The 1918 Influenza Pandemic: Knowing and Preparing Again for a Time of “Calamitous Grief”

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Overview

• Briefly review Spanish Flu’s epidemiology and clinical features

• Chronicle community-level impacts of the pandemic
  – Disrupted industry and public services
  – Overwhelmed hospitals and providers
  – Distress, uncertainty, and dread
  – Reinforced social schisms

• Consider how the pandemic experience may compare today and tomorrow
Acknowledgments

The Baltimore Afro-American Newspaper
The Baltimore Sun

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Hanan Sabea and David Martin
I. Epidemiology & Clinical Aspects of Spanish Influenza
Morbidity and Mortality

- Conservative estimates - incomplete reporting, inaccurate diagnoses, limited census practices
- 1/4 Americans ill; 550,000 excess deaths
- 1/2 world sick (1 billion); 21-40 million deaths
- 2.5% case fatality, developed world
- Unusual 20-40 y.o. deaths
Great Britain Ministry of Health (1920; cited in Crosby 1989[1976]).

Epi Curve: I&P Deaths,
Sept. 8, 1918 - Mar. 15, 1919, Baltimore, MD

Number of Deaths

September, October, November, December, January, February, March

1Great Britain Ministry of Health (1920; cited in Crosby 1989[1976]).
“Baltimore never passed through such experiences as now belong to her....[T]hese are indeed times of calamitous grief. Eight columns of death were in The Sun on Monday morning. And the end is not yet.”

- Editorial, *The Methodist*, October 17, 1918
<table>
<thead>
<tr>
<th>Microorganism</th>
<th>Years/Outbreaks</th>
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<tr>
<td>Pfeiffer's bacillus</td>
<td>1889-1890 pandemic cultures</td>
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<td>Yersinia pestis</td>
<td>1910-1917 plague outbreaks, China</td>
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<td>Streptococcus, Staphylococcus species</td>
<td>1918 pandemic cultures</td>
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<tr>
<td>&quot;Filtrable virus&quot;</td>
<td>Hypothesized microorganism</td>
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Popular Explanations

- War’s foul atmosphere
- Poverty
- German biological weapon
- Spiritual malaise
II. Disastrous Effects in Baltimore and Other US Cities during Peak of Epidemic
Acute Absenteeism among Critical Personnel

- Public safety force - ¼ complement of sanitation, police, fire at work
- Communication, transportation, postal networks overburdened
- Food supply interrupted
- Industrial production and wartime effort compromised
- Burial industry overwhelmed
Law Enforcement & Criminal Justice Hit Hard

• Demands for service (eg, transporting sick) increased at time of reduced ranks

• Outbreak in city jail overwhelmed medical facilities and personnel

• With few exceptions, courts adjourned due to health order restricting public gatherings

• Criminal courts saw unprecedented number of medical exemptions from jury duty
Critical Infrastructure Understaffed & Services Cut Back

Communication
• Operators & other workers drastically reduced
• Non-essential calls discouraged; priority for government, doctors, hospitals and nurses

Transportation
• Public transit curtailed due to few motormen and conductors
• Wartime workers prioritized for street cars

Postal Service
• Absentee postal workers prompt the request to limit non-essential correspondence
Overburdened Mortuaries and Cemeteries

- Undertakers, gravediggers overworked; coffins, graves scarce
- Bodies stranded at home; coffins accumulating at cemeteries
- Accusations of funeral price gouging, political indifference
- Emergency internment methods condemned
Health Care System in Crisis

- Workforce limited in number, vulnerable, afraid
- Hospitals shortages - personnel, space, supplies
- Supportive care in high demand
- Volunteer networks - nursing, transport, food, childcare
General motto is:

"Cover up each cough and sneeze. If you don't, you'll spread disease."

Hospital Full Up.

At the South Baltimore General Hospital the institution is at present taxed to its utmost capacity because of the prevailing epizootic of the so-called "Spanish Flu."
other cases of serious illness. One of these stories was heard yesterday from Sister Gertrude, superintendent of St. Agnes' Hospital.

Halted Doctors In Street.

Out in Southwest Baltimore, where St. Agnes' Hospital is, people stood in the streets and stopped physicians in their automobiles, offering their $
TRAINED NURSE—

My Daughter will die for need of a Nurse. Won't a Nurse please come at once: salary $50.00 per week. 1214 West Lanvale street.
Scope of Outbreak Was Elusive

- No well-developed reporting system – fed-state-local
- Preoccupied physicians don't report
- Peak data overwhelm health departments
Troubling News Reports Fostered Dread

- Unrelenting news focus on cases, deaths (#s)
- Health dept #s vs. injunctions not to worry
- Lack of consensus – among physicians, between health depts
- Fearful speculation about epidemic returning
Public Faith in Health Orders Was Lacking

- Clash of belief systems - origin in sin or germs
- Contrary to "common sense" - drafty street cars
- Inconsistent application - open saloons, closed churches
- Inconvenience, financial burden - regulated business hours
- Trampled freedoms - compulsory masks
"Does it look like good judgment, in the face of a disease that is spreading death and terror among a people almost equivalent to that of the great war...to close an institution that was designed by Jesus Christ to bring comfort and help in the time of sorrow and need...while we allow an institution of the devil...to run wide open and thus add to the misery and suffering of many of our helpless people?"

- Pastor, Methodist Episcopal Church
Letter to Editor, *The Sun*, October 15, 1918
Reinforcement of Social Schisms

• Fellowship during health emergency - aid, shared sacrifice

• Fear of contagion:
  – Disrupted intimacy - kissing, shaking hands
  – Inflamed divisions/provoked blame - Germans

• Inaccessibility of medical care for some – time of Jim Crow and segregated hospitals
III. Implications for Today and Tomorrow –
How Far Have We Come Since 1918?
1918 Community Impacts

• Physical casualties – alarming morbidity and mortality rates
• Material disruptions
  – Acute shortages in critical personnel
  – Home life disrupted when heads of households taken ill
  – Burdensome epidemic controls: economic and spiritual costs
• Social wounds
  – Dehumanizing mortuary practices
  – Reinforced social schisms – blame and Jim Crow segregation
• Psychological toll
  – Distress, uncertainty, and dread due to poor disease reporting systems and breathless reporting
Gains that Have Been Made

- Improvements in medical treatment – e.g., antibiotics, antivirals, respiratory support
- Advances in vaccine research, development, and production
- Improved disease surveillance systems
- More equitable society
- Better continuity of operations planning within government and industry
Persisting and New Vulnerabilities

- Expectations upon the health system are more intense
  - Home/family played a bigger role in care during 1918 pandemic
  - Better technology but finite amounts of antivirals, vaccines, respirators
- Social media and 24/7 news cycle can fuel/accelerate rumoring and breathless reporting
- Despite no “whites only” signs, health disparities continue (eg, 2009 H1N1)
- Stigma and blame remain (eg, swine flu/Mexico)
- Just-in-time economies, greater interdependencies
Moving Forward – Some Priorities

• Stress “whole-of-community” readiness, framing an influenza pandemic as more than a human health problem
• Hold difficult community conversations – in advance of the crisis – about the allocation of scarce life-saving resources
• Strengthen surveillance and monitoring systems that can help characterize an outbreak more quickly and accurately, ease uncertainties, and put the risk in perspective
• Advance health equity as a foundational principle of pandemic preparedness
Thank you.

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