

MERIDIAN

Summer 2013



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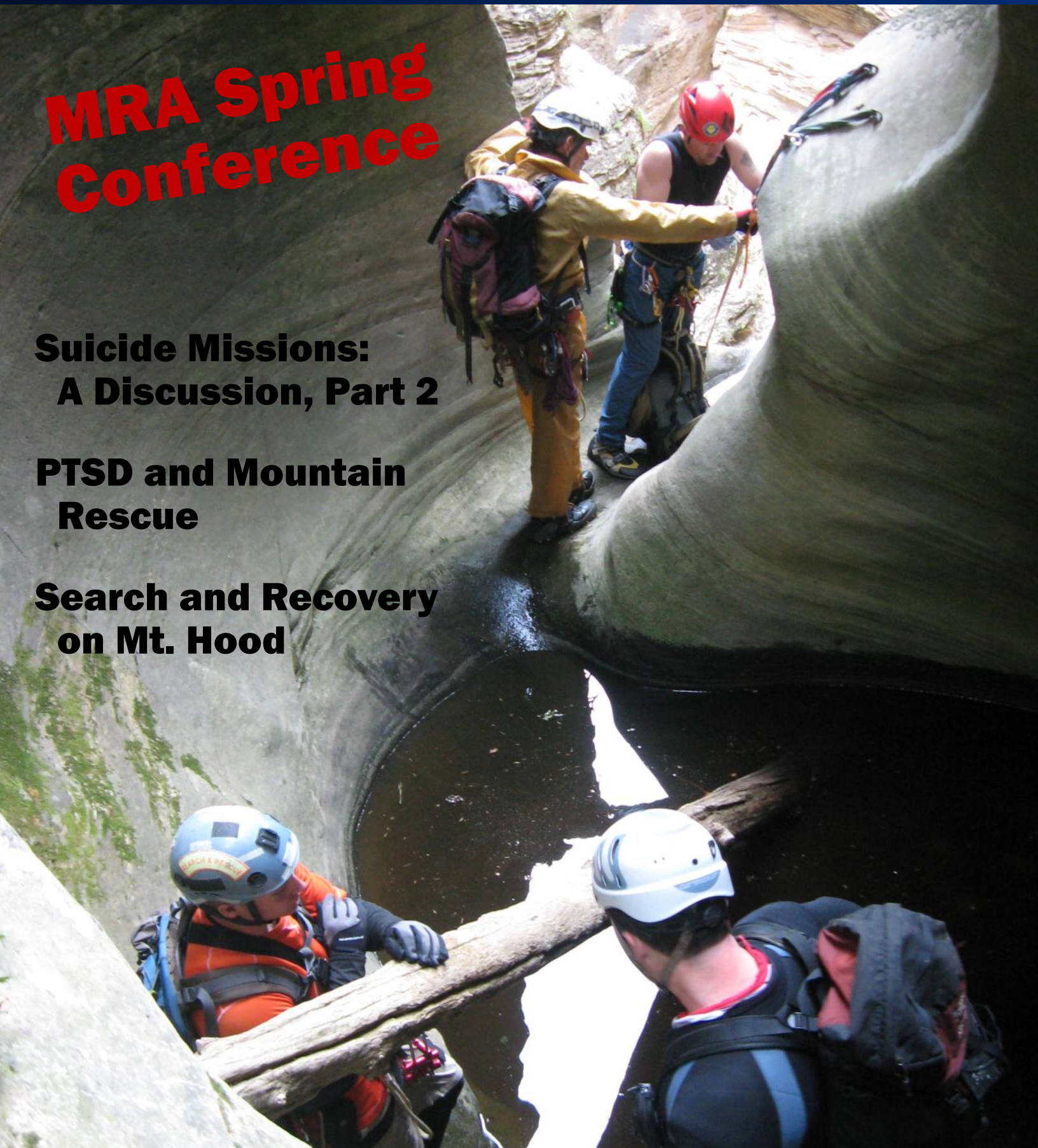
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MRA Spring Conference

**Suicide Missions:
A Discussion, Part 2**

**PTSD and Mountain
Rescue**

**Search and Recovery
on Mt. Hood**





MOUNTAIN
RESCUE
ASSOCIATION

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<u>MRA Spring Conference</u>	3
<u>Suicide Missions: A Conversation, Part II</u>	5
<u>PTSD and Mountain Rescue</u>	11
<u>Search and Recovery on Mt. Hood</u>	12
<u>A Note From the Editor</u>	14

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MRA Spring Conference

By Doug Wessen, MRA President





This Summer's conference was held in Phoenix, Arizona, and brought to us by the hard working members of Central Arizona Mountain Rescue Association (CAMRA). Preconference activities included hikes in the Superstition Mountains, Wilderness Medicine, Search Management and Canyoneering. CAMRA did an outstanding job of presenting a variety of events and activities. Participants were up early with safety briefings every morning at 5:00 a.m. to get moving before the heat of the day hit. The high temperature each day during the conference was between 107° to 112° degrees Fahrenheit. Activities were available for small and large animal rescue, search management, dual tension lowering and raising systems, desert anchors, high altitude medicine, as well as lessons from life and death in the Grand Canyon.

