



They Go to Die

Project Update, January 2012





Mrs. Ndlagamandla

Mrs. Ndlagamandla laughs as her husband forgets the words to the popular mining song, "Shosholoza." Returning home with little assistance, the wives of ex-mineworkers play an important, yet often overlooked, role in health and recovery.

Thank you.

To those who have supported the film, your constant encouragement has been vital to the progression of this issue in placing it in the minds and on the tongues of thousands of students, researchers, and global health leaders. This document will seek to update you on the film, the progression of the issue, and the future of the project.

There have been exciting developments, but we will lead with no exaggeration that there is much work to be done. The past 6 months have been filled with a frenzy of organizing and promoting the issue, and we look forward to bringing in 2012 with our focus on completing the film and entering it into festivals in order to bring this issue to civil society and mainstream attention.

All of us on the small team working on the film are working unpaid, driven by the genuine power of a story that must be told. A story that will change the way we view global health.

Bring it on, 2012.

Jonathan Smith, Ben Horsman, and the rest of the TGTD team



Mr. Mkoko's son

Hey yall,

I am currently writing from South Africa, working with a small but dedicated team on a mission to find ex-mineworkers that were victims of this deadly process. Using the same networks I used to find the four men in the film, we seek to find miners on a much larger scale, connecting them with healthcare, legal council, and facilitating treatment.

This is overwhelming at times. Today I was inundated with completed forms of hundreds of individuals who were 'sent home to die.' Many filled out by widows, wondering why their husband was cast aside with no care or support. Though there is relief in knowing that we are making progress on the issue, I have never experienced an anxiety like this. In only a few pages, the forms we fill out for them summarize a lifetime of hardship and struggle.

A needless suffering.

Any one of these could have been Mr. Mkoko, or Mr. Sagati, or any of the other men who so

graciously invited me into their home. Men whose homes are filled with their son's laughter, and the smell of their wife's cooking. Men who allowed me to become part of their life, and who are forever a part of mine.

But with Xerox boxes full of papers in our planning and strategy office, I am distant from these men. I can't help but look at the names individually - today there were 351. Meticulously going over their details, I construct a story of their life. Marriage licenses and birth certificates roadmap the blossoming joy in the family, while x-rays and death certificates often pinpoint when this life was so needlessly taken away.

