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# The modern day challenges to seafarers' health



Seafarers' way of life makes it difficult for them to access regular healthcare. Radical solutions are needed and looking to the past could help the industry to find them, says **Professor Helen Sampson**, director of the Seafarers International Research Centre

**I**N November, the hijacking of the VLCC *Sirius Star* with her million dollar hazardous cargo gave the world a wake-up call with regard to the dangers of modern-day piracy. Yet the concern which was aroused in the media was not focused upon seafarers, or their suffering families, but on the potential for environmental damage, on oil price rises, and on concerns for the implications for international shipping. One article published in a UK national broadsheet, the *Guardian*, glibly stated that

"the pirates seldom harm crew members as they wait for ransoms to be paid". The author and editor were apparently unaware of the trauma associated with being taken hostage at gunpoint and kept unsure of your fate for months on end, cut off from the world and from your family. The piece went further, however, in revealing the bizarre tendencies of editors and journalists to somehow depict seafarers as inconsequential or dispensable. In a contradiction which apparently passed unnoticed by the newspaper production team, it added that this year nine crew members had been killed in attacks in the area and another nine were missing, presumed dead. This would surely seem to constitute "harm". Given such typical coverage in the international press, it is all too easy to believe, as many working aboard do, that nobody cares for the seafarer. Yet, this is not the case.

There are indeed a number of organisations and people working within them that care about seafarers: The Mission to Seafarers and other seafarers' missions; the Center for Seafarers' Rights; national and international trade unions, including the ITF; seafarers' professional associations such as the Nautical Institute; and even the few research departments and centres conducting research on seafarers, and particularly seafarers' health and safety, across the world. SIRC is one, but there are others in Denmark, Norway, Canada, Australia and so on. These represent just a few examples of different groups and bodies with an interest in seafarers' wellbeing. They demonstrate that there is an international commitment to seafarers and their health and safety, but all too often it feels as if concerned individuals and bodies are swimming, alone, against something of a strong tide. There are a

host of reasons for this, but one which is central is the dilution of national interests in relation to individual ships, shipping companies, and even in relation to flag states. Globalisation and the globalisation of the seafarer labour market has produced a fleet which is owned by, and crewed from, disparate states. Thus, when the *Sirius Star* was kidnapped, the British newspapers reported that of her twenty-five crew two were UK nationals. The outrage at the apparent murder of 18 seafarers this year would undoubtedly have been more marked in the UK press had the seafarers concerned been UK citizens. And this is true of media coverage across the world where "the local angle" sells stories and where focus inevitably remains strongest when national interests are threatened. In a globalised world local still counts when it comes to captivating audiences. Globalisation does not

just dilute response and concern when it comes to dramatic events and acts, however, it also impacts upon the more everyday lives and wellbeing of seafarers. Earlier this year, I received a telephone call from a medical practitioner in England who was worried about the wellbeing of crew members aboard relatively fast turn-around vessels calling at UK ports. The doctor was concerned that where medical investigations were required in non-emergency situations, it was very difficult for proper consultations to be arranged ashore at short notice and often out of hours. Furthermore, the doctor pointed out that before any results of tests could be acquired, the patient was likely to be half way across the sea and inaccessible to the consultant who had originally seen him or her, producing at best very patchy and inconsistent care, and at worst medical neglect.

It is not easy to know how such patterns of medical neglect might be addressed for seafarers, and it is tempting to imagine that this has always been a cost of going to sea. However, minimal further investigation reveals that this is not the case. When asked, a retired captain immediately recalled that in the 1960s, Esso vessels that he had worked aboard were visited in port on a regular basis by a company doctor. The doctor got to know the seafarers and their medical histories, and by this straightforward route – ship visiting and discussions with seafarers as they worked – was able to monitor their health. Now, he told me, nobody does this. Certainly this kind of care is not commonplace, if indeed it occurs anywhere at all. Yet seafarers may be spending nine months of every twelve of their working lives at sea, sometimes more. In this context, being left to

manage their own health, seek medical care, diagnosis, and attention, is not necessarily practical in the short leave periods they have. Compulsory medical screening, as practised currently, may pick up some conditions but is insufficiently extensive and may be highly variable and even "suspect" in its conduct and findings. The trading patterns of vessels, their multinational crewing patterns, and the weak links between vessel ownership and crew employment, which is commonly on a casual basis, all militate against the development of adequate access to non-emergency medical care for seafarers. Yet, this does not mean that imaginative solutions to the problem should not be sought. It took the kidnap of a supertanker to wake the media up to the crisis of international piracy after 199 pirate attacks in just the first nine months of 2008. The

awakening is to be welcomed. Piracy is a very important issue, and if the taking of this vessel serves to highlight its seriousness and the danger posed to seafarers by pirates, then it may yet do some good. However, it seems quite unlikely that a similar incident will ever occur to awaken the industry, and those concerned with managing ships, to the more prosaic but equally important issue of managing seafarers' health. It is therefore left to us – seafarers and those concerned with seafarers – to raise the issue of access to better healthcare for those working at sea and to pursue seemingly radical solutions to these difficult problems in the knowledge that "better has been done before". In doing so, we should remember the example of Esso in the 1960s and work together to make progress towards "catching up with past".