Above the Clouds

The Human Cost

After major disasters like the 1996 storm, avalanches, and COVID closure, Everest expeditions quickly rebounded. Before the 1990s, climbs were limited by access and technology. In the 1970s-80s, focus shifted to individual and technical feats, making Everest a stage for diverse records beyond elite alpinists. The Commercial Era's growth reflects global adventure tourism and guided climbs, opening Everest to less-experienced climbers. Climbers prefer to ascent during Spring



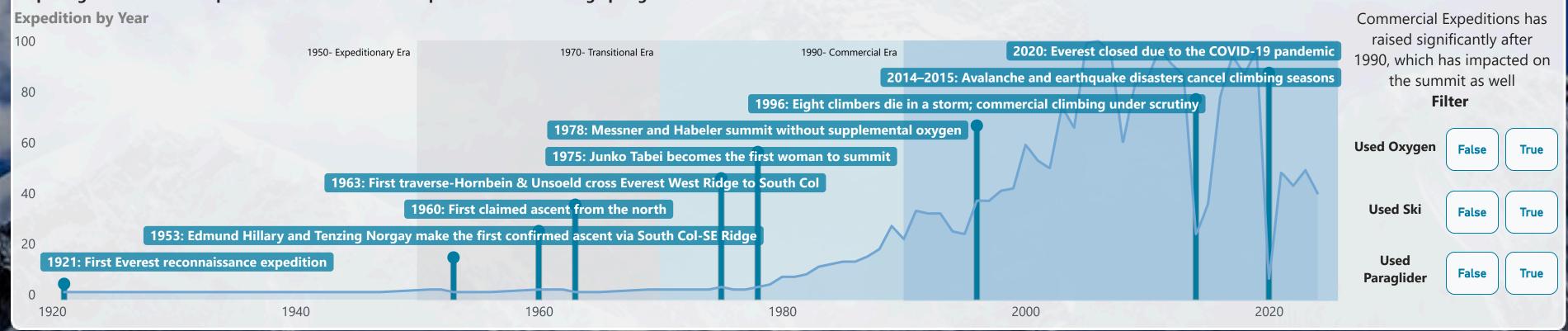
Clear all slicers

Expeditions

Ascender

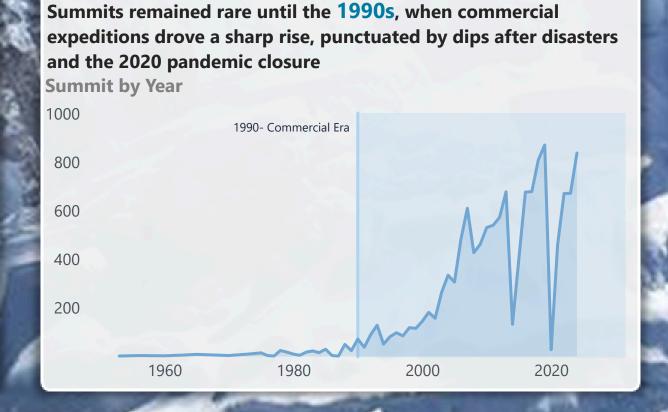
Summit

2261 21344 12712

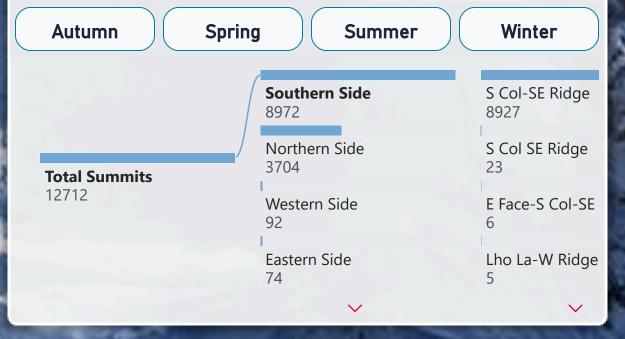


Climbers from around the world have been drawn to Everest. with participation growing especially rapidly in recent decades, reflecting its status as a global mountaineering icon





Most ascents occur in spring via the South Col-Southeast Ridge and North Col- Northeast Ridge, showing climbers' preference for established, safer routes



