ACTOR HILARY SWANK DOES NOT SHY AWAY
FROM STRONG ROLES. IN HER LATEST FILM,
THE OSCAR WINNER TAKES ON MALARIA AND
THE FIGHT TO MAKE SURE THIS TREATABLE, PREVENTABLE
DISEASE IS ERADICATED ACROSS THE GLOBE

By Lauren Paige Kennedy
Photograph by Michelangelo di Battista
A heartrending scene unfolds in the new HBO film *Mary and Martha*.

Hilary Swank (as Mary of the film’s title, opposite British actor Brenda Blethyn’s Martha) witnesses a grief-stricken mother leaving a South African health clinic with her deceased toddler, who is wrapped from head to toe in a white bed sheet. Malaria has killed the child, and a parent’s dreams have died, too.

This tragedy plays out much too frequently, almost 660,000 times each year—every 60 seconds in sub-Saharan Africa and in parts of Asia and South America. Most of these deaths are among children age 5 and under—all victims of a preventable disease.

Two-time Oscar winner Swank, 38, is no stranger to roles that pack a powerful social-message punch. After moving to Los Angeles with her single mother from Bellingham, Wash., in 1990, she made many under-the-radar appearances on television and in the film *The Next Karate Kid*. She broke out 14 years ago as the transgendered Brandon Teena in the heartrending independent film *Boys Don’t Cry*, for which she won her first Academy Award in 2000.

In the years that followed, she played a suffragette (Iron Jawed Angels), a poor woman who tackles legal injustice (Conviction), a famously feminist pilot (Amelia), a teacher of at-risk kids (Freedom Writers), and a female fighter in the male-dominated world of boxing (Million Dollar Baby), which earned her a second Oscar in 2005.

Do her acting choices reflect an underlying social conscience? “When you put it like that, it’s true,” Swank says, laughing. “To me, more than finding some big, important message, most of [my roles] come down to love and relationships. But the trajectory of the choices I’ve made over the years—they do have those core values. As a moviegoer and an artist, I’m drawn to the kind of work that says it’s our responsibility to help others. There is an important theme [in *Mary and Martha*] that shows how we can make change in the world, and how we can save lives.”

And what of that terrible scene? “Is she aware that British screenwriter Richard Curtis (of *Four Weddings and a Funeral* and Love, Actually fame) penned it from personal observations?”

“I knew there were moments in the script Richard had experienced,” Swank says. “He’s vocal about eradicating malaria. This is not a true story: It’s fiction, but it’s harrowing to think things like that really happen. [The narrative] is not related to one specific person, but to millions. We could wipe malaria from the face of the earth today if we wanted to—it’s a wakeup call.”

Curtis has been involved in malaria fundraising for years through Malaria No More (malarianomore.org) and other charities. “I go to Africa quite often,” he says. “That scene is almost a direct quotation from a real-life scene I witnessed...They are big statistics out there about malaria’s mortality rate, and we’re terribly aware of the tragedy of one child dying. But when you have so many dying every day, it somehow has less impact. With the film I wanted to make the statistics more painful...the children in Africa are in agony and in danger.”

In the movie, American Mary and British Martha lose their sons to malaria while touring South Africa and bordering Mozambique. Despite coming from very different, very Western worlds, the women bond through shared grief and vow to fight the disease after learning that malaria can be eradicated through simple, research-tested methods: insecticide-treated bed nets, mosquito population control, indoor insecticide spraying, rapid diagnostic tests (RDT), ongoing education, and immediate use of new combination therapies for those infected.

Swank, with the rest of the cast and crew, shot much of the movie in South Africa. “We avoided the worst-infected areas, like Mozambique, and we traveled at a low-risk time,” she says, referring to the changing seasons, which bring the highest rates of infection to the area from October through May. “Can you imagine if one of our own contracted malaria while we were trying to tell this story?”

The disease is borne by mosquitoes. Breeding near still pools of water, these biters infect up to millions, spread the infection to people. When an infected mosquito bites a human, a parasite in the infective mosquito bite. The first symptoms—fever, headache, chills, and vomiting—may be mild and difficult to recognize, but as it spreads, the body becomes ill. According to the World Health Organization, “symptoms of malaria appear seven days or more (usually 10 to 15 days) after the infective mosquito bite. The first symptoms—fever, headache, chills, and vomiting—may be mild and difficult to recognize as malaria. If not treated within 24 hours, [symptoms] can progress to severe illness, and often death.”

Swank is an avid traveler and had toured the region long before shooting there on location. “I’ve been all over the continent of Africa. It’s a place I love,” she says. “When I have gone in the past I’ve gotten [vaccinations] and taken those precautions. It’s imperative.”

**The Epidemic**

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The movie shoot was harrowing, not just for its malaria theme but because it addresses the shattering heartbreak that occurs when a child dies. “This is the first time that being a mother has been so central to my character’s role—where I was a mother or acted that relationship between a mother and child. I’ve always wanted to,” Swank says.

Does Swank, who was married to actor Chad Lowe from 1997 to 2007 and is now dating (if officially single), dream of motherhood? “I know this movie is going to raise that question now more than ever, now that I’m in my late 30s,” she says. “I put my focus on my career when I was young and married. But it is definitely something I want to experience in my life, and something important to me. When the time is right, it’ll happen.”

