

SURFING MEDICINE

Issue #21: Summer 2002



The "Psyche-Out" Issue

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This SMA journal, if anybody noticed, is better late than never. But apologies to the authors who submitted material and have patiently waited to see it in print. It has taken longer each issue to accumulate enough articles to make up a full edition. So: Send your story on in! Enlighten your SMA colleagues! Impress your family! Pad your curriculum vitae! Publish or perish! Psyche-out the world! You know what to do: SMACentral@aol.com is where you send it, or to the SMA snail mail address.

That said, note that the journal will from now on be a newfangled "e-journal", appearing only on the newfangled SMA website. You will still be able to get a Luddite Printout Version by request. These and other changes arise from some SMA soul-searching done collectively by a cadre of longtime SMA kahuna who gathered in Northern California earlier this year to pretend they were drinking kava, wish the waves were like Tavarua and that they didn't need wetsuits,

and ponder possible futures for the SMA. For details, see the summary report by Mark Renneker and Paula Smith in this issue (p.19).

Until next time, check the SMA website: www.damoon.net/sma. Conference updates! Chat room! Free medical consults! SMA history and accomplishments! Jobs! Volunteer options! Pretty pictures! The site will be completely redone to save SMA funds from the journal and reflect what's going on in a more timely manner.

On a parting personal note, it's been exactly one decade since I began sheparding this journal to you all in Fall of '92; a challenging and humorous task getting fourteen issues to y'all. Ride on!

-SH

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PHYSIOLOGICAL AND PHYSICAL FITNESS PROFILES OF ELITE SOUTH AFRICAN SURFERS

Dean Patterson, MA

INTRODUCTION:

Surfing is a unique sport; participants practice their skills and abilities as often as time and surfing conditions will permit without actual conscious attention to training. The amount of time spent in the water is equivalent to the training time of elite athletes in other sports. Surfers are known to practice up to seven hours a day in different sessions. However, surfers are likely to consider this time as enjoyment rather than training.

PURPOSE OF THE STUDY:

The aim of the study was to identify and establish fitness profile for elite South African surfers. The testing protocols selected for the study, tried to incorporate all the various fitness components that a surfer would use while surfing competitively. Such fitness components included; cardiorespiratory endurance, anaerobic capacity, balance, flexibility, motor learning, reaction time, muscular strength and endurance and body composition. Fitness profiles of elite South African surfers have not been examined. The identification and development of norms as performance criteria will assist the future testing, selection of the fittest individuals, and improve the level of surfing in South Africa.

REVIEW OF LITERATURE:

Surfing requires strength, mobility, speed, motor ability, perception, and reaction time. All these skills are important in the process of surfing. Such underlying factors may be more important than fitness itself in surfing. Should this be so, then the fittest surfer is not necessarily the best surfer. Fleischman (1964), stated that the underlying abilities that are important to any sport might be present in any individual (for example agility, balance, multilimb co-ordination and postural discrimination).

However, this does not necessarily allow an individual to perform well in a number of different sports. Agility and mobility are required for a surfer to perform the variety of movements that are needed to make up the range of surfing skills. The law of specificity states that sports training should be specific. This suggests that surf-training sessions should ultimately be in the ocean, where different types of wave selections can be experienced and also enables the surfer to train at different intensities and durations.

An important fitness component that affects positively on all surfers' performance is cardiorespiratory endurance. Surfing can be categorised as a competitive sport that encompasses moderate dynamic and static exercise intensities. Lowdon et al., (1989), conducted a study on the specificity of aerobic fitness of surfers. To determine the most appropriate laboratory test of aerobic power for surfers, twelve male competitive college surfers completed three maximum work tests doing tethered board paddling (BP), prone hand cranking (HC), and treadmill running (TR).

The VO₂ max values suggest that this group was similar in aerobic fitness to college swimmers. The ratio of VO₂ max values for board paddling and hand cranking to treadmill running were similar to studies comparing arm ergometry to treadmill running. Except for heart rate and VO₂ max, correlation coefficients between metabolic parameters of the board paddling and hand cranking test ranged from 0.65 to 0.80 and were significantly different from zero. As maximum physiological variables for board paddling and hand cranking were similar, it was suggested that hand cranking is a safer and easier test to conduct than board paddling or treadmill running, and hand cranking meets the principles of specificity for testing aerobic fitness of surfers.

Scores of seventy-six male and fourteen female elite international surfers tested on a bicycle ergometer, described the cardiorespiratory fitness of surfers to be high, compared with other competitive sportsmen (Lowdon and Pateman, 1980). As there is a relationship between aerobic fitness and heart rate recovery following standard exercise, rapid recovery or repayment of oxygen debt is another indicator of cardiorespiratory fitness. In the same study, recovery heart

rates of surfers at five minutes after sub-maximal bicycle ergometer test was seventy-seven beats per minute for men, and seventy-six beats per minute for women respectively.

Davie and Newton (1998), estimated energy costs and oxygen uptake of competitive wave ski riding. The oxygen uptake and energy costs of competitive wave ski riding were estimated from the heart rates recorded during competition. Five male competitive ski paddlers volunteered to participate in the study. The mean estimated VO₂ of 3.27 litres per minute was seventy-seven percent of the mean laboratory determined peak VO₂ of 4.22 litres per minute.

The mean estimated energy expenditure during competitive ski riding was 12.8 kilojoules per minute. The study indicated that competitive wave skiing is predominantly an aerobic event and that the energy cost of competition is comparable with sports such as squash, swimming and skiing.

Bilodeau et al. (1995), investigated upper-body testing of cross-country skiers. Maximal oxygen uptake was evaluated twice during a competitive cross-country skiing season on a double-poling ski ergometer and running treadmill. The ski racers were tested during December and March.

METHODS OF STUDY:

Sixty-one subjects were recruited from elite surfers residing in Kwa-Zulu Natal, South Africa. All subjects signed informed consent and the University's Ethics Committee cleared the project. A warm up session was allowed for all subjects prior to the testing. All subjects were familiarised in respect of the standardised testing procedures. All tests were performed at sea level in a laboratory setting with a constant temperature of 21.0 C on calibrated equipment.

The subjects were evaluated according to a number of components, which included the following:

Selected Components	Testing Procedures
Muscular & Strength Components	
Muscular Endurance	One Minute Push-Ups (Coopoo, 1995)
Muscular Strength	One Minute Sit-Ups (Coopoo, 1995)
Isometric Strength	Handgrip Strength (Dowell et al., 1978)
Muscular Strength	Isokinetic Dynamometry
Anthropometry & Fitness Components	
Bodyfat Percent	Three Site Skinfold Measurements
Flexibility	Modified Sit & Reach Test (Hoeger & Hopkins, 1992)
Speed & Agility	T-Drill
Balance & Motor Co-ordination Components	
Static Balance	Blind Stork Balance (Arnot and Gaines, 1984)
Dynamic Balance	Balance Stabilisation (Arnot and Gaines, 1984)
Motor Skills & Co-ordination	Hexagon Obstacle (Dillman, 1980)
Physiological Components	
Lung Capacity	Pulmonary Lung Function Test
Cardiovascular Fitness	Maximum Oxygen Uptake (VO ₂ max)
Anaerobic Capacity	Wingate Anaerobic Test (Bar-Or, 1987)
Ratings of Exertion	Borg's Rating of Perceived Exertion (RPE)

RESULTS:

In this study the subjects were used as their own controls as this was an original study, so controls were not necessary. The subjects showed an above level of fitness in all the measurements as compared to other water-based athletes. As a result, the research identified that surfing can be best enhanced through the principle of specificity, and that the subjects engaged in this sport can be regarded as elite athletes.

Demographic Profiles of Elite Surfers:

Component	Mean (\pm Standard Deviation)
Age (yr)	24 (\pm 6.60)
Height (cm)	177.1 (\pm 6.33)
Weight (kg)	70 (\pm 7.34)
% Body Fat	8.2 (\pm 4.5)
Surfing Experience (yr)	12.4 (\pm 6.46)

Fitness Parameters tested for Elite Surfers:

Component	Mean (\pm Standard Deviation)
One minute sit-ups (no.)	43 (\pm 10.7)
One minute push-ups (no.)	48 (\pm 9.7)
Grip Strength (kg.) (R \pm L hands)	103 (\pm 13.7)
Flexibility (cm.)	40 (\pm 7.6)
T-Drill (s)	12.6 (\pm 1.2)
Static Balance (s)	24.4 (\pm 2.2)
Dynamic Balance (s)	39.8 (\pm 13.1)
Hexagonal obstacle for Co-ordination (s)	(16.2% improvement from the 1st to the 5th trial)

Cardiorespiratory responses of Elite Surfers:

Component	Mean (\pm Standard Deviation)
Resting heart rate (bpm)	67 (\pm 9.7)
Maximum heart rate (bpm)	185 (\pm 11.1)
Peak oxygen uptake (ml/kg/min)	55 (\pm 6.1)
Peak oxygen uptake (l/min)	3.77 (\pm 0.47)
RQ	1.06 (\pm 0.08)
Forced vital capacity (ml)	5592 (\pm 792)
Forced expiratory volume (ml)	4567 (\pm 530)

Isokinetic scores for the lower limbs of Elite Surfers (Mean and Standard Deviation):

Parameter	Right Limb	Left Limb
Peak flexion torque (Nm)	139.8 (\pm 29.93)	138.82 (\pm 32.3)
Flexion torque to body weight (Nm/kg)	1.99 (\pm 0.33)	1.98 (\pm 0.39)
Peak extension torque (Nm)	210.9 (\pm 41.68)	206.7 (\pm 41.49)
Extension torque to body weight (Nm/kg)	3.04 (\pm 0.51)	2.96 (\pm 0.47)
Ratio (%)	67	67

DISCUSSION:

The aerobic capacity of 54.9 (ml/kg/min) in this study compared favourably to that of Lowdon et al. (1989) for surfers of 56.3 ml/kg/min. The anaerobic power surfers were similar to those of rugby players (Maud and Schultz, 1989) and were higher than a cohort of sport science students (Miles, 1993). Isokinetic strength for the lower limbs indicate peak extension torque to body weight (3.04 Nm/kg) which was lower than a study conducted on surfers by Baron et al. (1990) which was 3.2 Nm/kg.

