FOIA Number: 2007-1550-F

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Lovett Productions

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S	67	1	3	2

O: Lovett Prod.

Paul A. Gaist
06/21/2000 07:49:06 PM

Record Type: Non-Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc: pgaist@opd.eop.gov
Subject: Sandy's participation in proposed AIDS documentary

6/21/00

Sandy's participation in proposed AIDS documentary by Lovett Productions:

Note: My comments are focused on the proposal's strengths and weaknesses primarily as they may affect the decision (and perception) of Sandy's participation in the documentary. I have taken a fairly cautious perspective, possibly more cautious than necessary, but wanted to flag any potential "issues" that need to be taken into consideration.

Overall:

The proposal offers a potentially powerful broad reaching documentary on HIV/AIDS in South Africa. It attempts to focus on the harsh realities through people's real experiences and also has a focus on programs and approaches making a positive difference.

Sandy could make a significant contribution to this documentary and would certainly raise it's visibility/credibility. If she decides to do the interview, she should retain some control over the content and the final cut of what will be included from the original interview. If she participates, there should be at least one high ranking South African Government official also interviewed during the documentary for balance (e.g., President Mbeke's health minister).

Certain questions, listed below, should be addressed by the producers and/or considered by Sandy before a final decision is made.

Overarching questions: (** most impt.)

**_ Do we know anything about Lovett productions? What else have they done?

**_ What are the details of the interview (i.e, what do the producers hope to get from this interview, how long will it be, where will it be, who is the interviewer, will she have the questions ahead of time, etc.)

**- Who else besides Sandy and the Africans listed in the several real life scenarios (miner, pregnant women, etc.) do they hope to feature? What other ranking officials? From where? Who has accepted? Specifically, what high ranking South African official(s) will they interview?

- The proposal says they will follow people through their real life experiences with HIV/AIDS for a year - does this mean they will follow /or have followed people for a year? When do they anticipate the program to be ready for airing? (If Sandy interviews with them in July 2000, but the airing is one year away, is it timely for her to do this?)

- The title of the documentary is "Conspiracy of Silence" -- conspiracy by who? -- from the proposal one could conclude from a combination of Govt. inaction, business indifference, community fear and stigmatization...and labor systems put in place during apartheid... O.K., but is there any perception problem for Sandy with this emphasis on "conspiracy" given the history of "conspiracy theory" discussions in the U.S. ?

Other questions:
(Cover letter)
"Ford" - is this the Ford Motor Corporation/Foundation? What is the budget for the production?

They hope to air it on PBS - this would provide for a broad, but select audience.

The documentary would be made available at no charge to the NGOs who participate - good

(Page 3)
Check ethics -- the documentary will "travel with a migrant worker as he unknowingly takes the virus back home with him to his wife..."

(Page 4)
It is good that they will also focus on the role of cultural beliefs (such as using traditional African medicine).

(Page 5)
Good focus on the role (or non-role) of business, but are there efforts underway, possibly through AFL-CIO partnership with labor unions, possibly even in partnership with South African businesses, that should be highlighted? If we are making headway (ONAP just reviewed the draft report, "U.S. - Africa Trade Union Summit on HIV/AIDS: Workplace Education and Prevention"), that should be highlighted.

Paul - will you look *
@ this + see if you
think it's good for
sending to co. Thanks!
Cheryl

LOVETT PRODUCTIONS!

FAX TRANSMISSION

DATE: 6/14/00

FROM: Joseph Lovett

LOVETT PRODUCTIONS, INC.

TO: Sandy Thurman

FAX #: 202-456-2439

NUMBER OF PAGES (INCLUDING THIS ONE): 11

COMMENTS:

about an AIDS documentary we are working on.

