



A Film by
MARK HOPKINS

Four doctors in war zones confront the limits of their
idealism in the face of overwhelming need.

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"This film gets to the very core of who we are and why we
exist."

Thierry Allafort-Duverger, Former Head of the Emergency
Team for MSF-France

FILM SYNOPSIS

Bosnia. Rwanda. Kosovo. Sierra Leone. Pakistan. Just a few of the world's humanitarian and political crises in the past years. Whether the result of war or nature, these disasters devastate populations and cripple health systems. Despite the immense dangers and difficulties of the work, one organization, Doctors Without Borders, has continuously intervened at these frontlines of overwhelming human need.

Set in war-torn Congo and post-conflict Liberia, *Living in Emergency* interweaves the stories of four volunteers with Doctors Without Borders as they struggle to provide emergency medical care under the most extreme conditions.

Two volunteers are new recruits: a 26 year-old Australian doctor stranded in a remote bush clinic and an American surgeon struggling to cope under the load of emergency cases in a shattered capital city. Two others are experienced field hands: a dynamic Head of Mission, valiantly trying to keep morale high and tensions under control, and an exhausted veteran, who has seen too much horror and wants out.

Amidst the chaos, each volunteer must confront the severe challenges of the work, the tough choices, and test the limits of their own idealism.

Background: Doctors Without Borders/Médecins Sans Frontières (MSF) is an international medical humanitarian organization created by doctors and journalists in France in 1971. Today, MSF provides aid in more than 60 countries to people whose survival is threatened by violence, neglect, or catastrophe, primarily due to armed conflict, epidemics, malnutrition, exclusion from health care, or natural disasters. MSF provides independent, impartial assistance to those most in need. MSF reserves the right to speak out to bring attention to neglected crises, to challenge inadequacies or abuse of the aid system, and to advocate for improved medical treatments and protocols. In 1999, MSF received the Nobel Peace Prize.

On any one day, more than 27,000 committed individuals representing dozens of nationalities can be found providing assistance to people caught in crises around the world. They are doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians,

mental health professionals, and others who work together in accordance with MSF's guiding principles of humanitarian action and medical ethics.

MSF field staff are supported by their colleagues in 19 offices around the world. The vast majority of MSF's aid workers are from the communities where the crises are occurring, with ten percent of teams made up of international staff.

ABOUT THE PRODUCTION

Filming: From July to September 2005, the crew traveled around Africa to film principle photography at local Médecins Sans Frontières hospitals. Arriving first in the conflict prone Democratic Republic of Congo (DRC), the crew filmed in Beni and Kayna, two towns in the northeastern province of the country. Their work centered on the MSF hospital and its environs, witnessing the essence of a conflict-zone MSF mission.

After the DRC, the crew traveled to the Liberian capital of Monrovia to film at MSF's Mamba Point Hospital, where MSF was providing emergency care following the devastating Liberian Civil War. While in Liberia, they also traveled to the remote northern towns of Foya and Kolohun, experiencing the isolation and intensity of work in a rural MSF clinic.

After this initial film work, the crew continued to do follow-up shoots throughout 2005-2006. In October 2005, the crew traveled to Kashmir, Pakistan to film the MSF emergency response to the 7.6 magnitude earthquake. In 2006, they returned to Africa, where they revisited Mamba Point Hospital, in Monrovia, Liberia, and traveled to Malawi to see the MSF AIDS program. Additional locations included Paris, France, at the MSF headquarters, as well as Montreal, Canada, Niger, Kenya, and Tennessee, United States.

The shoots were organized to cover the various facets of the MSF organization; the administrative base, the conflict and post-conflict missions, and the response to natural disaster.

Original Production Mediums: Principal photography was shot on DVCPRO HD and MiniDV tape. Select scenic and portrait shots were filmed in 16mm. Additional photography in Tennessee was filmed in DVCPRO HD, P2.

Archival footage was provided by Jonathan Stack, ABC Australia, ABC USA, BBC, CBS, and NBC. Stock footage was provided by Sony Pictures Ltd. The 16 mm film was telecined at Postworks in New York.

Cameras: DVCPRO HD footage was filmed on a Sony Varicam camera provided by TCS. MiniDV footage was shot with the

Panasonic DVX100A camera. 16mm footage was shot using a Bolex camera, provided by Rod Lamborn.

Editing/Post-production: The film was edited on Final Cut Pro 5 at Persona Films in New York. The online was done using Avid Nitris. Color correction was done on Avid Da Vinci color correct system. All final video post-production was done at Orbit Digital in New York.

