



THE KONTERRA GROUP

Rosalind McGregor Review

For

Amnesty International

Assessment and analysis conducted by:
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INTRODUCTION

This external review was commissioned by Amnesty International's International Secretariat (Amnesty IS) in response to Miss Rosalind McGregor's tragic death on July 1, 2018. Rosalind, known as Roz by her colleagues, was a 28-year-old British woman who served as an advocacy intern in the Geneva office from February 2018 to late June 2018 and, prior to that, as a volunteer with the Amnesty IS Mexico Regional Office from October 2017 to January 2018. When Roz took her life in July, this came as a deep shock to both her Geneva and former Mexico City colleagues and the wider Amnesty IS community.

The KonTerra Group and Mr. Romain Félix¹ have been jointly commissioned to conduct this review. Dr. Kavita Avula of The KonTerra Group and Mr. Romain Félix co-lead the review. Dr. Avula was supported by Ms. Nanette Cantrell, a human resources consultant of The KonTerra Group and Mr. Félix was supported by Ms. Tiffany Willemetz, attorney-at-law at Sulmoni & Félix. Dr. Avula and Mr. Félix reported to an Oversight Group comprised of three senior staff members from the Amnesty International movement including Natasa Posel, Director of Amnesty International Slovenia; Wies De Graeve, Director of Amnesty International Belgium (FI); and Elisabeth Rasmussen, Director of Human Resources at Amnesty International Denmark. This group was instrumental in orienting the co-authors to the movement and answering questions and addressing challenges that arose during the assessment process. For example, when Dr. Avula received feedback that the window for providing input was too narrow, she requested an extension and this was granted by the Oversight Group.

It was the co-authors intent to offer confidentiality towards all Amnesty employees, i.e. those having been interviewed and those referred to during the interviews and in the documents made available. Therefore, no one within Amnesty is named or is identifiable unless they expressly consented otherwise.

At the outset, each part of this report – Part A and Part B – was to be maximum 5 pages long and the combined report was to be maximum 10 pages long. The co-authors agreed that this page limit was not adequate and requested an extension, of 5 pages each and 20 pages maximum for the combined report, which was granted. All in all, it is intended to remain very concise. The co-authors took a double-blind approach to report-writing and each wrote their section before reviewing the other's section. Each provided feedback to the other, which was taken into account if it made sense to the author of that section. The initial three sections of the report were co-written, Part A was authored by Mr. Felix and Part B was authored by Dr. Avula.

PURPOSE

The purpose of the assessment is two-fold. Part A focuses on duty of care and includes:

1. verifying the facts and findings contained in the report of the initial Amnesty IS internal review²;
2. assessing Amnesty International's discharge of duty of care under Swiss law.

Part B takes a wellbeing lens to the circumstances preceding and following Roz's death in order to:

1. share lessons learned;

¹ Attorney-at-law at Sulmoni & Félix, LL.M., admitted to Geneva and New York Bars, Certified SBA Specialist in Labor Law.

² The internal review was conducted by two IS senior managers. It addressed three areas: "A) what information /discussions were given to Roz about health coverage / medical insurance in Geneva, Switzerland? B) What was Roz's workload during her time in the Geneva office? C) What were we aware of in terms of her health issues during her employment?" Since we understand that the present report will be disclosed more widely than the report of the internal review, we will not refer in the former to the findings contained in the latter.

2. provide recommendations to ensure adequate wellbeing support to Amnesty IS staff, including those experiencing exceptional levels of stress.

METHODOLOGY

Dr. Avula and Mr. Félix collaboratively co-led the majority of interviews in order to consolidate efforts and avoid interview fatigue. Data was gathered primarily via document review, as provided by the IS and the Swiss Section, and semi-structured interviews conducted by both Dr. Avula and Mr. Félix. A total of 22 people were interviewed -- 17 individual interviews, one dyad, and one group interview -- and included three of Roz's loved ones, the Amnesty IS Mexico regional office, Swiss Section HR and senior managers, International Secretariat (IS) senior managers based in Geneva, International Advocacy Programme (IAP) staff based in Geneva, London, Berlin, and New York. The group interview was conducted with the Mexico City office staff. While most interviews lasted between 45 - 60 minutes, seven individuals were interviewed more than once, for a total of 2-3 hours, to gather additional information or because they were distressed and needed more time.

PART A: DUTY OF CARE

Introduction

The legal part of this report is the result of an independent investigation into Rosalind McGregor's (**Roz**) internship in the International Advocacy Programme (**IAP**) of Amnesty International's (**Amnesty**) International Secretariat (**IS**) in Geneva, which started on 1 February 2018 and ended upon her tragic death on 1 July 2018.

The review giving rise to this report was aimed at addressing legal issues. Another review, addressing well-being issues, was conducted in parallel by The KonTerra Group. The fact-finding process (interviews, review of documents, etc.) was carried out in common to a large extent. Each part of the combined report can however be read on its own. Therefore, some overlaps necessarily occur. The assessment of some common issues might also be different.

Terms of Reference and Scope

The terms of reference of the legal part of this review, agreed upon on 29 October 2018, provide that I shall 1) verify the facts and findings contained in the initial internal review conducted by the IS, and 2) assess Amnesty's discharge of duty of care under Swiss law in the light of the facts in (1) and other relevant issues. Three specific areas of Amnesty's duty of care were initially identified: a) assistance with medical cover, b) Roz's workload, and c) acting on knowledge of Roz's health issues during the period of her employment.

In view of these terms of reference, it is important to set as precisely as possible the scope of my legal review, i.e. what this report is about and what it is not about.

- This report does not focus on the precise circumstances of Roz's death, i.e. the reason(s) for her deciding to take her own life. I was not asked to do so – and not properly qualified³.
- This report does not go into Roz's personal or private life, except in instances where she disclosed such information to her colleagues – being noted that I received some additional

³ This said, based on what I heard and read, my personal view is that Roz's work situation at Amnesty did not play a significant role, and probably did not play any role, in her tragic decision.

information in that respect from some persons close to her. In the context of the legal review, I do not need to disclose anything Roz chose not to disclose in a professional setting.

- This report does not address Amnesty's discharge of duty of care towards any employees other than Roz. I have heard and read some statements which, regardless of whether they are accurate or not, address Amnesty's management style or practices, lack of care about the trauma associated with the work, unacceptable cultural behaviors, etc. I will not go into these issues, unless they are relevant to assess Roz's situation within Amnesty.
- Basically, this report addresses the issue of Amnesty's discharge of duty of care towards Roz from a broad perspective. However, the three specific areas identified in the terms of reference led me to focus the review on the issues which might have negatively impacted Roz's welfare. Based on what I heard and read, I identified six areas of interest: a) workload (including registered working hours), b) medical insurance affiliation, c) Roz's health problems made known to Amnesty, d) recommendation on health care providers (doctors, clinics, etc.), e) counselling service(s) made available to Roz, and f) allocations of responsibilities between IS and Amnesty Swiss Section.

