2012 Newport Bermuda Race Incident Review

John Rousmaniere, July 15, 2012

Contents

Sources and acknowledgments

The following replied to the questionnaire (*), were interviewed (#), or provided statements (+):

Flag officers: CCA Commodore Dan Dyer*, RBYC Commodore Jonathan Brewin*#

Bermuda Race Organizing Committee: Race Chair John Osmond*, Vice Chair/Watchstander Fred Deichmann*, Communications Chair/Emergency Management Team Chair Steven Thing*#, Media Chair John Rousmaniere*+, Medical Chair Jeff Wisch#, BROC members Brian Billings* and Bjorn Johnson*#, Watchstanders Sheila McCurdy*, Nicholas Weare*.

Bermuda Maritime Operations Centre / RCC Bermuda (BRCC): Denis Rowe, Chief Maritime Operations Controller*#

Consulting Physician: Barbara A. Masser MD, Associate Director of the Department of Emergency Medicine at Beth Israel Deaconess Hospital, Needham, Mass. #

Flying Lady, Swan 46, owner/skipper Philip Dickey#+ and crew Matthew Asaro #
Seabiscuit, J-46, crew Jonathan Green*
Spirit of Bermuda, replica Bermuda sloop schooner, captain Scott Jackson+ and navigator Larry Rosenfeld#+
Avenir, C&C 41, delivery captain Ron Rostorfer+
Zest, Hinckley SW 42, owner/skipper Brian Swiggett#

Seabiscuit Incident Narrative

Based on BROC Watchstander log, interviews, responses to questionnaire, and reports. Times are EDT unless otherwise noted.

1. Report of trouble in *Seabiscuit* and initial response

2010 June 17, BROC Watchstander log:
From: **Nicholas Weare** <nweare@ibl.bm>
Date: Sun, Jun 17, 2012 at 8:10 PM
Subject: Medical issue aboard Sea Biscuit
To: dutyofficer@marops.bm, operations@rccbermuda.bm
Cc: Steven Thing <rsteventhing@gmail.com>

"Message received from Dr. Barbara Masser advising that she lost phone contact 7:49 EDT while in communication with *Seabiscuit* (Double-Handed racing) regarding a 38-year-old insulin dependent male [Nathan C. Owen] who has not eaten or drunk for 24 hours, with elevated blood sugar and appears confused. Dr. Masser advises that an intervention will be required in the form of leaving the boat and gaining access to IV rehydration. . . . *Seabiscuit* was 188 miles from Bermuda at the time of her conversation with the vessel [with Navigator Jonathan Green]. . . . Later message from Dr. Masser indicated she had re-established communications with Sea Biscuit and stressed the need for IV rehydration and that the patient needed to get access to medical assistance."

> ***Note:*** *Seabiscuit* had no seasickness meds or IV fluids (Jonathan Green reply to questionnaire question 11). Owen had sailed in one previous Newport Bermuda Race, winning Class 15 and finishing fifth in the Double-Handed Division in 2010 with Green, who had sailed in another NBR. Both attended this year's safety seminar.
>
> ***Note, Watchstanders Role (by Sheila McCurdy):*** "Since the first start and until the last boat is safely in port, seven watch standers take turns in four-hour stretches monitoring communication channels for emails, satphone calls, and real-time tracker data to record and alert the race officials to anomalies in the fleet."

Masser 1749 report on BROC Voicemail. 56083_1339976976314

MASSER.1stalert,1949. 56083_1339976976314.wav

2031 Steven Thing to Watchstander Alex Agnew: "Thanks. Monitor everything else ... and I'm working on the *Seabiscuit* issue. Am having trouble dialing Sat Phone numbers. May need your help."

> ***Note:*** Chair of both the BROC's Communications Committee and its Emergency Management Team, and working by phone from his home in Maine, Thing described his role early in the incident as follows (questionnaire): "Receiving & issuing telephone calls and emails; sought out prospective means of providing medical assistance and evacuation; coordinated some of the efforts as between Dr. Masser, *Flying Lady*, and Bermuda Radio; suggested that *Spirit of Bermuda* be directed to the scene. . . . Since the incident was largely taken over by BRCC around 11:00 PM, as a 'plan' had been adopted, agreed-to, and communicated to those who needed to know (and others), I went to bed. Sheila McCurdy took up the watch standing duties at midnight."

2038 Masser: **"**All- To summarize recent communication and situation on board s/v *Seabiscuit*: 19:45- initial contact. 35.14.1N, 66.16.9W POB- 2. 38 y/o male IDDM (type 1) with > 24 hrs. Lack of oral intake due to motion sickness. Pt. alert and oriented, but weak and ?slightly confused per crew-member. Unable to obtain HR or blood pressure (person calling running vessel, patient too ill). Blood sugar at 19:40 - 474. Insulin pump continuous rate .75u/hr., increased at 19:45 to 1.0 u/hr. Pt. took 25 mg diphenhydramine (prior to call) at approx. 19:30. No IVF or medical training on board. Plan- continue insulin at 1.0u/hr. continuous, attempt oral hydration of dilute orange juice solution. Recheck glucose at 20:45, call me immediately after." She contacts race committee and RCC Bermuda radio. "20:20- second call. Persistent vomiting. Identified meclizine on board. Instructed to take 12.5mg. Plan- continue oral rehydration attempts, call with blood sugar at 20:45. Will update immediately after any further information- I can also be contacted at land line. Many thanks- Barb."

Masser interview: For some reason she was the only one who could speak directly to *Seabiscuit* early that night, but she was unable to talk to the patient directly because he was so ill.

2055 Thing: **"**Per the crew list, the following vessels have MDs on board. It may be reasonable to assume they have IV equipment [lists eight boats with positions]. I have called Wischbone

[race doctor Jeff Wisch] but could only leave a message. I also forwarded Dr. Masser's message to Wischbone's oceans e-mail account. Alex, Suggest you and I split up the list to make calls. Would you do the first four and I will do the second four. Gotta check to see which of them are 'nearby.' Steven."

Approx. 2100 Masser: "Contact from s/v *Seabiscuit* at 20:40 - attempting to coordinate with local vessels re assistance, IV hydration capabilities. 20:50 (approx.) contacted by USCG Portsmouth (757-398-6390), conveyed medical information to flight surgeon on call. Awaiting most recent blood sugar - were to call at 20:45. Will call at 21:15 if I do not hear from them."

2. *Flying Lady* assists, BRCC tasks *Spirit of Bermuda* to assist

2105 Flying Lady receives Seabiscuit VHF call for medical assistance (Philip Dickey interview): Was on watch, 200 miles to finish, when Matt [Asaro], below, hears radio call on Ch. 16: "Can someone provide IV fluids?" The crew talked briefly and decided to go, getting under power and dousing sails for the 25-mile slog mostly to windward. With a crew of three doctors, a dentist, and an EMT, the boat had the full meds inventory recommended for the 2006 Bermuda Race (today he would add insulin and oxygen).

