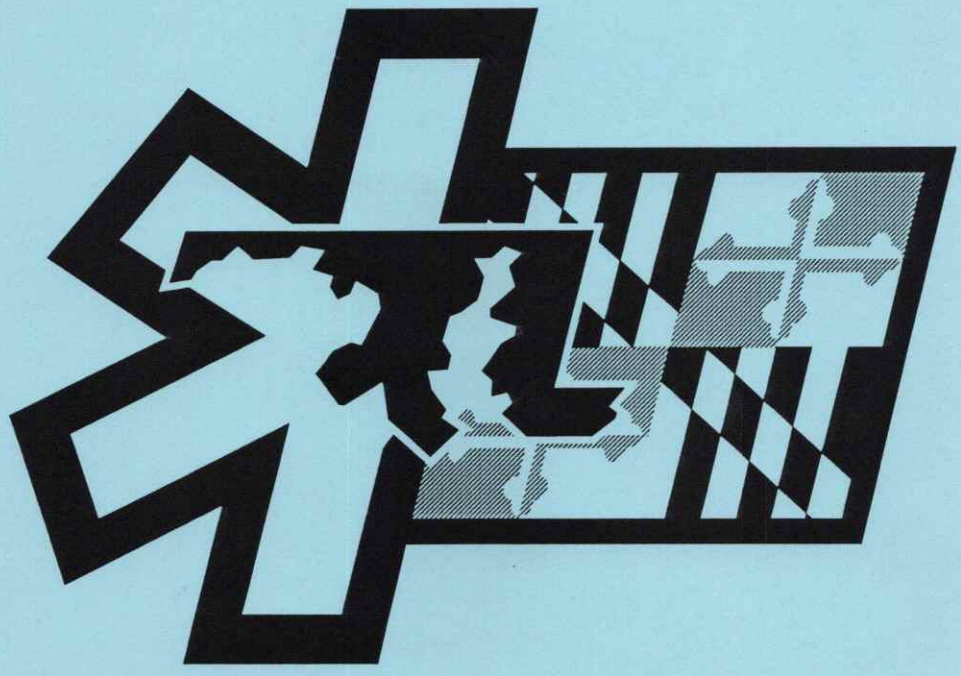
PRESS REPORT



August 1994

EMS Articles

THE FREDERICK POST, FREDERICK, MD., SATURDAY, JULY 23, 1994

Firefighters help colleagues

From Staff Reports

Firefighters from around the state are banding together to help Allegany County's Oldtown Volunteer Fire Company, which was destroyed last Friday in a blaze touched off by lightning.

Despite efforts from passing motorists, two pumpers and a tanker were damaged by the fire, and are not in service. An ambulance and light duty squad truck were saved.

With a loaned pumper from Flintstone Volunteer Fire Co., the department has remained in service although the firefighters still don't have a place to call home, said Richard Yinger, president of the Maryland State Firemen's Association.

"The members are taking the equipment home at night," he said.

It didn't take long for word of their dilemma to spread around the state. Firefighters started collecting turnout gear, boots, masks, air tanks, tools, helmets and other equipment.

On Friday, Mr. Yinger and other MSFA officers traveled to Oldtown to take the fire company some of the donations, including some from Frederick County.

"We're on hold right now as far as money is concerned," Mr. Yinger said. "We can't do anything until the insurance company decides what it's going to do."

Staff photo by Sam Yu

Stopping at the Middletown Volunteer Fire Company Friday to pick up donated equipment for Oldtown Volunteer Fire Company are, from left, Richard Yinger, Maryland State Firemen's Association president; Leonard King, secretary; Louis D'Camera, chairman of the MSFA board o review;Andy Levy (rear), a senior instructor at the Maryland Fire-Rescue Institute; Fred Cross MSFA first vice president; and Steve Cox, second vice president.

1994

Memories Of Storm Still Haunt Emergency Personnel

It has been one year and many thunderstorms since last August when 27 year old Ocean City Lifeguard Sgt. Michael Perry of Columbia, MD was struck by lightning while clearing the beach as a severe storm approached.

The incident occurred about 2:30 p.m. on August 3, 1993 when Perry was on beach patrol near 61st Street. As the storm darkened the sky, Perry mounted a four-wheel all-terrain vehicle and began calling swimmers from the ocean.

According to witnesses on the scene, a lightning bolt struck Sgt. Perry on the left side of his head and threw him from the vehicle. The lightning charged vehicle turned over on Perry, causing burns along his upper thighs.

Fellow beach patrol guards Vincent Palmer of White Plains, MD and Vince Cardile of Turnersville, NJ rushed to Perry's aid and began to administer CPR. At that time, Perry had no vital signs.

An ALS unit from Ocean City Emergency Medical Services was passing near the scene, when the crew heard the dispatcher's radio call. Paramedics Del Baker and Trevor Steedman, from that unit, reached the scene approximately 2 minutes after Perry was struck. They were soon joined by Paramedic Jack Fisher and Cardiac Rescue Technician David Fitzgerald from a second unit and then, by Paramedic Charles Barton and EMS Assistant Supervisor Clay Stamp.

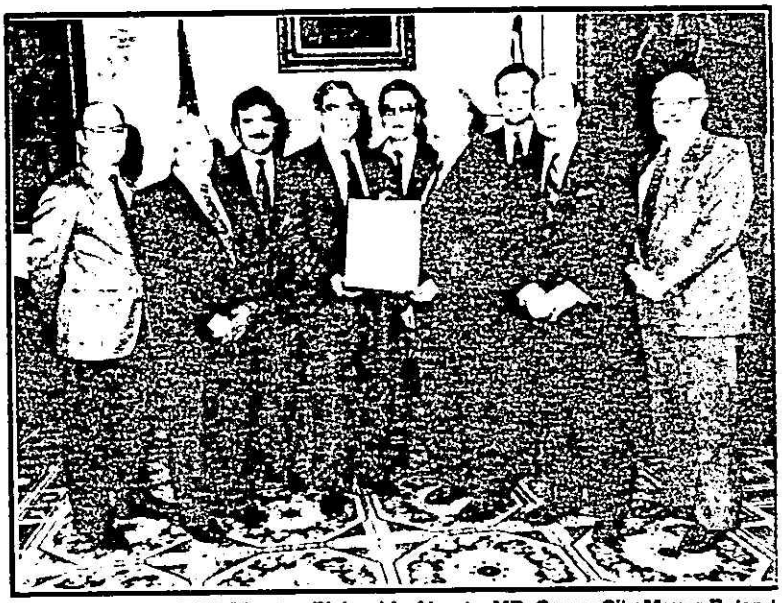
As the lifeguards continued CPR, the emergency - medical team assessed Perry's vital signs and found that he was in full cardiac arrest. They administered electrical shocks (defibrillation) several times and appropriate resuscitative medication. Their effort was successful: Perry regained pulses and, en route to Atlantic General Hospital, began to breathe on his own.

When Perry arrived at Atlantic General a few minutes after 3:00 p.m., the receiving physician determined that the lifeguard's complex injuries, electrocution and burns, demanded treatment at a trauma center. A State Police med-evac helicopter was summoned for transport to the R. Adams Cowley Shock Trauma Center in Baltimore.

Perry arrived at Shock Trauma at 5:00 p.m. His stay there lasted five weeks. Few people live to tell about a lightning strike and his medical care, which continued for six weeks at Montebello Rehabilitation Center and then in Atlanta, where he was treated as an outpatient at Shepherd Rehabilitation Center, was carefully documented. Today, his recovery contin-

continued on page 14

(L-r) Gov. William Donald Schaefer, Vince Cardile, Michael Perry, Vincent Palmer, and Ocean City Mayor Roland "Fish" Powell.



(L-r) Acting State EMS Director Richard L. Alcorta, MD, Ocean City Mayor Roland "Fish" Powell, Ocean City Councilman Jim Hall, Bill Donatelli (CEO of Atlantic General Hospital), Ocean City Councilman George Feelhey, Gov. William Donald Schaefer, Ocean City Councilman Jim Mathias, James D'Orta, MD (Chairman, Governor's EMS Commission), John Murphy (Administrative Director, MIEMSS).

Enquirer-Gazette
Up. Marlboro, Md.
Cir: 4,822
AUG 4 1994

Survivors Thank EMTs, Firefighters

More Than 270,000 Locals Trained In CPR

By Ken Garber
The Enquirer-Gazette Staff

"I'm just glad to be alive," were the words of a man who fought back tears and searched for the best way to offer his gratitude to the men and women who serve as Emergency Medical Service (EMS) personnel for the Prince George's County Fire Department.

The man is 69-year-old Frank Jenkins, who suffered a heart attack while dining at a Burger King restaurant in Laurel on January 29 of this year.

Fortunately for Jenkins, Andy Tucker was at the same establishment at the time.

