General

The Care of Detainees on Counter Piracy Operations

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Royal Navy and Royal Fleet Auxiliary ships are now frequently involved in detaining suspected pirates as part of the counter-piracy operations in the Indian Ocean. The care of these detainees is the combined responsibility of Command, Logistic, Regulating and Medical staff. Different ships will encounter different situations and have differing resources; this article aims to highlight some useful and interesting points experienced during a recent deployment with HMS CORNWALL.

Embarkation of Suspected Pirates (SPs)

It is important to ensure that all personnel involved in boarding operations complete the hepatitis B vaccination program as there is a risk that they will be exposure to bodily fluids. The Royal Marine boarding team should receive extra first aid training onboard the ship to allow them to deal with the initial management of any casualties encountered. Ideally there will be a medic embedded in their team; however this is not always possible.

Ships tasked to carry out counter-piracy activities should rehearse the safe, smooth and controlled embarkation of detainees. Realistic use of all equipment in an exercise ensures that personnel are familiar with, and therefore more likely to use protective equipment. Gloves, facemasks and aprons should be supplied, as appropriate, for the personnel bringing SPs onboard. A tray with sanitiser can be provided for the boarding party and SPs to wash their feet or shoes before walking around the ship. The majority of suspected pirate skiffs and dhows encountered contain cockroaches. Those can be transported onboard in equipment or clothing. Personnel should be encouraged not to stamp on cockroaches as this can transfer eggs onto the underside of the boot which may then be transferred onboard. Cockroach traps should be carried onboard.

Examination of Detainees

Joint Defence Publication 1.10 details the medical support
requirements in detail. It is a requirement that detainees are seen by medical staff as soon as reasonably practical after admission to a detention facility (preferably within four hours) and before release or transfer to another facility. If the detainee does not give consent to a medical examination a visual inspection should be carried out only. As well as ensuring that the detainees receive any medical treatment they require it should be remembered that the medical documentation (\textit{FMed} 1026 ‘Medical examination for detainees’) is also important from a medico-legal perspective. Detainees should be reviewed as appropriate and can request to be seen by medical staff at any time.

Consideration should be given to where the detainees are going to receive their medical assessment and care. The facilities and space available on a frigate is limited and in most cases the Detainee Holding Facility is outside on the quarter deck. Problems encountered included poor lighting at night, high noise levels, reduced privacy and no examination bed to examine patients on. However to move the detainees inside the ship involves time, manpower, may be a risk to security and is usually unnecessary. The examination area should be screened to provide privacy. Sheets or tarpaulin are generally sufficient for this. An Army Pattern stretcher can be used for examinations if required.

The use of a Somali interpreter makes the process much easier and quicker as any medical problems can be quickly highlighted with a good quality history. Without an interpreter written Somali translations and pictures are useful and should be held onboard. If an interpreter is not carried it is worth ascertaining at the start of embarkation if any individual in the group speaks English well enough to facilitate communication.

Only a limited number of personnel should have contact with detainees to ensure continuity and minimise the number of people that may be called to give evidence at court. If injuries are photographed strict procedures need to be followed to ensure continuity of the chain of evidence, otherwise they could be inadmissible in court. This is important if a case goes to trial and the MO is called to testify. There may be a time delay in which the details are forgotten and a photograph adds much to a written description and becomes part of the clinical record. Potential issues such as what calibre of weapon caused the injury (and thus who potentially fired the shot) may not be within the MO’s area of expertise and a photograph would allow experts to give their opinion.

\textbf{The Detainee Holding Facility (DHF)}

Ships are increasingly provided with standard DHF’s which should be reviewed for any modifications required. Groups of up to 40 detainees have been encountered by vessels in the past.

A risk assessment should be conducted for the location of the DHF. Many ships have them located on the quarterdeck. This has the advantage of being a pleasant location onboard as well as relatively spacious and easy to guard. If located on the quarterdeck the DHF is protected from direct sunlight but is otherwise open to the elements. The temperature ranges should be taken in to account and measures taken if necessary. Depending on the location, a risk assessment may be required to assess whether a helicopter can still be flown from the flight deck directly above. If the noise levels are excessive detainees may have to be provided with hearing protection. Care may be required in handling the ship to prevent the detainees, guards and mattresses from being covered in water when turning quickly. Should the weather deteriorate to a degree where it is unsafe to be outside plans should be in place to move the detainees.

