

## ACCIDENTS IN NORTH AMERICAN MOUNTAINEERING TWENTY-FIFTH ANNUAL REPORT OF THE SAFETY COMMITTEE OF THE AMERICAN ALPINE CLUB

This is the twenty-fifth Annual Report of the Safety Committee of the American Alpine Club and the twelfth in conjunction with the Alpine Club of Canada.

Data from accidents not previously reported have been obtained and the statistical tables have been corrected to include them. In addition all the reports of accidents have been reviewed to eliminate errors or duplications. This is also to prepare for a more detailed analysis of the accidents that have been reported to the Committee.

This year the number of accidents reported is somewhat less than last year. Hopefully this indicates a true decline in the numbers. It may, however, merely reflect under reporting. It is appropriate to continue to emphasize the need for complete reporting of accidents—and even the minor ones. These latter demonstrate that not all accidents are lethal in the mountains and they can identify areas to which more education or preventive action should be directed.

It is difficult to estimate the accident rate, because of our lack of information on the population at risk—namely the climbers and the numbers of days climbing. Earlier estimates have indicated relatively low rates. We are now obtaining from the various National Parks where climbing is done data in order to build up a large enough experience so that meaningful rates may be calculated. It may also be possible to see whether there has been any change in the rates over the years.

As in previous years not all accidents are included in the write-ups. All data are included in the statistical tables. The usual causes of accidents continue to lead the list. There are, however, certain ones that deserve further comment.

Exposure either at freezing or above freezing temperatures continues to be a problem. An example of this is demonstrated in the Mt. Jefferson accident in the write-ups. The prompt and appropriate action of the Killooleet group deserves commendation. The analysis clearly identifies the problem. Two other accidents involving exposure occurred in New Mexico. Both resulted in the death of the individuals. Another example in which the individuals showed good judgment and an ability to handle a difficult situation involving exposure is shown in the Mt. Shasta accident.

The potential danger of rappels and the need for a safety rope especially in training and practice sessions is manifested in the accident involving Wales at Crow Hill.

Avalanches were relatively common this year and three accidents as a result of them were reported. These resulted in six deaths; the Hall-party's accident is one of these. Dr. Hoeman and a companion were lost in an avalanche on the Ehbutna Glacier in Alaska, and an Italian party of six had a narrow escape on Mt. St. Elias.

High altitude pulmonary edema (HAPE) continues to be a problem and may well go undiagnosed as indicated in Keith Stampher's report. HAPE also caused the withdrawal of one of the members of the Hall party.

Loss of control during a voluntary glissade cost the lives of three persons—see the accident in Grand Teton National Park on Symmetry Spire. This indicates the need for training and regular practice in the handling of an ice-axe and the performance of self-arrests during glissade. Two other accidents are related to this but primarily were due to not having the proper equipment such as ice-axes—these were the accidents on South Maroon Bell and on North Maroon Bell; the latter resulted in the death of an individual.

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