

Blood Brothers

The firefighters and paramedics we ask to protect us face danger every day. But when it comes to a deadly infectious disease, hepatitis C, we leave them to face fate alone.

*Timothy J. Condron
Cincinnati Magazine*

April 1, 2002 - Tony Humble has always been a hulk of a man. At six feet, three inches and two hundred seventy pounds, he could peer from behind his blond Fu Manchu mustache with a menacing gaze that would make you wonder why you wanted to speak to him in the first place. But true to his name, he has the calm demeanor and kindness of Gandhi. Make that about five Gandhis stacked together.

As a Norwood fire fighter and paramedic, Tony lives with pressure. But his cool sense of composure keeps his mind focused on the tasks at hand, which is precisely why he finds himself in charge of organizing the fire fighters' annual golf outing. It's a thankless task, one that requires him to solicit sponsors, organize foursomes, make sure food and beverages are donated, and see that proceeds from the event are properly collected.

The July event benefits a scholarship fund established in the name of two Norwood fire fighters who died in the line of duty. One of those men, James Condron, was my father. On a fairly routine paramedic run in December 1977, his unit was called to assist a man who had ingested an overdose of prescription drugs with an unknown quantity of alcohol. Arriving on the scene, my father found the patient semi-comatose and inserted in the man's arm an intravenous needle to begin medical treatment. While the needle penetrated the vein, a sudden contraction caused the patient's arm to flinch. In an instant, the needle slipped out of the vein and found its way to the index finger on my father's right hand. It was the slightest of needle pricks, one that might have gone unnoticed on most squad runs at the time. But on this night, one day after Christmas 1977, an accidental finger prick from a contaminated needle carried the hepatitis B virus. And thus began a six and a half year struggle that would devastate my father and eventually kill him.

More than 17 years have passed since his death. But the golf outing my family and I attend every year is one of the many ways the Norwood fire fighters remember the sacrifice made by my father and another of their comrades, Bobby Plogman, who, in 1980, died while fighting a fire.

After my un-Tiger-like day of golf last July, I scanned the crowded cookout in search of Tony Humble. I wanted to thank him for all his efforts, for overseeing the details of the day, and for doing his part to keep the scholarship fund afloat. When I found him, he just grinned, shook my hand and with his twinge of a drawl said, "Hey, it was nothin'. Glad you could make it."

About halfway into my steak, Lisa Humble, Tony's wife, came over to say hello to me and the guests at our family's table. I introduced her to everyone, then excused myself to speak with her for a moment. I wanted to thank her, as well, for all she had done to help Tony and the other fire fighters pull off another successful fundraiser. But I could tell there was something else on her mind. Sensing this, I asked how everything was going, how Tony was doing, and how their daughters were getting along.

"Well, Tim," she began, "Tony's not doing too good." Her smile was gone now. Her eyes were blank and didn't blink. "Tony has hepatitis," Lisa told me. My face went numb, the way

it does when you are clocked in the nose with a squarely placed punch. I had just spoken with Tony a few minutes before, and he seemed as healthy as ever. But, as it is often said, things aren't always what they appear.

"We think he contracted it on the job," she continued, "probably through a needle stick." Tony has had two documented on-the-job needle sticks, which the Humbles believe is the likely source of the disease. Lisa went on to explain that Tony's diagnosis is hepatitis C, not B, the strain responsible for my father's death. "It's not real good," she said. "His doctor told us he already has cirrhosis of the liver, and he might need a transplant in ten years or so."

The entire time she spoke, I stood before her as if I was frozen, not moving, just taking in the news. I was thinking back to a day 23 years before, back when I bopped into the house after another eighth-grade day, looking for a quick snack and a drink. On that day, my mother asked me to sit down. There was something she wanted to tell me.

"Your dad's sick," she said. "He has hepatitis B. Evidently he was stuck by a needle at work that had been infected by somebody who had this disease."

"Is he going to die?" I asked, knowing nothing about this mystery disease.

"No, honey," she assured me. "He's not going to die."

