WORLDWIDE DOCUMENTARIES, INC.

A Closer Walk

Budget Summary and Financial Overview

History and Current Status

Since 1996, $250,000 has been contributed to the project by private individuals and the following foundations: The John D. and Catherine T. MacArthur Foundation; The Maurice Falk Medical Fund; the Edgebrook Foundation; the George Gund Foundation, and the Royal Marks Foundation.

These funds have been applied to initial production costs, and to salaries, consultants' fees, office expenses, and domestic and international travel during the project's two-year research and development phase, which is now complete. Funds to complete the production phase of the project are now being sought. Updates as to current fundraising efforts in support of the production phase of the project are availabe to interested donors upon request.

Production Budget

A Closer Walk is envisaged as a 90-minute film for theatrical and television release, with edited video versions for educational and marketing purposes.

The summary budget figures below are based on a 21-week schedule that includes filming in Haiti, Brazil, South and southern Africa, East Africa, India, Vietnam, Thailand, Eastern Europe, and various locations in the United States. Post-production figures are based on a 15-week period of editing and finishing. Figures for publicity, advertising, fundraising, and general administration are also included.

1. Full-time Salaries

Director, Executive Producer,
Co-producer, and Cinematographer
January 1, 1999 - September 30, 2000 200,000

2. Equipment Rental & Sound

Sound person with DAT,

full camera and grip package, including Aaton XTR Super 16mm	186,250
3. Film and Processing	
500 rolls Kodak Vision super 16mm, developing, transfers to 3/4" and VHS BITC	275,000
4. Travel, Accomodations, Location Costs	
Includes round trip airfares for Director, Cinematographer, and Sound Recordist (see above locations). Accomodations and per diems. Local grip. 2nd unit crew costs. Van rental.	275,000
5. Editor and Editing Suite	
Avid editor & suite for 15 weeks. Supplies, tapes.	110,800
6. Music and Narration	
Composer's fee, musicians' fees, recording costs, additional licensing rights, narrator's fee, studio and or location costs	100,000
7. Finishing	
Art titles, opticals, graphics, sound design, sound mix, optical sound track, negative cutting, 35mm blow-up, 6 release prints, video transfer, 100 VHS tapes	125,000
8. Publicity, Advertising, Launch	
Publicist's fee, newspaper and trade advertising, festival entry fees, premieres, special screenings and related costs, web site.	100,000
9. General Administrative Costs	
Fundraising & related travel, phone, shipping, insurance	60,000
Total	**1,432,050**

Internal Revenue Service
District Director
G.P.O. BOX 1680
BROOKLYN, NY 11202

Department of the Treasury

Date:
APR 1 4 1988

Employer Identification Number:
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ROCHESTER, NY 14604

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Our Letter Dated:
March 14, 1986
Caveat Applies:
no

Dear Applicant

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under Code section 501(c)(3) is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in you permanent records.

WORLDWIDE DOCUMENTARIES, INC.

a closer walk

Global AIDS and Planetary Responsibility

Produced and Directed by Academy Award Nominee Robert Bilheimer

Conceived

with

Jonathan Mann

A Worldwide Documentaries
Film and Global Communications Project

in collaboration with the

Joint United Nations Programme on HIV/AIDS

Worldwide Documentaries, Inc. is a not-for-profit corporation exempt under section 501(c)(3) of the Internal Revenue Code.

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This world needs one basic ethic. This one world society certainly does not need a unitary religion and a unitary ideology, but it does need some norms, values, ideals and goals to bring it together and to be binding on it.

--Hans Kung
"Global Responsibility"

All human beings are born free and equal in dignity and rights.

--Article 1
The Universal Declaration of Human Rights

Our responsibility is historic. For when the history of AIDS and the global response is written, our most precious contribution may well be that at a time of plague, we did not flee, we did not hide, we did not separate ourselves.

--Jonathan Mann, 1947-1998
Address to the 12th International AIDS Conference, July, 1998

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Overview

What "A Closer Walk" Is About And Why It Is Needed

What the Film is About

Health is physical, mental, and social well-being.
-Preamble to the Constitution of the World Health Organization

A Closer Walk is a feature-length, non-fiction film about the realities of global AIDS. Scheduled for release in 2000, it is the first film intended for a mass audience to provide a definitive portrayal of mankind's confrontation with the AIDS pandemic. The project is premised on the fact that AIDS and other infectious diseases threaten global security, epitomize global interdependence, and lead to a fuller understanding of the responsibilities of world citizenship.

A Closer Walk focuses on the root causes of AIDS. It shows how the progress of the disease around the world in the last fifteen years teaches us important lessons about the nature of vulnerability; the relationship between individuals and society; and transnational forces that mediate the spread of the disease throughout the world.

The film seeks to educate a general public starkly ignorant of even the most basic facts about global AIDS. To draw this audience in, *A Closer Walk* will use story-telling techniques to humanize the suffering caused by AIDS, and deconstruct prevalent stereotypes of people with AIDS as individuals who have gotten what they deserve because they act irresponsibly. What, the film will ask, are the true pathways to AIDS vulnerability? Why has the virus stabilized (for the time being) in certain societies, yet exploded dramatically in others? Is AIDS really about "bad" individual behavior, or is it about powerful and insistent forces in an emerging planetary society that marginalize, stigmatize, and discriminate against huge segments of the global population?

"AIDS is taking advantage of the opportunities society offers it" says Jonathan Mann, architect of the World Health Organization's program on global AIDS, and one of the project's principal collaborators. "The pattern of vulnerability to HIV reflects a universal truth about health and the way society treats people-- the choices constrained, the opportunities inhibited and blocked, the dreams denied. The fact that over 90% of the epidemic is found in the developing world is not simply a geographical or demographic fact. It's a fact about the way the world *is*."

The way the world is-- and what kind of world we are going to live in-- is the central theme of *A Closer Walk*. AIDS is arguably the defining public health issue of our time. It will perhaps prove to be one of the most devastating epidemics in human history. A film that documents the mere *facts* of global AIDS could in and of itself be useful and important. But *A Closer Walk* proposes something more: to find in the facts a lesson about the challenges and responsibilities of world citizenship. "Human beings must become more than what they are: they must become more human!" states Hans Kung in his book, *Global Responsibility*. Our individual and collective strategy for the third millennium, he says, must be "human responsibility for this planet-- a world society responsible for its own future."

A Compelling Need

"It's astounding to me, but everywhere I go, people hardly seem to know there's a pandemic. You talk about the numbers involved, and people look at you like you're making it up."

-Dr. June Osborn
Interview in The New York Times

Two facts underscore the need for a definitive film about global AIDS.

1. No such film exists. In the United States, Britain, and Europe, where the resources exist to galvanize a response to the realities of global AIDS, the focus has for the most part been on films and television programming of regional or national interest. Those programs which have dealt with global AIDS have primarily focused on numbers and statistics, and as a result are now dated. These programs have also-- most importantly-- failed to address such basic issues as the underlying causes of HIV/AIDS, and related themes of global interdependence and responsibility.

2. Ignorance as to the dimensions of the pandemic is pervasive. A 1996 study commissioned by the Kaiser Family Foundation found that over the last ten years, less than 4% of AIDS stories in the major U.S. media, including television, were filed outside the country. The same study found that *more than half* of all Americans believe that the U.S. has more than half of the world's AIDS cases. What little understanding there is about the disease on a global scale is simplistic and laden with stereotypes and false assumptions. ("AIDS is God's judgment on immoral people", "Monkeys and Africans gave us AIDS", "AIDS isn't about me", etc.) A case in point this past year, for instance, was the way in which the national media treated the welcome addition to the therapeutic scene of the protease inhibitors, which have brought relief and hope to those who can afford them and follow their rigorous protocols. Far in advance, however, of their proven long-term efficacy, these drugs were hailed in banner headlines across the country as the potential "cure" for AIDS, "the beginning of the end of AIDS", etc. Ignored in virtually all of these accounts was the fact that these drugs are, and will be, mostly unavailable to the more than 90% of men, women, and children with HIV/AIDS in the developing world. The best hope these people have, it was left unsaid, lies in the development, trial, and delivery of an effective vaccine, which is in all likelihood some ten years, and tens of millions of deaths, away.