Above the Clouds

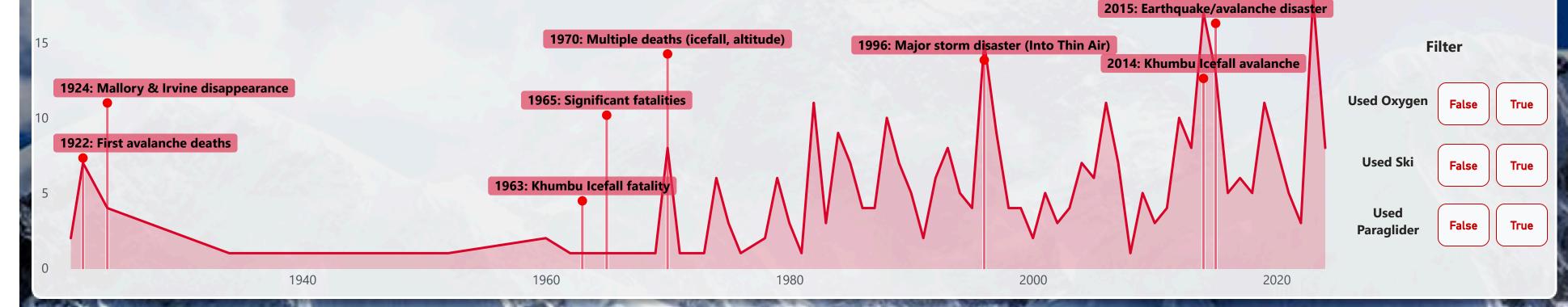
Early Everest deaths spiked during pioneering attempts, with tragedies like the 1922 avalanche and Mallory & Irvine's 1924 disappearance. Fatalities rose in the 1960s–70s as more teams pushed new routes and higher altitudes. The 1996 storm and the 2014–15 avalanches caused sharp peaks, but climbing resumed quickly each time. Despite better gear and experience, deaths persist due to crowding, unpredictable weather, and the mountain's inherent risks. Sherpas consistently face higher danger, reflecting their crucial-and hazardous-support roles. Using of Oxygen, Ski and Paraglider significantly reduce the fatalities.

