

Developing Relationships with the Chinese Mountaineering Association

-MRA Spring Conference-

-Suicide Missions: A Conversation-

-Spot Weather Forecasts for Search & Rescue-



MOUNTAIN
RESCUE
ASSOCIATION

Spring 2013

The 2013 Spring Conference is Fast Approaching	3
Developing Relationships with the Chinese Mountaineering Association	3
International Commission on Alpine Rescue	5
Suicide Missions: A Conversation	6
Spot Weather Forecasts for Search and Rescue	10
Automated External Defibrillators	11
Candidates for Nomination as MRA Officers	12
CRMRA Re-accreditation: Snow and Ice	14
Fundraising	15

Cover photo by Scott Sutton. The Great Wall of China just outside of Beijing.

Support those who support the MRA!



MRA Leadership

President

Doug Wessen
Juneau Mountain Rescue
president@mra.org

Vice President

Dave Clarke
Portland Mountain Rescue
teleskierdave@gmail.com

Past President

Neil Van Dyke
Stowe Mountain Rescue
neil@stowemountainrescue.org

Secretary/Treasurer

John Chang
Bay Area Mountain Rescue Unit
chang_john@sbcglobal.net

At-Large Member

Jim Frank
Santa Barbara County SAR
j.frank@impulse.net

At-Large Member

Bryan Enberg
New Jersey Search and Rescue
bryan.enberg@gmail.com

Executive Secretary

Kayley Bell
kaylev@kaylev.com

Meridian Staff

Editor: Laurie Clarke
Graphic Designer: Carolanne Powers

Submissions

Send to lolly.clarke@gmail.com

Corporate correspondence to

Mountain Rescue Association
PO Box 800868
San Diego, CA 92168-0868

The 2013 MRA Spring Conference is Fast Approaching

By Roger Yensen

Take advantage of early bird rates through April 30th before prices go up. Regardless whether you register in April or June, all MRA members should use promotional code *MRAMember13* (case sensitive) to receive an additional \$25 off the list (non-member) price.

The Pre-conference events scheduled for June 5th & 6th include a two-day Canyoneering Rendezvous, one-day Wild Medicine for SAR Teams class, one-day WinCASIE III class, and a one-day Superstition Mountains hike.

The conference runs June 7th, 8th & 9th. Field sessions will be held in the mornings, with workshop sessions held in air-conditioned classrooms during the warm desert afternoons. There are a number of great field sessions planned including Desert Anchors, 2-rope Main Systems, Large Animal Rescue, Climber Self-Rescue, Vortex, and Search Management. There are also a number of great classroom sessions including Medical, Technical Rope, Social Networks in SAR, and Avalanche Rescue, among many other great topics. Don't forget the MRA Business meeting the morning of June 9th, but for those of you not obligated to attend you might consider attending the post-conference climbing event. So don't forget to pack your climbing shoes along with all your rigging gear for the field sessions.

For more information on all the great classes scheduled and to register for the conference please visit www.mountainrescue.org/mracon. Direct any conference related questions to MRACON13@mountainrescue.org.

Don't forget to book your rooms direct with the resort. A link to the Carefree Resort & Conference Center is provided at the conference website.



Memorial at the Chinese Mountaineering Association near Beijing for Chinese climbers who died in an avalanche. Photo by Doug Wesson.

Developing Relationships with the Chinese Mountaineering Association

By, Doug Wessen, MRA President

In the last year and a half, MRA teams from the Rocky Mountain Region, Vail Mountain Rescue Group, Summit County Rescue Group and Rocky Mountain Rescue Group have visited China to work with rescue teams for educational and cultural exchanges in mountain rescue. The Chinese teams have also traveled to the United States to visit with MRA teams in Colorado.

This spring the Chinese Mountaineering Association invited Scott Sutton, from Vail Mountain Rescue Group and myself to present at the 5th Annual Rescue Conference March 23-25 in the city of Shenzhen. During the conference Scott made a presentation on the Incident Command System and I was able to present on the structure of the Mountain Rescue Association and how volunteer teams are formed. An explanation was presented about how the MRA is structured in terms of member teams, regions and volunteering. The conference had about 60 participants and was hosted by the Shenzhen Mountain Rescue team that was formed in 2008.

In China, the Chinese Mountaineering Association is a non-governmental organization and a member of the All-China Sports Federation. The major tasks of the CMA are to promote the development of mountaineering sport in China; to establish and guide the work of elite mountaineering teams and assist training of young mountaineers; to issue certificates to foreign mountaineers for their activities in China; and to conduct international exchanges and cooperation.

The Chinese Mountaineering Association was first introduced to the MRA when it visited the United States in 2002. Mr. Lin, the President of the CMA was very impressed with the concept of volunteers conducting mountain rescue, and hoped to develop that type of model for China.

Photographer, unknown. Scott Sutton, and Doug Wessen with Mr. Lee, President of the Chinese Mountaineering Association.



Members of the CMA attended MRA spring conferences in Anchorage in 2004, and Vail in 2005. The CMA is now starting an effort to develop a Mountain Rescue Division based on the MRA model with representatives in each of the different regions of China. The plan is to have one, or two paid government members of the CMA administer and manage the local mountain rescue teams, which will be made up of volunteers.

The conference in Shenzhen gave the CMA members and rescue teams the chance to see how this is done. Shenzhen Mountain Rescue, the host team at the conference, is one of the new teams, and with two administrative staff have a volunteer mountain rescue team of over 200 members.

The CMA has asked the MRA to provide coaching and training for the mountain rescue teams in the various regions of China. If members of MRA will pay the international airfare to China (Beijing), then the CMA or local mountain rescue teams have offered to cover all expenses, for in-country travel, lodging and food. In addition the CMA wants to work with the MRA to sponsor expeditions between the two associations in the U.S. and in China.

Both Scott and I were treated with amazing hospitality while in China. This is an outstanding and wonderful opportunity for the members of MRA teams to visit China, to coach and provide training with our fellow mountain rescue friends. I found the Chinese to be excited to build this relationship.

The CMA plans to send a delegation of 11 members to the MRA spring conference in Arizona, in June. This will be an opportunity for the MRA members to meet and share information as we build our relationship, and further the mission of mountain rescue.



A river village in the Guangdong Province in the southeast part of China. Photo by Scott Sutton.



Pro-site available to MRA Members, contact us today!



Removable Belt.

Zippered Security Pocket behind front pocket.

Reinforced Seat, Knees and inside Ankle.

2 Side Cargo Pockets.

Gusseted Crotch.

