**Chapter 14**

**Specialists without Borders -Seminars**

Dr.Nikita’s thought of teaching, rather than just working alongside doctors, remained with me for most of the trip back to Adelaide. The adage that he had used of teaching a man to fish, so that they could go and teach others, had lots of merits. It had a definite appeal to me as a lecturer, who loved teaching medicine and surgery. The issues around developing the idea were obviously going to be quite significant. Firstly, to find sufficient specialists who might give of their time and be prepared to travel to Africa at their own expense.Secondly, the logistics of organising a seminar in Kigali for a week. Back in Adelaide I thought that perhaps an article written about the concept of a specialist teaching seminar, published in the Australasian Surgical News, may generate a response, also indicating potential viability. I had also been a fan of Médecins Sans Frontières for many years, and had considered volunteering. But that was a longer commitment, usually a minimum of 3 months, which I knew also limited many other doctors, potentially interested in joining MSF. Usually, by the time doctors qualified, they were trying to establish a medical practice and support their families.

One of the advantages of being involved with a tertiary Medical Institution such as Flinders University, was that there were colleagues with innovative ideas. Although when I suggested taking two weeks off to lecture in Africa, the return looks were not initially encouraging! A response often being is that a part of Médecins Sans Frontières ? A number of these responses sparked the thought, that an entity like MSF had the advantage of an established reputation which had taken years to develop. Establishing a similar organisation, albeit educational, while trying to do surgery would be a significant challenge. I had almost thrown the concept into the ‘too hard’ basket, when two of my surgical colleagues came to see me independently. They were brothers; one was the head and professor of ENT and the other Orthopaedics. They were encouraging about volunteering and teaching in Africa. Both suggested establishing a charity, which would allow donations and tax deductibility for those volunteering, attractive for would-be volunteers.

Armed with their encouragement and ideas, plus a number of enquiries to an article published in the Australasian Surgical News magazine, Specialists without Borders began to emerge as more than a concept . Before it developed further , I knew that I also needed to run this past Dr.Samuel and Dr.Nikita at Gisenyi Hospital ,who had initiated and encouraged the idea. I suggested by email, that six to eight specialists, (if we could get them!), could come to Kigali for ten days and we could run a seminar. I asked what specialities they would give a priority to, in terms of Rwanda’s medical educational needs. The return email was very supportive of the seminar idea and, included almost all specialities from ENT through to Gynaecology. Encouraged by this response, I began to think about what was involved in terms of creating a charity. By this stage, my accountant had become a very good friend, and when I discussed it with him, he said that he would do all the paperwork. Firstly, though a name was needed. Enter stage left my son ,who was thirteen years of age at the time. He hadn’t yet decided to be a doctor, but always seemed interested when medicine and surgery were discussed. Hence when he heard friends talking about what to call the charity, his suggestion of, “something like Doctors without Borders, Dad, maybe Specialists without Borders, may attract more doctors.” So, the name *Specialists Without Borders* was born although not immediately. It was a matter of presenting it to my colleagues and my accountant to get their feedback. Fortunately, they all thought it was a really good idea as it created the impression of a similar association to Doctors without Borders, which clearly had an outstanding reputation in terms of helping those less privileged which we may also benefit from as we established ourselves.

In 2005 Specialists without Borders was established, as a charity in Adelaide South Australia. A volunteer organisation devoted to taking medical education into developing countries. With help from my colleagues, we stipulatedthat there would be a strong emphasis on education training and skills transfer. The objective to promote high-quality, cost-effective medical education in developing countries. We listed our objectives:

* Develop a capacity for sustained educational delivery of medical education programmes and curricula in developing countries
* Facilitate relationships with the relevant authorities and specialist bodies to help promote the bilateral exchange of education and training
* Establish educational programs, based on the expressed need and requirements of the local medical communities to help better prepare the doctors and health professionals
* Commit to the principle of utilising medical education to combat disease and poverty.

The next challenge was obviously to formulate a professional teaching strategy, so that the whole concept could then have a website which could be reviewed, once advertised through various publications. I asked my two colleagues and my accountant whether they would be on the initial committee, and they agreed suggesting that we also try for a medical student representative, and long term consider other medical specialities such as physiotherapy and nursing. By this time word had also spread amongst my friends and a very good friend with media experience, Jacob, offered to create a website ***specialistswithoutborders.org.au*** and a Facebook page. We started to look like an established professional organisation, and we just needed as the next step medical personnel to be convinced and volunteer their time.Dr.Samuel ,in his email ,had said the seminar could be staged at the Senegal Hotel in Kigali, which had a tailor-made seminar room, although it came with a $5000 cost.Now we were a charity I decided, on my accountants advice,to make a $15,000 tax deductible donation to ensure viability if we recruited staff for our 1st seminar.

