

## OPINION NOTE

# Twenty years after Novye Atagi: A call to care for the carers

### Christoph Hensch

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### Abstract

*Working in the humanitarian sector as an aid worker has become a dangerous endeavour, with attacks against humanitarian workers becoming more common. In this personal story by a former head of office at an International Committee of the Red Cross (ICRC) surgical hospital, a short, violent encounter leads to a long journey of recovery. There is an important role for the community in supporting the healing process; the author suggests that an integral and collaborative involvement by organizations like the ICRC is effective in addressing the impact of violence directed towards humanitarian aid workers.*

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In October 1996, I was appointed Head of Office at the International Committee of the Red Cross (ICRC) war surgical hospital in Novye Atagi, a small Chechen village south of Grozny in the foothills of the Caucasus mountains in the very south of the Russian Federation. The ICRC had opened the hospital here on 2 September 1996 in order to care for the war-wounded in the Chechen conflict. The delegation compound, which also contained the hospital, was a busy place, with a multitude of building projects going on at the same time. There was an international team of experienced medical staff running the hospital, and a number of supporting staff engaged in the construction and administration of the operations. Often the sub-delegation was visited by other supporting specialists working across all the Northern Caucasus delegations – for instance, those working on international humanitarian law dissemination or security. For security reasons, we were almost

exclusively confined to the delegation compound, and a humming social life developed among those who worked and lived there.

In the early hours of 17 December 1996, two and a half months into this mission, everything changed.

When I woke up that morning, it was dark in my room – almost. Lying in bed I could see a few strips of light reflecting on the wall, the streetlight from the courtyard shining through the blinds. There were also the sounds of voices and what seemed to be banging noises.

Immediately I thought of an incident that had occurred about two weeks earlier, when I also woke up at about 5am to the sounds of voices and footsteps. At the time, wondering if it was a late-night party, I got up and descended from my bedroom to see what was going on downstairs, and I walked straight into a burglary. A large group of armed men was in the process of carrying boxes of material out of the building, including radio equipment and computers. Once they noticed me, they forced me into a corner and onto the floor, kicked me a few times and finished with their business.

This time, however, something was different. I felt a sense of dread. Not knowing what I should do, I sat up in bed and started pulling on a pair of trousers. Before I could finish putting them on, the door opened and a dark figure walked into the room. In the dim light I perceived a person with a military-style jacket and a black balaclava on his head. Immediately I thought of the most severe threat that I could imagine: kidnapping. I thought that resistance would be futile and decided to go along with whatever would happen next. The figure couldn't approach me to more than about three meters, because there was a table in the middle of the room, somewhat obstructing his access. So, I lifted up my hands to about shoulder height and said something like, "OK, OK..."

Looking at the person, the next thing I saw was him pulling his right hand out of the pocket of his jacket, and pointing a gun at me – then a red-and-yellow flash of light erupted. Almost instantaneously I felt a piercing pain in my shoulders, seemingly hot and cold at the same time. Instinctively I moved my hands to where the pain was, letting myself fall back onto the bed, turning to the wall. In what seemed to be an eternity, I started wondering what would happen next. What should I do? Without seeing him, I imagined that the person would approach me and walk up to my bed. If so, should I fight back? When nothing happened immediately, and I couldn't think of any successful course of action, I remembered to calm my mind, and I started a simple meditation routine, repeating a short mantra and simply resigning myself to go with the flow of whatever might happen.

Over another seemingly endless stretch of time, I listened to the sounds of mayhem in the building – gunshots, heavy banging on doors, occasional shouts and crying, until they started to fade away. I do not know how long I was lying there, eyes closed, holding my shoulder and listening. Maybe it was minutes only, but it felt like a space outside of time. It was still more time before I dared to move my body. Clearly nobody was in my room any more.

Slowly my intense awareness of my surroundings started to weave together, as the radio sprung to life with voices calling out, at random at first, but soon

connecting in exchanges and conversations. Gradually the horrific proportions of the massacre of international medical personnel at the Novye Atagi hospital, who were murdered intentionally and in cold blood, became apparent. It was only then that I realized the assailant had intended to murder me too but had left me for dead, and that I had miraculously survived the ordeal. The sparkling blue sky over the calm, snow-dusted landscape of this rising winter morning stood in crass contrast to the bloody mayhem this place had just experienced.

