Even though now I reach for the sterile steel of a ten blade, I grew up learning how to grow flowers. My mother is a farmer’s daughter, and with her I would walk softly amongst our garden, bare feet on sun warmed earth. I grew up listening as adults told me again and again what a quiet child I was. If you had asked me back then the bright and bold life of a surgeon was something I never would have seen coming. And yet, a string of unexpected experiences and mentors unfolded one after another and I realized there was nothing I’d rather do. And so, I became a general surgery resident at a hospital opening its doors to trauma for the first time in decades.

I was quickly pulled into the world of the trauma bay, though it seemed at first a far cry from the gentle green spaces I knew. In trauma surgery there is no slow decay, no natural progression of age and disease. Our patients come to us suddenly, unexpectedly, violently, with cries of terror and pain that echo “not fair, not fair, not fair!”. To open a bullet-ridden belly, find it full of blood, and think I can fix this is to believe, as arrogant as it may sound, that you are cleverer than death. Through all this I found a degree of strength I didn’t know I had. Whereas in grade school every teacher’s report card wished I would speak up, here I find I know exactly how to be heard. I have a voice I use only when standing at the foot of that bed. I speak now in precisely enunciated syllables, careful words pitched in a tone and timbre intentionally chosen to project above the din. Through the grace and teachings of many senior residents and attendings, I have learned to be stronger, to be surer than I had ever imagined I might become.

And yet, I don’t think I would be as drawn to trauma as I am if I didn’t believe that it is also a discipline deeply rooted in gentleness. Once the storm passes, we find ourselves trying to heal the patient whose injury goes beyond where we can physically reach. Or perhaps we could not outwit death this time and now we must tell those left behind how we did everything we could, but it was still not enough. We once walked barefoot through this field on a sunny day – now the dirt is wet with blood and littered with broken stems. The time for unyielding strength and loud voices has passed, and instead we must work with soft hands and believe that with time and patience blooms will come again next spring.

There is no other field in surgery that quite encompasses this dichotomy – of intense speed and strength one moment, then quiet compassion the next. And this is part of what inspires me to pursue trauma surgery — this ability to be all these things at once. We juxtapose surety and strength with the unavoidable, desperate acknowledgement of human fragility. We exercise manual dexterity in the OR one day, mental dexterity in the ICU the next. There is no part of the body that is not your territory, no demographic of patient that does not belong to you. They come in all ages, all races, all gender identities. Patients who been swept into our hospital by a bullet, a mangled car, another human’s hands. Some who tell us about the people and things they loved, some who can’t say anything at all. We are there, not just on the worst day, but all the days that follow. What a privilege: to enter in this moment of pain, to pass so intimately through the orbit of another person’s life that we see they, just like us, are all things at once. So, as I train to be a surgeon and plan for a career in trauma I not only work for swift and sure hands, but also think of the flowers I would plant for these patients. Rue, for grace and clear vision. Gentle chamomile for patience in adversity. Bittersweet for truth and bright-eyed black-eyed Susan’s for justice. Bachelor’s button with its spiky blue petals for hope. Marigolds, to all at once remember the dead, grieve, and yet still feel the warmth of the rising sun.