

## *A Deeper Look: Crisis Response in Yemen*

Patrick Fine, Gregory Beck

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*Patrick Fine:* Hello listeners. Welcome to a new episode of *A Deeper Look* podcast. I'm Patrick Fine, CEO of FHI 360. And today I'm joined by one of my FHI 360 colleagues and a long-time humanitarian, Greg Beck, who is the Director of Crisis Response and Integrated Development here at FHI 360. Greg, welcome to the podcast.

*Greg Beck:* Thank you, Patrick. It's good to be here with you and your listeners.

*Patrick Fine:* Greg, as you and our returning listeners know, the podcast theme for this year is humanitarian crises and emergency response and I thought you'd be a perfect guest to join the podcast because of the work you've been doing on behalf of FHI 360 to respond to humanitarian crises in northern Nigeria, and more recently, in Yemen. Today, I'd like to focus on the work in Yemen. Yemen has been described as the worst humanitarian crisis in the world today, and so I think it's fitting for us to take a deeper look into the nuts and bolts of emergency response. You've been to Yemen twice this year. You're in a good position to share your perspective on both the startup of operations — how to identify where an international organization can make a productive contribution — and then some of the challenges that are faced.

Before we get into those questions, just a quick reminder to our listeners. I'd love to hear your thoughts on today's episode, so add your comments or questions and leave a review of the podcast. Now, let me tell you all a little bit about Greg Beck, my colleague. As I mentioned, he leads FHI 360's crisis response work aimed at generating evidence and fostering global learning on integrated development solutions. So, one of the things that Greg has championed is taking integrated approaches and taking the methodologies around integrated development and incorporating those into humanitarian response. And Greg, I'll ask you to say a word about that. He has worked for over 20 years providing strategic leadership particularly on issues of humanitarian crisis.

Greg's worked in Africa, the Caucasus, in Asia and in the Balkans, where he's led emergency responses. I think we first met when you were the Deputy Assistant Administrator at USAID. So, you combined both the perspective of somebody who is a practitioner on the ground as well as a policymaker who's doing the strategic planning and directing operations from the headquarters level. You've worked with a variety of organizations that focus on humanitarian response, including the International Rescue

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Committee, Global Communities and USAID's Office of Transition Initiatives, as well as the Peace Corps. Greg, you've got vast experience in the world of emergency response.

Why don't you tell us about your recent experience in Yemen?

*Greg Beck:* Sure. I'd be happy to, Patrick. So, just as a way of background, as the escalating humanitarian crisis enters its fourth year in Yemen, widespread conflict, rapid deterioration of the economic structure, insecurity, and rapid collapse of essential public services, and food insecurity are really weighing heavily on the population of Yemen. The population is roughly 27 million, give or take a million or so. Currently 22 million are in need of humanitarian assistance.

*Patrick Fine:* So, almost the entire population.

*Greg Beck:* Exactly. Very, very close to that. 11 million of those are in acute need and 8 million people are on the brink of starvation. So, those people, 8 million, don't know where their next meal is going to come.

*Patrick Fine:* And what does acute need mean?

*Greg Beck:* So, acute need means that they are on the edge of starvation when it comes to hunger. They are without the nutrients, without access to clean water. They are in immediate danger of, frankly, death if they do not receive assistance.

*Patrick Fine:* And is food security the major criteria for determining acute need? I mean what about access to public health services or to education services?

*Greg Beck:* Traditionally we look at access to water and sanitation and health care, primary health care first and then secondary health care. And then food security. Those are really the three indicators of acute needs that are measured by the international community.

*Patrick Fine:* Ok. So, almost the entire population of Yemen is caught up in this humanitarian crisis. That's what makes it the largest crisis in the world today. And 8 million people are on the brink of starvation.

*Greg Beck:* That's correct. And, just to remind your listeners, this is a manmade disaster. This is not from natural disaster. This is manmade, and in fact all of the combatants that are involved in the

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conflict in Yemen have essentially weaponized food, weaponized the economy.

*Patrick Fine:* Or they're using starvation as ...

*Greg Beck:* As a tool.

*Patrick Fine:* As a tool.

*Greg Beck:* That's correct. And that goes for all the commands in the conflict in Yemen.

*Patrick Fine:* So, what's the international community's response? And then what have you been doing there?

*Greg Beck:* Sure. So, the international community has been involved in Yemen for a very long time. Conflict is not new to Yemen. It's just been accelerated since the Houthis captured Sana'a, the capital.