No significant difference ($P > 0.05$) was established between 5th the right and left shoulder rotator muscle groups. This may indicate the bilateral usage of the arms in the paddling movements of surfers.

Percent body fat values were 8.2%. They were much better than those achieved for surfers by Lowdon, 1980, (10.8%). This appears to be the leanest group of surfers tested. Lung function scores exceeded those of their age-matched peers. Muscular endurance, agility, co-ordination and balance were much better than a group of sport science students (Coopoo et al, 1997).

Isokinetic scores for the shoulder of Elite Surfers (Mean and Standard Deviation):

Parameter	Right Limb	Left Limb
Flexion torque to body weight (Nm/kg)	65.1 (\pm 16.84)	63.9 (\pm 15.98)
Flexion torque to body weight (Nm/kg)	0.93 (\pm 0.19)	0.92 (\pm 0.19)
Peak extension torque (Nm)	95.5 (\pm 21.65)	89.5 (\pm 21.47)
Extension torque to body weight (Nm/kg)	1.36 (\pm 0.24)	1.28 (\pm 0.21)
Ratio (%)	69	71

Isokinetic results for the shoulder of Elite Surfers (Mean and Standard Deviation):

Parameter	Right Limb	Left Limb
Peak external rotation (Nm)	32.5 (\pm 8.81)	31.79 (\pm 8.13)
External torque to body weight (Nm.kg)	0.47 (\pm 0.11)	0.45 (\pm 0.10)
Peak internal rotation (Nm)	60 (\pm 13.22)	58.7 (\pm 2.06)
Internal torque to body weight (Nm/kg)	0.86 (\pm 0.16)	0.84 (\pm 0.15)
Ratio (%)	55	54

Wingate anaerobic test results for Elite Surfers:

Component Mean	(\pm Standard Deviation)
Maximum power (watts)	979.2 (\pm 163.8)
Minimum power (watts)	672.4 (\pm 110.5)
Average capacity (watts)	806.8 (\pm 118.2)
Fatigue index (%)	30.6 (\pm 9.8)

CONCLUSION:

The physical requirements of paddling include both muscle endurance and strength of the upper and lower body. Cardiorespiratory capacity is required for the paddling out to take off zones and this may require up to 10 minutes at a time. Heart rates during surfing were recorded at between 127 to 177 beats per minute (Meir et al., 1991). Anaerobic power is essential for the fast, hard powerful strokes that are required to catch a wave. Good co-ordination, agility, balance and flexibility are required to ride a wave. Training takes place when time and the surfing conditions permit, without any conscious attention to supplement training. Specificity in training is clearly illustrated. Future directions for surfing in South Africa would be to develop surfing units around the country to assist in talent identification, improve levels of fitness among surfers and ultimately selecting the best surfers for international competition.

THOUGHT:

A five day surfing trial training camp was organised for junior surfers, ranging from 12 to 18 years of age. The location of the camp was at Port Alfred in the Eastern Cape. Conditions were poor for surfing for the whole five days; the sea was rough, cold and ideal to test all surfing components. Selection criteria devised by management would consist of 60% surfing ability, 30% fitness characteristics, and 10% mental attributes. Physical fitness assessments of the all the surfers were undertaken and the results were presented to management. After the fifth day, the surfers were ranked according to their scores of fitness from the best surfer to the worst surfer, as was the psychological component and the same for the surfing skill itself.

RESULT:

It was interesting to note that the top five surfers, that were selected for national honours in the Under 18, 16, 12 for boys and girls, came in the top five for every selection criteria. Furthermore the best three surfers for each age group were also the fittest three surfers for that age group. This reiterates the importance of fitness in surfing as a major component.

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THE PSYCHOLOGY OF SURFING INJURY: PREVENTION AND REHABILITATION

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At the end of each surf session we are already thinking about when and where we will next hit the water. That enjoyable anticipation builds as visions of the waves and the manoeuvres we want to try flood our mind. Unfortunately, sometimes this experience is clouded by injury. Most of us know the frustration of being land-locked and having to watch perfect waves peel by or surf at half steam because of injury. However, psychologists often work with athletes on the prevention and rehabilitation of sports injuries, and there is much you can do to minimise both your vulnerability to injury and your recovery time.

When we approach a potentially stressful surfing situation, such as pulling into a thick tube over shallow reef, we must quickly decide how we'll respond. In an instant we weigh up the associated demands, our resources and the likely outcomes or consequences of each choice we have. If we judge the situational demands to outweigh our personal resources to manage the situation, our stress response will be significant. The stress response elicits specific physiological and attentional changes that include muscle tension, narrowing of the visual field and attention, and distractibility. It is these changes that create a situation of increased vulnerability to injury.

Our original thoughts and appraisal is influenced by such factors as our personality, history of stressors and our quiver of coping resources. Personality factors have both direct and indirect effects on how we respond to the potentially stressful athletic situation and how we may react to the stress response itself.

Personality variables such as locus of control, attentional style, self-concept and psychological traits have been related to incidence of sports injury, though with inconsistent findings. However, in general athletes who are higher on tender-mindedness, self-motivation and introversion, and display more Type A personality characteristics (such as being hard driving and highly competitive), are more likely to incur injuries.

Personality manifests as our consistent, stable patterns of behaviour and thinking that we develop largely from experience over our lifespan. Psychologists can work with athletes to identify and modify specific personality factors that may predispose the athlete to greater vulnerability for injury (e.g., recklessness, being tense and anxious etc.). Try developing your own self-awareness of any patterns of behaviour or thinking that may increase your risk of incurring injuries.

History of stressors includes life stress and daily hassles as well as previous injury. Life stress and daily hassles are related to the incidence of illness and tend to decrease an athlete's ability to effectively manage the stress response and the associated physiological and attentional changes. Life stress can be positive, like forming a new relationship, or negative, such as bereavement. The more life stress and daily hassles we have the greater our vulnerability to illness and injury.

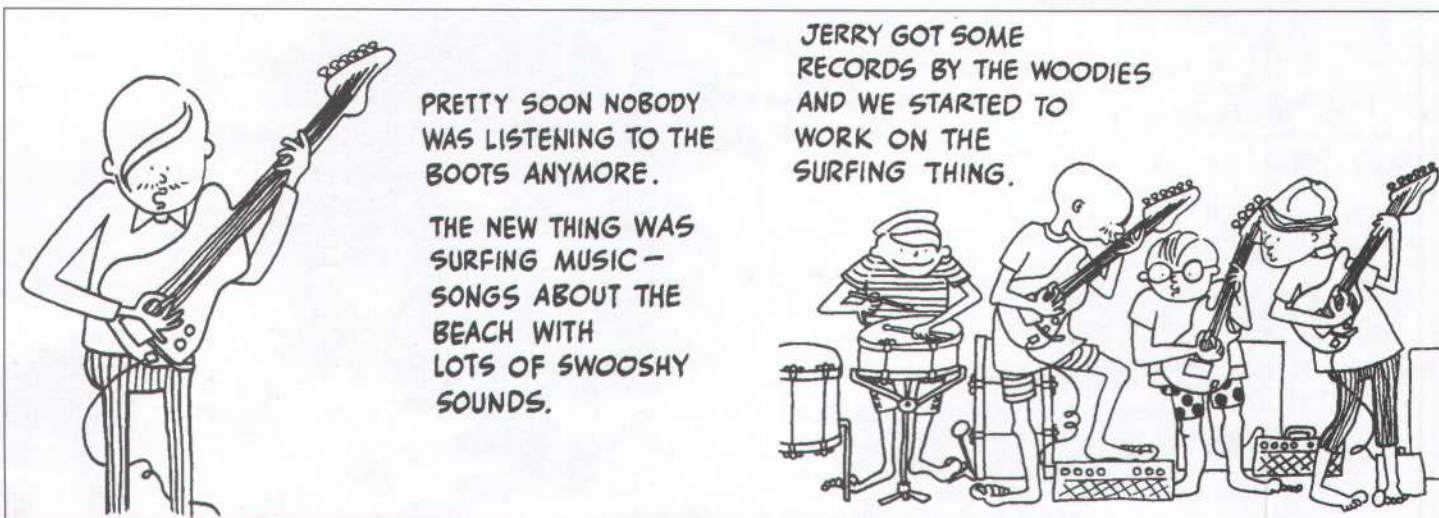
Basic behaviour modification can greatly assist in managing life stress and daily hassles. For example, developing a comfortable routine that includes gaining adequate sleep and nutrition, managing your daily activities in a minimally stressful way, maintaining a good balance of work, leisure and social activity, regularly having your own free time and seeking support from family and friends, and/or

professional services, when difficult life events occur.

History of previous injury and the surfer's psychological adjustment to injury has a strong impact on their thoughts and appraisal of athletic situations. Time out of the water due to injury can have many potentially damaging psychological effects, especially when this time is prolonged. With serious injury a response similar to a grief reaction can occur that may include feelings of shock, denial, anger, depression and finally acceptance. The way the athlete appraises injury also determines emotional response and research has shown that positive injury recovery is directly related to improved mood states. Therefore, being stuck in the doldrums of frustration and "why me?" will prolong injury recovery compared to having positive thoughts and perspective.

Examples of positive thoughts about an injury or illness include viewing the experience as an opportunity to increase your self-awareness. We can use our time out of the water wisely by learning from the mistakes of past injury. Review the circumstances when the injury occurred. Were there any avoidable dangers (e.g., dry reef)? How were your attention and concentration levels at the time and what was your mood state (e.g., were you anxious and hesitant)? Were there any awkward biomechanical movements you could adjust? How could you approach the situation more effectively next time and what prevention strategies could you practice to minimise vulnerability to re-injury (e.g., stretching)? As well as increasing our self-awareness, this learning improves our confidence to approach the surfing situation again and hence decreasing the likelihood of re-injury.

