



# African Immigrants Project

## Interview transcription

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### Suzette Osei

**Interview date:** January 26, 2001  
**Location of interview:**  
**Country of origin:** Ghana  
**Ethnic group/language group:** Ashanti/ Twi  
**Religion:** Christian  
**Profession:** Medical doctor (endocrinology)  
**Level of education:** Medical school/ PhD  
**Location of residence in Philadelphia:** Wayne

*After completing medical school in Ghana, Dr. Osei came to the United States in 1989 to do a PhD in Pharmacology at Tulane University in New Orleans; Tulane University has a connection with the University of Ghana. Her husband, also a doctor, came to do his PhD at the same time. She did her internship and residency in New York at Albert Einstein College of Medicine. After that, she went to Boston and did three years of endocrinology training.*

*Dr. Osei moved to Philadelphia with her husband and young daughter in 2000 and took a position at the University of Pennsylvania Hospital. Her husband also works at UPenn Hospital. The family plans to return to Ghana in four or five years. Dr. Osei is a member of the African Christian Fellowship, as well as various professional organizations.*

Interviewer: Leigh Swigart (LS)

Interviewee: Suzette Osei (SO)

[START SIDE 1, TAPE 1]

LS: Give me your name please.

SO: Suzette is my first name and my last name is O-s-e --- as in “elephant” --- -i. Osei. It’s pronounced “Oh-say.”

LS: And you are from?

SO: I’m from Ghana. G-h-a-n-a, not the Guyana. We often get ---

LS: I have heard that. That a lot of people make that confusion.

SO: Yes.

LS: It always sort of surprises me that an American would know where Guyana is, to tell you the truth.

SO: Come to think, yes. That's surprising. But often that's how we get confused.

LS: And what is your ethnic group?

SO: I am Ashanti. Ashanti.

LS: I have never heard the name "Osei." Is it a common Ashanti?

SO: Yes, it's very common, extremely.

LS: Do you say Ashanti or Asanti? Or either?

SO: Either.

LS: Is there a preference in Ghana as to which one you say?

SO: No, there isn't. I mean, personally I'm not even sure in which circumstances we use the other one. Ummm ---

LS: In your language, what's the rule?

SO: Asanti is not the tribe. Asanti is descriptive. So, for instance, if you're talking about the tribe, it would be "Ashanti." We wouldn't say "Asanti tribe," to be Ashanti. Or we speak Asanti and we are Asanti people. It's more descriptive ---

LS: Oh, I see, I see. I never heard that. I thought one was Anglicized. So Ashanti is the ---

SO: Is the tribe. Like if you are talking about, you know, in the books you didn't see "Asanti tribe." But if you ask, "Where is this person from?" "She is an Asanti person." So it's used descriptively and not as the noun.

LS: Okay.

SO: Yes. I think. I'm trying to ---

LS: And your native language is ---

SO: Twi. It's spelled "T-w-i" but probably pronounced "c-h-w-i."

LS: Yes, "Chwi." We used to --- the University of Pennsylvania used to teach Twi.

SO: They did?

LS: Mmm-hmm.

SO: Interesting.

LS: Also, there was a very well-known scholar, Asanti scholar --- I'm spacing on his name, he's a linguist at Legon, who does all the things on Ghana, the praise-singers, I'm just forgetting his name.

SO: Yes, well, Legon is one of our universities, so ---

LS: He's very well-known and I've just forgotten his name, but he was here for a couple --- a couple of years ago ---

SO: Interesting.

LS: --- and I think people were teaching. Any African language that someone wants to study here, if they can find a tutor, you can have a one-on-one course on it, a tutorial. Can you tell me a little bit about your education, starting from the beginning?

SO: Starting from the very, very beginning, in terms of childhood or in terms of college?

LS: Just everything, from childhood on.

SO: We have a British system because we were a British colony and so ---

LS: And where were you born?

SO: I was born in Ghana, in Accra.

LS: In Accra, okay. So you are not from up north?

SO: No. I was born in Accra. Accra is the biggest city and, um, I'm sure, as you would have understood, our tribes aren't based on where we were born, unlike the US where you say "I was born in Texas" or whatever. I'm Ashanti ---

LS: DO you have one parent who is Twi, is that why ---

SO: Both of parents are Twi and that's why I'm Twi. So it doesn't matter where I'm born.

LS: So Twi and Asanti are the same thing? They're not, though, are they?

SO: Twi is the language ---

LS: --- of the Asanti.

SO: Of the Asanti people. So I was born in Accra, which is the biggest city ---

LS: I've been there a couple times.

SO: Really? Wonderful.

LS: It's a lovely city.

SO: Yes, it's a small city --- um, so, to get back to the question, we were a British colony so typically we have the primary school, which is more equivalent to the kindergarten up to perhaps

the highest grade here. I am not yet totally familiar with your school system, even though my daughter is in kindergarten. But I think we have secondary school, which is equivalent to perhaps a little of your middle school and college, would you say? Secondary school we have ---

LS: And high school.

SO: And high school. So we have a total of seven years in secondary school, in which you do five years and then you do sixth form. So in sixth form is after which you go to the university. So that is our school system. So it's a little different, 'cause I went to a Catholic secondary school, it was called Holy Child College.

LS: Was your whole primary education Catholic?

SO: My primary education was in, um, Services Primary School, which is an army --- because my father was an army officer. My father died when I was young, but he was an army officer, so, um --- it was called Services, the Armed Forces Services Primary School. I went there till class seven, and then we have a common entrance exam, and after the common entrance exam, if you pass, you go into secondary school. [break in tape] So typically, our secondary school systems are boarding schools. So most of us leave our parents and go and live outside in the boarding school. And most of our secondary schools are single sex schools, are unisex. So Holy Child Secondary School was a girls' Catholic school. So from --- typically, our educational system is such that in the first three years you choose an interest and there are two main branches. So it's really very different from here and I think it has its flaws, in a way.

LS: And they do O and A Levels also?

SO: Exactly, exactly. But before then, in the first three years of secondary school, you choose whether you will be Arts or Science, you chose it very early, unlike the system here where you do a little bit of everything.

LS: That seems awfully young to make a decision.

SO: Exactly, exactly. Because most of the times we are like eleven, twelve, thirteen. So you determine whether you are going to be a science person or arts. So when you make that determination, then you are put in what we call form four, form five. You are in the science grade --- and I was in the science grade --- or arts and you do business and accounting. And then you sit the O Level, and then if you pass, you go to the sixth form. So the sixth form is almost equivalent to --- I'm not sure exactly how, but ---

LS: Probably a little higher than a senior in high school. It's probably more like when you do a *baccalaureate*. It's farther advanced than our senior in high school.

SO: Okay. So when you get into sixth form, then you are preparing for the university and, again, we do the --- you do biology, chemistry, and physics, if you are going to be a doctor or --- either a doctor or you may be a professor in the sciences. Or you may --- so those are the kinds of tracks in the science field. And so when you get to the end of your sixth form and you sit, it is a very competitive exam. Very few people get into med school, but it's universally available, I would say, more than here in terms of accessibility because it's not --- the school system isn't set up such that some schools have a preference. Not necessarily a preference --- necessarily in terms of the fact that someone going to Yale may be more apt to go into med school, but it's your grade and perhaps here to some extent where you train makes a big difference as to where you go. But there, I think it's really fair, in the sense that people from all walks of life end up in medical school and law school and the like.