Tucker noticed Jenkins as he slumped over and fell to the floor. Tucker started cardiopulmonary resuscitation until the medics arrived and took over. Jenkins was successfully resuscitated by EMS professionals and transported to Laurel Regional Hospital.

Jenkins and other cardiac ar-

See CPR, Page A-11

CPR

From Page A-1

rest survivors were brought together with those who had played a part in saving their lives during a ceremony held at the College Park Volunteer Fire Station.

The event, which was held on July 28, was hosted by Fire Chief Jim Estepp, who recognized emergency care responders as well as citizen rescuers.

As he looked out over the crowd of survivors, Estepp commented, "These are the faces that make it worth being a firefighter."

According to Estepp, the severity of cardiac problems was not being recognized in the department until the 1970s. During that time the national survival rate was less than 10 percent for those who did not receive care until arriving at a healthcare facility.

He continued by saying that the problem was addressed locally in 1978 when the county put a fleet of 10 paramedic units, staffed with "highly trained professionals," on the road.

Another way the problem has been successfully met said Estepp, is through the Cardiopulmonary Resuscitation (CPR) Education Program which was established over a decade ago.

Estepp reminded the crowd that nearly 70 percent of all calls made to the fire department are EMS related.

Under the CPR program, county workers and high school seniors (as of 1992) must now be certified in the technique in order to graduate.

"We set a goal of training 200,000 citizens in the life-saving technique of CPR, a lofty goal, and a real challenge for the fire department. I am proud to announce that we have surpassed that goal and trained more than 275,000 throughout the county," said Estepp.

Two of those 275,000 are 13 year-old Jason Fletcher and his 11 year-old sister Melissa of Largo.

They were honored for their heroism in saving the life of friend James Harris, who nearly drowned during a party at their Lockton Street home.

According to the account given by Estepp, Harris, who could not swim, was in the pool at the Fletcher's residence when he got in water over his head and sunk to the bottom.

The young Fletchers assisted in mouth-to-mouth resuscitation and revived the victim prior to the arrival of emergency crews.

Jason and Melissa were both on hand to receive awards for their actions and congratulations from Estepp and EMS workers.

Cecil Whig
Elkton, Md.

AUG 04 1993

Ambulance services face cost questions

By Stephanie Lipcius Palko
Whig Staff Writer

Cecil County EMS coordinator Frank Muller fielded questions about ambulance service during this week's town meeting in Perryville.

Ambulance service in Perryville and the county was criticized by Perryville resident Barbara Brown.

"I don't think it's a fair system," Brown told Muller. Brown said her mother had to be transported by ambulance to hospitals on three occasions and each time the costs varied greatly.

"When I got the bills for (one) ambulance trip, I nearly passed out," Brown said. The bills for another trip were also high, she said.

But the bills for a third trip, which was from a private ambulance company, were about $400 lower than those from the local volunteer fire company.

Although Medicare covered the bills, Brown said the high prices charged to the federal health care insurance program amount to "bilking the system."

Brown wanted to know who sets the fees.

Muller said the health care finance administration sets fees regionally and government programs such as Medicare set amounts they will pay for health services such as ambulance transports.

Brown also criticized the county's lack of vigilance in going after people who do not pay their ambulance bills.

She said if people are allowed to ignore their bills, it increases the price of ambulance service for those who pay their bills or have insurance or government assistance.

Muller addressed the system of billing for county ambulances, and said that as of July 1, the county instituted a system that simplified billing.

Brown and others also asked why the ambulance service does not take people to the hospital of their choice.

Mayor Austin D. Amos said that if someone requests to be taken to Union Hospital and are taken to Harford Memorial Hospital, something is wrong.

"To me, that's kidnapping," Amos said.

Muller explained that ambulance crews are well trained and have to assess health situations in the field.

If the situation is life-threatening, the ambulance must go to the nearest hospital, even if it is not the hospital of the patient's choice.

Transporting a patient to the closest facility is also vital to the ambulance service, Muller said.

With fewer and fewer people willing to volunteer for fire and ambulance service, the ambulance crew wants to be close to their coverage area in case another emergency call comes in, he explained.

Muller said the county EMS is also encouraging physicians to have hospital privileges in all area hospitals in order to care for their patients wherever they are taken by ambulance.

"Somebody having a heart attack doesn't need to be worried about which hospital they are going to," Muller said.

Brown also said that when she called for assistance for her mother, the 9-1-1 operators told her ambulance service would be "faster and better" if she said her mother had chest pains.

Muller was surprised to hear that claim and said 9-1-1 operators were incorrect if they did, in fact, say that to Brown.

Muller said if a Health Care Reform Act passes in Congress, there will be changes to the health care system, but even if the health care reform efforts are not passed, ambulance clubs in the county will have to re-evaluate their service.

Post
Fredrick, Md.

AUG 09 1994

8/1

20 years ago
AUGUST 9, 1974

SEVERAL area residents, including members of the Mid-Maryland Emergency Medical Services Council and ambulance personnel, questioned Gov. Marvin Mandel about why the helicopter stationed at Frederick Municipal Airport to serve Western Maryland had been taken on several occasions to serve the metropolitan areas of Baltimore and Washington. "We discussed the helicopter in the Mid-Maryland EMS Council meeting. Just what is the situation here?" George B. Delaplaine Jr., general manager of *The News-Post*, asked the governor. "We have two helicopters on order. When they come in one will be placed in Frederick and one on the Eastern Shore," Gov. Mandel replied.

Daily Banner
Cambridge, Md.
Cir: 7,141

AUG 10 1992

At issue: Emergency Services Delivery

Time for professional emergency services

By DAVID CARRIER

Yesterday afternoon my father was in his yard, trimming shrubbery when he was stung by a bee.

He very quickly began to have a very severe allergic reaction.

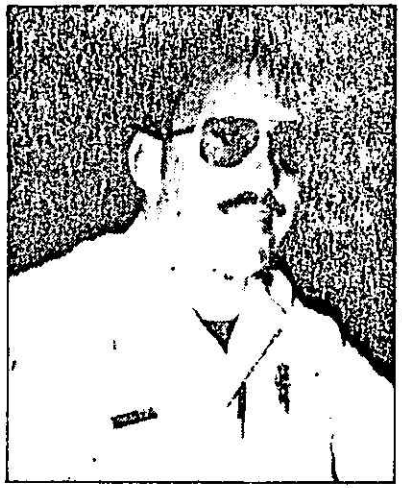
This was not the first time he had had a reaction to an insect bite, however, this was the first time for such a severe case.

Point

He was able to find my mother, who was also working in the yard, before the effects of the reaction became overwhelming. She was able to get him into the house and realized he was in need of immediate medical attention.

My wife is a Certified Rescue Technician (employed by Dorchester Emergency Medical Services) and I am a paramedic (employed outside Dorchester County). We only live about four blocks away so she tried to call us.

Unfortunately, we were both out of town. When my mother could not reach us, she immediately called Dr. Fadden's office who told her to call 911.



David Carrier

The Hurlock Volunteer Fire Co. was dispatched and very luckily responded. Unfortunately, Larry Dodd, the paramedic employed by the Town of Hurlock, who works with the fire company, had just finished his shift and left for his home in Salisbury.

There were other Advanced Life Support (ALS) providers that are members of the Hurlock company, but none of them were in town or available.

Fortunately, the ambulance arrived with Timmy Coulbourne, emergency medical technician (EMT); Marlin Parker, EMT, Herman Rhue and Kevin Messick. (EMT's are Basic Life Support providers and not capable of administration of the medications that are available to CRTs and paramedics.)

At any rate, the EMTs on the ambulance recognized the seriousness of the insect bite and that my father was in a sever case of shock and hastily requested a Medic Unit and loaded my father for transport to the hospital.

The Eldorado/Brookview ALS unit was dispatched with CRT Debbie Wheedleton on board.

The ambulance crew realized my father might not live long enough for the medic unit to arrive. He needed immediate attention so they responded to Dr. Michael Fadden's office in Hurlock.

They ran into his office and Dr. Fadden came out immediately to start ALS treatment.

My father was in such bad shape — unconscious, with a blood pressure of about 60, systolic — that Dr. Fadden stayed with him in the ambulance and met the Medic Unit enroute for additional assistance on the way to Dorchester General Hospital.

My father, Dale Carrier, is home this afternoon after spending the night in the intensive care unit at the hospital. He is a little weak and still feeling the effects of the sting, but he is going to be fine.

For this I wish to express my deepest and most sincere gratitude to my mother, the 911 dispatchers, the Hurlock Volunteer Fire Co., the Eldorado-Brookview Fire Co., Advanced Life Support Services Unit, the emergency room staff, and the intensive care staff of Dorchester General Hospital.

Now. What if? What if the EMTs on call weren't available? What if they had not thought to call for a Medic Unit?

Hurlock's was unavailable.

Most of this county, other than Cambridge (Dorchester Emergency Medical Services) does not have one available all the time.

What if Dr. Fadden's office had been closed or he had been unavailable?

