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## Heimlich claims his 'maneuver' can save people from drowning

By Kevin Lamb

Staff Writer

Friday, September 01, 2006

Dr. Henry Heimlich is under increasing fire for his decades-long campaign to make the Heimlich maneuver the first step in drowning rescue.

The American Heart Association takes the rare step of singling it out as "unnecessary and potentially dangerous" in new guidelines for this year. Despite Heimlich's nearly 30-year campaign, every other authority to evaluate the Heimlich maneuver for drowning has recommended against using it before mouth-to-mouth breathing, if at all.

There are two main reasons, say the heart association, each of the world's rescue advisory boards and many academic experts on drowning:

- It delays putting oxygen back into the victim's lungs, which is the first priority in a drowning because brain damage can begin in four minutes.
- It increases the risk of vomiting, which can cause choking or lung damage.

They're wrong, says Heimlich. He contends that drowning victims die because their lungs fill with water, that rescue breathing is useless until the water is removed and that the maneuver removes it best.

But an American Red Cross research review in 2000 found "no scientific literature available supporting the concepts that near-drowning victims aspirate large volumes of water," that any water in the lungs obstructs the airway, that it must be removed, "or that the Heimlich maneuver (abdominal thrust) is an effective and safe method for removing aspirated water from the airway and lungs."

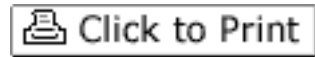
Critics won't discourage Heimlich, he said. "We're here to save lives."

Contact this reporter at (937) 225-2129 or klamb@DaytonDailyNews.com.

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## Heimlich says he has proof 'maneuver' works

By Kevin Lamb

Staff Writer

Friday, September 01, 2006

The biggest use of the Heimlich maneuver for drowning rescues was when Jeff Ellis & Associates' lifeguards throughout the country tried it before CPR in 1995-99. They revived 147 of 152 "unconscious, nonbreathing" drowning victims, in Dr. Henry Heimlich's words.

Even the Ellis researchers couldn't say whether CPR would have improved on that 97 percent rate, however, and nobody has independently scrutinized their records.

"It's clearly published," Heimlich said. "I have it from their Web site."

The www.jellis.com Web site contains brief summaries of 1996 and '97 rescues, but nothing with such basic research elements as methods, results, data charts and conclusions.

The research notes themselves are "just a bunch of scribbles on a grid sheet," said B. Chris Brewster, lifesaving commissioner of the International Life Saving Federation, after someone from Ellis showed them to him at a conference. Rescued victims were noted only as unconscious, he said.

"But unconscious doesn't necessarily mean nonbreathing," Brewster said. "They may have revived 97 percent of people who were already breathing. That's unlikely, of course, but you don't know from the data."

Others wonder if they were even unconscious. Their average time under water was 29 seconds. "People can hold their breath longer than that," said former Coast Guard drowning authority Dr. Alan Steinman.

In such a rescue, "you could probably jump on their toes and wake them up," said Dr. Robert Baratz,

president of the National Council Against Health Fraud.

Without seeing the original data, Baratz said nobody can know why those 147 people didn't drown.

"Any respectable scientist — when somebody says, 'Can I please look at your data and reanalyze it?' — would say, 'Sure, here are my notebooks and data books,'" Baratz said.

Why, then, hasn't Heimlich done that? "I don't have a medical organization that has the people to do that," he said.

Contact this reporter at (937) 225-2129 or klamb@DaytonDailyNews.com.

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## Heimlich finds little support for drowning-rescue theory

**Use of his maneuver as a first response may do more harm than good, some contend in rejecting it.**

By Kevin Lamb

Staff Writer

Monday, September 04, 2006

When Dr. Henry Heimlich urges people to use Heimlich maneuver as the first step in drowning rescues, he makes two persuasive points. Water has to come out of the lungs before air can get in, he says, and studies have found survival rates of 97 percent when the Heimlich maneuver is used first but 58 percent otherwise.