Navigator Matthew Asaro interview: "About 50 boats were in the area according to the tracker, maybe 30 must have heard it, two responded. We definitely knew we had everything on board."

Jonathan Green (Seabiscuit) questionnaire: "There was some noise around the docks in Bermuda that there were lots of boats in *Seabiscuit*'s vicinity that did not respond to my hail for assistance. What those misinformed people didn't know was that I specifically hailed for assistance from boats that possessed IV bags and associated gear. It's no surprise that only two answered, undoubtedly the only two boats up on [channel] 16 who possessed that equipment. Had my hail been a general mayday, I have no doubt that all who heard would have responded."

> ***Note:*** *Zest* heard *Seabiscuit*'s call and was initially puzzled because there was no *pan-pan* or *securité*. They determined they could not be of assistance because their supply of meds was basic.

Dickey interview: He called Dr. Masser, asked about the medical issue, and challenged the plan. "If his sugar was that high and there was such concern, why wasn't he being evacuated?" She told him he needed IV fluids. Dickey decided to call the Race Committee (BROC). He noticed on the emergency contacts sheet that the BROC phone was on voicemail, and, unaware it was closely monitored, he called the BRCC thinking that it was the Race Committee. He told the duty officer that the man should be evacuated. The officer told him, "We want someone on the boat who can give him fluids. We want you to get on board *Seabiscuit*." Dickey recalled thinking: "I think I've just been ordered to do this. I was no longer racing. I was just rescuing another sailor."

> ***Note:*** In his interview Dr. Dickey described his style as "direct," like that of many surgeons (he is a neurosurgeon). "Surgeons have to make decisions right now – we're thinking five steps ahead. Medical people wait and see."

2130 Masser: "21:20 Contact from *Flying Lady* with neurosurgeon and IVF [IV fluids] on board. Plan- to rendezvous with s/v *Seabiscuit*, begin administration of IVF. 21:22- contacted Race Committee - understand need to get patient to definitive medical care as soon as possible, coordinating with RCC Bermuda, USCG to accomplish this at this time. 21:24- contacted s/v *Seabiscuit*. Patient unable to tolerate any fluid, has not taken blood sugar. Took 25mg meclizine (asked to take 12.5mg), no improvement in condition, conscious per crew-member. Plan- take blood sugar, await rendezvous and evacuation."

2152 Thing: Has talked with *Flying Lady* en route to Sea Biscuit. They will administer an IV fluid but indicate having doubts about staying with *Seabiscuit*. . . . "I told them to keep an accurate log. . . . Not certain BRCC has 'taken charge' of this incident, just yet. Steven."

2155 Les Crane (BROC Vice-Chairman): "Steven: There is no question that they will receive complete redress. This is a life threatening situation. I expect the expedient action is to put 2 people aboard, assess the situation and proceed towards Bermuda. It probably makes little sense to try to move the patient unless to a much larger vessel. . . ."

Masser interview: When *Flying Lady* called her, she explained the situation and asked them to stay on station and talk Jonathan Green through administering IV fluids. Dr. Dickey expressed concern that he would have to take over medical care of the patient. Appreciating that he may have been concerned about assuming liability, Dr. Masser said she would manage the case. Dickey said he assumed an evacuation was under way, and she replied that an evacuation was not part of the immediate plan. The aim was to get medical personnel and supplies to *Seabiscuit*.

Thing to JR: *"*I talked with BRCC by telephone (land line) that evening. I think he called me. He asked if we had other boats in the vicinity of *Seabiscuit*. I said yes but that I had not been successful making contact with them cuz they did not answer their phone (actually I only got to call Jeff Wisch, who did not answer, but was interrupted in my efforts with a call from Dr. Masser and then a call from *Flying Lady* who reported they were headed over to *Seabiscuit*). [*Flying Lady*] was very 'determined' about knowing what 'the plan' was to be before they would take any further steps. . . . I reported all this to the guy who called from Bermuda Radio and he said he had the authority to order them to do things. However, following up on the discussion I had with him about evacuation, I suggested the *Spirit* as they had the waterline length to get back to *Seabiscuit* quickly, and that they would likely have the equipment [including meds and a RIB] to handle the patient. He then said he had just been in contact with them which meant he could reach them when I could not reach anyone else … so he then took up the task of contacting them and directing them to rendezvous with *Seabiscuit*. As a practical matter, BRCC took over control of the matter at that point."

2230 BRCC: "This is RCC Bermuda I am tasking *Spirit of Bermuda* to rendezvous with the patient from *Seabiscuit*. *Spirit of Bermuda* is 78 miles away and will make approx. 6kts into the wind. Sea Biscuit should continue inbound for Bermuda best possible speed. I will also be requesting that *Flying Lady* stay with *Seabiscuit* incase urgent medical care becomes necessary. – Duty Officer, Bermuda Maritime Operations Centre, RCC Bermuda / Bermuda Radio"

Denis Rowe (BRCC) questionnaire: *"* RCC Bermuda dedicated 7 hours to this case which involved doubling of manning at RCC (one officer remained on watch an additional 3 hours). Time involved from 2115 ADT on 17th to 0402 hours on 18th June." "From an RCC perspective we were clear about who was in charge of this operation. RCC Norfolk was SAR Mission

Coordinator given position of incident. RCC Bermuda, RCC Norfolk, Race Doctor, USCG Flight Surgeon & SAR assets were in communication with dynamic information passed between each party. Decisions ref. asset deployment were taken based on medical advice from specialists ashore & asset availability."

Scott Jackson (Spirit captain) to JR: "We received EGC urgent traffic via Inmarsat C at 2300 local [ADT] on June 17 for a medical emergency aboard a racing yacht. The yachts name and position were not given. We were NOT asked to respond at that time. At apx. 2340 we received a sat phone call from RCC Bermuda requesting our assistance. We immediately responded by dropping sails and turning onto an inverse course to intercept *Seabiscuit*. . . . I asked if we were the best asset available and I was told that we were. When I looked at our AIS 20 seconds later, I found two NCL [cruise] ships, both equipped with full sick bays and doctors that were nearby. I called *Explorer of the Seas* at apx. 0030 [ADT], who was nearly abeam of the yacht and en route to Bermuda and requested their assistance. They were in contact with RCC Bermuda and RCC Norfolk and were told by RCC Bermuda not to divert. I then saw *Enchantment of the Seas* en route to Boston- nearly 15 miles ahead of us- and I requested their assistance at apx. 0100. They did end up evacuating the patient and we were cancelled. . . ."

