

Up on the Roof of Africa

"I appreciate why I come to the mountains: not to conquer them but to immerse myself in their incomprehensible immensity -- so much bigger than us; to better comprehend humility and patience balanced in harmony, with the desire to push hard; to share what the hills offer, and to share it in the long-term with good friends and ultimately with my own sons..."

--Alex Lowe, Sunday, October 3, 1999 from Shishapangma, Chinese Tibet.

"The roof of Africa, one of the seven summits, Kilimanjaro, home of the Lion King!," I heard Dr. Tom Hyde saying to me on the phone.

"What do you think, are you in?"

My mouth dropped and my insides churned. Before my logical brain could assimilate what he had just said, my adventure brain spoke out. "I'm in," I said.

I had already been asked by Dr. Brian Nook to join Tom Hyde as a guest lecturer in South Africa at FICS's International Sports Symposium. The conference was to be held the first week of September. Tom had made arrangements to climb Mt. Kilimanjaro the week following the conference and was looking for doctors to join the adventure.

I had just become a father, so leaving my wife and newborn son was a tough decision. "Trips like this come once in a life time," my wife said. "Go and conquer that mountain."

Being a mountain bike racer the idea of long walks did not appeal to me. I knew I was in for a test both physical and mental, so the training began. Seven sick individual took up the challenge. These individuals would bond and their souls would never be the same. The following is an account of our journey as told through the eyes of those who were there.

The Climbers

- Dr. Tom Hyde, 54, Florida ("Saint Tolerant Tom") -- The perennial leader; humble; ex-marine in Vietnam; outdoorsman; experienced in long haul events; had just biked the Alcan Highway through Alaska and Canada.
- Dr. Ted Forcum, 37, Portland, Oregon ("Patagonia Man") -- elite runner; competitive animal who loves the pain of athletic challenges.

- Dr. Terry Weyman, 34, Westlake Village, California ("Mutant") -- Had climbed up to 16,000' in Mexico and trained in the high altitude surrounding Mammoth Mountain; confident and competitive mountain biker; used to racing in extreme elevations.
- Dr. Bill Jacobs, 26, Vancouver ("Kick Ass Canadian") -- snow skier; trained weekly in the high mountains surrounding Vancouver.
- Davis Brockenshire, 26, Logan student ("Pack Man") -- competitive mountain biker; extensive backcountry and mountain experience; never slowed and carried extra gear for anyone who asked.
- Connie Hayes, 34, Logan student -- 60 gunner and MP in the U.S. Army; served in Desert Storm; competent hiker and backcountry survivor.
- Dr. Rosemary Zimmerman, 42, Anchorage ("Yes Please") -- had been at the highest elevation (18,000' in Nepal); polite toward everyone.
- Michael Nelson, guide, Tanzania ("Fearless Leader") - 80 ascents of Kilimanjaro; climbed to Camp 5 on Mt. Everest (around 25,000%) on the famed Mallory/Irvine expedition; strong climber; patient; experienced.
- Porters: Steve, Case, Walter (Raphael), James, Eric, Wilson and others whose names we do not recall. The porters were the true animals of the expedition, carrying 80 lbs of gear or more on their backs, necks and heads; the unsung heroes of mountain climbing.

Road to Kilimanjaro

All of us had different adventures that led to the day of the big climb; each trained independently for the climb. Bill and I spent several days in South Africa's Drakensberg Mountains training on peaks such as the famed Cathedral Peak (9,865%). We hiked among baboons, antelopes (klipspringers and eland), and witnessed of the most beautiful terrain we have ever seen.

Ted, was still at home getting run over by a motor vehicle while he was competing in a running event. He did not sustain any serious injuries but was rightfully sore and mentally discouraged. He spent some time in London prior to arriving in South Africa and watched the IMAX film "Everest" to get psyched up. By coincidence, he sat in the movie theatre next to an ER doctor who specializes in altitude illness. She had spent a good time herself at base camp in Nepal and gave Ted some great advice for our adventure.

