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Donald Kollisch

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Off the Mountain

Strangers build community around a hiker's sudden collapse

Donald Kollisch



ONE DAY ABOUT EIGHTEEN YEARS AGO, I WAS CHECKING MY EMAIL AT Dartmouth-Hitchcock Medical Center, where I was working as a family doctor. A new doctor had sent a note. He'd heard we shared some clinical and research interests, and we decided to have lunch. It started off with pleasantries. I asked about his hobbies and was interested to learn that he climbed mountains. "Yes, I live in Cambridge," he said, "but have hiked quite a bit in the White Mountains."

"Oh," I asked, "what trails do you like?" Small talk. "Well," he said, "mostly the Presidentials. A few years ago, we were close to the summit of Madison when we came upon a hiker who had died and was getting CPR."

I felt my breath catch, and he scanned my face. "Was that you?" he asked. "I thought you looked familiar, but I didn't immediately put it together. My buddy and I are the ones who made the stretcher."

My eyes watered up. I realized that this doctor was going to be a wonderful and loving new colleague.

IT HAD BEEN A CLEAR AND CRISP MORNING ON HALLOWEEN, FOUR YEARS earlier. My hiking partner, Doug Thompson, and I shed layers of clothing as we ascended the Air Line Trail up Mount Madison in the White Mountains of New Hampshire. Doug led, as he always did. At 66 he was 17 years older than I. He was retired. I was his doctor. But Doug was a much more experienced hiker. When I led, I would hike too fast, run out of steam, and need frequent rests. He would set a pace that would let me put one foot in front of the other, over and over again.

The trail was exposed with a light cool breeze. We climbed up the exciting—but not frightening—ridge with beautiful views in all directions. We could catch glimpses of Mount Madison rising to the southeast and Mount Adams to the south. It was late enough in the fall that the summer hiking crowds were gone, and we had the trail to ourselves. We reached Madison Spring Hut, now closed for the season, before noon. We shed our packs and strolled over to Star Lake, a quarter of a mile away, in the saddle between Madison and Adams. Star is a shallow alpine pond, a little-known gem. Although the alpine flowers had come and gone for the season, the moss and ground cover were lovely. My whole body felt grateful for the level ground and getting the weight off of my shoulders as we rested and snacked.

Mount Madison's bare, rocky summit cone, where Doug Thompson died. The Appalachian Mountain Club's Madison Spring Hut stands below. DARRYL GAGNE

We left our packs at the hut and began the slow climb up the final half-mile to the summit of Mount Madison. The trail above treeline wound between large rocks and larger rocks; after we got a few hundred yards from the hut, there was little vegetation on the summit cone. The perpetual wind and winter's cold for seven months each year had left it barren and rugged.

We hiked slowly; I noticed that Doug's pace was even slower than I needed it to be. Two younger men passed us. Halfway up, Doug—ten feet in front of me—suddenly fell forward onto a rock, his trunk taking most of his weight. There was no outcry, no stumble, no warning. I ran up to him, turned him onto his back, trying to find space between the rocks, and felt for signs of life. There were none. He was not bleeding. I felt no heart impulse, no breath, no carotid pulse, no radial pulse.

The body I briefly examined appeared as dead as any of the hundreds I've seen and tended before. Switching automatically from friend to doctor, I began chest compressions and suppressed my panic. It was hard to position his body for one-rescuer cardiopulmonary resuscitation. I had to climb over a protruding rock when I switched from chest compressions to put my lips on his so that I could blow air into his lungs. One of the hikers who had passed us heard me shout and left to climb the remaining quarter-mile to the summit to get a cell phone signal. His partner helped me rearrange Doug's body to a more functional position. Two more hikers appeared, though I didn't see them approach. The woman of the pair told me that she had been trained in CPR; I offered her the chest compression position and continued to give mouth-to-mouth to Doug. This is the most disturbing part of CPR. When stomach contents are regurgitated from all of the mechanical pushing and releasing, it can be disgusting. I turned his head to the side for the vomit to drain out of his mouth before I wiped his mouth with my shirt and returned to blowing air in.