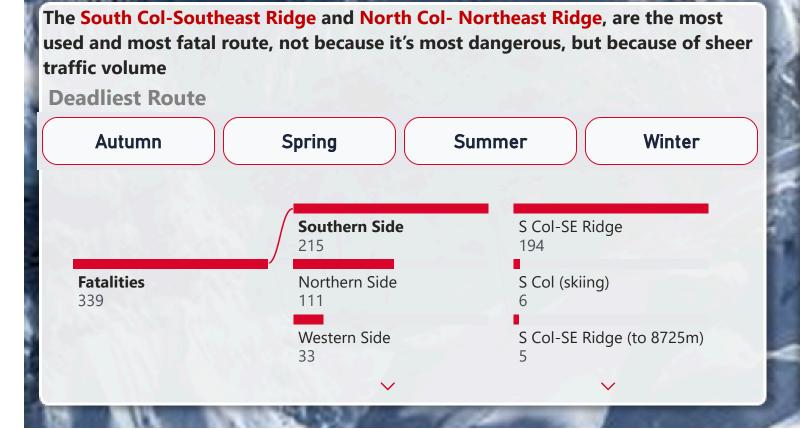
Total Fatalities

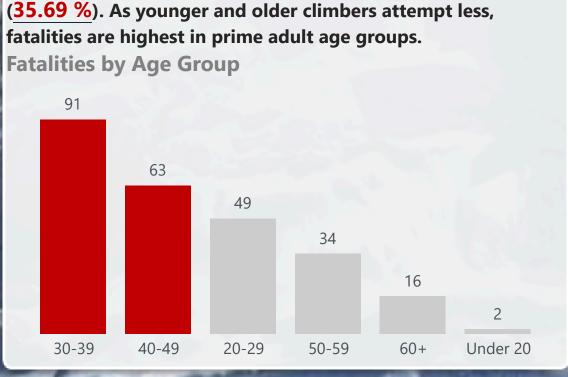
339

Fatalities Rate

1.59%







Most Everest deaths occur among climbers in their 30s and 40s



The Mountain's Dangers

The Human Cost

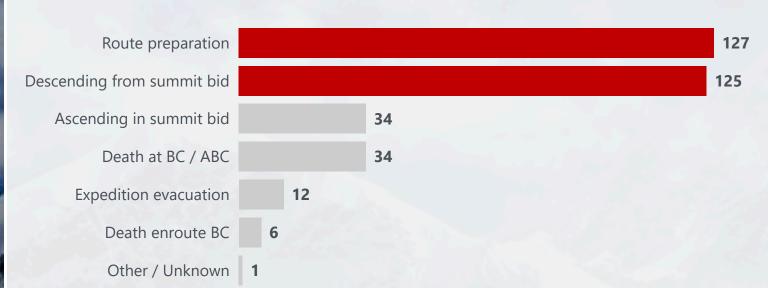
Above the Clouds



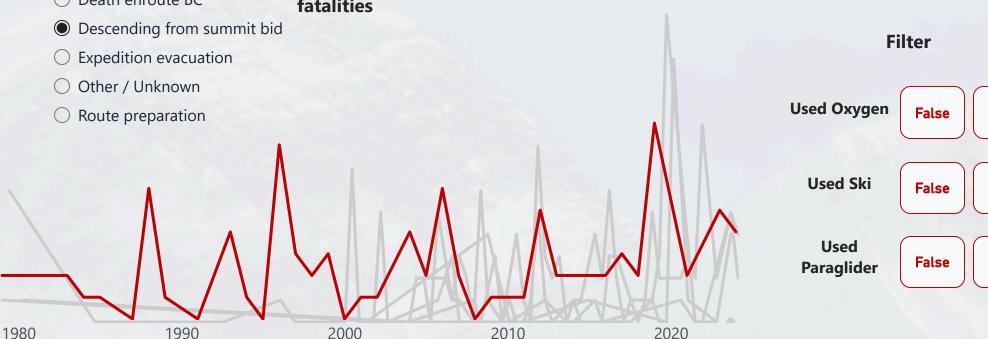
Clear all slicers

The most dangerous aspect of climbing Mount Everest is not trying to summit but to get back down. About 74% of the deaths are being caused by Route Preparation and descending from summit bid.



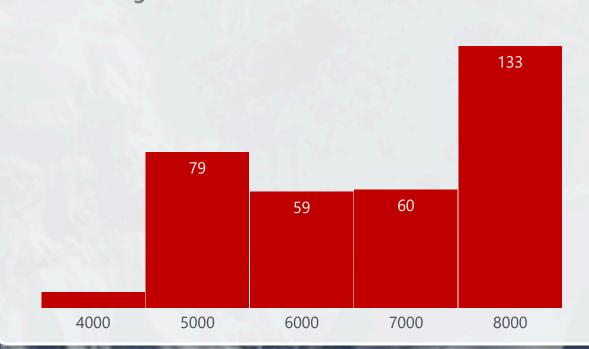


 Ascending in summit bid But using modern Oxygen especially after 8000 m, ski and O Death at BC / ABC paraglider while descending, significantly reduce the O Death enroute BC **fatalities**



The "death zone" above 8,000 meters is responsible for the majority of deaths, with 39 % documented. This extreme altitude strains the human body to its breaking point and allows very little room for mistakes.

Deadliest Height

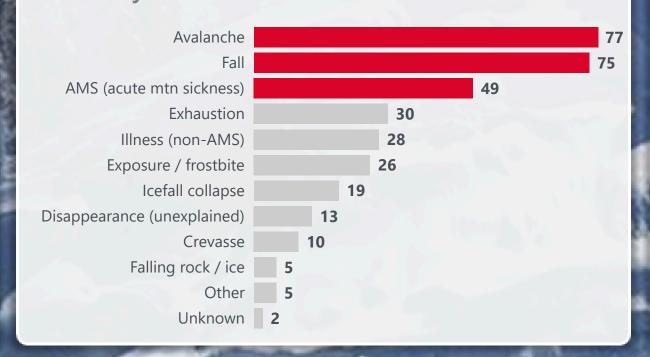


Avalanches and falls (59.29%) are the leading causes of death, followed by acute mountain sickness (AMS) and exhaustion. These risks come from both the mountain's natural dangers and the physical challenges of high altitude.

Fatalities by Death Cause

15

10



Frostbite and cold injuries (158 cases) and trauma/accidents (124 cases) are the most common non-fatal outcomes, underscoring the mountain's relentless physical toll even on those who make it home

No of Injury by Injury Type

