



Pacific Paradise? ... Pitcairn Island

Marc Shaw FRNZCGP, FACTM, FFTM
(ACTM), MFTM RCPS (Glas),
DipTravMed



0600 hours. The sound of the surf plunging against the volcanic rocks that form a unique island is heard. A harsh and unforgiving land, Pitcairn has a life to match. For a couple of hundred years it has survived on its own and not sought any aid from the outside other than necessary sales from its stamps, and buyers from passing ships to purchase its fresh fruit and vegetables. Life has seemed good.

Then came the influence of 'the outside world'. Communications improved and more and more folk came to visit, to probe into the history of the mutineers and their descendents, and to pry into the private lives and foibles of the Pitcairners. Huge problems started to arise in the late 1990s when local children commented to outsiders that they had been sexually abused. Once this got out then all hell broke loose and global focus was on the Pitcairn Islands – a dot on the map in the wide Pacific, somewhere to the right of Tahiti.

For the last 6-8 years there has been huge pressure on the island to cleanse itself of its image of 'underage sex'. Attorneys of prison-

continued on p.6

In this issue..

Pacific Paradise? . . . Pitcairn Island	1
ISTM News	1
View from Stone Mountain: Historic Day for the ISTM	1
Travel Medicine News Around the World	4
Northern European Conference on Travel Medicine	5
Calendar	See ISTM Web Page

ISTM NEWS

Committee Reports

Exam Committee

Almost 500 examinees sat for the Certificate of Travel Health (CTH) examination in Vancouver in May. Examinees included travel health professionals from countries around the world, including Nigeria, Angola, South Korea, Saudi Arabia, Greece, Slovenia and Hong Kong, to name a few. Overall, the CTH examination has thus far attracted about 1200 examinees. Comments and a survey demonstrated that the examination and CTH are becoming more broadly appreciated and utilized. Feedback from awardees has included a sense of enhanced professional development, added credibility to the practice, improved marketing capacity for the clinic, and boosted knowledge and acceptance of Travel Medicine as a specialty. The standard for the practice of

travel medicine is being defined and the credibility that the CTH gives to the specialty is growing.

The Certificate Examination will be administered next in Melbourne, Australia just prior to the opening of the Asia Pacific conference. Please see the ISTM web site for information updates regarding registration.

Sincerely,

Phyllis Kozarsky - USA (Chair), Jesse Alves - Brazil, Paul Arguin - USA, Brian Aw - Canada, Buddha Basnyat - Nepal, Neville Byrne - United Kingdom, Bradley Connor - USA, Philip Coyne - USA, Ken Dardick - USA, Fabio Foti - Italy, Fiona Genasi - United Kingdom, Martin Haditsch - Austria, David Hamer - USA, Pierre Landry - Switzerland, Sonny Lau - Australia, Lisa Libassi - USA, Susan MacDonald - China, Mikio Kimura - Japan, Marc Robin - USA, Eli Schwartz - Israel, David Shlim - USA, Alan Spira - USA, Steve Toovey - South Africa, Alfons van Gompel - Belgium.

continued on p.2

View from Stone Mountain: Historic Day for the ISTM

Brenda Bagwell

Dear Friends,

I am writing today from our new office located at 2386 Clower Street in Snellville, Georgia (or 33°51'48" N and 84°5'30" W). I am sure most ISTM members did not realize that for the past 14 years our headquarters was located in an office at my house. When I began my journey with ISTM, we had 616 members and, as of this writing, we have 2,257 members from 74 countries! So, as you can see, the society has outgrown our one-room office. If you are ever in the Atlanta area – we do hope you will have the time to stop by for a visit – we would enjoy showing you our little corner of the world.

With regards to the new office, if any of you have pictures from our past conferences and would not mind sharing a few with us it would be much appreciated. We would like to assemble a "video history" of the ISTM and how it has grown and changed over the years. You can send these to us via email (istm@istm.org) or by mail. Our complete address appears below.