Poor psychological adjustment to injury can increase a surfer's vulnerability to incurring further injuries. Some indications of poor adjustment to injury include rapid mood swings, sense of helplessness, lowered confidence,



history of returning to activity too early and dependence on medical personnel. Career-ending injury has also been related to decreased life satisfaction and lowered self-esteem. Also, at times some athletes may even prolong injury recovery because of secondary gains such as using injury for increased attention or to explain poor performance.

These negative psychological impacts can be effectively managed with early identification and intervention. If your patient begins to have any of these experiences when injured (or you see a family member or friend having such difficulties), seek social support from family, friends and their local board-riders club. They can all be a great help in improving mood, increasing positive thinking and confidence, keeping the person involved and to assist and encourage them through their rehabilitation program.

The development of effective coping resources will help us to prevent the incidence of illness and injury. Coping resources include a variety of highly individualistic coping behaviours we can use to manage any type of stress. These include social support from family, friends, board-riders club, coaches etc., professional support (e.g., psychological, medical), and specific stress management strategies such as deep breathing, planning and mental practice. These resources help to minimise the elicitation of the stress response and to buffer the potentially debilitating effects of both the stress response and general life stressors.

Prevention of injury also involves improving our ability to effectively manage the stress response when faced with a potentially stressful surfing situation. Rationalising the stressor, the demands, resources and consequences, thorough planning, using mental practice and rehearsal and positive self-talk are cognitive interventions we can use. It is also helpful to develop our ability to manage the physiological and attentional changes sparked by the stress response. Relaxation strategies, such as deep breathing and calming self talk, is very effective to release tense muscles. We can also work to achieve clear concentration and attentional

focus and control by practicing such things as meditation and/or mental imagery.

Obviously prevention is optimal though occasionally we do injure ourselves. As well as assisting to minimise vulnerability to injury, the above psychological strategies and interventions provide a solid foundation to facilitate healthy recovery. The athlete's psychological profile also influences their recovery and the psychologist can work with the athlete and their physiotherapist or doctor to design the optimal bio-psycho-social rehabilitation program for more serious and/or long-term injury.

Psychological variables such as goal orientation, pain tolerance, motivation, self-esteem and appraisal of environmental factors have been found to influence recovery time. The surfer with a task goal orientation (i.e., focussing on the process of a task rather than end outcome), higher pain tolerance, intrinsic motivation, higher self esteem and who is not bothered by surrounding environmental conditions (e.g., rehabilitation schedules), will tend to have a quicker recovery time.

Psychologists help facilitate injury recovery by early detection and treatment of associated mood disturbances and by providing support and guidance for those athletes who may find it difficult to adhere to their rehabilitation program. The surfer may also benefit from counselling for specific issues such as persistent frustration or feelings of helplessness that can complicate and prolong injury recovery.

Specific psychological interventions can also be incorporated into the injured surfer's rehabilitation program. These include establishing and maintaining a strong support network. Family, friends, and the board-riders club are an important source of encouragement and help the injured surfer maintain a happier, positive mood and improvement focus.

Goal setting and review can be used to mark out pre-determined stages of injury recovery and is effective in building confidence, motivation and hope. You can also use imagery to visualise goal achievement and/or specific biological

healing processes. Furthermore, mind surfing imagery can be used to mentally rehearse biomechanically correct movements to minimise re-injury from awkward movements, and is a great way to keep stoked on your surfing until you can head back out into the water.

Finally, exercise is a stress inoculator in it-self and this is one of the reasons we have a generally healthy sense of wellbeing when we surf regularly. So if for example you have injured your shoulder, participate in exercise that uses other areas of the body like walking or cycling. Or if you have injured a knee or ankle go swimming or paddling to help keep the stress levels down, feel good about yourself and maintain your physical fitness for when you do return to the surf.

We all share the primary goal to maximise both the quality and quantity of our surf time. The psychological strategies and interventions described are very effective for injury prevention and to compliment and enhance an injury rehabilitation program, and hence maximise our surf time. Furthermore, along with enabling us to maintain our own physical and mental wellbeing, we can also play a significant role in the healthy injury prevention and recovery of our fellow surfers.

For Specialist Services and Information on Surf Psychology please visit my new Web Site: www.inpsyde.com.au

In Publications/Research you will find several examples of Editorials and Research I have completed while travelling and working on the ASP World Championship Tour. Two recent Research Projects include The Psychology of Peak Performance among Elite Surfers and The Psychology of Big Wave Riding, which involved personal interviews with many Eddie Aikau and "Mavericks Men Who Ride Mountains" Invitees as well as North Shore veterans, Teahupoo, Pipeline and Tow In specialists.

Email: richardb@inpsyde.com.au

**WE PLAYED "SAND IN MY EYES,"
"COME RIDE ON MY SURFBOARD,
BABY," AND "BIG BLONDE BETTY."**



**SURFING MUSIC WAS IN
ALL THAT SPRING, SUMMER,
AND FALL, BUT NOBODY WANTED
US TO PLAY FOR THEM.
EVEN THE P.T.A. DIDN'T
INVITE US BACK.**

**BY DECEMBER WE GAVE
UP THE SURFING BIT. SURFING
MUSIC WAS OUT, AND OUR
FEET WERE FREEZING.**

Malaria Control in the Mentawais

Dave Jenkins

Introduction

We believe that our first sustainable development project should be the control of Malaria in the Mentawais. The following is an informal discussion document, which highlights the reasons for this opinion. We invite and suggest discussions are held as soon as possible in order to plan and gain cooperative assistance from all surf; local and regional organisations currently involved with the welfare of the Mentawai people, especially the indigenous people themselves and their representatives. With this regard we are pleased to announce Surf-Aid International is now registered as a non-profit organisation in Sumatra with our Mentawai partners Kerekat. Kerekat is chaired by Dr Yan Aurelius, a Mentawai anthropologist who along with a Medical Doctor has recently finished a two-month study on the health needs of the Mentawai people.

Why Malaria Control?

1. Relevance; Strong scientific, and anecdotal evidence points to a heavy and increasing mortality and morbidity rate from Malaria in the Mentawais and South East Asia generally.
2. Cost effectiveness; The provision of both cheap raw materials and education on the correct use of impregnated mosquito nets reduces childhood mortality and suffering from Malaria by 30-90% depending on many local variables. (see www.bednet.org).
3. Empowers and Enables; Malaria control programs serve as a model of self-reliance. As communities place their own resources and energies into Malaria control, they know and learn deeply their power to take control of other parts of their lives.
4. Creates positive partnerships; A dedicated malaria control health worker (likely to be a Mentawai nurse) could work positively with government, Catholic and Protestant clinics, Teachers, Village Kepali Desa, Shaman and Eco tourist guides to provide extensive knowledge of and participation in the program. In addition Areas of greatest need can be prioritised.
5. Monitoring and evaluation; A crucial component of any development program is the successful monitoring and evaluation of that program. The availability of laboratories in Padang to diagnose Malaria from finger prick samples in the Mentawais greatly enhances the scientific rigor of this program. It is anticipated that our Malaria control officer will also gain these skills allowing for rapid onsite diagnosis and treatment of symptomatic Mentawai people. Simpler but more

expensive diagnostic kits are also now available.

6. Training Materials available; Both the international and Indonesian health communities have already created training materials for Malaria control. In addition there now exists groups specialising in malaria control and are available on line for advice. (See www.malaria.org)
7. Benefits extend beyond Malaria; Malaria is worsened when dysentery, respiratory illness, malnutrition, general lack of sanitation or, more simply, lack of health education compounds the problem. In solving one problem people learn solutions to others, breaking the chain of



ignorance and disease. Once successfully established, it would be possible to extend the responsibilities of the Nurse into other effective disease prevention programs such as sanitation education.

8. Sustainability; The Mentawai surf industry is forever; in whatever form that may take. Surf-Aid International to date has been pledged financial support by 2/3rds of the current surf operators. Opportunities now exist to foster relationships with remaining operators and once full knowledge and understanding of our program is achieved we anticipate further

financial assistance. In addition our international fundraising activities have and will increasingly produce a sustainable income from which Surf Aid can support and expand the Malaria control program. With a track record of success, funds may also be available from International Foundations, especially for Malaria control e.g. Rotary. The resultant reduction in Malaria risk to visiting surfers, the presence of our medical personal, and the increasing media attention will greatly support the Mentawai surf industry and hence our capability to fund such projects.

Proposed Plan

In conjunction with experts in Malaria control, we are developing an initial program to evaluate the prevalence of Malaria in various villages situated in both coastal and forest localities. In the near future we wish to negotiate with local authorities and villages gaining agreement to take finger prick samples from a limited number of Mentawai people. These samples will be analysed in Padang and create basement (Pre Malaria control) levels of Malaria prevalence. This is a crucial step without which we would struggle to qualify for international grants and we look forward to discussing this with all parties concerned. A formal program is currently being researched and written by Surf-Aid's executive and will be available in the near future.

Following this we propose to gather training materials and the human resources to train and support one, possibly two Malaria control health workers. The timing of this will depend on the levels of financial support from operators and surfers. A grant from Lonely Planet will be available in October 2001 to assist with the program. Once basement levels have been established and until the Nurses are trained, Surf Aid volunteers can continue to provide villages with impregnated nets.

Summary

With a Malaria control program there exists a major opportunity for Surf-Aid International to make a significant cooperative contribution to the well being of the people who warmly provide us with our livelihood and good times. I invite full participation and discussion on this proposal. See: www.surfaidinternational.org

Together we can make a difference-to give back from where we have received.

Tavarua 2001: 15th Annual Conference

Michael Rowbotham, M.D. San Francisco, CA

The economic downturn hits - first signs

Forget what you have read about the first signs of the current recession in the *Wall Street Journal*, *Red Herring*, or even the recently defunct *Industry Standard*. Truly, it was the waffling, hesitation, penny-pinching, and economic realities (like \$4,000+ a person) that led to a slow trickle of commitment to last year's conference. Things got tough, and the tough got moving, with the result that our fearless leader Paula Smith engineered a solution that allowed a few economically foolhardy SMA members to go for two weeks and preserved the SMA's future rights to our precious 2 week slot. For week #1, hard-core Santa Cruz local surfer Gretchen lined up a group that was mostly couples. The result: only a handful of surfers the first week.