155 SIXTH AVENUE, NEW YORK, NY 10013-1507 212-242-8999 FAX: 212-242-7347

LOVETT PRODUCTIONS

June 14, 2000

Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place N.W.
Washington, DC 20503
Tel: 202-456-2437
Fax: 202-456-2439

Dear Sandy,

Foundation

Ford/PBS

I wanted you to know that Ford has funded us to begin a film on AIDS in South Africa which we will begin shooting at the Durban conference. I'm faxing along the proposal. PBS has expressed an interest in airing the completed film.

My producer Elaine Epstein, a South African with considerable background in HIV, is there now through mid-August. I'll be going for July. We would like to schedule an interview with you, if that is possible, during the conference. But I'd like to speak with you after you've had a chance to look over the proposal.

My number in New York is 212-242-8999, home 212-242-8019, weekend 631-597-9327.

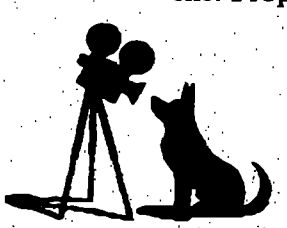
Hope you are well.

All the best,

Joe Lovett

Joseph F. Lovett

cc: Elaine Epstein
enc: Proposal



LOVETT PRODUCTIONS!

CONSPIRACY OF SILENCE

AIDS IN SOUTH AFRICA

A DOCUMENTARY

DRAFT PROPOSAL

Elaine Epstein

May 2000

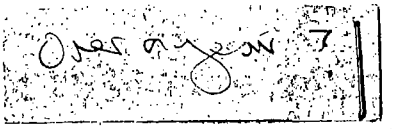
155 6th Avenue, New York, NY 10013 •212-242 8999 • 212-242 7347 (Fax)

CONSPIRACY OF SILENCE

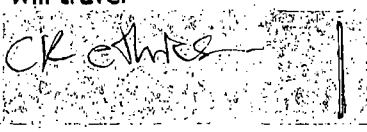
At the dawn of the new century, humanity can boast advances in medicine, disease prevention, and community-care for the sick, and yet this progress has been unequal. In developing countries, the AIDS pandemic continues to decimate whole segments of society while contributing to the collapse of the health care systems and economies of these fragile nations. In sub-Saharan Africa alone, 22.5 million people are infected with HIV (90% of those infected don't know it), and by the end of this year more than 10 million African children will have lost one or both parents to AIDS.

Today, the southern-most African countries are experiencing the most severe HIV epidemics. South Africa, previously infamous for its apartheid policies, is the largest country in the region and has the fastest growing infection rate. Sixteen hundred people are infected each day, and nearly 4 million people are already living with the virus. Despite having had multiple opportunities to respond to the early warning signs of the impending epidemic, South Africa has only recently begun to acknowledge the extent of its AIDS crisis. The apartheid regime glaringly ignored the increasing spread of HIV, and the current government's efforts have been constrained by limited finances, lack of direction, and cultural taboos. Attempts to contain the spread of the disease have been further hampered by the socially imposed shame surrounding HIV and the pervasive discrimination of those infected. When the South African Parliament recently passed their landmark bill explicitly outlawing discrimination on the basis of race, ethnicity and sex, protections for people infected with HIV were noticeably excluded. In a country historically plagued by racial discrimination, the stigmatization and discrimination of people with AIDS is now widespread but the international community that so readily intervened during the apartheid years is nowhere to be found.

Conspiracy of Silence, a 90-minute documentary, will examine the devastating effects of AIDS on South Africa. For South Africa, AIDS is a health crisis of unprecedented social and economic magnitude and efforts in prevention, treatment and care have been thwarted by a vast array of socio-economic, cultural, and political factors. By interweaving intimate personal stories with in-depth, investigative interviews of AIDS experts, activists, politicians, and national leaders, the documentary will take an unflinching look at the factors fueling the spread of this disease and the silence surrounding it.