Consideration should be given to the possibility of suspected pirates claiming to be under 16 (or women). Unless there are signs of abuse, separation of minors at this stage in the detention process may cause increased anxiety and stress and is generally unnecessary.

Cigarettes and chewing tobacco may be confiscated as part of the detention process. These should be held and issued as appropriate by the Regulating staff. In addition khat (an amphetamine based stimulant that is common in Somalia) may be found. If it is thought appropriate to issue khat then this decision should be taken in consultation with Medical Division at Navy Command HQ. However in practice this situation is rarely encountered. Whilst a number of the pirates encountered admitting using khat ashore in Somalia, not one used the drug at sea. Particularly if there are a large number of detainees it may be appropriate to allow some detainees out of the DHF in small groups for exercise.

\textbf{Logistical Considerations}

Ships deploying on counter piracy operations need to factor in to their logistic planning the requirement for extra overalls, shoes, mattresses, blankets/sleeping bags and toiletries (no razors). Most detainees are embarked wearing only a t-shirt and shorts / trousers, and are often bare footed. Foot wear is particularly important if the detainees are required to walk on a hot upper deck. To avoid the need for different sizes flip flops can be used. Mattresses were provided for the detainees to sleep on and blankets were required as the temperatures dropped at night.

Appropriate food and water should be provided. The detainees can be fed with the same food as the ships company or cooked for separately. The food should be kept reasonably plain, with spicy, greasy or rich foods avoided. It should be borne in mind that detainees may not have eaten for several days prior to embarkation and may be dehydrated. Dietary requirements such as the use of halal meat or vegetarian meals should be followed where possible. To avoid dehydration bottles of water should be present in the DHF at all times and regularly checked.

\textbf{Detainee Health and Medical Considerations}

From personal experience the detainees encountered have been compliant and helpful. Few refuse the initial medical
examination, and those that do are usually keen to see the doctor on the second encounter once the original anxiety is overcome. Common conditions that the detainees have suffered from in the past include malaria, jaundice, tuberculosis and gun shots wounds. None have said that they suffer from HIV. It is common on the second encounter for a range of varied and long standing conditions to be disclosed with the hope of treatment. Unfortunately, given the limited resources available onboard, many of these conditions cannot be fully investigated or treated. Nearly every detainee encountered has had burn marks on their bodies as this is a common ‘medical’ treatment in Somalia and can be a clue to their past medical history.

Consideration should be given on where patients with potential infectious diseases, or injuries requiring extra medical input or monitoring, should be held. One advantage of holding detainees on the quarter deck is that they are in the fresh air and the risk of passing on infectious diseases such as tuberculosis is negligible. Personnel dealing with the patient need to be appropriately protected.

For those requiring more intensive medical input or monitoring they may need to be treated inside; this does not have to be inside the sickbay, although there are obvious advantages of this location with a seriously ill or injured casualty. The first aiders can gain valuable experience and greatly assist the medical team by working in shifts to help monitor the patient’s condition. If there is an infectious disease risk the air conditioning boundaries may need to be shut down to prevent spread.

A Role 1 capability carries no surgical equipment other than suture sets and it is worth debating whether maritime Role 1 medical facilities operating at distance from land and supporting counter piracy operations should be scaled for additional basic surgical equipment for simple wound management. The option of onboard oxygen concentration would address the logistic re-supply problem inherent in sole reliance on compressed gas cylinder provision.

The command team need to be kept aware of the risks that are inherent in keeping a patient in a Role 1 medical facility for any length of time. The ship may be several days sailing from a safe location. The Medical Officer should be given priority access rights to use the onboard internet and email facility to obtain specialist advice even when communication restrictions are in place for the rest of the ship’s company. Close liaison with Command is required to ensure an appropriate evacuation process.

Although there are limitations about what can be provided onboard a warship we must do our utmost morally, ethically and legally to ensure that all detainees are appropriately cared for.

Reference
1 JDP 1.10 2nd Ed: Captured persons: Chapter 3 – Medical Support to CPERS

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Photographs by LA(PHOT) Dave Jenkins