

discussion of aural barotrauma makes the subject less clear than describing the process as barotrauma of descent and of ascent. There was no mention of the common appearance of blood in the mask following aural barotrauma, probably because using a full-face mask it is seldom seen.

There is a good discussion of the dangers of high oxygen partial pressures and for this reason alone this video would be worth showing to all budding technical divers.

The video makes it quite clear that diving safety comes at a price, learning about the effects of pressure and

then learning how to avoid the dangers, learning about the equipment and how it works and then practicing using the equipment under supervision, with help at hand, until doing the right thing is second nature.

However the video does not go into the subject as thoroughly as the RN's 1970s films on diving physics and physiology and decompression sickness. The explanation of pressure changes in the former remains in the mind of anyone who has seen it as Newton apples are used in the explanation of pressure measurement, in Newtons.

The video is expensive, but worth the money.

John Knight

## ARTICLES OF INTEREST REPRINTED FROM OTHER JOURNALS

### PARALYSIS STARVATION OR FAMINE THE MISKITO DICHOTOMY CONTINUES

Bob Izdepski

#### Universal Diver Editor's Note

As we are reaching a new and broader audience with *The Universal Diver*, I am going to reprint a condensed version of "Paralysis, Salvation or Famine: The Miskito Dichotomy" for the new readers and add an updated ending that starts on page 15, under the title "A History of Exploitation", so that my old readers can skip the beginning and then read the latest findings of our further investigations that continue to lead the pack in the hunt for facts, in this, the most brutal case of maritime exploitation to ever curse the pages of seafaring history.

I hesitated, feeling that I was being led into a tomb. I was about to face my nightmare, the fear of every deep sea diver. Dr Norvelle Goff motioned me into a cinder block shed beneath the jungle clinic. I resolved to show no emotion, though I was feeling a whole body revulsion.

An emaciated man was collapsed on a cot in the thin grey light. Another man struggled on a parallel bar apparatus, dragging his dead legs behind him.

Dr Goff told the men that I was an American "journalista", as well as a fellow deep sea diver, who had come to interview them about their accidents in order to help other divers in the Honduran lobster industry. Would they mind being interviewed and photographed? Each man smiled bravely and said that he would help.

The doctor gave her clinical descriptions of each man's paralysis, well-used crutches hanging on the wall behind her. She turned and spoke to the man on the parallel bars in a Miskito Indian dialect. His name was Reginaldo Garcia.

He said he had become paralysed after a dive to 25 brazos (48 m or 150 feet). Upon surfacing, he had had pain in his back, and shouted for his dugout canoe tender to come to his aid. He had struggled into the canoe and then lost all feeling and movement in his legs. The tender paddled him back to the mother ship, a steel hull shrimp boat, where crewmen dragged him aboard. He lay on the decks of two different ships for five days before reaching the recompression chamber on Roatan, where he received oxygen recompression treatment from the Episcopalian medical mission at Anthony's Key Resort.

This diver's paralysis was caused by the "bends", a condition resulting from exceptional exposure to depth. If a diver stays underwater too long, his body tissues absorb more nitrogen from his breathing air than can be released upon ascent without traumatic bubble formation. The enlarged bubbles then clog his capillary system, impeding the flow of oxygen rich blood to vital tissues, causing tissue death: in many cases, nerve tissue death.

The only treatment for the bends involves recompression. Typically, the victim will enter a pressure chamber and be recompressed to an equivalent depth of 18 m (60 feet) of sea water to shrink the size of the air bubbles in the body. The victim breathes pure oxygen to purge himself of the excess nitrogen.

Regrettably, the treatment came too late for this diver. Recompression therapy is most effective if administered within minutes of a decompression injury. The

paralysis of this man was permanent. There are many hundreds, if not thousands of divers paralysed in Moskitia. There are 900 recorded paralysis cases, but many others go undocumented due to rudimentary communications in the region.

That region is known as "The Mosquito Coast", a name given to the tribal territories that straddle the Honduran and Nicaraguan border and touch the Caribbean Sea. It is a modern name for an ancient land, a steaming jungle marsh that received its forbidding name from some long-forgotten navigator. He saw fit to warn his fellow mariners away from its malarial swamps; his message in its name. Today, the Honduran segment of Moskitia is encompassed by the province known as "Gracias a Dios" or "Thanks be to God".

