

**STATEMENT OF  
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(UNICEF)  
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Mr. Chairman, and Members of the Committee, thank you for the opportunity to discuss UNICEF's response to aid victims of the tsunami.

Before I begin, however, I would like to take this opportunity on behalf of UNICEF to extend our deepest appreciation for the support and leadership of this Administration, and of President Bush, in responding to the tsunami crisis. As a citizen of this country, I take real pride in the tremendous efforts of the United States to alleviate the suffering of tsunami victims. Americans have opened their hearts – and their pocket books – in an unprecedented way; the American public alone has donated over \$60 million to UNICEF in support of the tsunami. I know I speak for the entire humanitarian community when I say that we are all truly grateful for the tremendous support of the United States.

The United States military has offered key logistical support, particularly in the Aceh region of Indonesia. The inter-agency health assessment on the West Coast of Indonesia would not have been possible without the *USS Lincoln*. The *USNS Mercy* has now moved into Indonesian coastal waters, and has already begun to assist UNICEF in our efforts to provide primary health care to affected populations there. The Centers for Disease Control and Prevention has seconded a number of staff to UNICEF Indonesia, offering technical expertise in malaria prevention, diarrheal diseases, and measles.

In this, as in any emergency, UNICEF does not work alone. I would like to thank our partners in the NGO community and our sister UN agencies, as well as our government partners around the world for their invaluable support and assistance. Finally, I would also like to commend this Committee for its leadership in remaining focused on this issue, and for holding this hearing today.

Mr. Chairman, the events of six weeks ago can only be described as cataclysmic. I have travelled the region twice since the tsunami struck, and I can tell you that no words, no photo, no amateur video could ever capture the devastation I saw there. Indeed, despite more than twenty years of working in development and humanitarian assistance, I have never seen this sort of destruction before.

No doubt you have all heard the figure: over five million people have been affected by this calamity. But even a number like this falls short of describing the enormity of the situation. People have lost family, friends, homes, and livelihoods. They have also lost doctors and teachers, roads and bridges, schools and hospitals. The very lifeblood of their communities has been washed away. In some parts of Aceh, the destruction goes nearly five miles inland – scarcely a tree or a building remains. Nor were these 'little peasant shacks' or huts on the beach – these were houses made of reinforced concrete, two and three storeys high. Now all that remains of these neighborhoods are ragged walls of perhaps a foot high.

The photos you have seen show miles of rubble, and that is what is left. But remember, the rubble is people's lives. There are bits of clothing – a CD, a photo album, a diploma, an intact bottle of chilli sauce and a half case of soda – random bits of thousands of lives now gone.

I flew down the coast to Meulaboh in a helicopter, and – thanks to the US Military – returned that way as well. The scene was one of nightmarish destruction. Near Banda Aceh, where the coastline is one of rugged cliffs, a band of white salt marks where the swelling sea reached the height of a four-storey building. Where there are depressions and bays, as in Banda Aceh itself, the rushing water destroyed everything in its path. Imagine four waves, each forty feet high or more, carrying cement, chairs, cars. I could describe for you a litany of surreal images: a bulldozer carried four miles inland and discarded in the middle of a withered rice paddy; a huge petroleum barge hurled into someone's home a mile and a half from the coast; palm trees flattened in a row like the tines of a comb.

And this is to say nothing of the damage caused by the earthquake itself. Nine point zero on the Richter scale – it is difficult to imagine. The aftershocks alone, measuring 6.5, tore through Aceh with the same force as the earthquake that devastated Kobe, Japan in 1995. We are only now beginning to assess the damage caused before the waves hit.

But of course it is not the toll upon brick and mortar that is so devastating to see. It is the human stories that tear your heart out, and they are seemingly endless. Despite my many years cultivating a “steely exterior” in emergencies, it was still a tremendous effort not to break up in the face of these tragedies. A woman in Mulativo Sri Lanka, lost two of her children and her husband in an instant. She managed to get one daughter on a roof and scurry up a tree with her eight-month old, only to have the baby ripped from her arms. Two weeks later, she sobs inconsolably, her face the epitome of horror and despair. What can we say? Another woman lost 34 people in her family – three generations. She is left with a grandson who was away visiting an uncle, and a daughter whose home she was visiting when the waves hit. Story after story, person after person. Random destruction, random horror that has burrowed deep into the mind. People who just stare at the sea or at a roof and who won't speak. It will take a long time to heal; some may never get there.

