professionals and other systems of medicine, specific action oriented groups within mfc, regular change in convenorship, etc. For all this the fundamental need for a better organisational system is well recognised.

The above discussion is one among many roads mfc could take.

A personal note: As mfc completes 50 years of existence, as a newer member, I can only look forward to another 50, when I would also come and reminisce of active and passive times, of fiery discussions and heart-warming friendships that brewed over evening tea, of apparently routine discussions that resulted in historic policy changes, of existential questions that were brought on by conflicts within and without, and of a relentless, unwavering solidarity that has lasted years.

Email: sairam1179@gmail.com

Reminiscences and Thoughts of Past Office Bearers and Members

R Srivatsan

Co-Convenor: 2014 to 2016 and Co-Editor: 2017 to 2020

I live in Hyderabad. I will be 70 years old on MFC's 50th birthyear. The first career in my life (from 1976 to 1998) was engineering. I loved the subject, but as I got more senior, I began to realize that the non-technical aspects of the job which came with seniority were not as pleasant as the hard-core engineering work. I was getting quite depressed. I was also interested in philosophy, and Marxist theory from the time I was an engineering student (1974, if not earlier). I remember when I got married to Vasanta in 1984, telling her that one of my conditions was that I might switch careers midstream, and that she'd have to support me. She was game!

Politically, with the turmoil caused by the anti-Mandal agitation, and the tragic aftermath of the Babri Masjid demolition, I began participating in the pro-Mandal agitation, and in the activism against Hindu Majoritarianism. Most of my activist foundations are rooted in these beginnings.

In 1998 I quit my engineering job and became a correspondence student in political science (Masters). Got it with a high second class (it turned out that Madras University didn't award more than 55% marks to correspondence students to bar their entry into teaching jobs). After trying to seek admission in various universities, I managed to register for a PhD in Political Science in the field of Development Studies. My topic was the concept of *seva* in the freedom movement. I pursued it at the Centre for Economic and Social Studies, under the BR Ambedkar Open University, Hyderabad. After a lot of cooperation, friendship, and some red tape, I managed to submit my thesis in 2006 and got

a degree in 2008.

In 2002, Vasanta fell ill, and we went to CMC Vellore for her treatment. We met Anand Zachariah there for the first time and had many stimulating discussions with him on medicine and philosophy. Sometime later, in an email conversation, in response to a question from him, I said, half-jokingly, "We should think of a philosophy of medicine", and Anand immediately asked if I would be interested in being part of a group doing just that. That was the beginning. We got together as a group consisting of 9-10 medical doctors and social scientists and wrote a book *Towards a Critical Medical Practice: Reflections on the Dilemmas of Medical Culture Today* (eds. Anand Zachariah, R Srivatsan and Susie Tharu, Orient Blackswan, 2012). Chinu (Srinivasan) was an MFC member who Veena Shatrugna invited to join as a contributing author – that was the first engagement with MFC for me. Anand is a primary influence in turning my interests to medicine.

By 2005 I was given the opportunity to work at Anveshi Research Centre for Women's Studies as a Senior Fellow (which was a life saver, because I didn't know what I would do after I got my PhD). I was also commissioned by Anveshi to put together a reader in Development Studies in 2003-04, which came out as *A History of Development Thought: A Critical Anthology* (Routledge, 2010)

Somewhere in 2006, I think, Veena Shatrugna took us to the MFC Annual Meet at Bangalore – this was where I saw the group for the first time. Veena has been a powerful guide in my thinking about medicine, diabetes in particular, and nutrition. We had many

discussions on these subjects over the years and my thinking is indelibly shaped by her.

I retired in 2019 at the age of 65, reading and writing, offering my advice when asked.

Since I have been an intellectual nomad throughout my life, I have never had the character that would stay in a particular field and be known as an expert/key figure in the field. I am happy with this nomadic status, as a thinker who is perpetually learning to think more rigorously, philosophically.

Given my nomadic intellectual life and relatively short stint with MFC, I was quite surprised when Sunil Nandraj asked me to respond to these questions. I am grateful to him (and others involved).

Association with MFC

I first went to MFC in 2006. At that time, I did not know enough to figure MFC out and see its value.

Sometime in 2010-11, I went to the mid-Annual Meet at Wardha. Anand (Z) had encouraged me to do this. Though I was and still always am reluctant to meet new people, especially in large groups, I went. There were about half a dozen people at the mid-annual. Anant Phadke tried to come in remotely on the mobile phone, but the signal was too weak, and it failed after a few minutes. I felt welcomed and liked the sense of community which was completely unusual for me. After this, till 2019, I missed very few meetings – mid Annual or Annual – as far as I remember.

Engagement with MFC over the years

I engaged vigorously with all three aspects of MFC's activity between 2010 and 2019: the bulletin (contributing, editing, planning), the annual and semi-annual meetings (as a

member of the convening team), and on the e-group as an enthusiastic participant.

I always found acceptance of my writing and way of thinking. Also, I have often received gentle guidance (even when critical) when I was opaque or unclear in my theoretical language. I remember Mira (Shiva) asking with a gentle sarcasm, "What do you mean by 'singular', is it opposite of 'plural'?"

Gradually, I began to understand my personal goal with MFC. It was to learn to think, speak and write in a way that would be accessible to a wider readership. It was to pose the question of the politics of medicine from my perspective of a political scientist/development theorist to doctors and activists in a language they could understand even if they disagreed with it. I had to give up hiding behind social science jargon and convoluted language. I had to simplify yet keep my proposals on how to understand situations. To a degree I have succeeded, but there is a way to go.

In my engagement, I have hopefully contributed something in the several joint writing projects I engaged in. I have found appreciation from many quarters, but exactly what I have contributed, and how useful it was is for others to say. My role is to do what I can to the best of my ability and go ahead.

To me, every engagement was interesting. But an event I had a role in planning and executing as part of the convening team, the MFC meeting on mental health in Pune (perhaps 2015?) was mind altering. The breadth of experience the participants brought to the meeting, and the views that were shared were stunning and altered my comprehension of mental health and madness completely.

Association with MFC influencing professional and personal journey

MFC was the first large organization to teach me to negotiate with, push, and accede to a large, diverse and committed group of public health activists. My understanding of group dynamics took a huge leap with my engagement with MFC. My understanding of public health too was catapulted into another orbit with the insight and experience provided by so many willing mentors and collaborators.

Since I am not a professional in the field, there has been little ‘professional’ impact MFC has had on me, but I have been invited to speak on health, participate in discussions, be on ethics committees, be an advisor to some research groups because of my association with and profile in MFC. To my great satisfaction, Amar (Jesani) has often asked me to write in the IJME about issues that had a philosophical dimension in medicine.

Every meeting with MFC members, whether in the annual meetings, or out in other fora, taught me something. To my regret, it is very difficult to name everyone and the many ways they influenced me.

Reflection about MFC and Its Role

I am an unrepentant intellectual. It is important to think, to think critically and constructively. MFC is one of the precious few organizations dedicated to doing this.

I have always been puzzled over the apologetic and somewhat regretful manner in which many respectable members have said MFC is “only” a thought current – that it cannot achieve anything. The claim to be a thought current is a very big thing. How many organizations can claim this? There are myriad activist organizations working on specific issues, but there is as far as I can see

no other democratic organization that is dedicated to thinking about health problems from a people’s perspective with the vast experience its members bring to bear.

By being a thought current among friends who are experts in various aspects of healthcare, the discussion in MFC has provided a solid background and insight into the problems of and in the field. This has empowered several members, who have in various ways interacted with the people, the government, the courts, etc. It has on occasion expressed opinions and taken stands through various statements.

MFC’s effect is always that of providing a horizon, a background to several initiatives in activism, intervention, academic work, policy, etc. The depth of perspective the organization provides activists and interventions with respect to specific problems is of critical importance.

During the years in which I participated in MFC, I found the organization moving towards deeper and deeper theoretical ground. I noticed this especially with respect to the bulletins, and it is likely my own editorial drive was responsible for this. Perhaps it was excessive. More recently there has been somewhat of a course correction, with an emphasis on action.

This kind of movement is part of the life of an organization. As far as I can understand from the discussion of senior members, MFC has been taking this ‘to and fro’ movement between these goals, while moving always towards a better understanding of what health, health care and public health mean.

Today, there are welcome signs that the youth are showing a resurging interest in the MFC. I wish them the best.

Strengths and weaknesses of MFC

To say an organization has strengths and weaknesses implies it can be measured against a standard. MFC is somewhat unique, so this aspect is not open to measurement. It simply is what it is, it is not weak or strong.

On the other hand, as an organization, its informal yet formal structure, its minimal budget and complete eschewment of any funding except individual contributions by friends has made it nearly impervious to governmental intervention and other kinds of influence. The diverse social and political perspectives that friends bring into the conversation provide inputs that discourage campish, cliquish or ideologically monotonous thinking. This has the potential to become a powerful component in any specific intervention.

Looking Ahead

My reflections are mainly of gratitude for acceptance, for the warmth and friendship, and the heat of discussion. MFC is a chapter in my 'autobiography' I am truly happy about.

Reasons for broken contact with MFC and for coming back

The first reason (an important, immediate one) was a bout of acute bad health in 2019, which became a chronic concern from then onward to this day (but improving). I didn't have the physical, mental, or emotional energy to participate in MFC, so I backed off till about 2021. After that, I have begun participating again in the e-group and find it rewarding.

There is a second reason, which is related to the change in direction that I was talking about in the previous section, MFC moving away from a more theoretical direction. This is the new stress on activism, which has come about with the younger members. I think it is

important for these currents to play out and direct MFC in its path to come, and I felt, alongside my illness and lack of energy, a strong need to restrain my own theoretical intervention to let this young activist direction discover its home in MFC.

Problems facing MFC today

Since there are no specific goals, except to sustain itself and grow, like a banyan tree with many roots and shoots, there are no problems I can think of. And if there were any doubts about finding takers for MFC's way of life, the large surge of young members since the past few years has put paid to them.

However, I have a bit of advice – never take the easy path of 'direct action' without adequate reflection. Activism does not only mean action on the streets, in communities, and/or against the corporate sector or the government. Activism is also rebelling against the simple-minded way of thinking, "liking" on Facebook, posting obvious one-line opinions on Twitter that our age of television and social media forces on us as a second nature. Activism is first and foremost an intellectual activity, a critical thinking that translates into action. It is second and as important a thinking about, reviewing, our actions, their effects, and failings.

