SURFING MEDICINE

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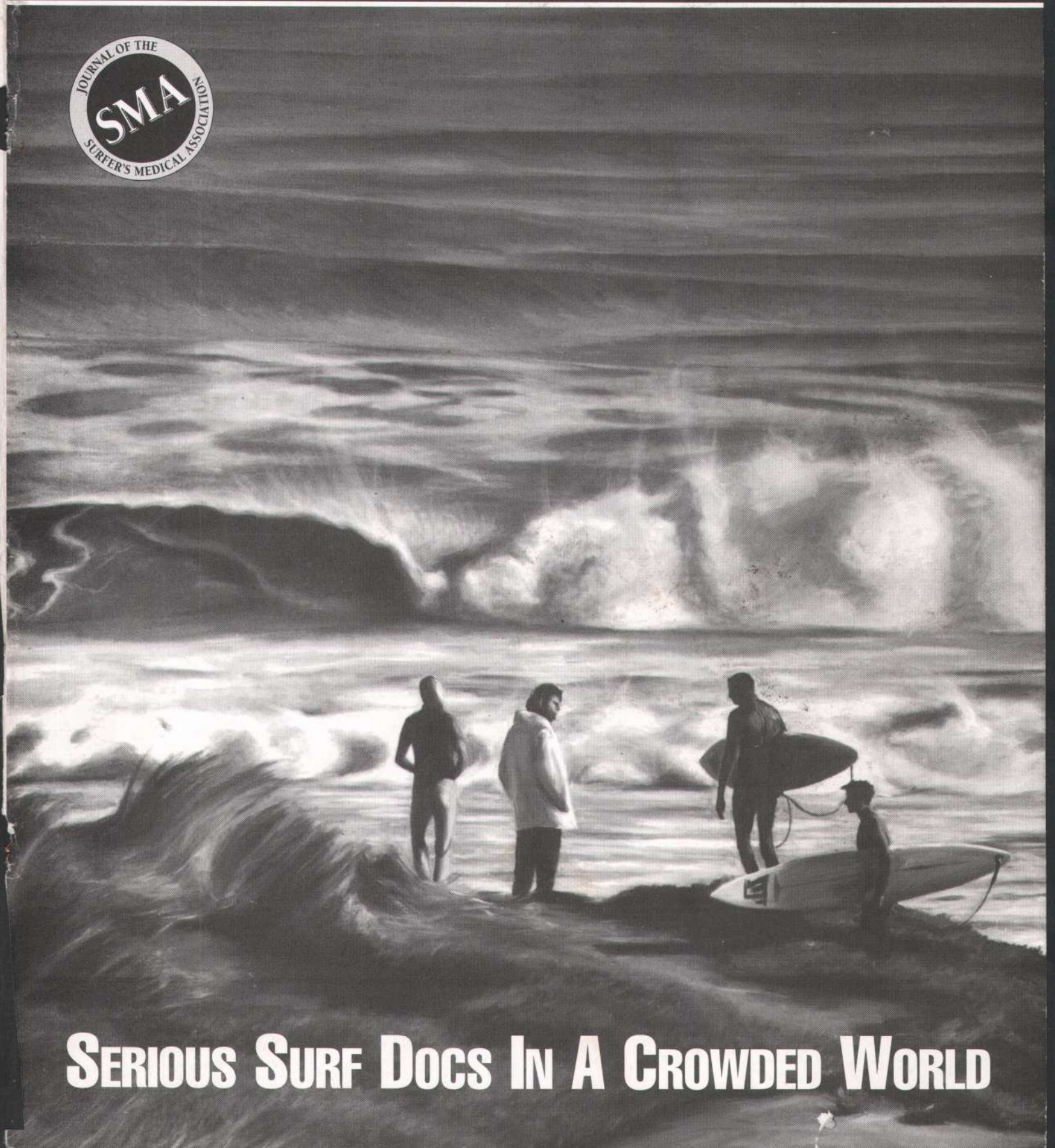

SERIOUS SURF DOCS IN A CROWDED WORLD

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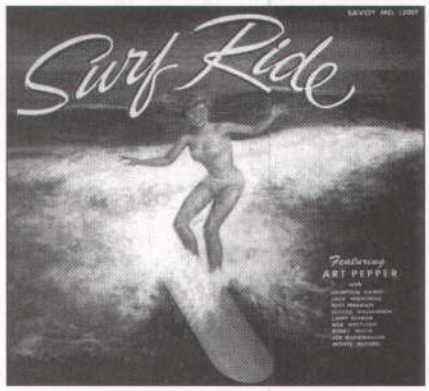
Issue #12, Spring 1994

The "Get Serious" Issue - As we pass through this seventh year of the SMA, we bear witness to our changing swell direction: this is the first year since our founding in 1986 that we have not journeyed to Fiji to surf Tavarua and work with the Village of Nabila. Our annual conference there, scheduled for this last month (March), had to be cancelled due to not enough SMA'ers signing up to go. The predominant reason given was financial, that the sagging economies of both the U.S. and Australia have trickled up to health professionals.

However, members' stoke and commitment to the annual conferences at G-Land, Big Flat, and Todos Santos, as well as the new and upcoming conference at Magdalena Bay (Baja), are extremely high. Could it be that our time in Fiji has reached a natural conclusion, that we basically completed the Nabila Health Project - and the village is, as they were from the beginning, on their own? It seems so, at least for now. Is this bad? Read Kevin Starr's article for perspective on this topic, and let us know if you have anything to add...

- Mark and Steve



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Dr. Starr lightens up a little at Ocean Beach. Photo: James Coughlin.

CONFESSIONS OF A SLOW LEARNER: RETHINKING VILLAGE MEDICINE

Kevin Starr, MD

San Francisco, CA

In the beginning my motivation was mostly guilt. It didn't feel so good to surf tropical waves when the people on the beach lived in grinding poverty, and it wasn't that much fun to hike through mountain villages with a rucksack full of climbing gear when the villagers looked like they hadn't had enough to eat. I went off to the Third World looking for adventure, but came home with the nagging sense that I shouldn't go back without something to offer in return.

My guilt took root early: My first memory of television is the image of a starving Biafran child on a flickering black-and-white screen (if he was starving, why was his belly so big?). Our church group went regularly to northern Mexico to pass out food and clothing to the grateful poor, and weekly mission stories painted vivid pictures of the struggle to bring hope to benighted natives in places with unpronounceable names. *LIFE* magazine and the ubiquitous stacks of National Geographics around the house colored the image of a sprawling Third World that always seemed to be in crisis. It was exotic, colorful, backward— and it desperately needed our help.

No wonder I felt guilty going there to surf: The Third World was a place where one did serious and heroic things. My grandfather was a medical missionary in Asia and my family's church had a strong tradition of service, from disaster relief to hospital building. I grew up with a real sense that one had a fundamental obligation to try and better the lot of those less fortunate. It wasn't exactly the "white mans' burden" sort of tradition, but it wasn't that far off, either. And so when I had a chance in my second year of college to go to work with a medical team in the Cambodian refugee camps, I grabbed it. Moved by media images and stories of the refugees' suffering, I genuinely wanted to help; it also seemed like a pretty cool adventure.

"She wasn't good, but she had good intentions..."

-Lyle Lovett

"To hell with good intentions."

-Ivan Illich

When I arrived in Thailand, the great famine of 1978-79 was winding down and the people in the camps were settling in for the long haul as the Khmer Rouge and the Vietnamese fought over what was left of Cambodia. Feeling redundant and useless in the overstaffed camps in Thailand, I finagled my way onto a small team headed for a camp in the mountains a few kilometers inside Cambodia. Trying to find something useful to do, I ended up dodging shrapnel (exciting), carrying loads of medical supplies up jungle trails (also exciting), and trying to convince people to build latrines (not very exciting). I also passed out hundreds of UNICEF toothbrushes.....

Wracked by malaria, infested with worms, I was sent home shortly after rolling the team's pickup truck on a jungle road at night. I went home with a

vague sense of accomplishment (although I felt bad about the truck); that I was plagued with recurrent fevers added a tinge of heroism. I was under no illusion that I had done much that was useful for the Cambodians, but it was only years later that it occurred to me how insulting it must have been for these people fleeing for their lives to have a young Californian telling them to build latrines and brush their teeth. That they tolerated me at all was a tribute to the characteristic Cambodian sense of humor and general goodnaturedness.

I came away from the experience of the camps determined to study medicine. The doctors I worked with were wonderful: Compassionate and competent, they'd had a well-defined role. They stayed busy and seemed wanted; it looked good to me. It seemed simple: I'd go to medical school, then come back to the Third World and save lives. And that's what I did.

I've spent much of the last decade thinking about and working on projects to bring medicine to the Third World. It doesn't seem that simple anymore: After eight years of medical training and a dozen working trips to Latin America and the Pacific, I'm still trying to figure out how to be useful. I've cared for sick villagers on Pacific islands and in the canyons of the Andes. I've trained community health workers in Peru and helped establish a village health project in Fiji. And I've returned again and again to mountain villages in Bolivia with groups of American medical students and doctors to exchange ideas about health and healing with traditional herbalists.

I don't do it out of guilt anymore; I do it mainly because it's fun. I like helping people, and going to the Third World with something to share connects you with locals in a way that makes the trip far more interesting. The once-faceless villagers who saw me as an alien with a rucksack became friends and collaborators. Working in the village of Nabila gave a satisfying substance to surf trips in Fiji; next time in Bolivia I'll climb a mountain with a friend from the village of Lagunillas. There isn't as much impetus for guilt anyway: Once I got past my initial images and assumptions about the people of the Third World, I came to see them less as suffering masses and more as individual people with lives at least as rich and interesting as my own.

It would hard now to come back from Bolivia or Fiji without feeling like I've gotten more truths from those I visited than they could ever get from me. Patterns of family and community cohesion that seems to be vanishing here at home; ways of living lightly on the land; a sense of living full lives while respecting natural limits: These are the gifts of the Third World for a modern Californian. My journeys seem to be shifting from rescue mission to pilgrimage.

Now I can surf in peace again, but I can't help wondering how useful my medicine has been in the Third World. Has it really been helpful? Watching what's happening to health care in this country makes me nervous about what I've been exporting: Our own medical system seems out of control. Expensive new technologies multiply; cheap and effective preventive medicine languishes. We've learned how to keep a person alive indefinitely without answering basic questions about access, equity and limits. While spending ourselves into bankruptcy, we seemed to have bumped up against the law of diminishing returns; it's not clear to me whether the medical system I'm part of is really leaving people healthier and happier.

Exporting our medicine to the Third World means exporting a powerful technology and a very Western way of looking at things. Bashing all things Western is tiresome and not very useful, but the Third World often seems to get the worst and most destructive of what the West has to offer: They get the sugary soda pop without the fluoride toothpaste. High-tech western weapons help turn tribal squabbles into genocide; export-driven Western-style development levels forests and displaces small farmers. Our methods and technologies are extremely effective at producing dramatic results in the short term, but all too often there is little information available on their long-term or side effects. We don't advertise the dark side of our technology any more than a used-car salesman would show you the fatal spot of rust you missed when you looked under the car.

I'm not equating arms sales with medical work and I'm not convinced that Western medicine can't do good things in the Third World. I'm just remembering that the primary oath I took as a physician said something about "do no harm," and it seems to me that Western medicine, like any powerful technology, can have a host of side effects. In the rest of this essay I will explore what I see as fundamental attributes of western medicine that can lead work astray in the village and will outline some strategies that might help avoid inadvertent harm. There won't be much in the way of charts, graphs, or percentages: This comes directly from my own experiences and those of others whose work I know well.

MEDICINE COSTS MONEY

To do Western medicine, you need money, often a lot of it. How to pay for what we do is what occupies much of the time of those who do health care work in any setting, here or the Third World. In the village, many, if not most people participate only on the margins of the cash economy - effectively, they have no money to spend on medicine.

The Bolivian villagers I know earn about $300 a year, mostly from menial labor in the big city. They spend most of

Death statue from pre-Columbian Mexico.

the year in subsistence agriculture, sowing and harvesting their family's food, and tending flocks of sheep and alpaca. The men typically leave their homes and families for a few months to work in the city or on big lowland farms. It's not an easy life, but everyone I know there is clothed, housed, and seems to get enough to eat. The water and air are clean and people are astonishingly fit from working in their fields and walking up and down their mountains. Where they live is gorgeous; bottomless canyons, icy peaks - I first traveled to Bolivia just to see their mountains.

My friends tell me that $300 is enough (though they gently try to scam a few pesos off me since I'm so obviously rich). It covers the few necessities of flour, sugar, and coffee, along with come clothing for the kids, and the occasional luxury like a radio or a case of beer for the fiesta. They like going off to the city to work for a couple of months; it's exciting and a break from routine, but they tell me that they're always anxious to get back to families and the tranquility of the village.

It seems to me that bringing in Western medicine could shift the cash/subsistence equilibrium of the village. Medicine doesn't remain a luxury for long: A couple of dramatic cures and it becomes something people no longer feel they can do without. Having introduced an expensive new necessity, do I continue to provide it as a charity or must villagers somehow come up with the cash to pay for it?

Charity seems unworkable as a long-term solution; even in the short run there are problems of creating dependence and unfillable expectations. Trying to raise cash could be even more disruptive in the village. For example, my friends in the Andes could: Spend more time away from families working (unemployment in the capitol hovers around 40%); try to eke cash crops out of their land (a soils ecologist I know tells me that the land is already dangerously overworked and overgrazed); or they could leave the land and move into the cash economy of the city (the slums await them).

In any village setting, the effects of a rapid shift from subsistence to a money economy can be profound. Attempting to raise surpluses for sale can put ruinous pressures on land and sea. Age-old systems of cooperative labor are undermined as the value of labor is defined in monetary terms. People begin to migrate to urban centers where cash jobs are more plentiful. Those who cannot find work for money, usually women, find their status in the community plummeting.

Even in communities already in the cash economy, the need to find money to pay for medicines can cause hardship and undermine good health. The money to pay for medicines may come out of what was previously used to buy food or seed for next year's crop. David Werner, author of the classic village health manual *Where There Is No Doctor*, tells of a group of mothers in the Philippines whose children had become noticeably healthier in the past year. After much discussion, the reason came out: They'd lost faith in the local health worker and so had spent the money previously used to buy medicine on food instead.

MEDICINE COMES FROM OUTSIDE

Compared to us, Third World villagers are remarkably self-sufficient. Food and other necessities are usually produced locally and everyone knows how to perform basic tasks. Everyone in an Andean village knows how to plant potatoes, build an adobe house, or butcher a sheep; Fijian villagers can all catch a fish, weave a thatch, or sow cassava. Trade is almost universal, but is often confined to luxury items; often the essentials can be produced at home.

Western medicine may undermine that self-reliance. Drugs and medical equipment are industrial products and come from far away; most Third World countries don't have a pharmaceutical industry. Medicine becomes a new necessity that cannot be produced locally. I wonder if the sense that needs must be supplied from without can contribute to a feeling of inferiority, a sense that the foreign world that can produce this miraculous medicine is somehow better.

Reinforcing medicine as something from outside the village is the reality that much of Western medicine in the Third World is introduced and administered by visitors. Doctors with private planes flying to villages for a long weekend of busy clinics, surfer-physicians administering to a village near the break, trekkers responding to mountain villagers' requests, volunteers giving a month of their free time to humanitarian labor: These are the people who end up bringing medicine to the village. They are compassionate people who work hard, but they often haven't the time or resources to learn the history and culture of where they're headed beforehand. Once there, there is no time to immerse themselves in the village, to understand the intricacies of social and economic relationships: The schedule demands they jump into work so that there is something to show for their stay. And then there are the problems of more casual visitors providing hands-on acute care to villagers. The issue is a sticky one: it often comes up because locals make a direct request for help with health problems. Confronted with sick babies and ailing grandmas, I have given in and done what I was trained to do, which is to roll up my sleeves and go to work.

I've too often wished later that I hadn't jumped in, for a few reasons. First is that care given by visitors can undermine existing health care. People will go to a visiting doctor over whatever local care because of convenience (the clinic is miles away), cost (the clinic charges a nominal fee to stay afloat), or simply because of a perception that Western visitors can provide better care. Often the care that is provided is more sophisticated, modern, and flashy than that which is available locally; even better, it's usually free.

Visitors offering medical care often find themselves in a medical whirlwind, a hectic round of noisy clinics that leaves everyone exhausted, but with a sense that work has been done and something of value has been accomplished. The warm glow from a job well done accompanies them back on the plane; meanwhile, the villagers can be left with a raft of unfillable expectations. The cost and quality of locally available care may no longer seem reasonable; conditions once accepted as a part of life have been diagnosed and seem to require expensive and often unavailable treatment. Care given in a spirit of humanitarianism can end up creating dependence on outsiders who aren't even around most of the year, and may even stunt locals' efforts to procure ongoing care for their community.

