MIEMSS PUBLIC AFFAIRS PRESS REPORT

NOVEMBER 1992

Shock Trauma Articles

Where Is Proof Shock Trauma Is Overrated?

On Oct. 9, *The Sun* published an editorial stating that the Shock Trauma Center is "overrated." Furthermore, according to Dr. Kimball Maull and *The Sun*, there is "objective proof" that Shock Trauma falls below "national norms." According to the editorial "this is clearly unacceptable."

As a former Shock Trauma patient, I find these accusations made by Dr. Maull and *The Sun* unsupported and therefore totally unacceptable.

I was airlifted to Shock Trauma and spent over 11 hours in surgery and nine days in the Shock Trauma critical care unit. I had excellent care and support throughout my personal tragedy, and now I'm healed, back to work and have become the mother of two lovely daughters.

Shock Trauma gave me back my life. I truly believe that Shock Trauma's multi-disciplinary team approach and the state of the art delivery of medical care is what made the difference for me.

My personal high regard for this institution remains intact despite *The Sun*'s editorial. It is inconceivable, to me, that Shock Trauma is rated so low.

For this reason I personally called Dr. Maull's office in an effort to procure the "analysis" claiming "proof" of a low rating. I was flatly denied access to the report and was referred to Joan Schnipper at the University of Maryland Medical Systems public relations office.

She informed me of many issues concerning Dr. Maull's "analysis," specifically that the study needs and is undergoing further interpretation. This being the case, why was the report released so prematurely?

Ms. Schnipper also stated that the "analysis" is very controversial: "Only half of all U.S. trauma centers consider this methodology valid."

Then why do Dr. Maull and *The Sun* accept this study so avidly? Ms. Schnipper went on to say that the method of data collection needs to be improved in order for the study to be "implemented correctly and draw valid conclusions."

Also, the study is meant to be a quality assurance or quality management tool. Does this mean that Dr. Maull's conclusions are based upon incorrect data collection techniques? Why is Dr. Maull muddying the Shock Trauma name over a questionable quality assurance tool?

I began an innocent inquiry of the Oct. 9 editorial only to find Dr. Maull's "proof" may be based on myth. The validity of a study is dependent upon the methodology. Without legitimate methodology, there can be no legitimate data from the study. Without legitimate data there is no "proof."

Furthermore, if the data and full analysis is not open to review, the validity of any conclusion must be questioned. *The Sun* has accepted Dr. Maull's "proof" when in fact no proof has been forthcoming.

I publicly request, here and now that Dr. Maull allow me, *The Sun* and the people of Maryland to examine the complete study. If Dr. Maull continues to refuse access to the "proof," I request he publicly retract the misleading accusations about Shock Trauma.

Any system can and should improve. Let change be based upon real facts and truths, not smoke and mirrors.

Hazel Heeren
Severna Park

Arundel Sun
Pasadena, Md.
NOV 3 1992

Howard Sun
Ellicott City, Md.
NOV 3 1992

Carroll Sun
Westminster, Md.
NOV 3 1992

Tuesday, November 3, 1992

Baltimore Sun (Evening)
November 20, 1992

'Conspiracy' at Maryland Shock Trauma

ARTICLES and editorials in *The Sun* and *The Evening Sun* suggest my recent demotion by Dr. Kimball Maull as chief of neurotrauma at the Maryland Shock Trauma Center was related to findings of poor survival rates at Shock Trauma. I write to refute these suggestions.

Dr. Maull has stated publicly that I have been demoted because he does not share my "philosophy" regarding the management of trauma patients. He was made aware of changes at the center before his arrival and again shortly after his arrival. (I preceded Dr. Maull here by nine months.) He expressed unqualified support. He also approved of the fact that I eliminated research projects on patients that had not received institutional approval, and that I would not sanction the use of experimental surgical techniques without appropriately approved clinical protocols. Finally, he is fully aware of the fact that the data on which the debate on survival rates focuses was collected prior to my arrival and thus cannot be attributed to my stewardship. Yet, by his unconscionable silence regarding my demotion, he has left the contrary impression.

Dr. Maull has acted in breach of my contract, a contract for which I left a stable, tenured professorship to commit myself to serving the people of Maryland. He has done this for one reason: My removal permitted him to turn the position, and the neurotrauma programs and assets of Shock Trauma, over to Dr. Anthony Imbembo, chairman of the Department of Surgery, University of Maryland School of Medicine, to be used to recruit a chairman of the Division of Neurosurgery at the medical school. In exchange, Dr. Imbembo joined with Dr. Maull to create the program whereby all trauma patients who enter the University of Maryland Medical System will be taken care of at Shock Trauma, regardless of the severity of injury. This is contrary to the system created by Dr. R Adams Cowley, in which only the most serious and critically ill patients were to be taken to Shock Trauma, a system I have admired for years.

Marylanders should be concerned by this conspiracy to merge Shock Trauma with the School of Medicine, because of the vastly different commitments required of the two institutions. Shock Trauma, by its mandate, is committed primarily to the immediate care of seriously injured people. That commitment should not be diluted by the requirement to care for the less seriously injured. While it has other missions of education and research, its foremost priority is care of the seriously injured.

The primary commitment of the University of Maryland School of Medicine is to academia, to teaching and research. There exists no exclusive dedication to receiving and promptly treating serious and sometimes critically injured patients. This operating principle in no way impugns the commitment of individual clinical faculty to the patients they serve. But if a medical school faculty member wishes to advance professionally, he or she must produce academically. There's little credit in promotion and tenure considerations for the number of patients cared for or the number of dollars that flow to the university because of that care.

Dr. Maull's conclusions regarding survival rates were arrived at through flawed methodology, aptly characterized as comparing apples and oranges. Unfortunately, the press has not provided a critical analysis of the facts. Dr. Maull was cautioned by the analysts against drawing the very conclusions he drew. Dr. Maull acknowledged in a recent medical staff meeting which I attended that the data collection system used at Shock Trauma was incompatible with that used in the systems to which Shock Trauma was compared.

Dr. Maull, as a physician and a scientist, knows the lack of validity his revelations had. He has brought disrepute to Shock Trauma and its dedicated staff. He is reported to have said that he would destroy Shock Trauma if necessary to bring change. He has frightened the public. He has done this with a callous and irresponsible calculation to consolidate his power base, and for no other reason.

The care of patients at Shock Trauma is constantly monitored by the quality assurance and risk management programs at the University of Maryland Medical Systems (UMMS). If the care has been poor, and if these programs failed to detect it, Dr. Morton Rappaport, as head of UMMS, is ultimately responsible.