His many critics dismantle each point, however. They question whether Heimlich understands either how people drown or what constitutes credible research. Those critics are virtually unanimous among the countless experts in the medicine and mechanics of drowning who've gone public, thoroughly documenting their challenges to both the data he cites and the rescue examples he gives.

Nobody disputes the first priority in saving someone from drowning. It's getting air into the lungs so oxygen can reach the bloodstream and brain.

Standard-setting authorities on five continents have determined the best way to do that is to begin mouth-to-mouth rescue breathing as quickly as possible. They cite studies showing inhaled water won't interfere, and the Heimlich maneuver is more likely to create problems than solve them. They specify two main risks:

- "If you give the Heimlich maneuver first, then every second that goes by without breathing oxygen into the lungs, brain cells and body cells are dying," said Dr. Alan Steinman, who has been the Coast Guard's chief medical officer and a member of panels that set rescue protocols.

- The maneuver also increases the chances of vomiting, Steinman said. Acidic stomach contents "can do tremendous damage to the lungs" when drowning victims resume breathing, he said. They reflexively swallow so much water that vomiting is common in any rescue. "But if you do the Heimlich, you're guaranteeing it."

They're ignoring "scientific facts," Heimlich said repeatedly of the American Heart Association. It publishes the rescue guidelines of the International Liaison Committee on Resuscitation, which comprises the American, European, New Zealand and Australian, Canadian, South African and Inter-American rescue organizations.

"It's this old business of not wanting to make the changes and say they've been wrong all these years," Heimlich said.

Taking Heimlich's contentions one at a time:

### **Must water be removed for oxygen to reach the lungs of a drowning person?**

No, say autopsies and basic physiology. Drowning people do inhale water, but not for long. When the airway recognizes something that doesn't belong there, the larynx goes into a spasm that closes it, said Dr. Robert Baratz, a longtime emergency medicine practitioner and the president of the National Council Against Health Fraud.

That's why people cough when they drink something that "goes down the wrong pipe."

Even when water is in the airway, research shows it doesn't wall out oxygen. The Institute of Medicine and the American Red Cross found "no evidence in any study that removing water from the lungs will alter this sequence of events."

### **Is the Heimlich maneuver usually successful in drowning rescues?**

The maneuver's 97 percent success rate speaks for itself, Heimlich said. Jeff Ellis & Associates' lifeguards work at public pools and theme parks across the country, and they succeeded in 147 of 152 drowning rescues when the maneuver was their first step in 1995-99.

"But we don't have any data to show that it worked any better than the traditional model did," Ellis consultant Lawrence Newell said in 2001, a year after Ellis lifeguards began using the maneuver only if rescue breathing fails. Nor has Ellis' data been scrutinized independently.

The American Red Cross reviewed 18 drowning studies addressing the Heimlich maneuver for a report in 2000. Seven of the studies made recommendations — all for the rescue breaths and chest compressions of CPR. Only five recommended the Heimlich, even if something solid blocks the victim's

airway.

## How safe and effective is CPR in drowning rescues?

Heimlich's source for the poor 58 percent success rate of breathing-first rescues is a 1980s study of Seattle-area pools by pediatric drowning specialist Dr. Linda Quan of Seattle Childrens Hospital and the University of Washington. Quan characterized those lifeguards more as mere attendants, however — ticket and hot dog vendors not trained in CPR.

"The only fact I have is that she looked at lifeguards in public swimming pools and found 42 percent deaths," he said. "I haven't seen any studies done since they had good training."

Quan's follow-up report on Seattle's public pools appeared a year later in the 1990 *Journal of Environmental Health*. A decrease in drownings and near-drownings correlated with an increase in lifeguards who were trained in CPR's rescue breathing and chest compression.

"His mischaracterization, in print, was grossly misleading and defines his character," Quan said, preferring otherwise to let her writings speak for her.

