You Always Get Sick

written by Guest Contributor | May 21, 2019

When my daughter was new, I became fascinated by immunology, reading histories of plagues and epidemics, the development of vaccines. For our family's Christmas book exchange, I asked for a copy of Stephen Johnson's *The Ghost Map*, about London's worst cholera outbreak, and Paul de Kruif's *Microbe Hunters,* a classic biography of the famous bacteriologists. "Well, that's morbid," my father muttered, but wrapped the books.

Was my curiosity unhealthy? Or was it protective, my immersion in science a shield from anxiety over my daughter's health? Maybe it was its own kind of immune response, a belated defense against an accumulation of negative ideas about my body.

My whole life I'd been the one in our family who caught everything. My parents seemed anxious about my low immunity, while my sister sometimes suggested that it was a personal flaw, a sign of repressed emotion. Anger, perhaps, with which she and my father could so easily fill the house, slamming doors and yelling when they disagreed. By contrast, my mother and I were quieter, but my mom still seemed to ward off more colds and bugs than I did. I imagined my immune system as torn gauze, where my family had iron or glass.

The entire concept of an immune system is relatively new, a map of body systems and processes scientists didn't agree on until the late 1960s. It has to do with red and white blood cells. I still don't understand it, though I've pored over library books on the subject. There are so many paradoxes involved.

For example, long-lasting immunity is thought to have evolved from the DNA of a virus. In *On Immunity: An Inoculation*, Eula Biss explains that at some point, our human ancestors contracted a virus, and it taught our blood cells how to reorder their genetic material in such a way as to memorize a bunch of pathogens—and be ready to fight them in the future. So in a way, humans are part virus.

Biss's book is darkly beautiful, and I read it multiple times in the months leading up to my daughter's birth, trying to find a balanced path through the forest of modern alarm and confusion over vaccines. Ultimately, her book plus a handful of others and many conversations with our sympathetic family doctor convinced me that the standard immunization schedule was best—however uneasy

I felt about a vaccine's basic mechanism.

Reading Biss, I understood my feelings were not uncommon, that they'd been around as long as vaccines themselves, and that the alternative—potentially contracting one of these diseases, or unwittingly passing one along to someone else— was by and large much worse. So in the first hours of my daughter's life, she got all procedures standard for a hospital birth, including the Hepatitis B vaccine.

But I wasn't there. Exhausted after labor, I relented when the nurses insisted on taking her to the nursery without me. "She'll be fine," they said, "she'll hardly feel a thing. We'll take care of it and she'll be back before you know it." I didn't have the energy to protest, but I couldn't rest either. I lay there in the hospital bed, separated from my baby for the first time in nine months. My body panicked, but woozily, as if from under the weight of seven blankets. Was she in pain? Was she screaming? Was she scared, cold, confused, did she feel completely alone? They brought her back, pink and calm, and I put her straight to my breast, apologizing with milk.

I don't think my mom felt quite so much doubt over vaccines when my sister and I were born. We got all the standard shots in the early 1980s. If there was debate surrounding the risks and benefits of immunization, my mother doesn't remember any. Maybe the debate happened on the fringe, or maybe, in the absence of the amplifying effect of the Internet, debate was more muted than it is today.

We got our shots, and then we got ice cream. I still flinch a little whenever I enter a Baskin Robbins, where my mom took us after the doctor's office. It doesn't matter what city I'm in, the smell is the same: antiseptic and sweet, a mix of bleach and sugar that takes me straight back to childhood, picking the frosting off my ice cream clown and nursing a sore arm or leg. I grew up and moved out, mostly went to free clinics for health care, and lost my immunization record at some point. I got tetanus boosters when the itinerant career path of my twenties detoured through stints in farming and landscape work. I had my first physical in years, and shots to bring me up to date with routine vaccines, when I left the country to teach English in France.

France, as it turns out, is not so far from where modern vaccines originated. As Arthur Allen tells it in *Vaccine: The Controversial Story of Medicine's Greatest Lifesaver,* farmers in England had observed that milkmaids who contracted cowpox seemed to develop immunity to the more infectious and deadly smallpox. Edward Jenner, a country physician, is said to have taken these observations a crucial step further. He developed the first vaccine by extracting pus from the pox-ridden hands of milkmaids, then inserting the pus just beneath the skin of an uninfected patient.

Smallpox immunization developed haltingly, and often grotesquely, from there. Over three hundred years later, smallpox became the first and only contagious disease ever eradicated—in 1980, a few years before I was born. The word *vaccine* still reflects this history, sharing the same Latin root as the French *la vache*, or cow.

A few days after leaving the hospital with my newly-vaccinated newborn, I developed fever and chills. I couldn't stay warm, but drenched the sheets with sweat. I became delirious, aching. Having only just left the hospital, we climbed back in the car with the baby, drove to the ER, and sat in a curtain-enclosed cubical for four hours listening to a man vomit and yell obscenities in the next cubical over. I nursed our daughter and sang to her to calm my nerves. Was I going to die? I had postpartum endometritis, and went home with amoxicillin and extra-strength ibuprofen. Overnight, the fever left me.

Before antibiotics, originating with the chance discovery of a blue-green mold in the 1920s, "childbed fever" took the lives of women all the time. Amoxicillin was part of a class of antibiotics developed around the time I was born, all modified versions of Penicillin that retained the drug's power while muting some of its toxicity.

