

UK CLUB

Thomas Miller Americas - Bodily Injury Team



This is the first edition of the Thomas Miller Americas (TMA) Bodily Injury Team Newsletter which will highlight particular areas of concern for Club Members trading to the USA and discuss trends and developments in the Americas region.

The TMA Bodily Injury team meets monthly via video conference and also convenes annually at TMA's New Jersey office. The team's present make-up includes bodily injury specialists from each of TMA's three USA offices. Joe O'Connor is the team leader based in the Miami office, Louise Livingston is in San Francisco, Nancy Jennings and Karen Hildebrandt are in Jersey City and Joanne Gillespie (the newest member of the team) is also based in TMA Miami. The team's unrivalled experience is drawn from handling personal injury problems from a wide variety of transportation, insurance and legal fields. All have handled

cases in trial, some have previously tried cases as practising attorneys in both Federal and State Court and all have attended mediations on behalf of Members.

The team considers individual claims, identifies large claims, reviews claims trends, cases that may need to be tried, liability and damages issues, recommended future case strategies and applies collective team expertise and experience to a variety of bodily injury matters. The team operates with significant settlement authority. Non-team execs frequently attend the team's meetings to present claims problems for the team's consideration and guidance.

In addition, the TMA Bodily Injury team links regularly by video-conference with their counterparts in Miller's London office. These meetings bring a coordinated, consistent approach to the handling of these exposures across the Club and allow an easy exchange of expertise and ideas.

One third of the Club's major claims occur in USA and approximately 35% of those claims are bodily injury related. Utilising the services of TMA's Bodily Injury team will assist Club Members in dealing with claims arising in this potentially difficult and expensive area.

Mike Jarrett, President & CEO
Thomas Miller (Americas) Inc.

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Who is a Jones Act Seaman?

When it comes to maritime workers, everybody wants to get into the Act - the Jones Act, that is. Established by Congress in 1920 (46 USC Sec 688), the Jones Act gives seamen a cause of action against the shipowner/employer for personal injury damages sustained in the course of his employment due to the negligence of the employer, the ship's officers or the seaman's fellow crew-members. Congress in its wisdom left "seaman" undefined, opening a floodgate to litigation attempting to settle the meaning of a seemingly self-apparent concept. The courts have wrestled with an array of plaintiffs claiming to be seamen: a paint foreman on a paint boat serving oil platforms; a shore based super-intendent engineer on a cruise ship who was onboard to supervise repairs; an individual whose job it was to decommission oil wells on offshore platforms; a deck-hand hired to paint the house of a tug who was not scheduled to sail with the tug, but who had an extensive shipping record on various tugs in the same fleet.

No bright line test for seaman status yet exists (nor likely will), although the U.S. Supreme Court laid down some guidelines. There was general agreement that a Jones Act seaman had to be employed by a vessel in navigation to perform the ship's work. Insofar as the plaintiff's bar was concerned, however, these key terms served only as additional grist for their litigation mills. The Court went on to refine its characterization of an employee/seaman as one who contributes



to the ship's function or the accomplishment of her mission and who has an identifiable, substantial and enduring connection to a vessel or group of vessels in navigation: more terms to be defined. It was becoming clear that analysis of seaman status had to be done on the basis of a case by case fact-focused inquiry into the circumstances of the claimant's connection to the vessel, and not just at the moment the worker was injured, but as part of a larger consideration of his enduring relationship to the vessel. In the landmark case of *Chandris, Inc. v. Latsis*, the U.S. Supreme Court's decision that the plaintiff Latsis was not a seaman was based not on the nature of his work (a superintendent repair engineer), but rather on his lack of connectiveness to any vessel or group of vessels. Some of the factors the Court considered were:

- Did the worker belong to a seafaring union?
- Was the worker employed by the shipowner/operator?
- Was the work supervised or directed by a seaman or a ship's officer?

Even the term "vessel" has proved to be a bone of contention. For Jones Act purposes, a watercraft is not a vessel if it is

not used for or capable of being used for transportation or if it does not have its own means of propulsion. Work platforms can be vessels depending on their transportation function. Determination of whether an unconventional craft or one anchored to the ocean bottom, or permanently anchored such as a casino boat hinges on the Courts' close scrutiny of structural and functional factors.

