Vernon W. Miller, MD, FACS

BY KAYLA RUNKEL

Thermopolis physician honored for advancing rural trauma care, transport, and learning



HOT SPRINGS HEALTH PORTRAIT OF DR. MILLER

Miles of empty two-lane highway stretch across the expanse of Hot Springs and Washakie Counties in north-central Wyoming, cutting through both high-desert country and rolling badlands. With a wide blue sky above and mountain peaks rising in the distance, the drive is breathtakingly scenic.

As barren as it is beautiful, only the occasional passing car provides hints of humanity in the long stretches between towns.

This is the reality of rural living and working in Wyoming.

A reality that Vernon Miller, MD, has lived and loved for nearly five decades.

It was a family trip to Yellowstone when he was 8 years old that first sparked his love of the area.

"I remember thinking it was incredibly beautiful," Dr. Miller says. "When I looked for rural areas in the west [to move to], Wyoming kept coming to the top of the list."

After finishing his surgical residency in California, he stayed on as surgical/ED teaching staff for a couple of years. But news that he and his wife were expecting twins encouraged him to look toward Wyoming as a good place to raise a family.

When his twins were just six weeks old, Dr. Miller settled into the town of Thermopolis. Given the chance to practice a broad range of general surgery in a community and state he loved, staying was an easy decision.

"I had offers to move to larger places with a larger practice and more call coverage," Dr. Miller explained. "But in the end, Thermopolis was home."

It was in that home that Dr. Miller began a career that, decades later, would lead to his nomination and selection as the Wyoming Medical Society's Physician of the Year.

"I was humbled and somewhat overwhelmed by the honor," Dr. Miller says when asked how he felt about the recognition. "There were so many others that helped along the way who really deserve to share this with me.

Humility aside, many have praised Dr. Miller's career as the epitome of what it means to support, care for, and improve the health and lives of Wyomingites. Especially when it came to his role in bringing the Advanced Trauma Life Support (ATLS) course to Wyoming.





LEFT: DR. MILLER ATTENDS A UNIVERSITY OF WYOMING FOOTBALL GAME WITH HIS WIFE, RACHEL. RIGHT: DR. MILLER WITH HIS SONS, SEAN, LEFT, AND RYAN. NOW SEAN IS 25 YEARS OLD AND RYAN IS 23.

James A. Anderson, MD, wrote in his nomination of Dr. Miller that he played a key role in bringing the ATLS course to Wyoming.

"The ATLS course resulted in a significant decrease in vehicular mortality," Dr. Anderson writes. "Because of this improvement, Vern, along with the Wyoming Committee on

Trauma and other healthcare groups, was able to lobby the Wyoming legislature to develop the statewide trauma system we have today."

Although Illinois was the first state to establish a mandatory, legislated, and funded trauma system in 1971, Wyoming was among the first rural states to do so. Starting with a simple vision, a broad coalition formed with the goal of educating and advocating for an organized state system to provide better trauma care, no matter where in the state one lived.

"There was some initial concern that 'big city' trauma care was not appropriate for our rural state, and that some important decisions for trauma care would be taken away from local hospitals and providers," Dr. Miller says.

In order to both address and learn from those concerns, the coalition held various meetings and discussions. One particularly valid concern was the idea that the American College of Surgeons Committee on Trauma (ACS/COT) designation levels didn't really fit Wyoming.

"We came up with our own designations for level of trauma hospitals that were a better fit," Dr. Miller says. "Regional Trauma Hospital, Area Trauma Hospital, Community Trauma Hospital, and Trauma Receiving Facility."

Along the way, Dr. Miller says he encountered misconceptions and unrealistic expectations from trauma surgeons at large urban teaching facilities. But over time, as rural facilities became more included in the various trauma systems, better understanding emerged.

Conversations between trauma surgeons in rural and urban areas allowed the unique challenges rural hospitals face to become better known. To this day, those conversations continue.

"In the end, we encountered incredible support and cooperation as we designed a system that improved trauma care for our state," Dr. Miller says.

Legislation passed in 1993, and the Wyoming Trauma Program officially began in 1996.

Another unique hurdle many small communities faced when it came to timely access to healthcare was transportation.

