



CHAPTER 1

Alan

A NEW MOUNTAIN BECKONS

The mountain gave me what I needed and it wasn't just the summit. It was a positive sense of closure with Everest and the deep satisfaction of knowing that I had given it everything I had, short of my life. I had fulfilled my mission. The summit was a bonus. Now I could finish a chapter in my life and begin a new one.

– From Everest to Enlightenment

It had been an unsettling couple of weeks. What began as a routine visit to my family doctor had rapidly escalated into something more.

I made the initial appointment because I had been plagued for months by a persistent sore throat, swollen glands and fatigue. The doctor diagnosed a harmless case of post-nasal drip and prescribed antibiotics. But a week later, things had not improved and I went back. This time I insisted on a blood test. It revealed that the hemoglobin in my blood, the part that transports oxygen, was unusually low. My physician urged me to see a specialist immediately. Unfortunately, that specialist would not be able to see me at his office. I would have to go to the local cancer center.

That is when I first heard the dreaded “C” word in association with my health. In the past, whenever I had driven past the Tom Baker Cancer Centre, I had thanked my lucky stars I was not in there. Terrible things happened there, I imagined. I did not want to go *there!*

My family doctor would not allow my anxiety to overcome my need. On the insistence of one of the nurses in her office, I showed up for my rush appointment with the hematologist the next day, accompanied by my fiancée, Cecilia.

At the cancer center, after a quick visit to the blood lab where I gave another sample, Cecilia and I took a seat in the waiting room of the day clinic. There, a nurse handed me a questionnaire.

“What have you been told about the type of cancer you have?” one question asked.

I bristled.

“No one has told me I have cancer,” I wrote, wondering what the hell was going on. I had just given a blood sample minutes before.

“What kind of a question is that?” I asked Cecilia as she sat next to me. “These guys should be a little bit more sensitive to the fact that not *everyone* who comes in here has cancer. Obviously there’s been some kind of a mix-up.”

Twenty minutes passed. Anxiously, we waited for my name to be called.

The next eyes we looked into were Dr. Poon’s. They telegraphed intensity. He stood before us in a long white lab coat, the collar of a blue dress shirt and white undershirt visible beneath it. His thin black hair was combed straight back behind his high forehead and he spoke in a hoarse low voice thick with a Chinese accent. It demanded attention. He was about my height, five foot six, but despite a light frame and fine features, he projected the aura of a man twice his size. With a deeply furrowed brow, he took one look at the results of my blood test and probed: “So tell me, how have you been feeling?”

“Not too good,” I said. “Too tired.”

“I see,” he replied forebodingly.

Then he said he wanted to take a biopsy. That is when things got really scary.

Bone marrow biopsies sound bad – and I mean literally *sound*. Cecilia held my hand while Dr. Poon twisted the six-inch-long needle into my hip like he was screwing into hardwood. I could hear him puffing. Cecilia saw him sweating. Fortunately, I did not feel any pain thanks to a local anesthetic, but it was still alarming to have someone digging into me with a sharp instrument. I was not sure how to react, so I just looked at the blank white wall ahead of me and talked to a Higher Power.

The preliminary results of the biopsy suggested what Dr. Poon had suspected the minute he had looked at the results of my blood test. This was not any garden-variety low-grade infection. My situation could be serious.

The next day he called us at home.

“I thought you had chronic leukemia,” the hoarse voice ventured, “but actually, I think you have acute leukemia.”

“Acute?” I said. “What do you mean?”

“I mean you may not have a lot of time,” he cautioned, “but I’ll know more next week after we do further tests on your marrow sample. By then, I should have a more definitive diagnosis.”

“Oh,” I said, struggling to understand.

“I’ll let you know then,” he said.

Shell-shocked, I hung up. For a long time, I could not speak.

“What is it?” Cecilia pressed. “I heard you say ‘acute.’ Acute what?”

“Leukemia,” I said.

She gasped.

“He’s not yet sure, my love,” I wrestled out the words, “so we shouldn’t jump to conclusions, but it sounds like he’s pretty sure.”

“Pretty sure of what?” she probed.

“Pretty sure it could be serious.”

There was another long silence.

