

"The Constant Gardener"

Theatrical release date:
August 31, 2005; *DVD release date:* January 10, 2006

The film "The Constant Gardener" tells the powerful, gripping story of a British diplomat, Justin Quayle (Ralph Fiennes), and his activist wife Tessa (Rachel Weisz). In addition to Fiennes and Weisz, the film has a wonderful supporting cast that includes Archie Panjabi (playing Ghita Pearson), Hubert Koundé (Arnold Bluhm) and Bill Nighy (Bernard Pellegrin).

Justin is on assignment in northern Kenya. His wife begins to spend time with physician Arnold Bluhm, asking questions about medication being given to local Kenyans, ostensibly to treat HIV and tuberculosis. "If she's HIV positive, chances are, you are too," warns Bluhm to a man and his HIV-positive wife. Tessa's inquiries lead her to believe that some of the individuals receiving medication are dying for no apparent reason. It is only once Tessa begins to publicly question local and British officials on the side effects of one of the tuberculosis drugs being given to locals, going so far as to draft a report questioning the treatment being provided to these individuals, that problems arise. "If you can't control her, you should keep her locked up," Justin is warned by a colleague about Tessa.

But Justin, a man who does what he is told, always going through the "proper" channels, does not "control" his wife. "Whatever it is that you and Arnold are doing, I want it to stop," he states to Tessa, more as a confused plea than an order for her to cease her probe. One senses that the very fact that she is so passionate about those less fortunate, refusing to back down in the face of adversity, tapping into a hidden, dormant part of Justin. And, thus, when she is found dead in a car on an African road, Justin is forced to shed his safe

persona in order to root out exactly what led to the death of his wife. His investigation will lead to a fitting tribute to his wife's activist work, which championed aid for the underserved and, in this case, the medically exploited. It was work that he neither supported nor understood during her life but came to cherish and revere after her death.

The issues of clinical trial equity and testing on underprivileged populations are topics that will resonate strongly with many who view this film. The specter of the Tuskegee Syphilis experiment still looms large in the minds of many. As President Bill Clinton rightly stated in the apology to Tuskegee Syphilis experiment survivors in 1997:

Medical people are supposed to help when we need care, but even once a cure was discovered, they were denied help, and they were lied to by their government... The U.S. government did something that was wrong—deeply, profoundly, morally wrong. It was an outrage to our commitment to integrity and equality for all our citizens.

—www.cdc.gov/nchstp/od/tuskegee/clintonp.htm.

Suspicion about the true motivations of those testing experimental drugs on individuals still exists quite strongly both in the African-American community and the larger national and international communities, and these suspicions are borne out in graphic detail in "The Constant Gardener." The film does an excellent job of presenting these issues in a manner that is searing and impactful. Phrases such as, "You've got to stop testing on patients with HIV;" and "If it threatens the British Commission's interest, it would have been shredded" are interspersed with statements such as "Disposable drugs for disposable

people" and "We're not killing people who wouldn't be dead anyway."

"The Constant Gardener" is a painful, difficult film to watch. It will leave you sitting in your seat asking questions long after the credits have rolled. Whom do we value in the global society, and who are merely medically expendable? Is the consent process a luxury from some but a requirement for others? Can we save the lives of many if we start by saving the lives of a few? Yes, "The Constant Gardener" is difficult to watch, but watch it you must. It is highly recommended.

Healthcare education value.

"The Constant Gardener" will have broad appeal for public health individuals who wish to educate themselves and others on issues of global healthcare and inequity of overall treatment of the underprivileged. The film would be particularly instructive for teaching individuals about research ethics, informed consent and clinical trial procedures. For those who wish to learn more about ethics in healthcare overall, this film can be viewed as a companion to an overall course in research and medical ethics.

Other films dealing with equity in healthcare, international public health and failing to inform individuals about medical consequences.

"The Constant Gardener" is an extremely unique film. Another film that is similar, however, is 1999's "The Insider." Starring Al Pacino and Russell Crowe, the film told the story of a tobacco executive that revealed years of data regarding cigarette smoking to "60 Minutes" producers and reports. The story of the Tuskegee Syphilis experiment is told in the 1997 television release "Miss Evers Boys," starring Laurence Fishburne and Alfre Woodard.

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“RX for Survival: A Global Health Challenge”

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When working in the superspecialized and high-tech world of American biomedicine, one easily loses perspective and becomes out of touch with the issues that determine the health status of our community, nation and world. Diseases such as malaria and tuberculosis may be only memories of a medical school lecture or residency rounds. Yet, in the 21st century, they still claim millions of lives each year. Further, new and emergent infectious threats such as SARS, West Nile virus and avian flu have arrived at our doorstep, thanks to globalization and air travel. Drug-resistant “superbugs” lurk in our hospitals, and HIV/AIDS still lacks a vaccine and continues to ravage minority communities at home and whole continents abroad.

RX for Survival, a six-part DVD from the producers of the PBS NOVA series, offers health professionals an effective and easy way to recontextualize our work among the global health priorities of the 21st century. It also prods us to become part of the solutions to global health problems, whether through our professional, voluntary or charitable and faith-based activities.

Part 1 chronicles the development and application of the most successful weapon in the medical armamentarium—vaccines. A vaccine accounted for the first, and so far, only successful campaign to totally eradicate a major killer—small pox. However, scarcely had the cheers subsided after the last known transmission of smallpox occurred in Somalia, when the new and even more deadly scourge of HIV/AIDS emerged. And despite major successes, the campaign to eliminate polio is still chasing its



elusive goal largely due to opposition to vaccination in Muslim areas of Nigeria. In 2004, an estimated 42 million were HIV positive worldwide, and transmission continues apace despite campaigns of varied effectiveness. The only hope for controlling the HIV/AIDS plague in Africa and Asia is a vaccine. Yet, after 20 years and 20 million deaths, no vaccine is available. Has vaccine research in the United States and Europe been given sufficient priority and funding, when the challenge of producing a vaccine that depends on the very system destroyed by the disease is so formidable?

The challenges of multiple drug-resistant pathogens, delivery of preventive services in the face of economic and geographic barriers, and control of vector-borne illness are effectively covered in Parts 2–4. Part 5 ably covers the basic needs for adequate nutrition and safe drinking water, still unavailable for hundreds of millions today. The story of the discovery that a few pennies’ worth of vitamin A cures night blindness and reduces childhood mortality by a third in the poorest nations is recounted. A Ugandan engineer’s efforts to bring safe water to the villages of his country is also highlighted.

Perhaps the most compelling for Americans, Part 6 returns to the global AIDS epidemic by focusing on HIV/AIDS control efforts in Botswana. Once one of the most promising nations in southern Africa, Botswana is now burdened with a

40% prevalence rate of HIV positivity and rapidly falling life expectancy. Can the crash program to test the populace and offer drug treatment to all who need it succeed? The series closes with the ominous threat of a new influenza pandemic caused by the H5N1 strain of avian influenza. Can 21st-century science and public health defuse this time bomb, or are hundreds of millions worldwide doomed to die of influenza?

Readers of *JNMA* will be especially pleased by the way this series gives credit to African, Asian and Latino scientists, physicians and public health professionals as they take leadership in marshalling front-line forces in the war against disease. Their courage, intelligence and creativity are truly awesome. I hope this series can be viewed by every student in schools of medicine, nursing and public health. The challenges presented and immense personal rewards of making contributions to global health that can save millions of lives cannot but persuade hundreds of them to enter the fray on behalf of their brothers and sisters in the developing world.

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