And the visitors' care, while it seems somehow better to locals, may in fact be woefully inadequate. Visitors are unaccustomed to the conditions and cannot ensure proper follow-up. There is often a feeling that some treatment is better than no treatment and so the infection that should be treated with intravenous antibiotics gets oral antibiotics instead and surgeries that should be multistep are done in one shot. The urgency of needs can propel visitors into providing services for which they have no training and would never even attempt at home, such as having internists sew up complicated wounds or surgeons treat diabetes.

While stretching skills in underserved areas can be necessary, even heroic, it contributes to the feeling that villagers should accept or even that they deserve a lower standard of care than people back home. Besides the fact that this can foster a sense of villagers' inferiority, it can be destructive in the sense that improper or inadequate care won't bring about cures and may run the risks of therapy - such as drug reactions and wound infections - without providing the benefits.

Communication problems and cultural differences are more acute for the visitor. Interpreters are usually amateurs, somebody's cousin who studied English in secondary school. Rarely are they able to handle the complexity and nuance of a discussion of illness. Bewildered physicians make recommendations to bewildered patients; often fundamental assumptions about diagnosis and treatment are not shared. The patient does not "comply" with treatment because she never understood what was going on in the first place; the doctor is left with the feeling that she is either recalcitrant or stupid. When the scenario is repeated enough times, humanitarianism gives way to an often-unacknowledged contempt and the initial bloom of mutual admiration fades into a dull atmosphere of resentment and unmet needs.

MEDICINE REQUIRES INFRASTRUCTURE

I've never felt comfortable in Third World hospitals. The ones I worked in and visited just didn't feel right. They weren't clean like the hospitals I was used to and there seemed to be broken equipment clogging every hallway. Some of them had the feel of a medieval charnel house; they didn't seem like places of healing. It was weird; some of the finest clinicians I'd met worked in those hospitals, but the institutions seemed even more oppressive than the hospitals back home.

I wondered if I was just being uptight until I had a chance to talk with villagers in Peru about their experiences in rural and city hospitals. They told me that hospitals were where you went to die; their faith in medicine had been shattered by one horror story after another. Working at village health posts, I saw people die of easily treatable things like appendicitis because they were too scared to go to the hospital. These people weren't stupid: They were making a rational choice.

This sounds like an indictment of the way the poor are treated in Peru, but it goes deeper than that. There was something fundamentally wrong with the system: There was not the infrastructure necessary to effectively deliver Western-style medicine. There wasn't necessarily something evil going on; it was just that Western medicine and the host culture were a poor fit. For example, I remember how it rocked me when I realized that people in the Andes view time as cyclical rather than linear. I still can't quite fathom what that means and what its implications are for a person's view of health and illness; all I know for sure is that it is a radically different way of viewing the world. It may be a richer and ultimately more useful way, but it may not fit the medicine I know how to practice.

So it's not just the physical and logistical infrastructure that is missing; it may be that philosophical frameworks are incompatible. If that is so, medicine can end up being practiced in an environment of mutual misunderstanding. Patients take medicines without knowing why and practitioners dispense them without a clear understanding of their effects. Antibiotics end up being prescribed for everything from colds to headache; patients given antihypertensives for an asymptomatic disease think their treatment is finished after the first bottle of pills. The effectiveness of medicine is compromised while its propensity for unintended and sometimes disastrous effects is enhanced.

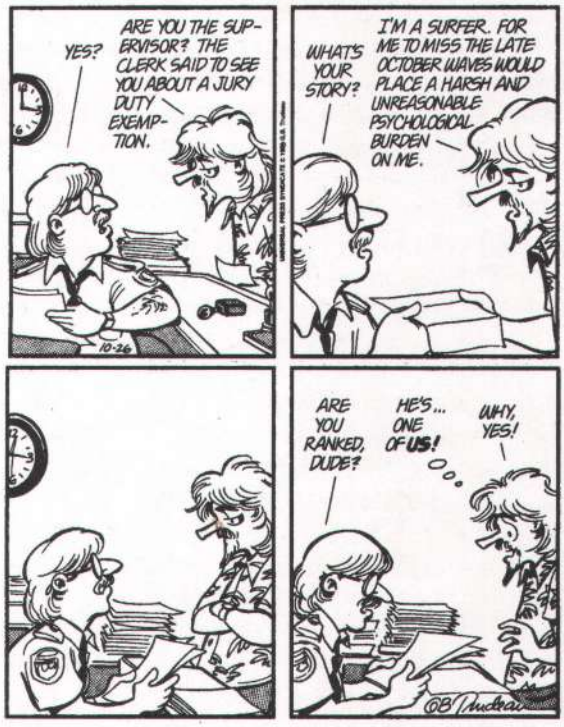
Perhaps this is a transitional state; maybe medicine and local culture gradually evolve toward a better fit. I've run into people doing interesting work trying to fit the principles of Western medicine into the context of folk tales and other elements of traditional culture. But Western medicine hasn't demonstrated great tolerance for traditional and alternative ways of healing. In this country, the AMA has struggled mightily to exclude naturopaths, midwives, and others from the mainstream of healing; in Bolivia, the

doctors I've spoken with are most contemptuous of traditional ways of living and healing. While placebo studies would suggest otherwise, there is little room for magic in the Western tradition and so Western medicine tends to displace traditional ways of healing, undermining healing practices that have evolved to fit local cultures over centuries. That traditional medicine often continues to thrive underground in many cultures suggests that it fills a need that is left unsatisfied by Western medicine.

It seems like training villagers to care for their own might help merge traditional and modern ways, but attempts to accomplish this by sending villagers off for advanced training are often foiled by the nature of the training itself. Usually given in urban centers, advanced Western medical training is usually permeated with modern, western values, which in many cases denigrate the traditional way of life in the village. The villager who manages to complete training through nursing or medical school has often acquired a new set of values that leave her unenthused about returning to the village. Worse, medical training can leave health workers contemptuous of their former peers back in the village, who are now seen as backward, superstitious, and "unmodern."

There may be hidden costs in creating the framework necessary for effective modern healthcare; costs that themselves can undermine the health of a village. An abrupt shift from a traditional to a modern world view may be bad for people's health; the diversion of resources to create an effective healthcare infrastructure may leave the village impoverished in some other way. Bringing about the infrastructure for modern healthcare may disrupt age-old social structures and erode the traditional authority of the elders. We've seen it here in the befuddled parents who ask their kids to program the VCR for them; rapid growth of technology shifts power to those most adaptable, the young. Even in my relatively brief time in this work, I've seen authority slip from the hands of village elders as the onrush of technology makes the wisdom of centuries seem irrelevant. That wisdom, with its roots in a specific place and culture, seems to me to be at least as vital to the health of a village as a new health post or stock of antibiotics.

DOONESBURY *Garry Trudeau*



MEDICINE IS EVER-EXPANDING

The product of a society focused on growth and technology, Western medicine has no defined limits: Witness the explosive growth of the healthcare industry in the United States. Some of this growth is explained by a cultural unwillingness to accept limits, but much is intrinsic to the nature of medicine itself: Each new remedy creates side effects and complications that must be dealt with; each life-prolonging measure generates a whole subsequent set of necessary interventions. The diabetic kept alive by insulin needs antibiotics for the inevitable infections, dialysis when his kidneys start to go, and cataract surgery years down the line. Grandma's life is saved by coronary bypass surgery; the next month she may need antibiotics for pneumonia. Having the tools to keep someone alive is a wonderful gift, but it can be hard to know when to stop.

Driven by the market economy and the scientific paradigm, Western medicine is constantly refined, forever searching for more and better solutions. "Good enough" is not good enough—only the best will do. Doctors and patients together buy into an upward spiral with no end in sight. The upward spiral is also fueled by the imperatives of medicine as a battle against nature. Among the most dramatic tools of Western medicine are antibiotics, drugs with an almost magical ability to wipe out bacterial infections. Unfortunately, bacteria have an equally magical ability to mutate and the resulting development of antibiotic resistance necessitates the continuous development of new antibiotics. The situation is worsened by the overuse and misuse of antibiotics, both potent factors in the emergence of resistance. From the shifting ecology of bugs confronting drugs, new strains of pathological bacteria appear with monotonous regularity. From the initial discovery of penicillin, this battle has led to the development of the over eighty antibiotics commonly used today.

This endless growth of medicine has almost bankrupted the wealthiest nation on earth; it might easily overwhelm the scant resources of the village. A conscious, ongoing, and determined effort to maintain local control of the use of Western medicine, coupled with an explicit acceptance of limits, might slow medicine's expansion, but the relentlessness of the process makes it difficult. As a powerful technology that as yet knows no limits, Western medicine can erode the innate sense of limits that allows villagers to live in harmony with each other and their environment.

MEDICINE ACTS AT THE LEVEL OF THE INDIVIDUAL

Western medicine evolved within a culture that emphasizes the individual over the group. The doctor-patient relationship is focused on the individual patient and, practically speaking, the doctor 's responsibility is defined in terms of that particular patient's needs. I was never trained how to treat a whole community, although I do try to work at a family level, and I find that while the principles of public health work at the community level, they are often difficult to apply at the doctor-patient level.

It was a real revelation to me to spend time in the Fijian village of Nabila. People there seemed to think of themselves less as individuals and more as part of something larger, the village. In Nabila, the village is a sort of extended family (it seems like most are kin) that transcends the individual. There is in the village a cohesive and egalitarian quality that left me feeling wistful, as though I'd caught a glimpse of something lost.

I don't know quite what that means in terms of medicine. I worry about what can happen when a an expensive technology that is applied on an individual basis is presented to a community with limited resources. Will there appear a "first come, first served" mentality, wherein those in authority, those who somehow attract extra attention, or those who show up first garner what is available, leaving the rest in the cold? Could the kind of medicine I practice help introduce a competitive spirit into communities that have for eons interacted on a cooperative basis? I don't know; but judging from the problems we're experiencing with equal access to healthcare in this country, I'm concerned.

ABOVE ALL, MEDICINE SAVES LIVES

I went into medicine with the dream of saving lives; it's what Western medicine does best. While some branches of medicine - preventive and rehab medicine, family planning - focus mainly on quality of life issues, the main thrust of medicine remains crisis intervention, the business of curing disease and saving lives. For the villagers I know, the most attractive part of medicine is usually that which cures illness: A dramatic surgery for appendicitis is a whole lot more compelling that a discussion of birth control.

There are two big problems with this. The first is that resources often end up allocated for treating illness rather than prevention, an approach which, over time, is much less effective at diminishing the burden of suffering. The second problem is one of demographics: Any time you do something to lower the death rate without simultaneously lowering the birth rate, the population will increase, often exponentially. Because of the tendency toward curative medicine, there is often a lag time of years, even decades, before birth rates begin to fall as well.

When it contributes to rapid population increase, medicine can paradoxically increase the net burden of suffering, as the flood of people erases any overall gains in health and well-being and available resources are spread even more thinly. Traditional social structure can break down as communities try to accommodate the demands of an increased populace: Often the only solution is for many to migrate to urban centers. In communities already nearing the capacity of the land to support them, population increases can be disastrous. In places like Haiti, entire ecosystems crash, leaving the land destroyed and its people bereft of the most basic sustenance.

MAKING THE BEST OF GOOD INTENTIONS

These core attributes of Western medicine won't affect each community in the same way. Effects will vary, depending on things like prior western influence, the extent of the cash economy, the degree of social cohesiveness, ability of existing social mechanism to deliberate on and deal with change, compatibility of traditional world view with the principles of Western medicine, and so on.

With that in mind, I've been thinking about how a realization of medicine as a double-edged sword could help keep my good intentions on track. I've recently been asked to sketch out a proposal for a community health project for villagers living in a rain forest conservation preserve in the Amazon basin. It's a chance to start something new, an opportunity to try and synthesize what I've learned from past experience and mistakes into a ground-up project. Thinking about what I've learned about the effects my medicine can bring, I've put together some ideas that I want to keep in mind as this next project unfolds. Phrased as suggestions to the well-intentioned visitor, here are the ways I hope to "do no harm:"

Establish a Context. Before trying to do any work, learn all that you can about the people and the place: History, ecology, culture; how the community works, who are the movers and shakers. Don't even try to work on the first trip: Some of my worst blunders were the result of diving into healthcare without understanding what was going on around me.

Look For Strengths. Often, we go to the village looking for problems, which is a backward approach. The villages I know best have a lot going for them: A functional sense of community, relative ecological sustainability, an egalitarian way of life. Looking for what is right rather than what is wrong helps you identify what you don't want to change (do no harm) and gives you tools to bring about useful change; it's also a much nicer place to start from.

Establish needs. I don't think this can be done quickly in most situations; a useful sense of needs is the result of a process of convergence between what visitors and villagers perceive as needs. An identified need is useless unless villagers perceive as such: Their input is more important than yours. What emerges from the process of dialogue is usually a spectrum of needs on many levels. Having a sense of the whole spectrum will help you identify where you can be useful.

Think Through the Whole Process. Having decided to intervene in some way, think the thing through from start to finish. What are your end points - exactly what do you hope to accomplish? What are the long-term effects of what you're attempting? Can the processes you set in motion sustain themselves indefinitely? What are the project's effect on the village system in social, ecological, and economic terms? How can you design in what you do want and design out what you don't?

Try playing a game of "what if" with your project. Make up scenarios, brainstorm about what could happen. You might even try some role-playing - it's amazing what you can learn imagining yourself down-the-line in your own project. By working step by step through the process, you may be able to see where the important decision points are, foresee problems, and predict ripple effects.

Think Small. Trying to think through a

process and the attendant "what ifs" gets very complicated very quickly. That's fine: If it's too complicated to think through, you're probably operating on a scale that is too ambitious. Big projects are inherently more likely to get out of hand and a small success is a lot better than a big failure. A small and successful project can be a model for other projects; a big boondoggle will reverberate for a long time and scaling back once expectations have been set is both difficult and demoralizing.

Design Limits Into The Project. Determine the scope of what you want to do, then plan to keep your work within those limits. Do you want to teach people to use drugs for all illness as is typically done in this country, or do you intend to reserve the use of pharmaceuticals for more severe disease? Are you willing to determine with villagers an adequate and appropriate level of care for the village or should it be open-ended, with healthcare taking up what resources are available? David Werner, for example, makes limiting the use of pharmaceuticals a part of the health worker training program; one strategy has been to train health workers to try and hand out medications to 50% or less of patients seen.

Phase Yourself Out. Most of the Third World aid projects I've been acquainted with have faded once those who started them went home. They required constant input from outsiders to stay on track: The fault was not with the participants, but with project design. A project designed to minimize dependence on outsiders and requiring little in the way of outside resources will be much more likely to succeed over time and one that is a collaborative effort between visitors and residents from the start will probably be both more effective and more appropriate for local culture and conditions.

Make Friends. A friend of mine who is working to preserve traditional culture in the Himalayas says that visitors to the Third World can do a lot of good simply by connecting with locals on a level that will dispel stereotypes. Get beyond the exotic: The adventure of it is fun but it doesn't allow very meaningful communication. Getting to know people as friends will give you a window into their world and will let them see you as "the man behind the curtain," warts and all. Once you're friends, you can work together without the hierarchical relationships that stifle learning and create dependence.

Go Slow. When my father was teaching me how to drive the family station wagon, we spent part of a morning learning to maneuver in reverse. For some reason, trying to drive backwards made me almost panicky. Dad calmed me; he said: "Son, you can't get in trouble if you go slow enough."

Trying to work in unfamiliar surroundings is kind of like driving in reverse: Things aren't necessarily what they seem and going slow can keep you out of trouble. Unless you're in a war zone or the aftermath of some natural disaster, the problems you encounter in the Third World have probably been around for a long time. It will take a lot of time and careful thought to fix them. Barging around with a potent technology may just make things worse: Too many of the problems in the Third World have their roots in technology imported from the industrialized countries.

The problem is that going slow enough may leave the Western visitor with the sense that nothing is happening. It might be hard to come home and tell everyone that what you did on your trip was to make a few friends and have some long and mostly inconclusive discussions in the village. You may feel yourself tense as you realize that you have no statistics to justify the time you spent; perhaps you'll cast about for some dramatic eleventh-hour intervention.

When that feeling comes upon you, remember: Do no harm. Relax: There's an hour or two of daylight left. If you paddle back out to the reef, there's still time to catch a few more waves.....

For all of you who have been clamoring to see a photo of your mysterious new managing editorial kahuna, here he is. (He's the dweeb on the right; the genius on the left is the newest honorary SMA member). Photo by: Molly

POPULATION PRESSURE AND THE STRUGGLE FOR SURF

Ron Bockhold

Casablanca, Morocco/Chiba, Japan

"There is strong evidence that we are into the opening stages of an extinction spasm. That is, we are witnessing a mass extinction epidsode. Moreover, whereas past extinctions have occured by virtue of natural processes, today the virtually exclusive casue is Homo Sapiens, who eliminates entire habitats and complete communities of species in super short order. It is all happening in a twinkling of an evolutionary eye."