What if the ambulance crew had not thought of going around to his office?

The answer is, Dad would probably not be here today?

The time has come for a change in Dorchester County. I have lived here most of my life, my children live here and I have family and friends in just about every part of the county.

Dorchester Advanced Life Support Services, a group of emergency medical service providers throughout the county, tried to organize Emergency Medical Services and Advanced Life Support for all the citizens of the county.

They have come and gone.

A member of the Dorchester Volunteer Fireman's Association, tasked with doing the same has come and gone.

In fact, every effort made by anyone to organize EMS and ALS for the county have been unsuccessful.

Why? Not because there is no interest in the county.

There are CRTs and a few paramedics spread across the county.

The real problem is a lack of support from the county's fire departments (most of whom do a good job of managing fire operations, but do little to manage their ambulances and EMS activities — even though that is what keeps the doors of most fire companies open.)

The lack of support by the Dorchester County commissioners, even though some of them campaigned on trying to organize and provide better emergency services — including countywide ALS service. The citizens have also failed to support this need.

The time has come for the people of this county to rally together to see that all citizens, visitors and passers-through of Dorchester are able to receive equally trained, quality emergency care 24 hours of the day, every day of the year.

This is available in poorer counties, why not here?

Come on, Dorchester County, these people are coming out to save your life!

Mr. Carrier is a professional paramedic who lives in Hurlock.

Volunteers and professionals both needed

By WYLIE GRAY

Counterpoint

What a difference a letter makes. These letters were sent and an interview was done because of a concern for the emergency medical services situation in this county.

It was not done to obtain a job or contract for anyone but to better the service in Dorchester County.

One thing that has happened is that people are asking questions. I have received phone calls and conversations showing support from people in all parts of the county.

I have received questions and concerns that there was a lot of negativity about volunteers of our county. And I have received a lot of questions about emergency services where the people just didn't know and are now concerned and would like to know more about what is going on.

First, after being a little bit misquoted, there was at no time any finger pointing or negative slander intended toward any volunteer as an individual, or any single group or department.

Volunteers work very hard to provide a service in Fire, Rescue, and Emergency Medical Services and this could not be done without them

Our volunteers deserve more credit than they have received. I apologize to those who think I was putting them down. That was never my intention.

But the feeling of, "I can do it my way," or "I don't have to do that because I'm a volunteer," is a thing of the past. And if this offends you, then you are a part of the problem.

The only difference between a volunteer and a career emergency services provider is the paycheck.

They both are, and should be, held accountable and responsible for their actions.

The field of emergency services is so specialized now that providers have to be accountable. Currently Basic Life Support companies do not have to be accountable unless they are in gross negligence.

Whereas Advance Life Support does have state protocols and medical direction to rely on and answer to.

Currently, there are 13 Ambulance Companies serving over 30,000 people in Dorchester County. Of these, four have ALS, of which one, Dorchester Emergency Medical Service in Cambridge, provides a guaranteed 24-hour coverage.

Hurlock ALS, which provides guaranteed week day and nightly coverage to their surrounding area. And Eldorado-Brookview who supplies limited coverage to themselves and Vienna. And Madison South-Dorchester who provides limited coverage for themselves and four other southern county companies.

The providers of these companies work hard to give the best support coverage they can, but the demand today is too great.

Dorchester County which is the largest county in land size in the state and with arrival times to the hospital of greater than 30 minutes in some cases needs ALS!

Of the 30,000 plus population, 15,000 have guaranteed coverage and 7,000 have partial coverage.

WYLIE GRAY

These people are very fortunate! But what about the more than 8,000 people of the county who have no ALS available to them at all.

Where you live in the county should not dictates whether or not you are entitled to receive this type of care. But this is just one of the problems.

To have an effective Emergency Medical Services program you need to have three things that work closely together in place.

- An ambulance or chase vehicle staffed with trained personnel. You need both ALS and BLS to stabilize and transport a patient to the hospital.
- A communication Center (911) trained in priority Disptach and communications skills.
- A hospital facility to give Medical Direction when needed and receive the patient.

As far as the 911 situation, I believe that moving the center is not the answer to the problem. It would be nice if they had their own facility, but is it beneficial to the taxpayers of the county who

No matter where they are located, if they are not properly staffed,t rained and managed, the problem will still be there.

A lot of these problems have existed for years. Ten years ago a group tried to get a system implemented and they were denied.

ALS was initiated in the county four years ago in Hurlock and other ALS affiliates have worked hard to get the system where it is today. But we are at the point where we need the county assistance to provide the best care available to ever citizen of the county.

This does not mean interfering with what is already in place, but bringing it all together and providing an EMS to the county that they need and deserve.

The people of Dorchester County need to be educated so they will know what to expect should the situation arise. As for myself, I became a provider in order to help people, as do most providers, when the best feeling is knowing that you made a difference in someone's life.

I have volunteered many hours in the past five years and lately wish I could have done more. But I know I would find the time as would many others, to see this system take place.

It's gotta happen, because someone's life is going to depend on it and it might be yours or your loved one's. If you feel like discussing the matter, please do not hesitate to contact me.

Mr. Gray, of Cambridge, is a Cardiac Rescue Technician who has been both a volunteer and a professional emergency services

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AUG 1 0 19

Maryland Gazette
Glen Burnie, Md.
Cir: 36,339

AUG 10 1994

Volunteer paramedics log hours for 'gratifying' work

By JASON FIELDS
Staff Writer

Health care may never be free, but these health-care workers are.

The Orchard Beach Volunteer Fire Department has the only all volunteer ambulance corps in addition to its regular full-time career paramedics. Thirty-four people are involved in the ambulance company.

Lt. Liz Carroll commands the volunteers, devoting more than 24 hours a week to something she receives no pay for.

"It can be very gratifying," Lt. Carroll said. "You get everyone from the falling-down drunk who spits in your face to the little old lady with chest pains who's very grateful that you came."

Donald Beard is Lt. Carroll's partner on Saturdays.

"For each of us, it's different. Just being there for people is enough for me," he said.

Both volunteers are employed full-time — Lt. Carroll for the Navy in the Washington Navy Yard and Mr. Beard for Johns Hopkins Hospital as a cardiac nursing technician. Mr. Beard also has a wife and three children.

"It's something always wanted to do," Lt. Carroll said.

The volunteer unit is available to the county on most nights from 7 p.m. to 5 or 6 a.m. when people have to leave for work.

"Most people get the chance to sleep, some while they're on duty. We average zero to five calls a night," Lt. Carroll said.

On her first "code call" (when a person stops breathing and has no pulse), Lt. Carroll said she remembered being surprised by how well the county responded.

"The guy had good CPR right from the beginning. From the firefighters who showed up first," Lt. Carroll said. "A lot of times, you can get there and the guy's been down 15 minutes."

And mistakes are still common in family responses to this type of emergency.

By Jason Fields — The Gazette

Lt. Liz Carroll and Cardiac Resuscitation Technician Donald Beard are part of the Orchard Beach Volunteer Fire Department.

"Some people call their family doctor, not 911. That can be fatal. After the first four minutes, brain damage begins. We shoot for under eight minutes as our arrival time on the scene," Lt. Carroll said. "That's what's recommended by the Heart Association."

Lt. Carroll said sometimes people in the county complain about response time.

"We're almost spoiled here. People are used to ambulances showing up in five minutes. And usually that's the case. It's not like that almost anywhere else," she said.

One reason for the county's quick response time is that it's county policy to send out the nearest emergency vehicle when a call comes in, even if it's a fire truck. Every fire truck has at least one emergency medical technician.

These volunteers aren't entirely selfless. The county pays for their medical training, though only after the paramedics have spent at least a year putting in 20 hours a month as a volunteer.

It takes 110 hours of training to become an EMT, and more than 400 hours to become a paramedic. The county now requires at least one fully certified paramedic on each ambulance.

"The job they do is outstanding for the training hours they have to take," said Walt Snyder, chief of the Orchard Beach Fire Department. "I think for the purpose of saving money, it's a great idea."

Md. Independent
Waldorf, Md.
AUG 10 1994

Southern Maryland should have MedEvac helicopter by Sept. 23

By BRIAN BLOMQUIST
Independent Staff Writer

The state has tentatively planned to bring Southern Maryland its new MedEvac helicopter Sept. 23 and the Eastern Shore its new helicopter Nov. 4.

Maj. John Hughes, commander of the aviation division of the Maryland State Police, said planners are working with schedulers for Gov. William Donald Schaefer to arrange the dedication ceremonies of the helicopters.

This spring, the state bought two modern Dauphin emergency helicopters for $10.5 million to replace the aging Bell Jet Ranger helicopters based at MedEvac sites in St. Mary's County and Centreville.

The MedEvac bases at St. Mary's County Airport and Centreville are the only two emergency evacuation bases in the state with the older Bell Jet Ranger helicopters. The state considers them unsafe to fly at night.

