

THE LUCKIEST LITTLE GIRL *in the world*

Although Michelle Funk had been submerged in an icy white-water river for more than an hour, her doctors refused to let her die. In defying the odds, they made medical history



By Amy Sunshine



All photos, Tom Smart

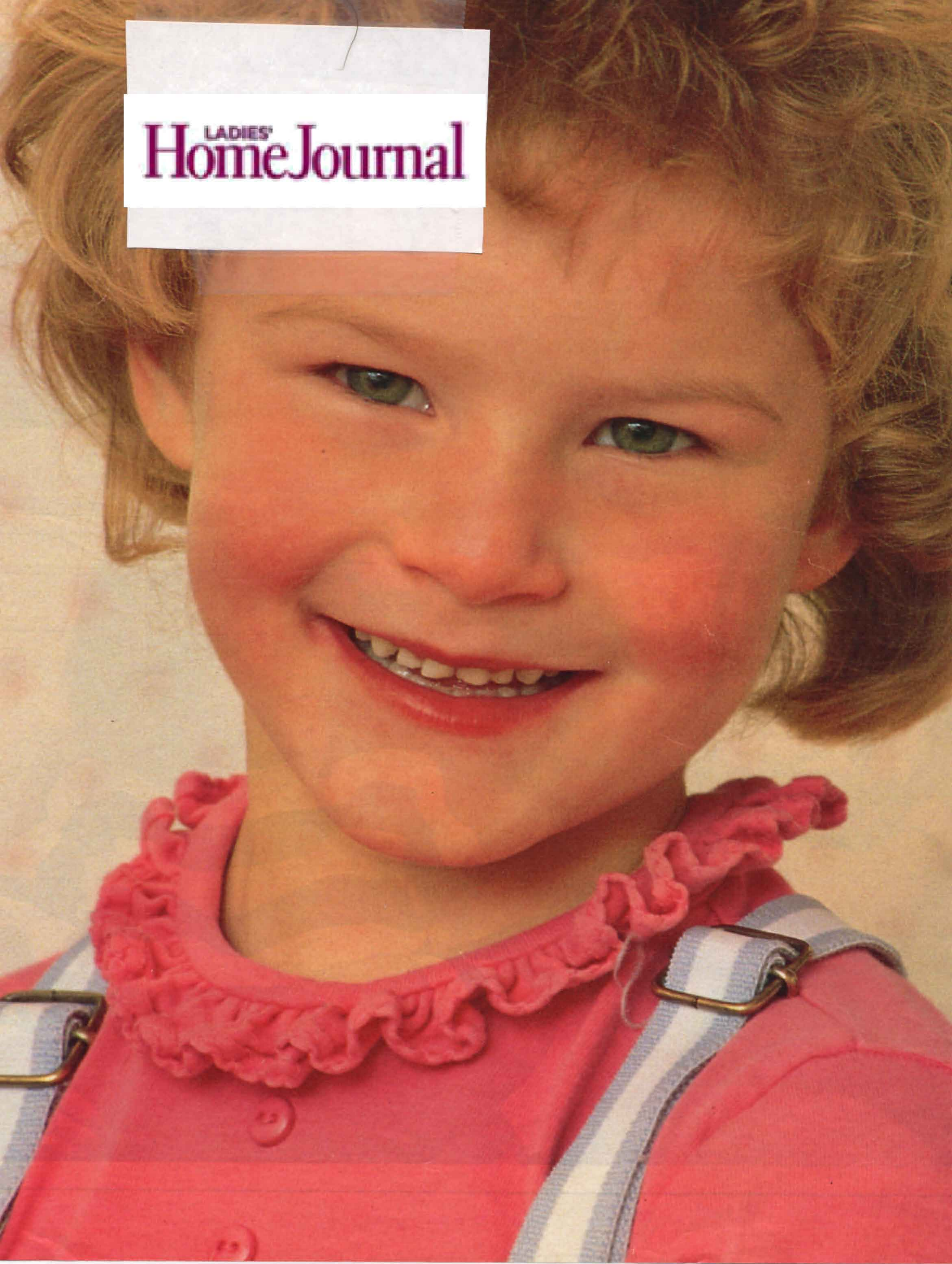
Michelle, happy and healthy at age five (left). After she almost drowned, the creek near the Funk home was fenced (upper right). Pam is grateful her daughter is alive (middle); the Funks with their children (above)

It's every mother's worst fear: You turn your back for a minute and your child disappears. On June 10, 1986, terror became reality for Pamela Funk. Pam and her three children—Derek, four, Michelle, two-and-a-half, and baby Nicole—were enjoying a leisurely late-afternoon picnic on their front lawn in Sandy, Utah. Impish and full of energy, little Michelle promptly plopped herself down in the barbecue sauce—wearing a brand-new pair of clean pink pants.