During the business meeting two new MRA officers were elected. Doug McCall, from Seattle Mtn. Rescue was elected as Secretary/Treasurer; and Skeet Glatteer, MD, from Alpine Rescue Team, in Colorado, was elected as Member-At-large. Many thanks go to Jim Frank and John Chang who came to the end of their term limits, having served the MRA admirably. Good job!

The IKAR representatives selected by MRA board members are, Ken Zafran, MD, from the Alaska Mtn. Rescue Group in Anchorage, and alternate, Skeet Glatteer, MD, to the

medical committee. Dale Atkins from Alpine Rescue Team was re-elected as the Avalanche representative and Mark Beverly from Strike Rescue, in New Mexico was elected as the alternate.

The annual meeting allows members of the association to share search methods and technical rescue skills, review medical skills and share experiences with other mountain rescue volunteers. Next year's conference will be a combined MRA and NASAR conference and will be hosted by New Jersey Search and Rescue.

Photos by Doug Wessen and Dean Liao from CAMRA (Central Arizona Mountain Rescue Association), with permission from Roger Yensen.



Suicide Missions: A Conversation, Part II



Climbing a ridge into the clouds. Photo by Adam Perou Hermans.

This is the second 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. Part I can be found in the Spring '13 edition of Meridian, online [here](#).

By Tom Wood, Field Director, Alpine Rescue Team

When I was a dyed-in-the-wool Southern Freewill Baptist child, I had a near-pathological (and almost comical) fear of going to Hell, of coming face to face with Old Lucifer himself.

My brother, on the other hand, seemed to have no such fear of the Devil. No, for him it wasn't a red-skinned guy with a pointy goatee, horns and a pitchfork he feared, but rather his own personal band of demons that were always nipping at his heels.

And on a warm summer's afternoon in 1993 in my sister's front yard in Vienna, Ohio, he dropped his guard and let them in as he pulled a knife from his pocket and, in full view of his family, began to hack away frantically at his forearms.

I mentioned in the first installment of this article in the Spring 2013 issue of *The Meridian* that I had dealt with suicidal pleas for help exactly three times in my personal life and responded poorly, without fail. This was the first episode.

This desperate act was one of many pleas for help that my brother made, but the only one we'd taken notice of. Fortunately, his wounds (at least the physical ones) were not deep, and he recovered fully from those. But even after more than twenty years, I still look back at how I'd ignored all the warning signs that led up to that horrific moment on my sister's front lawn, and wish that I knew then what I know now about the proper way to respond to someone exhibiting suicidal behavior.

I mention this troubling episode from my past because, as mountain rescuers, we do not ply our trade in a void. And God knows that those of us who work in that demanding environment don't walk in as a tabula rasa. We all hike into these searches and rescues and recoveries carrying around a lot of personal history on our backs, in our heads and in our hearts. What we do as mountain rescuers and first responders affects all other parts of our lives, and vice-versa. And for me, something about the suicide recoveries I've performed tug more at old repressed memories and feelings than do the searches or rescues.

The recovery missions for people who complete suicides (for me anyway) are different than the "typical" recoveries we deal with in the backcountry. For it was not simple bad luck, bad weather, an avalanche, a falling rock, a sudden heart attack or a bolt of lightning that stole the breath from this person; it was their own hand that wrenched the unwanted spark of life from their bodies and cast it away.

Given the extended amount of time we spend with our lifeless cargo when we perform body recoveries in general, and suicide recoveries specifically, it should come as no surprise that they can cut such a deep groove into our psyche. For in contrast to other urban EMS agencies that perform recoveries—and whose contact time with their patients can be measured in minutes—as mountain rescuers, it is not unusual for us to spend HOURS with those we bring out of the backcountry.

My goals in writing about suicide are twofold. I want to both encourage mountain rescuers and first responder's to talk about the difficulties they face when dealing with the aftermath of suicide recoveries in the backcountry, and I want to arm the leaders of mountain rescue teams with the knowledge to better respond to their members who exhibit signs that they are struggling with suicidal thoughts. Thoughts that may be the result of a Post-Traumatic Stress Disorder (PTSD) associated with the sometimes tragic work they perform as mountain rescuers.