X-TREME ADVENTURE PANTS
Made for the mountains

1-800-437-3794

RailRiders Adventure Clothing

www.railriders.com

International Commission on Alpine Rescue

IKAR Chair is now Accepting Applications for the Avalanche and Medical Commission's Representative Positions

By, Fran Sharp, past president

The International Commission for Alpine Rescue is an important component of the mission of the MRA. Our organization, through cooperative agreements with other national SAR associations, has been chosen as the lead agency for representation to this Commission. In accepting that responsibility, the MRA pledges to send not only those who are regarded as tops in their respective rescue field, but also, to financially support the effort. The IKAR line item in the budget is significant. Most important, is the assurance that valuable information gained at the conference is shared with the MRA membership and other SAR organizations.

I am now soliciting applications for the above positions. Please thoroughly read the information below regarding expectations, experience and responsibilities. I would also suggest you visit the IKAR information on the MRA website at: <http://mra.org/training/ikar-reports>.

Contact Fran Sharp for the basic application form. Please include additional pertinent information, experience and your acceptance of the expectations below. You may send them, by email, to me at fransharp@comcast.net. The deadline is May 31, 2012. ALL applications will be presented to the MRA Board of Directors at the June Conference for voting and confirmation.

Please feel free to contact me with questions or for more information.

Respectfully,

Fran Sharp

MRA Past President 2006-2008

Thank you for your interest in the important work of the MRA.

IKAR Representatives will serve a two-year term

Approved at the January 2012 Business Meeting were 2-year terms for each commission representative, with no term limit. Each year, two positions will be available for nomination and voted upon by the BOD of the MRA. The intention of this policy is to ensure the open and transparent choice of our US representatives.

1. Incumbents can apply for these positions with no term limit.
2. The application period will close on May 30th
3. At the June MRA Conference, the IKAR Chair, or their representative, will present all the completed applications and conduct a ballot vote by the BOD.
4. The applicant, who receives the second highest amount of votes, will be chosen as an Alternate.

In 2013, the Medical and Avalanche Commission positions will be opened.

Position Responsibilities

1. Each representative is expected to attend both of the annual IKAR conferences during their 2-year term.
2. If the representative and alternate cannot attend the meeting, the IKAR Chair must be informed as soon as possible and will choose an alternate.
3. Each representative to IKAR is expected to participate and if possible, present at every IKAR annual conference.
4. Each representative is required to submit an electronically written report summarizing the information learned at the conference within 30 days, post conference. This report should be viewed as a sharing and teaching device to our membership and others involved in SAR.
5. Each representative will be required to present the information gained at the conference to at least one of the following venues:
 - a. MRA June Conference
 - b. International Technical Rescue Symposium
 - c. Other IKAR Chair approved venues (webinar, associated conferences, etc.)

Representative Experience

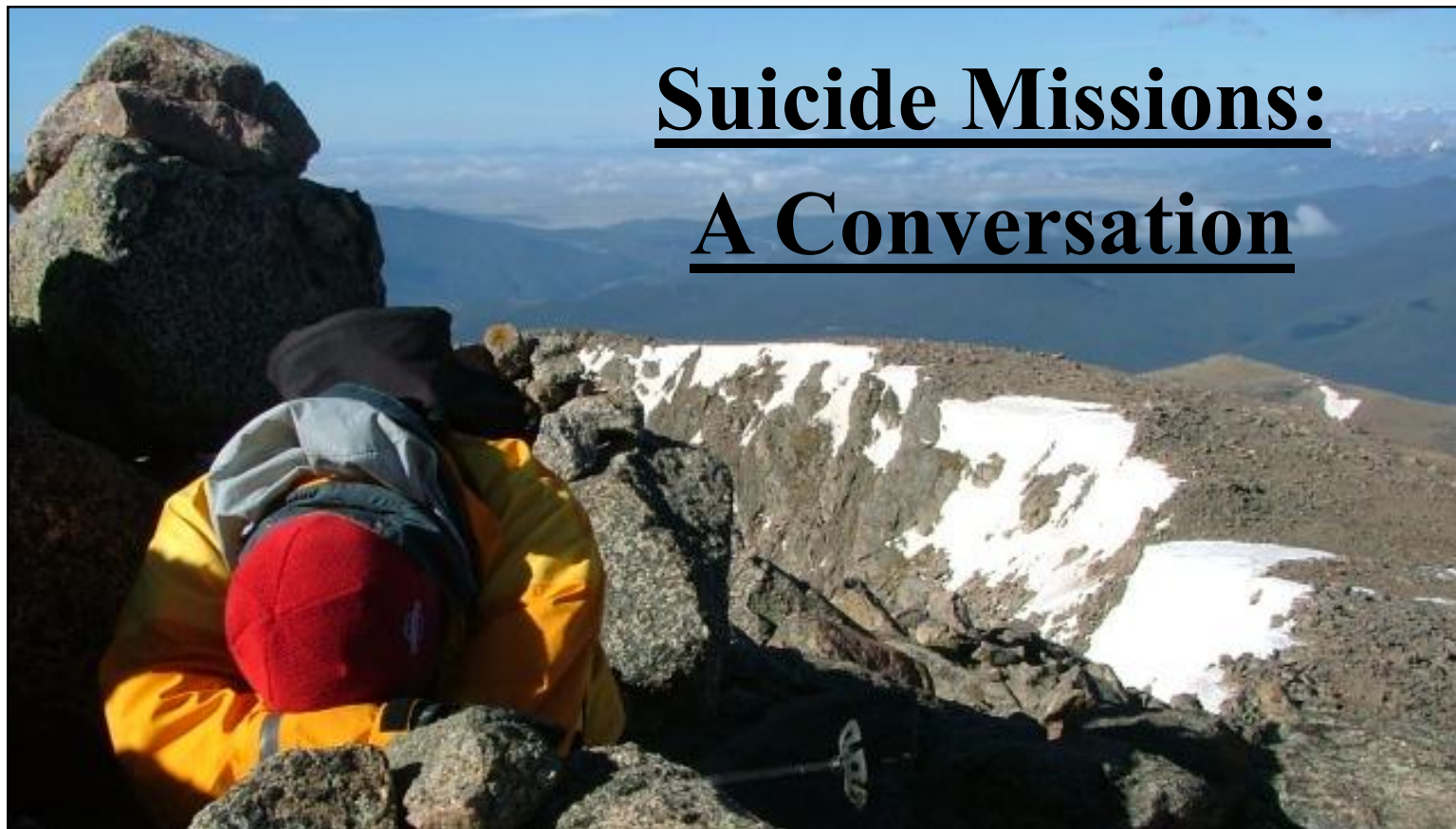
1. Each representative should be regarded by their peers as a top expert in their respective field (Terrestrial Rescue, Air Rescue, Mountain Rescue Medicine and Avalanche Rescue).
2. Each representative should have an extensive resume with current fieldwork in their respective field.
3. Each representative must have a current passport.
4. Each representative should have extensive experience representing their field to other organizations.
5. Each representative should have held at least one major leadership position in regards to their position.