Looking ahead

It is up to the younger members to find where they would like to take MFC, and the seniors to guide them with advice, perspective, and direction.

Expectations from MFC in the future

Another 50 years of low key, important contribution to public health, health care and medical activism.

Email: r.srivats@gmail.com

Anand Zachariah

Co-Convener: 1997 to 2000

I work as a faculty member in the Department of Medicine at Christian Medical College (CMC), Vellore. I did my MBBS and then MD in Medicine at CMC Vellore. My main work has been in medical education, working on the MBBS curriculum and bringing in changes such as the clerkship program, the secondary hospital postings and problem-based learning. I have also been involved in setting up distance education courses in Family Medicine and HIV Medicine. Along with other members from CMC and Anveshi centre in Hyderabad, I have been involved in exploring medical humanities for medical education. We wrote a book, 'Towards a critical medical practice: Dilemmas of health care in India' for a medical humanities course. I have also been involved in developing poisoning care, research, and training. This has led to the setting up of "Poisoning Control Centre" at CMC.

I am currently involved in alternative approaches to medical education such as 'Rural Sensitisation programme' for exposure of the medical students to rural health care. We have started the 'Travel Fellowship in primary care' for young doctors who want to explore rural health care at different locations in India. Both programmes are being organised by Tribal Health Initiative in Sittilingi, Tamil Nadu.

Association with MFC

Prabir Chatterji who was my class-mate and friend introduced me to MFC as a medical student. I was a regular reader of the MFC bulletin which was available in our college library. During my internship in 1985 I presented a paper on the health effects of Bhopal Gas tragedy based on the MFC

bulletin. I had no formal association with MFC during my student days.

I joined the MFC in a circumstance of difficulty following my PG training. In 1995, as a faculty member at CMC, I was involved in a study of needle stick injuries and blood borne pathogens. We found several gaps in the health worker protection at CMC. However, we were not allowed to present these findings. In a moment of disillusionment, I saw the notice of the MFC annual meeting and decided to attend.

I wrote a paper for the MFC meeting on blood borne pathogen risks. At the meeting I was able to share the difficulties that I was faced with and I realized that I was not alone.

This helped me to cope with and understand my situation. I had found a community of like-minded people within the MFC.

Formation of the local MFC group in CMC Vellore

At this time Prabir and Madhukar were doing their MD in community medicine in CMC, Vellore. We used to have frequent discussions between the main hospital and community health departments and worked together on different health issues.

There were cholera outbreaks every year in Vellore associated with the monsoons. Research pointed to a new serotype V cholera 0139 strain in Vellore. We found that overflowing sewers near the hospital were contaminating drinking water pipelines. The town water source was poorly maintained, and chlorination was not taking place. A large number of patients who were coming to

Vellore from the eastern part of the country for treatment developed cholera and renal failure. The town was unaware of the epidemic and the government was silent. Our understanding was that the epidemic was due to lack of an adequate public health.

We provided pamphlets and health education to patients, information to hotel owners, initiated school education, spoke to the municipal health officer and worked with social organizations. CMC made free drinking water available to patients and their families. The information on the cholera outbreaks hit the newspaper. We finally met the District Collector with all the information we had and this led to the setting up of an automatic Chlorination plant in Vellore.

In another episode we found that a group of 40 workers from Northern Andhra Pradesh employed to build a 10- storey building in CMC hospital came to community health department hospital (CHAD) with fever, anemia, and splenomegaly. This was obviously an outbreak of malaria. The malaria officer came, and gave the initial presumptive dose of chloroquine.

Madhukar and I were working together to deal with this outbreak. Given the large number of blood samples, it took us 2 days for the malarial smears to be reported. The results showed that majority of the cases were due *P. falciparum*. Madhukar and I went to the workers' colony with fansidar (sulpha pyrimethamine) tablets. We learnt that the contractor had sent the workers away when malaria was diagnosed. Although the workers had come to build the CMC hospital, they had been sent away without treatment.

It was through such experiences that we got students and faculty involved. We had local discussions in the medical college. The local

Vellore MFC was thus formed in an informal and organic way.

Our experience as convenors

Prabir, Madhukar and I become co-convenors at this time. In the light of our experiences of infectious disease epidemics in Vellore, we suggested the annual meeting theme 'Emerging and re-emerging infections'. We highlighted that the resurgence of infectious diseases in Vellore and the country as a whole was linked to the mode of urbanisation, poor public health and development. In preparation for this meeting we held local MFC meetings in Chennai and Bangalore.

MFC Vellore link with the national MFC

Rakhal joined our unit for a year in 1998. On May 11, 1998 after the morning academic session Rakhal and I went to the coffee shop in front of the hospital. We were both upset with the news announcement of nuclear explosions in Pokran. We wanted to highlight the medical issues with nuclear weapons and technology. We decided to write a protest letter. This finally led to the MFC statement on the nuclear technology and weapons. We had to study about the harmful effects of nuclear technology. I made a visit to the Kalpakkam nuclear plant. The local MFC held a seminar on health impacts of nuclear technology on Hiroshima day (August 7) with speakers from Chennai and the screening of the movie Hiroshima. Following this, I was able to give a talk in many places including the CMAI (Christian Medical Association of India) annual meeting on the theme of health hazards of nuclear technology.

In 2002, we were very disturbed by the events taking place in Gujarat with the communal violence, targeting of Muslims, and displacement of people into camps. Sarojini (the then MFC Convenor) had requested if we

could send a medical team to provide medical relief in the camps. An MFC group consisting - Rakhal, Subrasri, Sara Bhattacharji and Jonathan journeyed to Ahmedabad. We visited several camps, talked to people who were sick, depressed and devastated, and provided some medical relief. The polarisation and tension were evident. The local health system was not providing for the needs of the displaced people. It was very difficult to try and comprehend the meaning of what had happened. The visit was an experience that remains etched in our memories. We shared our experiences when we came back to Vellore by giving talks and writing. A person who had suffered spinal cord injury during the violence was rehabilitated at CMC. We supported the MFC statement against Dr. Pravin Togadia.

At the time of Binayak Sen's arrest, we became involved in a campaign for his release. We visited Raipur, were involved in raising funds, writing to newspapers, signature campaigns, meeting with lawyers, and working with other groups. The alumni of CMC were actively involved. Through this effort, students and staff in CMC became aware of the issues of displacement of tribals from the forests in Chhattisgarh, how mining interests played a role in this, and the health situation in jails. CMC took a strong position to support Binayak and this had a positive influence on the case.

More recently we initiated a discussion on the health effects of demonetisation. This led to a research study on the health impacts of demonetisation involving a number of hospitals across the country.

We had educational sessions for the students and staff at the time of the anti-CAA (Citizenship Amendment Act) protests. We emphasised the health situation of those who

had lost the citizenship in Assam and were kept in detention centres. We wrote about the health impacts of the problem of statelessness. One of our members, Harsh Regi, was involved in medical relief when violence related to the anti-CAA protests took place in Delhi.

These are the different examples of an important role the local MFC has played in CMC. It does not have a formal organisational structure and meets infrequently. However, the local MFC has created a space within the educational institution to discuss social issues, sensitise students and faculty, and formulate practical responses. Through the local MFC, many of the national MFC discussions have fed into the CMC educational processes and CMC discussions into the national MFC. The linkage to the national MFC and its members has enabled practical responses beyond Vellore. In a rather quiet and unobtrusive way, MFC Vellore has contributed in a small way to the quality of education at CMC.

Association with MFC influenced professional and personal journey

As a product of CMC, I have imbibed its institutional values and ethos. However, it is MFC that has provided me an orientation to primary care, idea of the 'social physician', the need to critique health policy and health activism. MFC has helped shaped my ethical frame. It has shown me that there is a position outside the academic, government, mission hospital- the activist position from which to speak and teach, and to see one's role as a clinician and teacher beyond the medical college, the patient and the student. As a teacher, my field of work extends beyond my patients and the medical college to the whole of society. MFC has helped me develop that sense, that my centre of gravity is always outside the institution in the community and the society at large.

One specific example is that of the development of the RSP (Rural Sensitization Programme) and Travel Fellowship at the Tribal Health Initiative in Sittilingi. Regi George and I were sitting in a bus at the time of the MFC annual meeting in Ganiyari. Along with us was a large number of excited young doctors who were attending the MFC meet. We learnt that they had been influenced by the NIRMAN programme. Regi and I decided we would start a similar programme in the south.

We started the RSP camps in 2017 at the Tribal Health Initiative. These are weekend camps that provide an ‘un-college approach to education’. The RSP adopts a similar approach to MFC : sitting together on the floor, referring to each other by name, informal discussions, experiential learning, reflection and developing relationships.

Now RSP runs at Gudalur Adivasi Hospital and Basic Health Service, Udaipur and at Jan Chetna Manch, Bokaro. We have also started the travel fellowship in primary care which is a one-year programme for interested young doctors to travel to different primary care programmes in the country. The RSP and travel fellowship are examples of a parallel medical education, that is taking place outside the medical college. They are able to do what a medical college cannot do.

Reflection about MFC and Its Role

MFC is a historically located organization that has functioned outside the mainstream and from an alternative viewpoint to health. It has functioned primarily as a group that came together, discussed, wrote, and provided support to each other as a community. Each person took what they learned, interpreted, and internalized these ideas in their work.

MFC as a thought current and action-oriented group

MFC is definitely a stream of ideas, a thought current, among a group of like-minded friends who think seriously about health in India. It influences not by what it does, but by being there and providing the milieu, environment, and support to pursue our work. Most of our action is through our professional lives as individual members and not directly through MFC.

MFC definitely takes up issues, makes statements and conducts advocacy. Action on the ground is usually done in exceptional situations and to a limited degree by MFC. This work is usually done by individuals and smaller groups. MFC forms a network on the basis of which we can plan action. It provides the legitimacy and platform for action.

For me there is no dichotomy between these different roles. MFC is like an amoeba. It can change its shape based on need. Most of the time it is a thinking organisation ‘doing’ very little. When the situation arises, it has the capacity to initiate action through its members or together as a group.