Now, let's talk about JT.

I never knew John Thomas Fielder when he was alive.

I met him when he wasn't.

All that I know about this young man from Colorado was what I learned the days, weeks and years after my field team discovered his lifeless body atop a snowy, windblown 12,000-foot-tall peak in Clear Creek County on March 21, 2006.

And I want to say right here and now that the only reason I am willing to speak of JT's demise and his subsequent recovery is because of what his father had to say to the world after his only son chose to end his own life.

This grieving father, well-known, best-selling Colorado nature and wildlife photographer, John Fielder, courageously defied convention after his son's suicide. The elder Fielder broke free of the silence that typically clings to suicide like a cold that just can't be shaken. He took action and spoke publicly about a painful topic that most people choose to internalize when faced with its aftermath.

His openness gave me inspiration to both address the role SAR plays in the recovery of those who lose their struggle, and to better deal with my own personal difficulties in understanding those around me who fight this lonely battle against self-extinction.

John Fielder's public response to the loss of his son taught me that just because I dealt with the aftermath of suicide on a depressingly frequent basis as a mountain rescuer, this didn't necessarily prepare me for the times I dealt with that same topic on a more personal level.

But if there's one thing you can say about the work we do here on the front lines of mountain rescue, it's that it often forces us to deal with issues that we'd otherwise try to bury.

Issues like suicide.

I will not go into the reasons why JT took his own life out of respect to his family. Suffice it to say, he had decided to end his life while taking in the beauty of a lonely peak in the very same breathtaking backcountry that his father had captured so many times on film and published in his books.

When we received the first page to respond to a search for JT because he was potentially suicidal, a storm was forecast to dump a fair bit of wind-driven snow onto the already avalanche-prone peaks in the search area.

My field team consisted of Alpine members Todd Holmes, Bryan Osburn, and one of JT's close friends, Chris. On our rescue team, it is highly unusual for a "civilian" to accompany a field team into the backcountry in the face of an impending blizzard through avalanche territory. Especially when searching for someone who might be suicidal. But Chris, by chance, had worked as a counselor for Paul "Woody" Woodward, one of our Mission Leaders who owned a young adult adventure hiking/guiding company. Woody vetted Chris' backcountry experience.

Chris was our best bet to find JT. He seemed certain of JT's location, based on the number of times they had skied this particular area together in the recent past.

Our small search team located his abandoned skis just before 8 p.m., a few hundred feet below the summit of the 12,000-foot-tall peak.

We could not find many footprints in the windblown snow leading away from the skis, but we found enough to deduce that JT had gone directly uphill.

He was heading for the summit.

We followed.

The temperature had dropped dramatically, and we knew that when we crested the exposed ridge, we would be blasted by jet stream-strength winds. The snow had also begun to fall, limiting our visibility to 20 or 30 feet.

**"Don't ask just once if someone needs help.
Keep asking."**

Sally Spencer-Thomas, psychologist

We were now about four long miles up the mountain, and the nearest rescuers were over a mile away, searching another likely area.

Half an hour after finding the skis, we found their owner, lying on his back, covered with a few inches of snow.

He was still wearing his ski goggles. The snow that had landed on his face had not melted. His open mouth was also full of unmelted snow. Though we suspected that his heart must have stopped beating hours earlier, we did our level best to check for signs of life.

Any sign at all.

Were his pupils responsive to light?

No.

Did his breath fog our goggles when we held them in front of his mouth?

No.

Could we detect even a faint heartbeat with the stethoscope we had brought?

No.

Did we get even a faint autonomous reaction when stroking the bottom of his bare foot?

No.

Did the painful stimuli of a hard-knuckled sternal rub elicit any response?

No.

We were praying for any indication that we should initiate CPR. That was when we discovered all the gashes on both wrists, and the frozen blood that had been already covered by the fresh snow that had fallen.

It appeared that JT had completed his suicide several hours before our arrival. Bryan, being Outdoor Emergency Care (OEC) certified, was designated as lead medical. He was tasked with the difficult job of relaying all our efforts to find JT's vitals back to mission base. Our Operations Chief below (also ironically named JT), then conveyed this info via cellphone to our Physician Advisor on call back at St. Anthony's Central in Denver. Since Bryan was not a coroner, a paramedic, or a law enforcement officer, the responsibility for pronouncing JT would ironically rest on the shoulders of our Physician Advisor, a man located 50 miles away.

Given all of the information we presented, the PA felt it was too late to initiate CPR.

Bryan noted the time over the radio and JT was officially pronounced dead.

