4.0 Results

4.1 Indonesia

4.1.1 Scope of the case study

The field visit to Aceh was conducted between 21st and 26th February 2005. Due to the short time available and limited access to many affected areas, this case study focuses on Banda Aceh and the surrounding area of Aceh Besar. The loss of life was highest in these areas (see Map 1) and consequently experienced most of the challenges from managing the dead. However it should be recognised that the collection and disposal of the dead was still ongoing at the time of this study and had not been undertaken in several rural areas. The following individuals or groups were interviewed:

- Evacuation and Recovery Coordinator for Aceh, Indonesian Red Cross (PMI)
- Head of body recovery teams in Banda Aceh, Indonesian Red Cross (PMI)
- Senior officer, Australian Defence Force, stationed in main hospital in Banda Aceh
- Water and Sanitation Coordinator, International Committee of the Red Cross
- Coordinator of the Family Links Scheme, International Committee of the Red Cross
- Senior military officer coordinating body recovery, Indonesian Military (TNI)
- Body recovery teams, Indonesian Military (TNI)
- Tsunami Relief Action, body recovery NGO
- Mental Health Coordinator, MSF Holland
- Team Leader, World Health Organization
- Water and Sanitation Engineer, Oxfam

4.1.2 Context

Aceh Province is the northern most point of Indonesia. It has a predominantly Muslim population of about 4.5 million, of which around 300,000 live in the provincial capital Banda Aceh. Since May 2003, the Indonesian Military (TNI) has been fighting the separatist rebel force Free Aceh Movement (GAM). This conflict is ongoing and despite a brief lapse in the conflict after the tsunami, fighting between the two forces

has resumed. The areas of conflict are mostly limited to the inland mountain regions and southern districts within Aceh. Because of the conflict, international aid organisations have had limited access to Aceh before the tsunami.

4.1.3 The impact of the tsunami in Indonesia

As of 26th February 124,404 people had been recorded as dead and buried. The main areas affected were Banda Aceh and Ache Besar in the north, followed by neighbouring coastal districts of Aceh Jaya and Aceh Barat.



Map 1. Map of deaths within Aceh Province

4.1.4 Management of the dead

Recovery of the bodies

During the first four weeks after the tsunami between 3,000 and 5,000 bodies were recovered every day (Figure 1). Body recovery was on still going at the time of our fieldwork: two months after the disaster, about 300-400 bodies were still being recovered every day.

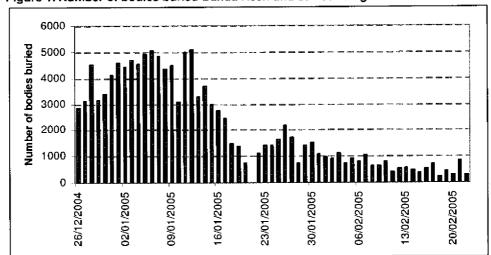


Figure 1. Number of bodies buried Banda Aceh and surrounding areas

Note: Areas include Pantai Barat, Pantai Timur, Aceh Besar and Band Aceh. Source: BAKORNAS PBP

Body recovery was a significant logistical operation. Since the 26th December 2004 a total of 42 different organisations had been involved in recovering the bodies. Several international teams were also involved (Table 1). Coordination of body collection and disposal was done jointly by the Indonesian Military (TNI) and Indonesian Red Cross Society (PMI).

Table 1. International teams involved in recovery of bodies in Indonesia

Singapore Military Mexico Rescue Team Chinese Search and Rescue AMURT (India) Australian Military Pakistani Military Malaysian Police

Malaysian Military

Apart from the military, all national teams were made up of volunteers from across Indonesia. Many of the volunteers were motivated by the religious belief

that unless all the bodies were properly buried, the surviving population would remain 'sinful'. Consequently, the volunteers were not only proud of the job they were doing, but also happy to do the work.

While some communities wanted to recover the bodies of their own victims, many preferred the TNI or PMI to do this instead. In isolated communities inaccessible to body recovery teams, some NGOs were planning to provide local communities with equipment to undertake body recovery themselves.

