

Daily Banner
Cambridge, Md.

AUG 27 1992

Concerned about shock trauma care

(Editor's note: The following letter was made available for publication by Jennifer Coleman.)

Dr. Kimball I. Maull, director
MIEMSS
22 South Greene St.
Baltimore, Md. 21201-1595

Dear Dr. Maull:

I am a lifetime resident of the State of Maryland and I am writing to you because I am gravely concerned about the recent firing of three Shock Trauma doctors. On a recent edition of "Eyewitness News," I heard you tell reporters that the physicians were dismissed due to their "interference with hospital policy."

I pay state taxes sir, which makes me a valid consumer of state and local Emergency Medical Services (of which Dr. Ameen I. Ramzy is formerly chief) and I would like to know of the policies that stand in the way of my receiving the competent, professional

care that I deserve, should the need arise.

You see, from Dec. 18, 1982 to Feb. 2, 1983, I was a patient at Shock Trauma. I was fortunate to have Dr. Ramzy as head of my trauma team. The care that he provided ranged from performing my tracheotomy to signing one of my casts. "Remember" is what he wrote.

Well, Dr. Ramzy, I do remember. I remember so well that now that I am in my final year of nursing school, when people ask me, "What kind of nurse do you want to be?" my reply has always been, "I don't know for right now, but someday, I want to work at Shock Trauma."

In January of this year, my husband and I visited the new facility and went on a tour.

We were amazed and excited by the technology, dedication to excellence, and feeling of comradery that the walls encompassed. Upon completion of the tour, we stopped by Dr. Ramzy's office to say "hello." It would have taken me over an hour to read all of the plaques, certificates, commendations and "thank yous" that adorned his walls. My husband took home with him the realization of why I have always wanted to be a member of the Shock Trauma team.

I have always felt very fortunate to live in Maryland — the state that boasts the world's best trauma facility and a state-wide EMS after which other states, and even countries, model their own.

I have also enjoyed the peace of mind in knowing that if I, or any of my loved ones, were ever critically injured, Shock Trauma was only a mere 20 minute helicopter ride away.

Now, news reports tell me that the staff morale at Shock Trauma is at an all-time low, three senior doctors are gone, and the center's all too frequent "fly-by" status is putting the critically injured citizens of this state at an even greater risk.

In writing this letter and sending copies to those listed below, I hope to get some answers:

1. What policies are so important that these health care professionals and, in turn, my safety, are being cast aside?
2. What will be next from our new administrator?

I also wish to encourage the people of this state who care about their safety (and that of their loved ones), to evoke a change. I am asking those you also want answers and action to write letters, make phone calls, ask "Why?" and put pressure on those who can get Dr. Ramzy, Dr. Howard Beizberg and Dr. C. Michael Dunham back to work at the R. Adams Cowley Shock Trauma Center where they belong.

My face is on the cover of the MIEMSS (Maryland Institute for Emergency Medical Service Systems) 1990-1991 Annual Report. I allowed my picture and interview to be used because I wanted to support the facility that had given so much to me. I hope my opinion counts.

Jennifer Coleman
Easton

Client

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Baltimore, Maryland

News
Frederick, Md.

AUG 28 1992

EMS chief doesn't see changes

By SUSAN C. NICOL
News-Post Staff

BALTIMORE — The new acting director of emergency medical services in Maryland is excited about the position, he doesn't foresee any major changes in the near future.

Dr. Richard L. Alcorta, an emergency specialist from Suburban Hospital, Bethesda, was named to the position Thursday by Dr. Kimball Maull, director of Maryland Institute for Emergency Medical Services Systems.

"It was a nice surprise for me," Dr. Alcorta said of his appointment. "I'm going to get my feet on the ground and see what's really going on."

As EMS director, Dr. Alcorta will be coordinating training and protocol for field providers from the first responders to paramedics.

Dr. Maull assumed the position in a temporary capacity following the resignation of Dr. Ameen Ramzy several months ago.

Dr. Alcorta, 39, is no stranger to the EMS field. He was a former emergency medical technician and nationally registered paramedic.

In the past few years, he testified before the Maryland General Assembly as the chairman of the Maryland Motorcycle Helmet Coalition.

"I think it's a great law that will cut down the number of head injuries. I think it's good for riders and it will save taxpayers money," he said.

Dr. Alcorta said that while he will work with Dr. Maull, he has been offered autonomy. He added that the position is a temporary one while a search is conducted for a permanent director. But, he added that he is a candidate for the job.

"I've got a lot to learn. A lot of it is political," he said candidly. "But, I'm anxious to get started."

He said he would like to see paramedics be allowed to perform their skills to capacity and certain protocols should be statewide rather than by region. "There can be more advanced medicine in the field," he added.

He said he also plans to talk with folks about things and discuss ideas before decisions are made. "We need to move ahead as a group."

The Sun 11/3/92

Medical organizations call for division of emergency services and UM system

By Jonathan Bor
Staff Writer

ANNAPOLIS — Several organizations of doctors and nurses are recommending that the state's emergency medical system be removed from the University of Maryland's orbit to erase the possibility of a conflict of interest.

As an alternative, they are calling for an independent board — without direct ties to any hospital — to oversee the system.

The groups told a gubernatorial panel Friday that they were troubled by the affiliation of Emergency Medical Services with the Maryland Shock Trauma Center — both of which fall under the broad umbrella of the University of Maryland.

In an organizational structure resembling a sprawling family tree, an agency known as the Maryland Institute for Emergency Medical Services Systems oversees both the private Shock Trauma Center and the

Emergency Medical Services.

Emergency Medical Services is the 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.

While the speakers cited no evidence of irregularities, they said that the relationship presents the potential for the regulatory agency to rig the system to route a disproportionate number of paying patients away from other hospitals and into Shock Trauma.

"This conflict of interest issue is very real and has tangible manifestations," said Dr. Dan K. Morhaim, chairman of emergency medicine 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.

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

Joining the chorus for an independent agency were the Maryland Trauma Network, which represents the state's regional trauma centers; the Medical and Chirurgical Faculty 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 look into 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.

OCT 18 1992

EMS chief says system is sound

JOHN D. SMITH
Times-News Staff Writer

GRANTSVILLE — Maryland's new emergency medical services director assured a group of local pre-hospital care providers Thursday that the state system, which has come under fire recently, is sound and dedicated to serving the people of the state.

Dr. Richard L. Alcorta was tapped for the job in late August by Dr. Kimball L. Maull, who assumed command of the Maryland Shock Trauma Center and the EMS network of rescue personnel in February.

Dr. Maull was criticized recently for the firing of three top physicians at the Shock Trauma Center, including former EMS director Dr. Ameen I. Ramzy.

Those firings also persuaded Gov. William Donald Schaefer to appoint a commission to investigate problems in the EMS system.

"My priority is to talk to the regional administrators, advisors and touch base with everyone," said Dr. Alcorta, who added he's already put 3,500 miles on his vehicle in the last month.

The doctor's remarks came during the Region I EMS Advisory Council meeting at Penn Alps Restaurant.

"The patient has the best chance for survival here," said the doctor. "With the 911 system, helicopter service and



Dr. Richard L. Alcorta

inter-hospital transfers, no system can match what we have."

Among his goals are the development of a consistent patient airway management system whereby all advanced life support personnel are skilled in endotracheal intubation. This technique brings air directly into a patient's lungs via a plastic tube that is inserted into the windpipe.

Intubation is currently being employed by paramedics in the state. "Intubation is essential to EMS providers," said Dr. Alcorta, who currently serves

EMS chief says system

(Continued From Page 1B)

as an emergency room physician at Bethesda's Suburban Hospital.

He said he will seek funding to train the state's 1,365 cardiac rescue technicians (CRT) in intubation.

A second goal outlined by the doctor is bringing CRT's up to the Emergency Medical Technician-Paramedic ranking by the year 2000, a move which would phase out the CRT program.

This will require an additional 360 hours of training. "We can do this over the course of several years through numerous skills modules," the doctor said.

"We need to educate pre-hospital care providers. They are like sponges, they want to learn," he added.