Dr Norman Myers
Oxford University

The place: Baker's Haulover. Remember that name, as someday you will read about it in the newspapers. We surf in an era of increasing tensions and conflicts, and with increasing frequency those conflicts escalate on the beach to acts of senseless violence. In the United States, we also live in a country that condones easy access to guns. It seems inevitable then that someday a surfing-related dispute will be resolved with gunfire. When that happens, it will as likely as not occur at Baker's Haulover Beach Park first, a violent beach in a violent city in a violent world.

Haulover Beach was once a pristine area of great natural beauty, located in south Florida near the city of Miami. The haulover was a place where indigenous Seminole and Miccosukee indians could haul their canoes over a narrow beach sand dune from inland waters to the ocean. An inlet later formed here due to a great hurricane passing through. This inlet helps form breaking waves of good shape and beauty.

Today, Haulover has become possibly one of the heaviest experiences in the world of surfing, but not because of the size or power of the waves. It has more to do with overpopulation. A large number of surfers compressed into a small area has transformed this surf beach into a pressure cooker of tension, conflict, senseless violence, and psychological terror. Nowhere in the world is there a higher density of hostile and aggressive surfers fighting for a chance to ride a wave. This beach displays the dark, ugly side of surfing and the very worst that human nature has to offer. You can watch it all happen from a lone seawall overlooking the wave zone arena, known by some locals as the "Gladiator Pit."

If you come here looking for a mellow surf session, be aware that you may instead wind up being beaten, punched out, run over, insulted and surely yelled at. If you come looking for activities such as beach volleyball, frisbee flinging or tanning, you've also come to the wrong place. The preferred beachside activities at Baker's Haulover are assault, burglary, robbery and vandalism. The memories you take away won't be of a pleasant sunset or great waves; more likely they will be contained in a police report or victim complaint disposition. For those considering the effects of unchecked population growth, this is a glimpse of the future!

Some time ago two friends of mine dropped in for a visit to Miami. John and his son Junior were surfers from Cocoa Beach. During breakfast they expressed a desire for an early morning surf session. It was their first trip to Miami. They wanted some memorable waves to add to their life experience. They asked if there was a place nearby. I said sure, the wind and tide were right so "How 'bout a trip to Baker's Haulover?" I guess they'd heard of the place because they both became very quiet and began eating their breakfasts much more slowly. They then expressed doubt as to whether the wind and tide were really optimal, so maybe they could wait until later. I assured them everything would be OK, and besides, I had a copy of David Werner's *Where There Is No Doctor* in the back seat of my car.

Fifteen minutes later we arrived at the Haulover parking lot. The first peak lineup was packed with about fifty surfers. Just the sight of my longboard on the beach prompted loud jeers and complaints from the neo-gladiators in the water; I guess I was a flashback to the Roman era. Before we even entered the water my two guests were likely wishing they had taken up golf instead of surfing. Needless to say we didn't stay out long. My friends became victims after only three waves. On our way back to the car we surprised a fleeing intruder who had broken through my van window to conduct his own archeological dig in my humble possessions. Driving home in the wake of this hostility and broken glass, we reflected on whether surfing was really worth going through such madness.

DARWIN PADDLES OUT

We sometimes forget that however

intelligent our human population has become, we are still subject to the same biological processes that govern the life and death of all species. Last century, Charles Darwin described his new conceptions of those processes, involving natural selection and continuous evolution of species within changing environmental conditions. Darwin suggested that the environmental factor of overcrowding would cause species to undergo competition for food and a struggle for survival. Darwin held that "a struggle for existence inevitably follows from the high rate at which all organic beings tend to increase. Every being which during its natural lifetime produces several eggs or seeds, must suffer destruction during some period of its life, otherwise its numbers would quickly become so inordinantly great that no country could support the product. Hence, as more individuals are produced than can possibly survive there must in every case be a struggle for existence, either one individual with another or with the physical conditions of life."

Considering that many surfers believe that waves are as important to life as food, we can thus conclude that, as the surfing population increases, there must in every case be a STRUGGLE FOR SURF. It's a basic biological process. If you think you can educate or appeal for behavioral changes in surfers undergoing this struggle, you are naive. It just won't work. Indeed, the struggling surfers may be very nice folks on their own; they are being forced to change or evolve their behavior due to overpopulation. They are being forced into this process of evolution. Try to remember that next time you are being punched in the face out in the lineup; he's probably a nice guy, nothing personal about it. That individual is just a helpless participant in the biological process of natural selection.

Darwin went on the explain how this struggle for surf will lead to variations in species in order to compete more succesfully, and that a gram in the balance could determine which individual will prosper: "The slightest advantage in one being, at any age or during any season, over those with which it comes into competition, or better adaptation in however slight a degree to the surrounding physical conditions, will turn the balance." He predicted that success will often depend on having special weapons or means of defense.

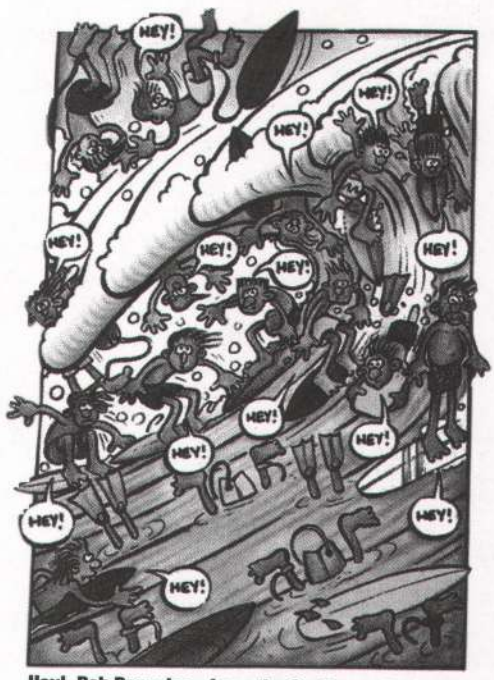
How do such theories play out in the lineup? We see that surfers who become more aggressive are rewarded with more waves. Some surfers who are not normally prone to violence will have to compete in other ways. They may use higher intelligence to overcome aggression. Some may evolve their style to riding a longboard which allows them to catch the waves further offshore. This allows them to be up and riding while the more hostile "missing links" are still paddling and arguing over wave possession. Some surfers not blessed with intelligent or aggressive thinking are forced to migrate to less desireable and thus less crowded environments. Some head south and take their chances with malaria, coral reefs, and solar radiation. Some migrate north into frigid waters, even going as far up the coast as San Francisco! Others accept surfing in polluted waters to reduce the competition. All these aberrant behaviors are due to the hideous effects of the increasing surfer population. With these effects in mind, it is almost beyond comprehension why anyone would want to promote the sport of surfing to an even wider audience.

Of course, runaway population growth is also causing more than just the struggle for surf. Population growth has created an increasing demand for natural resources and resulting increases in human waste of all kinds. This is causing a struggle for existence among the general population as well. As the population increases almost every other indicator is showing a negative trend. Consider the effects on tropical rainforests, coral reefs, water quality, air quality, desertification, fisheries, mineral reserves, ecodiversity, and so on: You could do a Ross Perot trick and plot all these indicators on graphs and show almost a perfect inversely proportional relationship to population, but in the end we really don't care about most of these things! Rainforests and fish are nice to have around, but they are not basic to most of our existences. We think we can afford to lose them all due to overpopulation as long as the waves still roll in and we can compete successfully in the struggle for surf.

ANY WAY OUT OF THE WIPEOUT?

But what if we don't want to keep up with this constant struggle for surf? Do we really have a choice? According to the laws of natural selection, the struggles arise from increasing numbers. Conversely, if we can decrease the numbers we would indeed decrease the intensity of the struggle for surf and existence. But how far should we go? Since surfers are always a small percentage of the general population, we would have to decrease the numbers in the general population to decrease the numbers of surfers. The answer, then: Negative population growth! Back to the good old days, to when there were almost no surfers and Duke had to travel the world to introduce the sport of surfing. Back to when you had to search for someone to keep you company in the water. Back to 1913 population levels at least (or most?). Coincidently, those were the days when the rainforests were pristine, the coral reefs teemed with life, the water and air was clear...

It's easy to look back to the days before all the indicators started their destructive trends, and to the days before surf spots became Darwinistic jungles. What is not so easy is figuring out how to get there again. Population growth has become a global crisis



Hey!, Bob Penuelas - from the Surfinary, T. Cralle.

requiring international solutions. The problems are complicated and immense. Solutions are far from obvious. The whole issue boils down to one of biology and ethics. In September of 1994 the United Nations will sponsor a conference on population and development in Cairo, Egypt. This event could change the course of our planet's future. In writing this I have intended to provoke debate and suggestions from SMA members. If we come up with some good ones, such suggestions might be expressed in a declaration of concern which would be sent to delegates meeting in Cairo. If you have any such ideas, or if you are going to the Cairo meeting, please write to us at the SMA. Our future, not to mention the number and quality of our waves, is at stake.

The hit list of a territorial Baker's local. Photo: Bockhold

SURF TRAVEL MEDICINE

Cholera No, Dengue Si!: New Infectious Disease Risks in Costa Rica

Eric L. Weiss, M.D.
Stanford, CA

Boo! We arrived in San Jose, Costa Rica on Halloween, very much looking forward to ten days of good surfing and escape from reality. We had visited our local travel medicine clinic just prior to departure and felt that we were well informed regarding the risks of the local infectious diseases. Our medical kits were stocked with Ciproflaxcin and Imodium for traveler's diarrhea and our butts still smarted from our gamma globulin injections. We were well aware of the local risks of cholera. South and Central America have been experiencing a cholera epidemic since a ship from South-East Asia allegedly dumped water ballast containing the micro-organism *Vibrio cholerae* into the harbor at Lima, Peru in January of 1991. Since that time the Costa Rican public has worked well with their Public Health Department and the Pan American Health Organization to minimize the risk and spread of cholera within Costa Rica.

We were surprised, however, to discover that during the past few months another tropical infectious disease has emerged and now threatens to become epidemic in Costa Rica. Dengue fever, a viral infection spread by mosquito, was making headline news almost every day. Provinces in northwestern Costa Rica, specifically Guanacaste and Puntarenas (home to many a favorite surf break), were reporting up to 200 cases per day of Dengue fever. As of the day of our arrival (October 31st), there were over 4,200 cases described in these northwestern provinces, with the city of Liberia representing the current hotspot. Last year the countries of Guatamala, El

THE TICO TIMES

CENTRAL AMERICA'S LEADING ENGLISH-LANGUAGE NEWSPAPER

XVII N° 1239 San Jose, Costa Rica, Friday, October 22, 1993 ¢35.00

Epidemic Of Dengue Spreading

By CATHRYN DOMROSE

Hundreds of people on the Pacific coast have apparently been infected with dengue fever, a mosquito-borne illness that has not been seen in Costa Rica since the mid-1940s.

The epidemic on the coast may have already spread to more than 1,000 people, said Dr. Emilia Leon, Vice-Minister of Health, if it reaches the metropolitan area, some 250,000 people could fall ill, she added.

DENGUE fever "is like a strong flu," Leon explained. It rarely causes serious complications or death. From a public-health standpoint it is not as frightening as an outbreak of malaria, cholera or meningitis, all of which can be fatal if not treated, Leon told reporters this week.

But dengue, with its symptoms of sore muscles, bone strains, Health workers are waiting for test results from (Page 5)

...ulture -- including an authentic thatched 'rancho' and colorful crafts -- is celebrated ...e Fair, which runs through this weekend. Story, Page 12.

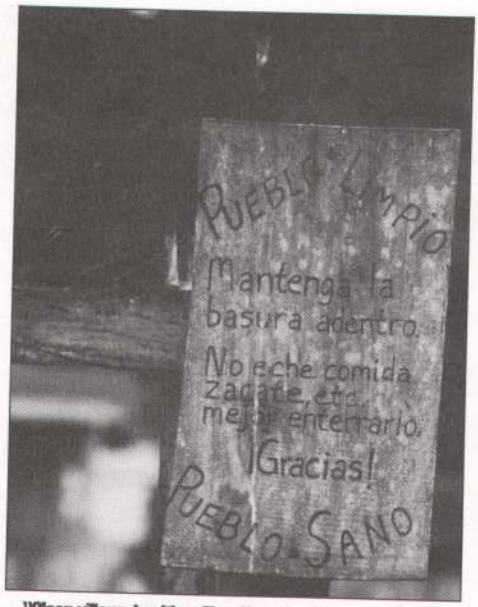
...opriation Plea Rejected

Gillnet Fishing

Salvador, Honduras, and Nicaragua each reported several thousands cases; only Panama and Costa Rica were free of Dengue. For this reason, the Costa Rican government has recognized the serious implication of this potential epidemic and has launched a massive public education campaign as well as a directed campaign of insecticide (Malathion) spraying.

Dengue fever

First described in 1780 and perhaps taking its name from the Swahili word "dinga" describing a sudden cramp like seizure, Dengue fever is a viral infection transmitted by the peridomestic mosquito *Aedes aegypti*. There are four serotypes of this virus which is responsible for a spectrum of disease ranging from classic Dengue fever to the more severe Dengue Hemorrhagic Fever (dhf) and Dengue Shock Syndrome (dss). Acute Dengue fever presents after a 5 to 8 day incubation period with classically abrupt onset of fever, chills, retro-orbital eye pain, and very painful myalgias which give Dengue fever the layman's name of "breakbone fever." In uncomplicated Dengue, the symptoms generally resolve after 2 to 4 days. However, in a minority of cases the patients may instead take a turn for the worse and develop spontaneous bleeding, hemoconcentration, and shock which constitutes Dengue Hemorrhagic Fever/Dengue Shock Syndrome. The etiology of this paradox of bleeding with a rising hematocrit seems to be based on an immunologically mediated capillary injury which results in capillary leak (hemoconcentration) and capillary fragility (spontaneous hemorrhage). Patients who develop frank shock (Dengue Shock Syndrome) have an untreated mortality of up to 50%. Diagnosis is based on a high clinical suspicion, the characteristic retro-orbital headache and long bone pain. Physical exam is not very specific, revealing a fever, relative bradycardia, generalized lymphadenopathy, and perhaps a transient generalized erythematous rash. Laboratory findings include leukopenia (wbc less than 1500) and thrombocytopenia. The astute physician may look for evidence of capillary fragility by use of a "tourniquet test." In patients with fragile capillaries, the application of a tourniquet for a blood



"Clean village, healthy village" - but vultures suggest that garbage and other refuse, ideal breeding sites for mosquitos, remain. Photo: Weiss

draw, or a blood pressure cuff, will produce petechiae in the respective anti cubital fossa. Serologies are available to confirm the diagnosis; however, results are rarely available before the illness has run its course.

Treatment of Dengue fever is largely supportive. Patients should be advised to take acetaminophen instead of aspirin so as to minimize the bleeding problems which may be associated with salicylates. Increased fluid intake and stronger analgesics, if necessary, are both quite appropriate. Patients who develop frank bleeding need to be supported with IV crystalloid or blood products, depending on the severity of their illness. Patients with Dengue Hemorrhagic fever who are successfully treated generally recover rapidly after a 1 to 2 day period of acute illness.

Implication for Travelers

Perhaps the most important issue for travelers for Central America is to simply be aware that Dengue fever is re-emerging as a problem in this area. Unlike Malaria, Dengue is spread by a mosquito which bites during the day time so travelers are well advised to use mosquito repellent at all times when mosquitoes might be present. Because *Aedes aegypti* prefers to breed in small containers of standing water, Dengue tends to be less of a disease of the rural or jungle areas as you would expect with Malaria and rather more of a problem in rural areas littered with suitable breeding sites (tin cans, old tires and other garbage). Mild to moderate flu-like illnesses may be self treated as described above, but any traveler experiencing severe symptoms consistent with Dengue (or acute Malaria!), and clearly anyone with spontaneous hemorrhage, should seek the attention of a local health care provider.

Our subsequent 10-day adventure took us first to the tropical beaches of Puerto Viejo where the fishing was excellent, but the prices relatively high and the surf quite flat. The well-known reef break in front of Stanford's Restaurant showed barely a ripple, but locals described a fast and hairy overhead tube which often sucked dry on the reef below. Not for the faint of heart. No matter, we were too early, this spot breaks best between December and March.

After a one day white water raft trip on the tropical Pacuare (highly recommended to most anyone, even if it means setting your board aside for a day), a long drive took us to the legendary left of Pavones in the southwest, just 10 to 20 miles north of Panama. The surf was good, but small. Everything else, however, was ideal. Our simple rooms enjoyed a sweeping view of the beach and cool evening breezes. The rice, beans, and fish dinners tasted equally good every night and reality seemed a million miles away. Just as it was supposed to.

The author at Pavones Photo By: Jackie Bailey

SMA CONFERENCE REPORTS

TODOS GOES OFF AGAIN

Bill Updyke, DC
San Diego, CA

Yes, the Todos trip had great waves for the fourth year in a row. There was no lack of size and we all arrived safely, although a bit beat from lack of sleep. Thursday provided us with double overhead + Killers with a little wind bump. We all checked in early that evening. It was a great warm-up for Friday.

