

AISLIN'S TANZANIAN SKETCHBOOK

The Gazette's Terry Mosher (aka Aislin) recently spent four weeks in Africa following a group of Montreal health experts on a mission to help fight AIDS in Tanzania.

Don't miss his gripping account and remarkable illustrations.

T o m o r r o w

Courtesy of Mary Hughson





The Gazette

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AISLIN IN AFRICA

'While little Ema Benadi Kyando played with her balloon, an elder told us of summoning up the will to go for testing. Discovering that he was HIV-positive, he urged his three wives to be tested. Two were infected.'



A health team from McGill travels to Tanzania to see how it can help fight the AIDS pandemic – and invites cartoonist Terry Mosher (aka Aislin) along to document the trip. See his sketchbook and journal in **SATURDAY EXTRA**

PEGGY CURRAN REPORTS ON THE FATE OF AIDS ORPHANS IN SOUTHERN AFRICA, A4

BIKERS BACK ON THE ROAD

Hells Angels resurface with reinforcements

NEW ALLIANCES TAKE OVER DRUG TURF
Notorious leader a 'rising star' on the scene

PAUL CHERRY
GAZETTE CRIME REPORTER

In mid-January, Emmanuel Zephir, a notorious gang leader, walked out of prison a free man. He had done his time for killing a rival and he was quickly welcomed into the new way the Hells Angels take care of business in Montreal.

When Zephir, 33, was sentenced back in 2000, the city's underworld was different: It was dominated by the Hells Angels' Nomads chapter and their violent puppet gang, the Rockers. The Nomads were at the top of their game, controlling much of the street-level drug trafficking in Montreal while distributing cocaine and hashish in bulk across

Quebec and parts of Canada. People who dared to get in their way were murdered.

The first sign of change came in the early morning of March 28, 2001. As a light dusting of snow fell on the province, a joint police task force carried out a massive operation during which more than 120 people were arrested. The police were looking to end seven years of gang bloodshed that resulted in more than 160 murders.

What followed was the successful prosecution of almost all of the members of the Nomads chapter and most of the Rockers who carried out their orders.

Please see HELLS, Page A8

NO BENEFITS FOR CIVIL SERVANTS

Quebec balks at own transit pass incentives

EMPLOYERS PAY
Government should set example: critics

PHILIP AUTHIER
THE GAZETTE

QUEBEC—The Quebec government has no immediate plans to implement its own proposal encouraging employers to pick up the costs of transit passes for their employees.

"It's a move that cannot be ini-

tiated unilaterally," said Isabelle Taschereau, spokesperson for Quebec Treasury Board President Monique Jérôme-Forget. "It would be a matter to be discussed with our employees as it involves salary issues."

"No decision has been taken." In Thursday's provincial budget, Quebec Finance Minister Michel Audet announced the Liberal government would follow through on an idea originally pitched by the Parti Québécois and offer tax incentives to Quebec companies to pay for their employee's transit passes.

Please see TRANSIT, Page A12

SAME OLD BLUES

Montreal's blue-collar workers have sent a message that they want some changes, says their newly re-elected union president. But Michel Parent, who got nearly 60 per cent of the votes as he rebuffed a challenge by union vice-president Serge Lapointe, said yesterday his members want a change in the way the public sees the municipal workers – and they want changes in the contract that was imposed on them. Lapointe, who received 42 per cent of the votes, said his support indicates many blue-collar workers are disenchanted. **Details, Page A6**

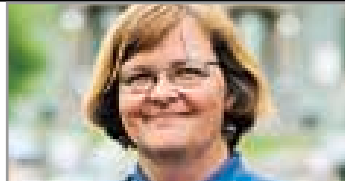
take 5
At Montreal video stores, rentals of popular TV shows are booming, leaving devoted fans scrambling for their favourite programs, **I1**

NATION
Harper mulls holding cabinet meetings in secret to keep reporters at bay, **A21**

SPORTS
Quebec athletes anchor Canada's eight-medal haul in Melbourne yesterday, **D1**

BUSINESS
Lino Matteo, CEO of bankrupt Mount Real, faces 600 angry investors yesterday, **C1**

'On the morning we met, the nun had just received word that another St. Monica's girl had died of AIDS, infected as a result of an assault by a group of boys. Her assailants included the sons of people who had taken her in after her mother died.'



