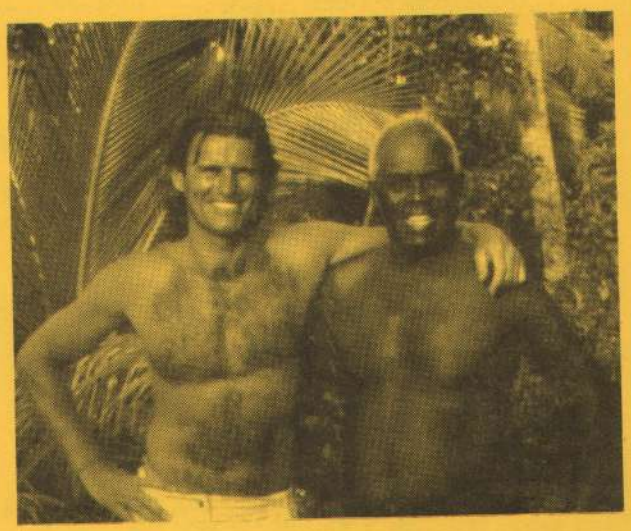
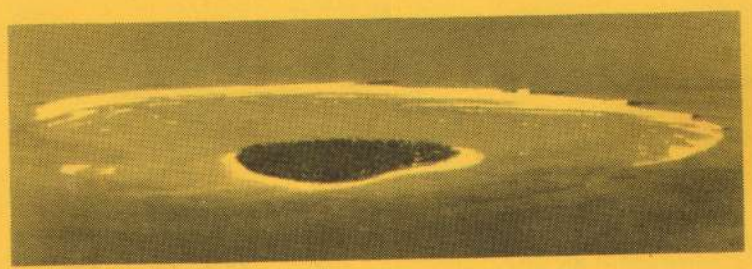
SURFING MEDICINE

THE JOURNAL OF THE SURFER'S MEDICAL ASSOCIATION

Summer/Fall 1989, Issue #5





FIJI PHOTO ISSUE

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Cover photos: Center: Tavarua from the air, photo by Renneker. Upper right: a South African and a Fijian, photo by Hoffman. Lower right: Nabilans, photo by McWaters. Lower left: Cloudbreaks, Renneker taking the drop, photo by Dixon. Upper left: being useful in Nabila, teaching how to take blood pressure, photo by Renneker. Top: the only real locals on Tavarua are seasnakes (Dadakulaci Laticauda colubrina), *photo by Hoffman.*

Editor's Notes

Let it be said, here and now. If you weren't at the March conference (the 4th Annual SMA Conference at Tavarua) — specifically, the first week — you really missed it. It had been flat before we arrived, but, as soon as we hit the water, one of the greatest swells of all time began — and lasted for a week. Clean, perfect, and huge. Unlike most surf trips, we got photos to prove it — check 'em out.

Did any work get done at the conference, i.e., what about our grandiose plan of "learning to be useful in the 3rd world?" This may sound hokey, but a distinct relationship exists between our doing health work in Nabila and how good the surf will be on Tavarua. The more we give, the more we get. It is the magic of Fiji and the SMA.

Words fail miserably in describing our experiences in Fiji, so we're devoting this issue to photos. It constitutes our first PHOTO ISSUE. We already know the *New England Journal of Medicine* can't compete with the scientific rigor of our journal, so now, photographically (black and white photo limitations aside), move over *Surfer* magazine!

Stoked on Fiji and the SMA,

Mark

Mark Renneker, MD
This issue's editor

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SURFERS MEDICAL ASSOCIATION, INC. "DOLLAR VISION"

For the years ending 1986, 1987, 1988, 1989, and 1990. All figures in dollars.

Prepared by Tom Kever, Accountant Kahuna

The SMA continues to maintain a balanced budget, but various projects are on hold pending expanded membership and dues renewals. "Dollar Vision" shows actual resources, expenditures, and cash balances for the years ending 1986, 1987, and 1988, with projected amounts for 1989 and 1990.

Contributions were donated by a number of generous members for the Nabila project. Dues and memberships continue to grow with 1989 showing a large group of lifetime memberships at $250.00 each. Conference fees and publications revenue (Surf Doc column) appear large but are offset in the "Cost of SMA Activities" line item for expenses such as rental of conference and meeting rooms and other specific direct costs related to conferences and publications. T-shirts and decals are not making much money.

"Expenditures" are for servicing club membership such as producing the journal and membership pamphlets, responding to membership requests for information, (postage alone is expected to run $4,800.00), legal and incorporation fees due the government, travel aid for guest speakers, and various office supplies.

"Dollar Vision" can not even estimate the huge amount of resources donated by the "Docs" for the Nabila Health Clinics, surf clinics, the Surfer Magazine column, medical information, and the many volunteers who help the SMA to help others.

Tom Kever. July 1989. Grande South, Monterey County. Photo by Tom Moss.

	Actual			Projected	
	1986 *Year 1*	1987 *Year 2*	1988 *Year 3*	1989 *Year 4*	1990 *Year 5*
Resources					
Contributions	0	0	2440	3000	3000
Dues	275	6952	2371	6000	6000
Revenue from SMA Activities					
Conferences	990	3545	2675	6000	6000
Publications (Surf Docs)	25	1207	1312	3000	3000
T-Shirts and Decals	0	369	129	500	500
Cost of SMA Activities (conferences, journal, etc.)	0	-5597	-2143	-5500	-5500
Interest	0	147	44	100	100
Total Resources	1290	6623	6828	13100	13100
Expenditures					
Printing Graphics and Photos		1979	1008	4000	4000
Telephone and Postage		1147	1150	3500	3500
Fellowship and Secretary		425	750	3500	3500
Professional Services		972	1124	800	600
Office Supplies		293	8	550	550
Nabila Project			2000	1000	1000
Total Expenses	0	4816	6040	13350	13150
Net Income (Loss)	1290	1807	788	250	50
Cash (Cumulative)	1290	3097	3885	3635	3585
Liabilities	—	—	—	—	—
Fund Balance					
Beginning	0	1290	3097	3885	3635
Net Income (Loss)	1290	1807	788	250	50
Ending	1290	3097	3885	3635	3585
Total Liabilites and Fund Balance	+1290	+3097	+3885	+3635	+3585

THE SMA VIEW OF FIJI

4th Annual SMA Tavarua Conference March 1989

To get to Tavarua Island from California involves an overnight flight via Honolulu, arriving at Nadi airport amidst the smells and sounds of the Fijian dawn, caravaning in Saiyid's taxi vans to the Nabila lagoon, then a twenty-minute glide out to the island in one of Tavarua's boats. Photo by Renneker.

Scott and Michelle, from the Napa Valley area of California, brought their own brew. Scott is an old-hand at Tavarua, and by now can Tavarua-ize with his eyes closed. Photo by Hoffman. (This photo was entered in the Sonoma County "Yuppies on Vacation" photography contest, and took second place!)

The Fijian Way involves many ceremonies and the ritualistic use of kava, a mild narcotic-like root. In observance of the Fijian Way, each year, on our arrival to Tavarua, we present a bundle of kava to the Fijians, who then conduct a blessing and welcoming ceremony. The conference has begun. This photo shows the preparation of kava. Photo by Hoffman.

A beach seminar on Infant Diarrhea and Rehydration Methods, led by Neil Derechin, a pediatrician-anesthesiologist from Minnesota with a long-standing interest in 3rd world medicine. Photo by Renneker.

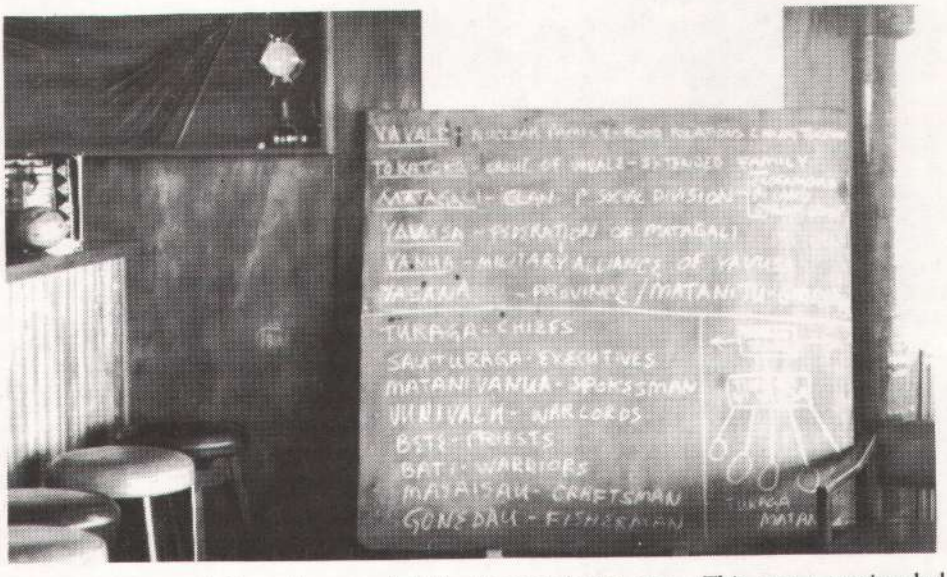
A PHOTOESSAY

by Mark Renneker, MD

To check out the surf-spot called Cloudbreaks, you need to climb up into this treehouse. Cloudbreaks consists of a long point-like reef two to three miles from Tavarua. It can only be reached by boat. Tavarua's accommodations, twelve cabins and a dining room, are quite a lot spiffier than the surf-check treehouse, but, if you only had the treehouse to stay in, it would still be a vacation in paradise. Photo by Renneker.

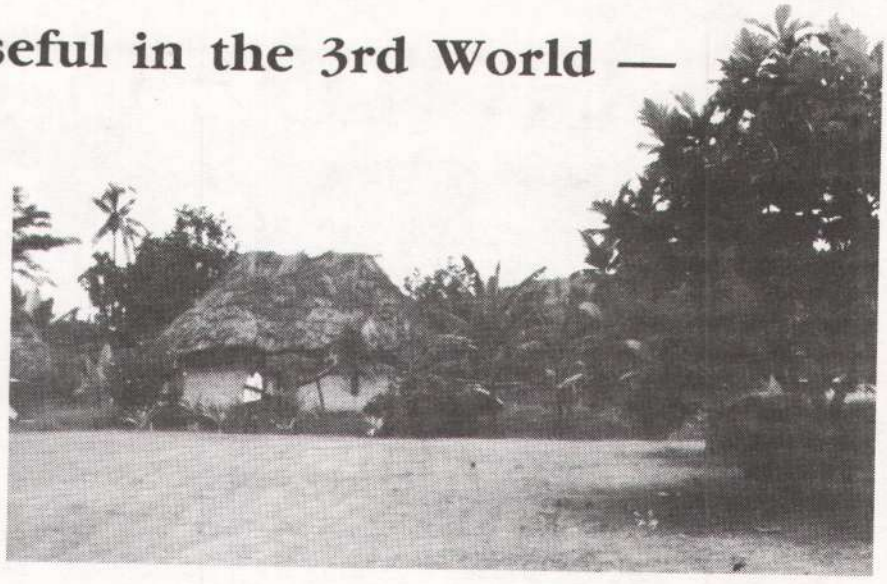
Of the thirty or so people attending the conference over the two weeks, half were non-surfers, half were non-health professionals, and half were non-SMA members. The SMA only sponsored the conference, it wasn't an SMA Surf Medicine conference per se — it was a conference to teach people about how to be useful in the 3rd world. This is the Salem family from San Clemente: April (standing, left, a lactation specialist), Michelle (1 year old), Jennifer (not-a-dweeb junior-high-school student), Michael (an ER physician), and Chelsea (3 years old). The family that SMA's together, stays together. Photo by Renneker.

The conference focused on working in Nabila, using the David Werner system and book, *Where There is No Doctor.* Under Kevin Starr's direction, five teams were formed. It was up to each team to work out their own schedule. They could chose to boat over to Nabila whenever they wanted, which worked out to being most afternoons. Here's Nelson Swartley, a true barefoot doctor. Photo by Renneker.



Most seminars and discussions are held in the bar-dining area. This was a session led by Craig Wilson on the Fijian social structure — a subject that by the end of the conference we were only just beginning to understand. Photo by Renneker.

Making Yourself Useful in the 3rd World — Work in Nabila



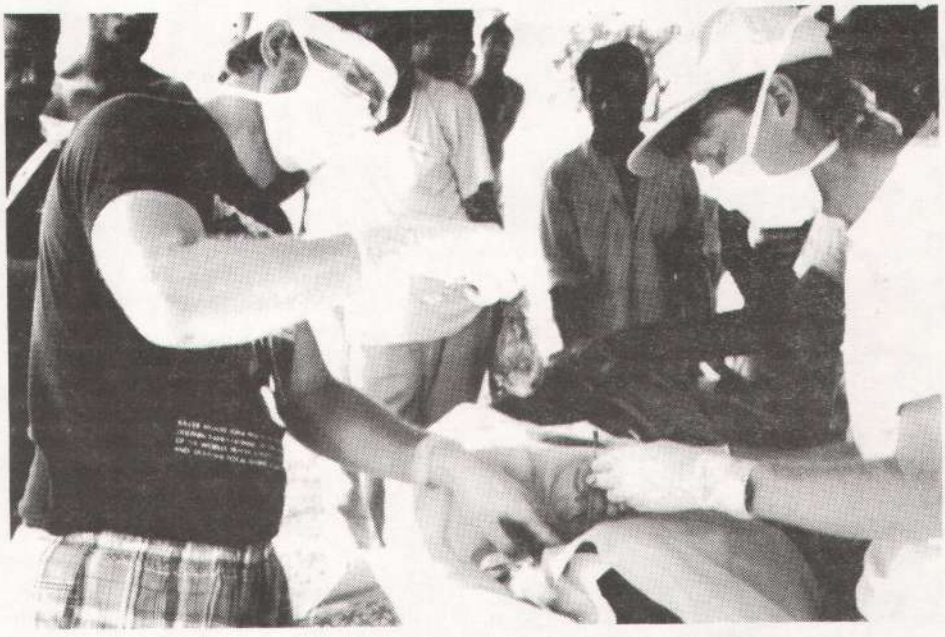
In the village (koro) of Nabila, this is the common green (rara). In the background is a traditional Fijian house (bure). Photo by McWaters.