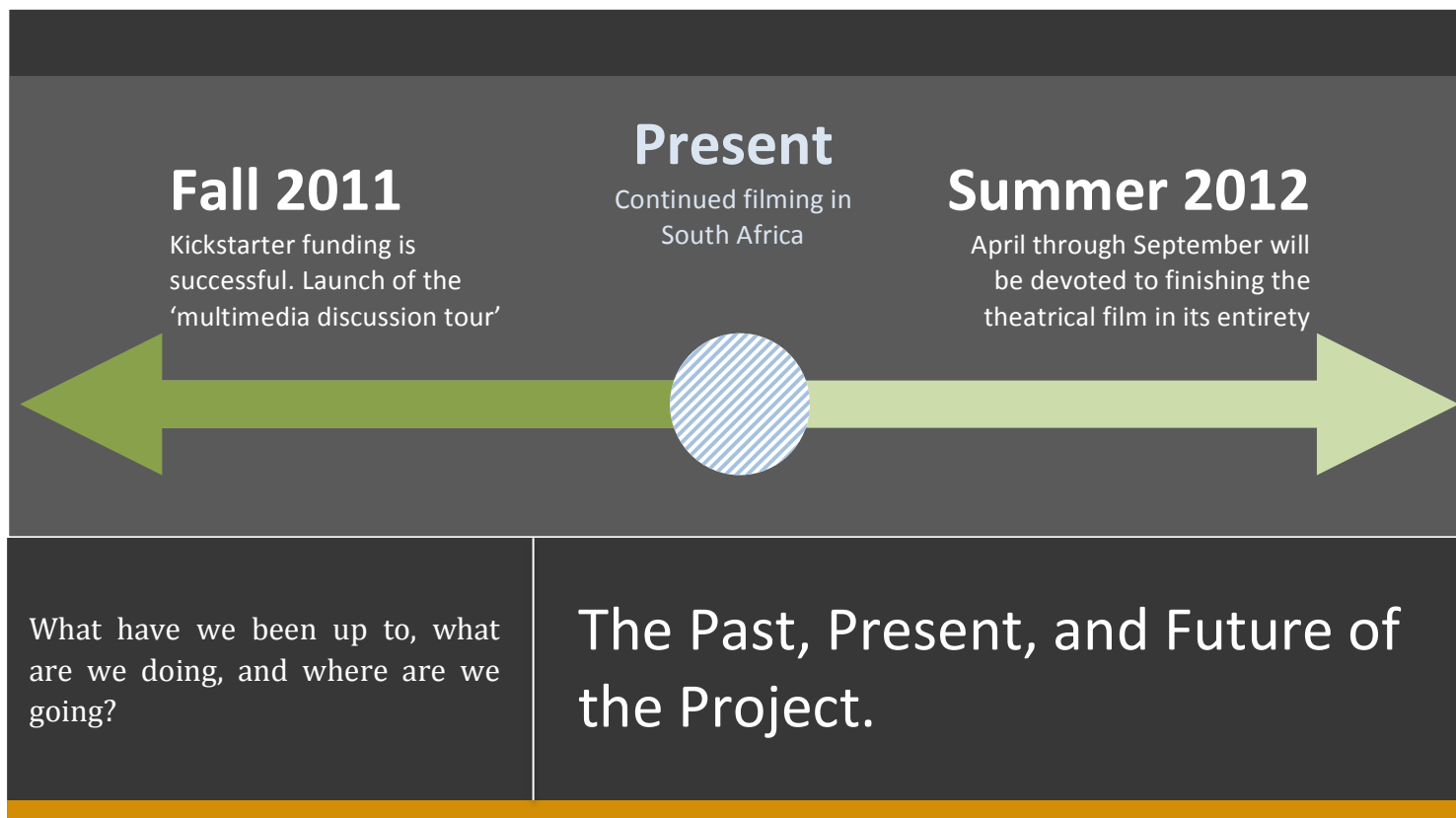
Despite this personal struggle, with unchecked enthusiasm we will push forward. Always.

The support you have shown for the film shows that you believe in the men and their families – that you believe that we can bring change on an issue many have deemed insurmountable. This belief mitigates my anxiety, and for that I am indebted in gratitude.

Onward,
Jonathan

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What we did

Too eager to wait until the film is completed in its entirety, we decided to embark on a novel method of presenting the personal stories of miners infused with an academic discussion. Touring dozens of universities and conferences, **we brought the stories of the miners' lives directly into lecture halls and conferences – allowing the men to have a voice in the academic debate.**

With a successful Kickstarter.com campaign, money raised from the effort supported this tour, and also allowed us to purchase necessary equipment to continue editing the film. Additionally, we purchased equipment for the continued production and filming of new segments in the film.

The end of 2011 brought a close to the multimedia lectures so that we can have more time to focus on the film itself. With Kickstarter funds, we have planned a return trip to South Africa to continue production and fill the gaps left in the rough-cut version.

What we're doing

Hello from South Africa!

We will be in South Africa continuing production on the film from now until mid-March. **Based off of feedback from students and faculty attending the multimedia lectures, we seek to add two new components to the film.**

First, we will show just how difficult it is to treat mineworkers once they leave the mine – just how tenacious the TB and HIV infections can be. We will follow healthcare workers in the field as they deliver care, visually taking viewers on the arduous journey of getting these men access to care. Secondly, we will better develop the progressive realization of health in the mining industry through more interviews with industry officials.

Individually, Jonathan also will be working with groups that will facilitate connecting ill mineworkers with the infrastructure for healthcare.

