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**Subcommittee on the Middle East, North Africa, and Global Counterterrorism**  
**Committee on Foreign Affairs**  
**U.S. House of Representatives**  
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**Introduction**

Chairman Cicilline, Ranking Member Wilson, distinguished members of the Subcommittee, thank you for the opportunity to testify before you today about the humanitarian crisis in Yemen and the U.S. Agency for International Development's (USAID) efforts to meet immediate needs and build resilience in Yemeni communities. The compounding effects of eight years of devastating civil war, the impacts of Russia's war against Ukraine on critical wheat supplies, climate change, and the COVID-19 pandemic have created what continues to be one of the worst humanitarian crises in the world: 23.4 million people—nearly 75 percent of Yemen's population—require humanitarian assistance to meet their basic needs this year alone. Eight years of civil war have ravaged Yemen but a majority of deaths have come from the inevitable knock-on effects of conflict: hunger, disease, malnutrition, and lack of access to healthcare and clean water.

Between April and October 2022, the United Nations (UN) brokered truce between the Houthis and the Republic of Yemen Government (ROYG) saved lives both on and well beyond the battlefield. The ceasefire enabled relief actors to access vulnerable people previously isolated from life-saving assistance by conflict lines. It also afforded people the dignity of peace: giving Yemenis the ability to earn money to support their families, to plant and harvest crops, to go to school, and to get medical care. Most notably, the conditions created by this truce helped prevent two million more people from experiencing acute hunger this winter.

With your generously provided appropriations, including the Ukraine supplementals, the U.S. government has scaled-up assistance and made a significant impact on these outcomes. Our assistance has been life-saving for children like Hasan,<sup>1</sup> a nine-month-old baby boy who weighed just 12 pounds when his parents brought him to a USAID-supported health facility. Severe acute malnutrition had impaired his development and meant he was unable to crawl like other children his age. Hasan's mother told staff she constantly had nightmares that malnutrition would permanently impair his physical development, but his family could not afford medical treatment. Our assistance was life-changing for Hasan. After undergoing treatment, he gained almost five pounds, putting him in a normal range for his age and improving his health considerably. This is just one story of millions that demonstrate the impact that our humanitarian investments can have on the lives of people in Yemen.

Evidence from the last six months shows that targeted, multi-sectoral humanitarian assistance coupled with a resumption of economic activity can change the course of this crisis. However, the grim reality is that the ceasefire lapsed on October 2. And while key elements of the truce are holding, overall donor funding for the humanitarian response is waning. The international community must increase its contributions to the humanitarian response to avert the worst outcomes. At the same time, a real, sustained solution can only be achieved with a permanent end to the conflict and an inclusive political process that heeds the voices of the Yemeni people.

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<sup>1</sup> Name changed to protect identity.

## **Overview of Humanitarian Needs**

Approximately 23.4 million Yemenis, of a total population of 31.9 million, needed humanitarian assistance in 2022. The UN estimates that meeting these humanitarian needs for the most vulnerable will require almost \$4.6 billion. Since 2015, approximately 377,000 people have died due to the war—a majority of these deaths attributable to second-order impacts of conflict such as hunger, disease, and lack of access to medical care. Eight years of war have also significantly damaged Yemen’s economy, institutions, and infrastructure—pushing approximately 80 percent of the population below the poverty line. Yemen is also home to 4.3 million internally displaced persons, making it the fourth-largest displacement crisis in the world.

### *Food Security and Nutrition*

According to Integrated Food Security Phase Classification (IPC) analysis—a standard measurement of food insecurity used by governments and aid agencies—approximately 17 million people in Yemen will experience Crisis (IPC 3) or worse levels of acute food insecurity between October and December 2022. While this grim figure encompasses more than half of all Yemenis, it also reflects a marginal improvement in projected food insecurity conditions. Earlier IPC estimates for this period indicated that more than 19 million people would experience acute food insecurity, with 161,000 of them experiencing Catastrophe (IPC 5) levels of food insecurity. IPC 5 is the most severe classification level on the IPC scale—indicating that households are experiencing extreme deprivation of food and facing starvation, death, destitution, and extremely critical levels of acute malnutrition. A Famine is declared when one in five households in an area face IPC 5 levels of food insecurity. The UN-brokered truce helped enable relief actors to gain access to vulnerable populations residing in hard-to-reach areas of Yemen, which was vital in helping to stave off Famine thus far. The truce also granted greater freedom of movement, allowing civilians to purchase goods and services at local markets and engage in income-earning activities. Greater fuel availability and increased donor funding are also helping relief actors expand the reach of their humanitarian food assistance programming: one in three Yemenis will benefit from humanitarian food assistance during this period.

