

SURFING MEDICINE

ISSUE #11, Fall 1993



**SMA
UNPLUGGED
The Rave Issue**



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Issue #11, Fall 1993

"SMA Unplugged" - This issue is more or less about communication, not the high-tech kind, but from-the-heart human expression. We asked for input on where the SMA might or should be going as an "organization," and members responded - about that topic and a lot of others as well. So, here's your open forum, in printed form.

However, our collective gift for gab doesn't let us off the hook as far as collectively exploring the realm of surf medicine. Don't be shy (or lazy): we want more original contributions, research, case reports, perspectives. You write it, we'll probably

print it (pier-review notwithstanding) Just send it in, or maybe call or write first to talk over your ideas (Mark: 415 664-1927, Steve: 415 561-0870).

And a collective welcome to our new journal lay-out guy, David Bender, hereupon known as Kahuna Dave. When Surf rider embarked on foot-shooting, their then president and journal lay-out guy, David, disembarked and volunteered to help the SMA instead. Ain't non-profit life great!? (Read Mark Massara's essay for answer). Hope you like our new look - let us know.

- Mark and Steve



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NABAU

Paul Georghiou, MD Cayucos, California

My first trip to the South Pacific was supposed to be a completely hedonistic surf orgy. After 37 years of delayed gratification, I was finally flying to the Fijian Islands with the Surfer's Medical Association, my only goal being to surf

Cloudbreak until I dropped. Somehow, however, that trip in March 1991 turned into a journey which changed two lives dramatically - one physically, the other spiritually.

My opportunity to make the trip resulted from a new friendship with Michael Famularo, a local San Luis Obispo cardiologist and SMA member. He invited me along when his first choice, Marie, decided she'd rather not be stuck on an island for a week with a bunch of aging adolescent surf rats. My wife Debbie encouraged me to go, pointing out that after ten years of practicing emergency medicine I was at risk for a mid-life crisis if I didn't get away from it all.

Fiji was definitely a major change of mental gears. Once we left the bustle of teeming Nadi, I could feel myself



Nabau, 1991. Photo: Mark Renneker

unwind. Taking in the beauty of the Vetu Levu (Big Island) countryside with its scattered villages and lush vegetation, the reality of being in a tropical paradise began to sink in. All was well until we reached Tavarua. There was no rideable surf! An unusual northwest wind was blowing out the breaks. After 37 years of waiting, it was a hard blow to take. But our Tavarua host, Dave Clark, was spared from my whining when I took the Sunday morning boat to visit the village of Nabila. There I first began developing a deep love and admiration for "the Fijian way."

The village itself is still unspoiled by electrical wiring, phone lines, or plumbing. The majority of the houses are traditional thatched grass "bures." The people themselves are gracious and happy to share their culture with the SMA. Their hospitality is impeccable, from welcoming us in their church service with a beautiful choir to the kava ceremony and a feast of Fijian delicacies. My only fear was that I'd make a social gaffe, since there are traditional protocols and taboos. Fortunately, the people of Nabila are forgiving towards their uncouth SMA guests. I soon developed a sense of belonging in what is



Nabau, 1992. Photo: Mark Renneker

actually a very tight-knit community.

In part, the healthcare provided by the SMA is an attempt to reciprocate the openness and hospitality the Fijians have shown us. Any ideas of being the Great Western Healer are quickly dispelled when you participate in the clinics; you find that people have more to teach you than you can hope to impart to them. The village health workers, in particular Aparosa and James, introduced me to the challenges of providing basic healthcare in a tropical environment with limited resources. The clinical conditions encountered range from the routine (diabetes, hypertension, scabies) to problems rarely seen in the USA (trachoma, untreated goiter).

Among the many children brought to the clinics, a special 11-year-old boy immediately caught my attention. His chief complaint, as related by his parents, was that his abdomen had been swelling for several years. Over the last year he had developed increasing shortness of breath and had to sleep in an upright position in order to breathe at all. His condition prevented him from attending school or playing with the other children. He was from the neighboring village of Yako, and his name was Nabau.

Ailing Fiji lad flown to SLO for treatment

A 13-year-old boy from the Fiji Islands will fly into San Luis Obispo today to get free treatment of a heart condition that has plagued him for more than a year.

The boy was examined by Dr. Michael Famularo, a local cardiologist, and Dr. Paul Georghiou, an emergency medicine physician at Twin Cities Community Hospital in Templeton, while the two physicians were attending a medical conference in the Fiji Islands.

While there, Famularo and Georghiou were asked to examine Nadau Narogo, who for a year had been suffering from shortness of breath, a swollen abdomen and an inability to sleep lying down.

Famularo figured out that Narogo was probably suffering from a cardiac condition, but the medical resources were not available on the island to treat the boy.

When the two physicians returned to the county, they couldn't forget Narogo. So Georghio convinced Dr. Dale Rowland, a local pediatric cardiologist, and Dr. Eugene Mazzei, a cardiac surgeon at French Hospital Medical Center, to donate their services.



Nadau Narogo

He also convinced an airline to fly the boy and two adult companions for free to Los Angeles. American Eagle Airlines will fly him from Los Angeles to San Luis Obispo.

Narogo arrives today at 2:25 p.m. and will be immediately taken to French Hospital Medical Center for tests.

Press clipping from the San Luis Obispo Tribune

rheumatic valvular heart diseases, a complication of untreated rheumatic fever. We had never seen a case progress to this extent in the United States. Medication could only slow progression of his condition; his only hope for improvement was open heart surgery, an option not available in Fiji. To send him overseas for surgery was far beyond the means of villagers whose per capita income is less than \$30 per month.

We explained to Nabau's family what we believed was wrong with him, and recommended that he simply be treated with medications. The obstacles to arranging heart surgery for Nabau seemed overwhelming, but it was on the boat back to Tavarua that I began to think, "Why not try?" As I observed Nabau's courage during subsequent visits to Nabila, I became determined to do what I could for him. As Mark Renneker observed several months later,

"Something special happened between you two." A bond was formed.

My week in Fiji progressed too quickly, with daily surf sessions at Tavarua Rights and Cloudbreak. The day I returned home to San Luis Obispo, I threw myself back into the act of juggling family and professional commitments while trying to meet my weekly surf quota. And with Michael's support I began contacting key people needed for Nabau's surgery. Using one of Mark's photos of Nabau and a description of his plight, I gathered a local team committed to providing his care for free: a pediatric cardiologist, cardiac surgeon, anesthesiologist, and the staff of French Hospital Medical Center. Getting free airfare was a major hang-up. After weeks of futile effort on my part, Mark gave me the name of a senior vice-president at Qantas (talk about having connections!). After seeing Nabau's photo, he authorized round-trip tickets for two. Interestingly, the Qantas marketing staff requested that this donation not be publicized. They constantly receive requests for free tickets and made it clear this was an exception to the rule.

Meanwhile, back on Tavarua the fax machine was working overtime. Jeannie and Dave Clark and Scott Funk helped coordinate the effort in Fiji. The diplomatic and logistical efforts were easy compared to communicating with Nabau's family. My greatest fear was that we might raise hopes of a false cure for the boy. At this point we didn't even have a definitive diagnosis, much less a treatment plan.

At last, three months after my trip to Fiji, everything was in place for Nabau's trip to California. He was to be accompanied by his uncle Sivoi, the mayor of Yako. I was delighted to hear the Fijians had raised the money for Druku from Tavarua to also come along, as he had been to the States twice before and would make an imposing goodwill ambassador.

Mark had suggested that I request any medical records Lautoka hospital might have on Nabau. Only days before Nabau's departure I received a fax from a pediatrician, Dr. Shrestha, with

At a glance, it was obvious that the boy was extremely ill. Even at rest, his breathing was labored, and he could only walk short distances before he stopped to rest. Physical examination revealed massive ascites (fluid in the abdomen) with enlargement of the liver and spleen. Indeed, his entire body, including his face, was swollen with edema. Initially I suspected that Nabau might have a malignancy or tropical parasitic disease, possibly complicated by kidney failure. He had a lovable shy smile, and his quiet stoicism was touching, but it was clear that this child was dying.

I asked Michael to take a look at the boy, and it was evident to him as a cardiologist that Nabau's heart was enlarged. We realized that severe heart failure could account for all of his symptoms. The cause of such heart failure in the developing world is usually



Paul Georghiou in the village. Photo: Team SMA

discouraging news. Nabau had already undergone a diagnostic cardiac ultrasound. Ironically, the villagers hadn't mentioned it for fear that we would feel his condition was hopeless. Dr. Shrestha indicated that Nabau's heart was severely malformed, and that she suspected Ebstein's anomaly.

Ebstein's anomaly is a congenital deformity of the right side of the heart. The tricuspid valve is malformed and located low in the right ventricle. In Ebstein's, the right ventricle is often almost nonexistent and the right atrium becomes dilated, resulting in severe right heart failure. The more severely affected patients die in infancy, and it is rare to survive to adulthood without surgery. Michael and I decided to still bring Nabau to the States, hoping the diagnosis was incorrect.

The Fijians stepped off the plane in San Luis Obispo to find a barrage of waiting TV cameras and reporters. Word of the SMA effort had spread quickly in our small community and Nabau became a media star overnight. Though he was intimidated at first, he soon loved seeing himself on TV. Everyone from the fire and police departments to local toy store owners and children brought gifts for him in the hospital.

We were impressed by the accuracy of Dr. Shrestha's diagnosis. Nabau's studies at French Hospital all indicated he did indeed have Ebstein's anomaly

with advanced heart failure. As shown by his chest x-ray, his heart was massively enlarged. With medications we were able to control his atrial fibrillation (rapid and irregular heart rhythm) and relieve his respiratory distress, but we knew these were only temporizing measures. Without cardiac surgery it was unlikely he would live more than another year. Only a few medical centers in the world could attempt the required surgery, and the costs would be enormous.

Thus began two weeks of anxious waiting. The Fijians lived in a small guest house graciously provided by Greer Kennington, a cardiac monitor technologist at the hospital. They were kept busy attending local dinners, parties, surf club meetings, and touring the central coast. Druku's favorite pastime was scouting out garage sales for treasures to take back home.

Dr. Dale Roland, the local pediatric cardiologist, was our only real

hope. He had cultivated contacts with university medical centers in California over the years, but both Stanford and UCLA turned Nabau down when the "wallet biopsy" proved negative for insurance coverage. Nabau's prognosis was becoming a bitter disappointment for me. I had come to believe that I was somehow personally responsible for the boy's fate, and I now experienced a sense of complete helplessness. I finally realized that all of us were simply God's instruments in this effort. During the two weeks of waiting, there were many prayers on Nabau's behalf throughout San Luis Obispo County.

Those prayers were answered when the world's most renowned pediatric cardiac surgeon, Dr. Leonard Bailey of Loma Linda University near Los Angeles, called Dr. Roland and casually offered to take a look at Nabau. We scrambled to pack all of Nabau's gifts and Druku's garage sale loot, crammed ourselves into my four-seater Piper Commanche airplane, and flew to Loma Linda. Over several days there Nabau had a battery of diagnostic tests including echocardiograms and cardiac catheterization. The evaluating cardiologists were amazed that Nabau was still alive with such advanced heart failure.

Upon reviewing the findings, Dr. Bailey offered to attempt the corrective surgery, but he was frank about the risks involved: there was a greater than 30% probability that Nabau would not



Paul Georghiou at his home break. Photo: Gary Lynch



Post-surgery reunion March 1992. Photo Team SMA

survive the operation. Even if he did survive, there was no guarantee of functional improvement in terms of his quality of life. Because an artificial heart valve would be implanted, Nabau would have to take an anticoagulant drug for the rest of his life. Furthermore, any infection he might acquire in the future could result in endocarditis (an infection of the heart valve), so antibiotic therapy would need to always be readily available to him at home.

We had a week to decide whether to proceed with the operation. This was the hardest decision in medical ethics I had ever faced. Nabau was already very homesick, and I knew we had to assure him that he could eventually return to Fiji. Via fax, Dr. Shrestha confirmed that she could monitor coagulation times, provide antibiotics if needed, and monitor him in the Lautoka clinic. Nabau's parents had given their written consent for any treatment we deemed necessary. However, neither Druku, Sivoi, nor I felt we could take on this responsibility. Though he was frightened, Nabau trusted us and didn't want to take part in the decision. By now, there was a deep emotional bond between the boy and me. The thought that I might have brought him to die in a strange land was chilling.

I drafted a letter explaining the risks and benefits of the options to Nabau's parents. Fearing I might be losing my objectivity, I asked Michael and Mark to review it and assure that the parents would truly be able to give informed consent. The letter was faxed to Tavarua, where Scott Funk delivered it to Yako village and had it translated. After much deliberation and prayer, Nabau's parents gave their consent that day. Back in California, Nabau was taken on a bittersweet trip to Disneyland before

his surgery.

The findings at surgery proved that the right decision had been made. The massively enlarged right atrium was filled with a thrombus (blood clot) the size of a grapefruit. This thrombus was apparently enlarging rapidly, and it was doubtful Nabau would have survived more than another month. Dr. Bailey's

surgical team enlarged the shrunken right ventricle through lysis of the fibrous bands (breaking up of scar tissue), and the abnormal tricuspid valve was replaced with an artificial valve. The entire pericardium (the sack surrounding the heart) was removed to assure that pericarditis and tamponade (fluid accumulating in the sack) did not occur in the future.

Nabau's recovery was long and eventful. In the early days he developed pulmonary edema, fevers, and liver dysfunction. The nightmare of being in intensive care was made more difficult by the language barrier between him and the nurses. At first, his intolerance of oral feedings was attributed to depression, but fortunately an observant nurse noted that he eagerly ate the fruit brought in by Greer Kennington when she came to visit. Like most of the world's population Nabau had lactose intolerance and could not stomach the milk products in the hospital food. Once the Fijians were placed in charge of his menu, Nabau rapidly gained strength.

While in southern California, an extensive support network developed for the Fijians. The local Methodist Church provided housing and transportation, as the villages of Nabila and Yako have been affiliated with the Methodist



Friends forever. Photo: Mark Renneker

Church since missionary times. The local coordinator of logistics was Scott Funk's father Don Funk. He drove from Hermosa Beach to Loma Linda several times a week before and after the surgery. Scott's mother Carol provided meals and accommodations during Nabau's prolonged convalescence. There was an outpouring of support from people throughout the area, especially from surfers who had been to Tavarua.

Nabau's hospital discharge was a time for celebration, but we were quickly reminded how fragile his health was. He had to be rehospitalized within a week because of a large pleural effusion (fluid within the chest) which had to be drained. After that episode, though, Nabau steadily improved under the Funk's watchful care. At last Nabau was discharged from the outpatient clinic as well. Throughout his hospitalization and care we were all impressed by the expertise and compassion demonstrated by the staff at Loma Linda. All of us whose lives have been touched by Nabau are indebted to them.

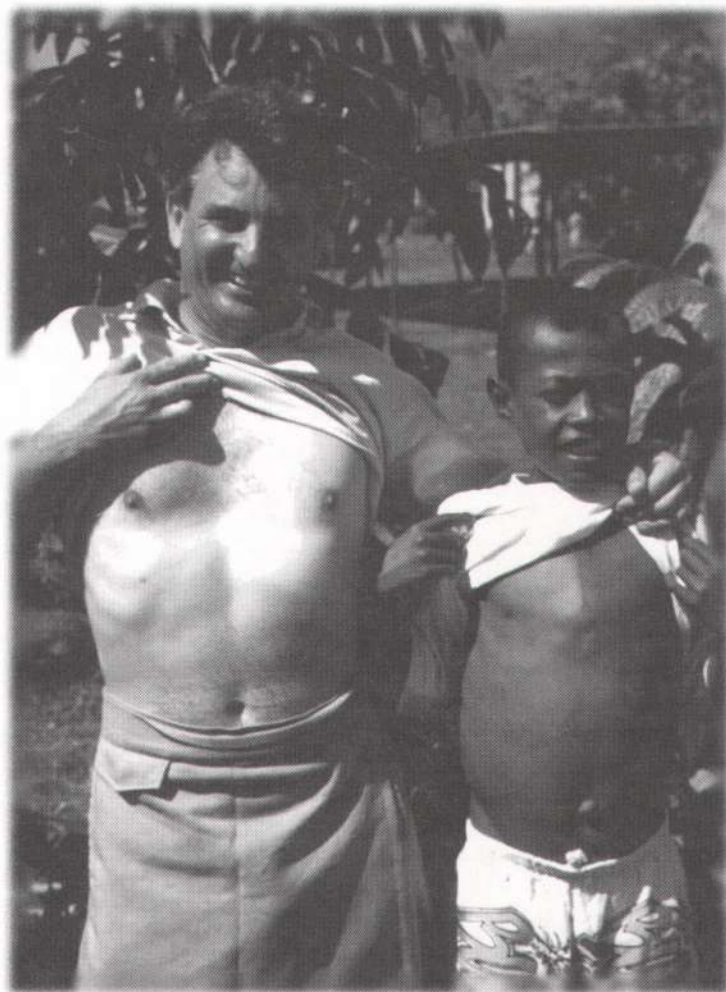
Most incredibly, all of the care Nabau received was given without charge. Michael noted that although our taxes support all the university medical centers, only a non-tax-supported, religiously-affiliated institution was willing to help without reimbursement. And the costs would have been enormous. At Loma Linda alone the costs would have exceeded \$130,000, and the total costs of this effort would have approached \$200,000. There were times when I grappled with the issue of whether this was an appropriate use of these resources. In a world where millions of children suffer and die every year from dysentery, malaria, and malnutrition, could this money have been better spent? I recognized, however, that the great majority of the "expenses" incurred in Nabau's care were freely donated services, not materials that were consumed. Nor did his care divert any resources that would have gone to other children. That said, it is extremely difficult for me to think of Nabau's care in such terms, though. From the start, my motivation was simply the desire to help someone with whom I had developed an emotional bond. In fact, this is the practice of

medicine in its purest form - reaching out to help another in recognition of our common humanity. In the end, all the good we do is still on a one-to-one basis.

What had been planned as a one month stay in the USA turned into almost three months for Nabau. I visited him in Hermosa Beach the day before he left for home. The physical change was incredible. The swollen boy with the labored breathing had been replaced by a skinny and lively kid. I knew all the effort had been worthwhile when Nabau demonstrated that, for the first time in years, he could run! Nabau returned to a hero's welcome in Fiji, and I heard that the festivities in Yako lasted for days.

Seven months passed before I saw Nabau again. Michael and I returned to Fiji with the SMA to find he had grown two inches and was even more energetic. Except for the scar on his chest there was no evidence that this boy had ever been dying of heart failure. In fact, his family was having a hard time accepting the fact that Nabau still had special needs. I was chagrined to learn that he had recently been inconsistent in taking his medications and following up with Dr. Shrestha. Michael examined him and found that fortunately no harm had been done. I must have looked panic-stricken for a moment, for Nabau's family eagerly assured me that there wouldn't be any more lapses in his compliance.

The expressions of gratitude from



Free-breathing souls. Photo: Mark Renneker

the people of Yako village were overwhelming. We attended an elaborate kava ceremony and feast in our honor, during which Druku and I were required to formally recite Nabau's entire story. The village then presented us with a tabua (a traditional whale's tooth given as a token of honor), and many other native crafts including tapas, kava bowls, and woven mats. When we finally said our farewells, we were surrounded by laughing children who wanted to touch and embrace us. We felt we had become a part of the village's extended family.

On the flight home, I realized I was returning with more than the gifts and the memories. My perspective on life had been changed in a fundamental way. While trying to help Nabau, I had known periods when I experienced despair and a sense of helplessness. My Fijian friends instead displayed a trust in God's grace which sustained them through those times. Their example defined for me the meaning of the words faith and courage.



