

# THE REEF SEEKER



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## BACK FROM YAP

It may not have been the trip we expected, but we had a really good time with our third version of “Yap Immersion” in this member state of the Federated States of Micronesia. I personally love going there for a host of reasons and I think everyone had a good time despite a few unexpected situations. You can read all about it in our trip report which you can find on the Reef Seekers home page at [www.reefseekers.com](http://www.reefseekers.com). (There’s a link there to the photos as well.) We also had medical issues that I detail in the report and repeat in these pages (Starting on page 2) because I think they underscore some issues that all divers need to be aware of.

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## DIVING FROM A BOAT ON THE FOURTH?

If you’ll be diving from a boat, especially a [private vessel, or will be diving in an area that might be subject to extra boat traffic this upcoming holiday, be extra vigi-

lant. Before you complete your safety stop, pause for a second and listen to make sure you don’t hear any motorcraft coming your way as you surface. Then surface slowly and safely with your hand up (better to have that injured than your head) and do a full 360 to look all around (just like we taught you in your basic class). In the same way there are more drunk drivers on the highways during holidays, there are also more drunk boaters on the waters and they’re not always paying attention to divers being present in the area.

If you should see someone operating their vessel in a less-than-safe or less-than-sober way, write down a description of the vessel, get the CF number if you can (and a description of who’s driving), and call it in to Baywatch or anyone who will respond. In the same way that CHP ups their presence during holidays, those that protect us on the waterways do the same thing. Take advantage of it.

And above all: Dive safely.

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## RESCHEDULING

I had to travel back east this past weekend to finalize the sale of my dad’s house in Dover, Delaware, and that caused some major disruption to our planned class and

local dive sked, specifically the nitrox class for June 28 and the Avalon trip for June 30. I should be back in SoCal mid-week and will look at getting those rescheduled shortly.

The Avalon Underwater Park should be especially good because we’re getting continuing reports that the Black Sea Bass (aka Giant Sea Bass) that were in the Park last summer are back again, perhaps as many as 10 or more.

What will be really interesting will be to compare 2017 photos with 2018 and see if they’re some of the same critters or not. There’s a Black Sea Bass ID group out of Santa Barbara that I hooked up with last year who were able to ID the ones sent from then (no newbies – all previously known fish) and we’ll do the same this summer. The nice thing about a photo record like this is that, when matched with others photos that are location/time-stamped, they can get an idea of travel patterns and such. On top of that, you may recall that last year we spotted one that had a lot of its gill cover ripped away. So we’ll look for that one again to see how that’s healed.

I’m initially leaning towards July 21 as the make-up date for Avalon. We might add maybe both a day and a night Redondo during the month as well. I’ll keep you posted.

## WHY DIVERS DIE

That's always the title of our review of the scuba fatalities from the previous year that we (Captain John Kades from the L.A. County Coroner's Office, Karl Huggins with the Chamber perspective, and me – Ken Kurtis – with the instructional takeaway) give annually at the Scuba Show. There were four cases from 2017 that we talked about and in two of them, overweighting may have played a role, not in the cause of the accident, but perhaps made it more difficult to deal with solutions as everything went south.

Many, many divers dive overweighted just because it's "easier" to slap on extra weight so you know you will sink. One of the issues at another Scuba Show seminar was the notion of "normalization of deviance." What that means is you do something you shouldn't (dive over-weighted), nothing bad happens, so you figure everything was OK. And eventually, that deviation from standard practice becomes "normal" and it eventually bites you in the butt.

Try taking off 2 pounds the next time you dive. Then take off 2 more. Do it until you've taken off 2 too many. Give it a shot. You may be surprised at the results.

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### DIVING MEDICAL LESSONS TO LEARN

Our Yap trip included a little land-based drama that can hold valuable lessons for all of us. This is in the trip report but - in case you don't read that - I think it's important enough to print here as well.