The main difficulty I faced while drafting this report was to reconcile the requirements of accuracy, brevity and confidentiality. This was made possible by providing, in general, only the outcome of the consideration of the available pieces of evidence, without referring precisely to such pieces.

Findings of Fact (summary)

Rosalind McGregor (**Roz**), a 28-year-old woman from the UK, undertook an internship in the Geneva office of International Advocacy Programme (**IAP**) from February to June 2018. IAP is a section of International Secretariat (**IS**), based in London. The internship was initially intended to last until end of July 2018, i.e. 6 months (with a possible extension of 6 months). Prior to moving to Geneva, Roz had spent 4 months in Amnesty's Regional Office in Mexico as a volunteer. Prior to this, she had some years of work experience, both in the UK and overseas.

Roz, like the previous intern who held this position from March 2017 until January 2018, was not employed by the IS, but by Amnesty Swiss Section. As Roz worked within IAP, her legal situation was that of an Amnesty Swiss Section employee seconded to the IS. Roz's salary and benefits were therefore aligned to Amnesty Swiss Section employees' terms. Roz was the only IAP staff in the Geneva office not employed by the IS. Employment-related matters were mainly handled by Amnesty Swiss Section Human Resources Department (**Amnesty Swiss Section HR**), located in Bern – and not by the IS Human Resources Department (**IS HR**), located in London. Communication between Amnesty Swiss Section HR and Roz often went, both ways, through IAP Geneva staff.

At the time of Roz's internship, Geneva IAP staff was made of three permanently-based employees: two Senior Advocates and one Administrative Assistant. Another Senior Advocate, attached to the Geneva office, worked mainly from abroad. The position of IAP Director was vacant. The previous Director had left in the last quarter of 2017. The new one started in April 2018; she was however located in New York until November 2018.

Typically, Roz's supervisor would have been the IAP Director – who mostly supervised the previous intern until she left in the last quarter of 2017. In the absence of an IAP Director, Roz's supervisor was one of the two Geneva Senior Advocates: a young woman who had joined Amnesty approximately a year earlier (**Roz's supervisor**). She had not been trained as a supervisor and had no experience in management, except for supervising the previous intern after the IAP Director left. Despite her lack of experience and training, Roz's supervisor's dedication to Roz's professional activity and welfare has been highly praised.

IAP staff shares Amnesty Geneva office, which is rather small (around 10 people), with some Amnesty Swiss Section staff and with other IS (non-IAP) staff. IAP staff has, or rather had, its own room in the Geneva office, and shares common areas such as the kitchen with other staff.

Roz has been overwhelmingly described as a smart, motivated, ambitious, and enthusiastic person. She has been described often as “bubbly.” Roz’s work at IAP was of high quality and she was recognized as an excellent intern. Amnesty offered to extend her internship for 6 months. I understand that Roz was initially interested in extending her internship, but she decided not to do so in May 2018 to pursue a career in the UK closer to her loved ones.

Roz was suffering from distress for personal reasons. This distress dramatically increased in June 2018. Roz decided to go back to the UK unexpectedly on Tuesday 26 June. She took her own life on Sunday 1 July.

The other relevant facts will be set forth directly in the assessment sections relating to each corresponding issue.

The Law (summary)

The employment relationship between Amnesty and Roz was governed by Swiss law. Swiss employment law has two main sources: the Code of obligations (in French, Code des obligations or **CO**), which is private contract law, and the Labour Act (in French: Loi sur le travail or **LTr**) and related regulations, which is public law. CO contains soft-law rules (which can be deviated from by mutual consent of the parties) as well as mandatory rules. LTr contains mandatory rules.

The terms of the employment relationship between Amnesty Swiss Section and Roz were set in the Employment Contract signed by the parties and in the Staff Regulations applicable to all Amnesty Swiss Section employees (and expressly referred to in the Employment Contract). Therefore, these two documents governed the employment relationship to the extent that their terms were not inconsistent with mandatory statutory rules. Any legal issues not dealt with in the Employment Contract and/or Staff Regulations were to be decided on the basis of CO, LTr or any other applicable statutes.

Employer’s duty of care towards employees is not specifically referred to in any of the statutes. This concept is however partly implied and treated in Article 328 CO on the “*protection of the employee’s personality rights*.”⁴ Employer’s duty to protect employees’ health, in both their physical and mental aspects, is also covered by Article 6 LTr and one of its implementing regulations (OLT3).

In view of the very succinct legal framework of the employer’s general duty to protect employees (duty of care), this issue has been addressed, and therefore construed and specified, in quite abundant case-law. Some of the following specific duties have been imposed on the employer: duty to create and maintain a pleasant working atmosphere (i.e. respecting individuals’ dignity and ensuring mutual respect), duty to prevent the occurrence of work conflicts and to handle any of those, duty to prevent the occurrence of work-related health problems, duty to properly organize work (materializing in how employees are chosen, trained and monitored), etc.

⁴ Article 328 CO reads as follows: “1. *Within the employment relationship, the employer must acknowledge and safeguard the employee’s personality rights, have due regard for his health and ensure that proper moral standards are maintained. In particular, he must ensure that employees are not sexually harassed and that any victim of sexual harassment suffers no further adverse consequences.* 2. *In order to safeguard the personal safety, health and integrity of his employees he must take all measures that are shown by experience to be necessary, that are feasible using the latest technology and that are appropriate to the particular circumstances of the workplace or the household, provided such measures may equitably be expected of him in the light of each specific employment relationship and the nature of the work.*”

These various duties can result in the employer having to do something (action) or, on the contrary, in he/she/it having to refrain from doing something (abstention). In most cases, the duty of care is not unrestricted, but is limited in its scope by the criteria of reasonableness: state of the art, legitimate work requirements, etc.

In a situation of secondment (in its broad meaning), i.e. when an employee is sent by his/her contracting party (legal or *de jure* employer) to work with another legal entity (factual or *de facto* employer), questions arise on how the various obligations are allocated between the two employers. Basically, the duties to protect employees (duty of care) are mainly borne by the *de facto* employer.⁵ This is because the *de jure* employer is not involved in employees' daily activities, which are performed solely with *de facto* employer (usually at its own place).

In this case, Roz was hired by the Amnesty Swiss Section, since her employment contract was signed by, and in the sole name of, the Amnesty Swiss Section only. However, she worked within an IS team, which has its own office at the Amnesty Swiss Section Geneva office. Roz did not perform any activities for, or receive any work-related instructions from, the Amnesty Swiss Section – but for, and from, the IS. Therefore, the Amnesty Swiss Section was Roz's *de jure* (or legal) employer and the IS was her *de facto* (or factual) employer. It is to be noted that the entire employment relationship between Amnesty and Roz was governed by Swiss law, including IS' duty of care towards Roz.

