

Watch that Cough

**An educational/documentary film about
Tuberculosis in Malaysia**

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BACKGROUND NOTES ON THIS PROJECT

At the time I wrote this script, I was a Peace Corps Volunteer assigned to the National Tuberculosis Control Program in Malaysia.

After years of using passive case-finding techniques, like sending mobile X-ray units every two months to a rural hospital for a two-day visit, Malaysia decided to adopt the new program for case detection recommended by the World Health Organization for developing countries with a high rate of infectious TB.

Based on research, WHO had determined that the critical symptom differentiating active, infectious cases of TB from passive, non-contagious cases was the cough with a duration of at least two weeks. The WHO strategy for countries with limited medical resources was to identify and treat all persons presenting themselves to a medical facility with a cough of two weeks or more -- whether that facility is staffed by a doctor or not.

The idea of allowing medical personnel below the rank of doctor to initiate a course of medical treatment was revolutionary in and of itself, but since the prescribed regimen (of streptomycin, INH and PAS) for active TB had become so standardized, WHO felt that this was the only way to take advantage of the fact that people with symptoms are bound to seek relief from their pain -- somewhere, anywhere.

Together with establishing this new system for case-finding in Malaysia's existing medical network, the other half of the task was to educate the populace about the program. No easy feat.

We're talking about a multi-racial audience comprised of Malays, Chinese, and Indians -- each with their own deeply rooted, traditional and religious ways of looking at health and disease, few of whom have had enough education to understand the germ theory of transmitting disease. A predominantly Islamic country, most ascribe diseases to the will of Allah, or simply bad karma.

To make things even more challenging, the norms of health were considerably different than in the West. In Malaysia, a cough of two weeks or more was not considered anything to worry about. As they'd say: "Tidak apa. Macham biasa-lah" Why worry? No big deal." My job was to change that attitude.

VISUAL

INTERIOR. Limbo Shot. In SLOW MOTION, an EXTREME CLOSE-UP of a mouth coughing violently and discharging a thick mist of small particles into the air. [This shot should be taken in a very cold room, temperature about -35°C., with very strong back-lighting to emphasize the graphic contrast of the light particles against the dark limbo background.]

EXTERIOR. DAY. Slightly high angle looking down on urban street scene as a crowd of people walk toward CAMERA, while it ZOOMS in CLOSE to a man gripped by a coughing seizure.

EXTERIOR. DAY. CLOSE SHOT of a fruit seller, wrapping fruit in a plastic bag and coughing as she hands the parcel to a paying customer.

INTERIOR. DAY. A pretty girl enters a taxi. As the driver turns to her and asks for directions, he erupts into a series of coughs

EXTERIOR. DAY. A construction site. A woman laborer coughing while mixing cement.

EXTERIOR. DAY. Motorcycle repair shop. A mechanic coughing as he repairs a motorcycle.

INTERIOR. DAY. Sundry good shop. A Chinese towkay (businessman) coughs violently as he totals the customer's bill on his

AUDIO

NARRATOR VOICE-OVER:

THE COUGH.

A VERY COMMON SYMPTOM
NOWADAYS.

USUALLY, IT'S JUST A MINOR
THING, A SMALL IRRITATION...

...IF IT LASTS ONLY FOR A DAY
OR TWO, THAT IS.

BUT SOME COUGHS ARE MORE
SERIOUS...MUCH MORE
SERIOUS.

THEY LAST FOR A LONG TIME.
OFTEN TWO WEEKS, EVEN
MORE.

THAT'S TOO LONG.

THIS LONG-STANDING COUGH
IS A DANGER SIGNAL.

VISUAL

abacus.

EXTERIOR. DAY. Rubber estate. PAN from CLOSE UP of hand making a deft incision in a rubber tree to show an Indian woman gripped in coughing paroxysm as she taps a rubber tree.

Padi {rice} field. TILT UP from ground level CLOSE UP of hands planting padi stalks to the face of a Malay farmer, hunched over. ZOOM in to CLOSE UP of farmer's face as it contorts into a coughing spasm.

FREEZE FRAME of Malay farmer and SUPERIMPOSE TITLE:

WATCH THAT COUGH

DISSOLVE TO:

INTERIOR. Doctor's office. DAY. ZOOM IN on Doctor as he is consulting a book among his shelves. Acknowledging the CAMERA, he moves over to his desk and sits down, reaching for a handful of rice from a container on his desk.

INSERT. CLOSE UP. Doctor's hand, with grains of rice in it. Then he adds a straight pin to the handful of rice.

AUDIO

IT'S A WARNING WHICH MUST NOT BE IGNORED.

BECAUSE IT COULD BE A SIGN OF A VERY SERIOUS DISEASE...

...A DISEASE LIKE TUBERCULOSIS - T.B.

DOCTOR ON-CAMERA:

SINCE 1882, MEDICAL SCIENCE HAS KNOWN THAT TB IS CAUSED BY A GERM WHICH IS ABOUT THE SAME SHAPE AS...

...A GRAIN OF RICE, ONLY MUCH , MUCH SMALLER. SO SMALL, IN FACT, THAT ABOUT FIVE MILLION TB GERMS COULD FIT ON THE HEAD OF THIS PIN.

VISUAL

M.S. Doctor rises from his desk and walks over to look into a microscope.

INSERT. TB germs as seen under a microscope. SUPERIMPOSE circles to identify the TB germs.

MS. Doctor, taking his eyes away from the microscope, points to a blown-up still photograph of one man coughing upon another. [Still photo to be taken from the following shot.]

LIMBO SCENE, as in the opening shot. CLOSE TWO SHOT of two men in conversation. One erupts into a series of coughs. CAMERA PANS and ZOOMS IN to side profile CLOSE UP of the recipient of the cough, who appears naively unaware of the dangerous mist enveloping him.