Music & Sound: Composer Bruno Coulais's score was recorded in Paris using European and African influences. Cello solos were performed by Jean-Philippe Audin. Additional instrumentation was performed by Slim Pezin. Vocal solos were performed by Chantal Ayissi and Marie Kobayashi. The final audio mix for the film was done at C5 Inc. in New York.

MSF HISTORY - SELECTED TIMELINE

- 1971 Médecins Sans Frontières is Founded**
A group of French doctors and journalists creates MSF in the wake of the famine in Biafra, Nigeria.
- 1972 Earthquake in Nicaragua**
MSF responds to its first natural disaster.
- 1975 Cambodians Flee Khmer Rouge**
MSF provides medical care in its first large-scale medical program in a refugee crisis.
- 1976 War in Lebanon**
MSF conducts surgery in the organization's first major response in a war zone.
- 1980 Soviet Union Invades Afghanistan**
MSF medical teams clandestinely cross the Pakistan-Afghan border and travel by mule for several weeks to reach injured civilians living in remote areas.
- 1984 Famine in Ethiopia**
MSF starts programs to treat malnutrition.
- 1985 Ethiopian Government Expels MSF**
MSF is ordered to halt its activities after speaking out against the government's misuse of aid to forcibly relocate millions of its people, resulting in tens of thousands of deaths.
- Conflict in Central America**
MSF provides medical care in Honduras to refugees fleeing armed conflicts in El Salvador and Nicaragua.
- 1986 Civil War in Sri Lanka**
MSF organizes mobile clinics and hospital programs to treat injured and traumatized civilians.
- MSF Network Expands**
MSF opens offices in Luxembourg and Spain to join those in Belgium, France, Holland, and Switzerland.
- 1988 Earthquake in Armenia**
MSF provides medical care in the Soviet Union for the first time.

- 1989 Soviet Bloc Falls**
MSF begins programs in response to deteriorating health systems.
- 1990 MSF-USA is Created**
MSF opens its first office outside Europe in New York City and uses the English translation in its name: Doctors Without Borders/Médecins Sans Frontières (MSF).
- Civil War in Liberia**
MSF provides emergency care at the height of the fighting.
- 1991 Civil War in Somalia**
MSF runs surgical programs in war-stricken Mogadishu and aids refugees in neighboring countries.
- Kurdish Refugees Flee Northern Iraq**
In its largest emergency response to date, MSF provides care in Turkey, Iran, and Jordan to Kurds displaced by the Gulf War.
- 1992 Famine in Somalia**
MSF alerts the international community to widespread famine and opens programs to treat malnourished children and adults.
- 1993 Civil War in Burundi**
MSF aids civilians in Burundi and refugees in Tanzania and Rwanda.
- 1993-94 War in Bosnia**
MSF's medical programs in the region extend to the UN's supposed "protected zones" of Gorazde and Srebrenica.
- 1994 Genocide in Rwanda**
MSF remains in the capital, Kigali, throughout the genocide of more than 800,000 Tutsis by Hutu extremists, and makes the unprecedented decision to call for international military intervention.
- 1994-95 Crisis in Goma, Zaire (now Democratic Republic of Congo)**

MSF withdraws its staff from refugee camps in Zaire and Tanzania, and denounces the hijacking of international aid by the perpetrators of the genocide who are controlling the camps.

1995 Srebrenica Massacre

MSF witnesses the fall of the UN "protected zone," and speaks out against the subsequent massacre of up to 10,000 civilians by Serbian troops.

War in Chechnya

MSF brings medical aid to civilians uprooted by war and living in precarious conditions in the Russian Republics of Chechnya and Ingushetia, and in neighboring Georgia.

1996 MSF Network Grows

MSF-Norway is founded, joining additional MSF offices in Austria, Australia, Canada, Denmark, Hong Kong, Japan, Germany, Greece, Italy, Sweden, and the UK.

Meningitis Epidemic in Nigeria

MSF vaccinates more than 4 million people against meningitis and creates special centers to treat thousands more who develop the disease in a massive epidemic outbreak.

1996- Rwandan Refugees Seek Aid

97 MSF assists Rwandan refugees forced out of camps in Zaire as they return home, and is blocked by the Rwandan army and allied Congolese rebels from assisting many of those fleeing further into Zaire who fall victim to widespread massacres.