"Da Village" Photo: Bill Jones

SMA CONFERENCE AND ACTIVITY REPORTS

1993 Tavarua/Nabila Project Report

Bill Jones, Monterey, California

The 1993 Tavarua conference was a unique experience because it was one of change. The surf was fun and there were several days when the Tavarua magic was working, but there were few of the hoped-for "epic" waves of conferences past. There was a sale of Tavarua Island. Fiji itself is going through numerous changes. There were discussions about SMA and its direction as well as the Nabila project and its future emphasizing health education at the Nabila Public School.

THE CONFERENCE AND NABILA PROJECT

The conference/project this year focused on the Scabies Eradication program, an emphasis on Fijian and SMA kids and their interaction and finally a start and continuation of the involvement of the SMA with the Nabila Public School in health education and in stocking the new library with books.

THE SCABIES PROJECT

This project was the idea of several SMA'ers who were at last year's conference. Many thanks, kudos and "here, take this wave while you're at it" to Dr. Richard O'Neil who organized and secured the donation of Elemite. His efforts and personal initiative brought this project together.

The shipment of Elemite arrived at

my door 2 days before I left for Fiji. I had to remove all of the tubes from the boxes so they could be put in padded duffel bags for the trip. Only 2 tubes were damaged in the flight. We found these when we went through the customs check (rather, the customs man found the cream when he dug deep into the bowels of the duffel bags and came out with a surprise...Yup, this fella may have a future in proctology.)

The laws in Fiji were changed in July 1992 and unknown to us, suspicious medicine and materials such as ours are subject to seizure and tax. Needless to say, with 4 bags of Elemite, I was a sitting target. When quizzed at customs about the value, I related that it was a donation and did not know its value, when in truth, I had a pretty good idea. Despite my best efforts, the Elemite was held at the airport customs and I was off on a telephone adventure and a lesson in Fijian politics.

When we arrived at Tavarua I made several calls to the Fiji Health Ministry and was finally connected with Dr. Bola Duadua, who is the new Health Minister (taking over for our friend Dr. Rafai). Talking to her on the Monday of our

arrival, I was able to give her the history of the SMA and the Scabies Project. Her subsequent phone call made it possible for Paula Smith and me to travel back to the customs office and pick up the Elemite. This was a coup in itself as they wanted to know the estimated cost of the Elemite and I kept relating that it was a donation, and perhaps worth "maybe \$200.00." They said, "We'll give you a break and call it \$100.00, so the tax is \$10.00 Fijian." I was real pleased about this and realized that assertiveness training, persistence, and the surfer/SMA credo of "winging it," helped in this situation, as did keeping a level head in trying to expedite this situation ("winging it" was a phrase and strategy used many times during this conference.)

SCABIES EDUCATION

The first night of the conference, I informed and educated the conference participants on the suggested procedure for the scabies project, as per guidelines of SMA member Dr. Richard O'Neil (some details on the use of Elemite for scabies was provided by O'Neil in issue #9). Dan Dworsky, Ethan Wilson and Tom Holthus took leading roles. On Wednesday, when we went to the village, we were able to meet with the Nabila Health Committee and then with about 25 mothers. We copied the list of people in the village, their houses and the ages. It was related that 169 people lived in the village, and that there were 36 or 37 people who lived on Tavarua in the Fijian village there. Since many of the families had members working on the island, the island also had to be treated. Living on the island were about 9 young children, who we later saw had some of the most severe cases.

We returned on Friday, ready to supervise the application of the Elemite. Paula Smith, one of the prime instigators of the Scabies Project, and several of the doctors discussed procedures for the Elemite application and it was decided to place the responsibility of the application into the hands of the Fijians. The Fijians were to apply the medication late Friday in the afternoon or early evening and then do the necessary washing to remove it and the scabies mites on Saturday. The village health team would supervise and help in the application

process. We met with Merewai, Aparosa and Jim of the health team and tried to educate them and stress the importance that the entire village was a part of this.

When we returned to the island we educated the families there on how to apply the cream and looked at several of the younger kids who had severe cases. The families on the island treated themselves on Friday. We estimated that 235 tubes of cream were used, as some of the Fijians are of good size, and required a bit more.

On returning to the village on Sunday, we looked at our Elemite supply and saw that there were about 250 tubes left. When asked about the application process, members of the health committee replied that "all went well", and that there were no problems, and when in doubt, they "applied more cream."

Word about the cream and that the SMA was in town spread quickly and we had 25 people show up from another island (Malolo Lai Lai, Plantation Island). They had several kids who had severe scabies and we gave them a couple of tubes of medication, stressing that this wouldn't eradicate the problem since they had to treat the whole village. We also instructed them to contact the health council in Nabila because they had more medication, and there was little we could do other than confirm their kids had scabies. We also saw several Nabila Indian residents the second week, whose kids attended the Nabila School. We were able to get them a few tubes of cream and told them to follow up with Merewai.

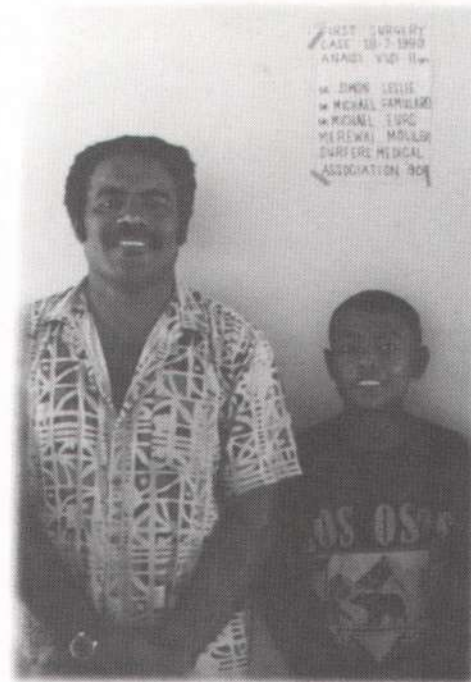


Peter Hunt. Photo: Bill Jones

SCABIES EVALUATION

I would like to think that the project was a success and that hopefully the Fijian residents of Nabila and their children will not have such a large scabies problem. Follow-up and evaluation are difficult because we were not present to see the results in the weeks down the line. I am hopeful of the success for this project and that the health team has followed through and will do the re-application of the medication if it is needed. However, I have some hesitation, because in the case of our prior all-village smoking cessation effort we saw a resurgence of smoking in the village by several of the older people. But it appears that the younger people are not even starting to smoke and that is a plus for them and the SMA.

This project and the Elemite donation were a real education for the SMA and it was also the catalyst to start to change from working in the Fijian section of Nabila to working directly with the Nabila Public School. There are about 370 Indian residents in the Nabila area and they are a bit more spread out than the Fijians, but their children go to the school. It was felt by all of us that the SMA could better help the children of the region by working directly with the school in doing health education, some clinical work, and referral service to local doctors and dentists in the Nadi area. This approach to helping in the Nabila area will hopefully get the children involved in their own health and future. The teachers and Mr. Prasad, headmaster at the school, are wonderful people and care about the children. We observed them doing some health education and we hope to support them in this area.



Nabau (SMA poster boy) and Mayor of Yako village Photo: Bill Jones

Mr. Prasad related that there were about 15 school age children in the Fijian village that do not attend school. To attend school a child must have a uniform and money for some of the supplies. This amounts to about \$20.00 to \$25.00 per year for the elementary school. For example, Ulaisi (U-lie) is a 14-year-old boy who is working on Tavarua to become a boat man, but has not attended school for several years. There was some SMA interest in supporting education and the school more in the future.

I spent one day by myself at the school talking to Mr. Prasad, Rashid, "the Tavarua handyman wizard" and a school board member, as well as several other community leaders. It was a story in itself to share a meal alone with them in their homes and truly learn more about the "Fijian Way."

MEDICAL/DENTAL CLINIC

The dental team as usual was magnificent and Mike Eurs, Steve Mann and Rym Partridge saw many needy kids and adults. However there was one "snafu" in our organization and correspondence with the local residents. It appears that in doing future projects in the village of Nabila it is a very good idea to send a letter to the village council and a copy to the specific health team person. This way the council is aware of

what is going on and can give input which they will do. The dentists were assisted by Jr. Dentists in training, Dr. Norm Vinn, Ward Smith, Maja Smith and Darryl Genis. Dr. Andrew Hallam, the "aggro Aussie with the nose coat" did a magnificent job of dental triage and lidocaine prep.

Nabau, the young boy who the SMA brought to the U.S. for heart surgery, was seen and looked healthy and active. He is very thankful to the SMA and especially Dr. Paul Georghiou who was instrumental in saving his life.

THE SURF REPORT

The surf was not as epic as it might have been. However, we had some fun on several days. There were 2 days, particularly an afternoon at Cloudbreak, that were overhead. Dave Clark said that it would be a waste to go out there when Restaurants was going off, yet the "good Karma" of Dr. Rym prevailed and there were about five of us that had a small classic day at Cloudbreak.

Drs. Tom Holthus, Steve Mann, Mike Eurs and Dan Dworsky appeared to have a handle on the waves and had numerous classic waves. (Thanks to Dan Dworsky for his words of encouragement on my waves and takeoffs: "Jones, you better not f__ this wave up!")

On two days Restaurants went off and there was notable ripping going on. Drs. Steve Shapiro and Peter Hunt were out early and often in the sweet little rollers and every one that went out got their fill of waves. There was even one afternoon at Tavarua Rights where Dr. Mike Nova performed using Ward Smith's board, much to the delight of Mike.

There were several days where the diving was extraordinary and the water exceptionally clear. Groups made trips to the pools at Cloudbreak reef and the diving area around Namotu. We were also blessed with about 20 dolphins jumping ahead of the boat on a trip to Namotu and Plantation Island.

The boatmen Dean and Jason were exceptional (Dean is an SMA Conference veteran) and they were both very good all around watermen. They were the

prime movers and shakers in the first SMA Tavarua Triathlon. This event was won by the "Dental Demons" of Santa Cruz (DDS guys Eurs, Mann & Partridge) much to the regret of all the other participants.

CONFERENCE PRESENTATIONS

There were outstanding conference presentations. One of the most notable was Dr. Ian Price's presentation "Death by Vibrio: A case study of a Pulmonary Sepsis after a minor injury in salt water." This was a very interesting presentation and Ian was encouraged to send it to the Journal for publication. Ian also introduced the Americans to "Slip, Slap, Slop" and Paula Smith, Leeann Eurs and Dorothy McLean were so taken with the message that they created their own version and entertained the island for the better part of a day.

Steve Wiley, our myopic computer wizard, had perhaps the best organized presentation with handouts (future attendees take note) on "Vision Issues in Surfing." This presentation by Steve, a lay person in the medical sense, was exceptional because it had specific suggestions that could benefit all surfers who wear glasses or contacts.

FIJI CHANGES

In the three years I have been going to Fiji, I have noticed subtle changes. Several SMAer's who had been at the first conferences noticed these changes

also. Some of things that caught our eye were stories in the local Nadi paper about conflict between "indigenous" Fijians and the Indian Fijians. Several of the Fijians talked about problems in Nadi with the younger people and their involvement with gangs, alcohol and drugs.

It appears that the island paradise of several years ago is changing quickly. One of the days we were there the Defense Ministry decided to have a "terrorist drill" at the airport, but only told a few people and as a result, tourists and airline staff were more than a bit surprised at the gun-toting militia storming the airport.

Speaking of changes, when we left Tavarua, the owners of the surf camp were negotiating a sale that would give Dave Clark and Scott Funk some money for individual interests while maintaining a hand in the island and its operations. During the conference there were numerous closed door sessions with "flying faxes," legal eagles and other consultants. The eventual buyers are former boatman John and Rick. There will be a few changes but for the most part Tavarua as we know and love it is intact, and the 1994 conference planning is on!

FUTURE CONSIDERATIONS

It was brought up by several doctors and dentists that a clinical aspect should



"Slip"-Paula Smith, "Slap"-Leeann Eurs, "Slop"-Dorothy McLean. Photo: Bill Jones

be maintained as a part of the Tavarua conference. It will be specified for future conferences whether a person wants to focus on clinical, educational or research activities during the conference. The conference coordinator will coordinate this effort and medical participants should work with the coordinator in working with the village and school. Michael Eurs found that the mail sent to some individuals in the village may not find its mark, and as a result village participation was not as smooth as it has gone in the past.

Having attended several Tavarua conferences and having been involved in the planning and coordination of the past two conferences, it is my conviction that education is the key to our success in the future. It is also the key for the local residents as well. There was discussion of spending more time at the school doing screenings and referrals as well as specific education the teachers may not be able to provide. Rym Partridge and Ethan Wilson are helping to help build the supply of books for the school library and have held "book parties," to spur interest and procure books. If you have books for kids up to the age of 14, they would be greatly appreciated. You can contact Ethan (503-753-9003), Rym (408-423-6203) or myself (408-373-2209). Noted authors and long time SMA members Sarah and Peter Dixon made a donation of books about children and the sea and these generated a lot of interest in the Fijian kids.

Having the SMA kids at this conference was a bit of a departure from previous conferences, and this noble experiment was successful. The "Kava Kids" as they became known, proved to be real ambassadors in their dealings with the Fijian kids. In a break from traditional customs, the SMA grommets were offered kava. Most Fijian kids do not become part of the kava ritual until they are about 15-16 years old. Bradley McLean and Casey Eurs, the youngest of our kids, became kava connoisseurs and the Fijians were enamored with their reactions. The SMA kids spent a whole day at the Nabila Public School and were able to sit in classes with the Fijian teachers and students. In the afternoon we were treated to a ceremony because



"Wombat takes off at Cloudbreak 1992. Photo: Sedgeman

of the library book donation, as well as a spirited version of the "Action Dance."

Other considerations about the Tavarua conference and its future are hereby put to the SMA members and I would like to get feedback so please call or write me about the following ideas:

1. Consider another SMA Tavarua conference each year, perhaps organized by an Australian. In 1994, the conference will be held in late June. SMA'ers might consider March and/or August dates so that we can get the best rates. This would also involve more interested people as well as providing some great health education in the Nabila area. PLEASE CONTACT ME IF YOU ARE INTERESTED IN DOING THIS, BECAUSE IT IS ESSENTIAL THAT THE COORDINATORS WORK TOGETHER.
2. Emphasis of the Nabila Project might be directed to a more educational venue and working with Mr. Prasad and the Nabila Public School teachers and board. This is now developing. It was seen at this last conference as a priority and it encourages the Fijians to utilize their health system. Presently I am in correspondence with the Health Ministry so that regional and local doctors or students might become partners with us. This would hopefully lessen the fears that some of the people experience about going to the doctor and hospital.
3. Limiting our actual clinic time in Nabila to one day and then spending the rest of the time seeing children at

the school. This way we can support the Fijians being more responsible for their health and it is an ideal way to use David Werner's book "Where There is No Doctor." Also doing health screening at the school and then referring people to the local clinics and hospital.

4. It is important to have all conference attendees involved and in the future, myself and future coordinators hopefully can achieve a balance. People who want to do just clinical work can do that and those who have serious research work to discuss can do that. It is also important that SMA'ers visit the village at least once. Those who have attended the conference before know the delight of the opening and closing kava ceremonies and the wonderful voices of the church choir.
5. Developing a scholarship program to encourage school attendance and education. This one idea is seen by the school master, Mr. Prasad, and the Nabila residents, both Fijian and Indian, as being very important.

It appears that I will be the conference and Nabila Project coordinator again and I look forward to hearing from interested SMA'ers who would like to become part of this experience. Please give me a call if you want details. THE DATES FOR THE NEXT SMA TAVARUA CONFERENCE ARE MARCH 21-APRIL 4. BUT PLEASE CALL TO CONFIRM IF YOU ARE INTERESTED (BILL JONES 408-373-2209). Or you can call SMA CENTRAL.



Massara somewhere in Northern California. Photo: Mark Renneker

CANARY SONGS

Confessions of an Organizational Minimalist

Mark Massara, JD
San Francisco, CA

"...[W]e find that surfing is of more than passing interest to some. It has created a lifestyle that influences speech, behavior, dress and entertainment, among other things. A phenomenon of such scope has an economic impact, because it affects purchases, travel and the housing market. Surfing has also had significant influence on the popular culture, and in that way touches many people."

*Dora v. Frontline Video, Inc.,
(2nd Dist., California Court of Appeals, 1993)
93 C.D.O.S. 3209*

I read with interest Mark Renneker's article entitled "Chosen few, or Choosing Many?" in the latest issue of "Surfing Medicine." Having served as General Counsel of a nonprofit organization, SurfRider Foundation, for the last three years and having established, incorporated and represented many other nonprofit organizations, including the National Association of Surfing Attorneys ("NASA"), Free Our Beaches! and the Surfers Environmental Alliance ("SEA"), I am particularly interested in the development, growth and administrative structure and productivity of nonprofit associations.

First a word of caution. I am not typical in my perspectives on nonprofit organizations. Most attorneys prefer enormous bylaws and regulations and resolutions and guiding documents, which, prepared in advance, are designed to answer every question, overcome every contingency. These documents are universally debated and dialogued among boards of directors, Executive Committees, Committee on Committees, Committees of every conceivable subject, subcommittees, cabinets, advisory boards, work groups and task forces. Hired on to shuffle the unmanageable stack of paper generated by these bureaucracies are armies of chinovnik functionaries who inevitably (and predictably) dream up the same old tired public relations campaigns and direct mail attacks to fuel the ever growing need for cash to keep the bloated operation afloat.

I find this method of operation repulsive and antithetical to successful nonprofit management. The nonprofit boulevard is littered with burned-out

individuals and wasted organizations who, in the pursuit of some noble goal, got helplessly caught up in the pursuit of administration rather than action.

It's really rather familiar. You start a business in which you are successful because you service a need. Soon the business grows, and later you spend all day talking to other employees rather than your clients. Ultimately the needs of the business overwhelm the capacity to produce services, causing your best employee to leave and start another business, designed to offer your product.

SURFERS OR PAPER PUSHERS?

Jacques-Yves Cousteau stated nearly 30 years ago that the world's oceans would be dead from pollution by the end of the century. Critics called him an alarmist and challenged his scientific data. Cousteau responded, "If I am off by 100 years, do you get my point?"

Because more than 1.5 million pounds of garbage is tossed into the

ocean every hour from ships (and more than 500 million pounds of toxics annually into rivers and nearshore waters) I particularly detest the manager tendency in environmental organizations. The ten largest environmental organizations in the United States raise over 500 million dollars annually and count several million people as members. What has been created? Does it benefit the environment or an army of environmental dinosaurs, gnawing away pathetically as they are overwhelmed by global warming? An entire generation of eco-proletariat bimbos lumber along stupidly engaged in door to door canvassing. "Hi, we're banging on doors to save the earth, care to chip in?"

Over 100 organizations save whales. The top ten environmental organizations claim hundreds of thousands of dues-paying members. Nearly 500 million dollars is raised annually. Is the money well spent? Well, Sam LaBudde, a biologist with Earth Island Institute recently told Newsweek, "If most wildlife groups were a business they would be sued for fraud."

Obviously, I believe that many hundreds of millions of dollars are being wasted on frivolous administrative costs, repeated for each organization, over and over. These are the "costs of doing business," and they have nothing to do whatsoever with environmental protection. Legions of managers, paper-pushers, fundraisers, communications specialists, publicity experts, coordinators, grant writers, and door-to-door canvassers consume a huge percentage of dollars, which people donate, foolishly thinking their contribution will protect the rainforest or some similar cause.

Which is why I am so proud of my SMA membership. For SMA, amid a sea of worthless nonprofits endlessly fundraising to support infrastructure, is a shining example of what a nonprofit can accomplish. To all who know its conferences, or excellent journal, the SMA produces.

I ask myself, how can this be? No board of directors? No committees and subcommittees, committee on

committees, and no regional managers, district fundraisers and telephone solicitation coordinators?