Last October, the Humbles invited me to their home to discuss Tony's diagnosis. I had told Lisa to let me know what I could do to help them, given the history I had with my father's ordeal. On the front walk of their home sat a mammoth black Honda motorcycle, as impressive in size as its new owner. The bike, Lisa told me, was to be a retirement gift for Tony once he left the Norwood Fire Department, but given recent events, she saw no reason to put off the pleasure a motorcycle would bring her husband. After all, she shrugged, they have no idea what the coming months and years will bring them.

Larry and Lynn Bond joined us around the Humble's dining room table. Tony and Larry, both 45 years of age, have worked together as fire fighter/paramedics since the 1980s. I was acquainted with Larry but had not had the opportunity to meet him, aside from casual greetings at fire fighter events. He and his wife joined us that day because a coincidence that seemed bizarre to me was now becoming even more ridiculous.

"I first noticed a rash on my arms," Larry explained. "We thought it was an ivy rash from doing some yard work. And of course I was tired all the time. As it turned out, both were symptoms of hepatitis C."

In 1991, Larry was diagnosed with a disease known at that time simply as hepatitis non-A, non-B. Little was understood about this unnamed strain other than the fact that it was different from other known forms of the virus. At the time, there was virtually nothing medical professionals could tell Larry – not even how he contracted the disease, which, it turns out, was to become a critical issue in the months and years ahead.

"I reported my diagnosis to the health department, but nobody knew what to do about it," Larry remembered. "Everybody at the fire house has known I've had it since 1991, and precautions have always been taken to make sure others don't come in contact with my blood." A test for the disease was introduced two years after Larry's diagnosis, but there remains no vaccination and few options for treatment.

Tony recalled a time back in the early 1980s when fire fighters in Norwood were vaccinated against the hepatitis B virus. "All of us were given the hepatitis B shot and were told to go on our way," Tony said. He and Larry shook their heads at the sense of security the inoculation seemed to provide them. "We went out and took care of people with AIDS,

hepatitis C and other infectious diseases and thought our chances of staying healthy were pretty good. We had no idea."

For several years, Larry and Lynn lived with the knowledge that this disease was part of their lives, but the gravity of the situation was soon to come more clearly into focus. One night, the couple watched a television program that raised serious questions with them. "A lady on this program was fighting for her life," Lynn recalled. "She said, 'I don't want to die from this disease. I don't want to give up.' Then they said she had hepatitis C. I turned to Larry and asked, 'They didn't tell you it was like this, did they?'"

For the Bonds, information has come only gradually since Larry's diagnosis. More is known about the virus today, but it is far from completely understood, even by medical professionals. "You know," Larry said, "had Tony not been infected I wouldn't have known about the new treatments available for hepatitis C. Tony found out about the treatments being used now and let me in on the information. Had that not happened, who knows what kind of shape I'd be in down the road?"

"I think it's a case of general practitioners, even many specialists, just not having the latest information on all these diseases," Larry added. "They seem to be learning as they go when it comes to this problem."

Tony discovered he was infected with hepatitis C in 1987. But, like Larry Bond, he doesn't know precisely when, how or from whom he contracted the disease, despite his documented needle sticks.

"In 1987 I had some blood drawn for a test," Tony said. "The results came back with slightly elevated liver enzymes, but nothing that seemed to serious to my doctor. So there was nothing done about it. No other tests at all."

As he went back through his work history, Tony recalled the on-the-job needle stick in the mid-1980s, but nothing seemed to be awry after the incident. In 1992 he was again stuck by a contaminated needle, which prompted a test for both hepatitis A and B. "Nothing showed up in either test," he said. "Completely negative. I thought I was in the clear."

In 1997 Tony went to see his primary care physician for a physical. He had been with the fire department for several years, had the history of elevated liver enzymes, and just wanted the peace of mind that a complete medical examination can provide. "I did the treadmill, blood work, the whole deal," he remembered. The tests again showed elevated enzymes, so his doctor sent him for an ultrasound of his liver. It showed some fatty build up, but nothing else. "I guess they didn't feel there was anything to worry about because they didn't order any further testing. In retrospect, time was just ticking away."