The magnitude of what was happening hit us like a semi-trailer,

shattering our comfortable existence into shards. We had to get away. We had to walk and talk and think and do whatever we could to prepare for what lay ahead, even if it was the worst. We needed time away from this nightmare.

We had a favorite little cabin by a river in the mountains of southern Alberta. We went there for a few days. It was a three-hour drive and all the way I could not stop worrying whether Cecilia would stick around for the conclusion of this drama. I could not blame her if she did not. We were to be married in four months. By then, if Dr. Poon was right, I might be dead.

Somehow, she knew what I was thinking. When we got to the cabin, she handed me a little card.

“I am tied into your rope,” it said in her handwriting. “We will climb this mountain together.”

*“I am tied into your rope.
We will climb this mountain together.”*

– Cecilia Hobson

This was the first in what would be an endless cord of commitments Cecilia would make to me in the coming months. They were not the flashy displays of courage you see at the movies or on television. They were much deeper and more meaningful. This was love – quiet, solid, unshakable – the stuff of dreams, the stuff you only come across once in a lifetime if you are lucky and I had stumbled upon a mother lode. In its simplicity and purity, it went far beyond romance. It was absolute and powerful. It reminded me of the words of the American mountaineer, author and high altitude researcher, Charles Houston: “When men climb on a great mountain together, the rope between them is more than a mere physical aid to the ascent; it is a symbol of the spirit of the enterprise. It is a symbol of men banded together in a common effort of will and strength against their only true enemies: inertia, cowardice, greed, ignorance and all weaknesses of the spirit.”

There could not have been a better way for Cecilia to tell me where she

stood. She stood with me. Amid the fear, trauma and the unknown, we were together.

“What about the wedding?” I asked as I hugged her, my eyes welling with tears.

“We’ll get married when you’re better,” she said confidently. “I’m not going anywhere.”

The next day I tried to go for a jog but was once again reminded that I was going downhill fast. I looked up at the massive rock formations on which I had so clearly defined myself to that point in my life and I wondered if I would live to touch them again. They were sheer, jagged and exposed – the way I felt. If Dr. Poon’s preliminary diagnosis proved true, I would find myself teetering on the edge. If he was wrong... well, that was unlikely. It was possible, but improbable.

The nights before our next appointment passed interminably, the days not much faster. Finally, we were face to face again with Dr. Poon.

“I confirm a diagnosis of acute myeloid leukemia,” he said assuredly. “Without treatment, your prognosis is less than a year.”

The words seemed to hang in the air of the examining room like sinister vapors twisting weightlessly. They hardly registered in my brain. They simply hung, like a noose.

I looked over at Cecilia to see how she was taking the news. Incredibly, she was taking notes.

My mind shot out one question. I knew cancer treatment often involved intensive chemotherapy. That scared me. So I asked Dr. Poon, “What if I do nothing?”

His answer sticks with me to this day: “You’re screwed.”

Startled by the directness of the reply, I asked him what treatment options I had. He explained that with chemotherapy, the chances of putting the leukemia into remission were about seventy percent. The problem was remission could be only temporary. If we were able to put my cancer into remission and if a possible donor match could be found fast enough, I might be able to receive a bone marrow or adult blood stem cell transplant that

might “cure” me of the disease. Still, that was a lot of “ifs.”

“So,” he asked, “is the cup half empty or is it half full, Alan? The choice is yours.”

*“Is the cup half empty or is it half full?
The choice is yours.”*

– Dr. Man-Chiu Poon,
Hematologist

Dr. Man-Chiu Poon, a kind and internationally respected blood specialist with decades of experience treating cancer, was not being insensitive by bluntly telling me how serious my situation was. On the contrary, he had quickly decided how best to communicate with a strong-willed patient and he had read me perfectly. He had chosen to be brutally honest – and for good reason.