The employer is accountable for any wrong actions, or any failures to act, made by the employee in performing his/her tasks.⁶

Any other or deeper legal concepts will be set forth directly in the assessment section relating to each corresponding issue.

Assessment

Workload (including registered working hours)

Roz's working time, contractually agreed upon, was 40 hours per week.⁷ No daily schedule was set contractually. Roz had to set her schedule with her supervisor, taking into consideration both Amnesty's business needs and her personal needs/wishes. It was contractually agreed upon that any overtime should be primarily compensated in the form of time off in lieu (**TOIL**). Roz had to record her worked hours – I will come back to this in more detail below (in this section). Roz's holiday entitlement, contractually agreed upon, was 2.5 weeks (or 12.5 business days) during her 6-month internship.⁸

Inherently, IAP activity varies significantly: while the UN Human Rights Council (HRC) is in session (it happens three times a year: in March, June and September), IAP team spend most of their time at the Palais des Nations and the number of working hours can be quite high; in between, IAP team spend most of their time at the office and the number of working hours is substantially lower – they can usually take TOIL.

Roz's activity followed this trend. Upon her arrival, she had little time to settle down in IAP office, since HRC 37th Regular Session took place from 26 February to 23 March 2018. She was very busy

⁵ It is widely admitted that a contract-like relationship is entered into between *de facto* employer and employees. Further, *de facto* employer's obligation to protect employees' (physical and mental) health is expressly provided for in Article 9 OLT3.

⁶ See Article 101 CO.

⁷ The maximum permitted working time in this field is 45 hours per week (Article 9.a LTr).

⁸ The minimum holiday entitlement, as from 20 years old, is 4 weeks per year (Article 329a.1 CO), i.e. 2 weeks (or 10 business days) for a 6-month period.

before and during this period, not only because she was new to the job and the general level of work was significant, but also because she was very curious and enthusiastic. Then, a calmer period arose. She also took days off in April (9 days) and in May (1 day). HRC 38th Regular Session took place from 18 June to 6 July 2018. Roz was busier again, but seemed not to cope fully with the greater work demand. It was the time she started to feel worse (distress) – I will come back to this below (in section on health problems). On a few occasions, Roz worked from home during usual working time (home-based work). Rarely, she spent a little bit of time working from home outside working hours.

Roz sometimes said to colleagues that she had a lot of work, but she did not complain of having too much of it. She did not send stress signals – except at the end of her time at Amnesty (see section on health problems). She sometimes asked for more work in specific areas and also showed interest in pursuing activities within Amnesty which were not in her tasks. When workload was occasionally higher, she dared say that she could not handle more. Roz’s supervisor, who had a protective attitude towards Roz, was eager to make sure that Roz was not overwhelmed, among other measures by taking additional work off her.

Registering the hours worked by employees and related data is an obligation for most businesses in Switzerland.⁹ Amnesty Swiss Section Staff Regulations (unfortunately not available in English) provide that (i) the employee shall enter the number of his/her daily worked hours in the computer program provided for such purpose, (ii) unless otherwise agreed with supervisor, employee shall present the control sheet to supervisor for signature at the end of each quarter, and (iii) supervisor shall ensure there is no overtime in normal circumstances and that overtime, if any, is compensated as soon as possible.¹⁰ In my view, these requirements are inconsistent: supervisor cannot efficiently control that there is no overtime in normal circumstances and, more specifically, make sure that any overtime is compensated as soon as possible if the control sheet is presented only quarterly.

Further, Roz was not given access to the working time computer program available to Amnesty Swiss Section employees. Prior to Roz starting her internship, Amnesty Swiss Section sent IAP staff an Excel reporting sheet for Roz. Beginning of March 2018, Amnesty Swiss Section provided Roz directly with the Excel reporting sheet as well as some guidance (among others: she had to compensate overtime, i.e. when she worked more than 8 hours daily; she had to set her holiday with her supervisor). The issue of control (who would control the actual working time and how often) was however not addressed on this occasion. In addition, the reporting sheet did not contain all data required by law – being however noted that many Swiss businesses do not comply with all their legal obligations in that respect.

At the end of the first quarter and after having checked with her supervisor, Roz sent Amnesty Swiss Section the reporting sheet for February and March. During these two months, she had accumulated 27.5 hours of overtime (i.e. the equivalent of approx. 3.5 days) – which is consistent with the peak period of settling down in IAP and attending her first HRC Regular Session. Since she suddenly went back home before the end of the second quarter, Roz did not send the reporting sheet for April, May and June. It is not known whether she recorded her worked hours during this period. It is not known precisely whether and how she compensated overtime accumulated in February and March (TOIL); in particular, it is not clear whether her days off in April (9 days) and May (1 day) were used as holiday only or also as TOIL.

My conclusion is that Roz’s workload seems to have been reasonable on average during the period from February until June. However, Amnesty failed to properly monitor Roz’s working time. In my

⁹ See Article 46 LTr and Articles 73-73b OLT1.

¹⁰ Article 321c.2 provides that additional hours (i.e. worked hours above the working time contractually agreed upon; here: 40 hours) shall be compensated by time off in lieu “within an appropriate period”. Article 13.2 LTr and Article 25.2 OLT1 provide that overtime (i.e. worked hours above 45 hours per week) shall be compensated within 14 weeks. I will not go into the details of the distinction between additional hours (as per CO) and overtime (as per LTr) here.

view, this failure is quite serious since Roz was a young, inexperienced and foreign intern in a working environment in which (temporary) overtime is frequent.

Medical insurance affiliation

In Switzerland, medical insurance is a privately-run social insurance. It is closely regulated and monitored.¹¹ All persons domiciled in Switzerland shall take medical insurance within 3 months.¹² If the affiliation is made within the 3-month time-limit, the coverage takes effect retroactively.¹³ If the affiliation is made beyond the time-limit, the coverage takes effect at the affiliation date and a penalty can be imposed.¹⁴ Some EU nationals can be exempted from the mandatory affiliation under certain conditions. The exemption request shall be made within the 3-month time-limit. Lack of medical insurance does not prevent someone from going to a private doctor or to hospital, but costs might eventually be borne by the patient himself/herself.