Hughes said the twin-engine Dauphin helicopters are still with the manufacturer, American Eurocopter in Grand Prairie, Texas, where they are being fitted for medical use. He said the state has already hired six additional pilots for the two new helicopters.

Additional pilots are needed because the Dauphin helicopters will be in use at night. The Bell Jet Rangers were prohibited by the state to be flown at night in 1991.

Hughes said the existing Bell Jet Ranger helicopters will be kept by the state police and used for criminal surveillance and marijuana eradication.

Hughes said the Bell Jets are less expensive to fly. They cost $150 an hour compared to $500 an hour to operate the Dauphin helicopters. "The Dauphins are noisier and not as efficient for surveillance," Hughes said. "The Bell Jets don't stand out as much as the Dauphins."

Enterprise
Lexington Pk, Md.

AUG 10 1994

Area to Get New MedEvac Helicopter

By BRIAN BLOMQUIST
Enterprise Staff Writer

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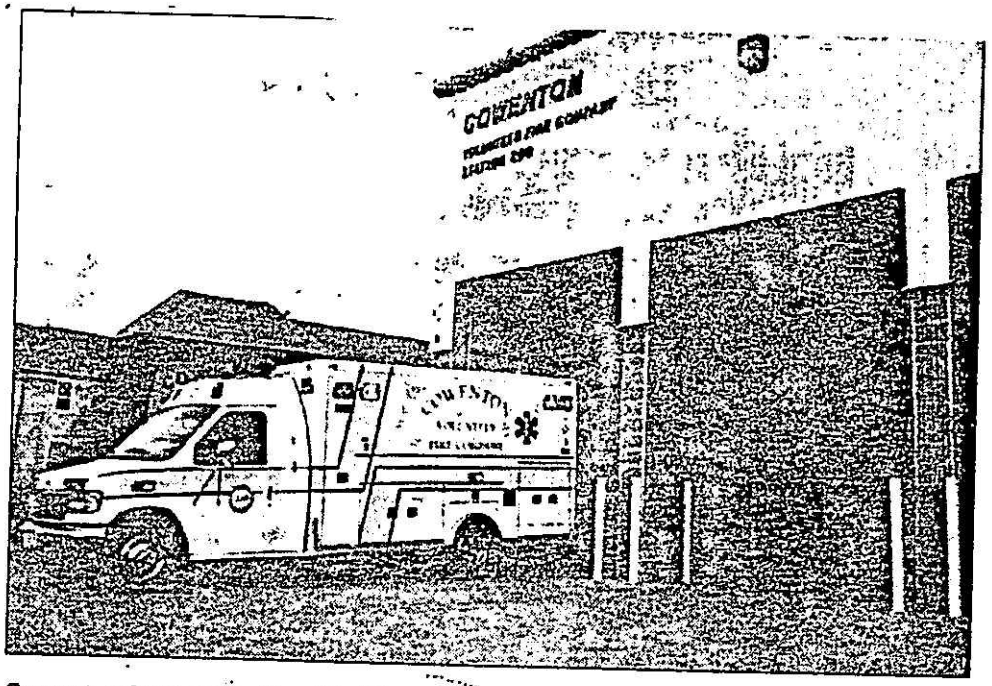
The Avenue
Baltimore, Md.
AUG 11 1994



Cowenton VFC recently added Medic 203 to its fleet.

VFC adds Medic Unit 203

The members of the Cowenton Volunteer Fire Company in White Marsh are very proud of the newest addition to their fleet of modern emergency vehicles. The company recently placed new Medic 203 in service. This vehicle replaces a unit which served the Perry Hall, White Marsh Communities for seven years. Cowenton EMS volunteers have been providing ambulance service to their area since 1947. This new unit is expected to serve into the next century.

New medic 203 is a 1994 MedTec custom unit with a purchase price of $84,000. Add in the new equipment necessary to outfit the new medic, and the total investment rises in excess of $90,000.

Medic 203 is a state of the art advanced life support vehicle. It carries a wide array of emergency equipment and medical supplies to deal with the range of situations it responds to. "It is a mobile medical wonder" claim Lt. Ken Hughes (a Cowenton Paramedic). "With all this technology at our fingertips we are able to provide m in the field, and significantly increase the survival rate of individuals who suffer medical emergencies".

Cowenton currently responds to approximately 800 EMS call per year. with the growth planned in their area, that number is expected to grow dramatically over the next decade. Cowenton has clearly taken steps to prepare for this growth by constantly upgrading their vehicles, equipment and training.

Cowenton fire and EMS personnel are trained to deal with the broad range of emergencies which occur within their jurisdiction. Their "first due" area includes two interstates, two railways (freight and passenger), Baltimore Airpark, and various waterways including Bird River and The Gunpowder Falls, with the assortment of potentially dangerous cargoes moving through their area. It is necessary for the members to be prepared for any type of emergency.

The Cowenton Volunteer Fire Company is currently conducting their annual ambulance fund drive. The Volunteers depend on the community to support the bulk of their operational costs. With the advent of the new medic unit this cost has increased exponentially.

The volunteers invite the community to stop by and see this new addition to the family along with the other equipment housed in the station. The Firehouse is located on Ebenezer Road between Philadelphia Road and Pulaski Highway, is also available for birthday parties and community meetings. Stop by and pay them a visit or call at 335-5112.

Record
Havre d Grace, Md.
JUL 29 1994

Joining HMH staff would ease concerns about P-ville doctors

By Karl Lasher

Perryville town commissioners may have been unable to help several residents who two weeks ago complained about area ambulance assignments, but it looks like one of their complaints may be answered, though coincidently.

Harford Memorial Hospital in Havre de Grace is reviewing applications from town doctors S. and Madhu Sachdev and their partner, Suresh Dhanjani, for staff membership.

If the applications are approved, the hospital would answer the complaint about local ambulances taking residents to Harford Memorial Hospital despite the fact that the doctors aren't staff there.

Several residents, including Barbara Brown, at last week's town meeting also questioned the taking of residents to the Havre de Grace hospital while many locals have family doctors who are staff at Union Hospital in Elkton.

Harford Memorial Hospital is about 12 miles closer to the center of Perryville than Union Hospital.

The Sachdevs and Dhanjani opened a family practice in a temporary facility at the intersection of Routes 222 and 275 last month. They expect to move into a new professional center on the site upon the center's completion, projected for September.

The Sachdevs — a husband and wife team — are staff members of Union Hospital and Christiana Hospital in New Castle County, Del. Acceptance at Harford Memorial Hospital would allow the Sachdevs and Dhanjani to treat patients who have been taken there by emergency medical services. Sachdev said they currently have access to equipment at Harford Memorial Hospital as non-staff members but may not treat patients there.

Their acceptance on staff will not help patients of other area physicians who are not on staff, and emergency medical service officials say they are legally bound to state protocol which tells them where to go in emergency situations, said EMS Capt. Jeff Hennemuth of the Water Witch Fire Company in Port Deposit.

These situations are broken down into four priorities by the Maryland Institute for Emergency Medical Services.

Priorities one and two refer to serious injuries which must be transported to the closest facility best suited to treat the injury.

For example, serious head injuries of shootings usually require the victim to be flown to Maryland Shock Trauma Center in Baltimore while serious burn victims may be flown to Bayview (formerly Francis Scott Key) Medical Center, also in Baltimore.

Priority three injuries, which may or may not require medical treatment, are usually taken to the closest facility but may be treated wherever the victims request if there's another ambulance in service in that ambulance's coverage area, Hennemuth said.

Priority four patients are those who don't require medical treatment because the affliction is minor or the person is dead.

If the victim requests to be taken to another hospital rather than the closest facility, the EMS personnel must determine if the person is able to make it to that facility.

This requires contacting the Institute for Emergency Medical Services through a special radio in the ambulance, said Rescue Capt. George Hornbarger of Perryville's fire company.

They, in turn, contact the requested hospital to check the patients' history and to provide all available information on the patient's current condition to the doctor at the requested hospital to get that doctor's approval.

However, this does not insure the EMS personnel in the ambulance will not be held legally responsible if the patient's affliction worsens or if the patient dies in travel, Hornbarger said.

"Which means the patient can demand we take them somewhere and we're holding our breath hoping every minute that something doesn't happen," said Water Witch EMS Chief Wayne Tome.

Also during the meeting, some residents complained about ambulance fees, which can range from $100 to $400 or more.

Appointment of Dr. Bass

DC's emergency chief takes reins in Maryland

WASHINGTON (AP) — Dr. Robert Bass, director of emergency services for the District of Columbia, will be named director of Maryland's Institute for Emergency Medical Services today, The Associated Press has learned.

Dr. Bass will be named to the $200,000-a-year job by Gov. William Donald Schaefer at an afternoon news conference in Annapolis.

Dr. Bass is expected to begin his new job early next month, according to a knowledgeable source who requested anonymity.