By closely following characters over a year, and giving a human face to the disease, this program will impress upon viewers the harsh reality of living with HIV/AIDS in Africa. Viewers will experience firsthand the overwhelming fear of an HIV positive woman as she awaits the birth of her child and the pain of a young girl as she loses her last surviving parent to this disease. They will accompany a journalist as he publicly comes to grips with his HIV status in a weekly newspaper column, and they will travel with a migrant miner as he unknowingly takes the virus back home with him to his wife.



Juxtaposing montages of South Africa's lush landscapes and breathtaking surroundings with scenes evoking the distress of the South African people, the program will poignantly underscore the unacknowledged plight of this country. To ensure that the outlook on AIDS presented in the program is not despairing and hopeless, the program will include success stories, such as achievements in education and community-care. Viewers will visit the ***Mothusimpilo-Cartonville Project*** and meet the sex workers successfully recruited and trained by Yodwa Mzaidume to consistently use condoms and to educate their peers about AIDS. At the ***Zola*** support group in Soweto, viewers will hear from HIV positive members how the group's income generation program and weekly meetings have greatly enriched their lives. In KwaZulu Natal they will meet the dedicated volunteers of the ***Sinosizo Home Based Care Program***, who, with limited resources, tirelessly give up their time to look after the ever-increasing numbers of sick and dying. The film will not only raise public awareness, but it will also inspire people by showing examples of what can be done in HIV/AIDS prevention, treatment and care.

A unique partnership between Lovett Productions, Southern African Filmmakers, and local HIV/AIDS organizations and agencies guarantees a film with an insider's perspective from a grass-roots level, to which viewers around the world can relate.

Documentary footage will also be made available to the non-governmental organizations participating in the film for their own education and fundraising purposes.

POTENTIAL CHARACTERS AND LOCATIONS

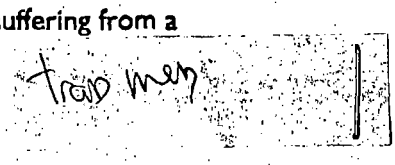
People move with greater speed and ease. So does the AIDS virus. Millions of children and adults are becoming infected, falling ill and dying without the barest essentials in medical treatment, counseling or social support. The impact on society is devastating. ***Kofie Annan, U.N. Secretary General***

JACOB, HIS WIFE DUDU, AND LINDA

Jacob, a 35 year old miner, works in the West Driefontein mine in Cartonville, Gauteng and lives in a single-sex hostel located on the mine grounds. He returns home once every three months, usually for just a few days at a time. Separated from his wife for long periods, Jacob often seeks out the company of one of the many sex workers who live and work around the mines.

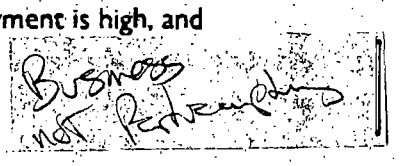
Jacob's wife, Dudu, lives hundreds of miles away in Hlabisa, Northern KwaZulu Natal, a rural area known for its high HIV infection rates. Here she looks after the children and farms the family's small plot of land. She survives on the food she grows and the little money she receives from Jacob each month. Dudu is aware of her risk of AIDS, and would like to use condoms with her husband; however, she doesn't ask because she knows he would never agree. The last time Dudu suffered from a STD, he accused her of being unfaithful and threatened to beat her.

On his visits home Jacob often calls on his traditional healer to obtain "muti" (traditional African medicine) which he takes back with him to the mines. Although the mining industry provides its workers with basic medical care, Jacob prefers to use this traditional medicine when suffering from a sexually transmitted disease.

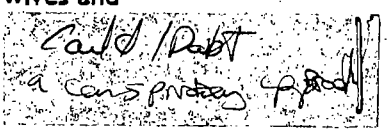


Back at the mine, Jacob regularly visits Linda, a young sex worker, who lives in Leeupoort, an informal settlement located just outside the mine grounds. Linda left her home in Zimbabwe in 1998 in the hopes of finding employment in this gold-rich mining area. Unable to find work, she began selling liquor, and later sex, to the miners in order to survive. She tested HIV positive last year.

