

Update on Zika and Dengue, and a Harrowing Personal Account *Gary Lehman*

Avian flu! Zika! Ebola! Dengue Fever! Yellow Fever! Cholera! Bubonic Plague! Food-borne illnesses! We may not have personally experienced these and may not even have heard of some of these... but they can be deadly. So we ask ourselves - can we travel anywhere safely for scuba diving? (One look at this website is almost enough to cancel our drive trips in favor of a “staycation” and to remodel the kitchen instead!

<https://www.aljazeera.com/topics/categories/health.html>)

So - can we travel to remote locations and dive our dream dive site? YES - of course we can, and we do. It is important however to take systematic and reasonable precautions, and ...to see a travel doctor well in advance of travel.

(This article was written after careful research at the websites listed below, and has been reviewed by two physicians. However, the author is not a physician, so it must be noted.)

Many scuba diving clubs - including The Scuba Sports Club of Westchester (www.thescubasportsclub.org) – enjoy *many international trips* thanks to our dive planning teams which plan our trips so successfully and makes them happen for us! Our clubs (and our members individually) have been diving at an impressive array of dive destinations. Some of these locations are domestic; some international; some are warm, blue water; and some are cold, green water. And some are right around our own area, such as Dutch Springs, Pennsylvania; wrecks on the bottom off the south shore of Long Island; and several emerging Long Island dive locations. Our Club’s trips and membership have not been impacted by tropical diseases – *but one of the points of this discussion is that there is always a first time, and it is well-advised to be prepared.*

In this article we will focus on diseases encountered during travel generally, and some tropical diseases in particular. A disease is a “condition specific to a location or a general illness that affect a body system(s)”. We will not be discussing diving injuries (such as decompression illness) or specific sea-life plant or marine animal threats for divers. Local operators in our remote dive destinations can *sometimes* be relied upon to give honest and open assessments about those, and that – *in combination with your own research and discussions with other divers who have been to these locations*, should suffice to alert you to those kinds of threats.

Your own personal research into risk factors before traveling to remote locations such as Raja Ampat (Indonesia), the Andaman Islands (India), San Salvador (Bahamas), Galapagos (Ecuador), Tubbataha (Philippines), Egypt’s Red Sea - and so many of the other fantastic dive destinations - is an excellent idea.

But how to start preparing for safe international travel? How about start at the very beginning... This will include getting immunizations to protect us against rubella, measles, mumps, diphtheria, tetanus, and polio. These diseases may be e retreating here in the US, but 1) globalization, human migration and international contacts via improved transportation will serve to cause these diseases to increase in frequency here in the US, and 2) remoter areas which are some of our exciting international diving locations might well have a higher baseline incidence of these diseases.

Even if you think or ‘know’ that you had your shots “...way back, whenever”, you may need to get a booster shot. After you get the required inoculations, it is advisable to bring a color photocopy of your World Health Organization-issued *International Certificate of Vaccination* which documents the immunizations you have received, and when/where you got them. When you get your vaccinations, your physician will give you the “Carte Jaune” (French term for the iconic Yellow Card). This is essentially your vaccination passport. Keep it handy and safe! Health requirements to gain entry into the country at the airport can change from year to year, so it is a good idea to pay the extra fee to get your visa via the host

country embassy (or service center) while still here in the US, and before you leave for your destination. The visa application process will spell out what health requirements are in effect at the time of your travel. If you don't take this precaution, you could conceivably show up at your destination, get in line intending to get your visa at the airport - and then wind up being sent right back to where you came from, because you don't have this or that shot. This can happen. Or, even worse -- you might get quarantined on the runway...

<https://www.aljazeera.com/news/2018/09/emirates-flight-quarantined-york-passengers-fall-ill-180905144736197.html>

In addition, getting the visa beforehand eliminates the possibility that you will get stuck behind a 747 jumbojet which just disgorged a big group of British, Canadian, German or French tourists who tend with some frequency to travel in very large boisterous groups! So, the best recommendation -- get the visa beforehand in order to avoid unpleasant surprises.

