

AIDS – Truth or Dare

TIME CODE	AUDIO	VISUAL
10:00:00 10:00:22	<p><i>“The Edge” TITLE SEQUENCE</i></p> <p>For 20 years there has been a killer living amongst us.</p> <p>Already its victims are in the tens of millions and counting.</p> <p>It doesn’t discriminate between colour, race or creed, between young, old, rich or poor.</p> <p>Yet most of us think we are not in danger.</p> <p>This programme looks at the origins of AIDS, from transmission and symptoms, to awareness and how British scientists are working with scientists from around the world to find an effective long term treatment.</p>	Montage of people wearing red ribbons on Oxford Street.
10:01:10 10:01:30 Emelia Timpo Ethiopia Country Programme Manager UNAIDS 10:01:44 Dr Eduard Sanders Expatriate Programme Manager Ethio-Netherlands AIDS Research Project 10:01:51 10:02:04 Colin Dixon Director of National Services Terrence Higgins Trust (UK) 10:02:14	<p>According to the United Nations there is an estimated 40 million people living with HIV in the world today.</p> <p>Sub-Saharan Africa accounts for 70% of all infections. Added to this large number are the increasing prevalence rates amongst pregnant women.</p> <p><i>‘I think it took up until last year for people to begin to see people actually dying, because I think they perceived that it was something that was happening elsewhere and not here’</i></p> <p><i>‘...I think the unique think of the HIV epidemic is that people have come to realize that it is not an African problem only, it is a world problem...’</i></p> <p>Although Western Europe accounts for only a fraction of the worlds HIV sufferers, this year there are alarmingly large increases in the United Kingdom, Spain and Portugal.</p> <p><i>‘In the recent figures that come up we saw a 17% increase in figures from last year to this year, and the majority of these infections were amongst heterosexual people.’</i></p> <p>Eastern Europe and Central Asia, accounts for 2.5% of the epidemic. This is now the largest growth area, with Russia experiencing a 1000%</p>	<p>AIDS MAP. As you click from country to country, statistics come up.</p> <p>Africa lights up with 70%.</p> <p><i>Emelia Timpo, UNAIDS</i></p> <p><i>Dr. Eduardo Sanders, ENARP</i></p> <p>Western Europe lights up with 1.5%</p> <p><i>Colin Dixon</i></p> <p>Eastern Europe and Central Asia (Russia, Ukraine, Estonia etc.) lights up with</p>

AIDS – Truth or Dare

<p>10:02:29</p> <p>10:02:37</p> <p>10:02:53</p> <p>10:03:07</p> <p>10:03:19</p> <p>10:03:24</p>	<p>increase of reported cases in the last three years.</p> <p><i>'In some countries, particularly in Eastern Europe, what we're seeing is an epidemic growing up around injecting drug use. So it does vary from place to place.'</i></p> <p>7% of infections are in the Americas, with most found in South America. North America has had relative success in keeping the numbers down. Recently, however, there have been large increases amongst women and homosexuals.</p> <p><i>'I think it's a very big deal, but we don't always think about it, we don't always see it all the time, we don't know who has it, so, it's not something that is in the news everyday.'</i></p> <p>Yet despite it being a global problem, stigma and ignorance continues to surround HIV and AIDS.</p> <p>This, in turn, is making the epidemic even greater.</p> <p><i>'I definitely expect it to get worse before it gets better'</i></p> <p><i>'HIV is a virus, the Human Immunodeficiency Virus, it's a virus which is spread sexually, by blood products, sharing needles and also vertically from mother to child. Once the infection gets you in the body it stays with you for the rest of your life.'</i></p>	<p>2.5%.</p> <p><i>Colin Dixon</i></p> <p>North America, Caribbean and Latin America light up with 7%</p> <p><i>Female American from Ohio VOX POP</i></p> <p><i>Emelia Timpo</i></p> <p><i>Dr. Mark Nelson</i></p>
<p>10:03:43</p> <p>10:04:08</p> <p>10:04:36</p> <p>10:04:47 Dr Lawrence Altman Medical Correspondent The New York Times</p>	<p>But what is the origin of this world killer?</p> <p>The oldest evidence of HIV infection dates from 1959 and was found in stored African blood samples.</p> <p>HIV is thought to have been carried from Africa to Europe, the Caribbean and the USA, via guest workers and tourists during the 1960s.</p> <p>The first known case of AIDS, identified later from stored blood samples, was found in the USA in 1969.</p> <p>A Danish surgeon, contracted Pneumocystis Carinii Pneumonia while working in the Democratic Republic of Congo. She returned to Denmark and died in September 1977 and was later recognized as Europe's first case of AIDS</p> <p>In July 1981, the New York Times reported an outbreak of a rare form of cancer among gay men in New York and California.</p> <p><i>'I've covered AIDS for more than 20 years. I wrote one of the very first stories about AIDS, which didn't have a name at the time. It was a story about forty one gay men who had a type of cancer called Kaposi's Sarcoma; that was a rare cancer at that time and it appeared suddenly in New York particularly in gay men and nobody understood why or why this group</i></p>	<p>slides with old blood on them</p> <p>super 8 footage from US, Caribbean and Europe</p> <p>More slides and medical notes</p> <p>Close-up of doctor's tools – stethoscope etc. surgeons paraphernalia</p> <p>Newspaper cutting San Francisco Footage</p> <p><i>Dr. Larry Altman, New York Times</i> Exterior of New York Times Building</p>