* * * *

The failure to disseminate accurate information about AIDS is more than a journalistic lapse: it is a form of denial that has characterized AIDS thinking from the outset and has proven to be a contributing factor to the spread of the disease itself. "Globally, as well as in the United States, no one really wants to acknowledge that the world underwent a permanent change with the advent of AIDS" says Dr. June Osborn in *AIDS In The World II.* So long as this denial persists, there is a real danger that the world will divide itself into those who "know" and those who do not. At the present time, the scale is heavily weighted-- nationally and globally-- on the "do not" side: rarely has such an important worldwide phenomenon been so widely ignored. Unless films like *A Closer Walk*-- which can level the informational playing field-- are made and widely seen, this ignorance will persist, and those few who do know will simply become, as one expert has suggested, "AIDS voyeurs, standing around watching others die."

Content

The Globalization of Infectious Disease
The Current Status of the AIDS Pandemic
UnderstandingVulnerability

How you define a problem determines what you do about it.
-Jonathan Mann
Aids In The World II

For the purpose of this proposal, the content of *A Closer Walk* is presented in narrative form. A description of how this content will be formulated in the film itself is found on pp. 18-22.

The film's content is organized as follows:

1. An overview of infectious diseases as a worldwide problem that has taken on new urgency as the Global Village has become a reality.

2. The current status of the AIDS pandemic: what its facts and numbers are, what its history is telling us.

3. Understanding vulnerability: social forces as pathogens, and two perspectives on the social determinants of AIDS-- women and human rights.

The Globalization of Infectious Disease

The past decade has been one of the most eventful in the long history of infectious diseases. Over the past ten years genuinely "new" ones-- including the hantavirus in the American West, Brazilian purpuric fever, and AIDS-- have burst onto the scene, often dramatically.

Others-- cholera for instance-- have migrated to new areas because of man-made ecological transformations. In the case of cholera's journey from Asia to Latin America, the passage was facilitated by the ability of infectious microbes to nest in algal blooms traveling in the currents of warming, polluted, biologically-depleted ocean waters. Likewise, the syndromes caused by the Hantaan virus, which has been known in Asia for centuries, now seem to be spreading beyond Asia because of environmental and economic transformations that increase contact between humans and rodents.

Malaria-- which kills 1-3 million people a year-- is also spreading, particularly in Southeast Asia, where for the past ten years it has been feeding on a deadly combination of factors that include its resistance to drugs; the ecological complexity of its breeding grounds; the resilience and adaptability of the mosquito which carries it; the staggering numbers of

migrations in the region due to war, civil strife, religious persecution, economic necessity, and natural disaster; pervasive poverty which creates a cycle in which disease hinders economic development and thereby sustains disease; lack of research funds; a failure to tailor treatment strategies to the social and ecological needs of endemic nations or regions; and global warming, which is allowing the anopheles mosquito to find its way to southern Europe and the southern United States.

Still other diseases-- notably tuberculosis, which remains the leading infectious cause of adult death in the world today-- have recrudesced. This is partly because of TB's link to AIDS, but also because of a failure to apply effective therapies in many countries in the developing world, even though such therapies have been available for thirty years-- "an astonishing act of neglect" as Dr. Paul Farmer, one of the project's advisors, recently wrote. And now the emergence of a new strain of incurable TB-- multidrug-resistant tuberculosis, or MDRTB-- is a potent reminder that such neglect can have deadly consequences.

The oftentimes dramatic relationship between man and microbe is as old as history itself. Cited in Laurie Garrett's *The Coming Plague*, the historian William McNeill, in a revolutionary work entitled *Plagues and Peoples*, sees humans as "smart animals swimming in a microbial sea, an ecology they cannot see, but one that most assuredly influences the course of human events." The emergence of parasitic, bacterial, or sexually transmitted diseases, McNeill tells us, are simply a reflection of the ecology of human society at any given point in time. In effect, he suggests, our diseases are telling us who we are.

At the dawn of a new millennium, there is a powerful new ingredient in this equation, namely the increased potential for these diseases to emerge into widespread, global epidemics. A driving force in this heightened vulnerability is the dramatic increase in the rapid, worldwide movement of people and goods to every corner of the globe. By the year 2000, *600 million* people per year will board an international flight, disembarking in ever more dense population centers. For the microbes along for the ride, this is tantamount to a feast, a human smorgasbord of infectious opportunities.

In such an era of global trafficking, Americans can no longer remain unconcerned about measures taken to prevent disease elsewhere. National borders are increasingly semipermeable membranes, open to diseases, yet closed to the free movement of cures. At the U.S./Mexican border, for instance, is registered not only AIDS, but MDRTB, rabies, and dengue. The pathogens move freely from south to north and *vice versa*, but their treatment does not. By the same token, complex forces moving poor people into the United States make an increase in TB incidence inevitable. Indeed, fully one-third of all U.S. TB cases are among foreign-born. When cholera-- which eventually infected more than 350,000 people in the Western hemisphere-- erupted in Latin America, healthy individuals boarded flights to the United States and were gravely ill by the time they landed. The Asian tiger mosquito, which carries dengue fever and encephalitis, arrived in Texas in 1985 in a shipment of tires from Asia and is now established in 23 states. AIDS proved to be such an effective traveler from the outset that it erupted in three separate regions of the world simultaneously. Current RNA research suggests that the emergence of new strains of the AIDS virus-- including ones that could infect the respiratory system and thus become airborne-- is not inconceivable. Yet the development of a vaccine for use in Asia and sub-Saharan Africa has not emerged as a matter of public interest in the United States, even though there are compelling public health, economic, and humanitarian reasons why it should.

The most powerful and recent example of the globalization of infectious disease is, of course, the human immunodeficiency virus which, as Jonathan Mann says in his introduction to Garrett's book, "may be but the first of the modern, large-scale epidemics." While AIDS may be but a harbinger of things to come, and is at present only a leading competitor in the microbial killing game, it nonetheless provides a compelling model: on foot and by plane, it

has traveled along transnational fault lines of social inequality, issuing a stern warning wherever it has clustered and taken hold: either we define and address the complex of problems facilitating its spread, or we enter our much-anticipated new millennium with a collective burden that will soon prove intolerable to bear.

The AIDS Pandemic: Current Status

The Facts

Infections

There are least 31 million people in the world today living with HIV or AIDS. Of these, 28 million are adults and 3 million are children. The most rapidly increasing rates of infection are among poor women.

The largest numbers of HIV-infected people-- 20 million-- live in sub-Saharan Africa. Another 7 million live in Southeast Asia.

Since the beginning of the pandemic, the great majority of HIV infections-- over 93%-- have occurred in the developing world. By the year 2000, one in every two adults with HIV or AIDS will be in Southeast Asia, primarily due to an explosion of the virus in India. Other explosions and outbreaks-- in Southern and South Africa, for instance, where infection rates among young women are running as high as 50%-- have enabled researchers to predict that 60-70 million adults in all will be infected with HIV by the turn of the century. In addition to sub-Saharan Africa and Southeast Asia, Latin America may also face a large-scale pandemic which could emerge from the multiple, fragmented epidemics that have been documented in the region until now. (In the Caribbean, for instance, annual infection rates (47,000) are *already* higher than those in the United States (44,000).

Deaths

While the development of new anti-retroviral drugs has-- for the time being-- stabilized AIDS mortality numbers in the United States and in pockets of privilege and access throughout the industrialized world, the fact remains that the vast majority of women, men, and children in the developing world who are HIV positive will die prematurely. A total of 12 million people of all ages have already died of AIDS since the beginning of the pandemic, and one fifth of that number died in the past year. Since AIDS strikes many people of working age (15-45), experts are already predicting ruinous economic effects in some regions. "AIDS" says Dr. Peter Piot, director of the UN Program on HIV/AIDS, "is increasingly a threat to the global market economy. It has, for instance, already slowed Kenya's economic growth, and is soon likely to affect other countries' output as well." While Americans have yet to feel the economic consequences of global AIDS mortality rates, they will sooner or later. The incipient collapse of India's health care system, the potentially ruinous effects of AIDS on a re-emerging South African economy, the depletion of African and Asian workforces-- these events and others cannot help but affect a nation whose resources, while vast, are but one element in the global economic balance that AIDS threatens, over time, to upset.

