

Regents Approve Separate Status for UMMS/H

BOARD ALSO HEARS FROM UMAB FACULTY, STUDENTS

At its Nov. 18 meeting in Westminster Hall the University of Maryland board of regents passed by unanimous vote a resolution calling for draft legislation that would establish the University of Maryland Medical System as a nonprofit corporation. Such a corporation would allow the System to deliver patient care commensurate with the sophisticated medical techniques of an academic institution without the cumbersome management structures and procedures characteristic of state agencies. The legislation will be submitted to the upcoming meeting of the General Assembly where it must pass the review of four committees before it reaches the full legislature for a vote.

In other business the board's Educational Policy Committee heard a report from Dr. Werner Seibel, a member of the executive committee of the UMAB Faculty Senate. Stating that within the last few years the faculty has become more aware of the importance of unifying the campus, Dr. Seibel told the committee that the Senate supports the establishment of a UMAB faculty club. The club, a long sought-after goal, is now the closest it's ever been to realization, said Dr. Seibel. He told the committee that other concerns of the faculty are security, promotion and tenure decisions, and faculty contracts. Dr. Seibel also announced that the Senate will sponsor a seminar on collective bargaining so that the faculty may understand its possible impact on UMAB.

Arthur Appleton, president of the USGA, addressed the board's Student Affairs Committee. Noting that security at UMAB is much improved, Mr. Appleton asked for a greater presence from the Baltimore City police in areas immediately adjoining the campus and that the campus police extend their van escort service to those areas. Mr. Appleton also called for increased recruitment of black professionals into the tenure track positions and that financial aid checks be made available before tuition is due as well as for increased athletic facilities for UMAB.

Staff and Contributors

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VOICE Speaking Out

Modern medical techniques save accident victims who would have died had they been injured a decade ago. Many of these patients suffer from head injuries and their recovery demands access to multifaceted resources. We asked Marge Epperson-Sebour, director of psychosocial services for the Maryland Institute for Emergency Medical Systems, about the problems of head-injured patients and what facilities they need to assure the fullest recovery possible.

The Magnitude of the Problem.

Head injuries now have reached epidemic proportions. A survey conducted in 1979 puts the number of current victims at 10,000,000. We know that every year 422,000 additional persons in the U.S. suffer head injuries serious enough to require hospitalization. In Maryland 670 per year suffer coma. Few of these patients would have survived their initial trauma without the new procedures and techniques that have been developed within the last 10 years, and especially within the last six. But it's only been in the last two years that we've fully appreciated and realized the support services this population requires. Public awareness is being aroused.

Recovery from a Head Injury. We know that the length of time to full recovery is proportionate to the length of time a person is in coma. And we know that this recovery is very rapid for the first year and continues at a slower rate for up to three years. No significant studies have been done on recovery beyond that. A person recovering from a coma goes through developmental stages similar to a child's; infancy, adolescence and adulthood. During this time he may exhibit characteristics typical of a child such as uncontrollable actions, inappropriate responses, violent behavior, sexual acting out, irresponsibility, inability to think abstractly, or to analyze. Furthermore, a patient may fixate at any one of these stages and not proceed to the next. To pass through these stages successfully requires an array of support services including, and perhaps most important, psychosocial supports.

What's needed. Nationwide there are few programs to help the head-injured. In Maryland we have the Center for Living, one of a handful of such treatment centers in the country. It addresses the psychosocial needs of the patient by enhancing self-esteem, helping him set realistic life goals in the light of his injuries and by helping him meet these goals. But the Center for Living is only a day-evening program. We need transitional living and respite care programs to assist people in readjusting to life. According to that 1979 study, there would be a good chance of fully integrating many of these people back into society if they had a system of continuity of care. Furthermore, providing such care would be cost effective because these patients could once again lead independent lives and be productive citizens.