But in June 2001 Tony had been feeling exceptionally fatigued. He went to his primary care physician for another physical, which again revealed elevated enzymes in his blood. Another analysis was performed, one that was in use since 1993 but had not, to date, been included in Tony's battery of tests. Now, 14 years after the first signs of elevated enzymes, Tony was found to have hepatitis C. A biopsy confirmed the presence of cirrhosis, a dangerous and potentially fatal condition caused by excessive scar tissue on the liver.

When I asked her about Tony's reaction to the news, Lisa described his emotions with one simple word – sad. "He's not a man of many words, but I could tell he was concerned. He started talking about the kids' education, so I knew those kind of things were going through his head." Forty-five years old. Hepatitis C. Cirrhosis. Sad indeed.

In the early 1980s, a time when AIDS and HIV exploded into the public conscious and seemed to be spreading at an alarming rate, a panic of sorts began to grip a world that had, for the most part, looked nonchalantly upon the dangers of blood-borne diseases. Many

people developed a deathly fear of contamination, and coming in contact with anyone else's blood became unthinkable.

But for many, dealing with blood is part of the daily grind. For trauma doctors, surgeons, nurses and paramedics, coming in contact with another human's blood is as common as an office workers encountering a bad cup of coffee. AIDS and HIV illuminated an issue long ignored for decades.

According to the Centers for Disease Control, the combined number of people in the United States diagnosed with HIV and AIDS as of December 2000 equaled 440,000. In comparison, an estimated 4 million people in the United States are infected with the hepatitis C virus (HCV) – nearly ten times as many. Bringing that number closer to home, an estimated 200,000 Ohioans and nearly 40,000 Cincinnatians are believed to have HCV, most of whom have no idea they are carriers of a contagious disease. What makes these numbers more frightening is the fact that roughly 80 percent of those infected with hepatitis C have no signs or symptoms of the disease. At some time over the past months, years, even decades, you may have been exposed to HCV, either accidentally or due to high-risk activities, and may not be exhibiting any symptoms at all.

"Nobody has a handle on how many hepatitis C cases there really are," admits Dr. Larry Holditch. Holditch is the Cincinnati Health Department's primary care medical director and an expert on hepatitis C. "We do know it's the No. 1 reported disease at this time. Last year we had over a thousand cases reported in Southwest Ohio alone."

As a blood-borne disease, hepatitis C is transmitted by blood-to-blood contact. The virus attacks the liver, and if untreated can lead to chronic liver disease and even death. . Most often, the virus is spread through high-risk activities, include IV drug use (specifically, the sharing of contaminated needles), blood transfusions prior to 1992 (when testing of the national blood supply began), hemodialysis, sex with multiple partners, body piercings, tattooing, nasal ingestion of cocaine, job exposure to blood, and needle stick injuries. In rare cases (five to six percent of births to HCV-positive mothers), women with hepatitis C have passed the disease to their newborn babies.

Holditch currently oversees a pilot program at the Health Department's Clifton offices that anonymously tests for HIV and hepatitis.

"Right now, it's a very small program," Holditch explains. "We probably see a couple hundred people a year. Now, many of these people are probably at a higher risk of being HIV or HCV positive due to lifestyle conditions. But the numbers we're seeing indicate that about 30 percent of those coming in are testing positive for hepatitis C.

"I think it's a major problem that we don't know quite know how to deal with. A lot of people who got this disease due to lifestyle conditions aren't taking care of themselves, so it's becoming a bigger problem. It will be more problematic in 20 to 30 years when these people may be facing severe health problems."

A nasty disease, this hepatitis C. Especially when you consider that neither a vaccination nor a definitive cure currently exists. Symptoms rarely show up for years, sometimes decades. When they do surface, it is often in the form of jaundice, fatigue, dark urine, abdominal pain, loss of appetite and nausea. Of those who are diagnosed, chronic infection occurs in 75 to 85 percent of hepatitis C carriers, and nearly 70 percent contract chronic liver disease, such as cirrhosis. Currently, the disease is the leading indication for liver transplant, and an unlucky few (nearly three percent) die as a result of hepatitis C complications.

Treatment options are available, but some, including the Humble and Bond families, have questioned whether the side effects of the medication are simply too high a price to pay.