Contrary to most other Swiss social insurances, medical insurance is disconnected from the employment relationship: employer does not have to affiliate, or facilitate the affiliation of, employees to medical insurance (some employers do so on their own initiative), he/she/it does not have to pay medical insurance premiums (some employers do so on their own initiative) and he/she/it has no duty of information on medical insurance affiliation towards employees.¹⁵

Roz received some written information on the specificities of Swiss medical insurance from Amnesty Swiss Section prior to the beginning of the employment relationship. Surprisingly, questions in that respect were to be asked to “Amnesty London ODHR (or superior in some cases)”. Concurrently and shortly thereafter, Roz’s attention was drawn on the fact that she would need to sign in for medical insurance and that medical insurance was to be taken out on a private basis. Amnesty Swiss Section invited IAP staff to help Roz in that respect.

My conclusion is that Amnesty abided by its (very limited, if not non-existent) legal obligations with respect to Roz’s medical insurance affiliation.

However, the situation was not handled in a fully satisfactory manner. Even though I could not access all details (which were available neither to Amnesty nor to Roz’s family), it appears that Roz struggled to obtain medical insurance cover, which resulted in her being affiliated (and therefore covered) in May 2018 only (i.e. after the 3-month time-limit) and her hesitating to seek health care treatment in the meantime. The main issue at the time was whether her UK medical card (EHIC) would allow her to be exempted from Swiss medical insurance (i.e. whether EHIC would allow her to be covered for medical treatments provided in Switzerland). Roz handled the affiliation process on her own. She sought advice from IAP staff, who could not help her much and did not fully monitor the process – nor did Amnesty Swiss Section. Further, she received inconsistent and, to some extent, inaccurate information on whom she should ask questions to in this matter – “Amnesty London ODHR” would obviously not be in a position to help her efficiently.

In my view, Amnesty should have either refused to assist Roz in the affiliation process at all (on the ground that this is a purely private matter in Switzerland) or should have provided her with full

¹¹ See Medical Insurance Act (in French : Loi fédérale sur l’assurance-maladie or **LAMal**).

¹² See Article 3.1 LAMal.

¹³ See Article 5.1 LAMal.

¹⁴ See Article 5.2 LAMal. After the 3-month time-limit, cantonal authorities conduct the affiliation automatically (compulsory affiliation).

¹⁵ Article 331.4 CO, which basically imposes employer’s information duty towards employee on pension schemes (so-called « second pillar » or LPP), is now deemed to also apply to other social insurances to the extent that specific social insurance legislation provides for information duty. Medical insurance is however excluded from such duty – contrary to loss of earnings insurance in case of illness (see Article 28.1 Act on General Part of the Social Security Law and Article 10 LAMal).

support – e.g. by handling this matter on behalf of Roz or by referring her to a specific insurance broker, who would have done so. The middle path used by Amnesty lacked clarity and may have led to some confusion.

Roz's health problems made known to Amnesty

Roz revealed very little about her health issues to her Amnesty colleagues while being in Geneva. She would mostly keep that aspect of her life private. On some occasions, Roz told colleagues within the IAP team (mostly Roz's supervisor) about two physical health issues, one quite common and not alarming and the other quite common as well but more alarming if repeated (it was however not disclosed as such) – in the context of the legal review, I do not need to disclose these health issues. When informed about these health issues, Roz's supervisor told her not to hesitate to go back home and take some rest, something Roz did on some occasions.

Roz's colleagues were not aware of the deep distress she endured at the end of her internship – except for Roz's supervisor and, to a lesser extent, another IAP staff in the course of Roz's last week in Geneva (see below in this section). For her own reasons, Roz decided not to disclose to anyone at work (except partly to her supervisor at the very end of her stay) the existence, and even less the reason(s) for, this distress. The only element that some colleagues could feel at that time was Roz's stress relating to her professional future, which appeared normal in these circumstances. Until her last day in Geneva (25 June), Roz gave signs of her "interest in life", in particular her professional future. This is mainly why the news of Roz's tragic death came as such a huge shock to Amnesty.

During Roz's last week in Geneva, Roz's supervisor became worried about Roz's distress. HRC 38th Regular Session was ongoing, i.e. it was a hectic period during which most IAP activities took place at the Palais des Nations. Roz seemed to be doing less well. She was doing her best, as usual, but seemed to not be able to cope fully with the workload. On two occasions, Roz told her supervisor specifically about her distress, without going into details and insisting on total confidentiality – since it is not necessary in the context of the legal review, I will not disclose more about their conversations. On Thursday 21 June, after the second (and more detailed) conversation, Roz's supervisor encouraged Roz to take two days off. Roz took Friday 22 June off. On Sunday 24 June, Roz wrote to her supervisor that she would prefer to work on Monday 25 June, since that would help her refresh her ideas. She did so. On Tuesday 26 June, Roz did not come to work and flew back to the UK. It is not necessary to disclose what happened next in the legal review.

Based on what I heard and read, I am convinced that (i) Roz's colleagues did not know (precisely), and could not know, of the deep distress she was enduring as her internship was nearing its end, (ii) Roz's colleagues (IAP team) cared about Roz's health and (iii) Roz's supervisor made her very best efforts to protect her to the extent she had been made aware of her (physical or mental) health problems. In sum, Amnesty properly acted on knowledge of Roz's health issues during the period of her employment.

Recommendation on health care providers (doctors, clinics, etc.)

It seems that Roz received inadequate, if not wrong, medical (psychological/psychiatric) treatment while being in Geneva, and that such treatment had a detrimental effect on her state of health. However, it does not seem that Roz chose the psychological/psychiatric clinic at issue on the basis of Amnesty's advice or recommendation. She was informally given the name of an English-speaking health care provider (general practitioners) by one of IAP staff. Then, the doctor (general practitioner) she saw there recommended the psychological/psychiatric clinic at issue.

Amnesty does not make a list of recommended health care providers (general practitioners and/or specialists and/or clinics) available to its Geneva-based employees (both IS' and Amnesty Swiss Section's ones). There is no legal obligation for employers to do so. I would in fact not advise Amnesty

to issue a list of recommended health care providers¹⁶, since Amnesty does not have the expertise to assess the quality of treatments provided by those. Further, any recommendation that would prove to be inadequate/wrong might possibly result in Amnesty being held liable – or, at least, in Amnesty being sued – for negligent advice. At most, Amnesty could issue a list of English-speaking health care providers, to be given to its non-French-speaking staff.

Counselling service(s) made available to Roz

Amnesty staff can potentially suffer from distress. One of the obvious reasons, if not the main one, is that they often face data (images, reports, etc.) on the inhumane treatment towards human beings. For this reason, Amnesty makes some counselling services available to its staff (e.g. CiC in the UK and Movis in Switzerland), some of them dealing not only with work-related problems but also with personal concerns. There is however some confusion on which service(s) is/are precisely made available to which staff. For instance, it seems that only IS employees are eligible to use CiC.