MFC or individuals in MFC influencing the larger public health discourse

The impact of MFC on the field of health and education has not been direct. Its impact has been more subterranean, in providing the milieu for the alternative health movement and a critique of the health system.

Our experience in Vellore has showed that the local MFC group can influence the character of education in the college and involvement in social issues. The local MFC group has enabled networking between the college, other MFC members and the national MFC. This has been helpful in responding to

local and national health issues, provision of health services in times of crises, signature campaigns, advocacy on policies and support for human rights. My own experience is that MFC-minded faculty can influence educational processes in medical colleges and thereby influence the practice of medical education.

Strengths and weaknesses of the organization

Most of what I have discussed has been the strengths of MFC. The weaknesses of MFC have been related to the weak organizational structure, and not being action oriented. The bulletin has been sporadic. It could be argued that the lack of structure and the focus on thinking and study have been the strengths of the organisation. These have allowed exploration of wide issues, many people have become part of MFC, and it can accommodate different viewpoints and still be a group of friends.

Looking Ahead

The political environment in the country is rapidly changing with homogenisation, discrimination, exclusion, and lack of tolerance. The space to express one's view has reduced. Mainstream academia, and institutions are increasingly maintaining the status quo.

I think MFC should see its role as a kind of moral conscience for the country with regards to health. As a mirror which helps people to see what is happening.

It should continue to speak as it has, with pro-people's position, with its ear to the ground. This voice is really important.

As institutions, colleges and health care systems become narrow, MFC should allow for the space where people who are confused, disillusioned and think differently can come

together. Encouraging young people to think, discuss and act at this time is a critical function.

MFC should work harder on documenting, writing, and maintaining the bulletin.

There will be many issues where no one else will respond, which MFC must respond to. It may mean taking up an issue, supporting an individual or providing relief. The extent to which MFC can take up action in a sustained manner may be limited.

Addressing discrimination looks like an issue that MFC will work with in a significant way over time.

As we think about the future, I think we need to think about both continuity and change.

Continuity: pro-people, secular, not pursuing any particular ideology, not accepting money, voluntary, study, thinking, reflecting, writing, discussing

Change: looking carefully at current situation, understanding our role, inclusion of different professional groups, socially representative, looking at hierarchy and discrimination, working with younger people, Thinking about how we can influence the mainstream.

Concluding notes

There is gratitude and a sense of happiness to belong to the MFC community - a shared friendship and common sense of journey. I want to acknowledge my educational debt to MFC- as an important part of the teacher that I am.

Email: anandzachariah@gmail.com

Prabir Chatterjee

Co-convenor: 1997 to 2000

I currently work in Amader Haspatal in Bankura (<http://amaderhaspatal.in>). I've learned Siddha at Nemur (now in Villupuram District), and trained health workers at CRHSE (Centre for Rural Health and Social Education) Tirupattur, Sidhu Kanhu Gram Unnayan Saiti (West Bengal), and in Chhattisgarh. Following that I worked at St. Lukes Hospital Hiranpur (Jharkhand) where I learned the Santali language and treated cases of malaria, tuberculosis, Kala Azar. Later I worked in Polio Surveillance (Godda, Jharkhand) and Routine Immunization (Raiganj, North Bengal), as well as with the Panchayat and Municipality in that district (U Dinajpur).

Association with MFC

It was probably Meghnath, my social worker and college senior who first mentioned the MFC Bulletin along with a booklet on Barefoot Health Workers in China and "The Scalpel, The Sword" by Norman Bethune. The Bulletin came every month to all 150 Medical College libraries in those days. I discovered that a meeting had taken place in RUHSA and that Vineet Nayyar and Sharada had written an article with Roshini (they were five to six years senior to us respectively).

On a visit to Bangalore, I met Dr. Ravi Narayan at St. John's Community Health department. My Chemistry professor, Fr. Beckers from St. Xaviers, Kolkata had told me to meet him. Beckers had given Ravi a cyclostyled book on Santal Medicine. Ravi

invited me to come for a meeting with Dr. Zafarullah Chowdhury later that year on alternative medical education in Gonoshasthya Kendra. Also, another social worker senior who was doing the Social Analysis course at Indian Social Institute, Bangalore (where Fr. Stan Swamy was the Director) showed me the MFC Anthologies in the institute's library.

Engagement with MFC over the years

In 1984, I decided to leave the medical college and visit villages. Ravi was known to our Principal, Dr BM Pulimood, and the fact that he might be guiding me helped sway the decision of the authorities (Dr. P. Zachariah also helped me find other allies in the College Senate). I spent 11 days at Thelma and Ravi's home while attending Sociology classes. They were joint Convenors (MFC) and I was promised free copies of the Bulletin in exchange for writing reports on postcards. I read Rakku's Story and another book on the Indian health system and wrote a brief opinion piece which was published. It was very superficial and there was a stern rejoinder from a senior saying that it was too casual. At the end of my 6 months, I attended my first MFC Meet – the Bangalore Meet on tuberculosis.

An interesting incident while at MFC

After one meeting at Wardha, Sathyamala persuaded many of us to make an unplanned trip to Bhopal as translators for the International Medical Commission on Bhopal. I remember Chander on that trip, and there were many seniors such as Anant Phadke.

MFC influencing professional and personal journey

TB and Malaria were two issues that confronted us in the Santal Parganas. Many MFC-ites such as Thelma, Mira, and Sunil Kaul were involved in initiatives and so they kept us up-to-date on the developments. Later I put in an article on Kala Azar, which was responded to by Yogesh, Biswaroop and Anurag (when they had just finished their PGs probably).

Reflection about MFC and Its Role

There have been critical moments in relation to the formation and different phases of MFC and how MFC has responded. One such was the division of NGOs on the Sardar Sarovar Dam on the Narmada river- this split Gujarat-based old MFC-ites and the MP and Maharashtra friends. This resulted in silence from Gujarat, except for very few. Afterwards, the focus moved permanently to Maharashtra. And also, the fall of the Babri Masjid and communalization – here, we rallied together. “Mandir Masjid” became the theme song for many MFC meets.

MFC as a thought current and action-oriented group

The Annual Meets, the Bulletin, and the e-Group (now) carry ideas. These are the thought current and can be pictured as “Think Global”. Action is something done locally. Since each individual member or the group they are associated with (such as SOCHARA, MASUM, CEHAT, PRAYAS, SAMA, JSS, The ANT, IJME, AIDAN, LOCOST, Wardha group) has their own field of practice, both physical and issue-based, there is not much scope for MFC to lead or organize action. Occasionally it does allow for a small nidus

to form and launch (action on a particular issue).

MFC or individuals in MFC influencing the larger public health discourse

MFC-ites in AIDAN (All India Drug Action Network) have been a major force in policy decisions. IJME (Indian Journal of Medical Ethics) brings together many disparate groups to discuss Ethics. JSS (Jan Swasthya Sahyog) has influenced both Madhya Pradesh and Chhattisgarh, Prayas has influenced Rajasthan, SOCHARA (Society for Community Health Awareness, Research and Action) has played a role especially in Karnataka. JNU (Jawaharlal Nehru University) was touching national discourse even before MFC. AMCHSS (Achutha Menon Centre for Health Science Studies) is playing a role in Kerala. Sama Resource Group for Women and Health, along with others, has taken up some significant issues during the COVID-19 pandemic. Various initiatives influenced the discourse on Bhopal (related to the gas tragedy). Many friends were also involved with the inception meeting of the National Rural Health Mission in 2005

MFC has grown and moved from an epicentre in Gujarat – Maharashtra towards Vidarbha - Chhattisgarh, and had periodic revivals in Chennai, Vellore, and Bengaluru. It still has difficulty sprouting in the East and in the North outside of Delhi and a few organizations.

Strengths and weaknesses of the organization

Strengths - wide range of professions are represented.

Weakness - English-speaking mostly, very few nurses and allied health professionals

The major achievements and milestones include (i) the Anthologies; (ii) the Tuberculosis Meet; (iii) the work with the Bhopal Gas Tragedy; (iv) addressing corporatization/privatization agenda starting at Bombay in 1990; and (v) interaction with the High-Level Expert Group at Nagpur around 2010

An interesting campaign

In 1997 or 98, the responsibility of MFC Convenorship was suddenly put on a trio - Madhukar Pai, Anand Zachariah, and myself. We took up the issue of “Resurgence of Infectious Diseases”, which was very interesting. It involved a lot of postcard-writing to invite people to attend, and a trip to SOCHARA, Bangalore, on a train that got extremely late. My family had to help out quite a bit in all this.

Looking Ahead

Looking back at my association with MFC, I see hope and of course, nostalgia.

I lost contact with the MFC somewhere between 1985 and 1990. In those days you lost

track of the Editor if you did not attend the Annual Meet. And if you did not get the Bulletin, you could not find out where and when the next Meet was going to be.

Problems facing MFC today

It is time for a new set of medicos (i.e., medical and non-medical students). From 1982 to 2012 the cohort hardly changed (a few additions happened - but usually in the older age groups). The next major cohort were students in 2017, but now they too are post-graduates or working professionals.

The small subgroups mostly collapsed. A few matured and became separate successful organizations.

Concluding notes

Looking ahead, MFC should re-think or introspect now about the vast number of privately educated health and social workers. My expectations from MFC in the future is response to social, economic, and health issues as they develop.

Email: prabirkc@yahoo.com

Ravi Duggal

Convener 1994 to 1996

I began my career in teaching Sociology at the graduate and postgraduate level, followed by 38 years in the NGO sector working on public health, health policy and financing, budgets and livelihoods, social security and social accountability issues, including a brief stint in the Ministry of Health, New Delhi, as a National Advisor on Health Policy and Financing. On budget trainings and advocacy, I have worked across eleven Asian countries. Presently, occasional engagement as an

independent researcher, consultant, and Teacher on above issues. Also write frequently on above issues. Active member of medico friend circle and Peoples Health Movement.

Association with MFC

When I began my research in public health in 1982 at FRCH, I was introduced to MFC. I was to attend my first mfc Annual Meeting in 1983 (Women and Health) but had to miss it due to work commitments. My first MFC

Annual meet was in 1984 in Calcutta and since then have attended almost all Annual and mid-annual meets. In June 1984, I published a review article on MFC in the EPW based on my initial understanding of MFC through its anthologies, bulletins and discussions with MFC members.

