
TRAUMA BULLETIN

DHR Health Trauma Services: Providing the Critical Care the Rio Grande Valley Deserves

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The Rio Grande Valley (RGV) lies in Texas's southernmost tip, bordering Mexico, with a population of 1,377,861¹. It is an area of flat land with a subtropical climate and a very reasonable cost of living. I call this the hidden gem of the United States of America. Having grown up in the Rio Grande Valley (RGV), I am aware that it has been known to lack the development of other established cities across the Nation. This also entails advancement in the health care industry. Living in one of the most impoverished communities in the entire Nation has made it difficult for valley locals to receive the proper health care they need. With the median household income being \$36,000¹ many people do not seek health care in this area. Instead, they cross the border into Mexico to treat their medical needs at an affordable price.

Joining the military shortly after high school and working as an Aerospace Medical Technician allowed me to experience health care inside the U.S. Military. While stationed in San Antonio, TX, and working at a major military hospital, I was able to see and treat multiple patients with minor to severe injuries. One case I remember clearly was a patient involved in a severe motor vehicle accident. I happened to have attended high school with the patient's family member. Knowing the individual was from the "Valley," I continued to make conversation and informed them that their family was on their way to San Antonio to see them. At that time, I knew they were getting the best trauma care they could receive as the military offered many physician specialties that were not available in the RGV.

Nation's first trauma center. Having the honor of working at The University of Maryland R Adams Cowley Shock Trauma Center was an eye-opening experience. It was a prestigious trauma center, and those living in the area were aware of its reputation. If you were involved in an accident and were flown to "Shock Trauma," your chances of survival were much greater. It had a state-of-the-art trauma tower with dedicated trauma resuscitation units, trauma operating rooms, specialty trauma intensive care units, step-down units, and an acute care unit. Shock trauma was always ready for any injury that arrived through the door anytime – day or night. The hospital is located in the inner city of Baltimore, Maryland, where the crime rate is high; there were many instances where we received patients injured from gun violence. Two of the most common mechanisms encountered were injuries sustained from car accidents and falls, both of which are also the leading mechanisms of injury in the RGV. Motor vehicle accidents can lead to different types of injuries depending on where the blunt trauma to the body has occurred. Injuries from a fall usually led to either a hip fracture for the elderly or a spinal cord injury where the patient either lost sensation or movement to a portion of their body. We treated many people with paraplegia and quadriplegics who needed special care, which increased their length of stay. Traumatic brain injuries also resulted from either of those two mechanisms. Traumatic brain injuries were treated in the Neurointensive or intermediate unit depending on the severity of the injury. Those with severe brain injuries needed close monitoring and were often intubated with monitors attached and drains draining extra fluid to relieve cranial pressure. Other types of treated patients also included patients who may have sustained

After completing my military tour and later becoming a registered nurse, my first job was to work in
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carbon monoxide poisoning and needed to be treated using the hyperbaric chamber to allow for increased oxygen delivery. Patients with existing comorbidities such as cardiovascular disease, diabetes, amongst others, made the trauma patient all the more complex to treat.

Why the Rio Grande Valley? "Why not," I ask myself. Gaining the knowledge and experience in trauma care from the military to working in the Doctor's Hospital Trauma Services Department has increased that desire to serve my community and help this region achieve what it deserves. When our patients need to be transferred north of the RGV for appropriate trauma care, most of these families cannot accompany them. Many are fearful of crossing the checkpoint. In addition, they deal with a hefty medical bill for the transfer. All of this is simply because the region does not have adequate resources to care for their loved ones. I believe this is unacceptable. This hidden gem in the United States of America should not lack in trauma care to its natives. Having a Level 1 Trauma Center will increase medical resources for several professions, for example: a helicopter/prehospital team, a trauma tower with multi-trauma units, state of the art equipment, specialty rehabilitative services, injury prevention and education for the community, a trauma survivors' network to help survivors and their families cope with life post-trauma. Along with trauma resources, other specialties and services will be gained. One great example relates to the COVID pandemic that we are currently living in. The absolute sickest patients need to be transferred north to receive a treatment called extracorporeal membrane oxygenation (ECMO). The RGV will not be the only region to benefit from the added resources of a Level 1 Trauma Center. Mexico's northeastern region, which may include a family member or a working member of our community, will also benefit from these services.

Disclosures

JV clinical qualifications: MS, RN, TCRN. She declares no conflicts of interest.

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