Projections

The numbers are getting worse. There will be at least 5.8 million new HIV infections in 1998. An increasing number of those infected will be monogamous heterosexual women. A total of 580,000 (or 1,600 *per day*) will be children. Of all new infections, 99% will be in the developing world.

There will be 2.3 million deaths this coming year, close to half the new infection rate. This curve will steepen as increasing numbers of HIV infections develop into clinical AIDS and its complications. Nearly half a million children will die of AIDS in the coming year.

There are an increasing number of AIDS orphans. By the year 2000, researchers predict that there will be over 10 million AIDS orphans *in East Africa alone.* Globally, in the next ten years, the number of children in the world whose parents have died prematurely of AIDS will reach into the hundreds of millions-- a huge population of young people deprived of family income, education, and parental nurturing. These marginalized individuals will themselves be at risk of AIDS, and will place even greater burdens on social infrastructures throughout the developing world already unable to cope with basic human needs.

What the Facts Tell Us

AIDS Has Gone To The Same Places

The virus has traveled in a consistent direction around the world. In the United States, it has gone to the inner cities, toward racial and ethnic minorities, women, and drug users. In Brazil, it started as a disease among the jet set and the gay community and is now a raging epidemic in the favellas and slums of Rio de Janeiro and Sao Paulo. The pathways of migrant labor in Southern Africa, or sexual commerce in Southeast Asia, are the same pathways followed by AIDS. The maturation of individual epidemics around the world reveals a common societal feature: the virus concentrates among those who before the arrival of AIDS were already marginalized, stigmatized, and discriminated against within society. This characteristic of the pandemic is as visible in the United States as it is in Brazil, France, or the Cote d'Ivoire-- indeed, it is universal.

AIDS Is Not Going Away

Proving more powerful than ever, the pandemic has also become dynamic, volatile, and complex. While some national HIV/AIDS epidemics have slowed, in part because of effective therapeutic and prevention programs, a larger view over a ten-year period suggests that AIDS is by no means going away: it is merely shifting its focus to new vulnerable populations. The impact-- in terms of lives, suffering, and financial costs, is enormous. The estimated global cost for AIDS medical care has reached $12 billion, of which 94 percent is used for treatment in the industrialized world-- which has fewer than 10 percent of all the world's AIDS cases.

AIDS Is Evolving

From an epidemic once apparently restricted to certain groups engaging in high-risk behavior in a few world regions, HIV has moved steadily into larger and more diverse populations at risk in many of the world's regions. Adolescents, and those living in poverty or suffering discrimination are becoming infected disproportionately in many societies. Young women are at particular risk, even among those who engage in no risky behavior themselves. Spreading along increasingly complex pathways, the HIV epidemic has penetrated all the major population centers in the world.

Understanding Vulnerability

Microorganisms aren't the problem with poor health around the world. Macroorganisms are.

--Jonas Salk

The facts about global AIDS-- particularly where it has gone and where it is going-- lead to the conclusion that the virus may have underlying, transnational social determinants that its 15-year history has only recently revealed.

But what are they? And how do they actually create risk?

The answer to these questions must begin with an overview of the *concept* of societal factors as pathogens. To understand this concept, *A Closer Walk* will ask its audience to reexamine traditional, limiting beliefs-- particularly in the ability of biomedical technology to "solve everything", and in the transformative power of individual character.

To what extent, the film will ask, is our physical and social well-being-- including professional achievement-- *exclusively* a result of our personal character traits? To what extent have we been supported, promoted, and advanced by accidents of birth, and by other larger and-- for us-- beneficial forces? Dag Hammerskjold recognized this point when he said that being born in Scandinavia was like getting a winning ticket in the lottery of life. Clearly, the societal context weighs heavily. Clearly, a child born in America's inner cities does not have the same life chance-- nor, predictably, the same health status-- as a child born in a middle-class suburb. There is now conclusive proof of a link between unemployment in the United States-- among all economic groups, not just the poor-- and health risk. Why is that? Why are women in many countries throughout the world unable to refuse unwanted or unprotected sex? Is it because they are ignorant about pregnancy or risks of AIDS? Or is it because they fear being beaten without judicial recourse, or divorced-- the equivalent of civil and economic death?

AIDS teaches us that this kind of thinking is not abstract.

To understand how social forces, rather than the individuals constrained by them, are the true AIDS vectors, it is first necessary to draw a distinction between what might be called the *facilitators* of AIDS-- labor migration movements in Southern Africa, sexual commerce in Southeast Asia, intravenous drug use in America's inner cities-- and the *root causes* of AIDS: ie., economic and historical realities that create the necessity to dislocate in search of work, or sell sex for money; humiliating and marginalizing forces such as racism that lead to alienation, despair, low self-esteem and then on to drug abuse and poor health outcomes of all sorts, including AIDS; and repeated violations of human dignity and rights that likewise undermine well-being, whether physical, mental, or social. This distinction between "facilitators" and "causes" is important. So long, for example, as sexual commerce in the third world-- in all its forms-- is believed to be, *in and of itself*, a "cause" of AIDS, then women, rather than the social circumstances and economic realities that mediate their choices, will be seen as "vectors of transmission"-- a perception that only dehumanizes them further.

What, then, *are* the "root causes" of AIDS? They are many. AIDS affects, and is affected by, poverty, the globalization of the economy, discrimination, racism, gender inequality, and environmental issues such as access to clean water, food, and sanitary systems. Rather than examine each of these complex, interrelated issues individually -- an approach more suited to

a book or lengthy article than a 90-minute film-- *A Closer Walk* will focus on two *perspectives* that illustrate how these forces interact.

The first perspective is that of women, who are subject to many of the societal risk factors described above and are increasingly vulnerable to AIDS in all parts of the world.

The second perspective is that of human rights, which provide us with a conceptual framework, a vocabulary, and an ethical context with which to understand the societal causes of AIDS at their deepest level.

Women and AIDS: A Global Perspective

AIDS is increasingly a women's disease

From the earliest days of the epidemic, AIDS was thought of as a disease of men, even though evidence quickly emerged-- particularly on a global scale-- that women were also vulnerable to AIDS and were at least as likely to become infected as men.

One explanation for this partiality lies with historical accident: the new disease was first characterized in the technologically advanced United States, where it did, initially at least, primarily affect men-- gay white men in particular.

A fuller explanation lies in the fact that the majority of women with AIDS had been robbed of their voices long before HIV appeared to further complicate their lives. In settings of entrenched elitism, they have been poor. In settings of entrenched racism, they have been women of color. In settings of entrenched sexism, they have been, of course, women.

Today, the vulnerability of women to AIDS is beyond dispute. In the United States and Latin America, for instance, the epidemic among women is increasing at a rate much higher than that registered among other groups: AIDS is already the leading cause of death among young African American women living in the United States, even though the infection rate has stabilized in other segments of the American population. In Sao Paulo, Brazil, the seroprevalence among pregnant women has increased sixfold in only three years. In these and other situations, high rates of HIV transmission to women have been the rule since the earliest days of the pandemic. In no setting can HIV risk be shown to be decreasing among women. This is especially true in sub-Saharan Africa, but it is also the case in U.S. cities and throughout Southeast Asia, India, the Caribbean, and parts of Latin America. During the 365 days of the year 2000, the World Health Organization predicts, between 6 and 8 *million* women will become infected with HIV.

Wherever women are affected, furthermore, so too are children. Mother-to-infant transmission rates in New York City range from 10% - 15%. In much of the developing world, the rates are much higher-- as much as 45% in some African and Asian countries. Perversely, fear of HIV infection has also led to the exploitation of female children in many parts of the world as men seek low-risk sex partners and so press "virginal" girls-- often as young as 8-10 years old-- into service. This logic has actually *increased* the numbers of sex tourists with deep pockets who participate in a highly lucrative, transnational flesh trade-- one of the Global Village's darkest alleys. There are some 400,000 of these victimized children in Thailand alone, and they can be found in the Philippines, Sri Lanka, India, Kenya, Brazil, the Caribbean, and parts of Eastern Europe as well. To add injury to injury, HIV infection rates among these children may run as high as 80%.

Increasingly, then, the face of AIDS is a woman's face, and it is the face of a child.

However, not *all* women are at increased risk of infection with HIV. Among women, as among men, the incidence of new infections has a striking pattern. It is poor women, by and large, who must wrestle with this danger.