ISTM

2386 Clower Street, Suite A-102
Snellville, GA 30078 USA
Phone: +1-770-736-7060, Fax: +1-770-736-0313, Email: istm@istm.org
Office hours: 8:30 a.m. – 5:00 p.m. (Eastern U.S. time) Monday – Friday

Plans are well underway for the 3rd Regional Conference to be held in Melbourne, Australia this upcoming February. If those of you in the northern hemisphere find yourselves needing a touch of summer in the dreary winter months you should make plans to attend this meeting. The program

continued on p.8



Pictured left to right: Gordon McIntyre (Heritage Accounting, Inc), Brenda Bagwell (ISTM Administrative Director), and David O. Freedman (ISTM Secretary-Treasurer) during their monthly meeting.

“ISTM News,” cont. from p. 1

Research Committee

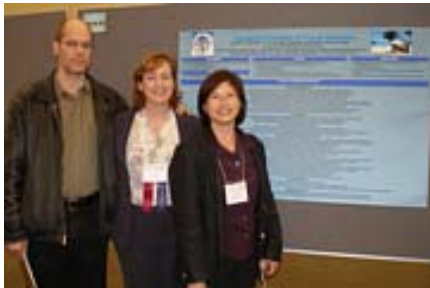
2007 Research Awards Announced at CISTM10. The ISTM Research Committee takes great pleasure in announcing the successful award applicants for 2007. Two of the project applications were rated highest, and a total of 13,000USD was awarded. The successful projects are:

Developing the Nursing Pre-Travel Health Consultation. Adrienne Willcox, UK; 7,000 USD

Global Health Drug Information Hotline for Travelers. Caroline S. Zeind, USA; 6,000 USD

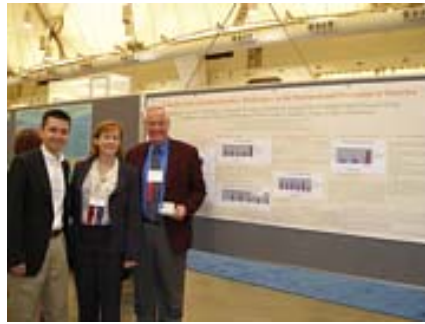
Presentation by 2005 Reward Recipient. One other highlight was the oral abstract presentation of 2005 awardees Daniel Ulsan and Abinash Virk entitled *International travel and exposure risks in solid-organ transplant recipients.*

Poster Presentation by the Research Priority Setting Working Group. An outstanding initiative led by Elizabeth Talbot, Christopher Sanford, and Lin Chen – with limited support from Anne McCarthy – provided a review of literature and survey to try to establish travel medicine research priorities. The poster included an invitation for ISTM members to rate the research priorities; results should be published in the not too distant future.



Christopher Sandford, Anne McCarthy and Lin Chen at the Research Priority Setting Working Group poster, CISTM. Missing Elizabeth Talbot.

Successful collaborative research by the Clinical Trails Network. Congratulations to Dr Charlie Ericsson who successfully completed his multicenter pre-travel survey on prevention of travelers' diarrhea, entitled *Travelers' Preferences for the Management of Diarrhea.* The study was designed to engage members of the Clinical Trials Network to participate in a multinational study. We look forward to the manuscript!



N Melgarejo, A McCarthy and C Ericsson at their poster, missing T Jelinek.

Start planning for 2008 ISTM Research Award Competition. The grant application will be available on the ISTM website in the fall. Application deadline is 31 March, 2008. Results will be announced in May 2008.

The ISTM research committee fosters research in travel medicine, in keeping with the mission and goals of the society. The committee provides moderate grants (usually \$5000- \$10,000 maximum) through a peer-reviewed process. These grants are designed to stimulate travel medicine research by supporting comprehensive research projects or, for larger projects, providing support for pilot studies to enable researchers to collect data/tests hypotheses so that they can then apply to other agencies for more substantive research grants.

The research committee chair would once again like to thank the hard work of the committee: Anne McCarthy, Canada (Chair); Irmgard Bauer, Australia (Co-Chair); Pat Schlagenhauf, Switzerland; Annelies Wilder-Smith, Singapore; Susan McLellan, USA; Dr. Pamela Rendi-Wagner, Austria; Christie Reed, USA; Lin Chen, USA; Elizabeth Talbot, USA; Christopher Sanford, USA. The Clinical Trials Network consists of Charles Ericsson, USA; Tomas Jelinek, Germany; and Anne McCarthy.

