

SURFING MEDICINE

Issue #17: Spring/Summer (North) 1998



Dr. NIÑO ISSUE



...Featuring The Millennial SMA Social Register.

CONTENTS

Greetings one and all:

Here's hoping this issue finds you healthy, happy, and wet only when you want to be. Northern California has been saturated with rain and waves, unfortunately often simultaneously. For reports on the often-monumental winter of surf hereabouts, consult those other surf magazines. For reports on some far flung SMA fun and good works, see the contributions herein from Tavarua and Nabila, the Maldives, Big Flat and beyond. As always, one and all are welcome to get involved in any manner you

see fit. The easiest and most pleasurable way is to try out an SMA conference. We also encourage you to contribute to this fine publication—send us a disc with your wisdom therein and you may be immortalized (at least for awhile). We love your photos, too. And if it's time to renew your membership, please do so. Could you imagine the pain of not appearing in the fine SMA Directory you'll find inserted in these pages?

On a sad note, we'd be remiss if we did not mention the passing of Rell Sunn, a

longtime SMA member and true source of inspiration to countless people of all ages. Rest in peace. As for those of us who remain, anyone who would like to make a contribution to the Steve Baser Fijian health education fund in Rell's honor, you can be sure your generosity will be put to good use (see "SMA Gift Shop" page). And finally, remember the blessing of each day - especially if there are waves involved.

Enjoy!

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SURFER'S BACK

A GUIDE FOR SURF COACHES, TRAINERS,
AND PHYSIOTHERAPISTS

Simon Leslie, MB

Left
Lateral
View



Anterior
View



This article aims to give some specific advice on how to assess surfers to determine the functional cause of their back pain. The mechanisms and manoeuvres that lead to back pain will be discussed. Armed with this knowledge, coaches will be able to be more proactive in preventing and managing back pain in surfers. This article will not discuss the management of back and spinal injury that can result from the extreme violence and power of the surf. These injuries tend to be uncommon and largely out of the control of the surfer and or his/her coach.

Surfers, like any other member of the population, can suffer from back pain that limits performance. The incidence of back pain in surfers is not known, but it is sufficient to say that surfing can cause back problems severe enough to hinder or destroy a surfers's professional career. Examples who come to mind are Chris "Critt" Byrne who was on track to become world champion when spinal stress fractures put him out of the water and out of contention for 12 months, and Mark Richards who battled performance-limiting back pain in the latter half of his career.

To put the understanding of back pain in surfers into perspective, one must be aware of several principles that underlie our current knowledge of back pain:

- Most episodes of back pain in otherwise healthy people get better within two weeks no matter what treatment is given.
- It is very difficult in most cases of back pain to be certain of the exact cause in a pathologi-

cal sense. Studies have shown that even the best doctors with all the best diagnostic equipment available can make a definitive diagnosis in only 20% of cases. To determine the cause in terms of postural imbalance, training overload or poor technique is much easier and more relevant.

- The back is a highly complex structure of bones, nerves, muscles, ligaments, and joints, the function of which is affected by numerous factors such as age, congenital defects, muscle flexibility, strength, balance, disease, posture, acute trauma, and overuse. It is no wonder that it is difficult to discuss, research, or treat back pain, let alone manage it in an athlete more intent on surfing than stretching. Not even doctors of physio need despair if they feel they haven't a complete handle on back pain. There has been no published research on surfers with regard to back energy. The following information is based on my own experience in treating surfers in the Illawarra area of NSW Australia, from discussions with fellow SMA members, analysis of the biomechanics of surfing (watching surfing videos), and from my knowledge and experience as a general practitioner with an interest in sports medicine.

Surfers are similar to gymnasts. They put their backs through extreme ranges of motion, often with powerful and explosive muscular effort involving violent acceleration and deceleration forces with and against gravity. It is known that gymnasts have a high range of degenerative changes - wearing out their spines - at an early age. It is not known whether surfers suffer this to the same extent, but it is likely that some will. From a practical point of view, it is convenient

to divide back pain into two groups depending on whether it is flexion or extension of the spine that causes or aggravates the pain. This follows because extension leads to stress on the posterior elements of the back (extensor muscles, the facet or sygo-apophyseal joints and the pars interarticularis) and flexion to stress on the anterior elements, the vertebral bodies and the intervertebral discs.

From my analysis of surfing it is extension (bending backwards) and rotation of the back that causes the most problems. If a surfer has a back pain that is worse when they bend back, particularly if they rotate to one side, and if it is aggravated more by backside than forehand surfing, then suspect a problem with the posterior elements of the spine. Pain with manoeuvres that produce the most back extension with rotation, like backhand reos, layback snaps, and cutbacks, also suggests a posterior element problem.

So how do you assess a surfer with back pain? To allow proper treatment, it is useful to find out whether your surfer has either:

1. A normal back being overstressed by over use or poor technique than can be remedied.
2. An abnormal back from postural or muscle imbalance that is correctable.
3. An inherited structurally abnormal back that is not capable of withstanding the rigours of high level competition surfing.

To do this, use the following routine as a starting point. Find out whether any back abuse is happening at work, during weight training, or with other sports. Could it be something other than surfing causing the problem? If so, get that problem resolved first.

Look at the surfer's standing posture both upright and in the surfing stance. Excessive lumbar lordosis (sway back) with a forward pelvic tilt is usually due to weak abdominals and tight hip flexors that can be corrected with strength and flexibility training. If the back is already extended in the normal surfing stance to compensate for excessive pelvic tilt, than manoeuvres that band the back backwards further can lead to injury. Also, look closely at the back while the surfer is paddling. If the surfer has a stiff neck, he may be extending the low back a lot more than necessary just to keep the head in a forward-looking position. Holding the shoulders high above the water can also

stress the lower back. The nose of the board wiggling side to side while paddling is a sure sign that the surfer is incorrectly using his back lateral flexors to give paddling power to compensate for weak or injured shoulders. The result is a repetitive and damaging snaking moving of the spine.

Look at the surfer's flexibility. Poor flexibility predisposes to muscle strains, while excessive flexibility (or hypermobility) can lead to ligament strains, dislocations, and joint injuries. The former needs lots of stretching, while the latter needs work on strength training, with avoidance of stretching.

Analyse the surfers's recent surfing and training regime. Has there been a sudden increase in time surfing or training that may have led to overload before the back had time to strengthen to cope with the increased workload? Training errors, in term of too much too quick, are one of the commonest causes of oversue injuries. Has the surfer spent adequate time to prevent muscle injury with warmup and stretching before and after surfing?

Ask the surfer if certain maneouvres lead to pain. As I've said, backhand reos, layback snaps, and cutbacks cause a lot of extension and rotation of the back and are often the culprits. Backside surfing stresses the posterior elements of the spine much more than fore-hand surfing. Poor landings from floaters with the body poorly centered and bent forward can place severe stress on lower back muscles. Slow motion video analysis can be used to compare back movements with known successful injury-free surfers (but don't use Kelly Slater for comparison - his back has a freakish range of motion). Look for excessive forward pelvic tilt, and comparatively excessive degrees of rotation and extension. Instruct the surfer in less damaging movement patterns.

If you can't explain the problem from this analysis, get the surfer assessed by a sports medicine physician who can rule out disc disease, stress fractures, or congenital or developmental problems like spondylosthesis. Warning signs for back pain that needs to be seen by a doctor are pain radiating down the legs past the kness, numbness in the buttocks or legs, bladder or bowel problems coming on with the pain, or a sudden worsening of the pain not relieved by rest or lying down.



DESCRIPTIVE ANALYSIS OF INJURIES AT THE WORLD SURFING CHAMPIONSHIPS

Clive W. Bridgham, DC

Introduction:

The 1996 World Games in Huntington Beach, California included multiple 20 minute elimination heats over a ten day period. Events included bodyboard, longboard, and short-board for men and women. Athletes needed to handle time zone changes, dietary changes, cold water, large waves, cross-currents, and wetsuits. A number of musculoskeletal injuries and medical problems occurred during the games. 630 athletes representing 33 countries were involved. Each participant was selected by qualifying in their home counties' national championships. The objective of this study was to track the injuries sustained in this international event over a 10 day period.

Methods:

Data was collected throughout the competition. A team of chiropractic physicians, medical physicians, and massage therapists was assembled to treat all injuries. Data was collected on forms based on the ACA Sports Council injury report forms.

Results:

Of the 491 recorded injuries, the greatest percentage of injuries were to the thoracic region (25%), followed by the lumbar/sacroiliac region (21%) and cervical region (21%), the lower extremity (13%), infections (7.5%), upper extremity (7.3%), contusions and lacer-

ations (3%), cramping and dehydration (.6%), fractures (.6%), cephalgia (.4%), hypothermia (.4%), concussion (.2%). Management and treatment of the injured athletes included chiropractic adjustments, stretching, soft tissue mobilization, electrical stimulation, ultrasound, taping, cryotherapy, rehydration, warming, wound dressing and medical intervention for infections, with transportation for setting fractures and lab work.

Conclusions:

The majority of injuries were to the thoracic region. In a majority of the athletes this resolved with conservative care. Lumbar and cervical injuries were due to the required positions of hyperextension in both areas due to positioning on the body or surfboard, and impact with waves. Lacerations and contusions were produced mainly by contact with boards or fins on the bottom of boards. The 3 upper extremity fractures were also due to athlete-board contact.

Some of the doctors did not participate entirely with reporting and the effect on the above data is unknown. Additionally, some of the data was inadvertently destroyed. It is not known how this would affect the statistical analysis. There were also difficulties using the assessment form when the volume of patients increased dramatically. Perhaps these forms need to be reassessed.



TAVARUA 1997

By Simon Leslie, MB
Stanwell Park, Australia

Tavarua 1997 was another perfect SMA conference, for which I had the honour of being the organiser and spokesperson for our group. As usual we had perfect weather and surf, camaraderie with old and new friends, and superb island hospitality and food. This, combined with the mutual love and respect we have for our Fijian friends and an opportunity to share in the Fijian way and to make a small contribution to Fijian health, plus the good fortune to share this experience with my family, made for an experience that I'll never forget.