The Governor's Commission is currently studying the state's Medevac helicopter system along with the Maryland Institute for Emergency Medical Service Systems. It is to issue its report on Dec. 1. The commission will conduct an open hearing Oct. 30 in Annapolis.

The doctor told the group that provisions have been included in the state's new budget bill to

begin billing for Medevac helicopter transports effective March 1, 1993.

Dr. Alcorta, who is in an acting role pending a search committee's findings, is confident of securing the job. He began his career as an emergency medical technician in San Diego and soon became a paramedic. He attended medical school at Howard University and completed his residency at UCLA in Los Angeles. He has also served on the faculty at Johns Hopkins.

Dr. Alcorta founded the Maryland Motorcycle Helmet Coalition and was instrumental in the General Assembly's passage of the helmet law which took effect Oct. 1.

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coverage of the un-
es over the past 20
ever seen the text of
published, yet it is
of the most controver-
nts of the Twentieth
hoice folks say 10,000
ear died from illegal

conomic, medical, philosophical,
theological, and cultural issues.
How about turning some (unbi-
ased) investigative journalists loose
to scrutinize the substance behind
the statistics, slogans and rheto-
ric? Deeper understanding of the
issues usually leads to better
choices.

Art Moorshead
Lutherville

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adopt the baby.
cella, M.D.

ng Whom?

the most interesting
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ate with Alan Keyes is
the Senate "fighting"
sts. This bit of legislati-
he comical image of our
senator hurling herself
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Sausages at 20 paces?
know only too well that
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ss; and as Mr. Keyes
ve are being annihilated
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o spend our money fas-
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o can blame General Mi-
ushing forward when her
as been so effective: The
or is crippled; the people
are more dependant on
government than ever

structive" are the sena-
for the effect of the feder-

al government when it interferes
with people's lives. Bullseye.

But wait: She is describing what
happens when the government inter-
feres with abortion. Other kinds
of government interference are just
fine, if her voting record is any indi-
cation.

Yes sir, she is a fighter all right.
The only problem is that she is fight-
ing us.

Barton M. Cockey
Baltimore

a lower rate since the 1980s
accept his group. Increasing rates to
these small groups are becoming
prohibitive, and the consequence
will be more uninsured.

Although I have little sympathy
for the Blues in the light of recent
revelations, the Blues are being ad-
versely affected by this process.

Soon, those covered by the Blues
will not be able to afford the premi-
ums in these remaining groups,
which will contain a disproportion-
ate number of the chronically ill.

A fairer method would be, if the
market is to remain open, to force all
HMO's to share the poor risk groups.

Another alternative would be to
let employers assign the chronically
ill to a special group that would be
underwritten by all the insurance
premiums in the state, similar to the
old Assigned Risk Automobile Insur-
ance program.

Gerald Jeffein
Baltimore

A Board for Paramedics

It is fairly obvious that the area
of Emergency Medical Services
(EMS) in the state of Maryland is
going through many changes. Phil-
osophical paradigms throughout
the political structure of Maryland
EMS have crippled the progress of
EMS as a profession, in compar-
ison to major EMS systems in other
parts of the country.

One vital example was dis-
cussed in an Oct. 11 article, "What
the rescue crew can't do to save
you," where endotracheal intuba-
tion, considered to be a "gold
standard" technique for paramed-
ics, is prohibited from being used
in a few jurisdictions, even though
some of the personnel are nation-
ally registered to perform this tech-
nique.

Dr. Kimball Maull, the newly
appointed director of the Maryland
Institute of Emergency Medical
Services Systems, when asked
about this problem in the article
replied: "My reaction is embarrass-
ment."

Currently Nationally Registered
Emergency Medical Technician-
Paramedics (NREMT-Ps) are certi-
fied to function in Maryland as a
delegation of duties by a licensed
physician.

When EMS was in its infancy
this structure of physician-delegat-
ed practice was formed as a matter
of necessity to guide the initial di-
rection of pre-hospital EMS. With
the birth of baccalaureate and
graduate studies in emergency

health, as well as a field that is
greater than 25 years old, I feel
review of the legislation regarding
paramedic certification is due.

A paramedic is recognized by
the American Medical Association
as a medical professional. In Mary-
land, a paramedic functioning as a
physician designee is not a recog-
nized medical professional in the
same league as nurses, respiratory
therapists and pharmacists.

The Department of Health and
Mental Hygiene utilizes boards of
peers to license members of cer-
tain professions.

For example, there is the Board
of Nursing and Board of Pharmacy.
There even exists a Board of Bar-
bers, a Board of Cosmetology and
Board of Funeral Directors. Cur-
rently there is no similar board for
paramedics.

Perhaps the Governor's Task
Force on Emergency Medical Ser-
vices can examine the issue of cre-
ating a "board of emergency medi-
cal technician-paramedics," whose
function would be to license para-
medics in Maryland.

This would elevate the profes-
sional status of the paramedics to
the same level as other AMA-rec-
ognized health professions. I be-
lieve that the benefit derived from
this would translate into improved
care, new techniques, and in-
crease the impact that we have on
saving lives.

Gregg S. MacDonald
Marriottsville

10/29/92

The Sun 11/3/92

Medical organizations call for division of emergency services and UM system

By Jonathan Bor
Staff Writer

ANNAPOLIS — Several organizations of doctors and nurses are recommending that the state's emergency medical system be removed from the University of Maryland's orbit to erase the possibility of a conflict of interest.

As an alternative, they are calling for an independent board — without direct ties to any hospital — to oversee the system.

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In August, Gov. William Donald Schaefer named the 18-member commission to look into 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.

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 tech-

niques? 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

The Sun 11/3/92

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

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

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.

THE SUN Maryland

SECTION

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THURSDAY
JULY 30, 1992

Firing of doctors seems to be part of feud

By Jonathan Bor
Staff Writer

The firing of three prominent doctors at the Maryland Shock Trauma Center Tuesday appears to be the most dramatic shot in a long-festering dispute over who will run the renowned hospital and what type of patients it will serve.

Tensions between staff and administration, although building for

several years, boiled anew July 1 when top officials of the University of Maryland Medical System ordered that the affiliated center begin accepting patients with mid-level and even minor injuries.

"It can include minor gunshot wounds, minor bumps and bruises, even a bump on the head," said a Shock Trauma employee who asked to remain anonymous.

Since its birth a quarter century

**"I'm shocked and
amazed at the actions
of Dr. Maull."**

LT. GOV. STEINBERG

ago, Shock Trauma had been reserved for the most critical trauma patients while those with less seri-

ous injuries went next door to the emergency room of the University of Maryland Medical Center.

