

Rib Cut-off (15,800 feet). When Hashimoto arrived back at camp, he found Feinstein weaker and vomiting. The following morning, after advice from an Alaska Mountain School guide, Hashimoto contacted the Rangers and brought Feinstein over to the NPS camp.

Feinstein was diagnosed as suffering from advanced high altitude pulmonary edema. Feinstein was evacuated from the 14,200-foot camp to Talkeetna on June 20. Talkeetna Ambulance EMT's examined him. At this point Feinstein refused further treatment and, against NPS recommendations, did not attend a physician or hospital for further assessment.

### **Analysis**

As with all people climbing on Denali and Foraker, this team received a thorough briefing at Talkeetna Ranger Station from a Ranger with 30 years of climbing experience in the Alaska Range; however, they disregarded the advice about acclimatization and the way to approach a serious Alaskan climb. The suggested rate for acclimatizing is based on substantial medical research. It was totally ignored by Feinstein and his partner. It is surprising, in fact, that Hashimoto did not also appear to suffer from the effects of altitude.

The team's lack of understanding about the seriousness of Feinstein's condition led to exacerbate the condition. When the first signs and symptoms appeared, they could and should have descended and dealt with the situation themselves, following good mountaineering practice. As it was they delayed until Feinstein's condition deteriorated to a point where he was incapable of descending under his own power or even with assistance. There is little doubt that he would have died if the NPS Rangers had not been there to provide aggressive medical treatment.

Another troubling aspect of this situation was the apparent desire of Hashimoto to pass on this problem to the NPS so he could get on with his climb, regardless of the fact that he was jointly responsible for the potential death of his teammate. Perhaps this persistent desire to summit was driven by the fact that they were grant recipients, in which case Hashimoto may have felt he had a greater responsibility to their donors than to his teammate.

Climbers need to realize that the NPS is there to assist, but that does not mean one can abrogate tacit responsibilities toward teammates. (Source: Edited from a report by Daryl Miller, South District Ranger)

## **AMS AND FRACTURE**

### **Alaska, Mount McKinley, West Buttress**

In June, lead guide Bill Allen of the guiding concession Mountain Trip brought client Joanne Devenish (42) to the 14,200-foot medical camp be-

cause she was turned around short of the summit, about 19,700 feet. The guides subsequently brought her down to the 14,200-foot camp for medical evaluation. After this patient was treated, lead guide Vern Tejas of Alpine Ascents International asked the Ranger staff to examine client Rosemary Zimmerman (49) who had sustained a lower leg injury while descending the fixed lines. Both were treated and flown off the mountain three days later.

### **Analysis**

The Mountain Trip client started having respiratory difficulty while on a summit bid. Her guides, against her protests, turned her around and descended to the 17,200-foot high camp and started a Diamox regime of treatment. Her condition did not improve so the entire expedition descended to the 14,200-foot medical camp.

This climbing group had adhered to a reasonable ascent schedule. The patient had not exhibited any signs of AMS previously. Devenish stated that she had experienced approximately two hours of blurred vision near the summit, but that it had cleared up upon descent. She was unable to maintain oxygen saturation and had to be placed on high-flow oxygen to assist with respirations. For this reason, it was determined that the patient would be unable to safely descend the mountain under her own power. She was evacuated via the Lama helicopter on June 26, along with Zimmerman, who was also unable to walk down.

Injuries and illnesses are to be expected during a mountaineering expedition and, unfortunately, can occur regardless of planning. What is significant with these two cases is that both clients were evacuated/assisted down to the 14,200-foot medical camp without NPS assistance. In the case of the Mountain Trip expedition, the guides recognized a potentially fatal medical condition occurring and, against their client's desires, brought her down safely to a place where she could receive medical care.

Both groups demonstrated self-sufficiency and good judgment. In addition, in both cases guides remained with their clients until their conditions were resolved. (Source: Daryl Miller, South District Ranger)

## **RAPPEL ERROR—ANCHOR FAILURE**

### **Arizona, Sycamore Canyon, Paradise Forks**

On November 5, Shelley Windsor (31) had been climbing on several routes at Paradise Forks, Sycamore Canyon with her climbing partner Mark Brenner (26). During the climbs and rappels, the anchors had been constructed on large, live pine trees with one-inch nylon tubular webbing slings, connecting the end loops of the slings with a carabiner that was then attached to the rope.

Prior to the accident Mark led a climb and then belayed Shelley up the same climb. Upon reaching the top of the climb, she disconnected, then