With each year since 1984 my involvement in MFC became more intense not only with regular contributions to the bulletin but also actively in various actions, especially the Bombay mfc group's engaging on health and human rights and engaging on the private health sector. During 1995-96 I was the convenor of MFC. Still continue to be a very active member.

MFC influencing professional and personal journey

From MFC debates and discussions my own ideas of public health got clarified and I also gained in getting new insights, knowledge, and ideas to support the work I was doing. But I also contributed extensively to mfc debates as well as through the bulletin. Apart from this I gained new friendships, solidarity, and camaraderie within the public health community in India and globally.

Reflection about MFC and Its Role

My journey with MFC has been exciting. I have enjoyed every bit of its growth and development over the years as an active member as well as a convenor for one term. I have learnt a lot from it, and I have also contributed to its development. MFC has seen ups and downs and periodically there have also

been discussions on closing it but each time it has bounced back because newer members see value in it and want it to progress further. Its democratic nature of functioning and collective leadership has helped it sustain all these years and kept it strong and well nourished.

The bulletin is the soul of MFC and it is a rich source for material on all aspects and dimensions of public health. It is the legacy of MFC as well as its accumulated wealth for posterity to use and benefit from.

MFC as an institution has contributed to health policies, health research, health movement and various health actions in diverse ways and stands as an institution in the field of public health well respected and looked up to.

A few musings and reminisces I had written on its 30th Anniversary (<https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/30.pdf>)

Looking Ahead

I think MFC has done well and will continue on its dynamic trajectory with its new leadership. As a thought current it will continue to project progressive ideas and new visions for health and healthcare and also periodically engage in actions to advocate these and demonstrate how they could possibly work. The future of MFC will evolve as it has in the past. Its history is well grounded, and this foundation will propel it to newer horizons.

Email: rduggal57@gmail.com

Mahtab S Bamji

After graduating from Bombay University, I did a PhD in Biochemistry from the Indian Institute of Science, Bangalore. The areas of specialisation were Biochemistry and Nutrition. I joined the National Institute of Nutrition (NIN), Hyderabad, in 1965 after completing three and half years of post-doctoral research at Tufts University, Boston and Johns Hopkins University, Baltimore.

Since retirement from NIN in 1994, I have been associated with the Dangoria Charitable Trust (DCT) and working in villages of Medak district, Telangana State, on strategies for health, food, and nutrition security. I am also an Indian National Science Academy (INSA) Emeritus Scientist.

Association with MFC

I was introduced to MFC by Dr. Kamala Jayarao, a colleague at NIN. I attended some meetings – the first one in Jamkhed, then one in Sevagram, one in Hyderabad (I think), and one in Gujarat. My colleague from the DCT, Dr. Swarnalatha, who works in the hospital for women and children in Narsapur, Medak district, also attended the meeting in Gujarat. I enjoyed the meetings and made some good friends like Rani and Abhay Bang, Lata and Ashok Bhargava, Ulhas Jajoo, Anant Phadke, Dhruv Mankad, Mira Shiva and many other old timers – can't recall all the names. Veena Shatrugna from NIN is also a member of MFC. I used to receive the MFC Bulletin and enjoyed reading them. The last one was July 2017. After a long break, I received two recent ones.

The first meeting at Jamkhed, organised by Mabelle and Raj Arole was an eye opener. Their Comprehensive Rural Health Project, which pioneered the village health workers scheme was very impressive. This was a turning point in my life, when I decided to move from lab to land. This I could do only after my retirement from NIN in 1994.

MFC influencing professional and personal journey

In addition, I visited Gadchiroli and was very impressed and inspired by the work the

Bangs were doing. Also, the work at Sevagram. I benefitted from discussions and exchange of teaching aids with MFC friends like the Bhargavas, Bangs, and Mira Shiva.

Reflection about MFC and Its Role

The discussions at the MFC meetings introduced me to public health problems and the gap between what needs to be done and what is being done. Primary health care (which has been an important focus area of the mfc) continues to be neglected.

When I visited Gadchiroli, I was very impressed and inspired by the work the Bangs were doing. Also the work at Sevagram. I benefitted from discussions and exchange of teaching aids with MFC friends like Bhargavas, Bangs, and Mira Shiva.

I can't comment on how MFC changed over the years. The current discussions I feel are too long. I don't have the time or patience to read all the posts.

Strengths and weaknesses of MFC

MFC needs greater visibility. The discussions between likeminded people and institutions has had limited outreach and impact. Also, I think that MFC needs to concentrate more on the infirmities in the area of nutrition. Even while under-nutrition persists, obesity and associated problems of NCD are of great concern. Nutrition education needs to be strengthened in medical education.

Looking Ahead

In the earlier days, meetings were held in the same hall in which the men slept. Facilities were minimal, but discussions interesting and thought provoking.

I did not break my contact with MFC. The bulletins suddenly stopped coming. My contact with Bhargavas and Bangs has continued over the years.

Email: msbamji@gmail.com

Online sharing sessions to commemorate mfc's 50 years

Mohit Gandhi

It was in April 2022 that a small group had gathered to start thinking about how to celebrate 50 years of medico friend circle (mfc). The 50th meet was still around 2 years away, and planning for the 49th meet was yet to begin. But we just started. We would meet at variable frequencies: weekly, once in two weeks, or once in a month. And it would not be the same set of people that joined every time, though some of us tried to attend almost all the meetings.

In one such discussions, the idea of having online sharing sessions on issues that mfc had collectively engaged with was floated. It would serve two purposes: a) create a momentum for the 50th year celebration by informing the audience about mfc and its engagements, and b) create an oral history of mfc.

This, and other ideas were presented at the 49th Mid-annual meet in July 2022. In September, a more concretized concept with a tentative list of discussion-worthy issues was shared with some of the senior members for advice and guidance. Emails to form the first panel were sent in October, and the first session was held on 4th December 2022. The list of sessions, panellists, moderators, friends who helped in the background and links to the recorded sessions is annexed.

For any session, we would begin by identifying a broad topic. Next, we would scan the mfc bulletins to see what all has been written on this issue, and who all have been closely associated with it. Thereafter, we would share the session idea with the identified people through an email, requesting for a preparatory Zoom call. At a mutually convenient day and time, we would meet online and narrow down the topic, identify who else may be on the panel, who might

moderate the session, and when can the session be held. After a go ahead from all potential panellists and the moderator, we would announce the session on the mfc e-group and on other networks that we were part of. We would send reminders along with specific readings related to the session to invoke interest and to ensure a richer discussion.

The sessions were all held on Sundays, between 11 am and 1 pm, on Zoom. They saw a participation ranging from 30 to 60 people. As per the tradition of mfc, it was not just the panellists who would speak in these sessions. The moderators would actively seek comments and questions from the audience. All the sessions were recorded with prior permission of the panellists and the moderators, and the recordings were shared with them after the session with a request to suggest edits. Finally, the recordings were uploaded on mfc website along with a brief description of the session.

What you just read in previous two paragraphs would give a sense that things went very systematic and smooth. The initial plan of action to execute these online sessions that was presented to the organizing committee was also very 'systematic and smooth'. But the reality in between the initial plan and this post-facto description of the initiative was actually chaotic.

This initiative made me read through several articles from mfc bulletin that I would not have otherwise read. And it gave me an opportunity to interact closely with such genuine people that I feel blessed. But there is another side to it too.

It was not always easy to find help for the sessions. I had a small circle of friends.

They were all good and well meaning. Some of them were always available, some helped if they were not busy, and some were mostly busy. In the initial stages, you need somebody to think-out loud and figure out some broad framework for the panel. Specific tasks, like sending and managing emails, contacting people on phone, fixing a time for meeting that is convenient to all, creating a zoom link, making a poster, writing a description of the session, editing the recording, and uploading it on the website...all these come later. And then, not everybody responds to emails, and not everybody returns a missed call. So, there was a significant amount of work, but help was not always around.

The reason for sharing this is not to vent out my frustration. It was just five sessions after all. But while trying to do something on

a voluntary basis, many of you might have had similar experiences. I read somewhere that, ‘*Jo problem sab ko hai, who problem hai hi nahi. Woh ek sthiti hai*’ (a problem which everybody faces, is not a problem at all. It is a situation). So, if many of us have faced a similar situation, let’s acknowledge it as a limitation of voluntary work. If many of us are generally busy with some fixed commitments, let’s not be too ambitious about a voluntary forum. As we deliberate on the future of mfc, let’s be practical, and not emotional. Let’s come out of the nostalgia of 1970s...those were different times; those were different people. Let’s choose the ‘good’ that many of us can do rather than propose the ‘perfect’ and leave it on a few.

Email: mohit.p.gandhi@gmail.com

| Session No. | Topic | Session Date | Panellists | Moderators | Friends in the background | Link to the Video |
|-------------|------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1 | Context, origin and initial years of mfc | 4 th December 2022 | Ashok Bhargav Ashvin Patel Anant Phadke Mehtab Bamji Ulhas Jajoo | Ritu Priya Savithri | Srinidhi Datar Thelma Narayan Akshay S. Dinesh Samer Khan | https://www.youtube.com/watch?v=KbUE5N2UowM |
| 2 | mfc’s engagement with medical education | 15 th January 2023 | Anand Zachariah Dhruv Mankad Ravi Narayan | Rakhal Gaitonde Randall Sequeira | Akshay S. Dinesh Samer Khan | https://www.youtube.com/watch?v=P_ZlIh8nAmU |
| 3 | mfc’s response to Bhopal Gas Tragedy | 26 th February 2023 | Anil Patel Ashvin Patel Satinath Sarang Thelma Narayan Yogesh Jain | Amar Jesani Adithya Samer Khan | Ravi Narayan Sunil Nandraj Akshay S. Dinesh | https://www.youtube.com/watch?v=zg27oIXkI5k |
| 4 | The initial idea of mfc | 9 th April 2023 | Abhay Bang Ashok Bhargav | Rajeev BR | Randall Sequeira Savithri Akshay S. Dinesh Samer Khan | https://www.youtube.com/watch?v=OckxUufJdmQ |
| 5 | mfc’s linkages with Drug Activism | 4 th June 2023 | Anurag Bhargava C Sathyamala Chinu Srinivasan Gopal Dabade Mira Shiva Narendra Gupta | Anant Phadke | Akshay S. Dinesh Samer Khan | https://www.youtube.com/watch?v=-HW8tLo6xic |



Kamala S. Jaya Rao **(1937-2024)**

Kamala passed away on 5 January 2024, the year when mfc celebrates its 50 years of existence.

