

Analysis

I am still not sure how I started my fall. I am experienced and cautious. I was trying to downclimb quickly and carefully, but suddenly found myself falling. My supergaiters show no evidence of having caught a gaiter with my crampons. The surface was icy and steep. Perhaps I dinner-plated off a slab of ice and slipped on it. I should have merely faced into the slope and downclimbed, front pointing as necessary. I could also have asked Terray to stop and give me a belay (from below) down the steep upper section of the gully.

In retrospect, I will be cautious with regard to the taking of aspirin for pain when there's the possibility of internal bleeding.

Also, given the facial abrasions and sore neck (not to mention my other injuries) which I suffered even though I was wearing my helmet, I am really glad that I had my helmet on.

The next time I'm climbing in a remote area, I'll strongly consider arranging for a fly-by part of the way through my climb by whatever air taxi service I use. (Source: William McConachie)

(Editor's Note: In a lengthier narrative, Mr. McConachie said that he and Terray, who had to crawl on his hands and knees, talked about Doug Scott's accident on the Ogre and how he had made the descent and crawled out with two broken legs. Taking 12 hours to move a mile and a half and another 17 to attain the second pass and descend to their cache—Terray taking no pain medication—demonstrates once again that self-reliance and the will to survive are desirable ingredients for remote expedition endeavors.)

FAILURE TO COMMUNICATE, ILLNESS**Alaska, Mount McKinley**

On June 20, 1991, Larry Sorenson (51) experienced what he believed was a recurrence of acute colitis at 14,000 feet on the West Buttress of Mount McKinley. Sorenson had also complained of gastrointestinal pain and discomfort beginning June 15. As a result of these medical conditions, Sorenson was physically unable to descend or be evacuated by his expedition members to the 7,000 foot basecamp. Sorenson was evacuated from 14,000 feet by helicopter.

Analysis

The stress of altitude, physical exertion and changes in diet appear to have been contributing factors that aggravated Mr. Sorenson's previous medical conditions. It is important for any individual to convey special medical conditions and restrictions to the leader of an expedition. The leader then needs to make the necessary arrangements required by that individual. It appears that there was inadequate communication between Mr. Sorenson and Mr. Bocarde regarding Sorenson's previous medical conditions. (Source: Ronald Johnson, Mountaineering Ranger, Denali National Park)

AMS, INABILITY TO COMMUNICATE**Alaska, Mount McKinley**

On June 21, 1991, Japanese climbers Hiroshi Sakurai (28) and Hiroshi Urayama (34) arrived at 15,500 feet on the Haston-Scott route on the south face of Mount McKinley.

The pair had ascended 3,500 feet from the bottom of the face that day. Urayama was struck with severe Acute Mountain Sickness and felt he should be rescued. That evening, the pair began calling “May Day” on their CB radio. The NPS responded with a search plane attempting to locate the “May Day” calls. Numerous contacts were made with many climbers including the Japanese, but due to a communication barrier, the two remained unidentified. “May Day” calls were again reported on June 22, and the NPS Lama helicopter began to search. Again the two Japanese were not identified. Urayama decided that he wasn’t going to be rescued, so the pair began ascending the route very rapidly, summiting early the next morning. They then descended and reported to the NPS ranger camp at 14,200 feet that they were the ones calling “May Day.” With this information, the search was called off.

Analysis

This type of communication problem occurs frequently on mountains such as Denali that draw a large international audience. Hand signals may have been a clearer way of indicating the party’s intentions. Two hands raised is the universal sign indicating an evacuation is needed.

Our main concern rests with the question: When should someone call for a rescue? (Source: Roger Robinson, Mountaineering Ranger, Denali National Park)

Medical Analysis

In retrospect, Urayama probably did not have severe acute mountain sickness, or he would not have been able to make the rapid ascent over the top and the descent down to the 14,000 foot level. On the other hand, his decision to go up and over without delay was a good one, since rescue did not seem possible, and they could not safely descend. In situations such as this, the medication dexamethasone may dramatically abort progression of acute mountain sickness. Climbers on the mountain sleeping above 10,000 or 12,000 feet should have dexamethasone in their packs. Unfortunately, the medication is of no value for pulmonary edema. (Source: Dr. Peter Hackett)

EXPOSURE, WEATHER, INADEQUATE EQUIPMENT

Alaska, Mount McKinley

Late on July 3, 1991, Polish climber Krzysztof Wiecha (28) began climbing alone to the summit of Mount McKinley from the 17,200 foot camp on the West Buttress route. As Wiecha approached the summit from the 19,500 foot area, the weather rapidly deteriorated with clouds, snow, high winds, and visibility near zero. Wiecha became disoriented, and by early on July 4, decided to seek shelter in a small snow cave that he dug near 20,000 feet. He carried no bivouac or survival gear. At 0700, Wiecha was reported as overdue to NPS mountaineering rangers. The weather remained extremely poor on July 4 and 5, with heavy snowfall, high winds, and high avalanche hazard prohibiting any air and ground search attempts. Meanwhile, Wiecha wandered around near the summit attempting to find the descent route, taking shelter in several different locations. He began to suffer severely from the cold, altitude, dehydration, and exhaustion. By midday on July 6, the weather began to clear, and an air search was begun. Miraculously, Wiecha was spotted crawling from a crevasse just below the summit at 19,800 feet. The NPS Lama helicopter was dispatched from Talkeetna, and two mountaineering rangers were flown to the “Football Field” at 19,500 feet. Rangers climbed to