Part of the answer, I believe, lies in the simplicity of the mission and the willingness of SMA's members to cooperate and unselfishly participate and contribute to the organization. The SMA is the ideal vehicle for doctors and others (even surfers) interested in medicine to pursue their goals, whether it be writing articles, examining the surfer anatomy or just going surfing with good friends. The SMA conferences I have attended (Big Flat, 1992 & 1993) have been highlights of my surfing career, where I have had the good fortune of meeting excellent people, learning about health, and enjoying exotic coastlines.



Another part of the answer is in understanding that nonprofit organizations will never be like for-profit corporations. ESPECIALLY WHERE SURFERS ARE CONCERNED. In a for-profit company all players have a common goal: Money. Thus, a board of directors' job is made much easier: money-making is rewarded because it is a sign of productivity. Hence the pig-pile effect (a hypothesis I discovered; more on that later).

In the nonprofit context, money is replaced by a mission. For environmental organizations, obviously, saving the environment is the mission.

But there are distinctions. For example, I believe people can be called either "shallow" or "deep" environmentalists based on whether they support environmental protection for human benefit or for the benefit of nature itself. This distinction directly influences how "radical" or aggressive one will be with respect to any given issue. For example, I have seen shallow ecologists support off-shore oil drilling because the 15-story rigs can create artificial reefs and create fish habitat. I have seen shallow ecologists support everything from wetlands destruction for construction of amusement parks to felling old growth trees for creation of wintertime ski trails to nuclear power plants, all because they contain some small benefit for people.

Yet far and away the biggest problem among nonprofit associations in the environmental arena is that the bigger the infrastructure the more likely the argument becomes how much defilement is acceptable, rather than opposing it entirely. Allowance for incremental environmental destruction is the single biggest failing of the environmental community. (This, of course, assumes one even recognizes the threat).

The philosophical debate becomes manifest in the struggle over how much money to spend on direct action as opposed to administrative and fundraising activities. While most nonprofit organizations will tell you that they spend over 80% of their budget on environmental issues, a closer look at the financial data can be revealing. Many organizations attach every imaginable administrative expense to the "environmental" side of the ledger, thereby skewing the percentages and, in essence, hiding piles of money spent on perpetuating the organization rather than protecting the environment.

As I work with environmental organizations I am constantly attempting to fiddle with the traditional nonprofit model in order to weed out the waste from the good work. It is not easy. By nature a board of directors is transitory. A board member is around for only a short time, while bureaucrats can often hang on for decades, until retirement. They can easily outlast a board member. Thus meaningful reform is often difficult

in the face of an entrenched administrative staff. Often even the mildest reform measures are met by staff in full battle dress, not willing to give an inch of territory carved out over a period of years of manipulation and paper shuffling. And once a board member acknowledges a desire for reform, he can count on being continually ignored and harassed by an unamused staff.

To draw again on the for-profit model, an employee who contributes nothing is often fired immediately for incompetence or failure to produce. In the nonprofit context, using the techniques described above, I have seen unproductive individuals hang on for years. All the while, funds which might otherwise contribute to environmental protection are wasted. It is exactly this subtle elevation of the personal agenda over the organizational agenda which destroys most environmental organizations.

This is why I find the current debate over the SMA's infrastructure so interesting. I like the fact there is no board of directors. I appreciate the willingness to allow members to pursue their common goals from within a common framework, and the support and energy which members grant one another. The fact that the SMA has survived so long, indeed thrived, in the face of so little infrastructure, is fascinating. Where are the hordes of self-interested marauders, the public relations hacks, the low level self-anointed "business experts," the take-over artists?

One plausible answer for the success of the SMA is the absence of a board of directors, to which the undesirables so often attach themselves. By this I do not mean to cast stones on any SMA members who want to create or serve on a board of directors. I only suggest instead of attracting persons who have skills which the organization desires to obtain, many directors offer nothing and instead soak off the organization in order to extend the length of their resume. Rather than draft qualified individuals to sit on a board, most often nonprofits end up with the tired, useless crew of misfits who prefer to attend meetings rather than go surfing.

NATIONAL ASSOCIATION OF SURFING ATTORNEYS (NASA)

I have recently initiated an organization called the National Association of Surfing Attorneys ("NASA"), which is based on the SMA. My goals for NASA are similar to what SMA has already achieved:

- to provide a directory of attorneys around the country who work in the coastal zone and are available to assist nonprofit organizations which work in the coastal zone;
- to produce a coastal zone environmental law journal;
- to hold environmental conferences in exotic locations.

NASA has just completed its first conference, in Costa Rica, and has begun to confront many of the questions related to infrastructure that have waylaid so many other nonprofit organizations. Chief among our recently debated issues is whether NASA should be an environmental organization or merely an association of surfing attorneys? And whether membership, or certain privileges, ought to be extended only to Juris Doctors and not lay members.

Obviously I err on the side of minimalism. I despise rules because they are, in fact, rules. Let NASA be what its members make it. If a NASA member wants to hold conferences in order to teach members to fly aeroplanes, so be it (in fact, this particular example has exceptional wilderness surf potential). Because each and every endeavour takes individual energy, I say "don't criticize" Criticism stifles creativity, kills energy, destroys the volunteer spirit.

This creativity hypothesis is particularly important with respect to surfers. Surfers are like canaries in the coal mine. They represent the first line of exposure to ocean borne pollution and toxics. The first to experience ocean pollution, first to suffer the adverse effects of ocean pollution.

What is often disguised in surf-slang parlance ("Da kine barrels reeked of gnarly crunch meisters") is actually wetsuit-clad truth. It constitutes a red light warning mechanism and an alert that the ocean is convulsing, choking on our refuse, vomit heaped upon it by an unconcerned world.

Based upon what I have seen at SMA I have suggested the following for NASA: A board of directors whose terms are limited to one year, with only one meeting. The board will convene once annually, in Costa Rica. Each NASA member on the Costa Rica trip becomes a board member. They sit until next year, when all NASA members who travel to Costa Rica become the new board of directors. No votes are required, no decisions anticipated. The idea is to trust one another enough to accommodate each other's goals, so long as they are lawful and not offensive to Aldo's Law (see below).

The idea is to create a vehicle by which NASA members can find the freedom to publish, to communicate, to travel and surf with other individuals with similar interests, without the struggle and infighting which characterizes so many nonprofit organizations. The effort to deliberately limit the power of the board of directors is, in fact, a measure to increase the power and independence of the individual members. Combined with the fact that NASA will have no paid employees, we are hopeful that NASA can avoid common pitfalls.

Will it work? Although it is too early to tell, I believe that NASA will continue to use the SMA as a model for simplicity and cooperation. So long as SMA is operated by consensus and support rather than petty politics and personal agendas, SMA will continue to enjoy unprecedented success, and inspire others, such as NASA.

As far as the environmental organizations go, I believe they would be more successful if they would just take into account the beauty and simplicity of the words of Aldo Leopold, our father of naturalism and one of the United States' first environmentalists:

"A thing is right when it tends to preserve the integrity, stability, and beauty of the biotic community. It is wrong when it tends otherwise."

Aldo Leopold
A Sand County Almanac (1949)

1993

By Mark Renneker, MD
and Kevin Starr, MD
San Francisco, CA

This summary of surf travel medicine was written in early September and will appear in some form in a future issue of Surfer magazine Surf Docs column, as well as in the upcoming "Sick Surfers, Ask the Surf Docs and Dr. Geoff" book (see Book Reports).

Every surfer takes surf trips; it's part of being a surfer. Most beginning surfers start with short trips up or down the coast. As their surfing improves, and their hunger grows for waves, they soon find themselves going greater and greater distances for better and better waves. Sooner or later - if all goes as planned - they find themselves really out there,

where no surfer has gone before. The process of safely getting to that place is the essence of surf travel medicine.

Here's a primer on the major health risks facing serious surf travelers, as of mid-1993.

An Ongoing Nightmare: MALARIA.

The situation remains grim with malaria. It continues to kill millions of people every year, and there is still no vaccine. Plus, the parasite that causes malaria, called Plasmodium, has many different types, and continues to develop resistance to drugs faster than they can be developed and tested. Things are actually getting worse as stable rainforest ecosystems are destroyed, leaving mosquito-ridden wastelands in their place.

The drug mefloquine (Lariam®) is still recommended to travelers for prevention of malaria, but resistance has already been reported in parts of Thailand. Resistance will likely follow in other Southeast Asian countries, including Indonesia. Look for other drugs to be recommended in the future, but in the

meantime, mefloquine is still the best drug to use.

For almost every malarial country in the world, including Indonesia and Southeast Asia, the recommendation is to take mefloquine, one 250 milligram tablet weekly, starting one week before leaving, then weekly through your trip, and continuing weekly for a full four weeks after leaving the malarial country.

Not all pharmacies carry mefloquine, so call beforehand. You will need a prescription. Mefloquine is a pricey drug, about \$7.00 per pill, so you may be tempted to skimp on how many pills you buy, and maybe not take those final four doses. Avoid temptation! Owing to the peculiar life cycle of malaria, you need those extra doses. Taking it weekly is essential; the earlier recommendations for mefloquine called for taking it every two weeks, but cases of malaria occurred with that dosing.

As for starting the drug a week before you leave, that's not because it takes a week to work (it starts working within a day); that way if you happen to have a bad reaction to the drug, you can go to your doctor for an alternative medication.

Mefloquine has been thoroughly studied, for instance it fared extremely well in a European study of 140,000 travellers. Still, it's a heavy drug when used at higher doses to treat malaria. Expect no problems if used short-term (less than a year) for prevention. The only common side effects are mild stomach upset and dizziness (one person told us that mefloquine gave him the weirdest dreams he'd ever had). Keep in mind that mefloquine shouldn't be taken by pregnant women, kids under 30 lbs., or by people with epilepsy.

Mefloquine isn't needed for all malarial countries; you can still safely use the older anti-malaria drug, chloroquine (Aralan®), in a few places, including Central America and southern Mexico. The antibiotic doxycycline (100 mg. capsule taken daily) is an effective alternative to mefloquine, but it makes some people extra-sensitive to sunlight. Surfers need to be extra-careful with sun exposure anyway, so with proper use of

sunblock and protective clothing, doxycycline is a reasonable alternative (plus it may help prevent traveler's diarrhea). Some countries recommend malarial prophylaxis with daily use of a drug named proguanil, but it has not been shown to be as effective than mefloquine.

The official word on Bali is that it has no malaria, but we continue to hear reliable reports to the contrary. Plus, given that most surfers going to Bali end up going to known malarial islands such as Lombok, Sumbawa, and Java, we recommend that all surfers going to Bali take malarial prophylaxis.

In the struggle to figure out the right drug to prevent malaria, it's often forgotten that the best protection is simply to avoid being bitten by a mosquito. Have a contest with your surf buddies to see who can get the fewest bites. The loser is really the loser.

The malaria-carrying mosquito mainly bites at night, especially at dusk and dawn, so: (1) cover up with clothes when mosquitos are around; (2) use mosquito repellent containing a high proportion of the chemical DEET; and (3) stay inside screened areas from one hour before sunset to an hour after dawn (a recent study showed that mosquito nets impregnated with the insecticide permethrin are particularly effective).

Surfers who groove on dawn and pre-sunset go-outs are in a real dilemma because that's when the mosquitos are at their hungriest. Mosquitos won't usually be out in the lineup, unless the offshores are blowing hard, but they can be in close to shore, and for sure they'll be on the beach waiting for you. If it will be more than a minute or two between the water and your bure or tent, leave a stash of insecticide and clothes right where you get out of the water, and put it all on immediately. Prevention is the key.

Wherever you're going, don't rely exclusively on the information presented here. Things change too fast with malaria. The Centers for Disease Control (CDC) in Atlanta have a great hotline with up-to-the-minute information on malaria and other tropical diseases. The number is (404) 332-4555. It's a voice-

mail type thing, where you keep getting choices and keep pushing buttons, and after what feels like forever you finally find out what you want to know. Bear with it, the information is excellent and up-to-date. Call before leaving on a surf trip to any tropical or near-equatorial country.

The Scourge: CHOLERA.

Cholera is a disease caused by a toxin produced by a bacteria, *Vibrio cholerae*, that sometimes turns up in raw fish and shellfish. Cholera is a true plague, slowly creeping around the world, wiping out people wherever it goes. No really good vaccine has yet been developed for it, and antibiotics are of little use.

Cholera is at present raging through the slums of South and Central America, and has worked its way up into Mexico. It caused over 6,000 deaths in 1992. A disease that shouldn't exist, much less kill anyone, cholera is a disease of poverty and is completely preventable with simple hygienic measures such as clean drinking water and proper sewage disposal. Life-saving treatment is also simple, requiring neither drugs nor sophisticated equipment.

Cholera spreads quickly through crowded urban slums, places where the water, soil, and food are contaminated with human shit. Even in cities where cholera is rampant, the rich are mostly unaffected. Tourists eating in nice restaurants and drinking bottled water are also largely "immune;" during the first year of the present epidemic only six American tourists came down with cholera.

Surfers are probably at higher risk for contracting cholera than the average tourist, because they're often traveling on a shoestring budget and have a refreshing tendency to go native. But even in the midst of a cholera zone, prevention is simple, the same as preventing travelers' diarrhea or dysentery. The rule is: **BOIL IT, COOK IT, PEEL IT, OR FORGET IT.** Drink boiled or bottled water, avoid ice (unless you know the water was treated), and send back any food not still hot from a thorough cooking or boiling. Don't bother to try cholera vaccine, it doesn't work well enough.

If you become infected, say from eating contaminated ceviche or drinking funky water, it only takes 12 hours to 5 days for the symptoms to appear. Cholera kills by dehydrating you, from a gushing diarrhea that wrings you dry in a matter of hours. Untreated cholera is fatal about 50% of the time; with good treatment it's almost never fatal. Treatment is simple, and absolutely essential, consisting of replacing the lost fluid by oral rehydration (drinking gallons of properly prepared liquids).

The recipe for Oral Rehydration Solution is: starting with uncontaminated water (boiled or bottled), for every glass (8 oz.) of water, add 2 teaspoons of sugar, 1/4 teaspoon of baking soda, and a pinch of salt. And then keep guzzling, to where you're at least matching the amounts you're squirting out.

Oral Rehydration Solution is recommended worldwide for severe diarrhea by the World Health Organization, and it really works. It will save a life, especially if started as soon as symptoms appear. Often, people with cholera seem to vomit everything up, but if you just keep powering oral rehydration, enough will get through. File the recipe away in your head and remember that oral rehydration may keep you from dying of dehydration from any bad diarrhea, whatever the cause.

The CDC Hotline for cholera hot spots is the same number as for malaria. (404) 332-4555. Check it out.

Break-Bone Disease: DENGUE FEVER.

Dengue fever is a strange disease caused by a mosquito-borne virus. Surfers are at higher risk for dengue than most travelers: it occurs almost exclusively in coastal towns of Southeast Asia (including Indonesia and the Philippines), Africa, and the Caribbean. Recently it has cropped up in Florida. There is work on a vaccine to prevent it, but it is not yet proven to be safe and effective.

Sometimes called "break-bone fever," dengue causes intense joint, bone, and muscle pains, along with headache and fever. It's like a really bad flu. The symptoms generally last 3 to 7 days,

often climaxing in an all-body rash, then its over. A viral disease, there is no antibiotic or drug to treat dengue, other than taking medications such as Tylenol (acetaminophen) for the fever and aches.

For the traveling surfer unlucky enough to get dengue, the big problem is in telling it apart from malaria. If it's malaria, you'll want to cut your trip short and get to where you can be treated. If it's dengue, you'll probably be able to just ride it out where you are (much to the relief of your surf buddies). The way to tell the difference is that malaria symptoms tend to occur in patterns or cycles, with the fever often coming abruptly at night (with a severe shaking chill afterwards), often every 3rd night, and not a lot of symptoms in between (other than feeling weak), while dengue symptoms keep up for the whole course of the illness. But that distinction isn't foolproof. If in doubt, bail. Also, there is a rare complication of dengue you should be watchful for, widespread internal and external bleeding, which necessitates immediate medical attention.

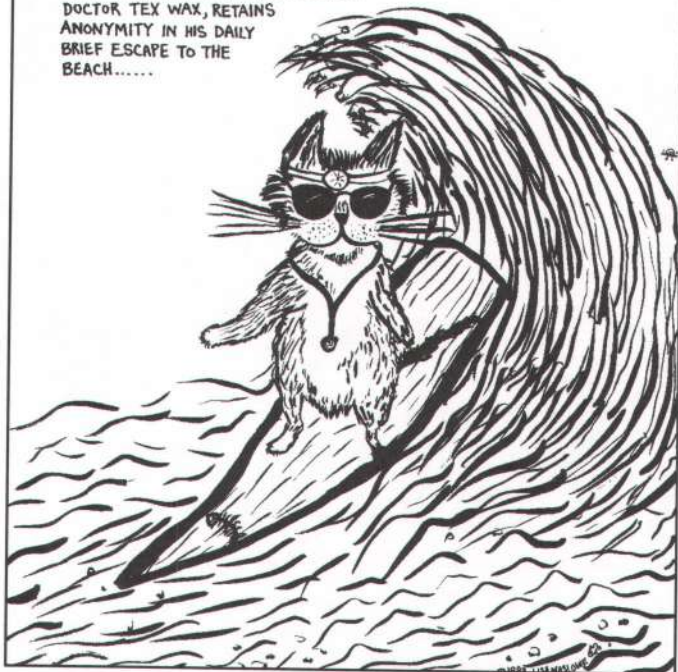
As with malaria, to prevent dengue is to avoid mosquito bites. Unlike the mosquito that carries malaria, the dengue-carrying mosquito also bites during the day. Pesky critters, those mosquitos - such disease carriers! And here's yet another:

Sure-Fire Brain Damage: JAPANESE ENCEPHALITIS.

Another weirdo viral disease carried by mosquitoes, Japanese encephalitis (JE) is on the rise in almost every Asia country, except some western Pacific islands, including Japan and the Philippines, where it is uncommon (don't ask us why it's called Japanese Encephalitis if it doesn't actually occur in Japan). Unlike dengue fever, JE mainly a rural disease; the mosquito that carries JE has a great fondness for pigs. It's also seasonal, occurring in most locales only in the rainy months. The one big exception is Indonesia, where it is year-round.

JE is a heavy disease: a third of those who get it have bad flu-like symptoms that eventually get better; another third have permanent brain damage, and the other

WORLD RENOWNED VETERINARY GENIUS,
DOCTOR TEX WAX, RETAINS
ANONYMITY IN HIS DAILY
BRIEF ESCAPE TO THE
BEACH.....



Artist: Lisa Maslowe, San Francisco, CA.

third end up looking like extras in the "Scanners" films, and all die. There is no good treatment.

Despite the grim statistics, JE is not yet a big problem for travelers: only five U.S. tourists have gotten the disease since 1981. It turns out that only a small percentage of mosquitos in a given area carry the virus, and only one out of fifty people bitten by JE virus-carrying mosquitos get the disease.

However, there is an effective vaccine against JE, and surfers going to rural epidemic JE areas should use the vaccine. Again, call the CDC hotline, (404) 332-4555, for current vaccine recommendations. As with malaria and dengue fever, the best protection against JE is to avoid mosquito bites.

Not Mellow, Yellow: HEPATITIS A & B.

Hepatitis A abounds in the 3rd world coastal villages traveling surfers typically spend time in. Again, it tends to be a disease of poverty and poor sanitation; you're most likely to get it from unwashed fruits and vegetables, or contaminated water. Luckily, a shot of gamma globulin before leaving on your trip will probably protect you. The longer you're away, the bigger the dose (the more-than-three-months dose is a real pain in the butt).

you should consider becoming vaccinated against Hepatitis B. It's effective and safe, so much so that it is now a standard childhood vaccine along with polio, measles, and all the others.

The Old Standby Killer: Accidents.

The overall leading cause of death to travelers is accidents. In a study of travelers to Mexico, accidents accounted for over 50% of deaths, compared to 7% of all deaths in the U.S. This includes a ten-times higher rate of drowning (usually associated with alcohol use), and a three-times higher rate of airplane crashes (mostly small aircraft). As for car crashes, you're about ten-times more likely to be in a crash in a 3rd world country, ranging to twenty-times higher in countries like Guatemala. The rate is probably still higher in places like Indonesia.

