

**Report of IMHA Workshop:**

**"Health in the fishing industry"**

**S.Fernando, Cadiz, Spain 25-7 October 2002**

Participants came from Spain, Denmark, Norway, United Kingdom and the International Labour Organisation. The representative from Venezuela was unable to travel to the meeting. This report presents a synoptic view of the discussions based on the workshop's objectives. The workshop programme, abstracts of contributions and slides are attached as appendices.

**Current activities on health in the fishing industry**

Several contributions reviewed current practices. Those of Spain were considered in greatest detail and serve as a benchmark for others. The Spanish deep sea fishing fleet operates on grounds at some distance from Spain. There is a separate social security fund for seafarers (ISM) which provides health care for distant water seafarers which is as far as possible of a similar standard to that for onshore workers. The elements are:

- doctors and clinic facilities in several African ports;
- two hospital ships, one in African waters and one to the North and West of Spain, each staffed by doctors and nurses and using fast craft for transfers but not providing direct helicopter support;
- long distance helicopter support for the African coast from Las Palmas, with refuelling arrangements in Mauritania;
- a radiomedical advisory service offering direct contact at an early stage of any health problem to all seafarers. This service has access to computerised medical files on all Spanish national seafarers. Its performance has been audited in some detail, indicating a high standard of diagnostic accuracy and advice on treatment
- These provisions are in addition to crew training in medical first aid and supply of medical stores.

All participants recognised the high standards of the Spanish system but noted its high costs and low utilisation of resources, at least in comparison with most other national arrangements for health care in the offshore fishing industry. By contrast a study of inshore fishing in Andalusia indicated a population with a high incidence of general and work related health problems but little access to any form of specialised services. Most worked full time in fishing but as individuals or in small family businesses not covered by the ISM provisions.

A study in the Scottish fishing industry showed a position where there was a lower level of support than for the deep sea fishers from Spain but more provision than for their inshore workers. Particular concerns were the mismatch between medications required to be provided and those needed by crew. Work related injuries predominated over illness in frequency of treatments needed both while at sea and on return to land. Although drug and alcohol problems were thought to be important in the fishing

community they did not currently appear to be major risk factors during fishing trips. Subjective concerns of fishermen included fatigue and the effects of work in bad weather. Most of this group were engaged on a catch share basis rather than as employees and this had implications for safety at sea and the perceived need for better health provisions.

A Norwegian presentation emphasised the need for a safe working environment both in terms of vessel design and good work practices. The former has probably contributed the fewer deaths from foundering of vessels in recent years. Many injuries, including common ones such as falls from the quay, are easily and simply prevented. Training plays an important part, including regular refresher courses. These can be provided effectively from an 'ambulatory training vessel' which visits fishing harbours.

Spain has experience of both crewing from African countries, without any prior medical screening, and of treating seafarers from less developed countries on its hospital ships. Country and climate specific diseases have not been noted but the medical stores and medical emergency competence of officers on some vessels from developing countries are dangerously inadequate. ILO data shows that the majority of fishermen (10 out of 16 million) world wide work on small undecked vessels. Most are from the developing countries. These usually lack any health/safety support or search and rescue services, so both bad weather and injury take a large toll of life.

#### Special health and occupational risk prevention problems

Many have been identified above. The major feature is the high risk, mainly of vessel loss and injury, specific to the working environment of fishing. These have in some respects become more severe with the loss of fish stocks and economic crisis in the industry world wide. Fishing grounds are further from home ports and fishing is undertaken for longer periods and in worse weather. This can be exacerbated by restrictions which limit fishing to certain days, irrespective of weather conditions.

The normal range of health problems also occur in those who fish. Risk at sea can be reduced by medical surveillance and advice or exclusion of those at high risk but this is not accepted by workers in many fishing communities and is impractical to apply to those who are not in formal employment relationships. Distance from care will increase the risks should sudden illness occur. This can be mitigated by measures such as those provided for deep water Spanish fishermen. Health promotion may reduce many lifestyle risks but this can be negated by the nature of work at sea and short periods on shore with cash in hand.

Quotas for fishing which are linked to a specific vessel can discourage the building of newer and safer vessels. Building also requires an expectation of future income and this may be unpredictable in a world of over fishing and stock conservation.

#### Problems in different fleets

Several lines of evidence suggest that injury and vessel loss risks are greatest in small craft. Where these operate near to shore access to health care is speedier and the main focus probably needs to be on vessel safety and injury prevention. For deep sea fleets the risks of both injury and illness can be increased by the time taken to obtain advice or to medevac a serious casualty. These can be reduced by training, good equipment and access to medical advice and treatment. The balance between the resources needed and the amount by which risk can be reduced is a political one at company, national or international level.

Climate plays a big part. Reliable weather forecasting can help. In cold countries survival after immersion may be critical. Norway has made the provision and use of sufficient survival suits for the whole crew the norm, with good results. Risk may also be mitigated by technical standards, for instance requiring ladders to be permanently in place to aid re-boarding.

In world terms the biggest area of risk is almost certainly in the small fishing craft used in developing countries. Any actions here need to be robust and low cost

#### Collaboration and sharing solutions

Dissemination of validated good practice is often poor, thus at least three countries independently developed inflatable life jackets that could be worn at all times on deck. There are likely to be different professional groups concerned with for instance vessel stability, safe fishing practices, survival, search and rescue and medical aspects. Links between such groups are essential to optimise prevention.