The coastal marshlands are spider webbed by rivers that recede into low lying rain forests and then snake up into fog whiskered mountains. To this landscape we add the Miskito Indian tribal peoples and a very few outsiders. Mix these players with their driving forces: Superstition, Hunger, Ignorance, Desperation, Third World Politics, Faith and Hope and there lies the skeleton of this tale, demanding from me its voice to speak to you with purpose.

The root of my story reaches back to Sabine Pass, Texas, in the summer of 1985. After supervising the load out of a ship for a three or four week commercial diving operation, I met a trim built man in his 50's. He had the cracked leather face of a green sea windshipman: sparked by iceberg eyes.

He claimed ownership of a 36 m (120 foot) workboat tied up at the dock, astern of us, ripples of heat rising from it. It was decorated with yellow tape: the words "US FEDERAL MARSHAL" imprinted on it. The ship owner cursed something about how his captain, "the rotten bastard" had been caught smuggling drugs.

He knew nothing of that low-minded activity, of course. He was suffering grave injustices at the hands of the federal authorities; his ship having been seized, his freedom being in doubt.

I did not care for the flavour of his hard luck story and heeled leeward to drift toward some shade and a cool glass, glad that I was ever free from the ensnaring troubles of a smuggler's life.

Turning, I saw a coal black man leap the 10 or 12 feet from the bow of the impounded ship into the water.

He swam and cooled himself, then laid hold of a three quarter inch line that hung from the bow bit. Hand over wet hand, he climbed that rope, grabbed the gunwale and swung aboard.

I was impressed with the man's hand and upper body strength, though I acted cool. Frankly, I couldn't have made that climb with the sea afire and a gaff in my lip. "Who's that?" I asked the ship's owner.

"One of my lobster divers." came the satisfied reply. "You can buy one for five or ten bucks a day."

This guy was bad, but he certainly had gotten my attention. He said that he owned an island off Belize and fished lobster in those waters.

"My Indians can dive all day at 21 to 35 m (70 to 120 feet)." he boasted, then laughed. "They'll last a couple weeks and then start bitching about pains and a little paralysis. I fire them when we hit the beach, and buy a few more. There's hundreds of them leaping for the job. The trick is to keep them from breaking your compressor when they get grumpy after a while at sea. The little bastards will throw parts overboard when they want to go in."

I tried reasoning with him to try to make him understand that if he ran a proper dive station with a recompression chamber aboard, he wouldn't have to be re-training his crews all the time. His men could be healthy and want to stay aboard for work. They would not be sabotaging his gear and he could have an efficient, profitable team of divers. I didn't even try to broach morality with him. It would be a waste of time. but I thought that he might recognise his own economic self-interests.

He chuckled at his perception of my naivete. "A chamber costs \$15,000 to \$20,000. It'd take a long time at five bucks a day to touch that." he said. "Dime a dozen, these pukes. Why waste money on 'em?"

This man, not ignorant of diving procedures, was without excuse for his actions. He had rotted his soul. I spat tobacco on the ground at his feet, looked him in the eye, smiled and left. I'd found my cosmic enemy: not the man, but his ruling spirits: Greed and a slaver's prejudice.

Eight years later, I was thinking about him as I made preparations to investigate reports of similar diving atrocities; on a massive scale, off the Mosquito Coast of Honduras. This time, I could do something about it; I had a magazine.

The reports I had heard were factually anchored by Dr Tom Millington, Medical Director of the Hyperbaric and Diving Medicine Department at St John's Pleasant Valley Hospital, Camarillo, California. The good doctor backed up and elaborated upon the unbelievable scope of Type II Decompression Sickness ravaging the Honduran fishing banks.

Tucking away a short list of names and towns, supplied by Dr Millington, I started to pack my expedition

gear along with my "home schooled" 14-year-old son, Jesse, who was coming along for some third world education; which started with packing. I threw half the contents out of his bag (hairbrushes, cologne, shampoo, etc.) and started over. Jungle boots, 100% DEET insect repellent, poncho, one short and one long set of clothes, compass, knives, water purification tablets, first aid kit, camera, video gear, butterfly stitching tape, antibiotic cream, canteen, mosquito net, space blanket, snake bite kit, 30 m (100 feet) of one-eighth inch nylon parachute rope, toothbrushes, and little else. We had started taking Chloroquine (Malaria) tablets two weeks prior to our flight. In Honduras, we would buy Penicillin, in case of sickness or wounding. If a bush plane goes down in Mosquitia, it is an instant survival expedition.

