Drowning in Tourism: 
An Industry Opportunity to Lead the World

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Abstract

The global drowning epidemic takes a million lives each year. Tourists are naturally drawn to waterside facilities but most host countries in the Tropical Zone are nations of non-swimmers and have epidemic levels of drowning themselves. For example, more United Kingdom children drowned in swimming pools while abroad than in the UK while, in a recent Philippine sample survey, over 70% of those who drowned in resort pools and beaches were tourists. This paper take the form of an essay which reviews current drowning issues and drowning prevention measures developing around the world at the international, global level. It also draws upon a decade of hands-on experience in the Sri Lanka Women’s Swimming Project, which has taught over 3,500 women and teenage girls to swim, on the premise that if a mother can swim, she will ensure her children will also. The paper advocates that a golden window of opportunity exists for the tourist industry to create a self-financing gold standard in aquatic Duty of Care for the greater good of all. Drowning is bad for business, nor do Nations like their best drowning prevention practices to be spoiled by highly visible tourists drowning. The lure of water is a potential honey death-trap for the tourist industry, and yet, if seen as an opportunity, could correctly set a definitive standard in the Duty of Care, to be self-financed by great earning potential of teaching tourists to swim, if only the industry were to seize the initiative now, and head off government heavy-handed safety legislation which, otherwise, is bound to follow ever-worsening statistics and adverse publicity arising from drowning.

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Review of the Current Situation

For tourists, according to the World Health Organization (WHO), accidents are the most common cause of death and injury abroad, with drowning the second leading cause of death after car crashes. Aside from Polynesians and Pearl Divers, swimming for sport and recreation on a national scale is a comparatively recent development, first given impetus at the Athens Olympiad of 1896 by simply
swimming races in the sea parallel to the beach. Then came Johnny Weissmuller, the multi-gold medal Olympian of 1924, whose other lifestyle defining role-modeling was as the definitive Hollywood Tarzan. The Great Depression which followed the Wall Street Crash precipitated the construction of gigantic municipal Lidos, making swimming an inexpensive popular national recreation and with it, Lifeguarding. A defining split between the learn-to-swim for competition and learn-to-swim for recreation camps developed in the 1930s, with the formation of the teacher-driven Swimming Teachers Associations and the American Red Cross running community-based swimming programs which continue in the USA to this day. World War II followed, when being able to swim was mandatory necessity for millions of sailors, marines and airmen. Then, post-war prosperity arrived, a condition both familiar and highly visible here in Sri Lanka, and an explosion of small-pool building resulted, also highly visible here (in Sri Lanka). A rise in drowning deaths was followed by better safety legislation resulting in more effective drowning prevention measures being placed everywhere in the private and public domains.

With the advent of truly cheap air travel, everyone who wishes to, could now go abroad on holiday, to naturally to warmer climates, the Tropics being the Number One choice. Hotels with pools exempted themselves from the draconian safety measures being demanded of public pools on the grounds that they were “Clubs” or private facilities for “Guests”, who were to be responsible for themselves and their children, but what worked for the wealthy, did not work for the masses. The extremes of what might be called the “good times” for the Tourist Industry, at one end of the spectrum, saw the arrival of that contradiction, the in-pool underwater concrete bar stool and the Island Alcohol Bar while, at the other end, the horror of toddlers drowning in an un-lifeguarded but fully populated pool while their parents were pre-occupied after a long, tiring journey, with checking-in at Reception. Meanwhile, back home in the developed world, ever-improving, downward-spiraling drowning statistics were now being reversed as newly-rich former colonial subjects come to admire ‘the motherland’ as tourists or, as economic immigrants and thus entered the drowning statistics in pools and on the beaches, having never had the opportunity to do so at home.

In parallel, what has happened to the rest of the world in the last century-and-a-half just described, is that the great killers of that period have been attacked and laid to rest one at a time: childbirth by good midwifery; infant deaths by vaccination, inoculation and education, polio by inoculation and malaria by insecticide and health care. As deaths due to these causes have waned, thanks to the efforts of the WHO monitoring mortality on a global scale, another, previously masked, became visible on an epidemic scale. Drowning, takes an estimated million or more lives a year.