Whether the vessel is "in navigation" for purposes of seaman status under the Jones Act has been tested as well, but remains only loosely defined. Is a worker on a ship in drydock a Jones Act Seaman? A relatively short period in drydock will not take a ship out of navigation, while major overhauls and renovations will. The Courts have not been clear or consistent, however, as to just how much time or money has to be involved before the ship is judicially not in navigation. A ship undergoing refrigeration system retrofits at a cost of two million dollars for a period of three months was found to be in navigation; a vessel being converted from an oil drill ship to a fish and crab processing ship was not.

In sum, the only certainty is that there will continue to be uncertainty as to the question of who is a Jones Act Seaman, as well as further fact-intensive litigation by plaintiffs striving to enhance their claims by attaining seaman status.

Nancy Jennings



State Court / Federal Court



Members are told, or see legal pleadings indicating, a matter is pending in "State Court" or "Federal Court". What, we are frequently asked, is the difference?

Simply put, State Courts are set up and administered by each of the individual 50 states that form the United States of America. For civil matters their monetary jurisdiction starts at dollar one. Each state has a different "look" to its court system.

Some have just one trial level court and one appeals court. Others have multiple trial and appeal courts. New York, for example, has five trial levels and two appeal levels. State Courts have a "political" feel to them, as most state court judges are elected.

Federal Courts are the courts of the United States of America. There are specific jurisdictional requirements to file a case in

a federal court, such as diversity of citizenship or a federal law question. The amount in controversy must be at least \$75,000. Federal judges are appointed by the President of the United States (and approved by Congress) for life and are seen to be more conservative than state court judges, who must appeal to the general public in order to be re-elected to their post.

It has been argued Federal Courts are preferable for litigation because cases generally "move" quicker than those in State Court, because court dockets are not as crowded, and one judge usually handles a case from beginning to end and thus is

familiar with the parties, pleadings, etc. Federal judges are also more familiar with maritime matters due to the Federal Court's admiralty jurisdiction. If a case does go to trial, federal courts draw from a more diverse and sophisticated jury pool.

Actions commenced in a State Court do not necessarily have to remain there, but can be removed to the Federal Court if they meet the requirements of Federal law for an action to have originally been commenced in Federal Court as well as the monetary threshold.

Only a defendant can seek to remove the action, and has 30 days from receipt of the

first pleading in the state action to file a notice of removal.

Whether or not to remove a case is a topic to discuss with counsel who should be familiar with the state and federal courts and judiciary in their jurisdiction and can advise the best course of action.

Karen Hildebrandt



Foreign seamen's claims in the U.S.A and Panama

Tempted by the prospect of significant financial awards, non U.S. seamen and their attorneys continue to try to create a link to U.S. jurisdiction and use a number of methods to achieve that connection. Common examples are where a seaman receives substantial medical treatment in the U.S. or evidence is obtained while the vessel is in the U.S. through vessel inspections or crew depositions. Another mechanism sometimes used is the Penalty Wage Statute which grants federal jurisdiction over wage and other employment related claims when a seaman can show he was discharged, demanded his unpaid wages and those were withheld without sufficient cause. A more obvious example is where the accident actually occurred in the U.S. In some states, an action will be filed not only against the shipowner but also directly against the P&I club to support a seaman's case that suit should be maintained in the U.S.

The U.S. Federal Courts will generally dismiss foreign seamen's claims or transfer them to a foreign forum by applying principles of forum non conveniens. Simply stated, the defendant must show that due to the minimum level of contact between the facts underlying the incident and the U.S., an alternative jurisdiction would be

more suitable to deal with the claim. Enforcement of selection clauses contained in the applicable employment agreement is another increasingly effective defense for the defendant, particularly where the contract has been bargained for and adopted by a governmental agency. However, many foreign seamen's claims in the U.S are concentrated in the state courts rather than the federal courts because these mechanisms enable a case to be dismissed or transferred more easily from federal court than from state court.

Some of the more liberal states for foreign seamen's claims in the U.S in the recent past have included Louisiana and Texas, and outside the U.S, Panama. A few of the recent trends or developments in those areas are worthy of note.

In 1999 in **Louisiana**, legislation was enacted which authorized the application of forum non conveniens in maritime cases filed in state court. The application of the statute is not mandatory however and it will not be applied where the accident occurred within the state. Also, the removal of cases from state to federal court has become more likely if the employment contracts or collective bargaining agreement includes an arbitration agreement. It has been specifically ruled that Philippine schemes, which require mandatory arbitration by the

NLRC, may be removed to federal court.