We dropped out of the thunderstorm in a plane built during the Bogart era and saw beneath us an endless marshland, Mosquitia, painted with every shade of green and brown. Thick vegetation clung to the banks of the larger rivers which interlinked shimmering lakes. Grass-roofed huts stood on stilts at their shorelines. Lone dugout canoes were poled along by tiny brown men and small herds of cattle spotted the marsh grass. This was "high adventure with no referees" and I felt great.

We landed on the dirt runway of Puerto Lempira, and asked directions to Mopawi, a "peace corps" type organization dedicated to the education of the Miskito Indian people.

The town is the unofficial capital of Moskitia and is home to about 1,000 people. It is on a bayou about 40 miles from Nicaragua, 10 miles from the Caribbean and 150 miles from the nearest donkey trail into the main of Honduras.

A light sea breeze carried the organic smells of Caribbean life to me, highly seasoned with wood smoke and tortillas. Chickens, pigs, cows and laughing children were everywhere among the palm frond roofed huts of the town. Whole families, babies through grandparents, lived together, as evidenced by the local "porch life". I saw a young man with emaciated legs, lying on a porch mat with his family tending to him, they acted defensively when I raised my camera. I left them in peace.

As we neared the Mopawi Educational Center, the rising cries of seagulls were followed by the tidal smells of aquatic life. The Mopawi compound was on the waterfront and there I found Paul Stevens, an English social worker who's name was on the list supplied to me by Dr Millington.

After settling down, Paul Stevens briefed us on lobster diving. "The Miskito diver knows nothing of diving physics. He only knows that the more lobster he catches, the more he is paid. Sometimes they dive with bleeding ears, due to the water pressure. That is considered

"macho". When they get bent, most think that it was caused by mermaids. They dive without pressure or depth gauges and without watches. Many die offshore and are never recovered. Drug use on the boats is common. The money they earn is five or six times what a labourer earns. They're literally dying to dive. One hundred per cent of the divers are always bent and show central nervous system impairment. Often the divers support whole family trees. There is very little other work in Moskitia."

The lobster boats are typically 12 to 27 m (40 to 90 feet) long and they will anchor off the coastal towns and sound their horns, calling the men to sea.

Paul Stevens summed it up. "Thirty to 50 men paddle dugout canoes through the surf to meet each mother ship and board her. Then it is a 60 to 300 mile trip to the fishing banks, spent on deck or sleeping on pallets packed into the ship's hold. The men are divided equally as divers or cayuca (canoe) tenders. The injured divers or boys (typically aged 14-17 years old) paddle the 15 foot long fibreglass cayucas carrying one diver and his scuba tanks. The mother ship will anchor on a reef structure in a depth known only to the captain, and the teams will leave in their cayucas at dawn, separate and hunt the lobster. The men will dive, tank after tank, until lunchtime. Eat, grab more tanks and go back to diving for the rest of the day. Each man consumes eight to 20 tanks of air each day at depths of 24 to 48 m (80 to 160 feet). Two or perhaps three tanks a day would be close to the U.S. Navy diving tables limit. The diving done in the lobster industry is suicidal, if the men were aware of the risks: criminal, since they are kept ignorant by captains and boat owners who do know. During the day, all divers will experience joint pain and other symptoms of damage from the bends. Some are paralysed right away, most work on in pain through the 12 to 15 day excursion; all are sick beyond their knowledge. They make \$200 to \$300 (US) per voyage. The average labourer's day rate is \$3.00 (US).

Paul Stevens continued, "In the last three months, since the government lifted its lobster fishery moratorium, we have been able to document 10 diving fatalities among the Miskito divers of the Gracias a Dios Province. There may well be more. It is difficult to tell with only word of mouth communications. This is a huge area with a population of 45,000, at least 4,000 of those people are lobster divers."

Lesser incidents, like paralysis, had not been calculated yet, though it was sure that recent "incidents" far outnumbered fatalities. Paul said there are lots of paralysed divers lying out in the bush just waiting to die.

"To realise the impact of this industry here, calculate that we have 22,000 males, one-half of them are either too young or too old to be divers. Of the remaining 11,000, at least three-quarters are divers or disabled divers.

This is not only a vital industry; it is the ONLY industry. Without it, the economy stops, causing all manner of hardship and leading to starvation."