LS: Were your parents educated?

SO: Yes, my dad was educated, he was a university graduate, and my mom was a teacher. She went as high as college.

LS: So you were in that group of educated Ghanaian --- ?

SO: Yes, I would say that.

LS: And what about Catholic school? Is that very common in Ghana?

SO: It's very common.

LS: Or is Church of England a bigger thing?

SO: Well, we have *many* religious schools, because the missionaries came and started these different schools and so all our secondary schools are either Catholic or Presbyterian or Methodist secondary schools.

LS: But there's the public ones also?

SO: There are few. They are the minority.

LS: So they have depended on the Church ---

SO: Yes.

LS: --- to take over that function.

SO: The churches have taken over that function, even though they do get some governmental support. They are the ones that are the best. Most people flock to those, because you are supposed to get more discipline and, you know, religious ---

LS: I lived in Dakar for six years. and that's ninety-five percent Muslim, and the schools of preference are Catholic. For secondary school. Because they have rigor and they have discipline.

SO: Yes.

LS: And they are ( ) education.

SO: Yes, exactly, so you know what I mean.

LS: It's sort of what it's like here, still, to some extent.

SO: Yes, that's true. I mean, the parochial schools here are well respected, yes.

LS: So in what year did you pass your A Levels?

SO: I think probably in '79. I went into med school in Ghana. We have two med schools, but there is one that is the longest established. It's in Accra, University of Ghana Medical School. It is the biggest and so that's where I went. It's very highly regarded.

LS: It's not in Legon, though? It's separate?

SO: It's part of Legon, but it has campuses being based at a hospital, because you know Legon is --- we start our first years in Legon, so we do get into the university kind of thing. It's more of a time where we veg a little bit, and then you get to serious stuff when you get down to the hospital system. So we have a campus, a small campus, near our biggest hospital where we are trained.

SO: This is unlike the American system. So you go straight from secondary school into medical school and you don't an undergraduate degree and then medical school?

SO: Yes, so our equivalent, our sixth form, is almost the time where --- so perhaps we go into med school a little younger. Perhaps, I think.



LS: And how long is the medical school?

SO: It's longer than here. Our med school is about seven years long, so it's structurally quite different from the way it is set up here.

LS: And after that you do specializations?

SO: And after that you do your internship and residency before you do specialization.

LS: So the seven years doesn't even include the residency?

SO: No, it's just medicine.

LS: And when you finished that, you did all that in Ghana?

SO: Yes, I did all that in Ghana.

LS: And when did you do your specialization?

SO: Here.

LS: You came here.

SO: Yes. So I actually did my internship and residency, umm --- actually, after I finished med school, I came here to do a PhD in Pharmacology in Tulane University in New Orleans. So I did my residency a little later.

LS: How did you end up in Tulane, and why did you decide to do a PhD on top of that, and all that?

SO: In our set up, we have a track in which people who are interested in what we call the basic sciences, that want to be teachers in medical school are groomed. So they have a separate track where they expose us to a little bit more research, even in medical school. And we have almost an exchange program, in which --- which was set up by professors I had who actually have their

faculty come over to the Ghana Medical School to give us. We do have that --- we always had that with the UK system. But this was something new in our time in med school when they started inviting faculty to come and teach us, and also students to come there and rotate. And so it is through that they established a tracking in which some of us would come here and do PhDs as part of our interest in teaching and in the academic ---

LS: How long did it take you to do your PhD?

SO: It took me four years.

LS: How did you like Tulane??

SO: I liked it. I mean, I think that looking back, coming from Africa, the South --- even though it would look unusual was a good way to start from a weather standpoint. I mean, I, you know, the weather was like 50. I, like, was freezing. I'm like, "Oh, my God!" But I can't imagine that I would have ended up in New York to start ---

LS: Albany, or something ---

SO: Albany or something. That would have been quite a shock. And so I think in that respect it was a nice place to start. The culture shock was big, there were a lot of --- certainly in the South -- a lot of very huge cultural distinctions that I faced.

LS: So you were there in the late eighties?

SO: Yes, I got there in '89. Yes, to '89 to '93 or '94, when I finished my PhD.

LS: What were some of the things that struck you?

SO: Well, um, the South is very segregated and one of the things that I --- there were a lot of Ghanaians in our program. A lot of Ghanaians and a lot of Africans. At the time I was there, we were maybe about three or four Ghanaians who actually won fellowships to come and do our

PhDs. So it wasn't really lonely and we did very well academically. I mean, the very interesting thing was that having been through med school and the kind of drilling we go through back home --- and it's always very difficult to explain to people --- it was very amazing that people could imagine that we found the education system very do-able. It used to bug people. But ---

LS: That you didn't have more problems?

SO: That we didn't struggle, yes. But the thing is that we did --- I mean, they forgot that we did a lot of that kind of stuff even under much more difficult circumstances back home. Because back home the relationship between professors and students is, um, leaves a lot to be desired on reflection. Because it's like they walk into the classroom and even if your mouth drops, you are in trouble. And we are not kids, we are, you know, young teenagers. Here, people drink in class. It's like you'll be out of the med school just for ---

LS: People are very disrespectful here.

SO: I don't think so. I mean ---

LS: ( ) disrespectful?

SO: No, I don't think so. I don't see how drinking should affect what you're learning at all. So I think that we carry it to the extreme. And one of the things that we have learned is that --- I mean, some of us who came here and actually went through this kind of training, have been giving back home our professors a lot of problems. So we've learnt a lot, that I think that we -- 'cause, um, we had a professor who used to come here, and go back and treat the young ones very bad. And here he's literally doing something different. So we saw that.

LS: Oh, so he could actually adapt ---

SO: He treats --- exactly. He adapts well here, and then goes back and then tyrannizes the people back home.

LS: My husband taught at the University of Dakar for awhile, and they are so authoritarian, and they all loved the American professors, 'cause they would talk to them like they actually had a brain.

SO: Exactly.

LS: The thing that was amazing is that a lot of the professors at the University of Dakar had gotten PhDs in the US and then they went that and did exactly the same things to their students that had been done to them.

SO: Exactly.

LS: And so ---

SO: Oh, they did --- they were better? Is what you mean?

LS: No, no. They went back and were exactly the way they had been treated in the University of Dakar. It's as if they had never seen any other model. And my husband thought that they were just treated awful.

SO: I mean, it's totally unheard of that you will just get up and approach a professor or question what they say.

LS: Which we are encouraged to do, of course. So that's interesting to see that. But it's interesting that someone like that would be able to adapt here. And then ---

SO: Exactly. They do. I mean, he --- obviously, while we were in training, he would come here and teach, like this is an exchange program. And he was approachable, people love him here, and

he goes back and people hate him back there. And so we were able to really draw his attention to some of those things. We've created a lot of trouble for people, shaking up the system. We started up a project in which medical students would actually vote at the end of their class for the best teacher and actually give them a plaque, so we send every year a plaque and a certificate, which we buy and send to them to give to a professor, and that ---

LS: Do they like it? Do they consider it an honour?