Writing an article was the next challenge to fit into a busy surgical life. Finally, after many drafts, an article outlining the hoped-for seminar was ready. My colleagues then suggested that with some adjustment it could have greater appeal, along with my radiologist and oncologist both suggesting they would be interested. The article, with their help, was adapted and they ensured it was published in several medical and surgical magazines, not only in Australia but also in Britain and America. Jacob had also created advertising which went internationally through Facebook and he directed enquiries. It was in essence one of those moments of having lit the touch paper, would there would be a fire or a fizzle. After the articles were published, I tried to forget about it, thinking that perhaps this was just a good idea.But good ideas do not always convince others to accept or recommend . Many, I think, go into medicine and the specialities, because they care about people ,and being able to through experience and expertise help them overcome health problems.Specialists without Borders was an extension of this philosophy albeit with more of a philanthropic commitment. Philanthropy had always been something which was admired in medicine, although up until my Rwanda experience, I had always thought perhaps it was, in medicine, admired as long as others did it. The initial Rwanda experience convinced me however that there were many in medicine who were prepared to donate time and money in order to give back where it was perceived the greatest need lay.

I think initially I should have reflected on that more, however; I just adopted a wait-and-see attitude but then received great pleasure with the degree of response. Eight specialists from within Australia, made contact through our website and or Facebook, within the first three weeks.They requested more information while suggesting availability for the first seminar in Kigali in October of 2006. Then within another two weeks, overseas specialists had indicated their availability, including one anaesthetist from New York and an ENT professor from California. In all, we had specialists volunteering from, neurosurgery, surgery, orthopaedic surgery, ENT, gynaecology, oncology, and gastroenterology. In addition, there had been enquiries from many medical students as to whether they could participate. After discussing it with the other specialists on the *Specialists Without Borders* committee, it was agreed that this would be a really good idea; exposing medical students to developing world problems, to which they might be able to contribute in the future. My reply to the medical students suggesting that it would have to be on the same basis as consultants; that is that they paid for their own travel and accommodation. While it would have been great to have been able to sponsor medical students, at that particular point SWB had not yet received any *other* donations.

Following my reply one Australian medical student asked whether she could put an article about SWB and its upcoming Rwanda seminar, in the Australasian Medical Students magazine. The committee gave the go-ahead. I don’t think any of us expected that as a result of its publication ,sixty medical students from throughout Australia enquired about joining us. The next question became how we would choose. The committee quickly decided that all these medical students should write a two-paragraph description about how they thought teaching in Africa with us would impact their careers. Then from their replies we would choose the five best. At this point, it was also becoming clear that not only would a seminar happen, but also that there was such enthusiasm for the concept that we needed an organisation and a secretary-manager. We were very fortunate; the concept and organisation had been given publicity in the local Adelaide newspaper. In this, we mentioned how we needed staff and when Megan contacted me to volunteer her services as administrative secretary, one day a week, it was a real godsend.

Despite having such a positive response, not only in Australia, but also from elsewhere in the world, it created a little bit of personal pressure; firstly, not having working experience of the venue, and secondly having to rely on Dr.Nikita to coordinate electronic equipment and advertise the seminar. Nikita had suggested a five-day seminar and then if specialists were prepared to stay on, visits to the local hospitals around Kigali.The next item literally on the agenda therefore was to construct a teaching programme. Fortunately, although not surprisingly, all of the volunteer specialists had medical teaching backgrounds not too dissimilar to mine. I was then able to give them Nikita’s thoughts on what was needed in their speciality areas, and suggested five lectures be prepared with summaries, with follow up small group discussions. Megan to her great credit coordinated all of those and created a logo for our 1st programme. ‘*Specialists without Borders. Meeting the needs through Medical Education.*’

Finally, with two months to go, we had a fully constructed seminar with all the specialists incorporated, and Megan had organised for a programme to be emailed to Dr. Nikita for approval. His response was extremely positive, so we went ahead and printed 200 copies, sending 100 to Nikita to distribute in the hospital system. Fortunately, by this time we had received several more donations as a result of the local publicity.

