



Henry J. Heimlich, M.D.
Professor of Advanced Clinical Sciences

August 19, 1985

Joseph P. Ornato, M.D.
Medical College of Virginia
Virginia Commonwealth University
P.O. Box 525
Richmond, VA 23298-0001

AUG 20 1985

Dear Dr. Ornato:

On July 11-13, 1985, the American Red Cross/American Heart Association met in Dallas and established standards for first aid instructions. On July 13, as chairman of the panel on drowning, you reported the findings of your panel to the 350 conference participants, and on July 22, submitted a written report to your panel members. In both instances, your report stated that your panel recommended the Heimlich Maneuver for treatment of drowning. Inexplicably, your last written report to your panel members, dated August 5, 1985, ignores your previous reports and eliminates the Heimlich Maneuver, contrary to the scientific facts and conclusions presented at the open meeting of your panel in Dallas.

It is apparent that Red Cross first aid instructions are based on discussions and decisions that are not subject to the scrutiny of the scientific community or the public. What occurred between your written report of July 22, 1985 and that of August 5, 1985, that caused you to totally negate the findings of the conference?

A similar action was revealed at the same 1985 Dallas conference, regarding treatment of choking. Dr. Jude, a long time advisor to the Red Cross, described how such a nonscientific decision led to an incorrect dangerous recommendation. He stated that at a similar Red Cross sponsored conference nearly ten years ago the committee knew that the Heimlich Maneuver was the best treatment for choking and they had no evidence that backslaps had any value. Dr. Jude then said that the committee members debated the use of the name Heimlich Maneuver until 2:00 A.M., rather than considering the scientific facts. (Appendix I) As a result, backslaps were taught by the Red Cross as the primary first aid for choking for ten years and deaths following backslaps were reported in medical journals during that period.

The above statements and all information that follows are documented in the transcripts of the official tapes of the 1985 Red Cross conference and in the following ten statements:

3800 Victory Parkway
Cincinnati, Ohio 45207-1096
513/531-1053

1. On July 12, 1985, your panel on drowning met in open session and recommended that the Heimlich Maneuver be included as a treatment for drowning. The only point of contention was whether the Heimlich Maneuver should precede or follow rescue breathing.(App II)
2. On July 13, 1985, chairpersons reported the recommendations of their panels to the 350 conference participants. You reported that your panel on drowning recommended that when mouth-to-mouth resuscitation was unsuccessful in treating drowning, the Heimlich Maneuver should be used. You presented only one side of the panel recommendations, but unequivocally included the Heimlich Maneuver.(App III)
3. Your written draft to the panel members of July 22, 1985, also recommends performing the Heimlich Maneuver for drowning.(App IV) My letter of July 30, 1985, clarified your omissions and changes.(App V)
4. On August 5, 1985, your last draft to the panel eliminated the Heimlich Maneuver as a treatment for drowning. This action totally disregarded recommendations of your panel, ignored your report to the conference and countermanded your original written draft to panel members.(App VI)

In your August 5th report, the reasons you stated for eliminating the Heimlich Maneuver were the same ones presented by Dr. Modell at the open panel meeting of July 12th. They were discarded by the panel, being contrary to scientific fact and not in keeping with Dr. Modell's own published studies. The reasons for not using the Heimlich Maneuver in drowning that you stated in your August 5th report and the actual facts are as follows:

1. Your report of August 5, 1985, states "the need for clearing the airway of aspirated water has not been proven scientifically...". That is not true. Edward A. Patrick, M.D, Ph.D., professor of Engineering & Computer Sciences, University of Cincinnati, published a scientific paper proving that the Heimlich Maneuver expels water from the lungs and successfully resuscitated a drowning person after mouth-to-mouth had failed.(App VII) My scientific paper published in the Annals of Emergency Medicine includes similar documented reports by trained EMT's and a definitive report from Dr. Victor Esch, Chief Fire Surgeon of Washington DC and an advisor to the Red Cross on water safety.(App VIII) Both of these papers were described and referenced at your panel meeting. Dr. Patrick was present at the time.
2. Your August 5th report ambiguously states that "Modell found at most only a modest amount of water is aspirated by drowning victims and that the water is rapidly absorbed from the lungs into the circulation ...". (App VI) Your statement is inaccurate and incomplete. Dr. Modell's presentation at your panel and his scientific publications prove that 90% of drowning victims have water in the lungs, and 85% of them aspirate up to 10cc of water per pound of body weight. The remaining 15%, he stated, aspirate more water than that. In other words, a 100lb person aspirates up to 1000cc (more than a quart) of water, which is the cause of deaths from drowning.(App VIII)