That day, six ICRC delegates were shot dead in cold blood by unidentified gunmen in their quarters at the hospital in Novye Atagi. Their mission had been peaceful and humanitarian. They were:

- Fernanda Calado, an ICRC nurse of Spanish nationality;
- Hans Elkerbout, a construction technician seconded from the Netherlands Red Cross;
- Ingeborg Foss, a nurse seconded from the Norwegian Red Cross;
- Nancy Malloy, a medical administrator seconded from the Canadian Red Cross;
- Gunnhild Myklebust, a nurse seconded from the Norwegian Red Cross;
- Sheryl Thayer, a nurse seconded from the New Zealand Red Cross.

There were thirteen other expatriate workers present at the sub-delegation that night. Those colleagues of mine had all also been potential targets of the assailants.<sup>1</sup> They were either safely behind locked and sturdy doors in their bedrooms, or sleeping in other buildings within the compound. They survived with emotional and psychological scars. They, too, carry the memories of hearing the shooting, banging, shouting and crying during the attack, as well as the visual impressions of the aftermath, finding their dear colleagues murdered in a bedroom near to their own. They also carry the memories of the fear and helplessness, and perhaps also guilt, that they felt in a situation where it was impossible to intervene and protect someone close to them.

This is the story I usually tell when someone asks about what happened. Many other people will have a story from that day. Some have an up-close experience of the event, while many more were touched from afar. Each of these stories is unique and worth listening to.

## The other story

I have another story to tell, one that is closely linked to the one above, and which is just as important. It is a much less sensational story. It is drawn out, long, difficult and seemingly without end. It is the story of recovery and healing. Writing this article has become part of that story. The story is very personal, and I suspect that many of us live a similar story of recovery and healing from physical, mental and/or emotional hurt and injury.

1 There were also several local staff members in the compound that night, but when they encountered the attackers, they were told to stay away and that the attack was exclusively directed at the expatriate workers.

It is the story that began the moment the first story finished.

On that early December morning in 1996, it took me some time to realize what had happened to me and others around me. During the first twenty-four hours, I felt that both the worst and the best sides of humanity were revealed to me. Once my colleagues discovered me in my room, lying in my bed, injured, there was not a minute where there was not someone present next to me, someone in touch – literally. Feeling that

caring presence, with a hand on my arm or shoulder all the time, gave me a sense of grounding and infinite safety. I'm still grateful today to the nurses and all the others who accompanied me on that first day. But that sense of grounding, connectedness and presence started to evaporate only about twenty-four hours later, once I had arrived at the hospital in Geneva where the bullet was removed from my body.

The clinically clean and empty space at the hospital soon started to make me feel alone and cut off, and left me pondering thoughts that I wished I could have shared or developed with others. The emptiness of the next five days was only occasionally punctuated by short visits and reports of heartfelt ceremonies at the airport and at the cathedral, commemorating the deaths that occurred at the horrible event – ceremonies I could not be part of. It was an important time for other survivors to congregate, to find meaning and answers, to talk, and to mourn.

My rational mind understood: I had an injury, my lung was punctured, the doctor said that I needed rest and should not overexert myself. The deeper layers of my being, however, had a craving, and needed a different medicine than what I had received in my isolated hospital bed.

Thus started my next journey – that of healing and recovery. It is a journey during which I travelled in the dark for a long time, left entirely to myself to make sense of what I had experienced; one where I certainly learned a lot, yet whose purpose long escaped me. When I think and talk about this story, I feel vulnerable and it seems to be very self-centred. It was difficult to find a helpful community that would support me.

Today I feel strong enough to share this story. This story is important because many humanitarians experience trauma and while I cannot speak for others, connection (or lack thereof) with my group and community has been the recurrent and defining theme of my journey of healing and recovery.

Looking back, I realize how helpful a collaborative approach to healing from trauma could have been for me. In this opinion note, I will share some of the milestones of my journey. I will then propose and discuss an integrated

*Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.<sup>2</sup>*

2 There are many different definitions of trauma. This one is from the American Psychological Association website, available at: [www.apa.org/topics/trauma/](http://www.apa.org/topics/trauma/) (all internet references were accessed in November 2016).

approach to addressing stress and trauma, whereby organizations can better support their staff comprehensively, through objective support, an improved systemic environment, the internal organizational culture and the allowing of subjective experience of the recovery by the individual.

## Healing and community

Judith Lewis Herman, in her book *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*, explains:

Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection with others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity.<sup>3</sup>

On 17 December 1996, I was part of a group and community that felt like a big family: the ICRC. That community, as a collective, suffered a trauma as well on that day. It was an unprecedented and unprovoked act of violence against the organization and its workers. That trauma was difficult to deal with, and is often seen as a turning point that signalled the start of a period of decreasing security for the International Red Cross and Red Crescent Movement (the Movement) and the humanitarian sector in general.