The pre-seminar organisation and the apparent enthusiasm for the concept was obviously encouraging personally but also came with a degree of trepidation. Specialists are renowned as very type-A personalities, especially surgeons, says one speaking from personal experience. They like things to be carefully coordinated and on time, and their efforts appreciated. I did wonder how we would all get along located at one venue, having decided to stay at the Senegal Hotel, where the seminar was going to be held. I stopped operating the week before I was due to leave to make sure there was nothing complicated, from a patient point of view, that I might have to leave another surgeon to look after.

My journey would take me through Johannesburg, and knowing that I wanted to go back down to Gisenyi Hospital after the seminar for a week to work there, one of the radiology firms had donated a lead apron. This was for the radiologist whom we had previously been concerned about, having found that in his old apron all the lead had fallen to the bottom, not providing any protection from radiation in the groin region. Because of its weight, I carried it as personal luggage, explaining to customs officers what it was and what it was used for. At customs in Johannesburg, despite the explanation, there was the need to x-ray it. This created quite a bit of consternation as clearly x-rays wouldn’t penetrate the lead in the apron, resulting in a blank x-ray. Much discussion ensued despite my explanation, and finally a consultant agreed that the apron did not need to be cut open. Boarding the flight to Kigali, I remember thinking already that this was going to be a memorable trip.

Walking through Kigali airport I soon spotted Sunnie.Prior to returning we had kept in email contact and my son Jordan and I decided to pay for him to go to university.Exiting customs I saw his big sign ‘Welcome back Dr Paul’ matching his smile. Great hugs followed and we headed towards the Silverback Gorilla van. As we loaded the luggage in the van, Sunnie, putting the last bag in, turned to me and said, “Thank you Dr Paul for what you and your son Jordan are doing for me, I’m loving being at university and studying law. I’m sorry that my family all write to you asking for more money, as you can imagine they are just thrilled for me, but also still desperate.” There were tears in his eyes, so I just grabbed hold of him and hugged him before saying.

‘Sunnie, you have got such potential, it’s amazing to be able to help you. I’m just sorry we can’t sponsor your whole family.’

We hugged for what seemed like five minutes before both climbing into the van.That Sunnie would go on to qualify as a lawyer, and earn a scholarship to complete a Master’s degree in England,then come back and work in the government, would bring much future pleasure for Jordan and I. During the trip to the hotel, I wondered whether the other specialists would find it as exciting; motorbikes whizzing past tooting and creating that wonderful vibe, which is Africa, despite the questionable safety. I had planned to arrive at the Senegal a day before any of the other specialists, so that I could meet with Nikita and make sure the seminar room was all set. Being greeted by the manager again, as returning family was a good feeling. Megan had produced a list of all the specialists and when they were arriving, which I quickly checked with the manager. He had received confirmation from all of them in the last four days. I talked to him about the seminar room and asked about the facilities. He said he would take me down and show me, it had all been recently upgraded and could cater for at least 100 people. I quickly unpacked and met him down in the foyer before walking to the seminar room.

The upgrade was impressive, and one of my fears about how we would project our talks was immediately alleviated ,concerns about collecting eminent specialists and not having an adequate teaching environment disappeared. LCD projectors and a large-scale screen at the front of the seminar room augured well for the first *Specialists Without Borders* conference. The very positive vibe of being back in Africa had returned. I would come and check everything again in the morning with Nikita.The realisation that this dream may become reality,created the need for a walk down into the centre of Kigali, the vibe of being back in Africa now very real .

On the Sunday I had arranged to meet Nikita in the foyer of the hotel at 10.00 am. As I came down the stairs, I could see him walk in through the front doors, a big smile on his face as he waved. He suggested that we have a coffee and chat, which we did and then talked about the seminar starting the next day. He told me that the reaction from local doctors and nurses and medical students had been quite overwhelming. After the programmes arrived, he had organised posters advertising the seminar to be put up around the various hospitals.

‘How many do you think might attend?’ I asked as the coffee arrived.

‘Well, such was the response, that we had to get the Ministry of Health to supply extra desks so we could accommodate 100.’