*Patrick Fine:* And the Houthis are who?

*Greg Beck:* So, the Houthis are the Zaidi branch of the Shi'ite Islam. They make up 30 percent of the population.

So, the international community currently is serving 7 million people each month and providing health care, providing water and sanitation services, food deliveries, cash assistance, and protection. So, currently there are 3 million people who have been displaced by the conflict. Most of those have flowed from the north into the south. In addition to that, in the north up in Saudi Arabia, 3 million people have been kicked out over the last six months and have been repatriated back to Yemen. So, just to add to the ...

*Patrick Fine:* And are they in the north?

*Greg Beck:* They're in the north but they're also coming over in the far eastern area of Yemen and into Mukalla, which has been previously somewhat inaccessible by the humanitarian community. There was a recent push to begin building out some humanitarian structure in that area, but it is not the hardest hit in Mukalla. So, really when you're looking at the hardest hit areas of Yemen, if you look at the provinces of Taiz, which is south of Sana'a, you look at Hudaydah and you look at Ibb; those are really where the conflict is taking place, where the displacement is taking place and where the most vulnerable people are also located.

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*Patrick Fine:* So, most of the 8 million people who are on the brink of starvation would be in those three provinces?

*Greg Beck:* In Aden, Taiz and Hudaydah – those are really the hardest hit when it comes to food insecurity. But if you look at insecurity and safety of individuals, you probably would say that Sana'a and the north are the most vulnerable. You have a coalition that was built after the Houthis took over Sana'a. It's the United Arab Emirates, Saudi Arabia, Egypt, Sudan – mostly Sunni countries that have joined this coalition. Mostly in the south has been boots on the ground by the UAE, and the Saudis have done the air campaign, and so there are a number of airstrikes that are taking place in Sana'a and the surrounding areas that are indiscriminately killing civilians that are targeting health care centers or targeting government buildings and schools. And oftentimes they're going into the neighborhoods, and again adversely affecting a tremendous number of people.

*Patrick Fine:* So, you've mentioned some of the parties to the conflict. I know there are other parties to the conflict as well, that there are different clans that are contesting territory and that particularly in the southeast, you have Al-Qaeda in the Arabian Peninsula, so another major force. And the Houthis are widely seen as being supported by Iran.

*Greg Beck:* That's correct.

*Patrick Fine:* So, you have a situation where there's shifting loyalties down to the clan level that creates a confused mosaic of conflict across the country.

How does an organization that is delivering humanitarian assistance operate in that kind of situation?

*Greg Beck:* That's a great question, Patrick. It is a really complex environment. In fact, it's probably recognized as one of the most dangerous and complex operating environments for humanitarian organizations currently in the world. There are – as you cited – a complex mix of combatants and so we have this proxy war that's going on between Saudi Arabia and Iran, and that's created coalitions. You also have a number of tribal groups, and they're oftentimes fighting longtime blood feuds. Perhaps around a water point. In fact, it's estimated that probably 4,000 people a year die in battles over access to water. And so, they have a variety of conflicts going on.

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As you mentioned, Al-Qaeda and ISIS have come in in a big presence. So, for a humanitarian operation to be successful one needs to first of all understand how to work in that difficult environment. So, you need to be able to dialogue and understand the equities of those various actors. And so, first of all, starting with the government. And the government is very split right now. You have the Houthi government up in the north.

*Patrick Fine:* And they're in Sana'a, correct?

*Greg Beck:* They're based in Sana'a. That's correct. And then you have the internationally recognized government, that President Masur Hadi who is actually in Saudi Arabia and is not even located anymore in Yemen.

*Patrick Fine:* So, he's in exile.

*Greg Beck:* He essentially has the government in exile. He has some vice ministers that are in their capital of Aden. Our point of contact in the government is the Ministry of International Cooperation and Planning and the Ministry of Health. So, we start there and we begin developing a dialogue. We understand what their plans are. We're looking for the needs and the gaps. We start at that point. We then have a lot of dialogue with the UN. The World Health Organization, UNICEF, UNFPA and OCHA. There's a cluster system in humanitarian environments and so these are sectorially based and so you have a WASH cluster, protection cluster or a health cluster and a logistics cluster. So, those are the four main clusters. If we engage with them to understand what is the strategy, they do a lot of gathering of assessments, so we understand again where the needs are, the immediate needs are, and we understand where the locations are.