We awoke Friday to find that Neptune had cranked it up a notch. Skip, our tour guide, was calling it 15'. Now, I'll admit that my only big wave experience is at Todos, but if those waves were 15', my ruler is broken. I asked our resident big wave gnarly gonads expert Rym Partridge (while keeping Skip's assessment secret - this double-blind stuff is really cool) and he said: 15.' Actually he called it 10' to 12' with some 15' waves. Well, I'm still not convinced. I saw Skip, on his 9'6" board, drop into a set wave, free-fall 5', and disconnect from his board which was flicked around like a toothpick. The face on that wave was easily three times the size of Skip's board. Somebody needs to quote me a reference on this wave size stuff. I would have called it close to 20'.

The biggest wave I saw ridden was by Gary Gluck. It was his first day at Todos, his first day on a new board, and I think his second wave. He said it was the biggest wave he'd ever ridden. The thing was a beast and Gary nailed it. He gets my award for most muy macho. We all had great waves that provided plenty of size, a little bit of fear, and that wonderful deep water open ocean feeling.

On Sunday the gracious Sea Gods rewarded us with another notch or two up on the size meter. The swell was out of the north and our veteran, conservative shore assessment was 20'+. Our problem was that the peak was just pitching, and there was no wall after that -just a drop that I think few of the world's best watermen would have been able to pull off. Gary wanted to go out, and Skip was the only one who could pry that idea out of his head. He let Gary know that Rarely's elusive barrels just might show up in the afternoon.

Did they ever! Rarely's sits on the inside of the island next to Todos. The place only breaks three or four days a year (thus the name). It takes a big North swell, a minus low tide and prevailing south to west winds. On this day, its shifting peaks pitched out further than the waves were high. Rym thought it looked like Velzyland; I've never seen Velzyland, but I thought it looked bitchen - particularly from the inside looking out. The whole session was videoed from the main island and Gary got the most documented tubes and deepest tube ride. I think everyone was out in the lineup at Rarely's at one time or another on Sunday.

That evening started as all others did, with hot food, informative presentation, and then videos of the day's surfing. Dan, the designated photographer, filmed over two hours of footage on the trip and he added film from the other cameras to that. Within two months we should all have a copy of the video for the incredibly low price of $15. Way to go, Dan.

Our evening presentations included a review of eye disorders by Fox Boswell, a lecture by Gary Gluck on Dangerous Sea Life, and a discussion of the effectiveness of silicone ear plugs (see product evaluation elsewhere in this issue).

The true heros of the trip were the attending members: Everyone said they had a great time. My hood's off to Andy Newman, Art McLean, David Stevig, Rick Kemp, Ethan Wilson, Rym Partridge, Fox Boswell, Norm Vinn, Gary Gluck, Chris Fuel, and Ray Stammire. I hope to see everyone back again next year!

(Next Time: Dec. 2-4, 1994; Call Bill Updyke: 818-704-8305)

BIG FLAT WILDERNESS SURF CONTEST

Kevin Starr, MD
California

Set on the Lost Coast in the People's Republic of Humboldt, this year's Big Flat conference focused on Third World issues, specifically the effects of travelers and the role of the surf doc. It was a good thing we had a focus which everyone was stoked about, because the surf provided little more than passing entertainment: Mostly short-interval weak west swells with an occasional hours-long pulse of zippy just-overhead point surf. Most everyone surfed everyday, but it's a bad sign at the Flat when people are sneaking furtively up to the northern beach breaks carrying longboards.

Really, though, nobody seemed too disappointed about the surf - they were too busy leading the life of the lotus-eater. The big hot tub never cooled down, scrumptious food appeared endlessly, the Scrabble board got a thorough workout, and the weather put on a spectacular show every day, dancing between tropical sun and driving squalls almost on the hour.

The conference kicked off with an evening of swapping travel stories to tap into the group's immense fund of knowledge about travel and the Third World. While most surfers have traveled a fair bit, this group reeled off a list of destinations that sounded like a surfer's United Nations: Indo, Peru, Spain, Chile, Mexico, Reunion, Madagascar, Oz, Costa Rica, Christmas Island, and so on, with even some weird places you wouldn't normally think of surfing, like Alaska and Orange County.

We used the group's travel impressions to get our own sense of the effects of tourism on people and places where the waves are. We weren't trying to be negative, but the images were not pretty ones: Crowded waves, idyllic villages transformed into tourist traps, antagonism between locals and visitors, and the replacement of local cultures

with industrial consumer culture. Despite this grim picture, there was general consensus that (1) the interchange of travel could be beneficial to locals and visitors both, and (2) none of us were willing to give up surf travel. So we spent the next night brainstorming on minimal-impact travel. Some of the suggestions and ideas were:

Learn all you can about local culture, history, and ecology before you leave. Deliberately reinforce and pay respect to local culture and traditions. Go light and avoid flashy displays of consumer goods. Spend money carefully and in a low-key manner, supporting locally-owned and responsibly-run enterprises. Live as much as possible in the style of the people you are visiting. Make friends - get beyond the weirdness of the tourist and the touree. Surf, don't shop.

From there, we moved on to looking at the effects of visitors doing medical work in Third World villages. Since we had a number of key participants in the Nabila project in our group, we focused on the practical realities of the SMA's work in Fiji, especially three main activities: The case of Nabau (the boy who came to the USA for heart surgery), the scabies eradication project, and the ongoing work of SMA dentists in Nabila. Highlights here were getting to hear Paul Georghiou and Mike Famularo tell the moving story of Nabau (see issue #11 of this journal) and Michael Eurs' impressions of going back to Nabila as a dentist.

Encouraged to do so by our various Nabila project participants, we spent a lot of time discussing the pros and cons of our work there. The consensus that emerged was that while health work in Nabila and other villages can be a wonderful way to connect with people and provide a wanted service, the SMA has an obligation to thorougly plan and coordinate its activities with regard to: (1) formulating realistic end points for programs; (2) thinking through issues of long-term sustainability and the effects of health work on village culture, economy, and ecology, and (3) better coordination of year-to-year SMA activities in places like Nabila.

The final evening was spent trying to apply these principles to a fictional SMA project on an idyllic but also fictional south Pacific island. Trying to design a project while thinking through longterm and collateral effects quickly became excruciatingly complicated, and the effort collapsed into a good-humored exodus to the hot tub, where the following consensus statement was formulated: "Trying to work in another culture is damn tricky and you'd better start small and keep it simple."

The conference ended on a lovely Fall day with knee-high surf, and although everyone had to hike out with their own pack and surfboard, no fatalities were reported. Kudos and heartfelt thanks to Marilyn, Andrea, and Yarrow for the fantastic food and to Ward Smith for putting the whole thing together. All in all, the conference was fun and a very productive time, thanks to the enormous pool of experience, insight, and enthusiasm gathered at the Flat.

A reader from the 1993 Big Flat conference is available, and contains short pieces on Third World issues relating directly or indirectly to health care. To get this reader or to get your name on the mailing list for the 1994 Big Flat conference, call David Bender at (415)681-5913.

The Big Flat crew 1993 Conference.

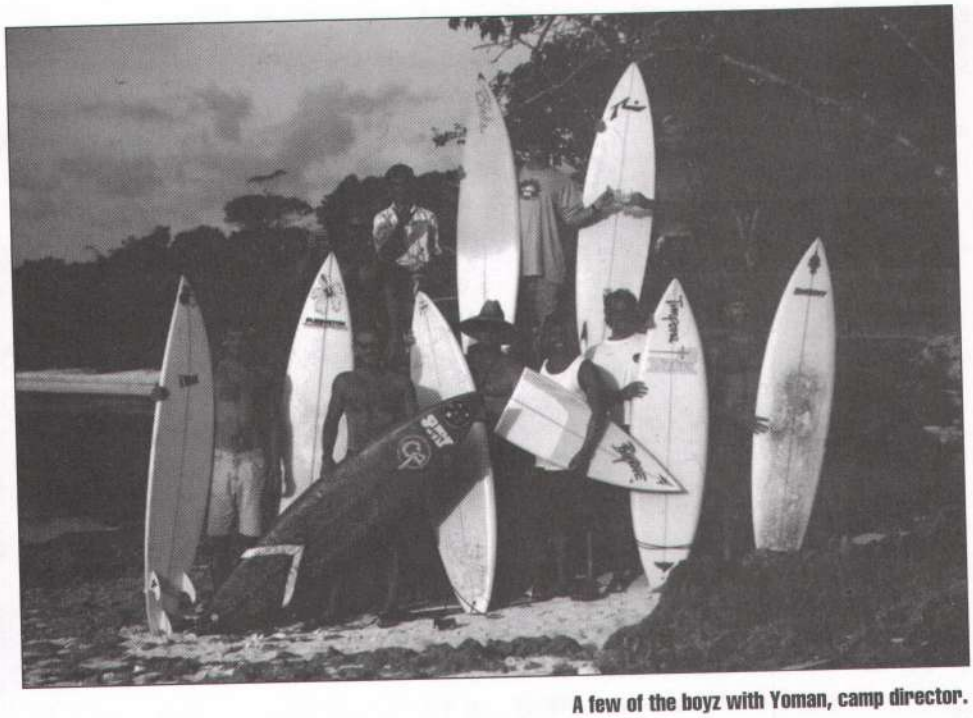
G-Land: Insane Again

Mark Metcalf, DDS
Huntington Beach, CA

On October 2, 1993 thirty Surf Docs returned home from the SMA Indonesia Conference full of inherited knowledge, painted with smiles, and for most, aching from total surf exhaustion. Yes, the 1993 Indo trip was a success, and Grajagan's world class lefts proved themselves again.

A diverse group of Surf Docs traveled from areas across the world to join together in Bali before taking the overnight ferry to the surf camp in Java. Upon arrival in Bali the surf was fantastic. Although everyone was tired from the 23-hour flight to Bali, we managed to get into gear and ride a few peeling lefts.

Two hours after our arrival in Kuta, we hopped on a boat and headed up-coast toward the reefs to check the surf at Bingen, Padang-Padang, and Uluwatu. As we pulled up along side the surf at Uluwatu, the Docs were mesmerized as a six footer jacked on the outside and peeled across the inside corner section of the wave. The sight was insane, and everyone jumped off the boat as if it were



A few of the boyz with Yoman, camp director.

- "The Traveling Surfer and his gut. Gastrointestinal and hepatic disorders relevant to travel medicine."
  – Andrew Hallam M.D.

- "Neuropsychological effects of styrene."
  – Gary Groth-Marnat Ph.D

- "Dangerous marine life and the first aid treatment of some encounters."
  – Gary Gluck M.D.

- "The environment: Preservation or destruction – How can you help?"
  – Tom Moss Ph.D

- "Skin Cancer Prevention."
  – Dan Dworsky M.D.

- "Temporomandibular joint disorders and associated muscle disorder; Diagnosis, management, and treatment."
  – Mike Darvenzia M.D.

a Chinese fire drill. If the average non-surfer was to view this disembarkment he would have thought that Freddy Kruger was on board.

The next two days were spent surfing our brains out at Kuta, while also enjoying all of the amenities at the luxurious hotel which would soon be vacated for a bungalow in Grajagan. Kuta is a good place to work-up an appetite for sleep, because the bus ride to the camp is not something you would choose to endure while awake.

After a long ride to the camp, we arrived to a picture perfect set of double overhead barreling lefts just calling our names (A typical day in G-land). As the Surf Docs arrived on the island, the rest of the camp emptied out for our complete take-over. All that was left was approximately 10 miles of empty beach, three miles of surfable reef, with perfect 6 to 10 foot barreling lefts, consistent off- shore winds, and only 30 surfers to share it with. Our adrenaline was constantly going as we paddled out and watched each other catch the most incredible waves of our lives, and all of the proof was caught on celluloid by Hank (A photographer from Surfing Mag who took shots of the Docs). Every morning you woke feeling that this sight was all too good to be true, but after a few days of continuous surf, and conditions as predictable as clock work, reality hits you ...this is G-land.

In addition to catching as many perfect waves as possible, we were surrounded by a good mixture of SMA members. Some of the docs offered to share their experiences on a variety of surf-injury related topics. An illustration of the topics discussed were as follows:

Shamous Sheridan, D.C.

BE THERE NEXT YEAR!

CASE REPORTS

SILICONE EAR PLUGS: THE TODOS TEST

William F. Updyke, DC

Exostosis developing in the external auditory canal is a known complication of surfing in colder climates. Treatment is best directed at prevention, as once it has progressed, surgical removal of the bone blocking the external canal is indicated. The purpose of the surgery is to open the canal to keep water from becoming trapped behind the exostosis and in front of the tympanic membrane.

Several devices are currently on the market that are touted as keeping water out of the ears. Such devices may confer some measure of protection against development of exostosis. The SMA investigated the short-term effectiveness of "Physicians Choice 'Ear Putty'" in keeping water and sound out of the ear.

The silicone ear plugs produced by "Physicians Choice" have an interesting background. Their parent company makes the tubes that are surgically implanted in childrens' ears for recurrent ear infections. Ear, nose and throat specialists came to them wanting a product that would keep all water out of the ear during bathing and swimming. Since then they have produced the product of "choice" for ENT physicians. The product has also been recommended by John House, MD of the House Ear Institute in Los Angeles. The manufacturer's list of benefits also includes a noise reduction rating of 16 decibels. The product retails in surf shops for about $4.00 for four pieces, with each piece designed to fit one ear.

Methods

It was decided to forego the standard sterile laboratory environment and jump right into experimentation under what should be considered extreme conditions at Todos Santos island, off the coast of Baja California, Mexico. We had cold water, moderate winds, and small (3') to large (15'+) waves to work with. In addition, the plugs were worn inside the lighthouse at night to evaluate their decibel reduction capabilities. Several factors were considered: (A) Did the surfer regularly wear an ear plug while surfing prior to this trip; (B) Did the silicone plug keep water out; (C) Did the silicone plug stay in the ear; (D) Was any of the silicone left inside the external ear canal.

Eight surfers wore the plugs in the water during this test. Two additional doctors wore the plugs at night only for decibel reduction. This was essential for a good night's sleep, as a few of the conference attendees are award-winning snorers (Norm) and the noise from the lighthouse generator is significant. Seven of the nine surfers questioned do normally wear plugs in the water. Only one of those normally wore the silicone plugs. The majority of the others wore Doc's Proplugs.

Results

Seven out of the eight active participants said that the plugs kept the water out. Seven out of eight also said that the plugs stayed in. The one surfer whose plug fell out was wearing his inside of a Gath helmet and reported no water coming in. No surfers complained of residual silicone left in the ear. However, no follow-up ear evaluation was performed.

Individual comments were as follows:

Surfer #1 (Regular plug wearer): These were more comfortable and effective than Doc's but would probably not purchase them due to the cost.

Surfer #2 (Non plug wearer): They helped keep the sound level down.

Surfer #3 (Regular plug wearer): Wore them under a hood. Particularly effective at keeping sound down. Would use as a back-up.

Surfer #4 (Non plug wearer): Did not like them - difficult to hear.

Surfer #5 (Regular plug wearer under helmet): One plug fell out; would not wear them due to inability to hear well.

Surfer #6 (Regular plug wearer): Liked Doc's plugs better.

Surfer #7 (Regular plug wearer): Has worn silicone plugs in past but didn't like them. Noted that they tend to get water behind them in big wipeouts.

Surfer #8 (Regular plug wearer): Uses silicone plugs regularly. Feels that the plugs keep water out for only about four go-outs.

Surfer #9 (Regular plug wearer): Used the same plugs for five go-outs and water began to get in on the last one. He did not like the fact that it was hard to hear in the water and preferred Doc's.

Discussion

The plugs tended to be effective at keeping the ear dry during the short testing period. It was felt that if used for between two and four go-outs, they would be effective. Concern was raised about decibel reduction qualities; it seems that sound was so reduced that safety could be compromised in the water - one might not be able to hear a friend's screams for help. The issue of price was also brought up: Doc's plugs cost about $8, and are usually good for dozens of go-outs. The silicone plugs cost $4 and are most likely waterproof for a total of about eight go-outs (4 go-outs x 2 sets of plugs).

A few other questions were raised. Would the removal of ear wax (an unavoidable side-effect due to the adherent nature of the silicone) result in a predisposition towards exostosis formation? What would be the effect on exostosis formation of a slight amount of water leaking behind the plug and then being warmed by body temperature?

