

June 11 to determine that the party had not returned. When I moved the shovel and snow blocking the entrance, the first items encountered were a rope, two harnesses and the associated climbing safety protection. Under and behind this equipment were their sleeping bags, food, and cooking equipment. All of the gear was dusted with snow that blew in through the entrance that was not completely sealed. It appeared to me that they had initially planned to use the safety equipment and made a last minute decision to leave it behind.”

Analysis by Daryl Miller: “The Descent of Denali Pass has been the primary catalyst for climbing accidents on Mount McKinley. There have been more than 100 reported accidents resulting in eight fatalities since 1960. The snowy and sometimes icy trail that traverses up a 30- to 40-degree slope from the 17,200-foot high camp to the 18,200-foot Pass is very deceptive. Climbers are typically hydrated and at their strongest when ascending the pass at the beginning of their long summit day. The opposite is true on the descent at the end of the day, with some climbers physically and mentally exhausted as well hypoxic and dehydrated.

“At the time the Humphrey Brothers would have been down-climbing, the light would have been extremely flat and near dark on their descent from Denali Pass, with sub-zero temperatures. Because their fall was not witnessed, the exact manner and just how it happened can only be speculated. One theory that would appear to be supported by the fall line in the snow is that the brothers were attempting to down-climb the two-meter steep section and one fell into the other, causing both to fall approximately 1,000 feet.

“It is unclear why the brothers chose not to take their rope and why they didn’t turn around and descend when moving so slowly. It is my professional judgment that these men were more than likely exhausted and had no chance of self-arrest when they fell. In my 24 years of climbing on Denali, my most perilous moment was in 1991 descending Denali Pass after a rescue with another mountaineering ranger. We were both exhausted and hypoxic from managing a lowering of a stricken climber at 19,800 feet. Our descent took almost two hours of roped and careful down-climbing, belaying each other as we descended. I can only imagine how difficult it must have been for Terry and Jerry who had no way to protect them from a slip or fall. This tragic accident served as a harsh reminder early in this climbing season that Denali Pass is still a very dangerous and an unforgiving section of the climb.”

HACE AND HAPE

Alaska, Mount McKinley, West Buttress

On June 8, the “AAI-1-Taylor” expedition arrived at base camp to start their ascent of the West Buttress. The team arrived at the 14,200-foot camp on

the evening of June 14, which is very close to the recommended rate of ascent of 1,000 feet per day.

After the first night here, Taylor reported that Michael St. Denis (46) exhibited signs of fatigue and malaise. On May 16, St. Denis spent most of the day in his tent. Around 1730, Taylor noticed that St. Denis was becoming confused and less aware of his surroundings. Recognizing the deteriorating condition of his client, he decided to take St. Denis to the Ranger Camp for an assessment. St. Denis was diagnosed as suffering from both high altitude cerebral edema and high altitude pulmonary edema.

NPS Ranger Gordy Kito, in consultation with NPS volunteer physicians Dr. Jim Freeman and Dr. Jim Sprott, determined that due to the patient's persistent ataxia, they would not attempt to walk St. Denis down the mountain, as it could take multiple days and that falling because of a loss of balance was inevitable.

St. Denis was evacuated from the 14,200-foot camp to Talkeetna at 1200 on June 18 via the Lama helicopter and then transported to Alaska Regional Hospital in Anchorage.

Analysis

The ability of the guide, Dylan Taylor, to recognize that his client was exhibiting the signs and symptoms of HACE and his quick actions to get him to the Ranger facilities where oxygen was available contributed to the favorable outcome of this incident. Although it is less likely for a climber to be afflicted with HAPE or HACE if they climb at the suggested rate of 1,000 feet per day, it is by no means a guarantee that a person will not suffer from altitude illness. The recommendation of 1,000 feet per day is only a guideline. Everyone will react differently to altitude, even those who have been to altitude previously. Each time someone goes to altitude there is a possibility that he or she will suffer from AMS, HAPE, and/or HACE regardless of past performance at altitude.

It is of some note that those who suffer from HACE may have persistent neurological manifestations that can last for days, weeks, and even months. The fact that these symptoms may persist for extended periods of time must be considered when determining whether or not individuals should be allowed to descend under their own power, with assistance from their team, and when it is appropriate to evacuate them by other means. (Source: Daryl Miller, South District Ranger)

DEHYDRATION—FROSTBITE

Alaska, Mount McKinley, West Rib

At 1600 on May 27, both members of a Spanish expedition "Dos Perdigones en la Cassin" began their ascent of the Upper West Rib. As the team approached the summit around 0500 the following morning, they recorded