This fact has an impact on the Tourist Industry in two ways. The tourist who has learned “to swim” in the confines of a nice warm, secure, safe, lifeguarded environment of clean water, is not necessarily equipped to swim or survive in cold water, moving water, water with under-surface entanglements of vegetation, roots or rubbish, surf, undertow, lateral currents, rip currents, whirlpools, fast water and white water, flat sea, open sea, rough sea and so on. The situation is so serious that even defining the very term “can swim” is a major challenge in its own right, requiring an international coordinated effort by the top echelons of life saving and swimming organizations at the global level. What is likely to emerge is a set of graduated definitions to match each of the aquatic environments.
A further side of the “can swim” problem to the Tourist Industry is parental and personal perception of survivability i.e. not drowning in any of the above environments described. The reality is gross over-estimation of capability by a wide margin error, usually fatal. Linked to this is the issue of supervision. Pool safety in nations leading the way, Australia ahead of the rest, is now reaching 100%, thanks to high quality levels of lifeguarding, compulsory fencing of all private pools (Tourism Developers take note) and underwater video technology linked to intelligent, drowning-detection software (not terribly demanding – just another App and really quite cheap hardware). This has been coupled to a strong legal back up: last year saw the prosecution and sentencing in the UK of a sixteen year-old lifeguard for negligence in a pool drowning. The shock waves have been felt as far away as Acapulco: Take Note. Lifeguarding is not child’s play for pocket money, but an adult role-model for alertness, awareness, care, aquatic competence and, when needed, saving a life. Interestingly, actively marketing the positive image of Lifeguarding has precipitated an explosion in popularity of the Royal Life Saving Society’s Rookie Lifeguard program for children with the motto: Every Swimmer a Life Saver.

Still on the theme of perceptions, is the role of parental supervision. Intense research into the effectiveness of Lifeguard visual scanning shows that performance, which is nowhere near 100% at best, falls away rapidly beyond ten minutes of concentration. Substitute now an untrained parent, the distractions of siblings, husband, friends, books, newspapers and 3G mobiles phones, together with an overarching urge to relax on a holiday all have waited a whole year for, and the value of parental supervision evaporates into non-effectiveness. This is the reason more United Kingdom children drown in swimming pools abroad than at home.

Coupled to children and adults drowning is the issue of how swimming is taught. The mechanics of not drowning are simple: all one has to do is to continue to breathe. The physics are equally simple: the human body is 97% water; bone, fat and air in the chest cavity which, given a medium level of inflation, generates enough buoyancy to support the face out of the water, assuming zero panic and relaxed, knowledgeable cognizance to maintain balance in the correct horizontal position without expenditure of energy or thought. In short, the aquatic equivalent of being able to stand up straight without thinking about it.

It takes a developing infant about six months to learn to sit up and anything up to another year to be confident enough to stand, walk and run about at will. It can take anything from a day to several months to train an eighteen month-old toddler to fall into water and recover to a face up float and the same to get a three year-old to float indefinitely and swim about at will. Why this does not happen is because owes its origins to sport and evolved from the fastest becoming the leaders of how and what is taught as “swimming”, the measure of merit being the Distance Certificate and then the addition of the Best Time.

Taking him to his Olympic pinnacle, Michael Phelps plans to arrive at the finish line first, having expended every iota of oxygen to do. All he has to do then is recover enough to climb a few steps and collect his medal. That is not what the rest of the human race has to do to stay alive safely in water. The reason for raising this is to alert the Tourist Industry to the fact that the HOW of learning to swim is under a review, driven by drowning prevention and public aquatic safety, so that whilst sponsorship of a elite few may be good public relations, asking any mother why she wants her children to learn to swim elicits the different
response “because I don’t want them to drown”. The majority of customers in the Tourist Industry are parents with children and they don’t want them or their husbands to drown.

At the other end of the scale is the Sri Lanka Women’s Project, a scheme that instead of teaching children how to swim, teaches their mothers and teenage sisters. There were several reasons for this. In the Asian Tsunami of 2004, women and children constituted 80% of the fatalities. Asian females, irrespective of religion, are constrained to modesty and separated from males at puberty or earlier. They do not climb trees, swim or appear in public in swimwear in general public view unless they belong to the educated and or wealthy elite. Combined with restraining, wrap-around garb not conducive to aquatic survival, the 80% is sad but expected, but can also be changed. Teaching large numbers of children to swim is easy, but presupposes a trained teacher to do so. Parents of girls would prefer a female teacher, but women do not swim and thereby hangs the conundrum.

It takes a decade for a swimming six year-old to reach the age where she could responsibly trained to teach children to swim herself. In addition, a scenario where only children can swim and their parents cannot, is a situation which is going to dampen down progress. Of the two parents, father is the traditional breadwinner and he is out at work, usually at a significant distance from home, whereas mother, who multi-tasks her day into efficient small interlocking efforts, is well placed, particularly if children are at school, to learn to swim by the hour and, equally, after appropriate training, also able to deliver swimming lessons by the hour. Teaching swimming, as the Project has shown, is a perfect micro-economic activity for women which can be synchronized with home activities or, if desired, pursued as a breadwinning, full-time, worthwhile independent form of self-employment. By going back a generation, the Project has produced at least 3,500 parents who are at least capable of passing that skill onto others; they have also enhanced their status in the village female population: they can swim.