Kamala was associated with the mfc since 1976, and from July 1980 to May 1984 was the editor of the bulletin

Here is a tribute by her mfc friends and family

Kamala (Bahen) Jayarao

Abhay Bang, Gadchiroli

First, a confession.

Last year I visited Hyderabad after a long gap. The first thought in my mind was to go and meet our Kamala Bahen. She must be quite old, I thought. Must see her. But I ended up not seeing her. Shall tell you later as to why.

She played three main innings in her life. First, a medical and nutrition scientist. Then, a socially concerned and active MFC member, and finally, a spiritual seeker. The last I had met her more than twenty years ago was in the Ramkrishna ashram, where she resided for the past several years, as a senior Sadhika and a teacher. When I reached the ashram, she was giving a public discourse with several hundred listeners. She was very fluently and authoritatively speaking on spirituality. The audience was deeply absorbed. Kamala Bahen, a spiritual teacher?

I was surprised by her reincarnation because earlier, for nearly 20 years, I had known her as a nutrition scientist; she had earned MD and PhD, and was the Deputy Director at the National Institute of Nutrition (NIN), ICMR, Hyderabad, with an incisive epidemiologic thinking. I remember coming across her name for the first time in 1976 when she wrote the article, 'Myth of the Protein

Gap', that was published in the 4th or 5th issue of the printed version of the MFC Bulletin. This was followed by several gems – 'Tonics: how much an economic waste', 'Who is sick, mother or the woman?', and 'Kissa Khesari Ka'. She was always brilliant, scientific, lucid, and yet always brought up a new angle.

She was the only true scientist among us - the young, idealist, ideologically driven health activists who had come together as the Medico Friend Circle, that we started in 1973. We wanted a total change in healthcare and in the society. Though we had studied science, our ideology often overpowered our thinking. When she joined us in 1976, she was nearly 15 years senior as well as wiser. Why did she join our young group? I think she found the atmosphere in the academic and scientists' community a little stifling, deprived of passion for social relevance. She probably found that in the MFC. Like an elder sister, she tolerated our heated arguments, lofty talks, often asked pithy questions, and continued her association with us. For a sizable period, she was the editor of the MFC Bulletin, and of course, always the best writer amongst us.

Rani and I got married in November '77. I had just completed my MD in Medicine but felt very inadequately prepared in nutritional

science. Malnutrition was the number one health problem in India (it still is). So, I decided in March that I needed to study nutrition more. It was Kamala Bahen's sheer kindness and love that she invited me to spend a short sabbatical at the NIN and be her guest. Rani asked her to keep a watch on me and ensure that I took bath every day. Kamala Bahen guided me in studying research methods in nutrition, introduced me to the scientists in the NIN, fed me at her home, and when I returned, gave me a letter for Rani, certifying that I bathed every day!

She, along with Dr C Gopalan, had earlier done a major research, published in the *Lancet*, that explained the biochemical mechanism in the development of marasmus, the severe form of child Malnutrition. Her research had shown that marasmus was a successful adjustment to severe nutritional deprivation, and this was mediated through the secretion of cortisol. The unadjusted form was Kwashiorkor. This was a brilliant discovery. She had put her stamp on the field long before joining MFC.

But she was not an armchair intellectual. She was constantly applying her sharp intellect to the socially relevant issues in nutrition. After reading her article 'Kissa Khesari ka', Ashok Bhargav and I planned an MFC field study of the problem of Lathyrism in the Rewa district in Madhya Pradesh. It was a gruelling field study in the month of May. She took

special leave from NIN to accompany and guide us. None of us had any experience of that type of field study. Everything possible went wrong. And yet, without complaining about our misadventure and incompetence, she walked with us, village after village, hungry and thirsty in the 47-degree Centigrade temperature. We shouldn't have risked her health that way. But we did. She never complained or ditched us. The study produced only sweat and tears. But she never blamed us. I think she took it as a sort of spiritual cleansing.

But coming back to my recent Hyderabad visit. On inquiring about her current address, Ashok Bhargav and Mahtab Bamji told me that Kamala Bahen was seriously ill. I called her niece, the only relative I could find. Actually, Kamala Bahen had come from an elite family. Her brother and brother in law were very senior civil servants in the then united Andhra Pradesh government. But now only her sister was left. Kamala Bahen had suffered a severe stroke. Her niece told me that for the past several months, Kamala Bahen was in deep coma, and was on ventilator with life artificially supported. "She doesn't recognize anybody", her niece told me over the phone.

I couldn't muster the courage to visit and see Kamal Bahen in that state. I returned from Hyderabad without seeing her.

Kamala was born in March 1937 in Damoh, MP and was the youngest among three siblings (an elder brother and sister). Her father was an Indian Civil Services (ICS) officer posted in Sagar and Damoh. She was just a year old when her father met with an untimely death in a road accident. Just before his death he was planning to resign from the ICS to join the Quit India Movement.

The family moved back to Hyderabad after his death. Her mother brought up the three children single-handedly and educated all three of them. Her brother-in-law (sister's husband) was a Gandhian who gave up a year of college to go to Bombay to join the Quit India Movement.

Kamala did her schooling in Stanley Girl's High School, Hyderabad. On completing school, she went on to study Medicine in Osmania Medical college. She followed it with MD in Endocrinology. She chose not to do clinical practice and joined the Institute of Preventive Medicine, Hyderabad. In the 1960s, she joined the NIN under the stewardship of C. Gopalan who was her mentor. During the late 1960s she went to San Francisco for a PhD and returned to work at NIN where she continued her scientific research. When she took voluntary retirement from NIN in the 1980s, she was its deputy director.

On leaving NIN, she joined the Ramakrishna mission in Hyderabad - a philosophy that she was drawn to from her early years. She lived on the campus at the mission and gave regular lectures in Telugu on the philosophy and life of Sri Ramakrishna. She also ran a dispensary and engaged with the community health project in the districts of Telangana and Andhra. She moved to a retirement home in the early 2000s where she lived her last years.

(Based on the memories of Kamala's 96-year-old sister, her niece, and Rama Baru)

Kissa Khesari ka

"The Scientists' Contribution

The scientists, on the other hand, have been more active; or being one of the flock, I am probably more aware of their achievements. Some of these are classical examples of how intellectuals, can function from their ivory towers, totally ignoring the socio-economic realities of a situation. Many a time we even believe that the solutions worked out by us are the right ones...

My main reason for discussing this problem is to emphasize once again that most health problems in our country, or for that matter in any other developing country, are basically socioeconomic problems.

Neurolepsy is just one example and not something unique. In other parts of the country, there are other nutritional problems: for example, pellagra and fluorosis in Andhra Pradesh have a similar story. We should remember that whatever preventive measures we wish to offer for a problem should take into account the socio-economic factors of the population. The treatment should not be worse than the cure.

The solutions that have so far been offered to the victims of neurolepsy, in my opinion, will only aid the perpetuation of the situation. It is therefore important that scientists should not offer solutions which will only help the vested interests".

Kamala Jaya Rao (1977)

<https://www.mfcindia.org/mfcpdfs/MFC024.pdf>

An mfc friend remembers ...

"Brilliant, beautiful, ... her laughter

you could hear from miles...It was like bells chiming in a temple/church..."

Dr Kamala was a precious human being and a treasure for MFC

Mira Shiva, New Delhi

Her article “Tonics an Economic waste “ was a real eye opener. I had visited her in NIN and met her in several of the MFC Meetings. The Fact that she was such a senior person in NIN, she never showed. She was so sorted out in her mind about issues related to Nutrition and took clear stands. Kamalaji had a gift for writing in a way which communicated well, simply, clearly, yet strongly.

After her retirement I had visited her in Rama Krishna Mission in Hyderabad in her small room in the campus and she had taken me around. Her simplicity and deep sense of peace, being at peace with herself and the world, really touched me deeply. Wish I could have met her more often and let her know how much we all valued her and her contribution.

May Kamalaji be at peace ... relieved of all pain and suffering of the last few months.

My fond memories about Kamalaben

Ashvin J. Patel, Vadodara

We remember Kamalaben for her humility, simplicity, and helpful nature. She was active in MFC from early years. Even Though she was a senior scientist and Deputy Director of the National Institute of Nutrition, she was humble. She attended many of the MFC core group and annual meetings in early years, sharing even common meagre staying facilities with happiness. It was very encouraging to the young group of MFC members.

One incident I still remember is that of the Survey of Lathyrism due to Khesri dal in the Rewa area of MP. The survey was conducted during the hot summer days. It involved walking long distances and lack of basic facilities. Quite a few times the surveyors could not have safe drinking water on the way, and they had to consume the unsafe water from a pond. Despite being a senior scientist, she worked like a grassroot worker for the survey.

During the initial years of MFC Bulletin there was a lack of articles for publication. We could depend upon her to either write her own articles or suggest something relevant for the Bulletin. Her articles were not only scientific and relevant, but they used to be lucid and in simple language. Spectrum of her articles varied from Irrational use of vitamins, Myth of Protein Gap, and emphasis on women's health rather than only on maternal aspects. These articles are relevant even today. She was a member of the Editorial Board of MFC Bulletin and then she became the Chief Editor for the Bulletin for some years. Under joint editorship of Kamalaben and myself another anthology was published. Her suggestions for selection of articles for this anthology were crucial.

One of the MFC meetings was organised at Dalli Rajhara at Shaheed Hospital. Shankar Guha Niyogi, the eminent Union Leader in the iron ore mines invited Kamalaben and me to speak in a meeting organized for their workers. Kamalaben not only talked about occupational health problems but also underlined the lacunae of present healthcare system and labourers' rights to access good healthcare and better living conditions. This showed her socio-political concern for the people.

I met her twice during the last so many years in Hyderabad. I often remember her with affection and respect. She will always be remembered by her contribution to the MFC organisation and by all those who worked with her.

To Which School Shall We Send Our Children?