Tavarua Island Resort - Surf Camp or Luxury Hotel?

What has happened to this place? The interior and kitchen of the restaurant are the same, but just about everything else has been substantially upgraded. There is a beautiful pool with built in bar, a gigantic hot tub attached to the pool, a deck large enough to have 100 people on it, and every bure has its own bathroom with luxe amenities. Tavarua has preserved a couple of the old bures, one for the dispensary (better stocked than the usual medical clinic or ER) and one for 'historical' purposes. Gone are the days of the water bag showers! Nobody told the ants, who have made the transition without loss of life or habitat.

The surf

On arrival for Week #1, the surf was D.O.A. By the next day, it was even smaller. By Monday night, there were faint signs of an impending swell. The downside to so few surfers became apparent. Only about 2 boats a day were going out to Cloudbreaks because of lack of sufficient surfer-generated energy to counteract entropy among the boatmen.

Tuesday morning was big. There is something ominous about a new swell at sunrise at Cloudbreaks. The water looks dark grey-blue and the swell always seems to have more warble than desired. Gretchen took her father out on the dawn Cloudbreaks boat with his surfboard. Once out at the break, he related he had never surfed overhead lefts before in his life and had had a rotator cuff repair in the prior 6 months. Gretchen, Steve the boatman, former boatman Jon Stansbury, and I paddled out into 3X overhead peaks with Gretchen's fearless psychologist father not far behind. Until he got back onto the boat, I think we spent more energy worrying about him than about whether

or not we were going to get 'shaken-surfer-syndrome' from a wipe-out or getting caught inside. Three months pregnant, Gretchen charged from the first set on; the rest of us caught a few waves and no one was hurt. Tuesday afternoon had the full sideshore cross chop going. Despite the view through the binoculars from the check-out bure, the after-lunch boat went out to Cloudbreaks. Only 2 people were willing to paddle out into this mess. John, AKA 'victim', and Santa Cruz glasser and Maverick's aficionado Vince Broglio. Each caught 2 waves. 'Victim' showed why he got the nickname when he was caught inside and dragged all the way across the reef. Vince's second wave was undoubtedly the biggest wave ridden the entire trip and the best ride I have witnessed at big Cloudbreak's. Easily 3-4X overhead, his wave was smooth and ultra-clean; he was in the tube while dropping in and stayed there in some sort of weird version of fast-motion video as the wave moved down the reef.

Wednesday remained big and perhaps cleaner, but Cloudbreaks won on this day. Victim John caught two waves but also had to be ferried from inside the reef out to the outer lineup twice by the boat-driver. One sneaker set broke my 7'6" gun in half and mangled 2 of the 3 fins on his Vince Broglio's board. Fortunately, the Tavarua boutique now sells surfboards; the only gun they had was a 7'4" Evolution shaped by Wayne Lynch. Tavarua isn't Huntington Beach when it comes to new board choice, so

what constitutes a 'reasonable' price is open to interpretation. The waves continued to pump the rest of week #1 at Cloudbreaks in the 2X overhead range nearly every day and Restaurants smaller but good. Vince continued to destroy his quiver of 4 brand-new boards. Lucky he's a glasser, as he spent most afternoons repairing what he wrecked in the morning. Only one board was still intact by the end of the week.

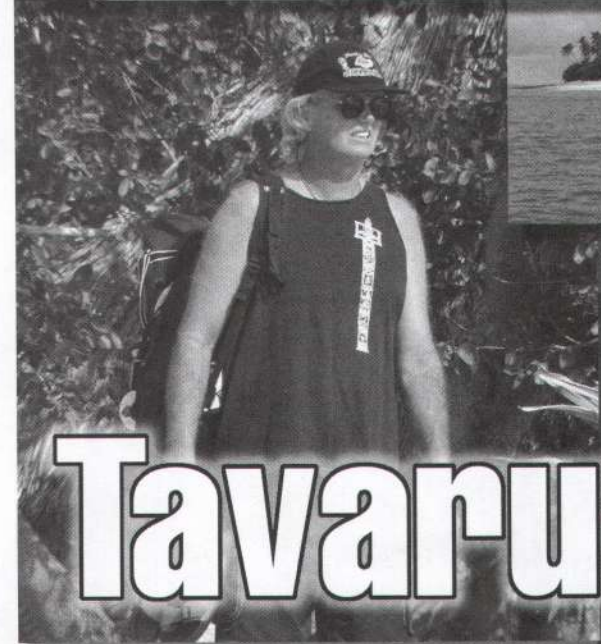
The crew arriving for Week #2 had waves on arrival in the 1-2X overhead category at Cloudbreaks, and it got even better Sunday and Monday. The new arrivals immediately began to shred, especially the med students. This was a dominating and fearless crew, made even more so by the addition of pro Liam McNamara and Jon Roseman. I can't say anything after Monday, having spent the rest of the week in a haze of bedrest, Ultram, Flexeril, and Advil after tweaking my back. An experienced boatman told me that only one temporarily disabling injury in a total of 10 weeks on Tavarua was a good track record. Perhaps, but it was no fun needing a two person assist to walk from the bure to the hot tub.

Yes Mother, There Was A Conference - Redux

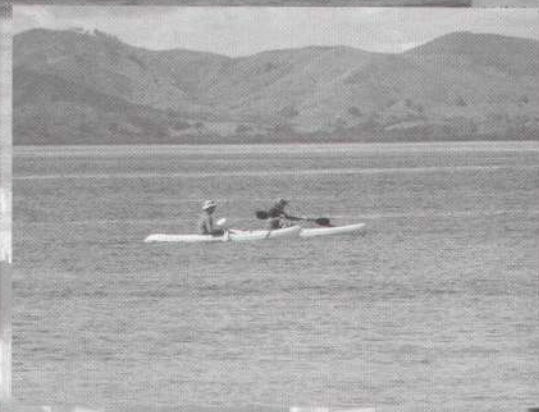
It was a bit strange being on Tavarua the first week with no evening lectures and only a few SMA members. Decadent seems an exaggeration, but it was nice to have lots of family time in the hammock reading books out loud with Karin and my two sons, Jesse and Ian. David Sedaris' 'Me Talk Pretty One Day' is a total howl. We made one village trip to Nabila, finding a full clinic and lots to do in re-stocking the dispensary. Pharmacist (and budding 'big game fisherman') Lori Reisner scored a 'Medical Mission Pack' from Johnson & Johnson before the trip, a real godsend since they come with regionally appropriate meds and all the customs forms filled out in advance. Combined with all the meds purchased by the SMA, and member



Photo: Griffi. Cloudbreak



Tavarua, Fiji 2001





donations, the Nabila and Momi dispensaries were very well set by the end of the conference.

This, the Fifteenth Conference, followed a relaxed approach. Despite the abbreviated schedule, 2001 was an excellent year for conference presentations. We succeeded in having two talks after dinner, with no attendees suffering injuries from falling out of their chairs sound asleep! The reality is that with a hot tub, there is no way to convene the full group before dinner. A pre-dinner 'hot-tub' lecture series next year could reach 100% attendance if there are free drinks.

Highlights were many; here are just a few:

Ron Gallemore, eye surgeon extraordinaire, showed lots of gross pictures of eye trauma, as expected. Fortunately, no one was unlucky enough to need his services. There was a lively discussion about LASIK, and how to protect the eyes from UV radiation while surfing.

SF local and Podiatrist Bruce Lehnert gave a documentary tour of his surgical experiences in Vietnam - a good lesson in the difficulties of organizing equipment intensive medical missions in the third world.

Ethan Wilson reprised his entertaining talk on wound closure in the tropics. Remember the mantra: 'irrigation, irrigation, irrigation.....!'

There were 3 talks on drug-related issues. Lori Reisner and I each spoke on the Big Business of drug development. Joaquim Havens provided an eloquent counterpoint on the World Trade Organization and its effect on access to essential medications.

Marc Kalan showed his enthusiasm for delivering babies, and the entire group reviewed the efforts of Surf-Aid in Indonesia, Dave Griffith's trips to Sumba, and the SMA trip to the Mentawais in summer of 2000.

Village Hopping: Nabila and Momi

As always, the village work provided the human connection that makes the SMA Fiji Conference so special. This year marked the 6th visit to Momi village. Momi shares reef rights to Cloudbreak's with Nabila village. For years, boats from Momi would occasionally ferry surfers out to Cloudbreaks. This has ended as the Tavarua-Momi connection has strengthened and Tavarua sponsors projects in the village similar to Nabila. Visiting Momi is an entirely different experience from Nabila. There is no

village health team or dispensary because the government clinic is at the edge of the village. This year, the pigs are mostly in pens (finally!), and there are fewer open pit latrines. Discussion of the hazards of smoking was downplayed this year, but the clinic was busy and the villagers prepared a beautiful lunch for us. More than 125 patients were seen during the 3 clinic days; one in Momi and two in Nabila.

Medical Students

For years, I thought it would be great to have medical students on the trip. Now I am not so sure. These guys are young, catch a LOT of waves, and, in general, RIP. Don't they get out of shape from studying? We had a record-breaking 3 this year - Dave Griffith from UCSF, Joaquim Havens from Harvard, and Marc Kalan from Chicago Medical School. We had busy clinics, and they had a lot to do. Joaquim, in tandem with pediatrician Mirela Pope, deserve to share the Simon Leslie award for providing the most hands-on medical care.