Additionally, women with the personalities, determination and drive to become swimming teachers, stand above the rest: armed with a marketable skill and using it to be financially independent through the Project, they thus multiply the growing cohort of teachers in the community, ultimately increasing the rate at which swimming is taught and thus reduce drowning in the community. The same teachers are also the first aid, water safety and cardio-pulmonary resuscitation (CPR) practitioners in the village.

The method of teaching is to begin with survivability, so floating, relaxed and balance on the back, without floatation aids, for extended periods of time, without expenditure of any energy, is the first skill to be learned. The key to the success of this method of learning to swim is quiet, calm, unhurried, one-on-one student-to-teacher instruction in which, typically, a complete non-swimmer who has never, ever in her life, been in a swimming pool, is able to float and glide 5 meters across the pool on her back in the first or second lesson. Then, gradually, incremental methods of propulsion are added: sculling, alternate and simultaneous leg-kicking and, finally arm action. Face-in front crawl is introduced after mastery of log-rolling and breathing and all stroke action is synchronized to maintaining the airway for breathing. The swimmer’s default, at rest position, remains the energy-less back float. Progress is marked by survivability time and self-rescue distance: One, Two, Five and Ten Minute Floats linked to 10, 25, 50 and 100 meter continuous swimming to safety without touching pool sides or floor, followed by climbing out over a one foot (30cm) ledge. Adults that can do all this are declared safe to swim unsupervised in a pool. Further coaching can now extend to full mastery of all strokes. Sea swimming competence is modeled on
Australian standards which require a 400 meter sea swim and a raft of capabilities not described here that are outside the current scope of the Project, except for swimming teachers as optional continuing professional development.

Overarching everything described thus far is a general public lack of knowledge of how a drowning which is actually taking place really appears to a spectator. Here, Hollywood has much to answer for, having set the drama of dramatic images of drowning as a spectacle of desperate shouting, arm-waving and splashing to attract attention. It took a New York beach lifeguard in the 1950s, now famous as Professor Pia, a near lifetime to change this from the day he succeeded in persuading the authorities to set up home movie cameras to oversee the lifeguarded beaches because, despite their best efforts, people continued to drown through the season, every season.

From this movie record, the reality is that people who are drowning barely have enough air to stay alive, let alone shout, so silence is the first act. The next is a very simple matter of Archimedes: the human body, if totally relaxed and chest kept reasonably inflated, will support just enough freeboard (the volume of the body above the surface) to keep the face and hence mouth and nose above the water i.e. able to breathe. Raising just one hand (about 450 grams) for a second or two is sufficient to submerge that face; raising both arms in the air suddenly simply plunges the victim down half a meter, when the fully submerged arms acquire neutral buoyancy. The victim now has to struggle this distance to the surface. The dying struggle, repeated time and again in grim, grainy replays of old movie evidence, show blissfully unaware swimmers all around, close or right next to the victim.

The final death throes are characterized by a vertical ladder-climbing action of arms and legs as the victims seek to push their faces through the surface for a gasp of air; failing, they sink into unconsciousness through suffocation and gravity takes them downward because now, the buoyancy of their chest cavity has been reduced in size by exhalation. Cardiac arrest and brain death follow, in warm tropical water, in around three minutes. So, what the trained lifeguard is looking for is that splash-less, silent, anguished face just on or below the surface, desperately trying to break through for a breath – not an easy task in a pool full of rowdy, happy people having fun. And what of un-lifeguarded the Hotel, Guest House and Villa pool? Hopefully someone will notice a body beneath the surface in under three minutes but the probability is not a good outlook for Tourism in the Tropics.

There is one further area to address and that is the swimming capability of the Tropical Host Nation or, better still, any host nation. The first problem is that the nation concerned is not even aware it has a drowning problem because statistics, the factual basis of making decisions and allocating resources are simply not there. It was only when the WHO started gathering data of a global scale that the evidence of epidemic levels of drowning were taking place became visible. The warmer and wetter the climate, the more the people drown. But the phenomena also occurs in desert climates, indeed in every region in the world where, to improve agriculture, water has been channeled into ditches, dammed up and flooded into valleys to provide constant, reliable water, where none existed before. People are now entering this water, which was never present before, either by accident or recreational choice and drown for the same universal reason. As Pia states: They don’t die because they cannot swim; they die because they cannot breathe.
Aside from a small skimming of the educated and elite in the cities who field the national competitive teams, and a small number of enterprising self-taught youth on tourist beaches, *Beach Bums* to the Industry, the majority of the populations in all of the countries in the Tropical Zone simply do no know how to swim; nor do rural Arabs, Africans, Central or South Americans. It is a global problem and it has a direct impact on the Tropical Tourist Industry everywhere.

A drowning problems thus exists in different ways for both the Tropical Tourist Industry and the Tropical Host Nation, however, they are so closely intertwined that a solution should simply fall out of their marriage. It is a golden opportunity for the Tropical Tourist Industry to take a lead to solve one of the world’s last great mortality causes: the silent death of drowning. How can this be done?

