

HIV&AIDS Film Discussion Guide

The Age of AIDS (copyright 2006, WGBH Educational Foundation)

www.pbs.org/wgbh/pages/frontline/aids

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Part 2

Synopsis

This series, a PBS *Frontline* production from 2006, is organized into two parts. Each Part is approximately two hours long, and is organized into chapters. Part 1 has eight chapters, Part 2 has seven chapters. Each chapter is approximately 15 to 20 minutes long.

Part 1 explores approximately the first decade of the pandemic, from the identification of the disease in 1981 to the collapse of the World Health Organization's HIV program in the early 1990s.

The Age of AIDS, Part 2, begins in South Africa, in the 1980s. First, we see men, many of whom are HIV positive, traveling south from impoverished other countries, to find work. Then we see the release of Nelson Mandela from prison and the beginning of the end of apartheid in that country. This beginning sets the stage for the entire two-hours: the relationship between the epidemiological course of the pandemic and the political responses to it around the world during the last decade and a half.

Each Chapter stands well on its own—if not as a comprehensive picture, then as a concise showing of an aspect of the pandemic during a particular period of time. The entire two-hours, however, taken together, are powerful and well worth seeing.

Several themes carry through the two hours of Part 2 (indeed, they carry through the entire four hours of 1 and 2). Because of this, if your group will notice that some of the discussion questions for Part 2 are similar from one Chapter to another. There are also some general questions and thoughts applicable to any discussion about any part of the film. These can be used by the moderator as thinking points for the group to mull before watching, revisiting them afterwards.

A note on viewing

If you have the means, watching this film online is helpful, particularly for the reference resources connected to it on the PBS website. Within the film itself are cues, links to such things as extended interviews, timelines, details about research—as the film is playing.

Some of these links/resources are provided in the Appendix to this Discussion Guide.

General thoughts and questions for discussion for PART 2

This Discussion Guide is designed for a seminar or discussion group at the college level. It assumes a moderator or discussion leader. These first five items are topics that the moderator may choose to introduce prior to screening the film, and to anchor the discussion at the end.

1) Emotional responses:

Throughout your discussions of this film, do not hesitate to address your emotional responses to what you see and hear. Address them, but *examine* them. For example, it is common for people to have an emotional response to the announcement, during his 2003 State of the Union Address, that President Bush was directing Congress to fund PEPFAR with 15 billion dollars. What are the roots of that emotional response? Where does it come from?

2) Epidemiology and Politics:

Dr. Mervyn Silverman says, in an interview from Part 1 (the transcript of which you can find on the website

<http://www.pbs.org/wgbh/pages/frontline/aids/interviews/silverman.html>), that “AIDS was the most political disease I had ever seen or read about.”

Discuss that. What does he mean? How does the participants’ understanding of this statement change or grow by the viewing of the film? –particularly attend to the many senses of the word ‘political’—as well as the fact that the statement applies equally well to global issues as to domestic ones.

3) Risk and Vulnerability:

Throughout the film people will speak about “high-risk” populations and behavior, and about people who are “vulnerable” to the pandemic. Explore the distinction (as well as the similarity and overlap) between these two phrases. What is the difference in how people described by those labels are viewed? How do those labels reflect the responsibility of those infected with the disease? How do those labels affect others’ responsibility to help?

4) *Rich and Poor*

From the beginning this epidemic has had disproportionate effect on marginalized people. The particular groups affected have changed, their numbers grown, but a constant has been the difficulty poor people and nations have had getting treatment. Reflect upon and examine the roots of this aspect of the crisis. Consider education, particularly as a condition of wealth. Think of other marginalized populations (women, ethnic minorities, the disabled, youth), what impact does marginalization have on risk of contracting HIV?

5) *Humanitarianism and Security*

So much of what has been done over the past 25 years regarding the AIDS pandemic is cast in terms of our duty as moral, ethical, faithful beings, and whether we have fulfilled that duty or failed at it. Running through this film is the story (repeated in many countries as the virus spreads) of responses being dictated and moved by considerations not of humanitarian concern but of national or regional security. Consider the validity of each way of looking at the pandemic. Consider how each perspective contradicts the other. Consider what it says about leadership and political arrangement that security often is a more compelling motivation to work toward a solution to AIDS.

Synopses and discussion questions for individual Chapters

The moderator may choose a selection of these Chapters to show, may show the film straight through for two hours and then discuss these questions, or may even choose to stop after each Chapter and discuss it before viewing the next.

At the end of these synopses is a one page collection of questions collected from all seven Chapters, arranged to facilitate a coherent conversation at the end of the two-hour film. Also feel free to cut and paste your own custom list of questions.

Chapter 1: Political Indifference follows the course of the disease in South Africa through the presidency of Nelson Mandela. It explores the cultural reasons for its spread as well as the political conditions that prevailed.

Discuss:

A. Reflect on the deep, terrible irony that at nearly the same moment HIV was beginning to have devastating impact upon South Africa, that nation was at long last beginning to find its way toward being a more just society—with the added irony that it was the very work of finding their way toward justice that inevitably drew leaders' attention away from the disease.

1. What does this say about the wider world, about the needs of nations and the task of leaders?

B. Examine the contrast between South Africa's experience and Uganda's.

1. What do these two countries' responses tell us about the nature and challenge of leadership?
2. Why could dedicated doctors and nurses, even in Uganda, not accomplish this public health goal of treatment and prevention alone?
3. Is government necessary? If yes, why?

Chapter 2: A Radical New Treatment begins with the 1992 U.S. Presidential campaign and the domestic political questions surrounding the disease. It continues through the development of the "triple cocktail" antiretroviral therapy, and returns to South Africa for an illustration of the inequality of treatment possibilities from nation to nation, rich to poor.