IKAR Conference Representative Expense Protocols

Representation to the IKAR Conference each year is a line item in the MRA budget. In addition, the MRA is grateful for our corporate and individual sponsors.

These protocols are to be followed by all U.S. representatives to the annual IKAR Conference.

1. Registration costs will be paid directly by the MRA.
2. All approved travel expenses will be reimbursed after the representatives written conference summary report is completed and sent to the IKAR Chair within 30 days post conference.
3. For reimbursement from the MRA for expenses, travel arrangements will be made no later than 2 months prior to the conference.
4. All travel arrangements will be made with the MRA's and our corporate partner's financial interests in mind. Attendees will attempt to locate the most economical fares possible. Any additional costs, incurred from delay or personal business will not be reimbursed by the MRA.
5. Representatives are expected to attend and participate in the entire conference.
6. Any deviation from the above must be approved 60 days in advance by the IKAR Chair. Any deviation from the above, without approval, can affect the reimbursement process and future representation for the individual.



Suicide Missions: A Conversation

This is the first of a two-part series in the Meridian that looks at the increasing number of backcountry suicide recoveries and how they affect rescuers and first responders.

By Tom Wood, Field Director, Alpine Rescue Team

To be or not to be. THAT is the question.

Is life worth living?

Unfortunately for mountain rescuers and first responders, more and more despondent Americans are choosing NOT to be, and an increasing number of them are selecting the backcountry as the place to end their lives.

Year in and year out, the western mountain states of Arizona, Colorado, Oregon, Washington, Utah, Idaho, Wyoming, Montana, New Mexico, Nevada and Alaska lead the U.S. in per capita suicide rates (according to the American Foundation for Suicide Prevention). Suicide is now the tenth leading cause of death in the U.S., according to the Centers for Disease Control and Prevention, and the World Health Organization (WHO) reports that world-wide, suicide rates have increased by 60% over the last half century.

As a result, more and more backcountry rescuers and first responders are coming face to face with an issue that in 1999, the Surgeon General deemed, "a national public health problem."

Suicide.

Increasingly, the rescuers and first responders who are repeatedly tasked with handling death and tragedy are finding themselves susceptible to the very same emotional and mental issues that plagued the suicides they recover.

Mental health agencies that track suicide rates for first responders, professional rescuers and law enforcement officers are reporting some sobering statistics. One study that examined North Carolina firefighters reported, "Compared with professional firefighter line-of-duty deaths (LODDs), suicides occurred more than three times as often." (Fire Engineering, December 2012)

The Chicago Fire Department states that they have lost 37 firefighters to suicide since they began tracking this method of death, and the Chicago Firefighters Union Local 2 Employee Assistance Program (EAP) extrapolated from what data they could find that, at least in Chicago, the suicide rate for firefighters was roughly double the national average.

And though we as a society now recognize that U.S. military veterans struggle with suicide (the Department of Veterans Affairs reported in 2013 that on average, 22 military veterans A DAY take their own lives), most people are unaware that suicide rates for law enforcement officers and first responders are approaching those of returning war veterans.

Getting Personal

I have lived in the shadow of the Rocky Mountains for a quarter of my life now, and been involved with mountain rescue as a member of the

"First responders are a culture in and of themselves...Most people think first and then act. First responders are trained to act without hesitation. To do that, they can't consider their feelings. They're taught to think and not feel or they'll make a mistake and someone might die. The normal human mechanism in a crisis is to feel. But we try to keep those feelings to ourselves because otherwise we'll be perceived as weak."

***Pete Volkmann, social worker and veteran of the Ossining, N.Y. Police Department
(EHS Today, Alan Brown, December 17, 2003 issue)***

Alpine Rescue Team for almost the same length of time. I think of the mountains as a beautiful, vibrant place to call my home. And apparently, I am not alone. Many national surveys rate our country's mountainous states as some of the happiest, healthiest and most desirable states in which to live (the Gallup-Healthways Well Being Index ranked three mountain states; Colorado, Montana and Utah, as being in the top ten happiest U.S. states for 2013).

So how is it possible that some of the happiest states in America are simultaneously the same states with the highest per capita suicide rates? Here in Colorado, for example, the year of 2009 posted the highest-ever total number of suicides at 940. Suicide beat out homicide (190), car and motorcycle accidents (553), influenza and pneumonia (655) and diabetes (778) as the number one killer of Coloradans in 2009. So even though Colorado does have one of the lowest obesity rates in the nation and roughly 300 days of sunshine per year, there's apparently much more to staying mentally healthy than being skinny and having a good tan.

So why does that Rocky Mountain High lifestyle have such a dark flip-side?

I've asked myself that question over and over since 2006.

Because, in one disheartening stretch that year, the Alpine Rescue Team was paged for eight consecutive suicides over a 12 week period. No less disconcerting than the volume was the total lack of any recognizable pattern to this bizarre string of tragedies. Young, old, male, female, single, married – each demographic segment was equally represented. The only thing that they all had in common was that they were all white. Hanging, self-inflicted gunshot wound, overdose, asphyxiation, jumping off a cliff – there was not even one consistent method used for completing a suicide.

Utilizing gallows humor (a common, crude and often effective coping mechanism), some of us on the Alpine Rescue Team began to jokingly refer to ourselves as the Alpine Recovery Team.

That seemingly random string of grisly, tragic deaths made no sense, left the whole team demoralized for weeks, and was mentioned as the main reason some team members hung up their helmets and walked away from mountain rescue.

As a way to cope with and try to make sense of those eight suicide recoveries, I set out to write an article about suicide recoveries and how mountain rescuers could better deal with their psychological aftermath - but quickly shelved what I'd written. As hard as it can be to deal with suicide as a rescuer, I came to realize it was even harder to WRITE about suicide as a rescuer.

In my previous life, I was a West Virginia journalist (no wisecracks please-we used words as well as lots of pictures) working at The Parkersburg News back in the early '90s. In those days, we were strictly forbidden from covering a suicide in the newspaper unless it somehow crossed over into the realm of newsworthiness. Therefore, it went against my ethics in journalism training (again-no wisecracks please-there really used to be such a thing) to publicly broach a topic that was typically banished from open discussion and only spoken of in whispered, hushed tones behind closed doors. And to be honest, information on suicide statistics was hard to come by in 2006, especially in relation to mountain rescue. Most mountain rescue teams did not separate suicides out from the recoveries they listed in their annual reports (if they even had annual reports at all), and they certainly didn't record the suicides of their own members.