Conclusions

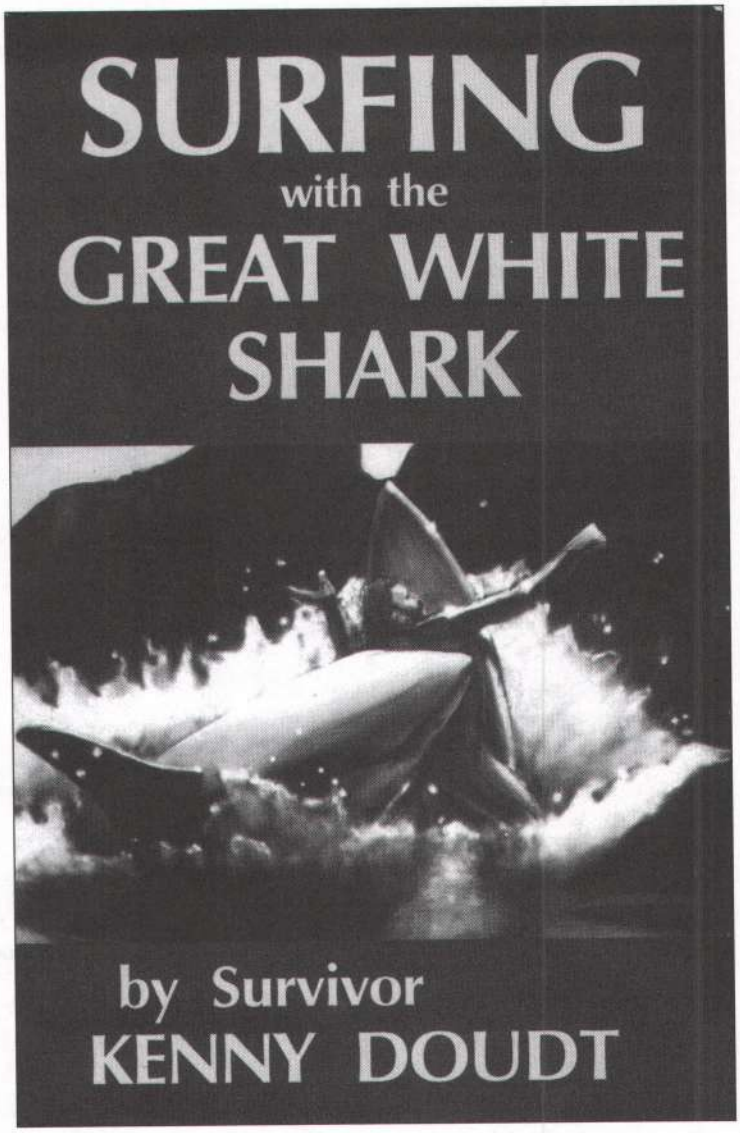
The "Physicians Choice 'Ear Putty'" plugs, if used properly, seem to impart moisture sealing protection, at least in the short term. They also provide significant noise reduction, which may pose a safety hazard. Further studies are indicated to determine if wearing silicone plugs are effective at reducing the potential for developing exostosis in the external auditory canals of the cold water surfing population.

SMA BEACHSIDE CONFERENCE:

Surfing With the Great White Shark

By Kenny Doudt

(ED: This story is an excerpt from Kenny's book of the same title, available from Shark Bite Publishing, PO Box 3588, Lihue, HI 96766. Doudt details the story of his November 1979 attack near Cannon Beach, Oregon. We print here the medical story; for the attack itself, you'll have to read the book. We'd like to hear from readers who have any opinion on how this case was handled: Call it an "SMA Beachside Case Conference," with the results to be published here later. We join Kenny in an ambulance en route to the hospital...)



Jim grabbed the radio microphone and called ahead to warn the Seaside Hospital emergency staff to get prepared for a major trauma. "We've got a surfer who has been badly mauled by a large shark in the ocean off Haystack Rock."

"Yeah, okay we'll be ready for him." Jim looked at Ray and said "I don't think she takes us seriously!"

Continuing on the radio, Jim said "This is for real. The victim has a deep laceration on the left side of his body running from just below his armpit to the middle of his buttocks, extending across his back almost to his spine. There is also a major laceration across his left buttock. He has lost most of his blood. You can see his ribs. His flesh is laid back in a four to six inch strip. This guy is in real bad shape! Just have the ER ready! His vitals are poor. You'll need lots of blood. He can't have much left and he's still losing it."

Although I could hear them talking, I had begun to feel I was going to make it. Being in the hands of the paramedics gave me faith that I would live. I still could not believe what had happened to me. There was no great pain, just a feeling of weakness. The only uncomfortable sensation was the terrible cold throughout my body.

Growing weaker, having lost at least six pints of blood and suffering from extreme hypothermia, I was barely aware of the paramedics working on me. Cold permeated every portion of my body. As uncomfortable as the cold made me, I later learned that it was the hypothermia that slowed down my bodily functions, a major reason why I am still alive.

The next thing I remember was seeing the ambulance door being yanked open. The head doctor of the emergency room appeared and immediately began barking out orders. Paramedics, uniformed nurses and orderlies rushed about doing his bidding. I felt a jolt as paramedics slid the stretcher door out and dropped the wheels to the concrete. Since I could feel and hear things happening, I knew I was still alive. I was aware of being rolled down a hallway, people rushing along beside me holding up bottles attached by rubber tubes to various parts of my body.

"Somebody get a sample of his blood so we can cross-match it" I heard the ER doctor order. Almost immediately a needle was inserted into one of my veins. The nurse began to worry when it took so long to fill the syringe. Dr. Wayne was now being paged. "He's in the middle of a double hernia operation" a nurse said. "It will be several minutes before he is finished in the operating room."

The ER doctor cracked out an order that the carpet layer who had cut off two fingers would have to be moved out of the ER to make room for me. "There's nothing that can be done for him anyway until his partner returns with the cut-off fingers," said a voice. The poor man was disturbed at being forced to vacate the operating table until he caught a glimpse of my torn back as they wheeled me in. A nurse told him "Look at this guy, and it might help the pain you're in."

I was beginning to feel severe pain in several places and was becoming worried at the apparent confusion in the emergency room. I could hear blaring

orders for more supplies and equipment. Requests were made for more medical help. I felt a nurse insert a new IV so they could pump blood back into my still bleeding body. It was either replace the blood faster than it was running out of me or there was no chance I could be saved.

"Try to relax," I heard the ER doctor say. "I'm going to insert a chest tube into your lung to make your breathing easier." I relaxed as best I could, feeling someting press into my rib cage, the pressure repeated again before the doctor succeeded in getting the tube between my ribs into my left lung.

Finally Dr. Wayne had another doctor relieve him on the double hernia operation and rushed to the ER where most of the nurses and the ER doctor were covered with my blood which continued to seep and spurt from a dozen puncture wounds. The blood transfusions were barely able to keep up with the loss. Two orderlies helped Dr. Wayne roll me from my back onto my right side, exposing gashes and wounds. The doctor's voice showed his alarm as he stepped back from the table and said, "Get the Coast Guard on the phone. We have to move this man to a Portland hospital. There is no way we can handle this severe a case with the limited equipment we have here."

Within minutes a nurse rushed into the ER to say "The Coast Guard says their helicopter would not be able to make it from Astoria to Portland. There's a major snow storm over the coastal range."

"Then get an ambulance ready for us," Dr. Wayne said. "See that there is ample blood for continuing transfusion. The pressure on the MAST trousers will have to be kept high. He is still losing blood almost as fast as we can get it into him."

Nurses, orderlies, and emergency room personnel rushed about following the doctor's orders, all knowing that saving my life was down to mere seconds of time. I felt myself lifted back onto a gurney, then pushed out of the emergency room and down a brightly lit corridor. While the double doors were held open two orderlies rushed my outside. A rush of cold air hit my face just before the medics and Dr. Wayne slid me back into the ambulance. I heard the roar of the engine and the tug of speed on my body as we moved forward. I began to worry there was no way we could make it in time...

Kenny Doudt before surgery.

The driver turned on the siren and accelerated away from Seaside Hospital, beginning what would be a long tortuous drive through the coastal mountain range to Portland.

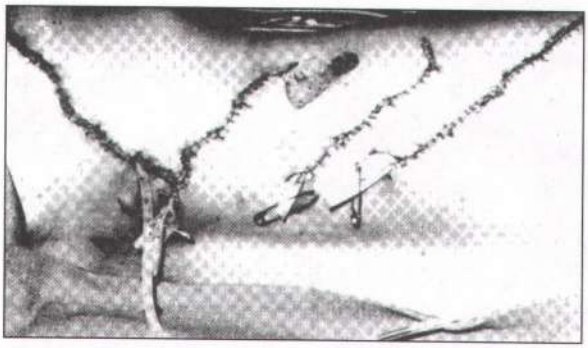
"It sure is a beautiful day," the driver said as he hit the siren and slowed for an intersection. "I never get tired of looking at the ocean." Dr. Wayne ignored the observation as he bent close to examine the oxygen mask over my face. I was having a hard time breathing, which worried him. After taking it off and checking the air intake, he replaced it. Dr Wayne shook my shoulder and asked, "What's your name?" He didn't want me to close my eyes. I heard the doctor complain that he was having a hard time getting blood into my body fast enough to keep up with the blood I was still losing. "How are you feeling?" Dr. Wayne asked again, shaking my shoulder. "Hang on, buddy. We'll be in Portland in a little while."

I knew he was trying to keep my spirits up and keep me alert. Every time I blinked, he would check the air intake from the oxygen tank. The ambulance had to keep slowing as it went fast around sharp mountain curves. The snow was falling faster. The wheels kept spinning on ice each time the driver tried to accelerate around a hairpin curve.

I felt as though I was traveling through a fairy land, with everything white outside the window I looked through. The ambulance lights spread red color accross the snow. Every time I closed my eyes and started thinking about my sons, the doctor would shake me awake and ask questions to see if I was still conscious. The doctor reached across me to adjust the intravenuous tubing, chest tube and monitoring electrodes. "His blood pressure has dropped to zero," I heard him say. I could tell he was worried, but to me everything was peaceful, like I was floating up to heaven. There was no pain, only a little numbness. I had full faith that Dr. Wayne would keep me alive.

It's hard to explain my life flashing before my eyes, but oddly enough, it did happen. It was sort of like watching parts of my life on a television screen. I saw the time when I almost drowned when I was only two years old, and then everything since. The part of my life that kept floating through my mind was recollections of my sons, Justin and Jeremy. I had to live, or I would never see them again. I was starting to fade away again, having a hard time keeping my mind focused or my eyes open. Dr. Wayne pumped more pressure into the MAST trousers, continually assuring me I would be all right. "We're almost at St. Vincent," I heard the driver say. "Is he gonna make it?"

"He's got to! We're too close, and he's held on for so long." The driver cranked the siren up a few more notches seemed to step on the gas. I felt the ambulance turn off the highway. It then went down under an overpass to the entrance of the hospital emergency room. Doctors, nurses, and orderlies were waiting in the open doorway as the ambulance backed up to the entrance. "Hang in there," Dr. Wayne said into my ear. "We made it." I was sure that the doctors, paramedics and nurses had done everything they could to keep me alive to this point. Now it would be up to the surgeons to put me back together.



Kenny Doudt after surgery.

As they rolled me down the hall, a surgeon named Dr. Starr leaned over me examining the wounds and at the same time telling me I was going to be all right. "We are going to lift you onto the operating table," Dr. Starr said. "The nurse will give you a shot to relieve the pain." He then grabbed my arm and moved it, mumbling something I could not understand. I was in pain. It was the first major pain I had felt because my body was warming up. "Don't move me," I begged, tears running down my face. "Nurse," Dr. Starr said, "Give him the shot right now." I could feel the needle slide into my arm, lessening the pain almost immediately. My life was in the absolute control of the doctors surrounding the operating table. I no longer worried, trusting in the doctors as if they were God. The operating room had been put in full readiness for my arrival, a top surgical team of six doctors scrubbed, gowned and ready to go. I could hear the commotion, but everything seemed to be happening in slow motion now and in muted tones. I could barely make out the figures clustered around the operating table, their voices distorted, as I slipped into unconsciousness...

I had immediately been connected to monitoring devices, screens showing all my vital signs for the doctors to read as they worked. Once they had my vitals under control, they examined my back and buttocks. Everyone went to work. The first stage of the operation was an exploration of my left chest cavity. Next came wound repair by surgeons Ahmad, Ham, Okubo and Matsui. The wound consisted of a gaping hole, a collapsed lung and four fractured ribs. The ribs had been broken in several places and some were splintered by the shark's teeth. My back muscles hung loosely around the wound cavity and there was massive bleeding into my left lung. After a thorough examination of the lung, heart and left hemidiaphragm, or kidney, they found no significant damage to any of theose organs. The skin around the chest wound had been serrated by the shark's teeth and some of the muscles were missing.

Next, four broken ribs were rejoined. Before they could complete the repair of the ribs, the bleeding had to be brought under control. The collapsed lung was re-expanded by repairing the broken ribs and chest wall. The bleeding arteries in the muscles overlying the torn ribs were ligated. Then the soft tissue was put in place and stitched up. Drainage tubes were left in place and connected to an underwater seal.

The doctors participating in the next phase of the surgery were Starr, Ahmad, Ham, and Okubo. In their examination they found a jagged laceration on the left side of my torso, passing in a ragged, irregular line posteriorly and downward. The total length of this wound was approximately 14 inches. Just distal to that wound was a second such laceration of about seven inches in length. Both wounds required considerable undermining for closure. They were deep enough to sever a portion of the latissumus dorsi - the main back muscle.

There was a third massive wound which was a ten-inch long, V-shaped flap on the lateral aspect of the left buttocks. This wound was deep enough to lacerate the gluteous maximus, and several fragements of that muscle, as well as chunks of subcutaneous fat, were missing. All of the wounds contained what appeared to be sand, but no other foreign material.

After the chest wound had been closed by Dr. Ahmad, I was placed on my right side, and the affected areas were prepared with Betadine. Debridement of the wound edges was carried out with a number 20 scalpel and deep closure performed with number 4-0 Vicryl. The skin was closed by interrupted ethilon. A large soft rubber Penrose drain was inserted beneath each of the three separate wounds, three on the wound on the buttock. In addition, a hemovac suction tube was inserted under the lacerated portion of the gluteous maximus. Any muscle or subcutaneous fat with questionable viability was excised. Before closing, all wounds had been repeatedly irrigated with saline solution and cleaned with 4x4 gauze pads. At the completion of the wound closures, the operative sites were covered with xeroform gauze, followed by 4x4 pads, fluffs, ABDs and Kerlix dressings.

In summary, I had suffered severe damage to four ribs smashed by the power of the shark's teeth and jaws. The monster had exerted a force of approximately 15,000 pounds per square inch in its bite. In addition, I had a punctured lung, exposed heart and kidney, shredded muscles, severed nerves, mutilation of fatty tissues and massive internal bleeding. I had lost all but one pint of the eleven pints of blood a body generally holds. My body temperature had dropped below ninety degrees Fahrenheit, but ironically, it was the extreme hypothermia that slowed down all my bodily functions and probably saved my life.

The shark had inflicted a half-pie-shaped wound that went from just below my armpit to the middle of my left side. According to the doctors, if the teeth had gone another half inch further toward my backbone, the spinal cord could have been severed, paralyzing me from there on down. Dr. Starr stopped counting the stitches taken when he reached five hundred. Fortunately, they said I was in good enough shape that my body tolerated all these procedures well.

In the meantime, back at Cannon Beach, the local media were covering the reaction of the residents to the attack. None of the locals who gathered were yet ready to accept the reality of a shark attack at their beach. Most believed I had banged into a rock. Others agreed with the people on the beach just after the attack, who had said it was an angered sea lion. Two guys who surfed got up and looked out the window, a look of worry on their faces. Neither was sure he would ever want to surf there again.

(Note: Doudt is still surfing - in Hawaii.)

SURF DOCS

Sick Surfers: Free Clinic!

[The following offer from the SMA/Surf Docs appeared (somewhat shortened) in the May, 1994 issue of Surfer magazine (Vol. 35, #5). The letters are starting to come in, and some of them are incredible. More on this as it gets rolling.]

Dear Surfers,

The Surf Docs column began six years ago, when volunteer members of the Surfer's Medical Association made an unprecedented offer to SURFER readers: to answer each and every surfer who wrote in with a health question. We were immediately deluged, but held true to our promise and answered every single letter. Eventually, though, we began burning out, and had to limit our replies to those letters we published.