Where we're going

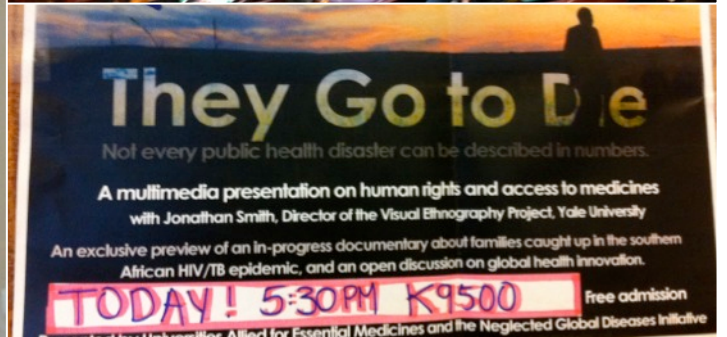
When we return in April, we plan on intensely focusing on editing the film, using new footage and creating a stronger storyline. Though any future plans are subject to change – trust us, they will probably change – **the goal is to edit, score, and illustrate the film from April until September.**

We will edit the film for a theatrical release – i.e. submission to festivals, public broadcast, and outlets such as Hulu or Netflix. However, separately we will also create smaller clips and storylines for use in an academic setting – to bring lived experience to the numbers that we research in global health.

We cannot determine exactly when the theatrical film will be done – we will reiterate that we place advancing the *issue* over advancing the *film*. At this point, we believe completing the film will be the most valuable tool in advancing the issue, and will work tirelessly to ensure that we produce the best film possible.

Multimedia Lectures.

Too eager to sit and wait, we stumbled upon a new paradigm of global health discussion: using visual media not simply to explain an issue, but to empower those affected by disease to have a voice in the academic debate.

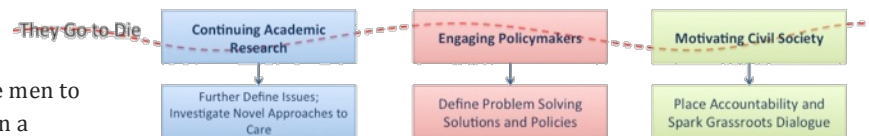


Visual Epidemiology

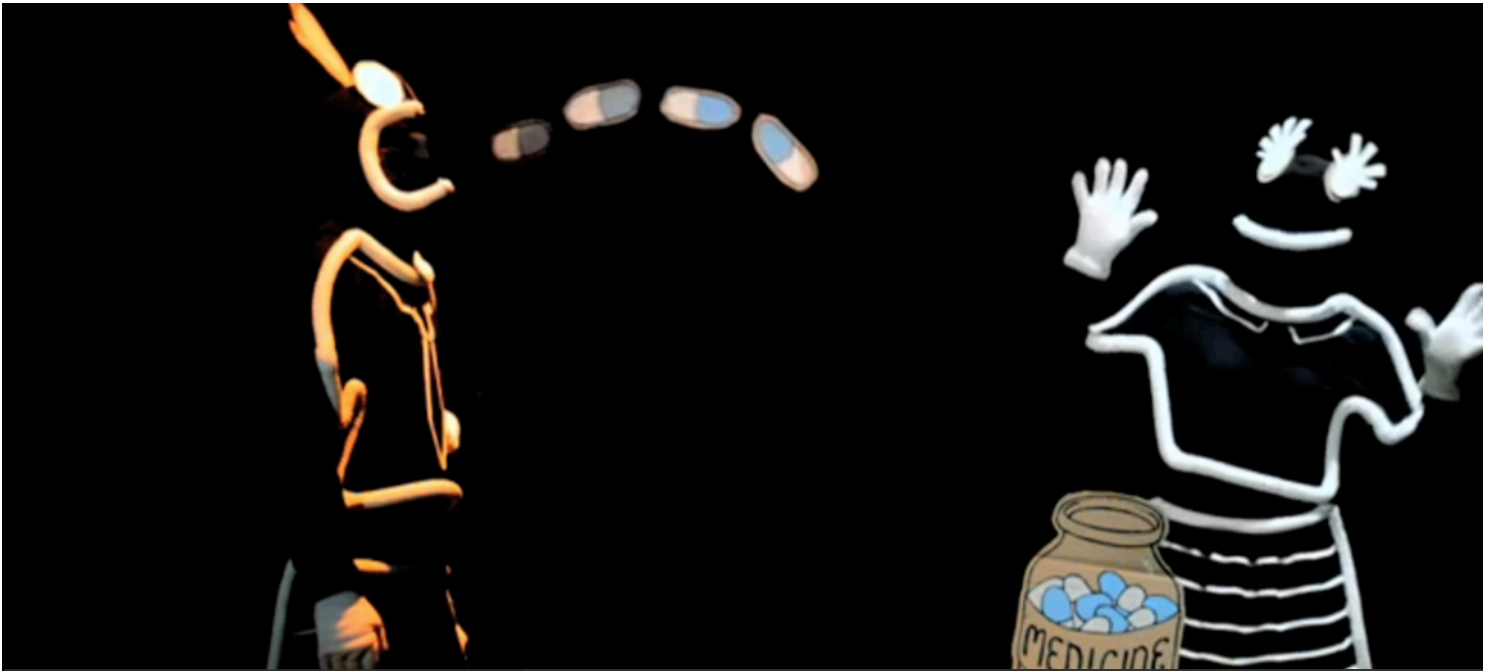
With the momentum of this past semester, we have incorporated the project as Visual Epidemiology, and are currently seeking non-profit - 501(c)3 – status. In the future, we hope to apply the lessons we have learned with the film in other global health issues.

