THE HOUSE THAT COWLEY BUILT

By GERRI KOBREN

ON THE WALL in the office of the director of nurses in the Maryland Institute for Emergency Medical Services Systems (also known as MIEMSS, or Shock Trauma) is a small but conspicuous sign:

"Yea though I walk through the valley of the shadow of death, I will fear no evil.

"For I am the meanest son-of-a-bitch in the valley."

It was, says Elizabeth Scanlon, a peace offering from the boss, Dr. R. Adams Cowley, founder of Shock Trauma, director of MIEMSS, professor of thoracic and cardiovascular surgery at the University of Maryland School of Medicine, had been shouting at her. She walked out of the room. When she returned, he was gone, and the sign was up.

"The people he likes and respects the most he'll have these yelling, screaming matches with. People he doesn't really respect he rarely raises his voice at or reprimands," Ms. Scanlon explains.

The telephone interrupts the conversation. It is Dr. Cowley, calling from his office to hers with a message, not to Ms. Scanlon, but about her. His voice on the line is gentle, whispery. "Dear girl, you're talking to," he says, "is really the one who made it all happen. I'm a dreamer, she's the one who took notes and put the dream into form."

He will, in another conversation, offer similar praise for his long-time executive assistant, Sandra Barnes: "I couldn't have made it go without these two girls," he says.

Liz Scanlon is not surprised. She was a new nurse in 1957, fresh out of the St. Agnes Hospital school, when she came to work for R. Adams Cowley, who was then pioneering in open heart surgery at University Hospital. Looking for something to dedicate herself to, she did indeed sit up with him after long days in the operating room, and wrote the grant requests that led to the creation of Maryland's internationally famous trauma response system. "She works like hell," Dr. Cowley has said of her; it is his highest accolade.

"He can be very charming socially and in first impressions," Ms. Scanlon says now. "Obviously he knows how to manipulate people. He couldn't have accomplished what he has otherwise."

Friends, the kind he likes well enough to shout with, generally call him "R" or "R.A." Liz Scanlon, who still thinks of him as the "eminent cardiac surgeon" she came to work for 25 years ago, cannot bring herself to say anything but "Dr. Cowley."

Hospitalized this winter as a result of a fracture sustained when he slipped on the ice behind Shock Trauma in January, Dr. Cowley describes himself in other terms: Pajamaed in the crisp pink outfit the doctors and nurses in his unit wear into surgery, he scrawls blue ball-point-pen diagrams on his bedsheet to illustrate the cardiac-assist devices he created with his engineering pals in his heart-surgery days; then, airily, he dismisses whatever distress the inky mess may cause in the hospital laundry. "I am," he says with his blue-gray eyes a-twinkle, "a son-of-a-bitch. But I'm a lovable son-of-a-bitch."

R. Adams Cowley is being charming.

Softly, softly, with earnest good will, he seems to accede to the request for the lowdown on the *real* Dr. Cowley: He is just a just a country boy, he says, raised on a ranch in Lay

Dr. R. Adams Cowley, founder of Shock Trauma.

tor, Utah. His parents named him "R. Adams," the R standing alone, not abbreviating anything. In his youth he used to break wild mustangs; that's how he picked up his explosive language. The great-great-grandson of a woman who trekked across the plains behind Brigham Young in the great Mormon migration of 1848, he was also a high-school bad boy who got kicked out five times and only put his priorities in order when he was thrown out of college and found himself wrestling tires and trundling cement and cleaning spittoons for $37 a week. He decided he'd have to find a better way to make a living.

So, now, here he is, in his 60s, a stocky, jowly man of medium height, with hair close-cropped and whitening above the ears. Controversial, often embattled, reputed to be a man of moods and tempers and outspoken insistence that his methods, developed from his research into the processes of death, are right, proper and necessary, he is also nationally recognized and highly honored as an authority on trauma care.

Dr. Cowley is a founding member of the Society of Thoracic Surgeons and of the American Trauma Society, of which he is now president. He has citations from the United States Congress, from the State of Maryland and from the city of Baltimore. He is or has been a consultant to governors, senators, to the military and to the President of the United States.

