Malaria in 1988: My Mother’s Fevered Baby

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Covid-19’s continuing global spread has reminded humankind of its own vulnerability toward diseases, no matter their origin. Until recently, viruses were deemed a minimal threat to Americans and mostly harmful to people of impoverished nations. In fact, diseases are some of the top causes of deaths (https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death) in low-income countries due to communicability, poor living conditions and nutritional deficiencies. Although a 140 year-old disease (https://www.cdc.gov/malaria/about/history/laveran.html) like malaria doesn’t reach the United States as frequently, with about 2,000 cases reported (https://www.cdc.gov/parasites/malaria/index.html) annually, over 200 million worldwide cases were reported in 2018 that resulted in over 400,000 deaths. Most affected were those living in African and South Asian countries.

I was only an infant when I contracted malaria. Less than one year old. My mother Loretta, an Italian and Puerto Rican American from the Bronx, and my father Roop, an Indian American who emigrated to the U.S. only a decade earlier, brought my brother Ravi and me back to his homeland for the first time to meet his family. Before departing to Mumbai in January 1988, my four year-old brother was given travel vaccines, while I was considered too young to receive shots and given only spoonfuls of a basic prophylactic as a preventative measure. Loretta recalled my resistance toward the bitter syrup and spitting it out each time she tried to give me my dose.

Barely thirty years-old, Loretta was overwhelmed by bringing her young children across the world, to a country not yet as advanced in proper health and hygiene. While staying at my father’s family home, our only protection from potentially deadly mosquitoes was the netting that lay over our beds. During the day, she kept my face covered with a light cloth wherever we went, but it wasn’t enough to protect me from Mumbai’s natural elements and city dirt.

In the weeks following our return to the U.S., I appeared completely healthy, showing no signs of illness or reason for concern – until one day, I developed a dangerously high fever, reaching a temperature of 104°F. My young, overly-cautious mother rushed me to the ER. Staff administered a chest x-ray and treated me for standard flu-like symptoms, sending me home that day.

A few days later, a rapid fever mysteriously returned and I was brought in again. After a second chest x-ray, the doctor merely advised her to give me an ice bath. That didn’t work. Days later, the fever returned again and I was given yet another chest x-ray with nothing further concluded. Finally, after bringing me in six times within a few weeks, and watching my fever rise to 106°F, the hospital decided to admit me for further examination.

For three weeks, doctors poked and prodded me with needles and instruments, continuously drawing blood to determine the problem. Loretta practically lived in the hospital, sleeping in a chair by my bedside each night. A specialist of tropical diseases was called in to check me for malaria but no sign of the disease was found in my blood. “Two or three times a day, I had to bring you into the examination room so they could draw blood,” Loretta recalled. “It was terrible. You cried and screamed, and I had to hold your little black-and-blue arm down so they could inject the needle.” After weeks of testing and observation, Tylenol was all that could be given for my mysterious fever.

Weeks later, the high fever returned and the process started all over again. Most of my first and second year on earth was spent inside of a hospital. Loretta became so familiar with the floor staff that she knew them on a first-name basis. Since the parasite did not show up in my blood work, doctors refused to treat me for the disease. All they could do was administer the same tests and treat me for the flu.

During one examination, a doctor pulled her aside to confide that he believed I contracted a deadly form of malaria, transmitted by the Anopheles mosquito, but because it wasn’t detectable in my blood work, they couldn’t treat me for the disease. He advised her that she should prepare for my impending death. She cower at his assessment and quickly sought out help from any family members who would
listen to her dilemma.

After many hours and calls across the country, she and Roop got through to his cousin, a pulmonologist living in Las Vegas. As a student in India, he studied the disease closely and helped treat patients in small, remote villages. She explained my conditions as told by the doctors and he was confident all signs pointed to my having the disease. Somehow, he had enough clout to call for a telephone conference with my local pediatrician and the tropic disease specialist, and convinced them to treat me as a malaria-stricken subject. Why would they listen to someone over the phone, from across the country? Perhaps they’d run out of options and were desperate for another opinion – but they listened to him.

Following the teleconference, I was prescribed Chloroquine and discharged that evening. Within a couple of days, I began to show signs of improvement. On my follow-up visit, I was declared asymptomatic. While Loretta was warned that I could relapse for up to nine years, the symptoms only returned once then never again.

By January of 1989, my mother enrolled in a local community college to begin a new career path as a Registered Nurse, having been inspired by observing the nurses who empathetically cared for her baby. She went on to treat patients of all ages and conditions for three decades.

Looking back, simply being an American citizen saved my life, thanks to easy access to medical care and treatment in a timely manner, even as my chances seemed nearly fatal. Like any disease, physicians are still learning how to identify symptoms and treat them efficiently, but not all human beings are fortunate in receiving care. The CDC explains that preventing and controlling the disease has still proven difficult in impoverished nations, for a handful of reasons, including “a high prevalence of the most deadly species of the parasite, favorable climate, weak infrastructure to address the disease, and high intervention costs that are difficult to bear in poor countries.”

The world is currently rushing to develop treatment methods for Covid-19, but like malaria and other diseases, we may have to learn to live with it for generations to come. How we chose to control and regulate its spread is up to us.