THE LONDON HOSPITAL

Swachand Bamak

EXPEDITION

Leader: Simon Wheeler; Research Leader: Dr. Mike Townend

PATRONS :

DOUG SCOTT

PROF. MIKE FLOYER FRCP

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(1) AIMS OF THE EXPEDITION

1.1 The primary aim is the climbing of a previously unclimbed Himalayan peak.

1.2 The secondary aim is to carry out scientific research in the fields of medicine and environmental science.

1.3 The Expedition's destination is the Gangotri area of the Garhwal Himalaya in Northern India. This is an area of great religious significance to the Hindus as the Gangotri glacier is the principal source of the sacred River Ganga (Ganges) and is therefore a place of pilgrimage. The lower section of the glacier is surrounded by a number of beautiful and well known peaks, most of which have now been climbed, for example the Bhagirathi Peaks, Shivling, Meru, Thalay Sagar and Kedarnath. The glacier is the largest in the Garhwal and in its less accessible upper reaches lie many peaks which are still unclimbed. It is to this part of the glacier and in particular to a smaller northern offshoot of the glacier, the Swachand Bamak, that this expedition is heading. The Swachand Bamak is surrounded by five unclimbed peaks on its south eastern and north western flanks, ranging in height from 6215 metres to 6721 metres; at its head lies Satopanth (7075 metres) which has been climbed from the north but never from its southern side on the Swachand Bamak.

1.4 The Expedition's main objective is the unclimbed peak of 6721 metres on the south east side of the Swachand Bamak.

(2) TEAM MEMBERS

2.1 LIST OF MEMBERS:

1) Dr. Simon Jonathan Wheeler. Climbing Leader. Age 28
Occupation: University Lecturer in Civil Engineering
Experience: 15 years climbing experience in England, Scotland, Wales and Ireland, currently leading HVS rock and Grade III/IV ice. Seven Alpine seasons including ascents in Mont Blanc range, the Dauphine, the Pennine Alps, the Bernese Alps and the Bernina Alps, leading up to D+ on short rock routes e.g. Papillons ridge, Aig.du.Peigne, many longer routes of AD e.g.west ridge of Dent Blanche and traverse of Zinalrothorn. One season in U.S.A. (Yosemite and Wind River range). Leader of one previous Himalayan expedition (Climbed Tharkot 6099 metres, Garhwal Himalaya 1983).

2) Dr. Michael Townend. Research Leader. Age 46
Occupation: General Medical Practitioner
Experience: 20 years climbing experience in Britain, currently leading HS rock and Grade IV ice. 10 Alpine seasons in Austria, Switzerland and Dolomites (many routes to AD standard). Member of Cockermouth Mountain Rescue Team for 10 years. Completed course in Winter Mountain Rescue techniques at Glenmore Lodge. Climbing member and doctor of two previous Himalayan expeditions (unsuccessful attempt at first ascent of Kalanka 6931 metres in 1974 and successful expedition to Tharkot 6099 metres in 1983). Medical advisor to several other expeditions. Author of articles on mountaineering techniques and high altitude medical problems.

3) Dr. Rachel Teresa Arnold. Age:24

Occupation: Medical Doctor

Experience: Mountaineering experience over several years in Britain, Scandinavia and Swiss Alps, currently leading severe rock. One trekking expedition to Peruvian Andes. One trekking Expedition to Kashmir Himalaya.

4) Dr. Simon Edgecombe. Age : 23

Occupation: Medical Doctor.

Experience: 5 years climbing experience in Britain, currently leading HS rock and Grade III ice. One Alpine season (including Brenva route)

5) Dr. Michael Paul Mears. Age:25

Occupation: Medical Doctor.

Experience: 7 years climbing experience in Britain, currently leading VS rock and Grade III ice. Three Alpine seasons with ascents in Mont Blanc range, Dolomites and Pyrenees (up to D, e.g. south face of Cosmiques Spur, Aig.du Midi). Trekking in the Andes, Iceland and New Zealand. Ascents of Cotopaxi 6010 metres in Ecuador and Mount Kenya.

6) Dr. John Carl Sanders. Age : 26

Occupation: Medical Doctor.

