

PORT HEALTH - HOW SICK IS THE PATIENT

Good afternoon - Chair, Ladies and Gentlemen. This gives me great pleasure to be here today - I was somewhat taken aback to be invited to speak on such prestigious occasion. Do not worry, this will not be death by PowerPoint - the importance of the occasion dictates otherwise.

I was allotted the same time slot by the Institute of Liverpool Underwriters to commemorate their 200th Anniversary. After 45 minutes I do not think any of them would have underwritten my life. Again I allay your fears - I do not intend to use the time available to speak but to listen to you and answer your questions. I do not care how pointed they are - I learnt in this job most people are either suspicious of you or hold you in contempt.

I always look around for an exit - but I do not think I will need it - with such a friendly audience. I hope you receive a similar friendly welcome when you board ships. After all you are there for the health and safety of seafarers - making a vital contribution to their welfare.

Nautilus International as we are now known represents some 24,000 (18,000 in the UK) Masters, Officers, Officer Trainees (cadet) and other maritime professionals including Harbour Masters, Marine Pilots and Vessel Traffic Services personnel in the UK and the Netherlands. We describe ourselves as a trade union and professional organisation representing all marine professionals. Since May 2009 this has included our Dutch colleagues to form the first cross border union in the world.

We trace our routes back to 1857 with the establishment of the Mercantile Marine Service Association; this being recognised with a special act of parliament in 1863. We have enjoyed consultative status with governments of formed from the three main political parties since. Enjoyed is perhaps not the word one would use given the frustrations with government and the civil service that arise? However, there is a sense of mutual respect recognising our origins, history and approach to issues and the difficulties of government in reconciling conflicting interests.

Before putting finger - two to be precise to keyboard I 'goggled' Colonel Stock - And what did I get? - A lifeboat. Named after him in his lifetime - this is a testament to a war hero and one who committed himself to the health and welfare of his fellow man and seafarers. Yes I said - 'and seafarers' because so often they are exempted from much of the protective legislation afforded to other workers; this changing mainly from measures originating in Europe. Sadly not here in an Island Nation that has forgotten the debt of gratitude it owes to present and past generations of seafarers.

Sandra provided me with what goggle failed to give that is a record of a remarkable man. A distinguished army career in both the Boer War and First World War. Then an appointment as Senior Medical Officer at the Ministry of Health where his special responsibility was dealing with epidemics, hospital

administration and international health issues including, port health and the Merchant Navy.

Colonel Stock was in office at the time of the great influenza pandemic of the 20th Century. The threat of an influenza pandemic today has rightly focused attention on population movement. Population movement, largely by air, follows complex patterns - very different from the predictable trade routes of the European empires.

With the advent of air travel transport patterns have changed significantly whereas diseases have remained unchanged, evolved and in some cases re-emerged. In our island nation airports are few, whereas seaports are many. Yet at airports people are many, and at seaports few. Port health authorities are now facing significant new challenges, including:

- the re-emergence of a substantial passenger fleet, with ever-larger ships
- increased volumes of world trade resulting in an increase in the number of merchant ships including ro-ro ferries
- increased exploitation of natural resources contributing to an increase in shipping activity
- structural changes in the shipping industry (ownership and employment)
- increased complexity of international, European and national regulatory requirements and regional administration compounding the issues to be addressed

Government has policies for roads, railways, and airports, but development of seaports are left to the market. Frequently the infrastructure lags behind. Resources dedicated to port health are little more than that of a lottery and need to be seriously addressed: failure to do so threaten not only seafarers and passengers, but the population and prosperity of the nation.

Much continues to be said and written about the Maritime Labour Convention 2006 (MLC 2006). This Convention provides comprehensive rights and protection at work for the world's more than 1.2 million seafarers. The new labour standard consolidates and updates more than 65 international labour standards related to seafarers adopted over the last 80 years. The Convention sets out seafarers' rights to decent conditions of work on a wide range of subjects, and aims to be globally applicable, easily understandable, readily updatable and uniformly enforced. It has been designed to become a global instrument known as the "fourth pillar" of the international regulatory regime for quality shipping, complementing the key Conventions of the International Maritime Organization (IMO), namely STCW, SOLAS and MARPOL.

The format is of: Regulation - Part a Standard - Part B Guidance. The format is of Regulation - Part A Standard - Part B Guidance.

Sections that may be of interest:

Regulation 1.2 - Medical certificate - the purpose: To ensure that all seafarers are medically fit to perform their duties at sea:

Regulation 3.1 - Accommodation and recreational facilities - the purpose: To ensure that seafarers have decent accommodation and recreational facilities on board:

Regulation 3.2 - Food and catering – the purpose: To ensure that seafarers have access to good quality food and drinking water provided under regulated hygienic conditions;

Regulation 4.1 - Medical care on board ship and ashore – the purpose: To protect the health of seafarers and ensure their prompt access to medical care on board ship and ashore.