I have to admit in retrospect I was a bit taken aback, partly I think because this was the first seminar, and we were unrehearsed as lecturers with such a large potential audience. I told myself quietly that I needed to be positive we had the best specialists and they were all lecturers in their own right! With that self-check I felt more positive, and asked Nikita if he would he like to come to supper at the hotel that evening, and meet all the specialists. He replied, ‘Sounds so good Paul, and with such a collection of specialists and experts in their own right from around the world that you have arranged, it will be a great honour to meet them.’

After another cup of coffee, we walked through to the seminar room. On the way, Nikita showed me the posters he had had made for our full three-day programme. He put it up at the entrance to the seminar room, and then several others around the room. Satisfied that all the desks had been put out correctly, Nikita turned to me gave me a hug and said, ‘What time for supper?’

‘Well, Nikita, from what I remember, Angela is the last radiology specialist due in at 4:30 pm, so 6 pm should be good for supper with everyone. Look forward to seeing you then.’ I said, as we high-fived and separated both smiling.

The five Adelaide specialists and 4 Australian specialists had all arrived along with the five Australian medical students ,some of whom had coordinated travel together, on the Saturday afternoon.The American anaethetist and ENT professor and his wife arrived while Nikita and I had been in the seminar room. I had left welcome messages for them all with the manager and at the front desk, telling them what room I was in and suggesting supper at 6pm that evening

I was in the foyer early, and the manager seeing me waved from behind the desk and gave me a thumbs up. As I ordered the coffee he walked over and told me everyone had arrived safely.Supper was going to be not only anxiety-relieving, but also interesting, especially since I had got to know the specialists from Adelaide ,in a more relaxed kind of way as we had all planned the seminar. Supper therefore, was like a meeting of old friends, everyone remarking on the vibrancy that they picked up landing in Kigali. As we gathered before eating everyone introduced themselves and I was able to tell them that we had a great seminar room for our presentrations on Monday . I knew with their educational backgrounds and their desire to present their knowledge in the best possible form that would relax everyone. I had also arranged for Sunnie to turn up in his van Sunday afternoon to take them on a tour of Kigali.Also mentioning that Nikita had arranged for those who were interested to see the Silverback Gorillas in the National Park at the end of the week.There was lots of talking amongst the group before one of the medical students then asked whether they could also go and visit some of the local hospitals. I told them that we had planned on doing that as a group, but if they wanted extra visits then Nikita would be the person to talk to that evening at supper.

By the time 6 pm came around, many had been out walking around Kigali, and Nikita had arrived. I introduced him to all the specialists and the medical students. The informality made it feel like a big family, with none of the traditional separation that is such a part of medicine and surgery. I then welcomed everyone at the table asking them again to introduce themselves, officially introducing Nikita. And as I moved around the large table, I also thanked everyone individually for coming. Suddenly I was interrupted by four of the staff standing together who started singing a beautiful Rwandan welcoming song in Kinyarwanda. It was one of those special moments; smiling faces and lots of clapping at the end. It was certainly a great end to the day and an uplifting introduction to the week to come, although I knew there would still be a degree of anxiety until the seminar was underway the Monday morning at 8 am. We all dispersed at about 10 pm agreeing to meet for breakfast.

Sunnie duly arrived after lunch,in the foyer I introduced the seven specialists and a few partners who wanted to go with him ,before he literally squeezedthem into his van.Three of the medical students squeezing in the front, and two on small wooden seats where he normally stacked luggage. I decided to stay behind and rehearse my lectures.Another enjoyable supper followed their return with the feeling now of a large enjoyable family.Sunday we had agreed was a free day and the seminar room was available for rehearsal of lectures with IT personnel available.

Monday quickly arrived I had an early breakfast and went over to the seminar room somewhat nervous.I checked all the desks there were some hotel staff moving around checking projectors, and making sure all the blinds were pulled back. There was an incredible feeling that all the weeks of planning and travelling, that this seminar was actually going to happen. Nikita arrived and we checked the lectern microphone, it was working. Then after a coffee, which Nikita had brought, I heard all the good mornings as the consultants and their partners entered. The lecturers initially sat up front where we had organised chairs for them.Very quickly, it was 7-45am ,8am being the time that we had scheduled for the seminar to start.I switched the projector on with the 3- day programme projected up onto a large screen. It was then I realised we had no attendees; the room was empty except for all these consultants and hotel staff. Unusual I thought with only 15 minutes to go. I tried to reassure myself that everyone would be coming from hospitals and therefore perhaps a little late. But by 8:30 am I was concerned, and walked down the length of the hall to see whether there were people arriving in the car park outside the hotel. Seeing only a few, none of whom had white coats, stethoscopes or notepads, I walked back up to the front where all the consultants where sitting. What now I thought have I brought them all this way and no attendees?