Clark Watts, M.D.
Baltimore

Polimericks

On the hustings he deemed it essential
To be grossly unpresidential
Which is reason aplenty
That for Bush come 1/20
The White House won't be residential.

Iran-contra pardons? Could be
By last-minute lame duck decree,
Dismissing the worst
Covert scandal — but first
At last Bush should say, 'Pardon me.'

In the speech after speech voter chase,
A voice can be lost without trace;
When a candidate's motto
Comes out voce sotto,
You know he's been in a hoarse race.

— George Neff Lucas

EHSF Commentary:

CHANGE, CHANGE AND MORE CHANGE

Barry E. Yingling
President and Chief Executive Officer

During the past several months news stories about problems with the Maryland EMS system have been circulating in the news media. These stories have focused on turmoil within the Maryland Institute for Emergency Medical Services Systems (MIEMSS).

Having read these stories and talked to folks familiar with the MIEMSS "problems", it was easy for me to be tempted to gloat over the tumult and adverse publicity accorded MIEMSS. For years those of us north of the border have been told that Maryland had the best EMS system in the country. We were told how inferior the Pennsylvania EMS system was when placed next to that of Maryland. But, we plodded onward with our inferiority complex and developed a system that could stand on its own as a recognized leader in such areas as advanced life support and quick response services.

But, instead of gloating over the problems faced by our next door neighbor, we should instead think about what may have gone wrong at MIEMSS and make sure that we, too, don't end up as an embarrassment.

My own suspicion is that MIEMSS has suffered from "resting on its laurels." Yes, the Maryland system was first in many respects: trauma center development, medical helicopters, and the Cardiac Rescue Technician program were all pioneered in Maryland. Dr. R. Adams Cowley was world famous in the implementation of these, at the time, futuristic developments. But, Dr. Cowley is dead and his successors have just finished jockeying for a position on the seat of honor. We can only hope that his new successor takes a leaf from the notebook of experience and does not fall into the trap that all of us need to avoid - failure to recognize change.

Emergency Medical Services, as a systematic approach to prehospital care, is only about 25 years old. My own experience with the "system" goes back to 1974, so I have had about 18 years of collective knowledge from which to speak. All of that time has been marked by change, change, and more change. Although many of us, especially in the middle age of life, can find change threatening, we must look at change as providing new opportunities. Innovation is a good thing, leading to new and fresh opportunities. Patient care is not stagnant, but dynamic. We must continue to look at improvements to patient care and the administrative structure that evolves around it in a futuristic light - moving on just as Dr. Cowley did in the early sixties.

This is the lesson to learn from MIEMSS problem - be constantly vigilant for those opportunitites to change, innovate, and improve. ✱

Flier
Columbia, Md.

NOV 5 1992

Ho. Co. Times
Columbia, Md.

NOV 0 5 1992

NEWSMAKERS

Cheryl T. Samuels of Ellicott City has joined the **Maryland Institute for Emergency Medical Services Systems** (MIEMSS) in Baltimore as special assistant to the director, responsible for devising and implementing strategic planning.

Since 1977, Samuels has chaired the Department of Dental Hygiene at the Dental School of the University of Maryland. She is an alumna of Ohio State University and the University of Michigan and holds a doctorate in policy sciences from the University of Maryland at Baltimore.

Evening Sun
Baltimore, Md.

NOV 9 1992

■ **Cheryl T. Samuels, Ph.D.** joined the administrative offices of the Maryland Institute for Emergency Medical Services Systems. Dr. Samuels is responsible for leadership in strategic planning and program development.

Sun
Baltimore, Md.
NOV 9 1992

Anne Arundel Sun
Pasadena, Md.

NOV 9 1992

Howard Sun
Ellicott City, Md.
NOV 9 1992

Carroll Sun
Westminster, Md.
NOV 9 1992

Carroll C. Times
Westminster, Md.

NOV 0 5 1992

Public priorities are in need of revision

Editor:

We are experiencing a loss of purpose and direction in public policy whenever governments fail to accept reality.

On a recent visit and tour of the Shock Trauma Center in Baltimore, one of the doctors referred to the increasing need of money to meet the objectives of the life-saving service. A few blocks away from this well known center for healing is the acclaimed Oriole Park at Camden Yards. The cost of this "cathedral of green surrounded by brick" appeared to have been routinely accepted by the public. This during the planning and eventual construction. Added to multi-million dollar cost, is the annual outlay of dollars to the performers, also listed as instant millionaires. The values of these people to the community is indeed questionable. Given a choice between the Shock Trauma Center and new built publicly-owned facility for a profit making enterprise, I select the first option.

The, there is the increasing call for dollars for AIDS research and medicines from the Federal government. From what is now known through current research into the causes of AIDS one fact stands out! Irresponsible acts of sexual conduct, supposedly driven by hormones out of control. This is followed by abusers of narcotics with dirty needles, etc. The real victims of AIDS are persons who received tainted blood transfusions during the past 20 years, and children born to these persons.

Persons who are giving time and energy in the treating and caring of victims of AIDS are to be commended for their compassion. In addition, a number of these dedicated persons speak to all segments of the population, mainly trying to reach the youth before another victim becomes a statistic. The plea is plain and to the point the only safe sex is NO

Please see Letters, A9

Letters

From A8

SEXUAL INTERCOURSE, whenever several partners may have previously participated in the sex act.

Money for the public education of the largest number of students who want to improve their competency and worthiness to society is a positive government priority.

Money for public safety and emergency medical agencies is likewise a positive priority.

Money for athletic complexes, as well as self-inflicted illnesses and public defenders in the judicial arena is a financial insult to the thousands of workers who have personal integrity and moral responsibility to their families and selves.

Paul Smith
Westminster

BALTIMORE CITY

Enraged man who stole officer's gun, shot at police is killed in Highlandtown

By Michael James
and Roger Twigg
Staff Writers

A man who used a police officer's pistol to shoot and injure another officer Wednesday night in Southeast Baltimore also attempted to fire at two backup officers, but the weapon misfired, police said.

The two officers — Nicholas Louloudis, 29, and Sgt. Reginald L. Robey, 45 — fired at least a half dozen shots and killed the man, 29-year-old Deno Louis Gutridge of Highlandtown.

A detailed police account alleges that Mr. Gutridge — reportedly incensed with anger over a crime he had heard about in East Baltimore earlier in the day — attacked the officers without explanation and tried to shoot them all.