At the beginning of the employment relationship, Roz received, or was given access to, information on counselling services. However, this information was unclear, if not inconsistent. One of the documents she could access stated that CiC was available to IS employees (Roz was not), whereas another document made available to her stated that a “confidential personal counselling service” was available to Amnesty staff and gave her the phone number (in the UK) of such service. However, it seems that Roz’s eligibility to this service was not checked. Further, it seems that Roz was not specifically informed, or provided with the contact details, of Movis – whose counselling service in good English is questionable anyway.

Even though Roz suffered from distress during her internship, there is no indication that she ever intended, or tried, to use any counselling services made available to Amnesty staff – it is however possible that she did or would have attempted to use such services, but I was not able to confirm this. This said, my view is that unclarity/inconsistency in the information provided by Amnesty in this matter should be avoided in the future. One should keep in mind that a distressed person is likely not to be in a position to sort out which service is available to him/her and which is not.

Allocations of responsibilities between IS and Amnesty Swiss Section

Roz entered into an employment contract with Amnesty Swiss Section. However, she performed her work in favor of, and received her instructions from, the IS (as the entity encompassing IAP). This situation of secondment resulted in Amnesty Swiss Section, based in Switzerland (Bern, with an office in Geneva), being Roz’s *de jure* employer and the IS, based in the UK (London) and with an office in Geneva (shared with Amnesty Swiss Section), being her *de facto* employer. Therefore, the IS mainly bore employer’s duty of care towards Roz (i.e. the duty to protect her personality rights). Amnesty Swiss Section bore most of employer’s administrative obligations (e.g. paying salary, arranging for social insurances, etc.)¹⁷.

Amnesty Swiss Section was rather well aware of its obligations towards Roz as well as of the limits thereof. They informed interns, in the Staff Regulations (unfortunately not available in English), that IS staff is responsible for managing the internship. They provided employees, including Roz, with a document explaining the allocation of responsibilities between Amnesty Swiss Section HR and IS HR – which was however potentially confusing on the issue of medical insurance (see above section on

¹⁶ I am aware that Dr. Avula comes to a different conclusion in her review. I do not disagree with her as such, but note that wellbeing and legal requirements sometimes conflict. It is then up to Amnesty to decide which consideration should prevail.

¹⁷ Notwithstanding the fact that the IS is a UK entity based in London, both duties were governed by Swiss law.

medical insurance affiliation). They also largely coordinated with IAP staff on how to handle issues relating to Roz, both prior to, and in the course of, her employment.

IAP staff were also well aware of IS' duties towards Roz. Prior to Roz beginning her internship, they prepared a document providing information about IAP's role and responsibilities. As far as I can tell, this document, which was reviewed by Amnesty Swiss Section, was a good support for Roz – even though it contained unverified information on “confidential personal counselling service” (see above section on counselling service(s)).

My impression is, however, that the unusual combination of the temporary absence and then remoteness of the new IAP Director and of the specific situation of secondment might have had an impact on how Amnesty discharged its duty of care towards Roz.

Conclusion

I could not identify any gross breach of Amnesty's duty of care towards Roz. However, some aspects of the employment relationship under my review were not properly, or not perfectly, handled (improper process of registering working time, lack of follow-up on medical insurance affiliation and inadequate information on available counselling service(s)).

PART B: WELLBEING & LESSONS LEARNED

The wellbeing part of the review is focused on these key questions:

1. What lessons can Amnesty International learn from reviewing Roz McGregor's experience as an intern at Amnesty?
2. What additional measures, if any, would you recommend to ensure adequate support to our staff and their wellbeing, including those experiencing exceptional levels of stress?
3. Are there any features of Amnesty's culture and implicit management values which may place employees in situations of intolerable stress? How might this particularly impact young interns and volunteers?

The first two questions will be answered explicitly in this report. The third question is too large of an undertaking to adequately answer in this report and it did not arise as a relevant factor in Roz's case. Roz was reportedly by-and-large shielded by her colleagues from knowing about problematic dynamics at the organization. She spoke only highly of her time at Amnesty to those close to her and did not appear to be aware of the various problematic dynamics. For this reason, it is not necessary to expound on this question in this report. It should be stated, however, that the answer to the question is yes, there are clear features of Amnesty's culture which place employees in situations of intolerable stress that particularly impact young interns and volunteers. A confidential message submitted as part of the Open Door Email from a current Amnesty International intern will be privately submitted to the Secretary General with the intern's consent. The intern's message describes a toxic environment at Amnesty and excessive pressures placed on young interns and volunteers. A full elaboration on this question will be provided in the General Wellbeing Review report to be disseminated at the end of January 2019.

FINDINGS: FROM A WELLBEING LENS

Internship Recruitment and Induction

When she was a volunteer at Amnesty International's Mexico Regional Office, Roz was recruited to be an intern by Amnesty International's International Secretariat's (Amnesty IS) International Advocacy Programme (IAP) Geneva staff. Roz was highly regarded at the Mexico City office and came across as bright, kind, collegial, and highly competent to IAP Geneva Senior Advocates who found her to be an excellent fit for the internship.

It was decided that Roz would be hired by the Swiss Section and seconded to the Amnesty IS – Geneva office. Among other reasons, this meant that she would be compensated in line with her Swiss Section counterparts. The original start date for Roz to begin her internship was in January 2018; however, Roz requested to delay her start date to February 2018 due to the international move and holiday period in between. The IAP Geneva office granted this delay in starting the internship.

The Swiss Section HR office made contact with Roz and provided an orientation packet that explained who is responsible for doing what. The Swiss Section HR travels to Geneva once or twice a year but since this was not scheduled during Roz's intern period, HR emailed her the information.

According to the Swiss Section HR, every staff member of the Swiss Section fills out a personal information form that includes emergency contacts. Roz did not fill out this form and it does not appear that there was any follow up by the Swiss Section HR to make sure this form was completed and on file.

Roz's Amnesty IS Geneva manager took the initiative to create an internship induction manual to help orient Roz to her new position. Prior to Roz's appointment, previous interns did not have an internship manual. Investing time and effort, her supervisor developed the manual and included pertinent information about the office and internship. In this manual, the number for a free, 24-hour counseling service is listed, though it is not described in any detail.

Conclusion: Roz was well supported during the recruitment period and her requests related to relocation were accommodated by Amnesty IS – IAP Geneva. The decision to compensate her to avoid disparities with peer Amnesty interns in Geneva was a good one. However, insufficient follow up occurred to make sure all induction forms were on file. Not having the personal information form on file is a major gap and led to a delay in making contact with Roz's family after the news of her death which created a cascade effect of concerning circumstances: staff were informed about her death *prior* to making contact with her family to verify the news and learn the family's preferences about what level of detail should be shared with staff, staff felt uncomfortable knowing that information was being widely disseminated before contact with the family was made, and lack of confidence in the way in which Amnesty IS leadership handles crises added an extra burden to an already highly distressed staff receiving even more highly distressful news as this was the second Amnesty suicide in 2018.