AUDIO

IN ORDER TO SEE THEM, WE MUST USE A MICROSCOPE, WHICH CAN MAGNIFY THEIR SIZE A THOUSAND TIMES.

DOCTOR VOICE-OVER:

THOSE ROD-SHAPED THINGS ARE THE TB GERMS, AND, IF ENOUGH OF THEM DECIDE TO RAISE A FAMILY IN YOUR LUNGS, THEY CAN BE VERY DEADLY.

DOCTOR ON-CAMERA:

YOU MIGHT WELL WONDER HOW THESE LITTLE BUGGERS GET INTO YOUR LUNGS IN THE FIRST PLACE. I'LL TELL YOU. VERY EASILY.

DOCTOR VOICE-OVER:

EVERY TIME SOMEONE WHO HAS TB GENEROUSLY SHARES SOME OF HIS DEADLY GERMS BY COUGHING THEM OUT INTO THE AIR, INNOCENT PEOPLE LIKE YOU CAN INHALE

VISUAL

AUDIO

THEM INTO YOUR LUNGS.

TB GERMS SIMPLY LOVE LUNGS, FOR THAT'S WHERE THE CONDITIONS ARE JUST PERFECT FOR THEM TO RAISE A BIG FAMILY.

MATCHED DISSOLVE TO:

ANIMATION DIAGRAMS showing profile of a man's head. Through his nose and mouth, a cloudy mist enters the man's trachea. CAMERA TILTS DOWN the throat as the germ mist descends into the upper lobe of the right lung. ZOOM IN and DISSOLVE TO CLOSE UP of a bronchus, with cilia moving to repel some the invading germs.

DEEP, DEEP INTO THE LUNGS THEY GO, SETTLING DOWN WHERE THE WARM, DARK, MOIST TISSUE IS SO RICH WITH THE OXYGEN AND FOOD THEY NEED TO HAVE A REAL BIG FEAST.

DISSOLVE TO:

CINE-MICROSCOPIC live action sequence of cilia repelling foreign invaders. [Actual footage available through Japan Anti-TB Association film.]

OF COURSE, THE BODY WILL TRY TO REPEL THESE FOREIGN INVADERS. ALONG THE AIR TUBES LEADING TO THE LUNGS ARE HAIR-LIKE CELLS WHICH ARE CONSTANTLY MOVING, TRYING TO BRUSH OUT UNWANTED OBJECTS LIKE DUST PARTICLES AND TB

VISUAL

DISSOLVE TO:

CINE-MICROSCOPIC live action, time-lapse sequence of cilia showing rod-shaped tubercle bacilli reproducing by fission, and being attacked, engulfed, and encapsulated by giant phagocytes and leucocytes (white blood cells). [Actual footage available courtesy of Japan Anti-TB Association film.]

AUDIO

GERMS.

DESPITE THIS, THOSE CLEVER, HUNGRY TB GERMS CAN STILL MANAGE TO SLIP INTO THE DEEPEST, DARKEST PARTS OF THE LUNGS. THEN, BY USING THE LUNG ITSELF AS FOOD, THEY CAN BEGIN TO RAISE A FAMILY.

ONE BECOMES TWO. A FEW HOURS LATER, TWO DIVIDE INTO FOUR. FOUR SPLIT INTO EIGHT. EIGHT BECOME SIXTEEN. IN NO TIME AT ALL, THERE ARE THOUSANDS, MILLIONS OF TB GERMS EATING AWAY INSIDE YOUR LUNGS.

OF COURSE, THE BODY FIGHTS BACK. AS SOON AS IT RECOGNIZES THE DANGER, WHICH IS NOT ALWAYS RIGHT AWAY, IT SENDS TOP-NOTCH SOLDIERS CELLS -- THE WHITE BLOOD CELLS -- TO DESTROY

VISUAL

MLS Doctor narrating at a blackboard upon which is a drawing of the lungs. Doctor draws lines of force radiating to a circle of containment around a dot which represents a focus of infection in the right upper lobe. As Doctor narrates, the CAMERA ZOOMS IN past Doctor to this drawing.

DISSOLVE TO:

AUDIO

THE INVADING TB GERMS.

A TREMENDOUS BATTLE RAGES IN THE DEPTHS OF THE LUNGS, BUT THE INDIVIDUAL WON'T NOTICE A THING. NOT YET, ANYWAY. NOT IN THE EARLY STAGES OF THE DISEASE PROCESS.

DOCTOR ON-CAMERA:

BECAUSE THE INFECTION RATE IS STILL QUITE HIGH IN MALAYSIA, THIS BATTLE HAS TAKEN PLACE IN THREE OUT OF FOUR PEOPLE BY THE TIME THEY REACH FIFTEEN YEARS OLD.

FORTUNATELY FOR US, THE BODY'S DEFENSES ARE USUALLY STRONG ENOUGH TO CONTROL THIS ATTACK BY THE TB GERMS. IN NINETY-FIVE PER CENT OF THE CASES, THE BODY BODY WINS THE BATTLE.

VISUAL

ANIMATION DIAGRAMS, showing white blood cells completely surrounding the TB germs and forming a thick wall around them.

MATCHED DISSOLVE
(Chest to chest) TO:

EXTERIOR. Football field. DAY. CS chest of a 15-year old schoolboy, as he runs off to join his friends playing football in background.

MLS, Boy kicking the ball.

MLS, Goalie unsuccessfully trying to prevent a score. Valiant attempt, but no good. The ball goes past him.

CS, The ball smashing into the net.