More than a third of the victims of the tsunami were children. In some communities, UNICEF has found that the number is much higher – as many as half. Those children who survived are left vulnerable by the loss of homes, parents and family. For them, the threat has not yet passed. Hunger, disease, trauma and the threat of exploitation still pose serious risks.

Together with our UN and non-governmental partners, UNICEF is doing everything possible to eliminate these risks. We have helped ensure that there is clean water in Indonesia, Maldives, Sri Lanka, India, Thailand, and even as far away as Somalia. Latrines have been established for the tens of thousands of displaced living in camps or with local communities. We have distributed health kits and basic supplies like clothing and plastic tarps to provide temporary shelter, ensure good nutrition, and guard against disease. We have supported the affected governments and our NGO partners to set up protective environments for children, including those who have lost their parents. And we have undertaken vaccination campaigns against deadly illnesses such as measles. To date, UNICEF has shipped over 2,000 metric tons of relief supplies in response to this emergency, at a total value of over \$8 million. In all, some \$45 million worth of supplies have been ordered.

These early interventions, and the swift response of the international community as a whole, have given cause for hope. No doubt we all remember the early fears that disease might double the number of casualties, and the alarming media reports of trafficking of children. Thanks to the committed response of the international community and the strong leadership of the affected governments themselves, these fears have largely failed to materialize.

This is thanks in large measure to the unprecedented degree of coordination among humanitarian actors. The sheer scale of this disaster and the number of countries affected has presented an enormous logistical challenge. Even so, however, coordination of relief efforts among UN actors – and between the UN, NGOs and governments – has shown a vast improvement over previous emergencies. Under OCHA's overall leadership, humanitarian actors have engaged in regular, systematized information-sharing and planning to map out response, helping to ensure that every need is covered without unnecessary duplication. In spite of the large number of agencies operating in the field, we are working well together.

Under this overall umbrella, UNICEF has assumed the leading coordination role in certain key sectors – namely, education, child protection, and water and sanitation. In nutrition, we share a leadership role with our partners in the World Food Program, and in health, we are collaborating with the World Health Organization.

With respect to the latter, vaccination campaigns throughout the affected areas were one of our earliest priorities. In India, measles and vitamin A drives began within days of the disaster, and by January 7<sup>th</sup> these campaigns had already wrapped up on the mainland. The remote Andaman and Nicobar Islands took longer to reach, but thanks to the cooperation of the Indian government, immunization of children is now well underway.

In the Aceh region of Indonesia, where over 75% of health care professionals are still unaccounted for, we are working in close collaboration with key partners including: the World Health Organization, Médecins sans Frontières, IFRC, Care, and Centers for Disease Control and Prevention to provide measles vaccines and vitamin A supplements to over half a million children between the ages of six months and fifteen years. We are also providing basic drugs and supplies for health facilities to cover 1.2 million people, including 1 million sachets of oral re-hydration salts, malaria treatment for 3.2 million people, 2,700,000 iron tablets, 68,000 syringes, and 11,500 safety boxes.

UNICEF also participated in the recent inter-agency health assessment on the west coast of Indonesia. This twenty-four person assessment team, consisting of United Nations agencies and NGOs, was only possible as a result of logistical support from the United States. It covered numerous sites previously unassessed on the West Coast, using four teams operating simultaneously and supported by United States helicopters for drop-off and pick-up. The assessment took six days in total, hosted on the *USS Lincoln*.

As I mentioned earlier, Mr. Chairman, our deepest gratitude goes to the United States military for this and other crucial assistance. US military support continues to prove invaluable in Indonesia, and I would especially like to highlight the *USNS Mercy*, a floating hospital of exceptional resources. UNICEF and the crew of the *Mercy* have already begun technical-level discussions to assess the many ways in which the *Mercy* can support key areas of public health such as water quality, malaria prevention and control, emergency obstetrical care and safe motherhood, measles vaccination programmes, and psychosocial support.

Needless to say, however, the threat of disease remains. Clean water and proper sanitation are a critical and growing problem, especially for the hundreds of thousands of tsunami survivors living in temporary camps. The risk of water-borne diseases such as cholera and diarrhea is high, especially for children.

The sanitation situation is particularly worrying in Indonesia, where in some areas of Aceh Province, only one in 1,000 people has access to a toilet. This shortage has been exacerbated by heavy rains, which have flooded many toilets in low-lying camps, forcing displaced people to relocate to higher ground. Heavy rains have worsened the situation in Sri Lanka as well, where only 35 per cent of people in camps have access to safe sanitation. And in the Maldives, water and sanitation has proven to be the greatest challenge. The extremely low altitude of these islands rendered them especially vulnerable to damage and contamination of water supplies and sewage systems. As early as December 28, UNICEF estimated that one in five islands in the Maldives was without safe drinking water. Compounding the problem, virtually every household on the affected islands reported blocked or damaged sewage systems.