"I ran into the house to rinse out her pants and fix a bottle for the baby," recalls Pam. "By the time I got back outside, Michelle was gone."

She had good cause to be concerned. Just across the street from their home raged a white-water creek, swollen with the runoff from a record snowfall on the Wasatch Mountains, eleven (continued on page 188)

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thousand feet above. Soon, her fears were confirmed.

"Derek ran to me and said he and his sister had been pitching rocks into the creek and Michelle fell in," Pam recalls. "I didn't want to believe him, but I knew from his expression that it was true."

Controlling her rising panic, Pam rushed into the house to dial 911. She then phoned the irrigation company that controls the flow of water from the Bell Canyon Reservoir, halfway up the mountain. But the company said it could not lower the water level of the creek.

Still showing extraordinary presence of mind, Pam had a neighbor look after Derek and Nicole while she ran along the bank, shouting Michelle's name above the din of the water. "When I got back home, the search and rescue team was already there," she says.

In fact, a remarkable emergency network had been activated the moment Michelle was reported missing. The emergency room at Children's Primary Medical Center in nearby Salt Lake City was put on alert, as were a surgical team, an intensive-care unit, the radiology department and the lab. The fire department and paramedic

crew sped to the creek. An emergency medical helicopter was dispatched to the scene, its engine kept warm and ready for flight should the child be found.

Search and rescue deputies Dave Nelson, Thad Moore and Scott Browning entered the treacherous waters just above the point where Michelle had last been seen. To keep from being swept along in the violent current, they wore climbing harnesses, which tethered them by rope to men onshore.

The water was waist-high and a numbing 42°F. Rescuers suspected that Michelle had toppled into the creek just upstream from a culvert—a long, concrete pipe—that crossed the water under a road.

As rescuers searched the culvert, a backup team erected a series of aluminum grids downstream to catch the little girl's body if it appeared and guide it to the surface, where it could be seen.

Meanwhile, Michelle's father, Chris, a dentist in Salt Lake City, got an urgent message from his receptionist: *You must go home now!* "I drove about a hundred miles an hour," he says. "By the time I got home, Michelle had been underwater for forty-five minutes.

"They wouldn't let me climb down the bank to help with the search," he

continues. "I felt so helpless; then the rescuers said they could use a long wooden pole for probing. I had one in the basement, so I rushed it to them."

At the same time, a neighbor got some lumber and blocked off one of the reservoir gates. With the water level significantly lower, searchers were able to reach the other side of the culvert.

Suddenly, Dave Nelson, who was probing vigorously with the pole Chris had provided, saw what looked like a burlap sack wedged beneath a rock. With his next probe, a tiny hand rose out of the water.

"Michelle was about ten feet away from me," Nelson says. "I could see her, but I couldn't reach her. The current had sucked her to the base of a large rock, and she was wrapped around it. Scott got her loose and handed her over to me.

"She was absolutely white and badly bruised," Nelson recalls. "I knew she'd been in the creek for more than an hour, and she had no vital signs, so I pretty much assumed she was dead. Nevertheless, we began CPR."

After that, Michelle was transferred to an ambulance, where paramedics guided a tube through her mouth, directly into her lungs. A bag of warmed, humidified oxygen was attached to the tube and squeezed regularly, making



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"When Pam and I were ushered into intensive care," he continues, "we asked my dad to come with us so he could say a prayer for Michelle. Our prayers were answered. The next morning, Dr. Black told us Michelle had begun to respond to treatment immediately after we saw her and that she'd made steady progress ever since. By morning she was on acceptable respirator settings."

The long road back

Following surgery, Michelle was in a coma. She was also blind. "Her eyes were deprived of blood for so long that messages would get to her brain but could not be processed," Black explains. "This kind of loss of sight, known as cortical blindness, is sometimes, but not always, reversible," he adds.

Michelle emerged from her coma gradually. "Even though she seemed unconscious, we talked to her all the time," Michelle's father reports.