Travel to any developing country puts the spotlight on the advantages of a consultation with a travel doctor. Each trip location is likely to be different, and the activities to be enjoyed will be different -- so each international trip warrants a separate visit to a travel doctor. There may be vaccinations recommended (or *required for entry to the country* at the airport) for your destination. Normally, travelers will face a spectrum of risk, for which an assessment is made by the travel doctor and is based on a number of factors. These include whether the travel destination has a higher risk than baseline (home country); length of time in destination country (the longer, the greater the risk); and whether risky geographic locations in the destination country will be visited (i.e. backcountry areas are generally riskier than popular, modern tourist all-inclusive resorts); and what the primary activity(s) will be. Personal medical history can also factor in to the travel doctor's recommendations; whether that involves (for example) the required use of a bronchial inhaler for asthma, or a prescription for an EpiPen for extreme allergies, or the use of other medications. Your doctor might also provide you with a personalized list of medications and recommendations, for example topical steroids for sunburn or rashes. And recommendations will provide the common-sense stuff, such as use of either a UV-protected baseball cap with a protective neck flap to protect the top of the head and back of the

neck from tropical sun, or just a wide-brimmed hat like the one worn by Indiana Jones! (From personal experience, the former is a better choice as it provides some protection for the back of the neck from wind and rain, which was my experience on the way to Mt. Everest Base Camp in June 2018.)

It is best to have the consultation 4 to 6 weeks before international travel, because sometimes there is a latency between start of medications and the beneficial effects of those meds; in addition, your physician may recommend that you start the meds and monitor your reaction for any possible side effects; and the fact is that medications and vaccinations might simply not be in stock at your corner pharmacy, and may be only available by special order. Anti-malaria pills can have pronounced side effects for some individuals (and not-so-much for others), so it is best to understand what those are going to be and to get through those side effects before traveling internationally. This was my experience with other climbers before my trip to Mt. Kilimanjaro in Tanzania.

Typically, the travel doctor will recommend/prescribe a range of medications, perhaps including some of the following:

- Tamiflu
- Imodium
- Zithromax
- Amoxicillin

These or other medications might be indicated based on individual health and medical circumstances and conditions.

While seeing a travel doctor is most important, personal research is important as well, and this can include browsing websites such as the US State Department, Divers Alert Network, and the Center for Disease Control, World Health Organization, the International Society of Travel Medicine, and Shoreland/Travax (at www.TripPrep.com , which is what many travel doctors use as a reference...):

<https://travel.state.gov/content/travel.html>

<https://www.diversalertnetwork.org/medical/>

<https://wwwnc.cdc.gov/travel/>

<http://www.who.int/>

<https://tripprep.com/destinations/>

<http://www.istm.org/>

<https://www.aljazeera.com/Search/?q=health>

<https://www.gapyear.com/destinations>

The State Department has a special informational section on Zika:

<https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad/zika-virus-information-for-travelers.html>

...and the Center for Disease Control also has a special section:

<https://www.cdc.gov/zika/index.html>

Keeping Safe: Reviewing some basics... following are not necessarily restricted to medical considerations... and this is of course *by no means* a complete list of precautions...

- Don't think bad things can't happen to YOU. They can, hopefully never will- but they might unexpectedly
- Use the United States State Department STEP program – Smart Traveler Enrollment Program... <https://step.state.gov/> to protect you while abroad
- Divers Alert Network. Mandatory. Enough said.
- Divers Alert Network provides dive accident insurance. But you will also be *well advised* to get travel insurance also, either through DAN or thru the agency of your choice. The standard DAN dive accident plan will not protect you from financial loss in the event you fall ill or get injured while on a dive vacation if the incident or occurrence is due to non-diving

circumstances. So, get travel insurance to protect yourself because many (perhaps most) insurance policies will protect you here in the USA, but that protection stops the minute you leave the country

- *Strong recommendation* to make sure that there are no State Department travel advisories to the region you intend to travel to. The travel brochures and operators sometimes can't or won't be forthright about current things going on, whether it is natural or man-made or political or... whatever. So, check the State Department website just to be sure.