QUOTE

Childhood is measured out by sounds and smells
And sights before the dark of reason grows.
John Betjeman

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EXTRA SATURDAY

REPORT ON ...



MONTREAL DIARY

SO WHO cleans up this mess?

Spring cleaning of downtown streets will begin any day now. Really. We get the dirt from André Charbonneau of public works in Ville Marie borough. **Page B2**

SEVEN DAYS

BLUFFER'S GUIDE to the Israeli elections

Kadima, Likud, Labour – everything you need to know to get you through a dinner-party conversation about Tuesday's vote. **Page B8**

THIS OLD HOUSE, III

Marianne Ackerman's third instalment on the colourful history of 5300 Waverly St. and the people who've lived there over the last century. **Page B5**

HOPE IN TANZANIA

Story and illustrations by TERRY MOSHER The Gazette



IMAGINE being able to make a positive difference in the lives of people living in a remote, disadvantaged part of the world.

Royal Orr is trying to do just that. Several years ago, the former CBC-radio host and one-time leader of Alliance Quebec found himself in one of the poorer districts of one of the poorest countries in the world, filming a documentary for Vision Television.

From that experience in Tanzania was born a dream – to see that testing and treatment for HIV-AIDS be made available to all in rural Africa, where the pandemic has been particularly devastating.

To that end, Orr recruited medical experts from the McGill University Health Centre to build links with Tanzanian hospitals and clinics in any way they could.

The hope is that these first tentative steps will one day soon turn into something more concrete – a blueprint for an HIV-AIDS strategy that can be used in the rest of Africa.

Not even Orr knows what form this eventual strategy might take, but he's seen enough to know that "something needs to be done."

In the Makete region of Tanzania's Southern Highlands, an estimated 20 per cent of the population is HIV-positive, over twice the national average.

Among residents 15 to 24 who have been tested, the rate is 60 per cent.

Tanzania has made the battle with HIV a national priority, but the medical infrastructure is fragile. Access to antiretrovirals – medications for the treatment of

infection by HIV – is rare, especially outside the cities.

During that first visit, Orr took part in discussions at three private health facilities that had been dealing with HIV for the last decade, working together to develop education and testing programs.

From those talks emerged a loose coalition called the Highlands Hope Consortium (HHC) – two hospitals and one HIV treatment centre in Njombe and Makete districts.

Back in Montreal, Orr helped launch a website for HHC with Montreal firm Plank Design. This in turn led to discussions among the HHC partners about producing a newspaper in Makete, a project now in the works.

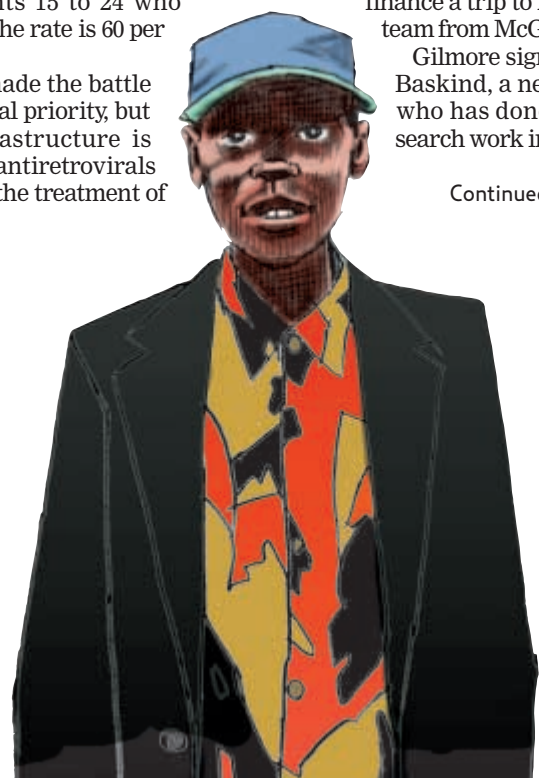
Orr also met with Angela Genge, a neurologist at McGill University and an expert in treating pain. Genge had an understanding of AIDS-related pain from her experience working in Kenya.