I have long held to a theory that the

clientele of any given dive shop will closely mirror the age, economic, and demographic of the owners and staff of that shop. Certainly Reef Seekers has been no exception. As I have aged, so have the people who travel with me. Gone are the days when everyone was 25 years old. I turned 67 this year and, on this particular trip, the average age was 66.5 years old. As it pertains to Reef Seekers, in addition to my demographic theory, it also makes sense that our base of travelers will get older because those are now the people who have the time and money to afford these kinds of trips (this one was a little under \$6,000 all-in), and they're no longer scraping to get by and saving every penny for a trip, hoping that "the boss" will grant them that specific week off. Age has its benefits.

But advancing age and older clientele also come with some pitfalls and they surfaced on this trip.

After our first dive of the trip, which was a fairly benign "check-out" dive at O'Keefe Passage, one of the divers felt she was having some heart palpitations after the dive. They seemed to calm down soon after the dive and we chalked

it up to lag and travel. She took it easy that afternoon and said she was fine the next morning. She was able to do the three dives on Monday, but by Monday night, the palpitations came back. At her request around midnight, she was taken to the Yap hospital by Jude Pedrosa who is MRMR's go-to guy for medical problems. (Just to be clear, the hospital is the only medical facility on Yap. You go there if you have a cold and you go there if you have a serious illness and everything in-between. It's also less than a mile from MRBR so it's convenient. So "going to the hospital" in Yap doesn't have the same connotation as it does here in the United States.)

At the hospital, they couldn't find anything obviously wrong with her but they did run some blood tests and noticed some readings affecting her thyroid which they thought could be serious and which merited more attention but which was above the level of care they could provide in Yap. D.A.N. was consulted as well and the collective recommendation was that she not dive further and either go to Manila for better tests or go all the way back home to Vancouver so she could see her own doctor. She

## 2018 DIVING VACATIONS

**Oct. 27 - Nov. 3 • Roatan**

**Starting to plan for 2019**

**We'll return to the Maldives  
maybe in Aug., Sept., or Oct.**

chose the latter.

So with the help of Jude, and in consultation with D.A.N. and D.A.N. Travel Assist, we were able to get her plane tickets changed and had her fly back home Tuesday evening. (Bear in mind that there are only two flights a week - early A.M. Wednesday or early A.M. Sunday - out of Yap to Guam where you can make other connections.) She was able to travel on her own (she stayed in touch with us via e-mail along the way) and got to see her doctor in Vancouver who did a deeper exam and discovered that the thyroid issue wasn't all that severe, but that there was an underlying treatable cardiac condition that they will be addressing.

There are a number of lessons to understand here.

#1 is, whether or not you carry D.A.N. or other dive insurance, D.A.N. will always do a medical consult with any physician or diver who calls in (and they accept collect calls).

#2 is that if you DO carry D.A.N. insurance, don't forget that it also includes D.A.N. Travel Assist which is designed to help you with diving as well as non-diving medical issues that might involve evacuation, trip cancellation or modification, etc. Bear in mind Travel Assist in and of itself is not insurance. They're co-ordinators. But they're there to help.

#3 is that while you may carry diving insurance, does your regular medical insurance cover you for overseas medical problems? I thought about that a while back when I turned 65 and went on Medicare. Technically, Medicare A & B coverage stops as soon as

## UPCOMING LOCAL DIVES & CLASSES

DAY	DATE	BOAT/SITE	PLANNED DESTINATION	PRICE
Thu.	July 12	- CLASS -	- Fish ID -	<b>\$25</b>
Sat.	Aug. 4	<i>Catalina Express</i>	Avalon U/W Park (3 dives)	<b>\$150</b>
Sat.	11	Redondo	Navigation dive (single tank)	<b>\$25</b>
Thu.	Sept. 6	Redondo	••• Night Dive •••	<b>FREE!!!</b>
Sat.	15	<i>Catalina Express</i>	Avalon U/W Park (3 dives)	<b>\$150</b>
Thu.	20	- CLASS -	- PHOTO WORKSHOP -	<b>\$25</b>
Thu.	Oct. 4	Redondo	••• Night Dive •••	<b>FREE!!!</b>

you leave the United States or its territories. So it would apply in Hawaii and Guam, but not in Yap. If you have a Medicare Advantage Plan (C) or a Medigap Plan (F), then you MAY have coverage outside of the US proper. But you need to find out. And you can always certainly buy some form of travel insurance (I personally have the plan through D.A.N.) that's in addition to your diving insurance, but which will cover you for non-diving medical needs as well as cover things like trip interruption, extra expenses for evacuation, lost luggage, and things that might arise from a medical and some non-medical problems that occur during a trip.