AIDS – Truth or Dare

10:05:32	<p><i>was affected and why it was occurring at this time.</i></p> <p><i>'Nobody knew what to make of it at the time because there were a relatively small number of cases. It was scary from the point of view that something new was happening and nobody could understand it. It didn't seem like a threat to the entire world or country at the time.'</i></p>	<p>Liberty and Manhattan GVs.</p> <p>Ambulance lights in black and white. A&E signs.</p> <p><i>Dr. Larry Altman</i></p>
10:05:51	<p>In 1982 the Centre for Disease Control linked the illness to blood and coined the term AIDS standing for Acquired Immune Deficiency Syndrome.</p>	<p>AIDS Tranny</p>
10:06:03	<p>A year later a detailed description of HIV, the virus that causes AIDS, was made by Dr Luc Montagnier of the Pasteur Institute and Dr Robert Gallo of the National Cancer Institute.</p>	<p>Pasteur Institute AIDS Tranny Dr Robert Gallo HIV-AIDS tranny</p>
10:06:28	<p>Humans, as with all animals, have a basic need to mate. Unlike most other animals however, we also have sex for pleasure rather than just for reproduction.</p>	<p>Real life female model, sitting at a bar, a man starts chatting her up.</p>
10:06:43	<p>Blood is an essential part of our bodies. It travels via a highly efficient transport service provided by blood vessels and powered by the heart.</p>	<p>Freeze on woman showing blood vessels and heart.</p>
10:06:54	<p>Our blood contains numerous red cells which carry oxygen and fewer white cells which defend the body from infection. In addition, they clean up the body by eating everything that is in the wrong place, like dead cells.</p>	<p>Animaton shot of Red & white blood cells. Close-up of white cell eating dead cell.</p>
10:07:12	<p>The surface of internal parts of the body that have contact with food, like the mouth and guts, is lined by a soft red damp layer called the mucous membrane. It is also found in the vagina and anus.</p>	<p>Live action - Female model flirts back by touching his hand She laughs, opening her mouth to show the inner mucous membrane.</p>
10:07:29	<p>This layer is much more delicate than skin and can be damaged easily.</p> <p>If there is a break in the mucous membrane blood flow to the area increases, this in turn increases the number of white blood cells at the site, rushing to eat up any germs and foreign matter 'causing inflammation.</p>	<p>Zoom into mouth, showing the mucous membrane then turn into animation.</p> <p>Close-up of the mucous membrane with a slight inflammation.</p>
10:07:50	<p>Squadrons of white blood cells arrive at the scene and surround the intruders.</p> <p>When the HIV virus is present, the white blood cells unwittingly play right into its hands, as they are the very cells that it is targeting.</p>	<p>Many macrophages surrounding the area and digesting stray intruders and swallowing the foreign, random particles.</p> <p>HIV viruses ominously come into the picture.</p>