What stokes me the most about the SMA and Fiji is the pride I feel in the knowledge that I have true Fijian friends. People like Merewai, Aparosa, Druku, Waqa, Eloni, Koroi, Salote, Sam, Sunia, Sova, Laite and Nanise have shown my family and I love and friendship with no strings attached. I'm truly honoured to be so accepted by them and I'm sure all of us from the SMA who have had the experience feel the same. I spent five days in another part of Fiji before the conference and I was proud to be able to say I was going to visit my friends in Nabila and Tavarua. This would bring me instant respect from every other Fijian I would meet. (Nabila is well known around Fiji as the village that has been able to stop smoking. Articles about this aspect of the village appear

at least twice a year in the National press and more recently it has gained international coverage with an article in the Wall Street Journal.) My feelings of pride culminated when I purchased Kava to take to the village from the Nadi market. Kava is a root crop and the longer the root the better the Kava. The better the Kava the more respect you have for the people you give it to so of course I brought the longest roots available. You would not believe the interest created by walking around with 4 kilos of high grade Kava. The number of smiles, oohs and ahs and excited enquires about who was going to get the Kava was unbelievable. How to win friends and influence people!

The Conference

To give members who haven't been to Tavarua an idea of what an SMA conference is all about I've included this list of conference components and objectives sent to participants before the 1997 conference. I organised the scientific programme and Mike Rowbotham the village project. It all sounds pretty officious but in fact it's a heap of fun.

Component one:

The scientific programme is to be held before and after the evening meal. It will consist of 30 minute presentations (allowing time for discussion). Slide projector, video and chalk board will be available.

Component two:

The village project. Over the past ten years, with minimal intervention in terms of time spent, the SMA has had a major impact on the health of the people of Nabila village. We plan to take the best of our Nabila interventions and attempt to apply them to Momi village in a more focussed and streamlined manner. As a pilot project this will serve to highlight the logistical problems and the pluses and minuses of extending our influence to other community groups in Fiji. This project will require at least five half-day visits to the villages of Nabila and Momi and meetings with village elders and the village health committees.

Component three:

The presentation of an "Early Management of Severe Trauma" course to the staff of Tavarua Island. Lynda Shultz, Ethan Wilson and Matt Ryan have undertaken to develop this course and provide a resuscitation mannequin and IV arm to teach the basics of airway management,



CPR, IV fluid management and control and care of bleeding and spinal injuries. Assistance from anyone interested would be gratefully accepted.

Component four:

The socialisation component, where we generally interact in various ways and have a good time making friends with each other and the Fijians. This will include a special dinner and dance event in the village, attending church in Nabila on Sundays, two Fijian nights on Tavarua, kava drinking, line dancing, fishing and volleyball.

Component five:

The surf. This takes priority. Other events and undertakings will be moved around to accommodate days when the surf is exceptional and vice-versa. However, an undertaking to one of the villages will of course take priority over any surf commitment. Members of the SMA have a strong sense of commitment to the people of Fiji. Those who have been to Tavarua before have received more from the Fijians in terms of hospitality, friendship and spiritual and social awareness and growth than we have been able to give in return in terms of health care. I have no doubt from past experience that the more we commit to the villagers the better the surf gets. Those who succumb to the spell of Cloudbreak and who choose not to involve themselves in the village project will not be harassed or vilified in any way. They should be aware however that those who have been to the village will claim priority in the surf on their return.

These formal directives did not deter a great mix of people attending. The group comprised two keen medical students, Jim and Al, both potential SMA Kahunas, two gentle psychiatrists, Mark and Steve, Paula and Ward (they're just part of the furniture), dentist and dental technician Louis and Linda, vets Debbie and Terry, Kenny (do you like my breast implants) Mallott (you're a great guy Kenny) Tavarua lovers Grant and Mindy, Mike and his son Jesse "the hellman" Rowbotham, Salt of the Earth all-round good guys and mountain men Joe and Graeme, ASP medical legend and heart-throb Cas Soma, the beautiful Margaret and family Brendan, David and Alexandra, the unassuming but brilliantly talented and intellectually gifted Andrew Hallam, the say-no-more-we're-just-Aussie-lovebirds Matt & Lynda, Paul "who cares if I've gone blind in one eye- it can wait 'till I've had another surf" Stackhouse, "you earn my respect and we'll be fine" Colorado legend Scotty Dlugos, Ozzie "I'm havin' fun" Di Vinere, Ethan ER Wilson, Bob- thanks for bringing-Tamara-along-Stanislaus, muscle and bone specialists Rich, Tom and Trevor, New York Surfer Les "what the hell was that gut infection" Saito, Ron the honorary Aussie Pepitone, surf god Dave "I can't help it if I'm from New Jersey" Elias and smiling expat Aussie California paediatrician Damian Marsden and his partner Jane and son Dominic.

Organising the scientific conference was made very easy by the untiring assistance received from my buddy Paula of SMA Central. Most of the participants had email addresses but inevitably personal contact and urging over the phone (at 2:00am Australia time) was required at the last minute to get the conference schedule completed. It's always an unenviable task to try and organise a bunch of surfers on holiday to attend lectures, particularly when as an Aussie amongst a bunch of Yanks you have a

reputation that warrants some caution and scepticism. But thanks to the good nature of SMA'ers and the high quality of the presentations, the medical conference went off as befitting the 11th SMA Tavarua Scientific conference. This year we turned away from purely surf medicine-associated topics and instead utilised the expertise of each of the participants. The conference topics ranged from an erudite discussion of the placebo effect from Mike Rowbotham to community efforts to preserve the coastal redwood forests in Northern California. Every talk was excellent but the ones that stood out for me were Scott's talk on Marine hazards, Linda Postma's talk on preventative dental hygiene, Al's practical demonstrations of osteopathic techniques, Rich Ferdinand's talk on spinal stabilisation exercises, Damien Marsden's lecture on paediatric practice in rural America, Andrew Hallam's dissertation on the molecular biology and genetics of the new hepatitis viruses (I've never seen a surfer so stoked about hepatitis), Matt Ryan's talk on child abuse, Ward's talk on the success and details of the Barefoot Doctor Training at Big Flat, Cas Soma's experiences as medical officer on the Japanese leg of the pro-surfing circuit, Ethan's talk on near drowning, and Kenny Mallott's talk on Moh's surgery and laser cosmetic surgery. Kenny's amazing before and after shots of the wrinkles he has removed had all the girls lining up to arrange a consultation. This year was the first time that I know of that we have had vets along and Terry and Debbie opened our eyes to a whole new aspect of medical care in Nabila with their consideration of zoonotic infections. I personally hadn't recognised the reservoir of scabies and helminthic infections in the dogs in the village and the need to treat the animals as well as the villagers if we are to control such infections. Being small animal vets I could see the sadness in Terry and Debbie's eyes at the poor condition of the dogs in the village, but unfortunately spending money and time on the animals appeared to be quite low down on the priority list for the Nabilans. Conversely it is shameful to think that the amount of money spent on the health of pets in a city like Los Angeles would be more than enough to bring the health care of an entire country like Fiji up to "Western" standard.

Organising an SMA conference and being the group leader is a fantastic honour that every one in the SMA should aspire to experience. Prior to attending the conference this year I was aware that a family bure (bunkhouse) was being built and would probably be finished by the time we arrived. Little was I to know how luxurious this bure was to be with beautiful timber decor, large balcony, elevated views of



SMA FUN AT TAVARUA

Restaurants, separate twin bedrooms, hot running water and refrigeration. On top of that my family had the honour of being the first people to stay in the new bure. Druku organised an official naming ceremony for the house at which I cut a ribbon to enter and made a speech prior to a Kava ceremony. Houses have a special spiritual significance in Fiji and the family bure was named after Druku's family. We were stoked!

A Chief's Passing

Mike Rowbotham will be reporting on the village project in this journal but I would like to include my view of a tragic event that saddened us all. The death of Isikia Uqueqe, the chief of Yaku village, while we were staying on Tavarua highlighted to me the trust and love the SMA and the Fijians have for each other but also the highly developed social structure that allows the Fijians to deal effectively with such tragedy.

At the first clinic we conducted in the village I was asked to examine Isikia who complained of loss of appetite, intermittent upper abdominal pain, fatigue, early satiety (feeling full after consuming a small amount of food) and mild weight loss over the previous month. The predominant signs on physical examination were mild pallor and a firm 15cm diameter non-pulsatile epigastric mass that did not move with inspiration. It was apparent that a gastric or less likely a pancreatic cancer was the cause of these findings, although being in Fiji I prayed that it was some sort of chronic liver abscess related to parasitic infection. I wrote a letter to the surgeons in Lautoka suggesting further investigation and asked his family to take him to hospital immediately, knowing in my heart that the prognosis, even with the best of medical care for such an advanced tumour, was hopeless. The hospital was unable to admit him immediately but gave him antibiotics and asked him to return later for an abdominal ultrasound. The following evening I got a message that he had become very ill with quite severe diarrhoea and I planned to see him again in the morning. As it transpired, he subsequently died waiting for me in a small isolated bure next to the boat landing point on the mainland in the early hours of the morning. I have surmised that his diarrhoea was in fact malaena and that he died from a massive internal haemorrhage from his gastric cancer. Considering the alternative suffering he would have experienced without proper palliative care, this mode of death was perhaps a blessing and the best he could have hoped for. However to learn that a Fijian chief had turned to us for help rather than to Lautoka hospital, only to die such a sad and lonely death was for me a heavy load to bear. These events empha-

size that we can in no way underestimate the responsibilities we assume when we choose to intervene in the health care of our Fijian friends. Andrew Hallam's letter addressing the dilemmas associated with our medical intervention in Fiji published at the end of this article also reflects on this issue.

Now, having been the personal physician of a Fijian chief who had died in my care, and thinking back to the customs of ancient Egypt, I was not sure of the repercussions to either myself or the SMA as a consequence of this tragic event. With thoughts of having to be buried along side the chief, I turned to my friend Druku to express our sincere sense of regret and sadness and to ask advice as to how we could make amends and provide support and explanation to the family. It is the tradition in Fiji for family and friends of the deceased to offer tributes to the dead and Druku suggested that we might like to consider contributing to the cost of the coffin or "box" as he called it. After a collection from the members we were able to buy the best coffin Fiji had to offer. Paula and I had the good fortune to be able to go with Druku and present the tribute to the men of Momi village. The death of a Fijian is obviously a time of great sadness for the family and village but it also serves to bring kin and friends together from far afield, to enhance solidarity, to strengthen and reaffirm social and political links and to invigorate friendships. It was great to see the happiness and laughter amongst our Fijian friends as we travelled to the village (one would of thought we were on our way to a wedding), but then to see the sincere expressions of grief, sadness and regret once we arrived at the village. As the Kava ceremony was conducted we could hear the traditional wailing of the women folk receiving visitors in the house of the deceased. The gift of the box was regarded so highly that Paula and I were both given Tabua (whale's teeth) partly to reciprocate the SMA's gift but also to acknowledge the SMA's work in general (see sidebar to learn about this Fijian custom). We are both proud custodians of these most sacred possessions of the SMA and they will hang for all to see in the US and Australian offices of the SMA - until some appropriate time at which they should once again be passed on. Unfortunately, as we were scheduled to depart Fiji we were unable to attend the subsequent funeral and witness the structured mourning process which culminates in a night of laughing and hilariously bawdy entertainment.