Witnesses said Mr. Gutridge had left a local bar in an apparent rage after hearing of a group of youths who attacked a boy at a fast-food restaurant. From there, police said, he went home, used a knife to stab himself, and called 911 to report he was being attacked.

Officer Louloudis went to the suspect's home in the 200 block of Fagley St. for the complaint and he was met at the door by Mr. Gutridge, who was bleeding and carrying two large knives, police said.

Moments later, Mr. Gutridge somehow grabbed the officer's 9mm Glock semiautomatic pistol, police said.

The men by that time were outside on the street. Officer Louloudis yelled, "He's got my gun" to his backup, Sgt. Frederick Dillon, 42, according to a police account of the incident.

Sergeant Dillon grabbed the gun by the barrel and began wrestling for control of it, said Agent Doug Price, a city police spokesman. "The suspect discharged the weapon" and a bullet struck Sergeant Dillon's left pinky finger and traveled beneath his bulletproof vest into his abdomen, Agent Price said.

As Sergeant Dillon fell to the ground, Sergeant Robey, 45, pulled up in his patrol car and got out. He came face to face with Mr. Gutridge, who was "wheeling around with the gun," Agent Price said.

In the next several moments, the suspect attempted to fire the Glock pistol several times but it misfired and just made a clicking noise, police said. Amid a barrage of gunfire coming from Officers Robey and Louloudis, Mr. Gutridge at one point threw the gun down and "assumed a menacing posture" with the two knives he had been carrying, police said.

Sergeant Dillon, a 20-year veteran, was listed in serious but stable condition last night. But the injury did not cause any damage to vital organs or his stomach, said Dr. Philip Militello, clinical director of the Maryland Shock Trauma Center.

"The bullet didn't puncture or hurt anything. But if it had moved an eighth of an inch or a quarter of an inch, it could have killed him," Dr. Militello said. Sergeant Dillon will remain at Shock Trauma for three days and may be able to return to duty in a month or so, he said.

Officers Robey and Louloudis will handle administrative duties until a complete investigation is completed, police officials said.

Why Mr. Gutridge was in such a combative state is unclear.

Patrons at a nearby bar told police he had been agitated immediately before the shooting by a television news report about a South Baltimore youth who was beaten during an attempted robbery at a Kentucky Fried Chicken restaurant at North Avenue and St. Paul Street.

James Nail, 26, a patron of Rico's bar at Pratt and Haven streets, said Mr. Gutridge "was carrying on real strange-like and was drinking the beer hunched over at the bar." Mr. Gutridge kept repeating there was "blood all over the inside of the Kentucky Fried Chicken restaurant," Mr. Nail said.

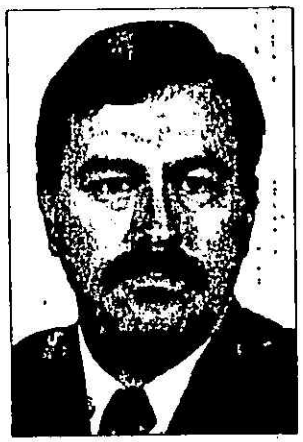
At 11:25 p.m., police said Mr. Gutridge went to his home, where he lives with his grandmother, and dialed 911. He reported he had been cut with a knife, police said.

When the officers arrived, they encountered Mr. Gutridge, bleeding from what appeared to be self-inflicted knife wounds.

His grandmother, Elizabeth Pinti, who witnessed the entire incident, said officers fired too many shots.

"All I know is they did a lot of shooting that was unnecessary," she said. "He was shot in the eye and temple. I can't see them shooting him any more than that."

Staff writer David Simon contributed to this story.



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EMS Articles

EMS hearing generates suggestions

By SUSAN C. NICOL
News-Post Staff

ANNAPOLIS – Eliminate any conflicts of interest, maintain free helicopter service to trauma patients, but first and foremost, promote and assure quality patient care.

Those were among the major suggestions offered Friday at a hearing of the Governor's Commission on Emergency Medical Services. The group is studying the EMS system to develop recommendations for a governing structure.

At least two groups voiced concern over the committee's composition. The majority of the members are from Baltimore, Baltimore County and Washington metropolitan areas.

"The makeup of the governor's commission . . . has no representation from Western Maryland and scant Eastern Shore representation. Those are both areas with limited resources and predominantly volunteer providers," said Donna Seelye of Mount Airy, chairwoman of the Regional Emergency Medical Services Advisory Council. "There needs in providing care to the citizens of Maryland are very different than the needs of a sprawling metropolitan area staffed by predominantly career personnel and governmental resources."

Among one of the most controversial subjects being studied is the privatization of aeromedical services.

Ms. Seelye said REMSAC strongly opposes any move to turn over the commission to leave the state police helicopter program intact. "There is no place for air wars over the scene of accidents," Dr. Timothy Buchman said.

Emily Crown, representing the Maryland Council of Emergency Room Nurses said charging people a fee for helicopter use only will increase health care costs. She questioned who would oversee the operation and assure quality patient care.

Another concern brought before the commission Friday was a potential conflict of interest with the present chain of command.

The state EMS and shock trauma center are coordinated by the director of the Maryland Institute for Emergency Medical Services Systems, Dr. Kimball Maull. He is accountable to the University of Maryland at Baltimore and the University of Maryland Medical System.

"The accountable organizations have an operational geographic scope distinct from its subordinate entities," said Dr. C. Michael Dunham, representing the Golden Hour Coalition Inc.

Dr. Dunham and others testified that the commission should come up with a separate board to oversee the EMS function. "Since the MIEMSS director is responsible for a public service, he should be accountable to a non-partisan structure," he noted.

The governor's commission is to make its first recommendations about a governing structure to Gov. William Donald Schaefer by Dec. 1.

Medevac missions to private helicopters.

"A fee-for-service schedule would open a Pandora's box of issues that would negatively impact the availability of care to all citizens in Maryland," she said.

Patrick King, president of the National Flight Paramedics Association (Maryland chapter), also said Maryland should stay with the triple mission profile – law enforcement, search and rescue, and medical evacuation.

However, the inter-hospital transport often ties up a helicopter and leaves an area with a longer response time, and private helicopters could handle those calls, Mr. King said.

The president of the Maryland Trauma Center Network also asked

Post
Frederick, Md.

OCT 31 1992

News
Frederick, Md.

OCT 31 1992

Daily Record
Baltimore, Md.
NOV 2 1992

Md.'s Emergency Medical Services System Due for Change, Panel Told

BY CATHY HINEBAUGH
Daily Record Business Writer

The director of the state's emergency medical services system is too closely-linked to the University of Maryland to ensure neutrality, groups working in the system said Friday.