Publication Committee

We are pleased to announce that our *Journal of Travel Medicine* impact factor for 2006 is 1.333, which is slightly higher than it was the year before. I think we should all be proud of the progress of our journal, which is clearly the leader in its field. Of course, we want to do even better. So authors are encouraged to submit their cutting edge research and interesting review articles to *JTM* and to quote *JTM* articles whenever possible in their submissions to *JTM* and other journals.

The Publication Committee (PC) chair will continue to lead the Task Force for the Development of Evidence Bases. We are also pleased to report that the generation of our first evidence base for the practice of clinical travel medicine is well underway, thanks to the leadership of past president and Associate Editor, Herbert DuPont. The topics of the first project are the treatment and prevention of travelers' diarrhea.

We envision an evidence base on personal protective measures (PPM). Anyone interested in serving on or leading the writing panel for PPM should contact Dr. Ericsson at charles.d.ericsson@uth.tmc.edu. This effort is off to a slow start owing to the inability of the assigned chair to find the necessary time. Another chair is currently being sought.

A major preoccupation over the last two years has been the transition of our journal to Blackwell then the takeover of Blackwell by Wiley. The PC has also advised the *JTM* editor on policy concerning length of articles and ethical participation by editorial board members in evidence base generation. The PC will continue to approve requests for use of logo and/or International Society of Travel Medicine name in print, video or web-based material.

Finally, our publisher will soon circulate a survey from *JTM* editor, Robert Steffen, about what our members like or dislike about *JTM* and what they might like to see changed or improved. It is not a long survey. Please give it some thought and we encourage all ISTM members to respond so that we have a strong representation of what our society prefers.

Likewise, if anyone has interest in serving on the Publications Committee, please let us know!

Charles D. Ericsson, MD, Chair
Ashley Croft
Doug Quarry
Graham Fry
Hans Dieter Nothdurft
Israel Potasman
Jane Chiodini
Jeffrey Goad
Joseph Torresi
Matthias Schmid
Steven Denny
Stephen Toovey

continued on p.3

— “ISTM News,” cont. from p. 2 —

Journal of Travel Medicine – Editors’ Report

The past year (since the Edinburgh report) brought mainly good news. First, (as already mentioned), the *JTM* impact factor rose from 0.846 to 1.33. The number of manuscripts submitted is on a steady increase, allowing the Editor to reject a greater proportion of manuscripts to increase the scientific level. We still need more reviews to be successful on the trail to an even higher impact factor. Also the time lags between submission and acceptance were slightly reduced, but that needs to be further improved.

In view of a backlog of articles we have various options. We can become even more ‘picky’, we can increase the number of editorial pages in Volume 14, or we can consider publishing more issues – which as our Secretary/Treasurer recently stated would increase the net cost to the Society. That needs to be discussed – but my proposal is that we should increase the number of published articles. Of course we want to further raise the quality of *JTM* (and its impact factor), but we can hardly reject many more than 30% of the manuscripts without angering our membership.

So far, we have felt no complications from the Wiley-Blackwell merger; collaboration with our partners at the publisher without any interruption has been excellent. The only notable mishap was a misunderstanding between various involved parties that resulted in publication of an original article with a wrong title. I, for one, believe that ManuscriptCentral could be far more consumer/user friendly...

Finally let me thank: first, of course, the pillar of *JTM*, Gaby, assisted by her husband Niki, continues to establish most valuable relations with all the authors. She assures the continuous flow of publication of your journal. We are also most grateful to all the peer reviewers, mainly those on the Editorial Board who get a rather high load of manuscripts. Without your contribution we would get nowhere. Thank you!

Robert Steffen, Editor, JTM

Host Country Committee

ISTM Travel Grants. For the Vancouver meeting, the Host Country Committee (HCC) received twelve applications for the travel grants. Six grants at \$1,500.00 were given; the successful applicants were from Cuba (1), Brazil (2), Mexico (1), India (1), and Israel (1). The following HCC members acted as judges: Michel Rey, Sheila Hall, Mario Masana Wil-



son, Martin Haditsch and Assunta Marcolongo. Criteria used for selection included quality of presentation and research and interest of abstract for the ISTM membership.

Now that the first awards were granted, we will fine-tune and review our procedures. Publicity for the next round of awards – to be awarded at the ISTM meeting in Budapest – should start immediately and be prominently displayed on the ISTM site. Sheila Hall will liaise with the Nursing Committee to make nurses aware that these grants are also open to them. No nurses applied for the 2007 grant.

