

POST-PIRACY CARE FOR SEAFARERS

GUIDELINES



CENTER FOR SEAFARERS' RIGHTS
THE SEAMEN'S CHURCH INSTITUTE

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PREAMBLE The following guidelines provide a general structure to care for seafarers following a piracy incident. These guidelines emerge from a study currently underway at the Seamen's Church Institute (SCI) designed to develop recommendations for clinical assessment and intervention. SCI welcomes comments from interested parties as it develops specific guidelines to address the mental health impact of piracy on seafarers. This document addresses a continuum—from transiting high-risk areas without incident to prolonged captivity of seafarers.

1. ANTICIPATING THE POSSIBILITY OF PIRACY

Piracy threatens 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 the adherence to Best Management Practices (BMP), presence of Group Transits via EUNAVFOR and national naval escorts through the Gulf of Aden have reduced risk of attacks, pirates remain unpredictably capable of attacking and hijacking vessels throughout the whole high-risk area as defined in BMP. Because of this, all maritime industry stakeholders should take preparatory steps to protect the well-being of their crews at sea, from stress management techniques to coping with prolonged captivity.

1.1 MAINTENANCE OF ACCURATE MEDICAL INFORMATION Shipowners should maintain accurate health records for their crews. Complete medical records include results of the most recent physical examination and details about any medical condition that could worsen at sea. This includes any medication-dependent condition or physical ailment that could deteriorate in a high-stress setting like captivity. A detailed history should provide information about prior surgeries, immunizations, allergies, family medical history, and complete personal history, including information about prior illnesses and major life events (e.g., marriages, divorces, death of loved ones). This information facilitates immediate and follow-up medical planning for release of a captive seafarer.

1.2 ANTICIPATORY TRAINING Seafarers should develop appropriate instincts and survival skills necessary to contend with captivity. Seafarers gain mental confidence through drills aboard vessels that practice deterrence techniques. Seafarers should be trained in basic captive survival skills that anticipate their interaction with hostile pirates. Cultural sensitivity training to avoid offending and angering the pirates should be included. Anticipating crew isolation or group cohesion issues can strengthen morale during prolonged captivity. Most importantly, seafarers should understand known intimidation tactics used by pirates, including 1) providing frightening misinformation about family members; 2) suggesting that ship owners will neglect them; 3) physical abuse; 4) death threats or mock executions; 5) psychological tactics aimed at isolating or dividing crew or breaking crew morale, increasing crew desperation, and thus pressuring ransom negotiations.

2. AT THE FIRST NEWS OF A PIRACY INCIDENT

News of a piracy incident can induce panic among all involved. Clear and reliable lines of communication between the vessel and its stakeholders and between stakeholders and the families of the crew pay huge dividends in managing palpable anxiety and distracting rumors. Therefore, regular briefings become critical from the first sign of a problem. While respecting confidential negotiations, clarifying even partially known information regarding crew location and conditions builds trust among ship management, media, and family members.

2.1 WORKING WITH CREWMEMBERS' FAMILIES Families should be notified immediately of an incident to avoid their finding out first from potentially intrusive 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, since publicity may impede effective negotiation and prolong captivity of loved ones. Further, the seafarers' dependents should be reassured that they will continue receiving compensation from the shipowners according to contract provisions.

3. WHEN A CREW IS BEING HELD

When pirates hold a vessel captive, often little can be done directly to address the needs of the crew. While negotiations are underway, however, several procedures can begin.

3.1 PREPARING FOR THE CREW'S RELEASE Individual crewmember potential needs should be identified before release. This information should be solicited from the crewmember's medical records and family members. Importantly, this includes anticipating pre-existing conditions that might worsen under captivity. Examples include:

- Conditions that require medication that may run out during captivity
- Conditions that worsen under stress, including but not limited to: cardiac problems, including histories of arrhythmias, heart attacks [myocardial infarctions]; stroke; asthma, emphysema, or chronic bronchitis; anxiety disorders; post-traumatic stress disorder.

