

Camp

Join Y. Luh, M.D.



Summer came and went. The month of June 2021, was glorious, and it appeared we were on the other side of the pandemic. Businesses were opening up, indoor dining was coming back, and summer camps forged ahead.

Camps, retreats and cruises typically have medical personnel present to provide urgent/emergency assessment/treatment services for participants. In many scenarios, this person is a physician, but in others, they may be a nurse. During my primary school years, I benefitted from the services of a school nurse when I played a bit too rough and needed TLC for a wound. After graduating from high school at age 17, I spent the summer as a prep cadet on the Texas Clipper--a merchant marine training ship affiliated with Texas A&M Maritime Academy. It was there that I met the ship's doctor, a young guy who had just completed his general surgery residency, when I needed an antihistamine for allergic rhinitis. He happened to be a guitar player, so we hit it off really well during the entire cruise. We spent many evenings singing with a group of cadets while we watched the sun set on the Atlantic Ocean. I really wanted to be like him.

Fast forward to 2003. I had completed a medicine residency with two years as an ER attending at the University of Texas Medical Branch in Galveston, and I was about to start my radiation oncology residency. Texas A&M asked if I could be their ship's doctor for their annual summer training cruise. I jumped at the opportunity, but after signing all the paperwork, the administrative office withdrew their offer at the last minute when they didn't want to provide malpractice insurance. So I had to resort to semi-telemedicine via

audio. Unless there was a true emergency (thankfully there were none), the EMT on the ship would call me at every port of call with any updates on clinical issues that came up while the ship was in transit.

A few years after relocating to Humboldt, Maddie and I staffed the clinic at a camp for blind and deaf people in the Napa Valley, with all our kids tagging along. We were given access to all the activities and amenities at the camp site and the staff were very responsive in accommodating any of our requests for supplies. There were no life-threatening emergencies, but we dealt with our share of heat exhaustion, mild dehydration, cuts/bruises/abrasions, as well as advising some of the participants (all of whom were blind, deaf, or both) against any high risk activities. I'll never forget convincing one elderly blind diabetic participant (who used a walker to ambulate) from doing the Napa city tour that required ambulating over cobblestone streets--a perfect setup for falls. I managed to arrange for her a very satisfying onsite experience with an accomplished archer, despite her inability to see her target. We had a wonderful time at the camp and promised to come back (which we have yet to do).

After a summer of severely limited travel in 2020, an opportunity came up to work at a 2021 summer sea camp. After the camp was canceled for the summer of 2020, camp organizers and kids were eager to resume. Despite COVID cases trending downward in late spring/early summer, the camp adopted the procedures for summer camps successfully used in Maine. Kids 12 years and older had to be vaccinated or show proof of a negative

COVID test 72 hours before entry to the camp. Parents could not accompany their kids after they checked in. Kids would be retested during the camp, and everyone wore surgical masks, even outside, unless they were engaging in water activities. Dining was done outdoors (the weather was great). As a hat tip to the camp organizers, none of the staff or campers tested positive for COVID and there were no breakouts.

I got what all parents with kids in the camp couldn't get--I was able to attend and work at the camp with my two sons, Jack and Jett. While other parents were tearfully hugging their kids good-bye, I got to join my boys while smugly waving good-bye to all those sad parents.

One of my responsibilities as the camp doctor was to ensure that campers on scheduled medications would continue to receive these medications during camp. I was dismayed at the number of campers who were on antidepressants, likely exacerbated by isolation caused by the pandemic. One kid was actually on an investigational drug, and another had to receive a refrigerated injectable medication. As I reviewed all the medical evaluations from the campers' pediatricians (this was required for all campers), I took note of all the kids with allergies, those who were unvaccinated (there was only one--and that camper thankfully never needed medical assistance), and any chronic medications they were on. On arrival day, as I checked in each camper, parents would bring any prescription and OTC medications (Dramamine was popular), which I promptly put in a Ziplock bag and labeled with

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their names with a Sharpie, separating the bags in a box for those with scheduled meds, and those with just PRN meds.

On arrival to the camp, I was shown my clinic, which gave me a spectacular view of the Pacific Ocean. I got oriented to where all the supplies were located--OTC meds (oral and topical), bandages, scissors, nitrile gloves, hand sanitizer, towels, and yes even scalpels. I didn't realize how important it was to have bottled water and disposable cups, since these were required to administer oral medications. Before the bell rang for dinner, there was an assembly outside the dining hall where the camp director welcomed all the campers and gave tips on how to be safe. I was then officially introduced to the entire camp staff and campers and gave a short speech reinforcing the director's appeals for safety and lowering their chances of ever having to see me.

