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The Union Institute

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TELEVISION WITH A **P** O I N T **O** F **V** I E W

■ P.O.V. AT A GLANCE ■

HIGHLIGHTS FROM P.O.V.:

ABSOLUTELY POSITIVE

AMERICAN TONGUES

BERKELEY IN THE SIXTIES

BEST BOY

COLOR ADJUSTMENT

COMPASSION IN EXILE

COUSIN BOBBY

DARK CIRCLE

DAYS OF WAITING

FOR BETTER OR FOR WORSE

GATES OF HEAVEN

*METAMORPHOSIS:
MAN INTO WOMAN*

PARTISANS OF VILNA

ROGER AND ME

SALESMAN

*SILVERLAKE LIFE:
THE VIEW FROM HERE*

TONGUES UNTIED

WHO KILLED VINCENT CHIN?

P.O.V. is an annual ten week series on public television showcasing independent non-fiction films that frequently express strong "points of view."

REACH: **P.O.V.** programs are carried by most public television stations across America, and can be seen by more than 90% of households nationwide. Top programs in the series attract four to six million viewers. A majority of **P.O.V.** viewers are men and women between the ages of 18-49 — the hardest audience to reach for public broadcasting.

FUNDING: **P.O.V.**'s budget has grown from \$620,000 in its first season to \$1.3 million today. Major funding is provided by the John D. and Catherine T. MacArthur Foundation, the Public Broadcasting Service (PBS) and the National Endowment for the Arts.

QUALITY: **P.O.V.** programs have won every major film and broadcast award, including Academy Awards, duPont-Columbia Awards, numerous Emmys and Peabodys and the PrixItalia, Europe's oldest and most prestigious award.

IMPACT: Each year, **P.O.V.** attracts widespread coverage from local and national publications. **P.O.V.** works regularly with community organizations, minority broadcasting consortia and the press to build new audiences and to broaden debate. Programs broadcast on **P.O.V.** are used by public health and educational organizations, minority groups, environmental advocates and labor organizations nationwide to inform their constituencies and the public at large. Innovative and aggressive communications strategies make every **P.O.V.** broadcast the center of a wider, multi-media campaign about the issues.

COMMITMENT TO DIVERSITY: **P.O.V.** programs bring to a national audience the stories and concerns of people who are frequently ignored by the mass media, such as women, gays and lesbians, working people, rural dwellers and members of ethnic and minority groups — all from an independent perspective. In the last two seasons, two-thirds of **P.O.V.**'s programs were directed or produced by women and people of color. This year, **P.O.V.** completed its first round of the Minority Investment Fund to help producers of color finish nearly-completed projects.

COMMITMENT FROM INDEPENDENT PRODUCERS ACROSS AMERICA: More than 500 producers submitted work for consideration for **P.O.V.**'s 1994 season.

FOR MORE INFORMATION ABOUT P.O.V., PLEASE CONTACT:
Ellen Schneider and Marc N. Weiss, Co-Executive Producers

220 WEST 19TH STREET, 11TH FLOOR, NEW YORK, NY 10011

TEL: 212.989.8121 FAX: 212.989.8230

THE AMERICAN DOCUMENTARY, INC. KCET • SCETV • WGBH • WNET



TELEVISION WITH A **P** O I N T **O** F **V** I E W

**HIGH IMPACT TELEVISION:
SILVERLAKE LIFE: THE VIEW FROM HERE**

In the summer of 1993, **P.O.V.**, public television's highly acclaimed non-fiction film series, premiered the broadcast of *SILVERLAKE LIFE: THE VIEW FROM HERE*. This autobiographical film, begun by filmmaker Tom Joslin and completed after his death by his partner Mark Massi and filmmaker Peter Friedman, is an unflinching video diary of a couple's battle with AIDS.

Part of **P.O.V.**'s vision is to make each broadcast part of a wider multi-media public education campaign. Prior to the premiere of *SILVERLAKE LIFE*, **P.O.V.** worked in partnership with a broad spectrum of groups already engaged in providing education and services related to AIDS. National and community-based AIDS, health care and social service agencies, interfaith groups, corporations, unions, foundations and policy leaders were all asked to integrate the broadcast into their activities and encourage constituents to watch. For example:

***P.O.V.** collaborated with the National Association of People With AIDS to facilitate post-broadcast discussions. NAPWA made members of its speaker's bureau available nationwide for post broadcast discussions, and **P.O.V.** provided access information to public television stations around the country.