The **Texas State Court** recently held that forum selection clauses in cruise line passenger tickets raise issues of admiralty and are therefore governed by federal law. Although they have not specifically ruled upon the enforceability of forum selection and foreign arbitration clauses in seamen's employment contracts, it seems reasonable to presume that a Texas court would apply federal maritime law.

In **Panama**, traditionally the majority of claims have flowed from injuries allegedly suffered by Philippine seamen who entered into POEA contracts. However, following a mandate of the Panamanian Supreme Court, the Maritime Courts in Panama have been respecting and enforcing the jurisdictional forum selection clause in the POEA and ordering that cases brought in Panama be returned to the Philippines. In such cases the security usually demanded and provided in Panama is frequently retained by plaintiffs and their attorneys pending the outcome of the Philippine litigation.

Joanne B. Gillespie,



Medical Evacuations

Medical evacuations (MEDIVAC) are marine emergencies which demand immediate attention. They can be time-consuming, costly and labor intensive, particularly in the first 12-72 hours when the urgent pace of developments and the victim's condition compel decisive action on multiple fronts. Unfortunately outside factors, often beyond the control of the Member or Club, heavily influence how the evacuation will be handled.

Even firms with large staffs or experienced with MEDIVAC and medical repatriation find these events can swiftly upset normal operations. Rarely do MEDIVAC situations progress strictly according to contingency plans and the medical repatriation phase can become surprisingly complex and costly. The TMA Bodily Injury team has assisted Members in handling a wide variety of MEDIVAC and medical repatriations. During the last 20 years, the team has dealt with incidents of all types, concerning seamen, passengers and visitors of all nationalities.

For a long time, governments and local authorities have been accommodating in recognizing the special needs of a ship-owner forced to arrange a MEDIVAC or medical repatriation. Lately, however, the team has confronted new regulatory initiatives that have complicated the handling of such recurrent, urgent situations. Obtaining a visa for someone sick or injured to treat or transit via the United States was once routine, but since 9/11, it has become extraordinarily difficult, if not impossible.

Each MEDIVAC and medical repatriation event has unique twists, demanding specifically tailored handling, but the team has developed some general guidelines based on its experience in handling these emergencies. When there must be a MEDIVAC or medical repatriation, consider carefully that you must quickly accomplish all the items listed below.

- a) Stabilise the victim and get them off the vessel and safely transported to the nearest suitable medical facility
- b) Develop a medical repatriation plan. This may be easier said than done.



Problems related to language barriers, or immigration and visa requirements are characterised as routine. Less common problems may arise, such as the need for advance payment for special transportation, the requirement that full payment guaranties be in place for medical service providers, or the necessity of arranging seamless, hand to hand transfers of the patient between carriers at distant airports or other inland locations. In some instances arrangements must be made for the patient's family to travel to the place of treatment.

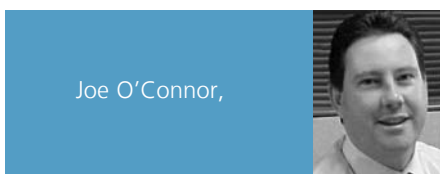
- c) Obtain the patient's medical clearance for travel. For many reasons, the local treating physician must issue a medical discharge and clearance for travel. Usually he refuses to do so until he communicates with and receives written confirmation from the doctor or hospital where the patient will receive post-repatriation follow-up care. Thus, long term care must be arranged quickly, usually near the patient's home. If the patient is a crewmember, a manning agent may also need to be contacted.
- d) Arrange transportation. The local treating physician may prescribe special conditions for the repatriation journey, to prevent aggravation of the patient's condition. For instance, many sick or injured travellers have physical limitations that necessitate special seating arrangements. This may require the purchase of one or more business or first class seats. Securing transportation services from an air carrier for the more seriously

injured or incapacitated, such as those confined to a stretcher or wheelchair creates more uncertainty. It may be necessary to furnish the airline with the documentation that the patient is fit to travel. Many airlines view sick and injured travellers as a potential liability, who make fellow passengers uncomfortable. Sometimes, medical repatriation on scheduled airlines is impractical and it may be necessary to employ an air ambulance, a charter, or land carriage.

- e) Be alert to and solve unusual obstacles to medical repatriation. Typically, there are problems to handle at the last moment, or even during the journey. For many reasons, crewmembers are reluctant to leave the care of the initial treating physician. This can make medical transfer awkward, if not impossible. A crew member's spouse or next of kin may insist on being present during the decision making process leading to the transfer, or during the journey home. This may prolong the repatriation process, add to the expense of the operation, and complicate the travel arrangements. Some patients accept the need for repatriation, but refuse the transport offered. A more unusual example recently occurred in which an elderly cruise passenger required a medical evacuation cross-Atlantic, but refused to travel due to a fear of flying. Unable to repatriate the patient by sea across the North Atlantic in mid-winter, the team helped the Member arrange pre-flight sedation, with a doctor's consent, so that swift air travel could be achieved.