During the conference our two psychiatrists conducted an informal assessment of the extent of psychiatric morbidity in Nabila and they could only conclude that depression and

suicide were virtually nonexistent. One can assume that this reflects positively on the psychological health of Fijians and it's obvious we could learn much from the rituals of Fijian life and the stability and cohesiveness of Fijian society. Ironically, my own home state of New South Wales has one of the highest youth suicide rates in the world.

Waves and Song

For me, surfing lifts the spirits, and as always the surf on Tavarua was perfect- but not the best we have had. My wife and children had a great experience reaffirming old friendships and making new ones. As always, at the end of the second week the Nabila school put on a very entertaining afternoon of dance and song. The highlight was a beautiful song of welcome and thanks for the SMA. With the translation and lack of music the words have lost their rhythm but the English meaning is as follows:

**We welcome all of our friends,
tourists as we may call them,
to my village and my school,
Nabila as known to you.**

**(Chorus):
Welcome home, Welcome home,
Tourists and all Welcome home.**

**The Island of Tavarua for you to enjoy,
Just for a visit or to surf
Kurukurailagi- a sacred place,
known to the world for it's name.**

**SMA as a team,
Doctors so famous
all welcome here
brothers and all.**

**For the last years that have passed,
precious things you have done
The community hall and the water tank.**

**Our elders have pledged smoking to be
banned,
Written in the papers, Fiji and other
lands.**

**Our library you have been so kind,
furnishing it with books so bright.
Our toothbrushes you also donate
We love them and your thoughts.**

**Our relatives they also enjoy
Your services to one and all.
We think of America so far away
Yet you think of us too.**

**You are so rich but come to visit our par-
adise.
We do praise the Lord for everything and
everyone present,
And may his name be praised.**

Linda and Matt successfully conducted the EMST course for the boatmen on the Island. They were suitably impressed with the level of skill already displayed by the staff and by the stories they heard of previously successful helicopter evacuations of seriously injured surfers direct from cloudbreak reef. The goodwill engendered by them and others before them culminated with Jon Roseman, one of the owner managers of Tavarua, offering free accommodation for SMA members who wish to stay on Tavarua to provide medical care. Scott Dlugos has kindly offered to administer the roster for this excellent opportunity for SMA docs. If I didn't have family at home I'd be living there permanently.

New Commitments

The SMA made two commitments to the Fijians during the 1997 conference. The first was an agreement to honour Sunia's request that we continue to disseminate the news of Nabila's continuing unbelievable success in giving up smoking. The Nabilans are hopeful that some person or charity around the world will seek to acknowledge their success, perhaps in a way that will improve the economic outlook for the village. Sunia felt that to have money to improve the washing facilities in the village for the women would greatly ease the burden of their work. At the time we left Fiji the power cables throughout the village were being completed and by now Nabila would have the option of installing electric washing machines. If any member can think of a way to help the Nabilans out in this way, please do so.

With power to the village will come television on a bigger scale, and some of us are apprehensive about the impact that television will have on the village particularly the youth. We felt that an important priority for next year's visit would be some sort of media education curriculum for the school so that children and adults alike could learn to discriminate between good and bad television and to be aware of the subtleties of advertising.

The second commitment was to the elders of Momi village, who requested a financial contribution of thousands of dollars to the construction of a better water supply that would last them through the dry season. I learnt that the Fijian government would design and construct such a system if the village could contribute one third of the cost of the scheme, so it is a feasible option. After much deliberation and discussion we asked the Momi elders to consider making a positive commitment towards improving the health of the village in return for any monetary contribution that we might make. We hinted strongly at smoking

cessation but it was sad to see that the village elders thought that the idea of giving up smoking for them was an impossibility. It just shows how strong a debt Nabila felt towards us for the care we have given them, for them to be so successful in staying off cigarettes. As yet we have not built up sufficient credit points with Momi for them in turn to accept our advice. We were very reluctant to tie our help so directly to a request for Momi to help themselves but regrettably it would appear that the people of Momi are somewhat more "worldly" in the field of negotiation than our Nabilan friends. In the past we have had to twist the Nabilans arms to get them to suggest something to which we can contribute monetarily. Momi had agreed to have an all-village meeting to discuss the issue and as yet I have not heard the outcome of their deliberations. This needs to be obtained from their chief Tanielia Cumu before next year's conference.

The SMA Connection

Just prior to our visit the Fijian Department of Primary and Preventative Health Care had conducted a survey of the incidence of illness in the coastal villages near Tavarua, including Momi and Nabila. The incidence of hypertension, diabetes, and of course smoking in Nabila was found to be dramatically lower (in the order of 80-90%) than that in Momi. These villages are demographically identical and it is tempting to conclude that the SMA suggestions about improving diet, nutrition and exercise so well-taken by the Nabilans have contributed to this difference. If so, I think it's something the SMA and Nabila can be very proud of.

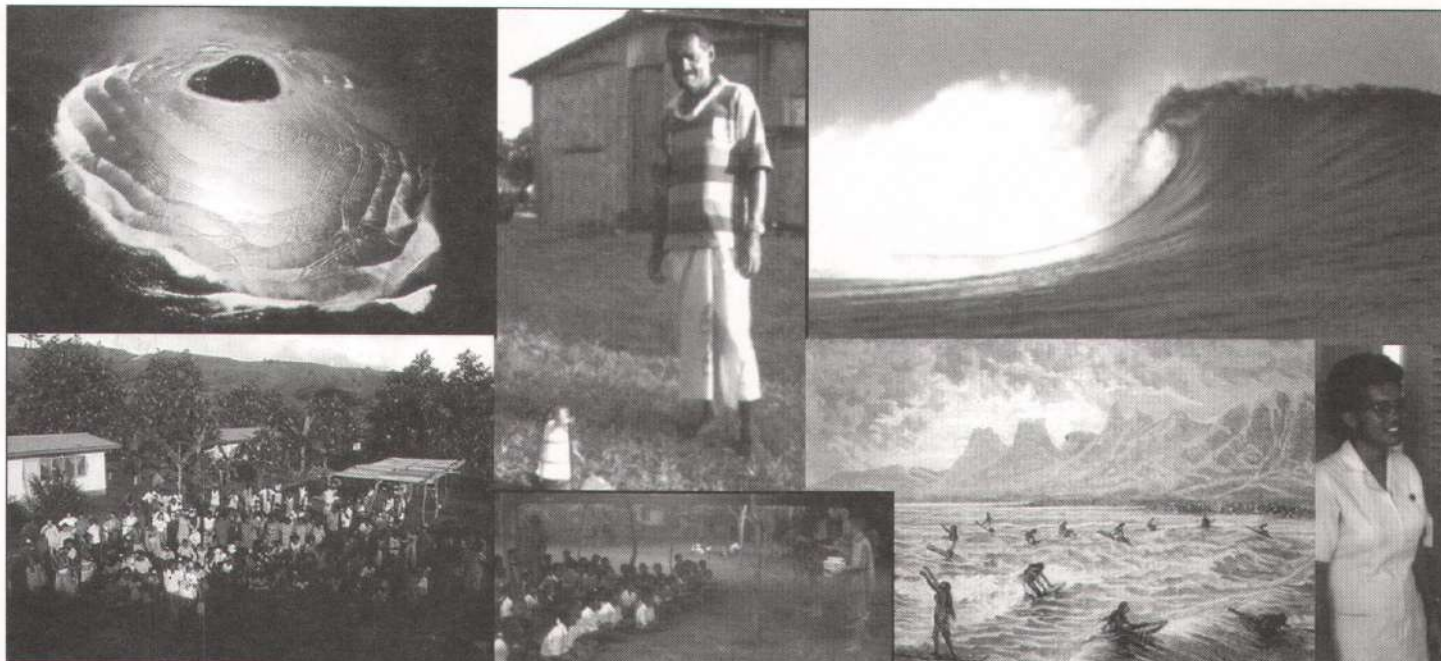
A special thanks to Ozzie Di Vinere and Dave Elias for the way they got right into the village project. It's not always easy for non-medical people to feel they can contribute in a useful way but as always those who do get a lot back in return. Ozzie in particular was so stoked with his Fijian friends that he drank more Kava

than anyone, said some beautiful prayers on behalf of the SMA and paid for a deep freezer for the Nabilans to store their fish. To see one of your mates having such a good time is what it's all about.

Paul Stackhouse had the misfortune of suffering a retinal detachment in his left eye while on Tavarua. On the way out to Cloudbreak one morning he mentioned to me that he was having a problem with his eye, but not to bother checking it until after we had a surf. To my subsequent shame and regret, being amped for a surf myself, I agreed. Once back on land it was evident that Paul was virtually blind in one eye from a retinal detachment. (Surfing, as you can imagine, is definitely contraindicated if your retina is detaching). We packed him off on the first flight back to OZ where he underwent four and a half hours of urgent surgery to re-attach his retina. From the latest reports in December he regained about half his vision but is suffering constant discomfort in his eye. He's off to the Maldives in May so it hasn't dampened his spirits and we wish him all the best. Some might wonder how you could go blind in one eye with so little apparent concern but it was the last thing that Paul was expecting. Ozzie blokes often disregard their own health to such an extent that they have to get married just so they've got someone to tell them when they need to see a doctor. Paul typifies the Ozzie male. He is stoical, non-complaining, modest, even-tempered, friendly, and loyal. What you get is no bullshit and a great mate. In fact the next best thing to a Californian.

I won't make it to the conference in '98 but I'm sure everyone who does will have just as great an experience as the fortunate ones in '97. Our dollar has just devalued 20% against the greenback because of a financial crisis in north Asia. It's a great time for all you guys to come and visit us out here if you get to Fiji next year. All the best to everyone.





Tabua: The power of a whale's tooth

(Information kindly supplied by Sela V. Rayawa, Librarian, Fiji Museum, Suva)

Although it has been suggested that whales' teeth were first introduced to Fiji by Europeans, it is clear that they were already present in limited quantities long before that and that local chiefs were well acquainted with the great advantage that possession could bring. Apart from the Ivory Tooth of the Sperm Whale, the only tabua (pronounced "tambua") proven to be used by Fijians were wooden vatu ni balawa put in the grave before it was closed, the real whale tooth being removed.

