Most of the time, Dr. Michael Newman practices as a general surgeon at Fayette County Memorial Hospital in Ohio. But over the last eight years, as a volunteer with Doctors Without Borders/Médecins Sans Frontières (MSF), he has also taken his surgical skills on multiple missions to countries in the midst of war or recovering from natural disasters. He also serves on the board of directors of the U.S. section of MSF, to which he was elected in 2011. Here, he explains what led him to MSF and why aspiring doctors might want to join him in the future.

What made you want to get involved with Doctors Without Borders?
In 2004, there was a huge tsunami in the Indian Ocean. Indonesia, which was most affected by this tsunami, was in the midst of a civil war. I heard news reports that Doctors Without Borders wanted to provide help in the northern part of Indonesia. The Indonesian government wanted to send military units with the Doctors Without Borders units into the northern part of the country, but Doctors Without Borders said no; they refused to be accompanied by the military.

Impartiality and neutrality are central themes to Doctors Without Borders, and I liked that they were not willing to sacrifice their principles. I had heard of them peripherally before this, but at this point I did some research to find out what they were about, where they were, and what they were doing.

MSF doctors work in some very isolated and dangerous places. Did you have any apprehensions about that when you applied?
No. I’ve always been willing to go where they feel I’m most needed. I was a little nervous when I went on my first mission—and I’m a little bit embarrassed about this—but it was more because I didn’t have any foreign travel experience. This is one of the things they look for in people, that they’ve had some foreign travel experience, so I was atypical in that I didn’t even have a passport. I had to get a passport to go on my first mission.

And where was that?
I went to Liberia for five weeks, toward the end of the civil war there. Generally surgeons and anesthesiologists go on shorter missions than other specialties; you tend to work pretty hard for a short time and then they send in a relief person.

The hospital where I worked was in the capital, Monrovia. It was a school building that was converted into a hospital, and it was run by MSF. We treated some conditions that are similar to things that I treat here, like appendicitis, but also some unusual disease processes like typhoid and unusual skin infections and ulcerations that I don’t see at all here in the United States. But most of what we did there was surgical. There was a fair amount of injury related to violence, which I don’t see often in my practice here. And generally in the United States I don’t do extensive orthopedic work or deliveries, but I do some of that when I’m on a mission.
What did you find most challenging about working in that environment?
Aside from the wide spectrum of diseases that you don’t normally see in the U.S., the work environment was somewhat minimalist in terms of equipment and supplies. In the United States you have a much wider selection of instruments and various technologies that really aren’t available when you go abroad to these situations.

It was very challenging and exciting and interesting, and I enjoyed it. It changed my perspective. In the United States we take many things for granted, like hot water. There was no hot water, and you couldn’t drink the water that was coming out of the tap. Here at home, you flip a switch and the light comes on and you don’t even think about it. In many places MSF works, you’re reliant on generators, and if the generator’s not running you don’t have electricity. I’ve grown to appreciate those things a lot more having been places where they’re not readily available.

Where have you traveled since that first mission?
I did another mission in Liberia, and I’ve been to Nigeria three times. I went to Sri Lanka, which is an island south of India, and most recently I was in Syria. It seems that all of my trips have been to regions in the midst of civil war or some other war activity. On my more recent trips, the only thing I treated was injuries related to war.

Do you plan to go on another mission soon?
I hope so. I don’t have any specific plans, but there have been a couple of instances where I’ve been called to fill in at the last minute for somebody who had to cancel. I’m up for that, and if I can fit it in with where I work, then I’m happy to do that.

Some of our readers will certainly enter the medical field. How might they know if MSF is something for them to aspire to?
It seems to me that in many respects medicine in the United States is somewhat of a business. For me, that is definitely one motivating factor for going on missions. It reinvigorates me when I go abroad and get involved in the non-business delivery of medicine, pure medicine.

I hope that most people who pursue a medical career aren’t doing it just to make money. That’s important, but I think if that’s not your primary motivation, then Doctors Without Borders is something to consider.

You were well established in your practice when you got involved with MSF. Would you recommend that people get involved earlier in their career?
Yes. In fact, we used to require doctors to be out of their residency and to have practiced for two years prior to volunteering with Doctors Without Borders. Now, you can do a trip with Doctors Without Borders right after you complete your residency. And I think that’s the best way to go. It’s hard to leave early on in your practice. But if you got settled into a practice after a trip with Doctors Without Borders, you’d be more likely to incorporate future trips into your career.

And of course there are opportunities to do mission work or humanitarian aid work during your residency. There are many programs that offer opportunities to get involved while you’re in training. There’s no need to wait.

Learn more at www.doctorswithoutborders.org.