Fleeing Horrors: The Yemeni Crisis

Julie Rosá MD

Institute for International Medicine Master's Program

International Refugee Care Course

Dr. Nicholas Comninellis

October 3, 2021

Fleeing Horrors: The Yemeni Crisis

What's the night outside in comparison with the horrors they're fleeing from?
(Kingsley, 2016)

Yemen: a nation abandoned, a call to humanity to end Yemen's suffering
(Mermet, 2021)

Yemen, the wild west of the Middle East, is located on the Southern tip of the Arabian Peninsula and has been at war since 2015. Although the war officially began seven years ago, many say this complex humanitarian crisis originated when former President Ali Abdullah Saleh al-Ahmar was driven out of power by the Gulf Initiative in 2011 (Small, n.d.). However, I believe the crisis originated decades earlier from President Saleh's continual neglect of Yemen's social elements and infrastructure, leading to the world's largest and longest humanitarian crisis. This is where we must start if we are to understand Yemen's current situation.

Yemen, prior to the war, was home to 34 million people with Ali Abdullah Saleh al-Ahmar as president from 1979 – 2011. He was considered a key U.S. ally in the Middle East. President Saleh inherited his presidency through many assassinations. Very corrupt, he leveraged his power by simultaneously dealing with the Muslim Brotherhood, Al-Qaida, and the U.S. By the end of his reign in 2011, he was not able to control his terrorists. During the 2011 Arab Spring uprisings in Yemen, he was injured and abdicated his presidency to his Vice President after the 2011 Gulf Initiative, a unified Gulf States plan to pressure Saleh to step down. The plan was successful, and Saleh fled to safety in Saudi Arabia (Small, n.d.).

However, during this unrest, the Houthis were brewing. The Houthis are a Shia Muslim sect. There are two main Islamic sectarian groups within Yemen: the Sunni Muslims and the

Shia branch Zaydis, who have three different sects. One of those three sects, the Jarudiyahs, ideologically very close to the Iranian Shia Muslims, gave birth to the Houthi movement in the 1990s. They believe they are the natural heirs to the Yemeni Imamate, a theocratic system of government in Shia Muslim culture. The leader of the Houthi movement trained in Iran and is loyal to Iran, who encouraged the Houthis to align their thinking to the Iranian Shia movement (Small, n.d.).

Originally located in the Southwestern flank of Yemen, the Houthis strongly hold apocalyptic beliefs. Iran, the main ally of the Houthis, elevated this Shia Islamic end-of-times ideology. Iran's Shia Muslim leadership and the Iranian Revolutionary Guard (IRG) also believe they will take over Jerusalem then the *Shia Mahdi* (righteous ones) will return. The beliefs originate from the Shia black flag prophecies that say if the Shia armies are triumphant in the countries of Iraq, Syria, and Yemen, then the *Mahdi* will return (Small, n.d.).

Largely ignored by international parties, the Houthis have been intermittently portrayed as freedom fighters and terrorists. In 2015, they successfully went to war with the President/Ex-Vice President of Yemen's government Abdrabbuh Mansur Hadi whom Saudi Arabia, the U.S., and the Gulf Alliance supported. Ousted President Saleh then aligned with the Houthis in an attempt to regain his power. They march to Aden and Sanaa, capturing them both. Saudi Arabia and the Gulf Allies intervened to save Hadi. However, the Houthis captured the Yemeni arsenals, including ballistic missiles that could hit the Saudi Arabian desalination plants. Then the Houthis started importing missiles from Iran (Small, n.d.).

This turn in the conflict threatened Saudi Arabia because Yemen is geopolitically important to Saudi Arabia. The Bab el Mandeb strait is the bottleneck through which 11% of all world trade passes on its way to the Suez Canal. The newfound arsenal also threatened the

desalination stations, the critical vulnerability of Saudi Arabia, for they are located within the range of Yemen's ballistic missiles. These desalination plants were initially located on the Iranian/Eastern side of Saudi Arabia. However, after recognizing their vulnerability to Iran's ballistic missiles, Saudi Arabia built more desalination plants on the opposite side of the country, the Yemeni/Western side. Saudi Arabia's key weakness is the lack of fresh water sources. A large country, with only one month of fresh water stored, has no freshwater sources except the desalination stations. The survival of these stations is absolutely necessary for the survival of Saudi Arabia. Water security is the key reason for persisting with the war in Yemen, not the ideological differences with Iran (Small, n.d.). There are three other strategic reasons that Saudi Arabia is committed to winning the Yemen war: securing food supplies, trade routes, and energy sources (Small, n.d.).

