

Patrick Madden

Hepatitis

On Wednesday, our anniversary, our son got sick, throwing up in the middle of the night in his bed and on the wall, then again in the bucket I had placed next to him after the requisite sheet stripping and floor mopping and teeth brushing. On Thursday, our daughter got sick, throwing up—or “growing up,” as she calls it—with enough warning to make it to the bathroom sink. On Friday, the dog had trouble breathing and would fall suddenly, hard, thudding on the concrete path that connects the iron gate near the street with our front door.

My wife’s little sister had fallen ill with hepatitis a couple of weeks earlier, one of thirty-eight children and two teachers at a school in northern Montevideo whose pipes, rumor had it, were broken somewhere outside and mixing outgoing bathroom water with incoming drinking water. A few days after her little sister, Karina’s father fell ill. Years of heavy drinking had left his liver in bad condition, and his hepatitis would confine him to his bed for four months. Karina had had hepatitis when she was a kid (the disease is common in Uruguay), and I assumed that my children and I, born in the United States, had been vaccinated against the disease. Only after Pato spent the night vomiting did I call Ohio to ask for his and his sister’s vaccination records and learn that they were inoculated against hepatitis B, but not A. That vaccine, said the nurse, was given only if parents requested it, for instance if they were traveling to South America.

So Karina spent Wednesday morning at the hospital getting an appointment so she could spend the afternoon at the hospital getting the children’s papers straight (they are Uruguayan citizens, and therefore qualify for public healthcare) so they could spend the evening at the hospital getting the blood test that would confirm the bad news that Pato had hepatitis. Because Adi was then skittish and happy, they wouldn’t test her. I spent the day researching hepatitis on the Internet to channel my nervous energy to some kind of solution. I fretted, feeling I had left my children unprotected, had put too much faith in the forcefield granted by science and medicine in the First World. What I found was both interesting and frustrating. There was a lot of information about contracting the disease, or avoiding it, through vac-

inations and precautions, but almost nothing about treating it. From the Center for Disease Control's site I learned that hepatitis A is a virus that attacks the liver, often leaving the infected person jaundiced, tired, nauseated, without an appetite, with diarrhea, with vomiting, with fever, which is not very different from having the flu, except that it lasts longer, usually about a month. Some people never show any symptoms and their bodies fight the virus quietly, behind the scenes, with no glory or recompense. Hepatitis A has no long-term effects, and once you've had it, you can't get it again. Uruguayans are convinced that once you've had hepatitis A, you can never donate blood or organs, but nowadays, this is not true.

In the United States, you're most likely to find hepatitis A in the West and Southwest, where many counties reported more than twenty cases per 100,000 people during the decade of 1987–1997. There were far fewer reported cases in the East, with West Virginia and South Carolina leading all states in hepatitis A safety (less than five cases in any given county). There are between 125,000 and 200,000 cases of hepatitis A in the United States each year. Internationally, Uruguay is one of the countries with the highest danger of hepatitis A infection, along with basically all of Africa, Southern Asia, Central America, Paraguay, Bolivia, Ecuador, and Greenland. I found it curious that Greenland would be a high-risk country for hepatitis, especially as it is situated in the Arctic, in the neighborhood of Iceland and Canada, which are both very low risk. I learned that Greenland is a home-ruled province of Denmark, having achieved its semi-autonomy only in 1979 after centuries of Nordic rule (first Norway, then a combined Norway and Denmark, then Denmark). It's true that the name Greenland (Kalaallit Nunaat in Greenlandic and Grönland in Danish) was a Viking trick to get settlers there in the centuries after Leif Ericson discovered it, and that the island (the largest island in the world) is mostly buried under ice and only green on the coasts during summer. I'm always happy to find out that some crazy rumor I've heard here or there is true, because, basically, that story about Greenland's etymology always sounded too tidy, kind of suspect. I was also happy to find that Greenland's National Tourism Board owns Greenland.com instead of some parasitic cybersquatter. Nothing on Greenland.com indicates why the country has such a high incidence of hepatitis A.

On Thursday, fearing I would be next to fall, I went to the British Hospital to get a gamma globulin shot to boost my immune system's ability to fight off contagion. On the bus there, I read from José Saramago's *Blindness*—a dystopic novel about a plague of blindness, whose Portuguese title, *Ensaio Sobre a Cegueira*, translates to *Essay on Blindness*, which I like much better than the market-driven, unchallenging, purely descriptive title it ended up with—in which the aphoristic omniscient narrator invited me to “consider the circumvolutions of the human mind, where no short or direct routes exist.”