*The American Red Cross did a fax blitz to 48 chapters that have state AIDS networks. All public information directors from their 2000 chapters were urged to use the broadcast to educate their field workers.

*Many groups used their existing networks to alert supporters to the broadcast, including GMHC's "The Volunteer", The AIDS Action Council's "Update" and "Positive Living" from APLA. AIDS hotline operators in 18 states recommended viewing to callers, and the CDC's National AIDS Hotline received 8000 calls when their number aired immediately after the broadcast.

*E-mail alerts were widely disseminated: to duPont employees, to Junior League members and through health care computer networks.

By June 15, the national premiere, more than 100 organizations were involved in **P.O.V.**'s promotional outreach. The campaign proved to be an effective, energetic partnership between a national telecast and an urgent public concern.

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MISSION STATEMENT

The American Documentary, Inc.

The American Documentary, Inc. produces **P.O.V.**, a national, prime-time public television series that brings the American public a broad range of non-fiction works that reflect the individual points of view of independent filmmakers, and expand the creative boundaries of the non-fiction film form. The mission of The American Documentary, through **P.O.V.** and its other programs and activities, is:

- *to promote robust public discussion and debate of important issues and ideas and contribute to an informed and engaged citizenry* -- by bringing a wide range of passionately held points of view to a national public television forum. By publicly recognizing the filmmaker, whose views are exclusively his/her own, **P.O.V.** provides a context for controversial, unconventional, or highly personal productions.
- *to increase public awareness and understanding of the diversity of the American people and the common values and experiences that unite a diverse nation* -- by presenting new and different voices from varied communities and interests, voices often under-represented in the mainstream media;
- *to advance the art of documentary filmmaking* -- by presenting films that experiment with and expand the non-fiction film form;
- *to increase the public's awareness and appreciation of the valuable role of non-fiction filmmaking* -- by carrying out creative and extensive grass-roots audience development efforts; and
- *to help public broadcasting achieve its goal to provide a non-commercial telecommunications service that is diverse, innovative and responsive to the American public.*

■ ■ ■

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TELEVISION WITH A **P** O I N T **O** F **V** I E W

THE HEART OF THE MATTER
SHATTERS THE SILENCE SURROUNDING WOMEN, SEX AND AIDS
July 12, 10:00pm ET on P.O.V. (check local listings)

"The Heart of the Matter", the first documentary to examine the complex issue of AIDS among women, makes a significant contribution to the growing body of films about the lethal disease....the central interviewee, Janice Jirau, is so charismatic and so honest about her struggle with AIDS that she makes this film a must see...."The Heart of the Matter" is an uplifting documentary that could not have made a stronger case for its motto: "We're in a race between education and catastrophe."

--Emanuel Levy, Variety

P.O.V., the award winning non-fiction film series on PBS, will present **THE HEART OF THE MATTER** July 12 (check local listings), the first nationally broadcast program to tackle the complex issues of women, sexuality and AIDS.

A riveting film by Gini Reticker and Amber Hollibaugh, **THE HEART OF THE MATTER** focuses on the inspiring story of Janice Jirau, an HIV positive African American woman, as she unravels the pieces of her life that contributed to her risk for HIV. The film follows Janice on her journey into public life as she calls on the church to minister to people with AIDS and becomes a national spokesperson for people with AIDS. As Janice's story unfolds, a chorus of four other HIV positive women from varying backgrounds (white, latina, gay, rich and poor) broaden Janice's story and demonstrate the diversity of women affected by the epidemic. This powerful statement won the Freedom of Expression Award at this year's Sundance Film Festival.

Part of **P.O.V.**'s vision is to make each broadcast part of a wider multi-media public information campaign. To that end, we work with organizations and networks that share a concern in the film's subject matter, enlisting their collaboration in promoting the film and identifying how to most successfully broaden the impact of the broadcast.