Anticipating possible medical issues among crewmembers based on their medical history facilitates preparation for their release.

3.2 PROVIDING TIMELY INFORMATION TO THE CREW'S FAMILIES As stated in 2.1, families should be updated on a daily basis. Families should be provided a named point-of-contact who remains available to them by email and telephone. Much like the owners of hijacked vessels and others with vested interests, families of crewmembers may feel powerless and afraid. Unlike those involved in negotiating, however, families have no access to current information. Allying with families enhances their ability to assist with recovery that might be needed by providing supportive home environments, helping to identify delayed symptoms from captivity, and helping to link crewmembers with appropriate caregivers (medical centers, behavioral health clinics).

Families should be asked to maintain confidentiality of all information shared and not to disclose details to the media. Families should be encouraged to report attempts by pirates to communicate with them, and families should be encouraged not to respond to these overtures.

3.3 ANTICIPATING THE SEAFARER'S POTENTIAL NEEDS While most seafarers are protected by their natural resilience from debilitating post-captivity side effects, ship operators should anticipate that crewmembers may 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 as needed. Contact information for available and properly trained and licensed medical doctors and mental health professionals (psychologists, psychiatrists, social workers, licensed counselors) should be maintained. These professionals should be placed on standby for possible treatment. These services, when required, should be covered as part of the standard medical follow-up offered to the seafarer.

4. WHEN RELEASE IS IMMINENT

4.1 PREPARATIONS Plans should be made to inform families immediately after seafarers are released. Families should be encouraged to respect the confidentiality of negotiations and 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 loved ones.

4.2 DEBRIEFING PROTOCOL Debriefing should include appropriate company, military, and medical interviews. Immediate medical triage evaluates apparent illness/injury and future risk for conditions that could impede a crewmember's ability to return to work or pose a risk to life. An evaluation that conforms to established standards should be made. (The M.I.N.I., for example, provides 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) qualified to conduct assessments.

5. WHEN THE CREW HAS BEEN RELEASED

5.1 MEDICAL ASSESSMENT Evaluation should be made as soon as possible. Ideally, this should precede any debriefing. Information that government/military personnel receive from a detainee will be less accurate if disclosed in the context of significant medical or psychological distress. Qualified medical or allied health professionals (e.g., nurses, social workers) should conduct assessments. A written summary of the assessment, describing the seafarer's physical and emotional state, should be translated into the seafarer's native language by a competent medical translator and given to the crewmember to take home to his local medical providers. Also, the seafarer should receive an up-to-date list of professionals and facilities near the seafarer's home capable of providing follow-up assessment and care as needed. The seafarer's personal medical information should be treated as protected and private. No other stakeholders, including the agency funding the assessment, should be allowed access to this information. This policy should be extended to all of the seafarer's confidential health information. Medical data required to determine fitness for employment should be gathered in a separate medical evaluation, also at company expense.

5.2 REPATRIATION Following release, crew should be sent back to home countries as soon as possible after being cleared for travel. When crewmembers cannot leave the point of disembarkation for 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 culturally appropriate manner. Families and crewmembers should be equipped with a list of symptoms [see Appendix A] to watch for in the seafarer. They should also be provided with the contact information for professionals available to provide treatment for any symptoms that might occur.

6. WHEN THE CREW IS TO RETURN TO DUTY

6.1 SYMPTOM PRESENTATION TIMELINE Symptoms do not always occur immediately after a traumatic event. Post-traumatic and other emotional 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 be furnished with the contact information of professionals who could be contacted privately if needed while at sea or expected ports of call.

6.2 FOLLOW-UP ASSESSMENTS Physical and psychological assessments should be conducted three months after release from captivity. If the seafarer has returned to sea during this time, the assessment should be conducted as soon as practicable at a port of call or immediately following the end of the contract. Both crewmembers and insurers benefit from engaging trained, licensed mental health professionals to conduct assessments. In regions where these clinicians are not available, evaluations can be conducted via phone or Internet (Several assessments have online forms that have been translated into many languages.)

