

IS PROFITEERING DRIVING EMERGENCY HELICOPTER EVACUATIONS OF TREKKERS IN THE NEPAL HIMALAYA?

International Society for Mountain Medicine Newsletter, **10** (2): 4-5 (April 2000)

Each year many thousands of trekkers come to the Nepal Himalaya. In the Mt. Everest region alone, some 25,000 trekkers visited in 1999. [1] Inevitably a number of these trekkers become sick, often with altitude illness. When this occurs in the Mt. Everest region there are two established medical facilities with Western doctors, Kunde Hospital which provides year around medical care, and the Pheriche trekker aid post that operates for up to 8 weeks each spring and autumn. A small number of these patients require evacuation to Kathmandu for medical reasons, some urgently via helicopter.

In the autumn of 1999 we were aware of a marked decrease in the number of patients requiring evacuation from Kunde Hospital, and an increase in the frequency of helicopters flying up and down the valley not having been called by either of the medical facilities. Prior to this season there were few communication facilities in the high valleys. One explanation for the increase in helicopters, at least in part, may be the introduction of microwave, radio and satellite telephones at lodges up to 5200 meters. However with further investigation in Kathmandu, we found a marked increase in trekker helicopter evacuations throughout the mountainous areas of Nepal.

In searching for a possible explanation we discovered that helicopter companies have recently begun to offer a US\$400 commission to Nepali trek leaders and agencies for calling their airline for a trekker evacuation flight from the Mt. Everest region. This is a massive incentive to local trek staff in a country with a reported gross national product per capita in 1999 of US\$220. [2]

This profiting has evolved from the routine system of granting commission in the travel industry. Agents historically have operated on commission for the booking of air transportation and mountain scenic flights, among many other tourist services. In Nepal, mountain rescue operations involving emergency helicopter evacuations are for-profit private holdings rather than government services provided for the public welfare. Even the Nepal armed forces have privatized their fleet of helicopters as a for-hire emergency charter service to civilians for profit generation.

When these Nepal trekking agents have situations develop involving their clients that require emergency helicopter evacuation should the same commission apply? Certainly if one considers strict business practices this policy would seem to be consistent. However with further thought, this appears to result in several problems that put the patient at potential risk:

1. There have been incidents of tourists becoming sick whilst trekking and they are not brought to suitable nearby medical facilities, but rather an evacuation helicopter is called. This is particularly concerning in the case of altitude illness where the patient is encouraged not to descend but wait on-site for a

helicopter that potentially may not come for days.

2. We are aware of several cases of trekkers being persuaded by their staff to ascend faster than routinely recommended in anticipation of altitude illness developing which the staff can then argue requires helicopter evacuation.
3. Helicopters are being called for vague complaints such as if a trekker feels "too tired" or "too cold" to continue, or is just no longer enjoying the trek and feels "ill". The average flight time for emergency helicopter evacuations in Nepal exceeds 2 hours due to the long distances involved. Flying aircraft in these remote high mountains carries a significant risk for pilot and passenger.

These practices can result in significant increased charges to international insurance companies that provide evacuation coverage. A single helicopter evacuation flight from the Mt. Everest region to Kathmandu ranges from US\$2500 to 6400, depending on the size of aircraft and the specific location of the patient. More distant regions of Nepal are of course even more expensive, by up to 3 times.

We anticipate the continued rise in unnecessary helicopter evacuation flights in the Nepal Himalaya. This needs addressing before the resulting problems escalate. The Mt. Everest region is no longer an isolated area. Use of privately chartered helicopters for sightseeing, heli-picnics and heli-trekking is now routine. However these flights differ from the evacuation flights in that they are planned, only fly in good weather, are taken in full knowledge of the risks of flying and are not inappropriately charged to medical insurance providers.

One way to mitigate these problems is through required pre-authorization of the flights by the insurance companies. At present few of these flights are preauthorized, although many policies dictate that this is necessary. As the telecommunications exist to call the helicopter, they also exist to call the insurance company for pre-authorization to fly. Most insurance companies offer a 24-hour help line, and in our experience contact is straightforward. Few insurance companies would refuse a reasonable request for helicopter evacuation, but the added effort involved might deter a trekking agency in pursuit of a commission.

The other points of control are the visitors themselves and the tour agencies. In visiting and operating in remote areas, the involved parties should recognize that in the event of non-critical illness or injury, a degree of self-sufficiency is required. This calls for groups to be pre-equipped with basic medical supplies and knowledge. Clients should be briefed prior to coming to a remote area that they may need to walk or be carried down to a medical center, road or airstrip should illness or injury occur.

Emergency helicopter evacuations can play an important life and limb saving role, particularly in this area of the Himalaya. They should be limited however to these cases and not abused.

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1. His Majesty's Government. Sagarmatha National Park Visitor Statistical Record, Nepal.
2. World Bank. World Development Report 1999. New York: Oxford University Press.

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Last modified 01-Aug-2001