Internship Period

Roz was regarded as a bright, hard-working, collegial, and dynamic young woman by all of those who worked with her. Her colleagues describe her as a competent intern with great potential. Roz worked primarily with IAP Geneva staff who also shared an office with her. During Roz's first week, she and her supervisor set objectives for what she hoped to achieve and identified skills that she had interest in developing. They did an internship review in May to revisit her goals and further develop a plan for building relevant skills.

Roz interacted daily with her IAP colleagues and worked most closely with the Geneva staff. She got along well with her colleagues and they had a good, supportive relationship, checking in often on her workload. Roz is described as eager and organized and was an intern who took initiative to set goals for herself. According to those close to her, she complained about not being busy enough and liked to keep herself stimulated and challenged intellectually. Those who were close to her noted that she felt lonely initially as the only intern but felt more connected over time. Roz was invited by her supervisor to extend the internship but declined this opportunity because she already had plans to move back to London and planned on looking for a job there.

Conclusion: Roz had a rewarding internship experience - she was highly regarded and performed well as an intern, so much so that she was invited to extend the internship. She was well cared for by the IAP Geneva staff and “only had good things to say about Amnesty” to those closest to her. Where possible, it may be useful to have an intern cohort so that interns have a peer group. Nonetheless, Roz adapted to being the only intern and told those close to her that she was content with her experiences at the organization and planned on applying to work at the Amnesty IS London office upon moving back.

Medical & Psychological Health Care

Some of Roz’s colleagues were aware that she was having symptoms which resulted in her missing some social events including a Geneva office barbeque. However, she is consistently described as a very private person who did not wish to discuss her personal issues at work and when she (rarely) did, she always requested privacy. Though what she disclosed was limited, her supervisor and the IAP Geneva staff readily supported her requests to go home early and encouraged her to take time off if needed.

At the end of February 2018, Roz confided in the appropriate colleague about disruptive symptoms she was having and asked for help with a referral to a health care provider; in addition, she asked the colleague to keep her request private. The office reportedly does not provide a list of health care providers nor a list of mental health professionals.

The International Secretariat offers a free remote counseling service via CiC that covers five sessions for all IS staff. The Swiss Section offers a free counseling service via MOVIS that covers five sessions for Swiss Section staff. It does not appear that CiC or MOVIS were recommended to Roz at this juncture possibly because Roz had asked for the name of “a doctor” and it may not have been evident that she was having a psychological concern.

In the absence of a vetted referral list of qualified providers or a resource to connect staff to qualified providers, the colleague recommended a bilingual medical center that an Amnesty Geneva senior staff member had used and Roz, reportedly, saw a general practitioner there. That practitioner referred Roz to a local center for psychological health where she commenced weekly psychotherapy.

Most of her colleagues first became aware of her personal distress during the latter part of June during the first week of the second Human Rights Council. The Human Rights Council sessions tend to result in an increase in workload and hours for staff. Roz confided in two of her colleagues during the week of June 18, 2018 that she had been having significant personal issues. Towards the latter part of the week, she met with her supervisor who spoke with her and supported her in going home early on Thursday, June 21, 2018 and recommended that she take 2 days off. Roz requested privacy and asked that details not be shared with colleagues. Her supervisor consulted with a Geneva senior manager of a separate team, notified IAP managers in NY who supported this decision, and informed colleagues that Roz was not feeling well and would be out of the office for 2 days; in addition, she asked colleagues not to email her with work issues.

Roz took Friday, June 22, 2018 off but sent a message on Sunday, June 24, 2018 to her supervisor indicating that she would return to work on Monday, June 25, 2018. Her supervisor let her know her own schedule at the Human Rights Council so that they could coordinate. On Monday, June 25th, Roz came to work but asked to leave early because she was distraught about a personal issue. She was supported by her supervisor who was supported by her IAP manager in NY and the Swiss Section HR Director. Her supervisor accompanied her to meet someone close to her who had agreed to pick her up from the Human Rights Council.

Conclusion: Not having a system or resources in place to help interns, especially those who might be experiencing exceptional distress, access adequate health care resources is a major gap. Many humanitarian organizations that work in high stress contexts have a comprehensive staff care program that includes an Employee Assistance Resilience Program (EARP) that is available 24/7 via phone, email, and chat and connects staff to resources, including skilled multi-lingual healthcare providers and competent counseling by specialized mental health professionals knowledgeable about the stressors inherent in humanitarian work. Other peer organizations provide a vetted list of medical and mental health practitioners. Some humanitarian organizations develop a relationship with several local reputable centers or practices that not only offer excellent care but also have excellent “bedside manner” or interpersonal skills.

Psychological Crisis

According to individuals who were close to Roz, she was very negatively impacted by her counseling sessions, which is an extremely unusual occurrence. It is reported that the session on Monday, June 25, 2018 with the local mental health practitioner left Roz feeling far worse than when she had arrived. Those close to her indicated that while she was distressed prior to the session, it was clear that what had been discussed in the session or, at least, the way in which Roz interpreted what had been talked about, was deeply upsetting for her and severely exacerbated her condition. It is not clear how much of this Roz conveyed to the therapist herself and it is unclear how Roz presented to the therapist. Those close to her report Roz was “never the same” after this counseling session.

After this sudden escalation in symptoms and distress – evidence that an episode was triggered by what was discussed in the session - Roz made the decision to return home to London immediately. She informed her supervisor that she had decided to return home and her supervisor fully supported her decision to take an immediate leave from work. The supervisor informed IAP management in NY and the Swiss Section HR Director who were all supportive of Roz’s need to return home to seek medical attention and care.

Upon her arrival to London, her family took her immediately to be assessed at a local healthcare center in the UK and the facility did not admit her. They took her a second time after a serious indication of extreme distress and, still, she was not admitted. She died on Sunday, July 1, 2018.

Conclusion: Roz received full support to take time off immediately from her supervisor and the organization when she went into a crisis state. It appears that both the Geneva and UK healthcare systems vastly underestimated her needs. She reportedly did not feel comfortable with her therapist, which is problematic for two reasons: 1) a strong alliance is critical to a therapeutic experience, and 2) her lack of comfort may have resulted in inhibiting what she disclosed to the therapist; furthermore, her symptoms were not, presumably, assessed by the UK’s National Healthcare System to be as severe as they were and she was released on two occasions when she needed a higher level of care.