HCC proposes that to encourage new members from host countries to participate in ISTM the grant program be expanded to \$20,000 to be distributed as follows: 8 international grants at \$1,500 each and 16 regional grants at \$500 each. A member would be able to apply for each grant category once.

Other issues:

1. A serious problem affecting host countries is sex tourism. The HCC appreciated the pa-

per on this topic at CISTM10 in Vancouver, but feels strongly that more should be done. Should ISTM have a position on this issue? Should ISTM have links to organizations with expertise working in the field? Prominent organizations are: End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes (ECPAT UK at ecpat.org.uk) and Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism (The code at thecode.org).

2. While ISTM supports the “malaria roll back” program, committee members wish to know how the support is implemented and can be enhanced.

3. Should ISTM also have links to the “Alliance for Rabies Control”?

4. A new association has recently been formed to promote medical tourism, travel for the purpose of seeking medical treatment outside one’s own country. This society is called the International Medical Travel Association. This is a major issue for host countries such as India, Thailand, and for many countries in the Middle East, Eastern Europe and elsewhere, The HCC feels that ISTM should have a position in this regard especially since follow-up of medical tourists is becoming a major problem in the patient’s home countries. NewShare will have an article about medical tourism in an upcoming issue.

5. HCC proposes that that some research grants, perhaps 25%, be directed to Host Country issues.

6. The “Responsible Traveler” document has been translated into ten languages by committee members and has proven very popular. The usefulness of the leaflets could be further improved if leaflets in all ten languages could be placed on the ISTM website for downloading, including a template for the smaller yellow version, which is more attractive for distribution to travelers.

The Responsible Traveler leaflets are available to all ISTM members for distribution to their travelers.

Assunta Marcolongo, Canada (chair), Santanu Chatterjee, India. Sheila Hall, Scotland, Trish Batchelor, Australia, Albie de Frey, South Africa, Irmgard Bauer, Australia, Michel Rey, France, Mikio Kimura, Japan, Mario Masana Wilson, Argentina, Buddha Basnyat, Nepal, Nebojsa Nikolic, Croatia, Marco Foltran, Brazil, Zsuzsanna Jelinek, Hungary

Travel Medicine around the World

Glasgow, Scotland. The Royal College of Physicians and Surgeons in Glasgow recently established a Travel Medicine Faculty, elevating travel medicine to a recognized specialty, of the same magnitude as dermatology, occupational medicine and paediatrics, for example, and probably the first such action in the world. The current dean of the new faculty is Eric Walker, well known in travel medicine circles, and an active and long time member of ISTM.

The new Faculty is having its first open symposium, *Travel Medicine – A Voyage of Discovery*, on Tuesday, 9 October 2007 at the College. All interested are cordially invited. Subjects to be discussed include malaria, rabies, visiting friends and relatives (VFRs) abroad, climate change and its effect on vector-borne diseases, and the deaths of tourists abroad. For more information, please check the College's web site for the program: <http://www.rpspg.ac.uk>. Applications for attending the symposium are at <http://www.rcpsg.ac.uk/Education/Events/Medical/>

Vancouver, British Columbia, Canada. Credit the International Society of Travel Medicine with yet another outstandingly successful Conference. CISTM10, which took place here in May, was apparently "the best yet." According to numerous attendees who have attended the preceding nine CISTMs – many of them finicky Conference goers – every Conference has outshone the ones that preceded it, a monumental feat.

If you have read all this before, you are entirely correct. Yes, Vancouver was a total success educationally, socially, and culturally. There were about 2,000 attendees from 56 countries, from Angola to Zimbabwe. Our Society, in its short 20-year history, has developed – to the envy of most other societies – the ability to orchestrate memorable conferences by blending exotic locations with travel medicine significance, state-of-the-art-conference facilities, able speakers, a large audience, and unforgettable social events.

