

The History of Divers Alert Network (DAN)

This history was obtained from Dr. Peter Bennetts DAN symposium proceedings, 134 pages, 2004, This info was obtained from pages 81 through 85, by Richard D. Vann, Ph.D.

Dick Rutkowski: Traveling the world over conducting medical seminars, and helping people to establish chamber facilities, was constantly hearing misleading information on how and when Divers Alert Network was conceived. It is obvious they had no idea the effort of many government agencies had establishing programs such as recompression chamber facilities, availability, consulting for medical advice, conducting programs for training of Dive Medical Physicians and Dive Medical Technicians (DMT's) for the off shore and the fast-growing recreational diving community, the early establishment of the National Diving Accident Network (NaDAN). Which became the turn key prototype for the Diver's Alert Network, (DAN) This planning was going on years before the Diver's Alert Network was conceived with government grants. Thanks to the efforts of Dr. Richard D. Vann, I am trying to make a brief explanation of his paper using only history, this information is available on Google.

Origin of DAN

Richard D. Vann, Ph.D.

The 1974 embargo of petroleum exports to the United States by the organization of petroleum exploring countries (OPEC) led the US government to the realization that oil and natural gas deposits, on the continental shelf were needed for energy sufficiency, and divers would be essential to developing these resources.

The National Institute for Occupational Safety and Health (NIOSH) organized a diving task force and supportive diving safety and representatives from the Energy Research and Development Administration (ERDA), the National Heart and Lung Institute (NHLI), the Environmental Protection Agency (EPA) and the National Oceanic and Atmospheric Administration (NOAA), the task force recommended a plan be developed to identify state of diving operations and research. The Undersea Medical Society (UMS) was awarded a contract to produce this plan within six months, with Dr. Charles Schilling, Executive Director of UMS as principal investigator.

Dr. Schilling assembled a panel of 41 experts from university, commercial, military diving and government organizations. The Panel submitted its report to the Diving Task Force in January 1976: National plan for the Safety and Health of Divers in their quest for subsea energy (Schilling and Beckett, 1976) their report was a compendium of 20 monographs that outlined problems of diving, and recommended research and development for their solution. The National Plan also indicated the need for (a) a civilian coordinating body similar to the Office of Naval Research (ONR) to chart the future of non-military diving research; (b) selection, training and deployment of physicians and paramedics to care for the diver on oil rigs, and platforms; and (c) the establishment of shore-based hospital

treatment facilities for diving emergencies

There was no mandate for action to the National Plan recommendations, but Dr. Shilling saw an opportunity. With the government's attention focused on diving, however briefly, Colonel. Jefferson Davis of the Air Force, and Doctors James Miller and Morgan Wells of NOAA devised a three-part proposal to address the medical needs of off shore all divers. They submitted the proposal to Department of Energy (DOE) where Dr. Shilling was well connected after a career with the Atomic Energy Commission (AEC). The DOE awarded UMS \$110,000 per year for 3 years. (Dr. Morgan Wells, personnel communication for grants)).

Part One:

the plan was too developed a pool of physicians trained in diving medicine, the Navy agreed to support the effort by allowing civilian physicians to attend the diving medical officers training course at the Navy Diving and Salvage Training Center (NDSTC) in the Washington Navy Yard, training began in 1977 with the DOE paying for guest lectures, but the civilian physicians were ineligible to use the Navy diver training facilities, including recompression chambers. The course was moved to the NOAA facility, Virginia Key Miami, Florida under the direction of Morgan Wells and Dick Rutkowski. The program evolved into the present UMS/NOAA Physicians Training Course in Diving Medicine, which moved to Fort Eustis, Virginia. And later to the NOAA facility in Seattle. Initially, the DOE provided course scholarships, but attendees now pay their own travel and per diem.

Part 2:

The plan address the need for training, diving medical technicians (DMT), a DMT curriculum was developed through UMS as a standard marginal of the Department of Transportation (DOT) National Registry of Emergency Medical Technicians (EMT). The Module was adopted by the National Association of Diving Medical Technicians (NADMT), which subsequently became the National Board of Diving and Hyperbaric Medical Technicians (NBDHMT), that certifies diving and hyperbaric medical personnel.