In nominating Dr. Miller, Travis Bomengen, MD, wrote, "Recognizing the unique challenges faced by rural healthcare systems, [Dr. Miller] played a critical role in developing rural air transport capabilities."

"I was certainly intensely interested and involved in this training," Dr. Miller responds. "But there were so many people who helped in the process."

In short: it was never a one-person effort.

From the beginning, ATLS principles emphasized the importance of training for trauma patients during ground transport. But at the start of his career in Wyoming, there was no organized air transport system in the state: only scattered use of some fixed-wing and rotor aircraft.

Over time, as air transport capabilities became more readily available, that mode of EMS transportation was folded into the training system as well.

As Dr. Bomengen put it, the systems and partnerships Dr. Miller helped establish "continue to improve outcomes and save lives across the state."

Of course, being involved in introducing ATLS to the state was only one facet of his amazing career. Teaching and mentorship were another.

"I have loved the opportunity to be in a teaching role for over 40 years," Dr. Miller says. "I've worked with EMS providers, residents, medical students, nursing students, and others. I love seeing the enthusiasm and excitement they have for providing quality care for our patients."

Stepping into the classroom requires compassion, integrity, humility, and unwavering dedication to healthcare advocacy. Dr. Bomengen attributes each of these traits to Dr. Miller and his longstanding career.

"He served as a role model for physicians at every stage of their careers and embodies the highest ideals of the medical profession," Dr. Bomengen says. "He has been a mentor for many physician providers working closely with him, myself included."

Additionally, Dr. Miller's background practicing in rural trauma centers allowed him to present trauma scenarios specific to where the physicians practiced, emphasizing both the similarities and differences in approach to care.

"It is extremely important to rapidly identify those trauma patients who can continue their care locally versus those who need early transfer to a higher level of care," Dr. Miller says. "Initial evaluation and care remain the same, but rapid transfer should always be considered early, when appropriate."

Shortly after the American College of Surgeons Committee on Trauma (ACS/COT) began its Consultation/Verification program in 1987, Dr. Miller was asked to come on as a Senior Site Reviewer to bring his rural perspective to each facility.

"Most of the earliest reviewers were from Level I facilities. They had a difficult time understanding the needs of rural facilities," Dr. Miller says.

The role took him to trauma hospitals across all three levels of care, in Wyoming and beyond. While each visit had its demands, Dr. Miller looks at it more like a trade: he brought invaluable insight to the hospitals he reviewed, and carried equally important lessons home in return.

Today, ATLS is taught in more than 80 countries. But it isn't the only program he believes deserves recognition. Trauma Center Verification, TQIP (Trauma Quality Improvement Program), national and military partnerships, and the Rural Trauma Team Development Course (RTTDC) are just a few that come to mind.

One of particular importance, especially in Wyoming, is the Stop the Bleed course. Through this program, civilian bystanders receive life-saving training on how to control early bleeding before first responders arrive on scene.

In a state where wide open spaces can mean long waits for EMS to arrive, the more people trained to step in first, the better the outcome.

"Few individuals have had as much of an impact on the communities they serve and Wyoming medicine as Dr. Miller," Dr. Bomengen says. "His legacy is reflected not only in the lives he has saved and the patients he has cared for, but also in the systems he helped build, the providers he has trained, and the communities he has strengthened."

When asked to reflect on his career and name the accomplishment he's most proud of, Dr. Miller says he is most gratified from a trauma standpoint. Of course, he doesn't point to his own work.

Instead, he gives credit to the many people, over many years, who helped build the trauma system Wyoming relies on today.

"I have served Washakie County and the Worland and Ten Sleep communities for the same period as Thermopolis," he says. "Early on, I also operated at South Big Horn in Basin and even occasionally covered Cody."

"Lots of windshield time," he adds.

A lot of time.

A lot of miles.

And a lot of impact on a state that perhaps some may deem too small to matter. But he has spent nearly five decades proving otherwise.

Today, Dr. Miller measures his life not in trauma calls or windshield miles, but in family. With a loving wife, five children, and 18 grandchildren, that legacy is every bit as full as the one he built in medicine.



DR. MILLER WITH HIS AUSTIN HEALY 1967 MARK III 3000.

DR. MILLER WITH HIS WIFE, RACHEL, AND THEIR AUSTIN HEALY.

(PHOTOS COURTESY OF DR. MILLER)