Some people do recover from drowning after use of the Heimlich maneuver, Baratz said. They can recover from pneumonia after taking Lipitor (a cholesterol medication), too. It doesn't mean Lipitor cured it.

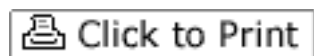
"The point is that the Heimlich maneuver might produce harmful effects, and it will delay the proper treatment," Baratz said. "Fundamentally, Heimlich's pronouncements about drowning are medically wrong."

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## Researchers, Heimlich rarely agree on drowning prevention claims

By Kevin Lamb

Staff Writer

Friday, September 01, 2006

People are dying because rescuers don't use the Heimlich maneuver on drowning victims, Dr. Henry Heimlich says repeatedly. He can't understand why the world's authorities on drowning rescues can't see what is so obvious to him.

The research is "all out there," Heimlich said. "It's been on our Web site."

The most comprehensive drowning paper on [www.heimlichinstitute.org](http://www.heimlichinstitute.org) is Heimlich's chapter in a 1999 drowning-prevention book compiled by the International Swimming Hall of Fame. Scientific Facts Show Heimlich Maneuver Best Method For Drowning, it's titled. It contains no raw data.

Heimlich has published articles in independently reviewed journals. The American Red Cross included three in a 2000 report, which reviewed 18 drowning studies addressing the Heimlich maneuver.

The Red Cross found no independent evidence in Heimlich's papers. It described them as giving a "general description" of the maneuver, the "rationale for performing" it and "anecdotal case reports" of rescues.

"I have yet to see any rigorous attempt by him to demonstrate the maneuver is superior through data and experimentation, which is the essence of science," said Dr. Robert Baratz, president of the National Council Against Health Fraud.

Heimlich and the drowning authorities clearly have different notions of what constitutes obvious research conclusions. As a result, they can look at the same reports and still dispute:



- The effect of inhaled water

"Every scientific study shows water fills the lungs," Heimlich often says. "Not one study showed that CPR is beneficial for drowning unless water is first expelled from the lungs."

Reminded of studies that show otherwise, Heimlich has suggested in letters, articles and interviews that researchers misrepresented their own data.

For evidence that water fills the lungs, Heimlich cites a study by Dr. Jerome Modell, an internationally honored drowning researcher who retired in 2001 from the University of Florida. But the study included no survivors, and Heimlich quotes the maximum amount of water in all the victims' lungs even though most had far less, Modell said.

"He's taken bits and pieces of things I've said over the years totally out of context."

Our bodies don't let fluids into our airways, which is why we cough our drinks back up when something goes down the wrong pipe. Water can reach an unconscious person's airway. But the bloodstream quickly absorbs fresh water, Modell said, and only a suction device can actively remove sea water.

"I know there's a false report that there's little or no water in the lungs," Heimlich said. "I'm taking issue with that now."

- **The Heimlich maneuver's ability to remove inhaled water**

Researchers can't pour water into people's lungs to see how well the maneuver removes it, so Peter Safar used anesthetized dogs at his University of Pittsburgh lab. Known as the father of mouth-to-mouth resuscitation, Safar said it was already established that drowning victims could be removed without removing that water.

Safar's September 1982 *Anesthesiology* report found "no significant difference" between using four Heimlichs and letting gravity drain the lungs at a 30-degree tilt.

"That study proved people drown because their airway is blocked," Heimlich said. "They found that four Heimlich maneuvers completely cleared that water from the dogs. That's just black and white."

Safar died in 2003, but told the Pittsburgh Post-Gazette in 1999 that his animal studies on drowning "did not find that the Heimlich Maneuver had much to offer. You can't get water out of the lungs unless you put air on top of it."

Heimlich gives several examples where victims were seen coughing out water after rescuers used the maneuver. But the examples "did not prove that the water obstructed the airways, or that the water came

from the lungs rather than from the stomachs," Dr. Linda Quan wrote to the *Journal of the American Medical Association* in 1993. She's a pediatric drowning specialist at Seattle Children's Hospital and the University of Washington.

