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Course Number & Title: or Name of Book From the Bible: C00601 Crisis Response and Intervention

Book Title: America's Forgotten Pandemic

Author: Alfred W. Crosby

Begin/End Date of Enclosed Course: 1 May 2023 / 30 June 2023

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**Text Read:** America's Forgotten Pandemic: The Influenza of 1918 (New Edition)  
by Alfred W. Crosby

ISBN: 978-0-521-54175-6 337 pages in 5 parts and 15 chapters

PART I: An Abrupt Introduction to Spanish Influenza (ch 1) The Great Shadow

PART II: Spanish Influenza: The First Wave--Spring and Summer, 1918 (ch 2)

The Advance of the Influenza Virus (ch 3) Three Explosions--Africa, Europe,

and America PART III: The Second and Third Waves (ch 4) The United States

Begins to Take Note (ch 5) Spanish Influenza Sweeps the Country (ch 6) Flu

in Philadelphia (ch 7) Flu in San Francisco (ch 8) Flu at Sea on the Voyage

to France (ch 9) Flu and the American Expeditionary Force (ch 10) Flu and

the Paris Peace Conference PART IV: Measurements, Research, Conclusions,

and Confusions (ch 11) Statistics, Definitions, and Speculation (ch 12)

Samoa and Alaska (ch 13) Research, Frustration, and the Isolation of the

Virus (ch 14) Where did the Flu of 1918 Go? PART V: Afterword (ch 15) An

Inquiry into the Peculiarities of Human Memory

I had a little bird  
And its name was Enza.  
I opened the window  
And in-flew-Enza.

(Children's Nursery Rhyme, 1918)  
[New York Times, 30 September 1918]

### Why This Text?

This text was chosen for Crisis Response and Intervention quite by kismet, not unlike another text used in this class; COVID-19: The Great Reset. This text was similarly fascinating for so many of the same reasons. The Spanish Flu of 1918 was the COVID of its time. It was not immediately obvious that the book was appropriate for the study of Psychology and of Crises; this was an afterthought. Because of our contemporary post-COVID era, and the concomitant repercussions, a look into the (fairly) recent past at a similar event seemed that it would shed some light on society's handling of the greatest of crises; a pandemic.

This text was initially published in 1976 as Epidemic and Peace: 1918. It was later published under the title America's Forgotten Pandemic: The



Influenza of 1918 in 1989, and subsequently a second edition printed in 2003, with reprintings in 2005 (2 X), 2006 (2 X), 2009 and 2010. The author gives a preface to his new (2003) addition, in which he places his original publication into its contemporary context. "In 1976 when this book was first published, it seemed to be a piece of medical antiquarianism, informative and interesting, I hoped, but with little immediate relevancy to our then-current situation." He quotes a Nobel laureate author who said "the most likely forecast about the future of infectious disease is that it will be very dull." [Burnett, Macfarlane, and White, *Natural History of Infectious Disease*, 4th ed. (Cambridge Univ. Press, 1972)] At that time, advances in modern medicine like antibiotics were making the historical killers into things of the past. (Tuberculosis is treated with antibiotics; as is leprosy, venereal diseases, etc. Polio and smallpox are eradicated with vaccines, etc.) Then in 1976 there was a swine flu scare. Referring to his 1989 edition, the author tells us that AIDS had "struck like a thunderbolt, infected legions, and killed thousands..." He makes the contrast that as a sexually transmitted disease "anyone with a strong sense of self-preservation" could avoid it. (This sentiment has stigmatized HIV since its discovery, being inextricably intertwined with sex, and more explicitly the sinful type proscribed by Leviticus in 18:22, and 20:13; in 1 Corinthians 6:9-10; in Romans 1:26-27; and in 1 Timothy 1:10.

