Waterborne diseases are consistently leading causes of morbidity and mortality in complex humanitarian emergencies. Improving excreta disposal, providing sufficient quantities of water of reasonable quality and promoting good hygiene practices are interventions whose value in preventing waterborne disease outbreaks has been widely documented. Given that diarrheal disease is known to be a prime killer in complex emergencies, practitioners must initiate environmental health interventions without delay when responding to a crisis. Those interventions must be selected based on their appropriateness and effectiveness in preventing or stemming an outbreak. By examining environmental health responses to several international complex emergencies over the past few years, this presentation aims to demonstrate successes and failures of selected interventions. Case studies will include the Darfur crisis in Sudan/Chad, a comparison of humanitarian responses to crises in Goma in 1994 and 2002, and interventions in Indonesia following the 2004 tsunami.

For the past six years, Frank was the Senior Technical Advisor for Environmental Health at the International Rescue Committee in New York and oversaw all IRC EH programs globally. In that role, he coordinated EH responses to complex humanitarian crises and natural disasters in over 20 countries. Frank currently divides his time between the International Rescue Committee and private consulting. He earned a B.S. in Engineering Mechanics from the U.S. Military Academy at West Point and an M.S. in Civil Engineering from the Georgia Institute of Technology. He served as a helicopter pilot in the US Army for ten years prior to serving as a US Peace Corps volunteer for three years in West Africa.