CONCLUDING REMARKS

As our research continues, the Center for Seafarers' Rights at SCI will update guidelines where appropriate. If you have questions or desire consultation, refer to the contact information below.

CONTACT INFORMATION

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APPENDIX A

The following, non-exhaustive list of symptoms could suggest the presence of psychological distress. After release from captivity and prior to returning home, seafarers and their families, should be furnished with this list and instructions to connect with local healthcare professionals should any of the following present and persist [from Derogatis, 1993]:

1. NERVOUSNESS OR SHAKINESS INSIDE
2. FAINTNESS OR DIZZINESS
3. THE IDEA THAT SOMEONE ELSE CAN CONTROL YOUR THOUGHTS
4. FEELING OTHERS ARE TO BLAME FOR MOST OF YOUR TROUBLES
5. TROUBLE REMEMBERING THINGS
6. FEELING EASILY ANNOYED OR IRRITATED
7. PAINS IN HEART OR CHEST
8. FEELING AFRAID IN OPEN SPACES
9. THOUGHTS OF ENDING YOUR LIFE
10. FEELING THAT MOST PEOPLE CANNOT BE TRUSTED
11. POOR APPETITE
12. SUDDENLY SCARED FOR NO REASON
13. TEMPER OUTBURSTS THAT YOU COULD NOT CONTROL
14. FEELING LONELY EVEN WHEN YOU ARE WITH PEOPLE
15. FEELING BLOCKED IN GETTING THINGS DONE
16. FEELING LONELY
17. FEELING BLUE
18. FEELING NO INTEREST IN THINGS
19. FEELING FEARFUL
20. YOUR FEELINGS BEING EASILY HURT
21. FEELING THAT PEOPLE ARE UNFRIENDLY OR DISLIKE YOU
22. FEELING INFERIOR TO OTHERS
23. NAUSEA OR UPSET STOMACH
24. FEELING THAT YOU ARE WATCHED OR TALKED ABOUT BY OTHERS
25. TROUBLE FALLING ASLEEP
26. HAVING TO CHECK AND DOUBLE CHECK WHAT YOU DO
27. DIFFICULTY IN MAKING DECISIONS
28. FEELING AFRAID TO TRAVEL ON BUSES, SUBWAYS, OR TRAINS
29. TROUBLE GETTING YOUR BREATH
30. HOT OR COLD SPELLS
31. HAVING TO AVOID CERTAIN THINGS, PLACES, OR ACTIVITIES BECAUSE THEY FRIGHTEN YOU
32. YOUR MIND GOING BLANK
33. NUMBNESS OR TINGLING IN PARTS OF YOUR BODY
34. THE IDEA THAT YOU SHOULD BE PUNISHED FOR YOUR SINS
35. FEELING HOPELESS ABOUT THE FUTURE
36. TROUBLE CONCENTRATING
37. FEELING WEAK IN PARTS OF YOUR BODY
38. FEELING TENSE OR KEYED UP
39. THOUGHTS OF DEATH OR DYING
40. HAVING URGES TO BEAT, INJURE, OR HARM SOMEONE
41. HAVING URGES TO BREAK OR SMASH THINGS
42. FEELING VERY SELF-CONSCIOUS WITH OTHERS
43. FEELING UNEASY IN CROWDS
44. NEVER FEELING CLOSE TO ANOTHER PERSON
45. SPELLS OF TERROR OR PANIC
46. GETTING INTO FREQUENT ARGUMENTS
47. FEELING NERVOUS WHEN YOU ARE LEFT ALONE
48. FEELING OTHERS NOT GIVING YOU PROPER CREDIT FOR YOUR ACHIEVEMENTS
49. FEELING SO RESTLESS YOU COULD NOT SIT STILL
50. FEELINGS OF WORTHLESSNESS
51. FEELING THAT PEOPLE WILL TAKE ADVANTAGE OF YOU IF YOU LET THEM
52. FEELINGS OF GUILT
53. THE IDEA THAT SOMETHING IS WRONG WITH YOUR MIND

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