

# Shock Trauma's Chief Said to Be on Way Out

*Md.'s Maull Told to Resign, Sources Say*

By Amy Goldstein  
Washington Post Staff Writer

Kimball Maull, director of Maryland's Shock Trauma Center, has been told to resign or be fired as early as today, ending a brief but tumultuous tenure in which he criticized the quality of the world-famous institute in Baltimore and changed what kind of patients were treated there.

According to Shock Trauma sources, Maull was asked to resign this week by the presidents of the University of Maryland Medical System and the University of Baltimore, to whom he reports. The sources said Maull refused to step down unless he receives more than \$1.5 million in severance, a sum rejected by administrators of the financially strained university.

The sources said Maull could quit or be forced out of his \$230,000-a-year job as soon as this morning, when he is scheduled to meet with Donald N. Langenberg, chancellor of the University of Maryland.

"I think Dr. Maull will be gone one way or another," said one Shock Trauma source who asked not to be

identified.

Maull's ouster would come one year after he was named to succeed the founder of Shock Trauma, R Adams Cowley, who made medical history in the 1960s by creating the first statewide network that used helicopters to rush seriously injured accident victims to the specialized hospital.

Today, the 110-bed hospital overlooking Camden Yards is the largest medical facility in the nation devoted to accident victims; its doctors and nurses save the lives of more than 90 percent of the patients they treat.

Gov. William Donald Schaefer said yesterday that Maull's departure would be in the state's best interest. Schaefer said Maull had clashed with doctors and "tried to make changes a little bit too fast. . . . Shock Trauma must regain the stature it had under Dr. Cowley."

Francis X. Kelly, a former state senator from Baltimore County who has been a leading champion of Shock Trauma, said Maull "has lost the confidence of everybody. The morale at that place is absolutely rock bottom."

"I'm not going to let the system

self-destruct under one guy," said Kelly, a member of the medical system's board and of a gubernatorial commission that has proposed an overhaul of the state's emergency medical network.

Maull said yesterday that he would not talk to reporters.

Maull's attorney, William F.C. Marlow Jr., said Maull had been maligned and did not intend to resign. Marlow added that Maull inherited an emergency system that was seriously flawed and that he considered the proposed overhaul of that system misguided.

"What does he have to lose?" Marlow said of Maull, adding that his client wants to "fulfill Dr. Cowley's legacy."

A widely recognized leader in trauma surgery, Maull quickly created strife in Maryland through both style and substance.

He fired three doctors last summer, prompted several to resign and has said he wants to replace other staff members with better physicians. He commissioned a highly disputed study that concluded that more patients die at Shock Trauma than at other trauma centers across the country.

Maull contended that the hospital needed to put more emphasis on research and medical training, and to mend its frayed relationship with the University of Maryland medical school next year. And he began to admit more victims of shootings and stabbings from nearby Baltimore neighborhoods, and fewer patients injured in motor vehicle accidents across the state.

Even Maull's critics say that some of the changes he began were worthwhile. And for many months, members of the university and the medical system's boards were reluctant to step in to quiet the controversies, wanting to give their new administrator a chance to prove his leadership.

But in the last few months, he has antagonized the board members who hired him.

Kelly said he warned Maull in December that he needed to soften his style and improve morale. More recently, Kelly and other board members have advised medical system administrators to force him to leave, but they lack the power to do so, because the Shock Trauma director is hired and fired by the university's Board of Regents.



...s down. For ice cream cones  
after dinner.  
? It can't come quickly enough

## ng Trial'

...e of the clearest lessons of the  
...the 1960s was that massive  
...loyed stops angry, violent dem-  
...urning ugly. If Los Angeles, the  
...and the federal government did  
...sson last year in South Central  
...ever will.

...ire behind their state counter-  
...g the need for the public to see  
...rtrooms. It is unfortunate that  
...e televised. All people are going  
...ver, no doubt — is the sicken-  
...e beating, with none of the ac-  
...ts to put it into the context that  
...year rightly or wrongly found  
...ence.

...e observers fear a repeat verdict  
...ion has a tougher case to make  
...han it did under state law. U.S.  
...vince jurors not only that exces-  
...d, but that the police officers  
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...g no law enforcement agency  
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## n Harford

...xecutive Eileen M. Rehrmann.  
...vexed by the lack of information  
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...initiative, that's been largely an  
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...sible personal spats with Ms.  
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...g curve for a newcomer coun-  
...rt-time council. But given the  
...t ousted most incumbents in  
...30 percent pay raise for new  
...— Harford could have expected  
...deas from the new faces.