Nothing was resolved at the first public meeting of a state commission looking into the current power structure at the Shock Trauma Center. But witnesses agreed the present governance system needs an overhaul.

"Separate, by clear definition and fiscal responsibility, the emergency medical services and pre-hospital care from the clinical shock trauma hospital," said Dr. Peter Farney, of the Medical and Chirurgical Faculty of Maryland.

The 18-member commission was founded by Gov. William Donald Schaefer in response to the firings of three veteran Shock Trauma doctors in July. With that firing, the internal warring of who should have control over the profitable, state-funded facility became public.

Conflict of interest allegations have been flying since the University of Maryland Medical System went private in 1984.

The controversy revolves around the governance structure of the Maryland Institute for Emergency Medical Services System.

Under founder R. Adams Cowley's rule, MIEMSS answered to the governor only — a relationship bolstered by his tremendous political influence and strong personality.

Since Cowley's death, the struggle for control of his empire has left both sides crying foul.

MIEMSS supervises the Shock Trauma Center, which is part of the University of Maryland Medical System, and also controls the pre-hospital care providers, such as emergency medical technicians and paramedics, who decide where trauma patients will be sent.

Its current director, Dr. Kimball Maull, has two bosses: Dr. Errol Reese, president of University of Maryland at Baltimore; and Dr. Morton I. Rapoport, CEO of UMMS.

At issue is whether Maull, whose organization has a decided commitment to the public, also should have such a close relationship with the university's private entity.

"With dual relationships you have the appearance and potential for conflict of interest," said John O'Donnell, executive director of the state ethics commission.

"There is a regulatory and financial relationship between MIEMSS and the [University] hospital.

"Ethics laws don't like dual relationships," he said.

> "Ethics laws don't like dual relationships."
> JOHN O'DONNELL

Representatives from the Medical and Chirurgical Faculty of Maryland, the American College of Emergency Physicians' Maryland chapter, the Maryland Nurses Association and the Maryland Emergency Nurses Association gave similar testimony before the commission.

However, the majority of those testifying went farther than O'Donnell and recommended that MIEMSS, which is funded by an $8 drivers' license fee, be divorced from the university and made into a public entity.

"The patient has to be the focus and not somebody's balance sheet," said Ron Hendrickson of the Maryland Nurses Association.

American College of Emergency Physicians' representative Dr. Dan K. Morhaim also recommended an independent agency oversee MIEMSS and asked that more resources be channeled to the non-trauma patients who comprise the majority of emergency medical cases.

"Having an independent agency will remove the possibility of any conflict of interest in the distribution of patients and other resources within the health care system," said Morhaim.

REGI

Independent panel urged

Doctors want emergency medical system to cut ties to UM

Several medical organizations are recommending that the state's emergency medical system sever organizational ties with the University of Maryland to erase the possibility of a conflict of interest.

They are calling for an independent board without direct links to any hospital to oversee the system.

The groups told a gubernatorial panel on Friday they were troubled that Emergency Medical Services was affiliated with the Maryland Shock-Trauma Center, both of which fall under the broad umbrella of the University of Maryland.

An agency known as the Maryland Institute for Emergency Medical Services Systems oversees the private Shock-Trauma Center and the Emergency Medical Services.

Dr. Kimball I. Maull, the institute's director, reports both to the University of Maryland Medical System, a private hospital corporation, and the University of Maryland.

"State ethics laws generally do not favor these types of dual relationships," said John E. O'Donnell, state Ethics Commission executive director. The mere perception of a conflict, he said, could be damaging.

Emergency Medical Services is a regulatory agency that sets policies for the ambulance corps and emergency departments. Shock-Trauma is the hospital unit receiving the state's most critically injured patients.

The speakers cited no evidence of irregularities, but said that the potential exists for the regulatory agency to rig the system to route a disproportionate number of paying patients to Shock-Trauma.

"This conflict of interest issue is very real and has tangible manifestations," said Dr. Dan K. Morhaim, emergency medicine chairman at Franklin Square Hospital. "It is of great concern to us and, sadly, tarnishes the reputation of our system and great work done in the past."

Dr. Morhaim spoke for the Maryland chapter of the American College of Emergency Physicians.

He also said Emergency Medical Services, which is dominated by trauma surgeons, has failed to keep up with the latest treatments for such emergencies as asthma attacks, poisonings and heart attacks.

The Maryland Trauma Network, which represents the state's regional trauma centers, also called for an independent agency, as did the Medical and Chirurgical Faculty of the State of Maryland, which is the state medical society; the Maryland State Council of the Emergency Nurses Association; and the Golden Hour Coalition, a citizens' group.

In August, Gov. William Donald Schaefer named the 18-member commission to investigate troubles that began with the firing of three doctors at the Shock-Trauma Center and evolved into a wide-ranging debate over alleged conflicts of interest and lapses in patient care.

Daily Banner
Cambridge, Md.
NOV 3 1992

Mail
Hagerstown, Md.
NOV 3 1992

Capital
Annapolis, Md.
NOV 03 1992

Times
Washington, DC
NOV 4 1992

Medical groups call for state EMS to sever ties with University of Md.

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THE NEWS, FREDERICK, MD., WEDNESDAY, NOVEMBER 4, 1992

Medical officials urge EMS, UM split

ANNAPOLIS (AP) – The state's emergency medical system should sever its affiliation with the University of Maryland to avoid any conflict of interest, several medical officials said.

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The Morning Herald
Wednesday, November 4, 1992

Officials want EMS, college separate

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Mo. Co. Journal
Rockville, Md.

NOV 0 4 1992

Post
Frederick, Md.

NOV 0 4 1992

Change urged in emergency system

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In August, Gov. William Donald Schaefer named the 18-member commission to investigate troubles that began with the firing of three doctors at the Shock Trauma Center and evolved into a wide-ranging debate over alleged conflicts of interest and lapses in patient care.

News
Frederick, Md.

NOV 0 4 1992

Carroll C. Times
Westminster, Md.

NOV 0 4 1992

Star Democrat
Easton, Md.

NOV 0 4 1992

Pr. Geo. Jnl.
Lanham, Md.

NOV 0 4 1992

Del. State News
Dover, Del.

NOV 4 1992

Morning Herald
Hagerstown, Md.

NOV 6 1992

Jeffersonian
Towson, Md.