AIDS – Truth or Dare

10:08:08	The outside layer of the HIV virus contains a special protein that will bind onto waiting receptors found on the white blood cell.	-Close-up on a singular HIV heading towards a macrophage. (Macrophages seem gigantic in comparison.) -HIV making its way then impaling itself on a macrophage.
10:08:19	Once attached, the HIV virus empties itself into the cell's body. It wastes no time instructing it to produce new HIV viruses. Now the white blood cell has been hijacked.	- Close-up of one HIV attached to a macrophage. The virus is absorbed into the cell. We see passage of 'material' into the nucleus.
10:08:38	It takes less than a day before the newly infected white blood cells begin to mass-produce new HIV. Each infected cell will produce thousands of HIV before dying.	Viruses begin to bud from the macrophage. The first HIV leaves the cell. Zoom out to see hundreds and hundreds of cells producing HIV.
10:08:58	It will take between 6 weeks and 3 months of contracting the virus before antibodies can be detected on HIV tests.	
10:09:08	Within a couple of months, if untreated, a thousand billion new HIV may be produced each day. A person is said to have AIDS when their immune system has finally been overcome. But on the surface, everything may seem deceptively fine.	Return to live action.....
10:09:32 Dr Mark Nelson Consultant Physician in HIV Chelsea & Westminster Hospital (UK)	<i>'Clinically, when someone is infected with HIV, initially nothing happens. It's like any disease, once you catch it; it takes a while for the body to react. Once the infection gets you in the body it stays for the rest of your life. It swims around causing problems with the immune system and actually attacking the CD4 cells, cells that bare a specific receptor called CD4 which are basically needed for the immune system to work properly. And as the CD4 count falls, which may take many years, then the individual is more likely to develop infections and tumors.'</i>	<i>Dr. Mark Nelson</i>
10:10:06	<i>In around 75% of people they will develop a seera conversion illness. That when the immune system starts to fight the HIV and at that time the patient may become unwell. They tend to get flu like symptoms may develop a skin rash, feel generally unwell, but it's a very severe flu. Its an important time because treatment during this time may actually prevent,, not prevent, but slow destruction of the immune system in the future'</i>	<i>Dr. Mark Nelson</i>
10:10:33 Professor Frances M Gotch Head of Immunology Imperial College (UK)	<i>'People who are infected with HIV do not truly die of HIV infection they die of opportunistic diseases like tuberculosis, neumacystis, other kinds of devastating diseases sometimes with tumours, and they die of those diseases because they have become immuno-suppressed because their immune systems are no longer working very well at all so other bugs and tumours and so forth can take hold and kill.'</i>	<i>Professor Frances Gotch</i>
10:11:15	Other than abstinence, using condoms during sex remains the safest way of avoiding infection of any	Condoms displayed

AIDS – Truth or Dare

<p>10:11:30 Professor Fred Valentine Director of the Centre for AIDS Research New York, Univesity School of Medecine</p>	<p>sexually transmitted disease. But this simple fact is not always getting through.</p> <p><i>'You have to sell prevention like you're selling coca-cola. You can't just inform people, you have to hit them over the head with it and continue to remind them.'</i></p>	<p><i>Professor Fred Valentine, Bellevue Hospital</i></p>
<p>10:11:41</p>	<p><i>'What we're seeing is a rise in all sexually transmitted infections amongst heterosexual people and that means that HIV infection is also going to be taking place. If someone's going to have penetrative sex, the only way to stop HIV passing from one person to another is to have a barrier in the way in between and a condom is the most effective way of doing that.'</i></p>	<p><i>Colin Dixon</i></p> <p>Condom/safe sex posters</p>
<p>10:12:04</p>	<p><i>'We should be able to convince people how not to get infected because we know that, this is not a mysterious disease. We know how it is transmitted. We know how not to get infected. What could be simpler?'</i></p>	<p><i>Professor Fred Valentine, Bellevue Hospital</i></p>
<p>10:12:17</p>	<p>The advances in anti-retroviral therapy have given some young people, the sense that AIDS is not as serious as it was twenty years ago. Many people have mistakenly seen the advances in medical treatment as tantamount to a cure'</p>	

