



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

2023 Oriens Resident Winning Essay
Colin Whitmore, MD

At 7:21 AM on April 16, 2007, my portable radio let out the familiar two-octave tone that preceded a dispatch. A student had fallen from their loft bed, or so we thought. The loud bang that prompted a neighbor to call for help wasn't a fall, but the blast of a handgun that killed two innocent college students, our classmates, at Virginia Tech. The whirlwind began. 9:40 AM. The same tones from the radio, now overhead in the office at our station: "Shots fired, Norris Hall." The reality doesn't strike you all at once. It rumbles in from the distance like thunder after lightning – delayed, inevitable, and spreading beyond you in every direction, unfettered by your presence. The unthinkable events of that morning transformed into the tragedy that unfolded in front of my colleagues and I and on TV screens around the world. We followed the plan, almost unconsciously, dividing the larger crisis into a series of smaller ones we could handle. We established an incident command post, we called for help from our neighboring departments, we ferried the victims to hospitals near and far, and we called our own families to let them know we were safe. By 10:47, the last victim had been rescued. The final count of the black tags affixed to the deceased by our triage teams was called out over the radio: 31. "Copy, 31," was all the response I could muster – simultaneously mundane and earthshattering.

Nearly every day since the shooting at Virginia Tech, the clocks around me serve as a sort of silent memorial as they remind me of where I stood at those moments. The shock of those memories has shifted, however, into a gentle reminder of why I chose my work or, more precisely, for whom I chose my work. In the years that followed, I tried to tackle the challenges of violence and disaster with the skills I already had. I consulted with first responders and governments to help them better prepare for disaster. It was rewarding work. I was inspired by the people who put themselves in harm's way to rush towards violence and suffering, but I wanted to do more. Some of the challenges we faced that day still haunted me: We couldn't safely get EMS providers to the patients until the scene was declared safe by police – we were watching the golden hour tick by without knowing it. The helicopters, grounded by weather, couldn't race the sickest victims to the nearest trauma center, necessitating a 45 minute ambulance ride – 45 minutes away from trauma surgeons, chest tubes, blood transfusions, operating rooms and all the tools I now recognize these patients desperately needed. And so, I changed course and set my sights on a career in trauma surgery that would give me the skills and the knowledge to tackle this problem from another angle.

The technical skills and medical knowledge to care for the victims of violence are requirements of this profession, but they do not define the boundaries of our potential to help. It is an honor to develop and hone the skills needed to care for the sickest patients but, with that honor, comes a responsibility to work towards our own obsolescence through harm reduction and prevention. I believe we can and should push beyond the walls of our hospitals. We need to advocate for the things that can change the course of this epidemic, to innovate in the areas of harm reduction, to hone the trauma systems that deliver our patients and drive our outcomes, and to be outspoken leaders in protecting our communities. I do not believe that the core solutions to gun violence, or violence in general, are more training or better policies because the core of the problem itself is human suffering – that of the person who resorts to violence, of their victims, of their families, and of the communities whose sense of safety is shattered. Our enemy is the suffering that drives, and is thus driven by, violence. For better or worse, we have chosen to work in the proximity of suffering every day. This is the nature of our craft. We bear witness to the tragedies around us, large and small, and work to ease the suffering in the OR, the ICU, and as we sit across the table from grief-stricken families every day. Who better to lead our communities in fighting the battle against an epidemic of violence?

In moments of unimaginable tragedy and suffering, like the ones I witnessed at Virginia Tech, something spectacular happens. Communities suddenly give rise to a powerful and capable team to answer the call. Boundaries are broken, silos fall, and instantly we become a team focused on a singular goal. The team welcomes all with something to offer the response – not just the first responders, but the people and resources that do the hard work of recovering and rebuilding. Harnessing that momentum is what carries a community through the darkest hours of a tragedy. As I preached that same lesson to communities around the country, I started to wonder: what if we could lead that team beyond response and recovery to focus on prevention? How might a community of trauma surgeons lead that charge? This is my vision and these are the questions I will seek to answer throughout my career as a trauma and acute care surgeon – guided, always, by those timestamped reminders of the importance and inherent unfinished nature of this work.