"That first shot was the worst thing I ever experienced," Tony recalled one January evening when I paid a visit to the Norwood firehouse. We met in the lieutenant's office, Tony and Larry dressed in their on-duty blues.

Both men are now undergoing a debilitating combination therapy treatment consisting of two primary drugs – six daily pills of ribavirin, and a weekly injection of PEG-INTRON™, an interferon-based product. The goal is to elevate the body's immune system, a move doctors hope will fight the virus and achieve a "positive clear rate." When speaking of hepatitis C, physicians do not speak in terms of a cure, but rather a state in which most traces of the virus appear to be cleared from the system. And because a definitive cure still evades researchers, combination therapy is the best chance Tony and Larry have to attack the virus that attacks their bodies.

Leaning back in his chair, Tony went on to describe the night he began his combination-therapy treatment. "After that first interferon shot, I had the shakes for close to four or five hours. I just hurt all over. Then I developed a fever and felt hot and cold at the same time. The fever really kicked in, and I began sweating for about three hours. My body kept going from hot to cold and back again, even after my fever broke. It was like the worst case of flu I've ever had, multiplied five times."

Instead of a life consumed by work duties or the kids' schedules or projects around the house, now the lives of the Humbles and Bonds are centered on daily doses of medicine. "Everything revolves around the medicine," Larry said in a what-can-you-do-about-it manner. "I take my shots on Tuesdays, usually right before I go to bed on the nights I'm at the firehouse. If I work the next day, I take it early in the morning to get rid of the side effects before I go in. But when you push that plunger in, you just get a feeling like there's no turning back."

Tony nodded. "You just say to yourself, 'Okay, it's time for another shot. Sombitch.'"

While the side effects of the interferon injections are no longer as dramatic as their initial doses, Tony and Larry speak about their daily regimens with a look of dread, not unlike that of a child staring down a spoonful of cough medicine. Not a day goes by that they don't feel feverish, run down, mentally drained. But the side effects can be much worse than even they describe. The drugs used in their therapy can cause patients to develop severe mood and behavioral problems, ranging from irritability to depression and even suicidal tendencies. Other side effects can include low blood pressure, accelerated heart rates, anemia and bleeding, which can be doubly dangerous when you are a carrier of HCV. For all these reasons, Tony and Larry are checked regularly to see how they are reacting to therapy. But with few options, the firemen stick to their therapy and deal with side effects as best they can.

"Because of the cirrhosis, my condition is chronic," Tony said. "This medicine is my only shot at not having a liver transplant. My doctor says if the viral load goes to zero, the liver has the ability to regenerate healthy cells and cirrhosis will improve a bit. But if my viral load doesn't go down, the hepatitis C will make the condition worse until it destroys my liver completely.

"Now, when Lisa and I think about preparing for the future, we have to do it on two levels. Am I going to be okay and have a normal retirement? Or am I going to be sick, forced to retire early, and face a transplant?" Tony paused and gave a sardonic smile. "Then I guess I'll have to hope there's a liver available when I need one."

Fire fighters are good storytellers. And they all have a story. They'll tell you about the guy they pulled from the tangled steel of a three-car wreck. About the kid they delivered on the way to the hospital. Or the fire-weakened floor that collapsed behind them as they carried

from a burning home a woman overcome by smoke. They'll talk of blowing soot from their noses for days after a tough fire. Of being doused by blood spurting from the severed artery of a stabbing victim. Or trying to contain a profusely bleeding drunk who mistakenly thinks they're the enemy.

This is all in a day's work for fire fighters and paramedics. And it's this kind of work that may have caused nearly 200 Philadelphia fire fighters to test positive for hepatitis C. It may have also contributed to other HCV reports in South Florida, Arizona, and closer to home here in Cleveland and Dayton. With the diagnosis of both Tony Humble and Larry Bond, the 54-man Norwood Fire Department has two of its men in the HCV-positive category. Thus far, no Cincinnati fire fighters are known to have tested positive for the virus. But has every member been screened? Until that happens, there is simply no way to know just how far-reaching the problem may be.