AIDS – Truth or Dare

10:12:39	In hospitals and research laboratories in Britain and around the world, work has been underway to find the best treatments for this growing epidemic. Now, almost 20 years after the science world took up the HIV battle, much ground has been made.	
10:12:56	<i>'15 years ago I'd be attending funerals probably at lease once or twice a month. What I'm seeing now is that I'm actually supporting friends to live with HIV. So that experience has changed.'</i>	Colin Dixon
10:13:08	Many believe that the new drugs are a cure. They are not. They may be working, but at a cost.	
10:13:15	<i>'We know, we have drugs. They're not perfect drugs, they're highly toxic, or they can be highly toxic – they're difficult to take.'</i>	Professor Francis Gotch
10:13:25	<i>'The problem with only giving one drug is resistance. The virus is very clever at changing so the drugs don't work. So if you give just one drug, it's very easy for the virus to make the changes necessary. If you give three drugs its very difficult to make all the changes necessary for all the drugs to stop working.'</i>	Dr. Mark Nelson
10:13:44	<i>'I think people tend to think these drugs are sort of like taking an aspirin everyday, very simple and everybody will get better. Of course this was not the case. These are difficult drugs to take, they are very expensive and do have quite nasty side effects in many cases...'</i>	Professor Frances Gotch
10:14:02	<i>'...Nucleosides can be associated with anemia, peripheral neuropathy. which is loss of feeling in the feet. Non-nucleosides are associated with hepatitis, inflammation of the liver and also with neurological side effects such as very vivid dreams and perhaps a little anxiety. Protease inhibitors cause diarrhea, kidney stones, and nausea. All the drugs together have also been associated with changes in fat distribution, thin arms, thin legs, thin faces, and large abdomen. And also with high rates of raised cholesterol, raised triglycerides in the blood. These aren't nice drugs, no-one would choose to take them if they didn't have to, but they do save lives.'</i>	Dr. Mark Nelson
10:14:49	But drugs are not an option in many parts of the world as developing countries are struggling to supply affordable HIV medication.	
10:14:58	<i>'We need a global initiative, obviously to bring these drugs to as people who are already infected with HIV as quickly as possible.'</i>	Professor Francis Gotch
10:15:05	<i>'...You have a situation where the annual GDP is \$100 per capita, you definitely cannot afford it, so what you have now is most of the people who are using anti-retroviral are getting it from relations who are working outside and then they are bringing it in combinations that are not necessarily good and you don't have trained physicians to monitor...'</i>	Emelia Timpo

AIDS – Truth or Dare

10:15:38	British scientist Professor Andrew McMichael is Head of the Oxford AIDS vaccine initiative and is at the forefront of vaccine research.	
10:15:49 Dr Andrew McMichael Head of Oxford AIDS Vaccine Initiative Oxford University (UK)	<i>I've been doing this research for about 25 years before AIDS was ever heard of, before HIV was ever heard of or noticed clinically. There is I think a swell of research coming towards trying to use the immune response as well as drugs. So in other words to mix vaccines and drugs in some way to treat people.</i>	<i>Professor Andrew McMichael</i>
10:16:12	<i>Well a cure is probably a bit far out but a long term control of the infection without drugs is a realistic aim. I say that because we are all infected with certain viruses that we control without those viruses causing us harm. There's a virus called Epstein Barr virus which is the cause of mononucleosis or glandular fever it also causes some cancers actually That something like 90% of the Adult population in this country are infected with and once the initial infection is brought under control we're fine. We have that virus on board but we have a strong immune response for life that controls the infection. So if we could get to that situation for HIV I think we more or less have cracked the problem. But the vaccines we've all received for measles and mumps and small pox if we're that old, they are designed to stimulate anti-bodies. Which are small proteins which stick on to the virus and they prevent the virus from infecting cells. This approach which has been so successful for other viruses is not working for HIV. It's not been possible to stimulate that kind of anti-body with a vaccine. So we're looking at an alternative route which is to stimulate what we call Killer T cells, and these are the cells in the blood that normally get rid of virus infections. And so the idea is we have these waiting when the virus invades and they will then get rid of the virus before it really establishes an infection.'</i>	<i>Professor Andrew McMichael</i>
10:18:03	<i>I think one of the problems with HIV is its variability, and its ability to mutate. And by mutation it can escape the immune response that would otherwise control it and I think this is a major feature of the infection, I think this is going on all the time in people who initially control the infection but later succumb AIDS and that's virtually everyone infected without treatment.</i>	<i>Professor Andrew McMichael</i>
10:18:31	<i>We have to design our vaccine to get the best match to the virus strain that that's in that part of the world.</i>	<i>Professor Andrew McMichael</i>
10:18:39 Dr Dawit Wolday Laboratory Manager Ethio-Netherlands AIDS Research Project	<i>We have now come to understand the type of the virus that is circulating in Ethiopia is predominantly of the sub-type C virus. Which is also common in other countries such as South Africa and also India. We want to know the molecular epidemiology of the virus in Ethiopia because future, now we are in a preparation</i>	<i>Dr.Darwit Wolday</i>