Between rescue breaths I introduced myself to my new partner in this intimate and intense effort. She responded, "I am Samantha—Sam. From Portland. A pharmaceutical rep. I took CPR training at the hospital."

"Doug," I told her as she did compressions, "is a great guy. He loves life and loves hiking. He has a wife and two kids, and he loves the mountains." Doug had taken early retirement from a management job with Ford so he could hike, weave, bake, and spend time with his wife and two grown children. "That's wonderful," she said. "The mountains are the best place to be. And a place where friendship is intense." She told me about her own devotion to hiking and health. "Doug sounds like a wonderful man!" She pushed on his chest with renewed vigor. After ten minutes a few more people had

gathered. This was midday near the summit of a major mountain on a gorgeous day. This was where people converge, even in the off-season. Some offered to spell us, but Sam and I declined. I knew that fifteen minutes without any sign of life was enough. We didn't have a defibrillator, the only thing that might have brought him back. He was dead. "I think that is enough. I don't think that continuing is going to bring him back," I said. Sam was crying and didn't want to give up yet. "Well," I said, "let's keep on trying for another ten minutes. If a rescue helicopter can bring a defibrillator, maybe we can see a miracle." Sam smiled; I counted her chest compressions and gave two breaths every 30 seconds. A crowd had gathered around us. At some point, the fast hiker with the cell phone came back and announced that he had connected with the 911 system in Maine. A helicopter from the relatively new air ambulance service was on its way.

The wind was picking up and blowing in gray clouds; a sunny and unseasonably warm midday was quickly changing into a cool and threatening afternoon. I was ready to give up again. Sam was chilled and tiring, and someone took over so that she could put a pair of wind pants over her shorts. When she came back, I looked at her and shook my head. She met my eyes, nodded once, put her hand on my shoulder.

I looked at my watch. "Time of death 1:55 P.M." At least 25 people stood on the rocks around us; one man came over and touched Doug's arm and mine in sympathy. There were murmurings about our "valiant effort." Someone said, "You did everything." A few people quietly left. I was exhausted and sat next to Doug. Sam sat next to me holding Doug's arm. No one spoke for a minute or two. The man who had called for help was quietly crying. Then someone said that the Dartmouth-Hitchcock Advanced Response Team chopper would be there soon, and could, perhaps, take Doug's body. People began to add clothing against the growing chill and wind. When the helicopter arrived, it hovered, wavering as it worked to maintain position against the gusts. Through hand signals some of our group indicated that Doug had died; the copilot signaled that they couldn't help, and the chopper left. It was after 3 P.M., the weather was worsening, and we were alone near the summit of Mount Madison with my friend's body.

"What now, Don?" a stocky hiker asked. I was Doug's partner and friend. And I was a doctor. They assumed that I was in charge, and they wanted direction. But performing CPR had been an automatic act. Our next actions required thinking and analysis. I couldn't do it. I had nothing left. Sam put her hand on my arm and raised her eyebrows.



Doug Thompson had retired early to enjoy his family, creative pursuits, and mountains. MICHAEL LANZA

“I’m sorry,” I said. “I was in charge before, but not anymore.”

Someone—I don’t know who—said, “We all need to work together. We can do this.” People looked to each other, making eye contact with friends and strangers. Then another person said, “We can get him off of the mountain down to the hut.” Nods. “We should get him off of the mountain before dark.”

Someone said he’d make a stretcher of poles and jackets. Another said that we’d need twenty people to carry a body. Someone else counted up and said that we had more than that gathered around Doug. Four people said that

they couldn't help because they had to head back over the summit in the other direction, to take the Howker Ridge Trail to the eastern trailhead. Some others said that they had tight schedules and needed to head right down. I lost track of the numbers and couldn't focus.

