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The Coronavirus Pandemic of 2020 in Historical Perspective

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Since at least the time of ancient Greece and Rome, massive outbreaks of disease have repeatedly ravaged the human race. Until quite recently, epidemics of cholera, smallpox, typhus, yellow fever, and influenza were commonplace, collectively taking, over the centuries, hundreds of millions of human lives. Occasionally these plagues have become disasters known as pandemics, spreading far from their points of origin to batter much of the world.

Perhaps the most infamous and fearsome of these afflictions was the bubonic plague, or Black Death, of the late Middle Ages. Originating in Asia, where it apparently killed many millions, it arrived in Europe in 1348. In the next six years it snuffed out the lives of an estimated 25 million Europeans, at least one-third of the continent's population. During the next several centuries, lesser



Nurses during World War I

outbreaks of the bubonic plague erupted as many as 40 times in parts of Europe and Asia.

North America has not been immune to the diseases of the Old World. Indeed, European settlers unknowingly brought some of them, such as smallpox and influenza, to the New World in the 17th and 18th centuries. Yellow fever probably arrived in the Americas via the slave trade and became a source of epidemics in cities such as New York and New Orleans. In 1793 an outbreak of yellow fever in Philadelphia killed nearly one-tenth of the city's population and prompted President George Washington and the new federal government to flee what was then the nation's capital.

By far the most lethal pandemic in American history occurred just over 100 years ago, when the "Spanish influenza" (as it was then called) mysteriously erupted and invaded every continent on earth. The first

known wave of it seems to have arisen in the United States in the spring of 1918, as World War I was nearing its climax. At that time the U.S. Army was training hundreds of thousands of draftees in more than 40 crowded encampments before sending the soldiers in crowded ships to the battle zone in Europe. During the spring many of these servicemen caught the influenza, and some carried it to Europe, but relatively few died — at first. Many civilians also fell ill with the disease, but they generally survived.

Story continues

For a time in the summer of 1918, the pandemic seemed to peter out. Then, in late August — in Europe, the eastern United States, and a section of Africa — it returned in mutated form. This second wave was far more deadly than the first, and it spread like a silent tornado. Striking first at U.S. sailors in Boston Harbor on August 27, it soon found its way inland. According to the New England Historical Society, on September 8 it reached Camp Devens (about 40 miles from Boston), where 50,000 U.S. soldiers were stationed. By September 23 more than 10,500 of them were sick with the influenza. By the 29th, they were reportedly dying at the rate of 100 per day.

Along the Atlantic seaboard and beyond, the pandemic spread with incredible speed and ferocity, assailing more and more of the civilian population. In Philadelphia, where the disease arrived via a visiting ship in September, hundreds of workers in the Navy Yard quickly became infected. Despite this warning sign, the city's public-health director refused to cancel a scheduled Liberty Loan parade designed to raise money for the war effort. At least 200,000 people jammed the parade route on September 28. Within a week 45,000 residents of the city were stricken with the influenza. Within six weeks, 12,000

Philadelphians expired from it, the highest death toll for any American city.

By the time the pandemic's second wave subsided in early 1919, at least 45,000 residents of Massachusetts had succumbed. By the time a third wave of the epidemic ended in the spring of 1919, an estimated 500,000 to 675,000 Americans had died of the disease, in a period when the U. S. population was less than one-third of what it is today. In the U.S. Army, which sent more than a million soldiers to fight overseas in World War I, more personnel perished from the influenza than from combat wounds.

The United States was not the only nation to suffer from the catastrophe. Historians estimate that the Spanish influenza killed at least 40 million to 50 million people worldwide (and possibly 100 million), probably eclipsing the ghastly record long held by the Black Death. Because, unusually, the virus hit young adults hardest, they died in disproportionate numbers. It is thought that as many as 10 percent of young adults in the entire world may have succumbed to the disease. In all, nearly one-third, and quite possibly more, of the world's population became infected (although most survived). The influenza pandemic of 1918–19 has been called “the deadliest disease outbreak in human history.”

What might we, in the midst of our own pandemic, learn from America's ordeal a century ago? As a historian, I am impressed by the many contrasts between then and now. In 1918, the American medical community lacked the knowledge and resources to combat the new menace effectively. It did not know what caused the disease or how to cure it. No vaccine for influenza existed. The pharmaceutical industry and the network of scientific-research laboratories that we take for granted today were barely out of their infancy in 1918.