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

- *Strong recommendation* to double check that your dive insurance will cover you for diving accidents in your travel destination country or region. It is a simple phone call to make to double check and potentially avoid financial catastrophe for your family
- While making that call, determine if your dive insurance is a primary insurance or secondary insurance (your primary insurance will be used first)
- Grim though the subject might be, repatriation of remains might be a sticky point. In at least one religion, cremation of the deceased is not permitted. If the insurer intends for their remains to be returned without cremation, this can create a very expensive outside-of-insured provision. Basically, the question is are “re” mains or “cre” mains repatriated under the provisions of the policy. Human bodies are considered a biohazard and very special (and expensive) circumstances and provisions are required to repatriate remains vs. cremains (remains which have been cremated). Therefore, if this is an issue, the question must be asked and the answer determined fully, and the policy specifically examined to verify/validate this provision meets expectations
- An abundance of caution will direct that before you start diving, you confirm the location of the nearest appropriate medical facility and check out their website; standards of care, cleanliness, equipment, and physician/caregiver status can vary widely in the travel destination and may seem wholly inadequate compared to the traveler's experiences. In some cases, physicians are providing their services at no charge (this was the case in Nepal and these Western physicians were providing service as part of their advanced training and were superlative), *but* the equipment they had

was substandard, and refrigeration was not always available for medications, presenting great challenges for advanced health care in the case of severe illness

- Make sure you have cell phone/internet service or *exactly where* it is available...this will help you keep in contact with family, friends, and medical resources which might be located across the country or several time zones away
- It is always advisable – whether traveling far and wide or staying close to home- that all divers should complete a CPR/First Aid/AED class or refresher to stay current every two years. Completing an Advanced Oxygen course is also highly recommended. This training can save the day at any time or at any location
- At the resort, always make note of your hotel fire escape route outside your hotel room, and hope you NEVER NEED IT
- On the dive boat, *listen to the safety briefing* - and be aware of the muster station location and where the life vests are
- If you are at a resort and don't have confidence in the chlorination of the pool, don't go in unless necessary
- If there are stray dogs or cats, be extra careful to avoid their droppings. People do not knowingly seek out droppings, but sometimes they can be just beneath the surface of the sand, as was the case with dozens of stray dogs at the beach at Mirrisa, Sri Lanka. And avoid temptation to pet dogs as rabies is a risk, as well as intestinal parasites
- Use flip flops, sandals or Crocs whenever possible, because walking barefoot introduces many significant and unnecessary risks
- If you are camping, you may also need to shake your sneakers out in the morning to get rid of spiders or scorpions (yes, it happens...)
- If you are camping, it is not a bad idea to check to make sure no reptilian guests have decided to slither into your protective sleeping bag for a visit
- In the water or at water's edge, be on the lookout for corals, jelly fish, and sea anemones - all of which can sting badly
- And of course, pay attention to dive briefings for warnings about currents and undersea hazards