Marguerite the wife of the ENT professor from America walked up to me as I stood quietly. ‘I know why you’re worried.’ She said. I just nodded before she then said with a little smile, ‘Don’t worry Paul, this is Africa, they will all be doing ward rounds, they can’t just get doctors or nurses to replace them to come to a seminar. We’ve seen this in other seminars we have been to in Africa. They will be here at 9 am, just wait.’ She touched my hand reassuringly.

Despite her reassurance part of my mind was imagining what I would say if at 9am there were no attendees. Marguerite however was right, by 9 am the room was buzzing, and our radiologist from Adelaide later told me that she counted over 100 attendees. *Specialists without Borders* had made its first step. I had allowed fifteen minutes after each lecture for questions and answers.Encouraginly the interest was such that most of the lectures went into overtime.The scheduled half an hour for morning and afternoon tea, as well as lunchtime also became a time for questions reflecting not only the need for more information but the enthusiasm ability to communicate knowledge from our visiting specialists. Needless to say, the informal feedback to Nikita was extremely encouraging, and when we all gathered for supper the first night, there were some very nice comments directed at Dr Paul’s idea for SWB in Africa.

From my perspective it was such a huge relief that this obviously was a need that SWB could meet in a very focussed way, and that all my colleagues seemed to be enjoying it so much. The three-day seminar seemed to pass very quickly, with invitations being extended to everyone to visit the local hospitals with some of the doctors and nurses who attended. That I remember provided another unexpected highlight.We all agreed to accompany the local doctors on a ward round in our specialty areas. Providing information on various patients brought us back to the basics of medicine and surgery. The Friday night was our final farewell dinner, and I remember when I stood up to thank everyone, and ask who would be interested in coming back the following year,nearly every hand went up.

Having established such camaraderie, it was difficult to see all my colleagues who now seemed like special friends, leave to return to their respective countries. There were lots of hugs and smiles and “see you next year!” as I said goodbye to each of them in the foyer.The afternoon after all the goodbyes Nikita picked me up for the drive down to Gisenyi Hospital.The Rwandan countryside with its verdant rich greenness a reminder that if there was a Garden of Eden, then this is surely where it would have been.Nikita stopped on the way for the compulsory Rwandan coffee, and then the wonderful descent into Gisenyi, with Lake Kivu shining in the background. Nikita had insisted that I stay with his wife and family meeting them all again was like I had never left. The spicy chicken curry another delicious reminder.

The conversation over supper, even with the children all buzzing around, was about how amazing many had found that seminar Nikita saying it just had happen again the next year. No pressure I remember thinking, and realistically I would have to wait and see how all my colleagues felt, once all were back in their home countries. The medical students who accompanied us were especially enthusiastic had and had undertaken to write a report also suggesting a special interactive website.This they suggested would allow other countries, once they saw what we were doing, to request SWB’s services.I mentioned the students suggestion to Nikita, who thought such a website was a great idea offering to write a glowing report for it. However, he finished the discussion by saying with a smile, ‘Remember we are the first, and therefore a *Specialists without Borders* priority!’ The evening ended very pleasantly but it was to be a huge contrast to what I was going to experience the next day.

Walking up to the hospital with Nikita in the morning, was a real reminder of what I loved about rural Africa. The Norfolk pines by the edge of the lake,over 100 feet tall,had been planted by the early Belgian colonials. in the 1800s as a reminder of Europe. Now mature and fully grown they stand like magnificent guardians of the shore, creating acres of shade and a refuge from the hot African sun for many of the locals, all of whom chatted animatedly as we walked.Adding to the African feel were the numerous motorcycles which passed, chickens in cages overflowing and squawking loudly on their way to market.

Walking through the main hospital entrance, Satilde came running out of the Accident and Emergency ward to greet us. As she got closer, smiling at Nikita, she said, ‘Dr Paul, Dr Paul, so good to see you back, we have an emergency, there has been an explosion at one of the mines just across the border.’

Nikita looked at me. ‘That’s always serious trouble for us, multiple casualties usually, Satilde I assume you have organised the ambulance?’

Satilde was about to reply when two pulled in behind us. Nikita said quickly, ‘You to go in the first one and follow me.’