Like my experience at the blind and deaf camp, the staff at the sea camp made me feel welcome and accommodated any request that would help make my job easier. It was refreshing to be respected as a physician and given access to all camp amenities, including the kitchen pantry, refrigerator, and freezer (well-stocked with several flavors of Italian ice). I refreshed my walkie talkie skills and my ability to take care of jellyfish stings. Camp staff, counselors, and campers addressed me as "Dr. J" conferring a level of celebrity that I wasn't used to--but quickly accepted. The maintenance staff who were zipping around the campgrounds in their jeeps were always ready to offer me a ride wherever I needed to go. Often, I would just hop on and tag along wherever they needed help--loading and unloading supplies, helping assemble furniture, and rearranging furniture/equipment for camp events. It was a great way to get to know the campgrounds and meet the staff. I was surrounded by college-age counselors and campers aged 8 to 15. It was a cool feeling. Sometimes that made me feel young again. But then I realized I was old enough to be their dad, and I suddenly felt old.

The huge jar of cough drops in my office

was gold. Counselors and campers alike wore out their voices--after over a year of isolation, they were probably talking more than they ever had. Much of my work was administering scheduled medications and taking care of cuts and bruises. I got efficient with wound care--irrigation, cleaning, application of antibiotic ointment, and placing the appropriately sized bandage. But there were other cases where I was called on where the kid was just homesick and needed to talk to an "older" adult. Towards the end of the week, as exhaustion set in, a few campers just needed to take a long nap, which they conveniently did in my office, equipped with three beds with thick mattresses--much more comfortable than their assigned cabins. There were kids who were frequent fliers, whom I got to know very well. I was amazed at the number of kids from well-resourced families with mental health issues, telling me about the numerous therapists they saw when they were at home. One kid had a personal plastic surgeon.

I only had to call three parents to inform them of injuries. Only one camper needed to be sent to an emergency room for X-rays, to rule out a fracture (thankfully there wasn't one). Every encounter only required an entry into a logbook with the date/time, name, chief complaint, diagnosis, and intervention. No need to deal with an electronic health record. No quality metrics to report. I got to just take care of patients and live/eat/have fun with them. I got to experience a giant swing (better than a roller coaster). I paddle boarded almost every day. I went tubing (for the first time) and two 11-year-old campers insisted on going with me. So there we were--a middle-aged man flanked by two 11-year old boys, screaming while being pulled at full speed by motor boat in the Pacific Ocean. We took a ton of selfies at the end of camp, and we'll remember each other forever. I asked one camper with an eastern European last name if she spoke her native language and she

replied, "No, but I speak Mandarin." So, I had daily conversations with a blonde and blue-eyed high school student in Mandarin. Her future in international business is assured.

It was fun to see Jack and Jett having fun and making new friends, although they tried their best to avoid me--and each other. I couldn't understand why they didn't think seeing their dad at the campsite was cool. Their cabinmates thought my being there was cool, and they were always more excited to see me than my own sons were. The only exception was on the second day of camp, my youngest son Jett came knocking on my apartment door. He just wanted to see a familiar face. I was glad to be there.

I love my practice and what I do. But I certainly wouldn't have minded staying on. The camp was a perfect balance of work and recreation. Housing and food were provided. Besides benefits, what more does one need, especially if you're surrounded by cool and happy people? We had campfires with sing alongs every night. I slept like a baby every night and woke up to the sounds of the Pacific Ocean. It brought to mind what some of our European physicians enjoy. They don't make anywhere near what we do in the United States (nor do they carry our level of educational debt), but they are definitely happier. A U.S. radiologist I met recently who spent a few years working in southern Spain recalls how her Spanish colleagues would get to work early in the morning, interpret films/do procedures, enjoy a 90 minute lunch on the beach, sometimes hopping in the water for a swim before going back to work for the afternoon.

The camp experience reminded me how refreshing it was to have all my medical decisions respected (no need for pre-authorization or peer to peer with an insurance company). Requests for supplies did not have to be approved by a committee/board/financial officer. There was no pressure to increase my productivity or boost

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patient satisfaction scores. Kids still respect doctors--unlike what we're seeing in most of the country with politicians and the public questioning the expertise of public health officers. Even the *North Coast Journal* refuses to address physicians as "Dr." or include their M.D./D.O. credentials.