For surfers, fifteen-foot Pipeline is definitely safer than the average motor bike ride out to Uluwatu from Kuta Beach. Even though the Indonesian government requires helmets be worn, don't be fooled into thinking you'll be safe - particularly the way some surfers go about it, riding with a surfboard slung under their arm.

Consider the case of San Francisco surfers, Jeff and Dennis, on surf safari in

Indonesia. Recently, a vaccine has become available against hepatitis A. It appears to be safe and effective, but is not yet widely recommended in the U.S. If you're a hard-core grunge surf traveler, it would be highly recommended to get the hepatitis A vaccine.

Indonesia. On the way back from Ulu, Jeff crashed his motor bike and radically crushed his ankle. The next day, after visiting Jeff in the local hospital, Dennis managed to crash, too, ending up with a huge spike of glass crammed into his wrist. He went straight to the airport and got on the next plane to a better hospital (in Perth). Jeff eventually escaped to a hospital in Hong Kong.

Don't learn these things the hard way. Successful surf travelers travel safely.

Surf Travel Medicine. Ideally, if you have a health provider who is a surfer, they'll be keyed into your special health travel needs. Whoever you end up seeing, it might be a good idea to bring along this synopsis. If you don't have a regular doctor, the quickest and easiest way to get all of your pre-travel shots and vaccinations is to go to a travel medicine clinic. Most big cities and universities have them. Check in your white pages in the phone book under "Travel," looking for names like "Travel Clinic" or "Travel Health."

There are just a few other routine health matters to check on before you travel. Are you up-to-date on your regular vaccinations? This would include: tetanus booster every 10 years, consideration of a measles booster if born after 1956, being sure you have protection against German measles (rubella) for all women, checking to see if you need a polio booster, and a periodic skin test for tuberculosis. And keep in mind prevention of venereal disease, including AIDS. Bring and use condoms.

Finally, don't forget, one sure way to learn all you'd ever want to know about exotic illnesses is to take an extended vacation in a Thailand jail for smuggling heroin.



A SURFING MOTHER

Advice and Encouragement for Would-Be Women Surfers

Elizabeth Lanier, MD, San Luis Obispo, CA

Not too long ago, I had an entirely different concept of the Surfer's Medical Association than I now hold. As a busy family practitioner and mother of six who is happily married to a surfer, thinking of the SMA once basically conjured up nice feelings about watching my husband surf while I minded the children and the beeper. The SMA now has a different meaning for me as I am now both surfing and even more happily practicing medicine. The mind shift wasn't easy, though.

To begin with the basics, an unconditional love of and respect for the ocean is the foundation of our desire to surf. I'm sure we have all encountered the aghast looks from our more landlubbing friends when we happily recite the events of our last frolic in the water. "How can you stand the cold?" or "Just the thought of sharks!" are comments that never once fazed me. If you love the feeling of being rolled around in the water, squishing sand with your feet and traveling towards shore with the waves, you're on the right track.

Strong swimming skills are also a great asset. Many robust men can compensate for lack of swimming skill with extra power. For the beginning woman surfer, a major challenge in the early sessions is simply getting out through the breaking waves. Practice swimming through the break without a board a few times before surfing, and learn all you can about waves, longshore currents, and rips. Study the location of rocks, kelp, and other obstacles. You'll find them later with your head if you don't locate them now.

Attitude: it's a word commonly heard in surfing circles, and last time I checked with the U.S. Patent Office, men surfers weren't holding exclusive rights to it. Yes, you can be a woman surfer and have Attitude. You can even be a woman mother doctor surfer and still have Attitude if you try hard enough. We all know it has to come from within, but I also think it helps to have "surf gurus" as close companions - friends, or in my case a spouse, who can serve as a mentor in those early moments of doubt and fear.



Dr. Betsy Lanier, husband Robert, and children Wendy and Cicely at Pismo, CA

Fear is for many women surfers a mighty obstacle as we watch towering waves pound the shore and strong currents tow the weak seaward. As in all instances of fear in our lives, the key to overcoming it is having knowledge and setting limits under the danger point. I look and think first before I surf. If the conditions are just too dangerous for you, just say nope! I learned about fear the hard way, by beginning my surfing career at a dangerous spot on a day of irregular sets of hard-breaking waves. My husband still likes to recall the sordid details of my board being catapulted skyward as I was catapulted towards the nearest and sharpest rocks. Fortunately I managed to catch the next wave and my husband and his buddies kindly and wisely stayed out of my way. There is definitely a better way to begin.

Assuming that the essentials are in order, such as no hurricanes predicted, babysitter has actually arrived on time, someone else is on call, and you've been heartily cultivating your Attitude all morning, then we are ready for some surfing tips:

(1) Somehow obtain a wetsuit that keeps you warm even after hours of exposure to water colder than you planned combined with the inevitable appearance of wind chill. Thin women can get cold a lot faster than robust men so don't take your he-man shopping with you.

(2) Get a nice big stable longboard with rounded edges and plenty of rocker. We're talking nine or ten feet long, about 23" wide, and 3" or so thick. Soft foam boards are not as easy to maneuver so I would recommend a standard construction board. You'll also need a leash.

(3) The ideal location is a nice sandy beach with gently rolling waves about waist high, hopefully without crowds. Be sure to check for rocks and other hazards at different tides before making your surfing career debut.

(4) Read some good books on the subject, like "Surfer's Start Up" by Doug Werner (Pathfinder Publishing, Ventura, CA 1993) and "Surf and Sea" by John M. Kelly Jr. (Out of print but at some libraries).

(5) It really helps in the beginning to keep going to the same beach and break if possible. If you show respect to the locals there and are up front about being a beginner, pretty soon you'll have your own surfer advisory panel right where you need them for tips on wave catching, turns, or whatever happens to be the problem of the day.

(6) Think positively about the fact that you're a woman surfer. You may encounter a few comments like "Watch out, here comes a GIRL!" so a good sense of humour usually serves well to get you past the learner stage. Once you're able to do a few killer maneuvers on their turf, even the most macho male surfers tend to have respect. Surfing is like most other sports - you earn your place, and might as well have a good time along the way.

You and I may never be among the world class surfers who make it big on the North Shore of Oahu, but there's a lot to be said for all the good things that surfing can bring to the life of a woman. It's a great form of physical conditioning, inexpensive compared to a lot of other sports, clean, relaxing, and ever-challenging. My family, friends, and patients can always count on one thing from me after a nice session in the waves, and you can't buy it with money or find it in any pill: it's the satisfied smile of a surfer!

EAR DRUMMING: Silly Putty is Still the Plug of Choice

Steve Dwyer, Pacifica, CA

I injured my left ear drum in November, 1983 while surfing the left side of Cayucos pier. The surf was 4'-6', offshore, hollow and breaking hard. I got pitched inside a tube and landed on my left side, head first. I knew something was wrong on impact; I completely lost my sense of balance, and the threat of drowning in four feet of water crossed my mind. I was bleeding from the ear and figured I had broken my ear drum. A ringing in my ear began immediately, and has never abated.

My first visit to a doctor was the next day, back in Carpinteria. I was told perforated ear drums are common injuries and that there was a good chance of it healing on its own within a month. It didn't.

My first operation was in April of 1984 in Santa Barbara. The procedure included the use of an argon laser to cauterize the wound in order to promote regrowth of the tympanic membrane and close the hole. Following the 4-6 week waiting period the doctor confirmed what I already recognized: the operation failed.

The second operation was in November of 1984. Same doctor, but different procedure. This time a fascia-graft was used, taking some tissue from behind my right ear to "patch" the hole in my bad ear. Same result.

The third operation took place in January of 1985; different doctor, same procedure, same result. The only difference was that the doctor used tissue from the heart valve of a cadaver.

The fourth operation was in March of 1985. Same doctor, same procedure, same result, the only difference was that the doctor did the procedure in his office and charged me "only" \$3000 as opposed to the \$6000-8000 I had paid for each of the preceding procedures.

The fifth operation was in May of 1985. Same doctor, same procedure, same result with one exception: this time the doctor did the operation free of

charge, an act of compassion, but alas the operation still didn't take!

After the first operation, I was given a set of plugs which were an exact mold of the outer ear. The reason for the failure of these, and of a second set made after the first didn't work, is that they were not soft enough to flex with the ear as it gets pushed around by water or a hood.

Since that time, I have used a combination of a small ball of cotton which fits into my ear and acts like a cork in a bottle, and Silly Putty to keep the ear sealed tight while in the water. Usually, about once a season the plug will fail on me, water gets in, my ear gets infected, and I'm out of the water for 3 to 5 weeks. Because Silly Putty is so malleable I must constantly be checking the seal of the plug to prevent this leakage.

The first time I tried Silly Putty was after a friend in Santa Barbara told me of his success with it. But when I went to take it out, some got stuck and I wound up having it extracted in an emergency room. After the ER experience I came up with the idea of using cotton for two reasons: First, to keep the putty from going too far into the ear canal; second, to soak up the first rush of water should the seal break.

The amount of cotton I use is about half the size of the tip of my index finger. It fits snugly at the section of the canal where the inner canal meets the outer ear, resembling the opening of a wine carafe. The cotton gets squeezed into the last section of narrow canal, and fits best when rolled into a round, narrow shape resembling a worm. As the putty is fed into the canal, the tip of the putty sticks to the cotton, making for easy extraction of both.

At first, it seemed like this plug might be affecting my sense of balance, but after awhile I realized it was really no different than wearing a hood. The thing that was hard to get used to was the loss of hearing. You never know how much you rely on your sense of hearing

out in the water until you lose some of it; eventually the other ear compensates somewhat, but it's never the same. It is very difficult for me to hear what someone might be saying to me, especially with a hood on (this is perhaps the only benefit of my condition, as in "Sorry, did you call me off that wave? I couldn't hear you!").

The biggest hassle is the constant worry, especially in big surf, that the plug may fail during a wipeout or while I'm caught inside. The loss of balance I had during the original injury was the most frightening thing that ever happened to me in the water, and the water wasn't even over my head!

In April of 1988 I went to Puerto Escondido. On the fifth day of the trip my seal failed in 3'-5' surf. The sensation of water going down my eustachian tube told me my trip was over. I left the next day after a very painful night of earache from the almost immediate infection, which seemed worse in the tropics.

When I returned home I went to an ENT who, after examining the current infection, for the first time told me that the procedure I needed to have was one where they went in from behind the outer ear. He also told me the series of attempts to patch the drum were doomed from the start, because the perforation was along the edge where the membrane meets the lip. He explained that this area receives a smaller supply of blood than the rest of the membrane, thus making it a more difficult area to repair. He suggested a complete reconstruction of the whole ear drum with an emphasis on repairing the damaged area of the lip.

Since that visit, I've had good luck with my plug system, with only two failures and one trip to the doctor. November of 1993 will mark ten years since my injury. Now that I have a job with benefits I am considering the reconstructive surgery. I've been dealing with this injury so long that it's a hassle I've learned to live with, but it is something serious which necessitates careful attention. While inserting the plug, and especially while in the water, I wish I didn't have to worry about it.

LETTERS

SURF DOCS NEEDED FOR BAJA

Dear SMA:

Interested in working 2-3 days in the Pescadero/Todos Santos area of Baja from December 26, 1993-January 20, 1994? Doctors, especially dermatologists, cardio types, dentists, and other specialists,

are needed to work in conjunction with a Rotary International/Flying Doctors clinic and educational venture. Free flight down, plus there may be a relatively inexpensive house or motel to stay in and transportation to surf spots after clinic time. I have worked the past four years in this area and have hit some good surf. Medical supplies are also needed, especially dental equipment and health education materials. Also call if you are interested in the possible procurement of an SMA house in the Pescadero area. Finally, let me know if you might be interested in an SMA conference there, say in January?

Bill Jones
(408)373-2209

SKIN CANCER SCREENING CLINICS AT SURF CONTESTS

Dear SMA:

Fellow Surf Docs: Are you tired of long waits between your heats at surf contests? Use that idle time in an enjoyable and giving way by sponsoring and performing a skin cancer screening clinic. For the past two years at the Memorial Day Long Board Invitational Contest at Steamers Lane in Santa Cruz, I have conducted such a clinic. The endeavor has been fun, as I have been able to meet fellow surfers from distant places as well as locals while providing a service which is greatly needed and appreciated.

Between the booths that are vending event clothing and paraphernalia, I set up a portable, three panel fabric dressing room for my "office." This provides sufficient privacy for people to show sun-exposed as well as covered areas. After I have hung up my sign and the announcements of free screening



Bill Jones at Las Cerritas, Baja. Photo: Hoffman

have been made over the public address system, a line of people forms quickly and often grows quite long. While people are waiting, color brochures from the American Academy of Dermatology are available with information about skin cancer. You don't have to be too apologetic about the waits here as people are very appreciative.

Last year I examined approximately 125 people during the two-day event. Many actinic keratoses were identified as well as 5 or 6 basal cell carcinomas, one squamous cell carcinoma and a few atypical pigmented lesions. When lesions of concern are identified and explained to the individual, a referral is made to their hometown primary care physician or dermatologist.

Although I'm a dermatologist, practically any type of physician should be able to comfortably conduct such a clinic. We're talking screening here, not definitive diagnosis or treatment. If you are interested in starting your own skin cancer screening clinic for surfers and surf-contest goers, I'd be happy to talk with you. Call me at the Santa Cruz Medical Clinic at (408)423-4111.

James Beckett, MD
Santa Cruz

RON'S WAVELENGTH, 1-4

1. THE RAPA NUI EASTER ISLAND SMA PRE-CONFERENCE EXPEDITION

Dear SMA:

Rapa Nui is the ancestral name for Easter Island - probably the most mysterious place in the world to go surfing. For centuries the most isolated inhabited place in the world, Rapa Nui is now calling the SMA. An expeditionary team is forming to generally make

ourselves useful. The team intends to offer medical clinics and conduct research in archaeology, history, ecology, oceanography and culture. The findings from this research might result in the SMA providing assistance to the Chilean government in the preparation for the nomination of Rapa Nui as a World Cultural Heritage site under the auspices of the United Nations UNESCO convention.

Rapa Nui has been described as a microcosmic example of our planet's problems. Settled around 300 A.D. by polynesians, the island was once covered by forests. Fish and fruit were abundant and the population thrived. There was virtually no disease and overpopulation resulted. All the trees were cut down. The deforested land became eroded and agriculture suffered; soil runoff caused the marine life to move further offshore. Fishing and farming became difficult and tribal wars began. The famous statues were toppled in a show of power and disrespect.

A captive doomed society now lived in an inhospitable barren land. Starvation, murder and cannibalism became rampant. Captain Cook found the island in this sorry state in 1774. Any lessons here?

There are over 21 rideable breaks on the island, mostly breaking on lava reefs all year from swells of any direction. Winter brings mostly south, summer mostly north swells. March to September is most consistent. The south coast could be compared to the North Shore of Oahu. The climate is subtropical, and water temp averages 70F. Accommodations in cabanas with some camping, 3 meals a day, jeep transport and surf guide for 15 days should run about



Original Kahunas of Easter Island.

\$1000. Airfare from Miami to Rapa Nue should be \$1500-2000 US roundtrip.

We'll be looking at the possibility of holding an official SMA meeting on Rapa Nui. This expeditionary trip will probably occur sometime during March-September 1994. If interested in joining the team, contact me via SMA Central.

Ron Bockhold
Dhahran, Saudi Arabia

2. THE CUBAN CONNECTION

Hey:

Surf Cuba! Forget it, no way - unless you call Captain Garry Burriss aboard the R/V Seaguard. He's the only guy with USA and Cuban permission to pull it off. Capt. Garry is planning on running 10 cruises to the island starting September 15, 1993. He will be surveying the environmental situation and Cuban healthcare system, touring hospitals and distributing donated medical supplies from the ship. Half the trip will be at sea and half on land. At sea there will be underwater filming and exploring unriden surf breaks. All winter large swells are seen off the coast of Miami, moving towards Cuba. Be the first to ride them - a great item for your resume!

Capt. Garry would like four surf docs aboard each cruise, each making a tax-deductible donation of \$1000-1250 for a two week cruise. For more information or to make a reservation, call Capt. Garry in Key West at (305)294-3754. Note that this is not an

SMA event, but is conducted by the Survival of the Sea Society. Because of the unstable political situation, there may be personal risks involved. However, the need is great, the resources are few and you will probably be considered a hero upon return. Good luck!

Ron Bockhold
New York City

3. RON'S RESEARCH OUTPOST

Dear SMA:

Enclosed is a photo of the Felis Onca Research Facility and Biodegradable Living Quarters. (Built by Ron in Costa Rica - ed.)

Ron Bockhold
Costa Rica



Blockholds biodegradable living quarters, Cost Rica

4. PHOTO CONTEST WINNERS!

Rum, reggae and mushroom tea - where else could it be but the Bomba Shack in the British Virgin Islands. We had 3 entries - 2 winners and one disqualification due to the New York

address - next time try a New Jersey mail drop! (plus it was his license plate in the photo! But we sent a shirt anyway for effort - Ed). Now for those who dismissed this SMA photo contest as something trivial, just shoot yourself in the foot - it will be less painful, for the lucky winners here will receive an invitation for two to join one of the following surf adventures: (A) Cruising aboard the Dirk von Trexl aka R/V Seaguard - see above - between Key West and Cuba, delivering medical supplies and exploring the breaks of the North Coast; (B) Joining a caravan of Sephardic Jewish surfers and Gnawa musicians aboard a convoy of VW Kombis, traveling south from Morocco into the Sahara coast under the protection of King Hassan II. (The location of these surf spots have been handed down secretly through the generations); (C) Join a wilderness camping surf trip along the wild coast of Alaska with big bears and Mark Renneker; (D) Spend a month at the Felis Onca Tropical Research Facility deep in the Costa Rican rainforest (see above). Plus participate in medicinal plant research and biodiversity conservation projects. (The surf is ok, too).

To the lucky winners, bon voyage! They are: Rick and Cindy Moffitt, physician assistant and registered nurse respectively, of Narragansett, Rhode Island, and Trent Donohue, medical student, and his girlfriend Amy Litinowitz of Miami. Contact SMA Central with your choices.

Ron Bockhold
North Miami Beach, Florida

CANARY ISLANDS CRISIS

Dear SMA:

I am writing to alert you to a possibly disastrous situation that me and my brother Mark, who is also an SMA member, have encountered. The Canary Islands are losing their surf spots to commercial businesses interested in developing hotel and tourist attractions there, and creating fake beaches by moving sand from one place to another. The group trying to stop this beach and surf destruction is Association Para La Defensa Del Surf, Imeldo Seris, 17 38003 Santa Cruz de Tenerife, Canarias,



Capt. Garry and the R/V Seaguard, Cuba-bound.



Ron Bockhold surfing at the Bomba Shack with max body english. Photo: John Rodrigues.

Espana. Any help anyone could give them would be most appreciated.

Gary Fortune
San Diego, CA

POETRY MOMENT

We were on a surf trip
a long distance safari
by car, by plane a local hip ship

We were quite far
from where most people are
when the surf we did see
was way large enough for me

we stayed in grass shacks
with our food and backpacks
the waves we did ride
and the reefs scraped our sides

the food we did eat
did strange things to our feet
we knew things were grim
like an approaching shark fin

the DOCS book we did use
and with no time to lose
out feet and infections
treated with selections

for the green room we came
and now returned to the same
the surf heals our mind
as we unwind

and we thank the surf docs
as we now run like swiss clocks.

Jay Gould
New Hampshire

Surfing Medicine Fall '93 Issue #11

FREE EQUIPMENT

Dear SMA:

I am an SMA member in the private practice of gynecology in Hawaii, and have an Abbott Vision chemistry analyzer which I am considering donating to some worthy medical organization since government regulations no longer make it feasible for me to use it for in-office testing. Though I would donate the equipment, I would probably expect shipping to be done COD via UPS. There would also be costs for the cassette needed for individual blood tests, which can be purchased directly from Abbott.