As AIDS has become one of the top five causes of death among all women ages 20-45 and the number one killer of young African American women, **THE HEART OF THE MATTER** is a film that can help save women's lives.

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VARIETY

SUNDANCE

THE HEART OF THE MATTER

(DOCU)

Produced, directed by Gini Reticker, Amber Hollibaugh. Executive producer, Reticker. Camera (color), Ellen Kurus, Maryse Alberti; editor, Ann Collins; music, Gregg Mann, Leo Colon; associate producer, Tracey Loggia. Reviewed at Sundance Film Festival, Park City, Jan. 23, 1994. (Also in Berlin Festival). Running time: 56 MIN.

"The Heart of the Matter," the first documentary to examine the complex issue of AIDS among women, makes a significant contribution to the growing body of films about the lethal disease. Docu's structure is a bit amorphous, but the central interviewee, Janice Jirau, is so charismatic and so honest about her struggle with AIDS that she makes this work a must-see for all interested viewers, particularly younger women.

Producer/directors Gini Reticker and Amber Hollibaugh have selected an interesting cross-section of women (blacks, lesbians, housewives) who talk most candidly about the implications of being afflicted with AIDS, and specifically about the myths surrounding the virus. Influenced by irresponsible articles in popular magazines, initially most of these women innocently felt they were outside the high-risk categories.

Ultimately, what makes the film emotionally affecting is its detailed

F E B R

case study of one woman as she goes through the phases, from being diagnosed HIV-positive to her death, just months before the docu was completed. Jirau relates how, as a loyal, obedient wife, she consented to her husband's wish not to use condoms, even after he was treated for AIDS at a hospital. "I loved my husband," she says, "and felt that I needed to prove that, so whatever he needed I gave him."

After his death, however, Jirau's consciousness was raised and she became politically active, recruiting the support of her extended family, challenging outdated religious preaching and right-wing myths, lecturing to female groups and testifying in Washington before the Federal AIDS Commission.

Jirau's story is interspersed with comments by a half-dozen women about their experiences, an approach that tends to diffuse the emotional impact of the central story. Still, framing the personal interviews with vital, if gloomy, statistics that AIDS is now the top killer of young black women and that it's one of the leading causes of death for all women between 18 and 44 makes this film extremely relevant, even urgent.

Winning the Sundance Film Festival's Freedom of Expression Award, "The Heart of the Matter" is an uplifting documentary that could not have made a stronger case for its motto: "We're in a race between education and catastrophe."

—Emanuel Levy

THE DOCTOR'S WORLD

Obstacle-Strewn Road to Rethinking the Numbers on AIDS

By LAWRENCE K. ALTMAN, M.D.

Special to The New York Times

ATLANTA, Feb. 28 — Determining how many Americans are infected with the virus that causes AIDS is an imprecise science at best. But Federal health officials are trying again, and it appears that the current estimate of one million will be lowered.

The estimate, made in 1989, represents the midpoint of the range reported by the Centers for Disease Control and Prevention in Atlanta. It set the figure at 800,000 to 1.2 million. The widely cited one million midpoint figure has been attacked as too low or too high, depending on the critic's point of view.

The centers plan to make a new estimate in July, and in preparation the agency invited independent experts to meet last week to report and review relevant data. Although some of their estimates went as high as a million, most ranged from 600,000 to 800,000.

The new estimate could have critical health, political and economic ramifications. For planning purposes, health officials need to know where and how many new cases of H.I.V., the virus that causes AIDS, are occurring. Determining the national trend in H.I.V. infections and identifying geographical hot spots is crucial to making budgets, developing sound public health policy, evaluating the success of prevention programs and determining research needs and priorities.

There are various reasons why it has been so difficult to obtain accurate information about H.I.V. Laws around the nation preclude testing a person for H.I.V. without permission. Furthermore, many people at high risk refuse to take part in household surveys because of concerns about protecting confidentiality and insurance coverage. Proposals for mandatory testing have met with strong resistance from civil libertarians, advocacy groups and others.