...tinues to challenge Ms. Rehr-  
...of surplus "rainy day" funds,  
...the operating budget. That is a  
...t validates the checks and bal-  
...-council system.

...cent mark.  
If Mr. Ziegler were a young person  
in his 20s or 30s or 40s, how would  
he face up to the prospect of having  
to support with what is left from his  
paycheck after federal, state and lo-  
cal taxes have grabbed at least 25  
percent of gross pay (with the assist-  
ance of one other working person),  
one elderly stranger in addition to  
himself and his family?

I am myself a retired person, but  
unlike Mr. Ziegler I am greatly con-  
cerned with the almost impossible  
financial burdens being dumped on  
my children and grandchild by the  
reckless spending excesses of my  
generation.

I support taxation on Social Secu-  
rity benefits on all recipients all the  
way down to perhaps \$5,000 above  
the poverty level, as well as reducing  
or perhaps skipping occasionally the  
annual cost-of-living increase.

I also believe that the retirement  
age must be raised substantially and  
soon, not in the 2020s as presently  
being considered by federal officials.

Life expectations have increased  
at least ten years since 1935, when  
the original Social Security bill was  
being crafted and its social architects  
arbitrarily selected 65 as an appro-  
priate retirement age.

**Gordon H. Himmer**  
Baltimore

## Plastic Bullets

In the February, 1993, issue of  
*Surgery Gynecology & Obstetrics*,  
a highly respected surgical journal in  
the United States, appears an article  
entitled "Peripheral Vascular Injuries  
From Plastic Bullets in Children"  
written by Jay J. Schnitzer, M.D.,  
Ph.D., of Boston, and Dean Fitzger-  
ald, M.D., of the Gaza Strip.

These surgeons report their sur-  
gical results on 15 children, age 8 to  
19 years, who sustained extensive  
injuries to the major vessels of the  
lower extremities from plastic bullets  
fired by the Israeli Army.

These injuries were not only seri-  
ous enough to necessitate admission  
and surgery, but would have resulted  
in leg amputation had it not been for  
the prompt and skilled care of these  
surgeons.

The authors state that 617 chil-  
dren with plastic bullet gunshot in-  
juries were treated at a single com-  
munity hospital of 70 beds in only  
eight months.

Of these 617 children, 452 were  
admitted and operated on. The article  
explains that data on the plastic  
bullet suggest that it is not really  
plastic (composition data: 70 percent  
zinc, 10 percent glass, 20 percent  
plastic), and in terms of predicted  
ballistic behavior the calculated ki-  
netics energy places it between a .38  
special and a .45 automatic pistol.

While the dedication of these ex-  
pert surgeons is no doubt commend-  
able, it is sadly in contrast with the  
disheartening atrocities committed

...prettier."  
Ms. Steinbach is also incredulous  
of the uttering of such a non sequi-  
tur, but Mr. Ailes' remark is not so  
surprising when it is looked at in the  
context of reflexive put-downs —  
even when the put-downs make no  
point — of women by sexist political  
hacks whose banalities pass for clev-  
erness.

Interesting, perhaps, is that there  
was an even more revealing moment  
when Mr. Ailes' Democratic counter-  
part, Robert Squires, laughingly  
chided him for making a "sexist re-  
mark."

From that friendly, good-old-boy  
response one can learn that such re-  
marks are seen not as contemptible,  
but as minor solecisms, or violations  
of etiquette of public, but not private,  
discourse.

**Richard E. Vatz**  
Towson

## Accountability at Shock Trauma

Peter A. Jay, *The Sun* and I  
have been missing the point. Dr.  
Kimball Maull and his skirmishes  
are not the issue. Private control of  
the state-funded Shock Trauma  
Center is the only real issue.

My two previous letters to the  
editor have mistakenly focused too  
much on Dr. Maull and a variety of  
diversionary battles.

Meanwhile, the real war is be-  
ing fought at the state legislative  
and private corporate level.

The private corporation known  
as the University of Maryland Med-  
ical System, also known as UMMS,  
is quietly engulfing the Shock  
Trauma Center and attempting to  
eliminate any public accountabili-  
ty. We the public must now focus  
on this higher level.

The impact of private corporate  
control of Shock Trauma may lead  
to its total demise.

For example, in the last decade,  
66 major trauma centers have  
closed nationwide.

The primary reason for closure  
is related to an inordinate load of  
inner-city gun-shot wounds.