LS, Jubilant players and spectators mob the kicker, congratulating him, lifting him on their shoulders in triumph.

FREEZE FRAME, showing the joy and happiness of the heroic footballer.

AUDIO

DOCTOR VOICE-OVER:

HOWEVER, ALL THE GERMS CANNOT BE KILLED OFF. INSTEAD, THE SOLDIER CELLS CAN ONLY IMPRISON THE TB GERMS BEHIND A STRONG WALL, WHERE THE SOLDIERS MUST STAND GUARD TO MAKE SURE NONE TRY TO ESCAPE AND MAKE MORE TROUBLE.

MOST PEOPLE CAN GO AHEAD AND LEAD A PERFECTLY NORMAL, ACTIVE LIFE.

BUT THIS HAPPINESS CANNOT LAST FOREVER.

THERE IS NO LIFETIME

VISUAL

ZOOM IN to still photo of the
FREEZE FRAME.

DISSOLVE THROUGH:

MONTAGE of grainy still photos of
about ten of the people in the
jubilant football crowd.

DISSOLVE TO:

AUDIO

GUARANTEE THAT THEY WILL
NOT DEVELOP ACTIVE TB AT
SOME LATER DATE.

ABOUT FIVE PER CENT OF
THOSE INFECTED WITH TB
GERMS WILL EVENTUALLY
BREAK DOWN AND SUFFER
FROM ACTIVE TB. AND, SINCE
PRACTICALLY EVERYONE IN
MALAYSIA HAS BEEN
INFECTED BY THE TIME
THEY'RE AN ADULT, THAT
MEANS ALL OF US -- IN ALL
WALKS OF LIFE -- ARE AT RISK.

VISUAL

INTERIOR. Hospital Ward. DAY
Patients in hospital beds, taking
medicine, attended by nurses,
being reviewed by a doctor.

EXTERIOR. Outside the rear door
of a house. DAY.
A hand sticks out the door and
places bottle of liquor outside the
door.

CAMERA POSITION EXACTLY AS
IN PREVIOUS SHOT.
An extra bottle magically pops in,
so that two bottles are now seen.

A third bottle is added.

Six bottles are evident.

Twelve bottles pile up.

Two dozen bottles litter the back
door area.

AUDIO

INFECTION MAY PROGRESS TO
DISEASE WHEN THE BODY'S
DEFENSES ARE WEAKENED TO
THE POINT WHERE IT CAN NO
LONGER KEEP THE TB GERMS
UNDER CONTROL.

THIS WEAKENING CAN OCCUR
IN MANY WAYS.

PERHAPS FROM ANOTHER
SERIOUS ILLNESS...

PERHAPS FROM EXCESSIVE
DRINKING...

VISUAL

INTERIOR. Classroom. DAY.
Student at his desk, answering an examination paper. He appears tense, anxious. Writes furiously, rubs eyes, writes some more.

EXTERIOR. Padi (rice) field. DAY.
LS, Malay farmer sluggishly throwing a hoe into the ground, lifting it. Repeat the action without much enthusiasm. He stops, exhausted, and squats down to rest.

INTERIOR. Maternity hospital. DAY.
MS, A nurse hands a new-born baby over to the mother, looking quite tired in her bed.

EXTERIOR. River bank. DAY.
Woman collecting drinking water in a pail. She drinks some herself. As she drinks, CAMERA PULLS FOCUS to see, in background, a man defecating upstream.

EXTERIOR. Coffee shop. DAY.
TWO SHOT, Two men in conversation, one coughing on the other. CAMERA PANS to recipient and ZOOMS IN to CU profile. Then, while in profile, SUPERIMPOSE FAINTLY animation diagrams of earlier shot showing a cloudy mist of germs entering the nose and mouth.

EXTERIOR. Another coffee shop. DAY.
A thin, old, run-down Chinese man, sitting listlessly and watching life go by. CAMERA ZOOMS IN to CU

AUDIO

LONG PERIODS OF STRESS
CAN WEAR A PERSON DOWN.

SO CAN WORKING TOO HARD,
OR WITHOUT ENOUGH REST.

GIVING BIRTH CAN TAX A
WOMAN'S STRENGTH AND
WEAKEN HER RESISTANCE TO
DISEASE.

POOR, UNSANITARY HEALTH
HABITS CAN CONTRIBUTE TO
THE ONSET OF DISEASE.

AN ADDITIONAL ATTACK OF
MORE TB GERMS, COUGHED
OUT BY AN ACTIVE,
UNTREATED CASE OF TB AND
INHALED INTO YOUR LUNGS...

OR, SIMPLY FROM OLD AGE.

VISUAL

of his sunken, flat chest.

DISSOLVE TO:

ANIMATION DIAGRAMS (shown earlier) of the wall of encirclement around the TB germs, now disintegrating and the germs pouring out.

MATCHED DISSOLVE TO:

EXTERIOR. Padi field. DAY.
CU, Chest of the Malay farmer who over-exerted himself. ZOOM OUT to show him coughing.

ANIMATION DIAGRAM, showing a cavity being formed, germs spilling out, germs disseminating to other parts of the body, and germs being coughed back up the trachea.

AUDIO

THE PRISON WALL THEN
DISINTEGRATES AND THE
CLEVER TB GERMS -- WHO
WERE MERELY SLEEPING,
ONLY PRETENDING TO BE
DEAD -- FINALLY GET THEIR
CHANCE TO HAVE A BIG
FEAST.