Hepatitis A has maybe the worst way of spreading of any disease I've ever heard of. Clinically, it's a “fecal-oral” transmitter, which gives new meaning to the old vituperation “eat shit and die.” (*Vituperation*, I admit, is a retro-found word, from the fairly common Spanish *vituperación*, which happens to exist in English, but is, I realize, not common at all. It means a malediction, a curse, an insult. I think the word *vituperation*, despite Ferdinand de Saussure's assurance that words are arbitrary signs unrelated to the things they signify, sounds like it *should* be a word that means insult or curse. Sounds like you're spitting at someone.) I had such a hard time believing that, or believing that that was the only way it could spread, that I asked Dr. Kleist, of the British Hospital, when I went in. He confirmed it. Hepatitis A spreads only from oral ingestion of feces. To me it seems like a body ought always to react with nausea and vomiting when it ingests human feces. The thought staggers the mind: if a disease like this can spread to new hosts, and they've all eaten fecal matter infected with the virus, then how often do people eat non-infected fecal matter? I don't really want to know.

Of course, it's not so simple as eating the stuff. People get infected by drinking unclean water, by close contact (sharing a cup, utensils, foods) with an unwitting carrier of the disease who hasn't washed his hands after using the toilet, by eating raw or partially cooked shellfish caught in polluted waters. You can get the disease without engaging in overtly risky or unhygienic behaviors. But still. It's no wonder the disease is stigmatized. It spreads where water and people are unclean, but also where people are clean and unlucky.

Gamma globulin, I should mention, does not impart superhuman powers as you might expect, given its name. It simply strengthens a person's

immune system to fight off infections like hepatitis, but it only works for about three months. What's good about gamma globulin is that it can be administered after you've been exposed to a disease (it works for measles and rubella as well). That's why I wanted it. Dr. Kleist explained that a product such as the one he gave me (manufactured by Bayer, which is "almost an American company," he said, I think to inspire my confidence) is made from human plasma, and the manufacturer cannot guarantee that its product will not give me some disease that it should protect me from, even AIDS. I realized that he was bound by law to explain this and get my consent before giving me the shot, and that there was probably no real chance that I'd get infected, but the information gave me a hard pause. I kept my questions and my doubts to myself, though, afraid of breaking rhythm, offending protocol, like a person who really tells you how they're doing when you ask. I had had gamma globulin shots before, and Bayer certainly wouldn't be very successful in business if its products infected or killed people. I remembered hearing that there was strong opposition to the polio vaccine when it was originally developed, that people worried that the vaccine would give them the disease, which, coincidentally, is also a fecal-oral transmitter. Even today, in 2004, clerics in parts of Nigeria, which produces half of the world's new polio cases each year, are advising their people not to take the vaccine because, they say, it is actually part of a Western plot to render Islamic women infertile and curb Africa's population. Their resistance in the past has led to reinfection of children in six neighboring countries previously declared polio free. With India, Nigeria is the last bastion of the disease that once affected millions of children. Last year only 700 cases of the disease were reported worldwide, which is a vast improvement from 1988's 350,000 cases, but a step down from 2001's 483.

Nigerian clerics are not alone in their wariness of vaccines. One in 2.4 million people inoculated with oral polio vaccine does contract the disease. Edward Hooper's 1999 book *The River* theorizes that the 1950s polio vaccines developed by Dr. Hilary Koprowski, which used a polio virus grown in Asian monkey kidneys, caused the current AIDS epidemic. Hooper points to the coincidence of early HIV infections and oral polio vaccinations in central Africa, speculating that Koprowski or his associates grew some of their polio virus using tissue from chimpanzees, which carry the STVcpz virus, which is believed to have mutated into HIV in humans.

Because Koprowski's vaccine was also administered in Poland, Croatia, and Switzerland, where no early HIV infections were recorded, it is probably more likely that the first human contraction of HIV occurred through contact with chimpanzee blood in areas where chimpanzees are hunted for food. More radical in their claims of vaccine contamination are the dozens of conspiracy websites that accuse Jonas Salk, who developed the first polio vaccine with dead polio virus in 1954, and Albert Sabin, who one year later developed the oral vaccine with weakened polio cells, of advancing a Jewish plot to infect the Christian world. So I got my gamma globulin shot.