However unusual, problems such as the above must be dealt with diplomatically and smoothly if expeditious repatriation is to be accomplished. In MEDIVAC cases, the team typically works with the local correspondent and other Miller offices to achieve the desired end of a prompt repatriation. In some cases, the team may even enlist the services of an outside medical travel firm. These companies are specialists in medical repatriation, and can facilitate the location and retention of medical facilities for treatment, as well as the services of doctors or nurses who are willing to travel with the sick or injured. These companies specialise in the difficult problem of finding medical specialists capable of speaking the sick or injured's primary language as well as English. The team is in contact with the principal organisations that provide such services worldwide.

MEDIVAC followed by medical repatriation is an emergency response. Over the years, the team has found that even with a strong commitment, many Members find it difficult if not impossible to effect reliable arrangements on short notice for a MEDIVAC and medical repatriation. The team can help you anticipate and deal with the many complexities of a MEDIVAC.



Mediation

In the 1980's, as the backlog of cases began to swell, U.S. courts - both state and federal - began searching for ways to move civil cases more efficiently through the court system without adding staff or increasing budgets. Born from that movement was what is now known as Alternative Dispute Resolution, or ADR as it is more commonly known. Several types of ADR are currently available to litigants including binding arbitration, non-binding arbitration, settlement conferences (both voluntary and court ordered) and mediation. The common

element linking these types of dispute resolution is the control the litigants, including the Member and the Club, may exercise over the outcome of the claim. This is quite different from traditional litigation, which is almost entirely reliant on the skill and input of others, and can frequently result in an unpredictable verdict from a judge or jury.

Mediation is now the leading method of ADR in the United States and most commonly seen in maritime cases. It far surpasses arbitration in numbers. It is worth noting that it was initially viewed with great skepticism particularly by the legal community. They did not want to be forced to present their case to an unknown third-party intermediary, and felt that justice (or perhaps significant legal fees) could only be achieved by letting their clients have their day in court. Texas, California, Louisiana and Florida lead the way and make mediation part of a compulsory process prior to trial. However, other traditional shipping states like New York, New Jersey and the Great Lakes region are only now starting to require mediation with any degree of regularity. Key factors in any mediation are:

1. the party's skill and experience in mediating,
2. their knowledge of the mediator's style and,
3. the awareness of the context in which the mediation is being conducted.

Mediation typically follows a pattern. Both sides attend a joint meeting at the beginning of the day. Each presents their case to the other ideally without interruption or interference. Once that portion is completed the parties separate and the mediator meets with each side individually, relaying points the other has made and sometimes providing his or her observations and opinions on the strengths or weaknesses of each case.

Occasionally the parties are brought back face to face for further exchanges. Mediation requires that the parties exchange information concerning their case. Experience and skill, therefore, are invaluable as the timing and substance of information communicated to the other

party can make all the difference. For example, a personal injury defendant's suggestion, late in the day, that it has damaging surveillance evidence may, in some circumstances, carry more weight than if revealed earlier in the mediation or even post-mediation.

Mediators vary in style and effectiveness. Some mediators are professional negotiators who stress communication techniques. Others are retired or practicing litigators or judges who can accurately weigh the parties evidence, and comment accordingly. The best take a dispassionate approach, act as a neutral intermediary and use their skills to move each side from a seemingly intractable position.

Notwithstanding the complexities of the mediation process, it has developed into the most efficient and economical means of settling cases. It is viewed as an integral and beneficial part of the civil judicial process. This is borne out by statistical data showing the high percentage of civil cases which now settle prior to trial as a result of the mediation. The experience of mediating a case gives the parties themselves a rare glimpse of the litigation process, as well as a chance to take a realistic look at the nature of the evidence they will face and the risks inherent in trial. Although the process will undoubtedly continue to evolve and refine itself as time passes, it is already an integral part of our judicial process.

TMA regularly attends mediations with and sometimes on behalf of the Member and has unrivalled experience in this growing area. Contact any of the TMA Bodily Injury Team listed on the back page of this newsletter for more details.

Joe O'Connor, Thomas Miller (Miami) Inc.