So is hepatitis C a definitive result of being exposed to these extreme conditions, day after day? Not necessarily so, says Dr. Kenneth Sherman, associate professor and director of hepatology at the University of Cincinnati Medical Center. When I asked Dr. Sherman about the higher exposure of fire fighters and paramedics to infectious diseases, he cautioned me not to jump to conclusions.

"This disease is so ubiquitous that people can be exposed anywhere," Dr. Sherman explained. "It's very difficult to pinpoint exactly when or where someone may have contracted hepatitis C."

Statistics from the Centers for Disease Control and Prevention show that fire fighters and paramedics are at no greater risk of contracting hepatitis C than those of us in the general public (CDC-MMWR July 28, 2000). Dr. Sherman stood by these statistics, despite my insistence that most workers in relatively safe professions do not, as a rule, deal with blood, body fluids and contaminated needles.

"This is a very controversial subject," Dr. Sherman admitted. "Studies by the CDC looked at the Philadelphia situation but failed to find a specific association between fire-fighting risk factors and hepatitis C. There are other factors – tattoos, sex with multiple partners, IV drug use – that also come into play.

"Even though people are in stable families, they may have had sexual partners before marriage. In fact, CDC studies show that twenty to thirty percent of HCV carriers are infected due to sexual exposure. With hepatitis C, the rule, not the exception, is that the disease is latent for a very long time. So risky behavior in a person's late teens and early twenties may not show up for ten, 15, 20 years or more."

But still, I pressed, emergency workers are exposed to conditions far more extreme than those in the general population represented in the CDC studies. But Dr. Sherman stood by the data, insisting that men of a comparable age, both fire fighters and civilians, show a similar rate of infection regardless of profession.

Tony Humble doesn't buy the numbers. "I was on the medic unit from the mid-eighties until 2001," he said. "I've been on six major shootings, thirty or forty stabbings – one right through a guy's heart – and countless auto accidents. Right now, we're averaging about 3,700 medic runs per year. And even if a run is not a trauma situation, the guys are going to start an IV in most cases. This job is nothing but constant exposure to these hazards."

Ken Kiefer is a retired Cincinnati fireman who now assists with workers' compensation claims for fire fighters throughout Ohio. According to Kiefer, the CDC has always viewed the fire fighter population as one that is very healthy. "But as a healthier population," he concluded, "shouldn't they have a lower percentage of infectious diseases, heart disease

and cancer? That just hasn't panned out. We're seeing elevated numbers in all these categories."

The CDC, Kiefer insists, is afraid of opening a Pandora's box with regard to professional fire fighters. " If they studied only professional fire fighters," he insisted, "which the CDC has not done, results would show the exposure rate to be much higher than the general population. So if fire fighters are exposed to these dangers on the job, we're looking at huge sums of workers' compensation expenses that cities and states would have to shoulder. A nine-month combination treatment like Tony Humble and Larry Bond are undergoing is in the neighborhood of \$100,000. Start multiplying that by the potential number of exposures and you start to see what the issue really is. It's all about money."

Unfortunately for the Humbles, Bonds and other Ohio fire fighter families dealing with hepatitis C infection, another political complication could have as much impact on them as the disease itself. Current Ohio workers' compensation laws do not cover treatment for hepatitis C. Nor does the state award disability pension to fire fighters who may have to retire as a result of contracting HCV on the job. And if a fire fighter dies as a result of HCV-related illnesses, his or her spouse does not receive the widow's pension awarded to others whose husbands and wives die in the line of duty.

With this in mind, take another look at fire fighters Humble and Bond. Both men have contracted hepatitis C, and both believe they were infected as a result of on-the-job exposures. But because there was no testing for the disease prior to 1993, they cannot conclusively state they were free from HCV prior to working for the Norwood Fire Department. (This despite Tony's documented needle sticks and the daily exposure to blood and body fluids on the part of both men.) And even if Humble and Bond were able to prove they contracted HCV on the job, workers' compensation benefits do not pay for medical treatment, disability pension or death benefits related to this particular disease.

Some public officials have noticed the dilemma and have attempted to address the situation. In both the Ohio Senate and the Ohio House of Representatives, bills have been introduced to amend current Workers' Compensation laws. But with partisan politics and budgetary battles in full swing, the outlook is not favorable for the two Norwood fire fighters.

