

OUT OF Office

Expedition Medicine



Michael J. Manyak, MD, FACS
George Washington University
Greater Washington Board of Trade

We were in heavy chop in the Mindoro Strait at 3 a.m. in the South China Sea off the coast of the Philippines when the first victim was spotted. Barely visible in the dark, clinging to a small board, we maneuvered to fish the woman out of roiling seas. Her tale was chilling: Their overloaded vessel had sunk 8 hours earlier with over a hundred passengers, and we were 5 miles from shore with the current headed out to sea. No sharks had arrived yet. As a newly minted medical school graduate and the only doctor

on board, medical responsibilities were mine, but despite extensive ambulance experience and Eagle Scout training, I was immediately struck by the lack of resources in this remote area. Our rescue of 87 people, including many children, really sparked my lifelong interest in remote medical care and expedition medicine.

It has been said that a medical degree is a passport to travel and that certainly has held true for me. Since that maritime disaster, expedition medicine has been a major interest alongside my academic medical career, allowing me to contribute to many exciting adventures. Whether barely avoiding a coup while traveling to the most remote jungles in Africa, descending over two miles in the ocean where the *Titanic* rests, riding



Figure 1. 800 miles deep in the Gobi Desert evaluating the rare new wild camel species.



Figure 2. Returning to the Peruvian Colca Canyon, the deepest canyon in the world.



Figure 3. Uncovering early human footprints in Tanzania.

camels deep in the Mongolian Gobi desert observing the newly described highly endangered wild camel, rescuing a trapped ship on an icebreaker in Antarctica, exploring the Amazon rain forest, or traversing the deepest canyon in the world, each destination has had its unique problems for preparation and safety, yet many share common elements.



Figure 4. Spectacular glaciers in Antarctica.



Figure 5. Recovering the engine room telegraph from the Titanic.

My background and avid interest in field exploration and expedition medicine has led to a fascinating array of experiences. I remain a consultant to *National Geographic*® for medical issues and served on the NASA Aerospace Medicine and Occupational Health Advisory Committee, responsible for the care of our astronauts. Shortly after leaving academic medicine at George Washington University where I was professor of urology, engineering, microbiology and tropical medicine, I became chief medical officer for a high threat security company. We had 7,000 special forces contractors deployed in Iraq and Afghanistan, and I had 62 medical personnel reporting to me from battle zones. We dealt with mundane occurrences like a broken ankle while playing touch football, but we also managed medical evacuation and management of men injured by mortar attacks or exposed to active tuberculosis.

Other exploration activities have included diving the famous Spanish treasure galleon *Nuestra Señora de Atocha* in search of artifacts, digging million-year-old early human fossils with the Smithsonian Institution's Human Origins Program in Kenya, and evaluating a new spectacular finding of early human footprints in rural Tanzania that is now a world heritage site. The common thread of all these activities is medicine, because I oversaw or provided medical care for the expeditions in these remote sites.

These experiences led to my induction as a fellow of The Explorers

Club where I have been a member for 25 years and served on the board of directors for a decade. My column on expedition medicine is a regular feature of *The Explorers Journal*, where I am an associate editor. Two award-winning books have been spawned related to expedition medicine including *Lizard Bites & Street Riots*, written for non-medical travelers.

The multiple facets of expedition medicine have provided other related outlets. As a VP of the National Eagle Scout Association, I developed a program to send



nationally selected Eagle Scouts on remote expeditions for work in the Galapagos, Amazon, South Africa and domestically for dinosaur excavation, bald eagle ornithology and speleology in the world's longest known cave system. We now have several younger new explorers as a result of their experiences. The creation of the Exploration Merit Badge a few years ago remains one of my cherished accomplishments in the scouting arena.

All of this is in addition to continued interest in urology.

I just completed a near-decade as global expert in urology for GlaxoSmithKline and worked extensively on medical management of benign prostatic hyperplasia. The message here is that you can seek your other interests in addition to those in urology. I think there are many of us out there who have passion for another, often unrelated, hobby or avocation. Perhaps the best advice was given to me years ago: You may not be able to make life longer, but you can certainly make it wider. ♦