We have always remained steadfast in the ideology that we are not simply making a film, but using the stories of the men to advance an issue. Therefore, we plan to use *They Go to Die* in a strategic manner in order to spark change in this issue. The strategic function of the film has three main components: continuing academic research, engaging policymakers, and motivating civil society. These three components are always occurring in global health, but rarely have they been threaded together towards a singular goal. **We plan to use the project to act as that thread, coordinating the efforts and promoting a unified effort to change the issue.**

For the first two components, research and engagement, we conduct research and create media that combines the academic research on the issue with the story of lived experience. This is what we call 'multimedia discussions.' **This directly gives a voice in the academic debate to those who are affected by disease.** It allows them to speak for themselves, not to have us speak for them, all the while having their experiences be backed by rigorous data. *The Strength of Data + The Power of Humanity = Public Health Action.*



Academically, this adds nuance as well as levels of depth to this typically broad public health issue – **we can simultaneously explore population level data as well as psychosocial, socioeconomic, human rights, and other contextual dynamics and contradictions that influence this well-studied, yet programmatically static, epidemic.** Visually, compelling narratives and aesthetics create a novel yet powerful emotional vector in which to convey these academic findings. In turn, combining these multimedia discussions with a theatrical, feature-length film will bring relevant, lived experience into academic discourse while providing a bridge to place this discourse into the hands of civil society, ensuring that these epidemiological findings do not remain permanently relegated to the academic realm and medical journals.



Discussing the issue on national radio programs and being awarded an international global health prize has spread the miners' story of life and disease to tens of thousands of people. We hope it's just the start.

Recent Awards and Recognition.



28 October 2011 (Lille, France)

The Tuberculosis Survival Prize

Reviewed by a jury working in the humanitarian field headed by Nobel peace laureate Betty Williams, *They Go to Die* was awarded the International Tuberculosis Survival Prize for "[the] creative and moving documentary and website highlighting the plight of miners in South Africa affected by HIV and tuberculosis (TB)."

Please read the full press release here:

http://www.lillymdr-tb.com/pr/Filmmaker_Wins_International_Health_Award.pdf

Radio

Canadian Broadcasting Corporation (CBC) WKCR

"Dispatches" Episode, Toronto, Canada
(Archived episode: <http://goo.gl/1HXu9>)

New York City (Columbia University)
wkcr.org

The Political Jones Show

Radio Interview, Washington, D.C.
(Archived episode: <http://goo.gl/jOOTF>)

Health Justice Radio
Ontario, Canada (McMaster University)
(Archived episode: <http://goo.gl/B0TWr>)



Press

"Got outrage? We do, and we're ready to share."

