



International Rescue Committee

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Refugee Relief, Respect, Renewal

Testimony of Dr. Richard Brennan Director of Health Programs International Rescue Committee Before the House International Relations Committee January 26, 2005

Introduction

Chairman Hyde, Ranking Minority Member Lantos and distinguished Members of the Committee, thank you for inviting me today to discuss the current relief efforts and future challenges for reconstruction following the December 26 earthquake and tsunami that have devastated much of South and South-east Asia and east Africa. I will limit my remarks to Indonesia, and more specifically the province of Aceh on the island of Sumatra, from where I have just returned. Mr. Chairman, I would like to provide a copy of my full testimony for the record, and limit my remarks to a few main points.

Response of the International Rescue Committee to the Tsunami

The International Rescue Committee has been operational in Aceh for the past five years, where we work as a member of a consortium together with Danish, Norwegian, and Dutch refugee agencies. Prior to the tsunami, all of our staff were Achenese. Twenty one of our 22 employees survived the disaster. But they all lost friends and family members, and many have lost their homes. Our offices in the capital city of Banda Aceh were destroyed.

In response to the disaster, IRC has deployed five emergency response teams to four districts throughout Aceh. We now have more than 30 international staff on the ground, working alongside national staff and local partners to meet emergency needs in the areas of water, sanitation, basic medical care, child protection and livelihoods. Our teams have conducted rapid assessments, the results of which have been shared with the humanitarian community.

As a physician, my main focus has been on public health needs. While there have been no reports of epidemics or elevations in mortality since the disaster, several major threats to public health persist. The most significant among these is poor access to clean water and sanitation, and the resultant risk of diseases such as cholera, dysentery and typhoid. For example, a survey that we conducted in the town of Calang indicated that 100% of households lacked access to both a clean water source and a toilet. 85% of young

children in the town suffered from diarrhea. Other important health threats include malaria, dengue fever, measles, and wound infections, including tetanus.

Currently, the highest priority must therefore be given to infectious disease control. Clear strategies have been developed by health agencies, including the Ministry of Health, WHO and UNICEF, to tackle most infectious diseases and coordination is improving. The main exception is measles control, where a mass vaccination campaign appears to be lagging behind target.

Access to medical and public health services is extremely variable throughout the province. Many health facilities have been destroyed and there has been a substantial loss of Ministry of Health personnel; for example, of 481 staff in the provincial health office only 200 have been confirmed alive and only 20% have reported for duty as of January 20. Throughout Aceh some of the larger towns and settlements have good access to health services operated by a combination of the ministry of health, Indonesian military, and international NGOs (e.g. Calang, Meulaboh). But many sites are still underserved and better coordination among health agencies is required to address these gaps.

We must also ensure that we meet the special health needs of women and ensure that they have access to emergency obstetric care. Efforts in this area are currently insufficient. The Minimum Initial Service Package (MISP) of reproductive health services should be implemented as a priority.

IRC emergency response teams have responded to these findings with a range of interventions, including water and sanitation services, measles vaccination, operation of stationary clinics, mobile clinics, and drug distributions. An important guiding principle during the emergency has been to meet urgent unmet public health needs and to avoid duplication of effort with other agencies. Services are presently being scaled up in all four districts where IRC is operational. A recent grant of \$2.5 million by the Office of Foreign Disaster Assistance will assist us significantly in these efforts.

Post-emergency challenges

In moving beyond the emergency phase, I would like to highlight four challenges to the post-tsunami reconstruction in Aceh.

The first relates to logistics and access to communities following the departure of the international military forces. Because of the widespread destruction of roads and bridges as well as the remoteness of many areas, access to affected populations was initially extremely difficult. Only a handful of humanitarian agencies had early access to the helicopters and boats that were essential for reaching these communities. In this context, the contributions of several military forces, especially the US Navy and the Indonesian military, have been central to the success of the relief effort.

The crew of the USS Lincoln, in particular, has played an outstanding role. They have contributed in a number of important ways: by identifying communities in need; by delivering much-needed food, water and medicines; by evacuating critically ill individuals from remote areas; and by providing essential logistical support to the international relief agencies. In Aceh, my colleagues and I were consistently impressed by the professionalism, the cooperation, and the commitment demonstrated by the Navy personnel. In addition, they seemed to be enjoying the work and finding it very fulfilling. Most military personnel are not trained in humanitarian relief and, while their methods were at times unorthodox and may not have met accepted standards, I have no doubt that their efforts saved many lives following the tsunami. In particular, I would like to acknowledge the work of LCDR Ramon Cestero and LCDR Scott Cota, as well as their superior officers, for the outstanding support that they provided to IRC and other agencies.

I know there has been some concern about the timetable for the departure of the U.S. military and the gaps in services that may then result. Given the level of response that the Indonesian government and the international NGOs have been able to mount, and the generous support of donors, I am confident that the resources are available to manage the response going forward.

The second issue relates to the Indonesian government's plans to move large numbers of displaced persons to relocation camps. There are currently an estimated 400,000 internally displaced persons throughout Aceh, many of whom have sought refuge in one of over 300 spontaneous settlements. The Indonesian government plans to move many of these persons to one of 24 proposed relocation camps, for the expressed purposes of ensuring that they have access to essential services. In certain contexts and for certain communities, such arrangements may be the best short-term option. But past experience suggests that camps are generally not the best solution for displaced populations, in part because they often become permanent or semi-permanent structures. In addition, given the recent conflict in Aceh, there may be political as well as humanitarian motives for establishing the camps.

As far as possible, families who wish to return to their villages to rebuild their homes should be encouraged to do so as soon as is practical. For those families who do not wish to return, options for resettlement in another community should be sought. Decisions concerning movement of persons to relocation camps should only be made in consultation with the communities themselves and such movements should be voluntary.

Thus far, the working relationships between the Indonesian government, the Indonesian military and the international agencies have generally been positive. But these relationships could deteriorate if it becomes apparent that the motivations for establishing the camps are more political than humanitarian, and if the movement of communities is not voluntary.

The third challenge is the process of delivering aid. The disaster has generated so much international attention and resulted in the mobilization of so many resources that one

Acehnese official described the arrival of the international community as “the second tsunami”. In our enthusiasm to assist the Acehnese people we must first listen to them and then we must work with them. We must not delude ourselves into thinking that, because of our experience and our resources, that we have the answers to their problems. The people of Aceh must lead both the relief and reconstruction efforts. The international agencies must actively encourage community participation, seek out partnerships with local organizations, and work to build local capacity. Through such processes, we can empower communities and help lay the foundations for them to rebuild their lives and livelihoods.

Finally, we must see our response to this disaster within a wider context. As compelling as this emergency is, let us not forget that there are other major crises in other countries. Last year I helped to lead a nation-wide survey in the Democratic Republic of Congo that demonstrated that 31,000 people continue to die every month due to the ongoing insecurity. The International Rescue Committee estimates that 3.8 million people have died in Congo since the onset of war in 1998, making it the world’s deadliest conflict since World War II. Yet world leaders and the media have largely ignored Congo and the international response remains completely out of proportion to the humanitarian need. Other humanitarian crises in places such as northern Uganda and Darfur, Sudan also demand our attention and our constructive engagement. Let us also remember that when the media spotlight turns away from Aceh and other areas impacted by the tsunami that we have a responsibility to continue to assist the survivors in the long process of rebuilding their lives and their livelihoods.

Mr. Chairman, thank you for giving me the opportunity to address the Committee.