The fifteen of us remaining began to assemble a stretcher. The others spoke with low voices as they tried various combinations of poles, jackets, and tarps. People looked through their packs for gear that might help. "Doug is a big man," the tall, thin fellow said; this was Charlie, who would become my colleague four years later. It was wonderful that to these gallant people, this body was still Doug. These people cared for him, had bonded with him during the resuscitation. Almost all of them were in their 30s and 40s, a few more men than women.

Charlie pulled his jacket over his hiking poles to get the stretcher started. Three or four others substituted stronger poles and added their clothing until the stretcher was sturdy. Other hikers wrapped Doug's body in a space blanket and devised a support for his neck. There were no raised voices, no shouting, despite the wind and the separation of people over the rugged terrain. The group completed the preparations within ten minutes. Four people took the first shift of carrying the stretcher. The others redistributed excess gear. The caravan started down the trail. Doug's stretcher went feet first, with three or four people in advance, reaching back to guide the leading bearers around tight turns and steep drop-offs. Another three or four flanked the bearers on each side, so they could reach in and help support the load as a primary bearer had to lean out or let go to find secure footing. Our pace was slow, sometimes only fifteen feet each minute over the rocky terrain. In steep sections an additional person would stabilize Doug's head. Every few minutes one of the bearers would quietly say "switch" and four new people would come in to take their turn. Sometimes Doug's body lurched and slipped, and someone tightened the straps.

I followed behind the reserve bearers. Someone was always near me, to support me when I stumbled. I stumbled a lot.

It took a full hour to carry Doug's stretcher the quarter-mile to the clearing of Madison Spring Hut. Daylight saving time had ended that very day, so sunset was now to occur at 4:50 P.M. The caravan got to the hut at 4:15. The county sheriff's helicopter arrived at the hut shortly after we did, but the wind had picked up and the pilot couldn't land. After a number of small conferences, someone recommended we leave Doug's body tucked under the hut for a rescue team to retrieve the next day. The group wanted my approval

for the plan. “Of course.” They transferred Doug’s body, still wrapped in the blanket, to two large boards that rested under the hut, adjacent to a propane tank. Then, wordlessly, all of us stood for a minute, looking at this resting spot. I hoped that no wild animals would disturb his body through the night.

We then all put on our headlamps against the rising darkness, and at 5:15 P.M. headed down Valley Way. Sam and her hiking partner—I never heard his name nor can I remember his face—took off first; they had a long drive back to Maine. I hiked with Charlie’s group of eight. They were staying at a cabin owned by Dartmouth College, located near the Appalachia trailhead. I quickly realized that my headlamp wasn’t working; I had forgotten the batteries. So, two of the group walked behind me, their beams providing enough light for me as well as them. Valley Way is not a difficult trail and goes only 3.8 miles, but it was the hardest hike of my life. My legs were rubber, but my minders caught me when I stumbled. All I wanted to do was step off the trail, fall asleep, and never wake up. I was replaying all the events of the day second by second: the hike up the Air Line Trail, peeling off our shirts in the sun, our walk over to Star Lake, the first steps up the Osgood Trail from the hut to the summit.

Analyzing as I walked, I decided that Doug must have had a heart attack sometime before his collapse, and an arrhythmia followed, minutes or hours later. Probably ventricular tachycardia. When did he have the heart attack? Why didn’t he say anything? Was it when he was hiking so slowly? Why didn’t I know it was happening? My eyes kept on closing, and at least twice I fell asleep while walking, and jerked awake without falling. I was crying. I couldn’t face being alive and having to tell Doug’s wife, Cynthia, about his death. I tried to figure out what to do when I got to the bottom; I had no idea what to do.

When we got to the bottom, to the trailhead, it was after 8 P.M. and dark. My companions insisted that I go with them to the cabin to have some food and tea. This was kind-hearted and rational, but I said no. Each one hugged me and said Doug had died doing what he loved most, that it would all be all right. And I sent them away.

Sitting in the cab of my pickup truck, I turned on my cell phone, which miraculously had coverage. I called home. “Hi. Let me speak with Mom.” I realized my daughter Anya could tell that something terrible had happened. She kept calm. “Mom’s at the hospital.” My wife, Pat, also a family doctor, was with a woman in labor.