NOV 0 5 1992

Oversight board for Shock Trauma urged

Lou Panos

The creation of an independent agency or board to oversee Maryland's system of emergency medical services is under consideration by a commission studying the embattled system.

Several commission members indicated support for such a proposal after a hearing at which citizens, physicians, nurses and firefighters joined in urging that the system be removed from direct oversight by the University of Maryland Medical System to avoid possible conflict of interest.

The suggestion of conflict arose repeatedly throughout the five-hour hearing, conducted last Friday in Annapolis by Dr. James A. D'Orta, chairman of the Governor's Commission on Emergency Medical Services.

Among those testifying was Richard Johnson of Catonsville, president of the Golden Hour Coalition, a citizen's group expressing concern over recent changes in the state Emergency Medical System and the UMMS Shock Trauma Center, which is the hub of the system.

The changes included the dismissal of two veteran trauma surgeons and a critical care physician last summer after a controversial policy was adopted that opened the center to patients other than those critically injured or ill.

"The governance structure of EMS and the (center) contains potential conflicts of interest," said Johnson.

He noted that although EMS is publicly funded, it is controlled by UMMS, whose Shock Trauma Center is one of nine throughout the state but whose personnel determine which center gets which patients.

Therefore, the director of the overall operation should be accountable to "a non-partisan structure," Johnson said.

"This entity should be an emergency medical system board and be accountable to the governor," suggested Johnson.

Those offering similar suggestions included spokesmen for the Medical and Chirurgical Faculty of Maryland, the Maryland Nurses Association.

Johnson, whose wife, Suzanne, was critically injured in a 1985 traffic accident and survived after treatment at Shock Trauma, acknowledged that documents supporting his presentation were prepared by Dr. C. Michael Dunham, one of the surgeons dismissed by Dr. Kimball Maull, who took over the medical system earlier this year.

Dunham, who also appeared before the commission, said the system's current problems may be traced to the "flawed governance" under which UMMS controls the system. He said the statewide emergency care system should be taken from UMMS control and converted to "a public organization committed to the emergency care of all citizens in the state."

D'Orta, who is assistant director of the department of emergency medicine at Franklin Square Hospital, said the commission will meet again Friday before preparing a report to the governor by Dec. 1.

Shock Trauma due review

Board urged to monitor system

Lou Panos

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Times
Catonsville, Md.
MAY 11 1992

Kent County News
Chestertown, Md.

NOV 11 1982

EMS director has long-range goals

by Dan Tabler

Firefighters and rescue personnel from Kent and Queen Anne's counties heard the acting director of Maryland's Emergency Medical System speak forcefully of his goals to improve the quality of the state's emergency care.

Dr. Richard Alcorta, who admits he hopes the "acting" in front of his title will soon be dropped, outlined some new EMT training advanced programs he would like to institute. "If I have my way, some of this will be under way by January," he said.

The volunteers in the Kent and Queen Anne's Fire and Rescue Association who held their October dinner meeting in the Church Hill Firehouse could relate to a high-ranking medical officer who came up through the ranks.

Alcorta, the emergency room physician at Bethesda's Suburban Hospital when not working as acting head of EMS field operations in Maryland, told the group he saw all types of situations in the small, rural hospital in California where he began his career as a paramedic.

On board since last March, Alcorta pointed to the volunteers and said: "I need to know just what your needs are. I'm looking for funds to have the advanced training necessary to make Maryland the best. We once were. It is you people who can make it happen."

While every volunteer fire company in the two-county association does not have an ambulance squad, all have some members who are trained as EMTs and run on medical assist calls.

Alcorta said he knows it takes extra training — hundreds of hours in addition to those already long hours spent in responding to an increasing number of emergency calls in the area.

"Listen to me," he said. "I am not a bureaucrat sitting at a desk. Call me. Tell me what is needed. I will listen."

Phil Hurlock, vice president of the host company and first vice president of the Maryland State Firemen's Association, reinforced Alcorta's message.

"We all have to work together for the common good," Hurlock said.

Members of the association voted to march in a body in the parade at Ocean City in June during the annual state firefighters convention when Hurlock is expected to step up to the president's chair. He will be the first Church Hill fireman to attain this honor and only the fourth from the association to do so in the 100-year history of the Maryland State Firemen's Association.

Usually, fire company members march or ride apparatus from their own unit in a mammoth exhibition of fire equipment from around the state. The parade traditionally concludes the three-day event staged in the resort city each summer.

Hurlock also congratulated the companies for putting together fire prevention programs or hosting open houses during National Fire Prevention Week.

A fire prevention program that would place juvenile-style books in the elementary schools of Kent and Queen Anne's counties was proposed by Susan Flynn of Denton, a member of the state fire prevention committee.

"We need more education of our younger children on the issue of fire safety," she said. The cost of the books is considerable, and the association tabled the matter until members could discuss funding at local company meetings.

The association will next meet Friday, November 13 at the Crumpton fire hall.

THE SUN

SUNDAY,
NOVEMBER 1, 1992

Restricting Nurses is a Waste

Thank you for Jonathan Bor's excellent article, "What the rescue crew can't do to save you" (Oct. 11). As an advanced life support ambulance provider in Pennsylvania and working in a Baltimore hospital for the past five years, I have frequently compared the two emergency medical services systems.

Maryland can boast many firsts in EMS, especially in the field of trauma. However, any system in order to stay ahead must always be assessing itself and striving to improve. It has been my observation that Maryland had become complacent with the EMS system and failed to keep pace with most systems in the country.

Several very important flaws exist in the current system. First, there is confusion as to the level of service provided in any one area.

"Medic" units more often are staffed by a CRT (a mid-level provider able to use fewer skills than a paramedic). Often even when fully trained paramedics are available, they are restricted from using skills available in Pennsylvania and other states.

Registered nurses are not permitted to function in the pre-hospital arena as nurses. Frequently those nurses who are involved in EMS are not permitted to utilize skills and knowledge which they possess and use routinely in their employment.

With these problems it is no wonder that many of last years' UMBC paramedic graduates are working in states which have fewer restrictions.

It is an obvious economic waste of state funds to train personnel only to have them leave and work in other areas. Similarly, it is a waste to subsidize the many hours of continuing education and teach state of the art techniques to both paramedics and nurses and then completely bar the use of these same skills.

John J. Shaw
Hagerstown
The writer is president of the Capital Area Emergency Nurses Association.

Frederick man serving as MSFA officer

By SUSAN C. NICOL
News-Post Staff

Richard Yinger is a man who gets around.

As second vice president of the Maryland State Firemen's Association, Mr. Yinger has logged more than 7,000 miles since his election in June.

