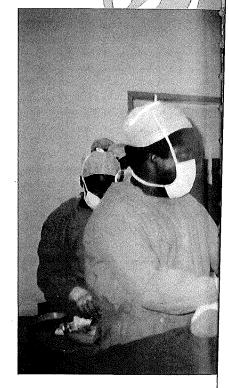
## A Personal Recollection of Life in Zambia

or Debra J. Newman, M.D., time spent in Lusaka, Zambia was memorable and challenging. Although she was there four years ago, October of 1985 to April of 1986, the experiences are still very vivid in her mind, and her enthusiasm sparks curiosity and intrigue in those who speak with her about those experiences.

Dr. Newman of Gold River, California, described the people of Zambia as friendly and said they, as well as hospital staff and students, welcomed her. "I felt very comfortable with Zambians. I am a talker, so I would go up, introduce myself and ask to join them." However, it is realistic to remember that they have their own lives and are not rushing out to embrace newcomers, she notes.

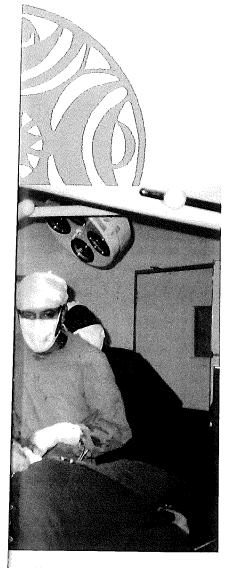
The ASA Overseas Teaching Program had not yet been established when Dr. Newman made the decision to go to Africa. "I wrote letters to anyone I could think of, doctors and missionaries included, and finally a friend



suggested University Teaching Hospital in Lusaka. I went 100 percent on my own." Four years ago, the anesthesiology students were not considered residents, but rather anesthesiology technicians. Most had only finished high school and an additional three years of field training. About one-third of the hospital staff were nonnatives, comprised of Americans, Britons, Soviets, Czechoslovakians, Pakistanis and other Europeans and Asians.

While Dr. Newman was at University Teaching Hospital, she was their primary teacher and felt it was more important to concentrate on the practical aspects of anesthesiology. She believes that teaching is the primary way to make an impact. "We could go to an undeveloped country, work for a short time and leave, but what good would that do?" When the volunteer teacher leaves, the knowledge does not. "There is nothing in America that I can do that hundreds of other people can't do; however, in another country, I may actually make a difference." Those working in the hospital spoke primarily English, but in Zambia, there are 73 languages so it was difficult to communicate with everyone, she said. "You learned a few words from the most common languages; that was about all you could do. I could say, 'How are you?' and 'Where do you hurt?' " If the patient spoke a different dialect, they would have to point, "and we'd go from there."

After arriving in Lusaka, Dr. Newman had no idea where to live or what to



Dr. Newman's colleagues at the University Teaching Hospital in Lusaka worked together as a team. She said they concentrated on the practical aspects of anesthesiology and, hopefully, left behind some of their knowledge when they returned home.

expect, so she decided the best thing to do was to "roll with the punches." After two weeks of living in a house, she chose to move closer to town. The Ndeke, a garden motel, became her home for the duration of her stay. The Ndeke was only 1-1/2 miles from the hospital, enabling Dr. Newman to ride her bicycle back and forth each day. Her room was 10 feet by 12 feet with two twin beds, a private bath and a television that aired programming for only four hours a night. Most of her fonder memories are from the Ndeke and the friends she made there who are still very close to her heart. Among their other activities, it became a ritual to eat their evening meals together.

(American food was limited, and "you'll never see lettuce.") It was during this time that they would engage in "heavy-duty, high-powered talks about politics and cultures." Life in the Ndeke reminded Dr. Newman of her old college days.

Dr. Newman now laughs when she recalls how difficult it was to get a pair of socks. She did make numerous attempts at writing home to ask her mother to send package (after package) of socks. After not receiving any of the packages, she learned that the Zambian people have "a habit" of going through packages when they come in the mail. Supplies are not easily accessible in this impoverished area, and the Zambians' needs sometimes outweighed their virtues.

She had many fun times in Zambia; however, she does not want to paint too colorful of a picture. There was a lot of hard work involved, and the culture was not what many Westerners are accustomed to. According to Dr. Newman, not only does one have to be dedicated, but it also helps to be self-contained. She spent what spare time she had reading books from the American and British libraries in Lusaka. She also played squash and took up running to shed the day's pressures. While jogging in the hills around the city, she often attracted a trail of young children who would run behind her.

When the sun went down, though, the evenings brought a different scenario. She learned quickly that a woman could not go out alone at night. Women's

liberation in this regard had not reached into their culture. As she tried to explain about the unspoken taboo, she said, "It is hard to impose our words on their culture."

Dr. Newman feels she was at an advantage because of her length of stay in Lusaka. It takes time to acquaint yourself with the Zambian lifestyle and establish friendships.

After returning to the United States, Dr. Newman reflected on the simplicity of things in Zambia. She said that when she left for Zambia, there was a "high tech" ringing in her ears. Working in Lusaka revealed how simple, yet safe medical procedures without the latest technologies could still be done.

Dr. Newman said she admires Nicholas M. Greene, M.D. and his Ad Hoc Committee on Overseas Anesthesia Teaching Programs for their efforts to recruit anesthesiologists for what she believes is a most worthy mission. Although Dr. Newman was eager to return home after her six-month experience and do the "American thing," she believes she is a better doctor for going to Zambia to teach — and learn.





The equipment was basic and simple when compared to the "high tech" of U.S. standards, yet safe and effective to meet their needs, Dr. Newman said.