SO: Yes! They do. And so it makes the professors much more --- you try harder to be there. Yes.

LS: 'Cause it's definitely an honour here.

SO: Exactly, it's a big honour there and they all look forward to it. And so they, they --- we've somewhat shaken things up ---

LS: You've subverted the authority ----

SO: We've subverted their authority. They are probably regretting, um, encouraging some of to come and learn some new things which we ---

LS: Is that Tulane-University of Ghana connection still exist?

SO: It still exist to some extent, not as rampant. The young ones these days are not --- you know, the delayed gratification thing, you know, because most of the time when you finish my finish school, most people want to just go and start making money and stuff. And usually, as a grad student, it's --- we --- at the time we came, we were living on nothing. Students these days wouldn't live on what we lived on. We were living on like maybe eight thousand a year or six thousand a year. That's what we got. And so it was a hard life --- [SO laughs]

LS: A lot of people wouldn't do that. So you went back then and finished your internship and residency and then --- ?

SO: Actually, I did my internship and residency in New York. So after I finished my PhD, I came to Albert Einstein College of Medicine and did three years of internal medicine residency. And after that, I went to the Brigham(?) Women's Hospital in Boston and did three years of endocrinology training. And afterwards I had a faculty position.

LS: So when you finished, you did not want to go back to Ghana or how did that happen?

SO: Well. we planned to go back to Ghana. When I say "we," my spouse and I actually were both products of our medical school back home.

LS: He's Ghanaian, too?

SO: He's Ghanaian. So we both came to do our PhDs around the same time. So he did his in anatomy and I did mine in pharmacology. So actually we are both here doing --- are ---are faculty. We went through a similar track. We both did our internship and residency at Einstein. He did his --- and so we plan to ultimately go and teach back at our universities after we've had a little bit of experience and kind of, uhh ---

LS: So does your husband have a position here at Penn, too?

SO: Yes, but he's research, so he does more animal work.

LS: And you have a child?

SO: Yes, a daughter. She's six.

LS: I have a six year old, too. He's in first grade. How long have you been at Penn now?

SO: Just about a year.

LS: So you had a daughter when you were in the middle of all that crazy medical training. That must have been a challenge.

SO: It was a challenge, it was a challenge.

LS: You were never tempted to take your daughter back to Ghana? I know a lot of people do do that ---

SO: I was. I was tempted and perhaps it would have been a good decision, because she is struggling with our language. She never learnt it. And I've been trying to --- so probably, I might send her there to learn some of the language and cultural things. Because it's been difficult. I am lucky, I have a relative here who lives with me who helps me take care of her. She speaks limited English, but despite that --- she actually speaks more of our language, but my daughter hasn't picked up, picked up ---

LS: You have an auntie in the house.

SO: Yes.

LS: I was talking to a woman from Kenya and she said that the latest strategy that Kenyans do is that they actually bring their mothers over here for ten years.

SO: Yes, yes. It's very helpful, because otherwise --- I hear many colleagues who have to actually stay at home and take care of the kids while their husbands work, just because it is so costly, childcare.

LS: But it must be very hard for you and your husband to be working fulltime when you have a young child. I always found that very hard. Because you'd like t be home

SO: Absolutely. It's one of the struggles. That's why I have just one child, I guess. You have just one?

LS: I have two. I have a six year old and an eight year old. What do you think it would be like to go back in Ghana, to be in the hospital there, in terms of equipment differences, technology? Is there a big difference?

SO: There is. Even though there's progress, things like MRIs, CAT scans are recently new, that they've introduced there. We do visit --- I go probably every couple of years, maybe every two, three years --- I do go back to visit my family and I'm also building a house there so --- I think that the technology differences are there, but I think perhaps the greatest difficulties would be more of the structure. The hierarchy and the structure and probably it will be difficult to work in a university hospital, as I had envisioned starting out, from what I've learned here.

LS: And why is that?

SO: Why is that? Um, there's a lot of politics.

LS: And you haven't gone through the whole system, right?

SO: Yes. We have professors from here who are like full professors who are going back there and then they are telling them that, "We do not think that you know how to treat patients here. We would like you to take an exam to make sure." Do you understand? They don't have a clue. Because what they are saying is that if you are king over there, you are not king here. Okay? We don't know you. We don't know what --- I mean, sad --- people have to take an exam, whatever. People have their own --- every nation has --- [someone knocks on the door] Come in. One second.

LS: So that if you go from here back to there, will they question your expertise? Or is it more people who come from there over to here?



SO: Umm, they will. They will question your expertise, but I think it's not so much because of the merit of it, but because they want to lord it over you. That's what I mean. So what I mean is that every nation should have their board and that you should have some things to pass or whatever to make sure you are safe and blah, blah, blah. However, um, you know, I find it hard to imagine that they think that you are practicing in an insti --- I'm not saying that you shouldn't take it, but I'm saying that they make you feel so sorry. And probably when you get there put you in a position where you find it impossible to work with them. Is what I've heard.

LS: What about being a woman doctor? Is that still pretty unusual in Ghana or would you feel a disadvantage because of your sex?

SO: It's not unusual. We do have a lot of women, even when I was training, who were in positions there. I mean, certainly I'm sure they are still a long way from making a woman chair of a division and stuff like that, yes. That I don't think we're there. But we do have a sizable proportion of women in our medical school, as well as in faculty positions. But certainly bigger positions, it's rare. I don't know of any ---

LS: What is the status of a woman professional like a doctor in Ghana? Is your family proud of you or is it considered that you sort of pulled out of conventional female things? Are they going to be upset that you don't have a lot of children? How do you balance? Do you feel pressure from that point of view?

SO: Yes. I mean, I think that, yes, my parents are proud of me and to be a physician is a very prestigious position, I guess anywhere, just like to be a lawyer or, you know, they have a lot of respect for professionals. And that's why Africans who come here do very well academically, because you'd be a failure otherwise back home. There's no other option, than to come here and then scrub the streets or anything. Those things I don't think are things that Africans consider,

because back home the standard of education are not, for instance, financial gains. You have to be well educated to be respected. So yes, as a physician, you are respected. And as a female physician, you are respected. However, I don't think that --- I think that perhaps, just like here, there is almost a blind eye to issues that are unique to a woman ---

**[END OF SIDE 1, TAPE 1]**

**[START OF SIDE 2, TAPE 1]**

SO: There is a blind eye in the sense --- and I just want to cite an example --- you must have heard about the recent Linda Chavez nomination which was quashed. I felt a lot of outrage and injustice, because I think that nannies and childcare and some of those things are never issues for men. Just because it's considered a woman's thing to worry about. And so I kind of find that climate of someone helping and --- they expect that somehow, you should do it all. I mean, you're a woman and you have to take care of the house and you have to do that and do the professional thing to one hundred percent. There is almost a blind eye, and I think it is here to some extent, because if you look at the professional climate and the fact that people who hire others do not consider family care of some of those issues. It is like, "You have a kid, I don't want to hear about it. So long as you show up to work and blah, blah." There's almost like a blind eye to family.

LS: I have a friend who just left a position here in internal medicine, because she said that the bias in favour of men was tremendous. For example, they'd say, "Well, we'll just have faculty meetings at 7 am." And she said, "I have to get my children to school." And they said --- well, because of course men would always have their wives doing it and so they really have to ---

SO: Exactly.

