

# POST-PIRACY CARE FOR SEAFARERS

## GUIDELINES



CENTER FOR SEAFARERS' RIGHTS  
THE SEAMEN'S CHURCH INSTITUTE

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**PREAMBLE** The following guidelines are intended to provide a general structure for caring for seafarers following a piracy incident. These guidelines are based on a study currently underway at the Seamen's Church Institute (SCI) that is designed to develop more specific recommendations for assessment and intervention. SCI welcomes comments from interested parties in its ongoing efforts to develop specific guidelines to address the mental health impact of piracy on seafarers. This document is not only relevant to cases where seafarers are captured by pirates, but also for all seafarers who traverse waterways where piracy presents even a remote threat.

### 1. ANTICIPATING THE POSSIBILITY OF PIRACY

Piracy is a threat facing 21st century seafarers. While most piracy incidents are thought to take place around the Horn of Africa, piracy remains problematic on the west coast of Africa, the Indian Ocean, and throughout the South East Asian archipelago. Although adherence to best management procedures and the presence of naval escorts in high risk areas have been shown to reduce the risks of pirate attacks, pirates remain unpredictably capable of attacking and hijacking vessels. Because of this, it is incumbent upon all maritime industry stakeholders to take preparatory steps to protect the well-being of their crews at sea.

**1.1 THE MAINTENANCE OF ACCURATE MEDICAL INFORMATION** It is important that shipowners maintain accurate health records for their crew. Complete medical records include the results of the most recent physical examination. A complete medical record should contain information that would help a stakeholder determine whether the seafarer has any medical condition that could worsen at sea. This includes any medication-dependent condition, as well as any physical ailment that could prove dangerous to the seafarer in a setting where stress increases. A detailed history should provide information about prior surgeries, immunizations, allergies, a complete family medical history, and a complete personal history, including information about prior illnesses, as well as major life events (marriages, divorces, deaths of loved ones). This information will prove helpful in helping a seafarer who is later found to be affected by an encounter with piracy, or in medical planning in anticipation of the release of a captive seafarer.

**1.2 ANTICIPATORY TRAINING** It is important that seafarers develop appropriate instincts and possess the skill-set necessary to contend with captivity. Some of this is accomplished through drills aboard the vessel that practice deterrence techniques. Seafarers should also be trained in basic survival skills, as well as being trained in how best to react to pirates. Cultural sensitivity training to avoid offending and angering the pirates should be included. Most importantly, seafarers should be aware of known intimidation tactics used by pirates, including providing frightening misinformation about family members, making suggestions that the ship owners will neglect them, and other psychological tactics aimed at breaking crew morale, increasing their desperation, and thus pressuring negotiations.

## 2. AT THE FIRST NEWS OF A PIRACY INCIDENT

The news of a piracy incident can be panic inducing for all involved. What is most important and most difficult is maintaining clear and reliable lines of communication between the vessel and its stakeholders and between stakeholders and the families of the crew. It is therefore most important to provide regular briefings from the first sign of a problem.

2.1 WORKING WITH CREWMEMBERS' FAMILIES Families should be notified of an incident within 24 hours to avoid their finding out first from news outlets. After the first contact, families should be updated by telephone, if possible, or by email at intervals no greater than 24 hours even if nothing has progressed. Shipowners should also prepare relatives for the possibility that pirates, as part of their intimidation tactics, will contact them. Families should be instructed to refrain from making statements to the press about the situation, as it should be explained to them that any publicity impedes effective negotiation and may prolong the captivity of their loved ones. Further, the seafarers' dependents should be reassured that they will receive payments from the shipowners according to contract provisions.

## 3. WHEN A CREW IS BEING HELD

When a vessel is in captivity by pirates, there is often little that can be done directly to address the needs of the crew. However, during this critical time when negotiations are underway, several procedures can begin.

3.1 PREPARING FOR THE CREW'S RELEASE It is important that each crewmember's needs be identified before release. This information should be solicited from the crewmember's medical records, as well as from family members. It is most important to discern whether the crewmember has a pre-existing condition that may be worsened under captivity. These may include:

- Conditions that require medication, which may run out during captivity
- Conditions that worsen under stress (While most medical and psychiatric conditions worsen under stress, here is a partial list of diagnoses of greater concern: cardiac problems, including histories of arrhythmias, heart attacks [myocardial infarctions]; stroke; asthma, emphysema, or chronic bronchitis; an anxiety disorder; post-traumatic stress disorder)

Anticipating possible reactions among crewmembers based on knowledge of their medical history will facilitate preparations for their release.