Dr. Bass has directed the district's emergency medical services since 1992. In that job, he's paid $103,000.

The 45-year-old Dr. Bass was a police detective in North Carolina when he decided to become a doctor. During his three years in medical school at the University of North Carolina, Dr. Bass and a classmate organized a volunteer rescue squad in Chapel Hill, running from class when their beepers sounded.

Dr. Bass, who graduated in 1975, has also directed emergency medical services operations in Charleston, S.C., and Houston. For five years, Bass was in private practice in Norfolk, Va.

The Maryland Institute was once part of the University of Maryland system, but was split off by the General Assembly after controversies developed over personnel practices of the last director, Dr. Kimball Maull.

Dr. Bass told *The Washington Post* in April that he was not unhappy with his district job. At that time, he was one of six finalists for the Maryland job.

"This is a very personal decision that involved family and financial issues," he told the *Post*. Of the Maryland position, he said, "These jobs come open very infrequently, and this is an opportunity."

In his new job, Dr. Bass will oversee the State Police medical evacuation helicopters and the shock-trauma unit at the University of Maryland hospital in Baltimore.

Governor appoints D.C. official to head Shock Trauma

Dr. Bass was once police detective

By Melody Simmons
Sun Staff Writer

Robert Redwood Bass, a police detective turned medical doctor, was named executive director of Maryland's Institute for Emergency Medical Services today by Gov. William Donald Schaefer.

Since February 1992, Dr. Bass, 46, has been director of emergency services for the District of Columbia, where he was described as an aggressive advocate for that city's ambulance services.

"When I met Dr. Bass, he impressed me with his sense of dedication and commitment in providing the best in emergency medical care," Governor Schaefer said. "I think Marylanders can be assured that Dr. Bass will maintain our state's reputation of having the best emergency medical system in the world."

Dr. Bass was selected after a national search and was unanimously approved by the 11-member MIEMS board of directors, which oversees the independent state agency in charge of emergency medical services in Maryland. Those services include State Police medical evacuation helicopters and the Maryland Shock Trauma Center at University Hospital in Baltimore.

Dr. Robert Redwood Bass

See **BASS**, *9A*

The Sun
Tuesday, August 9, 1994

BASS: Shock Trauma chief is named

From Page 1A

Dr. Bass will receive a salary of $200,000.

In the District of Columbia, Dr. Bass is regarded by paramedics as a tenacious advocate of their profession.

He was the first physician to become medical director of the city's ambulance service, which at the time was troubled by complaints about dispatches — that included sending paramedics to the wrong addresses — equipment shortages and lack of training.

"I think he's done an excellent job here," said William Eberlin, a paramedic supervisor for the District of Columbia fire and emergency services department.

"The fire department never really had a medical director before Dr. Bass came here," Mr. Eberlin continued, "and he has managed to drag the emergency management system in this city into the 20th Century, kicking and screaming all the way."

Mr. Eberlin said Dr. Bass ordered the District's 26 ambulances to carry more drugs to use in life-saving techniques and also increased the number of ambulances that carry advanced life-support equipment.

"He's very gung-ho on allowing people to work in the street . . . to get the patient to the hospital alive. He realizes that if people are going to be saved, they are going to be saved on the street."

Dr. Bass began working as a police officer and later a detective for the Chapel Hill, N. C., police department after graduating from the University of North Carolina at Chapel Hill with an bachelor's degree in 1972.

He decided to pursue a career in medicine and received a medical degree from UNC in 1975. While in medical school, he and a classmate organized a volunteer rescue squad, running from class when their beepers sounded.

He begin his emergency medical services career by serving as a member of a rescue squad in Chapel Hill in 1970. Since then, he has directed emergency medical services in Charleston, S. C., and Houston. He also was in private practice in Norfolk, Va., for five years.

MIEMS was once part of the University of Maryland System, but that connection was severed by the General Assembly last year after the system became embroiled in controversy stemming from the personnel practices of the former executive director, Dr. Kimball Maull.

Dr. Maull angered the staff at the Maryland Shock Trauma Center and Governor Schaefer by firing doctors and cutting physician salaries and ordering that paramedics use new, unfamiliar lifesaving techniques.

Dr. Bass said today he was honored to be a part of the state's renown emergency medical system.

"Maryland has long been recognized as a pioneer in the development of emergency medical services," he said. "I am very honored to be given the opportunity to follow in this proud tradition. Though we may wear our laurels, we cannot afford to rest on them."

The Associated Press contributed to this article.

Md. names chief of emergency services

ASSOCIATED PRESS

Dr. Robert Bass, director of emergency services for the District, was named director of Maryland's Institute for Emergency Medical Services yesterday.

Dr. Bass was appointed to the $200,000-a-year position by Gov. William Donald Schaefer at an afternoon news conference in Annapolis. He is expected to begin his new job early next month.

"Maryland has always been a leader" in providing emergency care, Dr. Bass said at the news conference. "We want to maintain that position."

Dr. Donald L. DeVries, chairman of the board that runs the system, said at the news conference that the board conducted a nationwide search before finding its director next door.

Dr. Robert Bass

The board set out to find the best person possible, and "I can say without hesitation that we did that," Dr. DeVries said.

Dr. Bass has directed the District's emergency medical services since 1992. He is paid $103,000 in that job.

The 46-year-old doctor was a police detective in North Carolina when he decided to become a physician. During his three years in medical school at the University of North Carolina, Dr. Bass and a classmate organized a volunteer rescue squad in Chapel Hill, running from class when their pagers sounded.

Dr. Bass, who graduated in 1975, has also directed emergency medical services operations in Charleston, S.C., and Houston. He was in private practice for five years in Norfolk.

The Maryland institute was once part of the University of Maryland system, but it was split off by the General Assembly after controversies developed over personnel practices of the last director, Dr. Kimball Maull.

In his new job, Dr. Bass will oversee the State Police medical evacuation helicopters and the shock trauma unit at the University of Maryland Hospital in Baltimore.

Correction

A graphic yesterday incorrectly stated the health care stance of Kyle McSlarrow, the Republican nominee for Virginia's 8th District congressional seat. Mr. McSlarrow opposes universal coverage, not universal access to health care.

Pick Four: ..... 5161 Daily (day): ..... Cash 25: 1,3,5,23,24,25

Emergency services chief picked

Schaefer selects Washington official

By Melody Simmons
and Douglas Birch
Sun Staff Writers

A physician and former police detective, praised by supporters as a tactful reformer who overhauled the District of Columbia's ambulance service, was named yesterday to lead Maryland's statewide emergency medical network.

Gov. William Donald Schaefer appointed Robert Redwood Bass, 46, as executive director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS), which orchestrates emergency care by specialized hospitals, paramedics, ambulances, and the state's fleet of MedEvac helicopters.

Since February 1992, Dr. Bass has directed emergency services in Washington, where he sought to improve the poor response time of ambulances and more than doubled the number of paramedic units.

In coming to Maryland, Dr. Bass faces the task of healing a system that, in the past, has been wounded by factional squabbles.

"I don't see any major issues that aren't resolvable," he said. "When I came to D.C., someone said, 'How can you step into this? It's been a disaster.' I looked at it myself and thought it was a winnable situation. And I feel the same thing about Maryland."

After a seven-month search that attracted almost 100 applicants from around the nation, a 22-member committee pared the list to six finalists. Its recommendation were sent to the 11-member MIEMSS board, which last month voted unanimously to give Dr. Bass the $200,000-a-year job.

The Maryland Shock Trauma Center was once a part of MIEMSS, but the General Assembly cut that connection last year, leaving Shock Trauma as part of the University of Maryland Medical System.

The former director of MIEMSS and of Shock Trauma, Dr. Kimball Maull, set off a string of bureaucratic firecrackers in 1992. He fired doctors; cut physician salaries; ordered volunteer paramedics to use new, unfamiliar lifesaving techniques; and alienated officials at other hospitals he feared were trying to build an empire.

Charles W. Riley, past president of the Maryland State Firemen's Association, which represents volunteer firefighters, called Dr. Bass "a competent individual who could communicate with doctors, nurses, legislators" as well as emergency medical service personnel."

Mr. Riley said what the state's revamped emergency system needs is continuity, not change. "We have one of the best emergency medical service systems in the country," he said. "All we need is a leader to keep everything intact and get us ready to lead us into the 21st century."

Louis Jordan, a Baltimore publisher of emergency medical service textbooks who supported Dr. Maull, cautiously praised the board's choice. "Certainly there have been great advances made [by Dr. Bass] in Washington, D.C." said Mr. Jordan, who was not involved in the selection process. But, he warned, "he's moving into a gigantic bureaucracy that has a history."

Dr. Bass is stressing cooperation.

"My sense was that everybody there wants to see the system maintain its level of excellence," he said.

Dr. Bass said he will work closely with the 11-member board to make sure all parts of the state's emergency medical system operate smoothly together. "I'm not like the Lone Ranger out there," he said.