Moments earlier, we had discovered a blood-soaked note stuffed into JT's pocket. I tasked Chris with delivering JT's hastily scrawled last words to the Sheriff below. JT's father, John Fielder, was now in the Command Post communications van, and we felt that having Chris deliver this note would give him a reason to leave the mountain and perhaps provide some measure of comfort to JT's father.

We felt it might be difficult for Chris to witness the evacuation of his friend. Especially since the only evacuation gear we had with us was Bryan's thin bivy sack.

We decided that Todd, the strongest of our group, should accompany Chris down the mountain while Bryan and I awaited further instructions. After they disappeared into the snowy fog, Bryan and I were left to hunker down against the increasing winds and biting snow.

We could not begin the evacuation until we were given permission by the sheriff's office to move JT's body. So we waited.

And waited.



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We had no way of knowing what was holding up the show down below. We just knew that we wanted to get a move on before the hellishly brutal weather forced us to abandon JT. We did not want to leave him, because this meant that we would need to enter a second operational period at some point after the weather broke and the avalanche danger lessened. That might happen in a day. Or maybe a week.

While we waited for their response, we shut our headlamps off to save precious battery power.

It was not a pleasant feeling to sit on top of a mountain in the middle of the night in a whiteout with a dead man staring at my back. This was one of those rare times when the frenzied pace of a search or rescue ground to a halt. A stolen, quiet moment when the dull roar of life was turned down to zero. A chance to un-shoulder the emotional baggage you carted up the hill with you so you can rifle through it to see if there's anything in there that might help you cope with your present situation.

Bryan, seated on a rock a few feet away, peered silently into the night as well, lost in his own thoughts, probably sorting through his own baggage.

I stared into the snow blowing sideways past me (the orange glow of the large industrial mining complex a couple thousand feet below gave the night an alien-like orange haze), my mind wandering. I blamed the howling wind for the tears leaking from my eyes that were quickly freezing to the side of my face before I could wipe them away.

I couldn't help but recall my own brother's bouts of depression, and his thinly disguised cry for help on my sister's sunny summer lawn so many years earlier. JT was the same age and build as my brother was all those years ago when he mutilated himself in front of us, and this further deepened my identification with the young man who lay in the snow a few feet away.

And as much as I tried to push it out of my head, I could not help but recall my second, and much more recent, bungled response to a loved one's admission that they were struggling with suicidal thoughts. An admission that came from someone whom I considered to be a rock solid pillar of emotional strength.

This second incident took place only four months earlier, and struck much closer to home than in the past. As my wife and I were on our way home from a Christmas party that previous December, my festive mood had instantly turned to rage when, out of the blue, she informed me that she had recently found my loaded pistol on the top shelf of the closet at home, and toyed (though that's not a very good word to describe the situation) with turning it on herself.

I was so awestruck by this statement that I slammed on the brakes and pulled off to the side of the road. I do not recall the self-righteous and indignant things I said, but I'm reasonably certain that not one of my words were the right ones. I had known that my wife was still struggling with some post-partum issues after the birth of our last child, but had no idea that her feelings of sadness or depression ran so deep.

Or why.

My incredulous disbelief was compounded by my own feelings of emotional inadequacy that sprang from my failure to recognize any suicidal warning signs from the woman who was my life partner. The woman who was the mother of my children. The woman who was my friend. (After that night, I don't think we spoke of the incident again until years later when my renewed efforts to finish this piece on suicide brought the whole incident, kicking and screaming, back into the light.)

Returning back to that frozen peak with my brother's lifeless doppelganger lying in the snow beside me, I tried to imagine how JT's father felt right at that moment. Was he blaming himself, too? Was he also angry with his son? With himself?

At that moment, the implications of these thoughts were too deep to plumb. If I continued this dark reverie much longer, I was going to become a liability to the mission at hand. I needed to keep a clear head until we were off the mountain, so I derailed that train of thought and keyed the mike on the radio.

"Mission Base, this is Site Commander. Once AGAIN, any instructions?"

At long last, they gave us the thumbs-up. Bryan and I readied ourselves for the evacuation.

Suicide Risk Factors and Warning Signs

- Talking about death, dying or suicide
- Increased alcohol and/or drug use
- Feeling tapped
- Helplessness
- Anger, chronic anger, irritability
- Violence or aggressive outbursts
- Relationship Problems
- Isolation
- Recklessness
- Mood changes

From the Carson J Spencer Foundation

I offered up the only words that came to mind as an appropriate eulogy for JT in a husky, apologetic whisper.

"I'm so sorry JT."

We zipped JT into Bryan's thin bivy bag, and did our best to get him over the quarter-mile of frozen rocks to the snow a few hundred feet below.