- **Whether anyone recommends the Heimlich in drowning rescues**

No major resuscitation council recommends using the Heimlich maneuver as a first step in drowning rescue. When asked about that unanimous rejection, Dr. Henry Heimlich disagrees by citing a group that recommends it as a second step, if CPR doesn't work.

"The Red Cross says if they don't recover after mouth-to-mouth, use five Heimlich maneuvers," Heimlich said.

The American Red Cross said issued a special advisory on drownings in 2000, which said, "The Heimlich maneuver may be performed" if a solid obstruction appears to keep rescue breaths from helping. But the same advisory statement emphasized independent researchers' unanimity against using it for any other reason.

More recently, the Red Cross's 10-page 2005 Guidelines for First Aid ([www.redcross.org/static/file\\_cont4913\\_lang0\\_1727.pdf](http://www.redcross.org/static/file_cont4913_lang0_1727.pdf)) last December did not mention the Heimlich maneuver or the synonymous "abdominal thrust" in any context. Its drowning section, however, referred to it indirectly:

"There is no evidence that water acts as an obstructive foreign body, so don't waste time trying to remove it."

- *The effectiveness of CPR (mouth-to-mouth breathing and chest compressions)*

"The different studies have shown over the years that with CPR alone, invariably there are 50-to-60 percent deaths," Heimlich said.

Death rates in drowning rescues depend greatly on the victim's condition when revival attempts begin. Eighty percent would be a low death rate for those without a pulse, and 5 percent would be high for conscious swimmers.

"So you can find whatever success rate you want," said Dr. Alan Steinman, the Coast Guard's former chief medical officer and frequent adviser for official rescue protocols.

In the 2000 Red Cross analysis, evidence in seven studies led to recommendations for CPR. Quan wrote of one, "All victims receiving some degree of CPR did better than those who had none; the ones who received full CPR did best."

- **The safety of CPR**

But CPR is dangerous, Heimlich said. Chest compressions can break bones. And mouth-to-mouth is so harmful, the American Heart Association even approved compressions without rescue breaths for laymen reviving heart attack victims. A study last year found higher survival rates without mouth-to-mouth.

"So how can you possibly consider using mouth-to-mouth for drowning victims who have water in their lungs?" Heimlich said.

Drownings and heart attacks are different, Baratz said. Heart attacks affect circulation, so compressions are the highest priority. Drownings affect oxygen levels, so rescue breaths are paramount. A heart-attack rescue is no more appropriate for drownings than cholesterol drugs are for pneumonia.

"The essence of medicine is to get the diagnosis right, and then get the treatment right," Baratz said.

Heimlich is undaunted. He said it took experts 12 years to embrace the Heimlich maneuver for choking rescues. He's confident it's only a matter of time before the establishment's red-faced acceptance that he was right all along about drowning.

But Heimlich's assertions are "not the opinion of a maverick," Baratz said. "He talks as if, 'You've got to believe me because I'm different and I was right before.' His advocacy of the maneuver for drowning is, in fact, quackery."

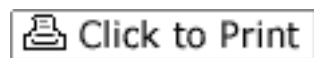
What Baratz calls quackery, Heimlich calls innovation. "I just stick to the facts," he said. "The scientific facts spell it all out."

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## Drowning experts question use of Heimlich maneuver

By Kevin Lamb

Staff Writer

Friday, September 01, 2006

Other drowning researchers have repeatedly asked Dr. Henry Heimlich for medical reports and witness names from the examples he gives of successful drowning rescues using the Heimlich maneuver. In one exchange of letters, Heimlich asked how anyone could be expected to remember names from so long ago.

"They're pretty shaky," said Dr. Robert Baratz, president of the National Council Against Health Fraud.

In a 1981 Dallas, Pa., case, for example, Heimlich wrote of a 2-year-old boy who was rescued from a pool after being under water and not breathing. The Aug. 12, 1981, Dallas (Pa.) Post described the same incident.