Dr. Bass, regarded as a tenacious advocate for paramedics and other emergency medical workers, was the first physician to become medical director of Washington's ambulance service. He was named by Mayor Sharon Pratt Kelly to reform the service, hampered by misdirected ambulances, equipment shortages and inadequate training.

"I think he's done an excellent job here," said William Eberlin, a paramedic supervisor for the District of Columbia fire and emergency services department.

Dr. Bass became a police officer and later a detective for the Chapel Hill, N. C., Police Department after graduating from the University of North Carolina at Chapel Hill with a bachelor's degree in 1972.

He decided to study medicine and got his degree from UNC in 1975. While in medical school, he and a classmate organized a volunteer rescue squad. They would run from class when their beepers sounded.

He begin his emergency medical services career by serving as a member of a rescue squad in Chapel Hill in 1970. Since then, he has directed emergency medical services in Charleston, S. C., and Houston. He also was in private practice in Norfolk, Va., for five years.

Dr. Bass is an associate professor of emergency medicine at George Washington and Georgetown universities.

The Associated Press contributed to this article.

The Sun

Maryland picks D.C. official to head emergency medical services system

Glen Burnie

By TOM STUCKEY
Associated Press Writer

ANNAPOLIS (AP) — Robert Bass was named Tuesday to head Maryland's emergency medical services system, coming from the District of Columbia where he had performed similar duties for 2½ years.

"Maryland has always been a leader" in providing emergency care, Bass said.

"We want to maintain that position," he said.

Bass, 46, will be executive director of the Maryland Institute for Emergency Medical Services Systems. He will coordinate a statewide system that provides quick treatment for accident victims with serious injuries and critically ill people.

Dr. Donald L. DeVries, chairman of the board that runs the system, said at a news conference in Annapolis that the board conducted a nationwide search before finding its director next door in Washington.

The board set out to find the best person possible, and "I can say without hesitation that we did that," DeVries said.

Bass earned $103,000 in his old job and will be paid $200,000 for running the Maryland system.

Bass was a police detective in North Carolina when he decided to become a doctor. During his three years in medical school at the University of North Carolina, Bass and a classmate organized a volunteer rescue squad in Chapel Hill, running from class when their beepers sounded.

Bass has also directed emergency medical services operations in Charleston, S.C., and Houston. For five years, he was in private practice in Norfolk, Va.

The Maryland institute was once part of the University of Maryland system, but was split off by the General Assembly after controversies developed over personnel practices of the previous director, Dr. Kimball Maull. Competition for power and money among various segments of the system produced much of the turmoil that led to Maull's departure.

The legislature reorganized the system in 1993 and set up a board that reports directly to the governor.

DeVries said the new board set up to run the revamped system has made consensus building its major goal.

Aug 10, 94

AP LaserPhoto

Robert Bass, left, is introduced by Gov. William Donald Schaefer at a news conference in Annapolis on Tuesday. Bass will take over the job of Maryland's emergency medical services system.

The Cumberland Times News
8/10/94

New boss

AP Photo

Robert Bass, left, is introduced by Maryland Gov. William Donald Schaefer at a news conference in Annapolis Tuesday. Bass, 46, will take over the $200,000-a-year job as executive director of the Maryland Institute for Emergency Medical Services Systems, coordinating a system that provides quick treatment for accident victims with serious injuries and critically ill people. He performed similar duties for 2½ years in the District of Columbia.

Emergency services chief picked

Schafer selects Washington official

By Melody Simmons
and Douglas Birch
Sun Staff Writers

A physician and former police detective, praised by supporters as a tactful reformer who overhauled the District of Columbia's ambulance service, was named yesterday to lead Maryland's statewide emergency medical network.

Gov. William Donald Schaefer appointed Robert Redwood Bass, 46, as executive director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS), which orchestrates emergency care by specialized hospitals, paramedics, ambulances, and the state's fleet of MedEvac helicopters.

Since February 1992, Dr. Bass has directed emergency services in Washington, where he sought to improve the poor response time of ambulances and more than doubled the number of paramedic units.

In coming to Maryland, Dr. Bass faces the task of healing a system that, in the past, has been wounded by factional squabbles.

"I don't see any major issues that aren't resolvable," he said. "When I came to D.C., someone said, 'How can you step into this? It's been a disaster.' I looked at it myself and thought it was a winnable situation. And I feel the same thing about Maryland."

After a seven-month search that attracted almost 100 applicants from around the nation, a 22-member committee pared the list to six finalists. Its recommendation were sent to the 11-member MIEMSS board, which last month voted unanimously to give Dr. Bass the $200,000-a-year job.

The Maryland Shock Trauma Center was once a part of MIEMSS, but the General Assembly cut that

See **BASS**, 9B

BASS: Schaefer picks emergency services chief

From Page 1B

connection last year, leaving Shock Trauma as part of the University of Maryland Medical System.

The former director of MIEMSS and of Shock Trauma, Dr. Kimball Maull, set off a string of bureaucratic firecrackers in 1992. He fired doctors; cut physician salaries; ordered volunteer paramedics to use new, unfamiliar lifesaving techniques; and alienated officials at other hospitals he feared were trying to build an empire.

Several members of the search committee said they were anxious to avoid repeating such an experience.

Charles W. Riley, past president of the Maryland State Firemen's Association, which represents volunteer firefighters, called Dr. Bass "a competent individual who could communicate with doctors, nurses, legislators" as well as emergency medical service personnel.

Mr. Riley said what the state's revamped emergency system needs is continuity, not change. "We have one of the best emergency medical service systems in the country," he said. "All we need is a leader to keep everything intact and get us ready to lead us into the 21st century."

Another member of the search committee, who asked that his name not be used, agreed that the group sought someone with the political skills Dr. Maull evidently lacked. "That was certainly important in our consideration of candidates," he said. "And he [Dr. Bass] he certainly filled that beautifully."

Louis Jordan, a Baltimore publisher of emergency medical service textbooks who supported Dr. Maull, cautiously praised the board's choice. "Certainly there have been great advances made [by Dr. Bass] in Washington, D.C." said Mr. Jordan, who was not involved in the selection process. But, he warned, "he's moving into a gigantic bureaucracy that has a history."

A former employee of Shock Trauma, Mr. Jordan said he hopes "that this is truly a rebuilding and not just a search for a yes man."

Dr. Bass is stressing the need for cooperation.

"My sense was that everybody there wants to see the system maintain its level of excellence," he said. "While there are issues everybody doesn't agree on, I think everybody is in agreement that this is a great system in terms of maintaining what has been built."

Dr. Bass said he will work closely with the 11-member board to make sure all parts of the state's emergency medical system operate smoothly together. "I'm not like the Lone Ranger out there," he said.

Dr. Bass, regarded as a tenacious advocate for paramedics and other emergency medical workers, was the first physician to become medical director of Washington's ambulance service. He was named by Mayor Sharon Pratt Kelly to reform the service, hampered by misdirected ambulances, equipment shortages and inadequate training.

"I think he's done an excellent job here," said William Eberlin, a paramedic supervisor for the District of Columbia fire and emergency services department. "He has managed to drag the emergency management system in this city into the 20th century, kicking and screaming all the way."

Dr. Bass ordered the District's 26 ambulances to carry more drugs to use in life-saving techniques and also increased the number of ambulances that carry advanced life-support equipment.

"He's very gung-ho on allowing people to work in the street . . . to get the patient to the hospital alive."

That experience impressed the search committee. "While he was in D.C., he pulled together their system, which was in disarray," said James Corckran III, a Baltimore business executive. "And he pulled that completely together, reduced the response time from many many minutes down to a few minutes. He has an academic background as well . . . and he appears to me to be someone who's going to be a long-term player, somebody that we can work with some years in the future."

Dr. Bass became a police officer and later a detective for the Chapel Hill, N. C., Police Department after graduating from the University of North Carolina at Chapel Hill with a bachelor's degree in 1972.

He decided to study medicine and received his degree from UNC in 1975.

Dr. Bass is an associate professor of emergency medicine at George Washington and Georgetown universities.

The Associated Press contributed to this article.

Post
Washington, DC
Cir: M-S 752,935
Sun 1,141,089

.3 : 0 1994

Head of Ambulance Service Leaving D.C. for Md. Post

By Nell Henderson
and Wendy Melillo
Washington Post Staff Writers

The head of the District's ambulance service, Robert R. Bass, is leaving his job at the end of this month to take over the Maryland Institute for Emergency Medical Services Systems, Gov. William Donald Schaefer announced yesterday.

The Maryland agency is responsible for coordinating all emergency medical services in the state, linking a voluntary network of communications, ambulances, helicopters, medical personnel and medical facilities. Bass will become executive director of the agency Sept. 1.

"This is a great career opportunity," Bass said. "These positions just don't come open very often."