3.2 PROVIDING TIMELY INFORMATION TO THE CREW'S FAMILIES As stated above in 2.1, families should be updated on a daily basis. Families should be provided a single point-of-contact who is available to them by email and telephone. Much like the owners of hijacked vessels and others with vested interests, the families of crewmembers will most likely feel powerless and afraid. However, unlike those who may be involved in negotiating, families have no means to access current information. Allying with families is important, as they will play an integral role in assisting with any recovery that might be needed by providing supportive home environments, helping to identify psychological symptoms of captivity, and by helping link crewmembers with appropriate caregivers (medical centers, behavioral health clinics).

Families should be asked to maintain the confidentiality of all information shared with them (i.e. they should not disclose this information to the media). Families should also be encouraged to report any attempts by pirates to communicate with them, and they should be encouraged not to respond to these attempts.

3.3 ANTICIPATING THE SEAFARER'S POTENTIAL NEEDS While most seafarers will be protected by their resilience from any debilitating post-captivity side effects, ship operators should prepare for the possibility that a crewmember will need follow-up care. In the midst of a hostage situation, ship operators and insurance companies can identify qualified professionals in the seafarer's home community who can provide care, if needed. Contact information of available and properly trained and licensed medical doctors and mental health professionals (psychologists, psychiatrists, social workers, licensed counselors) should be maintained. These professionals could be placed in a state of readiness in anticipation of possible service. These services, when required, should be covered as part of the standard medical care offered to the seafarer.

## 4. WHEN RELEASE IS IMMINENT

4.1 PREPARATIONS SHOULD BE MADE TO INFORM FAMILIES immediately after their family members are released. Families should be encouraged to respect the confidentiality of negotiations and should be prepared for the possibility of modifications to any timetable provided. Preparations should be made for crewmembers to be provided with telephones as close to release as possible to talk with their loved ones.

4.2 A DEBRIEFING PROTOCOL should be established by this point that includes the appropriate company, military, and medical interviews. The purpose of a medical evaluation is to determine whether the seafarer is at risk of developing any persistent physical or emotional condition that would impede a crewmember's ability to return to work or that would pose a risk to life. An evaluation that conforms to established standards should be made (the M.I.N.I. is an example of a suitable measure of emotional functioning that could be used for this purpose). Evaluations should be performed by licensed medical doctors or allied health professionals (e.g., nurses), who are qualified to conduct assessments.

## 5. WHEN THE CREW HAS BEEN RELEASED

5.1 A MEDICAL ASSESSMENT SHOULD BE MADE AS SOON AS POSSIBLE. Ideally, this should precede any debriefing. The information that government/military personnel will receive from a detainee will be less accurate if made in the setting of significant medical or psychological distress. The assessment should be summarized in a written document, translated into the native language of the seafarer by a competent medical translator, and then given to the crewmember to bring home to his local medical team.

A follow-up physical and psychological screening should be scheduled before the crew returns to duty. The results of this evaluation should be used to determine whether a seafarer could return to duty or whether treatment is needed. In a case where further treatment is needed, provisions should be made by the ship operator or other responsible party to provide appropriate treatment as part of the post-piracy medical care. The employer should be granted access to follow-up reports only with the seafarer's permission.

5.2 ONCE THE CREW HAS BEEN CLEARED TO TRAVEL, the crew should be repatriated as soon as possible. When crewmembers are unable to leave the point of disembarkation for a period of more than three days, efforts should be made to facilitate family travel to that point to expedite reunification..

- Families should be briefed about the status of their family crewmember in a manner that is culturally appropriate.
- Families and crewmembers should be equipped with a list of symptoms of post-traumatic stress disorder and provided with the contact information of a professional who can provide therapy for any symptoms that occur.

## 6. WHEN THE CREW IS TO RETURN TO DUTY

6.1 CREW MEMBERS SHOULD BE CLEARED BEFORE RETURNING TO DUTY. Clearance includes a full physical examination, but should also include a psychological assessment.

It would benefit crewmembers and reduce liability to insurers to engage trained, licensed mental health professionals to conduct assessments. In areas of the world where psychologists and psychiatrists are not reasonably available, evaluations can be conducted by telephone or by Internet (several assessments have online forms that have been translated into many languages).

6.2 SYMPTOMS DO NOT ALWAYS OCCUR WITHIN THE PERIOD OF TIME IMMEDIATELY FOLLOWING A TRAUMATIC EVENT. Post-traumatic and other psychiatric symptoms can present themselves when an individual returns to a setting similar to the original incident. Seafarers should be trained to recognize warning signs of symptoms and should be furnished with the contact information of professionals who could be contacted privately if needed. Seafarers who are returning to duty following a piracy incident should be provided with contact information of a suitable person to reach in each expected port of call to reach in case symptoms return at sea.

## **CONCLUDING REMARKS**

As our research continues, the Center for Seafarers' Rights at SCI will update guidelines where appropriate. If you have any questions about this preliminary guide or are in need of consultation, refer to the contact information below.

## **CONTACT INFORMATION**

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