The first answer is to Lifeguard the pools with local men and women. This being the Host Nation, they have, of course, first got to learn to swim properly before they can begin to be trained as lifeguards. To do both quickly and efficiently, three months of full-time training needs to be budgeted for rather than one, because, to serve the Tourist Industry, they also need to master the English vocabulary of swimming or they will not be able to talk to guests. Similarly, other pool staff are, in all probability, also non-swimmers; dual-training them as Lifeguards would increase the numbers available for active pool Lifeguard duty time on the poolside, bearing in mind the need for Lifeguard rotation when swimmers are in the water. The Lifeguards should also be practiced in rescue from the pool bottom of deep pools and in CPR. Quality hotels in this day and age should also have some kind of automated defibrillator on the premises and, as the pool is where the risk is greatest, all Lifeguards should be trained in its use. Lifeguards, however, are a cost overhead, so where is the income?

The second answer is that the hotel should actively offer swimming lessons to its guests, particularly children. These lessons should be on a one-to-one, hands-on basis, with a minimum of two to four lessons a day, packaged in week or fortnights of lessons, to be given by female teachers in the water with the student for several reasons: there are unlikely to be any impropriety situations with females teaching; progress is most rapid, child safety is guaranteed and the quiet adult ambience of the 5 Star pool and its somnolent sun-soaking surrounding guests can be maintained. The same schedules create child-free time for the parents to enjoy. Technology now exists where waterproofed iPods hold lesson timetables, student registers, individual swimmer progress records and even lesson plans for every level of lesson. The iPod can also report wirelessly with a main accounting computer.

Swimming teachers need never carry paper records on the poolside, or have to worry about invoicing clients or collecting cash from hotel guests. The same iPod can contain Lesson Plans for all of the training on offer, which teachers can access in the water. Finally, the same software can bill the Hotel for the teacher’s time. The whole operation is paperless and can be downloaded wirelessly to the hotel’s own management computer system. Also through wifi, the guests are able to monitor the day-by-day progress. This is a significant income generator based on the numbers of teachers that the pool can reasonably offer, the details and scale of which would be totally site dependent.

The third answer is that in the low season for the Tropics, typically July and August, the Hotels could specifically offer Learn-to-Swim Holidays, packaging swimming teaching for children (and adults) with reduced air fares and off-peak accommodation costs. Excursions for the adults while the children are
taken care of are another possibility. This opens up a completely new income stream and it particularly suitable for attracting guests from the Middle East, which will be experiencing unbearably hot, dirty, dusty weather just when Sri Lanka is enjoying cooling and greening rains mixed in with refreshing bouts of beautiful sunshine.

The fourth and final answer is philanthropic, in that having trained swimming teachers on its staff and an operational swimming pool available in the low season, when few or no guests are present, rather than dismissing the staff for the duration, the selected Hotel could offer, on a pilot basis, free or very low-cost swimming lessons to local people. Best would be full-time every day weekly or month long courses, ideally for adult learn-to swim with a view to deploying the most suitable of the trainees swimmers to further training to become swimming teachers at further neighboring Hotels.

By using the existing in-country charitable swimming organizations, such as the local Life Saving Society and, in Sri Lanka, the Women’s Swimming Project, for initial setting up advice and operational management, Tropical Tourism could create a new income streams for itself falling out of the training and launching of adult learn-to-swim programs for staff training. In addition, a previously dead period in the Tropical Tourism Development calendar could potentially be a sell-out. Finally, for the complete zero occupancy low season, the Hotel staff and swimming facilities could be used, at no further cost to the Hotel, to mitigate the global drowning problem by allowing selected, discreet local non-swimmers to be introduced to swimming safely, beginning with the rest of the hotel’s own staff.

Conclusion

Just when the Tourist Industry is ramping up its operations, the WHO has exposed a silent epidemic of drowning taking place as countries in the Tropical Zone which, with one or two exceptions, are discovered to be nations of non-swimmers. In the Tropical Zone there are charities which, having been directly involved in reducing global drowning statistics, could populate the Industry with trained swimming teachers, who in turn, could make Hotel pool swimming a self-financing operation. By offering in-hotel swimming lessons in discreet one-on-one classes conducted by local staff, and by extending the concept to the low season by creating specific learn-to-swim holidays, further opportunities for income are generated. The rise the number of swimming teachers creates a skill pool which, in turn, could offer lessons to further locals on an ever-widening local area catchment basis. In short, the Tourist Industry would gain new income streams and the Host Nation would gain an ever-growing number of independent, mainly female swimming teachers in the Industry. Meanwhile their communities would be populated with aquatically competent swimming adults, thanks to the philanthropic and mutually beneficial activity of low-season charitable swimming lessons, thereby reducing drowning, both in the Tourist Industry and in the local community.