

Kilimanjaro for Diabetes UK

From Ben Rolfe, Treasurer St Paul's Church Monaco

In just over 2 weeks, #2 daughter (just turned 16), Alice and I will be embarking on some extreme Father/Daughter bonding and attempting to summit Africa's highest mountain, Kilimanjaro. Whilst this is a 5-day trek, rather than a technical ascent with ropes and the like, Kilimanjaro stands at just under 6000 metres tall (19,000 feet) and as such is a real challenge. Temperatures will range from +30C at the base to -30C at the top, and we will be camping overnight. Severe altitude sickness is a real issue, and with the lack of anything other than rudimentary medical care this is something that we will have to try and manage on the way up in order to maximise our chances of getting to the top - every year it is reported that altitude sickness causes several fatalities on Kilimanjaro. We will also have to manage fatigue, heat / cold, diet and so on.

Why are we doing this? Well, sibling rivalry is one reason after daughter #1's crossing of the Sahara Desert last year. #2 also wanted a challenge, and something to train for. And she has trained, running 3-4 times a week, upper body workouts 2-3 times a week, hiking and skiing at altitude...the list goes on. I have had to tell her not to train so much for fear she might injure herself and not even make the start line! Along the way she has ticked off many firsts including her first half marathon, her first sub 1-hour 10km race and her first trail race. We will be spending the weekend before we leave for Tanzania in the Alpes Maritimes trail running, hiking and camping at altitude to try and further acclimatise.

Whilst this represents a huge challenge for Alice (and for me too, as I have never been higher than 4000m/12000ft), given her age and lack of experience not to mention the strain on our relationship at times, this goes way beyond the normal limits for even a sixteen-year-old girl, as Alice was diagnosed type one diabetic aged 11. This means that her body does not produce any insulin - a hormone essential for turning sugar into energy. Alice needs to constantly monitor her blood sugar to make sure that she has enough to fuel her body, but not too much to create the toxic ketones which can cause her life changing damage to the small blood vessels causing blindness or resulting in amputations, even coma and death. Of course, if she has too little sugar or too much insulin, then her judgement becomes impaired, she can pass out and if not treated can die. This constant 24-hour pressure to get the numbers within an acceptable range - even when she is asleep, can weigh heavily on the mind of a 16-year-old girl.

This is why Kilimanjaro means so much to Alice. It is to prove to herself - and others - that anything is possible. Kilimanjaro represents more of a challenge to Alice than it would for someone without diabetes. The constant activity and altitude change are going to require a lot of careful monitoring. One issue we have noticed in training at extreme cold temperatures is that insulin can freeze, and the technology that Alice uses (blood checking equipment, insulin pump) no longer work. Not to mention checking Alice's blood sugar when it is cold - this requires gloves to come off and for blood to be drawn.

We are going to need to manage all this very carefully.

Therefore, we are fundraising once again for Diabetes UK who have been a source of invaluable help and support to us on our journey living with type one diabetes. Diabetes UK have also been instrumental in several key technological developments during its lifetime which make living with diabetes slightly easier - for instance the insulin pen. It would mean a lot if you could visit our fundraising page just to check out what we are doing, and any donation small or large would be very gratefully received.

<https://www.justgiving.com/fundraising/alicerolfe>

Many thanks
Ben Rolfe