For two decades, with taxpayer  
support, the Shock Trauma Center  
has been able to remain open to all  
the citizens of Maryland and re-  
turn to the public a fair share of  
free service.

With the arrival of Dr. Maull,  
Shock Trauma has taken on an  
enormous load of inner-city gun  
shot wounds.

Knowing the precedents of  
trauma center failures, why would  
a successful trauma center con-  
sciously put itself in the same po-  
sition as the 66 other major trauma  
centers that have failed?

It is perfectly reasonable and  
appropriate to offer high level care  
to all in need.

However, one needs to examine

...and cultural landmarks, more signi-  
ficant to me than Baltimore's famed  
Washington Monument or Fort  
McHenry because I, and many oth-  
ers like me, have built a better life  
upon the foundations laid in this  
school and library.

I attended the meeting as a con-  
cerned native son.

I live now in a development of  
new single-family homes. But it's not  
a community in the sense that  
Turners Station is.

It is probably rare to achieve real  
community any more. When we do,  
it should be preserved by any means  
necessary.

The sons and daughters of  
Turners Station who have moved on  
to other places in and around Balti-  
more should join the fight to save our  
history — for our future.

**Brett Savage**  
Baltimore

why the sudden shift of patients to  
Shock Trauma who were previous-  
ly routinely and successfully  
treated at the UMMS hospital.

The answer appears to be cor-  
porate dumping. UMMS has suc-  
cessfully shifted an unwanted bur-  
den to the Shock Trauma Center,  
apparently with the hope the state  
will continue to pick up the tab.

The UMMS has insinuated it-  
self throughout the legislative com-  
munity in Annapolis; now with  
UMMS board members on numer-  
ous standing legislative commit-  
tees.

On Feb. 5, House Bill 1222 was  
introduced into the Maryland  
House of Delegates and subse-  
quently referred to the House Ap-  
propriations Committee. The  
chairman of the Appropriations  
Committee sits on the UMMS  
board of directors.

Among other issues, this bill  
supports continued private cor-  
porate control of the Shock Trauma  
Center by UMMS. Meanwhile  
UMMS, as recently as Feb. 11,  
went before a state Senate com-  
mittee to request sustained state  
funding to operate Shock Trauma.

Either Shock Trauma is private  
without public funding or it is pub-  
lic without private corporate con-  
trol. UMMS cannot have it both  
ways.

Let us not allow House Bill  
1222 to become law as written. We  
must encourage legislators to re-  
turn the Shock Trauma Center to  
public control.

If this is not possible, legislators  
should eliminate public funding  
entirely.

Let us remain clearly focused  
upon the real issue and not get lost  
in the dust.

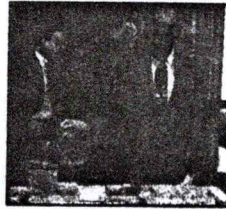
**Hazel Heeren**  
Severna Park

The Sun 2/24/93

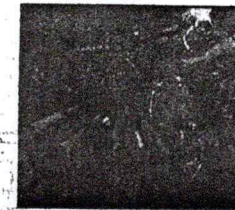


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## Ouster of Shock Trauma head is imminent

By Jonathan Bor  
and Douglas Birch  
Staff Writers

*Announcement of departure is reportedly set for tomorrow*

Dr. Kimball I. Maull, the Tennessee surgeon who began shaking up the Maryland Shock Trauma Center soon after he was named director last year, is being told by his bosses at the University of Maryland Medical System to resign or be fired, according to individuals close to both sides.

The individuals, who spoke on condition that they not be identified, said an announcement of Dr. Maull's ouster was tentatively scheduled for

tomorrow.

"The decision has been made by the people who are important that Maull has got to go," said one.

"I've been informed that there will be a change at the Shock Trauma Center and the Maryland Institute for Emergency Medical Services Systems, in terms of the director, and that the details will be outlined in the next few days," said Dr. James D'Orta, chairman of the Governor's Commission on Emergency Medical Services.

Dr. D'Orta said he doesn't know the circumstances of Dr. Maull's departure. He was told by officials at the University of Maryland Medical System, the private corporation that runs Shock Trauma and the University of Maryland Medical Center, that they soon expect to replace Dr. Maull.

He receives a university salary of \$233,000.

Dr. Maull, reached in New York where he was attending a medical conference, declined to comment.

After an afternoon meeting, medical system officials said they also would have no comment.

Joan Schnitger, a spokeswoman for Dr. Morton I. Rapoport, chief executive of the medical system, said yesterday evening that only the University of Maryland Board of Regents has the power to dismiss Dr. Maull. She referred questions to the board.