The Convention Center is situated right on the beautiful Vancouver waterfront, over the water, actually, with snow-capped mountains easily visible in the distance on the other side of the harbor. And the Convention Center sits atop the pier used by a constant stream of large cruise ships that sail to Alaska and other ports. Furthermore, the large hotel that housed most of the delegates is located over the convention center, enabling attendees to look right down on the cruise ships or stroll on the prom-



(Vancouver)

enades aside the ships. Yes, the Convention Center, the pier, and the hotel are literally atop of each other. And virtually all Conference-related activities took place within the complex, allowing attendees never to set foot on the streets, including, if they so wished, going on a cruise, a not unreasonable activity for health care professionals, considering all the health-related issues found on cruise ships today. Of course anyone who did not explore the city missed out on one of the more sophisticated, fast growing, modern metropolises found anywhere.

Reflecting the varied history of Vancouver, the opening ceremony included not one but two major shows, a Scottish bagpipe band (one of the finest in the world), and a troop of very talented Chinese dragon dancers, so scary and jumping about that many accompanying children held tightly to their parents' hands.

But true to ISTM conference tradition, and a credit to the diligence and character of our members, neither good weather, nor cruise ships, nor world famous Stanley Park, nor the sights in the Old Town, nor the museums and the art galleries were able to entice our attendees to stray from the sessions. They came to Vancouver to learn travel medicine, and so they did. Many a member stayed a few extra days to "do" the City, or go to nearby Victoria or Whistler, the latter the site of the upcoming winter Olympics. Many made plans to return to see the sights that they had to pass up.

At the conference, attendees selected from the usual smorgasbord of plenary sessions, symposia, free communications, poster viewings, debates, local history lectures, electronic interactive workshops, "Meet the Professor" gatherings, satellite sessions, industry exhibits, and all the other accouterments that are now standard fare at successful assemblages.

Congratulations for a job well done go to Chair Kevin C. Kain and Co-Chair Herwig Kollaritch and the other members of the scientific committee, and to Chair Suni Boraston and the members of her local organizing committee. Said Suni, when asked for her comments on the many months of diligent work she put into the preparing for the meeting, "I am so happy it is over."

If historical precedence and tradition continue, and all indications are that they will, upcoming meetings in Melbourne, Helsinki, and Budapest will only further raise the bar of ISTM meeting excellence for the "best ever", "never-to-be-forgotten", "never to-be surpassed" meeting. Read below about the 2008 meetings:

Asia-Pacific International Conference on Travel Medicine, Melbourne, February 24-27, 2008. The countdown has begun to Melbourne! February is summer in Melbourne, with warm weather and prolonged daylight – ideal for a gathering of travel medicine experts. The Conference site is the beautiful Crown Conference Centre, at the Crown Promenade Hotel, part of the famous Crown Casino Complex on Melbourne's Yarra River, right in the city. Surrounded by restaurants, cafes, shops and nightlife, the location is perfectly suited to our needs, and delegates will find a busy program and beyond.

Our website www.apictm.com now contains the update academic program, abstract submission process, and accommodation and registration procedures.

The conference presents an exciting program aimed at practitioners at various levels and has a range of local and regional experts as speakers.

continued on p.5

“Travel Medicine,” cont. from p. 4

For the novice to travel medicine there is the “Travel Medicine Foundations” series. These presentations are given by a panel of international experts and lead the practitioner through the field of travel medicine in an introductory way. This program has been acknowledged by the ISTM as an appropriate training module for the Certificate of Travel Health, and is ideal for general practitioners and others who wish to know more about travel medicine in general.

The ISTM is currently making arrangements for the CTH to be available on Sunday 24th February, before the opening evening, so those in the region can sit for the examination. Please look at the ISTM website for further details.

For practitioners already working in travel medicine, the selection of mainstream symposia is targeting specific topics of relevance, with detailed presentations from experts selected for their knowledge and communication skills, and should provide a perfect opportunity for a deepening knowledge of current practice.

In keeping with the conference’s overall theme, “Our Region in Focus”, a third stream of “Country in Focus” workshops provide a detailed look at destinations across the region. This will provide a great opportunity for practitioners to get to know these destinations more intimately.

Overall, the program will blend opportunities for travel medicine to be looked at with a broad view across the issues, as well as a deeper look at specific contemporary topics.

Application for Royal Australian College of General Practitioners points has been made and currently 30 Category 2 points is anticipated; there are on-going discussions of awarding Category 1 points.

Come to Melbourne to learn, to share and to be a part of the regional travel medicine network.

See you in Melbourne in February!