Four years ago Nabila's chief died, and lacking sons, his oldest daughter, Anna, became chief. Unfortunately, she has diabetes and has lost her left lower leg to a diabetes-related infection (lacking knowledge of how to treat such infections, three diabetic women in the village have lost a lower leg). With Anna unable to ambulate, the village was functionally without a chief. For the village's well-being, and, obviously, for Anna's, it seemed obvious that helping her to be able to walk again was a logical priority for the SMA. Last year, Helmuth Jones, an orthopedist SMA member from Chico, California, brought an artificial leg for her. It was a dramatic moment when she took her first steps. Helping her is Saki, her husband and the village's key emissary to the SMA. Photo by Jones.

Nabilan boy and Craig Wilson, a preventive medicine specialist now living in Mendocino, California. Craig had just shown the boy how to clean out his cuts. We call Craig "Fiji Man" because the longer he's in Fiji, the more Fijian he looks. Photo by Renneker.

The David Werner method, teaching villagers to take care of their own medical problems. His book, *Where There Is No Doctor*, was used extensively by each of the teams. As Fijians came forward with problems (they began coming from all of the villages in the area), Fijian members of each team, "village health care workers," were taught how to use the book to diagnose and treat the problem. It was slow going at first, but soon a number of Fijians became quite proficient with the book (and we'd brought a number of books for them to keep after we left). Here we see Kevin Starr, who coordinated the conference, working with the book, a Fijian woman, David McWaters, and Sandy Campbell. Photo by Renneker.

Many people in the village have various conditions requiring surgery, and from the beginning they've requested us to treat them. For the 1988 conference, Helmuth came prepared with his operating instruments, IV anesthetic setup, and the skill to remove, in this case, a large benign tumor from a Nabilan man's neck. Assisting him is Rick Peters, an orthopedic resident from UC San Diego. These intense intervention experiences, though appropriate and needed, helped us realize that, because we weren't going to be available to provide such services year-round, it was more important to teach the Fijians basic health care skills that they could always provide to themselves. That led to the idea behind this year's conference. Photo by Jones.



After an afternoon's work in Nabila, heading back to the boats, to go home to Tavarua (visible on the horizon in the center). Photo by Renneker.

Friends. Photo by Renneker.

The chronic care team got totally into buffing out the dispensary (read their report later in this journal). Photo by Renneker.

The Nabila dispensary was set up some years ago by the government, but has never been well stocked, regularly staffed, or well utilized. Photo by McWaters.

Practically every woman in the village suffers from chronic low back pain. The fitness team spent a day observing the women as they went through their daily chores, and found that most of the women's work posture was straight-legged and hunchbacked — the formula for low back problems. Here's Joanne pulling greens. Photo by Renneker.

COME JOIN US IN NABILA NEXT YEAR! SEE PAGE 33.

All-village, all-conference photo, by Renneker.

AERIALS — TAVARUA FROM THE AIR

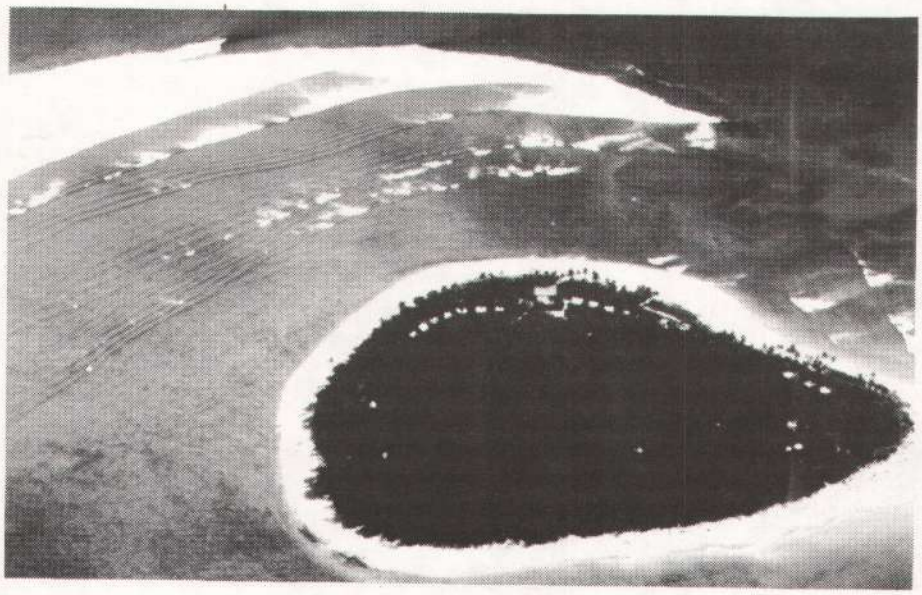
(all photos by Renneker)

The swell during the conference was of such magnificent quality that Tavarua resort co-owner Dave Clark (left), wanted to photograph it from the air. The morning of March 22nd had perfect weather conditions, and we had some time to kill as we waited for the tide to drop and for Tavarua Lefts to be at its best, so Dave arranged for a charter sea-plane to pick us up for a photo shoot. Boatman J.T. (right) was in the front seat, and I (MR) was in the back seat (Dave chose us to go because we were the only guys on the island with much surf photography experience, and had the right lenses for the job). Dave was paying for the plane by the minute, and amidst the mad rush to get aloft we decided to take the side door off so that I'd be able to lean out and get shots unobstructed by the wing. And, zoom, up we went... for one of the greatest surf rides of all time. We were only up for about half an hour, but it seemed longer — kind of like the way time stands still when you're in the tube. With Dave hanging on to the back of my shorts so I wouldn't fall out, I hung out the open door into the drowning roar of the engine and tornado-force winds and fired off roll after roll. We were witnessing a spectacle of nature, like seeing a volcano erupt or a comet strike the earth. We watched as set after set of one of the most perfect swells of all time exploded onto Tavarua's outer reefs, and then began to wrap with insane symmetry around the island. It was every surfer's dream: a tropical island ringed by giant, flawless waves, and no one surfing them. Except, in a sense, we were riding them — from a mile in the sky, with our cameras.

Just after taking off: Tavarua in the foreground, tiny Namotu (Picnic) Island just past it, then Wilke's reef, and Desperate reef(s) in the distance. All are surf-spots. No one is out anywhere. You can get an idea of the size of the waves by comparing the height of palm trees on Tavarua (35 - 40 feet high) to the wave breaking at the head of the reef at Namotu. The wave is far taller. And this was not the biggest day of the swell. The day before, when it was really huge, two surfers staying at a different resort got dropped off at Wilke's - not realizing it was twenty foot plus. Within minutes one of them, a boogieboarder, got racked up by a set. They found his board floating out to sea about an hour later, but couldn't find him. They came to Tavarua for help, and all of Tavarua's boats were dispatched to help search for the guy. Eventually, sea planes and numerous other boats joined in, but despite a full day of searching, they couldn't find him. Getting on towards sunset, a beachwalker on an island three miles from Wilke's heard someone screaming for help. There he was, a few hundred yards offshore, hanging on to a channel marker. He'd swum the whole way.

Tavarua. Note the full wrap of the lefts, bending towards the island (rather than away from it, as usually happens at surf spots), which explains the insane speed of the wave when you surf it. Like being on the end of the chain of skaters at a roller rink, it's a full whip action.

Tavarua in foreground, left; Cloudbreaks to right of center (large flat reef with no landmass); shipping channel in reef opening past Cloudbreaks. A set is approaching Tavarua Rights.



Closeup of Tavarua. Cabins visible at twelve o'clock, facing out onto Tavarua Lefts.

BIG CLOUDBREAKS

The swell began the afternoon we arrived, and by the next morning was giant. We anxiously watched Cloudbreaks from Tavarua, trying to estimate how big it was. Gary Ryan, from Maui, is one of those guys who can look at triple-overhead Sunset and seriously call it six foot. But he was calling Cloudbreaks 25 foot. Dave Clark had an easier way of describing how big he thought it was. "You see the top of that palm tree there," he said to a group of us, "it's at least that big." The palm tree was easily thirty-five feet high. It came down to just me (MR) who wanted to go out there, and JT, the boatman, who said he'd be willing to take me out there. Besides, he said, he wanted to try riding it that big, too. He had a 7'6" and said he was a big-wave rider from La Jolla. He'd been working at Tavarua for about a month, and had never seen Cloudbreaks anywhere near that big, but he was game to go out. Clint, a boat-man in training came along as backup. Sasha Graham came, too, to shoot pictures. This is what greeted us when we got out there. It's hard to tell how big this is - but it's real big. Imagine Waimea Bay or Outside Pipeline breaking for five hundred yards, top-to-bottom, continuously spitting, but moving laterally so fast that the tube swallows the spit. Photo by Renneker.

Two years ago I'd been out at Cloudbreaks on a similar, though smaller, day. Riding a nine-foot gun, I'd surfed it alone, and managed to ride two waves, but at the expense of getting caught inside twice, badly stress-marking and nearly snapping my board. One of the waves I'd ridden had mowed me down shortly after take-off; it was just moving too fast. So, for two years I'd been rehearsing what I would do differently if I ever had another chance at big Cloudbreaks. This time, from the boat, I timed the sets. The waves were about nineteen to twenty seconds apart (the swell was coming from somewhere deep in Antartica), and the sets were coming about every seven minutes, but as early as three minutes. The set interval was apparently getting shorter, meaning the swell was still getting bigger. Two years previously I'd determined line-up markers for a place where the wave backed off slightly. This was the place that, theoretically, I thought it was possible to take off, or, if need be, from where I could sprint-paddle around the biggest sets. As for catching the wave at the head of the reef, I realized I was witnessing something surfers in the next century would probably be riding, but that no surfer in the world would attempt now. To tube-ride a twenty, maybe twenty-five, wave for a quarter-mile? No way! So, on my biggest board (only eight feet long this year), I paddled out. JT had the classic surfer's line: "You get some waves, I'll come out." Photo by Renneker.

This year I did everything right. I kept up an intense level of concentration, and stuck to my game plan. I never got caught inside and I rode two waves without getting wiped out. But I only rode the littlest waves (as in this photo). When I first got out there, and tried to catch a set wave, I realized I was hopelessly under-gunned. So, between sets I'd paddle in slightly and try to pick off the in-between waves, like this one. If I hadn't caught a wave within two minutes, I'd paddle back out to the safety of the channel where I'd wait for the next set to pass by. After about an hour of watching me, J.T. anchored the boat in deep water, left Clint in charge, and came paddling over. He was smiling and kind of whistling to himself in a "la-te-da, this is no big deal" manner. And rather than pull up where I was, and talk about what was going on, he paddled inside of me, and farther up the reef. I knew that it was a mistake, that he could get caught inside there. I started to paddle over to tell him, but a set suddenly appeared. I yelled "outside" and started paddling diagonally back for the safety of the channel. J.T., though, began paddling straight out. A strong and fast paddler, J.T. managed to get to the shoulder of the wave and appeared to easily paddle up its thirty-foot plus face and pop over the top, as the barrel was bearing down on him. I thought, "fine thing, he makes it, and I'm not going to." Then, seconds later, as the tube barreled past where J.T. had just been, I saw the ultimate nightmare in progress. At the very highest point of the building-sized tube, fully contained within the lip was J.T., transilluminated by the morning light, and being swept backwards. For a second his feet dangled from the underside of the lip, hanging into empty space. I could even see the tail of his board, skegs and all, and realized he was still trying to paddle; that the whole back of the wave had become the curl and he was going over-the-falls. I've been out on a lot of big days, and seen scary things happen before, but nothing like this. I really thought he was going to die. And now, as the wave was advancing on me, I realized I was faced with the same situation that had gobbled him up. I, too, made it up the face, but when I punched over the top I scramble-paddled down the back of the wave, which was all becoming lip. And I kept paddling, because the wave behind it was even bigger. It was one of those pure adrenalin situations, when you somehow have triple strength and speed, and with this second wave I paddled so fast up the face that I went airborne as I went over the top. Then I thrashed and pulled myself down the backside of the wave because, again, it was all moving up and backwards, becoming lip. Luckily, there wasn't a third wave in the set. I sat up on my board, and looked back, hoping to see J.T., but all I could see was acres of spewing whitewater. I looked at my watch and thought, "I'll give him ten minutes to reappear, and if he doesn't I'll paddle in and try to find him." My stomach was in knots while I kept watching for him. Over in the channel, Clint had figured out things were serious, and was trying unsuccessfully to get the anchor up. Finally, after ten minutes, Clint had the anchor up and I paddled back to the boat and we headed off to look for J.T. We found him, hundreds of yards down the reef, paddling back towards us. He was physically undamaged, but obviously dazed. He described being pulled down so deep that it was black — and being blasted sideways underwater for a long while until he came up way inside. His cord had held, and his board hadn't broken. The amazing thing is that the whole thing had happened in less than five minutes from when he'd gotten out of the boat. When we got back to Tavarua, and every one came around to hear tale of what had happened, one look at J.T. told the whole story. He was a walking zombie for the rest of the day. But he'd survived. Photo by S. Graham.

Cloudbreaks (background) as seen from Tavarua. This was taken toward the end of the week, as the swell was dropping. For size comparison, a surfer is locked-in on an overhead wave at Tavarua Rights (foreground, right), as others watch from the boat. Meanwhile, Cloudbreaks is easily 20 foot, and perfect, as you can see. No one is out at Cloudbreaks, for the fourth day in a row. Stories about the first day out there scared everyone off, plus the fact that Tavarua Rights and Lefts were all-time. Photo by Renneker.