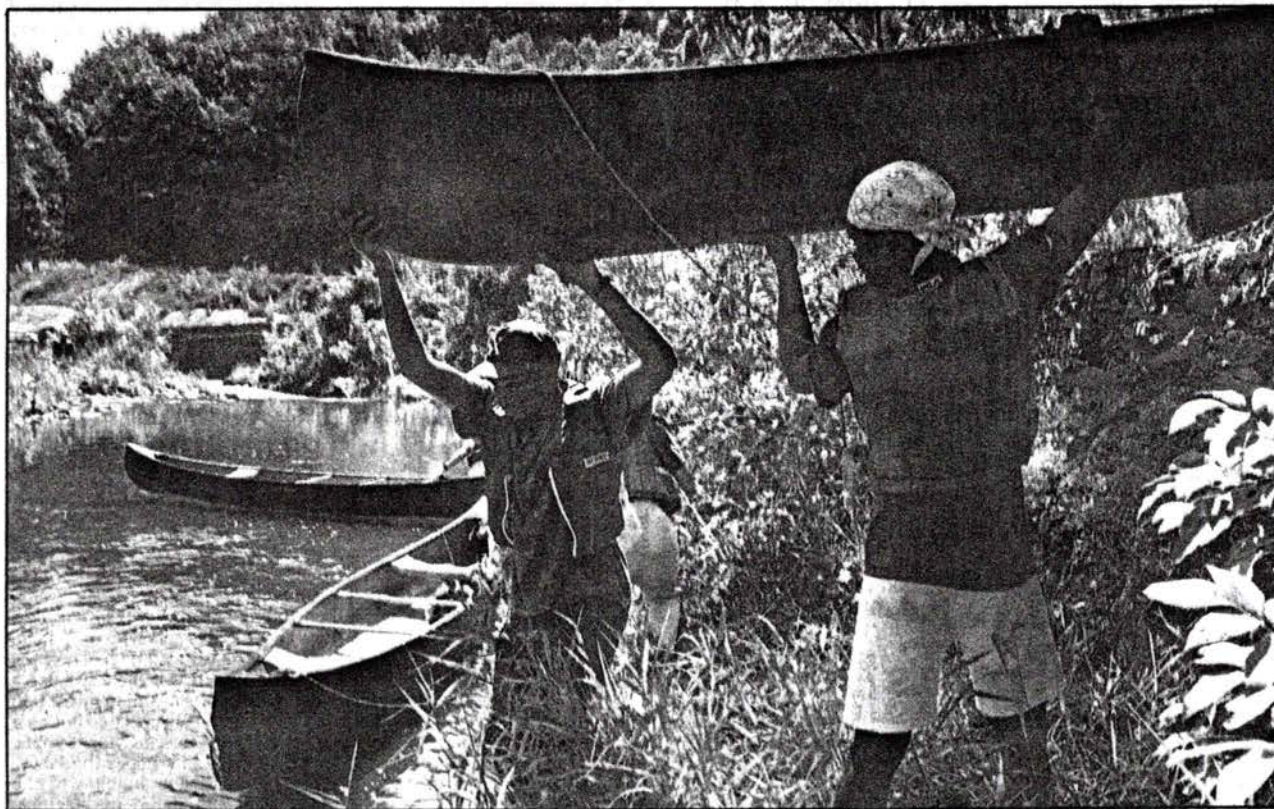
Since the change went into effect, University's emergency room has concentrated solely on patients with non-traumatic emergencies.

Yesterday, Lt. Gov. Melvin A. Steinberg said he was "outraged" over the firings and what appears to be an effort to dilute the mission of Shock Trauma, the 138-bed hospital

in downtown Baltimore. He blasted Dr. Kimball I. Maull, who took over five months ago as head of the Maryland Institute for Emergency Medical Services Systems, the broad network that includes Shock Trauma, satellite trauma centers across the state and the ambulance and helicopter personnel who transport patients.

"This is really a national and in-

See **DOCTORS**, 3G, Col. 1



Residents vent rage on crime

**NAACP summit
draws strong views**

By Michael A. Fletcher
Staff Writer

Residents' anger about the city's inability to curtail the spiraling rate of violent crime spewed out at last night's NAACP crime summit.

But the raucous meeting in East Baltimore produced no consensus and often bordered on chaos, with audience members shouting down some speakers and heckling others, including Mayor Kurt L. Schmoke.

There was also no real discussion of martial law, an idea the National Association for the Advancement of Colored People raised to galvanize community outrage about the carnage that dominates the tenor of life in many poor neighborhoods.

"Will martial law solve this problem?" NAACP President Arthur Murphy asked the crowd at Mount Sinai Baptist Church on East Preston Street. "I think not. But we must

Firing of doctors seems to be part of long dispute

DOCTORS, from 1G

ternational model," said Mr. Steinberg. "I don't want to see it completely destroyed. I'm shocked and amazed at the actions of Dr. Maull. ... He's done irreparable harm to this system that cannot be recaptured."

Tuesday, Dr. Maull gave three doctors — surgeons Ameen Ramzy and C. Michael Dunham and critical-care specialist Howard Belzberg — 72 hours to leave. The three were among a cadre of doctors who have opposed efforts by the university's leadership to direct policy and dilute the autonomy that Shock Trauma had enjoyed since its founding.

"I was abruptly terminated," Dr. Belzberg said yesterday. "I was given 72 hours notice after 10 years of service to get out of the building. Two weeks earlier, I had specifically asked Dr. Maull if there was any problem with my clinical, moral or ethical performance and he said, 'No.'" Dr. Belzberg said he and his two colleagues had retained an attorney, and had not decided whether to take legal action.

Yesterday, Dr. Maull released a brief written statement: "Time is at hand for the infusion of new ideas and expertise at the Shock Trauma Center. Recent staff terminations reflect changes necessary to allow this to happen."

In an interview last week, top university officials including Dr. Morton Rapoport, the medical system's chief executive officer, said it was cheaper and more efficient to run a single trauma center and an emergency room dedicated to other medical problems.

But one longtime Shock Trauma employee said that shifting patients with non-critical injuries means more money for the medical system. The reason, according to the source, is that the system can charge patients about 18 percent more for room and board if they are treated at Shock Trauma rather than at University.

In contrast, UMMS officials last week said that Shock Trauma often bills its patients less. The average daily bill for a Shock Trauma patient was \$966 last year, compared with daily charges at University that ranged as high as \$1,115 but as low as \$509, they said.

Last Friday, Gov. William Donald Schaefer announced the creation of a commission to oversee the emergency medical system and investigate reported tensions within it. Mr. Steinberg said he thought there was an understanding between the governor and trauma officials to delay all personnel changes at Shock Trauma to give the commission time to make recommendations.

Four days later, Dr. Maull fired the three doctors.

"I thought there was a gentleman's agreement — let's sit tight on everything," Mr. Steinberg said. "What is happening here is just an abuse of power."

The same day he fired the doctors, Dr. Maull assembled nurses, social workers and other Shock Trauma personnel to explain some of the changes under way. Sources at the meeting said Dr. Maull declared that the request for a personnel moratorium was unacceptable because he works for the state Board of Regents, not the governor.

Staff Writers Doug Birch and David Simon contributed to this article.

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Shock Trauma's feuding must end, Schaefer declares

By Douglas Birch
Staff Writer

Gov. William Donald Schaefer called yesterday for an end to the bitter feuding among hospitals and doctors over the recent firings and policy changes at the Maryland Shock Trauma Center.

"That has to stop, must stop," he said. "[It's] not good for the general public. . . . The sooner we get off the front page, the better off we'll be."

And he backed the changes ordered by Shock Trauma's director, Dr. Kimball I. Maull, including the July 28 dismissal of three center physicians who opposed Dr. Maull's initiatives.

"You have to have someone in charge," he said, later adding: "He made decisions that had to be made."

The governor's comments came a few hours after the three physicians postponed their efforts to persuade a Baltimore Circuit Court judge to reinstate them.

Lawyers for the doctors said they were pursuing negotiations with Dr. Maull and the University of Maryland Medical System.

The lawyers would not say whether their clients hope to remain at Shock Trauma or are haggling over the terms of their departure. Someone close to the negotiations said a settlement could come as early as Monday.

After meeting with lawyers for both sides for about an hour in his chambers yesterday morning, Judge Hilary D. Caplan announced that the hearing was postponed "in the hopes it will be resolved in a form that's comfortable for all."

Edward J. Gutman, a lawyer for the fired doctors, would not discuss details of the negotiations. Neither would William Howard, an assistant state attorney general representing Dr. Maull and the University of Maryland Medical System.

Both lawyers said the talks had begun soon after the doctors were fired.

Judge Caplan was scheduled to hear arguments on a request by the doctor's for a permanent injunction against enforcement of Dr. Maull's action.

They said their boss had violated the terms of their contracts.

A week-old temporary injunction blocking the firings expired at 11:59 last night. But Mr. Gutman said he believed the dismissals would remain in limbo while talks continue.

Dr. Maull, who became the director of Shock Trauma in February, summoned the three doctors to his office 11 days ago and told them, one at a time, that they had 72 hours to clean out their desks.

The trio include Howard Belzberg, a clinical care specialist; and two surgeons, C. Michael Dunham and Ameen I. Ramzy.

Dr. Ramzy resigned as director of the statewide emergency medical system in May. Dr. Maull assumed the duties of the post shortly afterward.

Dr. Maull said last week that the fired doctors tried to block his efforts to improve the state's emergency medical care system and resisted moves to bring the Shock Trauma Center into closer cooperation with the University of Maryland Medical System.

Allies of the doctors have said Dr. Maull's moves threaten to undermine the quality of Maryland's emergency medical care.