At UCSF, there is only one summer without classes. Dave Griffith got the most out of his. He writes "I was a school teacher before I was a medical student, and I had the opportunity to travel every summer. In my fifteen years of surf exploration, I have generally come to accept that the downside of being a surf-traveler is that most places you choose to go are going to be populated with other surfers. I love surfing, but I have found that most surfers are pretty boring folk, especially after a week or two in the jungle or on an island. They are selfish and single-minded, rarely taking into consideration the effect of their actions on the rest of the world (or even on the guy in the water next to them). The SMA trips are notable exceptions to this rule. It was a real pleasure getting to spend time at Tavarua, both in and out of the water, with such an interesting, funny, and congenial group. The trips to the village made it clear to me that the SMA's long-standing commitment, despite only annual visits, has had a significant impact on the health and self-esteem of the locals. I was able, as a med student, to engage enough with both the villagers and the physicians to feel that I was both helping and learning. I performed my first pediatric procedures (wound scrubbing) amid screams and howls of protest, but with an inner peace. I helped with eye exams, and I got to observe clinical presentations I would rarely see in the US. In contrast to other medical mission style trips I have been on, I felt that there were both clearly defined, achievable goals to our visit and a promise of continuity. It was great to see the trust and camaraderie between the locals and

SMA old-timers (like Ethan). The trip there was quite easy and perhaps the only place I know of where you can leave LA at midnight and be in the water, in boardshorts, at a world class break by 11AM. If I can manage to weasel out of rotations next year I will be on Tavarua again."

Dave went on from Tavarua to make a return trip to the Indonesian island of Sumba, where he has been working loosely with the owner of a resort to develop a health program for the surrounding villages. He writes "Compared to Sumba, Fiji looks like Manhattan and the Nabila clinic looks like the Mayo. Claude Graves, the owner of the resort, is an American who has lived in Indo, off and on, for about 30 years and is committed to using his resort to improve the lives of the local communities. As a result, he has struggled to make it "out of the red," but he is still working to actualize his dream. I was able to take some of what I saw at Fiji and apply it in my discussions with Claude, and I think that he is increasingly interested in the possibility of future SMA involvement in Sumba. We were able to make a possible first step this summer, in the design, funding and (hopefully) imminent construction of a clinic down the road from the resort. More to come on Sumba soon."

TEENAGERS!!!!!!

Week #1 had 4 teenagers: Jesse and Ian Rowbotham (ages 12 and 13), Kristina Holthus (12), and Rory Stansbury (15). All got along well. Rory will soon be a very good surfer, like his dad, and helped teach the others at Kiddieland. Once he left, Liam McNamara was on hand as 'visiting pro-surfer/boatman' for a few days and was terrific at providing more lessons.

Parting Shots

Tavarua continues to undergo significant changes. A tennis court in the center of the island is still a good possibility for the future. A workout room and day care room are planned. Clearly, Tavarua is maturing into a more family-friendly place. John, Cynthia, and Rick indicate this is prompted by the number of surfers who have visited for many years but feel they can't bring their families to such a hard-core surf camp. Soon, the kids who are veterans of many trips will have grown from grommethood into shredding big Cloudbreaks. Let's just hope they leave a few waves unriden. Every year, trip mechanics become smoother and smoother. Hats off to Paula, who with a lot of exhortation from her daughter Maya, provided a totally seamless experience.

Eye to Eye In Tavarua

Ron Gallemore, M.D., Ph.D. and Jeff Lewis, O.D.

Some advice for first time SMA travelers to Tavarua - be prepared for anything. As eye docs, we wanted to help out where we could. We had heard that the natives needed sunglasses and reading glasses so we brought a few dozen along. We were surprised to find ourselves, however, performing eye exams with the limited equipment we had on over a hundred patients during our 2 half day trips to Nabila and Momi.

We screened patients with a variety of vision charts, including near and distance cards with both letters and numbers. We used the wall-mounted clocks in the community rooms for the final check of distance vision. The numbers of patients surprised us. In Momi alone we examined 50 patients spilling out of a 10 x 10 room where we sat eye to eye and side by side. We slid from patient to patient along the floor. They were enthusiastic and cheerful and beamed their appreciation. As the humidity soaked our shirts and beads of sweat dripped from our foreheads, we felt the spirit of the SMA and felt good about our tax deductions.

We hoped to help patients with unusual refractions that can be genetically transmitted in isolated communities. We were relieved to find, however, that most villagers were simply presbyopic - even Fijians are not immune to this aging phenomenon. They were cured with our simple dime store reading glasses. The few exceptions were easy to accommodate with our prescription eyeglasses donated by the Lyons Club. These outliers failed our distance screening and we refracted them with retinoscopy. We diagnosed 5 myopes (near-sighted) and 2 hyperopes (far-sighted). The villagers show limited symptoms of developmental myopia or the unusual astigmatism we were prepared to treat.

We learned that Kava was the Fijian gift of gratitude. We found ourselves facing large bowls of Kava filled to the rim after fitting the councilmen with glasses. We wished we had some pinch-hitter Kava drinkers...

Many patients complained of "itchy, burny" eyes, common symptoms of dry eyes and viral and allergic conjunctivitis. Mild cases of



Kava Ron



Jeff Lewis seeing eye to eye.

conjunctivitis are self-limiting. Patients with viral conjunctivitis often presented with upper respiratory infections. We recommended strategies to minimize spread. Patients with dry eyes often had pinguecula and pterygia and we prescribed sunglasses and tears. Unfortunately, we did not have the sample tears we're so used to giving out in our practices.

Most of the natives appeared to be healthy with only 3 patients with "blind eyes." We examined them with battery powered ophthalmoscopes. We found one patient with "neovascular" glaucoma from a probable vein occlusion (stroke in the eye), and diagnosed hypertension as the underlying cause. Another had a traumatic lens dislocation and we referred him for a corrective contact lens. The final patient had a long history of dense white cataracts and had been seen by SMA docs before. This patient was going to be our great save. We arranged for cataract surgery with Dr. Lance Hendrick's eye team from Scripts Clinic in San Diego. When the time came, however, she did not show for surgery. We're still not sure what happened but we learned that cultural custom may be a roadblock for patients getting the care we think they need.

Of note, we saw and treated one "add-on" emergency on Tavarua - a police officer with traumatic iritis and a corneal abrasion. Special thanks to Jon and Cynthia Rose for coordinating the care and extending their hospitality.

Overall, we feel the most useful provisions for eye care teams are sunglasses, reading glasses, and artificial tears. We dispensed nearly 100 pairs of glasses. We fit only a handful of patients with "prescription glasses" and left a collection of these on Tavarua in the first aid room for future use. On our next trip we will expand our database of patients with vision problems to facilitate future follow-up and care. We hope to bring a "tono-pen" to measure intraocular pressures and determine the incidence/prevalence of glaucoma. We will arrive with samples of artificial tears donated by some generous drug companies, and contribution to the "globalization" of dry eye products. Finally, we plan to visit a diabetic eye clinic to screen blind patients with more complex but treatable conditions such as vitreous hemorrhage and retinal detachment. Ultimately, we hope to perform the first vitreoretinal surgeries in Fiji for such patients. Of course, we'll have to stay at least 2 weeks to begin work on all these projects

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 October 1.
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 USA



Poor photo but you get the idea of how good the surf is! Wombat locked in at Nihiwatu.

Nihiwatu: Prospects for a Conference, Great Place to Visit

Gary Groth-Marnat

Nihiwatu simply has to be one of the nicest places anywhere in the world.

Six cottages are perched on a hill overlooking a long bay. Stepping outside the area where the cottages are is like walking back in time hundreds of years to the very beginnings of humanity. The food is absolutely fantastic (Gavin the chef was trained at reputedly the best Thai restaurant in Sydney). The fishing is great, the riding is fun (the first one is free), and additional activities include a hike to a waterfall, visits to villages, cave exploration, and excursions to the nearby town. The warm ocean water is matched only by the warmth of the staff. It is extremely user friendly for non-surfing partners.

Surf?

A very consistent, fast, hollow, down-the-line, left handed beast that really gets the heart thumping (sort of like getting sling-shot out the end of a canon). I have been there four times in the past 18 months and, overall, about a third of the days were world class (double to triple overhead and only a small notch in quality below Cloudbreak or G-Land), a third of the days were excellent, and a third were simply waves to go out, get wet, and keep cool on. As is true for most of Indonesia, the best time is April to November. Despite the excellent surf, it isn't

being promoted as a surf destination but more as an eco resort.

Nihiwatu is located on the southwest section of Sumba which is located 600 kilometers southeast of Bali. But in reality, its in the middle of nowhere and this is one of the finest parts about it. Despite this, its logistically easy to get too. Flights leave three times a week from Denpasar, Bali and it's a 1.5 hour bemo ride from the airport. The cost for nightly accommodation in Nihiwatu over the past few years has been relatively low but is anticipated to go up (significantly) soon.

During my visits there I have certainly wondered about its viability as a site for a conference. The facilities for presentations are excellent. There is also ample opportunities for village health care work and research. One difficulty, however, is that, unlike Fiji, few or none of the villagers speak English. A further limiting factor is that the surf break can only comfortably handle four or five surfers. During neap tides this isn't much of a problem since its possible to surf most of the day (especially in May and September when the winds are minimal but the swell still fairly strong). However, the surf is quite tidally dependent most of the time such that the best times to surf (often only times) are the two to three hours on either side of the high tide. So my recommendations on a conference would be to try and keep the

numbers small and include as many non-surfers as possible (I promise, nonsurfers would have a fantastic time too).

If there are any potential organizers, please contact me and I can provide suggestions and information. An additional option is that during the season the owners/managers would like to have a physician to attend to potential difficulties that arise in guests or staff. Accordingly, arrangements can be made for free or heavily discounted accommodation.

Most questions about Nihiwatu can be answered through their website (nihiwatu.com) which could then be followed up by emailing the owners, Claude and Petra Graves (HYPERLINK <mailto:nihiwatu@indosat.net.id>) nihiwatu@indosat.net.id). For a bit of maximum surf stoke, check the Nihiwatu section (not identified but you can work it out) on the surf videos Occumentary and The Green Iguana.