LS: Because this is a big issue and she finally just left, she said, "I'm not going to do this anymore."

SO: Exactly. So that's exactly it. Back home, to bring it in cultural perspective, you hear people saying, "She's a doctor. But when you are at home, you really know she's a woman." What they are trying to say is that she's scrubbing the floor and you wouldn't really know that she's a

doctor. What is the man doing? Nothing. Sitting on the sofa with their legs up somewhere.

They want you to do it all, somehow. So it's not to the same extent, but it is still here, traces of it in terms of if you are a woman professional, you have to somehow figure out the home situation.

LS: What about your parents-in-law? Will they see you as lacking as a wife because you don't give your husband enough children?

SO: Yes, yes. Definitely. I mean, because I'm here, I am not feeling that pressure as much, but definitely it's grounds for people to be divorced back home. That the ---

LS: ( ) take a second wife, or whatever. Yeah. I saw that in Senegal that if you got everything worked out, it's easier to be a woman professional there because you have young cousins helping you or you have maids or whatever. When my children were young, we were in Dakar and we had all these people ---

SO: Helping. You have a lot of help.

LS: So we had a tremendous amount of freedom. We never had to deal with what dealt with.

[LS laughs]

SO: Exactly. Yes, you do get help, which is the difference. You have people who would help you with home stuff, but there is still the expectation that you are primarily responsible for home. The woman. If someone comes to your house and it is untidy, they won't say anything about the man. They will be like, "He's got a lazy wife, blah, blah, blah."

LS: Well, the other thing that was interesting about the Linda Chavez thing is that it pointed out that Americans have no conception that there could be someone in your household who was sort of like a dependent, who is not paid by you, but is receiving support from you, and in return they work for you. We certainly had a lot of people who lived in our household that didn't work for

us, but we paid them to go to the doctor or we did something and they were just there. And they did things in return for that support. So in the United States, it's like either someone's family and only then can they give services for no ( ) or they have to be ---

SO: Paid and taxes and all that, yes.

LS: So we just don't have any of that in-between category. You have been in Philadelphia for about a year. And you live in ---

SO: Wayne.

LS: Wayne. Why Wayne?

SO: Why Wayne? I think first and foremost was the school system, for my kid. That was it. I mean, personally, I like it quieter. I know some people who complain that they like to be in the inner city, because there is little activity and so, you know --- I don't think that in the best --- I mean, I know crime and blah, blah, blah, all the issues to be of concern in the inner city, but I like it quiet. I like trees, I like trees, I'm a hiker, I --- so ---

LS: And realistically, when you have a child, you don't go out very much.

SO: Exactly.

LS: If you're young, married people with no children, it could be kind of fun.

SO: Right.

LS: And so you have a relative here?

SO: Yes.

LS: Do you have any other relatives in the United States?

SO: Yes, I do. I have a brother who is an architect in New York. He was born here.

LS: Oh!

SO: Yes. And he's married to an Italian in New York. Upstate New York.

LS: Is your mother still in Ghana?

SO: Yes, but she comes often to visit.

LS: And how does she feel about having her children dispersed? Does she see it as a hardship or --- ?

SO: She does, in a way. I mean, fortunately for us, she is wealthy enough to travel a lot. She's always been --- after my dad died, she took up a business which was very lucrative and so she's successful. She is comfortable back home and she travels a lot on her own. So she comes to visit often. So it's really not for the fact that she doesn't see us, but she would like to see us back home settled, and all of that, I suppose. Take over her business. Build a hospital in her name. Those are her dreams.

LS: And have you ever lived in another country besides the US?

SO: Yes, in the United Kingdom.

LS: When did you live there?

SO: As part of our training in the med school, we do --- it's almost a six month rotation in UK. It's kind of --- we call it --- it's an elective.

LS: Where were you in the UK?

SO: I was in Charing Cross Hospital and I lived in Croydon.

LS: How does your experience there compare to your experience in the US?

SO: I think their structure is very much like ours, almost. Perhaps not as autocratic, as you said. But there is that hierarchy and you don't talk out of turn. And that kind of thing, yes. But they have good training there. It was a nice experience.

LS: What about in terms of your interaction with native born Brits compared to native born Americans? Did people understand where Ghana was better there? Have more of an experience with Ghanaians?

SO: I don't think so. I mean, I think that --- sometimes you have to be here to appreciate that inter-race relationships are much better here than in certain parts of the world. Um, I think that there --- um, they don't really --- it's not really an issue in terms of wanting to know where you come from or anything. I would say more that they tolerate people of other races, um, than really accept that they come and become part of the society briefly, and leave or whatever.

LS: So you feel better accepted here?

SO: Yes.

LS: That's interesting. You're just considered an outsider there, more than here?

SO: Yes. I mean, I think there --- I don't know how to describe it. [pause] I mean, I think there, because our educational system is similar, there's more of a knowledge of our educational structure. They know, if someone trained from here knows this, as opposed to here, they're like, "Oh, my God, you know this!" You know, I kind of had a lot of that here, a little bit of ignorance in that respect. But on the other hand, there's no, um --- I had no friends, no relationship, there's no attempt to get to know you beside meeting you there. So I think ---

LS: My husband was at Oxford for three years and he said that the Brits were very closed to Americans there.

SO: Yes, yes.

LS: And that that's not a race problem or anything else, it's just being British.

SO: Really?

LS: Yeah, so ---

SO: They are more stuffy, maybe.

LS: Did you have a sense of how Africans were viewed there as compared to West Indians who might have been born in Britain? Were you lumped into the same group in people's eyes? Or could they make that distinction?

SO: Obviously, I don't know whether I can --- I didn't stay there long enough to really --- and I do visit there on and off, because my mom has a house there and we go there for vacations. But, um, I don't mix with them. I can't say that there is any British person that I know who is my friend. I kept to African circles. So I don't know if it's fair to judge, but my impression is that -- - is that we are all lumped as one, in that we're foreigners. As foreigners or, you know, Britons.

LS: And what about here? Do you feel that the mainstream society lumps you with African Americans? Or people tend to make a distinction? Or does it depend?

SO: Oh, I think that there is a distinction and it's good and bad. The good thing is that they recognize that Africans are much more, um, positive about the US than African Americans. We are more --- we are not, um, encumbered by the same perceived oppressions that African Americans have growing up. And so we are more positive about things. It is easier for someone to reach us, as opposed to people who are like --- you know, like, we go to a place, there's a party, and the African Americans ( ) and I'm, like, "Why?" There's not point in --- what's the deal? But I think that on the other hand there is a lot of ignorance about Africa here, and so that



when you get questions like “Do you have houses?” or “Do you have cars?” it’s offensive.

Because, because --- but in a way you can’t blame them because what they see are apes on trees, and that’s all. Tigers running around. So probably ---

LS: The nature programs.

SO: The nature programs is all --- it’s interesting, because recently my mom came to visit and she went to our library and borrowed a Ghana tape. She couldn’t even watch it because she couldn’t even recognize any of the places that --- it’s like, this is Ghana, it’s like the woods or the --- people don’t really do justice to it. So she was angry. I said, “Well, I think what you should do is, when you go back home take pictures, make a tape, and come and donate it to them. They’ll like it. ‘Cause what they need is the exposure.