What I felt for the first time on the day I returned to Geneva has over time become a pervasive reality, again sometimes punctuated by very meaningful events of belonging. In fact, the relationship with my employer at that time, my community, has been far from harmonious over the years. My belonging to the ICRC has been put into question many times, and a sentence from a recent email by one of the organization's representatives probably reflects the organizational response to my attempts at "belonging" quite succinctly: "[T]he fact that he has not gotten in touch with you means that there is no concrete proposal for collaboration that could be envisaged at this stage."

While the "he" in this sentence refers to a particular person within the ICRC, the communication struck me as coming from the organization as a whole, and I felt that it could just as well have said "the fact that *we* have not gotten in touch ...". This statement not only seems to encapsulate a response to a concrete proposal, but in my view also succinctly reflects the sense I have picked up from my employer over the years at my attempts to obtain the organization's participation in a collaborative approach to healing from trauma.

3 Judith Herman, *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*, Basic Books, New York, 1992, p. 214.

The fact that the statement above is still painful shows that both the organization and I are still on a journey of recovery. If recovery and healing cannot start or are interrupted, our lives will become internal warzones, where injury after injury and trauma after trauma will occur, and finding peace will be a very challenging task.

This is not to assign blame. I think that at the time all those involved did their best, and in the best way they knew how. I started out, initially, completely trusting that my employer knew what to do and how to help, and that it would point me towards the right direction, supporting me along the way. However, I soon found out that this was by no means the case.

I had no idea what to expect. My first focus was on getting my physical health back, to have my punctured lung functioning again and in general to regain my strength. On a deeper level, things were much less clear. I often felt vulnerable, disempowered and misunderstood. I was not quite able to communicate what I needed, beyond the restoration of my physical health.

While I progressed in getting back my physical health, the effects of post-traumatic stress disorder (PTSD) seemed to arise more often. At unexpected moments my body reacted to triggers, although seemingly without cause: breaking into a sweat, blocking my ability to talk without becoming emotional, feeling an unexpected loss of energy, shaking, and so on. The most difficult time of the day was going to bed, falling asleep and letting go of control, because it was during the night that the trauma had happened. How could I sleep without locking the door, or without listening to the sounds in the corridor, or elsewhere in the building? However, once I did fall asleep, I seldom dreamed about the event. The effects of PTSD can be extensive, are individually different, and have been well documented.<sup>4</sup> Without help, this is a difficult part of the journey to navigate.

It was only much later that I decided to seek professional help, and it was even further down the path that I started to perceive it as a learning and healing journey. It took time to gain insights from my contemplation of the meaning of life and death and forgiveness. At first, anger and then frustration were long-time companions on this journey.

At the very beginning, I set the intention that this experience would ultimately have a positive effect on my life, and on the lives of others. Yet it took many years before I could see this intention as anything more than wishful thinking.

There have been many milestones along the journey – ups and downs. Over the years I worked myself through the different stages, in my own perspective and in the perspectives of others, from “victim” through “survivor” to “normal” – whatever the meaning of “normal” is. And yet still today, I often feel cautious talking about this healing journey for fear that it will be held against me.

What follows are some of the most significant milestones over the last twenty years which have marked my life.

<sup>4</sup> For more information, see “Symptoms of PTSD”, Anxiety and Depression Association of America, available at: [www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/symptoms](http://www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/symptoms).

*The investigation.* What did really happen at Novye Atagi? And why? What were the consequences? I am sure an investigation took place – yet I neither had the opportunity to contribute to it in a meaningful way, nor the chance to read any resulting reports or discuss the outcomes, information I do not have, with anyone at the organization. Not so much today, but for a long time I felt that it would help me make sense to know more of the background information of the incident.

*Deciding I needed help.* I would have happily gone on another mission relatively quickly to a place which was reasonably safe. Yet coordination of that mission proved difficult, and going to a dangerous place soon after being shot in Chechnya did not seem right somehow. Then, when finally my mission was confirmed (and changed at the last minute), about eight months later, I noticed symptoms of PTSD that made me question the choice to leave for another mission. I noticed that I had lost that deep sense of grounding which I previously used to have; the sense that gave me direction in life and enabled me to make sensible decisions and evaluate safety and danger around me. That was the point at which I knew I needed help.