Poverty and Discrimination: A Deadly Combination

The following paragraph reads as if it had been written to describe AIDS in women but the "disease" in question is poverty:

Two out of three women in the world presently suffer from the most debilitating disease known to humanity. Common symptoms of this fast-spreading ailment include chronic anemia, malnutrition, and severe fatigue. Sufferers exhibit an increased susceptibility to infections of the respiratory and reproductive tracts. And premature death is a frequent outcome. In the absence of direct intervention, the disease is often communicated from mother to child, with markedly higher transmission rates among females than males. Yet, while studies confirm the efficacy of numerous prevention and treatment strategies, to date few have been vigorously pursued. The disease is poverty.

--Jodi Jacobson
Women's Health-- The Price of Poverty

There are 1 billion people living in poverty in the world today, and 70% of them are women.

Although they have been poor all their lives, many of these women were-- and are-- profoundly affected by the worldwide economic recession of the 1980's, which severely affected developing countries, and crippled many whose gross domestic products were either falling or low. So for hundreds of millions of women around the world in the past 15 years, an already hopeless situation was made even worse by global economic forces over which they had no control and translated into poor health outcomes even *before* the arrival of AIDS. Coupled to this wrenching poverty was-- and is-- the widely documented reality of discrimination and gender inequality: limited or restricted access to education, training, formal employment, support for agricultural work, health care, institutional credit, land, the right to inheritance, and legal protection.

In this double-barreled context-- poverty on the one hand, inequality on the other-- sexual networking has become an important survival strategy for many women worldwide. In Bombay, interviews with poor, widowed, divorced, and abandoned women reveal that they have sex with slum lords in order to guarantee their physical safety and have access to other resources. Domestic workers throughout the third world are forced to supply sex in return for job security. In Zaire, in order to meet immediate economic needs, women seek occasional sexual partners known as *pneus de rechange*, or "spare tires". In East and Southern Africa, the "sugar daddy" phenomenon is widely acknowledged and practiced among poor teenage girls to supplement their families' incomes. Nor is sex as survival confined to the poor in the third world. As one African American woman in the Bronx put it: "There's gonna' be lots of five, ten-dollar AIDS goin' around. Lots of AIDS for a box of Pampers." Or, as another woman in New York City said: "You want a real problem? *I've* got a real problem. I've got to feed my kids."

While sexual networking places women at risk of HIV infection, even more common is the risk of married or monogamous women who for any number of reasons do not, or cannot, refuse sex with their non-monogamous male partners. These women, who are not economically independent, see the consequences of leaving such a relationship to be worse than the consequences of staying in it, especially in societies where they have no legal

recourse. Changing the husband's behavior is also not an option, because raising the issue of infidelity can disrupt the relationship or lead to violence. Interviews in South Africa, Brazil, Guatemala, Papua New Guinea, and India show this to be the case: "I don't even fight with my husband if he goes out with other ladies" said a woman in Papua New Guinea, "because when I do he beats me like pigs and dogs." Such violence, threatened or actual, reflects a pervasive truth: men are more likely than women to initiate, dominate, and control sexual actions and reproductive decisions, and women universally experience forced sex, sexual assault, and physical violence, both within and outside of consensual unions.

The perspective of poor women with AIDS shows us that there is, in fact, a causative relationship between socioeconomic inequality, and disease. Remarkably, this insight has been largely ignored-- in prevention and education programs, government policies, research publications, and the mainstream media. There exists what the editors of *AIDS In The World II* call an "acquired attention deficit disorder" towards women in the context of AIDS, even though their experience leads to insights that are critical to an understanding of the epidemic as a whole.

Increasingly, however, evidence is pouring in from Africa, India, Southeast Asia, and the Caribbean that reveals an intimate link between women, AIDS and histories of underdevelopment and worsening inequality. National economies, shaped by a century or more of colonial rule, have given rise to an increasingly marginalized peasant labor force, the social disintegration of rural society, massive migrations to cities in search of work, and the unprecedented growth of urban poverty. These conditions, coupled with poor women's precarious social status and their increased biological susceptibility to HIV, have led to soaring infection rates throughout the developing world.

Given these conditions, questions regarding HIV risks among poor women need be asked in the context of much larger-- and more complex-- historical, political, economic, and social forces which are, at the very least, transnational, if not always global. HIV infection has not only *affected* women throughout the world. It is itself a *result* of global, as well as local, processes.

The Human Rights Perspective: Towards a New Understanding of World Health

As the perspective of women illustrates, the future of HIV/AIDS prevention and control will depend on our ability to understand, at the deepest possible level, the nature of individual and collective vulnerability to HIV.

Clearly, that understanding has not yet been achieved-- or at least put into practice. As the editors of *AIDS In The World II* point out, the harsh fact is that on both a global and national scale, efforts to slow the transmission of HIV-- whether in women, children, or men-- have been ineffective: "The course of the pandemic throughout global society is not being affected-- in any serious manner-- by the actions taken at the national or international level".

This is not very good news. As seen elsewhere in this proposal, the toll extracted by AIDS-- in terms of human suffering, devastation to third world infrastructures, and inevitably ensuing pressures on an interdependent global economy-- is enormous, and increasing rapidly. Existing prevention and education measures are working only sporadically; combination drug therapies are available to only a few and unproven over the long term; and an effective vaccine is many years and billions of presently unavailable dollars away. In short, traditional public health approaches, even when organized and applied-- as they often have been-- with extraordinary vigor and creativity, have lacked the power to combat the epidemic and mitigate its impact.

What is to be done? Certainly, a simple *awareness* of the presence of societal determinants in matters of human health is a step in the right direction-- especially for an American public still prone to puts its faith in biomedical technology and the power of individual character and choice. But can the awareness go deeper? Clearly, a confluence of factors-- marginalization, social alienation, poverty, and discrimination-- is at play: these and other forces unite to form a bridge over which HIV travels from one society into another.

But is there an even larger framework in which these factors may be addressed and understood?

The history of AIDS over the past fifteen years provides us with two lines of evidence suggesting that a fuller understanding of the relationship between health and human rights may provide an answer. Through this lesson of history we learn that discrimination and intolerance are not only a misguided *consequence* of AIDS, but an actual *cause* of the epidemic.

--First, the evolving HIV epidemics in countries around the world have revealed a trend that was previously unknown: its migration towards the poor, disenfranchised, and dispossessed. Thus, in the United States and France, gay white men were first noted to be affected; in Brazil, first cases occurred among members of the "jet set" in Rio de Janeiro and Sao Paulo; in Ethiopia, AIDS first appeared among the social elite. As the epidemic matured, however, it moved along a consistent pathway which, although different in its details within each society, nevertheless had a single, vital, common feature: *for wherever the virus went, people who were marginalized, stigmatized, and discriminated against-- before HIV/AIDS arrived-- became over time those at highest risk of HIV infection.* Regardless of its origins, the brunt of the epidemic gradually and inexorably turned towards those who bore this societal burden. Thus, in the United States, the epidemic now flourishes among "minority" populations in inner cities, injecting drug users, and women. In Brazil, it rages via heterosexual transmission in the *favelas* of Rio de Janeiro and Sao Paulo. In Ethiopia, it is concentrated among the poor and dispossessed. The French have a simple term which says it all: HIV is now becoming a problem mainly for *les exclus*-- the "excluded ones" living at the margins of society.

--The second source of insight about the connection between human rights and AIDS lies in the limitations and failures of existing prevention programs, which have tended to ignore real-life situations in which human rights issues are almost always involved.

The recommendation given to women, for example, to reduce their number of sexual partners, has failed in the real world for any number of reasons: the behavior of the male sexual partner; the need to use sex as a survival tool and a means of access to resources including school, financial credit, or jobs; the disempowering threats to married women of violence, lack of legal recourse, and divorce, which supersede knowledge of AIDS, condom use, and the husband's likelihood of HIV infection.

What this failure tells us is that the central problem for HIV infection *cannot be solved* with risk reduction approaches such as posters, information campaigns, or condom distribution systems. Since the central issue is the inferior role and subordinate status of women, the disadvantage created by society cannot be redressed through information, education, or HIV-specific health and social services. For to the extent that women's human rights and dignity are not respected, society creates and enhances their vulnerability to HIV infection. Women, furthermore, are but one of many groups who are more vulnerable to HIV for this reason. Others include gay and lesbian people worldwide, people of color in societies where they are

the minority, and, importantly, adolescents, whose vulnerability to AIDS is increasing, and whose competence and voice are rarely acknowledged in any meaningful way.