1999 MSF Launches Access to Essential Medicines Campaign

With millions of people dying each year from treatable infectious diseases, MSF starts an international effort to push for increased access to medicines for the world's poor.

MSF Awarded Nobel Peace Prize

MSF is honored for its "pioneering humanitarian work on several continents."

Crisis in Kosovo

MSF provides medical care to displaced civilians in

Kosovo and in refugee camps in Albania, Macedonia, and Montenegro, as well as to civilians in Serbia.

Second War in Chechnya

MSF calls for access to the city of Grozny and denounces the aerial bombardment of civilians in Chechnya by Russian forces.

2000 Civil War in Sierra Leone

MSF treats victims of the country's brutal civil war.

2001 The HIV/AIDS Pandemic

MSF starts providing antiretroviral therapy to people living with HIV/AIDS in Thailand, and the following year opens projects in Cambodia, Cameroon, Guatemala, Kenya, Malawi, and South Africa, using primarily generic antiretroviral medicines.

Trauma in Colombia, Palestinian Territories, Sri Lanka, and Beyond

MSF increasingly includes mental health activities in its emergency responses around the world.

2002 Famine in Angola

As the rebel army UNITA collapses, ending 28 years of civil war, MSF finds tens of thousands of malnourished children in areas people previously inaccessible to humanitarian aid. MSF opens feeding programs throughout Angola and denounces the UN for withholding humanitarian assistance in the interests of promoting a political settlement for post-conflict Angola.

US-Led Coalition Invades Afghanistan

With many international staff evacuated, MSF's Afghan staff members keep medical programs running throughout the conflict.

Aid Workers Under Attack

MSF's Arjan Erkel is abducted in the Russian Republic of Dagestan in the North Caucasus, the most recent victim of increasing dangers faced by aid workers in conflict zones worldwide.

Malaria Killing Millions in Africa

Faced with skyrocketing resistance to common antimalarials like chloroquine, MSF increases its use of artemisinin-based combination therapy, and pushes for wider availability of this effective treatment.

2003 US Invades Iraq

MSF remains in Baghdad during the initial invasion, provides support to hospitals and clinics in selected cities, and challenges the US government on its failure as an occupying power to provide adequate medical assistance to civilians.

Heavy Fighting in the Liberian Capital

During fierce fighting between government and rebel troops in Monrovia, MSF assists thousands of displaced people and creates makeshift emergency hospitals at the MSF residences.

Civilians Suffer in Democratic Republic of Congo (DRC)

MSF continues to expand its multiple medical programs for people caught in a conflict that has taken millions of lives but that remains practically invisible to the outside world.

Drugs for Neglected Diseases Initiative (DNDi) Created

MSF is a founding partner in this new organization dedicated to developing medicines for neglected diseases such as Chagas, kala azar, and sleeping sickness, and to challenging the existing profit-driven structure for research and development.

2004 Emergency in Darfur, Sudan

MSF starts feeding centers, clinics, and vaccination campaigns in western Sudan and Chad, where hundreds of thousands of people have fled violence targeted against them, in what is to become in 2005 and 2006 the largest emergency response in MSF's history.

Five MSF Aid Workers Murdered in Afghanistan

Fasil Ahmad, Besmillah, H el ene de Bier, Pim Kwint, and Egl Taenis are assassinated in Badghis Province. MSF leaves Afghanistan, after providing assistance for 20 years.

MSF Leaves Iraq

With humanitarian aid workers increasingly under attack, MSF decides that the level of risk to its staff is unacceptable and makes the difficult decision to close its medical programs.

2005 Tsunami Hits South Asia

MSF receives \$133 million from the public and asks people to stop making donations for the crisis having received more funding than needed for its medical programs in the region. MSF also asks donors to "derestrict" their donations so that they can be used for other emergencies, and the vast majority agrees.

Nutritional Crisis in Niger

MSF successfully treats 63,000 severely malnourished children on an outpatient basis with a new therapeutic ready-to-use-food, the first time it has used this treatment protocol on such a massive scale. MSF revises its protocols for treating malnutrition to include this innovative outpatient approach.

Civilians Under Fire in Haiti's Capital

MSF provides surgical, primary, and mental health care to people caught in the violence gripping Port-au-Prince, treating thousands of gunshot, machete, and knife wounds, and calls for all armed groups to respect the safety of civilians.

