Conquering Kilimanjaro

*Six days, five nights of pain and suffering…*

*followed by exhilaration, pride…and more pain*

# By Gary Witzenburg

The 11 pm wake-up jolted me from four-hours of labored breathing, fitful naps and sheer dread of the night and day to come. Our group was to trundle off at midnight, crest the 19,000-ft. Kibo volcanic crater by sunrise, hike two more hours around it to the 19,341-ft. Uhuru summit, then descend four hours down the mountain to camp. It was about to be the longest, hardest, most mentally and physically taxing day-and-half of my six-decade life.

Africa's tallest mountain, Kilimanjaro is topped by three volcanic cones in northern Tanzania, of which Kibo is the highest. At that time, some 35,000 people attempted to climb it each year, less than half made it to the top, and three to seven died trying. Spreading the climb over more days gives bodies more time to acclimate to the altitude, and the success rate for our six-day, five-night trek (according to the Kilimanjaro National Park) was 44 percent. My wife, Jill, a 60-year-young former marathoner who thrived on physical challenges, actually had climbed it the previous year. Then she decided to do it again. And drag me along.

Four days earlier, we had been briefed by lead guide Samuel (whose grandfather was first to scale this mountain) and top assistant Simon. They offered four important tips for success 1) Positive thinking – focus only on the next stage of the climb, not yesterday's or tomorrow's; 2) Acclimate to altitude – at the end of the day, when possible, walk higher than camp, rest and return; 3) walk slowly (“poli, poli," the guides would chant); 4) consume at least five liters of fluids each day to help prevent altitude sickness, which happens when the body and brain are starved of oxygen as the air gets thinner as you ascend. At Kili’s summit, the oxygen is roughly half that at sea level.

At 15,000 feet, even near the equator in mid-July, it was *very* cold as we pulled on hiking pants over long undies, three layers of sweat-wicking shirts, a heavy fleece, a wind-breaker jacket, boots over double socks, calf-high ”gators” to keep (most) dirt out of our boots snowmobile mittens over gloves, then our backpacks.

“I’ll never make it,” I croaked through cracked, shivering lips. I felt weak after the previous day’s climb had nearly finished me. “Nothing like a positive attitude,” Jill chided. But I really believed there was no way I would find the strength to drag myself up another 4,300 feet.

Our group of eleven climbers and five guides left camp at 12:15 am to shuffle single-file up the trail. With the guides chanting “jambo bwana” (hello, sir) for the first couple hours, it felt like a pre-dawn chain gang trudging to work. Why depart at pitch-dark midnight, with lights on our heads like miners in the bowels of the earth? So we’ll see the spectacular sunrise from 19,000 feet, they told us. They didn’t mention a second compelling reason: so we would *not* actually see much beyond our scarily daunting upward path.

As the oldest and slowest man in our group, I soon needed a break. Then another. Then one of our group couldn’t catch his breath. Pro climber/photographer/videographer Jimmy Chin (who had climbed Everest *twice*) spritzed asthma medicine down his throat. Soon, magically, he seemed okay. Next time I needed to stop, the rest moved on. No shame in that, Jill insisted. She had learned the previous year that arriving last into camp is smart. Those who climb too fast often end up having to turn back.

Climbing in scree (fine volcanic dust) is like running on a beach -- energy from your legs pushes your feet down into it instead of your body upward. I needed many more breaks as the trail became steeper. Jill and assistant guide Simon stuck with me. My hands and feet were freezing despite multiple layers. My heart was pounding rapidly, incessantly. I had aced an ascending-treadmill stress test before the trip, but how much more could it take?

We saw several small groups of climbers staggering back downward, helped by guides. Twice when I was sitting, gasping for breath, trying to harness my heart to a survivable pace, Jill asked whether I wanted to turn back. *Hell, no!* I hadn’t come all this way, endured all this pain and suffering, to *not* somehow make it to the summit!

After hours of this abuse, my brain turned to mush. I stopped looking up, wondering if I could ever get there. Losing all sense of time and proportion, I shuffled one foot in front of the other, one in front of the other, like a lobotomized zombie, hoisting myself over the larger rocks, pausing to catch my breath, then stumbling forward. One foot in front of the other.

Then came a semi-comforting thought -- when the sun eventually emerges, it might both light our way *and* provide a little warmth. When it finally did appear, it was indeed spectacular, bathing the tops of the clouds thousands of feet below in yellow-orange glow and rimming the crest of Kibo crater, still *way* up there. But we felt precious little warmth from those early dawn rays, we still had a *long* way to climb, and the trail was getting steeper and tougher.

When we finally reached the 19,000-foot crater crest, some of our group had forged ahead; some were resting. One, who had suffered headaches since day one, was debating whether to continue. Altitude sickness affects everyone differently regardless of age or physical fitness, and it can cause potentially fatal hemorrhages in the brain or lungs. Jill and I, having taken a blood-thinning drug called Diamox, were having no problems, but he could not take that due to an allergy.

The only cures for altitude sickness are oxygen, or descent. We had no oxygen and were too high for helicopter rescue, but Chin said he could get him down quickly if necessary. (Really? How?) Jill assured me that the two-hour trudge to the summit would be easy. But just putting one foot in front of the other on 50 percent oxygen was far from easy.

Still, we all made it to the summit, posed for pictures and started back. Descending in daylight with no need to traverse side to side, as we did on the slow, difficult climb, guide Simon nearly ran straight down, kicking up scree as we tried to follow. But Jill's bad knee was hurting, so I was waiting for her. The four-hour, often-steep descent tortured my calves, then in camp I became nauseous and could barely breath all night from scree in my lungs.

The final day was another downhill march, Jill's knee and my hurting calves making us slowest and last to where we were picked up and driven to the hotel. We enjoyed our first shower in six days, cold beers, congratulations and certificates documenting our climbs. Then several painful hours to the airport in a cramped Land Cruiser and long flights home.

My calves were so sore I could barely walk, and it took a couple weeks to clear the volcanic dust from my lungs. But I had somehow made it to the top of Kilimanjaro and had the certificate, photos and memories (some very painful) to show for it. A truly special adventure!

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