Representing: The 3rd Regional Conference of the International Society of Travel Medicine

The 7th Asia Pacific Travel Health Conference

The 17th Annual Scientific Meeting of the Australasian College of Tropical Medicine

Dr Tony Gherardin, National Medical Adviser, Travel Doctor-TMVC Group, Phone: 03 9224 8352; Fax: 03 9224 8330; Mob: 0421 097 806 tony.gherardin@traveldoctor.com.au

Northern European Conference on Travel Medicine

Helsinki, Finland, 21-24 May, 2008

Dear Colleagues and Friends:

The Organizing Committee of the Northern European Conference on Travel Medicine (NECTM) takes great pleasure in welcoming you to the 2nd NECTM, to be held in the Marina Congress Centre in Helsinki on 21-24 May 2008. The Conference is organised by a coalition of European travel medicine societies and international health organizations. The conference is a continuation of the very successful first NECTM held in Edinburgh in 2006. NECTM also follows the long tradition of the Scandinavian Forum for Travel Medicine.

NECTM is intended for all who are interested in the field of travel and migration medicine. The target audience includes physicians, nurses, pharmacists, and allied professionals, as well as the travel media and industry.

Our scientific programme will cover the current “hot” topics in travel health as well as the “all time favourites.” Special themes will include arctic medicine and traveller’s health issues in the Baltic countries and in Russia. In addition to joint plenary sessions the programme will emphasise interactive learning and practical pre- and post-travel health issues.

The social programme of the conference will combine Finnish tradition in architecture, music and dance with the unique national obsession for sauna. (In fact, a sauna evening is scheduled as part of the program, likely a first at an international travel medicine meeting.)

Important dates for NECTM 2008:

Final Announcement and Call for Abstracts, October 2007

Abstract submission deadline, 15 January 2008

Early registration deadline, 15 January 2008

For further information:

CONGREX / Blue & White Conferences Oy. .O.Box 81, FI-00371 Helsinki, Finland. Tel: +358-9-5607500, Fax: +358-9-56075020, E-mail: nectm2008@congrex.fi **Conference secretariat** www.nectm.com

Maija Rummukainen, Chair, Organising Committee

Heli Siikamäki, Chair, Scientific Programme Committee

Taneli Puumalainen, Chair, Local Organising Committee; Also:

Organising committee: Eric Walker, British Travel Health Association, UK; Mads Buhl, Danish Society of Travel Medicine; Maija Rummukainen, Finnish Society for International Health; Frank von Sonnenburg, German Society for Travel Medicine and International Health; Fiona Genasi, Health Protection Scotland, UK; Dom Colbert, Irish Society of Travel Medicine; David Hill, National Travel Health Network & Centre, UK; Pål Voltersvik, Norwegian Forum for Travel Medicine; Sandra Grieve, RCN Travel Health Forum, UK; Lars Rombo, Swedish Society of Tropical Medicine, Travel Medicine & International Health.

The very long daylight hours in May will ensure that visitors will have ample opportunity to explore the attractions of Helsinki, the white maritime capital of Finland.

Finland is a member of the European Union and one of the Nordic countries. Helsinki is often called the “Daughter of the Baltic.” It has frequent direct flight connections from most European capitals and is easily accessible from the rest of the world. Helsinki/Vantaa Airport is 20 kilometers from the city center. Those willing to extend their stay can also explore such cities as Tallinn, Estonia, Saint Petersburg and Stockholm, all within an easy distance from Helsinki.

Helsinki is a pleasant city for visitors. It offers all necessary services for travellers within a compact area. All the hotels to be used for conference-related activities are within walking distance or a short tram ride from the Conference venue. The weather in May is pleasantly warm as summer time is approaching. The average daytime temperature is usually 15-20 degrees C. Rain showers may occur. The modern and well-equipped Marina Congress Center is located in the harbour of Helsinki, close to the Market Square, and within short walking distance from the heart of the city. The main hotel, Scandic Grand Marina Hotel is immediately next to the Congress Center.



“Pacific Paradise: Pitcairn Island,” cont. from p. 1



ers for such crimes held here on the Island debate at length on the whys and wherefores of Pitcairn and British law on underage sex. Sadly, no one considers the children, adolescents or women raped and the effect of such trauma on them. There are currently five men in prison here for a variety of sexual offences; yet most here consider the whole issue a ‘set up’ by the British Government to get rid of the Pitcairn population, and believe that no cases of rape ever occurred here.