Certainly we cannot say that whale teeth were introduced from Tonga. Many came in trade from there but in answer to Fijian demand. There have always been strandings of sperm whales in Fiji and Tonga (the whales used to be common) so that whale teeth were available, albeit in small numbers, before Fijians had contact with British and American traders.

It is common knowledge that all whale are not toothed. That from which teeth are made into tabua is the cachalot or sperm whale (*Physeter macrocephalus*) and a mature specimen of this whale has a profusion of teeth in its head. One often sees in use a tabua which has retained its natural outline and shape, i.e. having one blunt end and the other hollow, but teeth which have had the hollow or root end worn down so as to balance with the blunt end, giving a crescentic tabua, used to be much more common than they are today. The surface of the tooth is rough and it is usual for a great deal of work to

be done in order to bring the natural state into one of smoothness and symmetry, in order that it may be appreciated as a tabua.

The rough, raw tooth was scrapped clean, sanded with coral sand and oil, and polished with the leaves of the masi-ni-tabua tree. Polished tabua were usually stained a deep orange by rubbing with turmeric or cago or smoking oily teeth over a smouldering fire of sugar-cane and masawe roots. Tabua were kept wrapped in special kato baskets with a polished stone, the tina-ni-tabua, for company. A holding cord of magimagi or pandanus leaf plait, is attached to both ends of the tabua. One can say that the qualities that are esteemed by Fijian in tabua are size, shape, smoothness, polish, a deep orange colour and freedom from blemish.

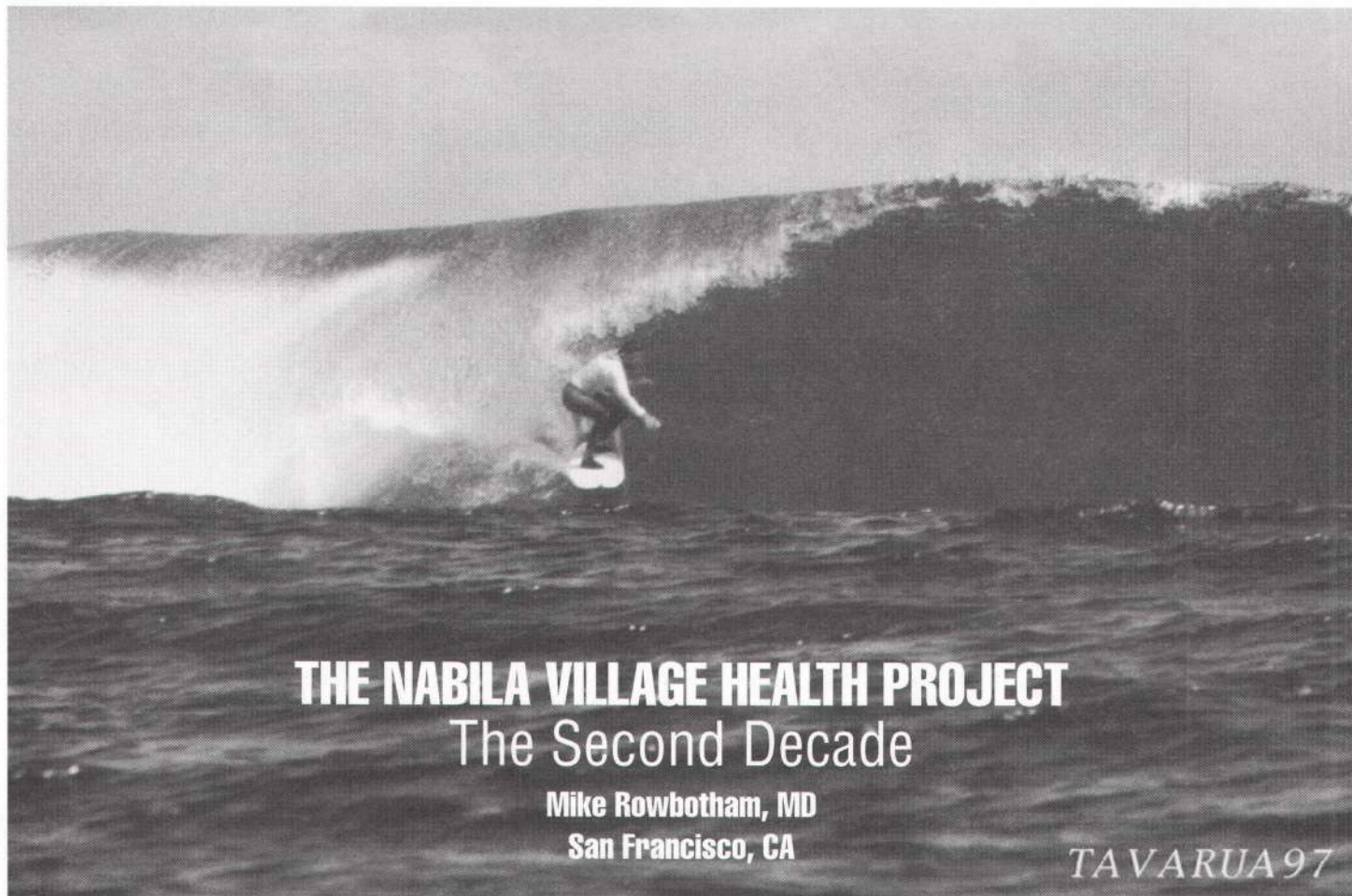
Use of tabua:

Fijian public business was and still is conducted with rigid formality, elaborate ceremony and strict observance of ancient custom. There are appropriate ceremonies for every event of importance, and for many minor ones: the installation of a ruling chief, the approach and welcome of visitors of rank, the presentation of property, feasts and first births, birth, coming of age, marriage, death and burial and the departure and return of warring parties. The stages in the building of a war canoe, the events of its maiden voyages, the setting up of timbers for chief's houses and temples all had

their traditional rites. On such occasions an important place was given to the presentation and acceptance of the tabua.

In Fiji the whales' tooth had a power above its intrinsic worth. Tabua were the price of life and death, the indispensable adjunct to proposals (whether marriage, alliance or intrigue), requests and apologies, appeal to the gods and sympathy with the bereaved. They were stained, oiled, polished and fitted with plaited cords by which they were handed. With constant oiling and polishing they assume a very handsome appearance and in the eyes of the Fijians they are perhaps the most beautiful things in the world.

Various suggestions have been made as to how the teeth of the sperm whale became so highly prized in Fiji. Perhaps the answer will be found in the fact that these teeth are generally of large size, permanent and practically indestructible, capable of being polished to a lustre, easily hidden and in pre-European times, relatively rare. It was only after trading had become established with whalers that tabua became relatively common. This ancient receptacle of the Mana, invisible essences of prestige, power and honour, was to the Fijians the outer symbol of all that made life worth living, and even in death the tabua is said to be a passport to spiritual happiness.



THE NABILA VILLAGE HEALTH PROJECT The Second Decade

Mike Rowbotham, MD
San Francisco, CA

TAVARUA 97

PROLOGUE

As the 1996 First Decade conference wound down to its inevitable conclusion, those not severely afflicted with 'shaken surfer syndrome' (SSS) met to discuss what to do in '97. Those afflicted with SSS just talked a lot, and very loudly too. No one paid them any mind for fear the SSS sufferers might wake up and notice that their bar tabs were wildly inflated by paying for many happy hours they couldn't remember. I caught on to that ruse, but didn't realize until way too late that I had let that cagey Simon Leslie go home with the unshakable belief that I was village health project coordinator for '97. 1996 being my first trip to Tavarua, I had fallen victim to the old medical school adage of "see one, do one, teach one" and was to be a do-er in '97.

As described in Mark Renneker's article in the Way Late Issue #16, the '96 village health project had some reassuring news. Nabila had no sick people to treat, only people from other villages who had come to see the 'surfing doctors' for consultation and help. Smoking was on the rise in Fiji, but Nabila remained smoke free. The SMA secured a commitment to making Tavarua island smoke-free as well. A trip to Momi village on the last day of the conference was a real highlight for me, and I

think for others a look back at just how far Nabila had come from the early days of the SMA. From a health perspective, that visit was a mixed success. The group broke up into a variety of clinics, each with a large number of patients from a broad geographical area. Paula Smith and I were assigned to the adolescent and adult women's clinic where my years of training in academic neurology were (finally) put to good use. One group of patients were from the Indian settlements, who stayed somewhat segregated from the villagers. Smoking was nearly universal in Momi, and the village elders seemed polite but distinctly KOOL to the idea of giving up on the Marlboro Man. Their biggest priority was dealing with water problems. It seemed that every dry season, they ran out of water and couldn't afford to pay for a very expensive new dam and piping system to bring water from the hillsides into the village. Rainwater collection systems were what the SMA had experience with and could possibly pay for, but a whole new dam/piping system was Momi's goal. The SMA promised to revisit Momi in '97, and requested the villagers write to the SMA in the interim with more details about costs. We didn't hear back from Momi, so the plan for 1997 was to revisit and reassess how the SMA could help.

1997: A WHALE OF A STORY

Nabila village June 25

Once again, Nabila was the picture of health, confirmed by the latest statistics from Susanna and Merewai. Nabila had garnered much publicity within Fiji as perhaps the world's only non-smoking village, and seemed redoubled in its commitment to remain that way. If anything, there seemed to be even fewer patients than the year before, and all but one were from outside Nabila village. Two seemed seriously ill. The first one, Isikia Uqueque, the chief of Yako village, complained of loss of appetite, weight loss, and fatigue and was examined by several members of the group. The consensus being weight loss and an ill-defined abdominal mass, with questions of mild ascites and jaundice. He was given a letter to take to the Government Hospital requesting an ultrasound exam ASAP and to report back to us within the week. We feared the worst for him. The other was Druku's daughter, with an acute infection that led to hospitalization and i.v. antibiotics that same day. During the commotion, non-medico Ozzie DiVenere scored a lot of points by quickly organizing a group of Fijians, including Druku and SMAers in a heartfelt prayer session.

Momi village June 27:

The Heart of Darkness

Last year we arrived in a fancy tourist bus with form-fitting high back plush seats. This year, a few old veterans in the group of 16 needed emergency dosing of their anti-PTSD medication after hallucinating about MIG fighters during the boat trip through a mangrove swamp, ducking under low-lying sugar cane railway bridges, and looking at a severely emaciated horse. Those too young to remember 'Nam waxed nostalgic about Disneyland's Pirates of the Caribbean ride.