Still, Swank expresses a mother’s grief with raw authenticity when her character’s young son quickly advances through the stages of malaria, falls into a coma, and dies in an emergency room. “One of the people I love in my life, I love them completely,” she says. “And yet they haven’t come from my body. I can’t imagine…there is probably no worse thing in the world than losing your child.”

Why is malaria so dangerous for children in particular? “Children are most susceptible because their immune systems are not fully developed,” says Phil Thuma, MD, senior associate director at Johns Hopkins Malaria Research Institute. “Pregnant women and anyone with a compromised immune system, including HIV-positive patients, are vulnerable, too.”

RDTs, portable screening tests that offer immediate results, have made a crucial difference in the early detection and treatment of malaria. Just a few years ago, many Africans showed up at hospitals with fevers and were misdiagnosed or were sent home without proper treatment, a potential death sentence. Developed over the last decade, RDTs are becoming available even at hospitals with fevers and were misdiagnosed or were sent home without proper treatment, a potential death sentence. Developed over the last decade, RDTs are becoming available in even the remotest villages. Without microscopes and trained technicians, the test can detect evidence of malaria parasites in human blood, usually from a finger prick.

Fortunately, with increased funding from governments and private charities during the last decade, malaria’s annual death count has been reduced by 25% to 30%. “Not long ago, malaria killed in the millions each year,” says David Bowen, PhD, Malaria No More’s CEO.

There is a precedent for 100% eradication. Mary don’t realize the United States once had a malaria problem, with stubborn pockets of the epidemic in southeastern states until it was finally wiped out in 1954 through spraying, nets, and screening. “We have even better therapies in place now,” Bowen maintains. “If the political will is there, it can be done in Africa and around the world.”

**BODY OF WORK**

Whether trekking through African terrain or altering her body to land a plum part, Swank is known for taking risks with every role. In Boys Don’t Cry she fooled millions into believing she was a young man—a role for which she had to first lose much of her body fat (the average woman has 10% more body fat than a man). For Million Dollar Baby she reportedly put on 20 pounds of muscle and trained for months to convincingly portray a boxer, and even suffered a life-threatening stab infection from a foot blister that formed due to hours in the ring.

And, while Curtis raves about Swank’s performance in Mary and Martha—“Hilary is a performer of immense integrity, and she brings so much of that passion to Mary”—the screenwriter concedes that “physically, it was a tough shoot to do.”

So how does Swank safeguard her health when a role makes such intense bodily demands? “It’s definitely a challenge,” she says. “It has to be done right or you do risk hurting yourself, especially if you do role after role where you’re changing your physical appearance.”

She also takes a balanced approach to her diet. “It’s clear when you’re eating right, you feel better. If I feel sluggish, I know I’m missing something,” she says. “That does not mean I don’t do desserts or sugar. Everything in moderation! I have something sugary every day. I don’t eat perfectly, but when I do eat something that’s not healthy, I don’t overdo it.”

One thing she’s adamant about is setting a positive and healthful example for her female fans. “I choose roles that don’t involve a lot of vanity,” says she. “I’m not the girl on the guy’s arm; that’s not my MO. One of the things that bothers me the most is when the press asks, ‘When are you going to play a pretty girl?’ I get that all the time. To me, the characters play beautiful.”

**SWANK’S FIT WIT**

Hilary Swank is not just a champion when it comes to acting. A born athlete, Swank competed in the Junior Olympics as a teenager—“swimming was my sport, I used to train four hours a day”—and she also pursued competitive gymnastics. “Exercising was a routine thing for me. In college, I joined a gym and took Pilates classes.”

Wherever I am, I find a trainer at least twice a week. And I switch it up. In the summer I’m hiking, playing tennis, swimming in the ocean, water skiing, anything I can do outdoors. In the winter I play squash, and I love to snow ski!”

**Core Strength**


You can breathe through the moves and not get much out of a workout, or you can do the moves right and barely be able to get up out of a chair the next day!”

**Fighting Form**

They’ve worked out at least four times a week. Sometimes I can’t do more, but I try never to do less. When I don’t exercise, I feel sluggish, and when I feel that way, I know it’s time to get moving!”

**GRIEF**

**EXPERT TIPS ON COPING WITH LOSS**

In Mary and Martha, two mothers each face the death of their child. Licensed psychologist Patricia A. Farrell, PhD, author of How to Be Your Own Therapist: A Step-by-Step Guide to Building a Competent, Confident Life, shares ways parents can weather intense grief.

How can a parent face the sudden loss of a child without becoming clinically depressed or even suicidal? The loss of a child can be overwhelming, and certainly depression and even guilt are part of the process of loss. There are no easy solutions, but what can be helpful is to know that remaining active in your life is a way of providing the structure that will act as a “life raft” through this terrible storm of emotion. Loving a child is so basic, and grief can be so deep that the loss is another way to make it through.

Can a parent grieve for too long or too intensely? There is no hard-and-fast answer. It takes as long as it takes. But if it’s disabling, it’s time for professional help.

How do couples cope and not blame one another when a child dies? This is a time of intense emotion that can lead to misunderstandings, accusations, and a change in the relationship. To survive, the couple needs to be prepared for the ebb and flow of emotion, and to maintain communication. A parents’ grief support group may be helpful.