Larry Rosenfeld (Spirit navigator) interview: When BRCC called, *Spirit* was 10-12 hours away from *Seabiscuit*. Once picked up, Nathan would take 24 hours to reach Bermuda. *Spirit* did not have a full complement of medical supplies. There were no diabetics on board so no large inventory of diabetes meds. Captain Scott Jackson has EMT experience and has worked with diabetics. BRCC said the patient's condition was stable. *Spirit* called Norfolk RCC and were told the patient's glucose was coming down and he needed a more comfortable ride. He called John Osmond and suggested that a nearer boat be assigned. Osmond advised calling Dr. Masser. Osmond and Masser said that once RCC gets involved they have to step back.

Masser interview: *Spirit* contacted her directly and said they didn't have appropriate medical supplies or skills. *Spirit* told her that two cruise ships were in the area and asked her to contact the U.S. Coast Guard. She called USCG Norfolk and spoke with the duty officer. She explained

the situation to the duty officer, who requested she call BRCC directly. She also spoke to the USCG flight surgeon at Norfolk.

Jackson to JR: "I had a satphone discussion with the Duty Officer at RCC Bermuda [in] which I strongly stated that I see better assets available and we will continue enroute as requested, but the larger ships would be the better choice for evacuation and treatment of the patient. . . . I was contacted later by the new duty officer at the watch change in RCC Bermuda and he stated that we were diverted because we were not engaged in commercial activities, and the cruise ships were. . . . The Captain on Enchantment did volunteer to intercept and we were not notified by RCC Bermuda until the evacuation was completed. They notified us on 18 June at 0310 by satphone."

3. *Flying Lady* provides assistance

Asaro interview: *Flying Lady* and *Seabiscuit* exchanged positions and, sails down, powered toward each other, *Flying Lady* rolling heavily in a very confused lumpy sea. It helped that both had AIS. "AIS really aided in the situation. It was easy to see."

2232 Masser: "22:30 spoke with *Flying Lady* - they are alongside and have transferred their medical equipment to *Seabiscuit* - have deemed too dangerous to transfer a person at this time. Plan- docs on board *Flying Lady* will talk *Seabiscuit* through starting IVF. This will help and give more time to arrange a safer transfer/ definitive care from larger vessel. – Barb"

Dickey interview: It was easy to find them with AIS. "Once I got AIS I'd never do without it again." Talking on channel 9, by agreement *Flying Lady* put fenders over her port side, *Seabiscuit* her starboard side, but they quickly found coming alongside to be extremely dangerous, with the masts waving close to each other. The sea was just 4-5 feet, but it was extremely confused and the boat was rolling violently. "On Long Island Sound we pull alongside each other all the time – not out there. Maybe Navy Seals can do it – but nobody else. I decided I didn't want someone in the water. We already had one sick guy. Imagine if we'd had a problem! The swim ladder would be a hammer!" They talked briefly about inflating a life raft, but that

would have left one crew without a raft. By then he was told that Nate had the IV in. What was needed was a boat with a dinghy.

Asaro interview: They made five attempts to transfer Patrick J. Kelty (MD) and Bruce Galaski (EMT) to *Seabiscuit*. They declined to put them in the water. They finally sent across a line with tape, IVs, and saline, all triple bagged. Kelty, a Navy vet, tried to talk Green through the process of inserting an IV on radio, but Green had trouble.

***Green describing his duties in his questionnaire*:** "Several phone calls to fleet doc to discuss status and care options for Nate around sundown on Sunday; half an hour to locate IV fluids in *Seabiscuit*'s vicinity; an hour or so to rendezvous to *Flying Lady*; half an hour attempting to administer an IV; about three hours of motoring toward *Spirit of Bermuda* while attempting more IVs; an hour to rendezvous with the Enchantment of the Sea and transfer Nate at approximately 2:45 AM Monday." Also: "Gather information from Bermuda Radio on available ships in my area for evac; contact and coordinate rendezvous with evac ship; position *Seabiscuit* at ship's pilot boarding ladder. In all, about 6-7 hours."

Masser interview: Jonathan Green was calm and competent: "He really did a great job."

Dickey interview: "Jonathan was very clear and organized. Is he Navy?"

2300 Masser: "Despite multiple attempts over the past 30min, I am unable to contact either *Seabiscuit* or *Flying Lady*. Medical Plan should be as follows - Administer 2L IVF (NS). CLOSELY monitor blood sugar as this will precipitously drop with administration of IVF. If anti-nausea med available for rectal or ODT use this should be administered. Patient needs to take in oral glucose and fluid in addition to IVF. Pt. should try to continue a basal insulin pump rate if he can, barring hypoglycemia. Close observation of mental status during this process is imperative. If any other personnel are able to contact *Seabiscuit* before myself, please give them this information. Thank you- Barb."

2330 Thing: "Just got off the phone with BRCC. They just got through talking with both *Seabiscuit* and *Flying Lady*. The IV has been inserted, fluids flowing, and the crew's blood sugar has dropped to 350 (a substantial decline). Captain of *Seabiscuit* wishes to continue sailing (says

he feels okay) to close the intercept time with *Spirit*. BRCC ask *Flying Lady* to sail in close company with *Seabiscuit* until the rendezvous with *Spirit*. Just before the BRCC call, received email from Dr. Masser giving very specific medical instructions for further treatment. I 'forwarded' her message to the e-mail address we have on file for Spirit. Steven."

2330 Masser: "From Barb: direct communication with *Seabiscuit*. Told repeat sugar 450 (perhaps an error, and meant 350). Pt. feeling a bit better. Communicated medical plan. *Seabiscuit* has scheduled calls with RCC Bermuda every 1 hr. Will also update me hourly for now. Sounds like thing are going in the right direction. Thanks to all for their help. Barb."

0045 Masser: "Just spoke to skipper on *Seabiscuit* – IV catheter has infiltrated, patient has NOT received any IVF. Blood sugar at approx. 0:15 was 350. Am instructing skipper on placement of new IV. He is going to try now. I'm very concerned about electrolyte imbalance, potential need for IV/ IM glucose, correction of DKA. Any update on status of *Spirit of Bermuda* vs. another non-race vessel? Many thanks- Barb."

Masser interview: The IV was successful briefly, but then it was clear the IV fluids were not doing the job. That brought clarity and forced the issue of evacuation. It's not clear to her why the cruise ships were called on so late. *Spirit* had told her two cruise ships were in the area. "It seemed like low-hanging fruit."

Denis Rowe (BRCC) interview: "*Flying Lady* did the best thing they could." "If there was any indication that the man was in trouble we were prepared to take him off. But he was stable and he didn't want to get off. . . . Both ourselves and the Coast Guard agreed that if the patient's condition was stable we would not call in a ship. If there's any sign of trouble, we call for an evacuation."