While two million people were spared from experiencing acute hunger, and targeted humanitarian interventions prevented the occurrence of IPC 5 food insecurity this winter, Yemen remains one of the most food-insecure countries in the world. Of the 17 million food-insecure people, 6.1 million are experiencing Emergency (IPC 4) levels of food insecurity—one classification level away from Famine. At the same time, approximately 2.2 million children are suffering from malnutrition, which is deadly in its extreme forms and can have significant impacts on their physical and cognitive development and futures. Experts estimate that many districts of Yemen would be at least one IPC level worse if not for current humanitarian programming, which is why the international community cannot relent in its financial support for the crisis and in its support for the peace needed to avert the worst outcomes.

USAID continues to monitor the humanitarian situation, as the trajectory of the crisis is vulnerable to ever-shifting economic, geopolitical, and environmental variables. Russia’s war against Ukraine has exacerbated food insecurity in Yemen, for example, which imports 90 percent of its food supply and has historically sourced half its wheat imports from Russia and Ukraine. Putin’s war has led to spikes in commodity prices and food shortages across Yemen, putting reliable and affordable access to food out of reach for many families. From January to October 2022, the price of goods and services required to meet a household’s minimum survival

needs rose an estimated 22 percent in southern Yemen and 12 percent in northern Yemen. Unfortunately, it is the most vulnerable households who already spend the highest proportion of their income on food and are unable to cope with higher prices.

A significant contributing factor to global market stabilization has been the Black Sea Grain Initiative (BSGI), an agreement between Russia, Ukraine, Turkey, and the UN that has allowed millions of metric tons of agricultural commodities to safely leave Ukrainian ports for international markets. But this is a fragile arrangement. As we saw in October, Russia's withdrawal from the BSGI prompted volatility and price increases in the global markets. While the resumption of the deal has re-stabilized the market, uncertainty looms as millions of vulnerable people in Yemen and around the world are forced to rely on the good faith participation of the signatories to feed themselves and their families. The United States continues to encourage all parties to keep this essential, life-saving Initiative functioning.

Furthermore, the Organization of Petroleum Exporting Countries (OPEC) announced a cut in oil production by two million barrels per day beginning in November 2022. This reduction in supply, coupled with global efforts to decrease reliance on Russian fuel due to the war in Ukraine, may lead to further uncertainty, price increases, and supply chain disruptions in global fuel markets in the coming year. As we saw at the height of the COVID-19 pandemic and at the outset of Russia's full-scale invasion of Ukraine in February 2022, global food prices are highly susceptible to fuel price fluctuations. If energy prices continue to increase, the purchasing power of households and relief organizations carrying out life-saving programs in Yemen will be further reduced.

### *Protection*

The humanitarian crisis in Yemen is also a protection crisis, with 17.2 million people in need of protection services in 2022. Children are the primary victims of this war, making up 55 percent of people currently in need of humanitarian assistance in Yemen. Children are vulnerable to many risks as a result of the crisis, including child labor; child marriage; abuse; sexual violence; recruitment by parties to the conflict; removal from school; abduction and detainment; and separation from their families. The impact is so profound that the United Nations Development Programme (UNDP) estimates that a Yemeni child under the age of five died every nine minutes due to the conflict in 2021. The UN estimates that 8.8 million children are in need of child protection services.

Women and girls are disproportionately affected by the ongoing conflict and economic crisis, facing heightened risk of gender-based violence (GBV), denial of access to services, restrictions on movement, limited educational and economic opportunities, poverty, and child marriage as a negative coping strategy for household financial hardship. Limitations on movement include increasingly institutionalized *mahram* requirements that mandate women to have a male guardian to travel, which can decrease women's access to life-saving humanitarian assistance. Risk of GBV is further heightened among vulnerable groups like displaced persons, refugees, and migrants; members of marginalized communities like the Muhamasheen; and persons with disabilities. According to the UN, approximately 6.9 million people are in need of services to respond to and prevent GBV in Yemen.