I look forward to hearing whether you would find this piece of equipment useful. I will be reaching a decision about this donation in September of this year.

Nancy Stukan, MD
PO Box V
Kealakekua, HI 96750
(808)322-3488

PURDUE SURFING CLUB

Dear SMA:

I am currently serving a two year sentence as a post-doc in biomedical engineering at Purdue University. I will be here until October of 1994 unless something better comes up before then. Please notify if you are aware of any positions available closer to the ocean for a PhD who specializes in biomechanics!

Driven by severe withdrawal and desperation, I have discovered there is surf in the great state of Indiana.

Jack C. Debes, PhD
West Lafayette, Indiana

STEVE BASER

To all who knew him:

I lost a friend recently. My friend was a man named Steve Baser. I first met Steve in a wonderful place called Tavarua. We had descended on Fiji with the SMA, and Steve, being an attorney from Orange County, CA, could have felt out of place but just went with the flow. Over the next few weeks we talked and surfed together. I felt a true bond and friendship growing between us. We both learned to surf in the 1970s when Lopez was king and Greg Mungal surfed the Katin without a wetsuit. We both were changed forever by the movie "Free Ride" but never questioned that "Endless Summer" remained the standard by which all else would be compared. We both enjoyed describing our favorite caption from classic surfing photos in the magazines we religiously collected over the past two decades. We both understood these weren't just memories or nostalgia but moments that had shaped our lives. It was a great, great time.

Steve was just a wonderful guy. Nothing fancy or profound to write about; he was simply kind, considerate, and made you feel good. A kneeboarder since day one, we talked of the Pump House Gang, Big Rock, and the Wedge, and everyone respected him for never standing up.

Steve and I were planning another surf trip when he passed away suddenly from a heart attack at the age of 41. I had spoken to him that day about our trip. We were ready, primed and packing. He died that evening.

When his friend Keith Ogata called and told me of his death, I wasn't sure of what to do or say. My eyes felt moist and my heart ached. Though it may sound like a cliché, I grabbed my board and went surfing. As I sat in the water I felt closer to Steve, as if I could talk to him

now. I asked the Lord to take care of him and let him know I'll miss him... a lot. I paddled in after a few waves and stood on the beach looking out on the horizon. A sense of calm and peace about his death surrounded me and I said goodbye to my friend for the last time. I picked up my board and left, knowing that Steve Baser is in a better place, a place where the ocean is always filled to the horizon with perfect lines.

God Bless,

Richard O'Neil, Jr., MD
Santa Monica, CA

VALE STEVE BASER

Dear Steve:

We shared good waves and good times at the P-Bay Point condos, Sept. '92. We corresponded afterwards and shared gifts meaningful to surfers. I will remember your friendship, your courage, and your sheer focus. Planet earth will miss your contributions. I know I'll catch up with you sometime in the future - hooking into some plasmid energy.



**"Murphy", Rick Griffin,
Surfer magazine V. 10, #2, 1969.

Dr. Geoff
Australia

ED: For more information on Steve Baser, see SMA Updates in this issue.



AN SMA IDENTITY CRISIS? Or, Tubes in a Teapot?

[Ed: As those who read the last issue of the Journal know, a group of SMA members at the March 1993 Tavarua meeting discussed the idea of adding some organizational structure to the SMA, invited some SMA members to join a board, and scheduled a June meeting on this issue in Santa Cruz, California. Mark Renneker responded with a (lengthy) historical perspective on the anti-organizational traditions of the SMA. In continuation of this saga comes the report from the Santa Cruz meeting, a note from SMA central, and some input from members.]

REPORT FROM SANTA CRUZ:

An open letter to all SMA Members

The SMA has traditionally held its organizational and business meetings at the annual Tavarua trip. This has unfortunately excluded from the decision-making any but the well-off few who could attend. Although not by design, the SMA has therefore operated from an exclusionary position and has much room for improvement in this regard.

In seeking higher ground, we need to recognize some basics. We can no longer all pile into a van and head to the same beach for an early morning session. The SMA is over 800 strong and requires a lot of care and feeding in order to continue on the right path. The mailing lists, journal, surf docs column, conferences, consultations, phone calls and finances all need a lot of attention.

The forum for performing these duties could be labeled a quarterly meeting of the Executive Board of Directors - NOT! - or a BBQ For Kahunas, but the end result is the same: Work gets done by those who care to be involved. In the past, much of this has fallen into the able hands of Mark Renneker. Now the daily running of our group has fallen more to SMA Central and our Executive Director, Paula Smith. A leadership void was felt by some, as discussed at the 1993 Tavarua trip, and this resulted in the now-infamous but well-intentioned "Stormin' Norman" letter (written not by Norm, but by the whole Tavarua crew).

To channel this new swell of organizational energy, there was an open meeting held June 12-13 at SMA Central, as announced in our last journal. Twelve members attended, coming to Santa Cruz from as far away as San Diego and Oregon. Written input came from another twelve and two telephoned during the meeting.

The first issue addressed was how to organize this group of members. We agreed the "Fijian Way" with a mayor, council of elders, various committees, and a very definite social/political heirarchy was a bit too structured for us. The minimum amount of organizational fluff was desired, consistent with nearly all of the feedback coming in from the

members. Based on that ideal, the group will be loosely composed and will invoke nothing of corporate structure: No titles, no status, no three-piece suits. It will include any member who cares to be involved. The composition of the group will undoubtedly change with each meeting, as the membership in the group will be open to whoever decides to be there or write or call. This year's meeting was called "Rym's party at Ward's house," and who knows what we'll call the next one.

The frequency of meetings will be roughly twice yearly, based upon need. In order to ease access for the majority of members, meetings will take place on the mainland USA. Aussie input at Tavarua indicated that our down under group is evolving independently. Their input, however, is strongly encouraged, both in person and in writing.

Proposed new projects and new directions will be carefully scrutinized by a four member steering committee comprised of the executive director, the newly-named council president, group financial officer, and chief legal council. This group will meet quarterly to screen all SMA activities. Group functions will require screening committee approval prior to scheduling. Input submitted to this committee will be accepted only in triplicate, double-spaced. Laser-printed copy only. Roman Ogee type only. Bond paper, 85% rag content minimum.... heh, heh, couldn't resist pulling a few anarchist's chains. Remember: No committees, no titles.

New ideas, projects, directions for the SMA will evolve as in the past: if you have an idea, spiff it up by running it past a few members, talk to Paula to keep her appraised of things, and go for it.

After addressing the general concerns above, the group took on 14 specific questions posed by those present or heard from. In coming to grips with those questions, we know that some are fairly contentious subjects that still require someone to take a stand. Others are more mundane (gee, what color shirts should we have?). For the difficult issues, continued input and ideas are encouraged. This is an evolving process and your thoughts can shape the end

result if you care enough to put in the energy. Now to the issues:

1. Who is a member of the SMA? We have 500+ paying members and 200+ nonpaying mailing list former members/shoulder hoppers/slimeballs. Two special mailings and a notice in the journal have been sent to the non-payers. We decided they are outta here. For future reference, group membership will end six months after lapse in dues. Paula will send quarterly "nudge notes" to remind those whose membership is due for renewal.

2. What is the future direction and purpose of the Tavarua conference? This is a tough one. The Tavarua trip has evolved from an organizational forum/scientific seminar/surf trip to a third world health clinic/surf trip. Some of us miss the old style, some thrive on the current. A growing concern voiced by all was based on an article from the journal Wilderness Medicine in which criticism was leveled at groups performing much the same as we are in Fiji, stating the belief that such efforts undermine local medical care. We will try to bring in Fijian docs in the future to build bridges with them and the village. There was general agreement that clinical involvement in the village will be weaned and that educational efforts will be increased. As always, individuals desiring to pursue special projects will be free to do so.

We hope to return to a format for Tavarua which will increase/ensure the contribution of each conference attendant in a way of formal presentations, educational work in the village, etc.. There was a sense of a disquieting trend toward more freeloaders on the trips.

3. Advertising in the SMA journal? This was tabled for now. Your thoughts are needed. SMA could raise money via dues, grants, ads, or bake sales. You tell us.

4. Directory listing of professionals by category. These will be expanded to include non-medical categories, so that you might find, say, an SMA contractor to build your house (right: "You're six months late on completion! "Yeah, but the surf has been pumping...").

5. Commercial use of the SMA, in name or logo: We felt that no such use is allowable. We don't approve/certify/endorse anything but waves, good health, and environmental responsibility.

6. Reimbursement of conference/lodging fees: If a member pays for an SMA trip and then can't attend, the groups (through Paula) will try to assist in finding a replacement. Final responsibility rests with the original member, however, as has been the case in the past. Refunds cannot be made.

7. Membership categories: The "Join New/Pay Later" category has been abused of late. It will be modified to allow one-time use only. In addition, it will require a good story/excuse: If it doesn't make Paula laugh or cry, tough luck.

New categories include Student/professional in training (\$20) and Sustaining Life Member (you've joined for life, but want to help out with ongoing expenses - \$30).

8. Selling the Directory to the public? No, our non-profit status only allows sale of materials to members.

9. Paula's duties and recompense: We want to see a column from our director in each journal issue. She will keep written record of her activities and this will be used in future discussions regarding her salary. Paula, we love you...keep it up.

10. Bank accounts: The SMA's financial center is somewhat split with the account in San Francisco and SMA Central in Aptos. A new account will be set up in Aptos to handle the Steve Baser Memorial Fund, and the general account will eventually be moved south as well.

11. Who can go on trips? Members only. Paula will send a memo to trip organizers reminding them of this.

12. We need more money. How to raise it? Increase dues? Again, your thoughts are needed on this. We do want to generate part of this by increasing membership. Steve Merrill, Bill Jones, and Stevie Wonder will work on this by getting circulars in surf shops.

13. T-shirt color. Too big of an issue to tackle. Will defer to next meeting.

14. The next meeting will be held in Santa Cruz, sometime in early 1994. Check the journal for details.

After all of this, we went surfing...

In peace,

Ethan Wilson, Bill Jones, Norman Vinn, Ward Smith, Rym Partridge, Steve Mann, Steve Merrill, Mike Nova, Michael Eurs, Art McLean, Steve "Little Stevie Wonder" Shapiro.

FROM SMA CENTRAL:

Dear Members:

We've had some interesting responses to last issue's "cross currents," some very emotional. Some are reprinted here, and some were verbal or the writers did not wish to have their input published. However, here is a brief tabulation of the responses received at SMA Central on this topic: Total Responses: 30. Of those, 8 want no additional organization. 4 think organizing is fine. 17 think a loosely-organized sounding board/council sounds fine. 1 wants to wait and see. And 18 members have said they would like to serve on an advisory board/council.

Paula

THE MEMBERS SPEAK

Dear SMA:

I would like to respond to Mark Renneker's letter in issue #10. Having been at Tavarua, participated in discussions advocating the formation of an advisory board and declined consideration of being a member of said board, I would like to dispel any rumours or innuendo that may have been previously written. Hopefully I can do so in a briefer format than the previous letter.

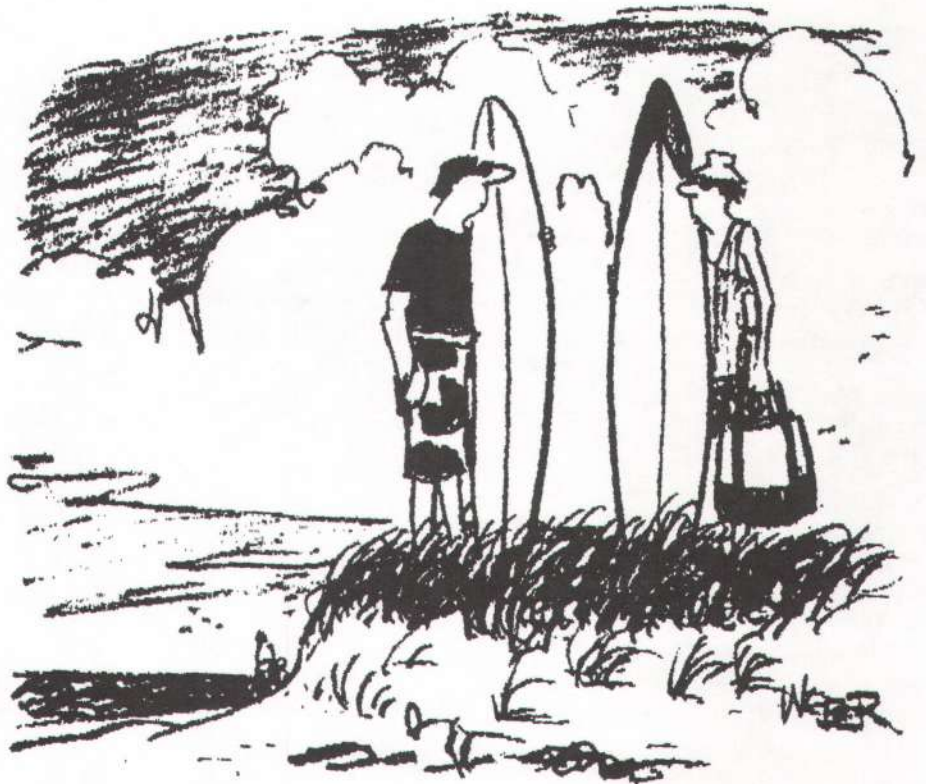
First and foremost, the surfers involved in formulating an advisory board were intelligent people who care about the future of the SMA and perceived a void in the ability of the organization to handle new issues in an expedient fashion (e.g., should we allow advertising in the journal? Should we stop sending journals to current members who have not paid dues recently? etc). They were not power-crazed corporate executive out to use SMA to satisfy their own personal agendas. Mark's sarcasm - "the surf couldn't have been that good" - merely belittles himself and the surfers who genuinely have the SMA's interest at heart.

Second, they realized they would need a flexible format given the SMA's history; hence the desire for a fairly large board.

Third, with the help of the Australians present it was felt that the Down Under group tends to run relatively independently and that they could form their own board if they so desired.

Clearly, having Mark's input at the meeting would have been helpful but no "void" was felt. Mark's "well-known and obvious drive for power" was never discussed. In fact, the members were more concerned that Mark had extended himself too far with his many projects, decreasing his availability, and thus sought a means of backup. As an aside about that power thing, to paraphrase: Me thinks thou doth protest too much.

Mark's history of the SMA is of interest but his point about the schism between those chosen for the board surfing at one peak and the other



"I found the surfers on the west coast to be intellectually flaccid."

participants surfing at another could simply have been solved by somebody paddling over to the other guys and surfing with them. The idea of modeling the SMA after the Fijian way of life is based in fantasy. The village of Nabila has a mayor, a group of elders that function as an "advisory board," and a health care "committee."

Reviewing what has occurred to date, I do believe there have been mistakes in the process of setting up the committee. Every active member should have been invited to attend the next meeting and to volunteer themselves to become a member of the board. International members could be included via modern communications without the need for travel.

In summary, let's look at the facts: embracing "structure" is not inherently bad, whether one uses corporate language or not. Organization is not evil. It is the individuals within the organizations who create its virtues and follies. Organization does provide stability during times of change and can help endure the SMA's continued viability. An advisory board could allow for more timely access to large groups of SMAers across the globe for local projects (see Ron Bockhold's article in the same issue #10). Finally, Paula Smith at SMA

Central does feel she needs the guidance of a sounding board, advisory committee, kahuna council, call it what you like. The bottom line is if there are a group of individuals willing to devote some time in order to help the SMA reach its full potential than more power to them. Remember: surf, have fun, participate.

I guess I am nearly as wordy as Mark.

Dan Dworsky, MD
San Diego, CA

Dear SMA:

First I should raise my colors and state my bias: I hate organizations, and that's what I like about the SMA. It's an organization I can identify with: an anti-organization. I feel that it captures the spirit of surfing. Surfing is antiestablishment by nature due to such things as it necessarily being unscheduled; surfing demands that you simply drop what you are doing to immerse yourself in it. The "collective" on the other hand eats people up by owning them with schedules and structures: soul destroying. Surfing is also working to get away from the crowds; the less the number of people, the more surfing shows its soul and opens up paradise to you.



The SMA honor system: "Who's away?" "Your putt." "Is the tide low enough yet to go surfing?"

In the past, SMA has somehow embodied that iconoclastic freewheeling tone and that somehow works to keep the stoke factor at maximum torque. And despite this, or maybe because of this, it has worked. Thus, I think kahunas and sounding boards are great, but forget about executive directors, formal boards, hierarchies. As professionals we have all lived out that side of ourselves perhaps too much already. The free, wonder-filled side of life is under enough attack as it is. I hope the SMA will continue to be there to help us search and think and strive for that wild wave over the horizon that is as foreign as possible to hierarchies and structures.

*Wombat (Gary Groth-Marnat, PhD)
Perth, Australia*

Dear SMA:

For what it's worth, I see life in very simple terms: you're born, you surf, you die. Somewhere in between you contribute.

I chose to join the Surfer's Medical Association, not the Surfer's Medical Organization. I don't know who "Stormin Norman Vinn" and his/her committee are, but I would have thought surfers' organizations to be an oxymoron. Now, if a group within the SMA wants a business-style organization, why don't they look beyond their own "wants" and realize the SMA already has a structure most businesses can only dream of emulating. Does SMA's 'structure' sit uncomfortably with some

because it's about empowerment of all members? It's essentially egoless? Is not based on self-fulfillment at the expense of others? It's based upon trust?

However, the SMA is not naive when it comes to 'structure.' Consider the SMA's almost classical "business plan," mission, goals (re-read the "six waves"), strategies and outcomes. We don't need a board, we've got the two rules of the SMA. Clearly at least a few need reminding about the history/motives etc. of the SMA.

I have to ask, who is Stormin Norman Vinn? What are the motives? If it's a legitimate proposal to "improve" the SMA, fine. It's certainly OK to put forward ideas provided the remaining SMA members are empowered. I'd be prepared to serve on the SMA sounding board in the areas of my expertise, training and interest. But if there are more sinister reasons based upon power, control etc., count me out.

Unfortunately I wasn't able to make the June Santa Cruz meeting, to which I was not invited anyway, due to a prior (surfing) commitment. However, I hope my opinion of one is considered by the remaining SMA members to whom this letter is directed.

*Dr. Geoff Booth
Merewether, Australia*

Dear SMA:

I am a dues-paying member of the SMA and, as you might suppose from my recent experience with the Surfrider Foundation, don't want any part of any

self-appointed "Lords of SMA," I have seen up close the effects of people who think they know better than the average member and should be put in a position of power. What clinched it for me was the name of our organization - the Surfer's Medical Association. It is an association of individuals, not an institution or foundation. It ought to stay that way. The SMA has performed excellent work over the years on a minimal budget. And at 800+ strong, who can say the current "loosely structured" organization is not successful?

*William Hobi
San Francisco, CA*

Dear SMA:

I would like to register a few thoughts regarding the proposed board. Essentially I agree with our founding elder Mark "Wildman" Renneker. The SMA is first a surfer's and then a medico organization. We collectively spend our professional lives operating in a bullshit world of endless committees. As SMAers we need to ensure we do not embrace the Harvard Business School mode of running the world. The essence of surfing is free bodies in the global sea. To copy a narrow inflexible corporate structure would see the SMA fall prey to the pressures of self-interest and the stultifying ethos such structures impose.

I have never met the vast majority of the SMA members, nor have I been to the remaining fast-dwindling wilderness areas of the world. However, it gives me great joy to know that there is some virgin wilderness left just as I appreciate the existence of many fellow SMA member spirits worldwide. The axiom of the SMA that states the only reason for not contributing at any time is that "I've gone surfin'" underscores our ethos. Please let us be very careful we do not change this ethos.

