

Fall on Snow – Fatigue, Poor Snow Conditions

Washinton, Cascades, Mt. Adams

On July 7, my climbing partner (Hayley Dukatz, 31) and I set off from high camp for a run at the Adams Glacier on the north side of Mt. Adams. We had both climbed the mountain several times via other technical and nontechnical routes. A strong, warm wind blew throughout the night, so while the sky was clear, the snow did not firm up at all.

After an uneventful ascent, we began our descent from the summit by the North Cleaver Route: a nontechnical, scree-covered ridge that runs adjacent to the Adams Glacier. Around 9,000 feet, we encountered a brief snow traverse. My partner slipped on the soft, slick snow, and I promptly fell too. Tired and now angry, I stepped onto the exposed ridge, following in Hayley's path. One of her footsteps collapsed and I started to slide. I immediately went into self-arrest, and my axe stuck briefly before the pick popped out and I was off to the races.

The slope was steep and fairly uniform but for one little opening about halfway down, which I may have hit with the tip of my ice axe. My partner said I caught air. About 300 feet below, I landed in a crevasse/moat and was knocked unconscious.

I came to quickly and immediately donned layers. I saw blood in my saliva and felt intense pain in my right posterior ribs, and so I decided to activate my satellite messenger's SOS.

I crawled out of the moat and began to laboriously descend the Lava Glacier, contouring the ridgeline we'd been following. I wasn't able to take in full breaths of air, and each step compounded the effort. Eventually, I was able to put my pack back on and negotiate some mid-5th-class terrain to regain the ridge, at which point my partner and I met up.

We evaluated my injuries and decided to ask for a rescue, given that camp was still 2,000 feet below us, with a five-mile hike out after that, the sun was setting, and we had little remaining food. A helicopter airlifted my partner and me off the mountain. The hospital confirmed a comminuted mandibular fracture (jaw fracture) and I received surgery 10 days later.

ANALYSIS

The snow conditions were less than ideal, but that we knew from the first step. We post-holed up many sections of the Adams Glacier and the icefall. As the day warmed and the sun shone, the snow turned from soft to slushy. These conditions were not the cause of the accident, but they introduced time pressure by greatly increasing our climbing time.

As we descended, my fatigue was on full display as I slipped and fell several times on the abundant scree. By the time we'd encountered the fateful traverse, the snow quality was very soft and slick. Falling into the snow just before the exposed section caused me to lose what little remained of my focus, and thus I failed to evaluate my footing before committing my full weight. I was lucky to sustain only the injuries that I did, and to have external assistance available to me.

Finally, I believe that pressure in the mountains exacerbates personality traits—having an accident like this is not necessarily one and done. The core issue of charging ahead feverishly when irritation takes

root rather than staying cautious, alert, and careful must be addressed. (Source: Alexander Vasarab, 28.)

Images

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