Experience: 10 years climbing experience in Britain, currently leading E3 rock and Grade IV/V ice. Two Alpine seasons (rock routes up to TD+ e.g. Cordier Pillar, Grands Charmoz and Vaucher Route, Aig.du Peigne; mixed routes up to D e.g. Brenva route). One previous Himalayan expedition (3rd ascent of Menthosa). One solo trekking expedition to the Peruvian Andes.

7) Richard James Stradling: Age 29
Occupation: Consulting Engineer.

Experience: 7 years climbing experience in Britain, currently leading Vs rock and Grade III/IV ice. Six Alpine seasons including ascents in the Mont Blanc range, the Dauphine, the Pennine Alps, the Bernese Alps and the Bernina Alps (south ridge of Moine, west ridge of Bent Blanche and travers of Zinalrothorn). One season in U.S.A.(Yosemite and Wind River range). Member of one previous Himalayan expedition (Tharkot 6099 metres).

8) Geoffrey Alan Thomson. Age:32
Occupation: School Teacher.

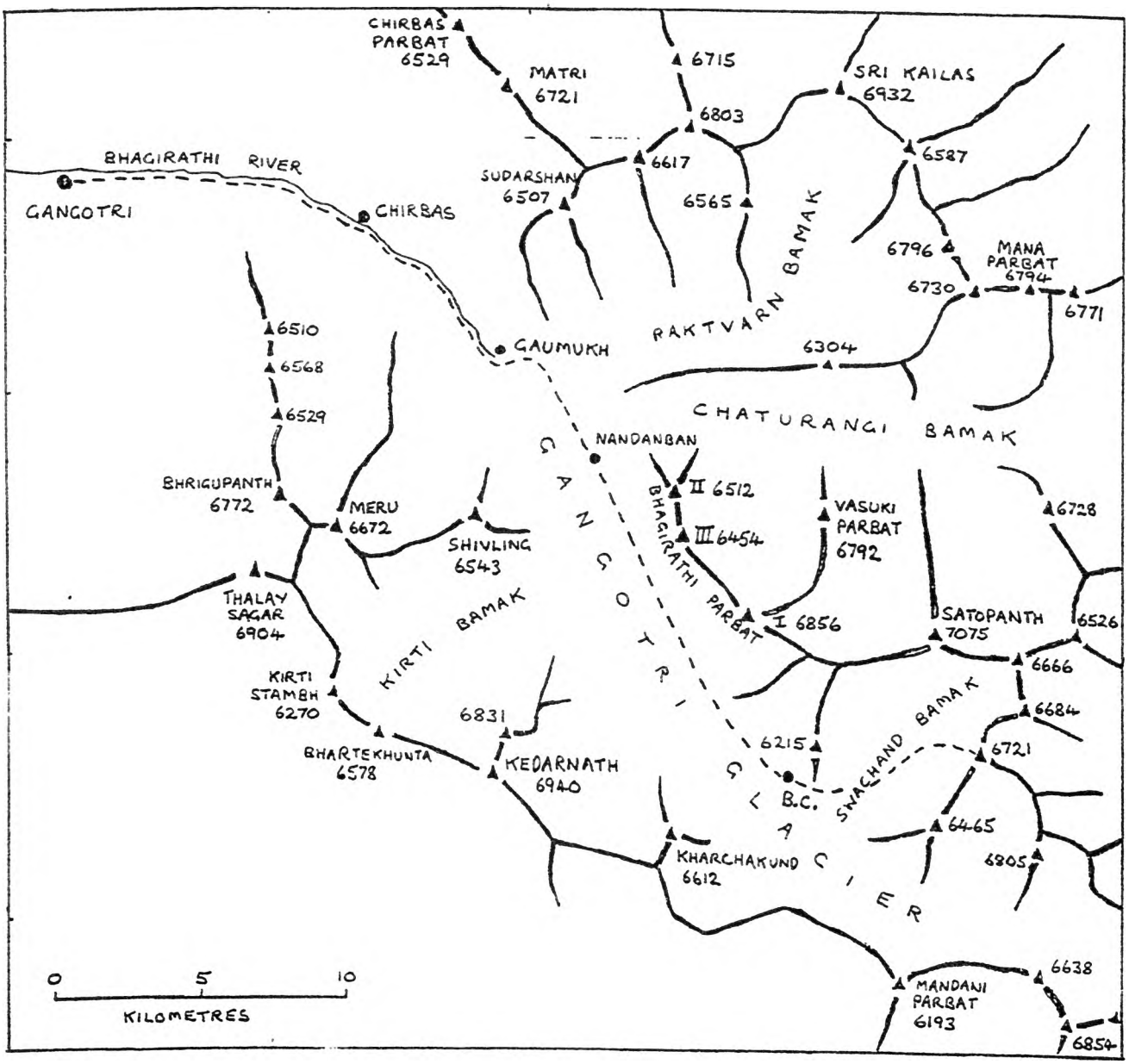
Experience: 14 years experience in Britain, currently leading HVS rock and Grade IV ice. Seven Alpine seasons including ascents in the Mont Blanc range, the Dauphine, the Pennine Alps and the Bernese Alps (traverse of Zinalrothorn traverse of Nesthorn, traverse of Finsteraarhorn). Holder of Mountain leadership certificate. Member of Avon County Youth Services Panel of Climbing Instructors. Member of Avon Rock Rescue Team. County of Avon Climbing Instructor Assessor. Member of one previous Himalayan expedition (Tharkot 6099 metres).