Saturday, August 8, 1992

Shock Trauma control of EMS is criticized

Surgeon endorses independent oversight

By Douglas Birch
Staff Writer

The leader of a group of doctors representing Maryland trauma hospitals said yesterday that the nationally recognized Shock Trauma Center should be stripped of control of the state's Emergency Medical System.

Dr. Timothy G. Buchman, president of the Maryland Trauma Center Network, called a news conference to urge the state to create a "medical triage and transportation authority," independent of any hospital, that would run the system.

The Emergency Medical System directs the state's trauma care, setting standards for emergency medical workers and dispatching the state's medical evacuation helicopters.

In a separate news conference, the state's volunteer firefighters complained that Shock Trauma officials have not consulted them on important decisions effecting the system. They cited a recent move to restrict use of a controversial device that clears the air passages of accident victims.

At his news conference, Dr. Buchman said Shock Trauma's new director, Dr. Kimball I. Maull, has eroded the center's traditional arm's-length relationship with the University of Maryland hospital.

(Both institutions have been operated by the same non-profit corporation, the University of Maryland Medical Systems, since 1984. But under its founder and first director, the late Dr. R. Adams Cowley, Shock Trauma remained autonomous.)

This spring, Dr. Maull gave himself the title of state EMS director. On July 1, he transferred the care of patients suffering from knife and gunshot wounds from the university's emergency room to Shock Trauma. Last week, Dr. Maull fired three surgeons at Shock Trauma, accusing them of opposing his decisions.

Dr. Buchman, a Hopkins trauma surgeon, said the past independence of the center ensured that the EMS sent patients where they would get the best treatment.

The recent changes, he suggested, may give Shock Trauma an incentive to absorb more patients instead of sending them to other trauma centers.

If other hospitals decide "that patients are being rationed to any particular institution for political or economic reasons," Dr. Buchman warned, they may drop out of the state's trauma network.

Dr. Rhonda Fischel of Sinai Hospital, another officer of the network, said: "In order to maintain strong trauma centers, it's important to see a significant amount of trauma on a regular basis."

Ellen Beth Levitt, a spokeswoman for the University of Maryland hospital, said there has been no merger of Shock Trauma with the hospital, only a shift in the care of some trauma patients.

She denied that patients would be diverted from other hospitals.

Dr. Buchman would not say how many of the doctors representing the 10 hospitals in the group endorsed his statement, or even whether a majority did so. None opposed it but some abstained, he said.

The hospitals in the network are scattered around the state, and include Peninsula General Hospital in Salisbury, Prince George's Hospital Center, Washington County Hospital, Shock Trauma and the University of Maryland hospital.

Saturday, August 8, 1992

Shock and Trauma at the Shock-Trauma Center

By BARRY RASCOVAR

RA. Cowley would love it. Only he could fully appreciate the delicious irony of the situation at the famed shock-trauma center he founded.

Here is his successor, the surgeon he wanted as his heir, running into a buzz saw of opposition from disgruntled doctors. Why? Because Dr. Kimble I. Maull wants to shake up the trauma center and return it to a leading-edge role.

Does Dr. Maull back down? Nope, he charges ahead, like a bull in a china shop, dismissing three physicians who tried to undermine him, telling the governor to butt out of this minor flap and firmly planting his mark on the R Adams Cowley Shock Trauma Center. He has a clear vision of what he wants, and no one is going to stop him.

Sound familiar? It should. That's how Dr. Cowley operated, too. He was a one-man wrecking crew if someone got in his way. He did not suffer fools or foes for very long. As he told colleagues, "Only a dog needs to be loved." The results, not his popularity, were all that mattered.

And he succeeded, brilliantly. Over the vehement opposition of other hospitals, jealous physicians, possessive bureaucrats and busy-body legislators he carved out a new field of medicine — emergency medical services.

Employing innovative techniques, Dr. Cowley declared war on behalf of critically injured accident victims. By getting patients into the operating room in that first "golden hour," and by throwing teams of surgeons into the battle, Dr. Cowley per-

formed miracles. More often than not, he won the war. Thousands of lives were saved.

Along the way, he collected enemies. It didn't faze him. He was smart enough to win the loyalty of a governor, key legislators and firefighters and paramedics. Only when he was slowing down, when his own Shock Trauma doctors turned against him in 1989 for creating "general chaos" did Dr. Cowley step down. He died last fall.

Now some of those same doctors are seeking another scalp: Dr. Maull's.

Their complaint is ironic: they don't want Shock Trauma to change. Yet this is an institution created out of change — a dramatic re-thinking of how to treat critically injured accident victims. Dr. Cowley's whole life at the Shock Trauma Center was about change. He kept the place in constant turmoil.

Time, especially, in today's high-tech medical world, does not stand still. Dr. Maull came to the Baltimore center this spring with an impressive reputation. To his surprise, he discovered that the Shock Trauma Center's own reputation as a national leader was an illusion. It's a very good operation, but no longer at the top of the field.

The place can't attract the best interns. It has become too inbred. Few surgeons are tops in their specialties. Vital field services have big gaps: only in three counties (Balti-

more, Anne Arundel and Prince George's) can accident victims be assured that all EMS units are trained and equipped to keep them breathing by cutting a hole and inserting a tube into the trachea. In fact, in Baltimore City none of the EMS units can perform this life-saving step: they lack the equipment.

Other changes are inevitable at Shock Trauma. When the state built the \$35 million Cowley center, part of the agreement was that Shock Trauma would begin admitting people with serious knife and gunshot wounds who had been treated at University Hospital in the same building. After all, why have duplicate trauma centers? But Shock Trauma doctors fought this state mandate tooth and nail.

Dr. Maull quickly worked out a deal with the hospital to end that duplication. And since he was hired jointly by the University of Maryland and University Hospital, he saw no reason to continue Dr. Cowley's long-running feud with these two entities. The frugal 1990s dictate a new strategy for securing Shock Trauma's future.

This is an era of severe government deficits, a time when the public is demanding accountability. Yet Shock Trauma had been notorious for its lack of accountability and its free-spending ways. It insisted on total independence.

That is now changing. Interdependence is the key word. And there

is a strong effort to depoliticize what are essentially medical matters.

Dr. Cowley was superb at getting what he wanted from the politicians and winning public acclaim. The doctors who turned on Dr. Cowley, and now on Dr. Maull, have also been adept at gaining media coverage and rallying politicians and the EMS network. They even hired their own lobbyist. Other area hospitals, sensing a weakness, have jumped at the chance to strip University Hospital of its links to Shock Trauma.

At this stage, Dr. Maull lacks the political skills that served R.A. Cowley so well. But other parallels are quite striking. The same terms used at Dr. Cowley's funeral could be applied just as easily to Dr. Maull — arrogant, difficult to get along with, determined to make shock-trauma work.

It seems ludicrous to claim that Dr. Maull is plotting to turn Shock Trauma into a run-of-the-mill emergency room or that he is out to demolish the statewide EMS system. Nor is it likely this highly respected leader in trauma medicine is fronting for scheming administrators to bring more trauma patients to University Hospital. Yet these are the whispering campaigns under way.

The circus at Shock Trauma is likely to continue. Dr. Maull's foes will see to that. But, what the heck. As R.A. Cowley used to say, "You can tell the pioneers by the arrows in their backs."

Barry Rascovar is editorial-page director of The Sun.

Doctor calls for independent control of state EMS

■ Leader of group criticizes Shock Trauma's Maull.

By Douglas Birch
Staff Writer

The leader of a group of doctors representing Maryland trauma hospitals said yesterday that the nationally recognized Shock Trauma Center should be stripped of control of the state's Emergency Medical System.

Dr. Timothy G. Buchman, president of the Maryland Trauma Center Network, called a news conference to urge the state to create a "medical triage and transportation authority," independent of any hospital, that would run the system.

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Shock Trauma is sued

By Jonathan Bor
Staff Writer

Just when a legal settlement with three doctors seemed to calm tensions at the Maryland Shock Trauma Center, the chief neurosurgeon yesterday filed a \$6 million lawsuit, alleging that he is being wrongly forced out of his job.

Dr. Clark Watts said his contract has been violated and his reputation damaged by Dr. Kimball Maull, the hospital's new director, who told him on July 6 to look for another job because of differences over the treatment of patients.