He has gone abroad as well, to advise on trauma, and is about to begin a program of education for foreign emergency medical technicians, to be broadcast via satellite. A new book on trauma care, published this spring by University Park Press, bears his name as co-editor; it is based, according to the publisher's catalog, on Dr. Cowley's experience and Dr. Cowley's methods.

More than two decades ago, he began the studies on dying that would culminate in Shock Trauma. The human body, he found, could not recover biochemically if blood pressure was drastically depressed for more than an hour. The research began with cardiac patients; the most dramatic clinical application has been to accident victims, people bleeding to death from either obvious or internal wounds, people who would die without immediate treatment to raise the pressure and perfuse the tissues with blood.

"Look," he says, "an old guy like me, I'm in the age group for a stroke, heart attack or cancer. I've taken out lungs, and radiated the patients, and given them chemotherapy. I know that you can do all these things, and the survival rates haven't changed. If we're going to go much further, we're going to have to find out what causes cells to become malignant. In heart disease and strokes we can do bypasses and transplants, but we still have to find out why blood vessels get hard.

"But you don't have to find out anything about trauma. You don't need great science, or a great hospital, or a great doctor. All you have to do is get the community organized into a system of care."

Organizing that system, Maryland's system, brought down a storm of protest on his head. Local hospital emergency rooms weren't good enough, Dr. Cowley said; massive injury required massive response, team response by several different medical specialists experienced in trauma, backed by the best in life-support technology, ready to go to work immediately and cooperatively on the dying patient. Sometimes the transfusions would have to flow before the blood was crossmatched. "If I give you a mismatch, I can fix it later," he says. "But if I don't do anything, and you die, it doesn't matter what kind of a cross-match you would have had."

Community hospitals weren't happy when the big trauma cases began bypassing their emergency rooms. And doctors didn't always agree with the methods.

"Victorian surgeons," he calls some of the old adversaries. "They would say, 'This is *my* patient. *I'm* in charge of him. If *I* decide he needs tube or that *I'll* do it.' Well, that's fine in medicine, but not in a program where people are dying. Because by the time you finish deciding, the guy is dead.

"Our whole goal is to keep the patient alive. If you stop to diagnose, half of your patients are dead. We treat before diagnosing. That is just the opposite of what you're taught in medical school."

Today, young surgeons from all over the world come to MIEMSS to learn, and they are still suspicious of the Cowley protocols, the "cookbook" of treatment directions he has insisted on as the standard response in all trauma cases. "After 15 or 18 years, we've learned most of our patients do better if we do these things," he says. "We make the doctors do it our way. They don't want to, but we tell them, 'You came here to be trained.'" He laughs. "It kills them."

Nurses, apparently, have no such problems with the Cowley regulations. Turnover, in a profession otherwise marked by "burnout," is low. Ms. Scanlon reports not only a full house, but a waiting list; 60 applicants from this year's nursing school graduating class have had to be turned away. According to Deana Holler, R.N., who's been working in the unit for eight years, nurses only quit when they are unable to work by reason of pregnancy or because their spouses have been transferred out of town. "I really believe in this system," she says. "I believe in the team approach, and in the protocols."

IN LARGE part, the personal and professional gratifications Ms. Holler talks about—the opportunities for growth, for meaningful participation on a colleagual rather than handmaiden basis, and for education and expansion of responsibilities—derive directly from Dr. Cowley.

"Nurses are overworked, over-exploited and under-utilized," he grumbles. "They really are the doctors when the doctors aren't there. By God, these women know more than a lot of the young doctors who come through. In my thoracic surgery a nurse was treated like a doctor, and they didn't have to do anything a doctor didn't. We'd have seven- and eight-hour operations, and they'd miss lunch, so I'd take them all out to dinner at Sabatino's afterwards, trying to pay them what the university didn't."

He also offered them what nurses claim to want: education, responsibility and respect. According to Ms. Scanlon, he was the first physician in the country to create a corps of specially trained cardiac nurses.

But now Ms. Scanlon and her staff struggle against an opposite kind of difficulty. Dr. Cowley, she says, expects experienced nurses to monitor the newest doctors. "I," she says, "do not like to be put in the middle."