2.2 A Liaison Officer will be appointed by the Indian Mountaineering Foundation.

2.3 Four of the Expedition Members have taken part in a previous expedition together (Tharkot 1983), know each other well and work well together. Mike Townend forms a link between this group and the other four members who are all members of the London Hospital Climbing and Backpacking Club of which he is Vice President. Once again this group have all climbed together and know each other well. The two groups show every sign of mixing well and forming a cohesive and well motivated unit.

(3) DATES OF EXPEDITION

3.1	September 12th.	Most Members fly to Delhi, spending a week buying food and other equipment and dealing with various administrative problems.
3.2	September 17th.	Remainder of group fly to Delhi.
3.3	September 19th.	Bus from Delhi to Uttarkashi. Report to Police and hire porters.
3.4	September 20th.	Bus from Uttarkashi to Gangotri village.
3.5	September 21st.	Begin walk in.
3.6	September 23rd.	Reach Gangotri glacier.
3.7	September 25th.	Reach site for base camp in the vicinity of Swachand Bamak.
3.8	September 26th to October 17th.	Establish higher camps and make Summit attempt.
3.9	October 18th to October 20th.	Walk from base camp to Gangotri village.
3.10	October 21st.	Bus from Gangotri to Uttarkashi.
3.11	October 22nd.	Bus from Uttarkashi to Delhi.
3.12	October 23rd or later.	Fly to Heathrow.



UNNAMED PEAK 6721 m (79° 13' E 30° 48' N)
BY SWACHAND BAMAK AND WEST FLANK.

(4) MOUNTAINEERING OBJECTIVES

4.1 The Swachand Bamak is a major tributary of the Gangotri glacier. Our primary objective is Peak 6721 metres, an unclimbed peak on the south east side of the Swachand Bamak. There are few recorded visits to the Swachand Bamak and little information is available about possible routes on the mountain.

4.2 If our attempt is unsuccessful there are four other Peaks of 6215 metres, 6465 metres, 6666 metres and 6684 metres situated around the Swachand Bamak which may be attempted under the new IMF system of paying 50% of the booking fee for any additional peaks attempted.

4.3 Two Swiss Expeditions have made attempts at Peaks 6215 metres and 6721 metres during 1986, both unsuccessful. Information is being sought from them and further information on the area has been obtained from members of the 1981 Irish Expedition to the Bhagirathi Peaks and from Indian acquaintances who have trekked in the Gangotri area.

4.4 The highest peak on the Swachand Bamak, Satopanth 7075 metres, lies at its head. Its south side is said to appear very difficult and it has not been climbed from this side. It may be possible to obtain information which may be of use in possible future ascents of this peak from the south (Swachand Bamak) side.

(5) SCIENTIFIC OBJECTIVES

5.1 Medical Research. Clinical experience and research indicate that asthma tends to be made worse by cold air and exertion.

5.2 Anecdotal evidence suggests that the deterioration which might therefore be expected in asthmatics on high altitude expeditions does not seem to take place. Extensive computer searches of the available literature have not so far revealed any research to substantiate that impression.

5.3 Three members of the expedition are known to be asthmatic. It is proposed to compare their lung function as measured by a peak expiratory flow gauge with that of the non-asthmatic members and to compare the effects of increasing altitude, exertion, air temperature on both groups. Serial readings will be made throughout the day at successively higher altitudes and the effects of atmospheric temperature and a standard exercise test will be recorded.