During the kava ceremony and meeting with the elders, it again appeared clear that Momi village's main interest was in getting financial help with their water woes. The idea of a stop smoking campaign was not endorsed; some in the group felt the idea was met more with derision and disbelief that Nabila was actually smoke-free. A number of the villagers felt that to quit smoking was simply impossible, even though they acknowledged the reality of better health overall in Nabila after 5+ years of smoking cessation. Again it appeared there was little interest in the type of rainwater collection project the SMA and Tavarua had experience with and could afford. A group of us (Simon, Ward Smith, myself, and my son Jesse) were escorted by a few villagers on a long hike into the hills to see for ourselves just how Momi got its water. From a health perspective, the set-up looked alright - a clean catchment area and a small bore, but intact, pipe into the village cistern (where there was limited chemical purification). The sheer puny-ness of the dam and reservoir would make William Mulholland turn over in his grave. Big Bill was the chief engineer for the L.A. water projects that allow Angelenos to hose down driveways while San Franciscans recycle dirty dishwater during drought years. (See "Chinatown" with Jack Nicholson.) There was another small dam and pond further back into the hills that we didn't see, but it runs dry even earlier in the dry season.

Unfortunately, the SMA has more tree-huggers than big league water bandits (unless wave-hogging counts), leaving us clueless on what to do. Interestingly, the regional health clinic is next to Momi village (Susanna's base of operations as the regional nurse), and has two large rainwater collection tanks that are sometimes used to help Momi in extreme times. But the Momi elders again found rainwater collection unattractive. It turns out the engineering has already been done by the Fijian government. Building what the government plans call for requires substantial financial participation by each recipient village. The price tag for Momi

was estimated at up to \$75,000. It seems we hit on the Fijian flavor of a universal theme: building big water projects, like big buildings and publicly financed football stadiums, is something men can't resist!

The clinic session was a success, with more sick people from far and wide than could be seen in the time available. After a wonderful meal, the 'Nam Vets got a Haldol booster shot and we returned to Tavarua.

The surf was getting pretty small. What seemed like reasonable warm up waves for our June 23 arrival -- perhaps 3' - 4' -- had by now dropped to 1' - 2' at Cloudbreaks. There were no cases of SSS yet, and general unhappiness at having no easy marks to quietly pass off the escalating bar tabs. Thank God for Ozzie DiVenere's endless good cheer, deep pockets at the bar, and his having each day's Surf Fax forwarded from his San Diego office.

Do The Math -- Part 1

The lack of surf left plenty of time for thought. Why do villagers from all around Fiji want to see the "surfing doctors"? We're a curiosity, to be sure, and rich in entertainment value. More importantly, Western doctors are believed to be better trained and more knowledgeable. The SMA has garnered a fine reputation for competence and compassion. But there are also the economics. Like essentially every country with nationalized health care, there are two systems. See the "public" doctor for free, and you get what you pay for -- a long wait for perhaps a minute of semi-interested attention. Medications are often too expensive for the average Nabila and Momi family income of maybe \$30 - \$50 per week. One of the best local jobs in Momi pays \$10 a day to plant pine trees in a government reforestation program. Seeing a private doctor is better, but round trip bus fare is \$2 and the visit costs \$3 - \$5, more. Seeing the dentist is never free. Medications are often dispersed by (and purchased from) the doctor. In Japan, this is customary (and accounts for over 40% of physician's incomes) and pharmacies are few and far between. In the U.S., direct doctor dispensing of medications for a fee is legal, but frowned upon because of the unseemly possibility of Rx for profit. The bad old Reagan days of steering patients to physician owned facilities are gone, replaced by M.D. bonuses for discouraging or denying care.

In relative terms, how much would it cost a Fijian for a course of that newest 4th generation cephalosporin or the latest and greatest NSAID? As a medical student in 1979 on rotation at a hospital in the far northern reaches of

Thailand, I saw cancer treated with surgery and/or radiation in nearly every case because the cost of chemotherapy was prohibitive. Fiji Government programs provide free medications and monitoring for two of the biggest problems, diabetes and hypertension. The SMA, although only a once a year visitor, provides some free medications. Just buying Elimate for scabies in Nabila set the SMA back about \$200. Donated eyeglasses are a very valuable gift.

Why pay to see a private doctor if you don't like what the public doctor says? The SMA does win on all counts -- entertaining, compassionate and competent. More on this later.

Do The Math - Part 2

Nearly all the men in Momi smoke. We estimated the village men smoked 1-3 packs (10 cigs/packet) per day. Kava drinking increases tobacco use. At \$1.60/packet, that is \$1.60 - \$4.80 per day or \$550 - \$1,700 per year. If 60 men in the village smoke, that's \$33,000 - \$100,00 that could be put to a new water system in just a single year. If they all stopped for a year and invested in water, the system they desire could be paid for. Initial efforts to plant the seed of smoke for water, with some matching SMA money, didn't go far. Should we try it again in '98?

Ron Pepitone -- Our Hero

Jesse and I were fortunate to have Ron as our roommate. Although I missed the 1996 experiment of reading purloined Gonadman comic and being awakened at 3 A.M. by Geoff Booth blowing a horn in the bure next door, Ron was the greatest. First, Ron had so much junk food that even Jesse couldn't make a dent in it. Otherwise, the poor kid would have starved to death. While all 3 of Simon Leslie's children ate the camp food like there was no tomorrow, Jesse ate an awful lot of bread and butter for dinner. Second, Ron would see every Fijian, anywhere and anytime, for whatever ailed them. We had the pleasure of caring for Bila's wife in the Tavarua Village. Ron's enthusiasm was infectious, and he had a little something to dispense to everyone. Seemed there was always someone sitting on our bure steps waiting for Doctor Ron.

Desperate Times Call for Desperate Measures

The swell continued to drop. Cloudbreaks reached a nadir of 1' by 6/29. The Evening lecture highlighted things you really don't want to know, like how ocean water contains 65 different types of bacteria, including staph aureus and vibrio parahaemolyticus, "Reef rash", especially deep lacerations, with retained foreign material, have a high potential for

infection and require double drug regimens. Hard to ignore when the waves are so small that there's only 12 -- 18" of water above the reef. Enter 'Desperations', a little outward bend in the reef about 30 minutes away by boat that is the last place to go flat. Although a few overhead (it helps to be short) waves were had, this last refuge for the surf-challenged drew 17 surfers in 4 different boats from all over that part of Fiji.

The health project remained in high gear. Druku's daughter recovered quickly. Simon was closely tracking the progress of Isikia, the Yaku chief. He went to Lautoka hospital with his handwritten note from Simon, but would not be able to have a full workup for some weeks. Intense back and forth messages ensued about follow up and speeding up the pace of a diagnostic workup. Isikia died one morning, probably of a cancer related GI bleed, while waiting for a boat to arrive from Tavarua. Sadness, and shock at the suddenness of his demise, rocked the group. But, in the Fijian way, mourning, respect, and joy mingle easily. Funds for the SMA to buy a coffin ("box") for the chief were quickly gathered. It was a lively boat that carried Paula Smith and Simon Leslie to the ceremony on the mainland. The SMA was highly honored with the temporary custodianship of two Tabua (whale teeth - see Simon's article) for the Aussie and U.S. headquarters of the SMA. If you are ever in the neighborhood, don't miss the opportunity to have one dangle around your neck!

Planning for the Future

As Week 2 wore on, the swell finally picked up. Restaurants broke and cloudbreaks ground a few SMAers with well over head (even if you're not short) sets. After the long wave drought, competition for set waves was intense for a couple of days. A few cases of SSS were discovered, with much scrambling in the bar tab department for what health insurance companies call 'cost shifting'. Thoughts of next year's projects and the long flight home loomed.

One approach would be to enlarge the scope of the SMA's interest to a more global environmental approach to health. Problems of erosion, water supplies, choice of crops for earning money, better laundry/sink/toilet facilities in Nabila and elsewhere, the impact of animal-human interactions as a vector of disease (especially scabies from village dogs) are all important and within the collective expertise of the SMA membership. Prior to our second week clinic session in Nabila, we had asked the Nabilans how we could help. Suni responded with the suggestion that the SMA could help the village improve its local sanitation

with sinks for washing and better shower facilities. This seemed well within our means and Ethan Wilson is spearheading that project. Nabila feels the pressure of increased visibility from their non-smoking reputation, and enhancing the village's appearance in this way would be a benefit. Nabila is also trying to grow some crops needed on Tavarua for the camp. Growing lettuce, tomatoes, and other fruits and vegetables would bring in a much better income than sugar cane.

The death of Isikia raised another issue to the fore. When the SMA sees villagers in the dispensary in Nabila, or in Momi village, our ability to help is limited to advice, a letter of referral to the regional hospital, and possibly some free medication. When something more serious arises, we lack the clout to make things happen because the SMA is essentially unknown to the staff physicians in the regional hospitals. In '96, an important village chief from far down the island chain came racing up in a motorboat just as a group was heading to Nabila for church services. He was in congestive heart failure, and after stabilization was flown by helicopter to Lautoka hospital for admission, even though he was likely medically stable enough to go by boat. The helicopter flight served two purposes. First, it validated what an important chief this was. Second, it made it much harder for the hospital physicians to send him home with an appointment in two weeks for a follow-up visit. One thought for '98 would be to send a delegation in to the regional hospital and the main hospital in Nadi to meet with the medical staff, get to know each other, and see how the SMA can interface better with the government health system when we encounter a seriously ill villager. Being able to contact a specific doctor for referrals will help significantly.

The village work is the lifeblood of the SMA in Fiji. It is the one thing that separates the two weeks the SMA spends on Tavarua each year from the traveling pros, Hawaiian contingent, the Black Flys boys and girls, and all the other groups. An application system was set up for the '98 conference to get participants thinking early about their interests and willingness to help. We plan to visit Momi again and also visit Yaku village, an SMA contact in the past. There remains much SMA interest in spreading the non-smoking commitment beyond Nabila. How best to do that is a big question, especially given the skepticism expressed in Momi. It is becoming well known that Nabila is reaping health benefits from their non-smoking commitment, but they are also viewed as atypical, maybe even odd, as a result. How would they benefit if more than one village were to become smoke free?