And then we also need to engage with the combatants in fact. And so, we've had conversations with the presidential guards, with the Emirates, with the Saudis, with militia groups so that we can be able to have access to the locations where we're beginning to work.

*Patrick Fine:* How do you reach out to those commanders of those groups, particularly the militia groups?

*Greg Beck:* Right. Well, interestingly enough it's been through our staff, so we've utilized their connections to be able to have face-to-face

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conversations with the generals to let them first of all know what we're doing, what are our intentions, how is it that we work in country, which is again a great deal of collaboration and trying to align with the ministries that we're working with. And where we've identified a great area of need is in the far western governorate of Taiz, specifically in the towns of Al-Mokha and Dhubab. Those have been inaccessible to the humanitarian actors until just recently. And FHI 360 is one of the first humanitarian actors to gain access to those areas. We just had another assessment there by two of our international staff.

*Patrick Fine:* And do they travel by road or do they travel by air?

*Greg Beck:* They travel by road. There's no air travel within, intra-country travel. So, it is about a six-hour car ride that goes along the coastal route into that far western region. The reason why we picked those two areas is because they are the greatest areas in need. The health facilities over the last couple years have been occupied and so, citizens have not been able to access primary health care or secondary health care. Now, because of the battle that's going on in the north in the Hodeidah Port, most of those combatants have moved out of the area, gone north and allowed us to get access to those locations.

*Patrick Fine:* And then what kind of activities are you doing there?

*Greg Beck:* We are developing very similar to our program in northeast Nigeria in Borno state, an integrated program that includes primary health care, nutrition and water and sanitation. Because again, according to the need assessments, those are really the primary areas of need for the citizens and not only for locals, but also for internally displaced persons.

*Patrick Fine:* Now you've been a champion in the development community for integrated approaches to addressing human development needs. Is that something that you're bringing from your humanitarian response background? Is that pretty much how humanitarian organizations operate or is that something that you and by extension FHI 360 is introducing?

*Greg Beck:* It's always been a great frustration of mine as a long time humanitarian actor that we weren't more integrated in the way that we delivered our services to locals and IDPs and refugees. There's certainly an intention to do that, but in practice it seems to be very difficult. So, we're taking our study, our research, our models that

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we've created through the integrated development initiative here at FHI 360 and now applying that into the humanitarian space.

And so, our program of primary health care, WASH and nutrition are integrated both at the health facility level and in our outreach to communities.

*Patrick Fine:* Give our listeners some detail about what a WASH activity looks like.

*Patrick Fine:* Or what a primary health care activity looks like and how those integrate at the community level.

*Greg Beck:* Sure. So, we'll initially start in these two facilities which are very damaged.

*Patrick Fine:* Health facilities?

*Greg Beck:* Health facilities, right.

*Patrick Fine:* So, they're like, are they urban-based?

*Greg Beck:* Mokha is a bit larger than, Dhubab which is in the south. And so, we'll be working a health facility there. And in Mokha, we'll be working an MCH center. Maternal and child health center. But, we'll be providing larger primary health care services beyond those.

*Patrick Fine:* But those facilities, would they look like a small hospital?

*Greg Beck:* They would look like a two-story home.

*Patrick Fine:* Ok.

*Greg Beck:* They're not large. They've all been emptied of all their supplies and equipment and in most cases their staff. So, first of all, we're going to start with the facilities and we're going to help to refurbish the infrastructure. We'll then identify staff who were former employees of the Ministry of Health and we'll begin bringing them back into the health centers. We'll begin doing some retraining. We'll provide incentives because, for the most part, most public service workers have not received a salary over the last two years and so that's teachers and doctors and nurses and laboratory technicians. But also, which is really encouraging and I think a real statement to the strength of the Yemenis, many of them

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actually continue to show up and provide services out of true dedication to the profession and to the people which they are meant to serve. We'll actually be providing them now some incentives, that will allow them to have some economic power.

*Patrick Fine:* Right.

*Greg Beck:* Now.

*Patrick Fine:* Just some income.

*Greg Beck:* Yeah, some income. And then we'll begin retraining and providing supervision to the staff. The services we'll look at. We'll provide again essential primary health care services so both for infectious diseases, noninfectious diseases. We'll be doing surveillance. We'll be spotting if there's cholera or diphtheria, measles or malaria.

*Patrick Fine:* Has cholera been an issue in Yemen?