The author discusses how in the intervening years since publication one historical scourge, Tuberculosis, is making a comeback due to resistance to antibiotics. He mentions some other exotic infections like Lyme Disease, West Nile Fever and Ebola. Then he arrives on a subject more relevant to today's crisis -- SARS (Severe Acute Respiratory Syndrome). He says it was "at first suspected of being a new strain of influenza." [Cyranoski, David, "Health Labs Focus on Mystery Pneumonia," *Nature*, 422:247 (20 MAR 2003)] We all know today that SARS is a Coronavirus, and a relative of COVID. He ends his preface saying, "There is a bitter little pill of a joke currently circulating among infectious disease experts. It is short: The nineteenth century was followed by the twentieth century, which was followed by the... nineteenth century." This is precisely the concept that this summary of the text will focus on; relating the events of 100 years ago to the events of today resultant of COVID, all in the context of crisis response and intervention and from a psychological perspective.



### BACKGROUND AND HISTORY OF THE SPANISH FLU EPIDEMIC

The first victim of the "Spanish Flu" was a soldier of Company B, 42nd Infantry at Camp Devens in Massachusetts. [Wooley, "Epidemic of Influenza," Annual Reports of the War Department 1(3):330 (1919)] Camp Devens is 30 miles west of Boston. This soldier went on sick call on September 7, 1918. The illness was properly identified as the flu by the 12th, and spreading explosively by the 16th. The name "Spanish Influenza" appears to have come from soldiers association of the disease with Europe and with the war. [King, James J., "The Origin of the So-Called 'Spanish Influenza,'" Medical Record 94:632-33 (12 OCT 1918)]

It is critical to the understanding of this pandemic to remember that it began in the throes of the Great War, or World War I as we now refer to it. In that time, there were soldiers being crammed into tight barracks, fatigued by battle, and most importantly being transported rapidly around the planet. In 1918, there was no transcontinental airlines with 747s flying daily to locales around the world. As a result of the Great War, there were steamships filled as troop transports. This is why we see the epidemic first in soldiers.

In the Spring of 1918, before the September outbreak at Camp Devens, an epidemic of flu had occurred, and was only recognized in hindsight. One clear example was in April and May at San Quentin prison (prisons always get it bad in pandemics, first hand experience) in California where 500 of 1900 prisoners had the flu, and 3 died. [Stanley, L.L., "Influenza at San Quentin Prison, California," Public Health Reports 34:996-98 (9 May 1919)] However, with 84,000 soldiers heading to Europe to fight in March and 118,000 in April, America was too distracted to notice an epidemic of (mild) flu.

The Spanish Flu ripped across the US, was isolated in Massachusetts in early September, but was spread throughout the US by the 5th of October. In all the Spanish flu killed tens of millions. Per the author the generally accepted statistic for total "world mortality is 21 million" which is "probably a gross underestimation." Based on regional statistics that are then extrapolated to the whole world, our author puts the estimate at 30 or 40 million. [Frost, W.H., "Statistics on Influenza Mortality," Public Health Reports 35:588 (12 MAR 1920)] [Bureau of the Census, Mortality Statistics, 1919 (Wash. DC 1921) pp. 28-30] The 2020 World Almanac states "[1919] Influenza pandemic killed an estimated 50-100 million worldwide, 675,000 in the U.S." [World Almanac and Book of Facts, 2020 (New York: Simon & Schuster, 2020) p. 438]



### THE DISEASE

A large portion of the text is spent discussing the disease itself, its causes, and an exploration of why it was so very lethal. We'll summarize this briefly because it is interesting even if it is not our purpose in having selected this text for this class.

In the human body, the lungs are where the separation between "you" and your environment is the narrowest. The blood circulates around hundreds of millions of air sacs, alveoli, that have membranes that are one ten-thousandth of a millimeter thick. This is where gases are exchanged between our blood and the atmosphere. [Longmore, Donald, *The Heart*, p. 39 (McGraw-Hill, 1971)] In Spanish Flu, the victims get pneumonia which fills the lungs with fluid and effectively they drown. [Vaughn, Victor C., *A Doctor's Memories* p. 383 (Bobbs-Merrill, 1926)] The Spanish flu tended to kill victims that were in the "prime of life," defined as 20-40 years of age, where this would generally not be so. People in their prime of life have a more vigorous inflammation response than children or seniors. Because Spanish Flu triggered a generalized inflammation, the lungs were overwhelmed and the patients drowned in their own fluids. [Burnet and Clark, *Influenza*, pp. 90-99 (Cambridge Univ. Press, 1962)]