News of the Tragic Loss

Roz's colleagues were deeply shocked and devastated by the news about Roz's death. Her IAP Geneva colleagues were extremely distressed, shaken, and unable to work upon learning the news. They gathered together at the office, shared their grief reactions, comforted one another, and were permitted to go home early. The SLT member based in Geneva shepherded IAP staff whose managers were at a distance and was very skillful in supporting them. She made the extra effort to ensure that staff would not be alone once home. She was empathetic, present, and asked what they needed. She made it clear that their own wellbeing was an absolute priority and both gave them space to share reactions together if helpful to them and also encouraged them to take personal time off. She kept in close touch with them and, when they returned the next day, business was put on hold and a healing space was created by the SLT member and the senior manager of another team at the senior manager's home. IAP colleagues were extremely grateful and report that their care and emotional presence was outstanding. The two managers continued to monitor and check in with the IAP team members over the subsequent months, encouraging accessing counseling and other healthcare resources.

Conclusion: IAP Geneva staff and some of their European colleagues received outstanding care and support by both the SLT member and senior manager of another team based in Geneva who stepped up and created a safe and healing space for the colleagues most impacted by the loss even in the face of their own shock and distress having known Roz. They provided superior care and empathy to a highly distressed staff that were not their direct reports and should be commended for their attunement and far-reaching efforts. The way in which they reacted was exemplary of the care and support distressed staff should receive just after learning about a significant loss. IAP managers in NY were very grateful and supportive of the two managers stepping in to help.

Management Response to Unexpected Loss

IAP management and colleagues in New York were also extremely shocked and distressed to receive the news about Roz's death. IAP managers worked with the Swiss Section to verify the news. This took more time than it should have because of the aforementioned gap in assuring that Roz's personal information sheet had been submitted. Senior leaders overseeing the crisis made the decision to widely disseminate the news before contact was made with the family and preferences were discussed. This decision is not consistent with best practice about communicating news of an employee death within an organisation. Mass communication after the death of a colleague should align with and reflect the wishes of the family. Senior leaders were aware that many employees knew of Roz's death and there was the risk that additional staff might learn of the news and be upset that they were not informed by the organization. This is, without question, a difficult decision point for any leadership team in the midst of crisis. While it might have seemed that the choice was between communicating Roz's death or not communicating Roz's death, there are other nuanced options that might have been considered. For example, one option for approaching this dilemma would be to communicate that some information has been received without disclosing details and acknowledging efforts to reach family: "Some deeply upsetting news has been circulating about one of our staff members and we are working to verify the news as soon as possible. We feel it is important to speak to family to not only confirm the news but also learn their preference about what information is disseminated." It is critical to verify news before sharing it with staff regardless of what is being communicated on social media or among colleagues. As previously discussed, not having the personal information sheet on file (where staff could find it in a timely manner) with the family's contact information lead to a cascade effect of issues including this one. A number of staff found the choice to share the news prior to making contact with family unsettling.

Staff meetings were organized in each IAP location and staff were informed of the news and asked what they needed. Some of the colleagues who had worked more closely with Roz were supported in

their wish to go to Geneva to grieve with colleagues. This was a very important and good decision by IAP managers.

IAP management decided that a manager should go to Geneva to support IAP staff and assess how to maintain business continuity. The team's manager appropriately wished to be present; however, visa constraints prevented this from being an option. The team manager asked another IAP senior staff member to go to Geneva on her behalf to provide support to the staff and to assess how continuity of work could be attended to given the extreme circumstances. In the event that staff were not able to work due to the shock of the news, it made sense to have an IAP senior staff member present to cover business needs. However, Geneva IAP colleagues who were deep in grief expressed a strong preference to the Geneva-based senior managers of *other* teams (not IAP) who were caring for them during their time of grief to not have the appointed manager arrive during such a sensitive time. This was confusing and distressful for IAP managers who were in regular touch with the Geneva colleagues but did not hear this directly from them and who also felt they had a right to support their own team and take care of the team's business needs. It would have been useful for the Senior Leadership Team members involved to put any differences aside, communicate respectfully, and make an informed decision collaboratively on this very sensitive and complex decision. Communications deteriorated to the point where not all members of the team responding to the crisis were actively participating as a cohesive unit to make decisions. In a crisis situation in which members of the team assembled to respond to the crisis have reached an impasse, the next most senior leader should step in to make the decision.

Conclusion: There appears to be a lack of trust and openness both within the IAP team and between the senior leaders involved that created a barrier to communication during this sensitive period and added unnecessary stress. A restorative circle practice might assist this group in "putting things right" and healing the rifts among them. In addition, crisis management team training including death notification for those regularly involved in performing crisis management functions is strongly recommended.

Crisis Response Team & Information Sharing

The method of engaging with Roz's family was unnecessarily delayed by not having her emergency contact information accessible and not as well thought out as it could have been. A Swiss Section representative was appointed to make contact with the family, who did not know Roz personally, did not work in the same office, knew little about her work or circumstances, and, for these reasons, was not the right person for this important role.

Good practice in the aftermath of a staff death and family liaison support is to identify a point of contact that includes the most senior level person at the organization who knew the individual personally and is somewhat familiar with her work, supervisor, and recent circumstances. Eventually, four days after first learning the news, the Geneva-based SLT member, an excellent candidate for this role was assigned as the family liaison. She has a warm, caring presence, knew Roz personally, and worked in the same office.

In the aftermath of a staff death or crisis, information should be strictly shared on a need to know basis. A manager involved excessively shared emails with the entire team that contained details that were not appropriate for sharing outside of those who absolutely need to know. The manager should have exercised more discretion and consulted with the team managing the crisis before sharing. Staff members expressed concern and were uncomfortable with the level of details shared. In addition, when a staff member expressed concern about a colleague's distress, the manager copied individuals

on the message who did not need to know this information. Matters of a sensitive and personal nature, including employee distress, should be shared only on a need-to-know basis.

The crisis response team would typically discuss and provide guidance on how to promptly and sensitively share information including notifying staff about the death. The Swiss Section director personally called her staff members by phone to notify them of the tragic loss which was an excellent decision. She encouraged them to phone her if they had questions or concerns, which one staff member did. At this point, she could have also reminded staff about MOVIS' individual counseling resource.

Conclusion: While it was helpful that a crisis response team was assembled, it was not efficient enough. There was excessive information-sharing which should have been regulated by both the managers involved and the crisis response team. An After Action Review should always occur after emergency response situations to review the lessons learned. When there are disagreements, an external consultant may be used to provide more objective guidance on best practices.

Psychosocial Support to Staff – External Providers

The Swiss Section contacted MOVIS the same day news was received and decided soon thereafter to offer individual and group sessions in the Geneva office for IAP staff who had worked closely with Roz. There were mixed reviews on this session. The provider is described as not having a strong enough command on the English language and was difficult to understand. She also made a very specific recommendation on how to move the grief process forward that made staff uneasy and, unwittingly, added to the distress of some of the colleagues who were most impacted.

