



## Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

### Why I Want a Career in Trauma Surgery

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I remember the sweat running down his face as he stared into the scene, the hot Mississippi Delta sun shining down over the wreckage. There laid his wife, her silver hair still sparkling. They had been to McDonald's to get burgers for lunch, as they always did on Thursdays. She was looking down counting change. "It's good," she said. He proceeded from the median into the oncoming traffic. An eighteen-wheeler then instantly stole the right side of the vehicle and his right-hand woman, his life.

I remember pulling on scene with Robert, my long time EMS partner. Robert never finished grade school, and he couldn't read. I took the job of reading the maps on the way to our calls. Robert could, however, read a scene. Robert stared at that man as we pulled up, ran to him, and instinctively hugged him. Barreling towards them with stretcher in tow, I thought that if the impact was so great to cause this destruction, he must be injured. He wasn't physically injured, though. At his wife's funeral, he confessed he wished he would have died too. He blamed himself and blamed McDonald's who often got the change incorrect. She knew the inaccuracy made him angry.

I was struck by the look on his face that day. Fire trucks, police vehicles, and ambulances were all amassing. He stared at her, tangled beneath the undercarriage of the trailer. I remember the deafening noise of sirens and the wailing car horn. Altogether, a screaming cry of the devastation that had occurred. I told him, "Sir, we need to take you to the hospital." He continued to stare at her body. He continued to ask Robert and I, "Where is my wife?", calling out, "Carol, where did you go?". He must see her, I thought. He must know. We eventually coaxed him, uninjured, onto that yellow stretcher. Robert told me to get in the truck, as he returned to collect the pieces of her body in a red bag. He closed the back doors.

I don't remember much of the transport. Did I start an IV? I remember arriving at the nearby level III trauma center and needing to give report. What had happened? I couldn't think with the sirens and car horn still echoing in my ears. The nurses were eating lunch, blissfully unaware of the earth-shattering event that just occurred a few streets over. Robert took over. He then ushered me back to our EMS station. He was sweating profusely. I sobbed into Robert's sweaty body that held twenty-year-old me.

Thirteen years later, my stomach still plummets when I think of that call. To support myself financially through college and my first two years of medical school, I worked as a full-time paramedic in rural Mississippi. When I applied to the Hardy Wilson Ambulance Service, I became the youngest employee in their history and one of very few females. At the time, the Hardy Wilson Hospital itself was equipped with four ER beds and was the only hospital and ambulance service for a population of 30,000, covering 780 square miles. Our ambulance service consisted of only two ambulances responsible for all emergency calls within the county in addition to transporting many patients to higher-level of care facilities located hours away. This experience revealed to me how truly dire the health disparities are for medical care in rural America. As we were often the first to arrive on scene, correctly triaging patients was imperative – as was being a leader. The medical and leadership skill sets I gained as a paramedic have proven invaluable during my surgical residency.

My mother is a public-school English teacher in Mississippi. She spent many years of her career teaching students who struggled academically. Growing up, I watched as she attended sports events to later pique interest in Shakespeare. She learned peanut butter crackers may encourage a hungry teenager to learn grammar. She taught me never to judge and to always serve others with love, realizing we are not all fortunate enough to live a life of opportunity. The system often fails. The trauma surgeons I most admire treat their patients with as much respect as my mother treats her students. The trauma surgeons I most admire treat their drug-intoxicated patients the same way I would have my sister treated, now sober from methamphetamine for over ten years.

Being a trauma surgeon grants one the opportunity to support humanity when it's unexpectedly needed the most - through unthinkable acts of violence and unexplainable tragedy. I cannot imagine a more tangible way to show love to a community. This story of Mark and Carol is not one of medical heroism, but it is the most meaningful of my medical career. Trauma surgery is humbling and can often be characterized by lost battles and despair. It also, however, holds the power to acutely heal the gravely injured and right the wrongs which would otherwise assuredly end in despair. I am overwhelmingly grateful to have the opportunity to care for trauma patients – those who need us most.