4. Evacuation

0213 Watchstander (Sheila McCurdy): "Call to John Osmond 508-776-8006 call *Seabiscuit* call Jonathan and Dan, craft message JB to call Bermuda Radio/RCC. Masser advises removing

pt. to Enchantment of the Sea. RCC official diverted ship. *Seabiscuit* w/in VHF range. Discharge *Flying Lady*. Let Spirit off the hook."

Rowe questionnaire, replying to "Who called in the cruise ship?": "Both vessels were contacted by skipper '*Spirit of Bermuda*.' Ships were directed to contact RCC Bermuda when there was a discussion about patient condition and actions so far. *Explorer of the Seas* was requested to continue on voyage based on vessel position relative to casualty; present status of patient & other assets in area. RCC Bermuda did task *Enchantment of the Seas* based on latest information from Race Doctor & USCG Flight surgeon (Patient issues with IV and deterioration of condition)."

Green questionnaire, same question. "Bermuda Radio advised that they were unable to reach Enchantment of the Sea (email was sent but not responded to) but that they may be within VHF range of my position. I hailed on 16, they replied and we arranged to rendezvous. At the request of Bermuda Radio, I also asked Enchantment of the Sea to respond to their email."

0214 Green: **"**Hello RC, presently in route to rendezvous with cruise ship Enchantment of the Sea to transfer crew in need of medical attention. Following that event, will I be allowed to continue racing to Bermuda or will I need to retire? Engine use/coordinates have been logged. Please reply via sat phone at 8816-3184-6580 (from the US, dial 011 first).Thanks, *Seabiscuit*."

0240 McCurdy: "Called Jonathan Brewin, updated him. . . suggested he call RCC releasing *Flying Lady* and Spirit from response duty and get update on Enchantment of the Sea suggested he and Dan D craft statement for distribution this morning."

0302: "I just got off the phone with Jonathan Greene on *Seabiscuit*. Nate was transferred a couple of minutes ago to Enchantment of the Sea. *Seabiscuit* and Jonathan are in good shape. He has asked to continue racing. I said that decision is being referred to the race committee and jury. He would like a decision as soon as possible."

0315: "Call from Jonathan Brewin in response to my emails. He will follow up with RCC about releasing Flaying Lady and Spirit. He will call John R and Dan D about writing a statement for release this morning about the medical evacuation."

News Release, *Seabiscuit* Status, Incident Review

John Rousmaniere: At approximately 0430 ADT on Monday Commodore Brewin knocked on the door of my bedroom in the RBYC and we quickly got to work on a news release, based on what we knew at the time (we know much more now). Before the release went out, Jonathan of course wanted to talk with Nate Owen's wife. Jonathan Green provided the number. (Green and the captains of *Spirit of Bermuda* and *Flying Lady* were later awarded citations for exemplary seamanship at the prizegiving ceremony on June 23.)

The only moment of levity during this long, difficult night came when Jonathan Brewin called *Seabiscuit* and, with feeling, expressed his concern for Green's state of mind after all he had undergone. Green replied brightly, "I'm just fine. The boat's making 9 knots!"

As far as he was concerned he was still racing, but in Bermuda there were questions as to whether *Seabiscuit* still qualified in the Double-Handed Division. When the BROC was asked by a reporter if the boat was under protest, I consulted Chairman Osmond and then replied: "The boat was not protested when she was sailing, and, currently, the boat is not under protest. When Jonathan Green told him that he hadn't come this far not to complete the race, John Osmond said that if he were in Green's position, he would keep racing and finish, and that there would be formal discussion with the entire International Jury subsequent to his finish." The Jury decided that, because the loss of his shipmate was due to injury, *Seabiscuit*'s racing status stood.

At the BROC meeting on Saturday, Chairman Osmond appointed me to conduct a review of the incident. My first step was to send a questionnaire to all concerned and my second was to begin conducting interviews with many of them. The questionnaire is on the next page. Following it are the replies of the 12 men and women who returned the questionnaire (and relevant comments by others), then notes from a debriefing meeting on June 18 and some recommendations. This report ends with the sound comments and recommendations of our Communications Chair/Emergency Management Team Chair, Steven Thing.

2012 Bermuda Race Incident Review Questionnaire

July 5, 2012

To: BROC members, Watchstanders, and others concerned
From: John Rousmaniere

The Bermuda Race Organizing Committee has charged me to review the *Seabiscuit* incident. Below are questions that I ask you to respond to by Monday, July 9. Please write your answers in an email attachment sent to me only at jrousmani@aol.com. Confidences will be respected.

1. Your name and phone/email contacts.
2. What was your position? (Watchstander, Communications Committee, etc.)
3. What was your role during the *Seabiscuit* incident on the night of June 17-18?
4. Where were you? (Home, office, Bermuda, in a boat, etc.)
5. How much time did you contribute to the incident? During which hours?
6. Was it clear at all times who was in charge of the operation? (BROC, Bermuda Rescue Co-ordination Centre/BRCC, the consulting doctor, boats on station)
7. Who called in the cruise ship?
8. What were the three most effective factors? (Satphones, VHF, Watchstanders, etc.)
9. What were the three least effective factors? (Unfamiliarity with satphones, etc.)
10. Were there any recurring problems?
11. What would you do differently?
12. What should the BROC have done differently?
13. Was the race Crisis Management Plan effective? Would you change it?
14. Should new rules be written for the race? If so, what?
15. Do you have additional comments?

Many thanks,
John Rousmaniere
(212) 662-7931, cell (646) 573-2024
jrousmani@aol.com, SKYPE jrousmani

Replies to 2012 Bermuda Race Incident Review Questionnaire (excerpts from interview with other sources are inserted)

BB, Brian Billings
BJ, Bjorn Johnson
BM, Barbara Masser
DD, Dan Dyer
DR, Denis Rowe
FD, Fred Deichmann
JB, Jonathan Brewin
JG, Jonathan Green
JO, John Osmond
JR, John Rousmaniere
LR, Larry Rosenfeld (*Spirit of Bermuda*)
NW, Nicholas Weare
PD, Philip Dickey (*Flying Lady*)
SM, Sheila McCurdy
ST, Steven Thing

Questions 3-5. Role during the *Seabiscuit* Incident, time, location

BB: Home (Bda) 2.5 hrs. Emergency Management Committee
BJ: sailing in *Wischbone*, 0
DD: Bermuda. 1 hr.
DR: At home on call support. "RCC Bermuda dedicated 7 hours to this case which involved doubling of manning at RCC (One officer remained on watch an additional 3 hours) Time involved from 2115 ADT on 17th to 0402 hours on 18th June."
JG: in *Seabiscuit*, 6-7 hours.
JB: Home and RBYC. 10 hours.
JO: Hotel and RBYC. 6 hours
JR: RBYC. 6-7 hours. I monitored it on computer 2130-2300, then from 0430-1000 worked on news release and other matters. Attended debriefing 1100-1200.
NW: Bda., brief
SM: Home, 6 hrs.
ST: Home, 3 hrs.

