

Lost, stranded, injured and sick on the PCT



Oct. 1, Cuthroat Pass, northern Washington: A group of PCT hikers slowly pushed their way through deep snow, only to turn around and go back to Rainy Pass. "The beauty we saw in those few miles was breathtaking," photographer Robin Grapa said.

By **Jack Haskel**, PCTA Trail Information Specialist

The person on the other end of the phone is lost. The person on the other end is angry. Worried sick. Frightened. Concerned. Frustrated.

They're all different people. It's May, and I'm hearing of incidents about once a week. It's June, and blogs are mentioning seriously sick hikers, injured hikers and near misses. It's September, and there's calamity in the Sierra and the North Cascades.

I'm starting to see patterns. I think about it when I should be asleep and on the weekends. I talk it over with search and rescue, rangers, concerned community members, wilderness professionals and my fellow staff. Really, I talk about it with anyone who's interested.

Athletic injuries from strains to sprains are the most common form of outdoor injury. It's unsurprising that they're even more common among endurance hikers on the PCT.

Unfortunately, with limited resources, we have no tracking system for injuries and illnesses on the PCT. The Pacific Crest Trail Association is not a search and rescue organization and shouldn't be considered one. We're focused on making, protecting and improving the trail. We get involved in individual hiker experiences in very

limited ways. I'm in our Sacramento office on the other end of the telephone, and I'll help if I can.

But this story isn't about strains and sprains. It's about the more serious and troubling incidents that probably are avoidable, yet pose significant threats to life.

In some ways, this story is about place: the southern stretch where hikers succumb to heat and dehydration, the Sierra where they fall on snow and slip in flooding creeks, northern Washington where waves of hikers are unprepared for diving temperatures and immense amounts of rain and snow. This story is about preparedness and personal responsibility. It's different from the story that I'd write about the random accidents, illnesses and injuries that are guaranteed when people play outside.

I met **Chris "Kelso" Curtiss** at the southern terminus in late April 2013. I took his photo and wished him a wonderful summer. By that night he was disoriented, and then in the hospital, vomiting for 10 hours and tearing holes in his stomach. He told me his story on the sidewalk near the Cascade Locks, Ore., post office many months later, and we spoke recently by phone.



During his six years in the Army, they drummed the same tune: “It was always dehydration, dehydration, dehydration.” But that first day on the PCT, he didn’t feel hungry, so he’d eaten only a Snickers bar while covering 20 miles. He drank four or five liters of water.

Hyponatremia, water sickness, had beset him. For the rest of the hike he was hyper-focused on eating regularly, and he advises hikers to increase their salt intake. There are “always people pushing you to drink more.”

I hear multiple similar stories. A number of people found themselves in trouble in the early weeks of the thru-hiking season. Before the middle of April, at least two men suffering heat exhaustion, dehydration or water sickness were rescued south of Hauser Canyon. In addition to the rescues, one young man died on the trail during

Kickoff weekend. As of this writing, it’s unclear what caused this sad turn of events.

