

up to the scene with a Cascade litter, making patient contact at 1857. Covill could not walk and required a litter evacuation back to camp. The rangers splinted the knee and rigged the litter for a vertical evacuation.

At 1940 the patient evacuation started, with Wright and Habecker skiing the litter down the trail and Shain belaying. The initial 300 feet of the evacuation was belayed until the slope angle permitted a safe ski evacuation. At the 14,200-foot camp, the patient was evaluated and determined to have a sprained right knee with possible torn ligaments and cartilage. The patient was released for the night, to be reevaluated the next morning. On the morning of June 29, Covill's knee was still swollen, stiff, and unable to bare weight. The rangers and TZT team members agreed that it would risk further injury to descend the lower glacier on foot. At 0915 the SA-315B Lama helicopter was requested to evacuate the patient to Talkeetna.

### **Analysis**

One of the inherent dangers of mountaineering is the high possibility of small falls with minor injuries. Every mountaineer will experience these injuries given enough time in the mountains. While these injuries are relatively minor in an urban environment, at 15,000 feet in a place like the Alaska Range they can be quite serious. In this situation we were fortunate to have good weather in which to facilitate a relatively easy evacuation.

As a self-supported expedition with experienced members, the TZT expedition probably had sufficient resources to resolve this situation on their own. However, they elected to ask for assistance from the Park Service to make for a safer and more efficient transport to 14,200-foot camp and back to basecamp. Under the circumstances this was probably a prudent decision. In order to transport Beckie Covill back to 14,200-foot camp using only team resources, it may have required leaving some gear behind to retrieve later. It also may have caused further injury to her knee. Likewise the walk to the basecamp landing strip would have required splitting up all the weight between the healthy team members and still may have risked further injury to the patient. Traveling the lower glacier in such poor snow conditions and late in the season would have been extra difficult and hazardous with one team member injured. (Source: Edited from a report by Kevin Wright, Ranger)

### **ACUTE ABDOMINAL PAIN**

#### **Alaska, Denali National Park, Mount McKinley, West Buttress**

Alan Arnette (50) registered with the National Park Service as a client with an Alaska Mountaineering School guided expedition (AMS-11) on June 12. Following an uneventful climb to 17,200 feet, Arnette began experiencing difficulties acclimating to the altitude, so his guides decided to escort him back to the 14,200-foot camp to await the return of his expedition. During

the descent, Leighan Falley, the AMS guide that was escorting him, radioed the ranger camp that at 1300, her client had experienced an acute onset of abdominal pain accompanied by nausea and vomiting. She declined any assistance at that time but did maintain radio contact throughout the day to keep the ranger staff apprised of their progress. Arnette arrived at the 14,200-foot camp at 2100 and was taken to the rangers for medical examination. He stated that he had experienced a sudden onset of sharp pain, rated 7 out of 10 on a pain scale, throughout the lower quadrants of his abdomen, and accompanied by nausea and vomiting. He had been taking NSAID's and was given a suppository to help alleviate his nausea and vomiting. During his descent he also experienced a bowel movement at the top of the fixed lines at 16,200 feet. This movement was small but the description was indicative of Melina, which was in keeping with a lower gastrointestinal bleed or bowel obstruction. Dr. Jennifer Dow, the NPS physician sponsor, was consulted. She concurred with the probable assessment and recommended an immediate evacuation.

### **Analysis**

Injuries and illnesses are to be expected during a mountaineering expedition and, regrettably, can occur regardless of planning. This was simply a case of bad luck, and it was fortunate that it occurred on descent in a location where his guide was able to assist the client down without much difficulty.

Had this event occurred above 18,200 feet, the evacuation would have been more difficult and hazardous. The patient's guides handled the situation in an exemplary manner and should be commended for recognizing that their client was not doing well physically and taking steps to get him down to lower altitude without outside assistance. (Source: Edited from a report by John Loomis, Ranger)

*(Editor's Note: While this is not included as a climbing accident, the narrative is presented for its educational value. There was another abdominal incident that required a helicopter evacuation. In this case, it was suspected that the patient had developed a kidney stone.)*

### **AMS**

#### **Alaska, Denali National Park, Mount McKinley, West Buttress**

Masamichi Kobayashi (65) was a part of the Tokyo-JAC expedition comprised of four Japanese men. They flew onto the mountain on June 14 and progressed to the 17,200-foot camp in average time. This team shadowed a larger Japanese IARC-JAC team who's leader has been leading expeditions on the mountain for almost 20 years, which included attempting to maintain a weather data collection station above Denali pass.

On June 29, after three days at high camp for acclimatization, the teams departed for the summit and to perform the maintenance on the weather