*Resignation.* Psychological help then revealed that in fact I had accumulated a lot of anger against my employer, who simply was not present as an active participant in my trauma recovery. But who to tell? Who would listen and understand? After a few attempts to communicate, I felt that as a last attempt to attract attention, I should send a letter of resignation. This was probably one of the most hurtful episodes of all, because nobody seemed to notice except for the intern at human resources who dutifully checked my bank account to insure the final payment did not get lost. Nobody engaged in a meaningful conversation, or wondered why, after having taken a bullet for the organization and being eager to deploy again, I now would be resigning. Maybe it was already true, then, that “the fact that [the ICRC] has not gotten in touch with you means that there is no concrete proposal for collaboration that could be envisaged at this stage”. At that stage, the proposal would have been my healing and recovery, and with some imagination, the healing and recovery of the ICRC as well.

*Going on another mission.* It would take me a number of years to realize that there were loose ends which prevented me from moving forward professionally. I felt that something was incomplete. Finally, I worked up enough clarity to realize that in fact, on some level, I had never fully completed my mission in Novye Atagi; that I had never emotionally finished that assignment. With that clarity in mind, I took the initiative to request another mission – on my own terms. It was granted, and I spent six months in the field. At the end I returned and concluded the mission like any regular assignment. Not only did this allow me to find a sense of self-empowerment, but it also allowed me to conclude that sense of limbo of an unfinished employment relationship.

*The tenth anniversary.* The next milestone happened close to five years later. At this stage, I tried not to think much about my experiences and to get on with life. However, when I was contacted regarding a ten-year anniversary event, I felt a strong reaction – going from rejection to seeing an opportunity for further recovery with a community to which I still felt a strong sense of belonging. It was

an opportunity for a review of the impact of this event on my life – physically, psychologically, emotionally, spiritually and economically. The ten-year commemoration event eventually provided me for the first time, unwittingly, with a platform at the ICRC for sharing my personal experience with other members of the ICRC community. For the first time I felt that some significant pieces of the puzzle were coming together – personally and emotionally. Meeting others from the ICRC who had their own story of Novye Atagi felt very healing.

*The awarding of the Henry Dunant Medal.* Shortly after the ten-year anniversary, that milestone was followed by another one – the awarding of the Henry Dunant Medal in 2007.<sup>5</sup> It felt that finally my intentions for an ultimately positive outcome had started to manifest themselves. This medal was an unprompted recognition of what I had been going through and an acknowledgement of my belonging to the wider Red Cross and Red Crescent community. Psychosocially, it was certainly a huge step forward for my healing and recovery journey. It meant that for the first time I could talk about my injury and the associated trauma without feeling it was a liability. Now, I could potentially start to make my experience into an asset.

*Returning to the humanitarian sector.* It would take another four years before I felt strong enough to actively start working on the issue of stress, burnout and trauma in the humanitarian sector. When the opportunity came, I thought long and hard before accepting the challenge of leading the Mandala Foundation in Melbourne, a non-governmental organization (NGO) dedicated to the psychosocial well-being of aid workers. My next experience was working in a human resources function with Australian Red Cross, coordinating field missions to conflict and disaster areas. Both roles were important contributions to my healing journey, and opportunities to start giving back. When I got the chance to inspire and help lead the first event of recognition for Red Cross workers that were killed in the field on 17 December 2014 at Australian Red Cross, it finally seemed that a circle had closed itself and, like the satisfaction of a deep craving, other pieces of my scattered self fell into place.

Looking back, those are events that loom large in my memory. Yet in between there were long periods when life felt as if it were taking two steps forward and one step back – sometimes even one step forward and two steps back. As for belonging to the ICRC and the wider Movement, I seem never to have achieved any continuous and lasting process of collaboration.

My journey and that of the organization seemed to move on parallel lines, and as in a true parallel, the lines did not touch except at certain events as outlined in the list of milestones above. There was very little time invested in helping each other to understand what was happening and making sense of that horrific event. Very little time was spent walking next to each other, supporting each other.

5 Editor's note: The Henry Dunant Medal is the highest award given by the International Red Cross and Red Crescent Movement. It is presented every two years by the Standing Commission of the Red Cross and Red Crescent to acknowledge outstanding service and devotion to the Red Cross and Red Crescent cause. For more information, see "The Henry Dunant Medal", Standing Commission of the Red Cross and Red Crescent, available at: <http://standcom.ch/the-henry-dunant-medal/>.



Individuals have to live their journey by themselves – and the collective deals in its own way with traumatic events that impact it, although the collective is ultimately made up of individuals with their own personal feelings and experiences. I know very little of how the collective (meaning the ICRC as an organization) dealt with the shock, the pain and the trauma of Novye Atagi, for example.

I do not make any claim to special treatment because I was a “victim” or “survivor”. I suspect that there are many Red Cross delegates who have had horrific and traumatizing experiences during their career. And I suspect as well that they also need a sense of belonging to the wider community on their journey of recovery. How is the ICRC living up to its responsibility to be the community that helps the individual regain his or her health and humanity?