Moreover, the supply of doctors and nurses on the American home front was abnormally low. Many of the younger ones were serving in the Army and service organizations in Europe. This dearth of civilian medical personnel added to the tremendous strain on the medical system when the pandemic swept through the cities.

Nor was the communications environment — so important for public-health initiatives — at all similar in 1918 to our own. Telephones and automobiles were uncommon, radio stations did not yet exist, and the main source of information for average citizens was the local newspaper. If you wanted to communicate with friends and relatives beyond your town or city, there was just one inexpensive method: mailing a letter. Today, of course, we live in an age of saturation media and instantaneous communication in which the flood of news never stops. We learn of distant disasters (like an epidemic in China) with ease. The whole world has become our “neighborhood.” Not so in 1918.

In part because the United States was much less urbanized and less “wired” in 1918, the public response to the pandemic that year was much less centralized and coordinated than what we are witnessing in 2020. Although the federal government had a Public Health Service that issued reports and advisories, the federal bureaucracy (except for the War Department and temporary wartime agencies) was minuscule compared with today’s. Hence most governmental responsibility for fighting the pandemic fell on municipal authorities, not Uncle Sam.

In fact, for a while in 1918, some local and federal public-health officials — including the surgeon general of the United States — deliberately de-emphasized the gravity of the pandemic, out of fear of undermining wartime morale and frightening people into hysteria. During the summer and even into the autumn, a number of officials insisted that the

rampaging influenza was merely a variant of normal, seasonal flu and that there was “no cause for alarm” if “ordinary precautions” were observed. Today no one would accuse the American public-health establishment of minimizing the peril. Instead, it is facing criticism in some quarters for relying upon statistical models that allegedly exaggerate the threat.

Interestingly, one intervention that public-health authorities did *not* attempt in 1918 was the sweeping suspension of economic activity for an extended period as a form of what was then called “crowding control.” To be sure, during the worst of the pandemic, many (but not all) municipalities closed schools, churches, and entertainment venues and quarantined the sick. Some cities ordered stores and businesses to alter their hours of opening and closure in order to relieve congestion on public transportation. And the disease on its own temporarily disrupted some businesses, when large numbers of ailing workers were unable to report to their jobs. But to the best of my knowledge, no one in authority in 1918 proposed what has been done in 2020: a deliberate, government-ordered shutdown of most of the nation’s economy on a scale never before witnessed in history.

Why not? Two reasons stand out. First, after entering the world war in 1917, the Wilson administration initiated an unprecedented program of intervention in America’s free economy. It nationalized the railroads, set controls on food production and consumption, and imposed a sweeping regime of regulation and “war socialism” in order to mobilize America’s resources to help win the war. It justified these intrusions as essential to defeating the highly regimented masses and army of imperial Germany.

For most senior American war planners and managers, one suspects, winning the war

against the human enemy was paramount, and the eruption of a virulent disease was a secondary problem, to be addressed, as such challenges always had been, mainly at the local level.

Furthermore, a primary objective of Wilson's war mobilization was to dramatically *increase* production of food, ships, weapons, and other products required by the United States and its allies for victory. To empty the nation's factories and order everyone to stay home might have slowed down the flu pandemic, but it might also have lost the First World War. I doubt that the idea of enforcing "social distancing" on such a scale ever occurred to anyone.

The second reason the federal government took no further steps in 1918–19 may be found in the attitude and priorities of the nation's commander in chief. During the 15 months that the Spanish influenza ravaged the United States, President Woodrow Wilson, though aware of the scourge, made no public statement about it at any time. Focused on winning the war and forging a new world order, he left it to the Army and others to manage the public-health emergency at home.

In fairness to Wilson, we must note that in 1918 the American people did not consider their president to be their consoler-in-chief. Only in recent times have we come to expect our presidents to "feel our pain," visit sites of natural disasters such as flood and hurricanes, and offer victims words of compassion (and the promise of federal assistance). In 1918, apparently no one criticized Wilson for his silence. Today such presidential aloofness would be roundly condemned.