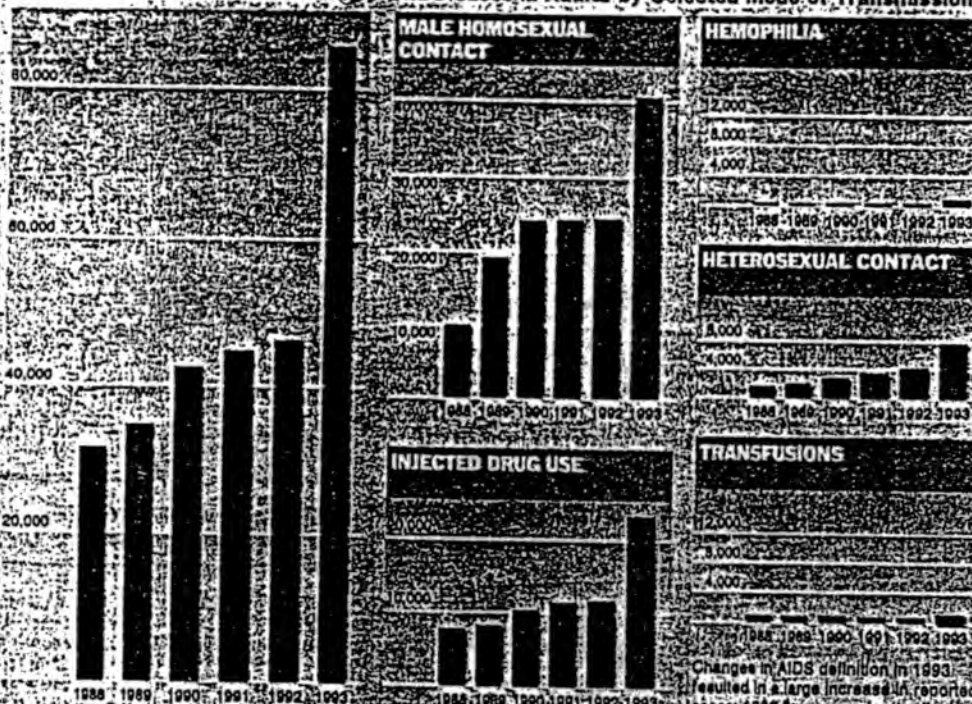
Another obstacle to making accurate national estimates is the fact that the United States is battling not one but several AIDS epidemics, and they are not behaving in the same way.

The main epidemic has been and still seems to be among white gay men. But among that group, the incidence of new H.I.V. infections seems to be leveling off, if not declining. Meanwhile, other epidemics, particularly the one involving black women in the South, seem to be rising. The various patterns of the epidemics add to the complexities of determining how many Americans are infected

The AIDS Epidemic and Its Sub-Epidemics

Epidemiologists are debating the scope of the AIDS epidemic, with a wide range of estimates for total cases. Different patterns are emerging in different sectors of the epidemic.

Reported AIDS Cases in Adults AIDS Cases in Adults by Selected Mode of Transmission



Source: Centers for Disease Control and Prevention

with H.I.V. and how the number has changed over recent years.

Projecting a national total from small, focused studies is fraught with risk. Participants at the meeting pointed to many gaps in the available data as they assessed the strengths and weaknesses of the various statistical methods for making the estimates.

"There's no one way to do it that is right," said Dr. Meade Morgan, an expert with the centers, explaining why his team would check results from several methods against each other before making an estimate.

To health officials, the absolute number of H.I.V. infections is less important than whether the number of new H.I.V. infections is rising or falling. Ideally, statisticians want to know that number each year. But because such data are not collected nationally for H.I.V. and no national study has encompassed all high-risk

groups, extrapolations must be made from small studies and surveys.

Calculations from cases of full-fledged AIDS can also be helpful. A major problem in using AIDS cases, however, is that they then reflect the status of the epidemic in the year individuals became ill with AIDS and not when they became infected with the virus, which is generally a silent process that produces no symptoms.

The delay in progression from infection to AIDS in adults is, on average, about 10 years, though the number can vary significantly.

Dr. James Curran, who coordinates all AIDS activities at the Atlanta centers, said a major problem was lack of knowledge about who had become infected with the virus over the last five years. "We don't know whether the incidence of H.I.V. in the United States in 1993 was different than it was in 1991 or 1989, and we do not know yet whether the current figure exceeds or is less than the number of

deaths from AIDS," he said.