I do experience a great reluctance by the organization to engage in any activity that looks at the deeper emotional and spiritual hurt that is caused by the violence witnessed and experienced in the field. Whenever I speak up I sense a resistance, like an invisible barrier going up, as if there is a great reluctance to hear my voice and as if people do not want to look at this side of the humanitarian action coin. Maybe this is because it does touch a nerve in so many humanitarians. How do we reconcile our personal feelings with the imperatives of the humanitarian and organizational mission and principles?

## Today: Addressing the inherent stress of humanitarian work

It has been a big challenge for me to write this piece. The writing process has been a journey in itself. A few times I figured that it was just too difficult to write about something so personal, and I was tempted to give up.

But why is it important to talk about this? This story is about more than what happened twenty years ago; it is also more than my personal experiences of recovery. There are many others who have dedicated themselves to what they see as a noble cause: helping to ease suffering in a humanitarian context. But they have ended up suffering themselves.

Humanitarian work is inherently stressful. People working in the sector are sometimes exposed directly to traumatic events, but more often indirectly. Indirect exposure is also known as vicarious traumatization. According to studies, humanitarian aid workers have a much higher occurrence of PTSD than the average population. Up to 30% of aid workers suffer from PTSD in different ways.<sup>6</sup> The effects of PTSD can arise weeks, months or sometimes even years after the initial experience.

Statistics about security incidents do not paint a good picture. The security incident data published by the Aid Workers Security Database suggests that as of 9 October 2016, there were 120 victims of major attacks against aid workers in 2016 alone.<sup>7</sup>

6 Antares Foundation, *Managing Stress in Humanitarian Workers: Guidelines for Good Practice*, 3ed ed., Amsterdam, 2012, available at: [www.antaresfoundation.org/FileLibrary/file6782.pdf](http://www.antaresfoundation.org/FileLibrary/file6782.pdf).

7 Aid Worker Security Database, *Humanitarian Outcomes*, 2016, available at: [www.humanitarianoutcomes.org/awsd](http://www.humanitarianoutcomes.org/awsd) (data not verified).

Nor does the news. In 1996, attacks of the nature and scale of that perpetrated in Novye Atagi, where aid workers were deliberately targeted and killed, were very uncommon. Today, twenty years later, the situation seems sadly to have dramatically changed in this regard. Although the number of humanitarian workers injured and killed is not quite as high as it was in 2013, recent times have seen a number of horrific events where humanitarian operations were targeted, seemingly intentionally. Examples that made headlines in the media are:

- On 3 October 2015, a Médecins Sans Frontières hospital in Kunduz, Afghanistan, was attacked by an American airplane.
- During 2015 and 2016, an unprecedented number of medical facilities in Syria and Yemen were attacked and destroyed.
- On 1 July 2016, soldiers entered a hotel in Juba, South Sudan, and raped and harassed aid workers who were seeking shelter from fighting.
- On 19 September 2016, an aid convoy of lorries was bombed from the air in Syria.

The statistics only record those who have directly experienced an incident, as does the news. They do not take into account those aid workers who experienced trauma vicariously, at headquarters, and as friends or family members. Some know those who are killed, injured or kidnapped personally. Colleagues might be at other locations around the globe, and might have been involved in leading, coordinating or otherwise supporting operations from a distance. All will feel an impact, and nothing can give consolation to those who lose close family members.

There seems to be considerable disagreement as to whether the story of post-traumatic life can ever have a positive outcome,<sup>8</sup> yet with such a large proportion of the workforce potentially affected, it is imperative that aid agencies take the impact of trauma very seriously.

There are a number of questions that arise:

- What are the responsibilities that aid agencies are faced with today?
- How does the humanitarian sector deal with such attacks on itself and its workers?
- What does it really mean to have a “duty of care”? Are organizations improving their practices principally due to legal liabilities – both under work health and safety laws in certain countries, and under the threat of lawsuits brought against them?
- Who will pay for the additional costs generated by the requirement to safeguard the psychological well-being of aid workers?
- What is the best approach – proactively dealing with the emotional and mental well-being of aid workers or repairing the damage after it has occurred, the proverbial ambulance at the bottom of the cliff?

8 See Mark Snelling, “Understanding Post-Traumatic Growth”, *Interhealth Worldwide*, 21 August 2013, available at: [www.interhealthworldwide.org/home/health-resources/health-alerts/2013/august/21/understanding-post-traumatic-growth/](http://www.interhealthworldwide.org/home/health-resources/health-alerts/2013/august/21/understanding-post-traumatic-growth/).