Acute leukemia is cancer of the blood. It is a potentially lethal condition during which there is a rapid and uncontrolled release of trillions of immature and ineffective white blood cells called “blasts” from the bone marrow into the blood stream. These blasts pour into the blood, quickly pushing aside all the healthy white blood cells used to combat disease, the red blood cells used to transport oxygen to the tissues and the platelets used to stop bleeding. A patient with acute leukemia can rapidly hemorrhage because of a low platelet count, die from infection due to ineffective white blood cells or get progressively weaker and weaker from anemia because of an insufficient number of oxygen-carrying red blood cells. Eighty-five percent of those diagnosed with the condition are dead within three years. Untreated, the disease is one hundred percent fatal. You cannot cut leukemia out with surgery or burn it out with radiation. Once the cancer is in your blood, it is in your whole body. Each year about 35,000 – about one in 10,000 North Americans – are diagnosed with the disease. Now, I was one of them.

Dr. Poon’s biopsy of my bone marrow had shown that a frightening ninety percent of the cells in my bone marrow, the main manufacturing

plant for blood cells, and forty percent of the cells in my bloodstream, were blasts. If the number of blasts in my bloodstream increased much more, or if I hemorrhaged or developed an infection, it was over for me. Dr. Poon knew he had to get my attention. With his shoot-from-the-hip, no-holds-barred bedside manner, he earned my instant respect as a physician who had the guts to tell it like it was.

“We need to admit you and begin intensive, around-the-clock chemotherapy right away,” he said, his intense stare burning the severity of the situation into my stunned psyche. “Treatment will take at least four months. Would you like to begin Saturday?”

It was Thursday. With all due appreciation for Dr. Poon’s lightning-swift attention to my case, this was still happening too fast. Given more time, I might be able to get my mind around the fact I had cancer, but double-barreled chemotherapy of the magnitude he was talking about was another leap altogether, to say nothing of shutting down my business and my life for at least four months. Our time away in the mountains had helped us to consider our options, but nothing could have prepared us for this moment. I was overwhelmed.

I could not accept that I had cancer of the blood. I did not want to lose my hair or the contents of my stomach repeatedly. I did not want to start popping pills like corner-store candy, experience endless blood transfusions or endure innumerable invasive bone marrow biopsies. I did not want to lose my savings, my vocation or my self-identity. I did not want to lose control, or what I perceived as control, of my whole life as I had known it. Mostly, I did not want to die; I wanted to live.

At moments like this, moments when the core of who we are is tested, we can either accept reality and the opinions of others or we can choose to reject them. That choice tests our character like no other experience in life.

In the past, I had faced other daunting choices. I had chosen to go back to Mt. Everest three times despite judgments that my first two expeditions had “failed.” During both these attempts, although we had been unable to reach the summit, we had not failed to learn from our experiences. Our first

expedition had missed the summit by 3,000 vertical feet, our second by just two city blocks. Ultimately, we had been able to take our first two attempts and turn them into a resounding triumph on our third trip.

It took me ten years of climbing and fundraising, ten expeditions to high altitude and decades of preparation to achieve my Everest dream. As far as I could see, a diagnosis of cancer was no different. Cancer was “The Everest of Illnesses.” I was not going to get to the top of this mountain overnight either. If I hoped just to get out of base camp and survive the first few steps, I would have to get my head together quickly, think rationally and act as decisively as I could.

I could either choose to see my prognosis as an inevitable death sentence, as a failure to live beyond age forty-two, or as an opportunity to choose life, climb on and hope for the best. Most importantly, I first had to stop my mind from wildly spinning off into the future, extrapolating to catastrophe. I had to cancel the catastrophe – now – and stay one hundred percent present in the moment. For the moment, although my life was threatened, I was not in any imminent danger. There were no tigers lunging at me or roofs caving in from above. Emotionally, though, I felt like my world had imploded.



The realization that my life might soon end did not come easily. I had spent forty-two years going after my dreams. Fear of critical illness had never really entered my mind until my five-year-old nephew, Peter James, had died of leukemia thirteen years earlier. A few years later, his younger brother, Michael, had developed a similar condition. Miraculously, Michael had received a successful bone marrow transplant from a man who worked for a sponsor of one of my Everest expeditions. Aside from that part of my family history, there was no sign whatsoever of critical illness in me or my

family – no heart disease, diabetes, stroke or high blood pressure.

I remember as a boy having this strange feeling about how long I would live. For some reason, I could never seem to imagine anything beyond age forty-two. It was like there was a brick wall in my future.