THE TB GERMS EAT BIG HOLES
IN LUNGS AND THEY TRAVEL
TO OTHER PARTS OF THE
BODY, TO TASTE THE FOOD
THERE AS WELL. WHEN THEY
SEE THAT THE FOOD SUPPLY
IS RUNNING LOW, THEY MAKE
THE BODY COUGH SO THAT
THEY CAN ABANDON THE
DYING BODY AND SEARCH
FOR A FRESH SUPPLY OF
FOOD -- A NEW BODY. YOUR

VISUAL

INTERIOR, Classroom. DAY.
CU, Chest of a female teacher,
then ZOOM OUT to show teacher
lecturing students while very close
to their desks. The teacher coughs
as she lectures.

INTERIOR. Chinese restaurant.
DAY.
LS, Large group of Chinese giving
their order to waitresses serving
the table. As one waitress takes
order, another moves around the
table, coughing as she serve tea.
(She is the only moving element of
the composition.)

INTERIOR. Barber shop. DAY.
CLOSE TWO SHOT, barber and
customer. As the barber cuts hair,
he coughs all over the customer.

EXTERIOR. Golf course. DAY.
MS, After placing his golf clubs in
the boot of his new Mercedes, a
rich-looking businessman is
gripped by a coughing seizure.
Then, ignoring it, he joins the
pretty young thing waiting to be led
into the clubhouse.

AUDIO

BODY.

THE COUGH IS THE VEHICLE
WHICH PROVIDES THE
TRANSPORTATION FOR THE TB
GERMS FROM A SICK, SLOWLY
DYING HOST TO A HEALTHY
NEW ONE. IN FACT, THE
GREATEST FRIEND WHICH TB
GERMS CAN HAVE IS A
COUGH. IT GIVES THEM A
FREE RIDE TO MORE FOOD.

POOR MAN, RICH MAN -- IT
DOESN'T MAKE ANY
DIFFERENCE. NO ONE IS SAFE
FROM THE RISK OF COMING
DOWN WITH TB.

AS LONG AS PEOPLE
CONTINUE TO IGNORE THEIR
COUGH, TB WILL CONTINUE
TO BE A MAJOR HEALTH
PROBLEM IN MALAYSIA.

VISUAL

EXTERIOR. Hawkers' market area.
DAY.

MS, Woman hawker attempts to sell clothes to a lady customer, but coughs violently and messes up the whole deal.

INTERIOR. Moving bus. DAY.
MS, Bus conductor, as he gives ticket and change, coughs on a passenger.

DISSOLVE TO:

INTERIOR. Doctor's office. DAY.
Doctor narrating, with the "Ada Batok?" ("Got a cough?") poster in the background.

INTERIOR. Central Medical Stores. DAY.
Drugs, tablets being mass-produced along an assembly line.

INTERIOR. National TB Center dispensary. DAY.
MS, The dispenser gives packets of medicine to a patient at the counter.

AUDIO

DOCTOR ON-CAMERA:

IT ALL SOUNDS PRETTY GRIM,
DOESN'T IT? WELL, IT
DOESN'T HAVE TO BE.
FORTUNATELY, WE CAN DO
SOMETHING ABOUT ALL THIS.
MODERN MEDICAL SCIENCE
HAS ALL THE WEAPONS
NECESSARY TO CONTROL THIS
DREADED DISEASE.

DOCTOR VOICE-OVER:

WE HAVE THE MEDICINES TO
TREAT THE DISEASE.

AND PLACES WHERE PEOPLE
CAN COME TO GET THEIR
MEDICINE FREE OF CHARGE.

VISUAL

INTERIOR. Treatment room at the National TB Center.
CS, Injection being given in upper buttocks region. As needle is withdrawn, pants are quickly raised.

INTERIOR. Laboratory at the National TB Center.
CU, Centrifuge rapidly spinning.
BLUR FOCUS...

INTERIOR. Laboratory at the National TB Center.
CU, FROM BLUR TO SHARP FOCUS, a lab technician holding up and studying a test tube solution.

INTERIOR. Laboratory at the National TB Center.
CS, Technician studying a wave pattern on an oscilloscope.

INTERIOR. School. DAY.
MLS, A nurse giving BCG vaccine to child. Other children wait in queue.

INTERIOR. Maternity hospital.
DAY.
MCS, A nurse giving BCG to a baby.

INTERIOR. X-ray department at the National TB Center.
MS, patient being chest x-rayed.

AUDIO

WE HAVE SOPHISTICATED
EQUIPMENT FOR RESEARCH
IN THE LABORATORY...

INCLUDING THE LATEST
ELECTRONIC GADGETS TO
HELP IN MAKING THE
DIAGNOSIS.

WE HAVE AMPLE SUPPLIES OF
BCG VACCINE TO PREVENT
DISEASE IN OUR SCHOOL
CHILDREN AND NEW-BORN
BABIES.

WE CAN USE X-RAYS TO GIVE
US A PRECISE PICTURE FOR
CHECKING THE EXTENT OF

VISUAL

MS, A doctor studying an X-ray on the back-lighted white panel-board.

INTERIOR. Laboratory at the National TB Center.
CS, Technician looking through a microscope.

INTERIOR. Doctor's office. DAY.
MLS, Doctor narrating, referring briefly to a graph showing annual yield of cases detected, before walking OFF-SCREEN.

INTERIOR. Doctor's office. DAY.
MS, Doctor ENTERS FRAME, narrating. He proceeds nonchalantly to a calendar and lift sup the pages to correspond to the commentary. EXITS FRAME.

AUDIO

THE DISEASE...

...AND WE HAVE PLENTY OF
THOSE ALL-IMPORTANT
MICROSCOPES -- SO
NECESSARY FOR THE
IDENTIFICATION OF ACTIVE,
INFECTIOUS CASES OF TB.

DOCTOR ON-CAMERA:

YET, WE STILL HAVE A LOT OF
TB.

