



Eastern Association for the Surgery of Trauma
Advancing Science, Fostering Relationships, and Building Careers

2023 Oriens Honorable Mention Essay
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As the tiny village came into view, throngs of villagers emerged, running toward our truck as if their lives depended on it. Mothers threw their infants into the outstretched arms of strangers, begging for the Polio vaccine, and we were happy to oblige. For a week I rode in the back of that 4x4 truck, delivering inoculations to the most remote corners of Mauritania, Northwest Africa—to places I wasn't sure how the drivers had found, let alone how they would ever be found again. We travelled to villages of just 20 people and to those with hundreds. We intercepted nomadic tribes on their journey north and tracked down shepherds amongst their herds, delivering prevention from polio-induced paralysis. And as the scorching sun beat down our backs and the Saharan dust whipped across our faces, I was overcome with a profound sense of awe and optimism. Here in Mauritania—in the trenches of abject poverty and limited healthcare resources—despite the absence of running water, electricity, and roads; despite poor education and illiteracy, Polio had been eradicated, and I was bearing witness to this incredible miracle.

15 years later, in a D.C. trauma bay, I performed a resuscitative thoracotomy on an 18-year-old male, shot through the left chest. I opened his pericardium and sutured the 3cm laceration to his RV closed. I cupped his heart in my hands and attempted to reestablish circulation—to massage him back to life—while the rapid transfuser restored his blood volume to a survivable number.

Thirty minutes later, we called time of death. I stood in that trauma bay, looking at that 18-year-old boy who would never grow to be a man. There, in that trauma bay—in one of the richest nations on earth with an abundance of resources at our disposal—I felt the weight of every social policy failure that had led to this enormous loss. This was a different trench from the one I had occupied nearly two decades prior as a Peace Corps Volunteer in Mauritania. This was a trench lined with riches—with national wealth and infrastructure—but steeped in societal failures: failed gun laws, failed drug policies, failed insurance systems, failed education. These are the trenches in which the American trauma and acute care surgeon lives.

My love for trauma and acute care surgery stemmed from being in the thick of it—from assessing gravely injured patients in the bay, operating on every part of the body to stave off critical illness, and performing resuscitations in our ICUs. This love bloomed as I recognized the unique role a trauma surgeon holds, not only in providing emergent care, but also in combatting the social determinants of health that have disproportionately wreaked havoc on marginalized populations. After all, trauma, perhaps more than any other form of medicine, breeds at the intersection of structural and health inequity, and I appreciate that in this field, I can pursue my surgical passions while opening a gateway into the healthcare system for those most in need. I hope to build a career focused on providing excellent care, improving medical access on a wider scale, and advocating for health policy reform, so that one day my reach as a trauma and acute care surgeon might extend far beyond the trauma bays.

Nearly 20 years ago, in the bush of Mauritania, I was fortunate to experience firsthand how, when motivated, people can provide life-changing medical care despite seemingly insurmountable social barriers. I'm excited to explore, with wonder and optimism, what can be accomplished working as a trauma surgeon in the trenches of America.