Dr. Maull insisted that he had not forbidden the 53-year-old surgeon to teach or perform surgery. Three weeks ago, he said Dr. Watts simply had been demoted to staff neurosurgeon. "He has not been fired," Dr. Maull said yesterday.

Dr. Watts said news of his impending "dismissal" came as a shock because he had been enticed two years ago to leave his post at the University of Missouri, where he had worked for 15 years and had tenure.

But he was recruited a year before

the arrival of Dr. Maull, who took the helm in February of the Maryland Institute for Emergency Medical Services System, which runs Shock Trauma and the statewide emergency medical system.

Dr. Watts said he was "saddened" not only by his differences with Dr. Maull, but also by the director's plans to consolidate some functions of Shock Trauma and the adjacent University of Maryland Medical Center.

He said he wasn't told to leave on a particular date and intends to take care of patients until ordered out.

Dr. Watts said the dispute revolves around his plan for taking care of patients with spinal and brain injuries, one that calls for other specialists to oversee patients' rehabilitation after surgery and re-entry into society. Initially, he said, Dr. Maull gave him a year to prove that his plan worked, but then informed him in late May that the plan "won't work." Two months later, he said, Dr. Maull was more emphatic: "There has been at least one communication which indicates I should look for another job."

Daily Banner
Cambridge, Md.

JUL 29 1992

Top doctors at trauma center fired

BALTIMORE (AP) — Three top doctors at Baltimore's Shock Trauma Center have been fired, a hospital spokesman said.

Senior attending physicians Howard Belzberg, Ameen Ramzy and C. Michael Dunham were fired Monday by Dr. Kimball I. Maul, who took over as head of the Maryland Institute of Emergency Medical Services five months ago. Drs. Ramzy and Dunham are trauma surgeons, and Dr. Belzberg is a critical care specialist.

"Dr. Maul feels that with an

Please see Trauma, page 14

Trauma

Continued from page 1

opportunity to review how the program is set up, he feels he needs to make changes, and they were impeding progress," hospital spokesman John Murphy said.

The hospital staff was told about the firing at a meeting Monday afternoon. Friday will be the doctors' last day at the hospital, Mr. Murphy said.

Star Democrat
Easton, Md.

AUG 12 1992

Doctors ordered to leave center

BALTIMORE (AP) — Three doctors at the Maryland Shock Trauma Center were ordered to leave the premises by the center's chief, shortly after talks between the state and the physicians broke down.

Dr. Ameen I. Ramzy, a surgeon and the former chief of the state emergency medical system, said he was sitting in his office Monday afternoon when maintenance workers came and began changing the lock on his office door. Also ejected were Drs. Howard Belzberg, a clinical-care specialist, and C. Michael Dunham, another surgeon.

Dr. Kimball I. Maul, who became director of the center in February, ordered the physicians out Monday shortly after they rejected a financial package the state offered to persuade them to drop a lawsuit they filed to block their dismissals.

Post
Frederick, Md.

AUG 3 1992

News
Frederick, Md.

AUG 3 1992

Doctors can go back to work

BALTIMORE (AP) — A judge has ruled three doctors fired from the Maryland Shock Trauma Center can go back to work for at least a week, but the man who fired them says he made the right decision.

Dr. Kimball I. Maull said Friday he fired the doctors, because they blocked his efforts to bring the state's emergency medical center into closer cooperation with the University of Maryland Medical Systems, which includes trauma centers and rescue personnel across the state.

"These individuals opposed my efforts to begin to work collaboratively with other elements of our system," Dr. Maull said. "That is why I took the actions that I did."

But Baltimore Circuit Judge Richard T. Rombro granted the doctors a temporary injunction allowing them to stay at Shock Trauma through next Friday.

A hearing will be held to determine if Tuesday's firings violated the doctors' contracts. However, university lawyers contend such contracts never existed.

Judge Rombro's ruling was a relief

*Firings necessary, Maull says,
because 3 opposed cooperation*

to the doctors, who said they were told the locks to their offices would be changed by 5 p.m. Friday.

The physicians are Howard Belzberg, a clinical care specialist; C. Michael Dunham, a surgeon, and Ameen Ramzy, another surgeon who directed the statewide emergency medical system until stepping down in May.

"I'm very relieved that I can go back to work today," Dr. Belzberg said. "I'm glad to see there is some protection from political pressures for people who have to do clinical jobs."

Dr. Maull did not hide his disappointment with the court action.

"The workplace is not a good place for disgruntled staff," he said. "I'm not pleased with the ruling, but in the finality, I think we will prevail."

As health care costs climb and resources dwindle, Shock Trauma

needs to work more closely with the adjacent University of Maryland Medical Center, Dr. Maull said.

Gunshot wound victims and other trauma patients from West Baltimore who used to be treated at University are now being treated at Shock Trauma.

Dr. Maull blasted critics who said the merger would overload Shock Trauma, forcing helicopters to take seriously injured patients elsewhere. He said the consolidation only adds two or three patients a day.

Cooperation means sacrificing some of the autonomy Shock Trauma has enjoyed within the university medical system. The three doctors wanted continued "independence for independence's sake," said Dr. Maull, who added he wasn't considering any further firings.

Daily Times
Salisbury, Md.

JUL 31 1992

Delaware State News
Dover, Del.

JUL 31 1992

Star Democrat
Easton, Md.

JUL 31 1992

Md. Coast Dispatch
Berlin, Md.

Morning Journal
Martinsburg, W. Va.

JUL 31 1992

JUL 31 1992

Schaefer: 'Gag order' is over

ANNAPOLIS (AP) — Gov. William Donald Schaefer proclaimed an end Thursday to a gag order on state employees that he said was never intended to be a gag order.

"The word gag was never used by me. It was not intended as it was interpreted by the press," Schaefer said.

He said his directive issued at a cabinet meeting July 2 was intended to cover press releases, which he wants to review before they are issued. He said he also wanted to know about major announcements before they are made so he can be ready to respond when asked to comment.

Schaefer said at a news conference that he told cabinet members Thursday to let their employees know there is no gag order.

"All press releases will be sent to my office, and I will read them," he said.

"All inquiries that deal with state business and not personal vendettas will be answered," he said. He did explain what he meant by personal vendettas.

After the July 2 meeting, word filtered through the state bureaucracy that employees must not talk to reporters or legislators without getting clearance from the governor's press office or legislative office.

Most employees took the order very seriously. Inquiries on subjects as noncontroversial as the state's beaver population and gypsy moth defoliation went unanswered while employees tried to get clearance to give out information.

Public information officers would not answer questions or arrange interviews without approval from the press office.

Schaefer said that should now end.

"When you're asking about state business, you'll get answers," he said.

In other matters discussed at his news conference, Schaefer said he supports a mandatory community service requirement for high school students, has no intention of courting the Washington Redskins and is worried that the firing of three doctors at the Maryland Shock Trauma Center may damage the institution.

"I don't want shock trauma destroyed by a lot of infighting and a lot of name calling," he said.

Dr. Kimball I. Maull, director of the state's emergency medical system, on Tuesday fired the doctors with 72 hours notice.

That was just four days after the governor set up a commission to study the emergency medical system and look into reports of infighting over the future of the shock trauma center.

JUL 31 1992

State employees may speak again as Schaefer lifts 'gag' order

Governor will still review department press releases

By TOM STUCKEY

Associated Press writer

ANNAPOLIS — State employees have permission from the governor to start talking again.

Mr. Schaefer told reporters Thursday he never intended to muzzle state employees and wants it known they can answer questions from reporters and legislators.

He insisted he had never issued a gag order.

"The word gag was never used by me. It was not intended as it was interpreted by the press," Mr. Schaefer said.

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Please see Gag, page 16

Gag

Continued from page 1

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That was just four days after the governor set up a commission to study the emergency medical system and look into reports of infighting over the future of the shock trauma center.

Mr. Schaefer responded cautiously to questions about Dr. Maull's action. He avoided direct criticism and said he would not interfere in the decision to fire the three doctors.

"I think that Dr. Maull should have waited. He didn't," Mr. Schaefer said. "If I had been Dr. Maull, I would have called up the

governor."

Mr. Schaefer said he will not intervene in a dispute between officials of Virginia and the District of Columbia over the location of a new stadium for the Washington Redskins.