2006 Devastating Earthquake Hits Southeast Asia

MSF runs mobile clinics to reach people trapped in remote villages and sets up inflatable surgical tents to treat thousands of people injured in the massive earthquake that hit the Kashmir region of Pakistan and India.

Surgical Care for Victims of War in Iraq

Unable to work safely in Iraq, MSF sets up a reconstructive surgical program in the Red Crescent Hospital in Amman, Jordan to treat severely war-wounded patients referred by medical colleagues in Baghdad.

Massive Cholera Outbreak in Angola

MSF treats 26,000 people and sends more than 400 tons of supplies to respond to a cholera outbreak that spreads from the capital to more than half the country.

Sri Lanka Returns to War

As tens of thousands of people flee renewed fighting in the north of the country, MSF returns to north and central Sri Lanka to provide surgical care after facing a series of setbacks from the authorities.

MSF-USA Increases Support to the Field

MSF-USA sends more than 250 doctors, nurses, logisticians, administrators and other professionals to work in its medical programs around the world, and raises \$118 million in private income from 470,000 donors.

2007 A New Treatment for Malaria

The Drugs for Neglected Diseases Initiative and the pharmaceutical company sanofi-aventis launch ASAQ, a cheap easy-to-use combination pill. ASAQ is not patented, allowing for others to produce it at lower cost.

Pharmaceutical Companies Attempt to Block Access to Essential Medicines

MSF campaigns against Novartis for its legal challenge to Indian patent law in order to protect the production of low-cost generic medicines. India supplies MSF with 80 percent of the antiretrovirals needed for 100,000 patients worldwide. In August, the Indian courts rule against Novartis.

MSF also joins protests against Abbott Laboratories for withdrawing registration of all its new medicines from Thailand - including a heat-stable version of a crucial second-line drug - when the government, consistent with international laws, issues compulsory licenses to access the medicines it needs.

Conflict Grips Somalia

Hundreds of thousands of civilians flee the capital, Mogadishu, as the worst fighting in 15

years erupts throughout the city. Amid great insecurity, MSF provides assistance to some of those displaced and maintains medical programs in the rest of the country.

MSF Aid Worker Killed In Central African Republic

As the civil conflict in Central African Republic continues to devastate the lives of thousands of civilians, logistician Elsa Serfass is shot and killed.

MSF Returns to Iraq

MSF sets up surgical programs in Iraqi Kurdistan to treat wounded civilians unable to receive adequate care in overwhelmed, under-staffed, and under-equipped hospitals in other areas of Iraq and continues to supply select hospitals with medicines and equipment.

To date, MSF continues to respond to the healthcare needs of the world's most neglected populations. In its ongoing programs, it provides medical and surgical care to victims of violence related to armed conflict, runs feeding centers, clinics, vaccination campaigns, and delivers assistance to victims of natural disasters. Currently, MSF is also furthering its campaign to treat malnutrition, HIV/AIDS, tuberculosis, and malaria.

Director Q&A with MARK HOPKINS

Q: Where did the idea of making a movie about MSF come from?

I have a strong interest in humanitarian affairs, and have been following the work of MSF for many years. I felt they would make a great subject for a film in part because of their clear focus on emergency medical assistance, an arena that brings out the most extreme nature of the challenges facing humanitarian actors - challenges that I think that are very interesting.

Q: If you had to summarize the film in one line what would it be?

A journey that explores the limits of idealism. We structured the film to reflect the journey of the MSF experience from first-timer to veteran: how their ideals, perspectives, and motives are transformed over time by their lives spent in field, a journey that challenges and shapes a person's views.

Q: What do you hope people take away from this film?

I hope they get sense of what life in the field is like for MSF doctors. Beyond that, hopefully an unburdened sense of interest in the humanitarian arena: an understanding that these guys are not heroes, they're not saving the world, and that the work is engaging and rewarding in its own right - it doesn't need ideas of big accomplishment to justify itself - the patient in front of you is more than enough. We didn't make the film to deliver a message, the idea was more to immerse people in the MSF environment.

Q: Did you have a certain expectation of what you would find in the field?

Not too many expectations. That said, we had a sense of the type of story we wanted to tell beforehand, and were very fortunate to encounter so much material that enabled us to make the film we wanted.

Q: Were you at all afraid of going? Was it ever dangerous?

Not afraid, more anxious that we were going to find the type of material we had thought of when imagining the story, a concern that was quickly dispelled. In terms of being in danger, not really, because for the most part we were with MSF, who take great precautions, and who are, for the most part, shielded from the violence of the areas they work in. Only a couple of possibly dangerous instances I

can think of, though I'd imagine there might have been occasions in which we were in greater danger than we understood.