Regulation 4.3 - Health and safety protection and accident prevention – the purpose: To ensure that seafarers' work environment on board ships promotes occupational safety and health.

Regulation 4.4 - Access to shore-based welfare facilities – the purpose: To ensure that seafarers working on board a ship have access to shore-based facilities and services to secure their health and well-being

Of these I suspect 3.1 and 3.2 are most relevant.

Significantly there will be under the provisions of Regulation 5.1.3 – there is a requirement for a Maritime Labour Certificate and declaration of maritime labour compliance. In accordance with Appendix A5-I that provides for the working and living conditions of seafarers to be inspected and approved by the flag State before certifying a ship in accordance with Standard. Two of the 13 specific items are Accommodation and, Food and Catering.

The MLC shall be issued to a ship by the competent authority, or by a recognized organization duly authorized for this purpose, for a period which shall not exceed five years. This will be subject to an intermediate inspection by the competent authority, or by a recognized organization. Hence additional work for the Flag State. In the United Kingdom this falls to the Maritime and Coastguard Agency (MCA).

Under Regulation 5.1.4 - Inspection and enforcement the competent authority is required to appoint a sufficient number of qualified inspectors to fulfil its responsibilities. This will be a challenge for the MCA. The MCA is grossly understaffed. An increasing number of ships on the registry have been matched by a reduction in the number of qualified surveyors – yes a reduction. This has not only been with respect to quantity but I suggest quality. No fault of the personnel I must hasten to say but simply lack of experience. Experienced staff have either left to seek more lucrative employment or been shed as part of yet another rationalisation round.

Knowing the ineffectiveness of a number of Flag States with respect to MARPOL, STCW and SOLAS the effectiveness of the MLC will I suggest rely not upon Flag State Inspection but Port State Control under Regulation 5.2.1 – hence further work for the MCA. The day of the ‘food and water’ inspector has passed into history – the MCA have neither the resources not the will.

Will the UK be able to fulfil its obligation under MLC 2006 without the support of Port Health Inspectors – I think not. The resources allocated to Port Health are dependent upon local commitment. We have in Port Health what should be considered a national asset, yet reliant upon local funding and the commitment of local government officials and elected councillors. History I suspect plays a role in the resources allocated to Port Heath.

Changing trade patterns result in some ports growing and others shrinking – yet on reflection most of our major ports have seen growth in recent years. Passenger movements have changed with the emergence of air travel. The days of the great liners were considered a relic of a bygone age. But no so – concord has come and gone. The Queen Mary 2 and Queen Victoria will be joined by a new Queen Elizabeth. It has to be acknowledged that scheduled sailing across the Atlantic are an integral part of the growth in the cruise industry. Southampton the cruise industry continues to grow and Liverpool can once again berth a liner at the new cruise terminal.

The growth in ro-ro passenger vessels has been hit by the Channel tunnel and budget airlines. Yet the growth in accompanied and unaccompanied freight could never have been imagined two, three decades ago. Newcastle has not fared well – the routes the Baltic have perhaps not been fully exploited. The employment structure of the ferry industry has changed with a number of nationalities being employed on a single vessel. Having so many nationalities brings its own challenges, not only for safe ship operation but for health issues.

Cultural differences have always been a feature of the British merchant shipping. However, this was usually restricted to two nationalities. In my experience this was British and Indian, British and Chinese, and British and Philippine. This made storing and food preparation relatively easy – whereas today with a number of nationalities on the same vessel this often result in international cuisine associated with that of an international hotel chain. On many vessels the ‘cuisine’ and standard falls short of any international hotel. Some appalling cases have been reported in the specialist nautical press and I am sure many of you have witnessed such conditions first hand.

We have a growth in TB in the UK. So concerned have P&I Clubs become that many have insisted upon special medicals and additional health checks. Such additional checks should not be considered as wrong except where they become discriminatory with respect to employment.

Port Health operates in an international. European, and national regulatory framework, With devolution in the UK Port Health is now subject not only to local regulation but regional administration. During the replacement of the De-

rat and De-rat Exemption Certification with the Ship Sanitation Certificate chaos prevailed – initially that is. Shipping not being a devolved competence where health was cause confusion amongst civil servants. Other countries with devolved or federal systems of government this appeared to present no problem. Could this be because shipping is not given the priority with government?

The UK is signatory to international Conventions be they at the IMO, ILO or WHO. Furthermore the UK is responsible for the Red Ensign Fleet, Bermuda, Cayman Islands, Gibraltar, Isle of Mann and the British Virgin Islands – although like banking has to date applied shall we say ‘the light touch’. I must say some of these administrations can show the MCA a thing or two, the Isle of Mann provides a highly respected service.