LS: Yeah, there’s not very much of a sense that Africa is a very urbanized continent.

SO: Exactly.

LS: And because, probably from the point of things, a lot of that would be considered squalor. They don’t want to show it. As if Philadelphia doesn’t have squalor, right? But I definitely see, there are things they like to show --- the tourist board things, the people who have old bones and things and you’re just like, “Okay!” But the people who are coming here are not from those places.

SO: Exactly, exactly. There are very nice places in Africa in urban areas, too, but unfortunately it’s not newsworthy, if you will, I mean, to go and take a picture of a very beautiful mansion --- and believe me some of the mansions back home are much nicer than any I’ve seen here. People who are rich splurge. People build from scratch ---

LS: They have those villas ---

SO: Yes, they build from scratch. But I guess it's nicer to go and take a picture of someone who is naked in the village and come and show it, than to show some of those other --- I think that, in a way, 'cause my mom was saying something interesting. She that someone came to visit her from here, a friend. And so she took the person around and the person --- I mean, my mom has many houses. They are very nice, and --- nice places, and she never took any pictures. But then they stop over ( ) and then she was, like, taking pictures of naked --- And she was like, "Why are you taking that? I mean, you've been to all ---" So that's the thing. The thing is that probably it's not as newsworthy to see nice buildings as it is to see --- but even here, if you go to Mississippi, there are places without toilets and such like that. You know? It's not fair.

LS: But there is a bias. People who work as sociologists, and political scientists, and everybody who works on Africa here in the US, have been trying to change the media's approach where they only report these horrendous crises. And there's hardly ever positive reporting.

SO: Exactly.

LS: And now, this whole thing with Congo, they keep kind of coming back to Patrice Lumumba, but they never say that the CIA killed him. You know?

SO: Exactly, exactly.

LS: It's like the Congolese are so violent, whatever. Well, tell me what you miss most about Ghana? Because you have been here a long time now.

SO: Yes, I've been here a long time. I think people are warmer. As a doctor, you see someone and they come in with presents. Not necessarily saying that --- I mean, here I have had very positive --- I have patients who during Christmas --- bring me stuff. But it's not even bring you stuff, but it's more the fact that people don't realize that they cannot really pay for services, that

they --- they cannot pay for the quality of service I would them. And there isn't that perception. All those people think, "Oh, she's seeing me, and she's probably getting hundred bucks down the line." But what they don't realize is that whether I scream at them or whether I'm mean, or whatever, I'll still get paid. It doesn't matter. So I think there is much more the money thing here, the green thing somehow is pervasive in society as opposed to much more personal skills. People don't have as much. On the other hand, having lived here, I think that going back, if --- hopefully soon --- I feel that I've also learned certain things which are positive. So I always tell people, when people ask me, well, you know, this is not your culture or this is not your culture. I think having been here I've really learnt that we are multicultural people. And certainly I am a multicultural person. And what that means is that I recognize the aspects of my culture that are negative, that I would definitely not support. And will distance myself from it. And I recognize certain aspects of this society that I like and which I've incorporated as my culture. And what I mean, for instance, is that back home people don't have boundaries. For instance, if you call --- someone can just come to your house to visit, and you may be sleeping or you may be whatever, and you have to --- it's like unheard of to say it's not a good time. And so it's ---

LS: You like those boundaries?

SO: Yeah, I like those boundaries. Having lived here, I feel those boundaries are appropriate. You don't get up and walk into someone's house and say that I'm coming to visit you without calling the person and making sure it's fine. So I think that there are certain things about this culture that I think I've learned, which I like. And which I think that we lack very much. For instance, my mom came to visit me recently. And before I know it, there was a weekend and she said, "Oh, so-and-so and so-and-so are coming to visit me on Saturday." And I'm like, "Did you ask me first?" She's like, "Why should I ask you? They are coming to visit me." And the

whole house, it was a mess. And so this is the kind of thing. It's like --- you can't do that. You can't just --- you are living in someone's house and if you're inviting a whole number of people, it's my house and I can't leave. Even if I leave, I have to know ahead. That kind of thing.

LS: But if you go back to Ghana and you try to impose that, are people going to say, "Oh, she's just like ----" what's the word for a white person? "Ohpla --" What is it?

SO: Oguni(?).

LS: Oguni(?). Cause I remember walking down the market and everybody's saying ---

SO: "Oguni, oguni!(!)"

LS: Are they going to say, "Oh look, she's no longer Ghanaian?"

SO: I think there will be a little bit of that, but I think obviously it depends on how you do it. I mean, if you're going and say, "Okay, all of you, I have new rules" and, umm, you know, I think that isn't good. But I think personally I really miss the culture back home. In fact, I listen to a lot of cultural music. And I really feel we have a very rich culture. I don't know if you ever went to our arts centre, our dance and our Ashanti chief died recently ---

LS: Oh, he did?

SO: Yes.

LS: That must have been a big ---

SO: It was a big thing. People from all over the world. But I was in awe at the richness of our culture, the traditions, the way we do things --- and that kind of thing I like. It's lacking, so I miss that. And so ---

LS: So they have a new ---

SO: They have a new Ashanti king, yes. Recently.

LS: Do they have to decide who is going to inherit? That must have been quite a political ---

SO: They have a system. They have a system, actually. We are matrilineal.

LS: Does the Queen Mother get to say ---

SO: The Queen Mother and there are some king makers, in different tribes, who have to agree on one person. Because the king is so powerful. So many people lobby and they want it, but the Queen Mother has the biggest power to elect the king. So it was an interesting process.

LS: I remember the guy who was here, Kwise(?) Anka(?) who here.

SO: Kwise(?) --- I've heard of him.

LS: Yeah, he works on all the Asanti, the oral, the people who do all the kind of rhetorical stuff for the king.

SO: Yes, he's good.

LS: Yeah, he's very --- a really wonderful man. He was here with his daughter and his wife. Do you think that migration has transformed you?

SO: Absolutely.

LS: How has it transformed you?

SO: I think that from a personal standpoint as a woman, first of all, as a woman, my perspectives have changed significantly. Back home, even though many people will argue --- I mean, the Ashanti tribe is matrilineal and we do have a lot of respect for women in terms of that, but at the same time I think the society at large does not have a good insight into equality of women. It's like --- and so I think that having been removed from that society, and certainly learned about ---

about --- for instance, as a woman back home, it would definitely be commonplace to say you are a doctor, but stay at home, don't work, and the man will do the work. It's very common. And not that that's bad in the sense, but I think that it should be your decision. And things like that, that kind of thing. People will be like, "Oh, are you crazy?" Talking like that. So I'm sure if I go back home, and I talk, I'll be very different, in terms of a totally different state of mind. So as a woman, I think I have learnt a lot. I think also I, umm, I have --- [pause] I think I've grown up a lot here. One of the things that I always say is that when you look at Maslow's Hierarchy of Needs --- I am talking psychology here --- people who are concerned about food, that's the first need. And they become preoccupied with shelter, and then they become preoccupied with love, and then they become preoccupied with self-esteem. So one of the big distinctions I find with this society as opposed to home, is that there are certain things that when you talk about --- I always found myself talking about things that people felt I was crazy about. I find myself more at home in terms of things that are important to me. Because a lot of people are otherwise preoccupied. I mean, they are a very happy society, to be very honest, considering the lack, if you look --- you know, if you look --- it's a poor ( ) ---

LS: I've always been struck by that.