Q: What most surprised you in the making of this film?
The degree to which all the seasoned field hands shared a no-nonsense, un-grandiose and non-benevolent perspective of their work in the field.

Q: In terms of logistics, what was the hardest thing to film?

The shoot at the SMS bar in Kayna. Because it was frequented by military groups (it was the only bar around), it was not the safest place to shoot in terms of security. It had to start as an HD camera shoot, an interview, and then move to a 2 camera shoot of a verité scene when the rest of the doctors showed up, as the light changed from late afternoon to night. We had to set up the lights beforehand by jerry-rigging an unreliable generator - other than big fluctuations in the lights, it worked out ok.

Q: What do you think will most surprise people who see this film?

They might find it surprising that there isn't much in the way of patients falling over themselves with gratitude - but it wasn't really there to film; the patients are grateful that they are being treated in the way that they deserve to be, but no more than that. There is not much focus on where the doctors come from and why they join, nor on the patients' personal back-stories. We wanted to keep the focus on the challenge of being a humanitarian doctor in the field. For a doctor, a patient is a patient, and it shouldn't matter what the political or personal reasons are for their suffering.

Q: MSF has been reluctant to grant access to filmmakers in the past; why do you think they were willing to let you film and how did you get access?

It was a long process of establishing trust, acquiring and demonstrating an informed understanding of their work, and how they see it - that got us into the field. From then on, it was a question of continually proving our compatibility with the field teams, engaging in the debates, and keeping up with their aggressive work hard/play hard ethic.

Q: Was MSF concerned about your portrayal of the organization?

Obviously, yes. It is, at its core, a small group of people who behave like a close-knit family, and who live, breathe and care passionately about what they do. Having invested their lives in their work, they were understandably concerned about how it would be portrayed.

Q: Were the doctors comfortable in front of the camera? When working, they were almost oblivious to it.

Q: Why wasn't there more focus placed on the patients or the political context?

The film is about emergency medicine from a doctors' perspective, and I think it accurately reflects their life in the field and the issues that engage them. As an organization, MSF is apolitical, so the underlying reason for why people are suffering is not their primary concern; their interventions are first and foremost about addressing a medical emergency. The film is not meant to be a call to action, but more of an immersion into the MSF environment.

Q: What do you think sets MSF and its doctors apart from other humanitarian relief agencies and their staff?

They are not development oriented or unrealistic about what they can accomplish. There is a strong volunteer spirit, and they are very open to in-house criticism and debate, from all levels of MSF experience. They constantly question their mandate and how it is reflected in their operations, something that gives them a dynamic and un-bureaucratic approach that I think is rare in organizations of their size.

Q: Some of the footage like the amputation is pretty graphic, what was your reason behind showing this?

I think it is important that people see the field through the eyes of the doctor - at least enough so that they appreciate the stakes.

Q: Was it difficult to make a film where you witnessed so much trauma, and then re-lived the events watching and re-watching the footage in the cutting room?

At times, but I am more humbled by the thought of how much horror people like those in the footage have seen or endured, and how they have managed to cope.

Q: What was the most challenging aspect of making this film?

Going from a 5 hour assembly to a 90 minute film.

Q: How do you respond to the criticism that there isn't enough hope in the film?

I believe the film accurately reflects the doctors' lives in the field. If people feel the doctors' perspective is bleaker than they'd like it to be, I think that's more a reflection on how some people might wish things were, and not how they are. I suppose the film requires some people to re-adjust their expectations of hope, but from my point of view, I feel it actually is quite hopeful because despite the overwhelming nature of the situation, there are people who are willing to engage so much of themselves in doing what they can, without the need for some big picture sense of accomplishment. The work in and of itself is enough - that is a tremendously powerful statement, especially when you think of it in the context of overwhelming need. Regardless, to have created a feel-good story with a happy ending would have been disingenuous to the reality of the subject.

Q: What do you think other potential criticisms of the film might be?

Some people may take issue with the principle voices being western, and there not being enough focus on the national staff. While the national staff perspective is obviously a very important part of MSF, it is very different, however - it would need to be its own film to really do it justice. This film is about the journey of volunteer humanitarian doctors, so the national staff are part of it in so much as they are a part of that journey.

Q: Are you concerned that people will see your film as a story of western doctors saving helpless Africans?