Electricity is coming to rural Fiji. Momi got it in '96, and Nabila was being wired up during our visit. With electricity comes TELEVISION. What will happen then? The Nabilans are already pretty media-savvy, but after a year of Melrose Place and Beverly Hills 90210, who knows what the teenagers will think? In that vein, there was a last second approach by a documentary film maker to come with the SMA to explore the SMA-Nabila-Tavarua connection. We discussed it with Nabila and they were welcoming. We'll see what develops, but for sure, '98 will be an interesting conference.

FIELD REPORT FROM NABILA

Randy McKinney, Mary Wade, and Merewei Molilevu
California/Nabila, Fiji

Reports from a visit to Nabila Village

RE: Smoking in Nabila

- As of early 1997, approximately five men are still smoking, all of whom have moved into the village from elsewhere.

- No women are reported as smoking.

- MW and RM observed smoking (of both cigarettes and Fijian tobacco) in relation to kava ceremonies or parties only, in Nabila and other villages we visited. In cities and resorts we did note some Fijians, Indians, etc. apparently smoking at all times of day and/or chain smoking like Western smoking patterns.

- In two other villages we visited, one on coral coast in close proximity to two resorts, and one a "resort" in itself, we observed smoking of both cigarettes and Fijian tobacco at informal ceremonies or "talk story" parties. Smoking of cigarettes was generally "chain smoking" which could amount to 10-20 cigarettes per night depending upon length of the party (some went to 2 am). Fijian tobacco was smoked much less frequently and in smaller quantities - on or two "stogies" during a party. Young and mature men smoked. We saw no women smoking at these parties.

REQUESTS FROM MEREWAI FOR NABILA DISPENSARY

- Medicine to combat scabies - "large box"
- Diabetes medication.
- Hypertension medication.
- Diabetes testing kits.

- At least 4 replacement batteries - Duracell, J size, 6 volts, #7K67 for existing kits, which are nonfunctional w/o good batteries. Manufacturer/servicing questions: Life Scan Technical Services, 1-800-227-8862 (Johnson & Johnson).

- Blood pressure cuffs - one or two more.

- Antibiotics (non-expired)

- Panadol and Panadol w/codeine, or comparable pain medication.

- Waterproof bandaging system supplies.

- Antiseptic creams, antifungal creams, with instruction on proper use for babies and children.

- Hydrogen peroxide.

- **Dental care:** The village also needs the services of a dentist.

- **Eye Care:** Ophthalmologist needed (for glaucoma related to diabetes).

OTHER HEALTH CONCERNS

- One school teacher told us she thinks both men, and women during pregnancy, drink "too much kava" and that this may contribute to children being "slow" in school. She said women are encouraged to drink 5-6 cups of kava a day from sixth month of pregnancy on to encourage an easy delivery. Merewei confirmed that many women drink kava while pregnant - and that most do have easy deliveries.

- Sugar cane is grown at the water's edge - affects the health of the reef and fishing, we assume.

- Merewei reports that main village has problems with clean water supply and therefore has many gastrointestinal and similar problems.

For more information: Randy McKinney: (415)389-6408; Mary Wade: (707)996-2012.



Andrew Hallam, MB

The day I spent in Momi village, I was quite overwhelmed by the amount of pathology present. I saw about six patients; diagnosed exertional chest pain, probably angina in one, rectal bleeding, abdominal pain in diarrhoea in two, multi-nodular colloid goitre with probable malignant lymphadenopathy in one, thyrotoxicosis with uncontrolled atrial fibrillation in another and heart failure secondary to ischaemic heart disease and poorly controlled diabetes in another. If I had seen these people in my general medical outpatient clinic, I would have spent all morning on them, admitted three and spent thousands of dollars on investigations.

These patients, however, were looking into my eyes, asking me to relieve their symptoms, which were chest pains, breathlessness, abdominal pain, and bloody diarrhoea. In each case, I could perhaps come up with a diagnosis, although the degree of uncertainty was unacceptable and in each case I was unable to relieve any symptoms. In some cases, I felt some harm could have been done because some of these patients had been seen by the local doctor, who had instituted some form of treatment or another. Given the degree of diagnostic uncertainty in almost all cases, I felt that treatment was either unwarranted or risky. However, it is possible that this is the normal acceptable standard of care in Fiji. I was keenly aware that it is important not to undermine the trust Fijians have in their local doctors. I thought it was obvious that they felt the great white doctors from America or Australia had more respect than their local doctors and could easily have overridden any of their orders. I am afraid their expectations of any form of cure was sadly misplaced.

In the end, I felt the role of the internist in the health project was more to identify problems than to treat or even individually diagnose. For instance, a number of patients had bloody diarrhoea and this could of course be due to a number of infectious organisms including amoebas and if so, we need to look into their

local water supply and/or hygienic practices. To be certain, however, some form of laboratory assistance, i.e. stool cultures or microscopy, may need to be done, and perhaps the SMA could pay for that. I think it would be wrong of the SMA to consider individual treatment of patients, as demand would quickly outstrip supply in that scenario. It has been important that chronic diseases such as diabetes, hypertension, and ischaemic heart disease are identified; however, individual treatment of patients with these conditions has probably been unsuccessful in that follow-up is poor, and drugs are primitive and expensive and unlikely to be taken for the many years that are required. Identification of these prevalent diseases, however, is important to establish appropriate lifestyle changes, educational programs, etc., and to some degree the SMA has been very successful in doing this.

My suggestion, therefore, is that in the future we should make the village visits quite clearly two-tiered. It should be made clear to the villagers that when patients are being seen individually by visiting physicians, changes to their treatment or individual therapy with any form of curative intent is not going to happen: "We are just checking you out to see what is going on here." It may be even better to see all patients only on referral from the clinical nurse at a secondary rather than a primary level so that she maintains her role as the primary healthcare provider.

The second tier in the clinic visits should then be the projects such as scabies eradication, anti-smoking campaign, health education, etc. That is where I think the real benefit lies. That is also where I think any funds donated to the village should be utilized.

What I have suggested is probably how it works anyway but I think this should be spelt out more clearly so that in the future there is no disappointment when the locals aren't "fixed"



TAVARUA ISLAND WANTS YOU!

Scott E. Dlugos, MD
San Diego, CA

During the 1997 SMA Tavarua Conference, one of the resort's directors, Jon Roseman, answered one of my prayers by asking the SMA to attempt to provide around-the-clock medical support for the island. Of course, I quickly raised my hand to volunteer to coordinate this effort on behalf of the SMA. I did so with the hope and expectation that many among our membership will jump at the opportunity to become fully accredited Tavarua Surf Docs.

Our esteemed colleague and Seppo-wannabe Simon Leslie has spearheaded such programs at G-Land and the Maldives. From personal experience at G-Land, I can say it was a truly unique and special opportunity to be able to practice my craft in a remote jungle environment. For those of us who have been to Tavarua, need I say anything about the wonderful hospitality of Rick, Jon and the Fijians, or the picture-perfect tropical surf? And for those of you who might have dreamed about Tavarua, this is the perfect opportunity to visit the island, provide a valuable service, and experience paradise in person.

This is what we have regarding details thus far. The physician will be expected to be "on call" at all times to provide medical assistance to the

guests and hosts on the island. In exchange for this service, the physician will be allowed to stay on the island free of charge. Priority in scheduling will be given to physicians who are willing and able to stay on the island for the longest periods of time. The minimum will be one week, and both Jon and I want to encourage you to stay for two weeks or longer. Also, for those physicians willing to stay for longer periods of time, airfare discounts and invitations to your significant others will be offered.

Any physicians who are interested in volunteering should be comfortable administering basic first aid, CPR, and debriding and suturing wounds. The medical supplies and facilities are basic and provide for initial first aid and resuscitation only. In the event of a serious or life-threatening injury or illness, medical evacuation by helicopter could be arranged, but it would take several hours for this to be accomplished.

In addition to providing medical assistance, the Tavarua docs will be expected to organize, inventory, and donate medical supplies whenever possible. This particular activity should require minimal time and effort if we are all conscientious and organized during our stays. Other than these few responsibilities, the doc

will be expected to enjoy the island, the surf, and the company of the guests and hosts as much as possible. From two previous two week trips to Tavarua and one to G-Land, I would anticipate that you will be asked to "work" for an average of one to two hours each day.

The following paragraph was so eloquently authored by Simon Leslie, MB, in *Surfing Medicine* issue #14 (Summer 1995) that I have decided to use it verbatim:

"Each doctor is required to arrange his/her own medical indemnity insurance, as the SMA cannot offer such insurance or accept any liability for misadventure. In general, though, any assistance you give an injured surfer will be over and above what is expected in such an environment, and if you act in the best interests of the patient after fully informed and documented consent with a level of skill expected of a surf camp doc operating with limited infrastructure, it is unlikely that any court would convict you of negligence."

(I want to apologise on Simon's behalf for the poor grammar and run-on sentence. He is a product of "higher education" down under.)

Now that all of the appropriate disclaimers have been made, let us get down to business. What do you do if you want to be a Tavarua Surf Doc? First you need to call me at 760-633-1041, fax me at 760-633-1046, write me at 4134 Manchester Ave, Encinitas, CA 92024, or send me an email at surfERdoc@juno.com. When you do this, I will need your name, a brief description of your medical background, the dates you would like to be on the island, and whether or not you would like to bring a significant other along for the ride. I will then be in contact with Jon and Rick to coordinate the details. You can anticipate having to provide a copy of a valid medical license, and we'll need a small administrative fee to offset the costs of providing this invaluable opportunity to the SMA membership. Once you have been scheduled at Tavarua, my people will be in contact with your people, and eventually you will get to the island? Simple enough?

I am looking forward to hearing from you. Volunteerism has many rewards, and now they include clean, double-overhead barrels at Restaurants!