Huffington Post (written by Kolleen Bouchane)
(Article: <http://goo.gl/NdSQC>)

"Bringing Emotion Into Global Health"

The Daily (University of Washington, Seattle, WA)
(Article: <http://goo.gl/ewQuE>)

"Yale grad student showcases documentary"

The Macalester Weekly (Macalester University, St. Paul, MN)
(Article: <http://goo.gl/MuXF4>)

"Grad school film "They Go To Die" wins award"

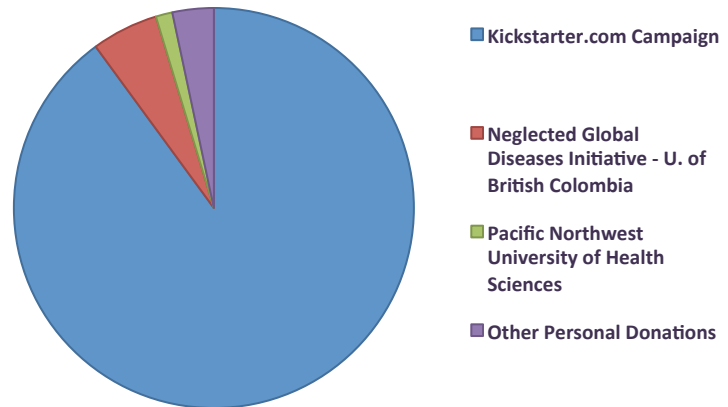
Yale Daily News (Yale University, New Haven, CT)
(Article: <http://goo.gl/UUyzb>)

Financial Report.

You gave us your money, so this is exactly how it is being spent. A theme of the film is accountability, and as the film seeks to hold decision-makers accountable, your personal donations hold us accountable for using the funding appropriately.

Income, FY 2011

Total income for the film was US\$18,390 for the 2011 year. This is an incredible success given that promotion of the film has only been spread through word of mouth. The plurality of donations was received through the rigorous Kickstarter.com campaign that sparked this film's progress.