Mr. Yinger, 51, of Frederick is the first Frederick County resident in about 25 years to hold an office in the state association. The last person was William Moore, also of Frederick.

Representing 327 fire and rescue companies throughout the state, the MSFA officers promote legislation in Annapolis as well as keeping an eye on bills that may adversely affect them.

During his visits to county association meetings, Mr. Yinger keeps the volunteers up to date on legislation and concerns. "That's why we go to these meetings – to keep them abreast of happenings across the state," he said.

He said emergency medical services and budget cuts are at the top of the legislative agenda. The MSFA has a member on the governor's EMS commission studying the state's EMS system.

"EMS is a hot issue, especially the helicopter service," he said. "I think we'll be seeing changes, but I'm not sure exactly what they'll be."

However, he said the day of the free helicopter ride could be coming to an end.

A few months ago, the MSFA was upset that they had not been consulted first about changes being made regarding training of ambulance personnel. In the past, they had been asked for an opinion at least, he pointed out.

Mr. Yinger said the firefighters' group also is concerned about state budget cuts. A trust fund that offers companies low interest loans to purchase apparatus was cut 10 percent.

"It could be cut more," he said, adding that the MSFA committee that reviews the requests has had to tighten its belt and turn down some companies.

However, he said the additional $8 fee on motor vehicle legislation has helped boost another state account that is allocated annually to fire and rescue companies statewide.

Although times are tough, Mr. Yinger said he doesn't see volunteers giving up.

"People here don't realize how lucky they are to have such a dedicated pool of volunteers," he said. "But, there has been a change in the volunteers over the years. They don't have as much time to spend as they once did."

Mr. Yinger added that the demands on volunteers are increasing almost daily. "They're required to take more training," he said. "But somehow they find the time."

A paid driver at the Citizens Truck Co. for nearly 25 years, Mr. Yinger said he is proud to be representing Frederick County on the state level. Eventually, he hopes to head the association.

"I'm out four nights a week sometimes," he said. "My wife is very understanding. If it weren't for her cooperation, I couldn't do it. We make it work."

The Yingers got a taste of the busy life in May as he chaired the local committee planning the centennial celebration of the MSFA that was held in Frederick.

"I'm still hearing good things about the centennial," he said. "We did have a little rain that weekend, but we still had more units in the parade than they did in Ocean City."

Mr. Yinger said people still tease him about the rain.

"Every place I go and it rains, people look at me funny and blame me," he said with a laugh.

RICHARD YINGER

Times-Record
Denton, Md.

OCT 11 1992

Caroline's Cardiac Rescue Technicians are part of a highly integrated system

Cardiac Rescue Technicians (CRTs) are part of a highly-integrated system of providers of prehospital emergency care certified at a variety of levels in the state of Maryland. That system also includes:

- Basic Life Support providers, including first responders, who have undertaken 40 hours of training
- Emergency Medical Technicians (EMTs), who have successfully completed a 110-hour program of instruction and testing (EMT-As)
- Advanced Life Support (ALS) providers, including both CRTs and Emergency Medical Technician-Paramedics.

Basic Life Support providers are certified by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), while ALS providers are certified by the Board of Physician Quality Assurance, the same authority that licenses physicians in the state.

The CRT training course at Memorial Hospital at Easton is rigorous, but highly successful. "I think we have a mechanism in place to conduct a very careful CRT selection process and to provide the community with the very best people," says CRT Program Coordinator Sonya Crawford, R.N., Emergency Medical Services Coordinator at Memorial Hospital. Course prerequisites include a screening examination, clinical evaluation in the Emergency Department, recommendations from fire departments and a personal interview. Crawford says all candidates must score 80 percent or better on the screening exam, which tests basic emergency knowledge, before they can proceed with their CRT applications.

CRTs are volunteers. Most hold full-time jobs and have families. Almost all are members of a fire department with Advanced Life Support affiliation. These dedicated individuals put in as many as 100 hours of service to the community each month.

Students log more than 200 hours of didactic instruction and clinical precepting in Memorial Hospital's Emergency Department and Intensive Care Unit, exceeding the minimum requirement for graduation—80 hours of classroom and 80 hours of clinical experience. Upon completion of the course, candidates still face board examinations. The average score in the State of Maryland this year was 81 percent. The Memorial Hospital Class of 1992 averaged 87 percent.

CRT program instructors also volunteer time from their professional disciplines to teach life saving techniques. The Memorial Hospital and the Region IV office of MIEMSS are grateful for their contributions.

Daily Banner
Cambridge, Md.

NOV 17 1992

Dorchester EMS may lose 911 privileges

By ANNE HUGHES
City editor

An unsigned memo from the Dorchester County Commissioners which outlines changes in the 911 system has prompted concern from local emergency service officials.

According to the Nov. 10 memo, Dorchester EMS, a private non-profit corporation which took over ambulance services from Rescue Fire Co. in September, would no longer be permitted to be dispatched calls from the county's 911 service as of Jan. 1, 1993. In addition, the memo indicates that Dorchester EMS will not be allowed to respond to calls outside the City of Cambridge and that all ambulance calls for the county jail will be handled by Linkwood-Salem Volunteer Fire Co.

Dorchester EMS Board of Directors Chairman Jeff Hurley said he will propose a meeting with the county commisssioners, Cambridge city council and the Dorchester EMS board to work out a "positive solution." He would not elaborate on what a positive solution would be.

Dorchester County Commission Vice President W. Thomas Ruark III said the changes were merely "options" discussed during a meeting regarding liability held last week between Commissioner Robert Murphy, City Council member Reginald Asplen Jr., City Attorney Richard Matthews and Richard Harrington, co-counsel for the county commissioners. Mr. Ruark said no memo had been sent to any fire companies, however several RFC members said the memo had been read at the fire company's regular meeting on Nov. 12.

According to the memo, "All calls that come into the 911 center will be transferred to Dorchester EMS. Dorchester 911 Center today transfers calls to the Dorchester County Sheriff's Office, Maryland State Police, Hurlock Town Police and many more agencies; Also effective this date, Dorchester EMS will not be allowed to respond to calls outside the City of Cambridge. There is however some concern about the Algonquin area being so close to the City of Cambridge that we, the County Commissioners, will consider allowing Dorchester EMS to respond to calls in this area only if we receive a written hold harmless agreement from the City of Cambridge and Dorchester EMS.

"The County Commissioners will also be requesting Dorchester 911 Center to dispatch Linkwood-Salem Volunteer Fire Co. to all ambulance calls at the Dorchester County Detention Center.