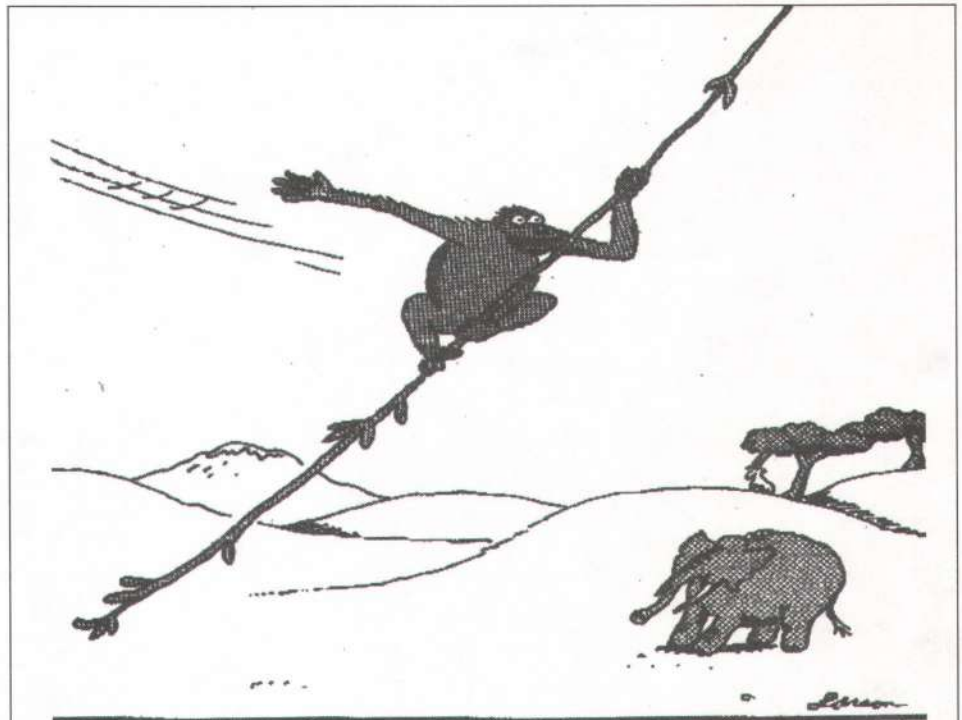
BOOK REVIEW

THROUGH A LIQUID MIRROR

By Wayne Levin
and Thomas Farber
Editions Limited,
Hawaii, 1997

I'm not going to say much about this book, except that it is the most stunning display of aquatic images I've ever seen, shot above and below the surface, with surfers, other sea life, shipwrecks, and more pictured in beautiful black and white, and a fine essay by noted writer Farber. Seek this out and take a look, and you'll want it.

-SH



He had seen Tanzania, and most of Mozambique was already behind him. There was no mistake. Chippy had done what most chimps only dream about: He had caught the Perfect Vine.

If you want to surf waves like this sign up for a SMA Conference. We don't promise waves like this but just maybe. You'll will meet some great people and learn about surfing medicine. I'm missing something. Oh yea!, it's Tax-deductible.



MALDIVES CONFERENCE 1997

Mark Gillett, MB
West Pymble, Australia



The Third Annual SMA Maldives Conference was held on Tari Island between March 31st and April 13th, 1997. Arranged by the Australian chapter of the SMA, the conference attracted a well-balanced mixture of conference veterans and first-timers.

The Maldives has become very much a second home to a great many of us over the past three years due to a combination of potentially perfect waves, incredibly natural beauty, very friendly local people and what has developed into a very close group of surfing buddies.

The inaugural SMA Maldives conference was held in 1995 and was blessed with constant perfect waves varying between five and eight feet, with several larger days. Unfortunately, the return trip in 1996 had been a disappointment with little if any surf to speak of. Because of this, the number of delegates lining up for a third throw of the dice this year was somewhat reduced.

After the usual pre-conference rush, we arrived at Male after midnight, to be met by our guides Ahmed and Zyhan, plus the ever-present equatorial humidity. After a relaxing boat trip across a rather too balmy Indian Ocean to Tari and a brief sleep, we woke to small (2-3 feet) waves with the perfect shape we have become accustomed to. The swell increased over the next two days to a peak of 4-5 feet. Great waves were had by all as we spread out over the various breaks; a group of us slid north on 'Celeste' with Ito to be rewarded with perfect glass at "Chickens" and "Colas" with only six surfers to partake. Unfortunately, the swell failed to build as we

had hoped and slowly dropped over the next four days, although still delivering a rideable 2-4 foot wave on the right tide at the right break. Three dead flat days followed, with the crew launching into alternatives such as island-hopping for lunch, shopping, whale watching and scuba diving. But by this stage, people were becoming a little too "trollo" with the lack of waves, and this led to some heavy alcohol consumption and bizarre behaviors such as hair cutting competitions. The last two days of the conference produced a slight lift in swell which unfortunately transformed into a series of very rideable days after the conference had finished.

The scientific content of this year's meeting was by way of interactive sessions utilising small groups. The consensus was that this format had worked very well and would be explored further next year. Topics covered included assessment and management of back injury, acute psychiatric emergencies, emergency toxicology, and genetic conditions of childhood. Highlights included:

- (1) Jim "I can see as badly in the light as in the dark" Kerr, who consistently beat everyone into the water at Pasta each morning. With Jim's renowned visual acuity, no one was game to risk surfing with him in the murky pre-dawn. Good play, as he scored some really good waves.
- (2) Geoff "rip's up, I'm out there" Booth, who steadfastly refused to enter the water to surf if the raging inter-island current was in any way favorable to reaching the lineup. "Too easy" he was heard to mutter into his beard as he waited for the current to become a torrent rushing

away from the break, at which time Geoff would enter the water and tire us all just watching as he snagged wave after wave long after surfers half his age had been dispatched to the shore. No wonder he's a legend.

(3) Al "sorry, didn't see you under my board" Stephens, who proved once again that when 10 kilo longboard meets 3 kilo modern board, the results are not very attractive to the lighter machine. As Rob Eisenberg said, surveying his favourite 6'8" thruster now transformed into a 6'2" drop-nose, "I guess that could have been my head."

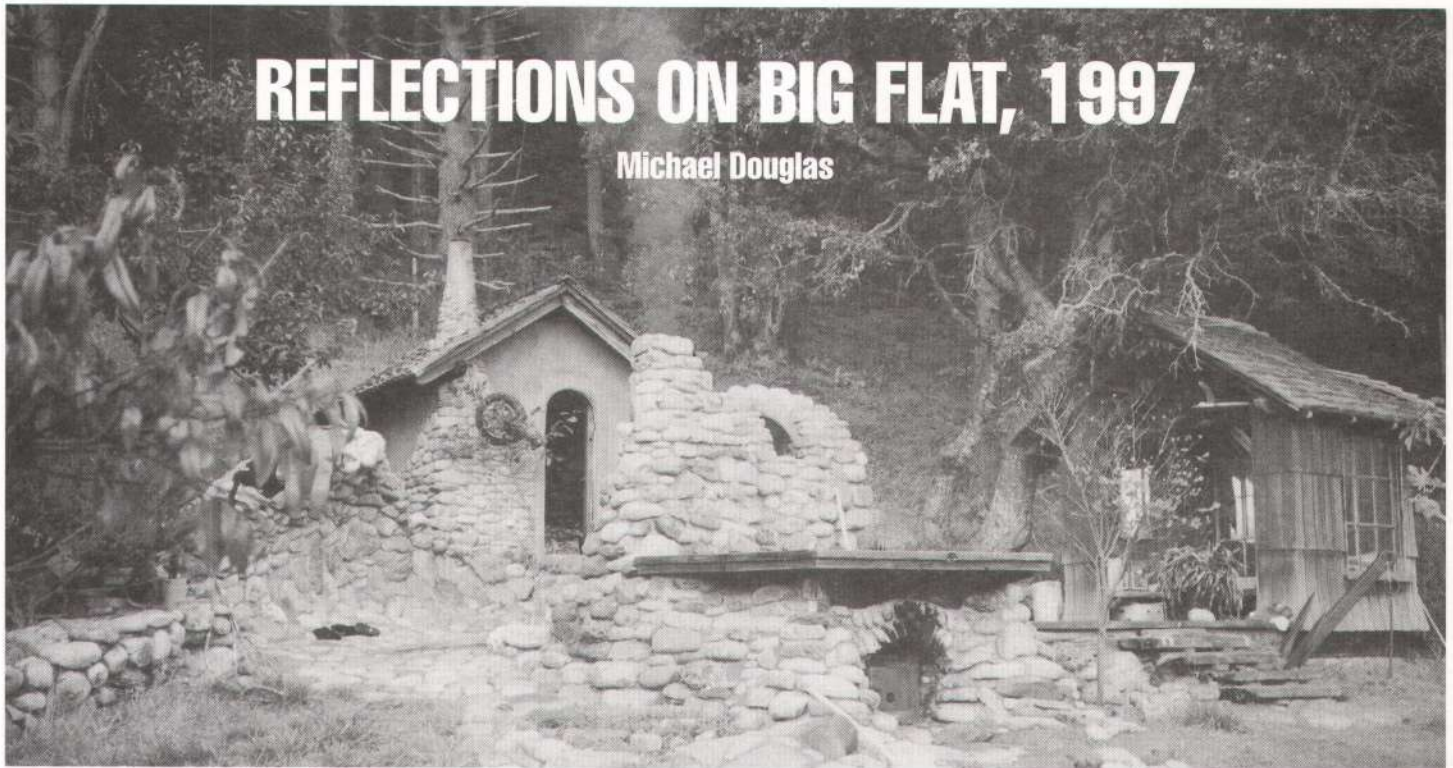
(4) The mohawk haircut boys Charles, Jim, and Robb, courtesy of Ahmed's trusty clippers. Nice look, guys! Jim had any number of bets to turn up at paediatric grand rounds sporting his little number.

(5) Brett the Qantas pilot (surely they can't actually let this man fly a jumbo!) who made all realise that the perception of calm existing in front of most of our commercial flying is merely that - a perception!

Overall, a great vibe with an all-time crew, some very good conferencing, and some good but not exceptional waves. We are doing it all again in September 1998 for a flexibly-formatted conference which will be partly land-based at Tari and partly utilising an outer atoll surfari. Ring if you are keen: 61 2 99267920, or book through. Australia: Ian Lyons, Atoll Travel, Phone 03 568221088, Fax 03 56821202. USA: Seam Murphy, Waterways Travel, Phone 818-376-0341, Fax 818-376-0353.

REFLECTIONS ON BIG FLAT, 1997

Michael Douglas



It seems to me that Big Flat is a throwback in time: A remote and beautiful stretch of Northern California coast that provides good and uncrowded waves, with a conference facility I'd have to call "rustic luxury," complete with wood-fired sauna, hot tub and outdoor shower. Great food and staff as well, and a wonderful SMA crew.

I enjoyed the 1997 conference's Barefoot Doctor training immensely, and learned a lot. Plastic surgeon Bill McClure not only taught us the best suturing technique, but even gave us a human wound to practice upon!

I had great fun surfing five straight days, even though some old time Flatheads said we never saw it as good as it gets. We had longboards, shortboards, guns, sponges and even a knee-boarder in the lineup.

Anyway, it was a bitchin' experience for me, and I plan to go back more than once. It was so much fun I'm tempted to tear up this letter and write another about how bad it all was! For 1988 see Upcoming Conferences.