Unfortunately, the Yemeni people are being held hostage between the Houthi ideological rebels and the Saudi Arabian desperation. The Houthis population, four times as big as the Taliban in Afghanistan, will not negotiate with Saudi Arabia. The latter want the Houthis to give up the coastline and the ballistic missiles with a range greater than 120 kilometers, the distance to the desalination plants. Iran and the IRG drive the Houthis, whose Zaydi ideology believes this is a religious and eschatological war.

As a final ironic historical footnote, after ex-President Saleh betrayed Saudi Arabia, Saleh then betrayed Houthis and realigned with Saudi Arabia. The Houthis, finally tired of his treachery, killed Saleh three days after he realigned (Small, n.d.).

According to the UNHCR Fact page, this civil war has left Yemen, already the poorest country in the Middle East (Yemen Crisis Explained, n.d.), with the world's worst humanitarian crisis four years running (Yemen | Global Focus, n.d.). Sadly, 50% of the health facilities closed

or were destroyed, 67% of the country population is internally displaced peoples (IDPs), of the IDPs 79% are women and children (Yemen Refugee Crisis, n.d.), and twenty million people rely on UNHCR humanitarian assistance (two-thirds of Yemen's population). (Mermet, 2021) Famine is rife, with 80% of the population living with hunger and five million with famine (The British Red Cross Support Work and Aid in Yemen, n.d.). Interestingly, Aden's Kharaz Refugee Camp is the only Yemeni refugee camp hosting nine thousand refugees and asylum seekers mostly from Somali & Ethiopia (Yemen | Global Focus, n.d.). Greater than 50% of these refugees are women and girls.

As for the current situation in 2021, according to the UNHCR global focus, sixteen new front lines emerged during the war with active hostilities that killed or wounded two thousand civilians, with greater than 25% of those being children (Yemen | Global Focus, n.d.). No significant progress in the peace process is in sight. The broken economy was further strangled by the oil embargo and restricted movement of goods (Yemen | Global Focus, n.d.). Heavy flooding caused widespread damage and displacement in parts of the country, increasing cholera, dengue, malaria, and diphtheria, especially in the IDP communities. COVID limited resettlement and placed travel restrictions, interrupting voluntary return to Somalia. Displaced Yemenis are primarily located in Marib governorate along with Hajjah, Hudaydah and Taizz governorates. The British Red Cross working with the Yemeni Red Crescent Society describes health workers receiving no salaries and have no personal protective equipment (PPE) (The British Red Cross Support Work and Aid in Yemen, n.d.).

As for COVID, in 2021, there is a 25% COVID mortality rate and people are four times more likely to die from COVID in Yemen than the rest of the world (The British Red Cross Support Work and Aid in Yemen, n.d.). The first lab-confirmed COVID case was April 10, 2020

(Dureab et al., 2020). As reported in *the Lancet*, though Yemen does have a facility-based, real-time electronic disease early warning system, it only covers 37% of Yemen's health facilities. Disease detection and interventions are further limited by acute shortages of technical staff required for field investigation or active surveillance, no national workforce strategy for epidemiologists, and only rudimentary lab systems with only one central lab in Sanaa with four branches in Aden, Taiz, Hadramout, Hodeidah governorates. There is also a shortage of PCR machines and reagents to detect COVID and as of April 23, 2020, no approved COVID response plan. The government hasn't prepared enough locations for isolation at points of entry into the country for travelers suspected of infection. Yemen also has a long coastal border that receives thousands of migrants and refugees from the horn of Africa. As of April 10, 2020, implementation of airport closings, restriction of public gathering, and few hospitals and medical wards are designated for COVID patients, exacerbating the problem. This has exhausted the remaining resources in the country's fragile health system (Dureab et al., 2020). Yemen's structural vulnerabilities have developed over this protracted period of conflict. The preceding years of poor governance led to this inadequate healthcare system lacking PPE and a massive shortage of equipment, staff, and medicine.