“What happened?” Pat asked when I reached her. “I’m OK,” I said. “But Doug has died. He probably had a heart attack. Close to the summit. It has taken all this time to bring his body to the Madison Spring Hut and then hike down.” She sucked in her breath. “You are OK? But Doug is dead?”

“Yes; his body is still up on the mountain.” Pat is the most competent person I know, and could handle the next, terrifying, task. I told her I was driving home. I asked if she could find someone to manage the delivery so that she could go to Cynthia to tell her what had happened. “Of course,” Pat said. She said she was worried about me. “Drive carefully.”

Before I left, I stopped at the cabin of my new friends, my support team. They gave me a sandwich and some hot tea and offered to drive me home. I declined, wanting the time alone, to think, to remember. Within the first ten minutes on the road, I surprised myself by having an appetite. I didn’t listen to music in the car; I was thinking about Doug. He and I had had many talks as we hiked, talking about life and death, choice and fate. He had once told me that if he could choose, he would die in the mountains. Did he know he was dying today, and did he keep on hiking so that his end would be as close to the highest peak he could manage? How could I have let Doug die?

I made it safely home. The rest of the evening and the next few days were a blur. I met with Cynthia that evening and again with their son, David, and daughter, Jennifer, the next day. David was a hiker, and he interrupted me a few times to ask me to describe his father on the trail. I told them about hiking the Air Line Trail, and how exhilarating it was to be alone on the mountain with the peak rising ahead, and to take off our long-sleeve shirts to feel the late autumn sun on our pale arms. I lingered on that part of the story because Doug at that time was so vital, so alive. After I told them about our Star Lake detour and lunch at the hut, I paused. “This is the hard part; this is when he died.” And it was. Cynthia and Jennifer began to cry. Doug died all over again in my mind and my arms. In relating the story, I did not tell them of the vomit, but I could taste it in my mouth. I took a sip of my tea. I took my time telling them about the crowd of remarkable people who had helped, without a leader: Doug’s team. David began to cry. Pat and I hugged them all when we left.

I learned that combined search-and-rescue teams had worked together the next day recovering Doug’s body from under the hut. They strapped it tightly into the stretcher and carried it with teams of six, rotating every 100 to 200 yards. The extraction took more than four hours and they got to the trailhead before nightfall. A hearse from the Bryant Funeral Home in Berlin

took Doug's body to their building for the night. The rescuers, I was told, thought that it was a routine carryout, maybe easier than usual.

There was no immediate memorial ceremony being planned, but I did visit with Cynthia and her children again. They had more questions now. "What did he say when you stopped for lunch?" "Was he smiling, happy, at Star Lake?" "Did rigor mortis start?" "Do you have his hiking watch?" They wanted to know if Doug had suffered. They marveled, with me, that the other hikers had organized so well to bring him down.

In the next week, my routines at home and work were a welcome distraction from my obsessive thoughts. Eat breakfast, prepare lunch for Anya, see patients, write a grant report. But there was always a tension inside, both guilt at having let him die, and gratitude for the help on the mountain. I marveled at how the hikers organized without an identified leader.

As the weeks passed, I would have days with only fleeting thoughts of Doug and the mountain. Cynthia gave me Doug's orange anorak, and I began to wear it on all hikes; bringing him with me to other mountains was part of both remembering him and of not blaming the mountain for his death. My nurse friend Susan connected me with a group of winter hikers from the hospital who climb up Mount Moosilauke, in the southwestern end of the White Mountains, every New Year's Day. I met them on the first day of 2000.

It was cold and clear, and on the long traverse of the gentle shoulder of Moosilauke they let me talk about Doug and Mount Madison. The steep final ascent to the icy summit cone required us to use microspikes to be secure. At the top, my new partners, not I, said, "This hike is in memory of Doug."