It is into this clime that my wife Lynne (aka the Memsahib) and I came to work. A flight – business class, for a change – from Auckland to Tahiti: a romantic stopover on our way to a two-months deployment in Pitcairn, and then a beguiling hotel in Papeete, the capital of Tahiti. But everything changes when we walk outside the confines of our deluxe hotel to view the capital, somewhat tired and shop-worn place that it is. Nevertheless the Tahitians are happy with their familiar daily bustle and toil, so why should I bother reflecting how the capital looks?

Then another flight, in a significantly smaller plane, to the outer islands of Tahiti and over Mureroa Island – the site in the 1970s of much contention over nuclear arms. Then suddenly we are at Mangareva Island. This is really remote. The place would escape notice from the entire world but for three reasons: it is the place where black pearl farming is done

(Memsahib wants 8 of them – I say NO loudly); some time ago someone started to build a church greater than St. Paul’s for a congregation of about 50; and it is the embarkation spot for us to climb aboard the ‘stout ship Braveheart’ and continue on our 36 hours journey to Pitcairn, where there is no airport. This then is what makes Pitcairn one of the most remote places in the world.

Being the doc and nurse in such a community has responsibilities that reflect the island’s morale, culture, and humour, and its health, safety, and security. We loved our time here. The Pitcairners are proud of their seven generations of mutineer background. I love their humour, their honesty, their generosity and their lack of any care of their own body image. None of ‘ya Women’s Weekly’ images here, Mate – oh no! There are no metrosexuals here (a new word describing men who have a strong concern for their aesthetic appearance, and spend a substantial amount of time and money on their images and lifestyle). This is the land of bare feet, ripped shorts and slept-in braless shirts – even for the men!

A typical morning begins with the Memsahib and I finishing our breakfast of fresh fruit picked from the trees overlooking our home and delighting in the last drops of our coffee. Another day in Paradise coming right on up – we think. Suddenly a quad bike zooms into view and downloads two lawn mowers. Our

landlord has chosen 0630 in the morning to do our lawns. The roar of the mowers snarls and aggrieves an otherwise lovely start to the day. It’s not really the mowing that makes us choke – it is the growl as the mowers get snarled up in the lawns and cease to function, and the constant intermittent sound to the pull-start trying to whirr the rotor of the mower once more amidst the overwhelming odds of a lawn that is waist high!

Early evening is the time for a swim in the gorgeous waters of the Pacific, and then back at home to light the outside fire so that we can get hot water for a shower. Then the evening meal put on whilst we shower in a bathroom devoid of any toilet – because this is a ‘long drop’ (affectionately called ‘The Duncan’, named after someone who was a little ‘ill considered’) outside and one which I recently put too much kerosene in (to stop the mosses breeding) so it absolutely stinks of a ‘high octane’ sort of smell (and I have instructed all never to come closer than a mile with a lighted match). Memsahib just looks at me with those delightful upturned eyes and says it would be better to go the 500 yards down the road to the surgery, which has a flush toilet, rather than worry about third degree burns to our ‘nether regions’.

Next, a meal and a huge decision on which wine to have – we brought a few bottles with us, not enough I hear you say – and you are right... so we go on board a passing cruise ship and buy another couple of dozen – that is “The Way” of the Pitcairn’s!!! Back on-shore I have just finished counting the bottles for the 4th time today, and have arrived at three different answers. Another couple of ‘units’ tonight and then I’ll have another little count tomorrow – another day, another number! If numbers again do not tally, then a medical emergency alert is out for the next ship.

On Saturdays, it is ‘church day’. We go: Memsahib with delight and I with a look to see if the Lord is laughing. Last week I sang and the Pastor heard my dulcet tones. Next up I was asked to deliver a sermon. I did so – citing the loss of a murdered colleague as an example of how good can come from bad... part of my philosophising to get folk to realise the need to ‘rebuild new energies’. The Memsahib then soothed everyone with her sung rendition of the ‘Lord’s Prayer’, in response to me not realising that four letter expletives were not in the Bible. It was not until after the service that the Pastor reminded

continued on p.7

“Pacific Paradise: Pitcairn Island,” cont. from p. 6



me of this with a somewhat stern demeanour. Everyone else on the island kept ringing me up with comments like: ‘You’ll never get to heaven now, Doc’ and ‘How much wine did you have before the sermon, Doc?’ and ‘Expletive - I just don’t believe WHAT you have said, Doc!’ This last one was the most alarming for a four-year old child said it to me. I remain humbled by the intent of the comment!!!!