According to Tamuna Sabadze, IRC Yemen Country Director at the International Rescue Committee:

> "The health sector is less than 14% funded - at a time when 20 million Yemenis lack access to health services, and the pandemic is driving new needs. Half of children under 5 suffer from acute malnutrition. Nearly 400,000 are suffering from severe acute malnutrition and are at risk of death without treatment. Even food aid is at risk and may be reduced due to insufficient funding as the country faces the risk of famine as the nutrition sector lacks 60% of the funds it requires to meet these needs this year" (Raza, 2021).

This has led to the resurgence of old diseases like measles and diphtheria. With the largest outbreak in 20 years, culture and PCR confirmed *Corynebacterium diphtheria* caused 5,701 cases and 330 deaths recorded up to April 26, 2020 (Badell et al., 2021). Of note, the median age of patients was 12, and the dominant strain was genetically related to subtypes from Saudi Arabia, Eritrea, and Somalia. The cholera outbreak from 2016 – current has led to upwards of 2.5 million cumulative cholera cases, including 3,981 deaths (WHO, 2021) spanning five governorates, with the worst being Hajjah with the highest death rate, Amran with the highest attack rate (WHO, 2021). This outbreak comes as no surprise as less than 50% of the population has no access to safe water (Dureab et al., 2020). Dengue Fever in Yemen has skyrocketed. Case reports in 2020 showed a seven-fold increase in case reports over 2019 which had already shown a six-fold increase in the reported cases from 2018. There is some good news though! Health care interventions implemented by Yemen Red Crescent Society (YRCS) focused on key vulnerable locations, including hygiene kits, mosquito nets, and fogging in high-risk governorates (International Federation of Red Cross and Red Crescent, 2021). This led to a decrease in 2021 Dengue case reports.

So, as millions of lives are at stake, what is being done? The U.N. General Assembly held a high-level meeting on Yemen that occurred on September 9, 2021. Tamuna Sabadze, International Rescue Committee (IRC) Yemen Country Director reports:

> "The cost of underfunding this year is clear. 15 million Yemenis do not have access to safe water and sanitation and require assistance, but the water, sanitation and hygiene sector is funded at less than 10%. Clean water is even more important today to stop outbreaks of COVID-19 and other diseases such as cholera which wreaked havoc on Yemen's already fragile health system." (Raza, 2021)

The IRC is calling for world leaders to pressure for a cease-fire and increased donors. But the IRC reminds, do not forget that 50% of children under five suffer from acute malnutrition and that 70% of the population relies on humanitarian aid that is grossly underfunded (Raza, 2021).

Also, the U.N. Group of Eminent International and Regional Experts of Yemen presented the fourth report to the Human Rights Council, on September 14, 2021, calling Yemen: a nation abandoned, a call to humanity to end Yemen's suffering. With the conflict entering its seventh year, the report details the long litany of serious violations of international human rights laws, including civilian airstrikes and shelling, combatants failing to abide by humanitarian law, obstacles to access food and healthcare, arbitrary detention, enforced disappearances, gender-based violence including sexual violence, torture, denial of fair trial rights, and persecution against journalists, IDPs, children, human rights defenders, minorities, and migrants. The report, which covers the period between July 2020 and June 2021 states that the violations' responsibilities rest with all parties involved with the conflict, including the government, southern transitional council, coalition members, and de facto authorities (Mermet, 2021).

Has the world just stood by to watch Yemen running to the U.N. for money? No! Starting from inside its borders, the Yemeni Red Crescent Society (YRCS) has 22 branches nationwide in different governorates with a priority including primary care, and public health with 3500 volunteers. The YRCS can reach most of the areas and includes first response actions, first aid/ambulance services, and health education by trained community volunteers. They have also integrated public health initiatives such as WASH and PSS activities focused on IDP populations. They coordinated at the national level and requested help with the dengue outbreak (International Federation of Red Cross and Red Crescent, 2021). Movement coordination within

the country occurred between the International Red Cross and Red Crescent Society working in tandem with technical working groups, meeting in-country every two months for healthcare coordination, information sharing, harmonization, and standardization of support (The British Red Cross Support Work and Aid in Yemen, n.d.). Other Aid Societies include Danish Red Cross, Norwegian Red Cross, German Red Cross, Qatar Red Crescent, and the IRC. The IRC was founded in 1933, at the call of Albert Einstein, and is at work in over 40 countries helping people to survive, reclaim control of their future, and strengthen their communities (Raza, 2021).

