Danger in the Depths

15 August 2012

We had a plan. Our group of five divers (us, a father and son pair and our dive master) would descend to about 30 metres to check out a fabulous black frog fish that’s reliably seen there, and then swim across a sandy patch before reaching an area of coral that we would explore for the remainder of the dive.

Our plan did not pan out

A few minutes into the dive, the son in the other dive pair went in for a closer look at a marble ray resting on the sandy bottom. Unfortunately, this diver was considerably overweight and not very adept with his buoyancy control. The combination meant that he dropped like a stone directly over the ray.

That’s when time slowed down

We were slightly behind and above the ray, with a good view of the animal’s growing agitation. It clearly felt trapped by the diver, who, unable to manage his buoyancy, continued to drop closer and closer to the ray until he was practically on top of it. In slow motion, we watched in horror as the ray defended itself with its whip-like tail—which is armed with a razor-sharp barb.
We remember thinking how surprisingly loud the diver’s screams sounded under water. Our bodies flooded with adrenaline as the seriousness of the situation became clear: A diver in our group had been stung in the gut by a ray and he was attempting to shoot to the surface—a potentially deadly move from our current depth of about 25 meters. A too-fast ascent does not give the body enough time to naturally shed built-up nitrogen, which can result in decompression sickness, also known as the bends.

The dive master tried to calm the stung diver, who was alternating between consciousness and unconsciousness. When he was conscious, he tried to inflate his BCD (buoyancy control device) with air that would shoot him to the surface in a dangerously fast ascent. When he was unconscious, he sunk further and the regulator threatened to fall out of his mouth, which would mean he couldn’t breathe.

Adrenaline kicks in

Working as an adrenaline-fueled team, we managed to control the panicked diver’s ascent rate and keep him awake and breathing until we got to the surface and made the emergency signal every diver learns in their training. Our boat captain raced to us in seconds.

Somehow the captain, the dive master and the diver’s father got the injured diver up the ladder and into the boat, where he collapsed. Luckily, the diver’s father was a doctor and he immediately went to work, examining the wound to make sure the ray’s barb had not punctured an organ. Ironically, the diver’s weight, one of the factors that contributed to his dangerous lack of buoyancy control, also meant that the ray’s barb didn’t penetrate beyond his belly. No organs were impacted.

Reality sets in

Within a few minutes, we reached the main dive boat, where the diver’s father was given what he needed to sanitize, suture and stabilize his son. That’s when it hit us. We’d just made a way-too-fast emergency
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KAREN CATCHPOLE AND ERIC MOHL OF THE TRANS-AMERICAS JOURNEY

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ascent from 25 metres. A fresh wave of adrenaline hit us as we tried to focus on our own bodies, in search of any symptoms of decompression sickness. Were our hands really tingling or were we just imagining it?

To be on the safe side, we spent the next 30 minutes sucking on supplemental oxygen from emergency canisters kept on board for situations just like this. Finally, the adrenaline in our systems started to ebb away.

We spend a lot of our time seeking out adrenaline rushes but that was one we could have done without.

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