KNOW WHY? SIMPLE.
IT'S MAINLY BECAUSE PEOPLE
DON'T COME FOR TREATMENT
SOON ENOUGH AFTER THEY
BEGIN TO COUGH.

THEY IGNORE IT. THEY TELL
THEMSELVES IT'S A SMALL
THING THAT'LL GO AWAY BY
ITSELF. THEY THINK THERE'S
NOTHING TO WORRY ABOUT.
TA APA-LAH.

AND THIS GOES ON FOR A

VISUAL

AUDIO

MONTH. THEN TWO. SOON,
IT'S SIX MONTHS. SOMETIMES
EVEN A YEAR -- UNTIL THE
COUGH BECOMES SO BAD
THEY CAN'T STAND IT ANY
MORE, OR UNTIL THEY START
COUGHING BLOOD. THEN
THEY'RE REALLY SCARED.

BUT, OF COURSE, BY THIS
TIME, NOT ONLY IS THEIR
OWN TB VERY FAR ADVANCED,
BUT THEY'VE ALREADY SPREAD
THE DISEASE TO SEVERAL
OTHER PEOPLE BY THEIR
CONSTANT COUGHING.

DISSOLVE TO:

EXTERIOR. DAY. Batik printer's
workshop. CS, hands pressing
pattern to cloth.

MS, Batik craftsman, noticing
CAMERA, begins to narrate his
story.

FLASHBACK DISSOLVE TO:

MLS, Batik craftsman working
sluggishly. He looks worn out,
exhausted. In the midst of a
coughing seizure, he makes an
obvious mistake in his work,

MALAY CRAFTSMAN: HELLO.
MY NAME IS _____. ABOUT
THREE YEARS AGO, I HAD TB.

MALAY CRAFTSMAN'S

VOICE-OVER:

I WAS COUGHING A LOT,

VISUAL

creating a sloppy mess.

DISSOLVE MONTAGE TO:

INTERIOR. DAY. Kampong house. MCS, Woman's hands crushing assam jawa, with the juice collecting in a glass. The glass is picked up by a man's hand and carried up out of FRAME.

CS, Batik craftsman drinking the glass of assam jawa. Coughs.

DISSOLVE MONTAGE TO:

EXTERIOR. DAY. Chinese medicine shop. MS, Batik craftsman buying cough mixture from Chinese shop keeper.

DISSOLVE MONTAGE TO:

INTERIOR. DAY. Kampong house. MLS, Incense burns as the batik craftsman sits cross-legged on the floor with a bomoh [Malay medicine

AUDIO

BUT I IGNORED IT AT FIRST.
AFTER ALL, MACHAM BIASA-LAH -- THAT'S NORMAL.
EVERYONE IN THE KAMPONG [VILLAGE] HAS A COUGH.

AFTER ABOUT THREE OR FOUR MONTHS OF CONSTANT COUGHING, THOUGH, I GOT VERY WEAK. SO WEAK, I COULD HARDLY WORK.

I TRIED ASSAM JAWA, A POPULAR MALAY HOMEMADE REMEDY,...

...BUT IT DIDN'T HELP.

I TRIED SOME COUGH MIXTURE FROM MY FRIEND AT THE CHINESE MEDICINE SHOP. NO GOOD EITHER.

I WENT TO SEE THE BOMOH. HE RUBBED SOME SIREH ON

VISUAL

man], who is cutting lemon slices and letting them fall into a bowl of water.

CU, Lemon slices dropping into the bowl of water.

MS, Bomoh rubbing concoction of lemon, lime, and sireh [Malay herbs] on the craftsman's chest.

CS, Craftsman drinking fresh coconut water from the shell.

EXTERIOR. DAY. Steps of craftsman's house. MLS, Craftsman, sitting on steps, dejected, coughing up a storm.

WIDE SHOT. A neighbor enters FRAME, sits down and talks to the craftsman, who listens eagerly, between his coughs.

EXTERIOR. DAY. The health center. CU, Sign at the health center. Pull back to reveal the craftsman, assisted by his neighbor, arriving at the health

AUDIO

MY CHEST AND GAVE ME
FRESH COCONUT WATER IN
CASE OF SANTAU...

...BUT NOTHING WORKED.
THIS TERRIBLE COUGHING
WAS GOING ON MUCH TOO
LONG, I THOUGHT. I KNEW
SOMETHING HAD TO BE
DONE, BUT WHAT?

THEN ONE NIGHT, A FRIEND
CAME OVER AND SUGGESTED
THAT I TRY THE NEW HEALTH
CENTER DOWN THE ROAD. I
HAD TRIED EVERYTHING ELSE
I COULD THINK OF. I
FIGURED, WHY NOT?

VISUAL

center, where he is met by the hospital assistant and taken inside.

INTERIOR. DAY. Examination room at the health center. The craftsman narrates his symptoms to the hospital assistant, who quickly understands the problem.

CS, Craftsman expectorating sputum into a small container.

MCS, Hospital assistant looking through a microscope.

INSERT. Tubercle bacilli as seen through a microscope.

Hospital assistant giving packet of white PAS tablets to craftsman.

FLASH-FORWARD DISSOLVE TO:

EXTERIOR. DAY. Batik printer's workshop. MS, Batik craftsman narrating his story.

As he completes his narration, he

AUDIO

AT THE HEALTH CENTER, I
TOLD THE HOSPITAL
ASSISTANT I WAS COUGHING
FOR A LONG TIME.

HE ASKED ME TO COUGH OUT
SOME "SPUTUM" INTO A CUP.

THEN HE LOOKED AT THIS
SPUTUM THROUGH A
MICROSCOPE.

THE H.A. SAW TB GERMS IN
MY SPUTUM,...