Dr. Modell further showed that sea water remains in the lungs and draws additional fluid from the blood, a fact you heard stated at your panel

meeting and omitted entirely in your report. Dr. Modell claimed that only fresh water is absorbed from the lungs into the blood stream.(App VIII) At your panel meeting, it was pointed out that as fresh water is absorbed from the lungs while the victim is in the water, more water replaces it in the lungs and, with cardiac arrest, no water can be absorbed even when the drowning victim is brought onto the land. At the conference, the frequent presence of mud in the lungs of drowning victims was also discussed. Mud can only enter the lungs with aspirated water. Furthermore, the opening paragraph of your August 5th report describes the situation that occurs in drowning including "terminal gasping with flooding of the lungs..."(App VI)

Your August 5th report also states that "most authorities...feel that an attempt to remove water from the breathing passages is unnecessary and potentially dangerous because it could eject gastric contents and cause aspiration." (App VI) Facts presented at your panel meeting on July 12th revealed the fallacy of that statement as follows:

- A. Such aspiration has not occurred in any drowning person who was saved by the Heimlich Maneuver even after mouth to mouth failed. (App VIII)
- B. The drowning person is treated because he is not breathing and, therefore, cannot inhale water.
- C. Oxygen can not get into the blood until you get the water out of the lungs.
- D. Your recommendation of August 5 condemns the drowning person to die due to water in the lungs rather than performing the Heimlich Maneuver to expel water. Your sole reason is that Dr. Modell speculates that the victim may aspirate some water. Yet that might only occur when, as a result of the Heimlich Maneuver expelling water, the victim recovers and starts breathing.(App VIII)

For more than 30 years, until 1960, the Red Cross taught the Schafer Prone Pressure rescue method for the treatment of drowning, pressure on the lower back which intermittently elevates the diaphragm, as occurs with the Heimlich Maneuver. It was affirmed that the procedure expelled water from the lungs.

More than 20 years ago, the Red Cross introduced mouth-to-mouth resuscitation as the primary treatment for drowning. Those responsible for that decision forgot that earlier manual methods expelled water by elevating the diaphragm and compressing the lungs. They did not appreciate that mouth-to-mouth is ineffective in the presence of aspirated water. In the subsequent 20 years, drowning deaths increased annually in the United States and exceed 8,000 per year.(App VIII) Parties responsible for that decision are still in dominant positions in the Red Cross.

Prior to July 13, 1985, the use of mouth-to-mouth as the primary treatment for drowning can be considered a scientific error. In view of the decision of your panel at the 1985 Red Cross conference to include the Heimlich Maneuver as a treatment for drowning since it expels water from the lungs, a deliberate attempt to exclude the Maneuver subsequent to that date must be regarded with suspicion.

Other actions of the Red Cross since the Dallas meeting are also subject to question. You are undoubtedly aware that at the panel on choking at the 1985 Dallas meeting physicians and scientists presented published data and emphasized that backslaps drive an object in the throat tighter into the airway causing deaths. Reports in the medical literature for the past 130 years were cited confirming that fact. That is why, after teaching backslaps as the primary treatment of choking for ten years, the conference concluded that backslaps were to be eliminated from Red Cross first aid training and posters. Chest thrusts, taught by the Red Cross for ten years, were also discarded due to injuries and deaths caused by crushed chests as evidenced with cardiopulmonary resuscitation (CPR). The press statement issued by the Red Cross, however, stated:

"Barker (Dr. Lewellys F. Barker, Senior Vice President of the Red Cross and CPR Director) emphasized that the Red Cross still does not believe back blows to be unsafe. 'We think the abdominal thrust has something of an edge,' he said. 'It is at least as good, very probably better. But we don't see great urgency or emergency in making the change. We don't think there is tremendous public health risk in using what people have been taught in the past.'" (Los Angeles Times, July 23, 1985)

Millions of Americans taught by the Red Cross have, therefore, not been warned that their actions in treating a choking victim, back blows and chest thrusts, can be lethal. Advising them of that fact is a national public health emergency. The same situation is true regarding the treatment of a drowning victim. The medical profession, scientific community, public health authorities, and the public must now be informed of this.

Decisions resulting from faulty research are life threatening and can not be concealed. Your obligation, Dr. Ornato, is not only to the Red Cross and Heart Association, but your actions reflect on the Medical College of Virginia of the Virginia Commonwealth University. No more lives must be lost.

Sincerely,



Henry J. Heimlich, M.D.

HJH/jh

Enclosures

cc: President, American Red Cross
President, Am. College of Cardiology
Dean, Medical College of Virginia
President, VA Commonwealth Univ.

President, American Heart Assn.
Director, Heart, Lung & Blood Inst.
Interested parties