Tom, Rosemary, Davis and Connie had arrived in South Africa the week prior and had gone on to the Drakensberg Mountains for the conference from Durban. Dr. Brian and Dr. Deb Nook had planned a great preconference program for everyone. They spent time visiting Durban, a Zulu village and spent a night at the Tala Game Preserve.

After the conference, presented by FICS and CASA, the seven of us loaded into a small van loaded to the max with baggage and headed north for a four-hour drive to the airport in Johannesburg. Not to be outdone by Ted being hit by a car, I slipped the morning prior to departure on a wet floor and sustained a dislocated left shoulder. This accident could not have happened at a more opportune setting, a conference of some of the best sports physicians in the world.

We boarded a 737 Air Tanzania plane just three days after one of its planes had crashed and killed 10

Americans headed for our destination. Our first glimpse of the famed mountain came from the broken seat of the airplane. What an ominous sight! The mountain seemed to reach to the gods from a thin layer of clouds. I thought to myself that we were in for more than a long hike.

We landed at night with only the perimeter lights along the runway working. When we disembarked the plane, we headed into a dark airport lit only by candles and kerosene lanterns. After waiting in a long line to go through customs, we were informed that we needed visas, which we could purchase for \$50 US. We were the last passengers to clear customs.

The Climb

When we arrived at our destination in Moshi, Tanzania we met with our team and discussed routes with our guide, Michael Nelson. Confident in our expected fitness and experience, we decided on one of the more difficult routes up the mountain, the Machame. We would camp at the Arrow Glacier and then hike to the summit. We bedded down that night in rondavels, rounded huts with thatched roofs. Each hut had three very short beds enclosed in mosquito netting, a necessary precaution, as this area of the world has a high incidence of malaria and yellow fever, among a host of other diseases.

The sounds of nuns wailing woke up most of the team at 4 a.m. At 9 a.m. we loaded up the bus and headed for the Machame trailhead. Along the way we stopped by a small hut so Michael could cut us some meat hanging from a hook. Welcome to third-world and non-FDA standards. The bus continued on the rough yet paved road for about another 20 minutes where we transferred our gear to Land Rovers. From there, we traveled up a steep, muddy and rutted road to Machame gate, where we signed in with the ranger and Mike negotiated with our porters.

The weather was overcast and the trail was extremely muddy. Most of the difficulty climbing was lifting your mud caked shoes. The was warm with a threat of rainfall. The jungle was lush, thick and dark green in color.

But as we gained elevation it began to rain and mist, and by the time we reached camp at 9,140 feet we were all hungry, muddy, cold and wet. It was much colder than any of us expected. Fortunately, two guys from London were willing to share their fire while we waited.

On the sixth of September we left our 9,140 feet campsite and began our seven kilometer ascent to Shira Hut, seated at 12,140' to the east of Kibo Crater/Uhuru Peak. The 3,050 feet elevation gain took about five hours, as we had to walk painfully slow to acclimatize to the elevation.

We spent two days at Shira Hut, letting our bodies get used to the thin air and looking up toward the mountain. The clouds poured in and out of the valley, a sight we will never forget.

At this altitude your body starts changing. You have a harder time staying warm, and a few members of the team began to get their first altitude headaches.

One glorious thing about hiking big mountains is gazing at the night sky. The thin air, elevation, lack of air pollution and city lights make for a spectacular sky.

The following morning we loaded up with the basic essentials (water, food and walkmans) and took off for an acclimatization hike. The view was nothing less than majestic. To the left, just beyond Shira Crater, was Mt. Muru, the second highest peak in Tanzania. To the right was the Shira plateau, and straight ahead was Shira Cathedral and the Needle. We climbed to 13,630 feet, just past the turn-off

for Moyr Hut, where we rested a short time before returning to camp.