The greater freedom of movement afforded by the UN-brokered ceasefire also led to an increase in casualties from landmines and explosive remnants of war (ERW) during the truce period. ERWs can cause serious physical injury, psychological distress, and death in its victims. These risks pose a challenge to the resumption of daily activities for the Yemeni people who

reside in affected areas, the return of displaced persons to their homes, and also relief actors' ability to access vulnerable communities and provide life-saving humanitarian assistance. Additionally, given the collapsed healthcare system, treatment options can be limited for victims of ERWs, which often require specialized services.

### *Health and WASH*

Health and water, sanitation, and hygiene (WASH) needs are extremely high across the country. Only 51 percent of health facilities in Yemen are fully functional, meaning Yemenis have limited access to medical care and often have to travel long distances to receive it. Additionally, loss of livelihoods across the country due to the ongoing conflict, coupled with high prices for goods and services, means that many families are unable to afford healthcare. As such, the UN estimates that 21.9 million people are in need of humanitarian health services in 2022. In addition, 50 percent of the population does not have access to safe drinking water and sanitation, creating heightened vulnerability to the spread of communicable diseases, including cholera and COVID-19, in an already overburdened healthcare system. These are not isolated sectors—beyond immediate health impacts, access to integrated public health and WASH services is also key for the prevention of famine and treatment of malnutrition.

### *Climate Change*

Yemen is extremely vulnerable to climate shocks, including flooding, drought, rising sea levels, increasingly severe storms, and pests outbreaks. Yemen is experiencing one of the world's worst water crises, exacerbated by the destruction of infrastructure from the conflict, population displacements, land degradation, water mismanagement, and climate change. Households that rely on agriculture for livelihoods are particularly vulnerable to shocks, which can decrease crop yields, reduce household income, and exacerbate already-high levels of food insecurity. These challenges also contribute to the displacement crisis in Yemen, as people seek refuge from climatic events and opportunities to provide for their families in other parts of the country. As the intensity and frequency of these events increase over time, so will the impact to vulnerable populations. To be responsive to these evolving needs, the international community must incorporate climate preparedness and adaptation considerations into the early recovery and reconstruction process, which will decrease humanitarian caseloads over time by building resilience to shocks in communities.

## **USAID's Response**

### *Humanitarian Assistance*

The United States provided nearly \$1.1 billion in humanitarian assistance for the Yemen response in Fiscal Year 2022 (FY22), with USAID responsible for \$972 million of that total. USAID prioritized ten key humanitarian sectors within its programming: food assistance, health, WASH, protection, logistics, nutrition, shelter, agriculture, multi-purpose cash assistance, and Humanitarian Coordination, Information Management, and Assessments (HCIMA).

### *Food Security and Malnutrition*

To respond to the food and nutrition needs across the country, USAID provided nearly \$752 million in FY22 funding to support the World Food Program and non-governmental organization (NGO) implementing partners to provide emergency food assistance to vulnerable

Yemenis. USAID partners are utilizing both in-kind food aid, including U.S.-sourced agricultural commodities, as well as cash-based transfers and vouchers for the purchase of food in local markets. This approach allows partners to use the most appropriate and timely modality for each community, taking into account the specific needs of that community based on factors such as food availability, market stability, and access.

Global food insecurity reached unprecedented levels in 2022, and USAID has also taken unprecedented measures to respond. In April, USAID and the U.S. Department of Agriculture (USDA) made the extraordinary decision to draw down the full balance of the Bill Emerson Humanitarian Trust (BEHT) to bolster food assistance operations in six countries particularly vulnerable to food insecurity, including Yemen. BEHT is a trust that allows USAID to respond to unanticipated food crises abroad with U.S.-grown in-kind food assistance when other Title II Food for Peace Act resources are exhausted. With support from the U.S. Department of Agriculture's (USDA) Commodity Credit Corporation (CCC), the BEHT drawdown brought an influx of \$670 million in resources to address food insecurity in these countries. Of that total, approximately \$184 million was used to deliver more than 200,000 metric tons (MT) of U.S. agricultural commodities to reach more than 5.2 million Yemenis.