The next morning, Jesse and I caught a single engine bush plane to the Clinica Evangelica Moraza in Ahuas. Home of Dr Benno Marx and the only recompression chamber in La Moskitia.

We had prayer and breakfast with Dr Marx, his sweet wife and four well-mannered children. After talk with coffee, I went on rounds with the doctor, toured the clinic, the operating room and saw the Vickers 2.8 atmosphere monoplace chamber. We met up with Dr Norvelle Goff and Dr Marx left me in her care. She asked if I'd care to visit the two paralysed divers in physical therapy. I tensed and said. "That's why I'm here."

After meeting with the two paralysed divers and hearing the story of Reginaldo Garcia's decompression accident, I asked Garcia, "Why it had taken him five days to reach the recompression chamber on Roatan?" It was because the captain would not leave the fishing banks. After about two days, he was transferred to another ship that was heading for Roatan: then two more days sailing time.

There had been 30 working divers and 30 cayuca tenders, plus the ships crew. It would be very expensive to stop work and transport a sick man to a chamber. Sometimes the divers would strike to force a captain to seek medical aid for one of their divers. He had, himself, stood up to different captains during his 13 years as a diver, demanding and winning medical aid for other men. Now that it was his turn to be the victim, he saw that the other divers feared the captain and none would stand for him, their fallen brother. He stopped with an ironic laugh that could not hide the wetness in his eyes and stared past me into empty space. I wanted that picture to tell his story, but I turned aside, out of respect for the man. Words will have to do.

The man on the cot was in much worse shape. He looked like a starved coyote, slurring his words like a drunk with confusion clouding his eyes. He had organic brain damage, total paralysis from the chest down with absolutely no feeling below his heart. He had shown no response to any chamber therapy.

He is Eliceo Alvarez and he had been a diver for 12 years. Eliceo said that he had been diving in 35 brazos (210 fsw) when he became paralysed. The details were not clear, but his ship had abandoned him on the coast and he had spent five days crawling through the brush in search of a Brujo (or witch) to cure him. He found her and was treated with herbs and potions, to no avail. Though the Brujos may be skilled in some treatments, this was a new disease. Type II central nervous system bends was caused

by a demon she could not exorcise. In desperation, she made a poultice of gasoline and toilet paper and set it afire in an effort to "jump start" his legs. It did not work and the resulting ulcerous burn was not healing. Four days later, or nine days after his accident he flew into the clinic for a chamber treatment which produced no beneficial results.

It was a moot point that Benno's chamber can only descend to 18 m (60 feet) of pressure and that the man probably needed treatment at 66 m (220 feet) on the Royal Navy tables. Treatment should take place within a few minutes of the onset of the bends in order to resolve the problems; even so, it is not always successful. Treatments administered days or weeks later have very little hope of accomplishing much at all. In Eliceo's case, nada is all he got, nothing is what he has, no future except a slow death. In fact this burn may kill him if it continues not to heal.

When I got out of there, I wandered around for a while to give it all time to sink in. Cruel times and bitter problems.

Frustrating too, because we have answers to most of these diving problems; solutions that are not only feasible but economically desirable !

If oxygen were available on every boat, injured divers could be treated "on site". They could hang off underwater at the end of a 9 m (30 foot) hose and breathe oxygen through it, purging their systems from the bends. (This may not be the best treatment in a perfect world, but it is a workable stop-gap solution for the third world.) No longer would hatred and fear rule the divers and the boat crews. No longer would productive workers be continually lost to the fleet, to society and their families. No longer would everyone be helpless to assist their wounded comrades. (The only treatment now is to soak the victim in used diesel fuel.) No longer would captains be forced to choose between continuing work or halting production for days and travelling a few hundred miles to reach medical treatment; no small expense. Not only that, but, when the boat reaches port, all the divers traditionally jump ship so that they can sit under a palm tree until their money is gone.

The fact is that having oxygen supplies on board would save the fleet money and enhance the productivity of their diving crews, setting aside the deep moral implications of not having oxygen available. The problem is that no one has cared enough about these "Indians" to bother themselves with safety considerations. The irony is that everyone would benefit from this simple change in operations.

There is too much suffering in this world caused by greed and exploitation for profit, to have to put up with brutal injuries that result from callous ignorance and end in economic loss.