Early Investigations of Accidents

Despite all the technical advances in our modern age, delayed or sluggish response time in accident investigation remains a problem and may often compromise the defence of a claim. Conditions can change rapidly aboard ship and therefore it is crucial that the accident site and accident circumstances be examined as soon as possible after the event. If this investigation is not conducted, claimants' allegations of liability can be most difficult to challenge, despite the use of lawyers and technical experts. We list below suggested practices regarding the early investigation.

- Report or news of an accident should be first communicated to the investigating officer verbally. Memos and even emails tend to delay response time.
- It is perfectly acceptable for a busy department head to delegate a trusted subordinate to immediately visit an accident site to observe the basics: who, why, what, when, where? The written report can be formalised later. The key is that we have promptly examined the accident site and have preserved the opportunity to obtain contemporaneous testimony from the injured party and any witnesses.

- If a serious accident or sensitive incident is involved, it is important for the ship to seek Club guidance through the owner's home office. In this way, the investigation process can be legally protected and given proper direction. In the interim, the investigator can be the eyes and ears for vessel's interests. If possible, taking statements without legal guidance should be avoided. Instead, careful notes should be taken as to what is observed and who said what concerning the sequence of events surrounding the accident/ incident. For example, the investigator's testimony is far more valuable when he/she can testify "Mr. Jones said he heard,..." rather than the more vague "my investigation concluded that most witnesses heard the warning...". So, specific is better.
- The investigator has a unique opportunity to offer powerful assistance to the defense of claims by photographic documentation of an accident site. For instance, claims of a foreign substance on a ladder can be combated by photographs taken contemporaneously. Of course, it is essential that the photographs be properly marked for time/date, name of photographer, etc.
- The positive effects of a prompt, thorough investigation can be offset by inflammatory, injudicious or subjective opinions in the investigation report. It

is best to keep the tone professional when dealing with an unwanted, unplanned event such as an accident.

John Ferrie

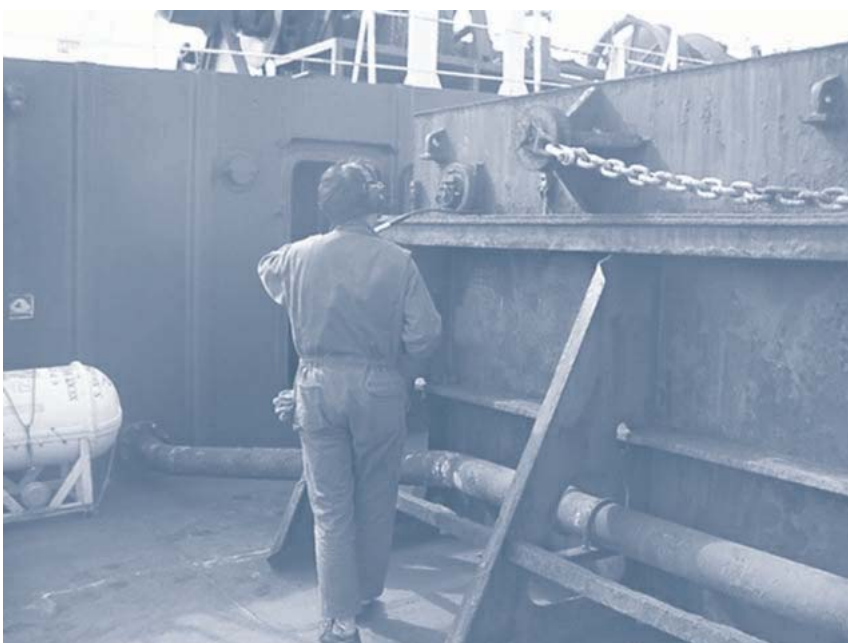


John retired from TMA at the end of September 2002, but his vast experience remains available to the Bodily Injury Team.

Structured Settlements: What they are, how they work, and when to use them

A structured settlement is compensation for a personal injury claim, where at least part of the settlement is paid over time, rather than in a single lump sum. The claimant receives a promise from a party defendant or insurance entity to make future payments in accordance with an agreed upon schedule. Such future payments can be scheduled for varying lengths of time up to the remainder of the claimant's lifetime. The amount of payouts can be fixed or varied and can occur in equal installments or in deferred lump sums. Structured settlements can be individually tailored to meet the needs and concerns of a particular claimant.