I quickly realized I could usually handle responding to suicides as a mountain rescuer, but felt ill-equipped to write about such a complex-and controversial-subject. I feared that I would say the wrong thing, or callously reopen the wounds of either rescuers who had dealt with a suicide recovery or those who'd lost their loved ones to suicide. And God knows I had no intention of discussing anything personal relating to suicide. And not because I had previous suicidal thoughts that I feared to share.

Quite the opposite.

I can honestly say I've never entertained a suicidal thought in my life. Not even for a millionth of a second, even in my darkest, lowest hour. This is not a boast, or something I say to put myself above those who have struggled with that dark impulse. I make this admission because I don't want to insult those who have had those thoughts by pretending I feel their pain in an article focusing on suicide. I just couldn't understand why anyone would want to end their own life, and this made the task of writing about suicide doubly hard for me.

Not to say that I don't feel indescribable sadness that some people have that turn of mind. I sometimes wish I could experience that kind of pain – just for a fleeting moment – if for no other reason than that I could then say, "I know exactly how you feel," to those who've confided to me this desire to be rid of the world. But that admission sounds condescending and hollow even to me.

So I gave up, and pushed it out of my thoughts. *You're not supposed to talk about that kind of stuff anyway. It's TOO PERSONAL*, my inner critic scolded me.

But in spite of my reticence to write about suicide recoveries in the mountains, this troubling trend continued. In the last three years, Alpine has recovered 43 fatalities from the backcountry, eight of which were suicides. Our sister team to the north, Rocky Mountain Rescue Group, dealt with 13 fatalities, seven of which were completed suicides, just in 2012.

"We have had some members take suicide recoveries pretty hard. We are making sure that everyone who goes on one is contacted within a day or two, particularly support members," said RMRG member and MRA Rocky Mountain Region Chair Dan Lack.

So the longer I thought about my failed attempt to write about suicide, the more realized that it was this persistent reluctance to talk openly about suicide that fostered its growth. By giving up on my article about how the first responder community could better cope with the aftermath of suicide in the backcountry, I felt that I was doing a great disservice to both the people who struggle with suicidal thoughts and the first responders who come to their aid or bring them out of the backcountry to provide closure for the loved ones they've left behind.

The contagion of suicide thrives on silence like a cancer. And according to mental health professionals, it's treatable, just like measles or polio. But while there is no vaccination for suicide, there are strategies that help contain its spread. There is a catch, though; in order for these strategies to work, they have to be *shared*.

Talked about.

Written about.

That's how they work. And though presenting charts and graphs and facts and statistics in an article on suicide seemed all good and fine (and safe), I felt that if I tackled this subject, I wanted to take a personal, conversational approach, since initiating open discussion on suicide is the first step to its prevention.

And also, since suicide recoveries in the mountains aren't likely coming to an end anytime soon (if ever), I wanted the ability to offer more useful advice than that which I received as a rookie rescuer in those difficult times: "Be sure to let someone know if you are having a tough time coping." I've always felt that that kind of crap advice is about as useful as telling a rock climber, "The best way to stay safe when climbing is not to fall."

I came to the conclusion that I needed to finish what I started, but I knew I was in over my head. I had to get answers from someone who could educate me and help me approach the subject matter with sensitivity. An expert who could help make sense out of something that, to me, seemed so senseless.

Demystifying the Topic of Suicide

"Suicide should be treated as the public health issue that it is, and not as a religious or criminal issue," said psychologist Sally Spencer-Thomas. Sally would know. A nationally-recognized psychologist who specializes in suicide prevention, she learned firsthand how to deal with suicide and its devastating aftermath when she lost her own brother, Carson, to it in 2004.

As both a way to find meaning in Carson's death and hopefully provide others with the means to prevent or cope with a similar loss, she founded the Carson J Spencer Foundation, a nonprofit organization that deals with suicide in the workplace, devises public health strategies for high schools and provides bereavement support for those dealing with the aftermath of suicide.

I contacted Sally because, unlike many psychologists who approach the subject of suicide from a purely academic, scientific and objective perspective, she used humor and first-hand experience to approach suicide from the viewpoint of both a mental health professional AND someone who has been out there on the front lines. Also, she happens to be my neighbor.

When we first sat down to discuss the cheery subject of suicide a couple days before Christmas in 2011, I immediately asked her why suicides were most common around the holidays. Like so many other things, it turns out I was grossly misinformed on this topic.

"December is actually the lowest month for suicides," she said as we sat in her living room next to her family's enormous twinkling Christmas tree. Citing the increased presence of family members and the hectic schedule of the holidays, she explained away that common suicide misconception with a wave of her hand. "April and May are statistically the highest months," she said.

As we talked, her son Tanner practiced Christmas tunes on his guitar. Her eldest son Nick did his best to show his youngest brother Jackson how to blow up the Death Star on the family Xbox. Midway through our conversation, her husband Randy came home from Christmas shopping, stomped the snow off his boots, and chucked the take-n-bake pizza he'd brought home into the oven while we continued our chat on the couch a few feet away from their kids.

I mention the setting for our discussion about suicide because it perfectly exemplifies Sally's message about suicide prevention. It's a topic that should be discussed out in the open, without hesitation, and sometimes even in front of the kids. She practices what she preaches.



WELCOME TO THE TEST LAB

Where our products are inspired, and concepts are proven by a dedicated team of highly-experienced engineers and rescue professionals. From the lab to the field, and everywhere in between, CMC Rescue is the most trusted name in rescue training and equipment.

TESTED. PROVEN. TRUSTED.

THE MPD™

CMC RESCUE
SINCE 1978
CMCRESCUE.COM

Unfortunately for those in need of help in the Western U.S., there are not enough people like Sally being encouraged to preach this gospel.

“As a state, we’re just not willing to treat this as the real health issue that it is. In Colorado, there is simply no culture of help-seeking for those who are struggling,” she said.

Sally noted that in 2006, Colorado was ranked dead last in state-allocated funds for substance abuse awareness and prevention. It was hard for me not to correlate that fact to the string of suicides that Alpine had dealt with in the course of that same year.

“So why do western U.S. mountain states consistently lead the pack in per capita suicide rates?” I asked.

“There are many studies out there that indicate altitude plays a significant role in an increased per capita suicide rate worldwide, but mountain states with high suicide rates have several other factors that contribute to their disproportionately high suicide rates,” she said.

“The geographic isolation that so many people in the mountains must deal with, a high rate of firearm ownership, a high rate of alcohol consumption and a pervasive pull-yourself-up-by-your-own-bootstraps cultural attitude all play a part.

The very same active lifestyle that contributes to the high levels of overall fitness in western mountain states also carries with it the built-in expectation that seeking early help for mental issues such as bipolar disorders and depression is a sign of weakness. It’s an unwritten rule that everyone should *power through* their problems. Alone,” she said.

