



# POST-PIRACY CARE FOR SEAFARERS

## PRELIMINARY GUIDELINES

CENTER FOR SEAFARERS' RIGHTS  
THE SEAMEN'S CHURCH INSTITUTE

JANUARY 21, 2010

**PREAMBLE** The following guidelines are meant to provide a general structure for the care of seafarers following an incident of piracy. These guidelines are preliminary to an ongoing study designed to develop more specific recommendations forthcoming in the second half of 2010. What follows is culled from a variety of sources in the professional mental health literature. The Seamen's Church Institute (SCI) does not assume any responsibility for the recommendations listed below but welcomes comments from interested parties in our ongoing efforts to develop specific guidelines to address the mental health impact of piracy on seafarers.

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

The news that a vessel has interacted with pirates creates a number of exigencies:

#### 1.1 PROTECTION OF THE CARGO AND VESSEL

- This is outside of the purview of this document – relevant guidelines can be found in these documents: IMO Resolution A.1025(26), A.1026(26), MSC.1/Circ.1333, MSC.1/Circ.1334, MSC.1/Circ.1335.

#### 1.2 THE WELFARE OF THE CREW

- Primarily, how to ensure their access to basic needs
- How to protect them from death
- How to help them react appropriately from the first moment of a piracy incident
- How to ensure regular communication between the vessel and its stakeholders including the shipowner, cargo owners, insurance companies, government bodies, and relatives of the besieged crew

## 2. WHEN A CREW IS BEING HELD

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

**2.1 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 corporate medical chart, 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. This may include:

- A condition that requires medication, which may run out during captivity
- A condition that is known to 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

## 2.2 PROVIDING TIMELY INFORMATION TO THE CREW'S FAMILIES

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.

- Since the crewmember will return to his family post-capture, the family plays an integral role in assisting with any recovery needed, including:
  - Providing a supportive home environment
  - Identifying lingering symptoms of captivity
  - Assisting in linking the crewmember with appropriate caregivers (medical centers, behavioral health clinics).
- Family members should be updated with information at least once per week and more frequently where possible.
  - Family members should be contacted even if no new information is available.
  - Families will be helped if they understand the complexity of the negotiation process.
    - Explaining the unpredictability of negotiating with pirates will help them make sense of the difficulties involved in producing specific timetables for release.
    - Families should be required to maintain the confidentiality of all information shared with them (i.e. they should not disclose this information to the media).
- Identifying resources to help crewmembers after release
  - Upon release, crewmembers will need to be assessed medically and psychologically.
  - In anticipation of release, appropriate resources should be located in both the location where the crew will disembark and where they will return (typically their home country).
    - This can include establishing contact with practitioners in the home country and keeping them "on call," and
    - linking practitioners to family members in anticipation of hostage release.

## 3. WHEN RELEASE IS IMMINENT

**3.1 FAMILIES SHOULD BE CONTACTED FREQUENTLY** (at least weekly) to update them with a timetable that includes information about approximately when their family member will be released.

- Families should be encouraged to respect the confidentiality of negotiations and should be prepared for the possibility of modifications to the provided timetable.
- Preparations should be made for crewmembers to be provided with telephones as close to release as possible to talk with their loved ones.

**3.2 FINAL CHECKS SHOULD BE MADE** at this point on medical/mental health resources available at the point of disembarkation.

- Doctors at port should be notified.
- Doctors in home countries should be notified, and appointments for initial screenings should be established.

## 4. WHEN THE CREW HAS BEEN RELEASED

### 4.1 A MEDICAL ASSESSMENT SHOULD BE MADE AS SOON AS POSSIBLE.

- When possible, 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.
- A complete medical assessment should be made to assess whether urgent care is required.
- The assessment should be made by a person who is a licensed medical doctor (M.D.) who is skilled in a full-systems check, including a psychiatric assessment.
- The assessment should be summarized in a written document, translated by those competent in medical translations, and given to the crewmember to bring home to his local medical team.

### 4.2 ONCE THE CREW HAS BEEN CLEARED TO TRAVEL, THE CREW SHOULD BE REPATRIATED with their families or friends following the debriefing period of no more than several days.

- 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.
- Two appointments should be scheduled for each crewmember in his home country: an initial appointment upon return to his native country and a follow-up appointment for sixty days post-release.
  - The professional who sees the crewmember must have training in psychiatric assessment.
  - A report should be generated and this report should be the property of the seafarer alone to be used to coordinate further treatment.
  - The employer should only be granted access to the report with the seafarer's written permission.

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

### 5.1 WHAT IS MOST IMPORTANT IS THAT THE CREW BE CLEARED BEFORE RETURNING.

- Clearance includes a full physical examination, but should also include a psychological assessment.
- It would benefit crewmembers and reduce liability to insurers to engage clinical psychologists to conduct assessments. In areas of the world where psychologists and psychiatrists are more difficult to consult with, a form will be prepared that any physician can complete that will ensure that a basic assessment has been completed (e.g. the Mini International Neuropsychiatric Interview, which has been translated into 40 languages).

### 5.2 IT IS VERY IMPORTANT TO MONITOR A SEAFARER on his first voyage post-piracy because post-traumatic and other psychiatric symptoms can present themselves when an individual returns to a setting similar to the original incident.

- The officer responsible for the medical care of the crew while at sea should be asked to maintain contact with those who are serving for the first time since a piracy incident.
- These crewmembers should be asked to report to the officer on their mood, sleep habits, and eating patterns, and also to report anything deemed to be extraordinary.
- If the officer hears of symptoms of stress from the crewmember, he should request an assessment when the vessel next calls at a port.
  - Ship owners, in consultation with P&I Clubs, should maintain a list of qualified individuals to make assessments in each port.
  - Where possible, assessments should be conducted by a psychologist with a PhD in Clinical Psychology and/or a psychiatrist with an MD or equivalent medical degree.
  - Disposition of a crew member designated for reassessment will be made by the professional who evaluates him.

**ADDENDUM** When a crew is not held, but there has been contact with pirates

- Simply traveling through a zone of piracy can be stressful for seafarers, especially when there is awareness among crew that a pirate vessel is close by.
- Seafarers transiting a zone of piracy may experience clinically-significant symptoms.
  - Adapting the aforementioned procedure may prove helpful in working with a crewmember who has exhibited distress following transit through a piracy zone.
  - Professional contact with a psychologist or psychiatrist is advised to arrange an assessment.

**CONCLUDING REMARKS**

As stated above, this is a preliminary document. As our research continues, the Center for Seafarers' Rights at SCl 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.

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*Citation information: Garfinkle, M. S. (2010). Preliminary Guidelines for Post-Piracy Care. Working paper, the Seamen's Church Institute, Center for Seafarers' Rights, New York.*