On most major issues, however, and against more entrenched opponents, the country boy from Utah has had his way: the Maryland system is indeed *organized*.

Far more extensive than the famous Shock Trauma unit on the campus of University Hospital, MIEMSS includes a sophisticated communications network and a transport system

Continued on Page 16

Dr. Cowley's principle: Treat accident victims for shock before diagnosis.

COWLEY

Continued from Page 13

of State Police helicopters, harbor vessels and ambulances united in the rescue effort and operating now according to the Cowley protocols are regional trauma centers in outlying areas of the state, and satellite trauma centers inside the city. Scattered through several other hospitals is a network of special care units for burn cases, patients with damage to the eyes or the extremities, pediatric trauma victims and life-threatened infants. All of them also abide by Dr. Cowley's criteria and submit to monitoring by members of the Cowley team.

MOREOVER, a Mid-Atlantic Council created 10 years ago by Dr. Cowley, allows movement of trauma cases across eight state lines so patients in any of the cooperating jurisdictions can be taken as quickly as possible to the most appropriate center.

Shock Trauma itself, the original unit, is still the site for care of the state's most serious casualties and for all the head and spinal cord cases. Headquartered here, directed by Dr. Cowley, MIEMSS is an autonomous division within the University of Maryland. That independence also is the result of a struggle, and it has left scars.

Originally, the University's Medical School was overseer to the Cowley effort. "But," recalls Ms. Scanlon, "Dr. Cowley recognized that it was necessary to separate services to the patients from the requirements of medical school training."

According to Dr. Alasdair Conn, British-born chest surgeon who serves as director of field operations for MIEMSS and, he says, as the "political arm" in charge of smoothing ruffled feathers, there were also financial difficulties. The legislature would allot money to the university, which would then pass it through the various divisions, and the trauma unit would come out on the short end.

The conflict was resolved in 1973 by then-Governor Marvin Mandel. Responding to the dramatic trauma response that saved a political buddy and to the pleas of the dramatic traumatologist, Mr. Mandel signed a bill separating the trauma institute from the medical school, making its financial support a line item in the state budget.

What had been Dr. Cowley's concept was now truly and totally Dr. Cowley's baby.

Within the university community, however, the arrangement rankled; Dr. Conn and Ms. Scanlon remember a long period of ostracism, if not downright hostility, directed at the breakaway Shock Trauma crew by the staff of the hospital and medical school. Even now the relationship is not altogether smooth. "There is a feeling in the hospital that Shock Trauma grabs all the media attention, the money and prestige," Dr. Conn acknowledges.

"R-A's made a lot of enemies," he continues. "Hospitals still complain that we are stealing their patients."

So MIEMSS loyalists make a point of the difference between big, life-threatening trauma cases and the kind of injuries that ought to be treated in community hospital emergency rooms. And they talk about the regional centers and specialty units in other hospitals; and Dr. Cowley, addressing a national symposium on trauma held in Baltimore in April, warns the out-of-state doctors and administrators who are about to set up new trauma centers: "If you don't split the pie, you have all the other people down your neck."

IN FACT, there is little question about his enthusiasm for the hand center at Union Memorial: "It is," he says, "the best on the East Coast. It's where I'd go if I had any trouble with my hands." About the fragmentation in general, however, Dr. Conn finds his boss "ambiguous," accepting the need for specialization and regionalization, but still "paternal" about his own downtown unit and concerned about any

movement of his own trained staff to trauma centers elsewhere.

And clearly, MIEMSS headquarters is, to the head traumatologist, the absolute best. "Why are we so great? If you only treat shock once a month, you're going to do a damn poor job. But we're doing it all the time."

The status of the headquarters unit hit the news again a year ago, when Dr. Cowley, increasingly frustrated by the overcrowding and the consequent necessity to divert accident victims to other hospitals for care, let it be known that he would consider moving the hub of the trauma system away from the downtown campus.

THERE was no disputing the need for expansion, but controversy arose when the university, in 1981, asked the legislature to approve construction of a 14-story building in which the hospital—as distinct from Shock Trauma—would occupy about a third of the space. Legislators, traditionally sympathetic to Dr. Cowley, turned it down.