One of the objectives of MFC (I hope you remember) is, "to make positive efforts towards improving the non-medical aspects of society...." It is with this in mind that I am writing this...

The point is not how good an education the children in such elite schools receive, but what the children can do with it. They are more successful in competitive examination like entrance tests to professional courses, I.A.S., I.P.S., bank jobs, company jobs etc. Not necessarily because they are more intelligent than other students, not because they are really more 'educated' but they have received a training: which is a passport to these jobs. So, what happens? Our children, grandchildren and their progeny will continue to be doctors, engineers etc. and the clerk's son continues to be a clerk. Thus, we and the country are creating a new caste system-where the haves will continue to be 'haves' and the have-nots continue to be 'have nots' ...

And most of the members of MFC knowingly or unwittingly will be perpetrators of this caste system. In MFC meetings we have questioned the need for hospitals with ultra-modern equipment ... while millions die of malnutrition and infection. Why don't we question the presence of such elite schools when millions have no schools and thousands are offered a sop of schooling?...

Of course, we shall send our children to the Public Schools. As we often say, after all what is there that we can give our children but a good education! Such humility - but behind that facade of humility is the assurance that, ... your child will not be an out caste.

Kamala Jaya Rao (1977)

<https://www.mfcindia.org/mfcpdfs/MFC020.pdf>

Kamala Jaya Rao- an inspiring mfc friend!

Ravi Narayan (mfc member from 1977), Bengaluru

Kamala behen was a legend in her own right along with her mfc twin Mahtab behen, both ICMR scientists from NIN whom we met in the late 1970s as inspirational members of the early mfc.

As we bid farewell to her collectively, I remember with gratitude and awe what an intellectual gift and friend she was to me and so many of us in the early days of mfc. It was at a time when we were just getting used to the tradition of mfc dialogue and intense discussions with 'mat level' simplicity, discovering this unusual thought current!

She was simple, knowledgeable, her work evidence based, rational, but humane and pro people. It was such a refreshing experience for me to meet her especially after completing my MD at the All India Institute of Political Sciences (my nickname for AIIMS Delhi!) where knowledge and learning were entwined with ego, hierarchy, and power.

It was surreal to find senior ICMR researchers like her sitting cross-legged on the 'mat level' discussion hall in Sevagram and telling us how tonics were an economic waste and other such frank but evidence-based

propositions. It was a real treat and a foundational learning experience. I mention this paper of hers in particular because I have used this ever so often for years in all my chats and dialogue with students, friends, and gen-next associates while exploring nutrition, rational drug therapy, drug policy etc – the power of a simple straightforward evidence-based paper – a great example of the importance of a powerful thought current. She has written several such thoughtful papers!

I had the unique and challenging experience of being her successor as editor of mfc and though I could never reach her intellectual heights, her support, together with her straightforward and frank comments, were critical. I had the unique experience of then also simultaneously being the Convenor of mfc which I inherited from Anant Phadke (a record of sorts in mfc history- convenor cum editor mfc; but for support from Thelma, I could never have managed that).

Just imagine how lucky I was to have Kamala behen and Anant as my early mentors and advisers among several others for this phase of mfc convenorship which involved three significant challenges: the Bhopal response, the Medical Education Anthology

and the evolution of the All India Drug Action Network.

Thanks to Kamala behen and Mahtab behen together, we managed to have an informal hot line to ICMR scientists and sources, apart from personal donations from them, to support the mfc study. Finally, we were able to get enough inside data that was controlled by the official secrecy act to intervene with thiosulphate injections in the clinic run by activists and mfc friends in Bhopal – an unwritten story of mfc which included the arrest of young medicos such as Yogesh Jain and other young volunteers' personal brush with the law. It was the contacts with ICMR and the shared science by these ICMR related mfc members of those days including Kamala behen who saved the day including mfc's first brush with the Intelligence Bureau (IB) surveillance (another unwritten story from the archives!).

Thanks, Kamala behen! You were an early teacher of the ideal of a scientist who functioned with integrity, humanity, rigor, and a commitment to equity! May you rest in Peace and as you pass into eternity let us continue your legacy of a humane people's science!

How I wish I had met her

Chinu Srinivasan, Vadodara

Glad to know that a tribute to Kamalaben is being put together. Always regretted I never met her. Always hesitating when I was in Hyderabad, what she will think of me and what will we talk. And talk with her in my rusting Telugu. How silly of me in retrospect. The loss is entirely mine.

I discovered her after a fashion recently, when I went through all mfc bulletin articles from the start for the pharma anthology. I found her pieces were astute, pleasant and a kind of *veruppu illammal sintanai*, freely translated from the Tamil as – a critical gaze without simmering angst. A style I have not succeeded in emulating.

Kamala Jayarao, my colleague and friend

Mahtab Bamji, Hyderabad

My acquaintance which grew into friendship with Kamala goes back to 1965 when I joined the National Institute of Nutrition, Hyderabad. She introduced me to the MFC and the first meeting of MFC which we attended at

Jamkhed, was a turning point in my life. I was greatly impressed with the work done by Raj and Mable Arole, in health care outreach through Community health workers, and felt that this kind of community-based work is

what I wanted to do. I finally moved from lab to land after my retirement. I discussed this with Kamala. Though she was supportive she wondered what I as a biochemist can do, not having either a medical or agriculture background. Rest is history.

Kamala was a good scientist and had a flair for science writing. She was basically a shy person, and made her presence felt through her work, rather than being gregarious. Our friendship grew since we were on the same

page on many social and political issues besides science. Her taking voluntary retirement was a loss to NIN and science but I guess she did what gave her satisfaction.

On October 5, 2022, she called me, and I promised to visit her in the Home for the aged. The next thing I heard was her sudden illness due to cerebral haemorrhage. I went to see her in the hospital and was shocked to see her gazing without recognising and with partial paralysis. Now she is at peace.

Our Aunt- Kamala

Nivedita Kumar, Hyderabad

(Daughter of Kamala's, 96-year-old elder sister, Mrs Seshu Vithal)

My aunt was a combination of intellect and deep spirituality. She was eleven years younger than my mother. My mother was then the first woman graduate in the family and when it came to my aunt's turn, the family encouraged her to do a professional course. Coming from an academically inclined family and being a brilliant student herself it was not a difficult task for her to take up medicine. Kamala then went on to do more of research in the field of medicine than being a medical doctor providing clinical service. Early in her career she was introduced to Dr. Gopalan who was the director of NIN at the time. He remained her lifelong mentor in her professional life, encouraging her to take up the various research works that she became famous for.

We, as a family, have always believed in simple living and high thinking and practiced it in life. This philosophy surely influenced her in life. As children we remember her as being the role model for all of us. We looked up to her for approval in whatever we did. She was a very lively, fun-loving, vivacious person for whom we, the six nieces and nephews, were prepared to do anything just to get an ice cream treat from her!

Remaining single was not something she always aimed for, but it was just that she did

not meet anyone who matched her intellectual level. She was not ready to accept a partner in life who she said she could not respect and look up to!

Kamala lost her father when she was just one year old, in a car accident and, later, lost a dear cousin in a similar road accident when she was in the USA in 1968-69. Her mother, my grandmother, was a very strong and independent minded person who was a great support to Kamala in everything she pursued. However, few years later, in 1975, Kamala lost her mother too, in a matter of one month, to cancer. These tragedies that my aunt experienced in her life influenced her to move towards spirituality in search of peace. This was her early introduction to swamy Vivekanand and Sri Ramakrishna, having read some of their works earlier.

In an essay she wrote for the book *The Monk Without Frontiers - reminiscences of Swami Ranganathananda*, she recollects how she first met him in 1968 while she was in the US. On her return she attended his lectures and was drawn to his philosophy. She often said that Swamiji brought Sri Ramakrishna into her life and that was her connection with the Sri Ramakrishna Math. The service-oriented organisation that the Math is famous for gave her an opportunity to serve society.

This ultimately became her goal in life, and she took voluntary retirement in 1984 and dedicated all her time in the service of Sri Ramakrishna Math.

Aunty, as she was to all of us, was always the person to go to for sane and sensible advice. She remained very much in touch with everyone in the family and was there, for all

of us, at all times even while she was actively involved in the activities of the Math. We were all saddened to see her in the last 14 months of her life post her stroke. Initially we questioned why this happened to her. But as the Hindu philosophy affirms, we believed this was her '*moksha janma*'.

We as a family will always miss her.

The quintessential Kamala Ben

C. Sathyamala, New Delhi

The year of my first mfc meet was 1980 by when Kamala was already a valued member contributing to the health of the organization and the bulletin. By the time she took over the bulletin's editorship in 1980 she had written several articles for the bulletin, some of which have stood the test of time and are as relevant today as they were when written.^[2] She stepped in as an editor when the bulletin was facing its first crisis when it was barely five!^[3] Yet, she began her first editorial with a self-deprecating note:

The MFC Bulletin, in its printed form, is more than 4 year old. This is the 53rd issue. The responsibility of the editorship has now fallen on my shoulders after the Bulletin has been given shape and nurtured by two able, efficient, young men – Ashwin and Abhay. I only hope that my taking over this task does not symbolize senility creeping over the Bulletin, too!^[4]

Hardly senile! She must have been in her early forties! From then on, till May 1984 when she handed over her editorial responsibilities, her pithy, incisive, witty, penetrating comments, direct 'From the Editor's Desk' punctuated the bulletin. In addition to this, she also continued writing full length articles. They were all well-researched, clearly written with very little jargon, and complete with references setting the bar quite high. She treated the mfc bulletin as she would have treated a refereed indexed journal, with the same meticulous care.