...SO HE STARTED ME ON
TREATMENT RIGHT AWAY.

I'M GLAD HE DID. IT TOOK
ABOUT TWO YEARS OF TAKING
MEDICINE EVERY DAY TO
REGAIN MY HEALTH, BUT TB
CAN BE BEAT.

[PROUDLY:] I PROVED
IT.

VISUAL

resumes his work.

DISSOLVE TO:

EXTERIOR. DAY. Rubber Trees. CS, Latex dropping into a cup attached to a rubber tree. Hands enter FRAME to collect the cup.

MS, Indian woman empties cup into her bucket. Then she notices CAMERA and begins to tell her story, gesticulating in traditional Indian style.

FLASHBACK DISSOLVE TO:

EXTERIOR. DAY. Amid a row of rubber trees. LS from rear, the Indian rubber tapper coughs, staggers, and falls while carrying two full buckets of latex. The latex spills all over the ground as she collapses.

CS, Rubber tapper's face, exhausted, and in some pain. She winces as she coughs.

DISSOLVE MONTAGE TO:

INTERIOR. DAY. Rubber tapper's house. CS, spices added to pot of boiling water to make pepper water, a home remedy. Rubber tapper carries a one-year baby as she cooks.

AUDIO

INDIAN RUBBER TAPPER:

HELLO, I'M _____.

I HAD TB, OH, OVER TWO YEARS BACK. SO LONG AGO ALREADY.

INDIAN RUBBER TAPPER

VOICE-OVER:

I REMEMBER I HAD BEEN COUGHING FOR SUCH A LONG TIME. MAYBE SIX MONTHS. IT BECAME VERY DIFFICULT TO WORK PROPERLY.

I WAS ALWAYS SO TIRED AND WEAK.

OF COURSE, I TRIED TO GET BETTER. I TRIED TO CURE MYSELF. I MADE BUCKETS OF

VISUAL

CS, Rubber tapper drinking pepper water, holding the baby while she drinks.

DISSOLVE MONTAGE TO:

INTERIOR. DAY. Doctor's office. MS, Indian village physician feeling Rubber tapper's pulse.

MCS, Physician adding herbs to boiling water.

CS, Rubber tapper drinking the herbal tea. Rolls her head around in typical Indian fashion, indicating "O.K., so what? No big thing happening here."

DISSOLVE MONTAGE TO:

TWO SHOT. Rubber tapper's palm being read by palmist.

DISSOLVE MONTAGE TO:

TWO SHOT. Rubber tapper eagerly watching an astrologer/numerologist calculating figures on papers.

CU, the figures, as the numerologist explains their

AUDIO

PEPPER WATER...

...BUT IT DIDN'T HELP MUCH.
JUST MADE ME THIRSTY AND
ALL HEATED UP.

I WENT TO THE LOCAL
PHYSICIAN TO FIND OUT
WHAT WAS THE PROBLEM.

HE GAVE ME SOME SPECIAL
HERBS...

...BUT THEY DIDN'T WORK ANY
BETTER THAN MY OWN
PEPPER WATER.

I FIGURED MAYBE ALL THIS
WAS MY KARMA, SO I
CONSULTED THE PALMIST.

AND I WENT TO SEE ALL
KINDS OF ASTROLOGERS AND
NUMEROLOGISTS.

VISUAL

meaning to the rubber tapper.

CU, another astrologer, in a trance.

CS, the entranced astrologer's hands counting seeds, sorting them out. Coughing as she watches, the rubber tapper appears enrapt, but confused.

DISSOLVE MONTAGE TO:

EXTERIOR. DAY. Temple. MLS, Rubber tapper raising coconut and smashing it down in front of idol, in sacrificial ritual.

CU, Coconut smashing on the ground. Splattering all over.

CU, Rubber tapper praying with hands pressed together, rocking forward and back.

DISSOLVE MONTAGE TO:

EXTERIOR. DAY. Cremation site. LS, funeral pyre burning.

DISSOLVE MONTAGE TO:

INTERIOR. DAY. Rubber tapper's house. MLS, Rubber tapper at mealtime. She is weak, tired, depressed; has no appetite. Coughs a lot at the table. An Indian woman friend enters FRAME and begins to talk to her. Rubber tapper listens and nods in

AUDIO

I DIDN'T KNOW WHAT TO
MAKE OF ALL THE SIGNS.

I MADE OFFERINGS AT THE
TEMPLE,...

... AND PRAYED AS HARD AS I
KNEW HOW, BUT NOTHING
WORKED.

BY THIS TIME, MY POOR BABY
HAD CAUGHT THE SICKNESS.
I HAD PASSED IT ON TO HIM.
MY HEART WAS BROKEN.

STILL, I WAS SICK WITH FEVER
AND COUGH. I THOUGHT I
SHOULD FOLLOW MY BABY. I
COULDN'T EAT EVEN. THEN,

VISUAL

agreement, as if it's a last resort.

EXTERIOR. DAY. Health Center.
LS, Rubber tapper enters the health center, sits on bench in the waiting area. She's greeted immediately by a nurse who asks her complaint. Rubber tapper explains.

CS, Rubber tapper expectorating sputum into small container.

DISSOLVE MONTAGE TO:

MS, Hospital assistant preparing slide for examination.

CS, Hospital assistant examining sputum under a microscope.

CS, Rubber tapper watching Hospital assistant, wondering what he sees.

AUDIO

MY GOOD FRIEND CAME OVER
AND TOLD ME MAYBE I
SHOULD TRY THE NEW
GOVERNMENT HEALTH
CENTER.

WHAT TO DO?! I WAS
DESPERATE. SO, I WENT TO
THE HEALTH CENTER AND
TOLD THE NURSE ABOUT THIS
TERRIBLE COUGH I COULDN'T
GET RID OF.

