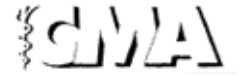




# North Coast Physician



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Cover Photo  
"WATER LILIES #5"  
STEPHEN KAMELGARN, M.D.

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# Medicine at Reggae: Harm Reduction

## Scott Sattler, M.D.



My wife Kathy and I had put ‘Reggae on the River’ on our bucket list many years ago but we hadn’t gotten around to going until this past August when we were invited to volunteer with Jah Med, the medical services group who provides preventative and urgent care for the 10,000 folks attending the 4-day event. There were to be a total of 13 MDs and advanced care practitioners and a host of RNs and associate staff volunteering at Jah Med over the course of the festival. I’m a family practice doc and Kathy is a family nurse practitioner. We are both chronologically gifted enough to qualify for Medicare. Little could we imagine what lay in store.

For those who don’t know about Reggae on the River (ROTR, or simply ‘Reggae’), suffice to say that for the past 31 years this reggae macro-festival has been held annually on the first weekend in August as a non-profit fundraiser for the Mateel Community Center in Southern Humboldt County, CA. Its home is French’s Camp on the banks of the Eel River just off Highway 101 ten miles south of Garberville. As we soon discovered, people come from all over the globe to listen to world-class reggae music, dance, swim in the river and enjoy each other’s company. To get a better idea of the scope of the event, google Reggae-OnTheRiver.com. Then picture in your mind’s eye an incredibly diverse host of folks of all ages occupying this 1-mile stretch of river for four very hot summer days. This is Reggae.

With a definite sense of adventure we drove down from our Eureka home that Saturday morning, as we had been asked to cover the hospital shift from 8PM Saturday to 8AM Sunday. With a little help we

eventually found the Jah Med compound. It consisted of a set of three tents located near the center of the event. The lead tent was loaded with first aid supplies such as water, sunscreen, condoms, Band-Aids, hygiene items, earplugs and the like. Folks were welcome to walk up, talk with Jah Med staff and be given what they needed. There were no fees charged for any Jah Med services or supplies. This site also served as the triage site for the other two areas of the compound. Attached to the backside of the first aid tent was the acute medical tent where the staff treated more intensive medical issues such as sprains and strains, cuts and abrasions, asthma exacerbations, dehydration, heat exhaustion, acute inebriation and minor anxiety attacks often related to consumption of recreational psychoactive substances.

Indeed psychoactive substances were plentiful on the river. For sheer commonality and volume of usage there seemed to be a tie between alcohol and ganja. There were unquestionably more medical issues associated with alcohol consumption than with cannabinoids during our shift, as alcohol intake contributed significantly to the dehydration problem. Most folks don’t realize that ethanol is a potent diuretic until they wake up with that terrible dry mouth and stiffened body the next morning, but if you are already dehydrated from the intense heat and the dancing and then consume yet more alcohol, you dry out even further. Many such folks came to Jah Med for aid. IV fluids, shaded bed rest and time worked wonders.

Psychedelic ingestion was also fairly common at Reggae. Because these com-

pounds primarily affect the subjective domain of an individual’s consciousness, for the most part the use of these ‘mind-expanding’ agents caused few noticeable problems. Occasionally, however, especially with significant overdose and/or predisposing emotional issues, random potentially harmful behavior followed such usage.

The third tent in the Jah Med compound, set up slightly behind the others, was dedicated to the care and treatment of just such extreme psychiatric events, the most common of which was referred to as the “Intense Psychedelic Reaction”, or IPR. During our shift the most common IPR was secondary to the overconsumption of LSD. Thankfully, over the years Jah Med has developed a specialized team of caregivers dedicated to dealing specifically with this condition. When notified of an IPR event by Reggae security (who continuously foot-patrol the venue and carry walkie-talkies) this special IPR team would respond with trained personnel adequate to subdue and restrain the patient. They would then transport him or her on a backboard via an all-terrain vehicle to the Jah Med compound’s psychiatric care tent. The skill and the compassion with which the team accomplished this formidable task were most impressive. It turned out that the team was trained and led by the publisher of Kung Fu magazine, which explained a lot. Once in the Jah Med facility the patient would be carefully monitored, sedated with parenteral sedatives to the point of tranquility and then gradually

***“Opinion”, Continued on Pg 19***

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**“Opinion”, Continued From Pg 4**

released from backboard restraints, usually over the course of a few hours.

In retrospect our participation at Reggae left a profound impression. It took a while to gel, but when the mental dust settled the most impressive aspect of the experience had to do with our overall relationship with the attendees and the style of implementation of the care we offered.

For example it was a delight to be able to ignore ‘clock time’ and focus just on ‘patient time’ for our interactions. There was time to talk at length with the mother of a toddler whose abrasions we had just cleaned about her longstanding decision not to have her child immunized. Also, charting on the Jah Med patients was kept to an absolute minimum and accomplished swiftly by hand. In addition, physician and staff backup was readily available at all times.

There were minor down sides as well. Stethoscopes were essentially useless. You couldn’t auscultate heart or lung the vast majority of the time, as the amped-up music from several hundred yards away made such attempts impossible. Waiting for a pause in the music could take a half-hour or more.

Also, pulling the 8PM to 8AM shift meant a night without sleep but there was great company the whole time.

For me, the most impressive aspect of the Reggae medical experience lay in the way they manifested the principle of harm reduction. Historically the mandate for physicians has always been “First Do No Harm”. Jah Med has taken this a step further by expending great effort in reducing the opportunity for harm to happen. They obtained a grant that supplied silicon earplugs for infants to protect them from the ubiquitous intense noise level and they urged people of all ages to help themselves to foam earplugs, distributing these devices freely to all who wanted them. They had encouraged the management of the festival to continually remind attendees through the PA system to stay hydrated and to provide access to potable water throughout the venue. Sunscreen usage was similarly encouraged. But to me the most impressive example of harm reduction was the way the IPR team treated the intensive psychedelic reaction patients, protecting the patient from themselves, and others from the intensely

chaotic and potentially destructive action of the patient. The team’s force was applied in the most kind, considerate and effective way possible, and their professional affect was unhesitatingly compassionate. Harm reduction: a job well done. §

**“Blogs”, Continued From Pg 6**

something as transformational as Single Payer, health reform will ever be enacted. Is there any reason to suspect that Sanders will have an easier time with Congress than Obama did? I seriously doubt that. He’s already getting tremendous push back from mainstream media on the legitimate problems with his radically ambitious plan.

So there you go. Both candidates are dealing with some meaningful issues in an adult, rational manner. Great strengths and great weaknesses in both of their professed goals for healthcare make the choice tough. With Clinton we will almost certainly get something. Not enough, but something. With Sanders we might reap great rewards, but we most likely will wind up with nothing. Are you risk averse, or a gambler?

You make the call. §

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