

Tragedy and Grace on the Sacred Mountain

by Ann Linnea and Anne Stine

In memory of Rev. Karen A. Blomberg



During our fifth year of offering the Elderquest for women fifty and older, our experience was touched by tragedy and blessed by grace. One of our elders, [FIG. 3] Karen

Blomberg, a 54-year-old Presbyterian minister from the Washington, D.C. area, died very suddenly of a pulmonary embolism. She was in the prime of her professional life of service to her community, friends, and family. Her death is a great loss and a profound teaching to us all, and in sharing this story we want to honor her as the 'Warrior of Light' she declared herself to be at the fire ceremony the night before she died.

We are writing this story for our wilderness quest guide community because we believe it emphasizes the delicate balance between the "soft" skills and "hard" skills that characterize the complex, powerful, and life-changing work with which we are so deeply involved. We define "soft" skills as those relating to human relations, and psychological and spiritual growth—such as council and ceremony, mirroring and symbolic processes. We define "hard" skills as camp craft/medical skills like navigation/map reading, wilderness medicine, cooking, tarping, and wilderness survival. A major medical event on a quest requires the presence of someone with solid, "hard" medical skills, and it also requires the presence of guides with strong "soft" skills to help deal with the impact on the remaining community members, as well as navigate the unknown and unexpected demands of this situation on all levels. Both sets of skills are absolutely critical in any questing work.

Preparation

Our twelve questers arrived at our base camp, 8,700 feet up in the Inyo Mountains of eastern California, on the afternoon of July 17, 2008. For the first three days on the mountain it is our pattern to encourage gentle exploration of the land surrounding camp—in this case a pinyon-juniper-sagebrush desert woodland; share instruction about flora and fauna, the ways of council, first aid, ceremony, and intention; and monitor questers for any signs and symptoms of altitude sickness. We also hold individual conferences with each quester about the details on her health form. In general, the first three days are a time of slowing down and beginning to let people attune to the rhythms of the natural world, while we as guides are constantly tending to the teaching of ceremony and skills and the well-being of each individual.

By Sunday evening, July 20, each of our twelve questers had chosen her power place and was ready to embark on the sacred journey into the underworld. That evening we held a fire ceremony, and each woman announced what she was prepared to leave behind at this time, so that she could find a new life as an elder in her community. We retired about 8:30 p.m. as dusk was giving way to the darkness of their last night in base camp.

The Rescue

Sometimes, however, no matter how ready the participants are to begin their solo, and no matter how carefully the guides have helped them prepare, other forces have other plans.

At dawn the following morning Ann Linnea (Ann L) began walking around camp beating the drum to wake everyone up. As she walked by Karen's tent she heard, "Ann, Ann, over here." Within seconds she was next to Karen who had collapsed in the dirt, dressed in shorts and a T-shirt.

Karen was sweating profusely and visibly struggling to breathe. Ann L. got the sleeping bag out of her



tent and covered her up and began speaking with her. Realizing the gravity of the situation, Ann L. left Karen's side momentarily to go to the next tent to send out a call for Anne Stine (Anne S.).

Ann L. pulled a Thermarest pad out of Karen's tent and asked if she could inch her way onto the mat to help protect her from the cold (50 degrees F). Karen struggled to crawl onto the mat, and Ann re-covered her with the sleeping bag. During these few minutes, Ann L. constantly spoke with her, touched her, and gathered what information she could about her current condition, and coached her to breathe steadily.

When the level of her breathing was approaching gasping, Ann L. began repeating, "Stay with us, Karen." Within seconds Karen's eyes rolled back in her head and she took one final gasp of air. No more than five minutes had passed since Ann L. found Karen.

Anne S. arrived as Ann L. finished checking for a carotid pulse. There was none. Ann L. immediately began CPR and rescue breathing. Anne S. went to get assistant guide Hannah Rothlin and then initiated evacuation procedures. When Hannah arrives, she and Ann L. began to work together, alternating thirty chest compressions with two full rescue breaths, and checking for a pulse or breath every four cycles of treatment.

Meanwhile, Anne S. organized the remaining elder questers to assist with preparing the back of truck to evacuate Karen, gathered the necessary paperwork, and retrieved a cell phone. (There was no cell phone reception in camp.) Anne S. also directed staff person Sheryl Peterson, to work with the remaining eleven participants. This was supposed to be their first solo day. Instead they were to remain in base camp, have breakfast, and move into council while we were gone.