What emerges from this analysis of the progress of AIDS in the world on the one hand, and failures to prevent its spread on the other, is the idea that the human rights perspective on health problems provides a point of entry to these problems that is not otherwise available.

Two examples:

--In a 1996 report on health, The World Bank concluded that increasing the educational attainment of girls and women would be *the single most important step* that could be taken to improve health in the developing world. The World Bank, of course, is not normally thought of as a human rights organization. It is a bottom-line institution seeking to maximize its investments in developing world countries. Its conclusions with respect to women, education, and health are therefore all the more compelling: educational attainment, it argues, ultimately translates into political participation, economic opportunity, better use of health services, and ultimately empowerment. Denying educational opportunities to girls is a violation of both the principle of non-discrimination and the right to an education. Actions taken against this form of discrimination, therefore, can profoundly affect the health outcomes not only of women, but their children, and ultimately men too.

--In a second example, Dr. Jonathan Mann tells this story about AIDS prevention in Uganda:

"The relationship between human rights and AIDS prevention was driven home for me in a very concrete way in Uganda, where in the early 1990's, we were seeing infection rates of 25% and more in married, monogamous women. These women had recourse to condoms and other information about prevention. Yet their rate was soaring. Why? If these women simply said "no", they would be beaten by their husbands; laughed out of the police station because they had unequal rights before the law to redress being beaten in that particular situation; and then in all likelihood divorced, with no access to property or settlement terms of any kind. This was the reality of their situation.

Now the key here was that the Uganda Women's Lawyers Group, observing this situation, then decided it would be necessary to change the laws governing property distribution after divorce, as well as the laws on marriage and inheritance-- as an anti -AIDS measure. *Eventually these laws were enacted and, surely enough, the infection rates started to drop. Prevention in this case had nothing to do with condom use. It had everything to do with the enforcement of fundamental human rights and the empowerment of these women that came about as a result."*

Thus the human rights perspective-- which is really a way at looking at the societal determinants of health at a very basic level-- allows us to make connections we have not seen before, and pursue courses of action that might not otherwise be obvious: promoting education as a means to health, or changing property laws as an anti-AIDS measure.

Freeing the flow of information is another example. A persistent problem in third world countries has been-- and is-- the refusal of governments to allow even the most basic information about AIDS and available prevention measures to filter down to those marginalized members of society that need it most. A current example is South Africa, where AIDS has exploded in the last two years, yet where the human rights battles of the past half century have not translated into concerted anti-AIDS measures-- even though lingering monuments to *apartheid*, such as the miners' hostels, remain a focal point of HIV infection. In a country so historically attuned to the reality of discrimination, a vigorous human rights

discourse could help remind the new government that its interest in promoting new business and investment cannot come at the expense of its own citizens. Nor are Africans the only ones who are discriminated against from an informational point of view. In the United States, the American public-- which clearly has a self-interest in knowledge about global AIDS-- has itself been marginalized by conglomerate media elites driven by bottom-line considerations. It is arguably not the American public's fault that it is so ill-informed about the AIDS pandemic. Simply put, the stories haven't been there. Why? Because the real stories are about individuals who are *themselves* marginalized-- men, women, and children whose lives are not perceived to be of interest to our own, even though the transnational pathways of infectious disease clearly show us that they are. Whether or not this devolves in the strictest sense to a rights issue is beside the point: the fact is that the private news organizations that control the flow of information in the United States-- and increasingly around the world-- have been as much to blame for the knowledge gap about AIDS as any third world government official. They have created a circle of denial and limited access that will remain unbroken until such time as films like *A Closer Walk* break into that circle and start asking bigger, tougher questions about chains of responsibility and command.

* * * *

Through these and other examples, *A Closer Walk* will show how connecting AIDS to violations of human dignity and rights at the causal level provides a conceptual framework, a vocabulary, specific points of attack, and an ethical context that can, indeed, lead to new and different courses of action. The point here, obviously, is not to abandon any front on the war against AIDS and other infectious diseases. Clean water is still needed. Mosquito nets are still needed. Clinics are still needed. Education and prevention programs are still needed. The idea, rather, is to create a new front that engages society itself.

--For those working on AIDS around the world, a social/human rights perspective means pressing for education and the free flow of information; changing laws and social practices; catalyzing awareness; and broadening the field of cooperation between public health workers and those from official, nongovernmental, and private sectors who are working to promote respect for human rights and dignity throughout the world. It means working not only in clinics, but in third world ministries of information, social welfare, defense, employment, justice, finance, and education. It means being more than a doctor, researcher, nurse, or social worker. It means being an advocate for human dignity.

-- For those in the industrialized world who have the power to allocate resources and establish priorities, it means coming to terms with a stark ethical dilemma. How will the wealthy industrial nations with relatively small or stable HIV epidemics respond to the nations of the world that are poor, medically impoverished, and facing the burden of an ever-increasing prevalence of HIV infection? Pressing much harder for a vaccine-- not only research, but trials and delivery systems-- is one way to articulate an ethic of global solidarity in the face of an epidemic that does not affect all equally. "Ultimately the issue is value", says researcher Don Francis. "If the world valued a vaccine, business and others would respond to make one. Although it is rare to hear anyone speak against an HIV vaccine, no organized group actively encourages its development. This silence is related to a broader social attitude that does not value prevention and results in the continued occurrence of many problems beyond AIDS, that are clearly preventable." A human rights perspective can help break that silence-- the

final answer, Francis says, lies in "public pressure"-- and giving voice to those for whom *any* sort of medical treatment for AIDS is as distant as a vapor trail.

-- For the general public watching *A Closer Walk,* it means recognizing that if we are to deal seriously with AIDS, we will have to deal with those factors in our society-- and around the world-- that make people vulnerable to HIV and AIDS in the first place. In a pioneering article, *AIDS In Blackface*, Harlan Dalton, a member of the National Commission on AIDS, writes of AIDS from an African American perspective as "a predictable outgrowth of the relationship between the black community and larger society-- a relationship characterized by domination, mutual fear and mutual disrespect, a sense of otherness and a pervasive neglect that rarely feels benign." The causality is clear. Racism, which undermines human dignity, facilitates AIDS. "We need to stop talking past each other" Dalton writes. "My vision is of a conversation that takes place both on the streets and in the academy, by design and by chance. My hope is for conversation characterized by mutual risk and mutual candor. My belief is in the possibility of change." Can this kind of thinking extrapolate to other social and health issues both nationally and globally? That it can is one of the central points *A Closer Walk* will hopefully make clear.

* * * *

One of the most devastating psychological impacts of AIDS in the world has been how powerless it has made people feel. This sense of powerlessness has led to denial, neglect, wishful thinking, and other attitudes that make us less than what we are: in other words, less human.

Yet the very nature of global interdependence, as epitomized by AIDS, calls us to be *more* human, not less!

Can a fuller understanding of the relationship between social justice and health bring us to a sense of empowerment that will in turn make us more human? Can a belief that change is possible help renew our sense of solidarity with those who suffer and who die?

The link between human rights and health is not an ideology; it is a fact. It is also an exploration-- and a difficult one at that-- that calls for a vision of society sufficiently coherent to prompt new creativity and energy in the search for physical, mental, and social well-being for all the world's inhabitants. Human rights are only ideas-- words-- but they are ideas of unique and unusual power. They have the capacity to change lives, and the course of history. They can lead us, as Martin Luther King said, "to the promised land."

Thus a time of crisis in the AIDS pandemic is also a time of opportunity and rebirth. The promised land is very far away. But there is a pathway to it. This pathway travels along the global contours of inequality and discrimination, and requires of those who follow it an unbending commitment to the most perplexing issues of a changing world. But for those who do undertake the journey, the truth of what Dr, King wrote from a jail in Birmingham, Alabama many years ago will slowly, but surely, be revealed: "the moral arc of history is long, but it bends towards justice".

Technique and Approach

How 'A Closer Walk' Will Work as a Film

The challenge facing *A Closer Walk* is that the audience for which the film is intended is largely ignorant of the realities of global AIDS and the threat it poses to global security.

