

REFLECTION

Being an Exchange Student during a pandemic by Mercedes Rumi

To the Centre for Sustainable Healthcare Education and who it may concern,

My name is Mercedes Rumi, an Argentinian student in my 6th year of Medicine from the University of Buenos Aires. I'm 24 years old and I was born in a small town called Carmen de Areco. Currently, and for almost five months, I have been far from my nation, happily studying at the University of Oslo and complying with the Scholarship Program for which I applied last year (Module 6 on "Obstetrics, Gynaecology and Paediatrics"). I am eternally grateful to the prestigious universities UBA and UiO, for their excellent academic teaching, and the opportunity to live together with other students this unmatched experience that strengthens learning in many different fields, while also allowing study in correlative subjects and promoting advances in our careers.

While enjoying the experience and in the middle of the development of the study program, we were all surprised by the COVID-19 pandemic. The virus spread forced the world to take sanitary measures and Norway, also affected by this unprecedented situation, did what it had to do. I believe that Norway's idiosyncrasy and economic position was helpful in facing the pandemic, compared to the obstacle that the socio-economic situation in Argentina is representing. But before I develop this idea and tell you about my experience, I want to share the reasons why I am here and what motivated me to sign up.

Amongst everything, it was my interest in continuing to incorporate knowledge and experiences, obtaining more information and training in subjects related to women and young children that inspired me to come to Oslo. I wanted to experience going through new challenges and at the same time acquiring proficiency in the technical medical English language. In addition to this, to interact with other cultures and idiosyncrasies and

experience diversity in a first world Nordic country. These involvements will help me to become a better medical professional tomorrow.

My curiosity and responsibility have enabled me to enroll in exciting experiences in the past years. After graduating from High School, I joined the Rotary International Exchange program for a year in France at the Charlemagne School in Thionville, acquiring French language skills amongst others. I also had the opportunity to volunteer for three months with the NGO “AIESEC” in Nairobi, Kenya working as coordinator of the “Healthy and Happy” program, as well as in Medellín, Colombia being part of prevention practices in Health and Hygiene. In both cities, I attended daily schools located in neighborhoods with extreme poverty.

Likewise, within the faculty, I participate as an assistant of the “NACER Research Project” lead by Dr. Marta Antonelli who, from her genesis, carries out comparative studies to observe the development, behavioral and cognitive tendencies of the infants of mothers who suffered stress during pregnancy. Last year, by the designation of the “Emotional Assistance of Patients” department in my Hospital, I regularly attended with other musician friends the Neonatology room to sing to premature babies and young patients at risk.

After living through these enriching experiences in such diverse environments and realities, I am completely committed to participate in Public Health programs and develop appropriate preventative programs for the first years of life, especially in the neediest and vulnerable sectors. Studying at a leading university as the UiO meant a huge first step towards this goal by gaining expertise on women, obstetrics, and children. Also, I’m gaining tools for making better decisions to evaluate, contribute and manage to improve sanitary conditions in my future working area. I believe that with dedication, study, common sense and continuing to observe dissimilar realities, I will be able to be a leader in my community and collaborate in adapting or replicating feasible models from other countries.

This is a summary of what I am and what brought me to Oslo, a city that has far exceeded my expectations. I knew very little about Norway, its University, people and landscapes and I am pleasantly surprised and even wanting to stay longer once I finish

studying, to be able to do and know everything that I still could not. If this does not happen, I will return to Argentina satisfied with what I learnt going through this COVID-19 crisis.

In relation to the Coronavirus outburst, the Norwegian political and health authorities have made the necessary restrictions to overcome the pandemic with the least possible damage and victims, with the view that its inhabitants can shortly regain their normal life. Although I am not the one to evaluate and judge the measures taken in the case, I was surprised by their speed and the intensive control through which PCR testing was given to every patient that required it. In this way, it was possible to evaluate the actual and potential number of infected people and not be alarmed, because if panic had been spread in society it would have aggravated the situation. The strategies taken by Norway coincide with my image of the country so far: organized, logical, problem-solving and with a high predictability above all.

Likewise, I'm amazed by Norwegian's quality of life, the comfortable architecture, the friendliness of the people and the importance they give to sport, nature and outdoor activities. It is charming not to hear complaints, and my general impression is that, although there might be exceptions, Norwegians are content and fulfilled with their lifestyle. I would like to learn about this modality and the systematized way of facing and solving situations, because inevitably I compare it to Argentina, where people are more unsatisfied and uncertain. Our government is unpredictable, unstable and changing day by day, and the discomfort stands out.

Contrasting with my long-suffering but beloved country inevitably arise, and there are notable differences between the impact of COVID-19 on both nations. Although economic dissimilarities and health resources explain a good part of the variation, customs and idiosyncrasy also play an important role.

In the early phase -and as soon as the danger of the virus was acknowledged-, by decision of the government and the experts in the field, Norway imposed strict rules. The Prime Minister announced on March 12 the closure of educational establishments at all levels, the celebration of cultural and sports events was prohibited, hairdressers, gyms and the hotel sector were closed. Teleworking or "Home office" was imposed in most

companies and public or private organizations. But, unlike other countries as mine, in Norway there was never confinement or lockdown.