Genge suggested bringing on board another doctor, Norbert Gilmore – "Nobby" to his friends – a veteran of Montreal's AIDS battles during the 1980s and '90s and one of Canada's foremost experts on HIV.

The effort got an additional boost when an anonymous donor stepped up to finance a trip to Makete by a small team from McGill.

Gilmore signed on, as did Roy Baskind, a neurology resident who has done clinical and research work in rural Zambia.

Continued on Page B3



Several members of PIUMA, a group of more than 200 people dedicated to removing the stigma of living with HIV, take shelter from the rain in Bulongwa. The group's motto is Pima ili uishi kwa matumaini – "Be tested, and live with hope." Medical facilities in the area can be primitive. Recently, a visiting German student mistook the operating room at Bulongwa Hospital for a medical museum.



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// These courses have given me the opportunity to develop a high level of linguistic competence. I particularly enjoyed the group activities and the outings, which allowed me to interact with native speakers. // – Isabelle R.

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Need for training, equipment urgent

CONTINUED FROM B1

As nursing would be a part of any Makete strategy, Madeleine Buck, the assistant director at McGill's School of Nursing, also helped fight the HIV pandemic.

The team had relatively modest goals for this first trip: listen to the concerns of those on the front lines in Makete and identify ways in which McGill might help fight the HIV pandemic.

So how did a cartoonist get into the mix?

Orr wanted to generate some public awareness of the Makete project and asked if I would like to go along and create a journal-sketchbook. Inspired by his enthusiasm, my wife – Gazette graphic artist Mary Hughson – and I decided to expand the trip into a four-week exploration of Tanzania.

"The pilot of our 15-seater plane said a prayer before our departure. We all bowed our heads, even the agnostics among us."



Jan. 15, 2006. Montreal to Dar-es-Salaam

We met the McGill team members, some for the first time, in the KLM lineup at Trudeau airport and immediately began comparing notes on all the vaccinations required to obtain a Tanzanian visa. "What could go wrong?" we reassured ourselves. "We're travelling with two doctors and a nurse!"

In the middle of the night, somewhere over the Atlantic, we memorized the rules for eating and drinking in Africa concocted by our new McGill friends: "If it's fizzy, you can drink it. If you can peel it or cook the hell out of it, you can eat it. If it's eating you, kill it!"

During the second leg of the journey, I fell asleep somewhere over the spine of Italy, awaking to a spectacular sight: the mighty Nile 30,000 feet below, twisting its way through the eastern Sahara.

We passed over a very beige Khartoum, the capital of Sudan, then continued south into the night before arriving in Dar-es-Salaam after more than 24 hours of travel, a world away from winter.

We were picked up at the airport by BBC correspondent

Vicky Ntetema, who was indispensable as a resource person for our group.

Even at midnight, the darkened city was baking in heat and humidity. Dar-es-Salaam is Tanzania's major city – about the size of Montreal – and is a rapidly growing commercial centre, with the largest port on Africa's east coast.

Life in Dar revolves around its large fish market and harbour; behind its business district are intriguing multi-racial neighbourhoods. The night life is lively, and music can be heard at all hours.

Tanzania's most famous ex-pat was Freddie Mercury, lead singer for Queen, who died of AIDS in 1991.

Dar-es-Salaam to Njombe

Refreshed and breakfasted after a night at the Holiday Inn, we headed back out to the airport. Our 15-seater plane, chartered from a South African evangelical outfit, was piloted by Jan Smits, a Tin-Tin look-alike.

Smits said a prayer before our departure, asking Jesus to guide us safely on our journey. We all bowed our heads, even the agnostics among us.