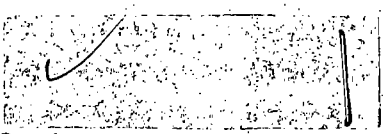
Linda is aware of her status, and was recently trained as a peer educator by *Mothusimpilo* ("working together for health), a local HIV/AIDS intervention project. She tries to use condoms with all of her clients, and encourages other sex workers to do the same. Even so, AIDS has spread rampantly through this community, infecting 28% of miners and 47% of women living in the area. While the innovative *Mothusimpilo* project is beginning to show some impact in reducing the spread of HIV, the project's long-term sustainability is in question. Funding for programs is competitive, and even though the mining companies benefit from the *Mothusimpilo* project, they have repeatedly refused to make any financial contribution. AIDS, unlike falling gold prices, is not their problem. Unemployment is high, and cheap labor is easy to come by.



Through Jacob's, Dudu's and Linda's stories, **Conspiracy of Silence** will examine some of the factors that are responsible for the wildfire spread of AIDS throughout Southern Africa. At the top of this list is South Africa's migrant labor system – an oppressive strategy devised during the apartheid era. According to Mark Lurie, a researcher based in Hlabisa, KwaZulu Natal, "If you wanted to spread a sexually transmitted disease, you would take thousands of young men away from their families, isolate them in single-sex hostels, and give them easy access to alcohol and commercial sex. Then to spread the disease around the country, you'd send them home every once in a while to their wives and girlfriends. And that's basically the system of migrant labor we have."



Other factors fueling HIV that will be explored in this story are the many traditional cultural beliefs and practices that have been passed down from generation to generation. These include the patriarchal sanctioning of infidelity among men, mythical beliefs about disease causation and cure, and the use of traditional healers and traditional medicines.



By interviewing representatives from the mining industry, and examining their HIV/AIDS policies, **Conspiracy of Silence** will also investigate the abhorrent lack of industry response in halting the spread of this disease. In light of the increasing evidence generated by *Mothusimpilo* and similar projects suggesting that AIDS can be controlled, this story will question why more isn't being done.

For those who live and work in Africa, the impact of AIDS on individual, family, and community economies is obvious. Sickness, death, and the loss of productive capacity in communities where as many as one third of the women in their reproductive year are HIV infected hardly needs to be supported by data.

Peter Wehrwein, Editor, Harvard AIDS Letter.

MARY MAHLANGU

Mary lives in Soweto, a township located just outside of Johannesburg. She is pregnant with her second child. When Mary told her husband she had tested positive, he beat her and threw her out of the house. She hasn't seen or heard from him since. Although Mary has disclosed her status to her sister, with whom she now lives, she is afraid to tell any other family members or friends for fear of being ostracized. To safeguard her secret, Mary avoids using the clinic in her area. Instead, she travels the long distance into the city to receive treatment. But once she arrives, the clinic often cannot give her medication. Drugs are in short supply, and the government will not supply her with AZT, a drug that would reduce her risk of transmitting the disease to her unborn child. Mary knows about AZT but she can't afford to pay for the drug. All she can do is pray that her baby will be born free of the virus. **Conspiracy Of Silence** will accompany Mary as she anxiously awaits the birth and the test that will tell whether her baby is infected with HIV.

The program will also follow Mary to the HIV-positive support group she attends twice a week, in a small, two-roomed building located behind the primary health-care clinic. Amidst the widespread stigma surrounding AIDS, this is one of the few places where Mary can openly discuss her HIV status. At the meeting, other members share their traumatic AIDS experiences. Their plight illustrates how the government's policy on treatment and the provision of AZT has devastating effects on rape victims, mothers and their unborn children. We hear from Petti -- an eighteen-year- old girl from New Town, Soweto -- how she was raped, an incident that occurs in South Africa once every twenty-six seconds. Petti is now infected with the virus. She sought treatment at a nearby hospital, but, in accordance with government policy, the hospital could not provide her with AZT to reduce her risk of getting infected.

