

Dying for Gold

Our wider on campaign on TB and mining



RESULTS
the power to end poverty

TB and Mining: the key facts!

As we have mentioned on the action sheet, it is really important to have the key facts about TB and TB in the gold mining industry to hand when we are having conversations about the film and our campaign.

The nature of the problem

Tuberculosis in the mining industry in Southern Africa is a major public health crisis that is fuelling the regional and global epidemics. **Mine workers in South Africa, particularly those working on gold or platinum mines, have the highest rates of TB in the world;**

- In 2011 11% of South African gold miners were infected with TB compared to an industry average of 5%. This rate of infection is twenty eight times higher than the rate declared a public health emergency by the WHO.
- Many miners are migrant workers, coming from all over Southern Africa. When these miners contract TB and return to their communities they go on to infect between **10 and 15 people per year.**
- As a result, mining activities are responsible for **an estimated one third of all cases of TB in Southern Africa, that's 760,000 new cases of TB every year.**

Why is the problem so acute in the mining industry?

In the South African gold mining industry, physical, biological and social factors combine to create a situation that has been dubbed 'a perfect storm for disease'. Difficult working conditions within the mines, silica dust, high HIV rates, poverty and migration patterns come together to create the highest TB infection rates in the world.

Difficult working conditions in the mines – Hot, cramped working conditions are highly conducive to the spread of airborne TB bacteria. Miners are provided with protective masks but their size, and the heat of the mines, means they are often taken off, leaving miners exposed to silica dust and TB bacteria. Measures to prevent the spread of TB, such as air circulation and ventilation are extremely difficult to implement in the mines, which can be many kilometres deep with tunnels as narrow as two metres wide.

Silica dust - A miner working without protective apparatus exposes himself to silica dust. Silica dust is found in gold mines and once inhaled does significant damage to the lungs making miners **three times more likely to contract TB.**

High HIV rates - Miners are housed in single-sex hostel-style accommodation which leads to high risk of HIV infection; 1 in 3 miners in South Africa is HIV positive. HIV is a disease which attacks the body's immune system and makes people **20-30 times more likely to develop TB.**

Poverty and Migration - High levels of poverty and unemployment mean a job in the mines is often the only work available. **Around 90% of all miners working in the South African gold mines migrate from rural areas or from neighbouring countries.** Miners return home between once and twice a month creating a pattern of regular circular migration from village to mine and back again. **In Lesotho alone, over 50,000 men migrate to work in South Africa every year.**

In rural areas miners and their families have a significant lack of healthcare and are unable to obtain critical medicines needed to treat and cure diseases. This migration pattern also creates serious complications with diagnosis, continuation of care and referrals for those mineworkers infected with TB. There is currently no system for cross border sharing of crucial healthcare information.

How are we going to change this?

Despite having solid policies for tackling occupational health problems, mining companies like Anglo Gold Ashanti have been accused of operating with '**a pervasive culture of non-compliance to legislative requirements**' by the South African Department of Minerals and Energy.

Using the suggested best practice for tackling TB in mines from the World Health Organisation and the South African Chamber of Mines, RESULTS are calling on AGA to implement a 'three point plan' for tackling the disease:

Prevent workers from developing diseases and living in conditions that compromise their immune systems predisposing them to TB by; reducing rates of silicosis

through decreasing silica dust levels; improving treatment and support for HIV sufferers and converting single-sex hostels into family units as a way of managing sex worker activity and HIV transmission.

Find and track workers by establishing a bio-metric database that records their TB/HIV status allowing for the improved targeting of treatment and compensation; invest in new diagnostic tools -and the agencies that can deploy them- to help actively detect cases of TB.

Treat workers with TB better by improving the monitoring and support for TB patients taking medication based on the World Health Organisation's Directly Observed Treatment Short-course (DOTS) best practices; for the South African health system and mining companies to collaborate on improving referral systems to local clinics in rural areas and mobilising resources to treat TB.

We will be using this messaging to petition AGA in three ways; **action cards and campaign stunt, an online petition and a photo petition.**

Action Cards: FREE GOLD stunt

South Africa produces 190,000 kilograms of gold each year but every kilo taken from the ground brings with it 4 cases of TB. Our 'FREE GOLD' stunt will give people the opportunity to engage with this statistic by weighing gold bars and discovering how many TB cases each brick is responsible for. If you get it right you get a gold coin, if you get it wrong you get a lump of coal!

The aim of the stunt is to inform people about the issue and encourage people to sign action cards, aimed at AGA urging them to implement the Prevent; Find; Treat plan to help control the epidemic within the industry. At the end of the tour we will be collecting the cards and hand delivering them to AGA's UK secretary in London.

Photo petition

At our 'FREE GOLD' stands the public will also be invited to have their photo taken with a placard demanding AGA to PREVENT; FIND; TREAT TB in their mines. We will be uploading these images as we travel around the UK to create a photo montage illustrating people's support for the issue.

Online petition

We have also set up an Avaaz petition to encourage a more international following for the campaign and to allow those who can't attend screenings and sign action cards to have their say about this issue. Avaaz petitions have played an important part in allowing people to unite against injustice. You can sign the petition here <http://bit.ly/128qp2w> and visit www.dyingforgold.co.uk for more information on the campaign.

The aim of these petitioning actions is to prove to AGA that this issue is very much alive within the collective conscious of civil society and they will be held accountable if they don't improve their policies.

The UK government

In November we took action by calling on the UK to fund TB REACH, an innovative TB case finding organisation that works specifically in hard to reach communities, like mining communities. We have written a sign on letter which we will be asking researchers to add their names to which is calling for three things:

1. For the UK to use its political power to bring mining companies to the table to develop a solution to the problem of TB in the gold mining industry. Southern Africa is the only region that is off track to meet the Millennium Development Goal on TB and mining is a chief cause of that failing. The UK has the leverage and the cause to do much more to help bring the epidemic under control
2. For the government to give money to TB REACH to allow them to expand and increase the work they are doing going into mining communities to find and treat cases of TB.....it is clear that the responsibility is not that of mining companies alone, and active case finding, like that undertaken by TB REACH coordinates local health systems to engage with the treatment of TB patients
3. In light of our rising aid budget for the UK to 'up to double' its contribution to Global Fund to Fight AIDS, TB and Malaria at the pledging conference in September this year. The Global Fund is absolutely key to tackling TB, providing around 80% of all funding to fight the disease.