*Greg Beck:* There are now over 1 million suspected cases of cholera which is the largest number anywhere in the world –

*Patrick Fine:* Yeah. So, it's a huge issue.

*Greg Beck:* It is one. In fact, we're bracing for what is being referred to as the third wave of cholera. It normally comes in the rainy season. You know, cholera is contracted by usually dirty water.

*Patrick Fine:* Right.

*Greg Beck:* Or through food. And again, where there is very little clean drinking water, very little hygiene facilities, or sanitation facilities, easy to spread that. The rainy season is starting now and that's when traditionally the outbreak of cholera takes place.

*Patrick Fine:* I see. And so, to address an outbreak like that, would organizations like ours reposition oral rehydration packets ...

*Greg Beck:* Right.

*Patrick Fine:* ... and other supplies to treat cholera?

*Greg Beck:* We will. And so, we're trying to get out in front of it. In addition to the health centers that we're working in, we will be working with



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community health volunteers to be doing outreach to the communities. Some of them are two and three hours away. And oftentimes, people don't have the ability to access the centers primarily because they don't have any money, so they can't afford to take a bus.

*Patrick Fine:* Buses are still running?

*Greg Beck:* Buses are still running, miraculously so, and/or private cars.

So, we want to make sure that we're an outreach in what we call the third ring of a health center and so our community health volunteers will be doing surveillance. They'll be doing hygiene education, hygiene promotion.

*Patrick Fine:* And those community health volunteers, are those volunteers that were previously employed as community health workers that are being brought back into the system or are they new people that are being trained?

*Greg Beck:* Primarily it will be those who have been working as community health volunteers in the past. We recognize because of displacement or death, we'll need to bring in some new community health volunteers. But probably three-quarters of the health volunteers are already present.

*Patrick Fine:* Ok.

*Greg Beck:* And again, they'll be doing a lot of advance work. They'll be doing surveillance, but they'll also be doing just some real basic treatment, especially focusing on women and children. Especially pregnant and lactating women. Children, you know, again trying to capture that golden 1,000 days ...

*Patrick Fine:* Yeah.

*Greg Beck:* ... when it's super important for children to have the micronutrients and nutrients that are necessary for their brain ...

*Patrick Fine:* Right.

*Greg Beck:* ... you know, to grow.

*Patrick Fine:* To avoid stunting.

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- Greg Beck:* Avoid stunting.
- Patrick Fine:* And chronic malnutrition.
- Greg Beck:* Stunting right now in Yemen is 47 percent.
- Patrick Fine:* Wow.
- Greg Beck:* Breastfeeding, exclusive breastfeeding is below 10 percent.
- Patrick Fine:* Why is that?
- Greg Beck:* Primarily because women don't have access to healthy foods and so they're not able to ...
- Patrick Fine:* Produce milk.
- Greg Beck:* To lactate, produce milk, exactly. And so, we'll be working with pregnant and lactating women to encourage breastfeeding, especially for the first six months; if we can, for two years. And as you know, when the child doesn't get those nutrients, then it affects their brains which then affects their ability to learn, which then affects their ability to earn an income.
- Patrick Fine:* Right.
- Greg Beck:* So, it's so important to be addressing the kids in the very early stage.
- Patrick Fine:* Right. For long-term productivity.
- Greg Beck:* Exactly.
- Patrick Fine:* And just for people to have the opportunities to live fulfilling lives.
- Greg Beck:* Exactly and so when it comes to cholera, we'll also be prepositioning nonfood items and these are hygiene kits. There's soap and there's buckets and jerry cans. There's cooking kits. There's sanitary napkins. In some cases, there's food for one month, providing more healthy food to kids.
- Patrick Fine:* You say more healthy food, like sorghum or ...
- Greg Beck:* That's right and vegetables. And there are fortified milks that can be provided.

