

# Why I want a career in trauma surgery

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Over 80% of our patient population only spoke Spanish where I attended medical school, on the United States-Mexico border. One wrong turn on the commute to school, one could easily end up in Mexico within 10 minutes.

I was on the trauma surgery rotation when the announcement system alerted us to come to the trauma bay. A teenage girl from Mexico had fallen off the border fence while attempting to cross to the United States. This is unfortunately a common occurrence. The smuggler gathers a group of people wishing to cross the border and pushes one down from top of the fence. Once the border patrol's attention is diverted to the victim, the rest of the group can finish the journey.

Living on the border inevitably sparked heated conversations regarding, well, the border. However, it was different on the trauma service. When this patient arrived, the staff swiftly got to their positions and resuscitated her. It was in that moment, a moment in which everyone was immune to the prejudices against the undocumented in the face of a severe injury, that I knew I wanted to become a trauma surgeon.

Fast forward couple of years: I am a surgical resident at an inner city Chicago Level I trauma center. Falls from the border fence are now gunshot wounds. Undocumented immigrants are residents of Chicago's south and west sides. On a typical summer night, we make several trips to the operating room, and on weekends, there are far too many such trips. Media outlets called them crime rates, "gang bangers," and "aliens." However, in our trauma bay, we saw only people: people with families, who knew love and loss; people who survived, and too many who did not. Some were perpetrators, but all were victims. To us, it did not matter how or why they got there, just like it did not matter how or why my former patient crossed the border fence.

That summer, there were days when I hugged a mother facing the sudden death of a son, or told a patient that he would never walk again. But there were also days when I watched a mother hold her baby for the first time after needing a crash cesarean section for penetrating trauma, or helped a patient into a

wheelchair one last time as she left the hospital after recovering from a devastating motor vehicle collision. The grief and joy I witnessed in every trauma patient were no different than that which I witnessed in any other patient of any background.

I get a lot of raised eyebrows when I mention that I want to be a trauma surgeon. People worry about the burn out, the "difficult" patient population, and the life style. But here is what draws me so strongly to trauma surgery: trauma patients I have served in my training may be considered "marginalized" members of the society; they are the undocumented immigrants, homeless persons, gang members, or substance abusers. Many of them drift in and out the newspaper headlines, becoming accessories to political arguments. Their situations, and often their very presence, are controversial and demands social change. Too often, what happens to them is not merely the result of individual choices, but rather a system that has failed to provide a safe environment and equal opportunities. They are all victims of that system, one that does not devote sufficient resources to a problem that is one of the leading causes of death in the United States across the age ranges and among our most vulnerable. I want to be a trauma surgeon because, while many of my patients and I do not share the same background, it will allow me to act out of a shared sense of vulnerability.

Trauma surgery has allowed me to see the value of life beyond labels. I see this everyday in the trauma bay: the one place where everyone gets an equal shot at surviving, regardless of background, zip code, criminal record, or insurance status. To build a career in trauma is a privilege given to me by my patients, and I look forward to it everyday of my training.

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