Then, about a week after the accident, came the turning point. "I was leaving her room to go to work one morning," says Chris. "I kissed Michelle on the cheek and said, 'Give Daddy a kiss.' As I was walking out the door, I heard a kissing sound. I turned around and cried, 'Michelle, did you blow Daddy a kiss? Give Daddy another one!' I called in all the nurses and doctors, and they said this was a significant breakthrough."

Once out of the coma, Michelle began to get stronger. But she still couldn't see more than shadows. After six weeks, Chris got up the courage to ask about her sight.

"I haven't wanted to tell you this," Bolte said, "but since you've asked, I have to be frank. There's no chance she'll recover her sight." That night, the family gathered around Michelle and said prayers for her vision.

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made an incision in her groin and attached two catheters: one to an artery and another to a vein," he explains. "Blood flowed into the machine from her vein. The machine would send oxygen into the blood and remove carbon dioxide and, at the same time, rewarm the blood. Then the machine would pump this oxygenated, warmed blood through her arteries, doing the work of both heart and lungs."

Michelle's temperature began to rise as soon as she was connected to the machine. She made no spontaneous movements until her temperature rose to 77°F. Then the medical team got the sign of encouragement they'd been waiting and hoping for: Michelle gasped. Her eyes opened briefly. Five minutes later, her heart began to beat on its own. When she had been on the machine for less than an hour, her temperature was restored to normal.

Throughout the first night, Philip Black, M.D., the pediatric lung specialist who managed her case in intensive care, kept a vigil at Michelle's bedside. "She suffered from pulmonary edema—water in the lungs—and we didn't know whether her lungs would adequately respond to direct pulmonary therapy," he says. "We finally decided to use a respirator to force air in and out of her lungs."

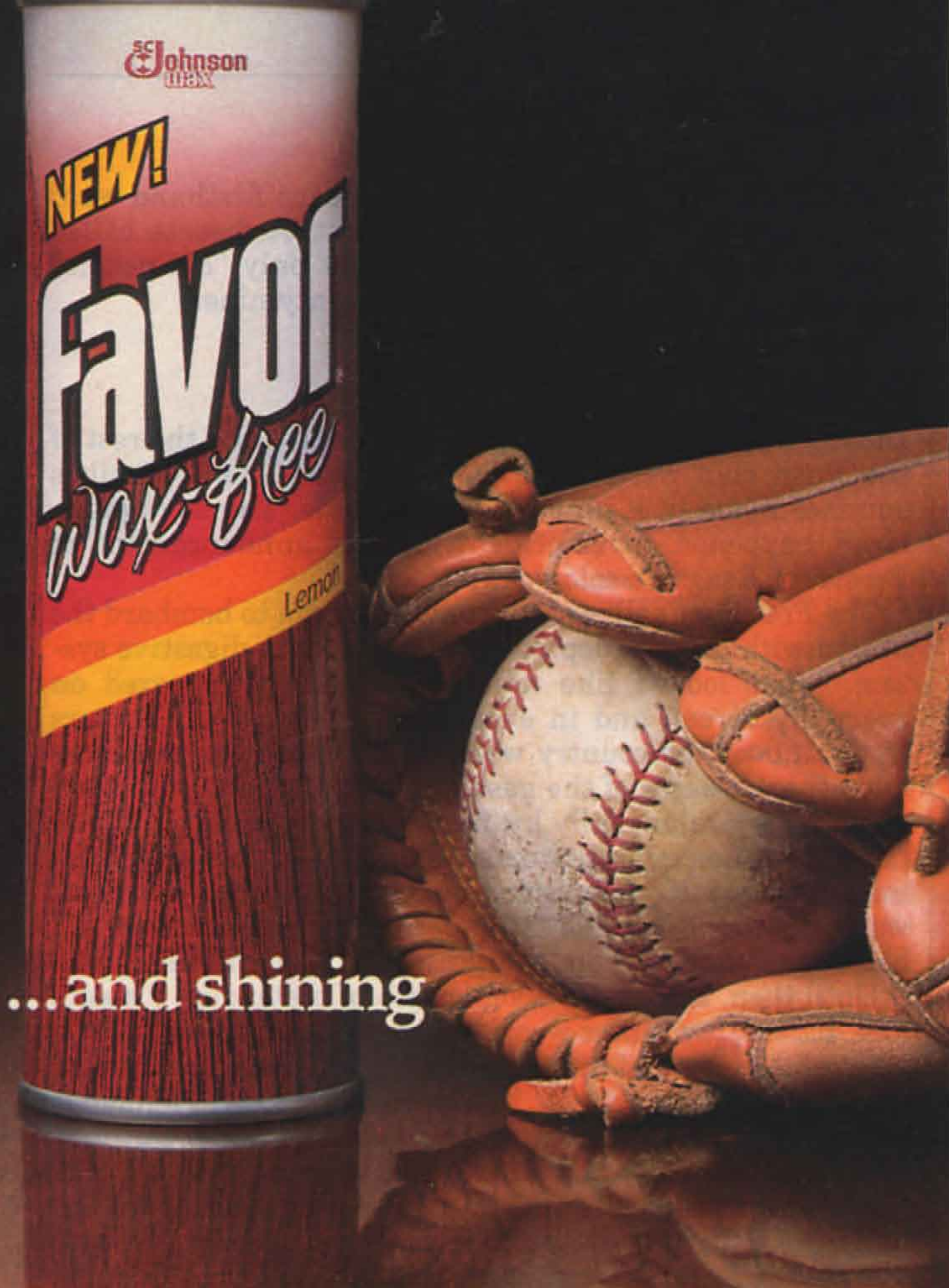
"We had a backup plan: If Michelle didn't do well within an hour or so, we'd put her back on the heart-lung machine, so her lungs wouldn't have to work."