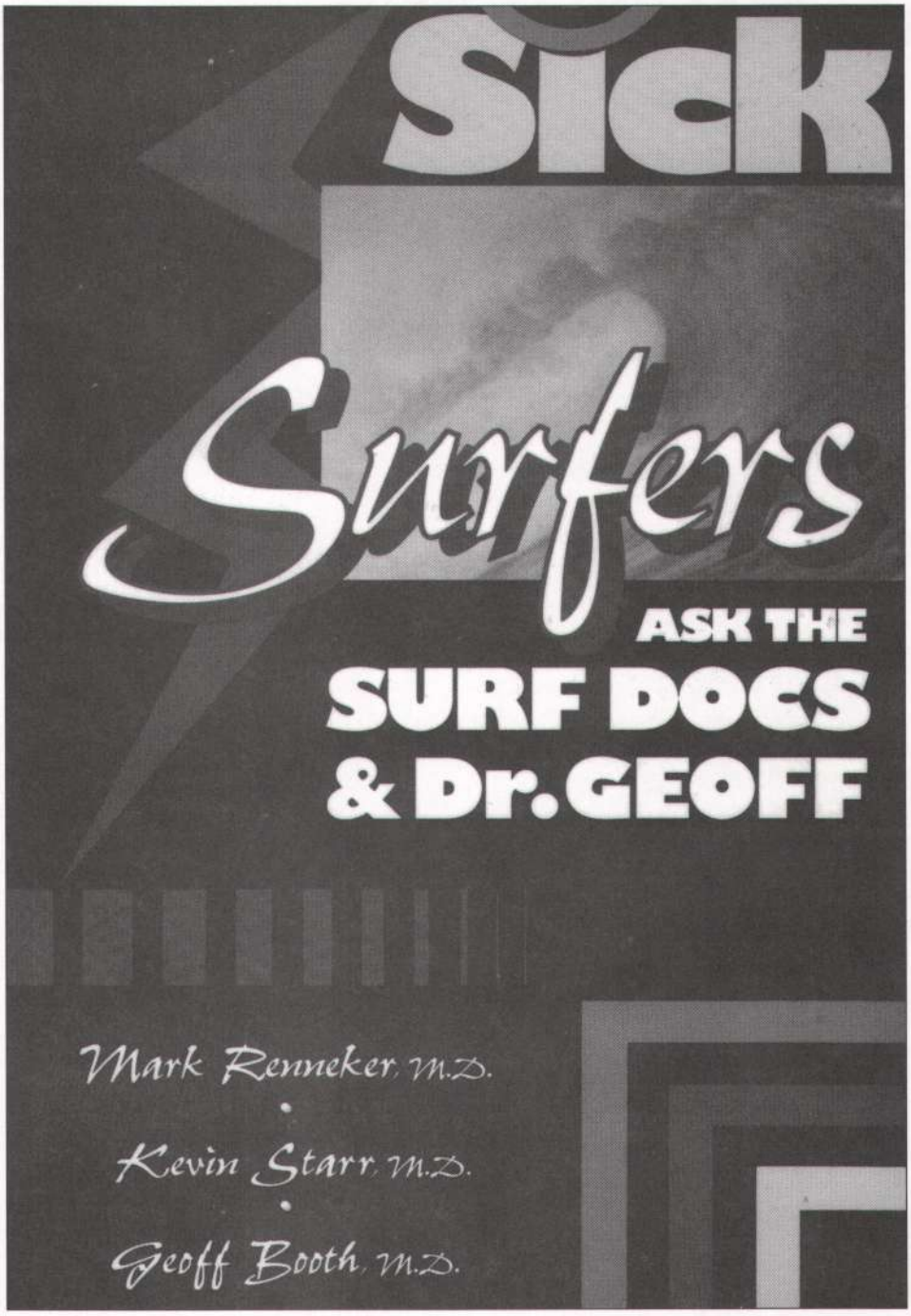
We've felt guilty ever since about downsizing our offer, but after the 50th "I have Surfer's Ear, what should I do about it?" we wanted to scream "Cut 'em off!" We'd already written so many columns on that problem - and most other health problems that befall surfers - why weren't you looking them up? Alas, most surfers don't have every back issue of SURFER, nor do they know which issues to look in.

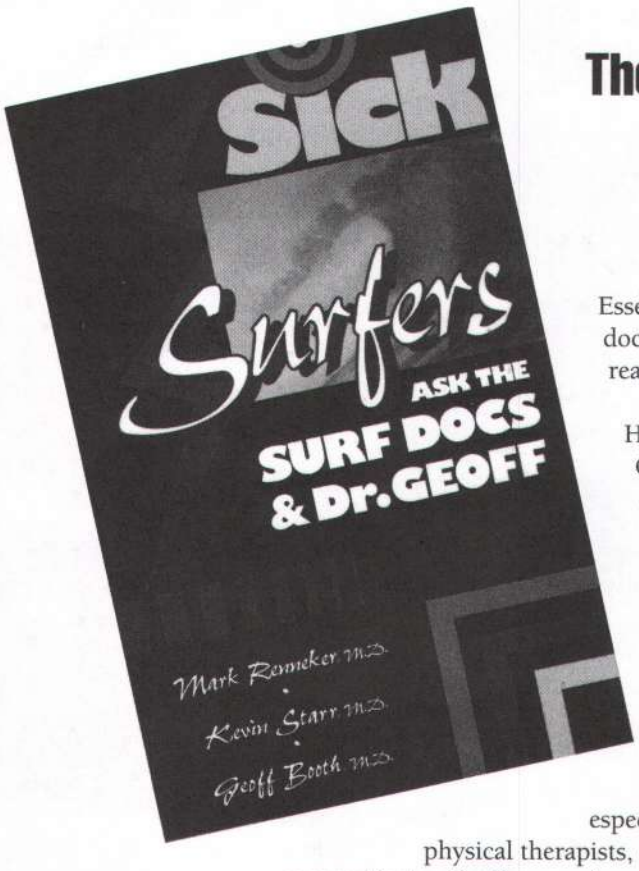
We are pleased to announce a solution: the organization and updating of all of our prior columns in one book, **"Sick Surfers, Ask the Surf Docs and Dr. Geoff."** It has just been published (December 1993, by Bull Publishing, Palo Alto, California), is quite cheap ($12.95) and should soon be in most surf shops and coastal book stores (ask for it if you don't see it). It is being jointly distributed in America and Australia (where fellow surf doc columnist, Dr. Geoff, reigned in *Tracks*). We Surf Docs make a pittance per book; the largest royality chunk goes into a special 3rd world village childrens' health fund.

The Who's psycho-derelict Pete Townshend's sneer for the '90s is "What happened to all that lovely hippie shit?" With the publication of "Sick Surfers," the '60s loving Surf Docs again can throw open the doors of our "free clinic" - you write, we'll answer. There is, however, a '90s self-responsibility twist: you'd better first look up your problem in the book, because if it's covered in there we don't want to hear from you (other than to hear of your self-care triumphs!).

If it isn't in the book, or if what we wrote didn't work, please write to us; your letters will only make this column and future editions of the book better. Also, rest assured that periodically we'll update information in this column on common problems, such as Surfer's Ear, surf travel medicine, and so forth.

Send your letters to "Surf Docs, The Next Generation," c/o SURFER. Include your age, number of years surfed, that you've looked in "Sick Surfers," specifics on your problem (how long you've had it, what makes it worse/better, etc.), and a stamped, self-addressed envelope. Remember, the healthier the surfer, the less lost surf time!





CUT OUT AND MAIL IN
The easy way to get the just published

SICK SURFERS, Ask the Surf Docs and Dr. Geoff

Essential reading for all SMA members, health professional and barefoot doctor members alike. Sick Surfers is the essence of the SMA, the realization of our goals, methods, philosophies (and irreverence).

Here's the best of our Surf Docs columns from Surfer magazine and Dr. Geoff's Tracks articles, covering virtually the entire field of surf medicine - everything you should know as an SMA member: CPR and rescue techniques for surfers, the latest on Surfer's ear, identifying and treating skin cancers and other common dermatologic problems of surfers, comprehensive sections on back problems, up-to-date surf travel medicine - the latest on malaria prophylaxis, prescribing nutrition to surfers, dental health for surfers, what the SMA is and how to join.

Buy a stack of 'em, to give to friends or have in your office. It's a cool, inexpensive gift for friends who are surfers (non-surfers find the book fascinating, too). And, it's a for-real practice pleaser, especially for coastal primary care physicians, dentists, chiropractors, physical therapists, orthopedists, ENT'ers, ER docs. Prescribe it, sell it, or give it away to your patients. Or if you are in surf club or coach a team, get copies for everyone.

The publisher is radically discounting the books to SMA members in the U.S. (Oz and Kiwi members contact the NSW distributor; other countries write/call Bull Pub. for info). The book normally sells for $12.95 (U.S.), which with tax and shipping costs would regularly come to $17.02 per copy. Bull Publishing will sell it to SMA members for $12 per copy, tax and shipping included. And if you buy 10 or more, it will be $10 per copy, tax and shipping included. So, for $100, you can have a stack of 10 copies to use as you please.

Remember, the largest share of royalities go to the SMA's Steve Baser Memorial Fund (for the health of village children), and the rest of the dough goes to Kevin, Geoff, and Mark to keep them from bumming wax from everyone else.

(Xerox, cut, or tear here you choice)

To Bull Publishing. I'm a member of the Surfer's Medical Association and would like to order "Sick Surfers, Ask the Surf Docs and Dr. Geoff. As per the special discount you are offering to SMA members in the U.S., my order is as follows:

#_____ (indicate amount) 1 to 9 copies for $12 each (covers tax and shipping)

#_____ (indicate amount) 10 or more copies for $10 each (covers tax and shipping)

Enclosed is a check for $_____

Bill me (for more than 3 copies)_____ Date_____

Mail to (your Name/Address):_____

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Send to: **Bull Publishing Company**
PO Box 208, Palo Alto, Ca. 94302-0208
Toll Free (800) 676-2855 Fax (415) 327-3300

In Australia/New Zealand, contact: Ozzie Wholesale Book Co., 5/5 Kaleski Place, Moorebank, NSW, Australia 2170

LETTERS

MEDICOS FOR MAUI?

Dear SMA:

I am a solo family physician working in beautiful Hana, Maui. As the only physician for east Maui, I am always looking for other physicians who may be interested in doing locums work here on either a part or full-time basis. I am also looking for someone to join me here permanently.

Hana is an exciting place to practice. The clinic is a breathtaking two-hour drive from Kahului, which is the location of the main airport and the only hospital on Maui. Hana has a small airport with several flights daily. The local population has more native Hawaiians than any other place on the four main islands. Although many tourists come to Hana, most come for only a day, so Hana is not at all touristy. In addition to excellent year-round surfing, Hana offers snorkling, diving, fishing, beautiful hiking and great photo ops.

If any family practice or emergency physicians are interested in coming to paradise for a working vacation, please contact me at Hana Medical Center, PO Box 99, Hana, HI 96713. My telephone number is (808)248-8294.

Surf's up, gotta go! Aloha.

Michelle Taube, MD
Hana, HI

WILDERNESS MEDICINE

Hi folks:

I'm want to let you know that there are two courses offered by the Wilderness Medicine Institute which might be of great value to lots of travelling surfers: our Wilderness First Responder and Wilderness EMT courses. I am the director of EMT training and also teach some of the WFR courses. We teach all around the Western USA, including Santa Cruz, California. Our First Responder class is ten days, eight hours a day, half of which is hands-on, down-on-you-knees patient care, the other half didactic. Our EMT class is a month-long, 160 hour, national, state, and wilderness certification course. These we teach mostly in Colorado and Wyoming.

Anyone interested in our classes can contact me at the Wilderness Medicine Institute, 300 10th Street, PO Box 9, Pitkin, CO 81241. I travel all around the west - my current home is a 1990 Toyota 4WD pickup - teaching for the WMI. I'd really like to do a class for fellow surfers somewhere on the west coast. I've been a surfer for going on thirty years now, travelling up and down the North American coast. I've also travelled and treated in Europe and Asia, including several stints in the Himalayas. I've worked as an ER nurse for 11 years, and have taught EMTs for 13 years. I would be willing to attend an SMA conference and present information and maybe do a short class for the non-meds in attendance. How about it?

Dan De Kay, RN
Colorado Barefoot Doc

FRED'S PEAK

Dear SMA:

Surfers, Tavaruans, just plain people all trust the SMA because it is an organization of devoted doctors who come from the heart and soul, not the pocketbook. The SMA is perfect the way it is now. Organizations become stodgy in their administrative and executive forces. The SMA is made of of mostly half-crazed freaks who do a hell of a lot of good wherever they go to enjoy themselves. Members are not stuck in the bureaucracy of an organization presently. Why not keep the association as it is, free, a beautiful endeavor, fun, helping the needy without grandiose gestures. Remember that all you started out to do was to find a reason to explore exotic surfing areas and help people as much as you could using a few medical supplies carried along on the plane.

As for me, I'm getting a Ben Aipa - 9'10", 22" wide, semi-pin, thick! I'm tired of shooting to the bottom and wiping out on the few times I surf Sunset with this James Jones rocket ship that keeps me tucked in the soup longer than a 64-year-old or anyone should have to endure. I'm proud of my SMA membership, even as a 2nd-class citizen!

Aloha,

Fred Van Dyke
Hawaii

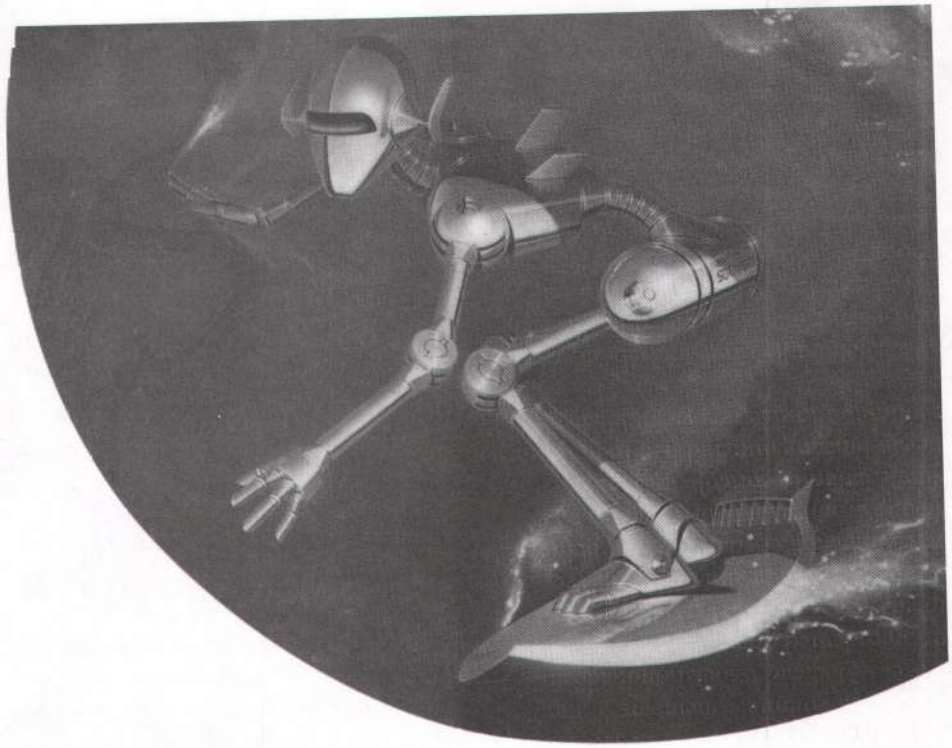
SMOKE DAMAGE

Dear SMA:

Print this letter - I don't care how large - and deposit this check or I'll find out where you bank, deposit it through the mail and tell the public. If they'll listen or care. I smoked dope with ILLEGIBLE outside the Beach Chalet. I remember when I counseled ILLEGIBLE not to rip off hustlers at Joes. Does ILLEGIBLE still sit on the Reef and smoke Camel non-filters? His lungs must look like Mt. Vesuvius fallout at night. I can't believe I actually inhaled a hit of gas fumes with ILLEGIBLE's friends. New in SF, I did enjoy those shrooms in that big field at Land's End before I saw it was a golf course, the next week. I think Bisquick and jam make an excellent pancake. Try some - except for those pancakes that that lady made with fruit on them in Puerto. Not all the homeless want to work, and not all the homeless are mentally ill. I wonder if Aunt Jemima ever contracted heart disease from being overweight. Pray. And make sure you ask Chief Kelly and Chief O'Conner why between the hours of 7 am and noon on Wednesday Oct 22 when the fires were just starting, the sky was clear (smoke was isolated) - light winds, there were still bombers on the ground in Hemet - and why no one could make up their minds to get them in the air before the wind changed and the smoke drift made the situation impossible that afternoon and the next day. And yes I know regulations forbid them from night flight. I wonder possibly Mr Wilson sir if next year we could get the orders printed in say June or July, that way by Sept and fire season they might be ready. This sounds insane, but maybe we could divert some money from the lottery or freeway system. The heart must change

before the action will follow. Last night a wet fog came up from the South, from God not man. Faith comes from hearing the word.

