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By William S. Gould, M.D.

I’m doomed. I just don’t know if it’s going to be at the hand of a disgruntled religious zealot or from heart failure. In the background, my lovely wife and I are listening to our President assure us the situation in Iraq is under control, but we’re not totally convinced.

I find it painful sitting here doing nothing. A former soldier, a very proud armored cavalryman in Vietnam, I feel a need to be a part of this struggle.

On the other hand, my wife reminds me I am almost 60, my uniforms barely fit and, anyway, I am a doctor now.

Rather than accept a passive role and cruise to the hospital each morning in my comfortable 4×4, I contacted the Army and volunteered to return to active duty. The e-mails flew hot and heavy for several days until word filtered down from on high, “Sorry, Doctor, you’re almost 60, sir, and your uniforms probably barely fit.”

But I’m not a quitter. Surely, there was some role I could play in this war, so I gritted my teeth and trooped over to Hospital Administration, announcing that I wanted to be a first responder, a member of a medical team that would be called upon to address the victims if a chemical or biological attack came to our streets. The staff was overjoyed, an emotion that gave me pause, for I saw it as the corporate equivalent of Groucho Marx’s comment, “1 wouldn’t want to be a member of any club that would have me.” I reasoned that if I was to be the tip of the spear, at almost 60 and in a uniform that barely fit, who were the…? Nonetheless, I agreed to face, unhesitatingly, the first hurdle, a small pox vaccination, for I had been a soldier and wasn’t afraid of anything. I chose to ignore the burgeoning reports, one delivered by my own teenage son, of certain death from cardiac failure if, at my advanced age, I subjected myself to the vaccination.

The nurse overseeing the first-responders program handed me a manila folder stuffed with dozens of pages of small-font, cramped, Kafkaesque warnings of the myriad dangers involved in receiving the vaccination and the near-certain weeks of illness and contagion if one accepted the challenge of the pin-pricks. The nurse was young, and I chose to be mature and not issue statements of braggadocio that I had undergone the terror of the small pox vaccination more times than Carter had little liver pills. I speculated that if I used that metaphor, she would have scratched her head at the notion of tablets fashioned of hepatic tissue.

She scheduled me for a 6:30 A.M. gathering of a coalition of the willing, physician colleagues who had signed up to be first responders and who also would be obliged to sit through an hour-and-a half of lectures given at six stations before and after the application of the vaccination. I dutifully presented myself in the early morning darkness, though recognized straight away something more than a pop in the deltoid was afoot, for an armed deputy sheriff, a sergeant at that, was posted at attention defending the entrance to the first station.

But station one was just a film. An attractive woman, a doctor, discussed the cataclysmic repercussions if any parameter of vaccination procedure were violated. The federation of the courageous was then marched to station two, where a series of county health department workers reviewed the pages upon pages of forms each of us had completed, relieving the government and corporate interests of responsibility for untoward effects of the inoculation.

Station three entailed another appraisal of the papers, a post apparently added to ensnare any of the doctors who had purposefully or inadvertently corrupted the data we had provided the authorities.

Passing ably, I was ordered to station four, where a stern woman in a white coat seated me facing her. She stared into my eyes and posed open- ended, probing questions querying my “feelings” about receiving the shot, and detecting no dithering in my soul, neatly affixed her signature to the growing list of those who had signed off on the tired doctor.

Station five, the main event, commencement into the world of the protected, the crossing of the threshold, had a dozen 1940s white cloth partitions. We, the sanctioned, gazed upon the tools of the deed, the multi- pronged needles, the vials of medication, the special bandages. Lest there be a physician in the group who had failed the course in medical terminology, every movement was explained in plain English, then demonstrated by the nurse who had been entrusted with the medico-legal responsibility of inoculating us with the deadly poison.

The nurse was a bit apprehensive, facing her first victim of the day: me. I later discovered I was the first live human of her small pox career. She forgot to daub my skin with an alcohol swab, but nevertheless ground the prong into my arm vigorously 15 times, very enthusiastically in fact, and I wanted to reciprocate, but I had been a soldier and I was going to be a first responder, so I could not allow myself to wince or to say, “Hey, that hurts, cut it out.”

The next guy in line gave her a piece of his mind after the third of the prescribed 15 pricks, and she modified her attack a bit. The lady after him uttered nary a word, so maybe her vaccination won’t take.

The last stop had several substations. Again, the paperwork was perused and corrected, though the lady who did mine had shuffled some other guy’s forms on top, and I was just too tired and too late for my clinic to argue.

At the penultimate table, we were handed little shopping bags. At the minimum, I expected a Snickers Bar for my brave efforts, as when giving blood, but the sacks were stuffed with more forms and bandages and pain diaries. The registered nurse there informed us for the 18th time that we would have to have our blisters examined every day for two weeks by yet another registered nurse before we would be allowed to go into the hospital and minister to the ill. Finally, a health worker sat us down and “shared” that there were many ways to relieve the pain of the vaccination.

Somehow, I don’t remember a single person, either before I entered the military or during, who ever complained about the pain of the small pox vaccination. You just shut your mouth and did it, and were quietly thankful you wouldn’t get what had killed your grandparents or their friends and relatives.

At two minutes past eight, I hurried off to my office and began seeing patients. I told some of them, mostly guys my age who had been in the service a million years ago, of the six stations. We laughed about the America we love so much and how frail and angst-ridden our society has become. We chuckled about the old medical corps sergeants who would yell, “Roll up your %!@&#$ sleeves, keep your mouths shut, take your shots, and get the %!@& out of this tent.”

I don’t recall those sergeants or the nurses who inoculated us kids then asking about our “feelings,” and they didn’t “share” ways we could “address” the soreness of the small pox vaccination. Maybe they knew there was real poverty in America, and maybe they had their minds on a father or a child who suffered from a community-acquired pneumonia, a malady that could, easily kill. Maybe those nurses and sergeants had had more important things to think about than feelings regarding a prick of the skin.

My patient-friends know that there’s a war on now, and they asked me how they can get the shot so that they can step up to the plate and respond when the day comes, for surely, though perhaps not in the form of small pox, it will come, no matter how deeply we bury our heads in the fragile sands that shore up our lives.

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