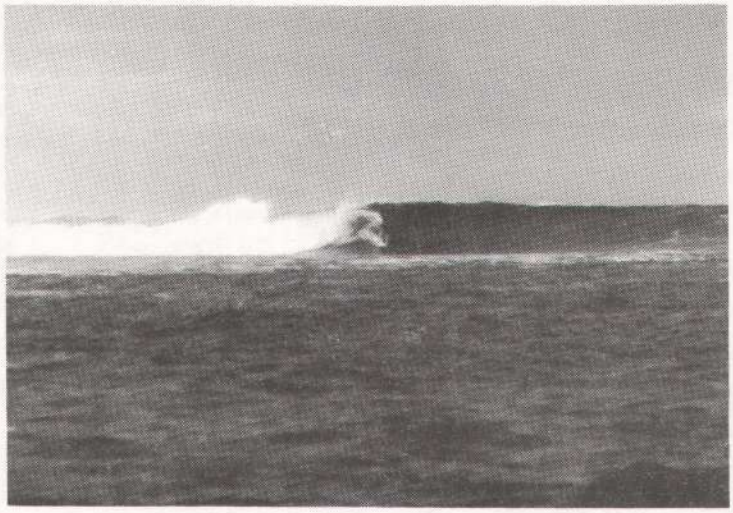
CLASSIC TAVARUA

Jim Cartland, a radiology resident from Santa Barbara, at play at Tavarua Lefts. You might remember Jim from the surf mags, another hot goofy-foot from Florida along with Jeff Crawford. Photo by Hoffman.

DON'T MISS THESE WAVES — SEE PAGE 33 FOR DETAILS ON TAVARUA 1990

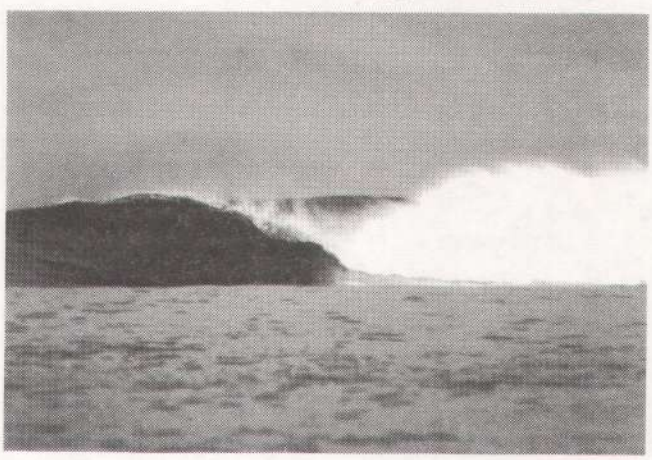
Tavarua Lefts was generally only a couple of feet overhead, but the swell would pulse each day. Suddenly, it could be double, triple, and even quadruple overhead. Normally, when Tavarua gets too big, say double-overhead, it starts missing the hug of the reef and breaks mushily into deep water. This time, though, the swell was so perfect that it was holding any size. Dropping in at Tavarua Lefts is one of our guys, but it's hard to tell who. What regular-foot who was there wants to claim it? Photo by Renneker.

Craig Wilson, a preventive medicine specialist from Northern California, with the ever-lengthening speed wall of Tavarua ahead. Photo by Renneker.

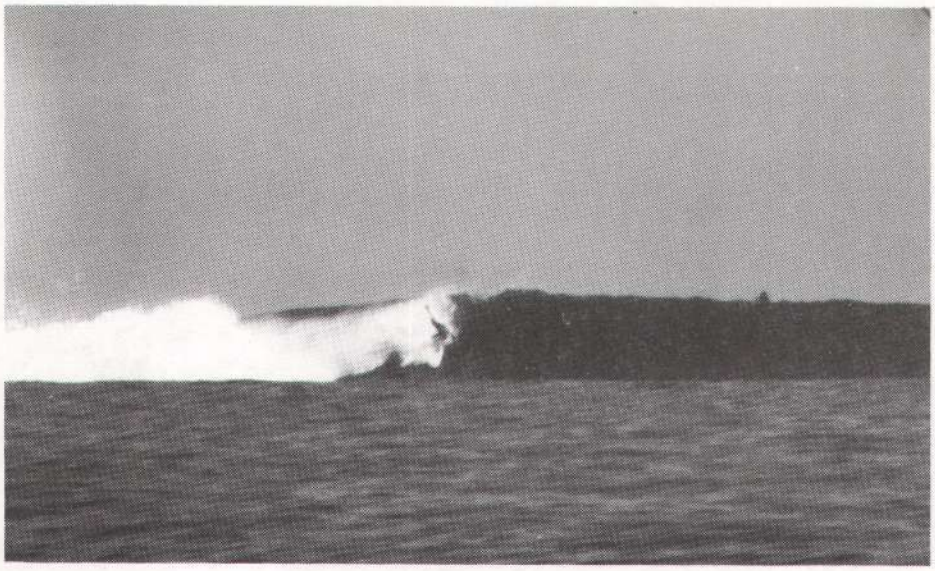


South African general practitioner transplant to Saskatchewan, Bruce Hoffman, surfing the best waves of this lifetime. Photo by Renneker.

Tavarua Rights was best at a higher tide, while the Lefts were best at lower tides. Though there were an all-time low number of surfers in our group, less than ten, it still evolved into an arrangement whereby one group would mainly surf the Rights, and the other group would surf the Lefts. Everyone was happy. Photo by Renneker.



Stylish Gary Ryan, a chiropractor-healer from Maui. Photo by Renneker.



Australian casualty physician Mark Gillett has a number of fatal attractions — including Tavarua Lefts. Photo by Renneker.

Dave Clark, the co-owner of Tavarua, has the waves there wired. His pronouncement on the second day of the swell was that history was being made — that it was the biggest he'd ever seen Tavarua. Dave is into demolition, so he'd squeal with delight every time he saw one of the giant lips pulverize a coral head. Photo by Renneker.

Without a doubt, kneeboarder Nelson Swartley was *the* guy to watch at Tavarua — he took off deepest, rode deepest, and used every bit of his body and mind to surf it. Photo by Renneker.

Jon Roseman is in the tradition of a long line of unbelievably hot goofy-footers who have worked at Tavarua as boatmen. Also, he's the grandson of Dr. Crohn, for whom the inflammatory bowel condition is named. Jon hopes to find a Tavarua-like setup and start his own surf camp. The only problem is, can he or anyone else find a wave as perfect as Tavarua's Left? To get an idea of how long the ride is at Tavarua, note the changing view of the island in the background. This is a sequence shot of one wave of Jon's. Photos by Hoffman.

CLASSIC TAVARUA

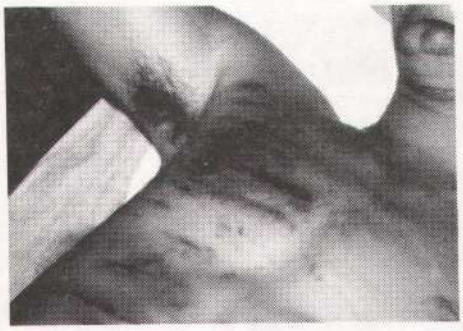
THIS COULD BE YOU!!

See Page 33..

CASUALTIES

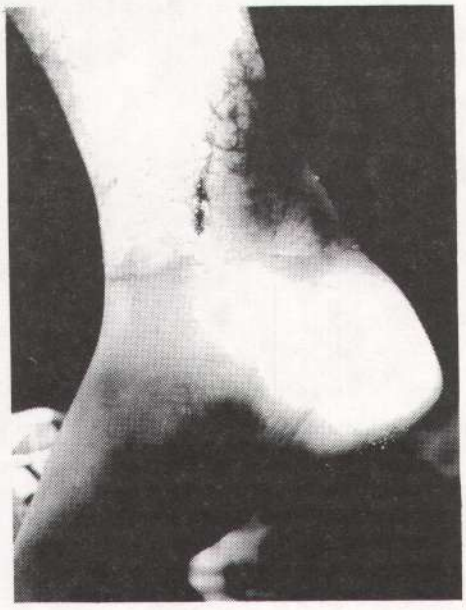
Clint the boatman — After.

Clint the boatman did a swan-dive on the reef, and was left with his nipple hanging off his chest. And, yes, you guessed it, Bruce Hoffman sewed him up. Top photo by Renneker, bottom by Hoffman.

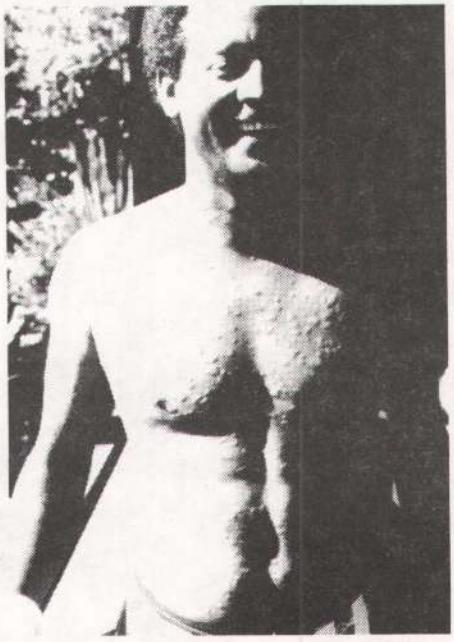


Clint the boatman — Before.

Bruce Hoffman's ankle laceration. He sliced it on his fin or the reef, he's not sure which, paddled in, grabbed some suturing material, and, without anesthetic, sewed it up himself, and paddled back out. What a man! Unfortunately, he must have staph karma, because not only did this wound become infected, so did a wound that he stitched up on Kevin Starr's scalp. But Bruce's ankle didn't fully pus out until two weeks later, upon landing in San Francisco. With red streaks to his groin and a high fever, he was helped to the hospital by Neil Derechin, and there he stayed for four days of intravenous antibiotics. At one point, though, he got a one-hour pass to go to Wise's Surf Shop to leave off a board he'd borrowed. The guys at the shop were blown away as this guy came limping in with a watermelon-sized ankle, a board under one arm and an IV hanging from the other. Photo by Renneker.



Hoffman's ankle



Jackson's hives

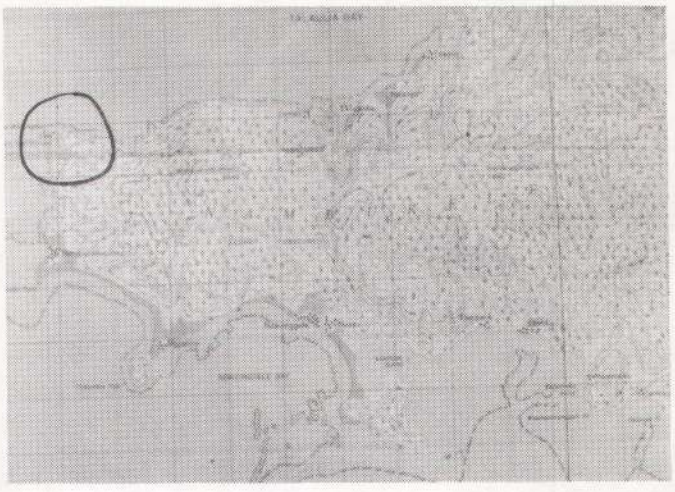
Tony Jackson, an emergency physician from Los Angeles, with hives (urticaria) probably secondary to a systemic reaction to stings by sea lice (tiny brine shrimp). Hives itch horribly, but normally can be treated with oral or injected Benadryl (diphenhydramine, 50 mg.). His second year in a row with the SMA on Tavarua, and again with his fiancee, Nancy, this time he brought along his old surf buddy, Dennis. Tony is an incredible guy — a pleasure to be with, and he keeps his humor even when his body is going off. Photo by Renneker.

The Search Continues

For the second year in a row, a small group of SMA members headed off after the Tavarua conference to search elsewhere in Fiji for another Tavarua, an island where the SMA could set up a clinic and hold our conferences. This year, Mark Renneker, Jessica Dunne, Craig Wilson, Alistair Wilson (photo), and Kevin Starr chartered a plane and flew into the Southern islands of Fiji (Kadavu area). Experienced Indonesian explorer Nelson Swartley was due to come with us, but at the last moment Dave Clark offered him the job of being a boatman on Tavarua, and Nelson jumped at it. Photo by Renneker.

Lovely Kadavu, with only a semblance of tourism. There's only one "hotel," Reece's Place, which we came to affectionally call Grease's Place. Kadavu is a stronghold of traditional Fijian culture. With cloud-covered volcanos, waterfalls, parrots, and iguanas, it is surrounded by surf-potential reefs and islands. The only problem is getting to them. It's largely jungle, and the only boats are essentially dugouts. There was, however, a hospital-owned jeep, which the doctor there let us use. The government boat, in this photo, was without fuel — as was the rest of the island, due to recent cyclones. (BIG hint there, which we failed to notice!) Photo by Renneker.

We went to classic Fijian villages, made offerings to chiefs, and engaged in kava ceremonies, just to have a chance to look over their reefs. One place we saw has a name which roughly translates "place where you go crazy from mosquitos and jump into the water." We quickly wrote that one off, but saw other places with great potential, though none that were clear winners. Photo by Renneker.