Campaigns, such as Health Care in Danger,<sup>9</sup> that attempt to raise awareness and commitment to protecting humanitarian operations in the field are important. There were also attempts to raise the issue of staff wellness at the 2016 World Humanitarian Summit (WHS) in Istanbul. On 30 July 2015, the International Association of Professionals in Humanitarian Assistance and Protection organized a global online consultation event on the issue and published a report of the outcomes.<sup>10</sup> Yet the fact that the issue of aid worker well-being was not granted a suitable platform at the recent WHS shows that there is a need for action on the side of agencies and NGOs working in dangerous environments.

## An integral approach to addressing stress and trauma

There are many different possible ways in which the impact of violence on aid workers can be addressed, and in my opinion we have come a long way over the last twenty years in terms of the awareness of that impact as well as the variety of methods available. However, there is no one solution that fits all. We all tend to solve challenges from particular points of view corresponding to our own positions, and can overlook alternatives which can add to the effectiveness of already existing measures. While these methods are all different and sometimes seem contradictory, they are all necessary and could provide a rich set of responses, complementing each other. Similar support mechanisms are also advised for people working in natural disaster response, as suggested in a study by Jolie Wills from New Zealand Red Cross.<sup>11</sup>

I would like to propose a holistic approach that could best be called integral.<sup>12</sup> It has following components:

- objective support through professional services;
- adaptation of the systemic environment;
- an aware and caring organizational culture; and
- enabling the subjective experience.

9 Editor's note: The Health Care in Danger project is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health-care workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflicts and other emergencies. For more information, see the website available at: [http://healthcareindanger.org/?WT\\_srch=1&gclid=CMnHlpSxy9ACFSQz0wod\\_UcDCw](http://healthcareindanger.org/?WT_srch=1&gclid=CMnHlpSxy9ACFSQz0wod_UcDCw).

10 The recordings of the event, and the resulting report to the UN Secretary-General, are available for download at: <https://phap.org/civircrm/event/info?reset=1&id=302>.

11 Jolie Wills, *Supporting the Supporters in Disaster Recovery*, Winston Churchill Memorial Trust and New Zealand Red Cross, 2014, available at: <http://supportingthesupporters.org/images/SupportingthesupportersJWILLS.pdf>. The report was established to support community workers after the 2010 and 2011 earthquakes in Christchurch, New Zealand.

12 The proposed approach is based on an interpretation by the four-quadrant system under the philosophy of Ken Wilber. See, for example, Ken Wilber, *Introduction to the Integral Approach (and the AQAL Map)*, 2006, available at: [www.kenwilber.com/Writings/PDF/IntroductiontotheIntegralApproach\\_GENERAL\\_2005\\_NN.pdf](http://www.kenwilber.com/Writings/PDF/IntroductiontotheIntegralApproach_GENERAL_2005_NN.pdf).

Elements of each of these components need to be present in order to comprehensively address the challenge of employers dealing with the short- and long-term impacts of stress, burnout and trauma.

## Objective support

For many, the most obvious way to address psychological and emotional stress and signs of trauma is to “treat” affected individuals and provide professional services. What does this mean?

Twenty years ago, the concepts of PTSD and psychosocial support were not very well known and there were few trained professionals. Since 1996 there have been big developments. Not only have there been a number of studies conducted that looked at the psychological impact of aid work,<sup>13</sup> but there has also been a shift in how mental health is looked at in general, and a huge increase in acceptance of alternative ways of looking at mental well-being. Practices such as mindfulness, meditation and yoga, for example, have become all but mainstream.

It is important to help increase people’s resources and resilience instead of labelling their mental state, analyzing and pathologizing it. Today, those who have gone through difficult experiences are called “survivors” rather than “victims”. This is a development in the right direction, but it is still a label. An even more successful approach would be not to pathologize aid workers who have gone through hard experiences at all, but rather to provide services to all as a matter of course. Today there are specialized psychological service providers that are familiar with the humanitarian sector and provide appropriate services.

*The organisation provides itself, or makes accessible through others, support services including psychological counselling as well as alternative methods as appropriate, offering them to the individual to help deal with the impact of stress, burnout and trauma. That can also include mentoring and coaching.*

## Systemic environment

Stress is not only a problem caused by external influences, it is also to a large extent an internal problem. Studies have shown that even in an environment of war, the stress inherent in the subordinate–superior management relationship is more severe, with a higher impact, than all the stresses produced by the threat of violence and general insecurity.<sup>14</sup> On my personal journey, the stress I

13 Barbara Lopes Cardoso *et al.*, “Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study”, ed. Monica Uddin, *PLOS One*, Vol. 7, No. 9, 2012, available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0044948>; Courtney E. Welton-Mitchell, *UNCHR’s Mental Health and Psychological Support for Staff*, UNHCR, Geneva, 2013, available at: [www.unhcr.org/research/evalreports/51f67bdc9/unhcrs-mental-health-psycho-social-support-staff.html](http://www.unhcr.org/research/evalreports/51f67bdc9/unhcrs-mental-health-psycho-social-support-staff.html).