"I watched the Colts fly away. I vowed then I would never be a part of it," he said.

Asked about the new state school board policy that will require all high school students to perform community service to graduate, Mr. Schaefer said: "I totally support it. Totally."

The board was wise to make it mandatory "because some of them will not do voluntary service," he said.

News
Frederick, Md.

JUL 31 1992

Post
Frederick, Md.

JUL 31 1992

Schaefer concerned about MIEMSS firings and its future

By SUSAN C. NICOL
News-Post Staff

ANNAPOLIS — Gov. William Donald Schaefer on Thursday repeated his concern about the apparent power struggle going on in the Maryland Institute for Emergency Medical Services Systems.

"I've been concerned about shock trauma. There have rumblings since (the late Dr. R. Adams) Cowley resigned," Mr. Schaefer said.

Mr. Schaefer is still miffed by the firing this week of three prominent doctors at MIEMSS by the new director, Kimball I. Maul.

Drs. Ameen I. Ramzy and C. Michael Dunham, trauma surgeons, and Dr. Howard Belzberg, a critical care specialist, were fired Monday, and given 72 hours' notice to clean out their offices.

The governor said he found it hard to believe that Dr. Maul was that "non-political or apolitical. . . . He could have at least told me" about the firings.

He said he didn't like the infighting and name-calling going on in MIEMSS. "It was time for the

governor to take action," he added.

Mr. Schaefer called said the late Dr. Cowley left no doubts who was in charge at MIEMSS. "He was a strong man. He'd take on the governor or the president for the shock trauma unit," he said. "He was a very strong individual."

When asked if he would help reinstate the doctors, Mr. Schaefer said, "That's not my prerogative."

Last week, Mr. Schaefer established a commission to study such things as how EMS services are provided outside the state and possible changes in the state police aviation division.

The governor said he is worried that the great EMS system pioneered by the late Dr. Cowley could be lost.

The group also has been ordered to develop recommendations for a governing structure for the system that provides accountability for management and performance, according to Mr. Schaefer's order.

Membership of the 12-member commission is being criticized by the Prince George's County Fire Department and the Maryland State Firemen's Association.

"This thing is going to impact us

and we only have one EMS person on the commission," said Maj. J.O. Ockershausen, commander of the Prince George's County Bureau of Advanced Emergency Medical Services.

Maj. Ockershausen said pre-hospital care providers should have more representation.

Members of the commission, according to the governor's executive order, include the secretary of Budget and Fiscal Planning, secretary of Health and Mental Hygiene, Maryland State Police superintendent, one person from the University of Maryland appointed by the Board of Regents, one person from MIEMSS appointed by the director, one physician with an interest in EMS, two citizens with knowledge or interest in EMS, one person from the state's fire and rescue operations, one person from the American College of Emergency Physicians and two citizens at large.

Richard Yinger, second vice president of the Maryland State Firemen's Association, said he was concerned that there was no representation from Western Maryland or the Eastern Shore.

Post
Frederick, Md.

JUL 30 1992

EMS doctors' firing prompts dismay

From Staff and Wire Reports

The firing of three top doctors in the Maryland emergency medical services system has been met with criticism, shock and disbelief.

Drs. Ameen I. Ramzy and C. Michael Dunham, trauma surgeons, and Dr. Howard Belzberg, a critical care specialist, were fired Monday by Dr. Kimball I. Maul, the new director of Maryland Institute for Emergency Medical Services Systems.

"It may be that the new director wants to set up his entire new system, but remember that this was a great system set by Dr. (R Adams) Cowley a long time ago, and it shouldn't be toyed with on the whim of somebody who just moves in," Gov. William Donald Schaefer said.

Dr. Maul felt the three were impeding changes that needed to be made at the facility, a spokesman said.

"Time is at hand for the infusion of new ideas and expertise at the Shock Trauma Center," Dr. Maul said in a

statement released Wednesday. "Recent staff terminations reflect changes necessary to allow this to happen."

Mr. Schaefer created a commission last week to investigate problems in the EMS system, including the Medevac program.

"I now am more convinced that the committee that I appointed should take some action," Mr. Schaefer said. "I think he's making a mistake. . . I knew there was trouble and now I am sure of it."

Dr. Maul balked at a request to leave well enough alone until the commission issued its report. "The governor wanted me not to take any personnel actions and I rejected that out of hand as totally unacceptable," Dr. Maul reportedly said. "I don't work for the governor, I work for the board of regents of the University (of Maryland)."

Dr. Ramzy said Maryland still has the best EMS in the world, but questioned its future.

"I think there are concerns about the faith and trust that makes that

system work, and we'll have to see what happens in the future," he said.

Dr. Ramzy relinquished his administrative duties in May to devote all his efforts to his patients. He was known throughout the state for his friendly, easygoing manner.

Donna Seelye of Mount Airy, who chairs the Regional Emergency Medical Services Advisory Council, said Wednesday night she was surprised and disappointed by Dr. Ramzy's firing.

"I realize new blood needs to be infused. But we could have profited from his experience. He worked well with people from all levels to achieve a goal," she said. "It saddens me that a stellar career should end in this manner."

Richard Yinger, second vice president of the Maryland State Firemen's Association, said the group is "appalled about what's going on at MIEMSS."

"They're trying to tear down the system. We're not going to let them," he said.

Capital
Annapolis, Md.

JUL 30 1992

Schaefer wants panel to probe doctors' firing

Gov. William Donald Schaefer is encouraging a commission to investigate problems in the state's emergency health-care system to take action against the new director of the University of Maryland Shock-Trauma Center.

"It may be that the new director wants to set up his entire new system, but remember that this was a great system set by Dr. (R Adams) Cowley a long time ago, and it shouldn't be toyed with the whim of somebody who just moves in," Mr. Schaefer said yesterday.

The governor created a commission last week to investigate problems at the Shock-Trauma Center and in the affiliated Maryland Institute for Emergency Medical Services Systems.

"I now am more convinced that the committee that I appointed should take some action," Mr. Schaefer said. "I think he's making a mistake. He sort of flunks in the face of the commission I appointed."

"I knew there was trouble and now I am sure of it."

Senior attending physicians Howard Belzberg, Ameen Ramzy and C. Michael Dunham were fired Monday by Dr. Kimball I. Maull, who took over as head of the center five months ago. Dr. Ramzy and Dr. Dunham are trauma surgeons. Dr.

Belzberg is a critical-care specialist.

Hospital spokesman John Murphy said Dr. Maull felt the three were impeding changes that needed to be made at the facility.

"Time is at hand for the infusion of new ideas and expertise at the Shock-Trauma Center," Dr. Maull said in a statement issued yesterday. "Recent staff terminations reflect changes necessary to allow this to happen."

The three doctors have opposed plans to integrate the center with the University of Maryland Hospital, with which it is affiliated. The three and others had threatened to resign last year if the university tried to weaken the center's autonomy.

Baltimore television station WBAL-TV reported that Mr. Schaefer had asked Dr. Maull not to make any personnel changes. The television station also played a tape of Dr. Maull speaking at a staff meeting.

"The governor wanted me not to take any personnel actions and I rejected that out of hand as totally unacceptable," Dr. Maull reportedly said. "I don't work for the governor. I work for the board of regents of the university."

Dr. Ramzy said Maryland still has the best emergency medical services system in the world, but questioned its future.

Delaware State News

Dover, Del.

JUL 30 1992

Schaefer blasts trauma chief over firings

Associated Press

ANNAPOLIS, Md. — The firing of three top doctors at the University of Maryland Shock Trauma Center drew sharp criticism Wednesday from Gov. William Donald Schaefer.

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"I think there are concerns about the faith and trust that makes that system work, and we'll have to see what happens in the future," Ramzy said.

JUL 30 1992

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Carroll Co. Times
Westminster, Md.

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D'Orta on Shock Trauma probe

Lou Panos

The next chapter in the saga of Maryland's strife-ridden Emergency Medical System is about to be written by a governor's commission under the chairmanship of Dr. James D'Orta, assistant director of emergency medicine at Franklin Square Hospital Center.