On September 8 we ascended to Arrow Glacier, which sits at 16,000 feet. We continued up Shira Plateau Trail to the turn-off for Moyr Hut. Just past that point, most climbers turn off to Barranco Hut on the South Circuit Path, while we continued to ascend to Lava Tower. Here we stopped for lunch and met some other climbers, one of whom had gone to college with Ted. After watching some climbers play a feeble game of frisbee (was it lack of ability or oxygen?), we continued up the steep path to our next camp, Arrow Glacier. We would be here a half day and take off for the summit at midnight. This is where we began to see the effects of the high altitude on the team. Most of the team had headaches.

After stowing our gear in our tents, Tom ("Saint Tolerant") played the role of counselor. After everything calmed down we went on a short hike to calm the nerves, prepare our bodies and minds for the final assault. We ate a hearty meal, prepared our water (we would need at least 4-5 liters), put on every ounce of clothes we had, and bunked down for a four-hour nap. Sleep was hard to come by that night. Was it nerves, the sounds of congested climbers hacking all night, the lack of oxygen, or just the anticipation?

We awoke at 11 p.m. to drink tea, eat biscuits, consume Powerbars and prepare our gear. At midnight we turned on our headlamps and began the ascent. The temperature was around 20 degrees Fahrenheit and we were all ready to get moving and finish what we came to Africa to accomplish. We didn't realize then what an adventure it would be or how much we would learn about each other and ourselves.

The climb started out in a surprising direction: straight up the hillside. Several climbers began to show signs of altitude sickness as we ascended. The mountain is like a mirror and at times reflects inner demons. Each member of the team was put to the test. We all needed the support of our team to successfully complete the climb. Mike, our guide, helped Rosemary and others across a snowfield. Several members of the team began to vomit and had to rest during the climb. Lack of confidence seemed to test several members, along with physical exhaustion in the presence of altitude sickness, necessitating help from other team members. Some had failed to hydrate or eat enough calories, so the cold and physical nature of the steep climb began to take its toll. These factors caused the climb to take much longer than anticipated.

About a quarter of the way up the mountain, another member of the team was having problems. Unknown to us, Connie began to suffer from a cold, and she began to fatigue significantly. Ted lifted and supported her for a couple of hours up the trail. Her legs were shaking and quivering uncontrollably. Ted later said he would have sent her back down had he not heard from Rosemary up ahead that the crater rim was only 10-30 minutes away. Ted, meanwhile, was having bouts of nausea that would last for 15-20 minutes.

Due to the slow pace and unexpected time delays, two thirds of the way up I stopped to change batteries in my head torch. Ted asked if I would watch over Connie. As he moved up, he found himself behind Tom. Tom was also becoming another victim of the mountain. Ted helped push Tom along. Tom got frustrated with the weight of his pack and threw it down. "Hell with it, the mountain can keep it," he concluded. Ted gathered up the camera and two now-frozen water bottles that were still full. Davis grabbed his pack. Davis was now carrying some of Tom's, Connie's and his own stuff.

The batteries died on Ted's head torch, as did all three of his backup mag lights. Tom's flashlight went out soon thereafter. Completely in the dark now, Tom and Ted continued up the hill with Davis,

turning every five steps or so to shine some light for them. By this time Bill and myself had dropped back to assist Connie up the face of the mountain; she too had no light.

Tom was still mentally sharp but physically shot. It was clear that Tom had acute mountain sickness, but to what extent? He wisely chose to descend, just 1,200 feet from Uhuru peak. Knowing Tom's will and determination, this was an exceptionally impressive decision. It was quite obvious that Connie needed to go back down, too. She had very poor equilibrium and motor control. We were afraid for her well-being.

At the crater rim it was cold and windy. After a sip of tea, the five remaining climbers needed to decide to continue or descend. We were all in a state of hypoxia and felt weak from the steep ascent. We looked up and saw Uhuru peak, almost 900 feet nearly vertical above our heads. We put our bodies on autopilot and began to put one foot in front of the other. One slip could be a quick 2,200 feet ride down. Both Connie and Tom related how at this point their will to live was ambivalent. They had transient thoughts of misstepping to put themselves out of misery. "I just kept thinking of my wife, Susan, and that's what got me through," Tom recalled.

