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Letter to the Editor

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LETTERS TO THE EDITOR

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In the inaugural issue of the *International Journal of Aquatic Research and Education (IJARE)*, the editorial asserted that it wasn't until the mid-1980s that several leading lifesaving organizations, including the United States "Lifeguarding" Association, modified an existing emphasis on blocks, parries, and front underwater approaches to victims to an emphasis on using a rescue buoy or tube to support victims and themselves in the course of making a rescue. This is an inaccurate reflection of lifesaving history.

The United States *Lifesaving* (not *Lifeguarding*) Association (USLA) stands alone in the United States as a membership organization of beach lifeguards and open-water rescuers. We do not certify lifeguards per se but, rather, recommend minimum training standards and certify lifeguard employers who demonstrate that they meet these standards. The standards are a product of the innovation of open-water lifeguards, USLA-affiliated agencies, and a nationally achieved consensus of best practice. In a typical year, USLA-affiliated lifeguard agencies report some 50,000 rescues from drowning, mostly from rip currents at surf beaches. (The actual statistics are freely available at www.usla.org.)

The first surf lifeguards in the United States, and perhaps in the world, were employed beginning in 1892 in New Jersey. One of the greatest difficulties for swimming lifesavers was the struggle sometimes required to overpower a panicked victim before the rescue could be completed. The line and reel (landline) was an early solution. A lifeguard would swim out to the victim while attached to the line, clutch the victim, and be rapidly pulled back to shore by others.

As an alternative, Atlantic City lifeguards developed what might be the first rescue flotation device (*RFD* is a term coined by the USLA for its 1995 manual) by fastening an 8-foot line and shoulder harness to a life ring. The lifeguard would swim out with the life ring, throw it to the victim, and tow the victim to a dory or to shore. This avoided contact with the victim, but like the line and reel, the life ring created significant drag in the water.

The first rescue buoy (then called a rescue can) is believed to have been invented in 1897 by Captain Henry Sheffield, an American, for a surf lifesaving club in South Africa. It went through several iterations over the decades, all the while employed by surf lifeguards, until it was perfected to the modern (plastic) version by Los Angeles County Lifeguard Lieutenant Bob Burnside in 1968. Lifeguards would swim out and push the buoy to the victim. This kept the lifeguard separate from the sometimes-panicked victim until the victim calmed down. Blocks and parries were rarely needed. The victim was then towed to shore.

In heavy surf and when drowning victims are in poor condition, the victim might be unable to hold on to a rescue buoy, thus possibly becoming separated from the lifeguard on the return trip. For this reason, in 1935, based on a design by Reggie Burton and Captain George Watkins, Santa Monica, CA, lifeguard Pete Peterson produced an inflatable, bright yellow rescue tube with a snap hook molded onto one end and a 14-inch strap on the other. A line and harness were then attached. This highly visible device was used by many beach lifeguard services into the early 1960s.

In response to the buoyancy problems related to punctures and climate conditions, Peterson redesigned the tube, constructing it of flexible foam rubber with an orange skin to keep water out of the interior. While this was an improvement, the skin was still subject to piercing, and the open cell foam would then act like a sponge, becoming waterlogged. By the late 1960s, however, closed-cell foam rubber was invented, and the tube was manufactured with this material so that punctures to the skin no longer resulted in water absorption. This device is still known to some as the Peterson tube but is more commonly known as the rescue tube.

Clearly, these RFDs were invented for use by surf lifeguards, for specific purposes in an environment with high hazard levels and high resulting rescue numbers. These purposes include safety of the lifeguard and safety and security of the victim. Obviously, RFDs were in use by USLA-affiliated lifeguard agencies decades before the 1980s. The USLA's primary contribution has been to standardize procedures for their use, rather than perfecting their design.

At some point, perhaps in the 1980s as the *IJARE* editorial suggested, some lifeguard organizations overseeing pool-lifeguard training apparently saw particular utility in the rescue tube. Surprising to surf lifeguards, these organizations decided to use the rescue tube primarily to support the lifeguard rather than the victim. (One wonders if Pete Peterson would not be turning over in his grave.) It appears to me that a primary reason was that this allowed for the employment of lifeguards with lesser swimming skills and more limited training than was previously possible, which probably made it easier and cheaper to recruit lifeguards. During this period the number of training hours for pool lifeguards declined significantly, apparently in an effort to address competitive factors in this "industry." If training is expensive, less training is less expensive. If people with strong swimming skills are hard to recruit, use of a device that allows for employment of people with lesser swimming skills makes recruiting easier.

Despite this unintended, though widely employed, use of the rescue tube in the U.S. pool environment and the concurrent decline in swimming-skills requirements, USLA-affiliated lifesaving agencies do not appear to have allowed swimming skills to erode. Since 1979, the USLA minimum standard has been that the lifeguard must be able to meet and maintain the ability to swim 500 meters in 10 minutes or less. Many open-water agencies have long exceeded these standards in recognition of the challenges their lifeguards face. USLA lifeguards, apparently joined by YMCA of the USA lifeguards, continue to use the rescue tube as originally intended, trailing it behind them while swimming to the rescue, using it to float and thus calm the panicked victim, and using it to tow the secured victim to shore while swimming normally.

As in other professions, innovation is critical in lifesaving. Adaptation of the rescue tube for purposes other than those intended by the inventor might be seen by some as an innovation. On the other hand, the study conducted by LeClerc that appeared in Issue 1 of *IJARE* (2007) suggests that although using the rescue tube to keep lifeguards afloat might allow for the employment of individuals with weaker swimming skills, it also slows the approach to a victim, which is undoubtedly the most critical part of a rescue. Is this innovation, or has safety suffered by use of the rescue tube as a substitute for swimming skills?

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Editor's Note: We welcome Chris's enhanced historical overview of lifeguarding history, particularly where it clarified inaccuracies in our own brief "history" (which reflected this editor's personal experience as a pool lifeguard only). His critical comments about changes in training requirements for pool lifeguards are noted.

We invite other readers to submit letters to the editor to note comments or criticisms of articles published in *IJARE* or to raise other aquatic-related issues in keeping with our goal for *IJARE* to become a vital and dynamic forum for all things aquatic. Letters to the editor should be submitted using Manuscript Central (http://mc.manuscriptcentral.com/hk_ijare). Normally, letters will be printed as received except where issues of length or grammar require minor edits.