Almost immediately, Michelle seemed to be losing the ability to absorb oxygen. Black made a decision to push the respirator harder. Michelle's survival was on the line.

"After several hours, they called us in to be with her," Chris says. "We didn't learn until later that they'd called us in to see her before she died."



...and shining



...and shining

"Later the same evening, sitting on my knee, Michelle turned her head and looked me directly in the eyes for the first time," Chris says, beaming. "I could see a look of recognition on her face. I stuck my tongue out; she stuck out hers. I was ecstatic." Within eight weeks of the accident, Michelle's vision was completely restored to normal.

Michelle was also feisty. "Sometimes, the nurses would find her with the blankets pulled over her head, as though she were sleeping," Pam says. "But underneath, she'd be pulling the tape off her cheeks and the tubes out of her nose," Pam recalls, now able to laugh at the memory.

When Michelle finally came home, more than two months after the accident, she was perfectly normal except for a tremor in her left arm—noticeable only when she was tired—which was corrected with physical therapy. Today she needs no special medical care whatsoever.

A wonderfully normal kid

At age five, Michelle is a lovely, normal little girl. To help Michelle fully regain her strength, coordination and balance, Pam enrolled her in dance and gymnastics classes. Somewhat ironically, Michelle also likes to swim—she loves the water.

Asked about the accident, the little girl pulls up her T-shirt to show off her abdominal scar. "They cut me open," she explains. "I had an accident and fell in the stream. My mom came to the hospital to bring me chocolate-chip cookies and my Cabbage Patch doll." Fortunately, perhaps, she remembers little else.

Given all that has happened, do Michelle's parents discipline her like a normal child? "Absolutely," Pam replies, and then pauses. "Well . . . maybe not. About the *twelfth* time she scribbles on the wall I scold her." Mi-

chelle also endures her share of good-natured abuse from her siblings and gives back as good as she gets. Piling in the backseat of the family car, Derek, Michelle and Nicole trade pokes, punches and blows. (The newest addition to the family, one-year-old Daniel, is spared for now.)

A miracle and an inspiration

The word *miracle* is often heard when people talk about Michelle. Not only was she the first child to be revived from drowning by extracorporeal rewarming; she also holds the record among brain-intact survivors of any age for the longest cold-water submersion. She was underwater for sixty-six minutes. Before Michelle's accident, the longest known submersion was forty-five minutes. And she had the lowest temperature of any submersion victim to survive intact. Without question, she has made medical history. But more than a medical miracle, she's an inspiration to a remarkable network of dedicated care-givers. Michelle's rescue was a high point for the search and rescue team, which was comprised almost entirely of courageous volunteers.

Bolte is quick to point out, however, that the vast majority of children in similar circumstances would not have fared nearly as well as Michelle. Prevention, he stresses, is the only real answer. "Better fences and better child supervision would save more lives than a heart-lung machine on every corner," he says.

Bolte's words do not diminish Michelle's triumph, though. She fought a painful battle for her own life. And she is, quite possibly, the luckiest little girl in the world. ■

Amy Sunshine-Genova is a free-lance writer who specializes in medical subjects.

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