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- Patrick Fine:* But almost all of that or maybe all of that has to be imported. Correct?
- Greg Beck:* So, 90 percent of food staples are imported to Yemen.
- Patrick Fine:* Even before the conflict.
- Greg Beck:* Even before the conflict. Interestingly enough, over 60 percent of water goes to agriculture production of small farms, which only contribute to 6 percent of the GDP.
- Patrick Fine:* Wow.
- Greg Beck:* A lot of the issue has been again from the past, and a lot of farmers have decided to switch from producing grains and vegetables to producing khat, which is a plant that's a mild stimulant that pretty much every man and woman partakes in in Yemen.
- Patrick Fine:* Women also chew khat? You chew it, right?
- Greg Beck:* That's right. You chew that.
- Patrick Fine:* Does it taste good?
- Greg Beck:* It's very chewy. It's just like throwing a plant in your cheek.
- Patrick Fine:* Leaves.
- Greg Beck:* It's leaves, exactly. And you'll see people, you'll see gunmen at the check points with a gigantic wad of it in their cheek.
- Patrick Fine:* So, that's the main cash crop.
- Greg Beck:* It's the main cash crop and it's also a huge – it sucks up a lot of water. It's one of the dire needs, frankly, of Yemen. We have a dropping water table, and the water table comes from lack of strong water resource management. It comes from illegal tapping of wells. And it comes from global climate change that there is just less water.
- Patrick Fine:* Is it possible to distinguish or differentiate root causes of the conflict and whether climate change is one of those root causes?

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*Greg Beck:* Well, we're certainly seeing weather changes. We're seeing less rain in Yemen over the last ten years. Currently I think only 25 to 30 percent of citizens are connected up by pipe to clean drinking water. Many of them have to walk a half hour, an hour, two hours to get to some source of clean drinking water. That's always been a problem for a long time in Yemen. And now, with climate change, you're seeing the lack of rain water and you're seeing the lack of ability to grow nutritious foods like vegetables or some of the basic grains that people exist on.

*Patrick Fine:* So, you've talked about water and sanitation.

*Greg Beck:* Yeah.

*Patrick Fine:* And the lack of water or water shortages are underlying challenge that the country faces. That that's linked to food security because one, you're not able to produce much food and food is imported. And then, now farmers have switched to growing khat, which is a cash crop. So, WASH, food security and then primary health care.

*Greg Beck:* That's correct.

*Patrick Fine:* And then that links in with the spread of infectious diseases like cholera.

*Greg Beck:* Cholera. And back to cholera. You know, it's really one of the most curable infectious diseases out there. People can die within hours from diarrhea or from vomiting. By giving them rehydration fluids or by giving them IV drips in times when it's severe cholera, antibiotics. And they will be cured within a day or two. It's an easily solved infectious disease.

*Patrick Fine:* Right. What about diphtheria? You mentioned that as another.

*Greg Beck:* Yeah. Diphtheria is on the rise. In fact, that was one of the first projects that we engaged on, we worked closely with the Ministry of Health and with WHO. And we were doing a series of trainings of health surveillance staff both on the WHO side and Ministry of Health.

*Patrick Fine:* It's a respiratory disease.

*Greg Beck:* It's a respiratory disease. Right. And so, it adversely affects the nervous system, which then can shut down the heart and the lungs

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or people can suffer because of lack of fluid and they build up a mucus in their throat and they can die of ...

*Patrick Fine:* Suffocation.

*Greg Beck:* Exactly. Currently, I think there's about 1,900 cases of diphtheria and it continues to rise, and so on top of the cholera and endemic malaria, dengue fever, we have measles, diphtheria and cholera now that are an outbreak.

*Patrick Fine:* Wow. So, almost like the four horsemen of the apocalypse.

*Greg Beck:* Right. And to make it even worse, as I mentioned earlier, the combatants are weaponizing the economy, weaponizing food. The coalition has a stranglehold on the main port, which is Hodeidah.

*Patrick Fine:* There's a big battle going on for Hodeidah right?

*Greg Beck:* They are poised for a big battle. The international community is very, very nervous that if there's a battle for Hodeidah, it will cut off that food line.

*Patrick Fine:* Is the food coming in through Hodeidah now?

*Greg Beck:* Primarily. You have ...

*Patrick Fine:* What about Aden?

*Greg Beck:* So, Aden doesn't have the large facilities that Hodeidah does. It does have some offloading capacity but having gone through them myself a couple of times you can see it doesn't have the number of large cranes that Hodeidah has. It doesn't have the storage facilities that it has. It doesn't have the customs infrastructure that Hodeidah has.

*Patrick Fine:* So, if different parties to the conflict are using starvation as a tactic to overcome their adversaries, why do they allow humanitarian actors in at all?

*Greg Beck:* I think it's just there's no unified power to be honest. It's so dispersed throughout the country. I also think that people don't want to have vast amounts of people suffering and dying on their watch, whether it's the Emirates or the Saudis or the Houthis or the Hadi government. So, we've been allowed to operate. It's not easy getting access to places like Taiz; getting access to places like

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Lahij and Ibb are extremely difficult. And it's also extremely difficult to work in the north.