Airborne, we caught our first glimpse of a bottle-green Indian Ocean. We landed on a large green field on the outskirts of the town of Njombe and were met by a few curious locals and several of the HHC members who delivered us to our lodgings.

Njombe is a transportation hub and agricultural centre with a large bustling market. Trucks and colourful daladala buses – crammed with people and luggage – fan out to points throughout the Southern Highlands.

Much of HIV-AIDS here has been spread by truckers and migrant workers.

TANWAT – short for the Tanganyika Wattle Company, a British forestry firm – is Njombe's largest employer. Its product, an extract of the wattle tree, is used for dyeing leather.

Under director Ronnie Cox, TANWAT takes seriously its corporate responsibilities to Njombe and could serve as an example to other foreign companies operating in Africa.

It built and continues to finance a 40-bed private hospital that provides care for its employees, their families, neighbours and the transient workers hired during harvest time.

The company also pays some hospital workers to be community educators on the subject of safer sex, the prevention of HIV and reducing the stigma connected with AIDS.

Of the three hospitals we visited, TANWAT was the only one staffed 100 per cent by Tanzanian professionals.

The McGill team was especially struck by the work carried out by head nurse Betty Liduke, a respected community leader who has been challenging traditional taboos about HIV and sex for 20 years.

Liduke was the first nurse to be trained outside Tanzania in peer counselling and now runs a



safe-sex program for the area. She single-handedly organized outreach programs to 17 villages surrounding Njombe, gaining the trust of residents.

Now Liduke is warmly greeted everywhere she goes; villagers feel comfortable asking her for "sweeties" – condoms.

Liduke is a valuable resource within the HHC. But, as Madeleine Buck wryly pointed out, without a computer, Liduke must go elsewhere to get email or medical information from the Internet.

Other pressing needs are apparent at TANWAT hospital. The laboratory requires immediate upgrading to meet even existing health-care needs and is nowhere near being ready to dispense antiretroviral drugs.

Once the hospital has authorization to provide the drug treatment, new equipment and intensive staff training will be needed.

But will the hospital be able to handle the flood of patients anxious for treatment?

Njombe to Ikonda

Leaving Njombe, we drove farther up into the Southern Highlands, developing a strong appreciation for our sturdy four-wheel-drive vehicles.

The odd mix of tropical rain forest, green hills straight out of County Kerry and jarring Montreal-like potholes made for nerve-racking progress.

We eventually reached the tiny mountain town of Ikonda. Dirt-poor and often enveloped in clouds, the town is overlooked by a 220-bed "hospital in the sky" run by an Italian branch of the Catholic Movement of Consolata.

About 70 per cent of the hospital's inpatients are admitted with HIV-related complaints.

The Care and Treatment Centre, an outpatient facility, is kept busy treating more than 900 registered HIV-infected adults, of whom 45 per cent are receiving antiretrovirals.

A new outpatient unit will open in several months.

Upon arrival, we were welcomed by our host, Padre Alessandro Nava. Sandro, as he is known to all, has been in Tanzania since 1978 and is one of the original Highlands Hope participants.

We also met Padre Ceschia, 82, who has worked in Tanzania since 1951. These days he works with children who have been orphaned by AIDS.

"Whatever you decide to do," he advised the McGill team, "make sure you build a short, strong pipe that flows between those who have and those who need."

"Long pipes leak."

Corruption is not a uniquely African phenomenon, of course, but it does hurt more in places like this, where every penny counts.

There may be cause for some optimism in Tanzania: newly elected President Jakaya Kikwete speaks often about the problem, insisting that his ministers eliminate graft in their departments. And the Tanzanian press reports on the matter, even if in only broad strokes.

The U.S. Millennium Challenge Corporation recently has demonstrated confidence in Kikwete by granting Tanzania \$11.15 million to fight corruption.

Consolata Hospital, Ikonda

Members of the Consolata staff showed us around the hospital, the Care and Treatment

Centre and the laboratories. The McGill crew noted the hospital was much cleaner than the Royal Vic and joked that Tanzanian cleaners might teach their CSN counterparts a thing or two.

