



MINNESOTA MASTERS SWIMMING ARTICLE
REPORT FROM USMS NATIONAL MEET
MISSION VIEJO, CALIFORNIA
AUGUST 7-11, 2013
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The summer long course nationals USMS meet opened with a sad occurrence. A 64 year old swimmer suffered a cardiac arrest near the completion of the 1500 meter swim on Wednesday afternoon. Louis "Dewey" Slater of Fresno, CA was a top 10 age group swimmer who had no apparent history of heart problems. We happened to be pool side at the time this occurred. The gentleman was removed from the pool with difficulty and CPR initiated on the deck by medics. The AED (Automatic External Defibrillator) was hooked up but he had a "non-shockable" rhythm. CPR and life support was continued for greater than 20 minutes before he was transported to a nearby hospital by a second paramedic crew. Unfortunately he did not survive.

It was a reminder of the necessity of pre-event planning by meet directors, life guards, and fellow swimmers to learn, and relearn, basic emergency procedures, protocols, and techniques of resuscitation. Exigencies must be planned for & must be anticipated ahead of time. Every adult and teen should take a basic life support (BLS), cardiopulmonary resuscitation (CPR), and/or advance cardiac life support (ACLS) course. All should be familiar with AED locations and how to use them. Don't assume someone else will know what to do. Your friend or loved one's life may be at stake.

Response time is critical in the success of any resuscitation attempt. Statistically if the brain is without oxygen for more than 4 minutes the likelihood of a favorable outcome is meager to slim. You need to get people out of the water or they may actually drown before you can start CPR. You must have a sense of immediacy. Don't stand looking. Get into the water and get the person onto the deck. Placement of the AED contact pads requires drying the skin and the person must be on a non-conducting back-board

to insulate them from the wet floor before any shock or defibrillation can be initiated. People must know their assigned roles in this scenario if someone is to survive.

At any current Minnesota Master's meet there are individuals that we all know who have had cardiac arrhythmias, cardiac ablations, a family history of sudden cardiac death, heart attacks, cardiac stents, and/or take medications for heart disease, hypertension, elevated lipids, or perhaps are diabetic (type I or II). All are risk factors for unanticipated or sudden heart related events that may cause unconsciousness in the water, on the pool deck, or in the locker room. It may happen at a meet or possibly in practice. Awareness and a sense of urgency if something happens are vitally important.

Several years ago, Wade Mulhern, a well-known figure in Minnesota Master's swimming, died unexpectedly in his sleep. Despite being an accomplished swimmer who rarely missed a day of practice and competed in meets all over the world, he had heart health issues. I wrote a short article for the "Sternwheeler" at that time regarding basic preventive health and medical recommendations. I have revised and updated that article and it is included it below.

There are bookends to life. We are all born and all will die. That is part of the bargain. No two ways about it. As "Dewey" Slater's teammates and the meet director commented during the tribute to him at the official start of the Mission Viejo meet last Thursday morning, he "died doing what he loved to do." I am sure all of us would share that sentiment, BUT there is no reason to make a premature exit unless absolutely necessary, eh? We have amazing technologies available today to help detect and treat many previously untreatable health issues. Don't ignore warning signs, take advantage of

preventive screening, and change risky behaviors. Live long and prosper!

I am now swimming in the 60-65 age bracket. Actually I was 61 this year by long course math. How it happened I do not know. I was just finishing college “yesterday”. Eh, gad. Tempus fugit. My father’s rant: “Old age and treachery will defeat youth & vigor” never seemed more timely! Having my mother die two years ago and my previously invincible father winding down and showing serious signs of wear and tear, I find myself contemplating issues of mortality with a more sober interest. The value of time, hours, minutes, and even seconds, has taken on a far greater importance. The invincibility & bluster of youth, when death seemed so far away, has lost its bravado. Suddenly you see your cog on the wheel of life cresting and beginning to descend. Maybe one or more of your parents, a sibling, or dear friend has died. There are constant reminders to treasure each and every day and use it well. The poet Mary Oliver asked “What will you do with your one precious life?” Goethe, a wise man, said, “There is always enough time if one will use it well.” But suddenly there isn’t.

The concept of a sudden or unanticipated death versus a prolonged passing with foreknowledge (that allows one to say goodbye, sayonara, adios, hasta lumbago, etc, or drive down mainstreet waving from a convertible) is often debated. Despite the poignancy of the issue, we usually have little influence in how things play out. The bottom line is to live like there is no tomorrow. Get your licks in while you can. Live responsibly but with no regrets. As my Aussie pal Rob Hogarth used to say: “It’s a short life and yer a long time daid.” Ain’t it so.

For my part, swimming and Nordic skiing remain the best way to stay physically fit and the best low impact forms of “adult recess”. Besides if you get hit by a car while swimming or xc-skiing your family has a pretty good lawsuit. Swimming and low impact sports like xc skiing,

cycling, rowing, skating, & paddling allow one to hopefully preserve a high quality of life until the end of one’s days. We all admire our elder masters swimmers in the 70, 80, and 90-year old division. Local legend Ray Hakomaki is our golden swimmer and becomes more amazing every year!

The metaphysics of religion and philosophy are of little import when the swimmer in the next lane stops moving, stops breathing. Take a few minutes at your next practice to review rescue protocols with your team-mates and coaches. Do a mock scenario or run through. Try to pull one of your swim mates out of the pool without assistance. It isn’t easy but there are ways to do it if you work together. Where is the nearest phone? Your mobile is in the locker. Where is the AED? A backboard? Who is grabbing the towels to dry the person off? Who does what? Where is the AED “on” switch? How do you put the patches on? Can you defibrillate on the deck? Is somebody watching the clock? Keeping track of how many minutes have passed? What is the response time for the paramedics or fire department? Which hospital is closest? Do you have a list of emergency contacts for every swimmer? How would you get the person’s family information from their locker otherwise, and which one is it anyway?

As an ER physician for a decade in my past life, I have participated in many resuscitations (some successful and some not). But it is one thing to run a “code” in a dedicated trauma room with nurses and staff who know their jobs, and quite another to witness it “in the field” ie on a pool deck with frantic teenage lifeguards, shouting meet officials, stressed medics, milling bystanders & gawkers, anguished friends and wailing family members. Hospitals very often shield us from the harsh realities of life and death.

Be brave and be ready.

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