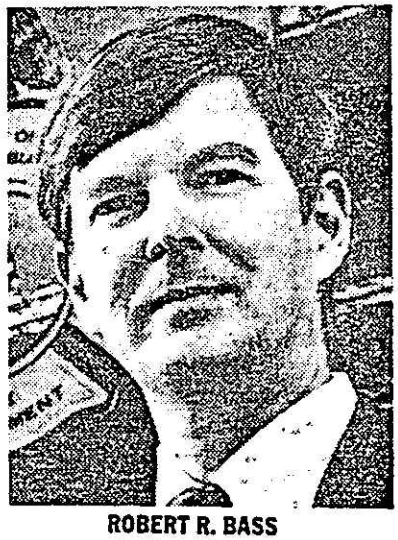
Bass, 46, said his decision to seek the Maryland position was not the result of any dissatisfaction with his current job.

"I feel a little bittersweet about leaving, because I have really enjoyed my job here," he said. "I can't say it has always been easy, but we have made a lot of progress."

District officials yesterday praised Bass for turning around the city's troubled ambulance service as director of emergency medical services since February 1992. He was the first physician to hold the job.

"We gave Dr. Bass a bang-up recommedation," said City Administrator Robert L. Mallett. "He's done an excellent job for us."

Fire Chief Otis J. Latin Sr. said Bass's departure will not disrupt the department's ability to provide ambulance service. "Dr. Bass has been a very good medical director," Latin said. "That means there is a good staff in place to carry on."



ROBERT R. BASS
. . . "a little bittersweet"

Mayor Sharon Pratt Kelly has three candidates to replace Bass, Mallett said, predicting a selection by the end of this week.

Mallett attributed Bass's departure to Maryland's ability to nearly double his salary, to about $200,000 a year from his D.C. paycheck of $104,000 a year. "I fully understand," Mallett said.

Bass has been "an extraordinary asset," Mallett said. "He came to a broken ambulance system."

Kelly made improvement of the ambulance service a deeply personal commitment after the death in 1991 of her close friend, Marilyn "Trish" Robinson, 44, who died after suffering an asthma attack at her home. It took 29 minutes for an advanced life-support ambulance to reach her.

50 cents per copy

MARYLAND'S BUSINESS & LEGAL RESOURCE

Serving the public daily since 1888

NEWS SUMMARY

BUSINESS

Merry-Go-Round and Landlords Reach Lease Agreement

Merry-Go-Round Enterprises Inc. has reached an agreement with its major landlords regarding leases for its 1,300 retail stores. The Joppa-based retailer has agreed to **assume or reject store leases before September 30.** Once the September deadline passes, Merry-Go-Round must operate and pay rent on any unrejected store until January — after the holiday shopping season. The deadline allows Merry-Go-Round to watch how stores perform during the back-to-school shopping season in August and September before deciding which units to close. The September cutoff also gives landlords enough warning to secure new tenants before the crucial holiday shopping frenzy begins. Merry-Go-Round **holds leases with over 100 landlords nationally.** Since its January Chapter 11 bankruptcy filing, Merry-Go-Round has closed about 130 stores. A spokesman for the retailer declined to comment on how many leases will be rejected before deadline or how many stores the company will close before emerging from bankruptcy.

Business Productivity Falls 1.2 Percent

The productivity of American businesses fell 1.2 percent at an annual rate during the April-June quarter, the **first decline in 15 months,** the government said yesterday. But the Labor De-

HEALTH CARE

Gov. Names D.C. Doctor to Lead Embattled Emergency Services

Robert Bass Is Unanimous Choice to Take Over MIEMSS, Which Has Been Troubled Over Past Two Years by Controversy and Political Infighting

BY JESSICA HALL
Daily Record Business Writer

Gov. William Donald Schaefer yesterday announced the appointment of Dr. Robert Redwood Bass as executive director of the embattled Maryland Institute for Emergency Medical Services System.

Bass, currently the director of emergency services in the District of Columbia, will oversee the R. Adams Cowley Shock Trauma Center and the state's emergency medical services network, including state police medical evacuation helicopters and emergency services in Maryland's five regions. He will also be expected to develop research and education programs and specialty referral centers.

"Marylanders can be assured that Bass will maintain the state's reputation of having the best emergency medical system in the world," Schaefer said at a news conference yesterday.

DR. ROBERT REDWOOD BASS

When Bass assumes his $200,000-a-year post in September, he will inherit not only the country's first trauma center and a state showpiece, but also a system that has been riddled with political infighting and controversy over the past two years.

"Maryland has always been a leader in EMS . . . and its shock trauma center has been a model for the nation," said Bass at a news conference yesterday. "Now, we need to move onward."

Bass said he will "depoliticize" MIEMSS and work on "consensus building."

"There is no reason to be at loggerheads. The system is in place, we just need to work on communication," he said.

Maryland Health Secretary Nelson J. Sabatini said state officials began two years ago to repair internal problems at MIEMSS. "The governor told me 'We're not going to let a system

SEE SHOCK TRAUMA PAGE 5

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28,800 bits per second, up from 9,600 today, and 17-inch monitors will be increasingly common.

Older chips and components may end up as part of appliances like washing machines or blenders or something new.

"You can envision these personal products that people haven't defined yet," said Paul Breedlove, systems engineering manager.

For example, a portable computer, using infrared sensors like those of a TV remote control, will automatically configure itself to work with a similarly-equipped printer wherever a person takes it.

In two years, these so-called "plug and play" or "play at will" efforts will be far enough along to eliminate much of the extra programming a person must do.

Shock Trauma

CONTINUED FROM PAGE 1

that is so important to the citizens of our state be weakened or possible destroyed . . . We need to do something to preserve the vision of Cowley,' " Sabatini said yesterday. "We are confident today . . . that EMS will be a strong and healthy system."

In 1993, the General Assembly created an 11-member EMS board to oversee the MIEMSS after controversies developed over management decisions and personnel practices of the last director, Dr. Kimball Maull. Before, the shock trauma center had been part of the University of Maryland System and its nonprofit corporation, University of Maryland Medical System.

Internal strife developed as Maull opened the trauma center to patients other than the state's most critically wounded. Shock trauma was founded by Dr. Cowley as a center to treat seriously injured patients in the first "golden hour" after an accident.

Maull left in March, 1993 after a standoff with university officials who threatened to fire him unless he resigned.

Bass' unanimous selection by the EMS board marks the end of a seven-month national search. That decision was just the beginning of a new era of consensus building, said Donald L. DeVries, the board's chairman.

"Consensus building will remain a critical objective in our system. We will continue to move toward cooperative excellent." DeVries said.

Bass has directed Washington's emergency medical services since 1992. He attended medical school at the University of North Carolina and has also directed emergency medical services operations in Charleston, S.C., and Houston. For five years, Bass was in private practice in Norfolk, Va.

Post
Frederick, Md.
Cir: 28,393

AUG 10 1994

Bass named chief of Maryland EMS

ANNAPOLIS (AP) — Robert Bass was named Tuesday to head Maryland's emergency medical services system, coming from the District of Columbia where he had performed similar duties for 2½ years.

"Maryland has always been a leader" in providing emergency care, Dr. Bass said.

"We want to maintain that position," he said.

Dr. Bass, 46, will be executive director of the Maryland Institute for Emergency Medical Services Systems. He will coordinate a statewide system that provides quick

(Continued on Page A-4)

ROBERT BASS

(Continued from Page A-1)

treatment for accident victims with serious injuries and critically ill people.

Dr. Donald L. DeVries, chairman of the board that runs the system, said at a news conference in Annapolis that the board conducted a nationwide search before finding its director next door in Washington.

The board set out to find the best person possible, and "I can say without hesitation that we did that," Dr. DeVries said.

Dr. Bass earned $103,000 in his old job and will be paid $200,000 for running the Maryland system.

Dr. Bass was a police detective in North Carolina when he decided to become a doctor. During his three years in medical school at the University of North Carolina, Dr. Bass and a classmate organized a volunteer rescue squad in Chapel Hill, running from class when their beepers sounded.

Dr. Bass has also directed emergency medical services operations in Charleston, S.C., and Houston. For five years, he was in private practice in Norfolk, Va.

The Maryland institute was once part of the University of Maryland system, but was split off by the General Assembly after controversies developed over personnel practices of the previous director, Dr. Kimball Maull. Competition for power and money among various segments of the system produced much of the turmoil that led to Dr. Maull's departure.

The legislature reorganized the system in 1993 and set up a board that reports directly to the governor.

Dr. DeVries said the new board set up to run the revamped system has made consensus building its major goal.

He said all segments of the system were involved in the search for a new director, which resulted in the board unanimously picking Dr. Bass for the job.

Chief being named for Shock Trauma Center

D.C.'s emergency director getting nod

Associated Press

WASHINGTON — Dr. Robert Bass, director of emergency services for the District of Columbia, was being named director of the Maryland Shock Trauma Center today, the Associated Press has learned.