14 The Antares Foundation bases its *Managing Stress in Humanitarian Workers: Guidelines for Good Practice*, above note 6, on its own research. See the organization’s website, available at: [www.antaresfoundation.org/guidelines#.WD\\_tfkrJhE](http://www.antaresfoundation.org/guidelines#.WD_tfkrJhE). See also the Mandala Foundation guidelines, which

experienced in dealing with my employer over the period of the past twenty years far outweighs the stress I experienced on the field.

It is therefore essential that any organization which is active in a conflict area has its own house in order. Part of this involves having comprehensive policies, procedures and operating standards in place that reflect the duty of care of an employer for its staff.

Those documents should cover all aspects that contribute to physical and psychosocial health, such as:

- stress policies;
- security protocols;
- staff health guidelines;
- human resources procedures;
- staff management; and
- organizational structure and responsibility.

Other questions to ask are: Are aid workers leaving for the field suitably prepared? Do they have sufficient personal competencies in dealing with pressure and lack of resources, as well as unfamiliar environments and cultures?

There needs to be clarity about who is in charge of the different aspects of staff safety and well-being. My own experience has been that I was facing a large organization which was struggling to live up to its role as a compassionate employer. Especially in the early days after the incident in Novye Atagi, it was difficult to know who my contact persons were for any specific issue, and I was regularly referred from one person to the next, and to the next. This is an additional burden that should not have to be shouldered by someone already dealing with the impact of stress and trauma.

There are an increasing number of resources, organizations and consultants that work on this field, many with humanitarian aid work experience themselves. They provide training and other specialist services.

## Organizational culture

Organizational culture is something that is hard to define. It is something that is different everywhere. In its most rudimentary form it refers to the underlying

*Policies, procedures and processes are aligned and congruent across the organisation and the wider sector, providing an organisational context that effectively deals with the impact of stress, burnout and trauma on its members and on organisational effectiveness.*

put a strong emphasis on management and human resources activities. Mandala Foundation, “Managing Psychosocial Risk across the Assignment Cycle: Guidelines for Psychosocial Staff Support in the Humanitarian Aid and Development Sector”, available at: [www.mandalafoundation.org.au/psychosocial-resources/guidelines-managing-psychosocial-risk/](http://www.mandalafoundation.org.au/psychosocial-resources/guidelines-managing-psychosocial-risk/).

values in an organization, and how things are done. It tells individuals what is appreciated and what is expected.

The recognition afforded to humanitarian workers is part of this culture. The regular commemorations on 17 December are an excellent example. What other organizational activities are there that acknowledge the difficult and challenging tasks delegates encounter in the field? How do we support each other in making sense of what we encounter? How do we value the human beings who currently work for the Movement, and those who have in the past? How does the ICRC acknowledge those who belong, and what are the underlying values we share? Telling stories and celebrating achievements is essential.

Another important aspect is peer support. Peer support groups have existed in many different contexts for a long time. Since internal support structures are often weak, humanitarian workers have started to self-organize across the sector, and have started to use social media platforms to connect with each other.<sup>16</sup> Another cross-sector response is the Peer Coaching Pilot that WhyDev ran in 2012/13.<sup>17</sup> One of the outcomes cited for the participants was “feeling less stressed and isolated”.<sup>18</sup>

*We, as members of the organisational environment in which the individual is embedded, provide peer support mechanisms and explore the meaning of humanity and the collective impact of violence against ourselves and our co-workers as part of our work in the environments where we are active. This includes exploring the shared assumptions, values, and beliefs which govern how people and the organisation as a whole behave in a given situation.*

*We need an organisational culture that values human beings beyond humanitarian slogans, and leads by example.<sup>15</sup>*

## Subjective experience

Last but not least is the subjective experience of the person who experiences stress, burnout or trauma. In many ways this is the most challenging of the four components. How, as humanitarians, do we in good conscience pay attention to our own needs in a world where there are so many needs of others to address? The suffering of others is (almost) always more important than our own. For

15 Alessandra Pigni, “Forget Work-Life Balance!”, *Mindfulnext*, available at: <http://mindfulnext.org/forget-work-life-balance/>.