In the three years since summiting Everest at age thirty-nine, I had worked incredibly hard at my speaking career – living on planes and in hotels all over North America and Europe, changing time zones, continents, countries and cities, missing meals, sacrificing sleep and pushing myself hard.

In theory, I lived in a two-bedroom apartment in Calgary, Alberta, Canada, just east of the Canadian Rocky Mountains. In reality, I lived on the road. I would fly in late at night, having traveled up to eighteen hours, get four or five hours of fitful sleep, make a presentation before hundreds or thousands of people early the next morning and fly out that afternoon to my next speaking engagement.

Extensive business travel with insufficient rest between trips is hard on the body and mind. The constant packing and unpacking, checking in and out of hotels, changing cities, airports and taxis, making flights, meeting with clients, exercising daily and performing at my peak on stage – all created an ongoing and unsettling anxiety. I was always running somewhere.

The American humorist, James Thurber, once wrote: “All men should try and learn before they die, what they are running from and to and why.” I had been running from one speaking engagement to the next. Why? Because that is what I thought busy speakers were supposed to do. They were supposed to be busy. Perhaps I had become mentally, physically and emotionally burned out and my immune system had simply collapsed.

My personal adventures had also stressed my body and mind. High altitude climbing involves long periods of extreme exertion in low oxygen environments. This is accompanied by severe dehydration, prolonged exposure to intense ultraviolet rays and less-than-sanitary living conditions. Climbers sleep little and rest even less. After summiting Everest,

I remember my colleague, Jamie Clarke, remarking that he felt like his bone marrow was tired. That statement now shook me to my core. Maybe I had traveled, trained, fundraised, climbed, spoken and flown too far for too long. Perhaps these were the roots of my “dis-ease.”

Needing to learn more about what might have caused my leukemia, I called Dr. Doug Rovira, a physician in Boulder, Colorado, who had been our expedition doctor during my last trip to Everest. Incredibly, he was an oncologist who specialized in leukemia, and his mother had died of the disease. He assured me firmly that there was no known link between a fast-paced lifestyle and leukemia. He said patients often added this kind of self-blame to their already considerable burden at the moment of diagnosis or later. They did this, he said, because they wished to feel like they could somehow pinpoint the cause of their condition so they might be able to control it, or if they survived, prevent it from recurring.

“Don’t put that load of personal responsibility on your shoulders,” Doug advised me forcefully. “You have more important things to think about than how and why this happened – like how you’re going to get through it.”

Nevertheless, my mind kept right on spinning. If Doug was right, my physical past had nothing to do with the onset of my illness. Then what about my emotional past?

Early in the post-Everest period of my life, my business partnership and friendship with fellow adventurer, Jamie Clarke, had come apart. We had spent probably the most intense decade of our lives organizing our involvement in three \$1 million Everest expeditions, two of which we had financed, organized and climbed on ourselves. We had set out on this Everest odyssey with no money, no office, no staff and no experience in high altitude climbing. Amazingly, ten years later, we had stood triumphant on the top of Everest just two hours apart. But only a few months after our return to North America, our relationship had ended. The accumulated stress of organizing and participating in each expedition had progressively eroded our friendship and pushed it to the breaking point. In addition, neither one of us had been able to get past our intensely competitive

natures. In hindsight, I believe that instead of recognizing each other's complementary strengths, we had competed for everything from speaking time on stage to editorial space in our books and films. This sad conclusion stood in stark contrast with our collective triumphs. Jamie went on to cross the world's largest sand desert, The Empty Quarter of Saudi Arabia, with his brother, Leigh, and one of our fellow adventurers, Bruce Kirkby. It was only the second time in history it had been done.

At the same time as my relationship with Jamie was coming apart, so was my engagement to a wonderful woman. A single mother of three children, she lived in a city on the prairies hundreds of miles from Calgary and worked as an elementary school teacher. Despite the distance that separated us, we had maintained a passionate long-distance relationship and had trekked together to Everest base camp prior to my eventual ascent. But when I returned from the mountain, just as had happened with Jamie, we could not seem to bring our two worlds back together. I could not bring myself to move away from my beloved Rocky Mountains, and I believe she could not see uprooting her children from friends, family and school to join me, an often absent and high-strung road warrior.