It was hellishly hard work, and not a pleasant thing to recall.

After reaching the snow below, we met up with the other Alpine team members who would be assisting in the evacuation.

After much sweat and about 1,100 feet of elevation drop, we had JT back down to the snow machines. Though it was late and we were all tired from swimming through the three-plus feet of fresh powder, not a single complaint was registered. JT's body was treated with a dignity and care and respect that belied the difficult circumstances surrounding his evacuation.

I was so proud of my Alpine family for their skill, professionalism and humanity that night. But deep in my heart, I felt troubled that I was walking away from this recovery without a better understanding of how to respond to a suicidal person's pleas for help.

Since that cold and difficult night many years ago, I did have one more episode when a very close, very young family member (less than 10 years of age!) spoke to me of suicide. But given the age of the person, at first I mistakenly thought her too young to take seriously. It wasn't until this young person began to explicitly describe to others the way in which she wanted to take their own life that I finally realized that this was not just a way to get some extra attention. Not just some brief, but passing, phase. This little person was suffering. Thankfully, she was able, through therapy and lots of family support, to come to terms with the internal struggles that plagued and frightened her.

I have come to the conclusion that I'd mismanaged my attempts to help my loved ones through their darkest moments because I was talking when I should have been listening. Projecting when I should have been absorbing.

My first response to the whole notion of suicide was also one that sprang from a deep well of anger. It wasn't so much that I was angry with anyone personally for thinking suicidal thoughts or exhibiting suicidal tendencies. It was more that I was angry with myself because I simply did not know what I should do or say in response. This frustrated the living hell out of me. It infuriated me. And my anger was compounded by the fact that I was on a fool's errand- always in search of the perfect response to something for which there WAS no perfect response.

My belief that suicide was an act of selfishness was all wrong, too. I was actually the one exhibiting selfish behavior in response to my family's confessions and demonstrations of suicidal impulses. And as most mental health professionals are quick to point out, suicide is desperate act carried out by a person experiencing intense pain, and they just want that pain to stop. That is a NATURAL response to pain, and not a selfish one. Using the word "selfish" in conjunction with suicide only serves to perpetuate the stigma associated with it.

"A suicidal action that manifests from intense, excruciating, unbearable pain associated with a serious mental illness has nothing to do with selfishness. Period," said Kevin Caruso on the suicide.org website.

As Sally confirmed years after JT's suicide when we talked on the matter, I was mistakenly treating this mental health issue as an "us" and "them" type problem. It should always be a "we" issue when dealing with the mental health issues that 90% of the time preclude suicide, she said.

"About one in five of us will experience the death of a family member to suicide and about 60% will know someone who died by suicide over the course of our lives. We don't appreciate how common the life and death struggle is because of the secrecy that shrouds suicidal behavior."

Often in mountain rescue, we hear the word "hero" bandied about. Sometimes I think we hear it so much that we forget just what it means when someone is truly heroic. But in speaking with Sally



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on the topic, she said that's the word she likes to use for those who survive their darkest moments.

"Most (survivors) have experienced unimaginable psychological pain, and have had to fight their way back to life, usually horribly misunderstood and often completely on their own. Just as we think of cancer survivors as heroes in their fight for life, so I think of those who have conquered the life-threatening mental illnesses they have faced."

I couldn't agree more, and though it might sound maudlin, I just want to say right here and now that I finally recognize the heroic nature of the people in my life who once looked to me for help, and somehow found enough courage to carry on when all I had to offer them was either a deaf ear or displaced anger.

You are MY heroes, and the inspiration for me to do all I can to help my fellow mountain rescuers and first responders avoid the mistakes I've made.

Suicide Information and Resource List:

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Suicide Bereavement Support: www.suicidology.org/suicide_survivors.com

Screen for Depression, Anger, Substance Abuse & Anxiety: www.ManTherapy.org

10 Action Steps for Dealing with the Aftermath of Suicide: www.carsonjspencer.org/ManagersGuidebook.pdf

Workplace Suicide Prevention Resource Directory: www.ActionAllianceForSuicidePrevention.org/taskforce/workplace/cspp.com

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PTSD and Mountain Rescue - "Dealing with your Feelings"

By Skeet Glatterer, MD, FAWM

It is now accepted that post-traumatic stress disorder (PTSD) is a form of anxiety that can result from exposure to any emotionally traumatic event (not just a wartime experience), events that can easily be experienced by mountain rescue personnel. When these events cannot be processed well emotionally, a continuation of the stress may lead to anxiety, to a fear felt during similar future situations, or may resurface long after the situation has passed. When not addressed, emotional issues can lead to serious functional or even tragic behavioral events. Though not always obvious, symptoms can cause personality and cognitive changes from re-experiencing events, attempting to avoid situations causing re-experiencing, and a continued presence of anxiety leading to being tense and on edge. Angry outbursts and difficulty sleeping may be experienced. These issues with anxiety/depression can lead to an inability to function properly (especially in stressful situations) and to being a danger to others when emotional stability is an issue. Many of us are painfully aware of the impact of these PTSD related issues on rescuers.