Skinny
(Renegade SMAer still the only lifer not to show to one single conference)

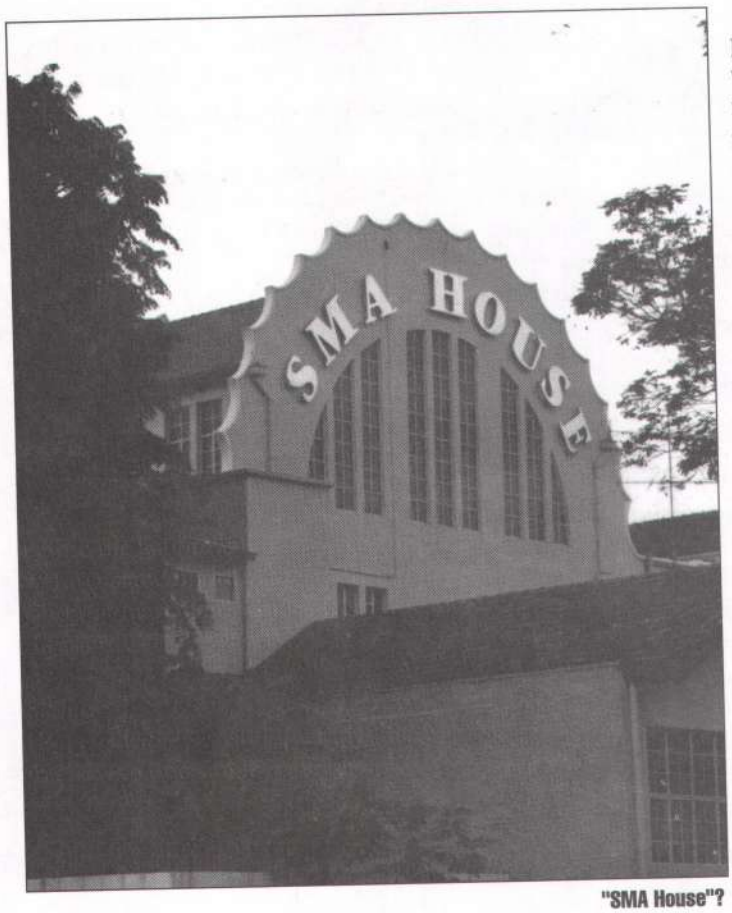


RON'S WORLD:

RETURN OF THE PHOTO CONTEST

The mysterious secret SMA compound - Where is it?

Background: Since the organization crisis of the SMA has been averted, at least for now, there are more than a few members asking, What if? What if the day comes when organization prevails, where could the truly hardcore SMA devotees live in peace and disorganization? The SMA compound - a new member benefit. However, if we do go the cult route, we've got to do it right. But there are costs to consider - ordnance isn't cheap. We could probably get by with an NRA-approved Starter Kult-Kit: A couple racks of M-16s, a decent selection of grenades (stun, frag thermite, etc), mortars, concertina barbed wire. We'd better raise our dues now.



"SMA House"?

As before, the prize for the winning identification will range from nothing to something great, to be determined once we see what is left lying around SMA headquarters unclaimed.

Ron Bockhold
Address Withheld

RON'S GARAGE SALE

(1) Collector's item! Vintage 9'6" Con competition wing nose rider for sale. Clear with red competition stripe. Good condition; if buffed out, great condition. Sacrifice at $1000. (2) Surf music record collection. 25 albums in generally good condition: Dick Dale, Spinners, movie soundtracks, etc. Sacrifice at $500. Write for list. (3) Time capsule: 1973 VW camper totally outfitted for extended safari. Package includes 9'6" Weber Noserider (one of the last Dewey shaped before he checked out), 7'2" Africa tri-fin, Ripcurl XL wetsuit, 60s cassette collection (Hendrix, Dylan, CSNY, etc), Westfalia camper option, tools, camping gear, Surf Reports for Europe and North Africa. Drive a legend! Waiting for you in Lisbon, Portugal. Sacrifice at $4000.

For the above, contact Ron "Sacrifice" Bockhold at 255 Atlantic Isle, North Miami Beach, Florida, 33160; (305)945-7783.

(Ed: Members: We're considering a classified ads section - limited to members with stuff to unload or maybe things you are looking for. How about a "house swap" section for vacations? Can you see an SMA "personals" section? A scary thought. But if you have anything you'd like to announce, please send it in. Or if you have thoughts on this pro or con, let us know.)

WRITE TO/FOR THE SMA!

BOOK NEWS

A SURF SURGEON EVANGELIST

(Excerpted from the classic *Surf Safari Nurse*, by Jane Converse, Signet Books 1966. When we join the nurse heroine, Laurie, who has just seen her first surf movie, she is engrossed in a discussion of THE FUTURE with hot surfer/reluctant medical student Ron, who is dreading a possible residency at the land-locked Mayo Clinic...)

"You wouldn't die if you couldn't surf," Laurie scoffed. "A year isn't.."

"So maybe I wouldn't die." Ron paused. "I'd just want to, and that's worse."

Incredulous, Laurie pointed out that career opportunities, especially in medicine, and especially when the doctor-to-be was exceptionally gifted, couldn't possibly be measured on the basis of accessibility of good surfing beaches. "It's a wonderful sport - after tonite, I can see where you'd be enthusiastic about it, but after all, it is just a sport."

"Correction," Ron said, and he sounded unbelievably somber. "Correction. Surfing isn't a sport. Not to me, it isn't."

"Then what...?"

"It's a way of life."

"Oh, come off it, Ron! You can't possibly mean...

"And you can't possibly understand." Ron sounded irritable now, but then his tone softened, so that it reflected an almost religious quality. "To know what I'm talking about, you'd have to experience the sensations that go with catching a perfect wave - the exhilaration of a fantastic ride. Look, it's - it's a kind of madness. You're challenging the sea. You're coming at it with a knowledge of a way it behaves in a particular place under particular conditions. Along with the knowledge and the skill, there's love, there's respect, there's fear."

"Fear?"

"Certainly, fear! Sometimes it's just fun, but I prefer big-wave surfing. When you've gone over the falls backward on a twenty-foot giant at Sunset, or it closes out suddenly and you're caught in that wild soup, or you get wiped out - lose your balance and your board - and there's the chance of being swept out in that crazy channel because you can't swim against the rip tide that giant surf creates..."

"Ron?"

He stopped his recital. Laurie sensed that he had been talking to himself, anyway, barely aware of her presence.

"Yes?"

"If you're ever afraid, why would you...?"

"That's the part I told you you wouldn't dig. Catch a clean, beautifully formed wave, with the crest blowing around you in an offshore wind. You're flying. You're free. Listen, there's no way to express it in words, so why try? All I know is, there's a sense of achievement I've never found anywhere else."

Ron had spoken with the impassioned conviction of an evangelist, and Laurie weighed his words carefully before she asked, "Won't you find greater sense of achievement in the operating room? Four or five years from now, when you begin your practice as a surgeon, when somebody's life hangs in the balance..."

"That's different," Ron said shortly. "It's - oh come on, don't start giving me the hero-doctor malarkey. Hero-doctors aren't even popular on TV anymore."

"I wasn't talking about phony melodrama," Laurie said. "I was talking about what I see every day of the week. Scrub nurses don't have romantic illusions about surgery, Ron." Laurie hoped she didn't sound too smug when she added, "I think I know something about achievment, though."

"Sure. Just don't try to compare excicising some character's gall bladder with a perfect day at Malibu."

TRAVELERS' HEALTH: HOW TO STAY HEALTHY ALL OVER THE WORLD

By Richard Dawood, MD
Random House Trade Paperback, $18.00

This newest edition of this book deserves notice here, for anyone who needs a comprehensive A to Z reference for travel and health (one more extensive than the information periodically published in this journal or in SMA books, that is). Dawood's 619-page book is sutable for any reader and is already considered the classic of its kind. Too heavy for the road, but perfect for home and office.

SURFRIDER FOUNDATION CALL FOR CASE REPORTS

Dear SMA:

As coordinator of the Blue Water Task Force for the Santa Cruz chapter of the Surfrider Foundation, I want to take the opportunity to share with the medical world news about health concerns in California's central coast waters.

My job as a volunteer is to organize other volunteers to take samples, test them, and use the results to help educate the public about the potential effects of water-borne pathogens. We take pride in the fact that, rather than acting as adversaries, we cooperate with the city and county by studying areas that the government agencies aren't able to, because of budget cuts and understaffing.

What we're looking for from the SMA are case histories of illnesses suffered by surfers, swimmers, divers, etc. that have been attributed to bacterial pollution. Also, any articles you could cite or send concerning bacterial pollution and its effects or potential effects would be greatly arppreciated. I would like to accumulate as much information as possible.

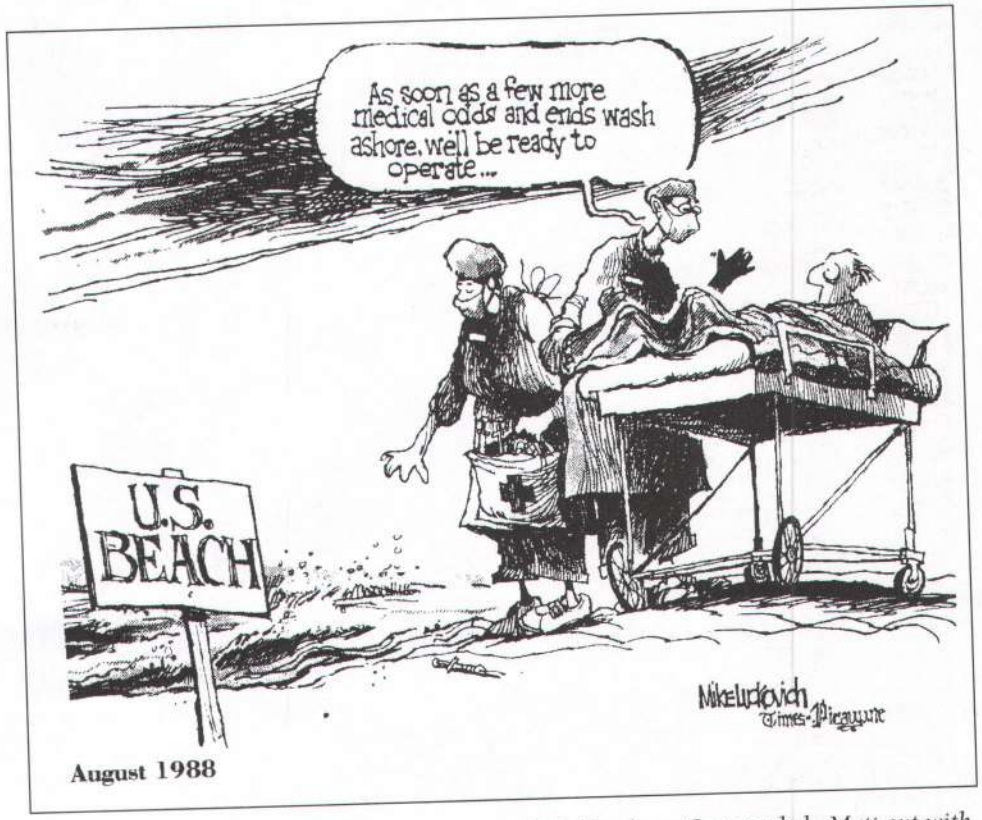
My goal is to educate myself and other ocean-lovers to the growing problem of biological contaminants and what we can do to keep ourselves healthy, to ensure the oceans remain safe environments, and how we can deal with those already damaged.

Since Surfing Medicine is an international journal, I'm looking forward to hearing from health professionals and others from around the world, so that I can in turn educate people who don't have science backgrounds but want to know more about the issues.

By the way, your "Surf Docs" column in *Surfer* magazine is excellent and easy to understand, and it has helped me many times.

Thank you for your help.

Matt C. Novak
515 Wilkes Circle
Santa Cruz, CA 95060



August 1988

(Ed: Members: Can you help Matt out with his plea for information? Refer to page 28 of the Spring 1993 (#10) issue of Surfing Medicine for a sample survey form for reporting cases)


Jessica Dunne "Homeboys" Oil on canvas 48 x 60 1993. From the collection of David Bender AKA Homeboy.

SMA UPDATES

WORK HARD, PLAY HARD IN TODOS SANTOS, BAJA

In January 1994 I met with Todos Santos Rotary Club members and community leaders to discuss ideas for clinical aid and health education in their town. There is great interest in having Los Medicos Voladoes (LMV), or "The Flying Doctors," work in Todos Santos. They are especially interested in optometry, dental, health education and other specialists visit their schools and clinic.

The concept here differs a bit from the standard LMV trip but has many opportunities for a new experience. It also offers a more accessible trip package. Details are as follows:

-A working team of 10 to 15 people.
-Proposed trip dates are June 11-19, 1994.
-Clinic teams would work 4 days, M/T/TH/F, with Wednesday a break.
-Travel days are slated for the weekend but you can stay longer.
-Housing will be either at community member's homes or at a reduced rate hotel near the clinic.
-The clinics will be held at the local school, hospital and dentist's office.

This clinic is being planned in cooperation with several Rotary International clubs and the SMA. Todos Santos is a great little town with good waves nearby, about an hour north of the tip of Baja on the Pacific side. If you are interested in being part of the "first wave" to go to Todos Santos, please give me a call as soon as possible so that I can send you more details.

Bill Jones
PO Box 51881
Pacific Grove, CA 93950
(408)373-2209

UPDATE: GRAJAGAN SURF DOC COORDINATION

Last season was the first time Grajagan had resident surf docs. In return for medical services, the resident surf docs were provided free accommodation and, of course, more than enough of the world famous Grajagan down-the-line perfection.

We expect to continue providing Grajagan with surf docs for the next season (see below). However, there is a need for more coordination of the services and to address a number of issues. Anyone who might help with this would also be someone who would like to do a tour of duty at the camp.

The primary needs are:

(1). To work out orientation and information for potential incoming surf docs. This might include preparing a 6-8 page manual describing such things as the arrangements with the surf camp, scheduling needs, who key people in camp are, a list of past surf docs who have served in camp, types of injuries likely to be encountered, mechanisms for replenishing medical supplies, what to bring, and evacuation procedures for serious problems.

(2) Contact the relevant Grajagan personnel to help with future planning. In particular this would inlude the director, Bobby Radiasa, as well as incoming surf docs and possibly people in the Indonesian health system.

(3) Develop and monitor an in-camp logbook. The logbook might include types of injuries/disorders encountered, inventory of medical resources, and a section for miscellaneious comments. This would enable incoming surf docs to know what they might be working with and what needs to be ordered.

(4) Obtain feedback from previous surf docs on their experiences and how the services might be improved.

(5) Obtain more information related to mechanisms for evacuating serious medical emergencies fromt he camp, as well as from Indonesia itself. This information would then be included in the manual mentioned above.

If you are interested in working with the Grajagan SMA surf doc coordinator, contact Simon Leslie at address below.

Gary Groth-Marnat, aka Wombat
Australia

SURF DOCS WANTED FOR GRAJAGAN SURF CAMP JAVA, INDONESIA

BENEFITS: Free food, surf and accommodation for doctor and significant other, and transport via overnight bus from Kuta, Bali.

REQUIREMENTS: Minimum of one week stay in Grajagan. Proof of registration as a medical practioner. Ability to provide acute care for trauma, drowning, malaria, etc. Provide own medical indemnity insurance. Own transport to Kuta, Bali.

CONSIDERATIONS: All SMA doctors who travel to Grajagan must be prepared to cope with medicine at a wild frontier. Do not expect to find full hospital facilities and nursing staff. The care you provide will depend upon your ability and initiative and the equipment available. You are dependent upon the previous SMA doctor to have ensured that the camp clinic is stocked with the necessary items, with adequate records and helpful hints. This means that the next doctor is also dependent upon you! If you feel certain equipment is lacking, it is up to you to see that it is obtained - no one else is there to do it. Before travel you will be supplied with a list of equipment and supplies you should expect to find, and details of how to replenish it. If you feel you need more, bring it with you. The success of the Grajagan clinic is dependent on a combined effort from each of us.

DATES OF TRAVEL TO GRAJAGAN:

June 1, 7 13 19 25
July 1, 7, 13, 19, 25, 31
August 6, 12, 18, 24, 30
September 5, 11, 17, 23, 29
October 5, 11, 17, 23, 29

The bus leaves Kuta at 10 pm on thsese dates, arriving at 7 am the next day. Return journeys are on the day after these dates, e.g. April 3, 9, and so on. If you are interested in being a G-Land

Surf Doc, CONTACT:

Simon Leslie, MB
63 The Drive
Stanwall Park, NSW
AUSTRALIA 2508
Phone: 042 9491716 Fax: 042 911082

Provide your name, address, phone/fax, preferred dates, alternative possible dates, and name of significant other.

NOTES FROM SMA CENTRAL:

RYM'S PARTY AT WARD'S HOUSE AT MICHAEL'S HOUSE:

It's time to get together again to talk about the SMA, to play, and of course to surf. One of the issues to discuss this time is the Tavarua conference. We count on the income from this conference each year - can we continue to do so? Another issue is advertising in the journal - should we do it or not? I'd like some feedback on these and other issues. So come, put in your two cents, and hang out with some of your SMA pals.

The gathering will be on Saturday, May 21, at the home of Michael Eurs in Soquel, California (next to Santa Cruz). Call SMA Central for a map if you want to attend. If you cannot attend but have anything to say about these or any other issues, drop me a line or give me a call.

TAVARUA 1994 CANCELLED:

It was with great regret that the 1994 Tavarua conference was cancelled. The Nabila Health Care Team had been working together this past year and was already organizing for our arrival.