- Bottled water only, and ice cubes might be OK if you *know* there were made from bottled water. The ever-present concern though is rebottled tap water; a way for unscrupulous locals to make a quick buck at tourists' expense. In general, carbonated water is safe – these are usually sealed at the plant of manufacture; if the sparkling is gone, the water is suspect
- Don't let down your guard once you get back to the main town. The microbes in town are still alien to your system
- Don't even rinse your toothbrush with tap water
- No street food - and eat at the better restaurants which cater to tourists; the last thing you want is to spend your hard-earned vacation on the can
- Only eat fruit which you yourself peel
- Use common sense: if you doubt the freshness or it appears in any way "off", don't eat or drink it. If there is spotty electricity, how certain can you be of refrigeration? Buffet lunches? hmmm... Maybe. Use your judgement... Freshly cooked food will work well, but buffet food sitting around in hot sun... not so much. I had a violent (fortunately brief) gastro incident from buffet food in Moshi, Tanzania. Never again. I don't know whether it was uncleanliness from food preparation or food gone bad in the hot sun; I arrived at the buffet several hours after the rest of the team due to my slower descent from the high camp
- Personally, I love salad but sorry, don't eat salad. When the lettuce or other ingredients were washed they might have picked up bacteria from the water used to wash them. Or have residual insecticide clumps...
- I just received the September *Alert Diver* magazine, the magazine of Divers Alert Network. The current column "From The Safety Stop" parallels the points made in this article, with added emphasis that statistics seem to show that driving to/from the dive site involves more risk to the diver than the dive itself; and that trauma onboard liveboards is also a matter of concern. The article in *Alert Diver* also forcefully makes the case for non-dive related travel and medical insurance

There are two diseases we will focus on, one of which has gotten a lot of press - and one which hasn't. **Specifically, we'll cover the Zika virus and dengue fever**

(which generally has not gotten much press but should). Before going there, here are some of the major problem diseases found in tropics and worldwide...

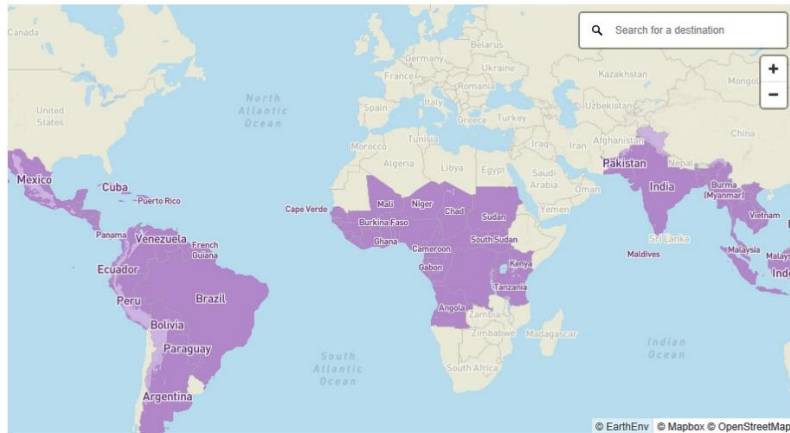
Disease	Description	Prevention
Hepatitis A	Virus, due to poor hygiene	Careful hygiene; inoculation
Travelers diarrhea	Bacteria, giardia or virus	Hygiene; Imodium; Pepto, Ciprofloxacin, Amoxicillin
Typhoid fever	Contaminated food and water	vaccination
Malaria	Mosquito infection	Prophylactic antibiotics and protection
Dengue fever	Virus from mosquitoes	Protection from mosquitoes
Yellow fever	Virus from mosquitoes	Vaccination and protection
Zika	Virus from mosquitoes and intimate behavior	Protection from mosquitoes, avoiding intimate contact

OK .. Zika... This is a terrible disease because it causes fetal brain defects. So, if you are (or are planning on becoming) pregnant, either avoid the countries where there is an elevated risk; or stay above 6,500'; and if you do go, take extreme precautions to avoid being bitten by mosquitoes (see discussion below on that...)

While zika is a particular risk for fetuses (and therefore females of child-rearing age), adult women and men are also at risk for severe flu-like symptoms - which can cut short a dive vacation. These include:

- Fever
- Rash
- Headache
- Joint pain
- Conjunctivitis (red eyes)
- Muscle pain

Here is a snapshot of the worldwide risk... The risk extends from Mexico, through the Caribbean, Africa, South Asia and through South East Asia... A lot of great diving in those locations, but.. from a Zika perspective, beware... In 2018 there have been no reports of Zika in the continental US



Twenty percent of individuals who get the virus will show symptoms. Zika is insidious because in some cases, the victim is asymptomatic and doesn't even know they are infected. *This can cause them to transmit the disease to intimate partners who may then become pregnant, and whose baby would then be at risk.*

Has There Been Any Progress in the Fight Against Zika ?