We will be sending a letter to [redacted]

Please see EMS, page 2

EMS

Continued from page 1

the Dorchester County Fireman's Association advising them of these changes and suggesting to them that they should take a look at the first due areas outside the City of Cambridge and make the necessary changes for the appropriate ambulances to respond.

"This decision was not an easy one to make, however based on numerous phone calls to other counties, 911 centers and the advice of our attorney it leaves us with no other choice."

According to Mr. Ruark, the county is concerned about possible liability if a non-profit organization such as Dorchester EMS not affiliated with the county uses the county's 911 system.

Last Tuesday, the county commissioners voted not to pay two $300 bills from Dorchester EMS for calls to the Dorchester County Detention Center.

In a letter dated Nov. 13, informing Dorchester EMS of the county's refusal to pay the bill, Doris Goslin, administrative assistant, wrote, "Funding for the 911 system is being provided by the county commissioners and they believe you are not paying anything for the dispatchers and are getting the benefit of the service of the dispatchers and, therefore, should not bill the county."

Miscellaneous Articles

Almanac
Potomac, Md.

OCT 21 1992

Wilson Wins Youth of the Year

By Mary Kimm Dixon
Almanac Staff Writer

If ever a young man took a nasty twist of fate and turned it into a blessing, that person is Potomac's Doug Wilson, the Potomac Chamber of Commerce's choice for this year's Youth of the Year.

Nineteen months ago, Wilson's life changed forever when he crashed on his motorcycle, severely injuring his brain. Eleven months later, the Wilson family watched as Maryland legislators passed the Maryland

Please see Wilson, page 8

Wilson: Winning Youth

ontinued from page 3

motorcycle helmet law.

Wilson, 23, was the bill's most effective lobbyist in the state Senate, according to many people involved. The bill had squeaked out of committee, passing 6 to 5. And Sen. Howard Denis from Bethesda, who still hadn't made up his mind a few days before voting, was the key vote in getting the bill to the Senate floor with a favorable recommendation.

Wilson traveled to Annapolis and met individually with the senators on the Judicial Proceedings Committee, including Denis and Mary Boergers, who supported the legislation. At one point a senator asked Wilson why more people who like him had suffered a major head injury hadn't come to lobby for the bill.

"Most people like me are dead," he answered. "And the ones that aren't dead, aren't in any condition to come see you."

Denis signed on.

The law will not only help prevent injuries such as Wilson's but save taxpayers millions of dollars. Each year, the state picks up the bill for $1.3 million in emergency acute care for motorcyclists who were not wearing helmets—three times the cost of care for motorcycle accident victims who were wearing helmets. A helmet law that saved only 10 victims a year could save $4 million, according to a study by the Maryland Institute for Emergency Medical Services. Proponents of the law, moreover, say that on average the state pays $6 million on each accident victim who requires long-term rehabilitation.

Wilson was in a coma for eight days. He spent 85 days in the hospital. And he has undergone hundreds of hours in therapy relearning how to talk, walk, feed himself.

But one of the remarkable things about Wilson is the joy and enthusiasm that he brings to everything he does. He never shows a grain of self-pity.

Before his accident, Wilson thought it would be a good thing to do some volunteer work. But he seldom got around to it. Now he takes the time, working at the Potomac Community Center Friday nights with teen-agers. They warm right up to him, with his hip haircut and pierced ear.

photo by Jessie Tefft

Doug Wilson won Youth of the Year

And in the process of going from one therapy session to the next at Suburban Hospital, he has happened to be on hand a few times to talk to parents of accident victims whose children have come into the hospital with severe head injuries. Here, Wilson can give hope and understanding that almost no one else could offer.

He said that one parent, whose daughter was in a coma, asked him if his personality had changed after his accident.

"Yes," Wilson said. "For the better."

Daily Banner
Cambridge, Md.
OCT 22 1992

Donna Hurley and her daughter, Cathy Gore, behind the counter at the recently opened Delmarva Medical Supplies on Market Street. Not pictured, Eva Carol Willey, LPN.
(Photo by Arline Chase)

Delmarva ambulance spawns home medical supply service

By ARLINE CHASE
Staff writer

Delmarva Home Medical Supplies, a new subsidiary of Delmarva Ambulance, is a medical supply store that offers both discount prices and back-up expertise at 306 Market St. in Cambridge, according to the owners, Donna and Russell Hurley.

A full line of state of the art health care equipment and supplies, including diabetes monitoring and testing equipment, sick-room needs and furnishings, and a full line of oxygen equipment is available, according to Mrs. Hurley and her daughter, Cathy Gore, who also works in the new store.

"We do try to make discount prices available. We're always on the phone looking for the best prices so we can pass them along to our customers," Mrs. Hurley said. "We cater to Emergency Medical Services (EMS) personnel and professional health care providers as well as the general public. We try to give them a choice of supplies."

A full line of oxygen equipment and respiratory aids are available from the new business, which also has a respiratory therapist who visits patients on home oxygen twice a month to check equipment and make sure customers are trained in how to operate it properly.

"We feel the two businesses compliment each other," Mrs. Hurley said. "During a power outage, like the one we had a couple of weeks ago, if a patient needed help with a back-up oxygen unit, we could have someone there within minutes."

Delmarva's Ambulances have recently been upgraded to provide Advanced Life Support (ALS) services as well, according to Mrs. Hurley, who said they will be working with the hospital in the future to help provide services.

"I'm not an ambulance person, although my husband (Shannon Gore) works with the ambulance service. I think I'd rather be working in here," Mrs. Gore said. "For those who do provide EMS, we have a large selection of isolation materials. We also offer reasonable bulk prices on adult briefs and underpads to medical care providers."

A wide range of wheel chairs, commodes, hospital beds, walkers and other equipment isavailable for rent or sale, according to Mrs. Gore, who added that the store is putting in a line of neoprene braces for people who are interested in sports.

Mrs. Hurley said the store was started because they felt there was a need in the community.

Business accounts with monthly billing are available to EMS personnel and health care providers. At present the shop is affiliated with Delmarva Ambulance, but will eventually become a separate corporation.

"We do accept insurance assignment," Mrs. Hurley said. "It's the same as with the ambulance service. When people need help, they get it. We don't want anyone to do without what they need."

New CPR guidelines say call ambulance before you start

CHICAGO (AP) – Get to a phone and call an ambulance before you start CPR, experts say.