While Yemen is torn apart with fighting, this country has a proud history filled with rich culture and fascinating people. Most important is Yemen's most untapped resource, its women. They are leading the way forward. Dr. Bushra Al-Aghbari, a 27-year-old Yemeni female physician from Aden, joined the IRC as a reproductive health officer in 2019. From a heavily traditional and patriarchal society, Dr. Al-Aghbari's parents and fellow doctors opposed her decision to leave her family home to work in remote rural region of the country, Al-Dhale'e, in southwest Yemen (Yemeni Doctor Fights for Women's Health, 2021). In Al-Dhale'e, she has no access to basic services like the internet or electricity. She manages eight E.U. funded mobile health teams and several health facilities in this remote area in Yemen. Teams of health care workers drive into the mountains to visit remote camps, settlements, and villages. The teams provide pregnant women and babies vital support otherwise unavailable.

> "Our traditions and customs have prevented women from going to male doctors," she says. "So even when they're in need, they just suffer at home. Women tend to be depressed because of the unstable situation and fear what's coming next" (Yemeni Doctor Fights for Women's Health, 2021).

"Women are the most ignored group in our community," she said. "They need more care, and to have access to services so they can follow up on their health. As a fearless advocate for

women, now her family supports her work. “My dad always calls me, telling me I am strong and brave,” said Bushra. “My mom also sends me the cookies and chocolate I miss from Aden” (Yemeni Doctor Fights for Women’s Health, 2021). With fellow midwives and doctors, Bushra created a WhatsApp group to keep in contact with patients, arrange consultations, follow pregnant patients and created a vital portal for patients to seek help, and updates regarding hospital capacity. “Many women were wondering where to deliver their babies and how to protect themselves” said Bushra (Yemeni Doctor Fights for Women’s Health, 2021).

In 2020, COVID-19 severely complicated an untenable hospital situation. At the peak of the outbreak, hospitals were turning away patients in hopes of reducing the spread of the virus. Price hikes, fuel shortages, food insecurity, inadequate healthcare, and widespread famine also increased the already stressful and complex medical situation. Dr. Bushra Al-Aghbari recalled that “The work is risky and dangerous, but when I see appreciation in people’s eyes, it encourages me to keep supporting them. “Being a woman, it’s not enough to be strong and stand up for myself, but to stand up for everybody else who needs me,” she says with a characteristic look of determination in her eyes (Yemeni Doctor Fights for Women’s Health, 2021).

Finally, I am reminded of the Jesus story that describes a powerful moment when Jesus rewards a societal outcast. During the interaction, a woman with a bloody discharge dared to break societal norms and touch Jesus. Instead of berating and condemning her, Jesus speaks to her with love and compassion, calling her daughter. These powerful words gave this previously rejected woman a place in Jesus’s family. There are many powerful parallels between this story and the female Muslim culture. Words of acceptance, purpose, and place give hope to the outcast. These words of hope combined with practical helps such as the Helping Babies Breathe program and training systems for birth attendants and community health workers

Also important is provision of primary care in the setting of rural villages with mobile clinics like the ones that Dr. Bushra leads. This combination of relationship building while listening with a strong emphasis on PTSD and trauma care to begin healing the war wounds seen and unseen seems critical to moving forward.

Finding villagers with social capital and networks within and between tribes for resource sharing are strategies that might work in these settings. Coordinating with the already present NGOs and aid organizations to better utilize the resources they have brought into Yemen. Partnering also with the existing security forces in the form of tribal and militia authorities for the safety of the teams. Our goals include training local teams to perform community health assessments, vaccination clinics, and gender-based education and care focusing on perceived needs and matching that with resources available. Ideally using the resources identified in our African International Medicine segment, teenage females could be tapped for training and education as community health workers. This approach produces a two-pronged benefit: tapping an underutilized resource and prevention of child brides and underage pregnancies.