She continued writing for the bulletin even after her editorship came to an end in 1984. Her 1985 paper, 'Blessed are the small in size – if they are Indians',^[5] another classic, examined the debate between Dandekar and Rath (study on the measurement of poverty) and Sukhatme ('small but healthy' hypothesis), bringing out 'the essence of the debate, and more importantly, the implications of it'. Her 1989 article entitled 'Ta-Ta' to Common Salt or Vice-Versa?', another classic, on the iodisation of common salt was a pun on the word Tata, the company that had won the tender for nation-wide iodisation.^[6] In an earlier short piece, entitled 'Food in the hands of big industry', she had ended:

This then is a slow but steady entry of big industry into that part of the processed food market, which upto now was entirely under cottage industries. Although such cottage industries were in the hands of middle classes, driving them out of business in this manner will not help the poor but only expand the ranks of the poor. I am not an economist. I do not understand the full implications and the reasons for big industry entering into the small-chain food market, but to me the consequences appear alarming.^[7]

This, written in the mid-1980s, can be considered prophetic as we battle against the fortification of rice today. During the period she was active in mfc, she behaved as an mfc member would and should, not as a senior scientist from the prestigious NIN. Never to

mince her words, she was fearless in what she wrote even if it was against state policies and she an employee in one of the institutions. Of course, those were also different times when critiquing state policies was not considered a crime against the nation. She was one of the signatories to the NET-EN petition and expressed her concern to me that it might be misconstrued by the ICMR that in the year she was leaving NIN, she had become party to a legal case in which ICMR was a respondent. Despite her misgivings she became a signatory as she did not want to go back on her word given earlier during her tenure.

She wrote on what social determinants of health meant before it became a buzz word. In 1986, in the third mfc anthology 'Under the Lens: Health and medicine' co-edited with Ashvin Patel, she wrote in the preface:

An orthodox reader may wonder how a caste war among the medicos or minimum wages for agricultural labourers would ever find a place in a debate on health. This only helps to emphasize MFC's main refrain that health is not a medical subject, but a socio-economic topic and no true health worker can isolate himself (or herself) from the current of socio-cultural and politico-economic forces.^[8]

She was totally invested in the 'idea' of mfc and took an active part through the 'letter to the editor' column as well as writing reports of annual meet discussions. When the 100th bulletin was published, Kamala wrote in her editorial about what was seen as a phase of stagnation:

The seeming status quo is however no cause for despair. When one goes on an upward journey, one needs, once in a while, to stand on the landing and regain one's breath. That helps in taking the next flight with renewed vigour. MFC and the Bulletin will continue, for they have a definite purpose and serve a group, albeit small, having definite ideas and ideals... To modify a famous quote, ask not and what the Bulletin offers you, but ask what

you can do for it. That indeed is the sign of love and friendship.^[9]

Again, on the 25th anniversary of mfc, at my request, she sent a short note for the bulletin (this is only an excerpt, although I was tempted to produce the whole letter):

MFC has to rejuvenate itself. We asked, which way to go? And finding no direction perhaps, have buried ourselves. Today there is not much of the 'Medico' and the 'Friends' too have disappeared. What remains is the circle, designed by Ashok some twenty years ago, staring us in the face. But let us not think it is a sign for STOP; let us once again move. It is indeed happy news that youngsters like the Vellore group (I have not met them but I assume they are young) have taken up the cross. But the core has to extend to them, not a guiding hand, but a hand of friendship.^[10]

I do not know how she came to know of mfc or when she joined it, but mfc was her constituency, her touchstone. In my perception, as much as she gave mfc, she also got an equal measure back. This was in terms of respect and affection from those who were fortunate enough to be around during that time. I was one of them. My first few years in mfc were conflict-ridden when I was trying to find my space within the organization and so I do not remember much about my interactions with her. Just that she and Mahtab Bamji would come together, sit together, and leave together. But it was clear that she was adored as Kamala *ben*. Apart from her sharp, to the point interventions, what struck me then about Kamala was her luminous face and smile (she had it even before she joined the Math), and her infectious laughter. She had this giggle, full of delight, and I being a giggly sort of a person those days, was thrilled to find a kindred soul. Mostly dressed in white/off-white/cream coloured cotton saris with narrow borders, she fitted a textbook picture of an ashram-nivasi rather than a white-coated scientist engaged in cutting-edge research in a lab.

I am not entirely sure when Kamala and I decided that we did like the other, but from my side, I think it was after she took early retirement from the NIN to join the Math; it was like I saw her with new eyes. Incidentally, although I knew she was a nutrition scientist from the NIN, I had little idea of the high position she had reached in that institution. Even if I had known, it would not have mattered to me because I had stopped being in awe of authority figures from the time I was in medical college. That's why, from day one, I addressed her as Kamala, and to her credit, she never objected even once; perhaps she found it refreshing to be treated as an equal and not put on a pedestal! The fact she left NIN to join a religious Math fascinated me and in the few mfc meets she attended after joining the Math, I would sort of corner her and ask her what made her do this (when we met in 2017, she reminded me of this with a laugh). She was indulgent to my pestering, but I don't think I ever got a clear or straightforward answer, at least not enough to satisfy me; and my fascination continued. The two trips I made to Hyderabad in the late 1990s, I met her in the Math when I continued with my questioning.^[11]

The last time I met Kamala was in 2017 when I had visited Hyderabad at the invitation of Anveshi. Knowing that I wished to meet Kamala, Srivats and Veena arranged for the visit. I travelled to the 'home' she was residing in, which was on the outskirts of Hyderabad. To me she looked 'same to same' as we say in Delhi. She seemed, like always, self-contained, and self-possessed. I thought to myself: 'Age cannot wither her, nor custom stale her infinite variety'.^[12] Her residence consisted of a single room, and she seemed totally content living there surrounded by books. I felt very much at home because that is the way I have lived and continue to live. Her laughter was still giggly and infectious and her wicked humour, that, in the past, would occasionally reveal itself, intact. For instance, she took me to meet, in fact insisted

I should meet, one of her fellow residents, a *Tam Brahm*, without warning me of what I was about to hear. That resident, once she knew I was a Tamilian, launched off on a tirade against the *Jallikattu* protests that had taken place in the Marina beach in Chennai a few months earlier in January. According to her it was all a Muslim conspiracy funded by the Saudi Arabian government!^[13] Knowing that, for obvious reasons, I would hold my peace and not argue, Kamala watched my discomfiture with an unholy glee in her eyes. Later she wrote in a mail that she had given some of the fruits I had taken to 'my jallikattu friend' and that 'my jallikattu friend' was 'so happy' that I called on her!

We talked of our mfc friends, which was not much as I had not been actively in touch with mfc for almost two decades. She was very much interested in my Phd thesis (which is on the politics of the science of nutrition) that I had defended a few months earlier in which I had cited her. The concept of 'gastroporn'^[14] we discussed must have tickled her sense of the ridiculous because she wrote me, 'Does watching religious programmes on tv amount to spiritual/ devotional pornography?' Irreverent to the last! Although we exchanged some mails after my visit, because of my own health situation, it could only be sporadic.

I think I was drawn to her because we shared some similarities. Though we came from a different class, caste, and religious background and had a largish age difference, we were both women, unmarried, professionals, and with little attachment to worldly possessions. But there the similarities ended. I fought my battles openly and my scars were there for most to see, whereas she, who must have faced a few of her own both at a personal and professional life appeared seemingly untouched by them. One could not sense any anger, resentment, or bitterness in her. It was interesting for me that in her final years, she chose a retirement home founded on communist ideals^[15] rather than a religious Math or a Gandhian Ashram. There must be

a story there I thought but did not ask. Fiercely independent, Kamala lived life on her own terms with great simplicity and integrity. I wonder what she must have felt when, during the last months of her life, she was on life-support. I think she probably accepted it with the same poise, equanimity and humour that had seen her through life.

As a scientist in NIN, Kamala must have published some great papers in peer-reviewed journals. There must have been many, but Google (Semantic scholar) however could list only eight, six of them stated to be ‘highly influential’ with a total of 162 citations. In contrast, her mfc publications may not be as

heavily cited in formal publications but without doubt they will fall under the ‘very highly influential’ category. Kamala demystified the political economy of nutrition to a whole generation of medicos and non-medicos who were ‘in search of answers’ and confused as to ‘which way to go’. And she continues to guide the new generation as a beacon by the way she thought, wrote, and lived.

Thank you, Kamala, ‘fare thee well’. Let me assure you, you will continue to live through the pages of the bulletin, typos and all!

I'm Fine Thank You

Kamala S. Jaya Rao

*There's nothing the matter with me,
I'm as healthy as I can be.
I have arthritis in both my knees,
And when I talk, I talk with a wheeze,
My pulse is weak, and my blood is thin,
But I'm awfully well for the shape I am in.
I have arch supports for both my feet
Or I wouldn't be able to be on the street.
Sleep is denied me night after night,
And in the morning I am just a sight!
My memory's failing, my heads in a spin,
But I'm awfully well for the shape I'm in.
I think my liver is out of whack,
And a terrible pain is in my back
My hearing is poor, my sight is dim,
Most everything seems to be out of trim.
I'm peacefully living on aspirin,
But I'm awfully well for the shape I'm in.
The moral is this, as my tale I unfold,
That for you and me who are growing old,
It's better to say, 'I'm fine' with a grin,
Than to let people know the shape we are
in.
How do I know that my youth is all spent?
Well, my get up and go' has got up and went.*

*But I really don't mind when I think with a
grin
Of all the grand places my 'get up' has been.
Old age is golden; I've heard it said,
But sometimes I wonder as I get into bed,
With my ears in a drawer, my teeth in a cup,
My eyes on the table until I wake up,
Ere sleep over takes me I say to myself,
Is there anything else I could lay on the
shelf?
When I was young my slippers were red
I could kick my heels over my head.
When I was older my slippers were blue,
But I still could dance the whole night
through.
Now that I'm old my slippers are black,
I can walk to the store but pull my way back.
I get up each morning and dust off my wits,
I pick up the paper and read the 'obits'.
If my name is still missing I know I'm not
dead,
So I have a good breakfast and go back to
bed.*

*(Courtesy: Vedanta Kesari; May
2001)*

- [1] Photo courtesy, Mithun Som.
- [2] ‘The myth of the protein gap’, <https://www.mfcindia.org/mfcpdfs/MFC004.pdf>; ‘Tonics: how much of an economic waste’, <https://www.mfcindia.org/mfcpdfs/MFC011.pdf>; ‘Kissa Khesari ka’, <https://www.mfcindia.org/mfcpdfs/MFC024.pdf>; and ‘Who is malnourished: mother or woman?’ <https://www.mfcindia.org/mfcpdfs/MFC050.pdf>.
- [3] Bang, (Editorial) <https://www.mfcindia.org/mfcpdfs/MFC052.pdf>
- [4] <https://www.mfcindia.org/mfcpdfs/MFC053-054.pdf>
- [5] <https://www.mfcindia.org/mfcpdfs/MFC115.pdf>. The title alludes to a set of Biblical verses (Matthew 5:3-10), that begin with ‘blessed are those...’.
- [6] <https://www.mfcindia.org/mfcpdfs/MFC150.pdf>
- [7] <https://www.mfcindia.org/mfcpdfs/MFC114.pdf>
- [8] <https://archive.org/details/mfc-under-the-lens-health-and-medicine>
- [9] <https://www.mfcindia.org/mfcpdfs/MFC100-101.pdf>
- [10] <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/MFC-bulletin-25-years.pdf>
- [11] There is a YouTube video of her religious

discourse in Telegu and she is also the author of two books with religious subjects (one in Telugu and one in English)