Jane, who has two children, both of whom are infected with HIV, is also a member of the group. At Baragwanath, a nearby hospital, Jane's children receive triple combination therapy as part of a clinical trial testing new combinations of AIDS treatments. Jane's CD4 count is too low to qualify for the trial and, for her, there are no other treatment options available. Jane's children are doing well on the medication, but as her health deteriorates, she worries about who will look after them when she dies.

If the current trend continues or becomes worse, we will have a society consisting mostly of orphans and the elderly. **Hawlan Ng, Harvard AIDS Review**

JOSEPHINE NDLOVU

Josephine is eleven years old and lives with her elderly grandmother, mother and two younger siblings in Shongweni, KwaZulu Natal. The area has been hard hit by the epidemic, a fact made evident by the presence of dirt mound graves in the front yards of almost every house.

Josephine and her siblings will soon become part of the rapidly growing AIDS orphan population in Africa. Her father died last year, and her mother, who has full-blown AIDS, will die soon. Josephine recently dropped out of school to take care of her dying mother. She also cares for her younger siblings, both of whom are infected with the virus.

Once a week a home based care volunteer from the *Sinosizo Home Based Care Program* visits them to attend to Josephine's mother. The volunteer is trained in basic palliative care, but the treatment she can provide is often limited by the dearth of medicines at her disposal. Due to the stigma surrounding AIDS, the *Sinosizo Program* operates under the guise of a health care service for the sick and elderly.

Conspiracy Of Silence accompanies Josephine through the traumatic experience of losing her last surviving parent to AIDS, and through the difficult months that follow. Through Josephine's story, the documentary examines the impact of AIDS on the family unit and explores the problems posed by the growing number of AIDS orphans in Africa. **Conspiracy of Silence** also examines the increasing burden of AIDS on South Africa's health care system and the struggle of community-based organizations to contend with the rapidly increasing number of patients requiring medical care at home.

AIDS has created a new class of metaphorical leper. Discrimination and stigma are rife as bedfellows of ignorance and bigotry. Legal and social protections against discrimination have been slow in coming and the resulting silence on AIDS is deafening. Salim S. Karim. Chair Scientific Program. XIII AIDS Conference.

LUCKY MAZIBUKO

Lucky Mazibuko is a short man, stylish, with budding dreadlocks, wire-rimmed glasses and a booming laugh. He lives in Soweto with his eight-year- old son. For three years Lucky remained silent about his HIV. In South Africa, AIDS remains a shameful disease, so shameful that last year, Gugu Dlamini, an outspoken AIDS activist was killed by her neighbors for disclosing her HIV-positive status. Lucky hid his suffering from his friends and family and waited quietly for death.

But Lucky got tired of suppressing his fear and shame. At the beginning of last year he called *The Sowetan*, the biggest daily newspaper in South Africa and offered to publicly disclose his status in a weekly column with the aim of penetrating the culture of stigma and silence surrounding HIV. Lucky became the first black South African to describe his experiences as an HIV positive man in a major newspaper. Every Tuesday, for almost 1.5 million readers, he chronicles his struggle to deal with this disease that has invaded both his body and his community. Mazibuko often challenges the inadequacy of the government's AIDS policy and critically reflects on the complicity of his own culture's practices in the spread of the disease. Today, Lucky receives hundreds of letters from people around the country seeking his advice or writing to share their own experiences. By responding to changing HIV/AIDS policies and incorporating reader's reactions, Mazibuko's column has become the social and political barometer for AIDS in South Africa.

In the program Mazibuko will speak candidly about the silence surrounding AIDS in South Africa and the difficulties of being HIV positive and living openly with this disease. Excerpts from Mazibuko's column will also be incorporated in the program to reflect the socio-political climate currently surrounding AIDS in South Africa.