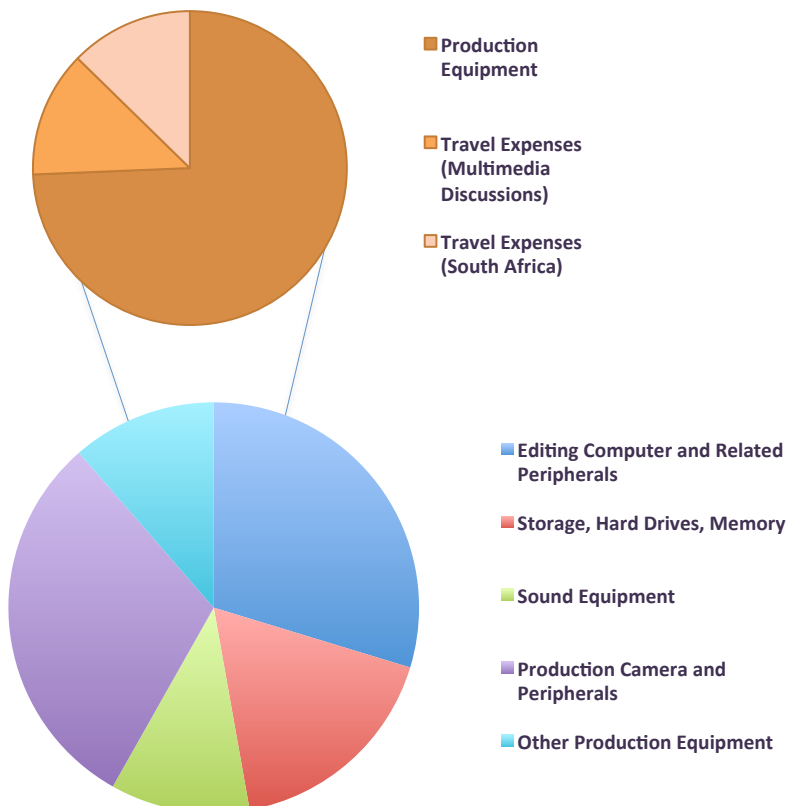


Expenditures, FY 2011

Total expenditures and business fees for the film were US\$16,466.63 (including transaction and other fees), with a projected total of US\$18,471.63 taking into account a return trip to South Africa using FY 2011 funds. This makes total residual funds at (\$81.63). Speaking at over a dozen universities and conferences, cost saving efforts – such as staying with hosts instead of hotels – greatly reduced travel costs.

The current South African trip, though taking place in 2012, is using FY 2011 funds. Because of this, some expenses have been estimated.

All purchases for production and post-production equipment were screened by various professional filmmakers/production professionals to validate the need for the item and ensure that it is the most cost effective solution to the goals we hope to achieve.



Budget Breakdown.

A transparent and detailed budget is key to accountability. All expenses were recorded, detailed, and clustered into these categories below.

Overview of Totals, FY 2011	
Total Income and Donations	\$18,590.00
Total Expenditures (2011)	(\$16,666.63)
Residual Cash and Cash Equivalents, FY 2011:	\$1,923.37
Expected Expenditures (South Africa Trip)	(\$2,005.00)
Expected Residual Cash, March 2012 (Return from S.A.)	(\$81.63)
Detailed Budget, FY 2011	
1) Cash and Cash Equivalents (2011)	
Kickstarter.com Campaign	\$16,720.00
Neglected Global Diseases Initiative - University of British Columbia	\$1000.00
Pacific Northwest University of Health Sciences	\$250.00
Other Personal Donations	\$620.00
Total Cash and Cash Equivalents:	\$18,590.00
2) Fees, Deductions, and Transaction Penalties (2011)	
Kickstarter.com, Amazon Payments, and other Fees	(\$1,936.44)
Declined Credit Cards from Kickstarter.com Pledges	(\$870.00)
PayPal Fees	(\$52.00)
Total Fees and Transaction Penalties	(\$2,858.44)
3) Post- and Continuing Production Equipment Expenses	
Editing Computer, Programs, Memory	(\$3,007.58)
Computer Insurance	(\$239.00)
Storage and Hard Drives	(\$2,056.99)
Production Camera and Peripherals	(\$3,576.34)
Sound and Microphones	(\$1,290.89)
Adaptors	(\$74.87)
Other Production Equipment (Gear Bags, Tripods, batteries, etc.)	(\$1,340.33)
Graphic Design Equipment	(\$171.00)
Total Production Equipment Costs	(\$11,757.00)
4) Travel Expenses	
Travel (Flights, Trains, Gasoline) – Multimedia Discussions	(\$1,245.54)
Lodging – Multimedia Discussions	(\$355.65)
Food (estimated) – Multimedia Discussions	(\$450.00)
International Flight – South Africa	<i>In-kind</i>
Domestic Flights (within SA) – South Africa	(\$455.00)
Lodging – South Africa	(\$550.00)
Transportation (Rental Car, Tolls, Gas) – South Africa	(\$500.00)
Food (estimated) – South Africa	(\$500.00)
Total Travel Expenses	(\$4,056.19)

Future Fundraising.

A successful Kickstarter.com campaign has been the lifeblood of this project. Continuing fundraising efforts are vital to the continued success of the project.

We're in the global health field. So we don't expect to have money thrown at us, but we will need more. There are some ways that we will continue fundraising. And there are ways you can help.

Kickstarter turned an idea into a project, and we will need continued funds to turn the project into a product. Grassroots funding is continuing to be encouraged and grounds the film in individuals. Individuals started this, and placing it in people's hands empowers anyone who donates to take hold of the issue, and to hold us responsible for the direction of the project. The uniqueness of this project is that since we are using the 'push' instead of 'pull' method, we have the ability to listen to and mold the film around issues that people want to find out more. Demonstrated by our continued filming, this is an interesting way for everyone to get involved.