[12] <https://poets.org/poem/antony-and-cleopatra-act-ii-scene-ii-barge-she-sat-burnishd-throne>

[13] This charge was preposterous but was the narrative that was propagated by the upper caste in Tamil Nadu. For an analysis of the protest, see <https://thewire.in/culture/jalikattu-protests-tamil-nadu-politics>

[14] Gastroporn is defined as enticing food imagery, typically found in books, magazines, social media, and television programs related to food and cooking (<https://en.wiktionary.org/wiki/gastroporn>)

[15] The home Kamala was in belongs to the CR Foundation, established in the memory of Chandra Rajeswara Rao (popularly known as CR). CR had ‘left his medical studies to fight for workers and to build trade unions... He was dedicated to Communist ideals and egalitarian values ... continued his journey for emancipation of the toiling masses and struggled for social progress till his last breath. He had the unique honour of being the General Secretary of the Communist Party of India for quarter of a century. He was endowed with the coveted ‘‘Order of Lenin’’ (<https://www.crfoundation.in/>).

Poem on covid

The Last Breath

C. Sathyamala

*I cannot breathe
said the fish
oil pouring down its throat
I cannot breathe
said the sparrow
as cell towers rose up to the sky
I cannot breathe
said the Amazon
thick smoke bellowing out*

*I cannot breathe
said the human
as a microbe,
taking residence,
breathed into life*

*Some five years ago, during a period of
adversity, poetry came upon me. Since then,
we walk hand in hand, delighting in each
other.*

(Source: Sathyamala, C. (2022) ‘COVID-19: The Political Economy of a Global Pandemic’, *Development and Change* <https://onlinelibrary.wiley.com/doi/epdf/10.1111/dech.12711>)

Email: csathyamala@gmail.com

White coat, stethoscope, and some thoughts

(An open letter to MBBS students of 2023)

Mohit Gandhi

Dear friends joining MBBS this year, congratulations! You have worked very hard to achieve this, and you deserve a pat on your back for having succeeded.

However, there are several circumstances that may have helped you. Maybe, you have had access to private coaching that your family could afford. Maybe, you were fortunate to have studied in a school which had dedicated subject teachers. You may be someone who did not have to work after school hours to support your family. Or, maybe, it was State's affirmative action policy that helped you. There is no doubt that you have worked hard, but so must have your peers who appeared for the entrance exam but did not make it. And there are many others whose circumstances may not have allowed them to even dream of this career. Reflecting on such relative advantages will help you stay humble and grounded. Moreover, also realize that we live in an interdependent society. Everyone has a specific role to play, and all roles are crucial for our collective wellbeing. And so, hold yourself back from falling into the narrow communities of 'us' versus 'them'; don't let yourself get alienated. This will help develop synergy between you and those around. Healing, after all, is not an individual endeavour.

Secondly, don't be in a hurry to set up your next goal. Your seniors in the college, the established doctors among your extended family or friends, and even your parents will tell you that a graduate degree in medicine is not enough. Some of you might already have

decided to become a cardiologist, or a cancer surgeon. While it is good to have goals and aspirations, take one step at a time. Let your interests grow organically rather than chasing a pre-conceived notion. You have just come out of an arduous NEET preparations journey. Don't slip into NExT preparations immediately. Instead, immerse yourself into the world of medicine. Five years down the line, when a patient is before you, the ability to answer multiple-choice questions will not be enough to provide care to them. So, use up this time to understand your subject well, and pick-up all the necessary skills.

Thirdly, you will largely be exposed to the theory and practice of diagnosing diseases and treating them with medicines and surgeries. In all likelihood, that will also be your major role for the rest of your life. But 'health is a state of complete physical, mental, and social wellbeing and not merely an absence of disease or infirmity' (World Health Organization, 1948). While you will read this definition very soon, it may take a lifetime to realise its meaning. Try internalising this early on.

Fourthly, you will see many things in your medical college which you may initially disapprove of. For instance, you may find some of the people around you engaged in irrational and unethical practices. Because of hierarchy and an overall unsupportive environment, you may have to ignore or adjust with such things. But do not let your innocence die; do not fall to a level where you start justifying such practices. Because if you do

that, you will become part of the same system that your near and dear ones find extractive and discriminatory. There are several individuals in the field of medicine who have preserved their sanity despite an adverse milieu. Look out for such role models and look up to them.

Lastly, be mindful that your medical college can be a home, and the faculty a loving parent that nurtures you and helps you achieve your full potential. But this setting may also be restrictive; it may limit your imagination and creativity. And it may pull you away from the very same people whom you are to serve. So, remind yourself to regularly step out of the four walls of the college, literally and figuratively.

All the above points equally apply to your friends who made it to other disciplines like engineering, law, or commerce. In any domain, not many are able to go beyond their individual selves. One option is to use this as an excuse and join the rat race. The other is to engage with a larger purpose and inspire.

So, as you begin this new chapter of your life, stay humble, don't rush past career milestones, look beyond the obvious, search for good role models, and engage with a larger purpose. And if all this sounds a bit overwhelming for now, just relax and keep these thoughts with you along with the white coat and stethoscope that you must be eagerly waiting to don.

Email: mohit.p.gandhi@gmail.com

Poem on covid

Suspended in Time We Wait

C. Sathyamala

*suspended in time
we wait
nerveless
witless
complicit
governmentalised
subjugated
we wait
home's our prison
herd we are
but herd we can-not
your breath my death
covid or cancer
take your pick
we wait
segmented
caged
carcerated*

*panopticalised
for shackles to fall
locked with own hands*

“suspended in time we wait” was written in September 2020. During the COVID-19 lockdown, from end March 2020 to October 2020, I was forced to “shelter-at-place” in a small town in India. The measures that were deployed by the state to contain the pandemic were reminiscent of the strategy of segmentation enforced during the plague epidemic in medieval Europe. With a first-hand worm's-eye view, I could observe the dispersion and working of what Foucault terms as capillary power. The anger, helplessness and frustration that I experienced as a public health physician and epidemiologist gave birth to this poem.

(Source: Sathyamala, C. (2021) <https://www.epw.in/journal/2021/35/postscript/suspended-time-we-wait.html>)

Medico Friend Circle Bulletin Editors through the times.....

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| Ashvin Patel January 1976 to May 1978(1 to 29) | Abhay Bang June 1978 to June 1980(30 to 54) |
| Kamala Jayarao July 1980 to May 1984(55 to 101) | Ravi Narayan June 1984 to November 1985(102 to 119) |
| Sathyamala C September 1986 to February 1989 (120 to 148) | Kalantri S P March 1989 to October 1990(149 to 168) |
| Sham Ashtekar and Anita Borkar February 1991 to April 1993(169 to193) | Mira Shiva and Unnikrishnan P V May 1993 to December 1994(194 to 213) |
| Sathyamala C January 1995 to February 2000(214 to 269) | Neha Madhiwalla March 2000 to November 2002(270 to 303) |
| Srinivasan S (Chinu) April 2004 (304) to 2016 | R Srivatsan and Sunil Kaul 2017 to 2020 |
| Srinivasan S (Chinu) April 2021 to Present | |

Medico Friend Circle Conveners through the times....

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| Ashok Bhargava 1974 to 1979 | Binayak Sen 1979 to March1981 |
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| Jasodhara D, Sandhya YK 2017 to 2018 | Deepa V, Adsa F 2019 to 2020 |
| Priyadarsh T, Savitri D, Nidhin C 2021 to 2023 | Priyadarsh T, Savitri D 2023 to 2024 |

From the archives

The beginnings

Letter from Ashok Bhargava (June 1973) <https://www.mfcindia.org/mfcpdfs/history1.pdf>

MFC: A learning experience *Ashok Bhargava* <https://mfcindia.org/wp-content/uploads/2023/02/MFC-A-Learning-Experience-Ashok-Bhargava-10-years.pdf>

Bulletin no 1. <https://www.mfcindia.org/mfcpdfs/MFC001-002.pdf>

At 10 years

The 10th year bulletin <https://www.mfcindia.org/mfcpdfs/MFC100-101.pdf>

At 25 years

The 25th year bulletin <https://www.mfcindia.org/mfcpdfs/MFC260-261.pdf>

The invitation for the 25th annual meet <https://mfcindia.org/wp-content/uploads/2023/02/INVITATION-for-MFC-ANNUAL-MEET-JAN-1999-25-years.pdf>

At 30 years

MFC reminisces: 30 Years of Health Dialogues *Ravi Duggal* <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/30.pdf>

At 35 years

Medico Friend Circle: Anecdotes from a journey of thirty five years (1977-2012) *Ravi Narayan* <https://mfcindia.org/mfcwp/wp-content/uploads/2023/02/35.pdf>

At 40 years

MFC: Looking back and looking ahead; some reflections *Anant Phadke* <https://mfcindia.org/wp-content/uploads/2023/02/Anant-Looking-back-and-looking-ahead-final.pdf>

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MFC Conveners: **Priyadarsh**, Qtr No 601, R3, Medical College Silvassa, Sayali, Dadra and Nagar Haveli - 396230, Email - priyadarsh313@gmail.com, **Savithri Devi**, Department of Medicine, Vinoba Bhave Civil Hospital, Silvassa, Dadra and Nagar Haveli. - 396230, Email - sairam1179@gmail.com

MFC website: www.mfcindia.org

Editorial Committee: Mithun Som, Anand Zachariah, Sunil Nandraj, C. Sathyamala and S.Srinivasan (Chinu)

Editorial Support : Adithya P, Imrana Qadeer and R. Srivatsan

Email : sommithun@gmail.com

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