In a reversal, doctors and other experts now recommend that lone rescuers postpone cardiopulmonary resuscitation on adults until they summon help.

That's because CPR rarely saves lives unless it is followed quickly by advanced medical treatment, such as defibrillation to jump-start the heart, the experts said in today's Journal of the American Medical Association.

The old recommendation was that a lone rescuer give a heart-attack victim one minute of CPR before calling.

The change is one of 19 drafted by the Fifth National Conference on CPR and Emergency Cardiac Care.

"CPR was taught to lay people in the 1970s with a great deal of enthusiasm that it was going to save a lot of lives," said Dr. John A. Paraskos, chairman of the conference of 512 professionals in February. "It turns out, it doesn't unless it's backed up by adequate emergency systems and advanced care."

Paraskos is director of diagnostic cardiology at the University of Massachusetts Medical Center in Worcester.

Frederick man serving as MSFA officer

By SUSAN C. NICOL
News-Post Staff

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RICHARD YINGER

Post
Frederick, Md.

NOV 0 3 1992

HIGH – POWERED MEDICS

County EMTs complete training

By Traci A. Johnson
Staff Writer

BO RADER/STAFF PHOTO

County medics (clockwise from left) Alexander J. Perricone, Linas Saurusaitis, Robert A. McCurdy, Gregg MacDonald and Ronald Green.

Alexander J. Perricone, 26, was a little nervous six weeks ago after he became certified as an Emergency Medical Technician Paramedic.

He had attained the highest level of national certification available to ambulance personnel. But he knew that if people's lives were going to be in his hands, those hands had better not be shaking.

"People look at you as the leader, the one that can provide the ultimate care and give the most information on the crew," said Mr. Perricone, a Hampstead resident who volunteers on the local ambulance crew and works as a full-time paramedic in Baltimore.

Mr. Perricone, who also works part time in Howard County, and four other members of Carroll ambulance crews — Robert A. McCurdy, Linas Saurusaitis, Ronald Green and Gregg MacDonald — passed the National Registry of EMT tests in July and were accepted as certified paramedics in September.

Medics certified at this level are able to perform more complex medical procedures — such as placing plastic tubes in injured patients' airways so they can breathe — and they can administer more varieties of medication than other ambulance personnel.

Mr. McCurdy, another Hampstead resident and volunteer who also works full time as a Baltimore paramedic, said that if he and the others could get through the yearlong training and 15 hours of testing, the job shouldn't be a problem.

"We spent 463 hours in class in addition to any full-time, volunteer, or part-time work we were already doing in the field," said Mr. McCurdy, who also volunteers on ambulances in Westminster.

"We even spent time in hospital emergency rooms, [obstetrics] facilities, labor-and-delivery rooms as well as operating rooms to learn proper procedures," he said. "If you've ever been in any of those rooms, you know it's no picnic."

The test was no day in the park, either. "That was a major stress day," Mr. McCurdy said.

Mr. Saurusaitis, a Lineboro resident and full-time Reese paramedic, said he has seen seven instances "where my skills could have been used, but I was not fully certified. I had passed the test, but I had not received the state certification needed to practice."

Even though the state recognizes the paramedic training, the men said they believe that Maryland does not allow them to use all their skills.

"I was riding ambulance one day and a kid needed a chest decompression," said Mr. MacDonald, an Emergency Medical Service lieutenant in Sykesville and full-time pharmaceutical representative for a DuPont company, speaking of a procedure used to relieve pressure on the chest cavity. "But we aren't allowed to do that and we had to wait for someone at the hospital to do it."

"It sounds silly, but we are actually trained to do things the state of Maryland does not allow us to do," Mr. McCurdy said.

Mr. Green said he and his colleagues are prepared to provide the highest level of medical care a patient would need before reaching a hospital, because, to become paramedics, they had to ascend the ranks of emergency services, learning and building on skills at each level.

"I'm not uncomfortable with any part of my job," said Mr. Green, who is an EMS captain in Gamber, a volunteer in Winfield and full-time paramedic in Baltimore. "We went through some pretty extensive training."

All five said they hope the new director of the Maryland Shock Trauma Center, who guides emergency services statewide, will increase their responsibilities.

"I'm anxious to start practicing my skills, but I don't want to wish anyone ill," Mr. Saurusaitis said. "I don't want to sound morbid, but when something happens, I want to be there."

Times News
Cumberland, Md.

NOV 0 8 1992

Daytime EMT classes announced by MIEMSS

Plans for an Emergency Medical Technician-Ambulance class to be held during the daytime hours have been announced by the MIEMSS Region I Office.

The proposed course would be held for Allegany and Garrett County individuals interested in becoming EMTs and available to provide ambulance coverage during daytime hours.

Beginning in mid-January this 110-hour course will prepare students to become certified as Maryland Emergency Medical Technicians. Individuals available to run during daylight hours are encouraged to attend this program.

Registration will be limited to 25 students and the costs will be minimal.

For information and/or to pre-register contact the MIEMSS Region I Office at 895-5934 or 746-8636 or your local ambulance, rescue or fire company.

Post
Frederick, Md.

NOV 1 2 1992

Women vets want own memorial to remember their Vietnam role

Associated Press

Women who served in Vietnam played a special role and deserve their own memorial, an Army nurse said.

Even some male veterans don't realize the role women played in Vietnam, said Sandra Krantz, who joined the Army as a nurse after her twin brother died in Vietnam.

"I know my brother's last days were spent in the arms of Red Cross workers and nurses, and he was peaceful. That means a lot to me," said Ms. Krantz, who now lives in Frederick.

Women Vietnam veterans are trying to raise funds to construct the Vietnam Women's Memorial, which will stand on the grounds of the Vietnam Veterans Memorial in Washington.

The women's memorial will contain three figures representing the jobs women performed in Vietnam. The memorial is intended to symbolize all women soldiers who served there, and so none of the figures will be distinguished by insignia or rank, said Adam Drzal, executive assistant for the project. One figure, however is presumed to be a nurse because she is bending over a fallen soldier, he said. About 95 percent of the women who served in Vietnam were nurses.

Costs of erecting the memorial are $2 million, and the project has raised about $500,000, Drzal said. The monument is scheduled for dedication on Veterans Day 1993.

Virginia Cardona, an Army nurse from 1963 to 1969, served one year in Vietnam. She is now the associate director for professional development at the University of Maryland ~~Shock~~ Trauma Center.

"Traditionally the men have done the fighting and get the most of the press and the attention, as it should be," she said. "But there were many women there who contribute significantly to the effort and they deserve to be honored also."