I’d seen this single-minded determination to remain untouched by the tragedies swirling around them in many rescuers. Myself included.

As if reading my mind, Sally said, “First responders are especially vulnerable to the after-effects of suicide. There are certainly painful but normal responses that first responders go through after dealing with a suicide. But when they go unresolved, they can grow into a disorder.

“How first responders walked into that event can affect how well they cope with it later,” she said.

The longer Sally and I talked about suicide (the sounds of an exploding Death Star and slightly out-of-tune guitar chords in the background), I realized with a start that more and more of my questions were coming from Tom the Regular Person and not from Tom the Writer or Tom the Mountain Rescuer.

It began to feel like I was in therapy; that I should be laying on the couch while SHE took the notes, asked me about my relationship with my mother and charged me \$100 an hour.

“What should you say to someone who’s expressing suicidal thoughts?” I asked.

“What *shouldn’t* you say to someone expressing suicidal thoughts?” I asked.

“What are the warning signs of someone contemplating suicide?” I asked.

“How seriously should you take someone who mentions that they have thought of killing themselves?” I asked.

These questions weren’t just part of my research for an article. They were questions that needed answered for much more personal reasons. My own personal reasons.

And as I sat in Sally’s living room scribbling my notes by the light of her family’s Christmas tree, I suddenly realized why my article on suicide in the mountains wouldn’t allow me to keep it locked in my brain. It was trying to speak to me, to tell me something. It was trying to tell me that I needed to finish it so that in the future, I could arm myself with the proper tools and methods to respond not to my own thoughts of suicide, but to those shared thoughts coming from others near and dear to me. People in both my biological and rescue family.

For though I’ve never entertained a suicidal thought in my life, I know people who have. I’ve had exactly three situations in my personal life (outside of my involvement with mountain rescue) when I’ve dealt with someone contemplating or attempting suicide. I mishandled all three situations miserably.

I told myself right then and there that I’d be *damned* if I allowed that to happen again.

End Part One

The second part of this article, which will discuss the early warning signs of rescuers struggling with suicidal thoughts as well as strategies for administering psychological first aid to rescuers struggling with the emotional aftermath of a recovery, will appear in the next issue of the Meridian alongside an article on Post-Traumatic Stress Disorders (PTSD) in mountain rescue written by MRA Medical Committee Chair Skeet Glatterer, MD, FAWM.

Sticks and Stones: More Than Just Semantics

DON’T say: Someone “committed suicide.” This phrase carries many implied negative religious and criminal implications; *Someone committed a crime, or committed a sin.*

DO say: Someone *completed* a suicide.

DON’T say: There is a suicide “epidemic.” This can encourage at-risk individuals to see themselves as part of a larger story and may elevate suicide risk.

DO say: There is a suicide contagion.

DON’T say: A suicide attempt was “successful,” “unsuccessful” or “failed” when speaking of suicide. It’s hazardous to suggest that non-fatal suicide attempts represent “failure,” or that completed suicides are “successful.”

DO say: There was a *suicide death* or an *attempted suicide*.

Spot Weather Forecasts for Search and Rescue

By Sgt. Aaron Dick, Coconino County Sheriff's Office

Recently, I met with the National Weather Service in Flagstaff, AZ regarding spot weather forecasts for search and rescue operations. I had informally been calling the NWS Flagstaff Forecast Office for weather information on SAR missions but learned that there is a formal process which can be of great help to the incident management team.

Spot weather forecasts are often requested by fire agencies preparing to conduct prescribed burns or responding to wildland fires. I was not aware that on the spot weather request form on the NWS website is a button for SAR. The staff at the NWS Flagstaff Office gave a presentation on the use of the spot weather forecast form for SAR operations. The form is found in the Fire Weather section of the local forecast office website. The form is completed by selecting the SAR radio button and entering the Requestor Name and Contact Information, Project Name, Location (Lat/Lon, elevation, and Topo Quad name), Aspect, and the elements of the forecast that are important to the SAR operation. If an element is not in the check boxes there is a remarks section where additional forecast information can be requested with prior coordination with the local NWS office (i.e. heat index, wind chill, etc.).

Once the mandatory sections of the form are completed the Submit Request button can be pressed. That sends the form to the local NWS Forecast Office. A follow up call to the NWS Office is suggested to make sure that they received the request and can clarify any questions they may have. The turnaround time is pretty fast, usually within 30 minutes in my experience. The spot forecast is available on the NWS webpage with the Project Name listed and can then be printed and distributed to the IMT or field personnel.

The Flagstaff NWS Office has encouraged us to use the spot weather forecast on both missions and training sessions where it would be helpful in order to get used to the process. I would encourage SAR coordinators or operations leaders to become familiar with your local NWS office and talk to them about this product.

Below is an example of a spot weather request that we sent in for a winter training.

SAR Winter Training (SAR) (Requested: 1034 MST 2/8/13)

Forecast complete at 1056 MST 2/8/13

Requested by: Coconino County Sheriff's Office

Phone:

FAX: **Contact:** Aaron Dick

Location: Legal: **Lat/Long:** 34.8065227/111.436133

Quad: Hutch Mt

Calculated: (34.80652° N 111.43613° W)

(HUTCH MTN AZ)

Elevation: 7355-7700 **Drainage:** unknown **Aspect:** west

Size: unknown

Fuel Type: unknown (Sheltering Unknown)

Observations:

Place Elev Time Wind Temp Wetbulb RH Dewpt Remarks

Requested Parameters

.XX Clouds / Weather

.XX Temperature

... Relative Humidity

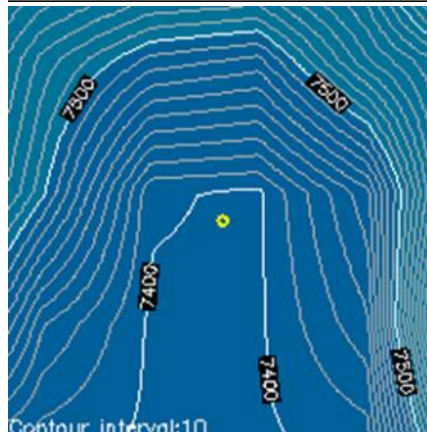
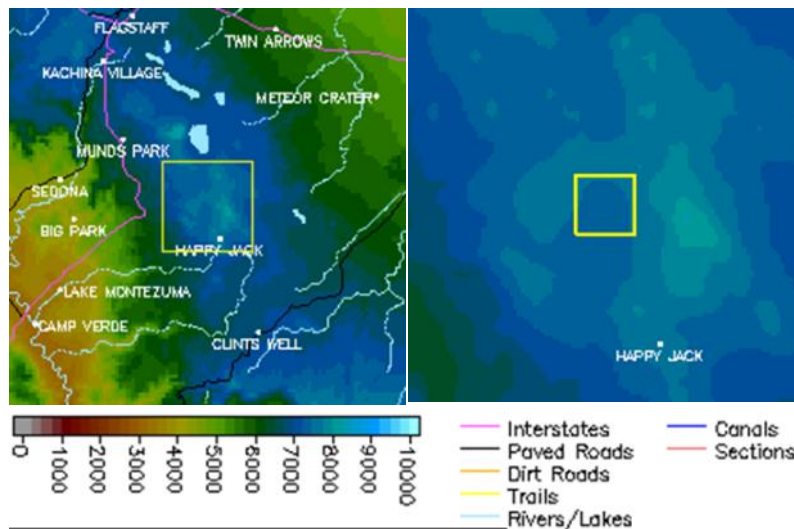
.XX 20-foot Wind