In the closing days of the 1982 legislative session, however, state approval was obtained for a planning grant for a new structure to house just the trauma center, with 36 beds in its critical care recovery unit instead of the present 12, and another 101 beds for people in various stages of intensive and rehabilitative care. The new building will also have its own helicopter pad, instead of the present Rube Goldberg system that requires landings on the roof of a hospital garage, ambulance transport down the ramp to the Shock Trauma entrance, by a garbage dumpster, and a rocketing stretcher ride down a corridor and up in an elevator to the admitting area.

It will, however, remain attached to University Hospital.

This is the house that Cowley built.

c

When Dr. Cowley fractured his leg this past winter, he first went to Maryland General Hospital for treatment. "We take care of severe cases stuff here, not the bread-and-butter things," he says, explaining why, after he had hobbled back into his unit the night he fell, he had had himself taken elsewhere for care. Besides, he adds, the surgeon he wanted was at the other hospital, and in the other hospital he thought he'd have the relief of anonymity.

But peace and quiet soon palled. "Jeez, I was going crazy over there in that cell," he continues. "So when I could get up a little, I came back here. And I have no way of driving home, so I stayed." He looks toward his foot, elevated because of the phlebitis discovered when the cast came off at the end of March. "At least here I can come down to the office and work," he says.

If his room at Maryland General was a cell, the austere little space he moved into along Shock Trauma's corridor for spine-injured patients is no better: it, is dead white, lacking decoration of any sort, and dry flakes of something blow out of the radiator and settle like dandruff on dark surfaces.

His office is no more luxurious than his room, though it is considerably more cluttered. A desk, a chair and a narrow cot are its only furnishings. Books and charts and papers cover almost every available surface, along with a very few personal objects: a set of western scenes on one wall, a shelf that holds the model biplanes he used to build, another shelf with photos of his daughter and grandchildren in California. His mother still lives in Utah; from behind a stack of papers he pulls a picture of the family homestead and another of himself as a young man, at the wheel of a Jaguar with a souped-up Chrysler engine.

He doesn't race cars any more, or fly a plane. He doesn't travel, he says, except to deliver papers at conferences. Liz Scanlon has never known him to take a vacation. "What I do most," he says, pausing slightly, "what I do . . . I just work."

SOMEWHERE, sometime, in the years of studying and battling and building and working, his marriage foundered. In Shock Trauma this is a common occurrence, according to Dr. Conn. "You have here a group of highly stressed people who carry their professional stress into personal relationships," he says.

John Ashworth, who has

Continued on Next Page

Sun photo—J. Pat Carter

Shock Trauma doctors try to save an accident victim during the crucial first hour.

COWLEY

Continued from Page 17

for the past 11 years been executive director of the Maryland trauma system; has met that on-the-job stress too; a good part of it, apparently, comes from the boss.

"He doesn't step on toes," Mr. Ashworth begins. "And he certainly doesn't do it consciously. He's an individual who wants to see something done, and he feels it can be done if we just keep pushing for it. He may give the impression of stepping on toes, but all he's doing is making progress."

Mr. Ashworth pauses for a moment. "It's been a hard 11 years," he finally confesses. "My toes are swollen."

—o—

R Adams Cowley is no longer a member of the Mormon church, but the reverence for work espoused by the religious tradition remains. "Everyone who works here works like hell," he declares. "I can't say that for a lot of places." His own successes are similarly explained: "Everywhere I went I did a good job, not because I'm smart, but because I know how to work."

Married when he went back to college, toiling at heavy labor at night and going to classes by day, he still managed to graduate eighth in his class at the University of Utah, and to win acceptance to the medical schools at Stanford, Tulane, the Hopkins and the University of Maryland. He decided on Maryland for no better reason than that two docs he knew in Utah were graduates; he arrived a week before he had to because another fellow from Utah was coming east at that time, and he wanted to travel with someone who could show him how to behave on the train.

He had with him his entire fortune, $750, for the first year's tuition.

Within a couple of days he had decided medical school was a mistake.

"I was so homesick I couldn't even eat. I called home and told my father I didn't want to be a doctor; what I wanted was to come home. Then I called the dean of the medical school and told him I wanted to go home.