Total: at least 11 people, approx. 55 hours plus 50 hours for this review

6. Was it clear at all times who was in charge of the operation?

BB: My understanding was that BROC /EMC were working with BRCC

BJ (sailing): "From our prospective it wasn't clear from the beginning but it seemed that Dr. Masser took over and made it clear that she would make the decision."

BM: "From a medical standpoint, I was coordinating a lot of efforts with the BROC." Once the determination was made to bring aid to the vessel, she spoke with John Osmond and Steven Thing and it wasn't clear who was in charge. It was her impression that the BRCC was in charge once the plan was made to employ the cruise ship.

DD: Initial information assured me the USCG and BRR had the problem under control.

DR (RCC): "From an RCC perspective we were clear about who was in charge of this operation. RCC Norfolk was SAR Mission Coordinator given position of incident. RCC Bermuda, RCC Norfolk, Race Doctor, USCG Flight Surgeon & SAR assets were in communication with dynamic information passed between each party. Decisions ref asset deployment were taken based on medical advice from specialists ashore & asset availability."

JB: "At the BROC, not initially clear until early morning when JB and JR were working together."

JG: "Yes, it was clear at all times that I was in charge of the operation with lots of support from the fleet doctor and Bermuda Radio."

JO: Authority shifted. Medical to USCG Norfolk fleet surgeon, BRCC.

JR: From my POV then, it appeared that Dr. Messer was calling the shots, but now it appears final approval came from BRCC or NRCC.

LR: "Medicine and rescue are very protocol-driven professions. They will understand each other readily."

NW: It appeared to me that although there were many people in charge, but it wasn't as clear who had taken charge. Ultimately I sense that RCC Bermuda took control. I felt Dr. Masser added a great [ends there].

PD: Organization seemed about right but it's not clear who's in charge. "There's just about the right amount of coordination." "If you try to script it too much, it might be inflexible." People need to practice Maybe we should have some training in boat to boat transfers. "This will happen again. Race Committees will need doctors. You have to work this out." The Cruising Club is trying to teach us something. "After the safety seminar in March I went through the boat with crew and we traced every hose. It took forever. After going through all that I said, 'I like inspection.' Doing inspections – I'm all for it." "Does the race committee want to micromanage it? The list of numbers on the sheet indicates that. If they want to micromanage they need to be

more clear." The voicemail phone was not clear. It needs to be explained better. "Nobody knows there's no helicopter at Bermuda."

SM: "I knew I could report to John Osmond, chair of BROC. I left it to him to work with other responders or delegate."

ST: "Was [clear] to me! Dr. Masser was making the recommendations based on medical reports; *Flying Lady* was directing their own efforts in rendering aid; I was offering leadership to *Flying Lady*, Dr. Masser and Bermuda Radio – until such point as Bermuda Radio effectively took charge. I kept the officials shore-side informed but did not receive any meaningful direction, leadership, or assistance (which I did not expect and frankly was not needed at that point)."

7. Who called in the cruise ship?

DD: I believe Jonathan Brewin called Cruise Ship Control who notified the ships. I believe Harbor Radio said not to call the commercial ships.

BB: BRCC

BJ: don't know

DR (RCC): Which ship, *Explorer of the Seas* or *Enchantment of the Seas*? Both vessels were contacted by skipper '*Spirit of Bermuda*." *Explorer of the Seas* @ 0000 ADT 18th June, *Enchantment of the Seas* @ 0230 ADT 18th June. Ships were directed to contact RCC Bermuda when there was a discussion about patient condition and actions so far. *Explorer of the Seas* was requested to continue on voyage based on vessel position relative to casualty; present status of patient & other assets in area. RCC Bermuda did task *Enchantment of the Seas* based on latest information from Race Doctor & USCG Flight surgeon (patient issues with IV and deterioration of condition).

JB: not clear.

JO: my understanding is Enchantment of the Sea intercepted radio traffic.

JR: either BRCC or NRCC, at Dr. Messer's request after the *Flying Lady* effort failed.

NW: I believe Bermuda RCC called the cruise ship but have on direct knowledge.

SM: don't know.

ST: as far I as I know, Bermuda Radio upon a late-night urging of Dr. Masser

8. What were the three *most* effective factors?

BB: BRCC, the two assisting yachts, BROC/EMC

BM: Sat phone, VHF. She used email so there would be a written log.

DD: satphones

BJ: For us it seemed that the Sat Phone didn't ring loud enough for us to hear, VHF was non responsive, no one on *Seabiscuit* answered the Sat phone when we tried to call: so e-mail became the only means of knowing just what was happening but was delayed by several hours.

DR: (1) Yellowbrick tracking system (Great asset during incident handling/race monitoring). (2) Medical support from Race Doctor & USCG Flight Surgeon (Also vital as our final decisions are based on knowledge/experience of medical persons ashore. No decision is taken by either RCC without first seeking medical advice. If medical experts ashore say there is no need for medical evacuation then we go with their advice on this). (3) Use of VHF radio on scene, S/v Sea Biscuit initial call for assistance & instructions ref IV being passed back to casualty)

JB: Yellowbrick tracker. AIS. Satphones. Good feedback from Dr. Masser and BRCC.

JG: The sat phone was the most valuable coms resource as this was my only link with the fleet doc and Bermuda Radio, the two most important information sources for me that evening. The VHF proved invaluable in finding local resources (IV and evac ship).

JO: Flow of information from/interconnectedness of Satphone to physician to watchstander to cellphone to VHF to satphone

JR: A knowledgeable, alert, flexible doctor on constant call; satphones; VHF

NW: The virtual office arrangement that provided timely widespread communication. Dr. Masser and RCC Bermuda. Overall but not necessarily in this incident given the ineffectiveness of voice sat coms, the messaging capability of sat coms was a less timely but useful capability.

PD: AIS – we could see *Seabiscuit*. The sat phone was critical, "I love that satphone." VHF for close up coms.

SM: call to Dr. Masser. Contact of a doctor on nearby boat. Good sense of J. Green aboard *Seabiscuit*.

ST: VHF – for getting *Flying Lady* to the stricken vessel, E-mail – for passing important details around between Dr. Masser, Bermuda Radio and others, Satphones – when used to place outgoing calls, by *Seabiscuit* and *Flying Lady*.

9. What were the three *least* effective factors?

BJ: Dr. Wisch had never received a call on the Sat Phone and the ringer was in an aft cabin so it couldn't be heard, there needs to be a speaker at the navigation station and the entire crew needs to be familiar with the use of individual Sat Phones. Wischbone had a hand held remote for Sat Phone use which required a special operation in order to connect with the main unit. A very complicated system that required some special training to make the system work. After the manual was produced it was an easy fix to educate everyone in the use of the remote for the phone.