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SMA Todos Winter Conference - 2000

by Joe Hall

Flashback - 1988

I began surfing Todos Santos in the winter of 1987. I immediately fell in love with the raw power and beauty (both in the water and on the island) Todos offered. During the 1987 - 1989 period I was extremely fortunate to work with the folks at Island Tours and did pretty much anything I could to obtain passage and a stay on the Island. We cleaned the place up, built bunks in the old lighthouse, and generally had one helluva time surfing the various breaks, almost always with just the group we brought with us (i.e. 4-8 surfers average). Ultimately Skip and Mike allowed that I could act as a guide, and again, I was fortunate to run a number of charters from San Diego to Todos.

Also during this time I was working as a computer technician at UCSD Medical Center. I remember being contacted (1989?) by Mark Bracker. He expressed an interest in taking "a group of surfing doctors" out to surf Todos' winter waves, and to hold a "medical conference". I remember sitting in Mark's La Jolla office, framed pictures of himself pitted on some of the world's most distant, exotic, and HUGE waves framed the walls, and thinking to myself - "this guy's got something going on!"

After some weeks of discussions regarding the date, we locked our trip in and I eagerly awaited meeting the "surfing doctors". To understand my mindset you have to understand that my days were spent in support of the various clinical and administrative systems at the U, and I had plenty of exposure to "regular Docs". I lived on the beach, surfed every day, and couldn't fathom how these guys (Mark said there would be surfers in their 30's and 40's) could possibly be in shape, and possess the skills necessary to surf Todos' giant waves. Nevertheless, I was surprised and stoked to meet the crew assembled at Mark's house on the eve of our departure. All appeared to be trim and fit, and when previewing a video I supplied (solid 10-12' Killer's), they howled with anticipation!

That first trip went off without a hitch. The guys charged and scored huge Killer's, as well as Urchin's (great left), Chicken's (another right), and Rarely's (break on the South Island). Everywhere broke that weekend, and it was one of the best trips I've experienced. I immediately joined the SMA, and after watching Mark, Rym Partridge, and Norm Vinn surf, I decided I wanted to be like those guys when I grew up! They were 10 years older than myself, but surfed like they were 10 years younger! Insane drops, double overhead barrels, late takeoffs, hideous wipeouts (especially Norm), and they kept coming back for more.

Flash forward - December 2000

When Paula sent the conference notice for Todos, I had just moved back to San Diego

(from the Bay), and was probably the first to send my deposit. I was so excited to hook up with the crew again. I was stoked when I discovered that not only were Mark and Ryan going, but Rym, Norm, and Ethan Wilson, whom I'd met at SMA Tavarua a couple of years ago, would also be in attendance.

I had convinced my friend Jason Brown to join us, and had been telling him for years of the infamous Todos Crew exploits. (Did I mention Jack Daniels night and the surfboard sacrifices...? - oops that's another SMA Todos trip)...Jason and I arrived at the hotel in Ensenada just as the group finished dinner, time being around 10:00 PM. Stoked to see the gang, we were received warmly. Mark articulated the agenda, early wakeup call and out to the waiting boat, for a prompt 7:00 AM departure, followed by a weekend of surf, sun, and SMA Style FUN!

We were all ready and waiting on the docks at precisely 7:00 AM. By the amount of gear present you would have thought we were heading off with Renneker to the South Pole! There were 15 surfers, and two (female) body boarders from Japan, who had come to surf Todos with the SMA, at least 30 surfboards, camping equipment, cameras, food, you name it.

First look over the ridge revealed Killer's doing its thang...solid 2x plus overhead, several boats at anchor, and only 6 or 7 guys tearing it up. Imagine seeing this, and knowing that you've got at least another hour or two before you can hit it. You see, some things at Todos don't change (and this is a good thing mind you)...we must first paddle a board (thanks Mark!) to the island, pump up the inflatable dinghy, then paddle the dinghy back to the main vessel (100 yards or so), and offload from there. The dinghy is small (4 man) so you do the math on the number of round trips required to offload 17 people, 3 dozen board, camping gear, and provisions for 3 days. Add to which the lighthouse is almost a mile hike uphill...and the only mode of transport is mule - be it human or animal! It all adds up to make Todos Santos a unique and rewarding experience. By the time you paddle into your first wave, you've earned it.

Everyone hit the surf around noon, and to no surprise, Mark, Rym, Ethan, and Ryan were getting their share of Todos' juice. Behind the peak late takeoffs, some incredible barrels, and not to disappoint, Norm and Ethan provided some nice wipeout footage! The rest of the crew eased into the session, with the exception of our two lady bodyboarders...unbelievable in a word...many times Rym or Mark would be in the slot, ready to drop, only to hear a faint "hey

hey hey"...from BEHIND the boil...and invariably one of our lady friends would come bouncing and ripping around the peak! Steep and deep was the call on this session, which lasted right up until dark.

Day two dawned with Killer's still going off, this time a bit more manageable, perhaps 8-10 feet on the face, but with all the power and force of island waves. After watching Skip Staats (Todos Tours proprietor) enter the surf from the natural jetty, Jason and I decided to give it a go. Note that this is NOT the way to enter the surf if there's size, or consistency. Skip, mind you, has this move down pat, and entered without incident. Jason and I on the other hand did not.

We jumped off the jetty after getting the "all clear" from the lineup, only to have a set pop up right in front of us. I punched the first wave, and made it clean through the back, started paddling again, and whoosh...sucked right back into the vortex, unfortunately right on top of Jason! We were pushed about 10 feet under, pretty much wrapped up, and surfaced in time to get on our boards and avoid further punishment.

Our third and final day saw Killer's very tame (and rippable) at head high. The lefts at Urchin's actually worked for an hour or so, and not one went unriden. The group elected to load the boat early, and surf until the last possible minute, which was around 2:00 PM. This was great, because all we had to do when finished, was paddle over to the boat for our exit!

We returned to Ensenada, unloaded, said our goodbyes and headed north. What a trip, can't wait until next year!

Kudos to the SMA

The SMA CHANGES LIVES...no really! If I can say this without sounding too pretentious, it's true. Through my friends at the SMA I have learned valuable life lessons about giving, hard work, respect and responsibility to the ocean and humanity. My (SMA) experiences over the past dozen years will last a lifetime, and I feel blessed knowing that there's yet a lifetime of experiences waiting. The friendships and destinations have been unique, and the examples of (our elders) like Renneker, Bracker, Vinn, to name but a few of many, are truly exemplary and worthy of imitation.

Thank you guys so much for the happiness and understanding you bring!

Long May They Surf SMA Obituaries



BRIAN LOWDON
5/12/1940 - 3/10/2000

Brian Lowdon died just two days before his 60th birthday. He was a scholar, academic, author, lecturer, teacher, researcher, fitness fanatic, surfing intellectual, traveller, husband, father and friend.

Born in Glenhuntingly, Brian graduated from Melbourne Teacher's College and Melbourne University and then finished his academic studies in San Diego with a Master of Arts - Physical Education degree in 1972. His career at Deaken University spanned 21 years and he retired as lecturer in the Faculty of Health and Biological Sciences, School of Human Movement. During this time he authored or co-authored well over 100 books, manuscripts, and articles. He was editor of *Wellness*, published by Deaken University and the recipient of numerous awards, including The Australian Sports Medal from the federal government in recognition of his involvement with surfing (2000).

Brian's passion for water, waves and surfing took him around the world - he visited 97 countries. He wrote what some refer to as a 'surfer's bible', *Competitive Surfing: A Dedicated Approach*. Brian noted that "The book's premise is that all surfers are competitive. The must constantly compete against the ocean, other surfers and even themselves." He assisted some of Victoria's most outstanding surfers to achieve levels of fitness never previously attained.

He achieved fame as developer of the Australian swimsuit, the "Aussie Cossie," submitted to the Australian swimming team for competition at the Seoul Olympics in 1988.

In 1994 Brian was diagnosed with Multiple System Atrophy and retired from Deaken University in 1997. In his last years he was confined to a wheelchair, suffered respiratory failure, and had difficulty speaking. However, his intellect remained as keen as ever, as did his sense of humor. He rose to every challenge, never did things by halves and set an example of an indomitable human spirit.

- This was from the local papers where Brian lived. From his wife Sarie comes this message:

"I would like to express our thanks to the members of the SMA who kept in touch and offered practical support during the various stages of Brian's deteriorating condition. Brian was very proud to be a member of the SMA; the achievements in the improved health of the people of Nabila and the professional interaction were a source of much satisfaction. He greatly enjoyed the friendships made over the years with other members."



**In memory of
Greg Raymond**

Greg Raymond, a founding member of the SMA and attendee at the first Tavarua conference, passed away on September 9, 2001 at the age of 50. He succumbed to a type of brain tumor that spares few. In his characteristically determined way he faced the problem head-on and dictated the rules of engagement as best he could. Following surgery and radiation, he resumed at full speed his highly technical work on environmental safety and his dedication to endurance training. With his oncologist, Greg applied meditative techniques of focused concentration to keep the tumor at bay. It worked, and for nearly 8 months he lived as he had before. I could notice some differences. Greg must have been more cautious mountain biking because I could almost keep up with him on the downhill. Surfing was a problem because our frigid Pacific water produced head pain at the site of his surgery. This head pain was a new variant on the 'ice cream headache' so familiar to migraine sufferers and northern California surfers. Greg, a stubborn guy like most Ocean Beach surfers, believed that force of will combined with intensive physical and mental preparation could make things happen. In his life, surfing big winter waves, mountain bike racing down Mount Shasta in the mud at age 45, and endurance triathlons were all variants on the same theme.

By June, a change was apparent. Greg seemed somehow frail, uncertain of himself, less aware. Radiation-induced changes in brain function mercifully blunted the full awfulness of the return of his disease. Knowing the odds in his particular situation, he rejected heroic attempts to prolong his life. He grew weaker, but at peace with himself and appreciative of friends and family. He was greatly aided, supported, and loved by Kristin. She was by his side from the day of his diagnosis in August of 2000 to the very end. She helped him navigate the bureaucratic nightmare that is called 'managed care' in our country, and the tangled process of making arrangements that would allow him to remain at home. Procrastination about getting all the details together for one's personal and financial well-being seems nearly universal, and illness and disability often arrive before the realization that time is running out.