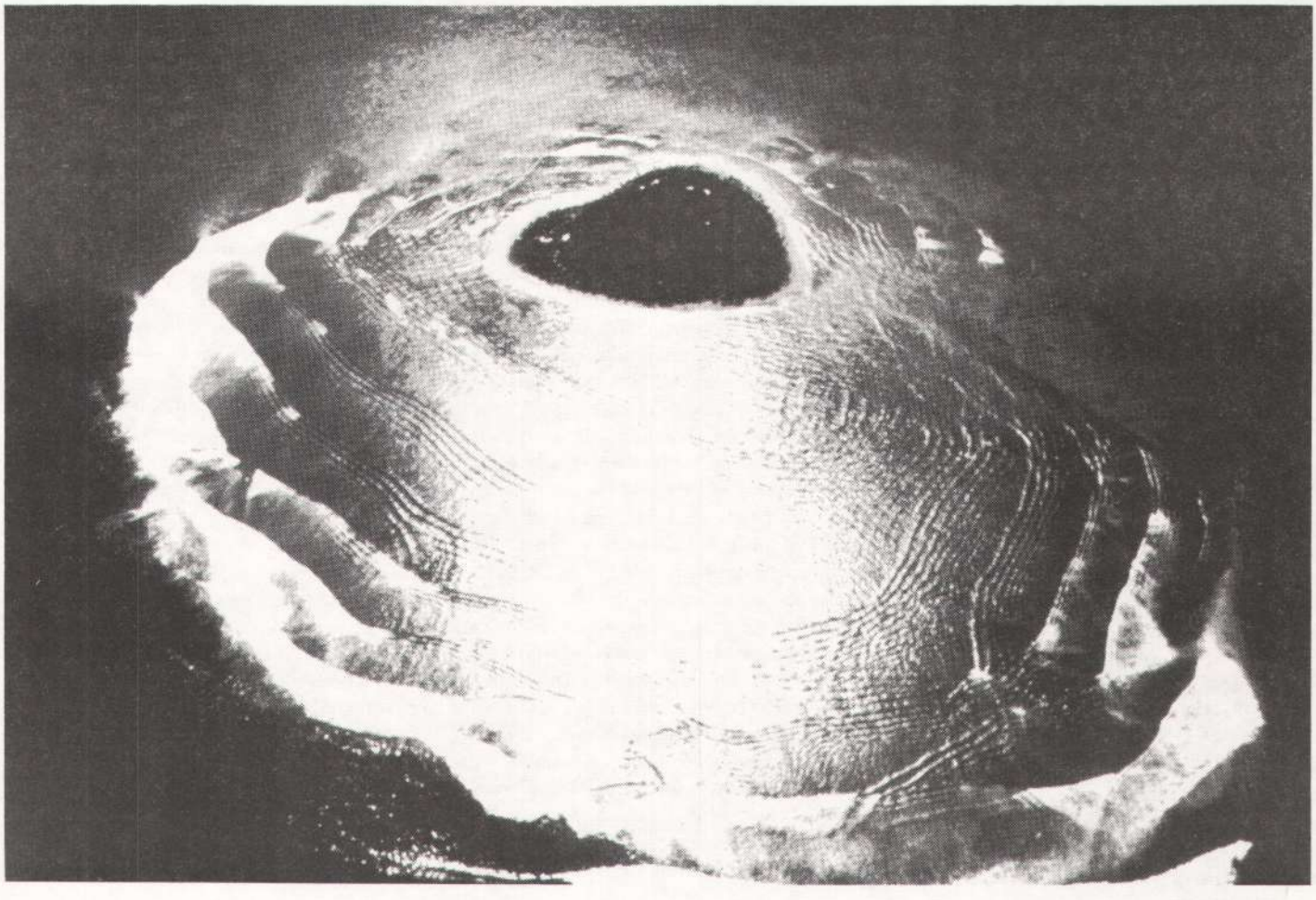
Our major expedition was to be a trip to Nabukelevu, the far western corner of the island. We'd heard that it had great waves, but that it was so traditional in terms of the Fijian Way that it was tough going for outsiders. We knew a surfer who had been there before, but had somehow angered a chief and ended up being run over by a black horse and bitten on the leg by a shark. We thought we'd avoid such problems by bringing a spokesman, which is the culturally correct thing to do. We were jazzed to be able to take Druku, whose family owns Tavarua, and who is related to the chief of Nabukelevu. It was Druku's first real trip off of Viti Levu, and once he recovered from his first airplane ride, he enjoyed himself to the max. Photo by Renneker.

We located a boat that we trusted to take us to Nabukelevu, and set off. But it turned into a true nightmare. A building ground swell from the west slowed our passage, and it was getting towards dark as we prepared to round the corner of Nabukelevu (the mountain in the distance of this photo). The whole place looked scary, with sheer cliffs dropping straight off into deep water and nowhere to land a boat for miles. And that's when we noticed a black funnel-like cloud some miles to the northwest. We thought we'd be able to squeak around the point and make it to a sheltered area. But in a matter of minutes the black funnel was upon us. The swell doubled in size as a hurricane-force wind hit us, followed by pelting sheets of icy rain and lightning striking all around us. Everything went black, except for the strobe flashes of lightning, and we couldn't see land, and didn't know which way to go. Welcome to a cyclone. When Jessica looked back and saw Druku and the boatman, Alfred, beginning to mumble in deep baritone voices (i.e., freaking out, Fijian style), she did the only logical thing: climbed under a tarp. Meanwhile, Alfred began aiming back the way we came. Pushed by the storm, we soon were at a reefy area we'd passed earlier, and Alfred proposed to thread a small opening in the reef, so as to be in the safety of the lagoon on the other side. The only problem was the giant hissing waves exploding all around us. We vetoed the idea, preferring the storm and lightning to crashing on the reef. Finally, after dark, we'd made our way back to Alfred's village, Naluto, and there began an amazing process of the Fijians taking us in, literally, from the storm. In one house they got us out of our wet clothes and gave us sulus to wear; in another house we warmed up and were given tea. Then we went to the chief's house for a marathon session of opium-like kava (the best and strongest kava in Fiji is grown in Kadavu). Then to another house for food. Then to a different house to sleep. Their care and concern for us was overwhelming. When we woke up the next morning, the storm had passed — and we'd had what ranks as one of the scariest and then finest experiences of our lives. When we finally got to Nabukelevu, it turned out that its surf spots really weren't of a caliber to risk life and limb for. If we set up an SMA camp there, we'd lose half our members every trip. Photo by Renneker.

This is Vure Koroilavesau, the mother of the household who took us in. She was fascinated by the SMA brochure. Photo by Renneker.

WANNA COME NEXT YEAR?
GET YOUR MONEY READY!
TELL THE TEACHER YOU'RE SURFING!
See page 33 for details.

Flying back to Nadi, we spotted an island perfectly ringed by surf. You guessed it: Tavarua. The search for an SMA island will continue, but meanwhile we've always got Tavarua. There are worse situations for an organization to be in. Photo by Renneker.



CONFERENCE TEAM REPORTS

Report of the Chronic Disease Team

by David S. McWaters, PharmD
Sandy Campbell
San Francisco, California

The members of the Chronic Disease Team were: Merewai Gavidi, Luisa Raituvulaki, Salanieta Sivo, Isoa N. Masi, Sandy Campbell, David S. McWaters, Buzz Graham (first week), and Michael Salem (second week).

Our task was to identify Nabila's long-term health problems (i.e., those that weren't easily cured by a few stitches or a short course of antibiotics). A previous trip by the SMA had found many villagers with untreated hypertension and apparent diabetes.

We began our needs assessment by asking our Fijian team members what they thought the major health problems of the village were, and what villagers eventually died from. The answer to the first question came as quite a shock: they felt that a "lack of communication" was their most pressing health concern. The Fijians have deep mistrust of the federal health care system and its doctors. Athough a hospital and clinic is a fairly close bus ride away, the quality of care is perceived to be poor and Fijians are treated like second-class citizens. After the 1987 coup, many of Fiji's physicians left the island. They have been replaced by poorly trained doctors from Southeast Asia. The government is also responsible for operating the Nabila dispensary, a corrugated aluminum shack containing a table, cot, and a few shelves. A doctor or nurse visits the village about once a month and "opens shop." A check of the dispensary log book showed that only two or three villagers visit the dispensary when it is open, and then only for minor ailments such as headaches or coughs. That isn't suprising, considering that the only medicines in the dispensary were a bottle of aspirin and several dusty bottles of an unidentifiable liquid. Thus the villagers are unwilling to seek care at the hospital except under extreme circumstances, and the care provided at the dispensary is rudimentary at best. The causes of death in Nabila are largely unidentifiable; those that don't die an accidental death just "drop dead" or die in their sleep. Given the high rate of hypertension, we suspect that many of these deaths are cardiovascular, either strokes or heart attacks.

Chronic Disease Team: David McWaters, PharmD, Sandy Cambell, Mike Salem, MD, Kevin Starr, MD. Photo by Renneker.

At the Fijians' suggestion, we visited those villagers who had a chronic disease. Although these visits were mostly observational, we gained a better understanding of the health problems of the villagers and saw a number of fascinating diseases that Western health care workers rarely see. Two elderly villagers, a husband and wife, had filiariasis (better known as elephantiasis), causing a massively swollen scrotum (about the size of a watermelon) in the former, and a quite swollen left arm and leg in the latter. As an example of the resiliency and good humor of the Fijians, when we asked this gentleman what he needed most, he laughed and replied that he'd like a few dollars for some new clothes. None of the Fijians we met were in the least embarrassed about their conditions. This man, in his seventies, was making jokes (in Fijian) that were, judging from the giggles and blushes of several young women, about his elephantiasis. We also visited Isoa's mother, who is paraplegic, most likely from Pott's disease: tuberculosis of the spine. She proudly demonstrated her exercises that SMA doctors had taught her on a previous trip. She did chinups from a wooden rod attached to the roof of her bure by a rope, had weights for arm exercises, and did more pushups than most people half her age could do. She had quite a deep pressure sore on her sacrum (the lowest part of the back) but her son kept it clean and bandaged (again, precisely using methods that had been taught to him by prior SMA visits), and it looked to be healing well. As is common with many spinal cord injured persons, she had symptoms of a bladder infection, but we gave her some antibiotics and it rapidly resolved. One of the village elders had leprosy, although this had been thoroughly treated and other than missing a digit or two, didn't present much of a current problem.

One of the saddest sights was a young boy who was severely retarded due to meningitis, a brain infection, that he suffered as an infant. This is the same child that SMA members saw two years ago, when he was an infant, and diagnosed him as having acute meningitis (high fever, neck rigidity, alternating consciousness). He had been rushed to a hospital for appropriate intravenous antibiotic therapy. Apparently, though, he

was given some antibiotics by mouth and sent back to the village. He now had a swollen head (hydrocephalus) from an excess of spinal fluid, and his body was spastically curved to the left. His mother wanted to learn massages to decrease this curvature, so we asked the sports medicine team to see him.

We determined that teaching basic health skills was needed, and began by training the Fijian members of the team to take blood pressures and to use David Werner's book, *Where There Is No Doctor.* For those of you who don't know this book, it is a remarkably practical and usable guide to diagnosis and treatment, designed for use by village health workers with little or no medical training. The Fijians took to the book like a Tavarua sea snake to the sea, and within a few days were quite proficient with it. Thanks to Kevin Starr for helping us all to learn how to use the book. Sala, Luisa, and Merewai all got quite good at using the stethoscope and blood pressure cuff, and they soon had a line of villagers every day waiting to have their pressures taken. In most cases, non-medication treatment strategies were used: recommending weight loss, improved diet, stress reduction, and stopping cigarettes. But we discovered two women with very high pressures (diastolics above 110) and started them on antihypertensive medications. Their blood pressures had decreased just before we left.

During the second week we tackled the village dispensary. SMA members had donated a few hundred dollars for the project, and based mostly on what was recommended in *Where There Is No Doctor*, we developed a list of what drugs and supplies were needed. Our team, including Gavidi, went to Nadi. The pharmacist there that everybody unanimously recommended, Dr. Patel, sold us the medications, gave us a bunch of others, and provided astute advice. Michael chipped in with a chunk of his own cash and bought a lot of bandages, gauze, and other supplies. Kini Ramumu, an expatriate nurse living in Lautoka, was visiting the village and greatly helped in getting the dispensary working. Aparosa Nalima, known throughout the village for his accounting skills, joined us in inventorying and arranging the medicines. Judging by the interest Isoa showed in dispensing medications (including writing instructions for each patient) and recording the medical facts and what was prescribed, I suspect that he will become the village pharmacist. By the time we left, all the Fijian members of our team were taking blood pressures, and prescribing and dispensing drugs.

If any SMA members happen to visit Nabila, check out the dispensary and see what drugs are running low and what supplies are needed. If you have a few extra bucks, stop at Patel's pharmacy in Nadi, pick up a few things, and donate them to the Nabila dispensary. While you're there, you just might want to have your blood pressure checked as well.

Acute Care Committee Report

by Jim Cartland, MD
Santa Barbara, California

The acute care committee consisted of six SMA members: Nelson Swartley, Alistair Wilson, Tony Jackson, Ben Cockcroft, and me, as well as six Fijians residing in Nabila. We met ten times during the course of the conference.

The meetings were held with two goals in mind. The first was for us to learn Fijian ways and medical practices and determine the types of acute medical problems the Fijians face. The second was to instruct the Fijians in Western methods for dealing with these problems. We found the Fijians in Nabila extremely reluctant to use the formal health care system in Fiji. "We hate our doctors," stated one Fijian. There is the perception of a very low standard of medical care and lack of compassion in the existing system. People seek care in the hospitals only at the last resort, if then. The fact of doctor flight out of Fiji following the military coup two years ago, and reports of poor training of replacement doctors fuel the villager's distrust in the current system. There are local healers but we were left with only a fragmented idea of who these people are and what they do for specific medical problems.

We found an abundance of skin infections, boils and abscesses in the community, possibly related to less than ideal (by Western standards) washing facilities. Wound infections are quite easy to obtain in Fiji, as demonstrated by several SMA members following unplanned contact with Tavarua reefs. Other problems encountered included respiratory infections (including tuberculosis), urinary tract infections, peptic ulcer disease, diabetes, and a higher incidence than expected of hypertension. We had one experience with a severely dehydrated patient who responded well to our teaching the family to administer the oral rehydration drink recommended by the World Health Organization.