Part 3: The plan was to establish the requirements for a National Diving Accident Network (NaDAN), which in the words of Dr. Davis would be a "poison control center for divers" (Dr. Morgan Wells, personal communication, for grants)

Injured divers at the time face significant delays in receiving appropriate therapy because few physicians in the U.S. hospitals were trained in diving medicine, and because recompression facilities were rare and unfocused for the population of recreational divers (Davis 1979)

The NaDAN proposal was submitted to NOAA and excepted (Shilling 1977) in July 1977. A series of meetings laid the ground work for a network of chambers in seven geographical regions and defined criteria for their

staffing and equipment.

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Dr. Davis had operated diving hotline in the Air Force since 1964 known as "Leo Fast" after the alphabet equivalent of its telephone number, civilians with diving emergencies could call the Air Force for advice and direction to a few military, commercial and hospital base hyperbaric chambers that excepted civilian diving casualties. ("Leo Fast") is still in operation but supports only Air Force personnel who have altitude related medical problems (Dr Paul Sheffield, personal communication) Dr. Davis was to retire from the Air Force in 1980 to begin a private hyperbaric medical service, with his background, he was a natural choice to organized and administer NaDAN, and a proposal he submitted to NOAA was excepted (Davis 1979). Several months later Dr. Davis concluded that commitments of his new practice would not permit him to oversee NADAN, and he recommended that it be sited at Duke University Medical center under the direction of Dr. Peter Bennett, Director of the F.G .Hall Hyperbaric Center (Davis 1980) Dr. Bennett's submitted a proposal to NOAA and was awarded the turn key NaDAN operation with the start up. Grant.

Dan started as the National Diving Accident Network (NaDAN) in 1980 with a two-year Grant of \$269,000 from NOAA. The primary objective was to establish a 24-hour emergency hotline answered by physicians who were trained and experienced in the recognition, care, transportation and recompression therapy of diving injuries. This network was organized in 1980, first year of operation. The physicians were to have access to a network of hyperbaric chambers to which injured divers could be referred.

This network was organized in 1980, NaDAN's first year of operation hotline became active in 1981 at Duke University director assistance emergency number (919 684 8111), has been changed and is now 919-684-9111. Lacking a toll-free option for callers, a second number (919-684-4DAN) was added 1997, which allowed Dan to except collect calls. Initially line was answered by Dr. Bennett, and Dr. John Miller, DAN's first medical director and Dr. Arthur Dick, assistant medical director, with the volunteer assistance of directors Dr's Yancey Mebane, Claude Piantadosi and Erico Camporesi. the hotline was overwhelmed by non-emergency calls in the first year,

however, a medical information line (919 -684-2948) available from 9 AM to 5 PM Eastern time, was added 1982. These hours were extended to 8 PM Eastern time in 2001, primarily for the benefit of the West Coast callers.

Federal Grant support was stopped in 1983 prompting NaDMT . to seek financial independence. Monetary donations in sales of NaDAN diving accident management . (Meban,Dick and Miller)(similar to the Fla U/W Council, Rutkowski 1978 Diving Accident Manual) were insufficient, and Drs. Dick and Meban attended the 1983 meeting of the Diving Equipment Manufacturing Association (DEMA now Diving Equipment and Marketing Association) to consult with members of the recreational diving industry. Dr. Dick subsequently visited the home office of industry leaders to discuss appropriate initiative for NaDAN. Dennis Graver of the Professional Diving Association Instructors (PADI) suggested that NaDAN form a membership Association, and John Cronin, also apparently recommended revising the acronym NaDAN be changed to the acronym DAN, as this gave the wrong message to potential divers (Dick 1982)A membership program was started 1983 with the annual dues of \$10 for Divers Alert Network (DAN) . Membership dues increased to \$15 in about 1985.

Many US government agencies conceived, designed and implemented with RFD funds, a program called the National Diving Accident Network(NaDMT) from the late 60s to the early 80s. Divers Alert Network (DAN), was started with this turn key operation approximately 1980

(Wells and Rutkowski) we were there,

The acronym NaDMT was used by government agencies. The acronym DAN was change when divers alert network was taken over by Duke University, F. G. Hyperbaric facility 1982.