16 For example, on Facebook there is a closed group called “Fifty Shades of Aid”, with more than 8,000 members, that sometimes serves as a spontaneous peer support platform. Access by invitation only.

17 Brendan Rigby, *WhyDev Peer Coaching Pilot Program 2012–13: Final Report*, WhyDev, 2013, available at: [www.whydev.org/peer-coaching/](http://www.whydev.org/peer-coaching/).

18 *Ibid.*, p. 6.

most of us, it is one of the most important reasons why we became involved in this kind of work in the first place.

As an organization, the ICRC needs to be open to everyone having a different reaction to stress and trauma. Some may suffer quietly, some will self-medicate. Many will hesitate to admit that they suffer from trauma for fear of losing their dream job. This will be especially true if other components of an integral response are not appropriately developed, and if signs of weakness are interpreted as a pathology. If this is the case there is a danger that a culture of silence may develop, to the detriment of both the individual and the organization.<sup>19</sup>

Without the cooperation of the individual suffering due to a traumatic experience, all the other work will ultimately have only a limited impact. However, if there is sufficient information available about professional and alternative support options both inside and outside of the employing agency, then humanitarian workers are more likely to engage and ask for this kind of support. Furthermore, if there are clear policies, safety procedures and so on, then humanitarian workers are less likely to suffer from stress, burnout and trauma in the first place. Last but not least, if there is a welcoming and respectful organizational culture, then we, as humanitarian workers, will be more trusting and honest about our own situation and the state we are in, and are less likely to deploy to the field when we are not in a fit state to do so without fearing dismissal as a consequence.

*The individual humanitarian her or himself engages directly with the thoughts, emotions and perceptions caused by a prior incident or an ongoing situation and finds subjective meaning and personal healing from stress, burnout and trauma. The individual has both a supportive environment or community and sufficient economic means to engage in his recovery.*

## Conclusion

On a personal level, my journey of recovery is ongoing, although on a much more subtle level. I have developed a sensitivity for situations where staff well-being is impacted not by maliciousness, but maybe by ignorance. Some time ago I started curating news reports and other internet sources pertaining to psychosocial staff health issues in the humanitarian sector,<sup>20</sup> and this has revealed a darker side to humanitarian work.

While I feel that I had little support in terms of a community around me, there were nevertheless significant events where my path and that of the ICRC and/

19 See, for example, Holly Young, “Guardian Research Suggests Mental Health Crisis among Aid Workers”, *The Guardian*, 23 November 2015, available at: [www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers](http://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers).

20 Support for Humanitarian Aid Workers, maintained by Christoph Hensch, available at: [www.scoop.it/t/psychosocial-support](http://www.scoop.it/t/psychosocial-support).

or the wider Movement crossed, and those events always contributed immensely to my recovery.

The invisible costs that individual humanitarian workers are paying can be immense: working in insecure environments and experiencing and witnessing acts of violence and the suffering they cause can have adverse and devastating impacts. A recent survey by *The Guardian* revealed that up to 79% of aid workers surveyed experienced mental health issues as a result of their work.<sup>21</sup> Nearly one third of all aid workers suffer from trauma – several times the rate of the general population, according to a study by the Antares Foundation.<sup>22</sup>

These studies reflect my personal experience. It took many years to make sense of what happened to me and my colleagues on that fateful day twenty years ago, and to overcome the effects of PTSD. From my perspective, the initial experience of being shot was a trigger to a much longer experience of recovery, which was much more prolonged and painful than it needed to be. The biggest failure that occurred along the way was the inability to establish a fruitful process where both the individual and the community co-created a healing journey. Even now, twenty years later, I acutely feel the need to belong, arising from a craving to heal an injury that I have sustained on behalf of a much larger community.

From an organizational perspective, and as outlined earlier, there is much that can be done to address the impacts of stress and trauma. It would benefit any organization or NGO to build an internal culture of care and healing based on humanitarian principles. Why? Jolie Wills<sup>23</sup> puts it quite simply: first, it pays; second, it's risk management; and third, it is ethically simply the right thing to do.

I suggest that an integral approach to dealing with stress, burnout and trauma should become a standard operating principle in the humanitarian sector for employers in dealing with their workers. I also suggest that employers in the humanitarian sector create and implement collaborative processes and become conscious and proactive partners in the healing journeys of their staff who have been impacted by injury and trauma while working for the institution and on behalf of humanity as a whole.

21 See, for example, H. Young, above note 19.

22 Antares Foundation, above note 6.

23 See: <http://supportingthesupporters.org/index.php/why-support>.