Meetings of the acute care committee consisted of visiting the ill Nabilans, holding clinics for Nabilans and people from surrounding villages, and holding teaching discussions within the group. Whenever possible, diagnosis and treatment were found in the book *Where There Is No Doctor.* Fijian input into finding the proper diagnosis was encouraged. Emphasis was placed on proper wound care techniques, care of skin infections, when and what antibiotics to use (obtained from the Nabila dispensary set up by the SMA) and when to see a doctor. We demonstrated the World Health Organization oral rehydration drink. Committee members were taught how to take blood pressure measurements and at what level of blood pressure to become concerned.

Jim Cartland. *Photo by Renneker.*

The Fijians we worked with seemed quite receptive to our teaching attempts. The perceived problem of a poor Fijian medical establishment remains a large problem. For those of you not at the conference, the surf was amazing.

Maternal and Child Health Group
by Bruce Hoffman, MD
Saskatchewan, Canada

Our group was composed of the following members:

PAM, registered nurse from California with three of her own children.
NEAL, pediatric anesthetist, married with two stepsons, presently practicing in St. Paul, Minnesota.
BRUCE, family physician, practicing in Saskatchewan, Canada; has two children.
APRIL, lactation, breast-feeding expert who has three children.
APAROSA, presently the keeper of the dispensary and father of three children. He works as a farmer.
VAI, lived approximately 10 miles outside the village; married with one daughter.
SOVA, married with one son, aged 8.
SALO, from Nabila; has one daughter, aged 2.
MIKESEBO, 25 years old; unmarried, no children.

We met on a number of occasions, in great spirit, and with much sharing of our respective child-rearing experiences. From the outset, it appeared that all the pregnant women received their prenatal care from midwives in Nadi. The service provided seemed to be quite adequate and the women seemed happy with the arrangement. They usually present for the first time at three months and are seen monthly thereafter. The only cost involved is the bus fare to Nadi — which did not appear to be prohibitive. If any complications arose, the mothers were transported by ambulance to Lautoka. The consensus was that the treatment received by the midwives in Nadi was far preferable to that received at the hands of the Lautoka hospital staff. As a rule, during pregnancy no iron pills are routinely dispensed. The length of stay in the hospital after delivery is one day. The general consensus was that the villagers of Nabila were happy with the pre- and post-natal services provided.

The most popular form of birth control after birth is the birth control pill. A most remarkable observation was offered by the mothers. They noticed that if they took the birth control pill while breastfeeding, the babies were often miserable and had "bloated stomachs." This certainly correlates with the evidence that the estrogen component of the birth control pill can interfere with certain constituents of breast milk, rendering it far less nutritious.

Most mothers breastfeed for 1 to 3 years. The average number of children per family used to be four or five, but this has dropped in the past few years due to the cost of maintaining a larger family. The average age of marriage is 17-21 years.

We met a Nabilan lady of 83, who had served as the village midwife and general medicine person for the past 50 years. She had not done a delivery in four years. Most of her treatments were from leaves culled from surrounding trees,

His own patient. Bruce Hoffman. Photo by Renneker.

shrubs, and weeds. My coral reef cuts were treated with the local weed juice — and I must report that the cuts which received the 'juice' did very well. The villagers reported that they always treated their children with local folk remedies first, prior to taking them to a doctor. The most common complaint among the children is diarrhea, and the leaf of the guava tree is used in a drink form to treat this.

Infertility seemed to be a common problem. Apparently there were ten couples who were infertile, from a total of 60 couples, which is higher than the North American average of 10%-15%. However, these are rough figures and are based more on hearsay than direct evidence. In the one couple whom we counselled, the woman had had an investigative laparoscopy (surgically inserting a tube to view the female organs) without the husband having had a sperm count. Not one of the women in the group gave a positive history for pelvic inflammatory disease (past infections of reproductive organs). However, there were a noticeable, number of hirsute (hairy, i.e., facial hair) women in the group. Whether or not there is a higher level of hyperandrogenism (hyper-male hormones) in the community, which may account for their infertility, is difficult to say. The couples were given some basic anatomy and physiology instruction, and some common sense approaches to achieving conception. In a few obvious cases, gynecological intervention would appear to be a necessity. The women seemed extremely reluctant to pursue their infertility problems under the care of a Fijian doctor. The reason offered was the cost involved and the rough handling of the villagers at the hands of the hospital staff.

It will be extremely interesting in the years ahead to follow up the infertile couples and possibly be more aggressive in trying to establish an etiological diagnosis without having to resort to a hysterosalpingogram (x-ray procedure) and laparoscopy. Whether or not any couples will conceive with the advice given in David Werner's book, and the common sense approaches discussed in our group sessions, remains to be seen. However, it was a warm and rich sharing experience and I look forward to seeing everyone again next year.

HEY HEY SMA

The SMA has a new phone number — Take note!!
(415) 566-4687

Dental Health Committee Report

by Mark Ebrahimian, DDS
Scotts Valley, California

As any dentist who has visited Nabila has observed, the incidence of dental disease in the village is overwhelming. Young and old villagers visibly suffer from disproportionately high levels of missing and carious (decayed) teeth. The adults also suffer greatly from moderate to advanced periodontitis (gum disease) associated with high levels of plaque and calculus. Loss of teeth in the adults is as much due to gum disease as it is to caries.

Poor dental health in the village is influenced by many factors: lack of resources, a diet rich in sugar and refined foods, low levels of dental awareness, inadequate hygiene facilities and an acceptance of disease.

In a two-week training campaign, it was felt that perhaps the most significant gains would be made by increasing the villagers' awareness of the magnitude of the problem. Especially important was to leave them with a basic sense of disease prevention. With that in mind, we took steps to conduct a needs assessment, explore existing resources, if any, and establish priorities.

The needs assessment was fairly clear. The villagers' awareness to the role of plaque in gum disease and tooth decay needed focus. Questioning some of the more informed villagers suggested that children are exposed very early in public school, to the benefits of oral care, but somehow the information doesn't transfer into practice.

This fact led us to the next logical step: the public school. We felt that the most significant change in the dental health of the village would be via the children. This group would require the attention of the parents, and get the whole community involved.

A meeting with the school teachers gave us insight to the nature and quality of health education. The teachers, two Fijians and two Indians, teach grades 1 through 8. Each teacher is responsible for teaching a combined class, for example, 1st and 2nd grades, 3rd and 4th grades, and so on. The school serves about 160 students from surrounding farms (mostly Indian) and the village (native Fijians). Half of the students are Indian and half are Fijian.

Lessons in health education are given once a week for 20 minutes. Lesson plans and accompanying posters are from UNICEF. A review of the dental health materials showed the information to be current and accurate.

Dental health education involves inspection of the students' grooming and tooth brushing, and asking students to brush their teeth if they are not doing so.

Some obvious weaknesses in the current structure were noticed. First, the teachers are reponsible for too many students. Second, the teachers themselves were visibly suffering from missing and decayed teeth. Their knowledge of the bacterial causes of oral disease seemed sketchy. Third, as pointed out by all of the teachers, the fact that the lessons are given in English may be leading to poor comprehension of the information. The main language spoken at home is either Hindu or Fijian.

Another dilemma exists at home.

Mark Ebrahimian, DDS.
Photo by Renneker.

Children, once returning home, do not experience reinforcement of the hygiene practices, namely brushing, from parents and relatives.

It became appparent that any effort in raising the status of dental health in the children would require the full awareness and cooperation of the parents. To gain appeal of the adults in the village, given the brevity of our campaign period (two weeks), a culturally centralized and valued forum was deemed to be necessary. The village church was chosen as perhaps the most influential institution for the forum.

The role of the church in the welfare of the children was underscored by its annual observance of Children's Day. Upon our arrival, on Sunday, this traditional day was celebrated by allowing children to serve as primary functionaries of the church service. This included a dramatic ceremony where orphaned children honored "the lost parents."

A village dental committee, consisting of active church members, the church minister, his wife and his sister-in-law was formed. Our dental team met at Nabila school to confer with the teachers. The village committee was encouraged to come up with ways of having the parents and adults in the village serve as role models for the children.

Two practical solutions evolved from the meeting. One solution, suggested by the two women in the village, was to conduct a "grapevine" campaign aimed at bringing all the villagers out the next morning for a communal tooth brushing event. This took place, and although I was not present for the event, the women expressed satisfaction with the number of people attending.

A second solution, suggested by the minister, appeared to be the most fruitful. It is my feeling that the most constructive discussion regarding dental care took place with the minister when it was presented in terms and a language consistent with his strong religious beliefs.

In the course of our discussions, I began to realize that perhaps an Easter Sunday sermon was in the making as the minister carefully jotted relevant ideas on a note pad. This interest encouraged me to introduce the information allegorically. I suggested that Easter Sunday should mark a time, each year, when the villagers take notice and responsibility for their own well being. This thought gained the enthusiastic support of the minister.

On Easter Sunday, the minister delivered the message to his congregation. Although the service was carried out in Fijian, it was apparent to me in talking with some of the worshipers after the service that the message for individual responsibility in health matters was getting across.

It was after the ceremony that, for the first time, I realized how actively the villagers, particularly the elders, were becoming involved with the Surfer's Medical Association campaign of promoting health sufficiency for the village. To me, getting across the ideas of hygiene and oral care was a success.

Committee members were instructed in proper brushing and flossing technique. One of the committee mem-

bers was introduced to scaling and removal of calculus. She was encouraged to improve her techniques in order to provide this care to others.

The second week of our experience in the village focused on reinforcing, with the village committee members, ideas from the previous week and providing primary care for those with acute problems.

Over sixty patients were seen. Virtually all were treated for extraction of hopelessly carious or periodontally involved teeth. Only one patient had any fillings, all the rest had never had such dental care.

In conclusion, it is my hope that the enthusiasm generated in the village will serve to improve the general condition of the adults and prevent the children from becoming a future generation of dental cripples. Future SMA dental health endeavors should take into account the current educational effort and build on this experience. Areas of attention should focus on training more village health workers to remove calculus (scaling), emphasize flossing or tooth picking techniques, and providing further education as to the role of bacterial plaque and calculus in gum disease and tooth decay. Nutritional education, in light of the villagers' high consumption of sugar, should also be a focus. A worthy intervention would be to dispense fluoride tablets to the children.

Fitness Team Report
by Jessica Dunne
San Francisco, California

On previous visits to Nabila, we encountered a lot of women who complained of constant backache, apparently due to their daily chores. There were also a number of men with knee and shoulder problems, almost all due to past rugby injuries. The Fitness Team was born to cope with these problems. The team included Candy Woodward (physical therapist), Nancy Romero (physical therapy tech), Jessica Dunne (fitness fanatic and Nabila socialite), Alex Kaliakin (chiropractor), and, from Nabila, Laite Viniyayawa and Joane Tuwaci.

The first week, Joane and Laite took us on a walk-through of the daily chores of Nabila women. Their typical before-dawn-to-after-dusk work day includes chopping and hauling wood from the mangrove swamps, pulling casava in surrounding hills, doing laundry (no Maytags here), cooking on wood stoves, collecting seafood, caring for children and the elderly, and the list goes on and on. Not to our surprise, all of these back-breaking tasks were performed in the universal back-stressing posture that most of us use: bending forward from the waist with legs straight and knees locked.

Candy gave some entertaining demonstrations on how to do chores using back-saving postures: keeping your bottom down, and using your legs more than your back when bending and lifting. In watching the women try to incorporate these ideas, it was obvious that it was as hard to remember what to do for the Nabilans as for most of us. It wasn't until we learned the Fijian term "lotto ra," which is Fijian for "bum down," that the concept became a popular one. The Nabilan women made plans to holler "lotto ra" to one another in the fields whenever they saw a lotto up. If it works, a lot of back pain will be prevented.

Fitness Team: Alex Kaliakin, Jessica Dunne, and the Nabila Rugby Team. Photo by Renneker.

Have you ever seen a group of Fijians play rugby? They do it with the apparent goal of dismembering one another and, according to the thirty members of Nabila's rugby team, they nearly succeed. Pulled shoulders, wrecked knees, and general aches and pains abound. The incredibly fit team members asked our by contrast malnourished and sickly crew for advice on how to avoid injuries. We asked to see what they did in preparation for a game, and were shown their warmup: a series of moves that resembled a Michael Jackson video on fast forward. It seemed that the warmup alone must account for some injuries.

We became the team's trainers, and Candy and Alex set out to develop a safe basic stretching and strengthening warmup program. The entire team was assembled to be taught the program, with Candy demonstrating each part of it. In having the team practice the program, mild-mannered Alex emerged as a forceful coach (the rumor in town was that he must be Russian). Flexibility was not a strong point among the players, nor were situps popular. But all persevered, with alternating giggles and groans. We await the results of their rugby season and hope their injury toll is reduced.

Whether or not proper body mechanics for the women or the pre-rugby warmup for the men has caught on seems less important than the strong friendships we developed with the Fijians. I still remind myself to keep my lotto ra, and wish I were back in Nabila.

RESIDENCY IN PARADISE

BY JIM DIMARCHI, MD

As a member of Diamond Head's "Dawn Patrol," I often began my days a bit earlier than most docs in Honolulu. It was still dark as I toted my mini-tanker down the path and paddled out over familiar reef. At first light, I usually had the soft swells of the outside break all to myself. As the sun peeked over the horizon, the islands of Molokai, Lanai, and Maui briefly appeared in the east, as did other surfers. This was my signal to paddle in and head for rounds at Kaiser, Queen's, or Kapiolani Hospitals.

Residency training is notorious for long hours and short vacations. The solution, at least for me, was obvious — complete my medical training where I can be minutes, not hours, away from my recreational element: water! In four all-too-short years of Obstetrics-Gynecology residency at the University of Hawaii, I managed to master scuba, sailing, and most importantly, surfing. I was not alone in my zeal for waves; many fellow residents and medical students joined me. Not all understood my pre-dawn fanaticism, but I shared many afternoon and weekend surf trips with them.