Some approaches to health risk management are readily transferred between countries, others such as the Spanish medical arrangements are deeply embedded in national systems and so parts may be used as models but they are not readily transferred in toto.

There is an important role for professional and other expert bodies in evaluating practices and disseminating them. Most of the past international collaborative efforts have needed international regulatory underpinning because they impose costs and constraints on a competitive industry which is motivated more by a compliance mentality than by an inherent urge on the part of those who control it financially to safeguard its workers. There is some evidence that the benefits of preventing vessel loss and occupational injury is at least understood by the fishing industry, even if effective action is not always taken. This understanding is lacking for most aspects of health management. Hence one of the prerequisites is a conceptual framework which indicates how good management of health risks in the fishing industry can be justified in terms of their benefits. This was considered in presentations and discussion both in terms of the current approaches to primary and secondary health intervention used by WHO and in the light of the health and safety risk management systems used in other sectors of industry.

## Recommendations and Follow up

During the workshop several examples of practices which contribute to health in the fishing industries were presented. A number of studies and a wealth of statistical data indicating shortcomings in health protection and scope for improvement were also reviewed. Publication and indexing of these reports can provide a valuable resource for those responsible for standards and procedures in the industry at company, local, national or international level.

The available data on health and the consequences of injury and illness in the fishing industry is very limited. If priorities are to be set and interventions evaluated far better data are needed. Statistical returns made by the industry need to include information on injury and illness. Some information, especially on non-specific health problems, is likely to require specific projects to capture it. The development of a basic international data set would be very valuable for comparative purposes and to detect trends.

The forthcoming ILO review of the conventions and recommendations which apply to fishing and seafaring as well as the joint work of ILO/IMO/FAO on the fishing industry provide an opportunity to include information on health risk management in a form compatible with other precautionary approaches. A conceptual approach to health that is understood and can secure agreement is needed. In addition specific advice on topics such as medical aspects of placement/selection and the surveillance of health in fishing populations and on arrangements for emergency treatment will be required. Those present are willing to help with this, probably working through IMHA as the relevant international expert body.

On a world scale the greatest risks are probably among small boat fishers in the developing countries. Simple and robust solutions which can be implemented at a low cost are needed. Most will be concerned with vessel safety and injury prevention. Some on which IMHA could directly contribute are the treatment of injuries and acute illness at sea and advice about medical conditions in fishermen which could put vessels and crews at risk.

## Annex [suggested material for ILO publication]

### Framework for health management in the fishing industry

Good health of workers in the fishing industry can make an important contribution to efficiency. Health problems, including inadequate treatment of injuries, can lead to loss of life and premature termination of careers. Work in the fishing industries of the world can not be considered decent and non-exploitative unless there is good management of health risks and problems at vessel, organisational, national or international levels. The objectives of health management in the fishing industry (with examples) are:

1. To ensure that health problems in the crew do not put navigation or operation of the vessel at risk (sudden collapse of master at wheel)
2. To enable crew members to handle maritime emergencies effectively (physical and mental capability for fire fighting and rescue)
3. To reduce the risk of illness arising from hazards in the working environment (exposure to noise or agents causing skin damage)
4. To reduce the probability of illness arising at sea which could put the sufferer at excess risk (identification and treatment of recurrent illness)
5. To minimise the risk of infection (food handling, tuberculosis)
6. To make provision for effective treatment of any illness or injury which may arise at sea (medical first aid training, medical stores, radiomedical advice, medevac)
7. To provide opportunities for health promotion to help workers to complete their career and have a healthy retirement. (heart disease prevention –diet, smoking etc)

The relative importance of each aspect will depend on the vessel and type of fishing. Thus in inshore fishing anyone who becomes ill can readily be landed. Risks may be job specific – noise exposure limited to engine areas.

Risk management action may take several forms (examples):

1. Maintaining a safe working environment (noise reduction)
2. Good work practices (avoidance of excessive fatigue)
3. Humane application of valid medical fitness standards and advice (criteria for return to work after heart attack)
4. Training of officers in medical first aid and provision of medical guide
5. Provision of appropriate medical stores
6. Radiomedical advice service
7. Support for medevac and shore treatment facilities for fishermen
8. Galley hygiene and health promotion initiatives

[Actions could be written up in as much detail as ins appropriate to ILO formats]

These actions need to be underpinned by arrangements to ensure that competent expert advice both on policy and case management is available. Data on the findings

and performance of each aspect of risk management is needed to evaluate its effectiveness and improve performance.

Assessment of health risks and requirements for the national fishing fleet using the above headings should be undertaken in collaboration with the industry and representatives of its employees. Arrangements should be introduced at national level either by regulation or by social partner agreements to ensure that those aspects of health risk management relevant to the national fishing industry are in place. Collaboration between countries in the same region, especially on matters such as medical advice and training should be considered. Designated specialist expertise is desirable. The data set needed to assess risks and the adequacy of control should be specified, responsibilities for data collection identified and secure resources allocated to collection and analysis.

The following sources of information give information relevant to the development of health management policies for a fishing industry.  
[ILO to list – include this workshop report perhaps!]