In talking with Dr. Kleist, I also confirmed my suspicion that members of the hepatitis family of viruses (A through E) are not related to each other except in their effect on the human body, which is that they inflame the liver, which is what *hepatitis* (from Greek) means. Other hepatitises are more dangerous, can cause death, must be treated aggressively with medicines, are transmitted mostly through blood. Infants in the United States today are vaccinated against hepatitis B as a matter of course. The vaccine for hepatitis A was only approved for general use in 1995, which explains why I hadn't gotten it before I first came to Uruguay in 1993 and why I had to get gamma globulin shots every three months. Hepatitis C can work undetected during several years until the liver is scarred or fails entirely. There is no vaccine against it. Both B and C may stay with a person for life, resurging at inopportune times. D and E are mysterious, the one needing the B virus to exist and the other appearing quite like A but not exactly. Hepatitises affect in greater proportions the same demographic groups that are at high risk for AIDS. And when your immune system is already crippled by AIDS, hepatitis of any strain can damage your liver's normal functioning and be quickly fatal.

The kids were basically fine after a couple of days, though they were still contagious and supposed to be resting, and I found that hepatitis A and its treatment are common knowledge in Uruguay. There is no medicine to combat the disease, only bed rest and a special diet that avoids oils and fats and sugars. People asked me all the time how I dealt with the kids, how I kept them still. I usually said "barely" or "it's hard," never quite hitting on the right humorous response to give them, and I wonder now why I felt I had to be humorous. So my children spent a month at home, out of school,

partly in bed, driving Karina and me crazy, while gamma globulin and I warded off the disease entirely, which was good in a practical way—I could help Karina with the kids—but which compounded the guilt I already felt. I had saved myself.

The dog suffered through two days of pain, wheezing, and valiant attempts to remain standing and awake, but these always ended in thudding falls and nails scratching quickly against the tile floor of the kitchen where we kept her because it was raining. Each day, in spite of the various medicines the veterinarian gave her, she got a little worse, and I was amazed that a body could hang on for that long. The diagnosis was heart and kidney failure and fluid in the lungs, so that her blood was not properly oxygenated, did not filter properly in the heart, whose swollenness meant that its valves did not close properly. Pressure on her torso, from lying down for instance, made breathing even more difficult, and she strained forward, eyes bulging, nose wide, seeking air. Each breath bared her ribs through taut skin and short yellow hair, made a sucking, liquid sound, then she would hack ineffectually, trying to loose something to make breathing easy again, involuntary, reflex. The causes and effects tangled: she could barely lie down because that made her lung capacity smaller and put pressure on her swollen organs, so she could hardly sleep, so she could not recover, could not rest from the pain and strain, would stand for as long as she could will it, until her body simply gave out, another crash to the floor, then a struggle to stand again and again and again.

By Sunday afternoon we had lost hope. The dog could no longer stand. She couldn't even lie down correctly. She just splayed her legs wherever they fell and gasped for air. Animals don't get surgery or morphine or respirators in Uruguay, so we decided, on the veterinarian's advice, to put her to sleep, which he did by administering a relaxant and then the lethal injection right there on our front stoop, while Karina held the dog's head, crying, gently whispering and caressing her fur, while I ran to get paper towels to wipe up the blood from the injection, while the veterinarian snapped off his latex gloves and stowed his medicines and poisons in a tackle box, while the dog strained, slowly convulsing, holding on, conscious but leaving, stretched full length, pointing, wanting air, inner mysterious processes circulating, replenishing, for far too long, and then was still. There are people who see this sort of thing all the time, but I had never before witnessed the death of

any living creature bigger than a breadbox. I had long ago given up crying over dead dogs, but I cried for Karina's sake.

Then Karina is gone to the pet cemetery to witness the burial, to say goodbye one last time, and I am home with the kids, struggling to keep them still, out of the fridge, with slippers on their feet. A glance out the front window toward the gate reminds me that the dog is gone. The trees are losing their leaves in May; the winds are bringing cold from the South. It's raining steadily and gray, and I can't get it out of my head how small she looked, doubled over and bundled in a white sheet tied at the corners leaning against a tree.