The world medical community went into emergency overdrive in 2016 to fight zika. The World Health Organization (WHO) classified zika as “a public health emergency of international concern” in 2016. The call went out to leadership research and development communities worldwide for vaccination and treatments alternatives. 45 candidate vaccinations are under development, and some have progressed to human clinical trial. So, progress is being made.

So, Exactly How Can A Person Minimize Their Risk of Being Bitten By Mosquitoes?

The US Center for Disease Control recommends repellents with the following compositions:

- DEET (this is the best prevention, but important to follow instructions and avoid overexposure to skin in particular... <http://www.npic.orst.edu/faq/deet.html>)
- Picaridin (known as KBR 3023 and icaridin outside the US)
- IR3535
- Oil of lemon eucalyptus (OLE)
- Para-menthane-diol (PMD)
- 2-undecanone

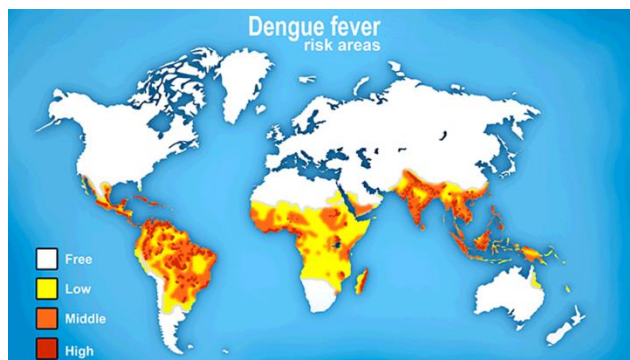
Covering arms and legs to the maximum degree possible is useful. Tucking pants into boots helps prevent insect intrusion. Apply sunscreen first, then repellent. Reapply repellent after activity or time, as directed. Read the instructions for your insect repellent. Keep the screen door shut. Use bed nets (CDC has recommendations on particular models on the website). Avoid large bodies of standing water.

And Dengue Fever...

Dengue fever represents a risk for scuba clubs during trips to our tropical island paradises... This article hopefully will raise awareness about this disease. This awareness is currently significantly lacking. Objective here is for all of us to *not find out the hard way*. Foreign operators may at times minimize the risk, but it is significant. We worry about the wrong things sometimes. Some of us worry about

shark attack, despite the evidence to the contrary. But too many people ignore real and present dangers, among them dengue. Operators may be reluctant to be forthright and upfront about the danger; they have a business to protect. They may give a passing reference or perhaps even dismissive short shrift to the potential of this or that disease to strike the unwary and unknowing. Tragically, a Filipino friend of the family lost both a niece and a nephew on the island of Cebu to dengue. This health professional stated that the deaths occurred in a rural remote area on the developing island of Cebu, far from the bustling modern metropolis of Manila. This family friend further advised that health care on Cebu is occasionally substandard, especially for the locals in remote villages. But being in denial of or the misinterpretation of symptoms can gravely impact the victim, causing sometimes fatal delay of vital treatments. As is so often the case, early detection and correct identification is paramount.

This article also provides testimony from another friend, one who unfortunately was impacted terribly after contracting dengue fever. This could be any one of us, now or in the future.



Mosquitoes carry the virus which can be transmitted to the victim when they are bitten. It causes flu-like symptoms, which can result in disease misidentification. As the following dengue risk map shows, many of our treasured dive locations are in the risk zone. Urban and rural poor are at risk

– but dengue is an equal opportunity disease. Mosquitoes do not do an ‘income check’ before they alight on the unwary victim for a fill up. Dengue happens at high-end dive resorts and in upscale communities. There has to be a reason for such a radical increase in reported cases (up 30% in past fifty years); in part better reporting is the reason behind more documented cases, but there must be other factors which are not yet understood to explain the surge over the past fifty years. The WHO has been aggressively compiling statistics on reported cases and identifying dengue hot spots. It is speculated that globalization is in part responsible for the increased incidences of dengue. Easier, faster inter-regional transportation can facilitate several kinds of pandemic disease spread. Today

dengue is becoming a leading cause of death and hospitalization among children and adults in regions-at-risk.