Greg's son Jared was a model I hope my own sons will follow if and when I find myself in analogous circumstances. In his modest and low key way, Jared was steady, caring, and very personal. He connected Greg to his past and guided him toward his future. Greg's brother Mark, and his wife Jennifer, were regular and loving presences at Greg's side in his last months. Hospice workers proved once again that it is possible to remain at home and preserve one's dignity without the invasion and dehumanization that so frequently accompanies prolonged in-hospital care.

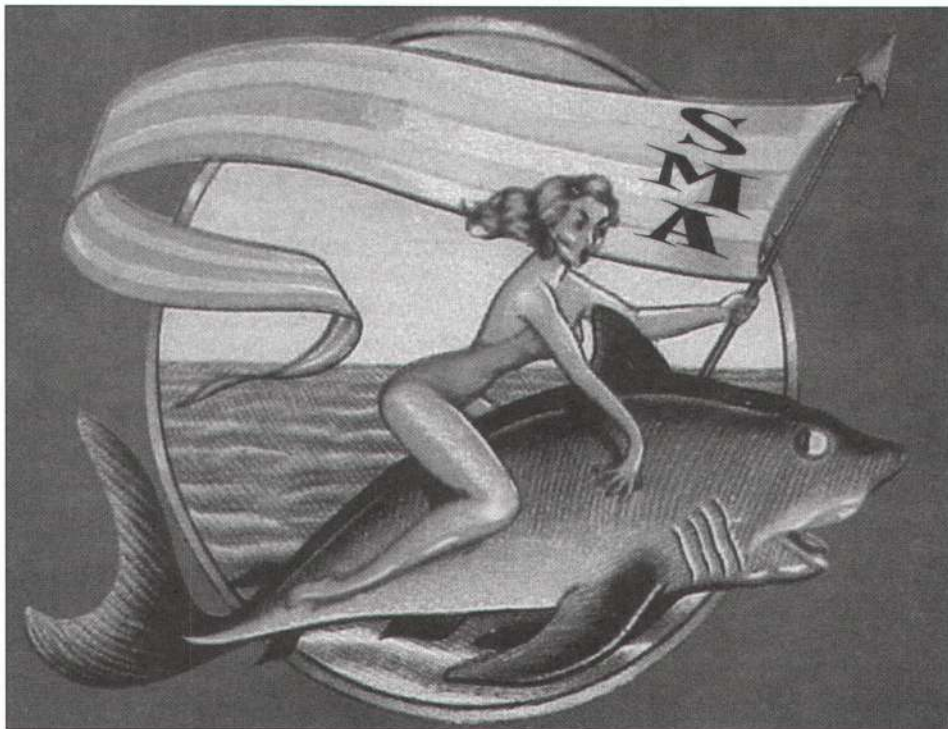
I have many memories of Greg. He was one of the colorful surfers I encountered when I first moved here to attend medical school in 1975. They all had a checkered past in some way or another. I'll leave it to others to describe Greg's

own tales of infamy, but when I first met him he was friendly and low-key. His dog, a Great Dane, was taller than his surfboard and his then wife, Lee, also surfed. Animals were a real passion, especially pelicans. I believe the day Greg's Great Dane died was probably an all-time low for him. Later on, Jake, a Rhodesian Ridgeback, came on the scene, reliably terrorizing my two young sons with his size and rambunctiousness, even though they were all about the same age. Last summer, Jake, by then elderly and no longer a threat, passed away the same week that Greg first learned of his illness. I think that produced the greater sadness in Greg. Greg is survived by his other Rhodesian Ridgeback, Alice, blind from cataracts and an insulin-requiring diabetic to boot, remained by his bed throughout.

Greg was a steady and caring friend to me. We traveled to many places, and he introduced me to windsurfing and mountain biking, two sports that influenced my life. Ever the high-tech gear head guy, I thank Greg for providing me the opportunity to purchase a seemingly endless supply of his top-quality, though usually seriously abused, second-hand sports equipment over the years. I even bought a car from Greg, a Ford Aerostar van for \$2,000 that served me extremely well for two years. Greg was always willing to hear me moan and groan about my own problems. If he thought me a whiny jerk for it, he never let on.

Last Sunday, the evening Greg passed away, was particularly remarkable, and I'll close with these recollections. Late that afternoon, my wife Karin and I arrived back from 3 days in New York City. Manhattan was at its late summer finest, completely unaware of the cruel tragedy that was to strike on Tuesday. We went surfing, Karin in the shorebreak on her boogie board, and me enjoying a fun south swell on the outside. We enjoyed those rays of late afternoon sun that escaped a gathering cloud bank. No one else was out at first, but someone eventually paddled out at Rivera Street and steadily drifted my way. As he came closer, there were more and more pelicans around. Their circling and dive-bombing came so close that at one point I had simultaneous hits 3-4 feet away on both sides of my surfboard. When pelicans dive, they suddenly drop like rocks, wings cocked so they corkscrew slightly on the way down and hit the water with a uniquely piercing thud from their heavy bodies and long necks. Did you know that in large groups, the pelican chatter sounds like cats? As they caught more fish, other birds moved in for scraps. A moment later I caught a wave and the solo surfer out with me uttered a loud hoot. I knew my ride wasn't noteworthy, and he remarked that as I stood up a 400 pound sea lion took off with me on the wave. On the next wave I caught, I had to run the gauntlet between two large pelicans sitting oblivious to the onrushing wave with me on it. Gradually, the sea-life scattered, and my surfing companion of the moment continued his northward drift towards Noriega Street. The sky was now fully gray, and Karin had already walked home across Great Highway. A short while after showering off, Jared called to tell us of Greg's passing. I'll always think of Greg whenever I see pelicans, and I think the extraordinarily large crowd gathered to feed at Ocean Beach on Sunday were really there to pluck him up and carry him off to his next destination.

- Mike Rowbotham



YOU THINK YOU'VE GONE THROUGH SOME CHANGES LATELY?

(Or, Going to Extremes to Avoid those Exorbitant SMA dues)

Gail Piche

I haven't renewed my SMA membership in a long time; I do have a pretty good reason for being really low on funds, low enough that I couldn't justify my SMA dues.

This is it: I've spent the last two years transitioning from being a middle-aged hippie longboarder, to being a middle-aged hippie-chick longboarder. I used to be George.

It's been quite an amazing trip, especially since my employer, one of those exclusive little white-clapboard New England prep schools, decided to come along for the ride; they now have the distinction of having the only lesbian transsexual school nurse in the known universe. My regular surfing buddy of five years bailed, though, saying that he couldn't afford to be seen with me, that nobody would give him waves.

I took almost a year and a half away from the water; there were the social issues, and I just needed that time. My return was in March, just after a nor'easter, wading through knee-deep snow to get to double-overhead storm surf. Not bad for a girl. The final big step is in two weeks,

so I'll miss a lot of the summer mush. There haven't been any problems in the water, and everyone seems glad I'm back, but then, I haven't seen my ol' buddy yet.

So. If you can see fit to keep me on the rolls as a charity case or a curiosity (a long-term study of the effects of exogenous hormones on paddling strength and center-of-gravity?), I'd like that, but if you can't, that's okay too. I'll try to pay dues next year.

If you're ever in New Hampshire, look for the green Subaru with the SRFRLG plates and the rainbow stickers!

See you in the water,
Gail
PS- It's all true!

(The answer was yes - we comp'ed this one. The editors commend Gail on her courage; and we humbly dedicate this brief message to legendary and mysterious SMA Kahuna Ron Bockhold, who is concerned that this journal has become boring.)

SMA 'TOP 50'

Conference Destinations

Compiled during Todos Santos trip of December '01

ATLANTIC-EUROPE

- Azores
- England
- Ireland
- Norway
- France
- Portugal

ATLANTIC-AFRICA

- Senegal
- Morocco
- South Africa

SOUTH AMERICA

- Chile
- Brazil
- Galapagos
- Peru

CENTRAL AMERICA

- Panama (Morro Negro)
- El Salvador
- Mexico-Mainland
- Mexico-Costa Azul
- Mexico-Rio Nexpa
- Mexico-Cabo San Lucas
- Mexico-Puerto Escondido
- Mexico-Pescadero (S.Baja)
- Costa Rica

CARIBBEAN

- Tobago
- Puerto Rico
- Cuba
- Barbados

EAST ASIA

- Japan
- Vietnam

SOUTH PACIFIC

- New Zealand
- Phillipines
- Samoa (Western)
- Easter Island
- Christmas Island
- Fiji-Nagigia (Fijisurf.com)

WEST COAST USA

- California - Shelter Cove
- California - Jalama

INDIAN OCEAN

- Maldives
- Sri Lanka
- Mauritius/Reunion Island
- Seychelles
- Australia (Western)
- Indonesia Bali
- Indonesia - Lombok
- Madagascar
- Indonesia - Grajagan

LETTERS & EFFLUVIA

(Note: Given the infrequent and irregular publication of this "hard copy" journal, some of the information printed herein is quite "stale". We suggest that SMA members interested in newer news check the SMA website (www.damoon.net/sma) for more up-to-date announcements, chat, mail lists, and so on....)

Dear SMA Friends:

On last Sunday, we had a surfer's death caused by an electric discharge during a storm, in a Brazilian beach (Itamambuca beach). They were 5:00 hrs of the afternoon, when it was formed this storm and several surfers had fun in 4-5 wave feet, most came out of the it longs for, however, a 18 year-old boy insisted on staying surfing and it was reached by an electric discharge. He gave entrance in the hospital with pulse and breathing, but he had a stopped soon soon after. Seeking in the literature exists several cases of this cause death, but little told to surfers. Do you possess some reference on this accident type?

Rgds.
Marcelo Baboghluian, MD

Dear All:

Another surfer death caused by electric discharge during storm. This time he was not surfing, but playing soccer in the beach. One month after the the case that I told for you, other case happened: a 28 year-old surfer played soccer in the beach, the sea was flat, when the storm was formed, however, they didn't stop playing and the surfer was reached dying in the same moment, in spite of CPR attempts. This year has been marked by this accident type, the absence of the phenomenon El Niño to sleep it has been providing the encounter of masses of heat with the humidity of the sea generating the phenomenon. In spite of morbid, I believe that that occurrence type interests all.