AIDS – Truth or Dare

10:19:15	<p><i>to engage in vaccine research so having this information is a very important background for whatever action that we're going to take in the future.</i></p> <p><i>We have designed a vaccine, and it's a vaccine that's aimed at Kenya and East Africa it's that particular sub-type of the virus. The vaccines were put into the human trials, clinical trials in people at low risk to HIV infections initially and the first results are looking encouraging, so it's looking safe so far on preliminary analysis and the first analysis of the results shows that some of the people who received the vaccine are making immune responses.</i></p>	Professor Andrew McMichael
10:19:56	<p><i>HIV AIDS is a big problem in this country about 700 people are infected every day. Any volunteers who come here before they are recruited into the study they meet the nurse councilors who go through various issues of concern for the study.</i></p>	Dr. Walter Jaoko
10:20:13	<p><i>'This vaccine is on trial and you're looking at the safety issues. We do not know whether it protects or not</i></p>	Nurse to vaccine volunteer
10:20:21	<p><i>At the same time as we do the trails we have to give them all the best advice to encourage them not to get infected. So we have to give them access to condoms. We have to give them all the information they need to avoid infection. So the trials are going to be really complicated to do and they have to be done on huge scale and they have to be done in communities where there's high level of infection so we have a lot of talking to do to those communities before we can start.</i></p>	Professor Andrew McMichael
10:20:47 Dr Walter Jaoko Clinical Project Manager Kenya AIDS Vaccine Initiative	<p><i>After the volunteer has been counselled by the councillor in the other room they come here for confirmation that the information they have been given has been properly understood. The second councillor goes through what we call an assessment of understanding.</i></p>	Dr. Walter Jaoko
10:21:04	<p><i>The vaccine itself is not HIV it cannot cause AIDS it cannot cause HIV infection so it's actually in that sense quite safe.</i></p>	Professor Andrew McMichael
10:21:13	<p><i>'Mr Kazungu now we are ready to inject you with the vaccine on your left arm, it will hurt a little bit but it will not be painful just keep calm.'</i></p>	Nurse
10:21:25	<p><i>This vaccine when given is supposed to then make the body stimulate the production of cytotoxic T-lymphocytes. This is a sub-section of the white blood cells which are meant to fight infection. And these cytotoxic T-lymphocytes are thought to be the ones that really target the HIV virus.</i></p>	Dr. Walter Jaoko
10:21:47	<p><i>It is my feeling that a vaccine is the eventual answer to this pandemic. A vaccine that would protect everybody in the world.</i></p>	Professor Francis Gotch