In the city of Oslo the freedom to circulate, exercise outdoors, and visit few friends and family was always maintained, with certain limitations and recommendations given by the leaders. The citizens had the decision on how to behave and the possibility of being distracted by exercising for example, which maintained a healthy body and mind. In turn, in Argentina it has been a hundred days now of complete confinement. This means a stressful situation for the community, added to the saturation of information in the media with unsupported opinions and alarming and manipulated figures, which is imposing anguish in the population.

As of April 20, Norway has gradually reopened its doors and by this time of June almost all activities are normalized because the spread of the virus is under control and the cases that are currently detected are very few. The Nordic countries seem to be the example, in fact the President of Argentina in several of his speeches have mentioned Norway as a model for society to follow (although his government policies and actions contradict in this sense), and also a template for consultation of sanitarians in other countries which are now going through the most critical stage of viruses.

I consider then, that the success in containing the pandemic in Norway was the rapid approach to it, the massive tests for urgent detection of cases for their rapid isolation, but significantly the compliance and responsibility of Norwegian citizens which derives from the trust to their administrators.

Unfortunately, in Latin countries the informality of some of its governors makes society distrustful which results in many avoiding to, for example, pay taxes and also arguing each and every of the measures taken. This creates automatically a gap between the different opinions and attitudes towards one same problem. Although the Argentine government acted very well when decreeing the mandatory quarantine three months ago, the virus is still spreading and with the underlying social characteristics and structural deficiencies the panorama becomes more discouraging and uncertain than in other -more controlled- places.

Firstly, our public health system was not prepared for a pandemic. The vast majority of public buildings are severely deteriorated due to scarcity of resources, few investments

and poor maintenance policies. This is the product of administrative inefficiency together with high levels of corruption of public officials (the money from our taxes is rarely designated to the institutions).

On the other hand, the average income per capita income of Argentinians is less than in Norway which concludes in a lot of informal work and the impoverishment of large conglomerates in subhuman overcrowded conditions, the so-called “*favelas*” in Brazil and “*villas miseria*” in Argentina. The spread of the virus is more feasible in these slums, as the social distancing is not even possible by staying home.

At present in Argentina everyone is forced to wear masks and stay at home except for essential personnel, and although I assume these are good preventive measures, if the restrictive policies continue much longer the educational, economical and psychological consequences will be enormous. For example, children and young people have only attended online classes for three months now. Since the possibilities of access to computer devices and Wi-Fi in Argentina are extremely unequal, there will be children behind in knowledge and the gap of inequality of opportunities will widen.

Diversity of factors make the great difference between Norway and Argentina at the time of the virus crisis that destabilized the world, but in summary, in my opinion, the Scandinavian country found itself better positioned and prepared to face the collateral effects, such as reintegration and unemployment, family economic reorganization, the recovery of children training in classrooms, and the concrete possibility of being able to test the vast majority and hospitalize in Intensive Care the patients in need.

This unprecedented situation in humanity permitted me to experience how medicine develops in two extreme cultures. As a medical student and future professional it allowed me to assess and experience "in situ" the importance of prevention in Public Health and it was an eye-opener for me towards epidemiological science, sanitary medicine and global health (specialties that today have been enhanced). I have also learnt the importance of preventing the spread of panic in the society taking into account the risk that it implies for the elderly for example, who spend many hours in front of the television or radio.

I think the outbreak was inevitable and hopefully it will serve as a great learning and opportunity for change regarding some uncontrolled customs of humanity. Even experts and researchers were surprised by this eruption that had forced us as a society to be more careful and adapt our lifestyle. Sometimes without wanting to stop, we commit excesses such as high consumption which have a daily irrecoverable impact in nature. But, I am sure that these months have helped many of us to reorganize our priorities, to appreciate and eliminate what's not essential, and optimize our time.

The role of the medical professional, health workers, in their different levels and specialties, nurses, ambulance drivers, administrators, has been appreciably enhanced, which is very positive as in Argentina for example it was certainly undervalued. For instance, a professional soccer player is idolized much more than our doctors, but these days, the media allowed society to realize an enormous number of infectious disease doctors, sanitarians and laboratory researchers that had dedicated their entire life to study for the wellbeing of other humans. Undoubtedly there are now many anonymous investigators that are creating the COVID-19 vaccine and performing relevant research.

I consider myself lucky of having to go through the pandemic in a privilege and safe place, and admire how Norwegians were able to build a country with trust and respect as their foundations. We have a lot to learn from you and whenever I can, when I communicate with my friends in Argentina, I convey my enthusiasm for them to come to know Norway and understand its functioning so that slowly by slowly we can build a country as yours.

Lastly, I want to thank you again for the opportunity you have given us. I fully enjoy every day as a UiO exchange student, and when I felt somewhat worried or have doubts about how to face what was coming, me and other colleagues received kind emails from the University, making us feel that they take us into account and we can count on them. There were entertaining recital proposals online and, for example, we received invitations from Anne Westheim (in charge of the International Students in Faculty of Medicine) or from Anne Flem Jacobsen (Head of the Module), to share a walk or dinner with them. This comforted us, because they dedicate time out of their personal or private

lives to us, which speaks of their education and care for others beyond their obligations, distinguishing once again the great qualities of Norwegians.

For the time being, back home in the farm where I grew up, my parents are going through their total lock down but with a new member of the family, a four-month-old Bernese Mountain Dog, who was spontaneously named by my mother: Oslo.

Mercedes Rumi