Besides counselors, there was also a group of instructors. These were staff who taught campers the various activities such as snorkeling, paddle boarding, kayaking, archery, and rock climbing. They also taught oceanography/marine biology type classes for the campers. Two of the instructors were recent Humboldt State University graduates and we bonded immediately. The instructors, on average, were a couple years older than the counselors. The instructors came from varied backgrounds. Some of them were in graduate school, one was roaming the country in a solar-powered van not knowing where he was going next, and others were in between careers. I gave career advice to the young adults at the camp, and really felt a sense of community--all crunched into one week! There were also permanent staff at the camp--the grounds director (different from the camp director), kitchen staff, and maintenance staff. It wasn't a bad gig since you lived on-site in a paradise setting with very limited expenses. It was roughly a self-sufficient community with every member of the camp with a job to keep it going.

Which brings me to what past HDNC-MS President Hal Grotke, M.D. once said about physician involvement in the community. He lamented in a past President's Column article about the lack of physician presence at community events/activities in Humboldt. Physicians are viewed as community (ie, camp) leaders, and as such, should be involved and visible in the community. I could never understand the mindset of some physicians (and of course, they're no longer with us), who worked during the week (or during their assigned shifts), and Friday afternoon, would immediately leave town to spend the weekend (or their days off) in San Francisco or Los

Angeles--never really using their free time to explore our community/camp. So it's not surprising they never got to know other physicians outside of the clinic/hospital setting, and besides work, had nothing to keep them here. COVID obviously has made social activities challenging from an organizational level, but you would think there is also a level of personal interest in the community where a physician serves. No, you don't need to run for a seat on city council. But involvement in church, civic, advocacy organizations, and even special interest/hobby groups shows a physician's investment in the community outside of just patient care. Yes, this also includes medical staff governance, resident education (can you offer to teach?), and organized medicine (like our very own medical society). Involvement in outside activities helps combat isolation, which is helpful in addressing symptoms of burnout. Now I understand when as a 3rd year med student, the chief of Plastic and Reconstructive Surgery at University of Texas Health Science Center at San Antonio, Jaime Garza, M.D., told me that the most important thing he looked for in prospective residents was their having outside interests. I understand when world-renowned CNS malignancies expert Minesh Mehta, M.D. (head of the Miami Cancer Institute's Proton Center who has a Wikipedia entry) told a group of residents and me during lunch why it was important for a physician to understand how a toilet works. In times of disaster, physicians are called upon to lead the community/camp. Although we've strayed from that paradigm as a country during COVID, physicians are still viewed with respect for the breadth of training and physical self-discipline needed to achieve our credentials. And if the respect I got as "Dr. J" from the campers reflects the next generation, the future authority and credibility of physicians as a profession is assured.

Yes, I'm going back to sea camp in 2022.

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a whole. We have worked with our tribal and latinx partners to increase vaccine availability and COVID-19 messaging to these communities, and we will continue to build trust and confidence through partnerships that will help protect these groups as the pandemic continues.

We can see that the pandemic has hit some populations harder than others, and one of the most heartbreaking is the population of children losing a caregiver to COVID-19. In the US there are 140,000 children who lost a primary or secondary caregiver to COVID-19 death over the course of the pandemic so far. The impact of the pandemic on these families and these children is one more reason for everyone to do everything we can to stop the spread of this deadly disease through vaccination, testing, and masking. And it is for all these reasons above, younger cases of hospitalized patients, populations that are disproportionately affected, our youth who are losing their caregivers, that public health continues to recommend and require certain interventions that help to protect the vulnerable. These public health interventions in addition to protecting populations that are vulnerable and disproportionately affected are also protecting the functioning of important societal institutions such as healthcare, education, and workplaces. Without these public health interventions any or all of these populations and institutions would be overcome with rapidly spreading infection with significant ripple effects into the community. A recent study by The Commonwealth Institute showed that 1.1 million deaths and 10.3 million hospitalizations have been averted by COVID-19 vaccines alone in the US. This did not take into effect the other measures like testing, masking, isolation and quarantine that have also reduced the impact of COVID-19 on our community.

Going into this second holiday season with COVID-19 we have learned a lot. We are much better prepared to deal with the

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