

# MIND TO MIND

Creative writing that explores the abstract side of our profession and our lives

Stephen T. Harvey, M.D., Editor

## I Am a *Mzungu*

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**W**e raced through the Serengeti toward the next watering hole, where we hoped to catch a glimpse of a hunting lion. The Land Cruiser slowed upon our approach to a line of safari jeeps. A family of lions rested near a lone tree, the large male snoozed in the shade as the cubs were coddled by their mother. Tourists with wide-brimmed hats snapped photos of the amazing creatures. With each movement of the lion's head, I tried to photograph the magnificence of his mane. Appropriate exposure was impossible; this photo might prove I had seen a lion in the wild, but would never be deserving of a frame. As the sun descended, the jeeps made a procession out of the park. I stared out the window into the hazy desert horizon and observed a lone boy tending a herd of goats. Aside from the jeeps and the dusty road, there were no signs of civilization as far as the eye could see. He stared motionlessly as we passed. I snapped a picture from the moving car that would be a blurry waste of megapixels. Two hours later I rested my head on a feather pillow and drifted off to sleep amid the sounds of a Serengeti serenade.

I am a *mzungu*. In Swahili, this means *foreigner* or *strange person*. It is a term I became familiar with while walking the streets of Tanzania. The locals often stare when a *mzungu* passes by. A young child will point a finger, "Mzungu! Mzungu!" His mother might chuckle and simultaneously smack him on the head.

My first exposure to Tanzania was when I climbed down the ladder of a twin-propeller plane onto the battered runway of the local "International" Airport. It was an

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open air, tin roof structure that looked like an abandoned post office. I navigated my way to a taxi as the schoolyards ahead had just released thousands of uniformed children. The driver weaved on dirt roads between groups of children with disregard. We arrived at my accommodations where a security guard stood faithfully by the gate with club in hand. The guesthouse grounds were swept neatly to the back of the property, where a tall, chain-link fence created a border from a shantytown of mud huts and piles of garbage.

I found my way to the cinderblock hospital the following morning. The smell of the operating theatre immediately took me back to my cadaver lab in medical school. An old man in blue rubber knee-high boots mopped puddles of cleaning agent around the floor. It wasn't long before I was assisting with the anesthesia for a diaphragmatic hernia repair on a 1-month-old girl with pulmonary hypoplasia. The operation was a success and the intubated infant was taken to the recovery area in surprisingly good condition. I manually ventilated her in the absence of mechanical ventilators. The afternoon rolled on and I finally left the infant in the care of the recovery nurses; she would be taken to the ICU soon. I assumed the patient would recover adequate ventilatory drive and do well overnight. I was soon wandering the streets, enjoying the peculiar sights in this new culture. That evening I ate chicken masala and drank a cold *Stoney Tangawizi* at a local hot-spot for Westerners. As I enjoyed this luxury, little did I know that the oxygen supply at the hospital had failed, leading to the death of the infant. I rested my head on a soft pillow and drifted to sleep; it was the following morning that I learned the sad tale of her death.

Sad tales were commonplace at the local hospital. "Did you hear about the death in the theatre last night?" one of the anesthesia students asked me one morning as I arrived. He continued, "The senior [anesthetist] put in a spinal and went on tea break. When he returned the patient was dead." As the details came together, it became apparent that it was a high spinal that led to the patient's demise.

Tragedy struck again when a prominent community leader was brought to the hospital in critical condition after a myocardial infarction. Upon his arrival in the ICU, the only ventilator and several infusion pumps were immediately removed from other critically ill patients to aid in his resuscitation (which ultimately failed). Such blatant disparity is often not evident in modern, resource-rich hospitals.

With each passing day, I struggled with feelings of judgment with what I viewed as the apathy and ineptitude of the hospital system. The healthcare that I was accustomed to seemed more civilized, fair, and accountable. I spent many evenings pondering this as I sat at the hotel watching other Westerners drinking beer at the poolside bar. Their chiseled bodies, bronzed skin, and fine clothing displayed health and wealth. The patients and employees at the hospital, just a few miles up the hill, would never know such luxury.

The locals sum it all up with one word: *mzungu*. There is no doubt, I am a *mzungu*. I live in a fantasy world. As I enjoyed a four-star safari, a young Maasai boy tended his goats in a barren desert. The employees at the local hospital experienced poverty and illness and were all too familiar with death. Doctors and nurses worked long hours with limited training and resources, constantly being forced to make complicated medical and ethical decisions with little outside support. In my altruism, I entered their world and was disturbed by their mistakes and failures. I visited the national parks that many of them can't afford to visit, then I left. I arrived in Tanzania to be a medical mission superhero, but ultimately left as just another *mzungu*.

Years later, I sat in a wobbly chair in a one-room schoolhouse in Guatemala City. Hundreds of patients formed a line to see the visiting doctors and nurses for medical screening. Many of them were diagnosed with type 2 diabetes and given education through Spanish translators. The single bathroom was soon overwhelmed and the smell of septic filled the schoolhouse. The heat was stifling, the conditions were abysmal. Sometime in the afternoon, after hunger and exhaustion had long set in, I sat back for a moment and looked around the room with satisfaction at the progress being made. Something transcendental happened as I viewed myself as one with them; in this room I was no longer a *mzungu*, I was a friend.

There is a *mzungu* within us all. Facing the inner *mzungu* and understanding his or her judgments and biases is critical as we reach out to those we may *perceive* as “less fortunate” than ourselves. The Latin word *compati*, the root of compassion, means “to suffer with.” Perhaps the best medicine for a *mzungu* is a dose of local suffering. As we leave luxury behind and experience the struggles of the people, we may gain a new perspective on why things have become the way that they are. With newfound compassion, we may then be able to do some good. Without it, we may be just another tourist, just another *mzungu*, doing our good by feeding the local economy with foreign dollars, and little else.