5.4 As the numbers of subjects in each group are small it may not be possible to carry out a detailed statistical analysis, but discussions with two chest physicians, with Dr. Jim Milledge, Dr. Charles Clark and Mr. Michael Ward, with the medical departments of some of the pharmaceutical companies involved in the treatment of asthma and with the Asthma Society indicate that the results could well be of considerable interest and importance.

5.5 Some sponsorship of this research has already been promised by pharmaceutical companies and the response from other companies is awaited.

5.6 Environmental Research. Radio-active contamination of firn snow and glacial ice has been recorded in many remote areas ranging from the Canadian Arctic to the South Pole. Indeed, core samples of snow and ice can often be dated by peaks of radio-active contamination, for example the early 1960's when there was a great increase in the atmospheric testing of nuclear weapons.

5.7 We are proposing to descend a stable crevasse in order to take serial ice samples in an attempt to estimate the radio activity of ice laid down over a period of time up to the present. Samples will be taken by means of a hollow ice screw and will be sealed into plastic containers for transport back to the U.K. in liquid form for analysis.

5.8 This part of our research is entirely dependant upon our ability to gain financial sponsorship and laboratory facilities for the subsequent analysis.

5.9 The project is being discussed with the British Antarctic Survey, The National Radiological Protection Board, The Department of Environmental Science at the University of Lancaster and the Atomic Energy Research Establishment at Harwell. So far the response has been largely encouraging.

5.10 It is hoped that the results of our research in both these fields will be published in suitable scientific journals.

(6) FINANCE

6.1 Estimated Balance Sheet. January 1987

EXPENDITURE:	£. p	INCOME:	£. p
Travel (Air fares, baggage & Bus fares)	4,000.00	Personal Contributions	
Food & Stores	1,600.00	£700 x 8	5,600.00
Equipment	2,400.00		
Peak fees & Liaison officer	640.00	Existing Grants	300.00
Hire of porters	500.00		
Insurance	640.00		
Miscellaneous & Contingency	1,000.00		
Total	10,780.00	Total	5,900.00
		Deficit	4,880.00

6.2 An application for funding has been made to the Mount Everest Foundation but at the time of compiling the above balance sheet their decision has not been received.

6.3 The £300 quoted as existing grants represents sponsorship from pharmaceutical companies. Further sponsorship from other companies may possibly be forthcoming to assist in our research programme.

(7) TRANSPORT

7.1 Personnel and a limited amount of equipment will be transported by air to Delhi. It seems likely that at least one Air line may allow a baggage concession which may avoid a certain amount of expense in air freight.

7.2 Personnel and additional equipment purchased in Delhi will make use of local bus services from Delhi to Uttarkashi and from thence to Gangotri.

7.3 Porters will be hired in Uttarkashi to assist in transportation of equipment to base camp.

(8) EQUIPMENT AND FOOD

8.1 Clothing and personal climbing equipment will be the responsibility of individual members of the party both in their provision and in their transport to Delhi by air.

8.2 Communal climbing equipment. Most necessary equipment (ropes, ice screws, pitons etc) will be able to be assembled from individual members existing stocks and will be transported using expedition funds. It may be necessary to purchase some items.

8.3 It seems likely that members will be able to supply enough tents, though some purchases may be necessary, These too will be transported as communal items.

8.4 An additional set of clothing and personal climbing equipment will be provided from expedition funds for the liaison officer.

8.5 Only special high altitude food will be transported from the U.K. All food to be used on the walk in and base camp will be purchased in India together with cooking utensils and stoves. Only high altitude stoves and utensils will be transported from the U.K. These measures will avoid excessive air freight.

(9) MEDICAL ARRANGEMENTS AND SUPPLIES

9.1 The expedition Doctor will prepare and distribute medical questionnaires to all members to alert him about any specific health problems likely to arise. The Doctor will assemble medical supplies to deal with illnesses, emergencies and high altitude problems. It is anticipated that a good deal of the supplies will be available free of charge by the generosity of pharmaceutical companies but inevitably some purchases of medical equipment will need to be made.

9.2 The Doctor will advise all members on immunisations, malaria prevention and general health precautions.