SO: Yeah, they are happy. They are happy-go-lucky.

LS: In spite of that, people tend to have a very ( ) ---

SO: People are happy. People are happier than I am.

LS: Everyone would have to be --- all the Americans, ( ), they'd have to be on Prozac to get through the day.

SO: Really? No, well, for sure. And they are a very happy group. Sometimes maybe I send a gift of money to a friend and then I hear that he had a party and invited --- I mean, it's so --- they are --- and had fun one day. [LS laughs]

LS: It's ( ) ---

SO: It's a ( ). They will have fun and they are very happy-go-lucky. They are really not preoccupied --- I am very preoccupied with religion, with the meaning of life, and things like that, and I know, I remember back then people used think I was crazy because it's like, "Who cares? Have fun, you've got food on your table, you have shelter, you have a nice house, you have a job. What are you worried about?" And I think that here, that is why there's more depression. Because people don't have to worry about food, people don't have to worry about shelter, they don't have to --- they've gone through love and realized that love isn't going to give them, and so they are more preoccupied with the meaning of life. And I think, in a way, that's the gift of life of this society, is that people are able not to worry about the basics and can aspire to higher dreams. And that's the greatest gift I have gotten here.

LS: That's interesting. Just a question about being a doctor. Obviously when you're a doctor, some body comes in here, they're sick, they really depend on you to make them better and they're really sort of --- I don't want to say "at your mercy," but they are really vulnerable. Does anybody ever walk in here and see that you're foreign and just kind of have a certain reticence about your ability to treat them?

SO: I think so. I mean, I think there are all kinds of patients. Definitely, working in an institution like UPenn, I think in a way gives me with certain kind of, um, um, capability which helps. Which smoothes the way a little bit. I'm sure if I was sitting in my own office somewhere, someone may come and say I'm out of here. I mean I can ---

LS: But you are in a big research institution ---

SO: I'm in a big research --- they know that probably that I have good training and good experience in order to be here. So I think that helps a little bit. But still, I would say that maybe about five percent of patients I get --- and I sense the discomfort with the fact that I am foreign, they ask my credential, "Where did you train?" and stuff like that.

LS: So you try to sort of put them at ease or you --- you never kind of bring it up openly, but you just sense that they are trying to figure it out what the story is?

SO: Oh, yes. I mean, I know offhand where they're coming from. I mean, you can tell someone who is coming from "Wait a minute" --- I mean, I know, I expected that --- some people, my name "Osei," some people think that I am Oriental, and so there are some people who come and see me and get surprised.

LS: And what about African American patients? Do they react differently in any way? Or is it the same as a white American?

SO: I think probably, in Philadelphia, I get a better reception because I think the Philadelphia African American population are much more open-minded, I think, about Africans than others.

LS: They ( ) --- or even in New York ---

SO: I think the Southerners --- New York ( ) split. New Yorkers are much more used to foreigners, but I think that in the South, for instance, they were very suspicious and not as receptive. So I can imagine that it could be worse. But I think here, most of my favourite patients who I really connect with are African Americans. They open their hearts to me. But I think both -- in all fairness --- I think across the board I would say that I have very positive relationship



with about eighty to ninety percent of my patients. They are very --- I think Philadelphians are generally more open.

LS: With your African American patients, do people ever talk so openly about the connection between them as African American and you as an African, or is it sort of implied?

SO: I think it's sort of implied. I mean, for some, I think for some of them, the distinction is a problem, no doubt. But I think that some of them feel more comfortable with someone who looks like them than the other, and so sometimes that overshadows it. So I think I see both, and I can't really tell which is more. But for some people, it's not enough that you are the same colour. For some people, they are uncomfortable with the fact that you are African.

LS: Do you think that there is the same kind of reaction to Asian doctors or is there a bias in favour of their being "brainy" ---

**[END OF SIDE 2, TAPE 1]**

**[START OF SIDE 1, TAPE 2]**

SO: It's hard to tell. I mean I can only --- since I haven't really been in the patient position, I can only imagine. I would say that one of the things about this society is that, um, appearances --- the one minus --- carry the day. People don't take the trouble to get to know people, I would say, off the bat. I mean, obviously, we all like to be with our own kind and that kind of --- we feel comfortable. That you know. But I think that unfortunately, one of the shortfalls of the US is that --- despite the fact that this is the biggest experiment in terms of the cultural melting pot --- that people don't take enough trouble to get to know other people before --- because obviously if you see an Arab person --- [break in tape to check recorder] So, yeah, if you see an Arab person and the first thing you think is he's a terrorist. You see an African and the first thing you think is there's a monkey or there's a lion in the jungle. That kind of thing, I think unfortunately is ( ). So you are right. I mean, I have heard African American friends say, "Oh, I like to go to Jewish doctors because they are supposed to be very good." [both laugh] So I can imagine that someone might say an Asian doctor would be good. But I [pause] --- but I think that most people like a doctor who respects them and who listens to them. I think that is the important thing. So I usually start from that premise. I always like to give people the benefit of the doubt, and there is always an investment period in terms of when you first meet someone, in terms of figuring out where you are coming from. And --- but I give my best, I give them the best that I can offer, and then people who open their heart usually do well with me, and people who feel that they can't get over that barrier, usually they walk away.

LS: Is endocrinology the kind of thing where you have long-term patients who have ongoing problems?

SO: Yes, yes. We do and --- they are very difficult patients, endocrine --- because the endocrine system effects a lot of things like mood, like weight, and stuff like that. So it's the kind of thing that a lot of people come with very nebulous symptoms and want to be fixed. "I think my glands are out of whack." That's a very common --- hormones are out of balance. So they are very difficult patients, but also very interesting, because you get to know people. Because they are not just telling you that my heart is hurting. They are going to tell you, "I am having difficulty coping ---" They tell you more, because it effects a lot of things. So I find it a very interesting field, and very challenging.

LS: What about your social relations here? Do you associate with a lot of other Ghanaians?

SO: Not here. Since I came to Philadelphia, I haven't gotten to know many. For me, in terms of social relations, it doesn't matter to me whether you are Ghanaian or --- I mean, the friend that I have here is Kenyan. I have a very good friend who is Ghanaian, but she's in California, so that's why I can't travel a lot with her, she likes to travel. But, um ---

LS: So when you arrived in Philadelphia, there was nobody who said, "This is where Ghanaians go, these are the associations, these are the churches."

SO: I met a couple --- I've met, for instance at the function that I came to, I met one or two Ghanaians who told me, "We have a church here."

LS: The United Ghanaian Church.

SO: Yes. I generally don't like to go to a place just to meet Ghanaians. For instance, I am not a church person, so I wouldn't just go to church to meet Ghanaians. But ---

LS: That's different from a lot of people.

SO: Yes. And I can understand. Some people go to church just for the social side of things. But for me, I pick my friends based on how we connect in terms of other things. So it doesn't matter at all.

LS: But you're part of the African Christian Fellowship?

SO: Yes.