D'Orta has been tapped by Gov. William Donald Schaefer to lead a study of the system, recently shaken when three prominent physicians were fired from the Maryland Shock Trauma Center, a key element of the statewide emergency medical network. D'Orta was part of Schaefer's medical-economic mission to Kuwait last year.

The dismissals were ordered by Dr. Kimball Maull, the center's newly appointed director, in a policy dispute that had been simmering for months but erupted only after the governor moved to set up the study commission.

"A lot of preliminary work needs to be done first," said D'Orta when asked when the commission will meet. Its far-ranging study is to include every aspect of the delicately balanced system, its dozen top-level trauma facilities throughout the state, its State Police-piloted fleet of helicopters, and its 20,000 paramedics, field nurses, communications experts and other personnel.

After challenging their dismissal in court on Friday, the three physicians agreed to a settlement under which they will be barred from the center but will be paid through June 30, 1993. All three — Drs. Ameen Ramzy of Towson, Michael Dunham of Reisterstown and Howard Belzberg of Roland Park — say they will continue their efforts to focus public attention on what they believe to be unwise policy changes in operation of the system.

By contrast, Maull expressed satisfaction with the settlement and said he intends to proceed with the changes. A key point at issue is whether the statewide system will be controlled by the University of Maryland Medical System, which includes the former University Hospital and the pioneering Maryland Shock Trauma Center founded in 1962 by Dr. R. Adams Cowley.

The founder died last year shortly after his retirement and had resisted efforts by UMMS to diminish the autonomy granted to the center under a 1962 executive order and a 1987 law. Also in question is whether the center should accept only critically injured patients, as Cowley intended, or admit those in less severe condition, as proposed by UMMS officials.

"My intention all along," said Maull, "was to get these disruptive physicians out of the system." Maull was named director of both EMS and the center six months ago by Dr. Errol Reese, president of the university's Baltimore campus, and Dr. Morton Rapoport, president of UMMS.

Ramzy, who directed EMS and carried a full load at the center as a trauma surgeon, said he will take the next week or two to "reorganize things" before weighing future options.

"I've got my office in boxes and have to sort things out," said the 12-year veteran of Shock Trauma. "Very soon, I'm going to have to go back to work, to have my mind active and have

my hands active."

Belzberg, a critical care physician with a 10-year background in neurotrauma, said his plans are also indefinite but added, "As long as I'm collecting a salary from the state of Maryland I will use my best efforts to assist the people of Maryland." He said that includes advising officials on the operation of the EMS and trying to persuade them that it should be independent of UMMS, which is a not-for-

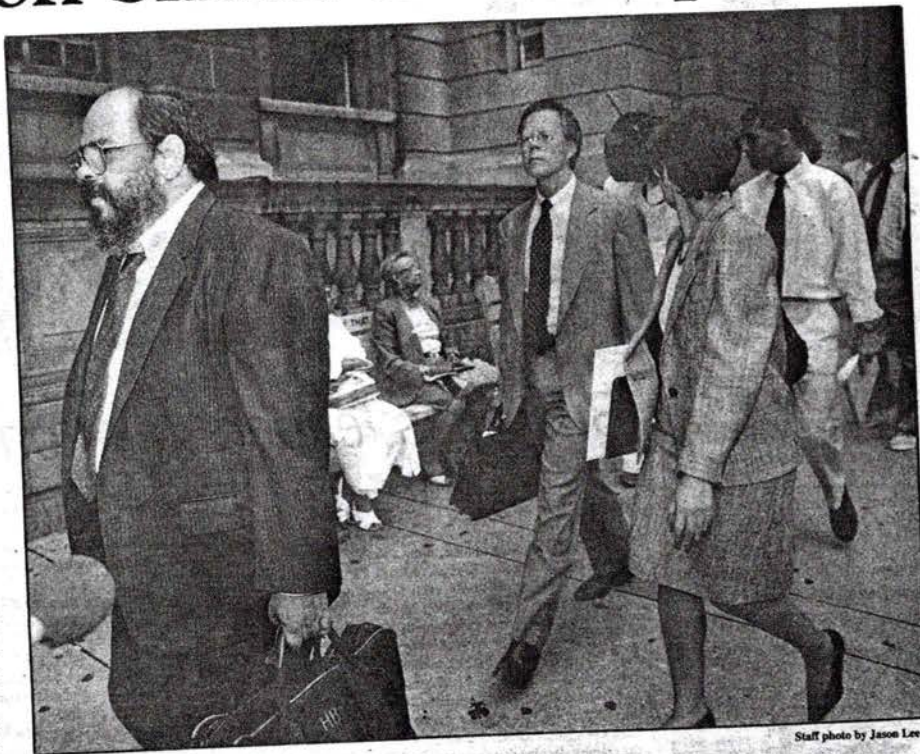
profit, private corporation affiliated with the university and its medical school.

While at Shock Trauma, Belzberg developed a highly prized device for removing carbon dioxide from the blood.

Dunham, whose 14 years at Shock Trauma included assembling a unique registry detailing more than 16,000 cases, said he was "really disappointed" by the settlement provision

prohibiting the three physicians from returning to work at the center. He said he "certainly will be available" to the commission for any contribution he might make.

There has been much speculation that the General Assembly, because of the state's \$44 million investment in construction of the Maryland Shock Trauma Center and continued funneling of funds into UMMS, will take its own look at EMS problems.



Staff photo by Jason Lee

Dr. Howard Belzberg, left, and Dr. Michael Dunham were among three physicians who agreed in court Friday to a settlement under which they will be barred from Maryland Shock Trauma but will receive pay through June 30, 1993.

Doctors' firings rescinded, but all 3 still barred

\$200,000 incomes to continue; both sides claim victory

By Norris P. West
Staff Writer

Three fired Maryland Shock Trauma Center doctors reached a settlement yesterday with the University of Maryland Medical Systems that rescinds their dismissals and pays them their full annual salaries, estimated at \$200,000 each.

Both sides claimed victory after the agreement — which bars the physicians from the hospital — was announced by Baltimore Circuit Judge Hilary D. Caplan.

"We feel vindicated," said Dr. Howard Belzberg, a neuro-trauma specialist. "The university has agreed to put us back on salary, but they're afraid of us. They won't allow us back on the facility."

The other physicians involved are surgeons, Drs. C. Michael Dunham and Ameen I. Ramzy. All three were fired after complaining about policy changes made by Maryland Institute for Emergency Medical Systems Director Dr. Kimball Maull, who runs Medical Systems and Shock Trauma.

After assuming his post six months ago, Dr. Maull opened Shock Trauma to patients with mid-level and minor injuries. Staff physicians complained, saying they wanted the facility to continue its mission of concentrating on patients with severe injuries. He said he would proceed with the facility's new direction.

"From my perspective, it's a great victory for us," Dr. Maull said of the settlement, adding that his major

goal was to prevent the three from returning to Shock Trauma. "I wanted to do everything possible to prevent that. My agenda all along has been to get these physicians out of the workplace so that we could move on."

Dr. Maull said he will not tolerate obstruction of his policies by staffers.

"If they disagree with the direction in which the Maryland Institute is going, they need to find some other place to work," he said, adding that he was recruiting physicians who would support those policies.

The accord among the parties was hashed out in an hourlong session in Judge Caplan's chambers during the time a hearing was scheduled on the doctors' request for an injunction to reverse the firings.

The settlement dismissed a suit filed by the doctors, who claimed the firings violated their contracts. The agreement:

- Rescinds the July 27 firings.
- Requires UM Medical Systems to pay the portion of the salaries the doctors receive from the state, plus benefits, until June 30, when their contracts expire. That amounts to \$27,000 a year to Dr. Ramzy, \$34,600 to Dr. Dunham and \$36,600 to Dr. Belzberg.

- Forces UM Medical Systems to pay the larger portion of their earnings, which came from private billings through their work at the center.

Each made about \$200,000 a year, UM officials said.

Although claiming victory, Dr. Belzberg said that he had hoped to be reinstated when he arrived in court yesterday, but he said that Judge Caplan told them he could not order UM Medical Systems to take

Doctors' firings revoked, but they're still barred

DOCTORS, from 1B

them back. Dr. Belzberg said he challenged the policy changes because he was convinced they would boost the operation's financial performance at a cost of quality health care.