Rgds.
Marcelo Baboghluian, M.D.
From Sao Paulo - Brazil

HOT CHILE

Editor:

I recommend that anyone interested in surfing at Pichilemu, Chile contact Mark and Gabby Elder at: cabanaselder@hotmail.com. Great accommodations and close to 3 world class lefts!

Bill Maher, DDS

In Praise of Mr Gath

I have been wearing a Gath helmet while surfing over coral for the last 10 years. In that time I had previously had only minor head contact with board or the reef on a few occasions even though I have left lots of skin from feet, knees, back and arms on the reef. In September last year my son and I made a trip to G-land in Java. As usual the place turned on excellent and powerful surf. On one solid wave which started to close out I casually straightened out. I must have been too casual because the lip caught me and blasted me into the air. I landed once, was picked up again and on landing this time was speared head-first into the reef which was just below the surface. Even with the Gath on I was stunned for a few moments.

Without the Gath helmet the best outcome would have been a major laceration to the scalp and the worst outcome unconsciousness and drowning. As it was I suffered significant soft tissue injury to the neck and required lots of analgesics to be able to keep surfing for the rest of the trip. It also took three months to get better after getting home but at least I did get home.

Helmets might feel restrictive at first but if you are surfing a long way from competent medical care that helmet might be a good investment.

Bruce Campbell FRCPA FAACB
Sullivan Nicolaidis Pathology
Email B_Campbell@snp.com.au

G-LAND TESTIMONIAL

Everyone:

Last June and July I was the volunteer "surf doc" at G-Land. I set it up after reading an email from Marschelle Sunjoto, the director of the Jungle Camp, that was reprinted in Surfing Medicine -thanks for that!

I had a great experience and would recommend it to anyone willing to take two months off to do it. Marschelle has recently emailed me to see if I could return this season. I can't go this year but I told him I would notify my surfing colleagues of the opportunity. The season runs from May through October. He needs docs who are comfortable treating trauma (face versus coral variety).

If anyone is interested they can email Marschelle at g-land@rad.net.id and get more details. The

place is beautiful, the waves are awesome, the wind is always offshore (seriously) and the work rewarding! If anyone wants to talk with me about my experience they can email me or call me at 503-236-9680.

Regards,
Nick Leonard, MD
leonardnick@hotmail.com

SURFING FOR LIFE HEALTHY AGING FORUMS

Author: "Roy Earnest"
<rearnestfsa@juno.com>

Dear Friends and Colleagues,

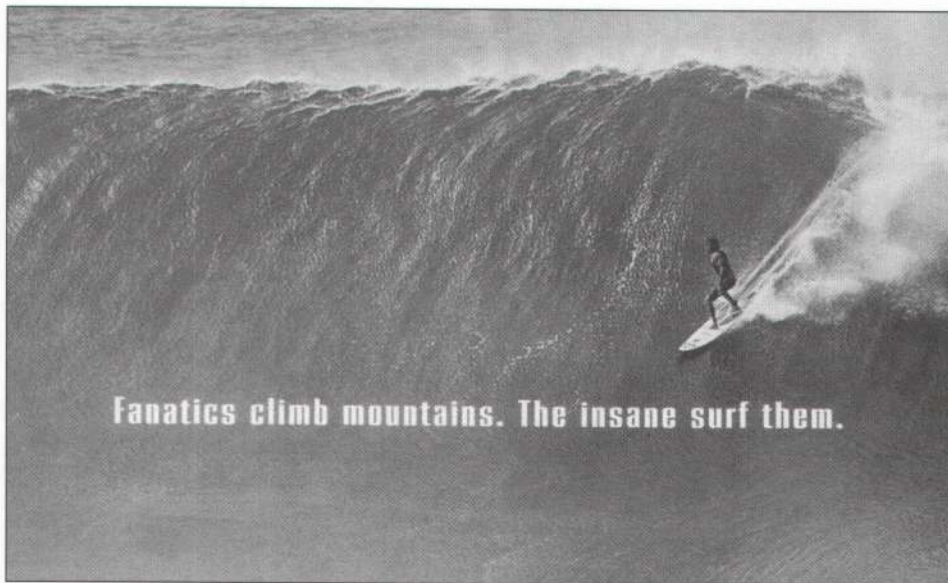
Please forward this information to any organization in California that you think might be interested. Thanks,

Roy Earnest
Co-Producer
SURFING FOR LIFE

NEWS RELEASE:

SURFING FOR LIFE (SFL) co-producers David L. Brown and Roy Earnest have received a \$25,000 grant from The California Endowment to network with a variety of groups and organizations to set up FREE SURFING FOR LIFE HEALTHY AGING FORUMS (SFL HAFs) throughout California. The forums will generally run two hours in length with the film being shown during the first hour and discussion about healthy aging during the second hour. The film has already been widely used in the context of a Healthy Aging Forum at gerontology conferences and with senior groups during the past three years. It stimulates a lively discussion about health in later life from a holistic perspective of mind, body and spirit.

For those who haven't yet seen the movie, SFL has won 11 awards over the past year at various film festivals throughout the country. It portrays 9 surfers who range in age from 60 to 93 searching for the perfect wave and a healthy life. One of the senior surfers featured is 88 year old RSVP volunteer Woody Brown, who volunteers 3 days per week at an Adult Day Health Care Center in his home town of Kahului, Maui. The surfers are portrayed as models of healthy aging; thus the film is very accessible to non-surfing audiences of any age. The entertaining stories told in the film about



Fanatics climb mountains. The insane surf them.

the elder surfers correspond to many of the key areas of healthy aging: diet, exercise, community involvement/service, reminiscence, intergenerational connection, mentoring, stress reduction, having fun, family relationships, long term friendships, leading a spiritual life, joy and passion - to name a few. For more information about the film, check out the website at www.surfingforlife.com.

If you are interested in finding out more about these forums or have a suggestion for an organization that would be interested in holding a SFL-HAF, please contact Vivian Silva at 408-279-5833 or vivsilva@aol.com if the organization you have in mind is in a community from Fresno North (i.e. Central/Northern California) or contact Tessa Janian at 714-456-5735 or tjanian@uci.edu if your project is South of Fresno (i.e. Central/Southern California). Again, these forums are FREE and you will be sent a FREE copy of the film to check out along with a discussion guide that will enable you to lead the discussion yourself. If you would rather have a speaker to come and lead a discussion about healthy aging following the film, Vivian or Tessa will work with you in finding a speaker in your area.

SF HEALTHY AGING FORUMS can be for any age group. Forums can also be arranged as part of a staff retreat or an inservice for your sponsoring organization. If you have some creative ideas on where a SFL-HAF could be held, please let Tessa and Vivian know and they will follow it up. We are particularly interested in hearing about organizations in Southern and Central California that would want to set up a SFL-HAF but we welcome all inquiries.

POSITIONS AVAILABLE... VOLUNTEER DOCTORS WITH A VIEW: SURF-AID INTERNATIONAL

Small, isolated and stunningly beautiful, the Mentawai islands situated 140 kms off Sumatra are home to a friendly culture thousands of years old. This shamanistic culture is increasingly drawing media attention such as the recent BBC series called "The Last of the Medicine Men". Unfortunately as the BBC reported the people are suffering from a range of untreated tropical diseases causing "50% of children born to die before the age of five"

Meanwhile, metres away from where these people are suffering, the Mentawais offers some of the best surf breaks in the world.

Surf-Aid International (SAI) is a new adventure tourist charity, which has been set up to do all that it can to help these friendly people. The general philosophy of Surf-Aid International is to empower local people to take care of themselves through education and disease prevention.

SAIs developmental projects include

1. Malaria control
2. Childhood monitoring/Immunisation
3. Small Grants scheme
4. Volunteer Doctors program
5. Health education in schools
6. Scholarships for Mentawai students to become Doctors

Responsibilities

The volunteer doctors will manage and implement projects 1-3 as well as running primary health clinics. The successful

applicants will need to demonstrate a compassionate commitment to "Making it happen" requiring an innovative, and yet highly professional approach.

Responsibilities extend to training Mentawai nurses and SAI field staff in relevant medical protocols and skills.

Similar developmental experience and management skills would be an advantage but not essential. SAI's Chairman Dr Dave Jenkins will assist you.

Accommodation will be provided at Ebay (14 surf breaks within 40 minutes by boat, 6 within walking distance) in a traditional style comfortable losman. Satellite phone will be available A 12 ft transport boat is also available along with boatman/translator

Travel costs, free future boat trips and allowances will apply to those who commit to a 6-12 month placement

At current rate of progress, Surf-Aid International will appoint a Medical Director in approximately 6-12 months time. A good track record as a Volunteer Doctor would give candidates an increased chance of securing this position, which will include a salary, holiday and study leave.

The area is abundant in recreational opportunities with surfing, diving, rainforest adventures, and sea kayaking.

For further information check www.surfaidinternational.org and go to "latest news"

**Dont forget to check-out our website
for all the latest news from the SMA
www.damoon.net/sma
Or SMA email list
surfdocs@egroups.com**

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

New! White tank tops with the SMA logo on back \$15.00 + \$2.39 postage each Large & XL

Tee 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 privileges thereto pertaining to membership" in the Surfer's Medical Association. Get it framed, and give it as a gift! Include self-addressed, stamped envelope (1/2 oz., 9 x 12 inch envelope, so they won't have to be folded). \$5.00 per diploma.

Diploma in what name(s): _____

Number of diplomas: _____

\$ enclosed: _____

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. 2 & 3 ready now & Vol. 1 will be ready soon.

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

USA

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: 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 (831) 684-0916. Be patient if you don't hear back from us right away (especially if the surf is good). Info: SMACentral@aol.com

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

**Attend a SMA Conference!
Abe Would If He Could.**



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