



## AAC Publications

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### **David Lyons Dingman, M.D., 1936–2021**

**For Dave Dingman, flying, climbing, and medical care were all part of one continuum. Chronologically, climbing came first.**

In 1956, Dingman and another young Dartmouth student drove their two-door Ford from New Hampshire to the base of the Tetons. It was a snowy June day, and they pitched their canvas tent near Jenny Lake. Someone shook the fabric. It was Glenn Exum.

“Would you boys like to make a little money?”

Exum assigned them to haul a cumbersome army tent to the Lower Saddle. Dingman soon became an assistant guide on the Grand, where he found himself climbing alongside Willi Unsoeld and Dick Pownall. “We’d put the clients to bed on the Lower Saddle,” he said, “and spend most of the night free climbing in the dark—crazy stuff I’d never dream of doing again.”

In 1958, Dingman led a six-man team to Denali, and with Dave Dornan made the second ascent of the West Buttress; they were the first to climb both north and south peaks in the same day. “Dave had a strong will, confidence, ability, and a bold spirit,” Dornan said. “He had good sense, and was a natural leader.” Dingman also joined a 1959 expedition to Peru and climbed several high peaks in the Cordillera Blanca.

His leadership on Denali put him on the radar of Norman Dyhrenfurth, the leader of the 1963 Mt. Everest Expedition. With his residency in general surgery already underway, the young doctor was in a bind. “The offer came during an intense time in my career. I expected my professor to say, ‘Forget it. Would you rather be a doctor or a mountaineer?’ Instead, he saw it as a rare opportunity, and he arranged a slot for me when I returned.”

On the month-long trek to base camp, Gil Roberts and Dingman held evening medical call for villagers. Fifty or more patients typically lined up to present bruises, abscessed teeth, parasites, broken bones, pneumonia, infections, and tuberculosis. One boy had smallpox. Several days later, the doctors received an airdrop of Russian-made vaccines, and they were able to vaccinate the Sherpas, porters, and themselves. “Witnessing the scope and severity of the medical problems of rural Nepal,” Dingman said, “largely inspired my later surgery work in the Third World.”

Dingman joined the under-equipped, but exceptionally motivated, crew of Teton climbers on a reconnaissance of Everest’s then unclimbed West Ridge. He and Tom Hornbein led the push up the steep slope below the West Shoulder to Camp 3 at 23,800 feet. But Dingman felt uneasy about the feasibility and safety of the West Ridge, and he shifted his allegiance to the South Col route.

After Hornbein and Unsoeld summited Everest via the West Ridge and endured their famous bivouac with Barry Bishop and Lute Jerstad, at daybreak they encountered Dingman and Girmi Dorje heading up the ridge from the South Col.

“Why don’t you go for the top, Dave?” Unsoeld said. “You’re getting a good early start.”

“No—we came up to help you guys out.”

“People sometimes say, ‘Oh, it’s too bad you didn’t summit Everest,’” Dingman said. “But I went to nearly 28,000 feet and provided help to those struggling to get down. In a way, the attention from reaching the summit would have distracted me from my medical career.”

Dingman thrived for nearly three decades in Salt Lake City as a highly respected plastic and reconstructive surgeon. In 1997, he became the chief medical officer of the Stanford-based nonprofit Interplast. Now ReSurge, it was the first international organization to provide free reconstructive surgery in developing countries, primarily to children with cleft lip and palate and burn scar contractures. He launched their visiting educator and surgical outreach partner programs, which shifted the emphasis from medical junkets by visiting doctors to training and mentoring of local surgeons.

In recent years, Dingman joined forces with Dr. Shankar Rai and was instrumental in the fundraising and design of the Nepal Cleft and Burn Center, a 50-bed hospital near Kathmandu, constructed in 2014. Construction of a second, larger cleft and burn hospital is about to begin in Itahari in southeastern Nepal.

In 1993, Dingman retired in Hailey, Idaho, with his wife Barbara. In 2013, at age 77, he built an aerobatic plane from scratch. He dubbed his low-wing, single-seat, experimental aircraft the “Dingbat.” He did loops and rolls above the Sawtooths almost daily. He then promptly jumped into fabricating a high-wing STOL bush plane with balloon tires, designed for flying into remote mining camps in Idaho’s wilderness. “Basically, I’ve failed at retirement,” Dingman said. “The happiest guys I know are in workshops, building something.”

As Dingman increasingly suffered from pulmonary fibrosis, he and Barbara moved from Hailey to St. George, Utah, and he passed away on December 17, 2021. He is survived by six children, two stepchildren, and eighteen grandchildren.

— **Broughton Coburn**

## Images



Dave Dingman during the 1963 Everest expedition.



Dr. David Dingman (far right) and Dr. Shankar Rai (far left) at the Nepal Cleft and Burn Center near Kathmandu.



Dave Dingman with his home-built aircraft (the "Dingbat").



Dave Dingman building an aircraft at home. "Basically, I've failed at retirement," he said. "The happiest guys I know are in workshops, building something."

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