



With a picture of my daughter Fiona on the summit of K2 17 July 1995. After this photo was taken I was alone on the summit filming and trying to appreciate the achievement. I spent too long up there, nearly an hour, before I solo climbed back down to the Shoulder.

If the weather broke, I knew I would almost certainly be trapped and die, as had happened to those unfortunate souls in 1986. Somehow I felt the weather would hold fair until morning and decided to wait rather than push on. I had a hunch that all was going to be okay and that I would make it safely down. But no ascent is complete, and no success can be tallied until you have safely returned to Base Camp. Alertness and concentration on the descent are essential for survival.

I met Alison and Rob at about 6000m. They congratulated me but then Alison burst into tears from the sheer frustration of missing her chance. The summit was now engulfed in a massive lenticular cloud. The clear weather window had slammed shut.

I could have hung around Base Camp, where other climbers waited and hoped for another good spell of weather, but for me K2 was done. I had spent nearly 11 months over three years tangling and tussling with the turbulent peak and was ready for home. Unusually, the monsoon had pushed up into northern Pakistan and K2 was being battered by storms. Even my trek out was eventful with landslides, mudflows, rock falls, blocked roads and washed away bridges in what was the worst monsoon since the founding of the state of Pakistan.

A week or so after returning to Britain from K2, the news broke that Alison and Rob were among the climbers who had perished in a brutal storm high on K2. Only five climbed K2 that year; eight died there. It truly is the Savage Mountain.

## THE DEATH ZONE

The region above 8000m (realistically above 7500m) is the most inhospitable on the planet. It is impossible for human beings to survive there for more than a few days at the most, no matter how well-acclimatised they are. Life expectancy can be measured in hours. The oxygen-depleted air is too thin, the atmospheric pressure too low. It is known as the death zone.

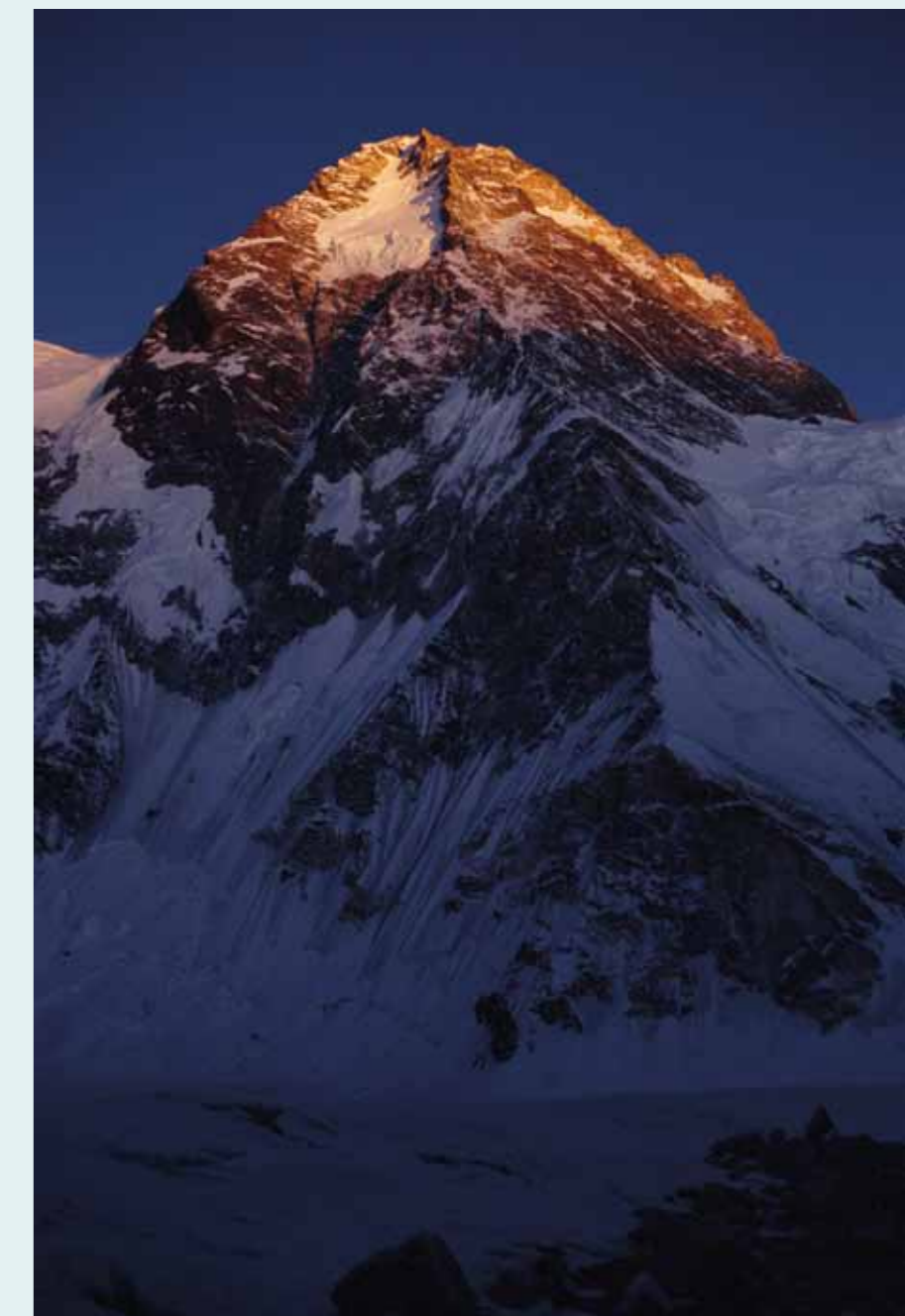
Being at extreme altitude is unpleasant and dangerous, and an ability to overcome suffering and tolerate hardship is essential. Symptoms of mountain sickness – a bodily malaise, nausea, headaches, shortness of breath or gasping and a rapid pulse rate – can be felt at much lower altitudes and care needs to be taken even well below 8000m. Acute mountain sickness (AMS) can rapidly develop into either high altitude pulmonary oedema (HAPE) or high altitude cerebral oedema (HACE), both of which are killers.

The environment within the death zone is extremely hostile and harsh. All the water

you need for survival is locked in snow and ice and requires great effort to melt. The sub-zero temperatures increase the risk of frostbite, exacerbated by dehydration from inhaling dry, cold air as you breathe. Levels of ultra violet light are high so areas of exposed skin – even the inside of your mouth, your tongue and your gums as you gasp in the rarefied atmosphere – are at risk of burning.

There is very little anyone can do to help or rescue someone from within the death zone. It is my belief that you would stand more chance of being rescued if you were on the Moon, or orbiting Earth aboard the International Space Station; at least the technology exists to enable something to be done. The death zone, however, is too high for helicopters, for which the landing and operating ceiling is around 6500m, and there are no mountain rescue teams. Even if there were, it would take them a couple of weeks to acclimatise.

In the death zone, you are on your own.



K2 north side sunset. 'The Savage Mountain'. Five months away from home, but I turned back high on the snowfield at the top because of the high avalanche risk.