Cynthia and their son organized a memorial service the following June. The state of New Hampshire gave permission for a gathering at the top of Mount Washington. Most of the people who attended drove up on the Mount Washington Auto Road. I joined David and a few others—including Rob Williams, the hiker who had called 911 on Madison and who had written a lovely tribute to Doug online—to hike up the Tuckerman Ravine and Lion Head Trails. When we met at the trailhead in Pinkham Notch, David showed me the cardboard box containing Doug's ashes in a clear plastic bag. The ashes were gray, white, and brown particles, some larger than others, surprisingly heavy—at least five pounds—and David agreed to let me carry them on the first part of the ascent, on the Tuckerman Ravine Trail. When the Lion Head Trail took off steeply to the right, he said, "Now it's my turn," and took the box back. I was tired and ready. I wanted the experience to be comforting, but it was a depressing and difficult hike, reminding me of walking down

Madison with the hikers who had so masterfully helped on the summit. Our families were waiting for us at the Mount Washington summit, an incongruous set of buildings, including a cafeteria and gift shop. The mood was somber. A few of us said a few words. Then Doug's daughter Jen threw the ashes into the wind, but the swirling 20 MPH currents whipped some of it back into our faces. I was exhausted and accepted a ride to the bottom.

I still think about that day on occasion. Mostly, I think about the people on the mountain. In medicine, we talk about leadership. But on that mountain, I was paralyzed, incapable of leadership. Instead, those wonderful people were compassionate and performed a difficult and complex task. I was surrounded, nurtured, and supported by a community. Sam, Charlie, Rob, the others. And then, when I came down, Pat, Cynthia, and my new hiking friends. And then—amazingly—Charlie again, four years later. At each step, someone else helped, and made the process whole.

I've heard that during disasters self-interest takes over and everyone looks after just themselves and their immediate families. Another common story about emergencies is that people only coalesce and collaborate when there is a strong leader. But the hikers on Mount Madison when my friend died behaved selflessly and collaboratively. Without a defined leader, and without conflict, they worked together to take care of Doug and of me. Rebecca Solnit describes this phenomenon in her 2009 book *A Paradise Built in Hell: The Extraordinary Communities That Arise in Disaster* (Penguin). We are not a selfish species, as survivalists would have us believe; we are caring, cooperative, and compassionate.

Doug is still with me. A picture of him is on the mantelpiece of our living room; he is hiking across a snowfield, leaning on his ice axe. I still wear his anorak whenever I hike. At each summit I picture him, smiling and sweating. And every New Year's Day, when I hike up Mount Moosilauke, I open a small bottle of champagne at the saddle to toast hikers we have lost.

DONALD KOLLISCH is a family physician who lives in Hanover, New Hampshire.

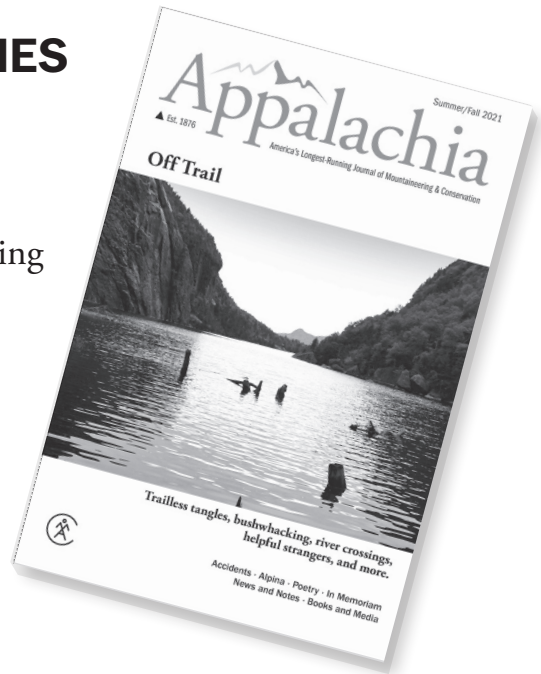
For further reading: Michael Lanza wrote about Doug's death here: <https://thebigoutside.com/two-letters-three-fathers-and-a-reminder-of-whats-really-important/>.

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