AIDS – Truth or Dare

10:21:57	<i>A long term control of the infection without drugs is a realistic aim. Perhaps I'm being optimistic but I think it is something that might be achievable within 5-10 years.</i>	Professor Andrew McMichael
10:22:18 Gregg Gonsalves Director of Prevention & Treatment Advocacy Gay Men's Health crisis	<i>'We have forty thousand new infections every year in the United States therefore remain levelled over the past three years and we have dramatic rise in the infection rates in infection among gay men of colour and young gay men. If you are an African American woman you are twelve times more likely to be HIV positive than your counterpart in Europe, yet there are countries like Senegal, Thailand, Uganda that with limited resources have been able to dramatically decrease their HIV infection rates. So it's not a question of resources, it's a question of will power and political commitment.'</i>	Gonsalves
10:22:49 Safe Sex March - Nigeria	<i>'If you see the awareness and compare to the past few years, everybody knows about HIV, everybody knows how it is transmitted but to bring about the change in behaviour we need to work much harder.'</i>	Dr. Dawit Wolday Aids march
10:23:04	<i>'Up until two years ago you would not under any circumstances find one person who would come up publicly to say that they were living with the virus. Nobody spoke about it, you didn't hear anything on the radio or the television about HIV AIDS, you don't even hear the word, now its completely different, every single day there are a lot of messages on the radio, there's drama, there's music, there's news. You know, they're bringing in a lot of information from what is happening outside the school children are getting energized. Anti AIDS class have been set up, through out the country.'</i>	Emelia Timpo
10:23:43	<i>'I have worked in Uganda for 10 years, and Uganda during that time has successfully held the pandemic of HIV at bay. This has been done primarily through education and openness about the disease. There hasn't been any stigma attached to the disease, or very little. Its very common everyday to see what we would perhaps consider quite controversial news items in the papers, on the television there's continual short cartoons, and so on and so forth to encourage safe sex.'</i>	Professor Frances Gotch Ugandan safe sex posters, cartoons etc.
10:24:26	In recent years Uganda, Senegal and other African nations have increased safe sex and HIV awareness to their young by being upfront and by employing innovative methods to get the message across.	Sign of HIV/AIDS Football match in Nigeria
10:24:46	<i>'Ladies and gentleman the match is getting very exciting and highly interesting. This is a program match in aid of the World AIDS Day.'</i>	Footage of football match Commentator

AIDS – Truth or Dare

10:25:13	Although some countries have taken on the epidemic head first, the world's battle against HIV is still raging with millions dead and dying.	
10:25:26	<i>'I am very optimistic that there is hope for the future, for the young. But we need to work much more harder. Yes.'</i>	<i>Dr. Dawit Wolday</i>
10:25:34	<i>'It's a massive issue and its something really we can only tackle with countries working together. We need to view this as a global problem its something that we have to deal with and we have to deal with effectively and strategically.'</i>	<i>Colin Dixon</i>
10:25:50	<i>End Credits</i>	

AIDS – Truth or Dare Credits

With Special Thanks to	Terrence Higgins Trust Institute of Human Virology Pasteur Institute Professor Otleno Juanita Smith Embet Admassu Sandra Nead Marty Algaze
Camera	Steve Court Alastair Meux Paul Teverini Fiona Connelly Simon Frost Tez Asfaw
Sound	Matthew Phillips William Knight
Animation & Graphics	Loop 3D
Actors	Sam Hearn Maxine Gregory
Narrator	Fiona Neeranjohn
Production Assistants	Pui Han Kwok Sophia Irvine
Production Manager	Simon Frost
Researcher	Tesfaye Asfaw
Music	Liz Palmer
Editor	Matt Bolton
African Sequences Directed by	Mike Fiddler
Director/Producer	Fiona Connelly

AIDS – Truth or Dare

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Music Cue Sheet for AIDS – Truth or Dare

Serial	Time In	Duration	Track Title	Composer	Publisher
1	10:00:20	0.47	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
2	10:01:10	2.08	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
3	10:03:42	0.38	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
4	10:04:36	1.40	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
5	10:06:18	0.34	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
6	10:06:54	0.16	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
7	10:07:11	0.13	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
8	10:07:25	0.29	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
9	10:07:55	1.02	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
10	10:08:58	0.32	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
11	10:10:44	0.19	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
12	10:11:05	1.27	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
13	10:12:34	0.41	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
14	10:14:02	0.45	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
15	10:15:36	0.13	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
16	10:15:50	4.20	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
17	10:22:11	0.46	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com
18	10:24:24	0.47	Mambo Kwa Soksi/Things with Socks	Remmy Ongala	WOMAD Music Ltd
19	10:25:12	1.06	<i>Untitled</i>	Sarah Jane Fogg	Useitmusic.com