But there was no joking as Baskind and head nurse Omolima Mahenge gently examined Witness Mwiwuka, who was 5 but looked no more than 2.

The girl had contracted HIV from her mother, now dead of AIDS.

AIDS is about waiting. Everyone waits – for money and drugs, for treatment... for death.

I came away with painful impressions: that tiny girl wasting away, a bit more every day; 30-year-old Faraja Mlowe lying in her hospital bed, waiting and knowing her fate.

Beyond the walls of Consolata Hospital, no community service organization helps HIV-infected people or delivers the sort of education and home care that Liduke provides through TANWAT.

Patients and their families must undertake long journeys on foot to come to the hospital or one of the clinics. And patients must pay a nominal fee for the services they receive, putting the care provided by Consolata out of reach for many.

Continued on Page B4

"AIDS is about waiting. Everyone waits – for money and drugs, for treatment... for death."



LAKE MEMPHREMAGOG, YOU SAY? SOUNDS EXOTIC. DO YOU HAVE HIPPOS?

"If someone got sick and died, it was always attributed to something else – like tuberculosis." VICKY NTETEMA

HOPE IN TANZANIA

'We didn't come here to reinvent the flat tire'

CONTINUED FROM B3

Ikonda to Makete

Leaving Ikonda, we climbed even farther into the Highlands. Every kilometre brought understanding of how difficult it is to provide reasonable access to the hospitals. We quickly ran out of road as the rain turned what minimal track there was into a quagmire of brick-red muck.

Reaching the town of Makete, the team met with a newly elected MP and other officials and then had lunch at the home of Shadrack Manyviewa, the local Lutheran bishop.

His wife introduced us to banana soup and, during the meal, the bishop loftily suggested McGill might create a "pilot project for the rest of the country."

The bishop then asked, through prayer, for the diocese's current "difficulties" to end. What those difficulties were, we were about to discover firsthand.

The 80-bed Bulongwa Hospital, governed by the local Lutheran church, is in terrible shape, but through no fault of the current medical administrators.

Dr. Hans Reichold and his wife, Adelheid, were assigned to Bulongwa by Missionwerk, an evangelical German group that supplies medical personnel to disadvantaged countries.

Reichold has experience educating doctors in northern Tanzania, but now faces a tough situation in his Bulongwa assignment.

His predecessor, a European-educated Tanzanian doctor appointed by Bishop Manyviewa, has disappeared amid a cloud of suspected financial irregularities. Donations from Europe, the lifeblood of the hospital, are being withheld until results of an audit are released.

In the meantime, the Reicholds and their dedicated staff, like head nurse Rose Kyando and hospital director Godlove Katemba, soldier on.

A few years ago, Bulongwa Hospital was a poor but efficient institution. Today, there isn't always money to pay the staff or to maintain the infrastructure: water shortages and power failures are constant challenges.

Facilities can be primitive: Reichold told me that a visiting German student mistook the hospital's operating room for a medical museum.

Bulongwa Hospital

Getting Bulongwa back on track would save the orphanage connected to the hospital; it is home to 33 children, two of whom are HIV-positive.

Only five have relatives who visit. During our stay, the youngest of the children died, a girl, 6 months old.

The cost of running the orphanage is \$1,000 U.S. a month, which seems little. But then, these are not the only children in Makete who need help.

The Makete region, with a population of 105,000, is home to an estimated 15,000 children orphaned by HIV/AIDS, the highest percentage in Tanzania.

The number of child-led households in Makete is skyrocketing, giving rise to a new phenomenon: primary school teachers who can ill afford it are taking in many of their orphaned pupils.

Bulongwa Primary School has 285 pupils, of whom 149 are orphaned. Head teacher Zakaria Tweve has himself adopted five such children, providing basic care on his salary of about \$3 U.S. a day.

Despite the problems at Bulongwa Hospital, locals still flood there, knowing it is superior to the local government-run facility, where

sometimes the staff simply don't show up for work.