In response, we are working with governments to coordinate aid agency relief efforts across the tsunami-affected countries to restore access to safe water and sanitation. In the Banda Aceh and Aceh Besar Districts of Indonesia, UNICEF is pumping and chlorinating 1,500 wells to benefit 15,000 people, and supplying mobile water treatment units at six locations along both East and West Coasts to benefit 25,000 people. Construction of emergency latrines is ongoing, and we are also providing bathing and washing facilities for 43,000 people in settlements for the displaced.

In Sri Lanka, UNICEF has distributed hundreds of tons of water and sanitation supplies, including bottled drinking water, water purification tablets, water tanks, pumps, jerry cans, and family water kits, to name but a few. We have constructed more than 1,500 temporary latrines, and are supporting the establishment of women's bathing facilities at relocation sites for the displaced.

And in the Maldives, we have distributed Basic Family Water Kits, containing collapsible buckets, bars of soap and purification tablets, including instructions on their use in the local language. We are helping the government to construct latrines, and have supplied hundreds of wheelbarrows, shovels, rakes, disinfectant, and other cleaning equipment to address the problem of garbage disposal. Across the Maldives, UNICEF and its partners are assisting 69 islands with over 13,000 households.

These and other UNICEF water and sanitation projects will be supported by the Tsunami Water and Sanitation Fund, created last month in partnership with the Clinton Foundation as part of President Bush's campaign for private sector support to the tsunami crisis. The new fund will support a robust series of

programs designed not only to restore safe water and sanitation for affected countries, but to improve upon what existed before. And of course, former President Clinton will now support the tsunami effort more broadly as Secretary General Kofi Annan's Special Envoy for Tsunami-affected Countries.

Turning to the issue of protection, UNICEF and other child protection agencies have been deeply concerned over reports of children being exploited or trafficked. For the most part, however, these reports have thankfully remained unsubstantiated. This is in part because the number of separated children – those no longer in the care of their parents – and unaccompanied children – those no longer in the care of an adult – is relatively small. Though it varies among countries, the devastation of the tsunami was such that many children simply did not survive; as a result, there are few children at all in some of the worst hit areas, unaccompanied or otherwise.

In addition, the affected communities generally have a strong tradition of caring for children who have lost parents, and as a result we can say confidently that the number of children requiring full-time care from child protection agencies is very small.

In Indonesia, UNICEF and its partners have registered 440 separated and thirty-one unaccompanied children. In Sri Lanka, there are 1,500 separated children living with family, and fewer than fifty children are unaccompanied. 4,000 Sri Lankan children have lost at least one parent. In neighboring India, we have identified 361 children who have lost both parents, and over 1,800 who lost one. Approximately 500 children in Thailand have lost one parent or guardian, and seventy-three lost both parents.

Considering the magnitude of this emergency, the number of unaccompanied children is relatively small; however, it is still crucial to ensure that these children are protected from those who would prey upon their vulnerability. In this regard, UNICEF commends the swift and decisive leadership of the affected governments. Through the imposition of moratoria on international adoptions, the tightening of port and border security and other measures, affected governments have helped ensure that their children are not victimized yet again by the tsunami. In addition, I would like to offer our sincere thanks for the statement issued by the United States Government in the early days of the crisis underlining the essential role of extended family and community placement for children who had lost their parents. It was a helpful initiative prompting national governments to strengthen their own measures to protect children from illicit adoption or trafficking.

UNICEF and its partners have also taken protective measures for unaccompanied children. In part through generous support from USAID, child centers have been established throughout the affected areas to register unaccompanied and separated children, and to set up family tracing mechanisms to help locate loved ones. Children who are no longer in the care of their families will be protected and supported through these centers so that they are not abandoned or left to fend for themselves, but have the opportunity to go to school, eat well and play. We are distributing Family Kits to support households who are caring for separated children, and monitoring mechanisms have been put into place to ensure that children living with foster families are being cared for responsibly.

But it is not just separated and unaccompanied children that need our protection. Thousands of children living in displacement camps are vulnerable to exploitation and abuse, and in some cases recruitment into local fighting groups. And virtually every child in the affected areas is experiencing some form of psychological distress arising from the disaster. For these children, it is crucial to re-establish some sense of normalcy, and ensure that there are safe places for them to learn, play, and interact.