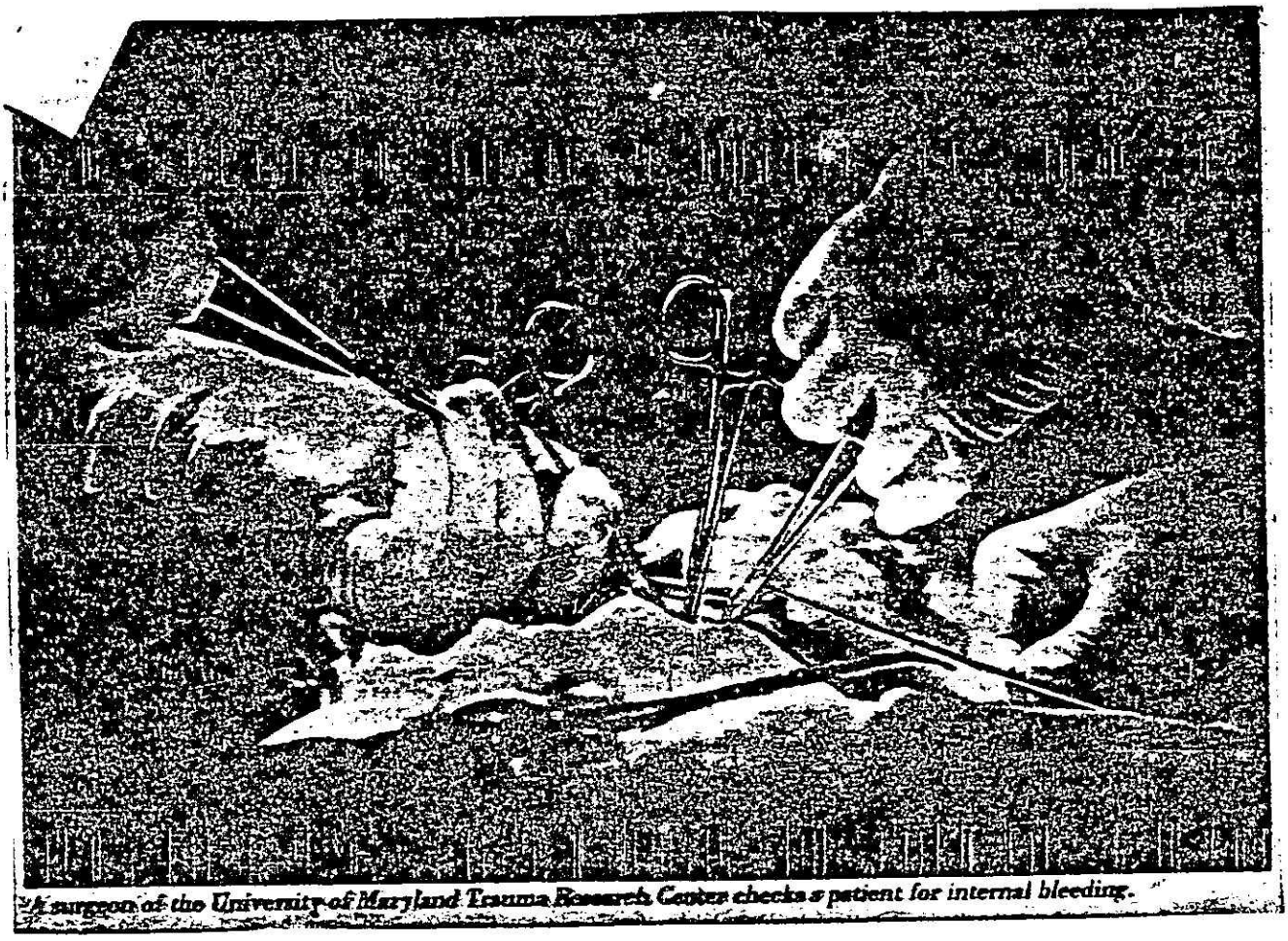
The dean talked him out of quitting and found him a place to live more suitable than the unsavory hotel he had landed at on his own.