DD: Satphones and VHF

DR: (1) Satellite telephones switched off / engaged. (2) SAR asset on scene trying to dictate course of events (Despite not having all information to hand). (3) Too many calls from third parties (Race Committee) tying up lines of communication for either RCC / casualty / other parties.

JB: Satphone problems on some boats (no ring, busy, or shut off). When trying to contact a boat improvised a plan to find neighboring boats with operating satphone to call boat of interest by VHF. Lack of important information in Bermuda (couldn't contact cruise ship until got its number from its agent in Bermuda, didn't have phone number for *Seabiscuit* wife so called SB).

JG: My inability to administer an IV the least effective factor in providing care to Nate and it was this inability that required escalation to evac.

JO: Satphone call response upon call from Watchstanders

JR: Wide unfamiliarity with satphones, a loose organization that at times had too many cooks in the kitchen, a tendency in some areas to lose track of the main priority (the patient). Lack of response from nearby vessels, probably because they were on deck and did not hear the sat phone or VHF.

NW: (1) Voice sat phones – the hardware is fine, deployment and underlining the need for them to be kept powered up for incoming wasn't. (2) Apparent slow and seemingly ineffective (given the conditions) response to the initial incident within BRCC. (3) In my view the most important failing was the patient's own lack of proper preparation in the form of an effective seasick remedy, rectal nausea control (as a backup) and medical kit together with the ability to use it appropriate for an insulin dependent diabetic almost alone at sea. Had this been done then there would have been no incident.

SM: Watchstanders not knowing how much to be involved. BROC calling circles (hub and spoke maybe better model). Interface with RCC, Bermuda.

ST: Satphones – no-one answered the phone. One vessel reported – later (I had left a voice-mail message on their sat phone) that they did not hear it ring in the conditions they were experiencing (somewhat rough, so I understand).

10. Were there any recurring problems?

DD: Calls were not heard aboard yachts

DR: Too many agencies involved with incident including potential asset on scene (although well intentioned). Once incident is declared then the appropriate RCC ashore should coordinate this as they are experienced in dealing with similar incidents on a daily basis and are the only party with all relevant (Dynamic) information to hand. Calls from Race Committee have a vital role to play but control should then be fully passed to the appropriate RCC. Again, this will vary from case to case.

JG: The satphone (Iridium) would fairly regularly drop calls after 5 or 10 minutes. It wasn't the end of the world as the redial function works well on the hand set but it was annoying.

JO: variability of sea state, rescuer safety, medical condition of the patient,

JR: The above (#9), plus inaccessibility of some important information (phone numbers, etc.)

SM: No "go-to" place for latest information.

ST: We almost got into a position of having "too many cooks in the kitchen" with most of them unaware of the essential facts and details to make effective suggestions. These communications took time away from other pressing matters, such as plotting the positions of other potential boats (was using a chart plotting software).

11. What would you do differently?

BB: Contact BRCC right after I heard from Steven T.

BJ: Educate everyone in the use of the Sat Phone and have the off watch be aware of the Sat phone ring tone-no one knew what it sounded like and just where the remote was placed or how to operate. After the incident everyone knew how to operate the phone.

DD: DSC should be proven and implemented with all ship alarm capability. When someone calls my VHF vis DSC, the ring is very loud. This may be unique to my VHF receiver.

DR: I believe that incident was handled in the best way given dynamic information that passed between RCC Norfolk, RCC Bermuda, Race Doctor, USCG Flight Surgeon, casualty & assets on scene. Had at any moment medical experts ashore deemed a medical evacuation was necessary then we would have immediately tasked a merchant vessel to casualty position. Given advice from race doctor & in particular 'USCG Flight Surgeon' who deal with these types of incidents on a daily basis, we did evacuate casualty based on his deteriorating condition / issues with IV. Would also think that once the RCC is involved then they should be the only ones in contact with casualty / assets on scene as this keeps lines free for necessary communications and also negates

any duplication of effort. Again, this will vary from case to case as the support team ashore does have a vital role to play.

JG: There were three indicators present before the race that should have caused me to think more about possible issues with Nate. The first was seasickness. Nate does not regularly succumb to it but he does get seasick, occasionally violently. The second is that Nate does not take seasickness medication nor does he regularly have any on board. The third is that Nate is a diabetic, adding complexities to his needs and required level of care when ill. In hind sight, at the minimum, we should have carried some seasickness medication, probably the suppository type, among others. Additionally, we should have at least considered carrying an IV or had some plan in place to deal with a violent seasickness episode out of Nate.

JO: Involve known commercial vessel earlier; pre-setup a watch rotation of BR Executive Committee.

SM: Have clearer incident instructions and expectations for watchstanders

ST: Should have had the boats-with-doctors list printed out in advance. Should have had a paper chart 'at hand' – might have been faster.

12. What should the BROC have done differently?

BJ: From what I understand the RCC in Bermuda tried to take control of the incident and was not in agreement with the Fleet Physician, it should be up to the Fleet Physician to make the final call as to the gravity of the situation and not some RCC Coordinator that has little or no medical training. Have a trial run of an emergency before the race, working with BRCC and USCG. Do we validate delivery crews (falls under duty of care rule)?

DD: Difficult question, we were told by both US and Bermuda government authorities that once they are notified they assume total control of the situation. They did and their actions and information were wrong on several accounts as reported by *Spirit of Bermuda* and others.

DR: Conducted joint exercise (RCCs/Race Committee/Medical support) before race commencement to identify any areas of weakness (All parties would benefit from this and become more aware of how system operates)

JB: Have a trial run of an emergency before the race, working with BRCC and USCG. Do we validate delivery crews (falls under duty of care rule)?

JG: I wasn't aware of their involvement beyond arranging for a doctor to be available to the fleet and issuing a press release on Nate's evacuation.

JR: Had Steven Thing in Bermuda and quieted some voices.

NW: Realizing I was only looking through the wrong end of the telescope, I felt that too much time was spent attempting local assistance from other competitors when they were not likely to have been able to either safely board 'Sea Biscuit' or render effective assistance without the necessary skill and equipment. While one vessel was able to offer two of the three, time was lost while the sea state was known.

SM: Have family contact information at hand. Understood RCC response operations better.

ST. Insisted upon each boat having an in-coming e-mail service, monitored regularly.

13. Was the race Crisis Management Plan effective? Would you change it?

BB: I think so

DD: Yes, It should be updated based on what we have learned.

DR: From RCC perspective, Crisis Management Plan is good in principle but should be tested before each race through a joint exercise, involving RCCs, Race Committee, And Medical Team. Finding a happy medium where RCC has control of incident without interference (Spoken with best of intentions) from outside parties, i.e. as mentioned earlier, should the RCC be the only body ashore in contact with casualty?

JB: Needs more focus on communications. Need a "Bible" of important contacts at RBYC.