*Patrick Fine:* Do they receive much humanitarian aid?

*Greg Beck:* They do. There is. And in fact, I would say the bulk of humanitarian actors are in the north.

*Patrick Fine:* Oh, is that right?

*Greg Beck:* And only in the last six months have begun building up their capacity in the south because more and more people are now moving from the north into the south as internally displaced persons.

*Patrick Fine:* In previous podcasts, a number of my guests have noted that the nature of humanitarian crisis has changed over the last 10 or so years and that now crises are protracted.

*Greg Beck:* Yes.

*Patrick Fine:* And that they go on for an average of 17 years is one number that is frequently quoted. But, I've heard recently that that number has gone up and it's even higher than that.

*Greg Beck:* Right.

*Patrick Fine:* Looking at the situation in Yemen and the confused conflict that's going on, what prospects are there for achieving some level of stability so that people can go back to their communities. Communities can reestablish themselves and you can get some sort of normal life going again.

*Greg Beck:* So, I would say hope is in limited supply in Yemen.

We cannot humanitarian our way out of this. This has to be the combatants coming to the peace table and negotiating some equitable piece for all of the parties that are involved in this. At this point in time, I think most people who are looking to the future would say that the prospects for that are limited. There seems to be very little incentive on the part of the primary combatants to go to the peace table. I think the coalition sees there's an opportunity to weaken the Houthis by taking Hodeidah. And then, perhaps, they could get them to the, to the peace table. But I think others believe that that's a fallacy, that the Houthis will continue to fight for their

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position no matter if they have Hodeidah or not. So, really, it comes down to peace negotiations, Patrick. We can try as humanitarian actors to service some of the most immediate needs. But we have an entire generation of kids that have been adversely affected by this conflict, whether it's through malnutrition or lack of education or lack of economic opportunities. But, the underlying issues that we talked about earlier that proceed this particular conflict of lack of agricultural inputs and outputs, with a declining value to the currency, with rapid inflation and with a rapidly decreasing water table. So, not to sound completely pessimistic, but I think at this point in time, it's a struggle to think about what the future will look like for Yemen, especially in absence of some peace accords.

*Patrick Fine:* So, realistically, the international community can expect to be assisting the people of Yemen for some time to come.

*Greg Beck:* I would think so. And unfortunately, it seems that Yemen has fallen off of the front page or even the fifth page of our newspapers. And while it's the largest humanitarian crisis in the world, it seems to have been largely forgotten by the international community.

*Patrick Fine:* Are there any factors that do give you hope?

*Greg Beck:* So, like in so many of these humanitarian situations, my hope oftentimes resides in the resiliency of the people and especially during my times in Yemen I saw that in the Yemenis. They are incredibly strong. They are incredibly resourceful. When I go work with the staff in the Ministry of Health, they're also positive and leaning into the problem. The Ministry of Water, the same. But, I am worried that that resiliency and elasticity is continuing to be worn down as we enter into the fourth year. What also gives me hope is that we've built this really amazing team. We have members of our crisis response team at FHI 360 and our Yemeni staff that we're continuing to build and grow. They are also impressive in the sense of let's get it done, we can do some really important work. And so, I've been very impressed by that. That gives me hope at the end of the day.

*Patrick Fine:* Well, hopefully this in-depth conversation about the conditions that you've encountered in Yemen and the actions that you're leading to assist people who are caught up in this conflict will draw attention to what's happening there. Greg, I want to thank you for really taking a deeper look into what it takes to respond in conflict

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setting where the conditions are ones that make operating extremely difficult, but where the needs are so urgent that something must be done. So, this was a really valuable perspective that you've shared with our listeners today. Thank you.

*Greg Beck:* Well, thank you, Patrick. It's good to join you and your listeners today.

*Patrick Fine:* And listeners, thank you for joining us. Join us again next month for another episode of *A Deeper Look*. And while you're waiting for the next episode, send in your comments and questions and leave a review of the podcast. You can also share today's episode on social media using #ADeeperLook and subscribe to the podcast on iTunes, SoundCloud or wherever you get your podcasts and go back and listen to past episodes as well. Once again, Greg, thanks so much for sharing your perspective today.

*Greg Beck:* Thank you, Patrick.