Throughout the affected regions, UNICEF has been supporting local governments in their efforts to get children back to school – or, where this is not possible, 'back to learning'. We have shipped literally tons of educational materials, including thousands of school tents, school-in-a-box kits, and recreation kits including sports and games. We are supporting teacher training, including training in psychosocial support, and are assisting the Government of Indonesia to recruit teachers to replace the two thousand education professionals who were killed in the tsunami.

Even once schools have re-opened, however, the psychological impact on 'the tsunami generation' is likely to be deep and long-term, and will require sustained psychosocial care. Throughout the affected

areas, we are supporting community- and school-based psychosocial responses to help children cope with the enduring impacts of this tragedy.

In Sri Lanka, for example, UNICEF is training non-governmental partners, teachers and local authorities in psychosocial response, including developing projects where children can help each other. In the districts of Batticaloa, Trincomalee and Kirinda, UNICEF and its partners have established spaces in displacement camps where children can learn and play safely, where they can interact with each other in a stable environment. Thousands of play kits, including toys, puzzles and sports equipment, are being distributed. Through play, drawing and structured recreation activities, children in Sri Lanka and elsewhere are coming to terms with the terrible losses they have suffered.

Thus far, there have been only scattered reports of abuse and trafficking, and those generally unconfirmed. Nevertheless, UNICEF is taking precautionary measures, including extensive awareness-raising campaigns and the training of military and police officers in child protection issues.

Mr. Chairman, one of the most important lessons we can draw from these figures is that, as the old adage goes, an ounce of prevention is worth a pound of cure. Though early media reports of trafficking and abuse proved largely unsubstantiated, they nevertheless galvanized a powerful response that may not have emerged as quickly otherwise. Just as swift vaccination campaigns, Vitamin A distribution and the provision of clean water helped stave off disease, early measures to protect children – many of them taken by the affected governments themselves – most likely went a long way towards preventing the further victimization of children.

This points to a need which has been increasingly apparent to child protection agencies of late: the need to mainstream our collective protection response so that it becomes more predictable and, ultimately, more efficient. Just as we know from experience to distribute oral re-hydration salts and water purification tablets in times of flood, so too should we have automatic, preventive protection responses in times of emergency.

But our assistance does not stop once these early interventions are over – once the threat of diseases subsides and the first day of school has passed. In UNICEF, we often say we work in a country before, during and after an emergency. We also work on both sides of a conflict, adhering to the universal humanitarian principles of neutrality and impartiality. That is why, if you travel to Sri Lanka or Aceh in a year or two, you will see our staff helping governments and civil society to reconstruct school buildings and health clinics, and to support the long-term rehabilitation and recovery of all regions, whatever their political allegiance. Too often in the past, the international community has allowed its attention to wander away too soon, depleting political will and resources before the job is truly over. We must not allow that to happen here.

Another lesson we can take away from this tragedy is the importance of investing in national capacity to respond to disasters. The strength of the national response in Thailand and India stand testament to what can be achieved when governments have the proper tools in place. The international community will always respond when disaster strikes, but national capacity is critical. Here again, preparedness is the watchword.

And it is not only governments who need to be prepared. The international humanitarian community also has a responsibility in this regard. So what about us? Were we at UNICEF ready for such a massive emergency? Of course not. No one could have planned for a calamity of this scale. However, the lessons of Darfur, Afghanistan and Liberia have helped us to respond faster and more efficiently. They have also shown all of us in the United Nations the vital importance of coordination. Now we need to carry these lessons forward to other emergencies.

Mr. Chairman, UNICEF has always worked in emergencies, both natural and man-made. Originally called the United Nations International Children's Emergency Fund, the organization was created to provide humanitarian assistance to children living in a world shattered by the Second World War. Much has changed since then, but our fundamental purpose has not. Emergencies still account for forty per cent of our activities. In health and nutrition, water and sanitation, protection, education and HIV/AIDS, our Core

Commitments for Children in Emergencies are more than a mission statement – they are a humanitarian imperative.

Therefore, even as we continue our work in tsunami affected countries, we must help focus public and government attention to other, forgotten countries: Sudan, where the recent peace agreement gives some cause for hope, but also creates a need for rapid and positive change to build confidence and better social services; in Liberia where we must consolidate our initial steps towards peace and normalcy; in Afghanistan where massive support is still necessary to build peace; and in other countries such as Cote d'Ivoire, Haiti and the Central African Republic.

Mr. Chairman, Members of the Committee, thank you on behalf of UNICEF for your continued strong support. Together, we can improve the lives of millions of children in emergencies across the globe, building better opportunities, better futures, for every child.