LS: How did you find out about that group?

SO: How did I find out about that group? I haven't actually been very actively involved. I found out about it when a friend of mine died, who wasn't even a very close friend. She was a friend of my friend, and she died, and this best friend of mine asked me to go to the funeral on her behalf from California. So I was here and the friend lived here. And so I went to the funeral and met the African Christian Fellowship group there at the funeral and I was interested, so I asked a little bit about what they do, and I was interested in their course. 'Cause they seemed --- I like their course. I don't know if you know much about them, but ---

LS: I talked to --- I guess he just stepped down as the president ---

SO: Charles?

LS: Charles Dwala? And now there's Charles Makoli(?).

SO: Oh, really, he stepped down?

LS: Well, I got a phone call from Charles Makoli and he identified himself as the president.

SO: Okay.

LS: So maybe there's been an election. But Charles Dwala told me ---

SO: A little bit about it.

LS: It's very interesting.

SO: It's always interesting. I mean, anybody who --- it's not necessarily just Africans in it, for instance, which I like. In fact, anybody who has an interest in Africa and wants to be of some support, um, to Africa can join. And so I think ---

LS: Really? They work with non-Africans.

SO: Yes, yes.

LS: That's interesting, too.

SO: Yes, yes, that's what I'm saying is that I like the broad view. Because often these groups become a forum for smaller, um, goals.

LS: Do you regularly attend their meetings?

SO: Not regularly, not regularly. Because actually, after I --- I spoke to Charles Dwala at your meeting and he said he'd send me some material and everything and I haven't really got to receive the material, even though he contacted me. So I haven't really --- I don't really --- but it's not something that I want to go in terms of meetings, but more support.

LS: In a couple of weeks they are organizing an event for --- I don't know if you follow this in the news at all --- there is a group of young Sudanese minors who have been resettled here, who were in these camps in Kenya for a long time. And I had told Charles Dwala about them, saying that they were mostly Christian, and they were in Kenya, and he reported back, and then they decided to hold an event for them, to see if they needed support. So it was nice. Do you have any idea how many Ghanaians there are in this area?

SO: Umm-mmm.

LS: And so you don't know of any particular place where Ghanaians meet or hang out?

SO: I've heard in passing. I don't know them in detail and I haven't been.

LS: Are there other Ghanaians --- I know of one Ghanaian doctor here at Penn, Oheni(?) Frempong(?)?

SO: Yes, yes, here he is at CHOP.

LS: Are there any other Ghanaians doctors you know of?

SO: There's a cardiologist --- I think his name is, uhuh [pause] --- I'm blocking on his name, but there's a cardiologist here who is Ghanaian who happened to send me a patient. I think his last name is also Osei. I think.

LS: Is that a common Asanti name?

SO: Yes, "Osei" is a very common Asanti name. It's like "Smith."

LS: Do you send money at home? Do you support people at home?

SO: Umm, I do. Nothing is set in terms of that. But, I mean, I send --- my mom --- fortunately for me, my mom is very self-sufficient. In fact my mom, sometimes I tell her she could help me out here. So I send her gifts, and the likes. My brothers and sisters, I send them clothes, and they ask for stuff, they want ---

LS: But you're not supporting an entire extended family, school fees, everything? It's not that kind of situation?

SO: No, no, no.

LS: How do you send money at home? Do you send it Western Union?

SO: I send it through the bank.

LS: You do it by bank transfers?

SO: Yes.

LS: Are you a member of any other association besides the African Christian Fellowship?

SO: You mean social? Non-professional, right?

LS: It could be professional.

SO: I am a member of the Endocrine Society. I am a member of the National Medical Association. I am a member of the North American Association for the Study of Obesity. That kind of stuff.

LS: So mostly professional?

SO: Mostly professional, not social. More because I don't have time, but I like organizations which have social purposes and the like. Oh, I joined the Big Sister Organization of Philadelphia, so hopefully soon I'll be a Big Sister.

LS: In planning to go back to Ghana, are you concerned that you go while your daughter will is still young? Is that a factor at all in your decision or you just figure that when you get there she will adapt?

SO: I think she will adapt. I think she'll do fine. I want her to get some of the --- I think the lower education back home is good. I don't like the higher education. I think certainly in terms of university, college I'd like her to have that abroad. But I think that in terms of --- certainly growing up --- the foundation I had, I would like her to get some of that.

LS: Have you had any problem --- your English sounds actually very American. Some people, you know, can be in a place for decades and their phonology never shifts. But you have a pretty American accent? Have you ever been told that?

SO: No, no. Not at all.

LS: Well, I'm a linguist. I'm a linguistic anthropologist and I was just struck on the phone. I thought, "I wonder if she could have been born here."

SO: My accent isn't as coarse, but it's there.

LS: A little bit, but some people have very pronounced accents. Have you ever had problems with people saying they don't understand you?

SO: No, not at all. Not at all.

LS: I'm working now in a couple of schools as part of this project, with a lot of Liberian students. And of course they have a very specific dialect of English. And they come to schools here and no one can understand them and they stick them in ESL. And they say but we speak English. So nobody quite knows how to deal with them, because they speak a non-American Standard dialect. But they do speak English. And so there's really no place --- there's no structure for that.

SO: Yes, yes. It's difficult. I think, in a way, sometimes some people complain that there might be a double standard, because sometimes some European accents are quite coarse, and yet people accommodate them better than African dialects. That's just my impression, but I think one of the other things in terms of being understood, is that Americans linguistically are very narrow. So for instance --- it's just incredible, that, for instance, I go to a place to buy something and they ask me, "For here?" and I say "No, I'll take it away." And they don't understand. Why? Because



I didn't say, "To go." You know, it's --- and "to take away," they look at you like you are the buffoon. But they are the buffoons [LS laughs] because are so ---- you know what I mean? So, "to take away" --- just open your mind a little bit!

LS: And you could figure it out.

SO: Exactly. So they are very narrow in that respect, I think, linguistically.

LS: I think that's definitely true. And I think you're right that people are more understanding of non-standard usages on the part of someone who they know is coming from a different language. And that is part of the problem that Liberians are having. Is that, umm --- and that's the same question with African American English. That when it's closer, people are less tolerant than in a way when it's farther ---

SO: I hear you, I hear you. That's true.

LS: And since these students --- they know they're speaking English, and they would be understood at home, they are extremely frustrated and feel very angry when someone says, "You're not speaking English." Which is unbelievable when you think of it --- that a teacher would say that to somebody.

SO: Yes, yes. It's tough. I mean, I --- I --- I --- the accent can be a problem. I mean, sometimes I myself find it difficult to understand some foreigners. Not necessarily Africans, but, for instance, some Arabs when they speak, the accent is very --- I'm like, "Could you repeat it?" So I think some of it is --- it's difficult to perhaps --- we tend to speak slowly and so it's a little easier, even if we don't have the accent, as opposed to some other people who speak very quickly --- the Nigerians, I don't know --- and that might make it a little difficult to accommodate it. But even the British English, some Americans have difficulty following. It just --- it's a little different.

LS: Yeah, and it's people being kind of parochial.

SO: Yes.

LS: That they've never been anywhere. When you arrived in Philadelphia, did anyone help you figure out how the city works? Did anyone give you an orientation to the city?