Heimlich said the boy had "no vital signs" and "dilated and fixed" pupils after 10 minutes under water. The boy expelled "about two cups of water" after the Heimlich maneuver and recovered fully after 10 to 15 minutes of CPR, he wrote.

In the newspaper account, the boy's uncle and rescuer said he was missing "for just a couple of minutes" and "was OK when we got him to the hospital" by ambulance. The article said nothing of vital signs, dilated pupils, expelled water or the Heimlich maneuver.

"All I did was do some CPR on the boy," said the uncle, Robert Besecker, an emergency medical technician.

Meanwhile, Dr. James Orlowski has collected about 30 cases of Heimlich maneuvers leading to bad results in drowning rescues, usually because of vomiting. Orlowski, a prolific researcher, directs

pediatric intensive care, pediatrics and medical ethics at University Community Hospital in Tampa and teaches at the University of South Florida.

He wrote 19 years ago in *The Journal of the American Medical Association* about what should have been the "routine resuscitation" of a 10-year-old boy who'd been submerged for less than two minutes. But given the Heimlich maneuver, the boy vomited extensively, damaging his lungs and impeding a lifeguard's and doctor's efforts to give him CPR. The boy died after seven years in a coma.

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## Lifeguard calls public campaign 'unethical' defiance of protocols

By Kevin Lamb

Staff Writer

Monday, September 11, 2006

After several medical panels rejected the Heimlich maneuver for their lifesaving guidelines in the early 1980s, Heimlich took his case to the public. He promotes Heimlich-first rescues by talking to the media, school children and lifeguards.

"He's asking lifeguards to reject protocols that have been vetted by experts," said B. Chris Brewster of the International and U.S. lifesaving organizations. "That's highly unethical."

Heimlich is the ethical one, he responded. "If you've got evidence that the Red Cross is wrong, what are you supposed to do? Not bring out the truth?"

But there are good reasons why all medical protocols are established by panels with expertise in both the problem and evaluating research, said Brewster, who's an emergency medical technician himself.

"You'd have medical anarchy if every EMT decided to do something he read in the New York Times," he said. "Nobody wants to think we're practicing new theories on their loved ones."

Worse yet, Brewster said, "Many lifeguards are teenagers, and probably impressionable when they hear something from an icon like Heimlich."

Even journalists set aside suspicions when they hear from a name that's in the dictionary. The New York Times' personal health columnist twice advocated Heimlich-first drowning rescues before publishing the heart association's warning against it last month. More than 100 outlets presented Heimlich's case, Baratz said, including this newspaper five years ago in a story that had opposing arguments.

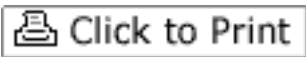
"He tries to argue with the strength of his personality," Baratz said, "rather than with data and experiments and with critical review." Instead of conducting research that refutes the case against his maneuver, Baratz said Heimlich essentially argues, "His maneuver is good is because Henry said so and Henry's Henry."

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## On drowning...Dr. Henry Heimlich vs. the American Heart Association

Friday, September 08, 2006

On drowning ...

| Dr. Henry Heimlich   | American Heart Association   |
|--|--|
| "Drowning occurs when a victim's lungs fill with water."   | "There is no need to clear the airway of aspirated water, because only a modest amount of water is aspirated by the majority of drowning victims...  |
| "As long as water remains in the lungs, breathing is impossible... The simple truth is that you cannot get air into water-blocked lungs."                          | ... and it is rapidly absorbed into the central circulation, so it does not act as an obstruction in the trachea ... The first and most important treatment of the drowning victim is the immediate provision of ventilation."               |
| "The Heimlich Maneuver pushes up on the diaphragm, compressing the lungs. This quickly expels water from the lungs of drowning victims and jump starts breathing." | "Attempts to remove water from the breathing passages by any means other than suction (e.g., abdominal thrusts or the Heimlich maneuver) are unnecessary and potentially dangerous... it could eject gastric contents and cause aspiration." |

Sources: Dr. Henry Heimlich; [www.heimlichinstitute.org](http://www.heimlichinstitute.org); American Heart Association, including



## International Liaison Committee on Resuscitation's guidelines in the Dec. 13, 2005 issue of its journal Circulation

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## What to do for an unresponsive drowning victim after calling 9-1-1 or shouting for help:

**1. Move** victim out of the water to a flat surface on their back.

**2. Open the airway:** Remove visible obstructions. Lift chin, push forehead gently back, and place your other hand under the neck.