I opened the door of the first ambulance for Satilde, and then slid in beside her. Looking into the back of the ambulance I could see stretchers covered in IV fluid containers, a defibrillator and very large wooden box with a red cross on it, which I assumed was the emergency kit. The border guards as we approached ten minutes later, waved us through with their automatic weapons.Arriving at the scene of the trauma, it wasn’t as devastating as we had imagined. There had been an explosion, but not close to where most of the young boys had been working. About ten boys had been collected for treatment and a tent had been rapidly erected. My immediate review and triage indicated they were mostly small wounds, which between the three of us we quickly cleaned and tidied up with bandages. Nikita and I decided one of the boys, approximately twelve or thirteen years of age, should come back with us for more formal debridement of his wounds and possibly suturing in theatre.Satilde and I sat in the back keeping an eye on the young boy. I realised as Satilde spoke to him, that he only understood French, suggesting he was Rwandan.On the way back to the hospital we chatted about the terrible conditions the boys had to put up with in the mines in the Congo. Satilde told me how young boys were forced into mining labour camps deep in the Congolese Bush. The most notorious of these Satilde said was Mount Golgotha, an area which had numerous opencast mines. Literally hundreds of boys were sent down into the mine each day and expected to fill 50 kg bags of cassiterite rock, containing also the conflict minerals tin, tungsten and tantalum,which they were forced to dig up in temperatures of up to 40°C. Many she explained died from exhaustion and dehydration, and many who rebelled or tried to leave, she told me, were killed. The militia chiefs who controlled the mines were all answerable to an overlord, who controlled the flow of resources and money via the city of Goma. Two principal traders then flew the rock out to world suppliers. I could imagine with the greater demand for rare metals for computer chips, more boys were required. That meant that boys on both sides of the border were now being sought for labour. When Satilde stopped I remember thinking how little the world knew about this child exploitation and perhaps I needed to write about it, which I finally did as a second fictional medical drama - *Old Lovers Don’t Die.* Satilde, having explained that all to me then said how nice it was to have me back, before asking about the seminar. After I explained she said, ‘What a wonderful contribution you are making, perhaps we can do something similar for nurses when you come next year and have a section on Emergency care?’ More food for thought, and possibly a natural development for a nascent *Specialists Without Borders*, assuming nurses could afford to pay for the travel and accommodation.

The rest of the week at Gisenyi was comparatively uneventful following such a dramatic start. Fractures were reduced, lacerations sutured, and babies delivered by caesarean section; not to mention the odd appendix. I was also determined to again visit the local market, the life and soulof Gisenyi. On Saturday morning I walked to the market, which was located at the far end of town. Dozens of stalls with clothing, handbags, and sports shoes, intermingled with stalls selling the squawking chickens along with fruit and vegetables. It was lively with lots of bargaining, but all accompanied with a Rwandan smile. I spent half an hour wandering and looking thinking I had been transported to another world.And I still had the Silverback gorillas to visit.

Trekking up through a mountain in the Uganda national park,was a memorable experience with its dense rich undergrowth.Three guides all heavily armed in case gorilla poachers were encountered,made it even more surreal for the other 5 tourists and myself. We climbed almost 2000 metres to a place where a 200kg male sat with his pride of 3 females and numerous babies dashing around us.The male just sat there completely habituated and relaxed looking at us from 3 metres with interest.The females climbing trees as we all sat in complete awe of the privilege of sharing with these fabulous creatures their family life.We had been warned not to use flash photography as that scared the gorillas.When one of the females climbed a tree a metre away one of the tourists stood under the tree to photograph her climbing.The flash on her camera causing the gorilla to lose her grip sliding down the tree as the woman with the camera quickly stepped back turning to face us.As the gorilla hit the ground it rolled into a ball and rolled into its photographer before rapidly uncurling biting the photographer somewhat gently on the bum and walking away.We all looked at each other ,raised out eyebrows smiling at the ‘humaness’ of what we had witnessed.On the way down I remember thinking that any future SWB meetings should have this as an option as for me it rated as a truly rare and amazing world experience.

At the end of the week I caught the bus back to Kigali, complete with live chickens and one goat, which stood in the aisle with a small cord securing it to a seat. Back in Kigali for the night, I had arranged for Sunnie to pick me up from the Senegal hoteland take me to the airport. After such a great experience, I was a little sad leaving but told Sunnie positively at the airport that I would see him in a year’s time.