

cal drop, and if you might hit an obstacle, ask yourself if you would like to fall that distance straight down onto concrete and land on your side. (You face a similar risk if a leader fall will send you swinging into the wall. See Kyung, El Capitan, Previous report in this issue.) (Source: Toni Alegre, Jorge Lantero, and John Dill, NPS Ranger)

## **FALL ON ROCK – FAILURE TO BELAY THUMB**

### **California, Yosemite Valley, El Capitan**

On Oct 12, Matt Krueger (41) and I, John Robinson (64), started climbing up to Sickle Ledge from the base of El Cap, intending to fix our lines for a head start on the Nose route the following day. We third-classed up the buttress, Matt led the first pitch, and I began leading the second. Halfway up I made the pendulum to the next crack on the right. I immediately clipped through a fixed pin and then I continued up on aid, setting two pieces above the pin. I knew that my top piece wasn't very good, but it was the best I could find. I was high-stepping above it in my etrier, trying to put in something higher, when it pulled. For some reason I had neglected to clip through the previous piece—just above the pin, so I fell about 30 feet and was caught by the fixed pin and the bolts from which I had made the pendulum.

As I started to fall, I felt a severe pain in my left thumb. When I stopped falling, I saw just a stump above the distal knuckle, with blood gushing out. Then I looked down to see the end of my thumb falling 400 feet to the bottom of the cliff. I was sure we wouldn't be able to find it, as it went into bushes and rocks. I clamped my other hand over my thumb to stop the bleeding. Matt lowered me until I was even with him, threw a rope over to me, and pulled me to the belay. He then lowered me to a tree that we could rappel from. Our friend Curt was hanging out at the base. He called the Park Service, then he free-climbed up Pine Line (one pitch, 5.7) using his ATC and a fixed rope for a belay, transferred me to another rope, and lowered me the rest of the way. An ER doctor happened to be hiking by at the base of the cliff. He looked at my thumb and said, "Oh man, I don't think they can reattach that." A ranger came up, wrapped the stump, and walked me out to a waiting ambulance.

Meanwhile Curt and Matt started looking for the tip of my thumb. I told them that they would never find it because of the broken and bushy terrain and the wide area into which it could have fallen. Fortunately they didn't listen to me. Curt got other climbers to assist; they scaled ledges and crawled through the bushes and one of them found it just before dark. The ranger wrapped it in sterile gauze moistened with saline and Curt gave him the ice pack from his lunch box to keep it cool. By this time I was well on my way out of the park in the ambulance. The ranger radioed us and said he was driving with the thumb, Code 3, to catch us. In El Portal we met another

ambulance that would take me to a med-evac helicopter at Mariposa. (It was too dark for the helicopter to land at Yosemite, and the initial ambulance needed to stay in the park.) My thumb also met us at the rendezvous.

The second ambulance crew made a number of calls and were told that we (my thumb and I) should be flown to Fresno where the reattachment could be attempted. But when we reached the hospital, the doctor there said they didn't do reattachments. Somehow the communications had been garbled and, needless to say, I wasn't very happy. They tried to make up for it by fast-tracking all the necessary x-rays, blood/urine tests, ECG, and other preliminaries for surgery while waiting for another helicopter to arrive. Eventually we reached San Francisco International Airport. (We couldn't land at the hospital because San Francisco is a noise-free zone, according to my flight nurse.) Another ambulance took me to the California Pacific Medical Center in San Francisco, where they specialize in reattachment surgery.

The fall occurred at about 1745 and now it was midnight. I was concerned that too much time had elapsed for reattachment, but the surgeons said if no muscle is involved, the time frame isn't as critical; however, reattachment still might not be possible. After surgery, if my thumb was wrapped completely, it was not successful. If the end was exposed with two pins sticking out, it was successful. When I awoke, I saw two pins, so I was happy. Recovery included five days confined to bed—no exceptions—while leeches drained excess blood from my thumb. The pins came out after five weeks, then I had more weeks of physical therapy, and I'm now back to climbing. The thumb still lacks some feeling and strength, but it turns out I don't need it for most moves.

### **Analysis**

There are lots of warning about keeping your digits away from the eyes of pitons and the cables of camming devices, but I can't "finger" a culprit in this case. I remember that the pain occurred at the beginning of the fall, not the end. I was high-stepping and my left hand was holding on to something near the top of the *étrier*—probably my daisy or the little grab loop on the *etrier*, but not the cam itself, I think—while I reached high with my right hand to set the next piece. The surgeons said the tip of the thumb was pulled off, not cut off, and it's hard to see what could have grabbed it so tightly. I've thought about it a lot, but I still don't know what happened. (Source: John Robinson, Curt Taras, and John Dill, NPS Ranger)

## **FALL ON ROCK – BELAY FAILURE (UNSECURED ROPE, DISTRACTION)**

### **California, Yosemite Valley, Churchbowl**

On Nov. 6, Betsey (20) and I, Mike (19), (pseudonyms) spent the day climbing at Churchbowl with friends. I had climbed in the park several times over the last three years, but that was my first time at Churchbowl. I led several climbs and rigged top ropes for the others to follow, using a 60-meter rope.