JR: Virtual office didn't help. The media operation is not part of it, but the mission was clear.

SM: Yes, Have a go-to person to keep current on situation (the hub), who understands SAR, takes information from watchstanders, boats, shoreside support, and can report to BROC chair and club commodores, and provide information to RCC, and BROC responders and BROC media.

ST: It was re-named "Emergency Management Plan" (not my recommendation) and I feel it worked – sorta – but I suspect that not everyone had read it closely.

14. Should new rules be written for the race?

BB: (1) Any yacht with a crew member who has a medical issue should have another crew member who can deal with that particular issue if required. (2) Must have a VHF or speaker in the cockpit pit turn up at a level to be heard over weather conditions. The sat phone down below s/b as well.

BJ: Yes, all crew should be familiar with the use of emergency communications equipment: the WC's and afterguard should be intimately familiar with the use of all of the emergency equipment.

DD: Perhaps requiring DSC.

DR: Compulsory carriage of medical packs for crews with known medical history, i.e. Lifelong diabetics, spare medicines aboard. Satellite Telephones switched on / or compulsory checking of systems for messages. Possible compulsory carriage of Single Sideband Radio (SSB) for better alerting of vessels.

JB: Require AIS. Require crews to carefully review their medical supplies and training. Require tracker for post-race delivery. Mini safety seminar in Bermuda?

JR: Require AIS and AIS/satphone training

SM & others: no

ST: Yes, folks with potentially serious medical issues should not be allowed to race – especially in the double-handed division.

15. Do you have additional comments?

JB: We were dealing with just one boat and one casualty. If 4-5 boats were involved, we wouldn't be able to handle all of it. We need to have a team ready to work.

JR: New safety seminar topics for 2014: satphone 101, more stress on rigor of the race & on seasickness and dehydration.

NW: I have nothing further to add other than to say that overall I think the race is very well organized and managed and that the organizers should be proud. Finally, given the conditions in the return journey, I think that BRCC should be encouraged to further underline the importance of careful planning of the return to home port after the race. I am reminded that an itinerary is one of the more dangerous things to have aboard a sailing vessel.

DR:

- SAR (Search & Rescue) planning is based on gathering of information, evaluating that information, then tasking appropriately.
- RCC Bermuda was the only station in communication with all parties; USCG medical advice (Flight Surgeon); Newport to Bermuda Race Doctor ; Casualty condition; tasked responders; and available un-tasked assets, and as such was the only station able to evaluate what was occurring with incident.
- The patient's condition was under constant review by USCG Flight Surgeon and Race Control doctor at all times.
- All Search & Rescue assets (Vessels on scene) should only be directed by the appropriate Rescue Coordination Centre ashore.
- RCC Bermuda has successfully coordinated 22 medical evacuations so far this year.
- Satellite Telephones are only beneficial if switched on or checked periodically for new messages. Numerous attempts were made to contact members of the fleet without success. Same occurred with RCC Norfolk incident when four vessels in the vicinity of S/v Convictus Maximus could not be contacted despite having Satellite telephones aboard.
- Possible re-introduction of SSB (Compulsory?) which would allow authorities ashore (RCCs) better opportunity in contacting members of race fleet using (Digital Selective Calling (DSC) which would prove a vital part of system.
- Yellowbrick live tracking has proved to be an integral part of monitoring system for yachts and we should continue down this path for 2014 (Could never envisage us going back to set up in the past) – Also proved invaluable having trackers onboard for return journey to U.S.
- Smooth running with finish line committee with constant flow of information back & forth.
- RCC Bermuda wishes to thank the Newport to Bermuda Race Committee for their continued support in ensuring greater safety for all race participants.

Recommendations

On the morning of Monday the 18th, Commodore Brewin called a meeting of those who participated in the *Seabiscuit* incident so we could review the episode and identify lessons learned and room for improvement. In the notes from that meeting (following this section) four areas elicit considerable concern: communications devices and procedures, seasickness and dehydration, data management, and emergency management. Anybody who has read this far in this report is aware that all four topics remain crucial in the minds of the men and women who worked so energetically in the *Seabiscuit* incident. Here are some recommendations:

Communications devices and procedures

- AIS should be required and penalties might be imposed if it is not used or the boat's name is masked.

- We should address the frequent problem of lost or dropped calls. Two early items in the narrative:: "Message received from Dr. Barbara Masser advising that she lost phone contact 7:49 EDT while in communication with *Seabiscuit"* and "Am having trouble dialing Sat Phone numbers. May need your help."

- Satphone problems may be technical problems, but they are always people problems. If we test crews on their ability to rescue shipmates from the water, perhaps we should test their satphone skills in a mandatory "Satphones/DSC 101" course at a safety seminar.

- Boats need coms discipline. There's a sign on *Spirit of Bermuda*'s VHF: "Don't turn volume down without permission of the captain." A crew member of *Avenir* reportedly texted a Mayday that arrived out of the blue. There was some "telephone tag" in the race.

Seasickness and dehydration

- This safety seminar moderator is discouraged that something as basic and well understood as seasickness was the root cause of two risky evacuations this year – *Seabiscuit* in the race, *Avenir* in the delivery. In *Avenir*, a couple used warnings about side effects as a rationale for talking themselves out of taking proper meds, and then became so seasick that they had to be taken off the boat.

- We need to teach seasickness better. Now, at least, we have one new method: telling the stories of these two boats may well persuade people that a suppository is a good thing.

- I endorse John Osmond's proposal: "A first aid course/safety seminar dealing with seasickness (pre and post); advanced treatment for dehydration, nausea and vomiting – cylsis (non-oral administration of treatment to replace lost body fluid or nutrients), saline enema, etc."

Data management

- As careful as we were under Steven Thing's leadership, there remained a problem locating crucial numbers and other data. I propose that we organize one and perhaps two race "bibles" for core information –one in Google Docs or a Microsoft Drop Box, the other (as a backup) printed. Webmaster Rush Hambleton will lead us in in developing the first.

- We may need to assign a librarian/archivist.

Emergency/crisis management

- The contradictory replies to the question "Who was in charge?" in the questionnaire indicate, first, how complex this can be (a point also made by the differences of opinion in the narrative) and, second, how important it is for us to appreciate how rescue agencies work. A day-long head-to-head meeting with the USCG, Bermuda Radio, and the various RCCs seems important, as does a trial run with an emergency. Replaying the *Seabiscuit* incident would be a good place to start.

- One aspect of crisis management that appears every race concerns BROC's responsibility to the delivery crews. One crew called Dr. Masser, and she was pleased to help. Are there limits to our duty?

- The emergency team should have a real office, not a virtual one: a physical place in Bermuda where Watchstanders and emergency people are posted. There's nothing like proximity to get people on the same page.