This means that the film will have to cover alot of ground and do alot of things.

It will need, for instance, to establish basic facts about global AIDS before it can move on to more complex questions of global interdependence and responsibility. It will also need to find a way to engage a reluctant audience in a subject it both fears and believes to be far from its realm of experience. Techniques designed to draw this audience in, however, cannot be sufficient unto themselves. The film will fall short of its responsibilities if it lapses into sentiment, or easy appeals to a vague sense of compassion that will fade as soon as the screen goes dark.

All this suggests that *A Closer Walk* must build bridges: from the simple to the complex, from the facts to their meanings, from raw emotion to real understanding and resolve.

This is not an insurmountable challenge. Non-fiction film at its best can create a picture of truth that speaks to the heart, mind, and imagination in a unique and powerful way. Following is a description of the various elements *A Closer Walk* will interweave to help its audience understand its own interest in, and responsibilities for, the global problem of AIDS.

Interviews/Narrative

The purpose of the interviews in *A Closer Walk* is to provide the film's narrative: to articulate the themes and arguments described in the "Content" section of this proposal.

In keeping with this purpose, excerpts from these interviews will appear intermittently throughout the film and will complement one another. They will take the place of a voice-over narration, and will be interwoven with the film's other elements, especially its stories (see below), which they will interpret and contextualize.

The interview subjects who will appear in *A Closer Walk* are accomplished, knowledgeable individuals whose varied backgrounds, perspectives, and areas of expertise epitomize the cross-cultural nature of the AIDS dilemma. These men and women share courage, commitment, and vision. They are also-- despite their achievements and oftentimes fame-- accessible, down-to-earth people who care deeply about their fellow human beings and who can explain complicated ideas simply and vividly.

These individuals include:

- The world's leading experts on the subject of global AIDS and infectious disease: *Jonathan Mann, James Curran, Daniel Tarantola, June Osborn, Peter Piot, Mathilde Krim, Laurie Garrett, Helene Gayle, Mabel Bianco, Jane Galvao, and Paul Farmer.*
- The world's leading AIDS scientists: *Luc Montagnier, David Ho, and Don Francis.*
- Third world statesmen: *Nelson Mandela and Julius Nyerere.*

- Religious, moral, and political thinkers: *Desmond Tutu, Hans Kung, Elie Wiesel, and Vaclav Havel.*

- Others: globalist *Paul Kennedy*; activists *Eric Sawyer* and *Elizabeth Taylor;* journalists *Peter Jennings* and *Rupa Chinai;* playwright *Larry Kramer*; novelist *Abraham Verghese*; relatives of Zimbabwean AIDS and health worker *Auxillia Chimasoma.*

Not all the interviews, of course, will be given the same weight or will focus on the same aspect of global AIDS. Inevitably, too, all those listed above may not, for one reason or another, appear in the final cut of the film. Also, new participants will undoubtedly present themselves as the project moves forward. What this initial list should suggest, however, is that *A Closer Walk* will offer a mosaic of opinion and analysis about global AIDS that reflects the complexity and dimensions of the problem itself.

Stories That Illustrate Truths

If the interviews in *A Closer Walk* will provide the film's informational, educational, and analytical framework, the film's personal stories will create its human interest.

These stories-- the film's basic building blocks-- will be in all shapes, sizes, and lengths. They are stories with happy endings, sad endings, and no endings at all. They are stories that can be told or introduced by one of the film's interview subjects, taped in a video diary, or fully documented by a film crew in Nepal, New York, South Africa, or Brazil.

Clearly one of the ideas behind these stories is to make the suffering caused by AIDS real. "If you don't see the body in the coffin, you don't shed a tear", runs an old saying in Thailand where, indeed, denial was pervasive during the early stages of the epidemic and contributed to its breathtaking explosion. For an American public who by and large believes AIDS to be "their" problem, not "ours", personal stories about real people can be an effective way of creating genuine compassion and concern.

Driving the facts home from an emotional point of view is important, but it is not enough. If the stories in *A Closer Walk* are to have lasting impact, they must also reflect the film's overall purpose and themes. To do so, they must meet one or more of the following criteria:

--Do they help deconstruct stereotypes and shatter false assumptions by allowing the audience to enter the world of the person the story is about? This means finding stories about people the audience cannot easily point a finger at-- who are clearly real people the audience can identify with-- but who are also caught, forced to make impossible choices by forces over which they have little or no control. "What would I do if I were that person?" these stories must prompt the audience to ask. "Perhaps it's not as simple as 'just say no', or 'practice safe sex', or 'pull yourself up by your own bootstraps'. How can you say that to someone who's twelve years old, illiterate, and a sex slave?'" "What is my responsibility to this girl who is trapped?" "How did this happen?" "Abstraction is the enemy", says one of the project's advisors. "Of course you can say that a woman who has no way to earn a living should actually die rather than become a prostitute. You can say that. But you can only say that if you're standing outside, not if you're working from within." The stories in *A Closer Walk* must always help the audience work from within.

-- Do they speak to the larger issues the film seeks to address? The stories in *A Closer Walk* consistently need to reveal the film's central themes. AIDS has social determinants. Affronts to human dignity and rights increase vulnerability. AIDS is a threat to the security of an interdependent world. The story of a migrant laborer in southern Africa cannot stop at the

pity of his circumstances, however heart-rending they may be. Such a story must have background and depth. It must lead to insights about the transnational nature of poverty and the relationship between global economic forces and disease. The movement of each of the stories in *A Closer Walk* must always be from the particular to the universal if they are to serve their fullest purpose.

-- *Do the film's stories illustrate the commonality of factors that have determined the spread of AIDS? A Closer Walk* must again and again make the point that the root causes of AIDS are the same throughout the world. This means that it will be necessary to find stories that *often say the same thing*, albeit in different ways, and with different casts of characters. The positioning of these stories, furthermore, throughout the film is key from the point of view of how the audience learns. If three or four stories, for example-- all demonstrating how institutional racism facilitates the spread of AIDS-- are strung together, they will make their point, but perhaps too obviously. Their similarities may run the risk of seeming manipulated or contrived. But if they are more subtly and carefully spaced throughout the film, they will lead the audience, *on its own*, to make connections, to see the larger picture. Giving the audience signposts, rather than specific directions, is part of an important dynamic in the film, which has to do with the *revelation* of truth, rather than its mere telling.

Over the past two years, literally dozens of stories that meet these three criteria have been identified by the producers of *A Closer Walk* in collaboration with colleagues and research associates around the world. And there are of course many more yet to be found.

They are stories about orphans, children, and adolescents. They are stories about lonely men and frightened women in remote corners of the world who live lives of unspeakable poverty and misery and have no hope. Very often they are stories about the poor, but not always. Most of the people in the world who have AIDS are very poor indeed. But there are others who are stigmatized by society and therefore vulnerable as well: homosexual people, racial and ethnic minorities, and women whose choices are constrained by profound inequalities in their relationships with men. Neither are the stories in *A Closer Walk* only about people living with HIV or AIDS. They are also stories about caregivers and advocates, families, relatives, and friends.

But no matter what they are or who they are about, the film's stories will meet these three requirements: they will help the audience work from within; they will speak to the film's larger themes; and they will be strategically placed in relation to one another so that their common messages are revealed in thought-provoking, non-linear ways.

Graphics

The two basic components of *A Closer Walk* described above-- interviews and stories--will be supplemented by graphic statements describing facts or introducing themes, ie:

THERE ARE THIRTY MILLION PEOPLE LIVING WITH HIV/AIDS IN THE WORLD TODAY

or

AIDS KNOWS NO NATIONAL BORDERS

These statements will appear intermittently on the screen throughout the film and will serve a purpose roughly analogous to that of a topic sentence in a paragraph.

These statements may be descriptive (as above), or allusive, as in a section of the film about orphans:

EFUUZI: ONE WHO REGRETS ALL THE TIME.

The visual treatment of these statements will be simple-- white or blue type on a black field-- and will be supported by sound effects or a musical signature that will serve as a bridge to the ensuing scenes.