These two crushing personal losses, along with the sudden and deep depression I experienced after summiting Everest (because when you achieve a goal, you also lose it), had left me emotionally deflated. Like Jamie, I had gone looking for a new goal after Everest. I had found a brilliant ocean engineer in San Francisco who had the expertise, but not the capital, to build the world's first underwater craft to "fly" to the deepest point in the ocean – 36,000 feet down. He had the ability to open up the last physical frontier on the planet in much the same way the Wright brothers had opened up the skies. If I were able to raise the capital for what was called "The Ocean Everest Expedition," I might be able to help write a new chapter in world exploration and perhaps even become the first person to visit the highest and lowest points on the planet. Here was something exciting! Here was a way to fuel my passion for adventure.

The challenge was the staggering US \$12 million needed to stage such

an expedition. Confident I could raise the capital from my Fortune 500 corporate speaking clients, I committed to finding the money.

A few months into the project, I began to notice significant changes in my body. I could not swim more than a few lengths of the pool without becoming exhausted. At the same time, because I wear a heart rate monitor during physical activity, I noticed my pulse was unusually high. I had begun to feel run-down and lethargic. When I was not able to get through the day without taking a one- or two-hour nap in the afternoon, I knew something was seriously wrong. I had energy somewhere, but I just could not seem to connect to it.

These symptoms had persisted for a few months, but I had put them off as accumulated fatigue caused by speaking, traveling and fundraising for Ocean Everest. Then my Ocean Everest dream evaporated. I was not able to raise the money fast enough and my relationship with the project ended. It was another bitter disappointment in my attempt to re-define myself after Everest and my life began to look bleak.

As disappointing as the loss of Ocean Everest had been, however, my past had hardly been depressing. Two years before our meeting with Dr. Poon, Cecilia and I had met at a conference. After I had finished speaking to a large group of financial advisors, she had boldly introduced herself and offered to buy me lunch. Over our meal, I had learned that she worked as a national marketing executive with a large financial services firm in Boston. I also discovered she had always wanted to try scuba diving, one of my passions. So I passed along the names of a few dive shops in her area. I never expected to hear from her again.

To my surprise, she called each of the dive shops I had suggested and then called me to tell me about her experiences. In less than a month, she had purchased her own diving equipment and become a certified diver in the frigid waters of the North Atlantic. In my mind, this distinguished her as a risk-taker who did not just talk about her dreams. She actually made them happen. I knew that the number of female scuba divers was small compared to the number of male divers. I also knew that the number willing to dive in

cold, turbulent water, male or female, was even smaller. She got my attention.

The next time I was in Boston for a speaking presentation, I contacted Cecilia. We started as diving buddies, but became fast friends. She was an intelligent and attractive woman, standing about 5 foot 4, with neatly-kept shoulder-length brown hair, blue eyes, a slim figure and an engaging personality. Despite deep Cajun roots, she had no southern drawl. Like many refined southern ladies, she carried herself with poise and confidence, and I felt instantly at ease with her. I never felt like I had to *do* anything, least of all make conversation. It simply happened naturally, as did long periods of silence as the situation dictated. This set her apart from other women I had known because she seemed to be completely comfortable with her own company and therefore could also be comfortable in mine. There was no mistaking her civility, and this stood in vivid contrast with my more rugged nature. With her palpable thirst for adventure, it almost seemed like she had been deliberately parachuted into my life for some purpose. Although I was strongly attracted to her, I never thought it would become anything serious because of the geographical distance between us. But six months after meeting her, things were starting to get more involved. I invited her to Calgary for Christmas and we decided to see if we could go scuba diving while she was there.

Anyone who lives in North America knows about winter in Canada. And every Canadian knows the lakes are frozen during that time. But Cecilia would not be deterred. After much searching, I found one lake that had open water.

Upper Waterton Lake in Waterton Lakes National Park is the deepest lake in the province of Alberta and one of the most beautiful. Straddling the Canada/U.S. border with Glacier National Park in Montana to the south, its location between jagged mountain peaks makes it a natural funnel for winds whisking through the area. It is one of the windiest places in Canada. The lake rarely freezes because most years the wind whips the waves into such a frenzy that ice can only form around the lake's edge.