SHE ASKED ME TO COUGH
OUT SOME OF THE THICK
STUFF WHICH CAME UP WHEN
I COUGHED HARD.

THEY PUT SOME OF THAT
STUFF ON A PIECE OF GLASS...

...AND THEN LOOKED AT IT
UNDER A MICROSCOPE.

I DON'T KNOW WHAT THEY
SAW, BUT THEY SAID I HAD
T.B.

VISUAL

FLASH-FORWARD DISSOLVE TO:

MS, Rubber tapper, healthy again, amid rubber trees on the estate where she works.

Rubber tapper goes to collect latex from another rubber tree.

DISSOLVE TO:

INTERIOR. DAY. Sundry goods shop. CS, Hands totalling bills on an abacus.

MS, Chinese towkay (businessman/boss) writing down the total. He presents the bill to a customer, then notices CAMERA and begins to narrate his story.

AUDIO

INDIAN RUBBER TAPPER:

I WAS REALLY SCARED THEN. AFTER ALL, YOU KNOW, T. B. THAT'S THE KISS OF DEATH, I THOUGHT. BUT THEY SAID NOT TO WORRY AND GAVE ME PLENTY OF MEDICINES.

WAH! SO MUCH. BUT ALL FREE, SO NEVER MIND WHAT! TODAY, I FEEL HEALTHY AGAIN. I CAN WORK.

I ONLY WISH I WOULD HAVE GONE THERE SOONER. MAYBE MY BABY WOULD STILL BE WITH ME NOW.

CHINESE TOWKAY ON-

CAMERA:

YES, I HAD T.B. STILL

VISUAL

AUDIO

DO, IN FACT. BUT IT'S NO LONGER THE CATCHING KIND, SO I CAN'T SPREAD IT TO OTHERS.

I'VE GOT A FEW MORE MONTHS TO GO BEFORE I COMPLETE THE FULL COURSE OF TREATMENT. AND YOU CAN BE SURE, I WON'T QUIT TOO SOON. I LEARNED THE HARD WAY.

FLASHBACK DISSOLVE TO:

MLS, Towkay coughing as he selects a customer's order from the shelves.

CHINESE TOWKAY

VOICE-OVER:

ABOUT A YEAR AGO, I CAME DOWN WITH THIS COUGH. DON'T WHERE IT CAME FROM, AND I DIDN'T THINK TOO MUCH ABOUT IT AT FIRST. AFTER ALL, IT WAS JUST A LITTLE, IRRITATING COUGH. EVERYBODY HAS A COUGH, DON'T THEY?

CS, Towkay's face contorts as he coughs.

DISSOLVE MONTAGE TO:

VISUAL

INTERIOR. DAY. Chinese medicine shop. Towkay buying herbs.

CS, Herbs added to pot of boiling water.

CS, Towkay drinking from a bowl.

DISSOLVE MONTAGE TO:

EXTERIOR. DAY. Outside a fried mee [noodles] eating shop. LS, Towkay walks past shop and gestures a "No, thank you," to a friend who invites him to sit down and eat some chow kweh tee ow [fried noodles].

DISSOLVE MONTAGE TO:

INTERIOR. DAY. Chinese medicine shop. MS, Towkay buying some cough mixture.

DISSOLVE MONTAGE TO:

MS, Towkay pouring some cough mixture on a large spoon and

AUDIO

I DID THE USUAL THINGS TO GET RID OF IT. I BOUGHT SOME HERBS,...

... BOILED 'EM INTO A NICE TEA,...

...AND DRANK IT ALL DOWN. DIDN'T WORK.

I TOOK GOOD CARE OF MY DIET. I AVOIDED "HEATY" FOODS THAT COULD THROW MY SYSTEM OUT OF BALANCE.

BUT THAT DIDN'T SEEM TO HELP EITHER. THE COUGH WAS KILLING ME, AND I JUST WANTED IT TO STOP. SO, I BOUGHT SOME COUGH MIXTURE AND KEPT TAKING IT UNTIL I FELT LIKE I DROWNING IN COUGH SYRUP.

VISUAL

ingesting the medicine.

CS, Towkay ingesting a spoonful of cough mixture.

CU, Towkay ingesting a spoonful of cough mixture.

CU, Towkay ingesting a spoonful of cough mixture, making a funny face indicating how bad the medicine tasted.

EXTERIOR. DAY. Towkay's shop. MLS, the towkay coughing as he helps a customer select some goods. The customer, trying to avoid the towkay's coughing seizure, tells the towkay about the health center, pointing just down the road. The towkay appears grateful and promises to go.

DISSOLVE MONTAGE TO:

EXTERIOR. DAY. Health Center. MLS, Towkay arriving at health center, being met and greeted by the Hospital Assistant.

CS, Towkay coughing up sputum into a container.

AUDIO

BUT THAT DIDN'T WORK
EITHER. AND THE COUGH
MEDICINE TASTED SO BAD, I
DIDN'T KNOW IF I WAS GOING
TO DIE OF THE COUGH, OR
THE COUGH MEDICINE.

I WAS STILL COUGHING AS
BAD AS BEFORE. WORSE.
THEN A CUSTOMER TOLD ME
ABOUT THE HEALTH CENTER.
HE SAID HE BROTHER GOT
CURED THERE WHEN HE HAD
A COUGH.

SO I WENT. WHAT TO LOSE?

THEY ASKED ME TO COUGH
DEEPLY AND GIVE THEM SOME
"SPUTUM."

VISUAL

DISSOLVE MONTAGE TO:

CS, Hospital assistant looking into microscope.