Another contrast between then and now is also noteworthy. If America today, with its much larger population, were to suffer mortality rates similar to those of 1918–19, the total fatalities would probably exceed 2 million people. As this essay is written, deaths

from COVID-19 have not yet reached 80,000, and the outbreak appears to be easing in some places. By this standard, the pandemic of 1918 dwarfs its successor. Let us hope and pray that — unlike 1918 — our current virus, after receding, does not return in a second and more deadly wave later this year.

This points to another important difference between then and now. In 1918, the United States was embroiled in a titanic war against a foreign foe. It was *this* conflict — not the battle against influenza — that dominated the headlines most of the time and aroused the patriotic fervor of most of the American people. In 2020, by contrast, the United States is not deeply engaged in a foreign war, with its relentless pressures for national unity.

Instead, the struggle against COVID-19 is occurring in a political environment beset by disunity, polarization, and partisan rancor not witnessed in many years. Initially, some weeks ago, it seemed that the stunning appearance of COVID-19 might become the "external shock" that would liberate Americans from their bitter political passions and unite them in a concerted effort against a common threat. Barring a dangerous recrudescence of the virus, that outcome looks increasingly unlikely.

Nevertheless, a review of some parallels between 1918 and 2020 may give us some grounds for encouragement. In 1918, the American people confronted challenges similar to those we face today — and overcame them. Then, as now, the pandemic was most baleful in crowded urban areas. Then, as now, mass-transportation systems — streetcars, railroads, and troop ships in 1918, and international air travel in 2020 — greatly facilitated the spread of the contagion. Then, as now, authorities with no medicinal remedies promoted what we now call "non-pharmaceutical interventions," such as face masks, rigorous hygiene, and the practice of social distancing. Especially at the height of

the crisis in 1918, most people behaved stoically and pulled through, despite losses of life that far exceeded our own.

A number of them also did something else, which should forever inspire us. In Philadelphia, for instance, in the grim autumn of 1918, when the pandemic was out of control, a committee of citizens stepped forward and organized medical personnel to oversee every section of the city. Families accepted orphaned children into their homes. Priests driving horse carts went street by street, urging traumatized people to give up the dead bodies in their houses. In Philadelphia and elsewhere, nurses whose own lives were at risk cared bravely for the sick and the dying. Their example enhanced the prestige of the nursing profession. In Boston, teachers — temporarily unemployed because the schools were closed — were told that they could receive their salaries if they performed relief work. Despite the risk, many volunteered to assist the beleaguered nurses.

Today countless Americans are responding to our own pandemic with similar compassion and resourcefulness. The examples are legion. Doctors, nurses, and other first responders are working long hours in crowded hospitals, while people outside cheer them on. Musicians are giving concerts in streets and at food pantries. High-school seniors are donating their graduation robes to hospitals where medical gowns are scarce. Volunteers are delivering food to lonely shut-ins.

Pharmaceutical companies and other businesses are racing to develop antiviral drugs and produce medical devices at record speed. Hotels and owners of RVs are offering space to medical staff who dare not return home after work, lest they inadvertently infect their own families. Churches are using Zoom and other devices to overcome enforced isolation and encourage their brothers and sisters in the faith.

For more than a century, historians and foreign visitors have noted and marveled at the American spirit of voluntarism, mutual support, and community uplift in both good times and bad. Years ago Herbert Hoover called it “rugged individualism.” By this he did not mean selfish, cutthroat competition but something more noble: cooperative, problem-solving initiatives taken by free and resourceful Americans at the grass roots — people who did not wait to be told by a distant authority what to do. It was the spirit, he argued, that America’s pioneers had exhibited when they traveled in wagon trains and settled the West.

To Hoover, a distinctive characteristic of America’s political system was what he called “self-government of the people outside government.” This is a striking formulation. Time and again in our history — including moments of peril such as 1918 — “ordinary” people have arisen to overcome obstacles and improve the lot of others. This generous, can-do spirit is still alive today.

In the coming months, Americans will likely face many vexing difficulties, both medical and economic. In this time of distress, it might help to recall our history and the words of an old hymn: “Brighten the Corner Where You Are.” Whatever our perspective on our current challenges, let us address them in a manner befitting our forebears — with pluck and dignity — and do our best to “brighten the corner” where we live.