Where vaccines act as a preventative, introducing just enough of a virus to engage the immune system and cause it to create protective antibodies, antibiotics are killers, a SWAT team of synthetic biochemicals that enter the body and shut down the reproduction of bacteria—all of them, the ones creating pathogenic conditions as well as those that can serve to protect us from infection. But microbiologists are now discovering disturbing truths about the consequences of repeat antibiotic use, including the weakening of the immune response.

During certain stages of pregnancy, parts of a mother's immune response are repressed in order to sustain the life of what it might otherwise reject, overriding the body's instinct to perceive the developing baby as a foreign body or invader. In pregnancy, then, my body believed itself inseparable from my daughter's.

So at two months postpartum, when the nurse tells me to hold my baby's head still as she lies unsuspecting on the crinkling paper of the exam table, I feel I am holding my own head. "Okay, baby girl, I tell her," my eyes already filling with tears. "It's going to hurt but it's so you'll be strong and healthy." Four jabs in her fat little thighs, then surprise registers on her face, and she reddens and screams and I feel I've betrayed her, inflicted the pain myself. I feel almost as if I've invented pain.

But of course, I haven't. Pain was here before I arrived, and will be here after I'm gone. Sometimes pain gives us helpful information, warning us away from hot stoves and teaching us to remember which plants are poisonous. In the case of vaccines, a small amount of pain can prevent us from greater pain and early death. Labor pain is often referred to as "useful" pain, as the body contracts and expands purposefully to bring new life into the world.

Then there's emotional pain, the ways in which we purposefully or unintentionally hurt each other with words and actions. My family almost certainly did not intend to cause me pain by worrying about my supposed weak immunity. Likewise, I didn't mean to cause myself further pain by internalizing these ideas, and carrying them with me into adulthood.

In college, intending love and encouragement, my sister sent care packages, called me at my dorm. “Why do you think you get sick so much?” she’d ask. I am positive she meant it kindly, in genuine concern. But I heard it as criticism, as though she were coaxing me toward answers I should have studied for. Because my dorm is full of unwashed eighteen-year-olds who subsist primarily on sugar. Because it’s November on a rainy college campus of 20,000, and we’re all crammed into stuffy lecture halls. Because I’ve been told since adolescence that I get sick a lot, so maybe my body has started to believe it.

Genetic tests recently shed some light on the matter. It turns out the gauze metaphor wasn’t too far off: I *do* have holes in critical places within my immune system. Though not central players, my vitamin B12 and D receptors are damaged, and this impacts my body’s ability to resist infection. Along with these two mutations—which I think of as “typos” in my genetic code—I also have one that weakens my body’s ability to process serotonin, something else that can make it hard for immunity to function at a high level.

This information about our genes, the hidden architecture of our bodies, is now available through mail-order genetics kits. You spit into tiny vials and send them off in a padded envelope. Think of it: countless human questions answered by little tubes of a mundane fluid we produce copiously, fluid that’s somehow printed with code that reveals our entire history. Maybe even our futures.

The genetic testing company I used, 23andMe, is intended mostly to give people knowledge about their ancestry. I downloaded the raw data and reviewed it with a naturopath, who was hunting for specific markers that make miscarriage more likely. (I had had two miscarriages by the time our second child was born.) 23andMe also gave me the option of finding out my predisposition for things like Alzheimer’s disease—something for which the testing company lobbied the FDA, only receiving permission a month before my results came back. I opted not to know.

There is a fine line between knowledge as protective and knowledge as anxiety-producing. In motherhood, I balance precariously on its edge. As a modern mom, I am not immune to the power of Google, and I’m hardly alone. In an information age, motherhood has become nearly infected with science. “Research” is now part of the nesting urge. Instead of a sunnily washing and hanging baby clothes to dry, we’re busy ordering up nontoxic laundry soap and SIDS-protective mattresses on Amazon Prime.

As much as mothers want to protect their children from harm, to prevent unnecessary suffering, there doesn’t seem to be much my own mother could have done to prevent the typos in my genetic code from writing a different immunological destiny for me than for my sister. Still, I’ve long wondered how much of my genetic heritage is innate, and how much has changed with time, with years of messages about my supposed deficiency—nature and nurture.

And in fact, this is at the forefront of current genetic science, specifically the field of epigenetics. Scientists are now studying how DNA interacts with environmental experiences, in the broadest sense of the word,

and how these interactions can create lasting changes in human genes that ripple across generations. Maybe by the time my grandchildren are born, my daughter will be able to reap the benefits of this research, and protect her children from genetic mutations and changes that impact the length or quality of life.

We recently welcomed a son into our family, and with two young children now demanding my attention, my perspective on my own childhood continues to shift. Parenting minute-by-minute, hour-by-hour, I'm humbled by the weight of responsibility—by how many opportunities I have to influence and shape these little people, and how often I fail to meet my own expectations. Grudgingly, I've come to accept that no matter what, I will inevitably and mostly unwittingly do some damage as I love and teach my kids, because like every other human being, I carry flaws alongside my gifts, weakness alongside strength.

I can immunize my children against a handful of diseases, but I can't protect them from pain. I can't change the genetic code they're born with, wherever those stories may lead—but I can do my best to influence their environment while they are young, and to fight for its preservation for *their* children in turn.

And I can offer them messages about the rightness and wholeness of their human bodies, their feelings and needs. Every day, I can try to give them the words I wanted to hear when I was young: You are just right, just as you are. And when you fail, you are not alone.

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