I interviewed Dr Benno Marx after his work that day. Up until 1991, when he received a donated chamber through the work of Dr Tom Millington, he had treated paralysed divers with hydration, steroids and oxygen, with frustrating results. He sees the number of bends victims growing exponentially as the shallow waters have been depleted of lobster and the divers are forced to hunt even deeper, now to depths of over 48 m (160 feet). He has treated about 100 cases of diver paralysis since he set up the chamber and has seen fair success with partial recoveries, considering that the average time to treatment is five days and that oxygen supplies have to be rationed. The doctor has been overwhelmed at times, with the chamber running 24 hours a day while half a dozen paralysed divers awaited their turn. Following a period of 'no diving' in the summer of 1993, over a six week period Dr. Marx treated an average of six divers per week and heard that an equal or greater number of men were being treated by the Episcopalian Ministry on Roatan. After the men have been diving steadily for some time, the case load slows down somewhat, perhaps due to the little understood phenomena of "acclimation", whereby divers seem to get used to pressure changes; but scientific studies have not been done.

Dr Marx receives all the funding for his outpost clinic from the Moravian Church. He says that some groups have ventured down to talk with him about support of the clinic, (which was started by his father, Dr Sam Marx in the 1930's), but aside from the chamber donation, nothing has ever materialised.

After I interviewed Dr Marx, I realised something interesting that he had hidden from me. The old 2.8 Vickers chamber was really a 2 atmosphere chamber, rated to be used at 33 feet of pressure. The good doctor was using that yellowed acrylic chamber to treat divers at twice its working depth (60 feet) because he knew that he attained better results with the deeper table, even though he risks his life with every treatment. The paralysed patients know they have nothing much to lose.

You can go to any village and find a paralysed, impotent diver, fatherless children, and divers' widows who have turned to prostitution to feed their families. All this from an honest job.

Maritime history is rife with extraordinary labour abuses, from slave galleys through maroonings, cruelties hidden from the sight of landmen; but, none ever worse than those taking place today. This is the Moral Armageddon of the diving world. Its history follows.

### **A History of Exploitation**

After the 1972 oil embargo, wooden shrimp boats that packed production ice were replaced by steel freezer

boats, enabling the Bay Island shrimping fleet to travel farther and remain at sea longer. Lobster trapping gradually became an alternative to shrimping during the less productive months of the year. It was more fuel efficient than dragging nets for a smaller catch.

Fuel prices were rising and lobster trappers soon realised that they could cover a large area of reefs while at anchor by employing divers who could work from "cayucas". The divers could fish the reefs more thoroughly, faster and at less expense than the trap boats. The lobster diving industry was born.

The prime motivator in starting this industry appears to be the Red Lobster restaurant chain. Dick Monroe, head of Red Lobster Public Relations, told me that in the early and mid '70's, Red Lobster gave Albert Jackson (of Roatan) "more help than was usual" in setting up the first lobster processing plant in Oak Ridge on the Eastern Roatan Coast. So much help that I am told Red Lobster held exclusive lobster buying rights from suppliers for five years after the plan went on line and remains to this day, the largest single buyer of Honduran lobster at an estimated 25% of the total catch. That's a lot of lobster, especially since the Bay Island lobster fleet is easily the largest in the world.

From the beginning, indigenous Indians from the Miskito Coast were sought for the diving work, showing that the dangers of this diving were recognised immediately. Despite the good money, Islanders rarely dove. Instead, an illiterate group of Indians who spoke another language, were given dive gear and put to work without any diving instruction at all. As a result, thousands of Miskito Indians have been injured and paralysed and hundreds killed during the two decades of this industry. None of the Miskito Indians understood why.

Last winter I brought this problem to the attention of Red Lobster's Dick Monroe, in hopes of getting this corporation to assist in the educational and medical needs of the besieged Miskito divers. Since then, I have received no help; nor has anyone else, to my knowledge, though several agencies have tried. The only discernible response I saw from Red Lobster was to cancel their 800 number (too many angry callers) and run a huge television ad campaign declaring last March as "lobster month".

I know of plans to organise demonstrations at Red Lobster Restaurants, which could help them decide to provide some assistance to the Miskitos! Red Lobster has built its empire with the blood of the Miskito Indians, and refuses to acknowledge any debt to those people, or any responsibility for the environmental disasters they have profited from, hoping to slither free and penetrate other remote regions. Do they realise how many divers eat at their restaurants? Perhaps they insult us by under estimating the revulsion America feels toward human and

environmental devastation. Maybe they are right about the apathy of people. I don't think so.