*Jim Bradley
Warilla, Australia*

Dear Members of the Stormin Norman Vinn Committee:

I am prepared to take risks, but not the risk of letting the SMA organize itself! My opinion on this appeared in

Journal #8 p. 30. I refuse to attend such meetings. I have made sure I cannot participate in the coup by booking passage on a car ferry from England to Spain at the time of the Santa Cruz meeting. I will hide by driving into North Africa for the duration. If you succeed in organizing the SMA, I will no longer participate in any way - no conferences, no stories, no photos, no nothing. I will demand a refund of 1993 dues, which will be donated to David Werner. I will also dump 500 gallons of water on the committee from the Water Buffalo.

*Ron Bockhold
Oslo, Norway*

Dear SMA:

I would hate to see the SMA become organized. When I joined I asked two questions: How much are the dues (cheapskate)? Are there any committees (distrust anyone speaking for me)?

I am very willing to serve as an "elder" and make my opinions available. However, I have had little involvement with the SMA to date and can offer only these qualifications: My chest hair is grey. I lived and surfed Seal Beach when it still had seals. My first surfboard was made out of a San Pedro freighter life raft. My first skateboard was made out of my little sister's clamp-on skates. My surf van has 260,000 miles within California and Baja. I am a proud member of the "double over-waist" club (but put a sail on my board and that becomes the double over-mast club). I actually practice, i.e. give a lot of free advice and treatment to all sorts of surfers from pro to grommet. And I know someone who surfed the Potato Patch before Mark Renneker could swim.

*Jim Carroll, MD
Healdsburg, CA*

ps: I use lots of handouts and reprints in my office and the most popular by far among patients of all ages is the Surf Docs column titled "Horny? Read This." It has changed for the better the opinion of many flatlanders about surfers.

Dear SMA:

Naturally (???) I was not among the chosen few to receive THE letter, and as the June meeting is now over, here are a few belated opinions:

I don't like to be excluded, even if I was only the founding VP. We Aussies might be down under, but do not deserve to be neglected.

On a different but related note, I found the Ron Bockhold "cultural heritage" story tremendously enjoyable and his analysis/ expression/ description/ understanding/ etc. of us to be brilliant, true to a 'T' and expressed in a way I have not read before.

*Brian Lowdon
Geelong, Australia*

Dear SMA:

Each year I am asked to sit on more boards, panels, committees, and other 'star-chamber' groups. When I joined the SMA years ago what appealed to me most was the prospect of not having to do anything at all for the "organization". What I learned is that not having to do anything has been the strongest stimulus to get involved, and for the right reasons.

I could not agree more with Mark Renneker's editorial and I would strongly encourage the SMA to develop and evolve based on local personal efforts rather than developing a centralized leadership. The SMA hasn't grown to over 800 members because we are doing something wrong! In my mind it would be considered a resounding success for only one reason - it's the only organization my wife has joined too!

*Mark Bracker, MD
San Diego, CA*

Dear SMA:

SMA 90210? I was distressed to find we are facing an "organizational crisis," but perhaps for different reasons than Mark Renneker. While I found the history of the SMA in Mark's response very interesting, I couldn't help but flinch as the Tavarua gang got stomped. Judging from the facts in the journal, I'm not sure they deserved public castigation. It seems to me that Mark's response was premature. I think a more

appropriate response would have been to either discuss the issues with more people who were at Tavarua, or to alert more members to the June 12 meeting before launching an offensive strike. Some of my discomfort comes from the fact that I know one of the Tavarua "plotters" and doubt this individual is trying to lead a corporate raid on the SMA. I find it much more likely that some needs that are not currently being met were voiced and a brainstorming session occurred in which some ideas were put out.

These people were definitely not given a real chance to state their points. The bottom line is that I hope you can all sit down and talk it out. As for me, I think I will wait and see what the Tavarua gang is going to lay on the table.

*W. Scott Treloar
Costa Mesa, CA*

Dear SMA:

As a science teacher and department chairman at a large high school, if I wanted to be a member of a regularly scheduled mainstream organization there are dozens of educational ones I could have joined complete with rules, formats, and Robert's Rules of Order and all the other BS. Don't do it!!!! In the present form the SMA serves members well, with conferences unique to the sport and to medicine as well as passing on information that is interesting and needed. Enough said. Kill it please. Remember we are surfers.

*Chuck Allison (The Walrus)
Ocean City, New Jersey*

Dear SMA:

With regards to the important organizational issue, I would vote for option number two - keeping the Kahuna structure. But please do list me on any sounding board, for as a woman MD, living in a small central coast town and championing the weenie spirit of little wave longboarders, I have something different to offer in terms of perspective.

*Betsy Lanier, MD
San Luis Obispo, CA*

Dear SMA:

As I understand it, the purpose of the SMA is to (1) provide and teach underprivileged populations in some rudimentary aspects of western medicine; (2) develop a working preventative healthcare system concentrating on the education of children; (3) provide a forum and discussion group at conferences and through publications on different aspects of surfing medicine; and (4) to gather at selected sites on a routine basis to implement all the stated functions, have fun, and go surfing with a like-minded peer group.

If correct, the above "mission statement" is a complex set of bylaws, and would in most cases involve an enormous amount of resources, organizational capabilities, time requirements, and financial input. The SMA has managed to implement most of these objectives with varying degrees of success, mostly modeled on a "Fijian Elder" hierarchy of decision-making.

In the spirit of the SMA as founded by Mark Renneker, and keeping in mind the already-in-place philosophy and command structure, I would like to propose a new model for SMA decision-making which would be a direct extension of the original charter. It is hoped that the perception of this new structure is one of complementation rather than a "power grab."

MYTH: "Board of Directors implies corporate clones, blue suits, and old boys bonding naked around a campfire."

Fact: A board can mean and act any way an organization chooses. If you want a suit atmosphere, no problem (IBM). If you want a jeans atmosphere, no problem (Apple). If you want to sit in grass skirts and drink kava, again, no problem (Fijian Elders). The point is that regardless of what an organizational body is called, it is still an organization, and accepting the label implies a certain amount of responsibility to the rest of the group. It is my opinion that the SMA would be better served with a few more people directly involved. For example, I would prefer to see the journal published more than twice a year, to have an annual conference/BBQ/party on the west coast, to help set up another relationship with a village near a surf

spot (Costa Rica?), and to develop a conference in another country (South Africa?). In effect, there are a lot of possibilities for helping others the SMA could get involved in, but it would take a substantial increase in the organizational level to accomplish those goals.

PROPOSAL: Formation of a nine-member governing body/Elder group with an additional three-member contingent from Australia who could vote via FAX. The governing body to be selected from members who participate at meetings, etc, and serve for staggered two-year terms. The Chairman/Lead Elder to be elected from the governing body every two years. Committees set up within governing body to address above tenants and any new propositions. Two governing meetings a year, one each in Northern and Southern California. An additional clinical meeting in Fiji along with the annual conference. Any paid-up SMA member who wants to be included in any meeting can participate and voice an opinion, on any issue, any time. Voting on policy is however by the governing body only unless a general membership consensus is deemed necessary. The governing body is in no way an exclusionary "club" and this should be stressed to all members. No more freebies - if you don't pay your dues you are out three months after expiration date, like for any magazine subscription, medical society, etc.

Michael Philip Nova, MD
Tina H. Berger, PhD
La Jolla, CA

Dear SMA:

I'm not an eloquent or persuasive or especially diplomatic writer or speaker, especially when the smell of bullshit is in the air. You may understand how this has been to my disadvantage as a nurse. Anyway, the paragraphs under the heading "Anathema: Getting Organized" in the 1992 membership directory seem to me to be the best I've seen written on this subject. Under the Kahuna system, each of us is responsible for the welfare of the others, for the community (the SMA) and the furthering of the SMA goals. Under the "democratic" systems that threatens to take its place, each member's responsibility is to vote his

own interest, that collective self-interest then becoming the organizational will. Along with the titles and intrigue and rigidity and other horseshit that come along with this change is the worst of all, the abdication of individual responsibility for each other and the community.

See if you can find a copy of Abraham Maslow's "Religions, Values, and Peak Experiences." You may find it interesting reading, and it's a very short book. At the very least, he points out clearly the near-inevitability of this happening to the SMA, at least within the context of Western culture. Then get a copy of Dostoyevsky's "The Brothers Karamazov" and read "The Grand Inquisitor" passage. Picture yourself returning from a long surf trip and coming before the SMA Chief Executive.

Let me know if anyone starts a guerrilla organization that will remain true to the SMA's original concept.

George Piche, RN
Gifford, New Hampshire

Dear SMA:

The surf must indeed have been really bad in Tavarua if they resorted to discussing organizational formats to pass the time. However, a modest increase in organization is probably necessary for this group at this time. The members are so far-flung that this could provide increased unity. And I have surfed with Norm Vinn and he never dropped in on me!

Fox Boswell, MD
Long Beach, CA

DATE	NAME
10/11/92	STORMIN NORMAN
	COMMITTEE
	TO ORGANISE
	THE SMA.
	Craig Wilson

Craig Wilson, MD
San Francisco, CA

Dear SMA:

Prescription:
Name: Stormin Norman
Rx: Haldol 5 mg.
PO Q idea to
organize the SMA.

SURF DOCS

MR. MAGOO'S WILD RIDES

Dear Surf Docs

I'm only 25 years old, but I've been surfing for almost 15 years. I'm writing to you in the hope that you can help me with my eye problems.

First off, I've always had bad vision. I wear glasses, which lets me see normally, but in the water, without my glasses on, I'm pretty hopeless. It's the one advantage to surfing with a crowd: when everyone starts paddling outside, I know there's a set coming. Surfing by myself is unthinkable, which really bums me out.

I tried various ways of rigging my glasses for surfing, but it just didn't work out. They'd fog up, mash into my face, or get torn off (there's probably a big tuna wearing them now!). I tried getting contacts a few years back, but they couldn't be fitted to me because, they told me, I had a "astigmatism." Plus, when I said I wanted contact lenses for surfing I was told it was a bad idea because I'd lose them, and maybe get infections!

My other problem is that my eyes are really sensitive. After surfing, my eyes sometimes sting, especially if it was really sunny, and I hung out on the beach. I've tried clip-on sunglasses (which all look pretty stupid), and have thought about trying to get prescription sunglasses, but they're awfully expensive, and I don't know what kind of sunglasses are best to get.

I went to one eye doctor who said, "hang it up, kid," as far as surfing goes, but I figure that must be crap (at least I'm hoping it is!). What are your thoughts?

Mr. Magoo
Pacific Beach, California

Dear Mr. Magoo,
Given the fantastic optical technologies of today, there is no reason for you to continue surfing blind. If your vision can be fully corrected on land, it can almost certainly be fully corrected in the water. Here's how to see clear of this mess you are in.

First off, you need to find an eye doctor who is knowledgeable about vision correction for water sports. In coastal areas there are a surprising number of surfing eye doctors - ask around!

Contact lens are probably your best bet. You'd be amazed how many surfers wear

contacts. In a study of contact lens-wearing surfers, totaling over fifty thousand hours of surfing, there were no eye infections or eye damage, and about one lens was lost for every five hundred hours of surfing (about once a year for the average surfer). But there was a huge variation in the lens loss rate: some surfers would lose a lens practically every month, while others had never lost one. The difference was probably in how well their lenses were fit to their eyes, and their ability to keep their eyes squinty or closed during intense situations (tube-riding, wiping out, diving under, etc.).

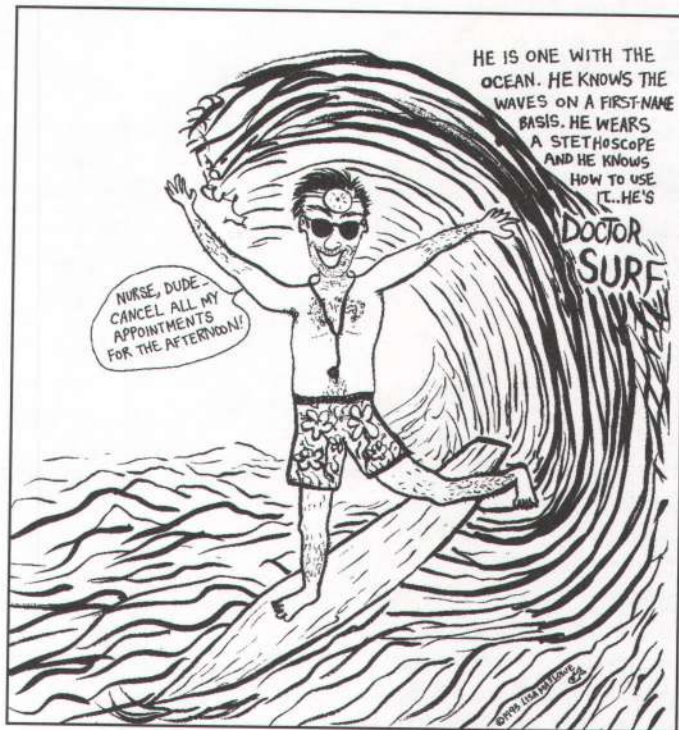
Contact lens are generally "hard" or "soft," referring to the type of plastic used. When contact lens first became popular a few years back, only the hard lenses were available, and many people (perhaps you) tried them on, hated how they felt, and refused to wear them. Then along came soft lenses, which most people found far more comfortable. Plus, soft lenses could be made to cover more of the eye, to stay on better during athletic activities, including water sports (they're called "sport lenses"). More recently, advances in plastic technology have led to highly gas permeable plastics, which can be made into both hard or soft lenses, including the "extended wear" and disposable-type lens. These high-tech lenses allow the cornea to receive more oxygen, which translates into greater comfort. The cost of contact lenses these days is significantly less than the old days. Plus, you can insure them against loss.

While there has yet to be a report of bacterial or parasitic eye infection relating to contact lens use and surfing in polluted water, the chance is minimized by routine and proper cleaning and disinfection of your lens every day, particularly on days you surf.

You mentioned you have an astigmatism, which is a common vision problem resulting from irregular eye curvatures that throws your vision off. These can usually be corrected with contact lenses.

You also described having sun-sensitive eyes. Again, this is a not uncommon problem, particularly if the cornea has been sunburned. Contact lens - as do glasses - come in various tints, which may offer some relief. One product you might want to check out is a remarkable pigmented, sunglasses-like contact lens named "Suntacts." They were developed by an optometrist member of the Surfer's Medical Association, William Petersen, O.D., in Dana Point, California.

If, for whatever reason, you decide that contact lens aren't for you, some type of in-water goggle or glasses set-up is the next best option. "Spex" is a unique water sports goggle which has a soft frame (it won't mash your face), floats (plus comes with a leash), and can be ordered with various types of lenses, including prescription lens as well as varying darknesses of polycarbonate polaroid lens. Along with protecting your eyes from traumatic injuries, they also protect from ultraviolet. If your eye doctor hasn't heard of them, ask your local surf shop for help.



To make up your own pair of surf glasses, unscrew the side pieces (the arms that go from the eyeglass frame to the ears) from an old pair of your regular glasses, and attach a eyeglass sport band (from any drug store) to the eyeglass frame with snap swivels (from a fishing supply store) that fit through the screw holes. Add a tether that attaches to your wetsuit or to go around your neck, so you won't lose them, and you're set.

As for the problem of glasses or goggles fogging up in the water, there are various antifog products, but a dab of Liquid Downey Fabric Softener lightly applied and then rubbed off both sides of the lenses will work just as well.

You definitely need a pair of sunglasses; every surfer does. These days practically all brands of sunglasses are excellent, including the real cheapos. Virtually all sunglasses offer 100% ultraviolet protection. As for all the bells and whistles (photochromic, polarized, gradient lens; color balance and absorption curves; lens coatings; etc.), it's a matter of taste more than anything. Just get a pair you like and wear them. One word of practical advice, though, for hard-core beach goers: glass lenses hold up better over plastic lenses when it comes to sand grit.

While every surfer has chuckled over watching the in-water antics of a poor looker like you, Mr. McGoo, you are in fact a disaster waiting to happen, whether it be running someone over or greeting a shark as a fellow surfer. Magoo, your goal should be to see so well in the water that we'll all feel more comfortable having you around, and, ideally, for you, so that you'll feel comfortable venturing out into less crowded waters. Good luck!

To be published

MYTHS, LIES LEGENDS

Myth: Piss on it? Urchin spine, stingray barb, coral cut, or jellyfish sting? (choose only one!)

Answer: Jellyfish stings only.

Source: The Surfer's Medical Association

Second only to duct-tape as a universal cure-all, surfers tout piss for everything that might spine, barb, cut, or sting

(including unpleasant locals). But the real truth is that it only works - and just barely - for jellyfish stings, and little else.

The tenTacles of many types of jellyfish are coated with strands of cells, called nematocysts, which have the ability to sting you and inject painful venom. Long rows of nematocysts can stick to your skin if you come in contact with a jellyfish, but the nematocysts won't necessarily all sting you. That comes if you further threaten them in how you try to get them off. For instance, if you use fresh water to wash them off, they go beserk and start stinging everything in sight. But if you use salt water, it fools them into thinking they are still in the ocean, and you might get away with far fewer stings.

If they've already stung you, you can inactivate the venom and lessen the pain and swelling by dousing the area with isopropyl alcohol (40%), perfume, aftershave lotion, high-proof liquor (at least 40), or vinegar, and leave it on for 30 minutes. Meat tenderizers, olive oil, sugar, and urine are distant second-choice therapies, but can help. Don't forget, though, 30 minutes! You got that much piss?

The treatment for the other maladies is as follows:

1. Sea urchin: pick out the obvious spines, and be aware that they leave a purplish dye in the puncture site that will look like there's still something in there (don't keep digging around, you'll just tear up healthy tissue). Applying hot water can help with the pain. Thereafter treat it like any puncture wound: keep it clean and dry, use antibiotic powder or ointment as necessary.
2. Stingray barbs: immediately go back to shore, and vigorously wash out the wound with saline or salt water to get out the venom. Don't worry about finding the barb, it's almost never left in the skin. Then apply hot water (110-120 degrees, fresh or salt-water) for at least 30 minutes to reduce the pain. Watch out for infections.
3. Coral cuts: vigorously scrub them out with fresh water and soap (or a cleansing solution like Betadine Scrub), then keep them clean and dry, applying antibiotic powder or ointment as necessary.

Myth: Surf a cold, starve a fever.

True or False: False.

Source: the Surfer's Medical Association

Some surfers swear they can stop a cold by going surfing. But, if that were true, all of humanity would take up surfing; there is still no cure for the common cold, whether by traditional, alternative, or surf medicine.

We know the ocean to be our own Lourdes, but that just doesn't extend to viruses.

However, nasal symptoms caused by other conditions, especially allergies, will improve by being in the ocean, away from pollens and toxins, in a moist, cleansing environment. Some Ear, Nose, and Throat specialists treat sinus conditions by flushing the sinuses with salt water. Hell, we do that naturally every time we go surfing, and don't get a whooping bill!

Surfing when you are sick has to be evaluated on a case-by-case basis. In general, surfing, per se, won't make any difference, assuming you don't get over-tired or dehydrated. If you go out when your illness is just coming on, don't be surprised to find yourself feeling worse when you get out (you would have anyway); if you are already getting better, don't be surprised to find yourself feeling better when you get out (you would have anyway). In any event, just make it a go-out that was worth the scorn you'll undoubtedly receive from those around you ("you went surfing when you were sick? What an idiot!"). Remember, too, the adrenaline rush and the endorphins will make you feel better, no matter what ails you.

As to whether going surfing in cold weather can give you a cold? Naw! British scientists proved that being out in wet and freezing weather won't cause a cold. Leave it to the Limey scientists (and their subjects). They stuffed known cold viruses up volunteers' noses and then sent them out into the cold, rain and snow. There were no more colds than if everyone had stayed in, drinking Hot Totties.

To be published

BOOK REPORTS

Sick Surfers, Ask the Surf Docs and Dr. Geoff

Announcing a New Book By Renneker, Starr and Booth!