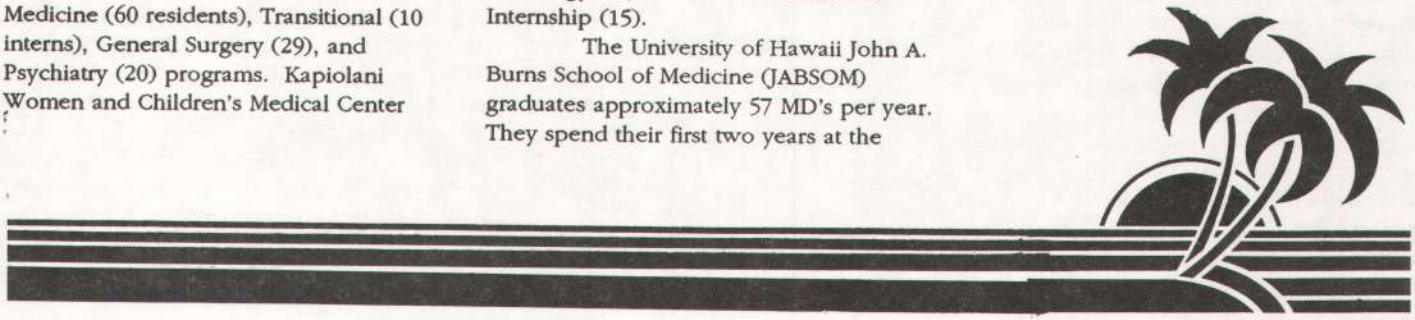
Each July 1, over 100 physicians begin their internship year on Oahu. Most arrive from mainland medical schools eager not only for internship, but also to experience the warm beauty of Hawaii's water, mountains, valleys, and people. Since there is no "University Hospital," the University of Hawaii residencies are distributed among several of Honolulu's medical centers. The Queen's Medical Center serves as the major teaching hospital and center for the Internal Medicine (60 residents), Transitional (10 interns), General Surgery (29), and Psychiatry (20) programs. Kapiolani Women and Children's Medical Center houses the Ob-Gyn (20) and Pediatrics (18) residencies. Relatively smaller programs in Pathology (9) and Orthopedics (8) also exist. Many of the programs include rotations through Straub, St. Francis, and Kuakini Hospitals, as well as the new Kaiser Medical Center. I was fortunate enough to rotate through the old Kaiser Hospital, which was located a short paddle from the south Shore's finest breaks. Some of Kaiser's staff docs kept their boards in-house, paddling out just before or after work. The surfing docs at Kapiolani were numerous enough to convince hospital security to maintain a surfboard locker in the parking garage at that hospital.

The residency directors pride themselves on obtaining a balanced mix of promising local and mainland graduating MD's to serve as resident physicians. Several of these residencies are sleeper programs that provide excellent training, but remain largely unknown to mainland medical students. The Transitional program traditionally draws an interesting group of outgoing interns awaiting mainland residency positions in Anesthesiology, ENT, and Radiology. While this is a demanding year for them, these transitional interns frequently master one or more water sports during their year in paradise. For those with a military interest or obligation, Tripler Army Medical Center is a large teaching center outside Honolulu with residencies in Internal Medicine (26), Ob-Gyn (24), Pediatrics (15), Radiology (16), General Surgery (27), Psychiatry (16), Orthopedics (12), Urology (4), ENT (6), Pathology (8), as well as a Transitional Internship (15).

The University of Hawaii John A. Burns School of Medicine (JABSOM) graduates approximately 57 MD's per year. They spend their first two years at the Manoa Campus east of Honolulu before performing clinical rotations at the various hospitals mentioned above. Like most state-funded medical schools, admission to JABSOM is a nearly 100% "locals only" situation. Many are fine surfers willing to share their local surfing know-how with residents on their ward team. About half of them remain in Hawaii for their post-graduate medical education.

The outer islands of Hawaii are well known for their beauty and less-crowded surf breaks. While the hospitals on these islands are not of Oahu's teaching caliber, medical students and occasional residency rotations can be arranged there. I was fortunate enough to fly to Molokai weekly for Monday clinics at Kaunakakai Hospital.

To many mainlanders, the notion of residency training in Hawaii may seem preposterous or impractical. It is neither. For those willing to sacrifice travel far from home and the expense of moving, the hospitals of Oahu offer excellent graduate medical education with an incredible opportunity to surf, sail, and dive the surrounding waters on a very regular basis. Even after my frequent sleepless nights on-call, I usually found the strength to paddle out and ride the warm year-round waves of Oahu.



EAST COAST PLANNING CONFERENCE

by Bill Rosenblatt & Alex Kaliakin

Despite a totally underwhelming response from other East Coast SMA members to our invitation to participate, the First East Coast SMA Regional Planning Conference was held in Puerto Rico from the 11th through the 18th of February 1989. SMA member Bill Rosenblatt, EdD, and hodad Nelson Lugo, MD, spearheaded the meeting, with West Coast member and two-time Tavarua vet Alex Kaliakin, DC, providing valuable organizational insights and assistance. The local Puerto Rico contingent was led by Riki "Yo Faa" De Soto, Jose "Mr. Tres Palms" Diaz de Villegao, and the entire Watusi Surf Team.

Riki, a sumo longboarder, is a renowned glass artist who made the competitors' medals and trophies for the 1988 World Championship. Jo, a main man at one of San Juan's major newspapers, who also covers contests in Puerto Rico, is a fanatic big wave rider, and graciously allowed his house at Jobos beach to serve as SMA headquarters.

The group addressed:

1. Ways to get more East Coast and Caribbean involvement in the SMA.

2. Regional East Coast agenda organizational issues. (Why are there so few stoked members.) Should we actively seek more chances to get in contact and determine regional needs?

3. An assessment of Puerto Rico Surfers' medical needs and Surf Doc status. Only one SMA contact in Puerto Rico is a health professional, which we learned about after the trip.

Bill has agreed to continue spearheading East Coast efforts (contact him, will you!), and we are pushing Jose to finish writing an article or series of articles on the SMA and surfers' health for his newspapers. Alex shared his West Coast successes and failures concerning working with established groups and contest sponsors.

Puerto Rico surfers reported that there are very few doctors on the island that know much about surf-related injuries. One surfer who suffered from chronic ear infections told us that he, in fact, had needed to turn his doctor on to Doc Scott's Proplugs. It was felt that with the large Puerto Rican surfing population, as well as the predictable influx of winter-traveling surfers, a network of knowledgable health professionals or contact people would be quite helpful. Additionally, since many breaks are off the main roads, surfers need to be knowledgeable about first aid tips (the upcoming handbook is needed!)

Team SMA in Puerto Rico. Photo by Pearl.

As for the surf, conferees got a taste of small, sloppy San Juan breaks: Aviones and Stop 8 (2-3 foot mush), zippy two foot beach break at Loquillo, and, courtesy of a freak winter tropical storm, 8-10 foot Wilderness and 4-6 foot Marias. Conditions were less than the island is capable of but fun nonetheless.

The first annual East Coast SMA Invitational Longboard and Bikini Contest was held with warm-ups at Surfers beach and the main event at 1-2 foot Wilderness. We're not sure who actually won, but we know that Jose came in last. His last place finish was by virtue of a leashless wipeout on Nelson's classic 10'2", resulting in the board thrashing against the rocks and some hefty dings. Nelson was disqualified for not catching the minimum number of waves (a chronic Lugo problem). Alex got the highest scoring wave with a full moon on the nose, right in front of the judges, while Bill scored with a back flip pull out.

As for the bikini contest, Pearl won two awards: one for Miss Congeniality, and the other for best name for a surfer's spouse or spousal equivalent. Cindy Richardson gets an award for putting up with Nelson.

Other conference highlights included a road trip with the head of the Lugo School of Island Driving, which proved that most surf- related injuries in Puerto Rico are caused by automobiles, and the post-Pirata car ride and surfing session held at Bridges in Aquadillo (Piratas are every possible kind of rum poured in a sawed-off coconut which tastes terrible and causes strange symptoms such as hypermotormouth and severe loss of balance on 2 foot waves!). Also to be noted was the speed with which the conferees picked up particular Puerto Rican phrases not on the "Learn Spanish in 48 hours" cassette!

Anyone interested in helping plan a meeting next winter, contact Bill.

LETTERS LETTERS LETTERS

SMA Suits Lawyer

[a letter sent to *Surfer* Magazine, 1/31/89]

This letter is in regards to your March, 1989 issue, Vol. 30, #3, Page 76, in the Health Center regarding the letter from Craig, Crabhole, Florida, and advice given therewith. I have read your magazine for years, too many almost to mention, but I cannot recall what the purpose or motivating factors were in the foundation of the Surfer's Medical Association in the Health Center Advice column. I will point this out, however, that if you were never to publish another column you still have served a great function by this above-referenced article in your March issue. Having been a veteran of two laminectomy procedures on my lower back involving the L-4 and L-5 vertebrae in June, 1980, and July, 1981, and having read thoroughly the advice given by the excellent members of your Surfer's Medical Association, I can say but one thing to Craig, take to heart every word that was printed. Even if surgery is performed, I can assure him that with the proper rehabilitation and physical therapy, he will, indeed, be back in the water again. What was so amazing to me is the honesty and caution expressed by your medical experts. Very rarely in this day and time in any profession will you find a member of that profession publicly cautioning advice given by another member of that profession, whether it be legal, architectural, medical, or whatever.

The only possible piece of advice that I might give in addition, as a veteran of these types of procedures, is that the icing and swimming cannot be emphasized enough. Even to this date, when I experience infrequent spasms or discomfort in the leg and buttock area due to my disc problems, a mile in the pool and icing immediately thereafter alleviates the pain quicker than any medication that has ever been prescribed for my condition. As far as Craig's concern about the chiropractor, he obviously did not have one that completely understood his situation or the problem. I have received chiropractic care for the last two years, approximately one adjustment every two to three months, and find that has also been very beneficial.

In conclusion, my hat is off to the doctors who rendered the advice in your magazine and if you will be so kind as to provide Craig's home address, I will be happy to personally write him a letter to encourage him as I am well aware that when you are down in the back and someone tells you that you will never surf again, because of that, it is an extremely disheartening and depressing time in your life.

With kindest personal regards, I remain
Sincerely yours,
Mark M. Arnold

New Yorker *ripoff*

Drug Testing in Scottish Contest Surfers

A letter to the SMA from Scottish member Andy Bennetts, the President of the Scottish Surfing Federation

Dear SMA,
Thanks for the copy of Surfing Medicine — very interesting, even to a non-medical person like myself. The main point of this letter is the article on marijuana smoking. I thought I would let you know about the Scottish experience with the problem as it relates to contest surfing.

The Sports Council in Great Britain support the Drug Control and Teaching Centre, in Kings College, London, which was established in 1978 primarily to provide a service to sports organisations to help prevent the abuse of drugs. The Government, and in particular the Sports Minister Colin Moynahan made it a condition of Government support of sports organisations that Doping Control was mandatory at selected sports events and training sessions.

The Scottish Surfing Federation receive about 30% of our total income from the Scottish Sports Council, and as the same rules were being introduced in Scotland, we had to amend our constitution to include doping control, and the penalties associated with offenders, or lose that 30% grant. The main purpose of the new rules were, we felt, to put an end to steroid abuse in the major sports such as athletics — we didn't see a problem in this area, but did see possible trouble occurring with cannabinoids, as there are a few individuals who do indulge — probably a maximum 5% of our membership — but they tend to be the better surfers, who have travelled extensively. Certainly, as far as the U.K. is concerned your estimates of 60 to 90% are way off the mark — 10 to 15% would be nearer it here. The testing scheme was totally grant-aided by the Scottish Sports Council, so it wasn't going to cost anything to run the tests — all the urine samples are analysed by gas chromatography-mass spectrometry by the College in London, and the results returned about 4 weeks after the samples are taken.

We had a particular problem in 1987, when out of 6 samples taken at major Scottish surfing contests, 4 proved positive, and one had small (but not over the limit) traces of cannabinoids. No other drugs were found in the samples, and tests done at contests both before and after this one have proved negative. The hassles caused by the positive results were considerable, because the first, second and third places in the contest were disqualified — the winner lost a 2 week all expenses paid skiing trip to the French Alps. Under our constitution, the 4 who proved positive were all called to a meeting at the Sports Council and asked to account for their actions. They had, it turned out, all shared one joint the previous night — the one not over the limit was in the same room, but did not take part in the joint — so you can see, the tests are very accurate.

The worst part of the whole thing was telling the sponsor that the first 3 had been disqualified for drug abuse, and as you can imagine, the prizes were withdrawn altogether — not given to the 4th place finisher. The surfers involved were

all banned from the Scottish Surfing Federation for 1 year, which effectively banned them from all contests in Britain for a year. As far as I know, they were the first people disqualified in a European (and possibly in the world) surf contest because of drug abuse.

The problem for surfing is that to attract major sponsors from outside the surfing industry, the image must be one of responsibility, and a professional approach towards the sport, sponsors, the media, and so on. The last thing anyone needs is a "Ben Johnson" image. Not only will sponsors not wish to be associated with a sport where drug taking has been proved, but what parent would let their youngster join an organisation where drug taking had not only taken place, but was proven to have taken place? The other factor is that to many people, all surfers are tarred with the same brush. But we are shaking off the "beach bum" image at last — surfing is big business I'm glad to say — let it remain so.

We felt so strongly about the damage done to our Federation by these four individuals that we have now amended our constitution to read that a positive dope test will, after an appeal hearing, result in an immediate life ban for the offender, which will mean he can never take place in a contest in the U.K. and never be considered for a national team.

You may get the impression that we are being too tough, but believe me, the hassles involved are unbelievable — fortunately, the incident is behind us, and the Federation continues to grow stronger. The sponsor of the contest appreciated our situation, but did require a considerable amount of persuasion to re-invest in the 1988 contest.