- Jonathan Brewin's observation in his reply to the questionnaire gives a reason why we can't be complacent: "We were dealing with just one boat and one casualty. If 4-5 boats were involved, we wouldn't be able to handle all of it. We need to have a team ready to work."

24 Hour update – Incident Debriefing Monday 18th June 2012
Prince Albert Room

Attendance: B Billings, J Brewin (Chairman), L Crane, D Dyer, D Furtado, S McCurdy (401 847-0051), J Osmond, J Rousmaniere, S Thing (207 232-6936), T Wilson

1 - *Seabiscuit*

a) Update :

- The skipper is on the Enchantment of the Sea cruise ship and is stabilized. Jonathan Green is coming through to Bermuda. Finish Line has been advised to assist.
- Notification of next of kin was an issue. The skipper's wife had not been informed until Monday am. The boat had not informed Mrs. Owen. Once they did, J Brewin called and spoke with her also.
- Registration was not clear on next of kin. Owners home numbers but not registration.
- Access to all lists and formats was an issue.
- SAT phone was not originally answered
- Structure in place. Required + RCC Bermuda Radio – informed near boats and instructions to assist
- Barbara (Doctor) made recommendations and then J Osmond made choice of when to take sailor off boat. Suppository required on boats.
- Press initial statement – Spirit involved, cruise ship received first notice, and *Flying Lady* was diverted. Will follow up with a longer release when the situation is completely known, naming and thanking contributors – controlling the local news
- The Spirit was a bigger boat and able to contact other nine (?) boats that we were having a problem contacting. Cruise ship – Dr. Masser advised that he needed to be evacuated but stable enough to move. Pan Pan of satellite to *Flying Lady*. How? Called off once Bermuda Rescue confirmed *Flying Lady* was on the way. Important reluctance to take on position.

- Sat Phone ring – Jeff Wish = Wishbone. Dr. Masser report/he would respond
- Two issues – Sea State & taking on/putting on people
- *Seabiscuit* wants to continue racing and is confident to sail the boat single handed. All Committee agreed to allow
- Harbour Radio to FCO list.

b) Future strategy
- RBYC needs copies, specifically boat information and emergency contact. Data base contact list – S Thing has list – it requires book and flash drive. Doctor assisted with wording of statement of condition. Key people contact list – is in crisis plan – contain committee? No?
- John Osmond – too long as contact person. A watch person rota needs to be set up between the committee with a hard copy in the "bible" of who is on watch in the US and Bermuda, including their contact information.
- With a call in if you do not get an immediate response, everyone on watch committee should be able to send a text to confirm each member received the transmission.
- Real office location is needed – not a virtual office

c) Lessons

2 – Transponder concerns?

a) FEO transponder WUZ2064 (send via single side band). Kathrine Firest 727 453-7245 friend of captain – will contact watch captain to call her. Spirit Selkie. Sat number that was different on another list worked. Rush has list. Contact "win" to ask to put out Fowler (207 776-2580, 207 865-0850) Les email to get correct Sat need status report VHF answered? Hour or two behind not serious. Detail from Friday to rescue SDO board more than two people who can access the data

b) ISLA transponder contacting now by Sat phone. Farrell is putting position in once he hears his position. Winlink working on board. Reset the transponder to both.

3 – Finish Line operations: AIS working. N Weare was to advise status of working duty desk operation

4 – Club operations: RBYC has a faulty UPS and internet has been down. When out calling Harbour Radio?

The Marina and food and beverage are good.

Accident report filled in.
Direct line into press office

5 – Any other business: Will set up a roster with six hour shifts to include L Crane, B Billings, J Brewin, D Dyer and J Osmond. L Crane will start the first shift at noon.

2012 Newport Bermuda Race
Report on Communications and Crises Management
R. Steven Thing, Chair
June 22, 2012

Communications:

I believe the 'virtual office' and voice-mail system worked well. There were a few minor glitches. The use of fco@bermduarace.com, as a mean of communications between selected race officials and the communications team (watch standers), worked especially well as it was the equivalent of a private 'blog' but did not require conventional web access, only e-mail, which in many cases was a cell phone.

A weather broadcast was recorded twice daily. I do not know how many in the fleet called-in to receive the broadcast.

The most important communications problem was that few sat phones were answered when called.

Crises Management:

We had a significant crisis, i.e. the *Seabiscuit* matter on Sunday evening; but we also had near-serious matters with boats whose transponders failed to work. I was especially worried about the wooden boat, built in 1936, whose transponder not only failed but whose sat phone did not answer early in the race when the most 'boisterous' conditions prevailed across the fleet. We came very close to calling for a search effort.

Although we had an Emergency Plan, there were unexpected matters not specifically addressed. The good judgment of the experienced sailors on duty was a key factor of their appropriate response. The Emergency Plan needs additional work, including a better process for contact with families ashore regarding a serious matter.

The communications with the Bermuda Rescue Coordination Center, both by voice and e-mail, were excellent. Unfortunately, we had to rely upon the BRCC to provide detailed information to the USCG. The e-mail address given for the First District USCG in the Emergency Plan did not work.

Recommendations:

The BROC needs to find a better way to “push” a message out to the fleet.
I recommend the Committee require not only sat phones but an e-mail address, unique to each boat, which they can access at sea. My guess is that most boats already had that facility in this race. In this manner, the Communications Team would be able to send messages to either all the fleet or just certain boats in the fleet. The Race Committee will need to require each vessel to check their e-mail at least – say – four times each day. I would expect that most already check their e-mail more often.

I recommend full-duplex (meaning not receive-only) AIS transponders be required, and operational from 2000 on the day of the start (earlier if limited visibility conditions prevail) until the finish. The basic ‘confidential’ strategy of each vessel is typically revealed within the first few hours of the race, i.e. “go west,” “go east,” or “stay on the rhumb line.” Many may not wish to reveal that decision to their competitors.
By delaying the start-up of their AIS transponders, competitors will only learn of each other’s position, course, and speed too late to make useful strategic advantage of the information. After that point, the safety of each vessel (especially in the Nantucket shipping lanes) outweighs the cost to each vessel of giving away information.

There are commercial enterprises who now report AIS positions of commercial vessels on the high seas, via a satellite network. Reminder: AIS signals also are transmitted ‘up’ into the sky; even the International Space Station has an antenna installed specifically to receive AIS signals. In my opinion, AIS transponders are more robust and less prone to failure than the transponders we used in this race or in prior races. The Committee should investigate and evaluate the possibility of using such commercial services based on AIS signals in lieu of specialized transponders.

The Committee should consider whether a Communications Office should be established at a single site, in Bermuda, continuously staffed with watch standers, with a complete set of data files, printed lists, charts, chart-plotting software, and so on – so that in the event of a serious emergency, senior race officials charged with the responsibility of making major decisions can come to the office, be briefed without delay from those conducting the communications, and then provide direction.