Fortunately, the local branch of Médecins Sans Frontières is usually on hand to take over until a few of the staff come back.

But there is some good news regarding Bulongwa. There is an excellent Care and Treatment Centre connected to the hospital and it is funded independently by the Lutheran Church of Austria.

The CTC is run by Dr. Rainer Brandl, one of the founders of the Highlands Hope Consortium who left a surgical residency in Austria to work in rural Africa. It is accepting a growing number of patients for HIV testing and, when appropriate, for antiretrovirals.

Since the drugs were introduced in the area a little over a year ago, the centre has offered voluntary counselling and testing for about 500 people. It has also registered 1,500 HIV-positive people at different sites in the region.

Nevertheless, his clinic and the local hospitals face two major difficulties. The first is the walking distance for those seeking care. The second is old attitudes.

"Two years ago, the people there kept silent on the subject of AIDS," Ntetema of the BBC told me. "If someone got sick and died, it was always attributed to something else – like tuberculosis."

"But when outreach programs to the villages finally started, frank discussions about AIDS became possible. Clearly, home-based care is the answer."

Brandl is encouraging his Tanzanian medical team to pursue creative solutions. His assistant co-ordinator, Jackson Mbogela, is already involved with new outreach programs to the surrounding settlements.

We followed him on a revealing tour of several villages, visiting with several HIV patients in their homes.

In one, while little Ema Benadi Kyando played on the floor with her balloon, an elder told us of summoning up the will to go for testing. Discovering he was HIV-positive, he urged his three wives to be tested, too. Two were infected.

The McGill team also met with members of PIUMA, a group of more than 200 people dedicated to removing the stigma of living with HIV. The group's motto is Pima ili uishi kwa matumaini – "Be tested, and live with hope."

Bulongwa and beyond

Everywhere Mary and I travelled in Tanzania, we ran into Canadians. We all agreed that we have a thing or two to learn from the Tanzanians.

Despite a diet based largely on maize, which lacks essential vitamins and proteins – and setting aside AIDS for a moment – they seem extraordinarily fit in comparison to North Americans.

We did see several fat people, but those were generally either cops or government officials. Not that I would jump to any conclusions.

Heart disease is rare, and Reichold told me of the thousands of patients he has treated over the past two years, he had seen only two cases of cancer unrelated to AIDS.

Reichold believes Tanzanians are in good trim because they walk everywhere, particularly the women.

To make his point, he showed us the result of a recent surgical procedure: a grossly enlarged uterus, the size of a football and weighing more than 2 kilograms. (The weight of a normal uterus is about 80 grams.)

Taking us out into the hallway, he introduced us to the patient, Magdalena, 39, was walking around mere hours after her operation, without benefit of painkillers.



She explained she was needed back home. Nine days later, she walked back to her village, over 100 kilometres of rough road away.

This would be one of my enduring images of Tanzania: the quiet determination of this woman, walking away from us in a gaily coloured Kanga skirt on which was printed the Swahili proverb Atake hachoki – "A person in need never gets tired."

What to do?

Despite the poverty, disease and corruption, there is great dignity in Tanzania. After returning to Montreal, I saw more begging during a 30-minute stroll down Ste. Catherine St. than I had during our four weeks in Tanzania.

Now that the McGill team has returned from what Baskind called "our scouting adventure," they conclude the disaster unfolding out there is more terrible than any tsunami or earthquake.

To help convince McGill and potential funding partners of the feasibility of this initiative, the team will focus on several short- and medium-term goals:

The nurses have been quick off the mark. Fundraising is already under way at the McGill School of Nursing to send several students to carry out research with HHC as part of their training.

The school is also looking at cre-

ating "inter-professional teams" of McGill students to go to Makete district.

New partners are now being brought on board. Dr. John Hughes of the McGill Faculty of Medicine and local firm MRC Networks are establishing a Montreal-Makete working group to develop an Internet-based clinical records system for the Makete hospitals.

Does this mean Liduke will finally get her computer?