It was here during a typical winter's day of bitter temperatures and

“Waterton Wind ” – freezing rain being driven horizontally – that Cecilia and I graduated from being diving buddies to potential life partners.

There was at least a foot of snow on the ground. The park was all but deserted and several feet of thin ice clung to the shallow water at the lake’s edge. From there, the deep, freezing-cold unknown plunged into blackness below.

Cold water scuba diving is not for the faint of heart. I suspected that if we survived the dive, our new relationship would not. Had someone asked me to bet on it, I would have wagered my life savings. Cecilia, for starters, was from Louisiana. She had grown up in Metairie, a suburb of New Orleans, below sea level. There, snow was almost an aberration. That far south, they call fifty degrees Fahrenheit “cold.” I was certain, upon surfacing, that she would conclude I was a complete lunatic and exit forever from my life. Then I could go back to my vagabond and lonely existence on the road and remain single for the rest of my days.

I underestimated Cecilia.

From a rented van-turned-mobile-changing-room, we stepped into the driving wind and cold, each of us carrying sixty pounds of gear, and approached the shore with trepidation. The water temperature was only a few degrees above freezing. The wind was churning the surface of the lake into an unsettling chop. Within seconds, the freezing rain froze the hair on our foreheads into crusty mats.

Using warm and insulated dry suits and neoprene hoods to protect us from the cold, we waded slowly into the water. We carefully submerged and descended smoothly to about eighty feet. For forty magical minutes, we cruised around, gaping in awe through the crystal-clear water and immersing ourselves in the peaceful serenity of the depths. Then we resurfaced to the winter fury above.

To my amazement, Cecilia was smiling.

“That was awesome!” she squealed in delight as the frigid waves plowed into her face. “The visibility was amazing. I’ve never been able to see so far underwater.”

I could not believe my ears.

Under the weight of our heavy gear, we struggled from the water. In an unimpressive display of self-preservation over what should have been chivalry, I hustled back to the van when I began to shiver uncontrollably.

I was just about back to the security and warmth of the vehicle when I heard a loud “thud” behind me. I turned around and saw that Cecilia had fallen face first into the snow. She was pinned there under her heavy tank and diving weights. Fearing she might suffocate, I began to sprint as well as I could back towards her.

I made it about ten feet before something astonishing happened.

Cecilia began to giggle – a small sort of giggle at first, then a laugh and ultimately, a full-blown belly roll. Within seconds, without any assistance from me, she righted herself and was back on track towards me. We embraced by the side of the van in the lee of the howling wind.

My opinion of Cecilia rocketed to the stratosphere at that moment. Not only was she strong, independent and committed, she had a buoyancy of spirit that was truly rare. I was impressed beyond description.

Within a few weeks Cecilia had declined a very high-paying promotion to Assistant Vice President with her firm and requested a one-year leave of absence to follow her heart. She moved out of her apartment in Boston’s stylish Back Bay, changed countries and moved in with me in Calgary. Together, we joined forces. Cecilia became the volunteer marketer/business manager for my inspirational speaking. It proved to be a potent partnership.

Given Cecilia’s happy arrival in my life, how could my emotional past be the cause of my cancer?

In the end, I realized I could go around and around on the subject of “how” forever and never reach a conclusion. The only thing I could conclude from my past was that it had become increasingly obvious over the past year that something was physically wrong. There had been a steady decline in my level of physical fitness with no change in my daily fitness regimen. Heart rate monitors do not lie. While my normal resting heart rate was usually about sixty beats a minute, it had now become an astonishing one hundred

and twenty – the level of a light jog for most people. That is why I had insisted on a blood test, rather than simply antibiotics for my persistently swollen lymph glands, sore throat and loss of energy. The manufacturer of my heart rate monitor, Polar Electro, might be partially credited for helping to save my life because were it not for their device, my leukemia might have gone undetected until it was too late. I had suspected I had either mononucleosis or leukemia. I had sensed it. Now, Cecilia and I both knew.

We decided to ignore all predictions of my potential demise and give it everything we had to try to survive. We told Dr. Poon we would call in the morning to let him know when we would be ready to begin treatment.



That is when we started up a mountain bigger and harder than Everest.