There was little specialist equipment for recovery during the first few days after the disaster. Recovery teams used resources available locally. Several days after the tsunami, international organisations, especially ICRC managed to provide vehicles, gloves, boots, disposable overalls, masks and body bags (Image 1). Disposable protective clothing and gloves were often thrown into the mass graves with the bodies at the end of the day. Although the initial recovery operation focused on bodies lying on the ground, the later stages of the operation involved searching for bodies that were buried under debris and collapsed buildings. This required heavy machinery and cutting equipment.

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Image 1. Equipment used for body recovery, Banda Aceh, Indonesia 23rd February 2005

Photograph: Oliver Morgan

Transfer and storage of cadavers

A number of flatbed trucks were used specifically to collect and transport bodies. These were washed with water at the end of each day. Special collection teams were formed to take the bodies for disposal. Each collection team would work with several recovery teams. The recovery teams would leave the bodies at a central point and the transfer teams would collect them for disposal. No storage facilities for bodies were available, even for patients that had died in the main hospital.

Identification of the victims

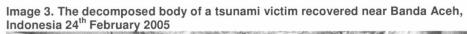
There was no formal system for victim identification and expedient disposal was given precedence, probably due to the overwhelming number of bodies. The number of victims, where they were found or where they were buried was not recorded by all teams. Although the collection teams recorded the number of body bags that they buried, each bag did not always contain one body. For example, we witnessed a recovery team placing two skulls in one body bag.

Nevertheless, some teams such as the PMI placed a considerable emphasis on identification. This was partly because they had prior local experience of body recovery and identification as a result of the internal conflict within Aceh between the TNI and GUM separatist movement.

Visual identification of victims was attempted in the first four days after the tsunami (Image 2). Many relatives also went to the affected areas to try and find the bodies of their relatives. After four days, attempts at visual identification were abandoned due to decomposition of the corpses. It was not known how many victims were successfully identified visually during the first few days after the tsunami. After several weeks, most of the remaining bodies were in an advanced stage of decomposition with little or no soft tissue remaining (Image 3).



Note: Image provided by Dr Dana Van Alphen, courtesy of Ministry of Health, Indonesia





Photograph: Oliver Morgan

Despite the difficulties, some groups such as the PMI continued to try and identify victims using personal identification papers, credit cards and jewellery found on the victims. These personal effects were collected by the body recovery teams and stored by the PMI. Direct contact was made with the victims' relatives where possible, often via neighbours or other community members. However, many of the victims were at home when the tsunami struck and had no papers on their person. Also, many bodies were without clothes, possibly removed by the force of the water or had their personal effects stolen after death. Where mobile telephones were found on the bodies, attempts were made to use the SIM card to contact relatives. However, the SIM card was often too damaged. At the time of the field work, these methods of identification had successfully identified about 500 victims.

Additional identification efforts were undertaken by ICRC and PMI. While victim identification usually starts with a list of people known to have died, this was not possible because of the very large number of unidentified victims. As an alternative, the Red Cross produced a list of survivors and a list of people sought. These two lists are entered into a database and individuals matched where possible (Table 2). Relatives could identify surviving family members by calling a telephone hotline and from lists of survivors printed on posters, published in local newspapers and broadcast on the television. Teams are also visiting isolated communities with satellite telephones to register survivors and offer the chance to telephone relatives.

Table 2. Family links activities by the Indonesian Red Cross and ICRC, 14-02-05

Successful restoration of family links	1,863
Number of "Persons Sought" registrations taken	6,380
Number of "I am alive" registrations taken	4,362
Number of unaccompanied minors registered	20

Note: Areas covered inluced Aceh Besar, Pidie, Bireuen, Aceh Utara, Aceh Barat, Aceh Jaya, Sumatera Utara, Aceh Timur and Aceh Tengah

Similar to the September 11th terrorist attacks in New York, relatives placed posters of missing individuals around Banda Aceh in the hope that somebody might identify them. It is unknown how many people were successfully identified