And yes, dengue has been reported in the United States, in Texas and in Florida. Why would we assume that globalization of dengue would somehow avoid the continental 48?

The WHO article highlights several concerning facts: once infected (and recovered), there are different strains of dengue, and once the victim gets dengue they become *more susceptible* to repeat infection by a variant dengue virus - and a worse illness. Furthermore, there is no specific treatment for dengue at this time. Symptomatic relief including blood transfusions, platelet replacement, hydration/electrolyte replacement and fever reduction is about it. But, aspirin and ibuprofen are dangerous, due to their blood-thinning effect. Thus, initial self-prescribed treatments for “oh, it’s just the flu” could push the victim into a worsening dengue fever illness by initiating bleeding out. The WHO’s resolute commitment to combatting dengue fever indicates that the best defense against dengue fever is an aggressive mosquito control program. WHO task forces analyze areas for dengue ‘hot spots’ and attack the source aggressively. These methods are expensive however, and unless there is significant funding available from transnational relief organizations, local community leaders will have the challenge of deciding to *either* invest scarce resources in dengue control, or towards meeting other current human services needs and requirements such as health centers, schools, waste treatment facilities (a major source of mosquitos), and roads/electricity/bridges.

An individual might *not* contract dengue fever if bitten by an infected mosquito. The person bitten may suffer a quickly-passing illness and only experience a glancing blow from the disease. But if someone gets dengue, they are probably not going to know it right away. The resort infirmary is probably not going to know for sure either, given the similarity of early symptoms to flu. Only a laboratory blood test at an appropriately-equipped health center can provide reliable disease identification. Locals who might be informed (or not) may give a person reporting their symptoms ‘the bums rush’, in order to not heighten concern amongst other guests – and jobs can be hard to find and keep in some areas. And, for that matter, symptoms may not appear -- until the last days of the dive trip.

Progress Against Dengue?

The World Health Organization has been hard at work on many tropical diseases for a long time and has a website devoted to information exchange on many of these diseases (http://www.who.int/neglected_diseases/en/). Dengue is prominently part of this lineup of major threats and has received much focus due to radically increased reported cases in the past twenty-five years. Advanced outbreak detection and military-style 'search and destroy' missions have made significant localized (albeit only temporary) progress. Procedural changes in waste management in the risk zones by local populations can further reduce the frequency and intensity of outbreaks. But medically, there is not much good news to be garnered from the WHO reports as far as treatment and inoculation.

A Harrowing Personal Account and Experience with Dengue Fever....

A friend of mine contracted dengue in the Philippines. The whole experience end to end was horrendous from every angle, but this account fortunately has a happy ending. This person who was infected with dengue was and is a leadership member of the greater NY diving community; continues to love advanced diving; is a respected resource for all new divers; has resumed career advancement; and is part of the adventurous, joyful heart and soul of divers and diving in the Greater NYC metro area. My friend wants to their experience in an as-wide-as-possible forum because the disease is poorly-understood, can be devastating and life-changing, and my friend wants to raise awareness about dengue fever. If someone reads this personal account, with the result that they are able to avoid getting dengue or are successful in aggressively seeking appropriate, effective medical intervention for themselves or a stricken friend, then sharing of this horrific dengue experience will have benefitted someone and therefore all of us. So, hats off and all respect to our contributor who has shared with all of us their experience related to this illness, in full detail with nothing (including errors in judgement) held back, *in order to help others in our sport.*

Subject intrepid diver was traveling solo (not in company with a group of fellow Metro area divers) on a *remote* island in the general vicinity of increasingly-popular Coron. It is on this remote area that the diver was bitten by the mosquito. Symptoms slowly built up without excessive initial concern; but with progression the diver became increasingly alarmed. Early dengue fever symptoms mimic many other ailments, so it is understandable, especially given that 1) dengue is relatively unknown and 2) some resort staff may be unwilling to acknowledge the risk, that neither the diver nor the local staff were quickly associating the symptoms with dengue and misdiagnosed it. Our diver believed that if the local staff did have such a suspicion, they were withholding that thinking.