Dan Orr, former president of D.A.N., told a story at the 2018 Scuba Show of two divers diving outside the United States, both of whom suffered a bends hit and both of whom had to be evacuated and treated. Total cost for each diver was something like \$146,000. Diver 1 had insurance and paid very little out-of-pocket. Diver 2 had no insurance and now has to contend with that bill. Given what it covers, insurance is pretty cheap. Better to have too much of it than too little. And especially as we age, it's wise to be prepared and really understand what's covered and what isn't.

The other lesson here, especially if you're an "older" diver, is get a

diving medical regularly, ideally every year. Make sure that it includes a check of cardiac and lung functions, and maybe even a stress test. I have to do such a yearly exam as a diver at the Aquarium of the Pacific. And once you're on Medicare, there's a free Annual Wellness Exam that Medicare pays for. Take advantage of all of that. I don't know that this particular problem would have been discovered (although I suspect it might have been) but wouldn't you rather deal with these types of things on home turf on your own schedule than to discover these things 7,000 miles away and have to ruin your vacation?

We had two other hospital visits on this trip which can also provide some lessons. The first was pretty minor and it involved me. I had splashed some defog or something into my left eye and caused a low-grade infection. I e-mailed my ophthalmologist in Encino (Dr. D. Michael Colvard - highly recommended if you have a need) who e-mailed me a prescription but - don't forget Yap doesn't have a CVS on every corner - they didn't have that particular antibiotic eye drop at the hospital pharmacy. They had a similar one but they wanted me to come by and have the doctor look at my eye before they'd give it to me. So Jude made his second trip to the hospital with me in tow and after the doctor looked at my eye for all of five seconds, I was

given the other eye drops from their pharmacy, and the whole thing set me back a whopping \$11.

But we weren't out of the woods yet. Later in the week, one of our other divers thought she might have bruised her eardrum as it felt full. I told her I had Mucinex, which is what I use for ear bruises and she asked if she could have one. No problem so she took one that evening. She didn't feel too different in the morning and asked if she could have another. Happy to oblige. She also decided to take the morning off since her ear was bothering her and she was a bit tired.

When we got back at lunchtime from the diving, as I was walking through the lobby to go to my room, I heard "Oh Ken . . . !!!" and

they told me that while we were gone, she started feeling rather tired and woozy, and now Jude had made his THIRD trip to the hospital where they were looking her over (as well as consulting again with D.A.N.).

It turned out that she was also on a prescription medication that they think had a bad reaction with the Mucinex. They told her to stop diving for a week or so until everything flushed out of her system which meant she not only didn't do any more dives in Yap, but that she also had to cancel the week of diving in Chuuk that was going to follow the time in Yap. Moral of the story: Not all drugs play well together so make sure you know what's what before you go popping pills, especially if you're on

prescription medication. (FYI, in a follow-up, her doctor said he didn't think there was an interaction so you also have to factor into all of this whether or not the diagnosis is correct.)

The overall lesson in these last paragraphs is, where you're a young punk or an old fart or in-between, whether you're a newbie or an old salt, medical complications that aren't necessarily the bends or embolism can arise during a trip, and ESPECIALLY when you're in a foreign land where the level of care might not be up to the US standards you take for granted, pay close attention to what seem like routine medical issues so they don't worsen. And if they do, understand what your insurance options and coverage are.

## **PICTURE PAGE - The staring Fish of Yap**

*(All pix by Ken Kurtis © 2018)*



***A turtle's not a fish  
but I like the shot***



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***Starry  
Puffer***



***Love those  
blue lips***



***Brave & persistent  
little Triggerfish***



***Hawkfish  
stare-down***