Interest in the conference was quite high, but only 14 people actually put their money on the table. Economic factors, health factors, and "spousal factors" were among the reasons cited by those who decided not to attend.

Ward Smith is currently negotiating with Tavarua for 1995 dates. We are hoping to be able to hold this conference in the Summer of 1995. Further information will appear in the Fall journal.

SUSTAINING MEMBERS:

I would like to thank those members who have volunteered to be "Sustaining Members" of the SMA. These are Life members or Silver Surfer members who have decided to kick in a bit extra to the SMA during the year. Our first Sustaining members are Life member Scott Thayer and Silver Surfer Fred Van Dyke. Thank you both for your support.

- Paula Smith

FRYER'S CLUB: DOES SUNSCREEN REALLY HELP?

Last year, an article by well-respected health writer Michael Castleman appeared in that commie pinko rag *Mother Jones*, raising the rather alarming and somewhat convincing possibility that sunscreen, instead of helping prevent skin cancer, may actually promote some forms of it. The primary source of this theory came from two San Diego epidemiologists, Cedric and Frank Garland, also apparently well-respected for earlier work. Their current work is of course controversial. As a number of us SMA members reached the toasty stage long ago and now attempt to limit our baking under ozone-depleted skies, this could be an excellent topic for an SMA member, dermatologist or otherwise, to explore for this journal. Anyone interested? According to Castleman, this issue has been fairly hush-hush due to its controversial nature, so here's a chance to publish something noteworthy. For a copy of Castleman's article and some other background, contact Steve Heilig c/o the SMA.

STEVE BASER MEMORIAL FUND UPDATE

As the first anniversary of Steve's death passes (May 3rd), we can feel good about his legacy in the form of the memorial fund we have been collectively generous in supporting. This year alone, the *Sick Surfers* book will add about a $1000 to it. But don't stop there, keep sending in your contributions. In the next issue of the Journal we'll lay out - for your feedback -the ideas being considered for the funds' use in supporting sustainable disease prevention and health education programs for village children in Fiji and elsewhere.

SMAYASHIG!

How have you combined yoga, health, and surfing? Could you?
Should you? SMA Yoga and Surfing Interest Group is forming to explore those questions. If you are interested in surfing and yoga, as in: Therapy and rehabilitation, surfing enhancement, breath control, case reports, teaching yoga to surfers, surf meditation , and more, call or write:

Craig Wilson, MD, MPH
1032 Irving Street #723
San Francisco, CA 94122
(415)773-9263

Dr. Wilson Photo: Mark Renneker

DON'T SNIFF THAT STYRENE

SMA kahuna Gary Groth-Marnat's paper, "Neuropsychological effects of Styrene Exposure: A Review of Current Literature" was published in the journal *Perceptual and Motor Skills*, 1993, 77, 1139-1149. The general picture given in Wombat's review is that the stuff is not

good for you, but we like the credit on the title page: "Portions of this paper were presented at the Seventh Annual Surfer's Medical Association Conference, Tavarua, Fiji, 1992." Nice!

SMA MEMBER'S RADIO SHOW GOES LEGIT

Sedge Thomson, barefoot SMA member and host of the popular "West Coast Weekend" radio show (and chronicler of his SMA Tavarua experiences in this journal a few issues back) has made the jump to a new station and the big time. His new old time radio show, now called "WestCoast Live," is broadcast from San Francisco's KALW (91.7 FM) and beyond on National Public Radio. Check your local affiliates: Sedge's show is an entertaining, eclectic, and enlightening mix of guests and performances, once including - when the host had a weak moment - a couple of SMA docs...

WAVES IN KAZAKHSTAN?

Michael Kliks, SMA member and renowned zoologist usually based in Hawaii, has taken a Fulbright grant to lecture and conduct research in medical and veterinary parasitology in the Republic of Kazakhstan. If you happen to be passing that way this year and want tips on the hot local surf spots on Lake Baikal (?), he may be reached via fax at 011-7-3272-481924, c/o Dr. T.N. Doszhanov, Director, Institute of Zoology.

CASE UPDATE: JUNIOR'S TASTES IN RAW MEAT, OR, BRING HOME THE BACON

Back in issue #10, SMA member Edwin Salem related the story of a parasitic passenger worm, named Junior, who hopped aboard Salem during a surf trip to Costa Rica, and returned with his host to San Francisco for incubation and emergence into a short life in a jar. This story has become one of the most popular contributions to this journal, inspiring both fascination and repulsion.

Since the original report did not contain any solid advice on treatment, we feel duty bound to report on a subsequent report on this issue, from the *Journal of the American Medical Association* of November 2, 1993. In this case report from Boston, a male patient again acquired skin infestations caused by fly larvae, commonly known as maggots, again during a trip to Costa Rica. "Tiny white things with black eyes were seen to protude from the central hole in each lesion from time to time," the authors note. So: "The fatty portion of raw bacon was placed over each of the lesions, they write. "Within three hours the larvae had migrated enough into the bacon to be removed with tweezers without complications."

Of course, we'll never know what Junior's preferences would have been.

HEALTH WORK IN THE SOUTH SEAS

New to the SMA, Mara Tucker, a surfing nurse, is interested in networking with people who have worked or want to work in American Samoa, Paulau, and Micronesia. Write/call her: Mara Tucker, R.N., 4855 Sawyer Dr., Carpinteria, California 93013 (805) 684-6050.

TO THOSE WHO PUBLISHED, NOT PERISHED

This is a thank you to all who have taken the plunge and sent in articles, case studies, and letters to this journal. Yes, our pier-review process is more rigorous than those other lightweight journals, such as JAMA and the New England Journal of Medicine, but we've got our own standards. Index Medicus is for bottom-dwellers.

Rise to the surface then, and send in (on a disc!?), call, or fax your prized words, thoughts, experiences, ideas, and photos. We want em'.

SICK SURFERS' PUBLISHER DIES

David Bull, the founder of Bull Publishing, in Palo Alto, California, died on April 15th, after living through two different cancers over the past months. It was his impetus that lead to *Sick Surfers* being published, and his work to bring it out, despite his illness, was, he said, an ongoing source of delight. We've lost a kindred soul. Son Jim, an editor in his own right, will assume the helm of the family publishing business.

UNIVERSITY OF CALIFORNIA CANCER CENTER LUAU AND LONGBOARD INVITATIONAL! LA JOLLA, CA

SUNDAY, AUGUST 21, 1994

Put away your tuxedo and wax up the longboard - surfing has taken a step up the ladder of respectability (oh, no!). The UC San Diego Cancer Center will host a longboard invitational surf contest and luau to raise funds for cancer treatment and research. Contestants will be drawn from the ranks of world-class surfing legends, doctors, scientists, and local celebrity types The contest will be team-oriented, with an emphasis on team diversity. The format calls for 21 sponsored teams of five contestants, with one surfing legend per team.

The contest will be held on August 21 at La Jolla Shores, south of Scripps Pier. SMA members interested in participating in any way should write Mark Bracker, MD at 5457 Castle Hills Drive, San Diego, CA 92109. He'll send you an application form and further information on this first of what is planned as an annual event.

CONFERENCES

1. MAGDALENA BAY
BAJA CALIFORNIA SUR, MEXICO
SEPTEMBER 3-9, 1994

The Baja Boaters Guide says that the Mag Bay area is "strange and fascinating, stark in its seclusion, primordial in its isolation, clean, unused, and rarely visited." My wife and I just returned from a six day trip there and found it to be just that, and more: Pristine estuaries to explore, footprint-free beaches scattered with whale and dolphin bones, seashells, sand dollars the size of hubcaps (almost), blue skies with mountains and sand dunes. The outer shores of this islands forming Mag Bay have been the scene of more major shipwrecks than anywhere else in Baja.

Magdalena Bay beckons

September is one of the calmest months of the year for winds, and the best month of the year for the world class right that breaks along the rocky point at Punta Hughes for up to half a mile, so long that you walk back up the trail to the point to paddle back out. Water temps should be at near 80 degrees, and the wave should be from head-high to double overhead. A great wave for longboarding, shortboarding, and boogieboarding. The camp is set up right in front of the break.

Steve Warren, our host, will cater to our every need at this remote surf spot that is only accessible by boat. He loves this place and it really shows. His cooking is worth the trip in itself.

Conference topics will include updates on surf medicine with special emphasis on eyes, ears, and skin. There is also a remote village on the island whose health needs we may look into.

I will try to have a boat towed down for fishing, etc.; pangas are available for rent on site. Tuna, dorado, wahoo, marlin, and sailfish are in the area that time of year so plan on bringing gear if you have it.

Estimated cost is a total of $1330 per person ($360 for airfare from Brown Field in San Diego, $720 for food and lodging at camp, and a $250 conference fee).

If you have a plane or want to drive the 840 miles from the border to Puerto San Carlos, deduct the $360 airfare from the above total, and send a total of $970.

A deposit of $400 is needed by June 15 to reserve your space. We expect a big turnout for this conference so send your deposit ASAP! Make checks payable to the SMA, mark it for Magdalena Bay, and send to SMA central at PO Box 1210, Aptos, CA 95001-1210.

For further details, call me at: (714)661-1181.

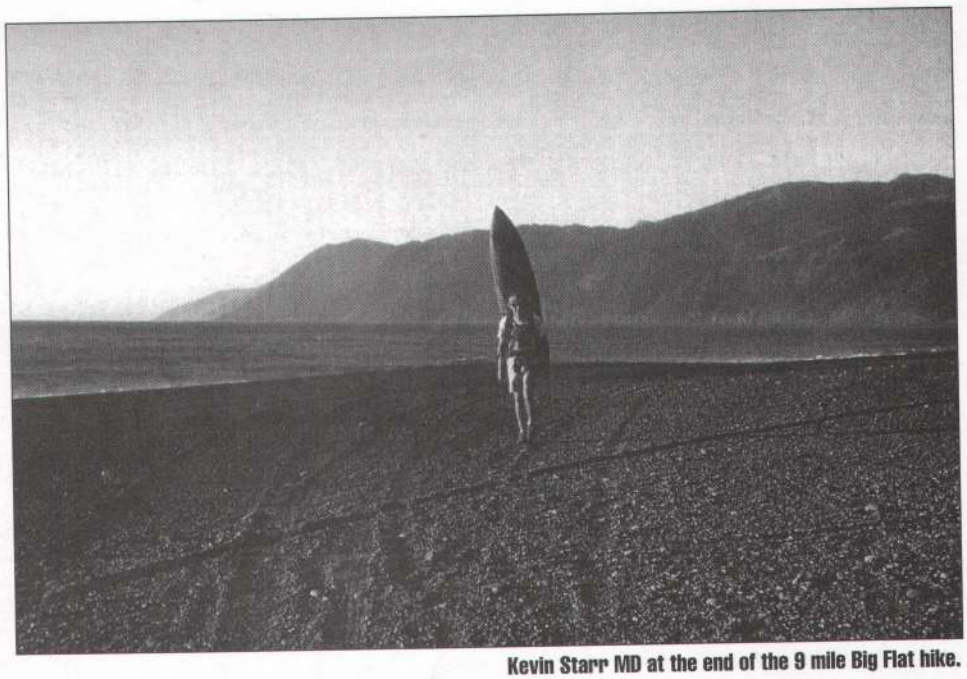
See you in paradise!

Bill Petersen, O.D.
Dana Point, CA

Mag Bay even has a left for you screw foots.

2. BIG FLAT
NORTHERN CALIFORNIA COAST
NOVEMBER 6-12, 1994

The next Big Flat conference is scheduled for November 6-12, 1994. The cost is $400. This wilderness surf conference always fills up fast and always has a waiting list. For details, call Ward Smith at (418) 688-4423, or SMA Central at (408) 684-0916.



Kevin Starr MD at the end of the 9 mile Big Flat hike.

3. THE FIRST NEW ZEALAND (WOW, COOL!) SMA CONFERENCE MARCH 1995

Get real. Why watch it when you can live it? Did the surf-scenes in the movie "The Piano" get you stoked, despite the implausibility of their landing and exiting a grinding New Zealand beachbreak in a skinny, little boat with a piano perched aboard? Well, pack your board (our piano-equivalent?) and try it out for yourself.

You'll find your host, minus the tattooed cheeks and piano obsessions, to be a fair match for Harvey Keitel. He's Dr. Tom Mulholland, a longtime SMA member and New Zealand family and sports medicine physician. Tom is the organizer of next year's "New Zealand Federation of Sports Medicine Conference," set for March 10-12, 1995, in the lovely coastal and surf-filled town of New Plymouth, New Zealand. (just down the coast from the legendary left point, Raglan, on the North Island).

Tom has extended an invitation to all SMA members to: (1) attend the sports medicine conference (CME credits, tax-deductible, all that jazz), (2) consider giving a paper or presentation there; surfing-related talks would be welcome (the SMA slide show on "Surf Medicine" is ready to go!), and (3) stay over and have the first ever New Zealand SMA Conference (March 13-15)

Write to Tom to get more details on the sports medicine conference and to begin exploring the possibilities of also having a New Zealand SMA conference (many breaks to choose from). Suffice it to say, dating back to the original "Endless Summer," no surfer's career is complete without having made a surf sojourn to New Zealand. It's an incredible place, and the conference is planned for their fall, the perfect season, with lovely weather, warm water, and waves aplenty. Tom's a terrific guy, and ready to share it all with you. Plus, he's a pilot, and can fly in to really remote surf zones. He's planning a heli-surf trip for us! Write or phone now: Dr. Tom Mulholland, Vivian Medical Center, 56 Vivian St., New Plymouth, New Zealand. Phone: (6) 753-2101 (work) or (6) 758-5015 (home).

SANTA CATARINA, BRAZIL?

Interested? SMA member Bill Maher, DDS just returned from Brazil and is eager to put together an SMA trip there, say in March or April of 1995. Why not? Call Bill at 609-884-4225.

Ragland, New Zealand

4. G-LAND: FIFTH ANNUAL SMA SOUTHERN HEMISPHERE CONFERENCE GRAJAGAN, JAVA

SEPT. 16-OCT. 2, 1994

Once again the SMA will have exclusive booking on the entire surf camp during the best part of the year: Good tides, winds, and swell probabilities, and the best lefts in the world. Food, service and hospitality are equally superb.

The theme is Surf Camp and Travel Medicine. G-Land is a seriously remote Third World setting. The SMA is staffing the surf camp full-time and we need to consolidate our experiences in provision of medicine both to travelers and the indigenous population. Plus, going to G-Land is an adventure best shared with a diverse group of like-minded colleagues. Check out the report from last year's conference in this issue and then:

Registration: Contact conference coordinator Mark Metcalf, DDS, at 8215 Pennington Drive, Huntington Beach, CA, USA 92646. Phone: 714/969-0656 (home); 714/772-0654 (work); FAX: 714/772-0661. This trip fills up to call as soon as you can; we need to pay a hfty deposit to reserve the camp. A total of 30 spaces available - no problem in G-Land waves - and partners are welcome.

Mark Metcalf. DDS in the slot at G-Land.

Contributions to the professional component of the conference are desired from each participant and early submission of brief abstracts helps with planning. Topics have included travel and tropical medicine, surf injuries in remote areas, early management of trauma, medical evacuation in the tropics, ecological issues, and the the medical and political issues surrounding healthcare intervention in developing areas. Non-health professionals attendees shouldn't fear - we will work with you to figure a topic that's up your alley.

Costs: Conference costs are exclusive of air transport to Denpasar, Bali, but include transport from their to G-Land, food, accommodations, and surf while in G-Land. Full details will be sent. The fees are: $750 single, $1400 couple, plus a conference fee of $250 per person. The $250 conference fee (which will be refunded if the conference is cancelled), should be forwarded to the above address as soon as possible, preferably by June 15, to secure your and our place at G-Land. Group airline bookings will be made to reduce costs. For group flights bookings (discounts!) out of LA, San Francisco or Honolulu call Tom at Fountain of Youth Travel, (310)592-1001. Don't miss out!

The Happy Crew at The 1993 G-Land Conference!!!

Come Join them next year!!!

GIFT SHOP

SUMMER 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(include weight of envelope!) 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.

Number of shirts: _____Size(s): _____

$ Enclosed:_____

Must include SASE.

Decals

Turquoise-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-motif ed diploma officially confers upon whomever 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 Assocation
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, but donations welcome.

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 [Non-USA members, please add $10] $ _____

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:

_____

_____

_____

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 August 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

Publish! or Perish!

SURFER'S MEDICAL ASSOCIATION

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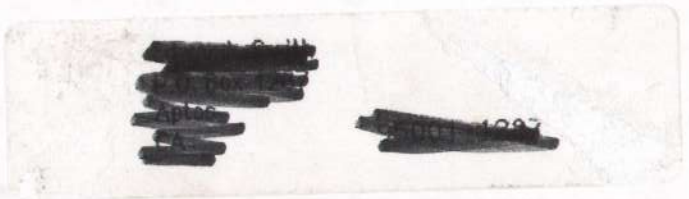

Get Serious - Get Yourself to a SMA Conference!!