Dengue symptoms include:

- High fever ranging up to 106°F (and higher..) (106 starts the 'death zone')
- Severe headache
- Pain behind the eye (known as Retro-orbital pain)
- Explosive, crushing sensation on bones, Severe to very severe pain in joints and muscles
- Continuous stomach pain; internal bleeding may occur due to hemorrhage
- Nausea and vomiting, dehydration from uncontrolled bowel incontinence

Our diver had no easy access to internet or telephone in this remote area. After a couple of days, subject experienced severe dehydration; raging and near deadly temperatures over 106F; shivering; paralyzing weakness; excruciating feeling of crushing, breaking bones; fading in and out of lucidity; and uncontrolled incontinence. By sheer Providence, a fellow diver was a Red Cross employee (although with a non-medical role), and was terribly alarmed by the condition. Eventually the realization crystallized through intermittent windows of lucidity that a doctor visit was critically needed. Our victim managed to get to the resort administration building and did some internet searches on the symptoms. At that point the diver self-diagnosed the illness as dengue. But a definite diagnosis was needed. My friend reported that the resort staff ridiculed the belief that dengue was the illness, and obstructed the diver's efforts to get proper medical treatment. Our diver's new knowledge that people *die from dengue, even with medical attention*, was sufficiently empowering to get to another island 1.5 hours

away which had a proper infirmary (and not to the one originally offered by resort staff). It was here that the diagnosis was confirmed; diver's temperature was dangerously high at 106+ F.

Several "Monday morning observations" ... Had a DAN staff medical professional been consulted, it is a fair bet that they would have at least called out the possibility that dengue fever was a possible underlying illness and alerted to the danger of the situation. With a fever that high, our diver should have been medically evacuated to a location where the fever and treatments could have begun sooner. The US Embassy should have been alerted to render whatever assistance was appropriate, especially in a dangerous illness (the diver in question had even signed up for the State Department's Smart Traveler Enrollment Program!). But due to the illness thought processes were corrupted, the Embassy was not contacted, and the diver decided to stay at the resort for treatment including daily blood work to check platelet levels. The staff at the resort and local infirmary were unaware that DAN medical evacuation was an option. (A case can certainly be made that diving with fellow club members, as in this instance, would have been an advantage due to shared concern, assistance and better shared decision-making unaffected by illness.) Our diver even discouraged family and a close friend from coming to their assistance, out of a sense of not wanting to 'inconvenience' others (a noble but terribly bad call under the circumstances, and due to corrupted thinking).

After over a week of dangerously-high temperatures abated, and after enduring excruciating speedboat rides, nauseating and sweltering bus rides, and interminable airplane delays our diver was able to return to the main island of Luzon (where Manila is located). Diver checked into a modern health spa for a six-week rest and recuperation.

Rule ONE: get travel insurance for medical treatment, evacuation, and associated expenses resulting from non-diving accidents. Rule TWO: reread Rule One. The personal expenses incurred by the diver were "off the Richter Scale" high. And, would have been radically higher except for some other extenuating circumstances. My friend had a six-month bedbound convalescence once back in the greater NYC Metro area and resumed work-from-home – fortunately with a very understanding employer.

A harrowing account from every angle, but one from which we can all benefit very greatly – and possibly save a life. *Again, heartfelt thanks to my friend for sharing this experience in such detail with us.* The take-aways here are a greater awareness of dengue fever - but hopefully also a better understanding of how circumstances can combine to create suddenly gravely dangerous situations, and why it is so important to reach out for and accept help when danger is near. As divers we are extended family, and we are here to look out for each other and get through adversity together.