Not really, if anything, the film shows that non-Africans have just as hard a time working in such harsh conditions. The film certainly doesn't give you a sense that benevolent westerners can solve all the world's problems. MSF's work is a drop in the ocean.

Q: In some ways this movie leaves more questions unanswered than answered.

I hope so.

ABOUT THE DOCTORS

DR. CHRIS BRASHER is an Australian anaesthetist who joined MSF in 1995 and worked with MSF for 9 years mostly in war zones. He also spent 5 years developing MSF's famous HIV treatment program in Malawi, which proved that Anti-retroviral drugs could be administered to large numbers of patients in poor rural communities. He currently works at a pediatric hospital in Paris, France.

DR. CHIARA LEPORA is an Italian toxicologist from Alice Castello, who has been working with MSF for several years. Her most recent MSF missions were to Sudan and Somalia. She is currently doing a post-doctoral fellowship at the National Institute of Health, the world's largest research hospital.

DR TOM KRUEGER is an American surgeon from Tennessee, who sold his surgical practice in 2005 in order to volunteer with MSF. His mission to Liberia was his first with MSF and he has since been on several missions.

DR. DAVINDER GILL is an Australian doctor from Adelaide, who is currently completing his studies in pediatrics in Australia. His mission to Liberia was his first with MSF, and he has not been on any more missions since.

ABOUT THE FILMMAKERS

MARK HOPKINS (Producer and Director)

Mark was born in San Juan, Puerto Rico. A 5th generation Kenyan, he grew up between Kenya, Italy and England, and after completing High School at Sevenoaks in the UK, went on to attend Georgetown University, majoring in Philosophy. During this time he spent 8 months in Vietnam studying History and teaching at the University of Hanoi.

Mark's film career began as an assistant to New York-based producer Scott Rudin, working on such films as; The Truman Show, A Civil Action, Bringing Out The Dead, Angela's Ashes, Sleepy Hollow, Wonder Boys, and Shaft. He left to start an independent production company, with the aim of focusing on non-fiction storytelling.

In 2001 Mark began working with documentary director George Butler, helping to develop and produce his films. The

association began on the award-winning documentary The Endurance: Shackleton's Legendary Antarctic Expedition, followed by Roving Mars, and included a series of shorts, Beyond The Endurance, directed by Mark for Columbia Tristar Home Entertainment. He later went on to produce George Butler's critically acclaimed film Going Upriver: the Long War of John Kerry.

Living in Emergency is Mark's feature length directorial debut.

BRUNO COULAIS (Composer)

Bruno Coulais, has won 3 César awards for his film scores. Films he has scored include Winged Migration and Les Choristes, for which he was nominated for an Academy Award and the BAFTA Anthony Asquith Award for Film Music.

BOB EISENHARDT (Senior Editor)

Bob Eisenhardt, has edited over 50 documentaries, including several Emmy-winning and Academy Award nominated films. He most recently edited Shut Up & Sing for acclaimed director Barbara Kopple.

ABOUT THE TECHNICAL TEAM

BRANDON BUSSINGER (Orbit Digital)

Digital Intermediate Colorist. Credits include: Factory Girl, Live Free or Die and Going Upriver: The Long War of John Kerry

PAUL HSU (C5 INC)

Sound Editor. Credits include The Ice Harvest, Men in Black II, Hollywoodland

BLT & ASSOCIATES, INC

Title Design & Motion Graphics. Credits include Michael Clayton, Dreamgirls, Jarhead

FILM CREDITS

Produced and
Directed by: MARK HOPKINS

Produced by: NAISOLA GRIMWOOD, DANIEL HOLTON-ROTH

Edited by: BOB EISENHARDT, A.C.E., SEBASTIAN
ISCHER, DOUGLAS ROSSINI

Executive Producers: ERIKA BERTIN, MOLLY CONNERS, GERALYN
DREYFOUS, SHAANA DIYA, MARK HARRIS,
SARAH JOHNSON, CHRISTOPHER WOODROW

Director of
Photography: SEBASTIAN ISCHER

Music by: BRUNO COULAIS

Co-Producers: CHRIS COOPER, LOUIS SPIEGLER

Co-Executive
Producers: DIANA BARRETT, PAMELA BOLL, IAN
MCGLOIN

Additional
Cameramen: CHARLIE BEYER, ROD LAMBORN, JONATHAN
STACK

Post Production
Supervisor: PAUL LEVIN

Music Supervisor: TRACY MCNIGHT