In the weeks following the loss, Geneva IAP staff were encouraged to access Thrive counseling services and at least two of them availed of this service. Both reported that the counselor was extremely helpful. The counselor went above and beyond by responding even when he was on vacation.

Conclusion: Psychological First Aid, which involves a system of making the right resources available at the right time, is the best practice immediately following a critical incident. While it is useful to remind staff that counseling resources are available after a critical incident, group counseling is often better received some weeks after the event. The grief counseling provided in the days following Roz's death was inadequate in that it was offered too soon and the counselor made too specific of a recommendation on how to grieve which goes against best practice in grief work. Fortunately, individual counseling provided by Thrive was excellent and supported colleagues during a very distressing period.

Summary

Roz McGregor was a 28-year-old British female who served as an intern at Amnesty International International Secretariat in Geneva, Switzerland though hired by the Swiss Section and, just prior, as a volunteer at Amnesty International Mexico regional office. Described as intelligent, dynamic, friendly and hard-working, Roz was respected and well-liked by all those who met her. Her colleagues and the wider Amnesty IS community were deeply shocked by her unexpected death. The intern was hired by the Swiss Section who did not adequately follow up to ensure that all induction paperwork was completed and on file. Roz had a good internship experience and spoke highly of Amnesty.

Privacy was very important to Roz. There were few outward indicators of her personal distress which only became readily apparent to colleagues in the latter part of June 2018. Unbeknownst to them, Roz had been dealing with a personal issue for some time for which she sought counseling locally. In a highly unusual circumstance, the counseling sessions were detrimental and appeared to

trigger a severe episode that culminated in Roz taking her own life. Though her family attempted to seek help for her in the UK, the facilities she was taken to did not deliver the appropriate level of care.

When Roz's colleagues learned the news of her death, Geneva based senior managers outside of Roz's program did a superior job of tending to the group's needs and acute grief. They shepherded IAP colleagues through the crisis skillfully and thoughtfully and IAP managers who were operating at a distance were very grateful to them. Appropriately, it was not "business as usual" and colleagues were immediately and over time granted the ability to take time off and encouraged to seek counseling.

The crisis response was not efficient enough. Inefficiencies included:

1. Delayed contact with Roz's family
2. Assigning a representative who did not know Roz or work with her as family liaison
3. Widely announcing her death before contact was made with the family to ascertain preferences
4. Offering grief counseling by a provider who had neither a strong enough command of English language skills nor adequate grief skills
5. An unnecessary stand-off between senior leaders and managers in which blame was assigned over taking responsibility for one's part in the miscommunication
6. Excessive sharing of information with individuals who do not need to know

RECOMMENDATIONS

1. Develop a robust system to help interns access health care. Interns --- who are typically younger, with less experience, and newer to relocation – are vulnerable to stress and could benefit from full support with accessing health care, especially in a new country. The organization should consider taking on a primary role in acquiring health care for interns.
2. Ensure that each staff member has an emergency notification form on file that is regularly updated (every 2 years) in which staff indicate a preference for whom they wish to be contacted in case of emergency or death.¹⁸ If an intern or staff member is seconded to a separate office, make clear who is responsible for this.
3. Consider developing and offering an e-learning course on health and resilience that includes a section on psychological health at induction for all volunteers, interns and staff. Given that many Amnesty staff are often exposed to burnout, high levels of stress, and trauma, whether at the office or in the field, it makes sense to invest in psycho-education for all staff at induction and beyond especially in the absence of a comprehensive staff care strategy and approach.
4. Consider acquiring a comprehensive staff care program that includes an Employee Assistance Resilience Program (EARP) that is **reliably available** 24/7 via phone, email, and chat and connects staff to resources, including skilled **multi-lingual healthcare providers** in **multiple locations** around the world and competent counseling by **specialized mental health professionals** knowledgeable about the stressors inherent in humanitarian work. In the absence of an EARP, some humanitarian organizations develop a relationship with several local reputable centers or practices that not only offer excellent care but also have excellent "bedside manner" or interpersonal skills. A best practice is to invite providers to the office to do a yearly presentation and provide an overview of services. This decreases

¹⁸ See Appendix A for a sample emergency notification form and sample psychoeducational resources on grief/loss and suicide.

stigma attached to accessing mental health care and familiarizes staff with resources and counselors. Yet other organizations have a weekly onsite day of counseling in a private office in the work space to make access easier.

5. Provide a reputable, reliable crisis line or help line phone number and display it in public places in the office. While Amnesty offers a crisis line, a number of staff have indicated that it does not work and is falsely advertised as 24/7. Staff have indicated that it is not 24/7 and a long response time ensues, which is inappropriate for crisis situations. In addition, the organization should have resources for staff on what to do when having suicidal thoughts whether it is oneself or a colleague (see Appendix A).
6. Develop a stronger crisis protocol and improve the crisis team efficiency. Typically, as soon as is possible after learning about a staff death, a crisis team should be assembled, meet, and assign roles including the role of family liaison. Ideally, the highest official of an organization who knew the individual would make the first contact with the family along with a skilled and trained individual who serves in the family liaison role and ongoing point of contact. Information-sharing should be monitored and discussed with the crisis team.
7. During crises, emotions can run high and disagreements may occur between senior leaders; in these circumstances, the Secretary General should either exercise authority and take an executive decision, or, if he does not feel authorized or knowledgeable enough, he may consult with an external specialist.
8. Provide Psychological First Aid training for SLT and Crisis Team. In the immediate days after a crisis, counseling is not always the best option. There are best practices that senior leadership and the Crisis Team should be informed of when planning a crisis response.
9. In the absence of an established relationship with one reliable staff care provider and a systematic approach to staff care for the entire organization, there must be careful selection of a qualified and competent mental health practitioner. In this case, there was a rush to provide counseling when that is not always the best practice just after a critical incident. In addition, there should be a process for quality assurance when multiple providers (MOVIS, CiC, Thrive) are called upon after a critical incident. Staff reported that the grief provider made specific recommendations that made them very uncomfortable on how to grieve which goes against the golden rule of grieving: there is no right way to grieve. After action reviews of crises should be undertaken to illuminate lessons learned and improve future crisis response.
10. Dispersed teams have greater barriers to team cohesion and open communication. While this can have deleterious effects in the normal course of business, the lack of cohesion and communication difficulties can have particularly harmful impact during crises. Team-building retreats that facilitate a sense of camaraderie, community and transparency are recommended. Being open and encouraging even in the face of critical staff feedback is the skill of a true leader. A restorative circle practice may help those involved to “put things right” and facilitate healing from the rupture.