... Lightning Activity Level

... Haines Index

... Ventilation Rate

... Clearing Index



Remarks

The Sheriff's Office will be conducting a winter training in the Hutch Mountain area tomorrow. Spot weather for that area is requested with approximate snowfall amounts and wind expected between 0900 and 1700 tomorrow. Thanks.

FORECAST:

IF CONDITIONS BECOME UNREPRESENTATIVE, CONTACT THE NATIONAL WEATHER SERVICE.

SPOT FORECAST FOR SAR WINTER TRAINING...COCONINO COUNTY SHERIFFS OFFICE
NATIONAL WEATHER SERVICE FLAGSTAFF AZ
1056 AM MST FRI FEB 8 2013

FORECAST IS BASED ON INCIDENT TIME OF 1034 MST ON FEBRUARY 08.
IF CONDITIONS BECOME UNREPRESENTATIVE, CONTACT THE NATIONAL WEATHER SERVICE.

.DISCUSSION...

A COLD LOW PRESSURE SYSTEM WILL APPROACH ARIZONA FROM THE NORTHWEST TODAY AND MOVE ACROSS THE STATE SATURDAY. SOUTHWEST WINDS TONIGHT AND SATURDAY WILL REMAIN BREEZY...THOUGH NOT AS STRONG AND GUSTY AS TODAY. WIND SPEEDS (WITHIN THE 0900-1700 WINDOW) WILL PROBABLY PEAK AROUND NOON. TOTAL SNOWFALL BY 1700 MST SATURDAY WILL LIKELY BE IN THE 3 TO 7 INCH RANGE.

.TONIGHT...

SKY/WEATHER.....CLOUDY. SNOW SHOWERS...MAINLY AFTER MIDNIGHT.

SNOW ACCUMULATION OF 2 TO 4 INCHES.

MIN TEMPERATURE.....AROUND 18.

WINDS (20 FT).....SOUTHWEST WINDS 15 TO 20 MPH. GUSTS TO AROUND

30 MPH.

.SATURDAY...

SKY/WEATHER.....CLOUDY. SNOW SHOWERS. ADDITIONAL SNOW

ACCUMULATION OF 1 TO 3 INCHES.

MAX TEMPERATURE.....AROUND 29.

WINDS (20 FT).....SOUTHWEST WINDS 10 TO 15 MPH WITH GUSTS UP TO

30 MPH.

National Weather Service

Fire & Public Weather Services Branch

Page Author: NWS Internet Services Team

Page last updated at 6:57 am MST 3/5/07

Automated External Defibrillators

By Christopher Van Tilburg, MD

Automated External Defibrillators, AEDs, are the tool we hope we never have to use. Most MRA members are CPR certified, training which includes use of AEDs. It comes early in the Basic Life Support algorithm, equally important to chest compressions and rescue breaths in situations of cardiac arrest. The devices are ubiquitous in public places like in airplanes, athletic clubs, and stadiums.

But should MRA teams consider an AED? Although they are easy to use and have a long battery life, they are bulky and, more importantly, costly. A SAR team responding to a cardiac arrest in the remote backcountry is highly unlikely to arrive on scene soon enough to utilize an AED. But teams that have a frequent urban interface, work in highly populated locations like national parks, and have large callouts with multiple agencies, should consider carrying AEDs. Also, an AED may be needed to treat a team's own member or another first responder who has a cardiac arrest. Additionally, SAR teams are being asked more frequently to provide medical support for events such as ultramarathons, adventure races, and ski races. If the AED has a monitor function, it may be useful to monitor cardiac arrhythmias for prolonged extrication or to support the decision to stop CPR or pronounce death.

For Hood River Crag Rats, I bought a Phillips Heartstart FRx for field use. This armored AED is designed for the rigors of the wilderness. This unit is waterproof and dustproof and has a crush rating of 500 pounds. The AED is compact and light, clocking in at 3.5 pounds compared to 5+ pounds for most units. Like most AEDs, the lithium manganese non-rechargeable battery is rated from 32 to 112 degrees F, up to 15,000 feet elevation, and lasts for five years. We store it in our rescue truck in a padded Pelican case. But for backcountry use, it can easily be removed from the Pelican case and shoved in a pack. There is no monitor function. I bought two less-expensive Physio-Control Lifepak Express units for our cabin and meeting hall.

Discuss the utility of an AED with your team and medical advisor. Don't forget personal protection for CPR. At the bare minimum, I carry two pair of nitrile gloves and CPR mask in the pocket of my radio pouch. BLS guidelines direct you protect yourself first before patient care.

Christopher Van Tilburg is Medical Director of Crag Rats (Hood River, OR) and staff physician at Mountain Emergency Services at Mount Hood Meadows Ski Resort: vantilburg@gorge.net

All medical articles for the Meridian are reviewed and endorsed by the Mountain Rescue Association Medical Committee; however, this article is for general information only. The MedCom makes no representations regarding the legal or medical information provided, and the views expressed do not necessarily reflect the views of the MRA.

As always, your suggestions and comments are encouraged-either directly to the author, to me, or via the Listserv, to the MedCom.

Skeet Glatterer, MD, FAWM

Chairman, MRA MedCom

Alpine Rescue Team, Evergreen, Colorado

303-880-9922

Candidates for Nomination as MRA Officers

The MRA Nominating Committee is pleased to present the following slate of officers for consideration by the membership at the annual meeting in June.

Secretary Treasurer:



Antonio Arizo

Ventura County Search and Rescue

Candidate Statement:

I have been active in outdoor activities since I was a scout backpacking in the Sierras and

trekked 500 miles of the Pacific Crest Trail. As an assistant scoutmaster, I led numerous Sierra expeditions for the scouts through my 30 years of scouting. I spent 13 years as a reserve officer with the Los Angeles Police Department working in emergency services. I have been an EMT since 1990.