I hope you find our experience interesting, and please get in touch if you want to know more. You may also have seen the photo of one of our local breaks, Thurso East, in the March *Surfer*, under the headline "Serious Scotland." If any of the members find themselves in Scotland they are welcome to get in touch — perhaps a few of the local waves would go down well!"

Ed. reply — It's always refreshing to learn more about the differences between cultures. For example, who would have imagined that simple mathematics would be so different in the UK — that 4 or 5 (but he was only in the same room) out of 6 equals 10-15%?

Special Delivery

Letter from an elated father, Eddy Rubin, MD, PhD, one of the founding members of the SMA.
2/14/89

Hi Folks,

Here's some $ for the SMA. THE NEW ISSUE OF THE JOURNAL LOOKS GREAT!!

Rachel's brother Benjamin arrived this past Sunday (2/12/89) at 11:30 pm. Joan was pretty amazing. She went for a brisk five mile hike in the Berkeley hills after her waters broke to get her labor going. Then she went to the hospital, and five hours later, with the help of some Ocean-Beach-when-it's-good-size-surfing imagery (paddling, getting dumped, breathing rhythm), pushed the kid out. Joan has really well developed abdominal musculature from surfing. Once she figured out in what direction she had to push I was fearful that the kid was going to be shot across the room. Now I just have to figure out how to keep him from getting interested in surfing.

Eddy

Joan, Rachael, and Benjamin (in-wetsuit). Photo by Renneker.

A Dislodged Tooth Can Be Saved

from Sean Robertson, DDS
Carpinteria, California

Hey SMA,

Every year thousands of teeth are knocked clean out of their sockets. What do you do? Can the tooth be saved? Just because the tooth has been dislodged doesn't mean it's lost for good.

Here are five simple steps, recommended by the American Association of Endodontists, to help save your tooth or the tooth of a fellow surfer:

1) Stay calm and locate the tooth. If it's still in the mouth, gently push it it back into the socket.

2) If the tooth has fallen out of the mouth, pick it up by the top, or crown, not the root.

3) Place the tooth in the socket or in the mouth between the cheek and gum.

4) Do not attempt to scrub or clean the tooth because it will damage the cells of the root.

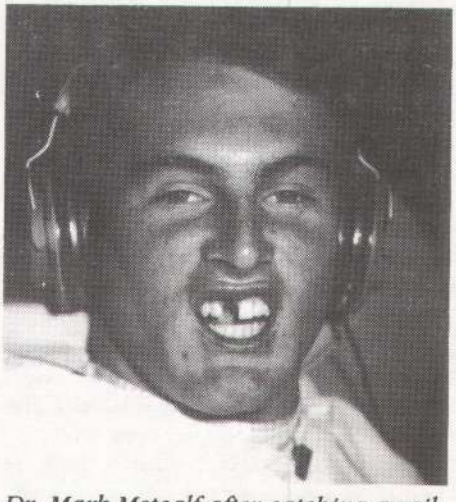
5) Don't worry about the time of day or night — call your family dentist or endodontist.

Remember, the first thing you do with a tooth that's knocked out is to pop it right back in your mouth (unless it has sunk to the briny depths).

The above steps are for a tooth that has been completely knocked out of its socket and is in one piece. Sports-related injuries to the mouth can cause many types of dental trauma. The tooth can look normal after trauma but then darken in a short time. This injury has stopped the circulation to the tooth and "internal bleeding" has discolored the tooth from the inside. This tooth needs endodontic treatment and internal bleaching to whiten it.

Chipped teeth are common, but bonding can restore the tooth's original shape. If the crown of the tooth has been knocked out, but the root remains in its socket, your dentist can restore the tooth with a new crown.

In any event, six-month checkups and cleanings keep you smiling bright and more aware of your oral health.

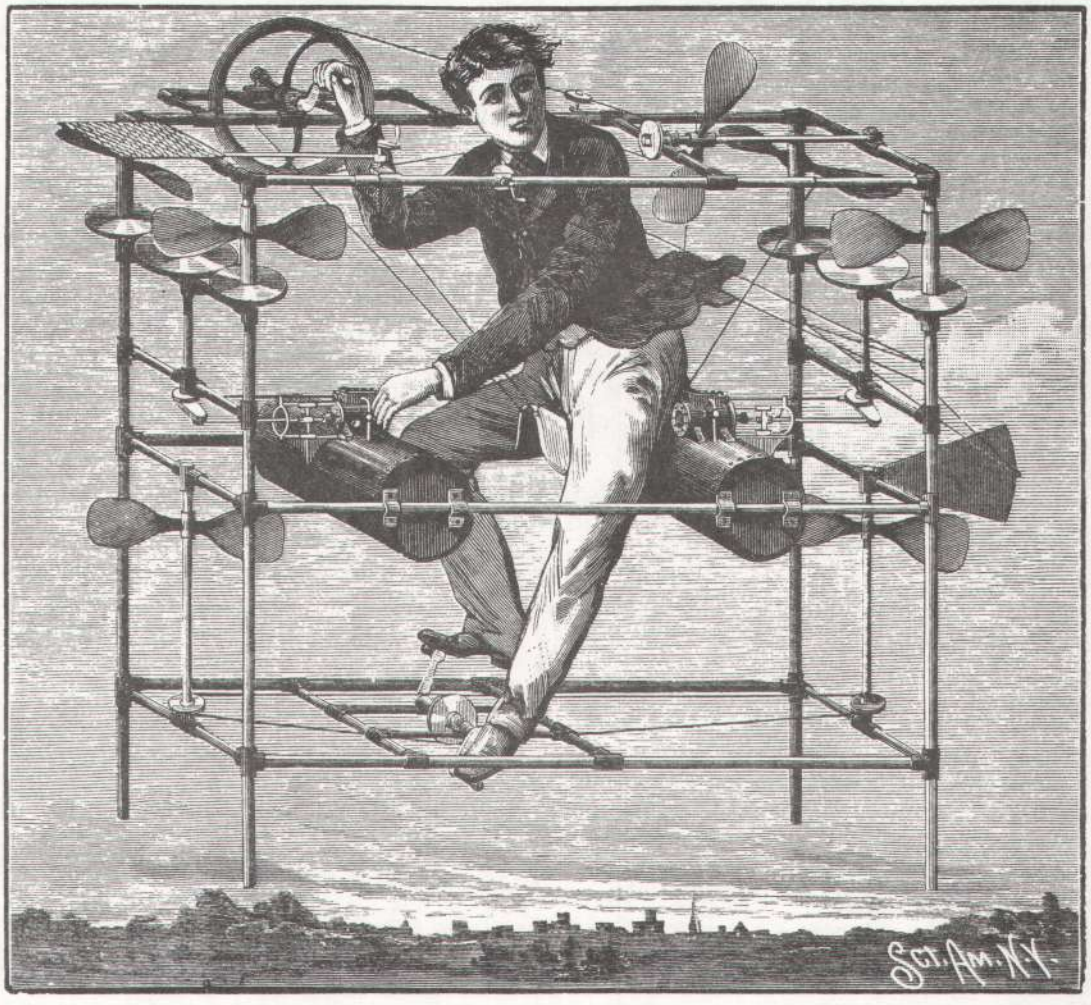


Dr. Mark Metcalf after catching a rail in Mexico. Photo by Robertson.

PRODUCT TESTING: "PADDLE POWER"

A Critical Evaluation by the Surfer's Medical Association

Last year an obscure ad in *Surfer* magazine grabbed our attention: the Paddle Power exercise device, by Surf Enterprises in Houston, Texas. Over the years, having witnessed numerous attempts, usually only half-serious, by surfers to improve their paddling strength — pulley outfits in gyms, bicycle-like contraptions, etc. — this sounded like another half-baked idea.



We were sent the device, though, by its enthusiastic inventor, Ashley Burleson, with the following letter:

"I conceived the Paddle Power exercise device approximately two years ago. I saw a need for a small device to maintain an infrequent surfer's paddling ability. The first prototype, using spring resistance, was constructed in November 1987. The present design, using rubber tubes, was constructed in January 1988. In addition to developing and maintaining paddling muscles, the device can be used for numerous other exercises. It is excellent for someone looking for a resistance exercise program who doesn't want bulky equipment lying around. Although it is not the only tubing-type exercise device available, it is the cheapest and most versatile that I know of."

This pretty well sums up the reality of Paddle Power: rubber tubes, not bulky, cheap, and versatile. We've had many members work with it, and all have basically said the same thing: "Yeah, that works; simple too!"

It's basically a resistance training device, whereby you hook a nylon strap under your foot or to a wall, grab hold of the ends of two rubber tube loops, and start wailing like Mark Spitz in the Munich Olympics.

Will surfers use it? Maybe those that live a long way from the ocean, or those that are injured and want to stay in shape. Sports medicine surf docs and physiotherapists should dig it, too. Otherwise, it seems unlikely that a surfer who has a nearby ocean (no matter how flat) or even a lake or river, will chose a dry workout over a wet one.

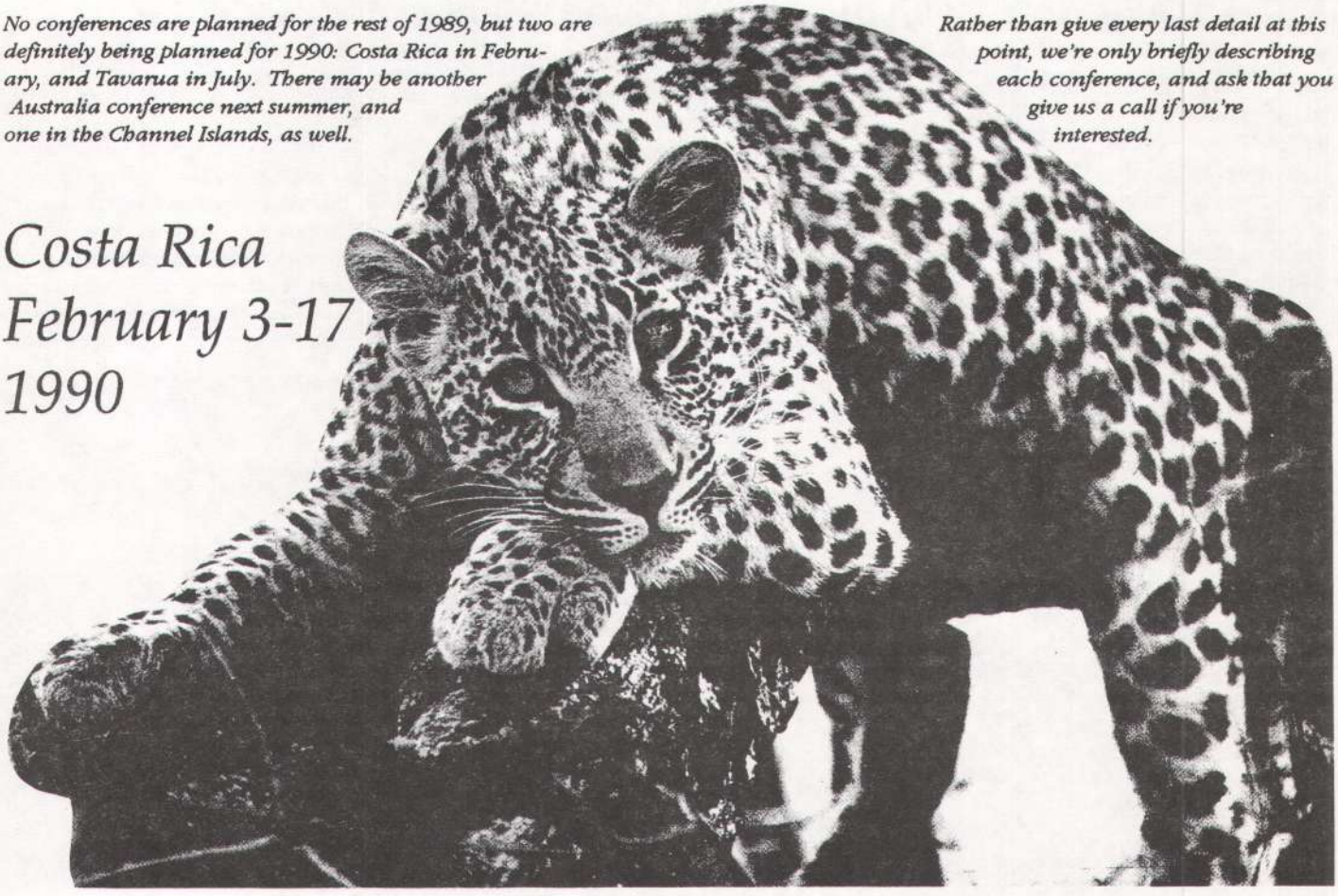
Regardless, Paddle Power works, and we support its concept and design. To order one (or prescribe one), send $12.95 plus $2.50 for shipping and handling to:

Surf Enterprises
PO Box 670842
Houston, TX 77267-0842.

UPCOMING CONFERENCES

No conferences are planned for the rest of 1989, but two are definitely being planned for 1990: Costa Rica in February, and Tavarua in July. There may be another Australia conference next summer, and one in the Channel Islands, as well.

Rather than give every last detail at this point, we're only briefly describing each conference, and ask that you give us a call if you're interested.



Costa Rica February 3-17 1990

This trip has all the hallmarks of the SMA's best conferences, beginning with how it came to be proposed. Mark Bracker, one of the hardcore SMA members and our workshop leader at the Big Flat conference last Fall, has a surfer patient, George Ravenscroft, who knew of Mark's involvement with the SMA. One day George said to Mark: "Hey, I've got a ranch on one of the longest left points in the world (Pavones), on the coast of Costa Rica, at the Panamanian border, and the whole area is one of the last remaining rain forests, and we've got about 300 species of birds, 5 different kinds of cats and jaguars, and monkeys on the beach — and I'd be happy to have the SMA come down and have a conference there." No dummy, Mark, on the SMA's behalf, jumped at the chance — and soon we were meeting to plan the conference. Here's the scoop.