The supplemental funding that Congress generously appropriated to USAID in the Ukraine Supplemental Appropriations Act of 2022, the Additional Ukraine Supplemental Appropriations Act of 2022, and the American Rescue Plan Act of 2021 allowed USAID to program more than \$313 million in additional resources for the Yemen response in FY22. This influx of funding made a difference in the lives of millions of Yemenis and helped shift the trajectory of the crisis, averting some of the worst food security outcomes that were initially projected for this winter.

USAID has also purchased Ukrainian wheat through the BSGI to support ongoing food assistance programs in Yemen. The first WFP-chartered vessel transporting 14,000 MT of wheat from Ukraine arrived at the port of Al Hudaydah on October 14. This wheat will help feed nearly 2.1 million people for one month by providing them with flour for baking and cooking. Additional WFP-chartered vessels containing 20,000 MT and 54,500 MT of wheat are expected to arrive in Yemen later this month and in February 2023, respectively. On November 18, USAID Administrator Samantha Power also announced up to \$20 million in additional resources to support the "Grain from Ukraine" initiative, which was announced by Ukrainian President Volodymyr Zelenskyy at the G20 Summit to help fight global food insecurity. The first of these shipments will support the people of Yemen. The BSGI procurements not only provide life-saving assistance to those facing hunger in Yemen but also reaffirm our support for Ukrainian farmers and for the stabilization of the global wheat market.

### *Protection*

USAID has provided more than \$16.6 million in FY22 to respond to protection needs across Yemen, targeting more than 500,000 beneficiaries. GBV programming includes psychosocial support, case management delivered through women and girls safe spaces, community centers, and mobile teams. GBV partners also work closely with health providers to ensure timely referrals and integrated serviceovers. Child protection partners similarly use safe healing and learning spaces to provide psychosocial support, identify children in need of specialized case management, and support caregivers through parenting skills programs. Our implementers regularly leverage community-based mechanisms, such as child protection committees, to ensure community members and leaders are able to identify and refer children at

risk to protection actors. Psychosocial support programs also specifically provide services to individuals with specific needs, such as disabilities, through individual case management services which can also include legal support.

### *Health and WASH*

In FY22, USAID provided more than \$38 million to four UN agencies and 13 NGO implementing partners to provide life-saving healthcare to vulnerable populations in Yemen. These include primary care services through static health facilities and mobile medical teams serving people in hard-to-reach areas. Aside from medical interventions, USG partners also support community health volunteers to encourage individuals to seek medical attention when they need it, as delayed treatment can often lead to worse health outcomes. In addition, USAID partners are providing medical supplies and pharmaceuticals to healthcare facilities to expand access to quality medical services. For example, in July, one USAID partner supported 13 health facilities across Ad Dali', Ibb, and Sana'a governorates, as well as one mobile clinic in Ad Dali', reaching nearly 70,000 people with medical consultations and treatments in one month.

In FY22, USAID also provided nearly \$50 million to expand access to safe drinking water for Yemeni communities, as well as prevent and respond to outbreaks of communicable diseases. USAID's WASH programs include distributing hygiene kits, promoting hygiene activities, providing water trucking services, and rehabilitating water systems damaged by conflict for displaced communities and other vulnerable populations across the country. For example, in August, a USAID partner trained community health volunteers and reached nearly 1,200 individuals with hygiene promotion activities including awareness-raising sessions focused on food preparation and storage, handwashing, and personal hygiene in Al Hudaydah.

### *Climate Change*

Since 2021, USAID has assisted more than 1.5 million vulnerable Yemenis with increased access to clean water, improved sanitation services, and hygiene awareness sessions to prevent the spread of communicable diseases such as cholera and COVID-19. This is accomplished through disaster risk reduction programs that aim to mitigate flood impacts on camps and settlements for internally displaced persons (IDPs) by rehabilitating water systems and sewer networks, constructing latrines, supporting awareness and behavior change campaigns, distributing hygiene kits, and improving access to clean water and sanitation facilities in schools. However, longer-term development investments are needed to address the impacts of climate change and support Yemeni communities in adapting to a changing climate.