**3. Check for breathing:**

- **Look** – is the chest rising?
- **Listen** closely for breathing sounds
- **Feel** for the sensation of a breath on your earlobe.




**4. If no signs of breathing:** Cover victim's mouth completely with your mouth and pinch the nose closed (with a baby, cover both mouth and nose). Give two slow, full breaths into the victim's lungs.

**5. Begin chest compressions** if no signs of circulation (breathing, coughing, movement or a pulse):

- Place the heel of one hand on victim's breastbone – between the nipples – and your other hand on top of the first.
- Position your shoulders directly over your hands.
- Give 30 fast chest compressions without pausing for an adult, 15 for children under 8. An ideal rate would be 30 in 18 seconds. Press down about 2 inches, but no more than one-half of the chest depth for a child under 8.



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## Heimlich's son questions use of maneuver on drowning victims

By Kevin Lamb

Staff Writer

Friday, September 01, 2006

Of all the voices shouting down Dr. Henry Heimlich, the loudest belongs to his son, Peter.

He and his wife, Karen Shulman, have established a Web site with an exhaustive collection of scientific papers, media reports, correspondence and other documents pertaining to Heimlich's various causes, including the Heimlich maneuver's application to both drowning and asthma.

"This isn't an abstract discussion," Peter said. "Drowning is an emergency in which seconds count. Delaying CPR can lead to brain damage or death."

Henry declined to discuss Peter or his medfraud.info Web site, calling it "a family issue."

Peter's relationship with his parents was "cordial but distant" until he learned of "serious, unaddressed medical problems in the family." Wondering how a physician could have let them develop, Peter and Karen started looking at Henry's work in March 2002 for some insight.

The Web site has become a repository of material about not only drowning, but also Heimlich's attempts to cure AIDS by injecting African patients with weakened malaria parasites. It also raises questions about how the maneuver and an esophageal surgery came to be named for Heimlich, among other things.

Drowning is where Peter's impact has been biggest. "In my opinion, (it) is unethical and reckless," he said, for Henry to recommend ignoring rescue protocols in his talks to lifeguards and middle-school students.

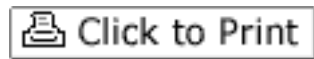
"He's putting the public at risk, so I decided to speak up," Peter said. "As his son, I felt responsible to do

what I could to put a stop to it. I don't want anyone else to get hurt."

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## On the Web: Heimlich and drowning

Friday, September 08, 2006

Dr. Henry Heimlich's Web site: [www.heimlichinstitute.org](http://www.heimlichinstitute.org)

Peter Heimlich's Web site: [medfraud.info](http://medfraud.info)

The American Heart Association's guidelines for drowning rescue, as agreed on by members of the International Liaison Committee on Resuscitation — the American, European, New Zealand and Australian, Canadian, South African and Inter-American organizations on resuscitation: [//circ.ahajournals.org/cgi/content/full/112/24\\_suppl/IV-133](http://circ.ahajournals.org/cgi/content/full/112/24_suppl/IV-133)


The U.S. Lifesaving Association has Pamela Mills-Senn's 2000 article about the Heimlich maneuver for drowning rescue in the "lifeguard library" section of its Web site, [www.usla.org](http://www.usla.org)

The online *Cincinnati Beacon* published Mills-Senn's four-part series in May about how her article came about. Search for her name at [www.cincinnati-beacon.com](http://www.cincinnati-beacon.com)

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