While the three will be permitted to work elsewhere, Dr. Belzberg said Dr. Maull has a monopoly on trauma centers in this area, so it's the only place he can work. To find other employment, he said he'd have to move or take a lower-level position.

Dr. Dunham said he is disappointed about not being returned to his post and will take time before deciding about his future.

Drs. Ramzy and Belzberg said they will "be back" at Shock Trauma in the future.

When asked to explain, Dr. Belzberg said that once people realize the quality of health care will suffer because of the policy changes, Dr. Maull will be dismissed.

See DOCTORS, 3B, Col. 1

Shock Trauma firings are as American as money

The Sun 8/6/92

MARYLAND spent \$80 million to build, equip and support the world-class R Adams Cowley Shock Trauma Center. Now, so the story goes, the bean-counters want to use the center as a place to treat hangnails and fallen arches.

What jealous doctors and hospital planners couldn't do in the early 1970s, petty bureaucrats and administrators may be close to accomplishing this year. This time they may pull it off because the pioneering gut-fighter, the eponymous

Frank A. DeFilippo

Dr. Cowley, is no longer around to schmooze with governors and legislators to keep his monument alive.

The sacking last week of Drs. Ameem Ramzy, C. Michael Dunham and Howard Belzberg had nothing to do with the practice of medicine or the saving of lives. The firings appear to be as American as money.

The other side of the story is that the three doctors were booted because they were end-running their bosses and undermining the system. For example, not too many years ago they hired their own lobbyist, Alan Rifkin, Gov. William Donald Schaefer's former legislative officer, to plead their separate case in Annapolis. Toward the end, the doctors turned against Dr. Cowley, too, and those familiar with the bitter situation say that the late Dr. Cowley might also have given them the heave-ho.

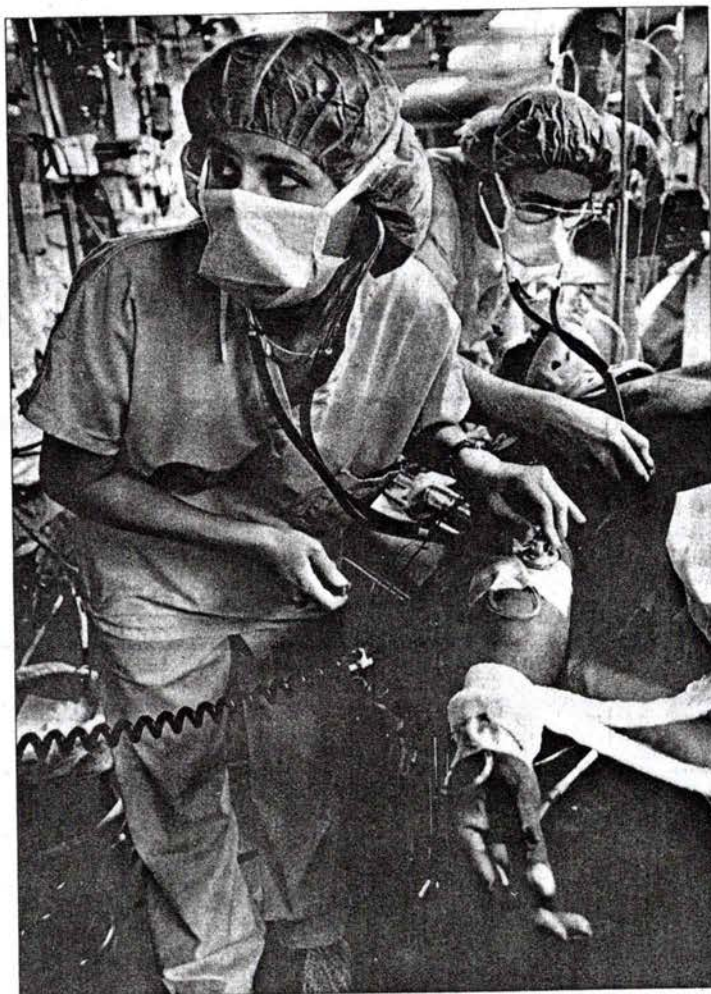
The hospital business is legalized body-snatching. A hospital with empty beds is like a drawer without cash. But Shock Trauma is no ordinary hospital. It's a specialized treatment center for the critically injured. Drs. Ramzy, Dunham and Belzberg argued their case in the press to keep it that way.

And that's what bothers the pencil-necks who run the University of Maryland Medical System, the now-private institution with which Shock Trauma is affiliated. Because many of us weren't mowed down by runaway dump trucks or torn apart by bullets in drug-deal shootouts, a few beds in the 138-bed center remained empty. Now they are preparing to sell time shares in Shock Trauma.

The hospital business is as much about bottom lines as the corner supermarket or a giant insurance company. Very simply, the system can charge more and goose its cash flow if it books patients into Shock Trauma instead of the regular hospital.

Dr. Cowley spent 25 years massaging five governors to realize what is now an eight-story, free-standing Shock Trauma Center of 130,000 net square feet, complete with its own heliport.

The building cost \$45 million, the sleek new helicopters \$35 million, and the General Assembly even raised Maryland's license



Shock Trauma nurses stabilize a patient in the admitting area

tag fees to support the Medivac choppers. That's a lot of money for a state-of-the-art M*A*S*H unit that is in danger of becoming a first-aid center administering to cuts and bruises and the removal of splinters.

Once before, in March 1973, University Hospital's chief of surgery, Dr. G. Robert Mason, who was technically Dr. Cowley's boss — if it could be said that Dr. Cowley had a boss — ordered the Shock Trauma Center downgraded to a lower-echelon ambulatory care unit.

True to medical politics, the Medical and

Chirurgical Faculty of Maryland (the state medical establishment) put its lobbyists to work to scuttle Shock Trauma and bury Dr. Cowley at the same time. Dr. Cowley didn't play by the rules, or at least by Med Chi's rules.

But Dr. Cowley and Shock Trauma were rescued by Gov. Marvin Mandel. The governor issued a hastily-prepared emergency executive order which countermanded Dr. Mason's order by removing Shock Trauma from the surgery department and reconstituting it as an independent center with its

own budget. Dr. Mason quit and went to California.

The University of Maryland's Board of Regents, which then oversaw the hospital system, attempted again in 1984 to convert the Shock Trauma Center into a high-priced bed-and-board medical hotel. Again the effort was blunted by Gov. Harry R. Hughes, who had appropriated the money to build the new R Adams Cowley Shock Trauma Center.

Dr. Kimball I. Maull, the Tennessee trauma surgeon Dr. Cowley wanted as his successor, has been on the job six months. Dr. Maull has none of his predecessor's inside knowledge of Maryland's political power structure. After the firings, Dr. Maull was quoted as saying he works for the Board of Regents, not the governor. In Maryland, that's seditious talk.

Even the medical system's administrator, Dr. Morton Rapoport, is in complicity with the free-market notion that greater efficiency and higher profits dictate a broader use of the highly specialized center. To support his case, though, Dr. Rapoport has the medical system operating in the black even though Shock Trauma is a money loser.

So concerned was Governor Schaefer about the squabble in the hospital complex that he created a commission to review the system and investigate the heightened tensions. But the dismissals undercut the commission and violated what insiders viewed as a cooling-off period.

Shock Trauma began in 1965 as a two-bed experiment in high-tech medicine. Today, many thousands of patients later, it is the national standard against which the federal government judges all others. Dr. Cowley served as the consultant to Congress and the White House.

Shock Trauma has saved the lives of the down-and-out as well as the high and the mighty. Among them are the sons of former U.S. Sen. William Proxmire and Maryland Treasurer William S. James; the former chief clerk of the Maryland House of Delegates, James Mause; Baltimore County Councilman Charles A. "Dutch" Ruppertsberger; and a regiment of Baltimore police officers who were shot or injured trying to make the streets safe.

When Dr. Cowley began his work at Shock Trauma, the center's mortality rate was 73 percent. Today it's below 9 percent.

But the rate may soar again. To put a few more bucks on the books, the bureaucrats may risk killing the one outstanding medical claim the University of Maryland Medical System has.

Frank A. DeFilippo writes a column on Maryland politics.