In 2000 I moved over to the Ventura County Sheriff's Search and Rescue team to get more involved in mountain rescue. During this period I have been very active with the team, holding the positions of operations leader, board member, technical advisor, new technology chair, and SAR Academy coordinator.

Along with supporting my team in management positions, I have become well involved with the MRA. I am currently the secretary of the California Region. I have previously been the region vice-chair for two years, and region chair for two years. I have either been the lead evaluator or an evaluator for 16 full accreditation tests in the region, which brought in four fully accredited teams into the region. I was a member of the Accreditation Task Force that has proposed changes that will bring the MRA greater standing in the rescue community.

I see the need for the MRA to work on both ends of the spectrum. On one end I would like to see that individual team members feel that they are getting something more from the MRA than just a patch and window sticker by providing information that they can use in their day-to-day rescues. On the other end I would like to see the MRA continue its expanding role in representing the mountain rescue community with its positions on mountain rescue topics, presence with government agencies, and public education.

To pay for my SAR activities, I am an IT database administrator for a global corporation.

Doug McCall

Seattle Mountain Rescue

Candidate Statement:

I have been a fire fighter since 1987, EMT starting in 1989 and served on the Bainbridge Island Fire Department Special Operations Rescue team with an

emphasis in high angle, trench and swift water rescue. I began climbing and mountaineering in 1992 and while most of my mountaineering experience has been in the North Cascades, I have had the opportunity to climb/hike in many parts of the United States including Alaska, Arizona, California, Colorado, New York and North Carolina and have developed an appreciation for the varied terrain within our borders.

I served as treasurer on the board of the Washington Alpine Club for two years, and chair of the Snoqualmie Fire Fighters Association. I have been a member of Seattle Mountain Rescue since 2008 and have served on the board since 2009 and chair of the Washington Region of the MRA from 2010 to 2012.

I have a passion for the mountains, technical/backcountry rescue and the MRA.



Member at Large:

(Note: Loren Pfau has withdrawn his name from the list, feeling it is not in the best interests of the region to have two individuals from the same MRA team running.)

Art Fortini

Sierra Madre SAR

Candidate Statement:

Like many of you, I started off as a climber—an addiction I picked up in college—and only later discovered mountain rescue. While in college, I also got involved with first aid and became certified as an EMT in graduate school. In 1991 I moved out to California, and at the suggestion of a friend, joined the Sierra Madre Search & Rescue Team. This proved to be a perfect marriage of my interests in climbing and EMS, and I've been very active with the team ever since. During those 22 years I've held the offices of President, Vice President, and Member at Large, as well as chair of various committees. I'm currently a senior operations leader and chair of the R&D committee.

At the region level I've been very active, serving as an evaluator for many years for both new-team accreditations, as well as reaccreditations. I have served on various committees, and for the last 2 years, I've had the pleasure of being chairman of the California Region.

At the national level, I've been the Sierra Madre representative to the MRA for most of the last 15 years, I've served on various committees along the way, and I've met many of you at the winter and/or June meetings. I've also been a frequent presenter at both ITRS and the June MRA meetings.

Professionally, I'm an Aerospace/Materials Engineer, and the Director of Technology at Ultramet. My knowledge of material science and mechanics prompted me to do a brief investigation of snow anchors and their behavior under load. That was more than a decade ago, and the research continues. I'm also part of the Map-SAR development team, which has created a frontend to make ESRI's ArcMap GIS software more user friendly and accessible to SAR personnel.



Skeet Glatterer

Alpine Rescue

Candidate Statement:

I am a Cardiothoracic Surgeon (MD) and Fellow of the Academy of Wilderness Medicine (FAWM). I've had the opportunity to use organizational skills to create two Cardiothoracic Surgical programs from the "ground up" during my career.

My interest in climbing since 1969 led to joining and being active in the Wilderness Medical Society (WMS) since 1998. I have served as the MRA Liaison to the WMS since 2008. I've served as an expedition physician for climbing companies on guided climbs to Russia, Africa, Nepal and Alaska. More recently I participated as a volunteer on the Denali Climbing Ranger Patrol, and as a member of the Denali Rescue Team, and was responsible for running the medical facility at the 14,000 ft. camp.

I have also been active with the Colorado Mountain Club since 1999. This involves teaching in multiple climbing schools. In addition, I created and ran the Mountaineering Medicine School for several years, teaching Wilderness First Aid.

I was a member of the Copper Mountain Ski Patrol for seven years and during that time developed a working relationship with the National Ski Patrol (NSP). This led to revising several chapters of the Outdoor Emergency Care manual (OEC), and co-authoring the Technical Rescue chapter for the NSP's Mountain Travel and Rescue manual.

I've been a member of the Alpine Rescue Team in Evergreen, Colorado since 2005, and have had the opportunity to become familiar with the national level workings of the MRA since becoming Chairman of the Medical Committee in 2008. We have been able to increase the MedCom participation with Meridian articles and dialogue on the ListServ.

I would like to take this knowledge, and these contacts, along with my organizational skills to work for the MRA to increase our exposure, partner with other groups and continue to improve the reputation of the MRA. There has been discussion about the desire to continue to have an inflow of "new blood" and ideas at the MRA National level. I would welcome the opportunity to support the work of those who are already making this happen.

Steve Leslie

Olympic Mountain Rescue

No candidate statement submitted.

CRMRA

Re-accreditation:

Snow and Ice

June Mountain, California 2013

*By Cynthia Moyneur England,
Montrose SAR*

One year ago, the California Region of the MRA was questioning whether the Winter Reaccreditation at June Mountain Ski Area would take place. The season had been characterized by unseasonably warm weather in Southern California and the hope was, if the event were held in the Sierra Nevada Mountains, the presence of adequate snow and ice conditions would be virtually assured. The host team, Montrose Search and Rescue in Los Angeles County, selected June Mountain, a small ski town located southeast of Yosemite National Park, and owned by Mammoth Mountain. The selection appeared to be a safe bet as the resort had been in continuous operation for 50 years and had hosted the ski and snowboard portions of the 2006 California Winter Games in March 2006.

Months of planning had gone into organization of the event including frequent meetings with June Mountain management, Mono County Sheriff Department staff, Mono County SAR and Mammoth Mountain Ski Patrol. Sponsorships had been identified, reservations for lodging made, evaluators selected.

The warmer weather persisted, affecting the usual trustworthy snowfall for the June Lake area. On February 4, 2012, the region notified CRMRA teams that the reaccreditation was cancelled.

Montrose team members began to formulate a new plan for the 2013 event with June Mountain remaining the locale. Another obstacle presented itself when the ski resort announced its closure on June 21, 2012 due to economic downturns. Montrose SAR participated in multiple meetings with the June Lake town council and the ski area caretakers to ascertain whether the MRA could continue its forward planning, or would need to scout a different location.