Visual Imagery and Metaphors

A graphic statement-- WHERE IS AIDS GOING?-- *fades in following a previous scene.*

After 3 or 4 seconds the graphic fades to reveal a long straight stretch of railroad track in a barren part of India that disappears on the horizon. There is silence. Eventually a train appears. At first it as a tiny dot, but slowly, shimmering in the noonday heat, it threatens and looms, heading directly towards the camera. The sounds of the train increase and eventually become very loud. As the train rushes by, the camera swings with it so that now the cars of the train, crammed with people hanging out the windows and dangling from open doors, fill the screen in a blur of faces, machinery, and movement. The effect is chaotic and surreal. Suddenly the train has passed. The camera stays with it until it is once again a speck on the horizon. Then it is gone. Silence returns.

The globalization of AIDS is in many ways about movement: the movement of laborers, armies, and refugees. The movement of tourists and international travelers. The movement of money. The movement of the virus itself as it travels along transnational fault lines of poverty and deprivation. "Indeed", says Jonathan Mann in his introduction to *The Coming Plague*, "the dramatic increases in worldwide movement of people, goods, and ideas is a driving force behind the globalization of infectious disease."

The theme of movement will provide *A Closer Walk* with a rich visual language that can be used subliminally, literally, or metaphorically, and incorporated into nearly every scene of the film. The components of this language include:

- *The mechanics of movement:* Planes, trains, and boats. Buses, bicycles, automobiles, and trucks. Engines, gears, and spinning wheels. Computers and cable lines. Telephone wires. Feet.

- *The gestures of movement*: Passage through an open door. A handshake or a wave. Boarding a bus.

- *The symbols of movement:* A vapor trail. A suitcase. A highway, pathway, or road. The flight of a bird. The sway of a tree in the wind. The course of a waterfall.

A Closer Walk will be filmed in both color and black-and-white in a Super 16mm format.

Music

A Closer Walk will feature an original musical score by the South African composer and arranger Caiphus Semenya. A leading figure in the world of international music, Mr. Semenya received an Academy Award nomination for his work with Quincy Jones on the score of Steven Spielberg's *The Color Purple.* Mr. Semenya's music encompasses a wide range of African, Caribbean, Asian, and Western influences, and as such is ideally suited to the multiple purposes it will serve in *A Closer Walk.* Featured contributions and additions to Mr. Semenya's integrative score will come from prominent recording artists in Africa, Latin America, and the United States.

Transitional & Interpretive Sequences

A Closer Walk is a film about a difficult, complex subject that will demand much of its audience.

For this reason, part of *A Closer Walk's* design will include transitional sequences whose purpose is to help the audience interpret and reflect upon various passages in the film as they unfold. Sequences presently under consideration include:

- *A montage of black-and-white photographs by Sebastaio Salgado.*
- *Short films that will also serve as public service announcmenets, produced by adolescents around the world in a competition sponsored by the project.*
- *A voice-over interpretation by a prominent actress of Molly Bloom's soliloquy at the end of James Joyce's "Ulysses," visualized by cinematographer Fred Elmes.*

The film's total projected length is 90 minutes.

* * * *

In the mid-1950's, a magnificent book of black-and-white photographs, edited by Edward Steichen, was published. Entitled *The Family Of Man,* this book became an instant classic. It was, in many ways, the world's first global document: 503 photographs from 68 countries, taken by 273 photographers-- amateur and professional, famed and unknown.

The book was from a simpler time than our own. It was a time when the poet Carl Sandburg could affirm, in his introduction to the book, that we are "alike and ever alike on all continents in the need of love, food, clothing, work, speech, worship, sleep, games, dancing,

fun." It was a time when it did not seem foolish or naive to celebrate, as *The Family of Man* so exuberantly does, what Sandburg called "the prodigious spectacle of human experience."

Today, we no longer seem to celebrate or affirm very often. We rather tend to worry, categorize, analyze, look out for ourselves. Now that we have the Global Village, we are perhaps not so sure that we want to live in it. We perhaps know too much.

But we cannot escape our knowledge. It is with us.

In his prologue to *The Family of Man*, Sandburg began with the following sentence:

The first cry of a newborn baby in Chicago or Zamboango, in Amsterdam or Rangoon, has the same pitch and key, each saying, "I am! I have come through! I belong! I am a member of the Family!"

For those who know about AIDS in the world-- and a premise of this proposal is that we *all* should know-- the pitch and key of that newborn baby's cry is perhaps attenuated by our knowledge that every day some 1,600 infants will be born with a fatal disease that will silence the joyful cry "I am" well before its time. Our foreknowledge of these babies' death diminishes, somehow, our affirmation of their birth. Better off, perhaps, not knowing about needlessly dying babies at all.

But should that be? Should we be afraid of our knowledge, or liberated by it?

Like *The Family of Man, A Closer Walk* is a global document. It reflects a different world than that of the 1950's, and a vastly more complex one. But in that difference should not lie denial and fear, but revelation. Are we more interdependent in practical ways? Certainly. Is the world tougher and more difficult to understand? Absolutely. But as human beings we remain the same: we remain human. The only thing that has changed is our sense of what it means to be vulnerable and therefore open not only to the accomplishments of human enterprise, but to the realities of human suffering as well.

"To have a child is to become a hostage to fortune", Boswell wrote. He is right. This is not a time to build fortresses. It is a time to break them down.

WORLDWIDE DOCUMENTARIES, INC.

a closer walk

Project Summary

Foreword

A Closer Walk was conceived in 1996 by Jonathan Mann and Robert Bilheimer.

Jonathan Mann's tragic and untimely death on September 2, 1998, has left a vacuum that those he inspired must now step forward and fill. *A Closer Walk*, which is based on Dr. Mann's vision, ideas, and direct involvement up until the time of his death, represents a way of moving beyond sorrow, discouragement, and the status quo-- something AIDS itself has called us to do time and again over the last 15 years. *"We challenge the future to be different"*, Dr. Mann said in a speech shortly before he died. More fitting words cannot be applied to *A Closer Walk*, nor to the spirit in which it was conceived.

The Film

A Closer Walk is a feature-length, non-fiction film about the realities of global AIDS. Scheduled for release in the spring of 2000, it is the first film intended for a mass audience to provide a definitive portrayal of mankind's confrontation with the AIDS pandemic.

From the outset, the vision of the project was to use the powerful medium of film to create a broad general awareness as to the dimensions of the AIDS pandemic and the toll it is exacting in terms of human suffering; to explore and explain the intricate relationship between health and human rights; and to ask fundamental questions about individual responsibility in a planetary society. *A Closer Walk* will focus on the societal causes of AIDS, and will show how the progress of the disease around the world in the last fifteen years teaches us important lessons about the nature of vulnerability, the relationship between societies and individuals, and transnational problems--including affronts to human dignity and rights-- that engender poor health and threaten global security.

Collaborators and Advisors

A Closer Walk is a collaboration between Worldwide Documentaries, Inc. a not-for-profit film production company focusing on issues of social, cultural, and humanitarian interest, and the United Nations Joint Programme on HIV/AIDS, which is providing technical and logistical support. The President of Worldwide Documentaries is Robert Bilheimer. The Executive Director of UNAIDS is Peter Piot.

The project's Advisors are: Dr. June Osborn, President, Josiah Macy, Jr. Foundation; Carol, Lydia, and Naomi Mann; Dr. Mathilde Krim, President, AmFAR; B.J. Stiles, President and CEO, National AIDS Fund; Philip B. Hallen, President, Maurice Falk Medical Fund; Dr. Paul Farmer, Director of the Program in Infectious Disease and Social Change at the Harvard Medical School; Dr. Ernest Drucker, Director of Public Health and Policy Research, Montefiore Medical Center; Dr. Gerald Friedman, Director, Yale AIDS Program; and David Corkery, Fenton Communications, New York.

Broadcast and Distribution

A Closer Walk will premiere theatrically, and be broadcast on national and international television, in the year 2000.

The film's distributor is Direct Cinema, Ltd., one of the leading distribution firms for non-fiction films in the United States. Components of Direct Cinema's global distribution program for *A Closer Walk* include:

- *National and international television.*
- *Theatrical release.*
- *Educational markets and home video.*
- *National and international film festivals and competitions.*
- *Premieres, benefits, and special screenings*
- *Specific market segments including the scientific, public health, medical, and HIV/AIDS communities.*

Current Status

The research and development phase of *A Closer Walk* has been funded and is complete. Contributions to the project since January, 1996 total $250,000. Contributors include the John D. and Catherine T. MacArthur Foundation; the George Gund Foundation; the Maurice Falk Medical Fund; the Edgebrook Foundation; the Royal Marks Foundation, and private individuals.