SO: I think so, but not formally. Not formally. Like, I would have loved to have someone drive me round and tell me a little about how the inner city is laid out and where to find things. So not formally. But I think people were nice in terms of describing some of the good places to see and that kind of thing. But I haven't --- I don't think I know the area very well.

LS: Do you like the hike(?)?

SO: I think the hike(?) isn't bad now. It used to be cumbersome, but now I've gotten used to it.

LS: Yeah, because Wayne is pretty far out there. What kind of food do you cook?

SO: We cook rice, we eat a lot of rice and chicken. And vegetables ---

LS: Cooked in the Ghanaian style?

OS: Yes, we cook Ghanaian for the most part. One of the things that is distinct for us is that we don't tend to buy as much food. I bring my own food, and I buy coffee. But even the coffee habit I recently picked. For a long time, the coffee was too strong for me, because we drink tea back home. But, for most part, I cook my own Ghanaian food and bring it to work. And when I go home in the evening, that's my main meal. But I have a snack, maybe a soup, a Ghanaian soup at work.

LS: Where do you buy ingredients? Is there anything special that you need to buy that you have to go to a particular place for?

SO: An African shop. I rarely go to an African shop. Most of the ingredients, we get at the regular shops.

LS: You can get it?

SO: Yes.

LS: There are a couple of groceries, that I know have dried(?) fish and stuff like that. There is a Sierra Leone ones. I know a lot of African say they go to Asian shops.

SO: Yes, actually, yes. They have the African stuff.

LS: Or the equivalent.

SO: Right, equivalent.

LS: And you said you like to listen to Ghanaian music or African music? Do you listen to other kinds of music, too? American music?

SO: Yes, I like classical music and I like opera and I like --- I'm not a jazz fan, although my husband is. I like gospel, not the traditional African American gospel. I never got the ear for it, but gospel by Susan Ashton. I don't know if you've heard of her. But traditional gospel, country music. I like country music. So I like some of these stuff. I like Michael Jackson. Ummm --- yeah.

LS: What's your daughter's identity? How does she think of herself? I know she's only six, but if someone asked her what she was, how would she --- ?

SO: She will say she's Ghanaian. But the trouble with that is that that's all she can say. Because usually the next question is, "Oh, where is Ghana?" She can't really answer it. I try to talk to her a little bit about Ghana, but I guess she's too young to ---

LS: And she's never been there?

SO: She's been there, but she was young. She was like three or four, so she ---

LS: So you've told her that you're Ghanaian, that you're from Ghana ---

SO: Yes, yes.

LS: Are there any other black children in her class? In Wayne?

SO: No, I don't think so.

LS: Is that an issue for you at all?

SO: It's not.

LS: And other kids aren't surprised --- there is no exclusion or there's no sense of ---

SO: No, I don't think so. [pause]

LS: One thing I always like to ask people --- we are having an exhibit at the end this project, probably next fall. Is there anything in particular that you would like the American public to know about your experiences as an African immigrant or what it's like to be an African here?

SO: When you say an exhibit, you mean --- ?

LS: This is going to be text and photographs. So it's going to be a regular museum exhibit. That people will visit, that will be up for nine months. Some people say they would really like Americans understand that you may drive a taxi, but you can be very educated. Things like that. People will just say the things that they think Americans don't understand or that Africa has cities. They would really like people to know that they come from cities. There's all kinds of things.

SO: Well, the only thing I would say would be that Americans should be more open. Open not just to Africans but to people who are here. I mean, this is a multicultural society and, um, so to just see somebody there and say, "Oh, she looks this and she looks that, so she's probably this." I think it is really one of the big problems here. For instance, where I live, when I was moving there, I got warned by everybody here that they are racist in Wayne. Well, guess what? I live in the most --- my neighbors are like --- it's incredible. And someone would say, "Oh, it's because you are ---" No, it's not true. But my neighbors actually are teaching my auntie English. They give private tutorials. They meet and then they talk --- they've have been so warm. They've been very nice. I think they need to get --- open your heart and know somebody before you can judge. And I think that would be the number one thing, is that people use one line as too much to determine who someone is, based on the media. And unfortunately, it's, it's --- it's very --- you know, for instance, how people dress. It's a big thing. So that you may be whoever. If you are dressed shabbily, you won't be treated very well. So it's really --- it's the market society --- appearances go too far here.

LS: Are there certain things that you are trying to transmit to your daughter --- I mean I know you are having problems with the language --- but what about certain kinds of attitudes? Are there certain things that you are trying to transmit to her in a real conscious way?

SO: Yes. I try to talk to her about our culture. Some of the things in our culture, some of the things that would be culturally inappropriate. For instance, in our culture, you don't give something with your left hand. So some of those cultural things, I try to teach her. But I think as a mother, one of the things --- she's a girl --- that I try to talk to her a lot about is to learn to --- to be cognitive of the fact that she can be everything that a man be. And doesn't need to be subservient or to be pushed over. It used to be --- I remember one of the very interesting

conversations we had was that she said one day one of her colleagues in school said, “What does your mother do?” And she said, “She’s a doctor.” So it was like, “Well, she’s a woman, how come she’s --- she’s probably a nurse.” And so she came back and said, “Are you a nurse or a doctor?”

LS: That’s kind of amazing, too, ‘cause there must be a lot --- in Wayne, there must be a lot of women doctors.

SO: I know. It’s amazing. So I said, “I’m a doctor.” And, you know, so that kind of thing.

LS: Yeah, right. Do you feel like you fit in here pretty well in the United States? I mean, you’re comfortable and you feel well accepted overall?

SO: I think so. I mean, I think that --- personally, I think that a lot depends on you, in terms of how you fit in. A lot depends on you. If you feel uncomfortable, probably it will be transmitted to others and they will feel that you are uncomfortable. But I think --- I think I have had overall very positive experiences and I feel at home. Probably I might not feel at home in every part of the US, as I do here in Philadelphia, because probably people are much more open here, I think.

LS: What’s your legal status? Are you a permanent resident?

SO: Yes.

LS: Would you ever want to become a citizen?

SO: I might consider it in the future.

LS: If you end up staying?

SO: Yes, if I end up staying here awhile.

LS: If you are building a house, are you pretty much thinking that at some point you will go back?

SO: Uh-huh, yes.

LS: But it might be years down the line?

SO: Yes, down the line. Looking at maybe four or five years.

LS: Oh, but that's not very long.

SO: Yes.

LS: Where are you building the house?

SO: I got a piece --- I don't know if you remember Accra, but near airport, the airport area. A little piece of land close by.

LS: There's kind of a roundabout there, with all these hotels and stuff.

SO: Yes, exactly. It's a nice area.

LS: Yes, it is. People are very friendly there. Ghanaians are very laidback and relaxed.

SO: Yes.

LS: It's really striking compared to farther up, like in Senegal and Mali, where people are much more --- there's just a kind of vocal --- they always sound like they are screaming at each other and they are very agitated.

SO: Interesting.

LS: In the airport it's like you're in the middle of this --- everybody's screaming and yelling. And that's just sort of their conversation --- [LS laughs]

SO: Yes, it's an interesting difference, really.

LS: I think that's about it.

**[END OF SIDE 1, TAPE 2]**