Outside Magazine published a comprehensive article entitled, "The Man Who Saw Too Much" about PTSD, and its effects specifically on rescuers. Sides, Hampton. "The Man Who Saw Too Much." *Outside Magazine* Jan. 2011: n. pag. *Outside Online*. Web. <http://www.outsideonline.com/outdoor-adventure/outdoor-skills/survival/The-Man-Who-Saw-Too-Much.html>. In the article, Sides quotes three MRA members who describe PTSD as an issue where "the overriding symptom is a patients tendency to re-experience traumatic events with a vividness and clarity that is often indistinguishable from the original event." It relates the story of Mike Ferrara, a Sheriff's Deputy, ski patroller and Mountain Rescue Aspen member, and his journey through the phases of PTSD.

In the Spring 2013 edition of *Meridian*, Tom Wood wrote about the increased incidence of suicide with first responders, professional rescuers and law enforcement officers. Wood quoted Sally Spencer-Thomas, a nationally recognized psychologist specializing in suicide prevention: "First responders are especially vulnerable to the after effects of suicide" and if these issues are not addressed, "they can grow into a disorder." In other studies, 22% of firefighters showed PTSD symptoms, as did 20% of EMS workers.

Over the past 30 years public awareness and understanding of PTSD have increased, however much remains to be done to address prevention, recognition and treatment. This includes the need to remove the stigma of PTSD, by changing the pervasive macho mentality, "Just buck-up and tough it out." This also requires a shift in thinking both by the person affected and their teammates. PTSD cannot be rehabilitated in the same way as a tweaked knee. There are more serious, deep seated and long lasting psychological issues that need professional intervention. The signs of PTSD may be easily overlooked, with tragic consequences. We need to be focused in our efforts to know and look for the signs in our teammates. We also need to be proactive with our efforts to make counseling available. It's not enough to casually make counseling available by offering it in front of a large group (such as a debriefing), rarely will many respond. We should actively pursue our teammates in private to offer help, and not just say it is available. A lot of help may be "available," but may not be taken for many reasons. Critical Incident Stress Debriefings (CISDs) may be helpful, and evidence shows that smaller groups and one-on-one counseling is likely to be more effective. Resources are often available from the County Sheriff's Office, other local groups and groups with military connections. It is important that resource personnel have experience and follow-up capabilities. Treatment may need to be long term and is a combination of psychotherapy ("talk therapy"), behavioral therapy (to desensitize remembering), and medications (mostly with antidepressants).

It's important to look after all of our teammates. We should embrace the motto of the Firefighter Behavioral Health Alliance (FBHA): "Saving those who save others."

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

As always, your suggestions and comments are encouraged – either directly to the author, or via the ListServ to the MedCom.

Skeet Glatterer, MD, FAWM

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Photo Credit: Tom Wood, "Mountain Rescuers often find that the sometimes tragic work they do in the backcountry can result in Post-Traumatic Stress Disorders (PTSDs), that if undiagnosed and untreated, can lead to serious mental health issues."

Search and Recovery on Mt. Hood

*By Mark Morford and Dave Clarke,
of Portland Mountain Rescue*

Photo Credit: Scott Norton, Portland Mountain Rescue

made travel on foot difficult and aerial searching impossible. By midweek, snow conditions became dangerous with wet snow avalanches occurring throughout the area above 9000'. Due to these conditions, mountain rescue search teams concentrated their efforts below 9000', especially on the Reid Glacier, for most of the week. On June 23, one Portland Mountain Rescue (PMR) team climbed the Leuthold Couloir to the neck of Hour Glass, but retreated due to poor visibility and unstable snow conditions; they found no clues. The weather and snow conditions remained poor through Thursday evening June 27 when the clouds finally lifted. On Friday June 28, mountain rescue teams climbed to the Hog's Back on the standard south side route and into the upper Reid Glacier to assess conditions there. They confirmed the prediction that the warming trend made the recent wet snow even more unstable, which kept ground teams off of the upper mountain.