By Mark Renneker, MD

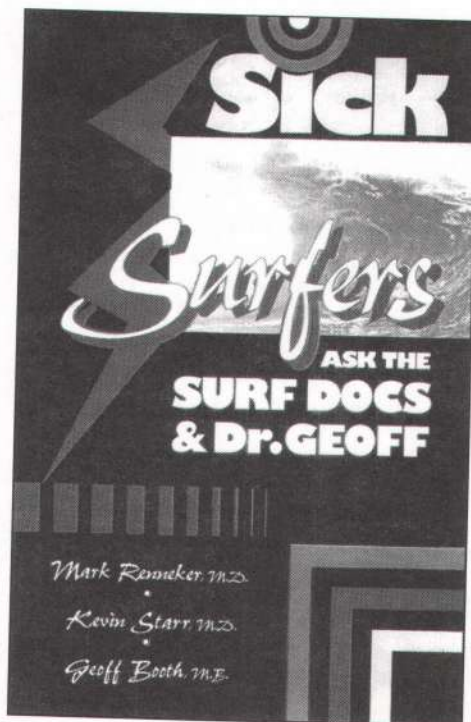
Not long ago, David Bull, who publishes a book of mine ("Understanding Cancer," now going into its 4th edition), called to ask if I was still interested in publishing the Handbook of Surf Medicine, the book idea he had turned me down on in 1986. At the time, as with other publishers I had approached, the

consensus was that (a) only surfers would buy it, and (b) not many surfers would buy it. But that was before the SMA had come into existence, and before the notion of "healthy surfing" became a rallying cry within surfing.

It seems that he'd gotten a new Australian distributor, who felt quite certain that with a new title on surfing, especially on surfing and health, he could sell a substantial number of copies in Australia, and that sounded fine to David. He was disappointed to hear that Geoff Booth and I, the editors of the Handbook, had never felt that the Handbook had come to the stage of development where it could be published, and apart from the rough first draft we'd put out through the SMA ("Collected Surf Medicine Works - Volume 3), the project was effectively dead.

But then I had an idea. Whereas some pieces in the Handbook were terrific, there were many that suffered from not been well-researched or sufficiently manicured, and many were not on target in reaching surfers. Unlike, for example, the Dr. Geoff and Surf Docs columns which, on the same topics, were consistently better researched, more manicured, and seemed closer to the bull's eye.

So, how about a book of the best of Dr. Geoff's columns from Tracks (Australia's monthly surfing publication) and the best of the Surf Docs columns from Surfer magazine, plus a few other pieces



to flush it out, maybe from the Handbook, and some new stuff we'd have to write. David Bull loved the idea, particularly the fact that we would be able to assemble it in short time.

So, Geoff Booth, Kevin Starr, and I have been scrambling around for the past few weeks, putting together *Sick Surfers, Ask the Surf Docs and Dr. Geoff*. It has been unbelievably fun to do, particularly being immersed in such cross-culturalness, Americania and Australia. The book should be out by the end of October. It will be about 400 pages long, and the cost will be under \$15.00 (U.S.). It will have the usual amount of irreverence that is associated with Dr. Geoff, and somewhat less so with Surf Docs, and the same balance and soundness of health information. We are bringing up to date all of the columns, requiring extensive rewriting, and writing a number of new pieces.

I have begun looking into the question of "intellectual property," that being the question of who owns the actual columns, and who can benefit from them? I've talked to various law and booktrade experts. It is clear that neither Surfer magazine or Tracks owns them, but that the individual writers do. In Geoff's case, for his columns that is clearly him. For the Surf Docs columns it is a little less clear, since the column originates from members of the Surfer's

Medical Association, principally Kevin Starr and myself. The question is, who owns the Surf Docs columns? The SMA, or the authors of the columns?

The experts I have spoken to feel that Kevin and I "own" the columns, but I want to be sure on this, because I have seen the destructiveness wrecked upon the Surfrider Foundation from the Humboldt pulp-mill settlement, with the awful degree of suspiciousness and jealousy it triggered among Surfrider members, with the accusations of profiteering. A non-profit associations' ideals and goals are one thing, but once real money enters the picture, things can get ugly quick. We don't want that to happen here. Though the sums of money involved are not remotely comparable, there some similar legal and ethical issues.

As to the question of ownership of the Surf Docs columns, though the column often carries the byline of "Surfer's Medical Association," and we draw on a panel of SMA members as consultants (run as a boilerplate with each column until space limitations mandated running it about once a year), the fact is that with very few exceptions, Kevin Starr and I, as co-editors, have written every column. That is not to say that numerous consultant-SMA members haven't helped pull together information and write answers to various of the letters, but the actual column, to have a consistent "voice" and style, has come from Kevin and me.

If Kevin and I were employees of the SMA, then, I am told, the SMA would in fact own the columns. But we have always done this as volunteers, for the fun and challenge of it, plus as a way of putting some money into the SMA coffers (the same reasons that the various SMA members have been willing to serve as volunteer consultants). In addition to the time we have "donated" to the SMA, we have donated all of the "buy outs" (royalties) from Surfer magazine to the SMA, amounting to about \$250 per column, or, over the years, to about \$10,000. Not an insubstantial donation of money (and time). It has always been a nice near-monthly infusion of dough that has gone a long way to cover the SMA's monthly

overhead (i.e., a staff member).

Even if the SMA were to own the columns, and were to put out a book such as "Sick Surfers," and profit from it (profit that we would not have to pay tax on, being a non-profit association) we would run the risk of incurring the wrath of the State and the IRS, because we would be in violation of the rules we agreed to abide by in gaining our non-profit status (i.e., not marketing or selling to the public).

There is a dodge of that restriction, pursued by some non-profits (usually unsuccessfully), that of giving permission to use our "products" (say logo'd T-Shirts) and then accepting a kickback "donation." But that doesn't wash - it would be fraud. In other words, even if it owned the Surf Doc columns, the SMA couldn't make a book out of them and sell it to the public.

But maybe there's a way - a legal way - around this. Kevin and I both see that the column is highly interwoven with the SMA, that they both add to each other, and we would like to see the SMA benefit - however indirectly - from the book.

The idea, suggested by David Bull, the publisher, would be to give a healthy chunk of the royalties to a cause that the SMA supports. What came to mind immediately was something to do with the Nabila Project, specifically the newly created Steve Baser Memorial Fund, which has been set up to be administered independently of the SMA. The fund is being structured to support sustainable disease prevention and health education programs for village children in Fiji and elsewhere. Overseeing the fund will be a small group of people who knew Steve, and are experienced in village children's health projects.

I ran the idea by Geoff and Kevin, and both agreed - as do I - to give one-fourth of our royalties, amounting to one (1%) of the four percentage points (4%) of the 12% of book sales that we have to divide equally among ourselves. And, David Bull didn't require any arm-twisting to donate an equal amount (1%) - he loves this project. So, basically, the SMA's

"brother" project, the Steve Baser Memorial Fund, as compared to Kevin, Geoff, and me (now down to 3% each), will be receiving the largest share of royalties (4%).

We're happy with that plan, and hope that any legal-beagle SMA'ers out there don't see any problem with it. I've run it by Steve Baser's brother, Mike, and he thinks it sounds great.

How much money are we talking about? If (a real "if") the whole first printing of "Sick Surfers" sells out, the Steve Baser Memorial Fund will have donated to it about \$3000. That may not sound like a lot, but it will to the kids it benefits.

The book should be in the surf shops by November (in time for Xmas), but for anyone in the U.S. wanting to order an advance copy, write/call/fax: Bull Publishing, P.O. Box 208, Palo Alto, California, 94302-0208, (415) 322-2855 or 327-3300 (fax). David Bull has radically discounted the book for SMA members - ask when you call. In Australia, contact : Ozzie Wholesale Book Co., 5/5 Kaleski Place, Moorebank NSW 2170, (02) 600 6519, or 622 5679 (fax).

BOOK REVIEWS

THE HANDBOOK OF SURF MEDICINE,
(Volume III of the Collected Works of Surf Medicine)

This is the book you've been waiting for, even if you didn't know it. You have of course heard of David Werner's "Where There Is No Doctor," the unofficial bible for barefoot doctors. This is that book for surfers, sort of. As envisioned by Mark Renneker, this is a "self-care book written for surfers, by surfers who are also health professionals." It consists of a three-ring binder filled with practical and sometimes humorous information on a wide range of topics.

The headings are alphabetically ordered and run from Allergies to Bites to Colds to Dysentery to Ear to Fractures to Groin to Heimlich to Infections to Jellyfish to Kelp to Lungs to Mono to Nutrition to Oil to Pterygium to Rash to Sharks to Tsunami to Ulcers to Vegemite

to Warts to Zoris, and a lot more. The language is targeted at a young, lay audience with a slant towards prevention and first aid.

The material was written by SMA members, co-edited by Renneker and Booth with Steve Shapiro and Tony Peckham as managing editors. It's clearly an unfinished, ongoing project, as some of the sections remain to be written (see below) - but most of the most widely applicable ones are there and ready for use. So get it - see the back of this journal for ordering information.

ps: Members: Want to contribute to this work-in-progress? Especially needed are brief, authoritative yet readable sections on bandaging wounds, bleeding, drowning, hernia, immunizations, lifesaving, nausea, smoking, vomiting, and some other topics. If interested, let us know!

PAPER SHREDDERS

Reviewed by Ward Smith

"Soulful," as defined in the dictionary, means full of or expressing deep feeling. Soulful is one of the most popular adjectives used to describe surfing - consider the classic soul arch. After all, surfing is full of feeling - or is it?

Is surfing losing its soul? I believe that most older surfers would answer yes. A couple of months ago I acquired several dozen surf mags from the late 60s through the 70s. I was amazed by their content and format. There were great articles about ecology that demonstrated the need for action long before the Surfrider Foundation was a twinkle in anyone's eye. There were great stories and poetry and photos from the readers. Even many of the ads were tasteful! In short, there was soul. What I noticed during my paddle through the sets of surf history was an impending wipeout - a loss of soul. Somewhere in the late 70s the soul began to kook out.

The good news is that soul is beginning to recapture the peak again. One sterling example is "Paper Shredders," a soulful anthology of surf writing by 27 of those who "shred on paper." If you examine them as a group,

there are some amazing similarities between surfers and poets. Richard Nester, a contributor to "Paper Shredders," says that "Surfers, like poets, (live) both on the edge of society and at the center of a grand, wonderful passion." G. Murray Thomas, the editor of this collection, goes one step further: "Surfing is poetry. It is pure experience of the moment. Poetry attempts to capture that experience."

The writing in "Paper Shredders" is not only soulful, it is also mystically tribal. "These pieces capture the total experience of surfing - the ecstasy of the perfect ride, the fear and reverence of the ocean's power and majesty, the travels, the rituals, the souls of surfers." The descriptions of surfing are the best I have ever seen that truly describe the experiences of surfers. How many non-surfers truly comprehend the experience of catching and riding the last wave of the day? In his short story "The Last Wave," Max Montgomery writes "Getting (the last wave) in often turns into a catch-22 situation as the wave will end up being so good that it rekindles the stoke to stay out and get more (what I call the greed factor) or it will end up being so bad that one must stay out and catch another to save face. Caught in this pickle countless times, I have surfed myself way past dark in seemingly neverending sessions. One can never paddle in, of course, that is the ultimate disgrace."

Some of my favorite poetic lines from "Paper Shredders" include:

(1)
the ocean
the ocean
where I have felt invincible
yet frail

(2)
Have you ever had
One of those days
The waves are good
And plenty of rays

You've got a new board
But before you can shout
You get run over
While paddling out.

If you would like to bring a little soul into your life, have a few laughs, create a few goose bumps, or just explain

the surf experience to someone else, I suggest you add "Paper Shredders" to your collection. There will only be 1000 copies printed in its present form so it's sure to be a collectors' item. You can get a copy from me by sending \$8 plus \$2 for shipping to PO Box 1287, Aptos, CA 95001. Please allow time for this surfer to send it - the longer the swell, the longer you wait.

WHERE TO GET THE "WHERE" BOOKS

David Werner's "Where There Is No Doctor" is the famous manual for health education used widely around the developing world today. It is also available in other languages. Werner has also written "Disabled Village Children: A Guide for Community Health Workers, Rehabilitation Workers, and Families" and "Helping Health Workers Learn." Also available is "Where There Is No Dentist" by Murray Dickson.

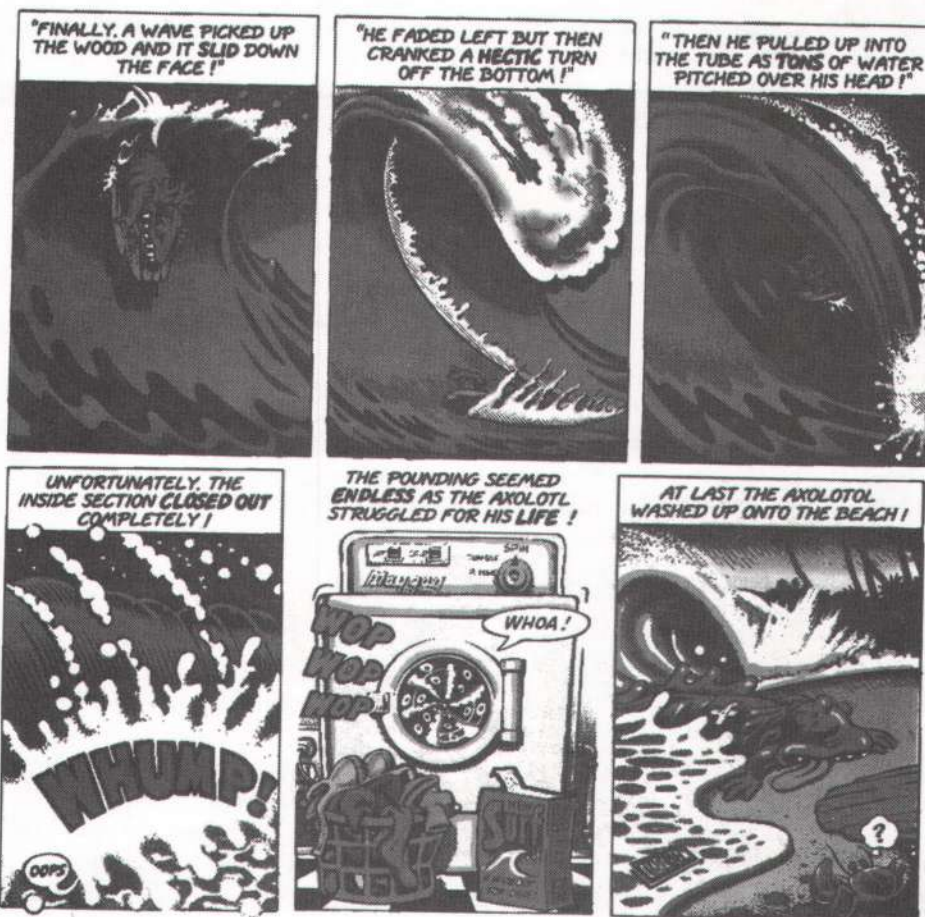
All of these books are field-proven and highly recommended, as well as

reasonably priced. They are available from The Hesperian Foundation, PO Box 1692, Palo Alto, CA 94302.

NEW SURF RAGS

Need more words and pictures related to surfing? Two new publications have surfaced, both published in Southern California. *Longboarder Magazine* now has four issues out, and is a glossy, full-color magazine devoted to the longboard revival, with a readership with an average age of 38. Full of interviews, news, and profiles of classic surfers. Nice t-shirt too. Subscriptions to this quarterly are \$18; contact Longboarder at 217 Eleventh St., Huntington Beach, CA 92648. Or call (714)960-7249.

Open Doors is something else entirely, a newsprint "zine" loosely focused on surfing and spirituality, and maybe some other stuff. Put out by "A Cooperative of Free Spirits and Independent Thinkers" at PO Box 3442, Dana Point, CA 92629.



Out take from "The History of Surfing" Surfer Crazy Comics, Issue No. 2

POLYSTYRENE CAN BE ECO-FRIENDLY

Ward Smith Aptos, CA

Several months ago at a Surflifer Board of Directors meeting, several people bemoaned the fact that even our new water test kits are packaged in dreaded styrofoam. Knowing that styrofoam is recyclable, I decided to do some research.

Styrofoam, manufactured by Dow Chemical company, is the trade name of a kind of plastic called polystyrene. It was developed in 1937 because it is lightweight, absorbs very little water, and cannot be damaged by mold or bacteria. Producing polystyrene is simple if you are a chemist: ethylene gas is bubbled though benzene liquid to make ethylbenzene, which is heated and combined with metal oxides to make styrene, which is heated under pressure while more chemicals are added to make solid polystyrene resin. This is ground up to make the products such as those made of foam (packaging materials, cups, plates, trays, egg cartons, "to go" containers, etc), clear rigid plastic (salad containers, cookie package liners, drink cups and lids), colored rigid (toys, dairy containers, cassette and CD cases, eating utensils). Polystyrene can be identified by the code number 6, frequently stamped on the bottom of the object.

About ten years ago, polystyrene developed a bad reputation. During the manufacturing process, chlorofluorocarbons (CFCs) were used. CFCs break down ozone molecules in the upper atmosphere, damaging the ozone layer which protects plants and animals from the harmful ultraviolet rays of the sun. In 1987, 31 nations signed a treaty to limit CFC production. In response to that treaty, Du Pont announced plans to phase out CFC production, and CFCs were eliminated from use in the production of foam in 1989.

But another reason polystyrene developed a bad reputation is that it doesn't biodegrade. If you were to bury the lid from your foam cooler, it would

still be intact centuries from now. The good news here is that the industry recently developed a process for recycling all polystyrene. So there should be no good reason to throw it away.

The recycling process is fairly simple. After collection, polystyrene is crushed very tightly and bailed. It is cut into small pieces called "fluff," and is washed, dried, and melted (the water used is recycled several times too). It is then made into solid resin pellets ready for the manufacture of new products. The process does not require the use of chemicals, and the only potential pollutant, pentane, is emitted in levels significantly below permitted limits. Recycled polystyrene is used to manufacture foam egg cartons, building insulation, reusable cafeteria trays, traffic signs, videocassettes, park benches, garden posts, and sandwich containers.

Polystyrene can be recycled five times before virgin material needs to be added. Currently, about 1,500 California schools recycle between 4 and 5 million pounds of polystyrene annually. The city of Palo Alto established a program that collected 8,450 pounds of polystyrene and saved the city \$7000 in six months. Gilroy and Simi Valley have curbside polystyrene recycling programs.

The goal of the National Polystyrene Recycling Company (NPRC) is to recycle 250 million pounds of products each year by 1995. They will never meet that goal without pressure and support from consumers. Go to your local independent recyclers and ask them to start recycling polystyrene now. Go to your city and county and ask them to include polystyrene in curbside recycling. Don't accept lame excuses that it is too costly. In Santa Cruz, locals found an interesting way to force support. The city passed an ordinance to eliminate the use of polystyrene packaging materials in the city. The NPRC jumped in and worked with local independent recyclers to establish a recycling plan for all polystyrene, even subsidizing the local recyclers. It's

enlightening what a little political pressure can create.

If you are interested in starting a polystyrene recycling program in your area and you live in California, you are in luck! The NPRC operates two recycling centers in the state, and you can contact them:

Michael Grubbs
wTe Plastics Recycling
30248 Santucci Court
Hayward, CA 94544
(415)429-1076

Philip Fusco
Talco Recycling, Inc.
720 South Temescal St.
Corona, CA 91719
(714)736-7040

Or you can contact NPRC's main office in Walnut Creek at (415)746-5262. Outside of California, there are two regional recycling coordinators: Jody Olin in Chicago at (312)568-1221, and Larry Klock in Bridgeport, New Jersey at (609)467-9377. NPRC has a new plant in Leominster, Massachusetts. You can contact NPRC at (708)945-2139. If all else fails, try Jerry Johnson at Polystyrene Packaging Council in Washington, DC, at (202)822-6424.