From 1979 through 1988, during the Sandinista rule in Nicaragua, U.S. special forces teams were in Honduras and offered free diver training to the lobster fleet. Interest was almost nonexistent. During this same period, the Honduran fleet was able to double its fishing area because Nicaragua was not able to defend its territorial waters. The lobster "gold rush" was on! Money was so good that 10,000 to 12,000 dollar high pressure compressors were thrown away rather than lose time repairing them. Still no one was interested in funding a recompression chamber for the Miskitos.

Depth and pressure gauges have never been supplied to the Indian divers, much less buoyancy-compensation vests or watches. Only the boat captains knew the true depths as the shallow waters were systematically depleted of lobster and progressively deeper waters were fished. The bends rates increased with depth.

In 1985 "in water O<sub>2</sub>" was introduced to Roatan by Doc Radowski and we have video proving its effectiveness in treating paralysed divers. This revolutionary cure was ignored by the lobster fleet.

In 1986 A.D. Stone, with the help of Oceaneering International, Inc. and the Episcopal Church, brought a chamber to Roatan. Unfortunately it sat idle for two years due to lack of local interest and funding. Finally, in 1988, the Episcopal Missionaries got help from Anthony's Key Resort and established the recompression chamber there in a building thankfully donated by the resort. The chamber has treated hundreds of divers in the intervening years, 90% of whom have been Miskitos.

More dive regulators were sold to the Bay Island fleet during this period than anywhere else in the world, without anyone reacting to the lack of accompanying safety gear.

The industry, which started in 12 to 15 m (40 to 50 foot) depths, progressed to 27 m (90 feet) and beyond, until today, when depths of 48 m (160 feet) are common. In the mid 1980's, the 27 m (90 foot) level was broached and that became the "red line" for severe decompression sickness. Quadriplegia became more common. Since the late '80's, the bends rates have grown exponentially with each foot of depth, growing into the loathsome plague that ravages the Caribbean today. There have been reports of quadriplegics being cast overboard, marooned at sea! The cover story is "shark attacks". We have not been able to confirm these reports as yet.

As intense overfishing devastated the lobster populations and forced the divers ever deeper, the economic pressures to produce worthwhile catches rose

with the depths. Steel tanks holding 72 cubic feet of air at 2,450 psi were replaced by 90 cubic foot aluminium tanks holding 3,000 psi.

Tanks that were once "hot filled" on deck, were now cooled while being filled, substantially increasing the amount of air that they could hold. This new efficiency enabled the divers to remain in depth longer and catch more lobster. Ironically, what was good for the hunt was bad for the hunter, as the longer dives promoted decompression sickness and further destroyed the breeding stock of the lobster.

The economic pressure to meet market demands also led to ecological disasters. Faced with a dwindling lobster supply, operators of this literal Navy of 200 ships started buying thousands of gallons of chlorax. The divers would inject this poison into the reef structures, flushing out lobsters from the honeycombed labyrinths, indiscriminately killing all life forms in the affected area. Done in secrecy, miles from any witnesses, no one can tell the extent of the damage to the heart of the Caribbean, a huge area extending from the Bay Islands through Nicaragua and north to Jamaica and beyond, into Columbian and even Cuban waters; likely further. The Honduran fleet is the largest poaching fleet in the world.

Belatedly, the Honduran government has just established a fishing season for lobster as the demise of the fishery looms near. As for the problems of the ethnic minority of Miskito Indian divers, "further studies are needed". As ridiculous as it may sound, the Honduran government classifies working divers in the lobster industry as "sport divers", and therefore not entitled to the protection of labour laws or the benefits of social security. They are only Indians.

The Miskitos are really quite a famous people, under a different name, one that you know very well. After Somoza fell from power in Nicaragua, the Sandinistas found that the Miskitos were fiercely independent and would not yield to communist power and influence. War was used by the Sandinistas to try to either control or exterminate the Miskito Indians. Thousands of Miskitos fled across the Honduran border to swell the ranks of the "Contras". Over the years many "Nicaraguan Miskito Indians" stayed in Honduras, as the entire region is their ancestral homeland, regardless of national borders. Once these people were our allies, now we have forgotten them.

The U.S. Navy donated a recompression chamber and facility to the Honduran Navy at a cost of some \$200,000 (U.S.).

The Hondurans keep the chamber well inland and discourage its use by the lobster divers. I am told that sick divers have been turned away from the unit: at any rate, it is in a very inconvenient location for its purpose.