However, when the weather finally broke late Thursday, June 27, visibility improved enough for aerial searching. The Oregon Army Guard flew searchers over the Leuthold Couloir route that evening, but no clues were observed. Late in the week an individual who had climbed the Leuthold Couloir the same day as Dr. Adams reported to the Sheriff that he had observed a single set of crampon tracks and a headlamp veering north off the route toward Yocum Ridge early in the morning on June 22. On this information, aerial searching concentrated on the upper portions of the route, Yocum Ridge and then the Sandy Glacier Headwall. Clear weather on Friday and Saturday allowed thorough aerial searching of the upper mountain utilizing a CH47 Chinook and two Blackhawk helicopters. On Saturday afternoon, a helicopter team spotted a body presumed to be Dr. Adams on the upper Sandy Glacier. The body was located around 8400' in a hazardous area of heavy rock fall and was surrounded by rock debris. The remainder of Saturday was devoted to planning a safe means of recovering the body.

On Sunday, June 30, 10 PMR rescuers and two American Medical Response (AMR) Reach and Treat medics left the Top Spur Trailhead around 3:00 a.m. The teams split at McNeil Shelter, with one team of seven PMR rescuers assigned to ascend the Sandy Glacier to the body. The second team including three PMR rescuers and the two AMR medics climbed Cathedral Ridge to scout the most efficient route off of the glacier.

The glacier team traveled up the middle of the glacier in safe areas free of rock fall while skirting the open crevasses. They established a staging area around 8200' where they assessed the rock fall and other hazards in the chute where the body lay. The rock fall was minimal at that hour so the decision was made to attempt the recovery. A rope team of three rescuers ascended to an area that was level with the elevation of the body and adjacent to the rock filled chute. The remaining four rescuers

June 23, 2013 through June 30, 2013

Kinley Adams, DDS, 59, did not return from a solo Mt. Hood climb on June 22, 2013 when expected by his family. Dr. Adams had intended to climb the Leuthold Couloir, which is a challenging, but popular route up the west side of the mountain. Under the direction of the Clackamas County Sheriff's Office, search teams, including six MRA units, searched the mountain for Dr. Adams from June 23 through June 29. Searchers in a helicopter spotted his body at the top of the Sandy Glacier on June 29. Apparently, Dr. Adams lost his intended route, crossed Yocum Ridge and made his way into a very steep and dangerous area of the Sandy Glacier headwall to the north. There he either fell or was hit by falling rocks or ice. Rescuers recovered his body on June 30.

From the beginning, the search effort was hampered by difficult weather and snow conditions. Beginning on Sunday, June 23, winter storm conditions prevailed on the upper mountain with a snow level around 9000'. Rain soaked the snow at elevations below 9000'.

Visibility was poor and wind and precipitation



Photo credit: Dale Crockatt, Hood River Crag Rats

scanned the slopes above watching for any falling rocks or ice. The team of three set an anchor from which two rescuers dashed into the higher risk area and packaged the body in a Sked. They quickly moved out of the area, penduluming the package from the anchor manned by the third member of that rope team. Once back at the safe area, the full team packaged the body more carefully for the journey down the mountain.

Meanwhile, the Cathedral Ridge team located a saddle on the ridge and found a safe and efficient route from there down the Glisan Glacier to the Timberline Trail. Once the glacier team had lowered the package down and across the Sandy Glacier, the ridge team raised it to the saddle and over the ridge. They then lowered it to the Glisan Glacier on the north side of the ridge. They lowered the package down the glacier to Timberline Trail. There they transferred the package to a large team from Pacific Northwest Search and Rescue. Pacific Northwest Search and Rescue completed the arduous task of carrying the package over five miles of snow-drifted and rocky trail to the trailhead. The PMR teams were out of the field around 4:00 p.m. The package was delivered to the trailhead around 7:00 p.m. that same evening.



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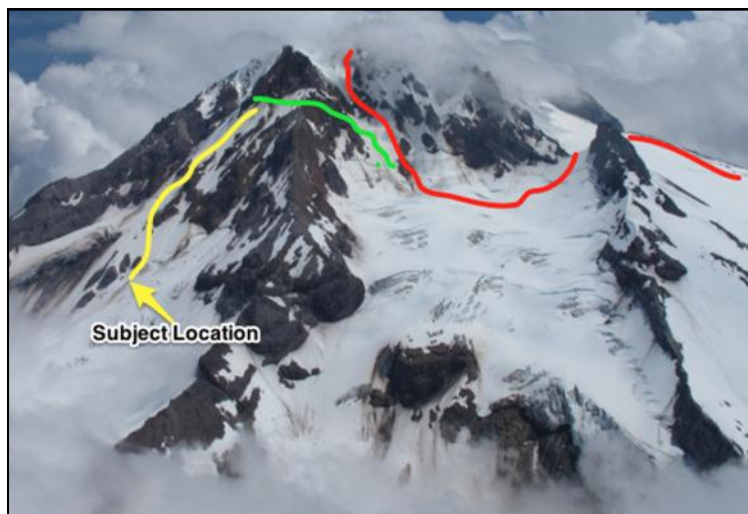