### *Development Assistance*

Over the past fiscal year, USAID has provided more than \$27.5 million to support economic and development activities across Yemen, inclusive of Ukraine supplemental funds. Within the development portfolio, the USAID Yemen Mission prioritizes programs to improve capacity to provide education, health, and WASH services; rebuild economic institutions, finance, and trade systems to restore livelihoods in light of the economic crisis; and strengthen social cohesion and local-level dispute resolution.

### *Economic Growth*

At the macroeconomic level, USAID provides in-country technical assistance to strengthen key national institutions, such as the Central Bank of Yemen and Ministry of Finance,

to stabilize and create a productive macroeconomic environment. At the microeconomic level, USAID supports small- and medium-sized enterprises to help Yemenis increase household income. In addition to supporting businesses, using Ukraine supplemental funds, USAID worked to strengthen livelihoods in the agriculture and fisheries sector by providing technical assistance to farmers and fishers to improve livestock raising, sustainable fishing practices, and better the production, processing, and storage of raw commodities.

### *Basic Education*

USAID's education programs aim to address the immediate needs of basic education service delivery along with a long-term objective of rebuilding a functional education system. USAID aims to reach the most vulnerable children in Yemen with these services and to provide critical support to help the education system withstand immediate impacts of the crisis. For example, USAID investments provide non-formal education opportunities to out-of-school children and adolescents across Yemen as an alternative pathway back to formal education.

### *Health and WASH*

USAID's development programs in Yemen support reproductive, maternal, and child health services (RMNCH) and the strengthening of the healthcare system to reach vulnerable populations in need of medical services. For example, USAID is working to strengthen health referral networks for higher levels of RMNCH care; improve district and local level governance; and expand community-based approaches to reach vulnerable populations. The goal of these interventions is reducing mortality among women of reproductive age, their newborns, and children under five, as well as increasing community and health system resilience. Similarly, USAID's WASH programs are addressing underlying issues that contribute to limited access to safe water and sanitation, including by improving water governance.

### *Governance, Peace, and Stability*

USAID also supports local communities to strengthen their capacities to identify and address grievances, which can promote social cohesion. For example, USAID brings together a variety of local community members to identify and address local issues through conflict mitigation and service delivery projects. Supporting the humanitarian-development-peace nexus is especially critical in a context like Yemen that has been experiencing civil war for eight years.

## **Ongoing Challenges**

Despite the robust and multi-sectoral investments that USAID is supporting across the country, there continue to be challenges that limit the delivery of humanitarian and development assistance to the people of Yemen.

### *Bureaucratic Impediments and Access Challenges*

According to the UN, bureaucratic impediments accounted for more than 68 percent of humanitarian access incidents in 2021. In fact, delays in the approval of NGO sub-agreements by authorities delayed or interrupted the provision of assistance to more than 7.2 million people in 2021. This trend continued to worsen in 2022: from July through September, relief actors in Yemen reported nearly 700 access incidents affecting humanitarian operations, which delayed or interrupted the provision of assistance to more than 5.8 million individuals across the country. We continue to engage with officials throughout Yemen and call on all parties to allow aid

groups to operate without interference. Interference in aid operations is most egregious in northern Yemen, but obstruction—particularly bureaucratic impediments like delays at ports of entry for commodities, visa denials, and the withholding of approvals for partners to deliver aid—continues to be a challenge throughout the country and is increasing in the south.

In Houthi-controlled northern Yemen, we are seeing increasingly institutionalized and spreading *mahram* requirements for women, which threaten freedom of movement and access to goods and services for millions of women. The requirements impact female beneficiaries' ability to access humanitarian assistance; for example, Yemeni women in need of humanitarian assistance may be discouraged or prevented from seeking assistance should a male relative not be able or willing to accompany them, or due to fear of retribution for obtaining certain services. Privacy and independence is particularly critical in the protection and health sectors to enable women to safely receive GBV services, for instance. Safe, relevant, and principled humanitarian programming is also not possible without female staff and service providers. Because of cultural norms and practices, female service providers may be required to access women and girls for the provision of certain types of assistance, such as nutrition support and medical care. A recent survey of relief actors by the UN Office for the Coordination of Humanitarian Affairs (OCHA) shows that *mahram* requirements have negatively impacted humanitarian operations in the nutrition, WASH, health, and food assistance sectors. Restrictions on female staff means that women and girls could lose access to the aid they need to survive and thrive.