Vast fortunes have been made in the lobster industry, so that the profits are referred to as "red gold". The money has been diversified into many industries: shipping lines, real estate, travel agencies, cable television and ironically, dive resorts.

There is hope on the horizon. and one of the brighter points comes in the person of Bob Armington, an ex-New Orleanian and a graduate of the Diver's Institute of Technology, in Seattle. Bob spent time working offshore in the "oil patch" before being contacted by Dr Marx about the problems in Moskitia. He travelled to Honduras to see the problems first hand and was so moved by the injustices there, that he started a diver training school with his own money. Since then, he has been funded by the Moravian Church to the tune of \$100 U.S. per month, both to live on and to run the school. He has received some donations from the fishing fleet, for which he is very grateful, but for the most part his efforts are hindered by a lack of finances. In spite of this, he has persevered and made great strides in diver education.

My son, Jesse, and I were in the village of Cocobillia in October 1993, when he graduated his first class of 10 proud commercial divers. Earlier that day, he had buried an Indian diver in the jungle.

Bob is a Viet Nam veteran who sees his vision for the school as his second chance at dealing with third world people. He is determined to hold on and make the school reach its potential in spite of obstacles that would stop a lesser man. He is succeeding.

I returned alone to Cocobillia this last March and found that Bob had graduated 70 divers from his school and had trained a Miskito named Roberto, an ex-diver and assistant pastor of the local Church, to teach while he opens a new school at Kalkira, east along the coast. Though few in comparison to the overall number of divers, his graduates are being well received by the industry and have managed to avoid paralysis through using in water stops and by increasing their surface intervals between dives. In this case, less is truly more and the men have not only been productive enough to please their captains, but have astonished themselves and their fellow divers at their lack of joint pains, a symptom of the bends. These men feel comparatively healthy and are spreading the word through the industry! Bob deserves high praise for this educational breakthrough, but there is much more to be done and he could use your help. He can be reached through this address: Robert Armington, Mopawi, Puerto Lempiro, Gracias a Dios, Honduras.

Other breakthroughs are taking place. I have been able to get the word out through The Working Diver magazine (now The Universal Diver) and have been privileged to speak at the tek '94 and DEMA shows on this subject. Pressure Magazine, the journal of the Undersea

and Hyperbaric Medical Society has thankfully printed Dr Millington's and my article and reprints are being requested internationally. Interest is snowballing. Cal Dive and Oceaneering International, Inc., have located chambers and perhaps other equipment for me to funnel through to Moskitia for the medical emergencies of divers. PADI has donated Spanish dive manuals; Hyperbaric Oxygen Therapy Systems of Denver is donating surface oxygen supply units and chamber plumbing. Those good people have even started fundraising events to assist me with some expense money. DEMA tells me that they're mailing out my press releases to their membership.

We've got our hands around the throat of this problem, but it's still slimy and strong. A little bit of good right now can tip this evil balance and change this historic tragedy for the better. Together, we are very close to ending the emergency part of this "epic of abuse" in Honduras so right now...PUSH!!

I am hoping that a success in Honduras can be used as an example for the rest of the third world. Reports are filtering in that confirm any suspicions that the epidemic of decompression sickness in Honduras is just the fin of the shark.

You are eye to ink with the first report that states that there is a worldwide pandemic of decompression disease in third world fisheries. I have reports that certain villages in remote regions are suffering a rate of paralysis that reaches 40% of the male population! Africa, South East Asia, Pacific Islands, India, South America, all have regions that are plagued by killer decompression sickness. I can see the monster taking form now and I'm telling you that this investigation will tear the cloak off the most brutal case of international maritime exploitation to ever blacken the pages of seafaring history!

I could use a little help. You know what they say, "The only thing necessary for evil to triumph, is for good men to do nothing". We've got chambers from Cal Dive and Oceaneering International Inc., valued at \$35,000 to \$40,000 a piece; however, I still need compressors, oxygen generators, radios, transportation costs and operating capital. I have incorporated SOS (Sub Ocean Safety), a non-profit educational organization, in order to accept your donations. I also want to form an expeditionary medical investigation team that could take on the project of documenting this worldwide pestilence and come up with proposals for action.

Call, fax or write: The Universal Diver. P.O. Box 834, Lacombe, Louisiana 70445, USA. Phone: (504) 649-3692. Fax (504)649-3682.

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