The focus of the trip, apart from surfing, will be on nature and ecology. We intend to hire a naturalist from either Costa Rica or the San Diego zoo to serve as a guide for us. Those attending will have the opportunity to present seminars on surfing and environmental topics, in addition to initiating a health care and education "clinic" for the indigenous people.

We will be staying on or near George's ranch, largely camping (but there will be some dwellings for us to stay in) and having meals and meetings at the one cantina in the area, which sits on the beach alongside the point. February is well before the rainy season, so it should be lovely, tropical weather, and George swears it is great camping and almost bug-less. It is one of the best months for waves at Pavones. A good day of surfing there entails only five or six rides — they're over half a mile long! You have to walk back, while iguanas on the beach scurry out of your way. And there should be few, if any, other surfers there. Back from the beach is a clear-water river that you can walk up, surrounded by jungle. George says that what really sold him on the place was when he realized he could run barefoot through the jungle, it's that soft and gentle. It will be a Tavarua kind of setup, because the only feasible way to travel down there is by boat. And George will make his boat available to us, ferrying us back and forth from nearby Golfito (where we will fly to from Costa Rica's capital, San Jose; which is where you need to fly into from outside the country), as well as taking us on surf explorations to the south and north, where he has seen giant, perfect surf on deserted outer points and reefs. Get ready!

It will be a comparatively inexpensive conference: about $500 to $600 in airfare from California, approximately $35.00 per day for meals and accommodations, and a $300 conference fee. There will be room for only 15 to 25 people, and, just by SMA word of mouth, about half of those spots are already spoken for. Priority will be given to those coming for the full two weeks. If you want to come, call right away. Use the SMA's new phone number:
(415) 566-4687

☞ TAVARUA
JULY 14-28, 1990

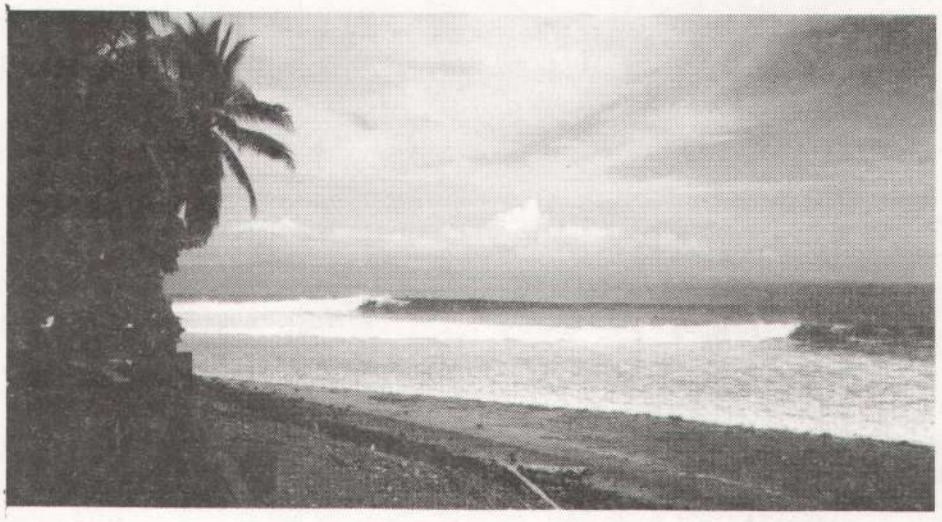
The focus for this meeting, the 5th Annual SMA Tavarua conference, will be "The Fijian Way." In addition to continuing our health work and training in the village of Nabila (as described earlier in this journal), we plan to bring in Fijian scholars to lead workshops on the socio-anthropological aspects of Fijian culture. These meetings will generally be held in the evenings, and will finally give us the opportunity to explore deeply the incredibly complex and fascinating Fijian Way. July is peak-season for surf at Tavarua, and the rates will be higher than the off-season rates we had for the March conference. Figure about $110 per day per person, or $175 per day for couples, plus a $250 conference fee. Airfare will be $700 to $800. Surfers and non-surfers alike are welcome to attend — in fact, we expect it will again be an almost equal balance, so the waves should again be enjoyed by ten or fewer surfers. Call now (use the new SMA phone number, which is (415) 566-4687) to sign up or to get more information. Final arrangements will be made early in 1990.

AUSTRALIA
Summer, 1990

The early reports from the recent July SMA conference at the Bluff, in Western Australia, are that it was a smash success. In fact, it will be the focus of our next issue of this journal (February, 1990). Word has it that the SMA Australia group will put on another conference next summer. If you are interested, contact Jim Bradley (42) 37-7297 or Simon Leslie (42) 94-1716 in Australia. More details in the next journal.

CHANNEL ISLANDS
Santa Barbara — Fall, 1990?

SMA member Bob Lawson has a good-sized boat and can get other boats, if other SMA members would like to get together and hold a meeting out in the Channel Islands. Maybe over a four-day weekend, some time next Fall, when the waves and weather are best. Contact Bob if you want to work on putting this together (805) 581-5769.



View from our conference site at Pavones, Costa Rica. Photo by Ravenscroft.

U P D A T E S

SCAR BOY PHOTO SESSION

Last summer, *Surfing Magazine* chose the SMA as one of the twenty most influential forces in surfing, and sent ace photographer Aaron Chang to do a photo shoot. We invited SMA members in the area to be in the photo. It came to be called the Scar Boy photo session, because it centered on young Alistair Wilson, who was made up to represent the duality of surfers: good and bad, innocent and self-destructive. One half of him is smoking, drinking, shooting drugs, and is scarred, diseased, and sick. The other half is healthy, and being happily served by the SMA. It was shot at Laguna Honda Hospital. Those in the photo, from lower left, clockwise, outer circle, include: Mark Renneker (with stethoscope), Winnie Partridge, Rym Partridge, Dan Sooy, Bob Chatfield, Ula McClelland, Tom Kever

(continued on next page)

(continued from previous page)
(Grateful Dead shirt), Julian Wilson (as a stand-in for Kevin Starr, who was in Peru at the time), Craig Wilson (shades); and, in the inner circle, Scar Boy Alistair Wilson, Bob Scott, Tony Peckham, and Scott Thayer (suit). The kevlar-impregnated, supposedly unbreakable board never made it through the season in the hands of board killer Tony Peckham. The picture appeared last Fall (November issue), in Surfing Magazine. Photo donated to the SMA by Aaron Chang.

SLIDE SHOW REMINDER

Don't forget that we have a complete surfing and surf medicine slide show ready for your use. Give a talk at your clinic or hospital, community group or school. Call or write to us.

SMA EXECUTIVE DIRECTOR

The SMA now has an executive (i.e., paid) kahuna, Tony Peckham, to handle the various grunt and groan (mailing out information, processing memberships, maintaining the directory) and grin and groove (letters for the Surf Docs column, the journal, conferences) SMA tasks. A hard-core surfer here at Ocean Beach, in San Francisco, he is from South Africa, lives just down the street from where the SMA has thus far been housed, has been helping with the Handbook from the beginning, and is a screenwriter. Watch for his upcoming movie, "The Assassin."

June '89

SMA PHONE NUMBER

The SMA has a new number! Call us at (415) 566-4687.

HELP WANTED

25 year old SWMSMS (single white male surfing medical student) from Michigan is looking for places to sleep between surf trips and general surgery residency interviews while in Southern California from November 18th through December 21st, 1989. I also need a place to stay in January 1990 while I am at the Queens Medical Center in Honolulu. Please call me any time of the day or night. Scott E. Dlugos (313) 661-8155

ALEX WEDS

Alex Kaliakin and Pearl did it (though the photo seems to indicate that their marriage is already on the rocks).

SURF DOCS AT SURF CAMPS

We have yet to work out a plan for staffing Grajagan and equipping a medical clinic there. If you're planning a trip to Indonesia, please contact us so you can help this project along.

TAVARUA DOCUMENTARY

In the last journal we proposed a plan to make a documentary on the SMA's work in Nabila, but no funding could be found for the project. Rip Curl, Quiksilver, and Billabong all cordially said "great idea, but..." The corporate sponsor angle has been successfully explored by Surfrider Foundation, but thus far the SMA hasn't really pursued it except for nosing around with this idea for a documentary. If any SMA members feel they've got the disposition for this kind of fund-raising, please give it a go.

SURF DOC

Here's Matthew Stevens, a dentist-SMA member-surf kayaker from New York.

DOC BALL TAPE

Videotape copies of Doc Ball's address to the SMA 1988 Tavarua conference are available from Ward Smith, PO Box 1287, Aptos, California, 95001, (408) 688-4423. Write or call him if you want a copy of what is a truly inspiring presentation by Doc on his life as a health professional and surfer. Highlights include the formation of the Palos Verdes Surf Club in the 1930s, Doc's decision in 1950 to move out of LA because of the smog and people-crunch, and his doing pullups and skateboarding at age 80+.

IN MEMORIAM

We were deeply saddened to learn that Sakiasin Kulavere of Nabila, Fiji, died on August 26, 1989. Saki was, in many ways, the SMA's main man in Nabila, and was integral to all SMA-Nabila work. At 64 years of age, he'd had tuberculosis when he was younger and in recent months suffered from what appeared to be congestive heart failure, which was the likely cause of death. Our prayers are for the entire village of Nabila and his family, particularly his wife, Anna. We will all miss him.

Saki.

SURFING MEDICINE: A pier-reviewed journal

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

Rules for Submission:

1) Send material in early — at least two months before the next issue.
2) Include pertinent references.
3) We'll love you even more if you put your material on a Macintosh disk and send it to us.
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 pier-review (we pass it around the derelicts hanging out under the pier; if it meets their rigorous standards, it's in).

NEXT ISSUE

We're planning an Australian SMA issue, focusing on the recent SMA conference down there. The fabled North Shore clinical data may even appear, along with more details on next year's conferences. And there will be room for other articles, so send your stuff in.

APOLOGIES

The last journal had a number of risque items, some of which were unintentional — for instance, the in-the-buff shot of Rym. We formally apologize to Rym. We received a number of letters commenting on that photo (not all negative) and on the use of "dirty" language (again, not all negative). In this issue we've endeavored to sanitize. If anyone misses our irreverence, please let us know.

THE SMA HAS A NEW PHONE NUMBER!!!!

CALL US AT:
(415) 566-4687

GOALS OF THE SMA

FIRST WAVE The number one goal of the Surfer's Medical Association is to educate surfers so they can spend minimal time hasssling with doctors and maximal time surfing.

SECOND WAVE To conduct and support research and educational activities on surfing and health.

THIRD WAVE To represent the sport of surfintg in the fields of medicine and science.

FOURTH WAVE To teach physicians about the unique health problems of surfers, and how to better care for surfers.

FIFTH WAVE To create a network of barefoot doctors and surfing health professionals around-the-world.

SIXTH WAVE To protect and preserve the surfers' natural environment: the waves, the ocean, and our beaches.

☼ F E E D B A C K ☼

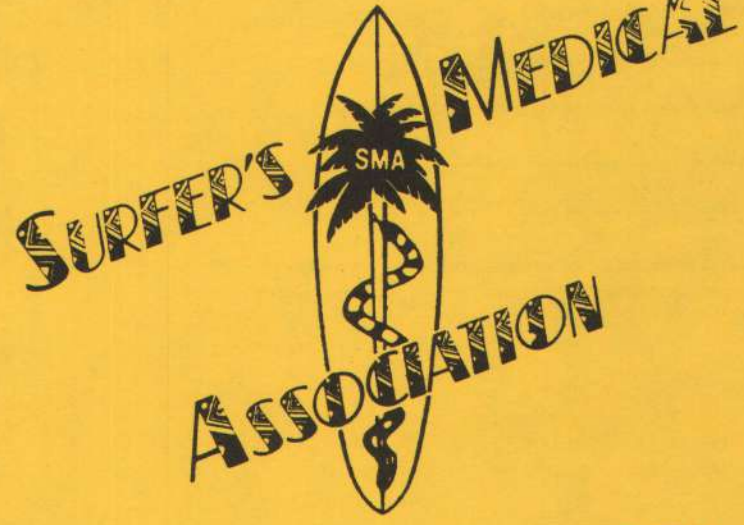
We need feedback from members on a *mucho* importante problem:

Foreign airmail postage for the journal has been upwards of $6 to $7 (US) each. With two issues per year (plus a membership directory), this costs a bundle of money and really hits us hard in the bank balance.

Do you think it unfair if non-US members pay an extra $10.00 (US) with their membership to defray postage costs?

Please, pleeze, PU-LEEZE let us know what you think, as we must make a decision on this soon.

☼ ☼



MEMBERSHIP INFORMATION

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

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, 2396 48th Avenue/Great Highway, San Francisco, California 94116. (415) 566-4687. Be patient if you don't hear back from us right away (especially if the surf is good).

PLEASE SEND US THIS INFORMATION

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

Date _____

New Member ◯ Renewal ◯

Name _____

Address _____

City/State _____

Zip _____ Country _____

Work phone _____

Home phone _____

Membership Category _____

Amount [Fees as of Jan. 1st, 1989] $_____

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:

Life Member: Totally Committed and has some bucks — pay once and you belong forever. $250

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. $35

Professional Member: for non-health professionals with real jobs. $35

Barefoot Doctor Member: the Surfer's Membership — for surfers interested in learning how to take better care of themselves and others. $15

Gremmies Member: for beginning or young surfers. $5

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

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

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

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

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

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

Surf Parent Member: for those who want to see Johnny come home in one piece. $25

Surf Family Membership: the family that surfs together, stays together. $25 ($50 if any family member puts a degree down after their name).

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

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

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

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

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

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

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

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

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

T-shirts: only available at SMA conferences
Additional Decals: $1.00 each.
Wall Diplomas: $5.00 each.