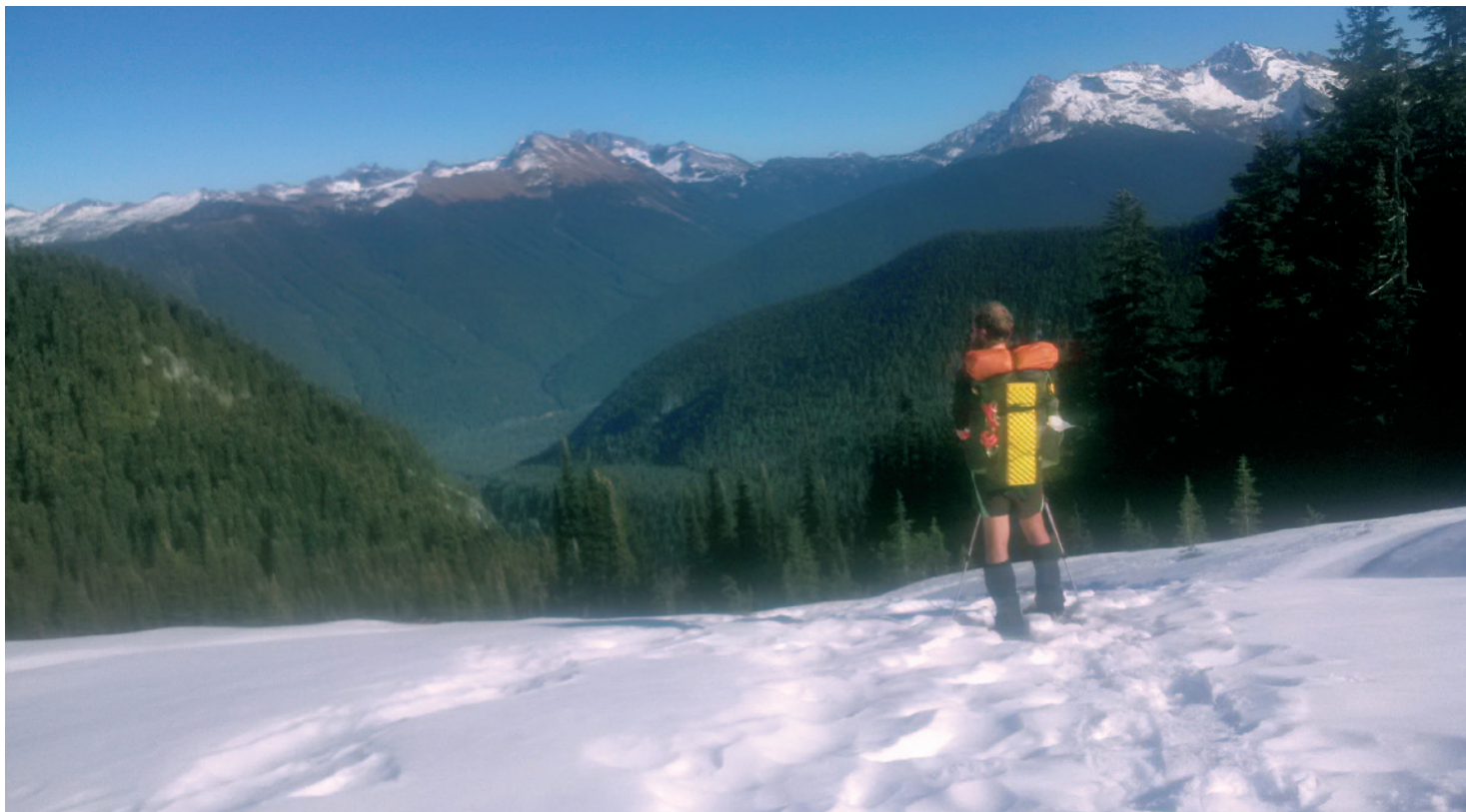
What is clear is that the PCT is a wilderness experience, and that means intrinsic risk. The conditions – both hot and cold – can be as harsh as any place in the country. Without paving the trail, holding everyone’s hands and building water stops and shelters, how can trail users manage risk themselves?

Wilderness programs are a great resource for injury and illness statistics. **Drew Leemon, National Outdoor Leadership School’s** director of wilderness risk management, published a report detailing the statistics behind accidents, near misses and illnesses for various wilderness sports. (A link to the report can be found at the bottom of this article.) Strains and sprains should be noted. The data also point to vomiting and diarrhea as problems. Take a close look at the primary contributing factors (falls and slips, carelessness).

There certainly are more people on the PCT than there used to be. Does that mean there are more people getting into trouble? More being rescued? Does the increase in popularity mean that more people are unprepared for the survival challenges?

My gut says yes – but we really don’t know. No one has studied these questions. And it’s beyond our current capacity at PCTA to invest in such studies. What we can do as an association and a community is provide good information to prospective trail users to help them prepare and stay safe.