Dr. Harold W. Jaffe, the centers' top AIDS scientist, said there was ample evidence that the newly infected were different, as a group, from those who were getting infected 10 years ago and that the driving force of the epidemic was changing.

Several studies strongly suggest that the AIDS epidemic may have peaked nationally among gay men. As of last September, the latest month for which data are available, gay men had accounted for 183,344 of the 334,344 cases reported in this country since the disease was first recognized in 1981.

But the transmission of H.I.V. has by no means stopped in gay men. Studies in Chicago and Denver showed that 2.5 percent of gay men in their teen-age years and early 20's were becoming infected each year. Another study showed that despite an overall decline in new infection rates, many young gay men were becoming

The New York Times

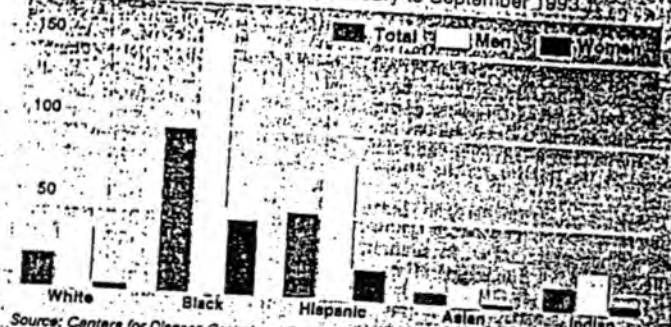
THE DOCTOR'S WORLD

Obstacle-Strewn Road to Rethinking the

Numbers on AIDS

Rates of Illness by Sex and Race

AIDS rates per 100,000 people, January to September 1993



Source: Centers for Disease Control and Prevention

The New York Times

infected with H.I.V. in San Francisco and Berkeley, Calif.; the highest rates are in black gay men.

The question is whether there is enough transmission among young gay men to create a second wave of AIDS that would rival the one of a decade ago when the figures for H.I.V. infection ranged from 10 to 20 percent a year.

A federally sponsored national survey of childbearing women shows that the number of H.I.V. infections is rising gradually among women in general, but has risen sharply among black women in the South.

Participants said the number of infected users of intravenous drugs was probably not increasing.

Statistical data about other diseases are often as imprecise as those for H.I.V. infection. Advocacy groups for a particular disease tend to cite the highest number of affected people to show the magnitude of the ailment's effects on society and to get a larger share of Federal health money. But figures for other diseases seem to get less scrutiny than do those for H.I.V.

Officials at the Federal health centers say their estimate will be based on the best available scientific data. But an estimate lower than a million is bound to be criticized.

"So many people have so much invested in the epidemic that anything that makes it look like it is going away, that there may not be as many infected people as some once had thought, causes panic among the investors," one conference participant said in an interview. Funds are often cut for diseases perceived as no longer being public health threats. Tuberculosis is a striking recent example.

If the new estimate for H.I.V. infection were substantially lower than a million, some fear that the public and the Government would see less need for financing for education and prevention, the very tools that have been credited with stemming the rise in some areas, if not nationally.

"It is very scary what the fallout from low numbers could be," said Dr. Neil Schram, a member of the Federal centers' advisory committee on H.I.V. prevention and a representative of the American Association of Physicians for Human Rights. "My fear is that when people look at the numbers, everybody is going to feel the epidemic is over."

A new problem has arisen to increase the difficulty of revising the estimate. In 1993, the centers began using a revised definition of AIDS, leading to a significant increase in the number of cases. For the first nine months of 1993, 85,526 cases were reported, a rise of 148 percent over the 35,479 cases reported for the same period in 1992. Any statistical method based on AIDS cases used to arrive at a new estimate of H.I.V. infections must take account of the changed definition.

To overcome the problem for future estimates, researchers are trying to develop new ways to estimate the number of newly infected people from spot surveys that could eliminate the need to follow large groups for many years.

Even if the C.D.C. substantially lowers the estimate from one million this July, however, one point about the epidemic seems certain: AIDS is not going away. The disease that was unknown before 1981 will remain endemic in this country. In what numbers remains to be seen.