Dr. Bass was to be named to the $200,000-a-year job by Gov. William Donald Schaefer at a news conference today in Annapolis.

Dr. Bass is expected to begin his new job early next month, according to a knowledgeable source who requested anonymity.

Dr. Bass has directed the district's emergency medical services since 1992. In that job, he's paid $103,000.

The 46-year-old Dr. Bass was a police detective in North Carolina when he decided to become a doctor. During his three years in medical school at the University of North Carolina, Dr. Bass and a classmate organized a volunteer rescue squad in Chapel Hill, running from class when their beepers sounded.

Dr. Bass, who graduated in 1975, has also directed emergency medical services operations in Charleston, S.C., and Houston. For five years, Dr. Bass was in private practice in Norfolk, Va.

The Shock Trauma Center was once part of the University of Maryland system, but was split off by the General Assembly after controversies over personnel practices of the last director, Dr. Kimball Maull.

Dr. Bass told the *Washington Post* in April that he was not unhappy with his district job. At that time, he was one of six finalists for the Maryland job.

Dr. Bass was a police detective in North Carolina when he decided to become a doctor.

"This is a very personal decision that involved family and financial issues," he told the Post. Of the Maryland position, he said, "These jobs come open very infrequently, and this is an opportunity."

Blacks, Hispanics undercounted, court says

Associated Press

NEW YORK — In a ruling that could mean more money for big cities and give urban areas more power in Congress, a federal Appeals Court says the Bush administration undercounted blacks and Hispanics in the 1990 census.

Yesterday's ruling by the U.S. Court of Appeals in Manhattan supports the position of the Census Bureau, which said the Bush administration missed about 5 million citizens, mostly in urban areas.

"This is an important victory not only for New York state, but for the empowerment of minority populations," said New York State Attorney General G. Oliver Koppell, a plaintiff.

If the Clinton administration accepts the ruling, New York City's official population would rise overnight by 230,000, triggering an increased flow of federal dollars through programs tied to the census count.

The decision also could mean some cities would have to be reapportioned to enlarge congressional districts based on more accurate populations. Southern California and Arizona could gain a representative at the expense of Wisconsin and Pennsylvania, plaintiffs said.

Every census misses people — the Census Bureau makes up for this by adjusting the figures. In 1990, the bureau suggested a formula it said would more accurately count the harder-to-reach populations, who, incidentally, have been more likely to support Democrats.

The court said the fault lay with Robert Mosbacher, President Bush's Commerce Secretary, in not sufficiently justifying his decision to overrule the bureau and use a formula more favorable to Republicans.

A Clinton administration spokesman said that White House officials would study the ruling today.

Spy center hidden from Congress 4 years

Associated Press

WASHINGTON — For four years, residents of suburban Virginia have been driving past a mammoth office construction project without knowing its true purpose: headquarters for a secret agency that man-

The existence of the four-tower, million-square-foot National Reconnaissance Office complex in the Virginia suburbs of Washington was disclosed yesterday after President Clinton declassified the project.

"This is an unprecedented disclosure," said Sen. Bob Kerrey, D-Neb., of the Senate Intelligence Committee. ... James ...

tiveness, and find out why its existence wasn't disclosed to Congress.

They are to be among witnesses at a closed-door hearing of the Senate intelligence panel tomorrow.

The National Reconnaissance Office, five miles south of Dulles International Airport, has been under construction for nearly four years. ... the project by dis-

ASSOCIATED PRESS

CLINIC VICTIM BURIED: Dandy Barrett Witty, daughter ... Barrett, places a flower on his grave yesterday. ... Story, 12A.

News Journal
Wilmington, De.
AUG 1 - 1984

Md. picks emergency care chief

By TOM STUCKEY
Associated Press

ANNAPOLIS — Robert Bass was named Tuesday to head Maryland's emergency medical services system — coming from the District of Columbia where he performed similar duties for 2½ years.

"Maryland has always been a leader" in providing emergency care, Bass said. "We want to maintain that position."

Bass, 46, will be executive director of the Maryland Institute for Emergency Medical Services Systems. He will coordinate a statewide system that provides quick treatment for accident victims with serious injuries and critically ill people.

Dr. Donald L. DeVries, chairman of the board that runs the system, said at a news conference in Annapolis the board conducted a nationwide search before finding its director next door in Washington.

The board set out to find the best person possible, and "I can say without hesitation that we did that," DeVries said.

Bass earned $103,000 in his old job and will be paid $200,000 in Maryland.

Bass was a police detective in North Carolina when he decided to become a doctor. During his three years in medical school at the University of North Carolina, Bass and a classmate organized a volunteer rescue squad in Chapel Hill.

Bass has also directed emergency medical services operations in Charleston, S.C., and Houston. For five years, he was in private practice in Norfolk, Va.

The Maryland institute was once part of the University of Maryland system, but was split off by the General Assembly after controversies developed over personnel practices of the previous director, Dr. Kimball Maull. Competition for power and money among various segments of the system produced much of the turmoil that led to Maull's departure.

Warfield's Bus.Rec.
Baltimore, Md.
AUG 12 1994

HEALTH CARE

Bass is Final Piece in Plan to Rebuild State's Emergency System

By Jessica Hall
WBR Staff Writer

State officials point to this week's appointment of Dr. Robert Redwood Bass as the beginning of a new era of team building for the Maryland Institute for Emergency Medical Services Systems (MIEMSS).

When Bass assumes his $200,000-a-year post as executive director in September, he will inherit not only the nations' pioneer emergency medical system, but also a system riddled with internal problems.

Over the past two years, the state's emergency medical services had been weakened by political infighting and personnel problems.

But health officials and emergency medical leaders say Bass has the experience, the demeanor and the talent to make needed changes.

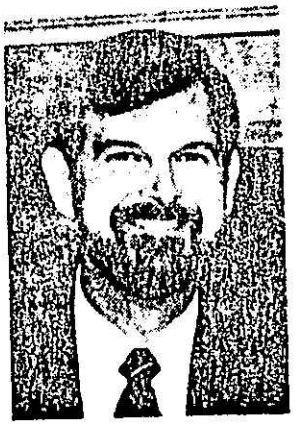
"The last few years, we were in an interim state. We made some interim measures to stabilize the system, to keep it intact," says Donald Howell, chief of the Howard County department of fire and rescue service, EMS division.

"But it's time to build again on the foundation. We had stopped building for a while, but it's time again. I certainly feel that Dr. Bass can do just that," he adds.

Final piece

Bass' appointment marks the end of a seven-month national search and puts the final piece of a plan in place that was set into motion last year by the General Assembly.

State legislators separated MIEMSS and the R. Adams Cowley Shock Trauma Center to ease much of the internal conflict that erupted during the tenure of former director, Dr. Kimball Maull.



Dr. Robert Redwood Bass

Controversies developed over Maull's management decisions and personnel practices as he opened the trauma center to patients other than the state's most critically wounded.

Shock trauma was founded by Cowley as a center to treat seriously wounded patients in the first "golden hour" after an accident.

Maull left in March, 1993 after a stand-off with university officials who threatened to fire him unless he resigned.

"There is no reason to be at lagerheads. The system is in place, we just need to work on communication," says Bass.

He will oversee the state police medical evacuation helicopters, coordinate emergency services in the state's five regions, develop research and education programs and specialty referral centers and identify new sources of funding.

D.C. track record

Currently the director of emergency services in the District of Columbia, Bass says he will "depoliticize" MIEMSS and work on "consensus building."

When he started working with the district's emergency medical system in 1992, that program was also in a state of turmoil.

"It's no secret that the [D.C.] system three years ago was under a certain amount of fire," Bass says. "But, together, we gave people in the system the opportunity to make people better and make the system better."

His success in quelling problems and improving care and productivity in the D.C. system bodes well for Bass' potential in Maryland, supporters says.

Bass also began his career in emergency medicine. As a medical student at the University of North Carolina, he and a classmate organized a volunteer rescue squad. ***WBR***

Daily Record
Baltimore, Md.

AUG 15 1994

Gov. Names D.C. Doctor to Lead Embattled Emergency Services

Gov. William Donald Schaefer last week announced the appointment of **Dr. Robert Redwood Bass** as executive director of the embattled Maryland Institute for Emergency Medical Services System. Bass, currently the director of emergency services in the District of Columbia, will oversee the state's emergency medical services network, including state police medical evacuation helicopters and emergency services in Maryland's five regions. He will also be expected to develop research and education programs and specialty referral centers. When Bass assumes his **$200,000-a-year post** in September, he will inherit not only the country's first trauma center and a state showpiece, but also a system that has been riddled with political infighting and controversy over the past two years. "Maryland has always been a leader in EMS . . . and its shock trauma center has been a model for the nation," said Bass at a news conference yesterday. "Now, we need to move onward." Bass said he will "depoliticize" MIEMSS and work on "consensus building."