USAID and its partners are also seeing the delayed approval of agreements crucial to project implementation; efforts to tax humanitarian health workers' incentive payments; the denial of visas and approvals for GBV programming; interference with independent humanitarian assessments and beneficiary targeting; and vaccination campaign impediments in the north. In southern Yemen, delayed visa approvals, cumbersome visa approval processes, and work permit denials for organizations with headquarters in northern Yemen have also affected relief actors' ability to implement, monitor, and assess humanitarian response activities. Altogether, these bureaucratic impediments affect the humanitarian community's ability to implement a principled humanitarian response.

### *Waning Donor Funding*

I am proud to say that the United States is at the forefront of the humanitarian response in Yemen, providing almost 47 percent of humanitarian donor funding to the Yemen Humanitarian Response Plan (HRP) appeal in 2022. However, as we enter the last month of 2022, this appeal is only 54 percent funded, despite generous contributions from the United States. We understand donors around the world are facing a challenging and unprecedented global humanitarian landscape, marked with compounding and protracted crises. But the trendline is clear and alarming: global contributions to Yemen (inclusive of support provided outside of the HRP) totalled \$5.2 billion in 2018, \$4.1 billion in 2019, \$2.3 billion in 2020, \$3.3 billion in 2021, and now \$2.4 billion in 2022. As donor contributions wane, humanitarian needs continue to rise.

The United States continues to call on the donor community to step up contributions to the Yemen response. In particular, we encourage countries that have robustly supported the Yemen response in recent years, but whose contributions have decreased over time, to turn their pledges into tangible, life-saving support for the people of Yemen—countries like the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE). For example, in 2018, the KSA provided more than \$1.4 billion to the Yemen humanitarian response; in 2022, that figure dropped to just \$241 million, according to OCHA's Financial Tracking Service (FTS). In 2018,



the UAE provided almost \$2.1 billion to the Yemen response; in 2022, that number has fallen to \$40 million. We encourage our international colleagues to stand with the people of Yemen and fulfill their commitments to providing life-saving support. We also welcome Congressional support in echoing these messages in ongoing bilateral and multilateral discussions with other donors.

### *Detention of Staff and Security Concerns*

The security environment for staff across Yemen remains challenging. As of today, twelve current and former local U.S. government and UN employees remain detained by the Houthis in Yemen. Most have had no contact with their families, and one former USAID employee passed away in detention earlier this year. The ongoing detention of these Yemeni employees shows a gross disregard for diplomatic norms and constitutes an affront to the entire international community. We continue to call for their immediate and unconditional release from detention. Insecurity for humanitarian partners is not just limited to Houthi-held areas, however. Across the country, Al-Qaeda in the Arabian Peninsula (AQAP) and criminal elements threaten humanitarians and undermine the provision of life-saving aid to those who need it most. Humanitarians represent the very best of the human spirit, dedicating their lives to improving the lives of others—they should be able to work without fear.

### **Conclusion**

I'll close with a final story—this time, one of hope. Violence in Ta'iz displaced Fatema,<sup>2</sup> a pregnant woman who is now one of 4.3 million internally displaced people in Yemen. She received care from a USAID-funded health facility that provides medical services both to people who have been internally displaced and members of her host community. At the health facility, she was able to meet with doctors four times over the course of her pregnancy; they answered her questions, ran tests, and provided her with any medicines she needed to improve her and her baby's health. Supporting maternal and child health services, especially for communities of internally-displaced people who are often more vulnerable to health risks, is an investment in the future and resilience of Yemeni communities.

The UN-brokered truce between the parties to the conflict provided a glimpse into the progress that could be made in Yemen during times of peace. It contributed to a decrease in civilian deaths from conflict-related causes, and it helped avert worsening humanitarian conditions by allowing increased access to vulnerable populations and a resumption of economic activities. We at USAID are hopeful for a renewal and expansion of the truce so that we can change the course of this crisis for the better. Humanitarian needs continue to rise across the country due to the compounding effects of Russia's war against Ukraine, climate change, conflict, and the COVID-19 pandemic. In recent months, we've shown that targeted, multi-sectoral humanitarian assistance has the potential to stave off the worst outcomes, but to continue along this path, the international community needs additional resources, a reassertion of humanitarian principles, and a permanent end to the conflict.

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<sup>2</sup> Name changed to protect identity.