CONFERENCES

TAVARUA 1998: **June 20-July 4, 1998.**

This one is "sold out" as of press time, but there might be cancellations, so if you are really interested, contact SMA central for an update

MAGDALENA BAY, MEXICO: **September 11 -19, 1998**

Camp out in front of a double right point that breaks all day long. Offshore winds, 75 degree water. Great fishing and exploring one of the most isolated places left on Baja.

Fly down on Friday, back to California the following Saturday. Approximate cost is \$1200 US including SMA conference fee.

For information and registration: Bill Petersen: 714-661-1181.

BIG FLAT **November 7-14, 1998.**

Great wilderness/luxury surf camp experience. See reports in Journal for details about great waves, food, talks, scenery, and people (and don't forget the hot tub).



BIG FLAT

UPCOMING CONFERENCES

MAGDALENA BAY, MEXICO:

We will continue the Barefoot Doctor training, and work on the video at this conference. If you attend, you may be a star!

Total cost is \$850 US. To reserve a space, send a nonrefundable deposit of \$150 to Ward Smith at SMA Central. Room for 12 people, with some already filled; a wait list is started if need be, and your deposit is refunded if you don't get in. The \$700 balance (which goes directly to our hosts at the Flat) is due by September 15.

Information: Ward Smith at SMA Central.

Maldives 1998:

see 1997 conference report in this issue.

SMA SURF & TURF MONTEREY CLASSIC?

Longtime SMA kahuna Bill Jones has offered to host a conference/fundraiser for the Steve Baser Fijian Education Fund in his home area of Monterey, CA. Surf, and turf (golf?!), and fun. Bill planned this for spring, but cancelled due to lack of reservations and El Nino. But look at this: He already had lined up great prizes, like trips for two to Costa Rica, Hawaii, and so on, and these prizes still are offered! So let Bill know if you are interested: 408-373-2209 (phone and fax), or PO Box 51881, Pacific Grove, CA, 93950.

**Give yourself a
break and learn
something new.
Join the SMA and
go to an SMA
conference!**

DIABETES UPDATE

Dear SMA:

I have been a type-I diabetic for nearly 25 years. Blood sugar levels as outlined in your publication "The Collective Surfworks, Vol. III" would not work for a Type-I diabetic like myself. Blood sugar levels in the 100-110 mg./dl range prior to surfing would most likely result in a hypoglycemic reaction within a short period of intense physical workout. Therefore, I am sending you an addendum to the publication, as has been requested:

"Surfers with diabetes may require more elevated blood sugar levels to avoid hypoglycemic reactions while surfing. The diabetic surfer should meet with their physician (diabetic educator) to discuss what appropriate blood sugar levels should be prior to going out in the water."

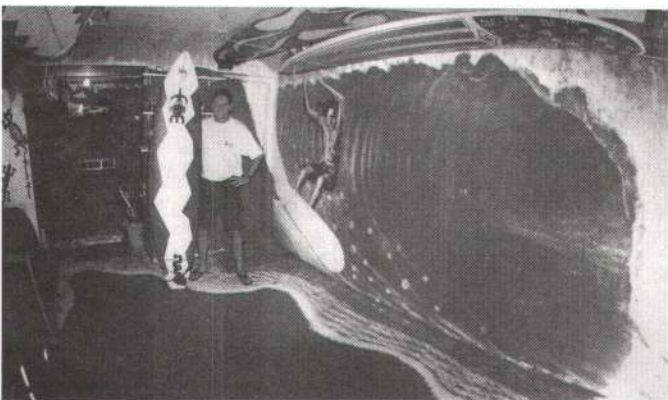
Personal note: As a Type-I diabetic surfer, I use Humulin Lispro (fast acting) insulin. I find that blood sugar levels in the 140-150 mg/dl range will allow me to surf for 45 minutes to an hour, maximum. I routinely check blood sugar levels prior to surfing and again right after. I always carry a snack and surf with a partner.

Thank you for your request in allowing me to contribute to your publication. If you should have any other questions, please don't hesitate to call. By the way, I am sending you \$30 for a family membership.

Robert Dixon

RON'S WORLD

Here is a stunning photo of Ron Bockhold's stunning garage. Scary to think of what else might be in there....



BAREFOOT DOCTOR VIDEO?

Dear SMA:

I would like to make a beginning barefoot doctor video at this year's SMA Wilderness Conference at Big Flat. This would be a way for the SMA to reach untrained surfers who could benefit from a bit of CPR, and build the network of barefoot doctors as envisioned in the SMA's mission statement. Certainly, SMA will continue to approach those goals by way of surf conferences, but an SMA surf medicine video could be a virtual surf doc to an unlimited number of potential barefoot docs.

Dr. Paul Georghiou's workshops at last year's Big Flat conference were excellent. Paul approached the course work professionally and took the time to explain each procedure in detail and in a manner that could be understood by all members of the surf community. He is a natural "lead" for the SMA basic surf medicine video and Big Flat is an ideal place to capture the image of surfing and medicine. Having the Big Flat workshops on video has already proven to be invaluable - I recently performed my first minor procedure while on a surf trip to Costa Rica.

If anyone is interested in this concept, I would like to hear from you.

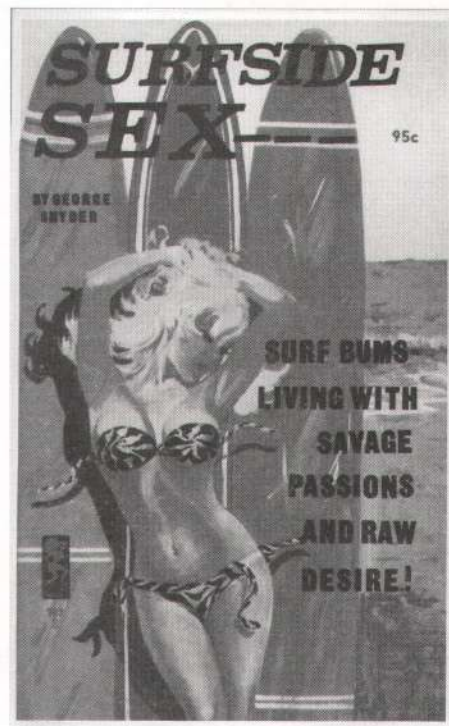
Mike Watson
415/731-3400 (fax)

LANDLOCKED

Dear SMA:

My name is Tommy Hodge and I live in Richmond, Virginia. I am desperately looking to find a niche in the surfing community with what am trained to do. I am a Certified Athletic Trainer currently splitting my time between a physical therapy clinic and a local prep school. In the clinic I assist the physical therapist with designing and implementing patient exercise programs and at the school I provide medical coverage for about 25 boys and girls scholastic sports programs per season.

I am trying to find a job closer to the beach but have not had a lot of luck, and I have been looking for about two years now. That is why I figured I would try this avenue. If



anyone could give me any information on how I could become more involved with the surfing community I would greatly appreciate it!

Thank you,
Tommy Hodge
tthodge@erols.com

INJURY PREVENTION INFO


Dear SMA:

My name is Michelle Loneon and I am an honours student at the University of Western Sydney, NSW, Australia. I have seen my fair share of horrific, totally preventable injuries. I am writing to ask if you could send me any information regarding injury prevention. Any information or contacts would be appreciated.

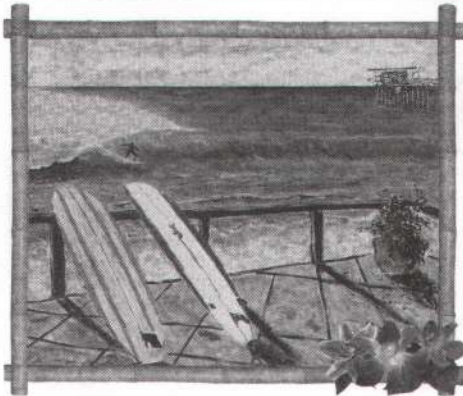
Michelle Gai Loneon
4 Awaba Place
Warriewood 2102
NSW, Australia
RFV@music.macarthur.uws.edu.au

SAN DIEGO SURF BENEFIT

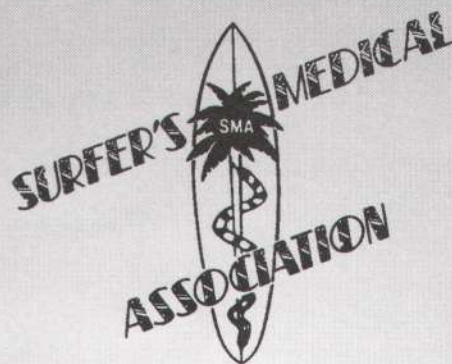
(Longtime SMA kahnua Mark Bracker, MD of San Diego sent some photos of the highly successful (lots of \$ raised, for cancer programs) UC San Diego beach/surf luau. We lost whatever note he enclosed, but here's a photo from what seems to have been a great event, with more planned. People interested should contact Dr. Bracker - here's your chance to utilize the new SMA Directory included in this issue).



LA JOLLA SHORES
AUGUST 10, 1997



**UCSD CANCER CENTER LUAU
& LONGBOARD INVITATIONAL**



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, pictures, and anything else you feel is relevant to surfing and medicine.

Rules for Submission:

1. Send material in early — next deadline June 1st 1998.
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

CUT OUT AND MAIL IN THE EASY WAY TO GET 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 royalties 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-your 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): _____

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



SUMMER IS COMING SOON!
 Give YOURSELF and others SMA SUMMER TIME 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.

New! Decals!

New colors: fade-resistant red, blue, purple, hot pink 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-motifed diploma officially confers upon whom-ever you indicate "the rights and privi-leges 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: _____

**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 \$3.00 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.

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

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

Steve Baser Memorial Fund

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

Instructions

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

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

These items are only available to SMA members.

Total amount enclosed
 (all of above) \$ _____

MEMBERSHIPS

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

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: Nonmedical members — for surfers interested in learning how to take better care of themselves and others. \$30

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 Newt 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. \$29.95

Starving (med?) Student: self explanatory. \$30.00

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:



P.O. Box 1210
Aptos, CA 95001-1210 USA

BULK RATE
U.S. POSTAGE
PAID
So. San Francisco, CA
Permit No. 655



NEW SMA WEBSITE!!

Netheads! Check out the SMA website-in-progress and message board:

<http://www.damoon.net/sma>

All manner of SMA information, including conference information, can be found here.

Special thanks to Dire Wolff for designing this for us!