Fast forward to March 2, 2013. Despite the closure of June Mountain Ski Resort and the threat of potential avalanche conditions on the untended slopes, the Winter Reaccreditation took place, and successfully.

Over 300 SAR members converged on June Mountain that morning for the event. Eighteen teams were put through the demanding tasks of deploying their teams to a location on the slope of the 10,090-foot peak of June Mountain. A 'victim' was randomly pulled from each team's ranks. Two evaluators were assigned to proctor each team. Mono County, an associate MRA team, provided medical backup on snowmobiles, on stand-by to assist in the event of a true emergency.

All team leaders were given a UTM and told that there was a medical emergency at that location. Upon arrival at the designated area, teams completed two independent scenarios. The first included treatment and packaging of a hypothermic patient with trauma injury. A system to lower the patient with the use of snow anchors was then required. The distance was such that a minimum of two pitches was necessary. At some randomly selected point, the team was asked to stop the lowering system, convert to a raising system to bring the litter up 10-20 feet, and then resume lowering. The second scenario consisted of a beacon search, timed by the evaluators.

All teams had completed the scenarios by late afternoon. By nightfall, everyone had left to celebrate another Reaccreditation, albeit 2 years in the making. By the next morning, a light snow was falling onto the town of June Lake.



Photo by Antonio M. Arizo.



Photo by Antonio M. Arizo.



Photo by Paul Raab.

Fundraising

By Emily Pollard, Portland Mountain Rescue

Mountain rescue is not an easy business. It's cold and dark, wet or blowing or snowing (or all three); even when the weather is nice, most of the time tensions are high and the stakes even higher. We're lucky, though. The communities that MRA teams serve are incredibly supportive and all our teams do work that saves lives. We want to be around for a long time, obviously! And so we must ask: how can we translate that heartfelt community support into resources that can help the MRA sustain itself and be around for the long haul? How can we communicate to our members and to our communities that, with their help, the MRA can produce more effective educational programming, provide valuable materials and training to its members, and plan for the future? The answer: fundraising!

Fundraising takes many forms, and anyone can do it. It is rewarding work that has a deep and lasting impact on the health of an organization. There's a catch: even though "fun" makes up almost half the word, fundraising doesn't sound like much fun at all to most folks! Over the last year and a half, though, your MRA fundraising team has been trying to change that. Along with the MRA's fundraising committee, consultants Jennifer Baldwin and Emily Pollard are putting the "fun" in fundraising. How? By collaborating with MRA volunteers like Charlie Shimanski, Bryan Enberg and so many others to learn about the MRA, get the word out, and ask good questions that will support the future in MRA fund seeking. Why? Just like you, we believe in the extraordinary work that the Mountain Rescue Association does. This is what we've accomplished:

Individual Giving: In November and December we worked on the MRA's very first 'individual giving' campaign—a heartfelt letter sent out to a small group of individuals who, altogether, contributed over \$2,000 to the MRA. Over the course of this year we hope to grow those efforts in both size and scope by making sure folks are hearing about the MRA... and that it's easy to give to us!

Corporate Support: After an initial investment of time and energy at the beginning of 2012 to develop an MRA partnership program consistent with the unique brand and values of the organization, the MRA has received \$10,500 in sponsorships to date. These include significant contributions from such recognizable brands as Arc'teryx, CMC Rescue, Garmont, Deuter and Ortovox. We've also received generous in-kind support from Sterling Rope, who will continue to provide ropes for the MRA's annual conference.

In the coming months, we will be working on a web portal that will make spreading the word about the MRA that much easier, as well as consolidating our efforts around one of the most elegant and impactful fundraising avenues available... planned giving. Stay tuned! And, if you wish to connect with one of our fundraising consultants, get more information about how to put the MRA in your will, or learn more about what the MRA is doing to effectively steward the fundraising dollars we earn, please contact Jennifer Baldwin at jbaldwin14@gmail.com for information about Corporate Sponsorship; Emily Pollard at emilykpollard@gmail.com, for information about Planned and Individual Giving; or Rocky Henderson at RockyHenderson@comcast.net, who is the MRA Fundraising Committee Chair.

 **OutdoorProLink**

One website, One login
Pro deals from 55+ Brands!

For more information, please visit
www.outdoorprolink.com/t-mra.aspx

30 - 50% off retail





Mountains Don't Care, But We Do

An Early History of Mountain Rescue in the
Pacific Northwest and the Founding of the
Mountain Rescue Association

By Dee Molenaar

Dee Molenaar, author of *The Challenge of Rainier*, has written fascinating accounts of the legendary mountain rescues and recoveries in the Pacific Northwest. In telling these tales of triumph and tragedy, he has also traced the formation and evolution of the mountain rescue groups that carried out these missions.

"The old master has done it again, pulling from personal experience and scholarly research, a vital and vibrant history of mountain rescue in the Pacific Northwest to celebrate the Mountain Rescue Association's 50th anniversary."

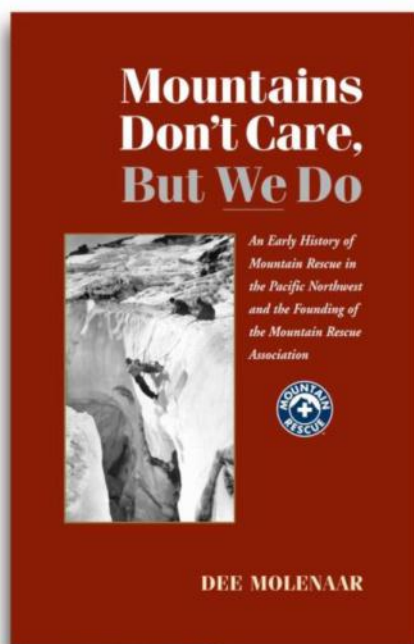
Tom Hornbein

"Mountains Don't Care, But We Do, by Dee Molenaar, is a must read for those who enjoy high adventure and want to know the history of the Mountain Rescue Association."

Jim Whittaker

"Mountains Don't Care, But We Do, is a modest way of saying 'thank you' to the hundreds of mountain rescue volunteers who have come before us. We hope that they would be as proud of today's groups as we are of them."

Charley Shimanski, President
Mountain Rescue Association



**50th
Anniversary
Tribute**

Special: MRA members receive a 20% discount when you order online at www.mountaineersbooks.org.

Use discount code RESCUE at checkout.

Also available in MRA stores, bookstores, and outdoor stores!



Distributed worldwide by The Mountaineers Books
Call for information on quantity discounts.
800.553.4453 ext 135 • 206.223.6303 ext. 135
customerservice@mountaineersbooks.org