Two shot, Towkay and Hospital Assistant. Towkay gestures that he wants an X-ray; H.A. gestures "no need" and invites the towkay to look through the microscope. He does.

INSERT. Tubercle bacilli as seen through a microscope.

FLASH-FORWARD DISSOLVE TO:

EXTERIOR. DAY. Towkay's shop, present time. Towkay narrating his story.

AUDIO

THEY SMEARED SOME OF THIS SPUTUM ON A PIECE OF GLASS AND LOOKED AT IT UNDER A MICROSCOPE.

I TOLD THEM I WANTED AN X-RAY, BUT THEY SAID IT WASN'T NECESSARY BECAUSE I WAS COUGHING OUT SO MANY TB GERMS THAT ...

...YOU COULD SEE THEM UNDER A MICROSCOPE. I TOOK A LOOK. WAH!

CHINESE TOWKAY ON-
CAMERA:

THEY STARTED ME ON TREATMENT STRAIGHTAWAY. IT TAKES A LONG TIME TO GET RID OF T.B. I STILL HAVE A YEAR TO GO BEFORE I'LL BE COMPLETELY CURED. BUT I DON'T COUGH ANYMORE, AND I CAN'T SPREAD IT TO ANYONE

VISUAL

As he finishes narrating his story, an employee deposits goods on the counter which the towkay proceeds to tally up on the abacus.

DISSOLVE TO:

INTERIOR. DAY. Doctor's office. MS, Doctor narrating, near the anti-TB poster.

AUDIO

ELSE. THANKS TO THE
MEDICINE, WHICH I HAVE TO
TAKE EVERY DAY, I FEEL
GOOD. REAL GOOD.

DOCTOR ON CAMERA:

THERE ARE THOUSANDS
OF STORIES ABOUT PEOPLE
FROM ALL OVER MALAYSIA
WHO HAVE FOUND OUT THAT,
THANKS TO MODERN
MEDICINE, TB CAN BE CURED.

THE MOST IMPORTANT
THING TO REMEMBER IS TO
INVESTIGATE EVERY COUGH
THAT LAST TWO WEEKS OR
MORE. DON'T WAIT UNTIL IT
DRAGS ON FOR A MONTH, OR
TWO. DON'T TAKE ANY
CHANCES. FIND OUT RIGHT
AWAY WHAT IS CAUSING YOU
TO COUGH. IT COULD BE
MORE SERIOUS THAN YOU

VISUAL

EXTERIOR. DAY. District Hospital.
LS, People entering outpatient
department.

EXTERIOR. DAY. Health Center.
LS, People entering health center.

AUDIO

THINK.

YOU SEE, THE COUGH IS
ONLY A SYMPTOM, SIMPLY AN
OUTWARD SIGN OF SOME
INTERNAL ILLNESS. MOST
TRADITIONAL, OR HOME
REMEDIES, ONLY TREAT THE
SYMPTOM, NOT THE DISEASE
WHICH CAUSES THE
SYMPTOM.

TO GET BETTER, YOU
MUST DISCOVER THE REASON
FOR YOUR COUGH. YOU MUST
FIND OUT WHAT IS CAUSING
YOU TO COUGH.

ONLY THEN CAN YOU
TREAT THE UNDERLYING
DISEASE AND RETURN TO
HEALTH.

DOCTOR'S VOICE OVER:

YOU CAN GO TO ANY
GOVERNMENT HOSPITAL...

...OR HEALTH CENTER AND
GET MEDICAL CARE FREE OF
CHARGE.

VISUAL

CS, Patient in health center setting expectorating sputum into small container.

CU, Lab technician's hands selecting sputum particles and smearing them on a glass slide.

CU, Carbol fuchsin dye being added to the slide.

CU, Methylene blue dye being added to the slide.

CU, Glass slide being placed under a microscope.

CS, Lab technician looking into the microscope. ZOOM IN to CU of the microscope where the slide meets the optical lens.

DISSOLVE TO:

INTERIOR. DAY. Doctor's office. CU, the microscope where the slide meets the optical lens. ZOOM OUT to MS of the doctor looking in the microscope. Then he addresses CAMERA, holding up two fingers to

AUDIO

THERE, THEY WILL ASK YOU TO COUGH DEEPLY AND TO GIVE THEM A SOME OF THAT THICK PHLEGM WE CALL SPUTUM.

THIS SPUTUM WILL BE SMEARED ON A GLASS SLIDE.

SPECIAL COLORING DYES WILL BE ADDED TO THE SLIDE...

...TO HELP THE LAB TECHNICIAN SEE MORE CLEARLY...

...WHEN THE SPUTUM SAMPLE IS EXAMINED UNDER A HIGH-POWER MICROSCOPE.

DOCTOR ON CAMERA:

IF T.B. GERMS ARE SEEN IN THE SPUTUM SAMPLE, YOU WILL BE STARTED ON A

VISUAL

emphasize the duration of the cough to be aware of.

Doctor resumes looking into the microscope. ZOOM IN to CU of glass slide under the optical lens.

FADE OUT

LOGO: FILEM NEGARA MALAYSIA
[NATIONAL FILM DEPARTMENT OF
MALAYSIA]

AUDIO

COURSE OF TREATMENT

RIGHT AWAY

SO, REMEMBER, TWO
WEEKS OF COUGHING IS THE
MAIN SIGNAL TO WATCH FOR.
DON'T WAIT ANY LONGER.

T.B. IS DEADLY, BUT IT
CAN BE CURED. YOU KNOW
WHAT TO DO NOW. SHARE
THIS KNOWLEDGE WITH
OTHERS. LET'S JOIN
TOGETHER AND ELIMINATE
T.B. FROM MALAYSIA
FOREVER.