Of course, even though it is recyclable, avoid polystyrene whenever possible. Don't buy products that are over-packaged; write manufacturers and tell them to limit the amount and kind of their packaging. Bring your own coffee mug. Don't use plastic eating utensils. And pressure the plastics industry to increase their recycling efforts!



Stick the cat Surf Crazy Comics, Issue No.1

SMA UPDATES

SMA ORANGE COUNTY PICNIC

A group of Orange County, California SMA members gathered August 28 for a picnic, fundraiser and opportunity to get acquainted and match names with faces. The event was preceded by a morning surf rendezvous which featured clean, head-high peaks and sections from a major southern hemisphere storm. Members who showed were dispersed by a strong 5 knot drift but were united in spirit by the excellent surf.

While attendance was lower than expected, those who showed enjoyed good fellowship, good food and videos of SMA Todos Santos trips. Donations collected were earmarked for the Steve Baser Memorial Fijian Childrens' Fund.

Future events are anticipated, but will be structured according to the wishes and preferences of SMA members in the greater LA and Orange County areas. If you have a suggestion for timing, location or type of event (picnic, beach party, evening bash with band, videos, etc), please contact Norm Vinn at (714) 846-4240 or 846-2683.

THE SMA-HOLLYWOOD CONNECTION

Former SMA publishing kahuna Tony Peckham has been busy since his move to Tinsel Town, as this excerpt from movie industry rag *Variety* indicates:

"Columbia Pictures has acquired the script-in-progress "Burnout" for director John Singleton and producer Michael Cieply. The project, being written by Tony Peckham, is on the studio's development fast track, and could go into production by late fall. "Burnout" is the story of an ex-government operative who, while trying to get back to living a normal life, is forced back into action."

We're waiting to see how Tony works surf scenes into the plot.



The first Orange County SMA picnic.

DIRECTORY ERRATUM AND APOLOGIES

Members:

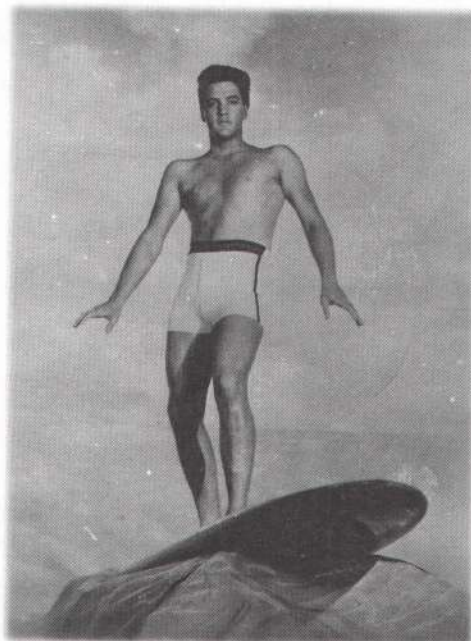
An entire of page of corrections and additions to the 1993-4 Directory (the "by specialty" listings) was overlooked when we put out Journal #10. We are extremely sorry if your name was omitted, was under the wrong heading, or was assigned to the wrong area code. The changes have been entered and should be correct in the next Directory - unless you move again and don't let us know. Again, apologies for any inaccuracies.

Paula Smith

And on that topic:

Dear SMA:

I liked issue #10 - but you left me out of the lineup! I should have been 4th



down from the top, p. D-8 (after Cambell, before Carman). Anyway, as a real SoCal native, I'm leaving - too crowded, too much like the places all those other guys left to move here. In fact I'm leaving California altogether for the Northwest; maybe I'll switch to kayaking.

Russ Carlisle, MD
Redondo Beach

STEVE BASER MEMORIAL FUND

Donations are pouring in for the Steve Baser Memorial Fund. All funds will be used for village children's health education and improvement, starting in Fiji. Your tax-deductible donations are welcome and encouraged. Send them to the Steve Baser Memorial Fund c/o the SMA, PO Box 1210, Aptos, CA 95001-1210, USA.

"BREAKING NEWS"

Fresh from the 1993 SMA G-land conference, Wombat says the surf was so unreal there was little time for presentation! Details in next issue.

SUBMIT!

We want, need, invite you to write for the publication you now hold in your hand. See front editorial for details.

CONFERENCES

FIJI/TAVARUA 1994 CONFERENCE AND NABILA PROJECT "Surfing and Health Education" March 21- April 4, 1994

The dates for the 1994 Fiji conference are as follows: March 21-April 4. We were looking at a June or July conference but decided to stick with March/April due to cost, weather, and other factors.

The focus for this conference will be direct education for the people surrounding the Nabila Public School, and some clinical time if there are doctors and dentists wishing to do this. We will also be collecting books for the new Nabila public library - the contact people for this are Rym Partidge, Ethan Wilson, or myself.

The topics of presentations on Tavarua are open, and our desired focus are papers related to surfing health and education and radical new approaches in surfing and medicine.

To reserve a space, we will need a deposit of \$250 as soon as possible, for we may be able to all save money if we can fill all conference slots by November 30. If you are interested, please call me at (418)373-2209 now!

Bill Jones

TODOS SANTOS December 10-12, 1993

Look at the Todos report in the last issue and, if you desire and dare to join the next Todos Santos conference, to take place December 10-12, 1993, call Bill Updyke at 818-704-8305. A deposit of \$240 will be needed by November 10 to hold a slot.



One of the reasons we go to TAVAU: perfect surf. Photo: Kurt Wagner

1993 North Coast Wilderness Surf Conference November 8-12, 1993

"SURFERS, SUSTAINABILITY, AND TRAVEL"

The surf trip is a quintessential part of the surfing life. No one's home break goes off all year, and the quest for the perfect wave is deeply embedded in the surfer psyche. We travel for a lot of reasons: for waves, for adventure, to meet people, to experience other cultures. In the SMA, we travel as a way of getting together and to explore ways of being useful in the world-- not to mention getting filthy good waves.

This conference will look at the way surf travel affects us and the people and places we visit. The topic that left people most stoked from the 1992 conference was surfers and sustainable living; this year we'll apply that theme to the issue of travel. Because most surf travel is in the tropics, our work will focus on Third World issues; because this is the SMA, we'll look at related issues of health care.

Topics planned for discussion include:

- Why do we travel and what do we get out of it?
- What is the Third World and how did it get that way?
- Sustainability in the Third and First Worlds.
- Ecological, social, and economic effects of travel and tourism.

- Island ecology and conservation.
- Appropriate health care in the Third World.

The format will be one of group discussions and focused exercises, breaking up into small groups as needed. Most activities will be in the evening; daytime stuff as always will be scheduled around the surf. All that we do will be participatory, with a minimum of lecturing and haranguing. A syllabus of relevant materials will be provided to each participant before the conference as a way of providing background and context; there will be discussions of specific pieces if people want them.

This conference is about how to live and travel better. As members of the small fraction of the earth's inhabitants wealthy enough to travel, we have a responsibility to understand the profound effects of our lifestyle on the rest of the world. We're not planning a guilt-fest, but rather an opportunity to come together and learn from each other how to do it better. Come prepared to put something of yourself and your energy into the mix.

The conference will be November 8 -12 at Big Flat on the Lost Coast, a nine mile hike up the beach from Shelter Cove in Humboldt County. (Arrive on the 7th and leave on the 13th). As always, superb meals will be provided three times a day by Flathead chefs. We may

be able to take some gear (boards, etc.) by boat, depending on the weather. Accommodations include camping out in your tent, fighting for a bed, or flopping down on a futon on the floor.

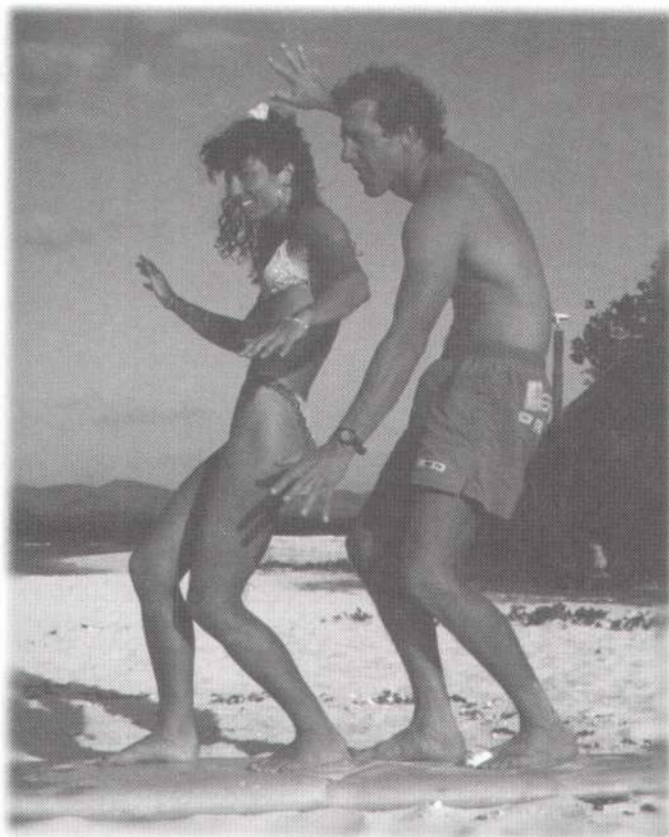
The surf can be up to triple-overhead this time of year; it's usually at least head-high. Most people take a board around 7' with either a 4/3 or 5/3 wetsuit. Bring hood and booties. Remember that you may have to carry in all your own stuff: go light.

The conference is open to all SMA members, but don't sign up unless you really want to participate in the conference-- there are better times to surf up there than with a crowd of surf docs. There are a total of 14 spots. The cost is \$400, due before the trip-- a \$120 nonrefundable deposit gets you on the list. Call Ward Smith at SMA Central (408) 684-0916; send your deposit to SMA, POB 1210, Aptos, CA, 95001. If space gets tight, priority will be given to those who demonstrate an active interest in and willingness to contribute to the content of the conference.

Kevin Starr and Ward Smith



See you at the Flat. Photo: Mark Renneker



See you at Tavarua in '94. Photo: Mark Renneker

Surfing Medicine: A Pier-Reviewed Journal

Here's your chance to add a significant publication to your resume: consider making a submission to the Journal of the Surfer's Medical Association. Send us your surfing related case reports, research, proposals for upcoming trips or projects, stories, and anything else you feel is relevant to surfing and medicine.

Rules for Submission:

1. Send material in early — next deadline February 1st.
2. Include pertinent references.
3. We'll love you forever if you put your material on a Mac disc, using Microsoft Word.
4. Include any graphics and photos (especially surf pics, particularly if they are of you).
5. Proof-read your stuff a couple of times — have your kids correct your spelling and punctuation.
6. We'll publish anything sent in that looks good and passes peer-pier review (we pass it around to SMA members and other derelicts hanging out under the pier; if it meets their rigorous standards, it's in).
7. Mail to: Editor Surfing Medicine, 2396 48th Ave., San Francisco CA 94116

THE HOLIDAY SEASON IS COMING!

Give YOURSELF and others SMA GIFTS!!
(And be donating to the SMA at the same time!!!)

SMA Memberships

A fantastic gift - join someone up to the SMA (or renew or upgrade your membership). See the listing of membership categories on the reverse of this page, and complete the membership form. Indicate if a gift membership on the membership form (don't worry if you don't have all the relevant information; just put the name, address, and type of membership - we'll have them fill in the rest later).

T-Shirts

High-quality (Hanes), colorful SMA logo on back and front pocket, short-sleeve in bone color only. Medium - Large - Extra Large, include self-addressed, stamped envelope (they weigh about 8 oz. each, and one will easily fit into a 9 x 12 in. envelope). Classic gifts. The medium is fairly small, and reasonably fits children and smaller adults. \$15.00 each.
Number of shirts: _____ Size(s): _____
\$ Enclosed: _____
Must include SASE.

Decals

Torquoise-blue SMA logo on white mylar, about 5 x 6 in., perfect for surfboards, car bumpers, windows, notebooks, and office doors. Include self-addressed, stamped envelope (1/2 oz. each, 7 x 10 in. envelope so they won't have to be folded). \$2.00 each.

Number of decals: _____
\$ Enclosed: _____

Must include SASE

Wall Diplomas

To place alongside your other diplomas, whether from high school or medical school, this signed, slightly surf-motified diploma officially confers upon whom-ever you indicate "the rights and privileges thereto pertaining to membership" in the Surfer's Medical Association. Get it framed, and give it as a gift! Include self-addressed, stamped envelope (1/2 oz., 9 x 12 inch envelope, so they won't have to be folded). \$5.00 per diploma.
Diploma in what name(s): _____

Number of diplomas: _____
\$ enclosed: _____
Must include SASE

Books: The Collected Surf Medicine Works Volumes 1, 2, and 3

Each volume is about 300 pages, in a 3-ring binder with Collected Surf Medicine Works on the spine. They will look handsome on any bookshelf, and be a powerful reference and educational tool. Each volume costs \$35.00, plus \$2.40 postage (first class, U.S.), or \$18.00 foreign (if air mail) or calculate sea-mail foreign postage costs for two pounds per volume. Or, order all three volumes for \$100 and the SMA will throw in the postage for free (if U.S.). Vols. 1 & 2 ready for delivery. Vol. 3 still in press.

Volume 1: World Literature on Surfing and Medicine \$35 each # _____
Volume 2: The Complete Dr. Geoff and Dear Surf Docs \$35 each # _____
Volume 3: Handbook of Surf Medicine - \$35 each # _____

Complete set of all 3 volumes \$100 # sets _____
Postage amt. \$ _____
Total amount \$ _____

Steve Baser Memorial Fund

To memorialize SMA member Steve Baser, who died May 3, 1993, the fund is devoted to supporting sustainable disease prevention and health education programs for village children in Fiji, and elsewhere. Independent of the SMA, but a cause that the SMA fully supports, overseeing the fund will be his twin-brother, Mike, and a small group of village-experienced SMA members who knew and admired Steve. Regular reports on the Fund's work will be in this journal. Make your (tax-deductible!) check payable to "Steve Baser Memorial Fund" and send care of the SMA.

Instructions

Follow the above instructions per item ordered, and make your check out to the SMA.

Mail to:
Surfer's Medical Association
P.O. Box 1210
Aptos, CA 95001-1210

These items are only available to SMA members.

Total amount enclosed
(all of above) \$ _____

MEMBERSHIPS

Memberships are for one year unless otherwise specified, and include a decal, membership directory, a journal every 6-8 months, and invites to all SMA conferences. Membership is a way of both joining and contributing to the SMA. Choose your category accordingly.

Life Member: Totally Committed and has some bucks — pay once and you belong forever. \$500

Charter Member: Wants to be a Heavy Local in the organization. \$100

Health Professional Member: the Surf Doc Membership — for those who spent too much time going to school and now want to surf more. \$50

Professional Member: for non-health professionals with real jobs. \$50

Barefoot Doctor Member: the Surfer's Membership — for surfers interested in learning how to take better care of themselves and others. \$20

Corporate Guilt Member: for those who have exploited surfing for personal gain — you know who you are, now pay up. \$1000

Gremmies Member: for beginning or young surfers. \$10

Silver Surfer Member: for the elders of our sport (over 60) No charge.

Corporate Sponsor: philanthropy has its costs...\$500 and up.

The John Cherry "I Won't Join Anything" Membership: for the truly hard-core non-joiner. \$109.95

Life's A Beach Member: for wealthy patrons who believe the surfer's life-style should be supported to the max. \$100

Illegal Member: \$100 cash or equivalent. Anonymity guaranteed (unless Nancy Reagan wants to know).

Surf Parent Member: for those who want to see Johnny come home in one piece. \$30

Surf Family Membership: the family that surfs together, stays together. \$30 (\$60 if any family member puts a degree down after their name).

Surf Widow Membership: for spousal equivalents of surfers — the SMA can help! \$10

I'll Join Anything Member: for non-surfers who think it would be cool to join a surfing medical association. \$19.95

Join Now, Pay Later Member: send us your hard-luck story. \$0

Organizational Member: let's trade memberships to keep each other up-to-date. \$0

Surf Professional Member: for career surfers — you endorse us, we endorse you. (the SMA supports pro surfing). \$0, and maybe an occasional favor.

Hodad: interested in joining, hasn't paddled out yet.

Shoulder-hopper: those who drop-in on the SMA without paying their dues.

Snake: a flagrant, chronic shoulder-hopper (always promising to pay their dues)

After-Life Membership: for Life Members, a chance to surf in the hereafter — the SMA will do everything possible to see that your organs are donated to surfers, and we'll provide a lovely surfboard tombstone for your grave. \$1000

TO RENEW: When did you first join, or last renew? Was it a one-year membership? Figure it out (reminders abound). Consider Life Membership to simplify things in the future.

TO JOIN: Choose your membership category, fill out this form, make out a check payable to the Surfer's Medical Association (in U.S. dollars), and mail to: Surfer's Medical Association, P.O. Box 1210, Aptos, CA 95001-1210. Phone/FAX (408) 684-0916. Be patient if you don't hear back from us right away (especially if the surf is good).

PLEASE SEND US THIS INFORMATION

Copy or Xerox if you don't want to disfigure your journal

Date _____

New Member Renewal

Name _____

Address _____

City/State _____

Zip _____ Country _____

Work phone _____

Home phone _____

Membership Category _____

Amount [Fees as of Sept. 1st, 1991] \$ _____

Type of surfer (stand-up, boogie, etc.) _____

Years surfing experience _____

Present number of go-outs per month _____

Your worst surfing injury _____

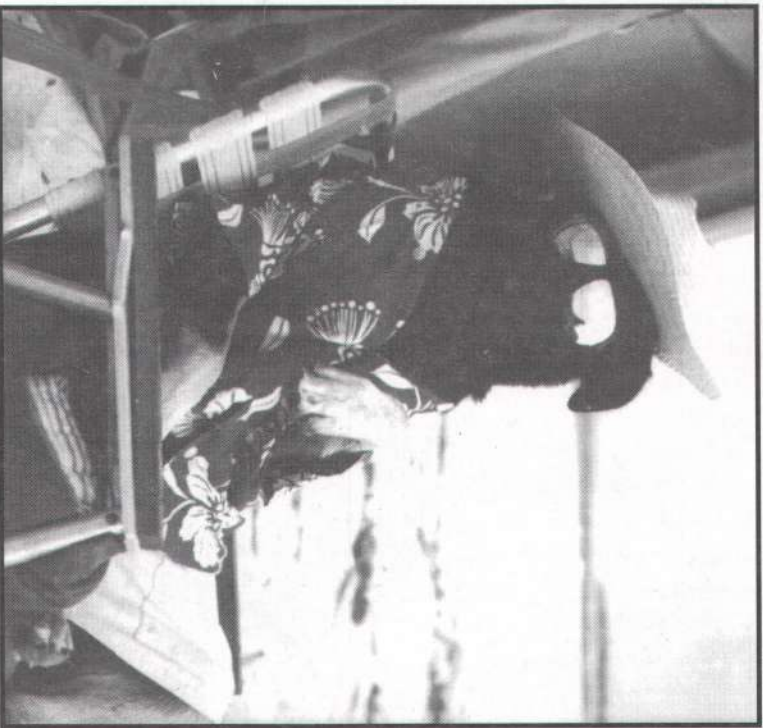
Type of work/specialty _____

Job title/Academic position _____

What about the SMA stokes you the most _____

Name/address of a surfing buddy(s) who you think would appreciate being invited to join the Surfer's Medical Association:

Surfer's Medical Association
P.O. Box 12110
Aptos, CA 95001-12110 USA



Gooty, Baja c. 1978

**CALLING ALL SURF DOGS
CHECK OUT UPCOMING
SMA CONFERENCES**

Bulk Rate
U.S. Postage
PAID
So. San Francisco, CA
Permit No. 665