Grassroots funding has its limitations – namely donor fatigue and exhaustion of networks. We trust that if you

are this far along in the document, that you support the project. But we can't keep asking you for money – most financial supporters are students or public health professionals that don't have the finances to give regularly.

Aware of this fact, our funding strategy is to remain grounded in grassroots funding while also seeking institutional support (i.e. grants).



Examples of non-financial ways to help our funding efforts

Work with us on a project for your organization

If you are an organization that would want a video for your fundraising efforts, contract us to shoot it for you. We have the equipment, the expertise, and the passion. And you know where the money would be going. Plus, we'd probably be a lot cheaper than anyone else shooting a video for you.

Grants

We are constantly searching for appropriate grants to fund this project. This is unbelievably time consuming for us. As a small team already taking on a large burden with other components of the film, we have difficulties managing everything. If you, your organization, or someone you know is aware of relevant grants, let us know.

Host a fundraising screening

Fundraising screenings discussing the film and showing rough cut footage have been shown to be successful. This could range from small community gatherings to high-profile black tie events, depending on what crowd you roll with.

Connect us with individuals and organizations

Serendipity continues to play a role in this ever-evolving project, but not everything is a fortuitous coincidence. Facilitating us in finding philanthropic individual investors or funding organizations would expedite our efforts.

RESULTS
the power to end poverty

Institutional Funding: RESULTS Educational Fund/ACTION Campaign

ACTION, the TB-focused advocacy arm of the RESULTS Education Fund has awarded the film with an institutional grant to continue production in part in 2012. With this grant, we will consult with award-winning professionals, continue research, and continue sharing the issue of mining and TB. We're proud to know that RESULTS/ACTION believe in the project – and that they support us in seeing the project succeed.



A Critique of Our Work.

Learning as we go, it is important to point out both the successes and failures of the project. This isn't a complete list, but will show you the highlights – and lowlights – of 2011.

We've described this project as trying to cross a river, blindfolded, hoping we somehow step on the next rock. Sometimes we find it, sometimes we don't. But in each situation, we open our eyes up just a little bit more.

	Strength	Weakness
Internal	<ul style="list-style-type: none"> Issue awareness has increased exponentially, including newspapers and radio interviews Won int'l award in TB Multimedia lectures allowed the miners to tell their story to academia without having a completed film 	<ul style="list-style-type: none"> Multimedia lecture spree was time consuming – film completion delayed Social media and issue promotion suffered at the end of the year Staff is too small, constantly overwhelmed – unable to achieve all our goals set forth
External	<ul style="list-style-type: none"> Mining litigation is ongoing – film timeline matches litigation Ministerial convening of the industry, gov'n't and unions carried out Kickstarter.com funding successful and RESULTS/ACTION grant awarded 	<ul style="list-style-type: none"> Sheer amount of cases and breadth of issue daunting Budget and funding cuts threaten continued funding Long and arduous process to make change threatens thousands of lives and allows preventable deaths daily

One of our biggest strengths is that we are raising awareness and acting on the issue. However, one of our greatest weaknesses is that we don't have the capacity to constantly keep people up to date. We are working on that, with Ben Horsman from the University of British Columbia taking over the social media and networking, as well as cutting back on the number of Universities we visit to focus more on the film. We also plan to do major updates similar to this one once every 3-4 months.

Developments in Legislation.

There have been exciting advancements in the legal battle of miner's rights. We are working to make sure that this becomes more than simply a discussion by ensuring that it translates into action.

“We really have to find a way to deal with the problem... so that 10, or 20, or 30 years time, we have a society which is not based on this completely bizarre notion of taking men away from remote and rural areas, putting them on the mines where they spend most of their adult lives, where they suffer from disease, then sending them home sick and dying.”