Production is scheduled to begin in May, 1999.

The film's total production and marketing budget is $1.5 million.

Worldwide Documentaries, Inc. is a not-for-profit corporation exempt under section 501 (c) (3) of the Internal Revenue Code.

PBS

April 2, 1999

Robert Bilheimer
Worldwide Documentaries, Inc.
3741 Oakmount Road
Bloomfield, NY 14469

Dear Bob,

It is a pleasure to re-confirm PBS interest in your proposed film A CLOSER WALK: LESSONS FROM AIDS IN THE WORLD. I was pleased to hear of the progress you have been making since we first discussed the project a ways back.

We continue to believe there remains a need for a definitive film about global AIDS and you have gathered a team which seems ideally suited for the task. Your unquestioned ability as a storyteller augurs very well for the success of the project, and your talent to get the best out of top experts gives us an additional level of comfort.

As you know, we do not accept films until they are near completion, but we have every expectation that A CLOSER WALK will be the kind of work we would be proud to share with our audience.

We appreciate being kept informed of the project, and look forward to working with you in bringing it to full fruition. Please stay in close touch, and don't hesitate to ask for further assistance at any time.

Sincerely,

Glenn Marcus
Associate Director
Science, Natural History, and Explorations Programming

Cc: Mary Jane McKinven
Director, Science, Natural History, and Explorations Programming

Public Broadcasting Service
1320 Braddock Place Alexandria, VA 22314-1698 (703)739-5000

Mitchell W. Block

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Spring 1997

Via Fax: 716-657-5402

Robert Bilheimer
Worldwide Documentaries, Inc.
3741 Oakmount Road
Bloomfield, New York 14469

re: *A Closer Walk: Lessons from AIDS in the World*

Dear Bob,

Thanks for sending me information about *A Closer Walk: Lessons from AIDS in the World*. I had an opportunity to review this material and I think you have a winner. This could be a very important and influential film and we would be delighted to work with you in distributing it.

As you know we have been involved distributing films that deal with HIV/AIDS for over a decade. We have handled works such as the Academy Award-winning film, *Common Threads: Stories from the Quilt*, *The AIDS Show* and the Academy Award-nominated film, *The Broadcast Tapes of Dr. Peter*. Each of these films have received broad national and international distribution on television, in the case of *Common Threads* theatrical distribution, and in all cases video and film distribution to both educational and home video users in North America. Broadcast on PBS, HBO and the CBC, these films have been seen by millions of people. I have no doubt that the film you propose can and will receive similarly broad exposure as well, and we are prepared to devote our company's resources to make that happen.

I should also say that your idea of a *simultaneous* global satellite broadcast of *A Closer Walk* on World AIDS Day, December 1,2000, is an excellent one, and with a reasonable planning time-line, it could be scheduled to reach the largest possible audiences in the appropriate "prime times" and languages. This event provides a logical and natural occasion to air the film, and significant opportunities for it in terms of marketing and publicity as well. It would, in short, be an excellent way to launch this film. We will need to begin working on this aspect of the film's distribution in the Fall of this year. I look forward to keeping in touch with you between now and then as your work on the film itself progresses.

Let me finally say that your film should also have a ready educational market in the US and internationally. Depending on how it is finally developed, the film will also have a home market. Reaching both markets is key in our opinion. Your film, *I'm Still Here: the Truth About Schizophrenia,* is working in both educational markets and home markets. We are finding that mental health workers, educational users and individuals are all using this film. Over 8,000 people have visited the *I'm Still Here* web site.

Again, thanks for telling me about this important project. We look forward to working with you.

Most sincerely,

Mitchell W. Block,
President

direct
cinema
limited

WORLDWIDE DOCUMENTARIES, INC.

Robert Bilheimer

Robert Bilheimer, President of Worldwide Documentaries, is a director, writer, and producer with an international background in film, theatre, journalism, and creative writing.

He has lived and worked in Europe, Africa, Asia, Central America, Canada, and the United States.

As a filmmaker, Robert Bilheimer received in 1990 his profession's highest honor-- an Academy Award nomination-- for ***Cry of Reason***, a feature-length documentary he wrote, directed, and produced. The film focuses on the South African clergyman Beyers Naude, and is the most widely distributed documentary about South Africa ever made. *Cry of Reason* was hailed as a "classic" by Jack Garner of the Gannett News Service, who gave the film his highest rating in a nationally published review. In response to the same film Sheila Benson of the *Los Angeles Times* called Bilheimer a "fiercely intelligent" director, "whose technical skill is matched by his compassion and his ability to put emotions on the screen."

Robert Bilheimer's films focus on subjects of cultural, social, and humanitarian interest.

Current and recent projects include:

- ***I'm Still Here: The Truth About Schizophrenia*** A feature-length documentary about individuals and families coping with serious mental illness. This film premiered in New York City in November, 1996, and is distributed by Direct Cinema Ltd. Negotiations for national broadcast currently underway.

- ***Beckett Directs Beckett: Endgame*** A film version of Samuel Beckett's masterpiece, staged by the author for the San Quentin Drama Workshop. Produced and distributed by the Smithsonian Institution Press. Completed in 1994.

- ***A Closer Walk: Lessons From AIDS In The World*** A feature-length film about global AIDS, conceived with Jonathan Mann, and produced in collaboration with the the Joint United Nations Programme on HIV.AIDS. In progress.

- ***Breaking The Silence*** A six-part television series focusing on the stigmatization of men, women, and young people with serious mental illness. In collaboration with the National Alliance for the Mentally Ill. In development.

- ***A Profile of Arthur Mitchell***, artistic director of the Dance Theatre of Harlem and based in part on the company's historic tour to South Africa in 1992. In development.

Robert Bilheimer's work as a filmmaker has been seen on national and international television in North America (PBS, Discovery), Great Britain (Channel 4), Europe, Scandinavia and South Africa. His films have also played in theatres in the United States, Great Britain, and Canada, and have won top awards at film festivals around the world including the Festival of Festivals in Toronto, the Chicago International Film Festival, and the Montreal World Film Festival.

In the theatre, Robert Bilheimer has directed more than 30 professional regional theatre productions in the United States and Canada, including four seasons at the Rochester Shakespeare Theatre, where he was Founder and Artistic Director, and the Manitoba Theatre Centre, where he was Tony Award-winner Len Cariou's Associate Artistic Director. During his tenure at MTC, he was named Director of the Year by the Canadian Broadcasting Corporation in Winnipeg for his direction of Samuel Beckett's *"Endgame"* and Arthur Miller's *"The Price"* on the theatre's second and main stages, respectively. While residing in Kenya, he also directed professionally at the Kenya National Theatre, including a landmark interracial production of Brecht's *"Mother Courage"*.

Early in his career, Robert Bilheimer also worked as a freelance journalist. Based in Nairobi, Kenya, he was a stringer for *Time* magazine and filed regularly for the *Nairobi Daily Nation,* and *Agence France Presse.* His work as a journalist in Africa took him to South Africa, Zambia, Zimbabwe, Zaire, Uganda and Tanzania. Bilheimer has also written theatre and opera criticism for the *Herald-Telephone* in Bloomington, Indiana, and as a college student won the American Academy of Poets Award for his trilogy of poems, *"Going Into The Desert"*.

Robert Bilheimer, who speaks fluent French, was born in New York City and educated at the International School in Geneva, Switzerland; Hamilton College (BA, Honors, English literature); and Indiana University Graduate School (MA, Theatre and Film). He received the Army Commendation Medal for his work as Chaplain's Assistant in the US Army Special Services, 1968-1970. He has also been a Visiting Lecturer at the Eastman School of Music, where he taught courses in theatre and the humanities. From 1986 to 1988 he was a Resident Scholar at the Anson Phelps-Stokes Institute for Black American and Native American Studies in New York City. A three-time recipient of filmmaking grants from the Ford Foundation, as well as grants from the Rockefeller Brothers Fund, the J. Roderick MacArthur Foundation, and more than 30 other foundations and corporations in the United States and Europe, Bilheimer has also served as a communications consultant to the Carnegie Corporation of New York.