But as we got closer to the summit, the five of us felt a new rush of energy. Rosemary, Davis, Bill, Ted and myself followed Michael to the closest point to the sun in Africa. We passed massive glaciers and looked over seas of clouds and surrounding mountaintops that looked like islands. It was one of the most glorious moments of my life. We had all forged through inner demons and weaknesses in our own way and discovered gladiators within. There were high-fives and hugs, pictures and tears. We had made the summit, the highest point on the African continent, on 9-9-99 at 9am. We all had tested our bodies and pushed ourselves to new limits for 15 minutes of summit time. Michael broke the euphoria with a call to begin our long descent to Mweka camp, situated at 10,000 ft. We still had over seven hours to go. The drama was not over.

The initial descent went quickly once we reached the crater rim on Barafu Route. This side of the mountain is much less steep, with no snow, glacier or boulders. Most of the descent before the first break was sandy. Due to an old knee injury, Rosemary chose to slide down most of this upper trail for fear of slipping and damaging her knee. She was in good spirits and since it was a direct route down, we decided to let her go at her own pace. About four miles down we saw Connie lying on the side of the trail with a porter standing over her. We were so happy to see her, but she still didn't look well. Ted and I wrapped our arms around her back and carried her. This was exhausting and after several hundred yards, we traded off with Bill and Davis.

This extra effort gave Ted a raging headache. He found it hard to even keep up with Connie. Michael and the porter then took over assisting Connie down the mountain. At a particular steep and narrow section, the porter dropped his pack and carried Connie piggyback. I had trouble just walking down, and here is a man carrying 130 lbs on his back!

As the trail leveled out, we came upon a 78-year-old man with his son and grandson. We understand he made it to the rim, but obviously he didn't climb the Arrow Glacier Route. About this same time, we heard that one of the gentleman from England we had met and shared a fire with at the end of the first days climb, had died earlier that day. He evidently had not felt well and was advised to descend but refused. We had gone from such a high from reaching the peak to an incredible low upon hearing of his death. Our hearts sank and we felt like we were on an emotional roller coaster.

As we continued our descent, we found Tom lying on a pad at 14,500 feet at Barafu Hut. He was still

not feeling well, but after we stopped for what seemed like an awfully long time, he joined us as we continued to descend along the Mweka Trail and headed for lunch. Tom had obviously recovered at this point because Ted and Bill had to work to keep his pace. Toward the tail end of lunch, Rosemary arrived. Connie was looking much better at this altitude and could now walk on her own. Several of the team members still had very little appetite.

After lunch, we packed up and descended to 9,393 feet and the Mweka Hut. Bill, Davis, Ted and I nearly ran down the trail to get to our last camp. The air felt progressively rich as we descended. Mweka Hut had a shelter that sold Safari Beer, Coca-Cola and water. Bill was the porter's best friend and bought them a round. Another fine meal was served: curry chicken, at least we think it was chicken.

We all fell into our sleeping bags with our minds racing. We awoke the next day and Tom, Ted and Bill took off like rabid dogs and descended with the wind. Tom was ready to get off the mountain. Davis, Connie and I followed at a moderate pace and Rosemary trailed.

With the journey's end, there was much laughter, smiles and a little remorse that our trip was done. All we could think about at the time was a hot meal, a hot shower, a real bed and a massage once we got back to South Africa.

We would later share our most memorable moments and drink beer and laugh at all the events. We learned a great deal about ourselves and about nature. We learned that big mountains are, like the sea, never predictable. Letting your ego get in the way of good judgment can mean death.

We learned to listen to our bodies, trust those around us, and have patience during times of stress. We learned that to admit to weakness does not mean you are a weak person. Most of all, we learned how much we all need to enjoy every minute of every day. Chiropractic blessed all of us and allowed us to be on that mountain and aided us in returning safely. We gave ourselves fully to the mountain and it in return gave us so many gifts that will last a lifetime.

(Contributions by: Tom Hyde,DC; Ted Forcum,DC; Bill Jacobs,DC; Davis Brockenshire; Connie Hayes; and Rosemary Palmer-Zimmerman DC.)

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