Back here in New Zealand, it is time to reflect on and look back and acknowledge the work the Memsahib and I convened on Pitcairn, for this was the reason that we went there in the first place: 160 consults overall in two months (really busy it was!) and over the last two weeks of the stay we had to tend to three major fractures, two evacuations and a death. Gracious, hard to believe retrospectively! Among 52 islanders and 16 off-islanders.

Whilst accidents are the feature that most would say is ‘of urgency,’ there are the issues of significant chronic medicine that need day-to-day management. Diabetes, gout, obesity, psychological concerns and hypertension are extremely prominent on the island – with over 60% of the islanders having at least one (or more) of these dis-eases. Over the two months that I was there, less than 5% of the cases I tended to were severe accidents.

One of the worst features of this remote medicine is trying to get outside help to guide management. I rang an orthoped in Auckland over a fracture of the neck of the femur. His helpful comment was ‘Bring the patient in tomorrow, not today ‘cause we are really busy’! He still did not get it when I said that I was in the South Pacific, halfway to Los Angeles in the

USA! Helpful, right? For the whole time I was medically alone there, I was always on tenterhooks thinking ‘What happens when someone dissects an aneurysm – or whatever?’ It did not really hit me ‘til four days before we were to leave that I did not have to worry about this at all, for the folk there believed that Providence would provide. The doctor’s role on the island was not just medical but did include social, psychological and academic obligations.

The Pitcairners appreciate the time and effort of the docs that go to their land, for they are a proud and rugged people. I love them and what they represent. Get close and honest and they respond in kind: put up barriers and preach and you’ll be removed from society. Their history is full of medical adventures with doctors who preach, but they laugh at them and record thanks for their departure.

Time to go? Yes! Have we enjoyed it? Yes! Have we contributed? Yes! Have we learned anything? Most definitely yes! Will we miss the people? Absolutely!

Marc practices travel and tropical medicine in Auckland New Zealand and is an active member of ISTM, a frequent world and adventure traveler, and a contributor to NewsShare.





looks very good and I can say from experience that Melbourne is a wonderful city (see the accompanying article on page 4 about the Melbourne meeting). We will be offering the Certificate of Knowledge Exam at this meeting as well. You can find information on both of these activities by visiting the ISTM web page (www.istm.org).

Do your contact details or travel clinic details on our website need updating? If so, we ask that you log onto Member Services. Then, under 'Member Management', choose either 'Update your contact information' or 'Manage clinic listings'. From there it is very easy to update your information. Please be reminded that the membership listing and the travel clinic directory are not connected, so if, for instance, you update your contact information and this affects your clinic directory listing, you will need to update the clinic directory listing as well. Also note that the member directory information is available to members only and not the general public. I know some of you have expressed concern about this in the past.

It was wonderful to see so many of you during CISTM10 in Vancouver – thank you to all who stopped by to say hi – it is always so good to see you. It is hard to believe that the conference has come and gone already! It reminds me of holiday meals that you spend days preparing and then finish eating in about 15 minutes. If you were unable to attend, you missed a great meeting and we missed you!

Once again, it was so nice to see old friends and greet new ones at the meeting. We do hope all of you will stop in at the office (well, not all at one time, please – it is not that big of an office!) when you are in the area.

Until next time, remember, *"the most wasted of all days is the one without laughter"* (e.e. cummings).

Take care,

Brenda and Brooke

*Brenda is Administrative Director of ISTM.
Brooke Gouge is the Administrative Assistant.*

NewsShare

the Newsletter of the International Society of Travel Medicine

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 P.O. BOX 871089
 STONE MOUNTAIN, GA 30087-0028 USA
 PHONE: 770-736-7060, FAX: 770-736-6732
 EMAIL: ISTM@ISTM.ORG
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ISTM NewsShare

108-48 70th Road
 Forest Hills, NY, USA 11375
Tel: 718-263-2072
Fax: 718-575-0290
E-mail: newsletter@istm.org

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