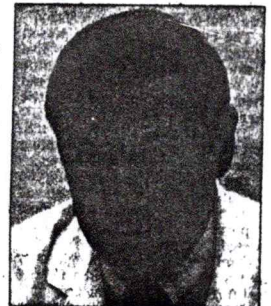
A spokeswoman for the regents said she had not heard about any efforts to oust Dr. Maull.

Shock Trauma receives the most

critically injured patients from across the state, many of them accident victims flown there by helicopter.

Pressure on Dr. Maull to resign comes less than a week after several orthopedic surgeons at Shock Trauma, dissatisfied with his leadership, said they had secured new jobs or were seeking other places to work.

But yesterday, one of the doctors said she would reconsider her plans to leave if Dr. Maull were terminated. She guessed other surgeons would do likewise.



Dr. Kimball Maull took over Shock Trauma last February.

**U.N. chief,  
U.S. agree  
on airdrop**

*Limited risk seen*



**Chiefs may bar  
gays in combat**

*Top brass seek to avoid full integration*



## Ouster of besieged Shock Trauma director reportedly is set for tomorrow

MAULL, from 1A

"Yes, I would at least be willing to speak with whomever is in charge to renegotiate how our division is run and what the working conditions would be like," said Dr. Carol E. Copeland, who said last week that she was job hunting.

"The working conditions changed under his leadership and had caused us to start looking to other places."

With his hard-nosed and often abrasive leadership, Dr. Maull sparked controversy soon after he

took the reins of Shock Trauma last February. One thing that rankled the orthopedists, said Dr. Copeland, was Dr. Maull's release last October of an Independent survey that gave Shock Trauma a low ranking among trauma centers on measures of patient survival.

The survey, done by Tri-Analytics, a private research company in Bel Air, compared about 70 trauma centers across the country. Dr. Maull said the survey demonstrated that the public had been "intentionally misled" over the years into believing

*"I backed this man as long as I could. But in the last couple of months I've come to the conclusion he can't handle the job."*

FRANK KELLY

University of Maryland Medical System board member

that Shock Trauma was one of the premier centers of its kind.

But several doctors said the report was statistically flawed and probably meaningless. Top medical center of-

ficials were incensed that Dr. Maull spoke publicly about its contents, one insider said.

"On closer analysis, a lot of questions have been raised about the data,

and a lot of people here on staff felt those questions should have been raised and investigated" before the data were released, Dr. Copeland said.

A supporter of Dr. Maull said the last straw was his refusal to back pending legislation that would reduce Shock Trauma's power by loosening its ties with the statewide emergency medical system.

In effect, the legislation would take away some of Shock Trauma's influence over where patients are sent. It would also wrest control of

the emergency medical system from the University of Maryland and put it under a new commission that reports directly to the governor.

The effort to force Dr. Maull out is complicated by the current chain of command at Shock Trauma. Dr. Maull is director of the Independent Maryland Institute for Emergency Medical Services Systems, which runs the \$35 million Shock Trauma Center in Baltimore and emergency care statewide.

In that job, he reports both to leaders of the university medical system and to the University of Maryland's Board of Regents.

Dr. Maull's support appears to have eroded over the past several months.

"I backed this man as long as I could," said Francis X. Kelly, a former state senator who holds seats on the medical system board and on the governor's emergency medical commission. "But in the last couple of months I've come to the conclusion he can't handle the job. I think he would be well-served if he stepped down. We would be well-served."

Mr. Kelly explained that "I don't think that he can manage that place anymore. To be honest with you, I believe the doctors and the nurses who have worked their butts off over the years at Shock Trauma have been unjustly maligned by some of the statements by Dr. Maull. The Shock Trauma Center does a heck of a better job than Maull gives them credit for."

The ouster is "pretty inevitable," said one official familiar with state emergency medical care policy. "It was very difficult to come in and make such devastating changes," said the official, who spoke on condition he not be identified.

Dr. Maull, the official said, came to Shock Trauma when it was dominated by "warlords" who ruled their departments without external interference. "The guy [Maull] was eminently qualified," he said. "But he came from a situation where he was a chairman of a department of surgery, which is a kind of godlike position."

Dr. Maull found that he couldn't rule by edict, the official said. "He's well-recognized in the trauma world as being a guru," the official said. "But when you come into a state you have to be kind of cautious in how you handle people."



5 skiers survive  
subzero ordeal in