Discuss:

A. Reflect on Catherine Nyirenda's speech before the 1996 International Conference on AIDS in Vancouver (find it here):

<http://www.undp.org/hiv/publications/issues/english/issue22e.htm>).

1. What does it say about the challenge she lays before poor nations and wealthy ones that, for the price of her plane ticket, she could feed her two children into adulthood and for the price of her hotel room she could pay her rent for three years?
2. How do these challenges differ between poor and wealthy nations?
3. In what ways might the different attempts by wealthy nations and poor nations to fight the pandemic conflict with one another?
4. In what areas might rich and poor find common ground?
5. Are there other arguments to be made for her presence at the meeting? What are those?
6. Do these justifications differ between poor and wealthy nations? How so?

B. Dr. Ho paraphrases Nyirenda: "What does this mean for us? Our fate is the same." What does this mean?

C. Dr. Peter Piot speaks in this Chapter of his finding it necessary, when placing HIV & AIDS in front of heads of state, to cast it to them as "a matter of national survival." Why is this necessary? This comes up again and again: world leaders refusing or failing to attend to the crisis until they see it as a security issue rather than 'merely' a public health or humanitarian one. Why is this the case? Ask your group to think deeply about this question: do not allow them to limit their conversation to denigrations of leaders as

simply self-serving politicians. Push them to examine why political leaders—of every stripe, in every region—in their roles, might not be equipped to see public health or humanitarian crises, until they become security issues.

Chapter 3: The Struggle to Get the Drugs takes a further look at the difficulty poor people have getting treatment—in the United States as well as overseas. Two different government responses to this problem, Brazil’s and South Africa’s, are shown.

A. Explore Brazil’s response in terms of it being a “dialog between government and civil society.” What is a dialog between government and civil society?

B. Explore South Africa’s response.

1. What dialog took place between civil society and government?
2. Also—the film presents as a major stumbling block President Thabo Mbeki’s agreement with “denialists” who contend that HIV is not the cause of AIDS. Examine the frustration of the South African doctors—examine your own frustration—particularly in light of Donna Shalala’s statement that Mbeki did not so much deny the HIV&AIDS connection, but that he saw a conspiracy, “which was a much more traditional African response.” What is meant by this? The film does not elaborate on Shalala’s comment.

Chapter 4: The Relentless Spread examines the continuing spread of the disease among a growing number of communities, minority and heterosexual, as well as the growing the realization that HIV&AIDS *is* a security issue. The Chapter closes with a look at the 2000 International Conference on AIDS in Durban, the hopes that AIDS workers had prior to President Mbeki’s opening speech, and the intense disappointment that he did not change his mind or his policy banning antiretroviral drugs in government-run health facilities.

A. What are the roots of the political resistance to antiretroviral therapy?

B. Discuss the possible answers to the question posed by the South African parliament member who asked Mbeki why, if the policy were based on the toxicity of the drugs, the ban stood only for the poor and not for the well-off, who could get the drugs through private means.

C. You can see the frustration the doctors and activists felt. You might feel it yourself. Zackie Achmat, bewildered, says, “Nothing can explain it.” But try to explain it—in terms not necessarily limited to the Republic of South Africa. Identify the phenomenon and relate it to other parts of the world: U.S., Uganda, Brazil, China, and Russia.

Chapter 5: Financing the Battle shows the struggle to bring expensive treatments to the people of impoverished nations, and the remarkable alliance that brings about PEPFAR as a partial solution.

A. Explore the competing claims of those who advocate for intellectual property rights for the pharmaceutical companies and those who advocate for humanitarian concerns.

1. Are there any points where these two groups of claims meet?
2. How is the conflict addressed and solved in the film?
3. How might the claims of those who advocate for national security help find a compromise?
4. What is government's role in this conflict and its resolution?

B. How does PEPFAR address the problems of infrastructure that make implementation of antiretroviral therapy difficult in Africa?

C. What political lessons are there in the (seemingly) unlikely alliance of Bono and Senator Jesse Helms?

D. The film arranges its information to create an emotional response from the outcome of this alliance: Bono quoting Scripture to Helms, their agreement, and President Bush's announcement of PEPFAR at the beginning of his 2003 State of the Union Address.

1. Discuss whether the members of your group have an emotional response.
2. What is it? What are its roots and reasons for it?

E. HIV&AIDS is often discussed as a justice issue. Seen through the lens of justice and injustice, what can we say about Franklin Graham's assertion that for PEPFAR to be successful, the money ought to go to churches, as an end-around governments, "who are going to squander the money"? Are there arguments for governments to be the just distributors of the money? What are they?

1. What arguments are there in favor of governments being the just distributors of the money?
2. How does science—its practice and requirements—affect this discussion?

Chapter 6: New Challenges details the implementation of PEPFAR as well as the growing pandemic into new areas, particularly China, Russia, and India.

A. In China, again security becomes more compelling motivation than humanitarian concern. How is this resistance overcome—in the Chinese “awakening” and with the development of PEPFAR?

B. What are the possible global consequences of the virological facts: that people need a lifetime supply of “ever more sophisticated and expensive drugs”—merely to *suppress* the virus?

Chapter 7: 40 Million + 40 Million brings the series to a close.

A. Discuss risk and vulnerability: The series ends with a reflection on the way HIV connects every person infected with it to every other person ever infected by it, and implies that *all of us* are connected by it—by the way it relies on human behavior to spread—sex, drug use, pregnancy, childbirth and nursing; connected by the way it is compounded by human situations—poverty, gender inequality, education inequity, domestic violence, discriminatory practices and fear.

After viewing the film: Return to the five topics introduced prior to viewing, using specific examples from the film to ground the discussion.