Speaking of Liduke, the team is trying to bring her and Mbogela to the XVI International Aids Conference in Toronto in August.

There is also now agreement to try to establish a post-graduate fellowship at MUHC-McGill to allow a young doctor to spend a year building links with Makete.

For all the positive steps the team has taken so far, its members understand the importance of not losing sight of the well-intentioned mistakes of the past.

As Nobby Gilmore put it, "We didn't go to Tanzania to reinvent the flat tire." Royal Orr's dream seems to be well launched.

For information on how you can help, visit www.highlandshope.com

For Moshier's full journal, visit www.aislin.com

'Lovely, helpful people'

Nation overcomes turbulent history

Like Canada, Tanzania's population is about 35 million people, except that Tanzanians are squeezed into a landmass about the size of Ontario.

Located just south of the equator, Tanzania even has snow, albeit just a small glacier on the top of Africa's tallest mountain, Kilimanjaro.

And like Canadians, Tanzanians are a peace-loving people. Their country seems a safe haven, spared the internal strife that has blighted so many other African states.

Before my wife and I set out, Stephanie Nolen, a former Montrealer and the Africa correspondent for the Globe and Mail, sent us a reassuring pre-trip email: "Tanzanians are lovely, easy, helpful people. You'll be fine."

That peaceful nature seems unexpected given the region's history. The country laboured under a series of colonial regimes – the Portuguese, the Germans and the British – offering different shades of brutality.

The region was for many years the major source of slaves for the export trade controlled by Omani Arabs. The British finally forced an end to that in the 1870s.

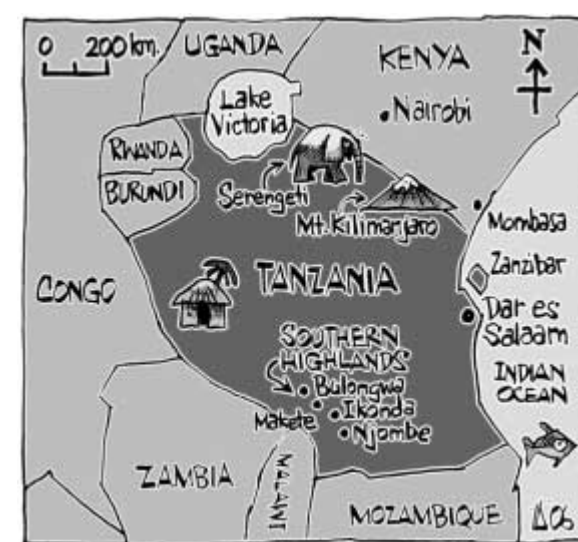
The last century brought major change. Julius Nyerere was Tanganyika's prime minister during independence from Britain in 1961 and oversaw the unification of Tanganyika and Zanzibar in 1964.

Nyerere introduced a socialist regime that proved economically disastrous in the long run. But he deserves credit for establishing a peaceful unity in the country: he eliminated rivalries among the country's 128 tribes by relocating large segments of the population into collective villages and entrenching Kiswahili as the common language.

Since 1995, opposition parties have been allowed. Although free elections are held, the CCM party (Chama Cha Mapinduzi) has been in power since Tanzania's inception. While voting in most of the country has been peaceful, irregularities in Zanzibar in the CCM's favour led to some extreme political violence following the 2001 election.

Zanzibar now has its own autonomous parliament and a president to govern its internal affairs. In all other respects, Tanzanian mainlanders, who are primarily Christian, and the Zanzibaris, who are 98 per cent Muslim, live in peaceful co-existence.

TERRY MOSHIER



Top: Head nurse Betty Liduke chats with McGill's Madeleine Buck outside the TANWAT hospital in Njombe. Middle: Dr. Norbert Gilmore reassures a woman during house calls to a rural village. Jackson Mbogela provides the translation. Above: Dr. Roy Baskind examines 5-year-old Witness Mwhuka in the HIV ward at Consolata Hospital in Ikonda. Nurse Omolima Mahenge assists. Left: A patient awaits his fate at Bulongwa Hospital.