We ceased CPR and rescue breathing for about a minute while six women lifted Karen into the back of the pick-up shell, using the Thermarest pad as a stretcher. Hannah and Ann L. immediately resumed the CPR/rescue breathing routine in the back of the truck. Within twenty-five minutes of the initial call for help,

Karen and the staff were on their way to the hospital in Lone Pine. One participant who had family connections in the closest town, Independence, rode in the passenger seat and dialed 911 as we descended five thousand feet on a graded rocky road into town.

Riding in the back of the truck on a very rough road, it was impossible to do rescue breathing, but Ann L. and Hannah alternated non-stop chest compressions and kept Karen's airway open. By the time we reached the end of the gravel road (7:10 a.m.), two rescue vehicles with lights flashing were waiting for us.

At 7:50 a.m. we reached the hospital in Lone Pine, where Karen was immediately moved into the emergency room. At 8:10 a.m. the attending physician declared Karen dead of a probable heart attack. (We learned two days later in a conversation with Karen's minister that the official cause of death was listed as a pulmonary embolism.) It is unlikely that Karen would have lived even if she had been at her home in a large urban area with a sophisticated 911-response system.

The Incorporation

Our rescue team of four, Ann L., Anne S., Hannah, and one quester, spent time alone with Karen's body in the emergency room offering prayers for her passage. We then asked hospital officials if we could have some time alone on the hospital lawn to grieve before answering questions. We sat holding hands, letting stories, shock, and love spill into the center of our council on the green, manicured lawn. Once back inside the hospital we immediately called the next of kin listed on Karen's health form and spent time answering questions from hospital officials, the deputy coroner, and the sheriff.

Meanwhile, the remaining eleven elders and one base camp support person were back on the Sacred Mountain. When we arrived at base camp, all the women were lined along the entryway to the parking area, using their rattles and drums to welcome us home with a strong and regular beat. We all joined hands under the



midday sun and shared that Karen had died of a probable heart attack. We hugged, cried, and held each other before gathering in a circle in the shade of our grandmother juniper tree. We placed Karen's chair with her hat, a bandana, and a favorite book in the circle, so her presence and story could continue on with us.

In our first council of the afternoon the four of us who had been on the rescue team each shared in detail our experience of the last moments of Karen's life and the journey into the Lone Pine Hospital. Then each woman who had remained in base camp to hold vigil while we were gone shared the story of her response to Karen's life and death. In this way each woman on the rim of the circle knew everyone else's story, including Karen's. The healing was profound. This deep trust of the council experience is at the heart of the ceremony of the traditional wilderness quest. Guides hold the outer rim of safety and structure of the ceremony, and everyone is guided by a wisdom created by the whole.

By late afternoon it was time to turn our attention to the question of each woman's solo time. Each woman took the talking piece and spoke of her needs at the moment. "I can't imagine going out on solo tomorrow." "I need to go spend time alone to process this—preferably three full days." "I'm totally angry and confused. I may need to leave." After each woman had spoken and we had gathered all the possibilities, a plan emerged that each elder could choose to go out for any or all of the three full days beginning the next morning.

At 7:00 the next morning we guides stood in tears as we watched nine women arrive at the threshold circle with their backpacks. The remaining two women attended the circle and accompanied their buddies, so that everyone had a buddy and a stone pile. By 11 a.m. the final two questers had decided to leave for their solo time. At that time we also ceremonially put Karen into the threshold circle and released her spirit to her journey.

All the elders fasted and completed three full days of their threshold time. When they returned, the sharing of stories in the council of elders was profound.

Each journey was deepened and empowered by the fact that the symbolic death of the rite of passage had taken place in the context of an actual physical death. The death lodge ceremony was central to every story.

To our knowledge Karen's death is the first ever in the history of the WGC community. There have been many other challenges on the physical plane: getting lost, being injured, but not an actual physical death. Karen's death and the attention to emergency first aid and the spiritual passage that accompanied it can serve as a model for any death—be it in the city or on the sacred mountain. We invite each wilderness guide to reassess their skills and readiness for the full range of possibilities that the mystery of our work demands.

We are eternally grateful that Karen collapsed close to her community; that the maturity of our questers enabled her passing to be held with love, attention, and ceremony; and that the questers were able to integrate this experience and continue their own important, individual journeys to the sacred mountain. We all agreed that this is how we would like to live the end of our lives, in a loving community, which includes the natural world, a minimum of suffering, and deep immersion in a ceremonial process that honors dying as a natural part of the experience of living.

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ANNE STINE, MA, MFT, is founder of Wilderness Rites, LLC, with almost thirty years of experience as a psychotherapist, ecopsychologist, and wilderness rites of passage guide. In addition she offers an ecopsychology practice, which includes mentoring, teaching and guiding as well as training others in the way of earth rites. Her current interest is on calling back the elders into our communities and offering initiatory rites for women in all stages of eldering.