A significant barrier here would be the cultural traditions that keep women within their homes. To overcome this barrier would require creative thinking and cultural help from the Yemenis themselves. Use of IDP or refugee camp teenage women as the primary resources since they are the majority of IDP and refugee populations. These women would have already experienced some fragmentation of their family structures so would be more available for education. The inclusion of gender-based care to deal with the pervasive issue of sexual violence, trauma, and mental health issues will be key for both women and children. Dr. Bushra Al-Aghbari provides such hope that Yemenis are ready and able to step out of their situation for a better future for themselves and their children.

In conclusion, with cultural humility, joining Dr. Bushra's team as family medicine physicians would add a depth and breadth of care to her systems while staying within her already accepted practice in the rural mountainous remote locations within Yemen. She inspires me with her courage to step outside societal norms and comfort to care for the least, the last, and the lost.

References

Badell, E., Alharazi, A., Criscuolo, A., Almoayed, K. A. A., Lefrancq, N., Bouchez, V., Guglielmini, J., Hennart, M., Carmi-Leroy, A., Zidane, N., Pascal-Perrigault, M., Lebreton, M., Martini, H., Salje, H., Toubiana, J., Dureab, F., Dhabaan, G., Brisse, S., Rawah, A. A., … Al-Somainy, A. A. (2021). Ongoing diphtheria outbreak in Yemen: A cross-sectional and genomic epidemiology study. *The Lancet Microbe*, *2*(8), e386–e396. https://doi.org/10.1016/S2666-5247(21)00094-X

Dureab, F., Al-Awlaqi, S., & Jahn, A. (2020). COVID-19 in Yemen: Preparedness measures in a fragile state. *The Lancet Public Health*, *5*(6), e311. https://doi.org/10.1016/S2468-2667(20)30101-8

International Federation of Red Cross and Red Crescent. (2021, March 5). *Yemen: Dengue Fever Outbreak - Final Report, 05 March 2021 - Yemen*. ReliefWeb. https://reliefweb.int/report/yemen/yemen-dengue-fever-outbreak-dref-n-mdrye008-final-report-05-march-2021

Kingsley, P. (2016). *The new odyssey: The story of Europe's refugee crisis.* Guardian Books.

Mermet, J. (2021, September 14). *OHCHR | UN Group of Eminent International and Regional Experts on Yemen presents its fourth report to the Human Rights Council: A nation abandoned: A call to humanity to end Yemen's suffering*. United Nations, Human Rights Council. https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=27458&LangID=E

Raza, M. (2021, September 21). *Millions of lives at stake as a result of Yemen HRP underfunding, warns IRC ahead of UNGA high-level meeting*. International Rescue

Committee (IRC). https://www.rescue.org/press-release/millions-lives-stake-result-yemen-hrp-underfunding-warns-irc-ahead-unga-high-level

Small, T. (Host). (n.d.). *CONFLICTED* (Season 1, Episode 4) [Audio podcast]. Retrieved September 29, 2021, from https://open.spotify.com/show/1pgRlNKUjQksdy90usLyM5

The British Red Cross support work and aid in Yemen. (n.d.). British Red Cross. Retrieved September 29, 2021, from https://www.redcross.org.uk/about-us/what-we-do/international/yemen

WHO. (2021, March 5). *Cholera situation in Yemen, December 2020—Yemen*. ReliefWeb. https://reliefweb.int/report/yemen/cholera-situation-yemen-december-2020

Yemen | Global Focus. (n.d.). Retrieved September 29, 2021, from https://reporting.unhcr.org/yemen

Yemen Crisis Explained. (n.d.). USA for UNHCR, The U.N. Refugee Agency. Retrieved September 29, 2021, from https://www.unrefugees.org/news/yemen-crisis-explained/

Yemen Refugee Crisis: Aid, Statistics and News | USA for UNHCR. (n.d.). USA for UNHCR, The U.N. Refugee Agency. Retrieved September 29, 2021, from https://www.unrefugees.org/emergencies/yemen/

Yemeni doctor fights for women's health. (2021, March 5). International Rescue Committee (IRC). https://www.rescue.org/article/yemeni-doctor-fights-womens-health