Before the year was out, World War II had begun. Mr. Cowley was drafted into the Army Students Training Program, "and that was a lifesaver. It paid for everything, my tuition and the clothes I wore." By the time he finished medical school the war was winding down; he had a year's internship and a year of surgical residency before being sent to Europe as a military surgeon in 1946, first in France, then in Germany.

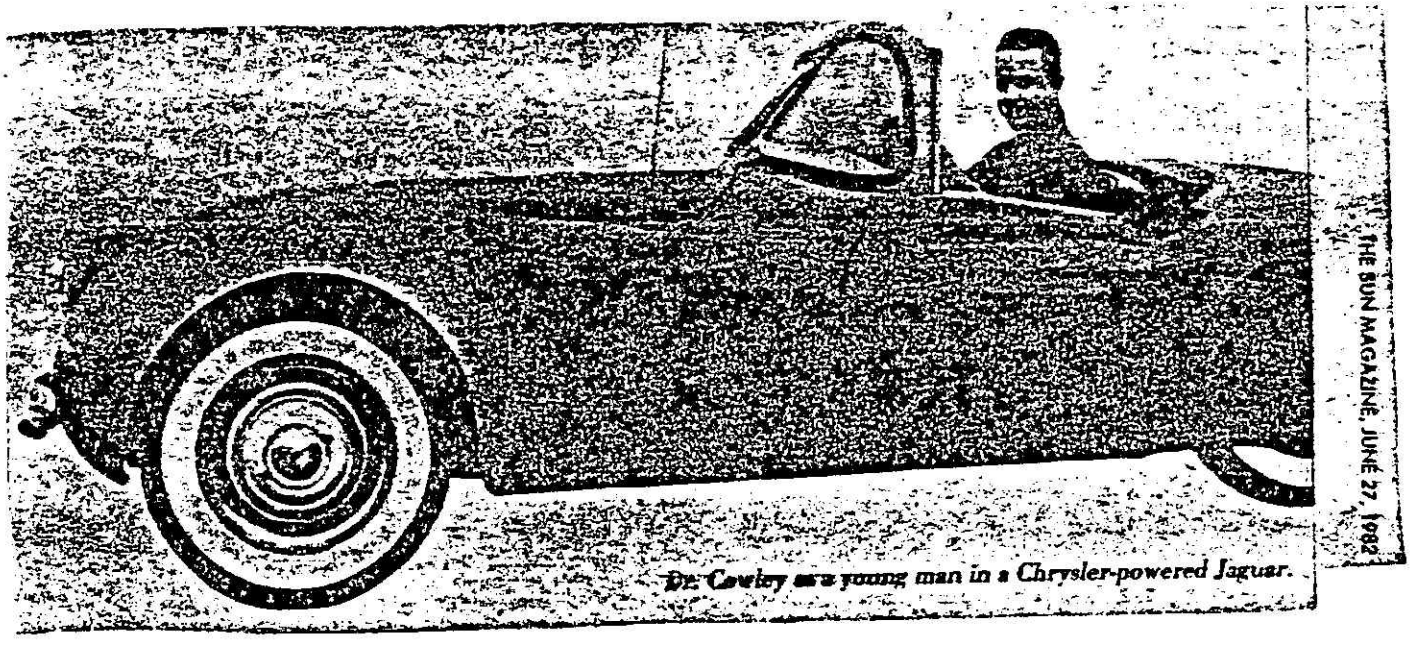
"When I was in the Army," he explains—and this explains a good deal about him—"people would ask where I was from. I'd say, 'Baltimore,' and they'd say, 'Oh, from Johns Hopkins?' And I'd say, 'No, from the University of Maryland.' They'd say, 'Oh.' And that stopped the conversation. 'Well, God damn,' I said to myself, 'if I can ever get back to the University of Maryland, I'm going to make something there that's better than anything anyplace else.' And I think I did."

He looks towards the window, attracted by a crescendoing drone overhead. "There's a copter coming in," he says. His mouth has turned up in a tight little smile, but the twinkle has disappeared.

Another dying Marylander is heading into Shock Trauma. □



A surgeon at the University of Maryland Trauma Research Center checks a patient for internal bleeding.



Dr. Cowley as a young man in a Chrysler-powered Jaguar.