Photo credit: Dale Crockatt, Hood River Crag Rats

Red line = Leuthold Couloir route

Green line = Suspected route taken

Yellow line = subject's fall line

This eight-day search and recovery effort required many hours from committed rescuers and support staff, many of them volunteers. The responding teams and agencies included:

- ◆ Oregon Army National Guard
- ◆ Portland Mountain Rescue
- ◆ Air Force 304th Rescue Squadron
- ◆ Mountain Wave Communications
- ◆ Pacific Northwest Search and Rescue
- ◆ American Medical Response Reach and Treat
- ◆ Hood River Crag Rats
- ◆ National Oceanic and Atmospheric Administration / National Weather Service
- ◆ Corvallis Mountain Rescue
- ◆ Deschutes County Mountain Rescue
- ◆ Eugene Mountain Rescue
- ◆ American Red Cross
- ◆ Estacada Fire Department
- ◆ Clackamas County Chaplain
- ◆ Timberline Lodge (RLK Corp.)
- ◆ Central Washington Mountain Rescue
- ◆ Ski Patrol and Rescue Team from the Seattle area (SPARTA)
- ◆ Hood River County Sheriff's Office
- ◆ Clackamas County Sheriff's Office

Lessons learned

This mission illustrates the difficulty of finding a missing person in the backcountry when they do not have the ability to communicate their location. Dr. Adams was carrying a cell phone, but it was turned off or damaged and could not be pinged to help identify his location. He was not carrying an emergency communication beacon, but the nature of his injuries suggest that he would not have been able to activate such a device once disaster struck him. He did own a DeLorme “inReach” beacon but he left it at home. We did learn that DeLorme engineers can remotely activate and locate an inReach even when it’s turned off.

Searching crevassed terrain in low visibility conditions is very inefficient and thus requires more searchers/teams to raise the POD. Marking each crevasse as it’s searched with wands indicating the time and date searched can avoid duplication of effort.

Ultimately, the weather combined with the rock/icefall and avalanche conditions dictate how much searching can safely be done. MRA members who have climbed in these conditions understand this and can manage the risks. However, communicating hazards and risk management strategies to Search Managers who are not climbers takes an extra effort. Having an MRA Rescuer at the Incident Base as a Technical Specialist or Safety Officer is a plus.

Finally, it’s not really a “lesson learned” because we already knew it, but once again MRA teams came together to safely complete a difficult and hazardous mission. This isn’t a coincidence but rather the result of training; sharing information and techniques; challenging ourselves through the reaccreditation process; and a dedication to help others. These were the ideals of the MRA when it was founded in 1959 at Mt Hood. They still carry the day in 2013.

A note from the editor—

This edition of *Meridian* includes two contributions from MRA members about issues that are important to all of us: Suicide and PTSD. We all know members who have dropped out of SAR after one or more experiences that proved to be the ‘last straw.’ Processing traumatic events is a personal journey, but it doesn’t need to be done alone. I encourage readers to follow the links provided to learn more about how to help yourself, as well as your teammates.

On another matter, I’d like to remind everyone that *Meridian* is your newsletter. Please consider contributing. Any stories, memos, announcements, summaries, letters, or photos will be considered. If you have questions about content, or ideas for articles that you would like to talk about, feel free to contact the editor. You can reach me by email or phone: lolly.clarke@gmail.com, or 503-319-8615.



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."

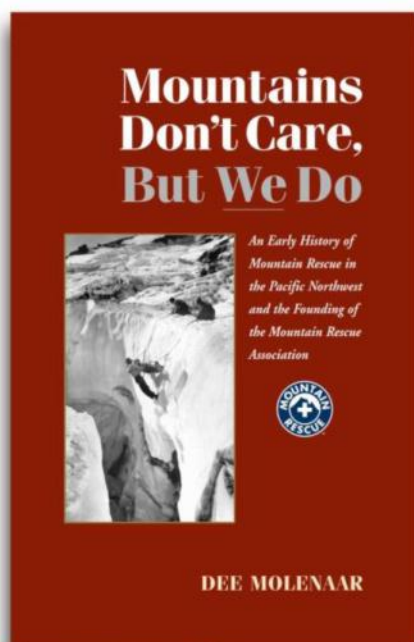
Tom Hornbein

"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



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