"Right now, I'd say their chances for workers' compensation coverage are slim and none," Kiefer said. "Until the politics can get straightened out, they seem to be the sacrificial lambs for future generations of fire fighters," Kiefer concluded.

Senate Bill 100 and House Bill 323. These pieces of proposed legislation can't fight the Hepatitis C virus eating away at Tony and Larry, but they can open the door to financial compensation for their medical bills and potential disability claims. Sadly, the favorable surge in public opinion that fire fighters have enjoyed over the past year does not insure they work with a financial and medical safety net when it comes to the hazards of HCV.

I placed calls to a number of senators and representatives, inquiring into their positions on SB 100 and HB 323. Most did not return calls, including Senate President Richard Finan and Speaker of the House Larry Householder. Of those with whom I spoke, few even knew what issues were tied to SB 100 and HB 323. One Columbus lobbyist assured me that budgetary woes, not party politics, were the reason the two bills had little support. But House Democrat Catherine Barrett, whose son is a Cincinnati fire fighter, stated bluntly that politics would kill the bills.

"It is a partisan issue," said Rep. Barrett. Both bills were introduced by Democrats, but with a Republican majority in both the House and the Senate, "Republicans have not been giving

Democrats hearings on their bills. This is a time to support fire fighters and public servants, not sit on important issues like this.”

House Republican Tom Brinkman agreed. “Finan has his must-pass bills and Householder has his,” he said. “They leverage off each other. Only one Democrat bill went through last year and it was almost agreed upon up front that it would pass.

“If you want Hepatitis C legislation passed, you want it introduced by the right person – a person in the majority party. And you want to have money behind it. Barring that, the fire fighters don’t have a snowball’s chance.”

Lynn Bond sat at her dining room table with me, disgusted at the political process that stood in the way of her husband’s ability to file a Workers’ Compensation claim. “I’d like those politicians and the people at the CDC to trade one day with these fire fighters. Let them be on a big-city paramedic squad. Larry and Tony have been helping others all these years and now they’re not getting anything back.”

Lisa Humble concurred, venting her frustration over lunch one day. “This whole thing has consumed me,” she said over lunch one day. “I’ve written every senator and representative. I’ve called anyone I can think of with political ties. I just want the politicians to do the right thing. Read the bills, validate this information and then just do the right thing.”

Lisa then told me about a run that Tony was on last year after his diagnosis. A man had locked three children in an apartment and left to go to the store. While he was away, something ignited in the apartment, engulfing it in thick black smoke and flames. When Tony’s unit arrived on the scene, he immediately ran inside, not even stopping to put on his protective mask and air tank. Crouching low and looking side to side, he spotted something moving on the floor. He reached over, picked it up and rushed out of the burning room. Tony had saved a baby from death that night, not stopping to think about his personal safety. He just did his job.

To honor Tony’s bravery, the State of Ohio issued a commendation signed by, among others, Richard Finan, president of the Ohio Senate.

“They say they’re proud of what I did to help someone else,” Tony said, shaking his head at the irony. “Now they can do something for me – pass the bills.”

Tony hasn’t been on his new motorcycle much since starting his medication. But, he emphatically told me, he plans on it. His tone turned more sullen then, nothing like the laid back man with the relaxed smile I spoke with earlier. “You know, when you find out you could die, you just feel shock, anger. There’s sadness at the thought that you might not see your kids grow and have grandchildren. I don’t know if I’ll be taking vacations with my wife after I retire, like I had planned. You put your life on hold. You try to do normal things, but you have to plan for the possibility of not being here.”

Lisa told me about the one time Tony spoke of dying. “He said he’s done a lot of things others haven’t had the opportunity to do. He’s helped a lot of people, and he’s happy where he is. A no-regrets kind of thing,” she said. Then, belying his tough-guy build and stoicism, he told her he didn’t want to leave her.

Those words sounded so familiar to me. I took out a letter my father had written to my mother just months before his death. “Don’t worry,” he said of an upcoming operation. “We’ll get through this. I want to grow old with you.”