Check out the PCTA website’s “Discover the Trail” pages. Hikers who do even a moderate amount of research know that there are long waterless stretches on the trail and that it can be hot. Our community talks frequently about the need to hydrate and stay cool. Some of us rally to plant water in every possible place it could be needed. Should we assume it always will be there?



Well-prepared hikers know the differences between heat exhaustion and heat stroke, and the signs, symptoms, treatment and evacuation protocols for each. And hyponatremia? How many PCT hikers realize how critical it is to know the treatment differences between that and heat illnesses?

I feel my anxiety level rising when the thru-hikers enter a snowy Sierra. Luckily, our current drought years have reduced the numbers of snow- and water-related accidents in the range. There are too many close calls while fording creeks, and most people have little conception of proper stream crossing techniques. There are too many falls on the passes (from the chute on Forester Pass to the south side of Mather to the descent to Sonora). We receive numerous requests from prospective thru-hikers seeking recommendations about adequate snow travel gear. But shouldn't people planning on snow travel already know something about the necessary gear and how to use it?

What can be done?

We can all provide better advice. Just because we've hiked with wonderful weather in October, crossed a pass without an ice ax or carried only a liter of water for a 10-mile stretch doesn't make it a good idea to tell others to do it. Their circumstances will surely be different.

Inexperience and unpreparedness are risky, exponentially so when combined. Advising people broadly to travel on spring snow, to forego snow safety equipment and training, to hike in October, that water caches will be there, to drink more, to hike without a shelter or foul weather gear – are all common in our long-distance community.

When someone asks for an answer, instead of providing one, start asking questions. What are the specific conditions that you'll face? What's your risk tolerance, your fitness, experience and equipment?

If we're going to offer advice, it should be to build personal experience and receive in-person training from experienced wilderness travelers. Reading a blog post or a Facebook comment isn't an adequate substitution. The PCT is a wilderness trail, and the risks are real.

Andrea Dinsmore is a trail angel whose license plate reads "PCT Mom." She says she runs around duct taping torn rain gear

of soaking hikers and drying sleeping bags. She and her husband, **Jerry**, host hundreds of hikers each year near Stevens Pass in northern Washington. Along with the Snohomish County Volunteer Search and Rescue Helicopter Rescue Team and local rangers, they're on the front lines of dealing with unprepared PCT hikers up north.

The first big snow dump usually hits at the end of September or early October, Andrea says. Last year it snowed four to six feet starting Sept. 24, causing problems for hikers who didn't have proper gear, experience and knowledge. Searches were organized for "**Taka**" and "**Rocket Llama.**" The year before, "**I'm Fine**" could have died after spending 19 days in the snow on a stretch that normally takes five days to traverse.

For Andrea, the message is clear: "Quit dinking around and partying. Get to northern Washington by mid-September at the latest." Don't go alone, and if you do, carry a personal locator beacon. Get warmer clothes and a warmer sleeping bag for this area. And "most importantly, get on the computer, go to the NOAA (weather.gov) site and check the forecast."

"They still think that they're down in Southern California, and even when you tell them, they don't believe you," Andrea said.

A long list of do's and don'ts could be listed for every stretch of the trail. Everyone should be encouraged to build their own experience, and to take classes and learn from experts in wilderness first aid, snow safety and desert travel.

Be safe out there. 🐦

To see the NOLS report on incident data from 1998 to 2007, go to www.aee.org/files/en/user/cms/WRMC_poster_2008_final.pdf

Previous page, top: A PCT hiker who suffered a seizure caused by a bee sting was airlifted near Deep Creek in Southern California on April 28. Photo by Lon Cooper.

Previous page, bottom: Firm snow can linger well into summer on the northern reaches of the PCT. Hikers should wait for the snow to melt unless they have the skills and tools needed for crossing steep and dangerous snow-covered slopes, where the risk of a fall can be significant.



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