A combination of changes in U.S. law in the 1970's and 1980's led to the more frequent use of structured settlements in the U.S. A structured settlement is not itself a financial product but a specific agreement. A defendant may retain the obligation to make future payments or, more commonly, may transfer that obligation by purchasing one or more annuity contracts from a life insurance company. (An annuity is the payment of one premium payment by the owners of the policy in exchange for the life insurance company promising to make future payments in accordance with a predetermined schedule.) The advantages of a structured settlement



include: the availability of funds when needed, increased protection from dissipation of a recovery/settlement, tax free income, security and minimal investment risk, no administrative fees, and the assurance that a claimant will have an income stream for his or her lifetime. Advantages to a defendant or insurer include a lower overall cost than a single lump sum payment and the protection afforded to minors, spouses or partners.

A structured settlement has three basic components: a cash payment at the time of settlement, lump sums paid in the future, and monthly income. Cash payments at the time of settlement help take care of unpaid bills incurred since the injury, including medical and hospital expenses, necessary environmental modifications to the claimant's home, such as installation of ramps or the purchase of a specialized vehicle. They also compensate for pain and suffering. Lastly, cash payments also satisfy amounts due to others, such as claimant's attorneys' fees.

Future lump sum payments cover future medical and/or surgical expenses such as joint replacement or plastic surgery; future environmental modifications and medical equipment, making provision for a claimant's deterioration; an education fund for a minor claimant or for an adult's children's education. If claimant is a minor, lump sums can cover a down payment on a future home or make current and/or future mortgage payments if claimant is an adult.

The monthly income portion of a structured settlement replaces lost income by way of an annuity, which can grow based on the estimated future inflation rates, the historic wage growth or the consumer price index. Monthly income payments include money for continuing medical expenses.

The value of a claim is not the sole basis for



determining whether a structured settlement is appropriate. Structured settlements should be used in death cases involving surviving spouses, parents or dependents; severe injury cases such as traumatic brain or spinal cord injuries; where claimant is a minor or mentally incompetent; where claimant lacks money management skills or has no immediate need for the money; and, where claimant has financial objectives unrelated to the injury.

The TMA Bodily Injury team uses a network of structured settlement professionals in the United States who can assemble an appropriate settlement package once they receive essential information such as claimant's name, sex, date of birth, state of residence, relevant medical information, environmental and socio-economic status of the claimant.

Most importantly, a structured settlement expert can be an extremely useful member of the defense team at a settlement conference or mediation. Their explanation of the benefits of various structured settlements can sometimes be one of the deciding factors in resolving a claim.



Medical costs in the USA

In the USA the average hospital bill is marked up 116% over the actual cost. In the current climate of increasing medical expenses, costs containment, sometimes referred to more generally as auditing, has become of key importance. The objective is to limit the ultimate cost of treatment to a fair, reasonable and customary level. There are various tools available to help achieve this goal. The starting point will be the pre-employment physical examination. However, where medical treatment is required in the USA, cost containment can be so much more than trying to negotiate reductions to hospital bills after the event (and indeed sometimes after members have already paid for those services). Here are some examples of various strategies

now employed in appropriate cases to contain medical costs:

Case management

In seriously sick or injured patients an experienced registered nurse or doctor can work with the Club, members, health care providers, the patient (and sometimes their families) to ensure appropriate, efficient, timely and effective treatment is provided. Following discharge a case manager can also assist in ensuring the patient obtains appropriate treatment.

Preferred provider agreements

Pre-established Agreements with health care facilities and professionals maintain quality of care and allow members to take advantage of contractually set rates and enjoy good accessibility to a patient.

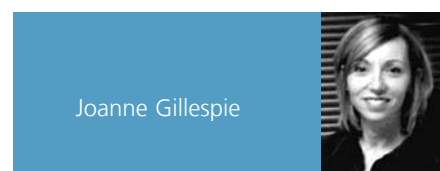
Bill review

This can include an item by item review of the services provided. Services billed will be verified to ensure they were performed, unsubstantiated charges will be eliminated, as will charges made for unnecessary treatment. Fees will also be compared to those prevailing in the geographic area where they are performed.

Bill negotiation

This self-explanatory service involves the discussion of charges made to reach a mutually agreeable discount or reimbursement with a health care provider to bring the charges to a reasonable or customary amount.

A bonus to the use of medical costs management is the detailed and up-to-date reporting of a patient's condition. Members are encouraged to report illness and injury cases to the Club as early as possible so as to take maximum advantage of the above strategies. TMA uses the services of medical audit firms in each of the three TMA office areas, details of which may be obtained from any member of the TMA Bodily Injury team.



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Consultant

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