

“If you don’t do your job, your community suffers”

– Dr. Victor Portillo



Of the many difficult moments that come with being a trauma surgeon during a pandemic, particularly crushing is when your two-year-old daughter totters towards you, arms open excitedly, and for her own safety, you can’t give her a hug.

That’s what Dr. Victor Portillo, a trauma surgeon in Arlington, Texas, had to do after treating a patient with a fractured spine. Upon arrival, the patient had screened negative for COVID-19, but a subsequent test, administered after the patient had difficulty breathing, came back positive.



That meant wearing a mask at home, a fact Dr. Portillo’s seven-year-old son understood, but his two-year-old daughter couldn’t—“why can’t I see Daddy?” It also meant no hugs with his nine-month-old son while he awaited his own test results. It meant no holding hands with his wife after their long days—his at the hospital, hers caring for two young children

while homeschooling a third, their sons’ first grade studies having been interrupted by the pandemic. “I always tell her, no matter how many gunshot wounds I saw,” Dr. Portillo says, whose test came back a week later as negative, “my day was easier than yours.”

The son of two immigrants—his father immigrated from Mexico, his mother from Argentina—Dr. Portillo works twelve-hour shifts. That means leaving for work before his children are awake, saying quick hellos through FaceTime while wearing his surgical hat, mask, and glasses. It means coming home and having dinner and sometimes spending an hour or two at night to catch up with his oldest son, who’s allowed to stay up a bit later even if it is a school night.

Trauma surgery entails treating stabbings, gunshots, and the aftermath of life’s many life-changing accidents. The gruesome nature of the injuries carries not only possible exposure to infected fluids—which can carry COVID-19—but also an inability to establish a patient’s risk-profile. There is seldom the luxury of time, let alone conversation, to know where they’ve been or clarify their medical history. Gowned from head-to-toe, wearing a face-shield and N95 mask,

following new protocols, the risk can be minimized, but never eliminated—it lurks each time Dr. Portillo operates on or intubates a patient.

Though he tries to remain in the present, he and his wife have discussed plans of how he would self-isolate for two weeks. His wife wasn’t thrilled with the idea of him sleeping in the garage during the stifling heat of a Texas summer, but it would mean his family could move around their own house freely. And it would mean that, as he isolated so he could to return to work once again, Dr. Portillo could still be at his home, and nearby those he loves most.

Aware of the risks, Dr. Portillo has no intention of shying away from them. Like other surgeons, he’s continued to work during the pandemic. In many cases, surgical care has been integral to treat the virus—in fact in a survey of over 5,000 surgeons, the Surgical Care Coalition found that 47% have taken action or responded to COVID-19.

“If you don’t do your job, your community suffers,” Dr. Portillo says. So he faces them anew each day, one patient, one case at a time.