-Dr. Brian Williams

World Health Organization and the South African Center for Epidemiological Modeling and Analysis

There are important developments in litigation stemming from what is called the 'Mankayi case.' Briefly, in March of last year, the South African Constitutional Court overruled the South African Supreme Court in the favor of Mr. Mankayi in the case of Themvikile Mankayi v Anglo Gold Ashanti (AGA). Essentially, mineworkers will now be allowed to directly sue the mines if they were negligently and unduly exposed to silica dust. More in the film's blog post here:

<http://theygotodie.com/2011/04/13/this-is-not-activism/>.

This is huge, as it would not only provide compensation to those who deserve it, but force the industry to set in motion infrastructural changes to *prevent* the diseases in the first place. If this case holds true, then the industry will have a liability to ex-mineworkers that is measured in billions of Rand and that it will be obliged to make financial provision for this liability and ensure proper preventative measure are in place to prevent future disease.

But litigation is paper, not practice. What infrastructure is there to ensure that these men understand their rights and have access to healthcare and/or legal support? What accountability will there be to make sure that this litigation is carried out? Yes, miners would then have legal rights, but we have seen time and time again that rhetoric differs from action. For instance, they are now legally entitled to compensation, yet only 1.4% actually receives it. We are currently working to support and provide infrastructure for massive scale litigation to ensure that mineworkers that have returned home can access these rights. This is exciting, as litigation on this scale has never been carried out in South Africa before – the most pressing public health problem is now becoming the most pressing legal issue.

Coupled with this litigation, the film hopes to raise awareness and support in favor of the miners. The case will raise novel issues that have never been considered by South African courts before and, if successful, will open the avenues of access to justice for large numbers of predominantly poor and marginalized members of society in other areas as well.



How You Can Get Involved.

We didn't get here by thinking we can do it all, and we're not afraid to tell you we need help in many areas. Below is a list of the most pressing issues, but if you think you can contribute in a unique way, email us.

Many of you have asked the question 'what can I personally do about the issue?'

That's an interesting paradox. As we mentioned, we took a 'push' vs. a 'pull' approach to promoting action on this issue, which means we are simultaneously developing ways for you to get more involved in advancing the issue. Though in their infancy stages, initiatives such as **Lung Safe Gold** - where individuals would have the consumer power to purchase gold from 'Lung Safe' mines - is an example of what's in the works. As initiatives develop, we will create a formal "Call to Action." For now, you can support the project in the following ways:

Are you an artist, singer, illustrator, or motion graphics designer?

If you are, let us know... because we most certainly are not. When we begin editing the film, we are seeking to make it highly aesthetic through both auditory and visual sensory engagement. We need to make it look pretty.

Are you a fundraiser, grant-giving organization, or have a winning lottery ticket?

Fundraising will be a major issue in 2012 - we can't have an annual kickstarter campaign. Assistance in grant identification and application as well as other ways to secure funding will be critical to the ongoing success of the project.

Do you know non-profit law or business tax code?

We have incorporated in order to house the project under a proper roof, but are terrified at breaking some sort of tax code and getting in trouble with the government. We're global health people trying to make a film - we can't also try to take on complex tax code. We need an accountant of sorts, and we need a cheap one.

Do you just want to help?

We need specialized help, but we also need basic help in promoting the issue. Everyone can try to spread the word - not just by "clicking 'like' on Facebook", but by writing op-eds, facilitating with PR, or any other unique way of getting the word out.

Global Health is besieged with red tape and explanations as to why some issues can't be solved immediately. This project is proof that if there is a violation of human rights, and if people believe that something can be changed, it can be changed. We are in the field and in the settlements, working independently to connect families affected by this process to health care structures. We are working with legal teams to change legislation and hold accountable those who are responsible. It's not rocket science, it's simply doing something. Novel, right?

The dire subject matter of this issue – that men are being sent home to die from a preventable, curable disease – is tempered by the fact that this is a completely solvable problem. We know what is causing it, we know how to stop it, and we know what we need to get it done. We should see hope in the fact that this is not a mystery – so rarely can you find a public health issue so important yet so solvable.



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***Note:** Jonathan will be in South Africa with limited email access. If you need a timely response, please contact Ben.