At the time of Spanish Flu, the virus could not be detected. Viruses, in contrast to bacteria, are tiny. Indeed, it was believed that the causative agent was Pfeiffer's bacillus (named for Richard Friedrich Johann Pfeiffer) also called *Haemophilus influenzae*. [Zinsser, Hans, *A Textbook of Bacteriology*, p. 540 (D. Appleton and Co., 1919)] Ultimately, the most plausible explanation for Spanish Flu is that an especially virulent mutation of the flu virus that was novel -- never been exposed to humans on earth before [Burnet, *supra*] -- and combined with the Pfeiffer's bacillus that was a secondary infection, came together to create pneumonia. This symbiosis theory forwarded prominently by Richard E. Shope who did much of his research on Swine flu in Iowa hogs. The detractors argue that his theories haven't been proven in humans. The "Shope scenario" however is granted plausibility by the author. [Shope, R. *Public Health Reports*, 73:165-78 (FEB 1958)] Having exhumed corpses of Spanish Flu dead in Teller, AK that were preserved buried in permafrost, the genome of the 1918 virus has been mostly reconstructed (as of the time of this book's 2003 new edition, likely fully completed today.) [Kolata, Gina, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus that Caused It*, pp. 187-280 (Strauss and Giroux, 1999)]



Another cause for the challenge in discovering the cause of the Spanish Flu is because the virus is not one single entity, but instead is a number of entities that are highly mutable and diverse. In 1933, the virus that caused the 1918 pandemic was found, by Wilson Smith, C.H. Andrewes, and P.P. Laidlaw. They did this using ferrets as lab test animals. [Smith, Andrewes & Laidlaw, "A Virus Obtained from Influenza Patients," "Lancet 225:66-68 (8 JUL 1933)] So where did the 1918 Spanish Flu epidemic virus go? Just like today where COVID-19 has gone through a number of mutations and variants (who will forget "Delta?" I won't, as it was the variant that I likely had my first bout with COVID), so too has influenza mutated. The extremely virulent strain of influenza that was the 1918 Spanish Flu version has run its course. Like "Delta," once it has been through humanity and we've developed immunity, it is no longer a new and novel virus. This highly virulent strand is subsumed into the greater panoply of COVID-19 coronavirus.... and so it went with the 1918 Spanish Flu. As we are all experts in virology today due to COVID, we all know that a virus that kills its host with alacrity will ultimately burn itself out. (This is why ebola rarely makes it out of the African jungle, it kills its hosts very, very fast.) A virus with lower morbidity is a more successful variant (in the evolutionary biology sense) as it is able to spread more successfully and more widely -- hence it outcompetes its high-mortality cousin and displaces it. (à la Omicron, and subsequent COVID variants that are far more tame, akin to a common cold. These viruses become endemic.

#### PSYCHOLOGICAL RESPONSES TO PANDEMIC

The parallels between the 1918 Spanish Flu pandemic and the 2019 COVID pandemic are numerous. This reader identifies ten parallels that are discussed in the current text that compare to the experience of COVID-19, which we will evaluate in turn. These are 1) Epidemic Racism (the belief that pandemics are caused by filthy foreigners with evil intent), 2) Lockdowns, 3) Masking, 4) Loss of faith in the government, 5) Influence on a Presidential Election, 6) Deprivation of essential services, 7) Loss of faith in the medical establishment, 8) Economic losses, 9) Apocalyptic allusions, and 10) Our collective ephemeral memories (how soon we forget!)

#### Epidemic Racism

With COVID-19, which has ultimately been determined to have been created in a virology lab in Wuhan, China, we have experienced anti-Chinese racism.



To date, we do not know the intent of the research into Coronaviruses in the Wuhan lab. We don't know if the Government of China deliberately suppressed the truth about the release of the virus. What we do know is that people of Chinese nationality had no more to do with COVID-19 than I as an American am responsible for: <pick an atrocity> (Hiroshima/Nagasaki, the Gulf War, FISA-based NSA spying à la Snowden, Global Warming... etc.) Or, any more than the Spanish were responsible for Spanish Flu. Notwithstanding, during COVID our Presidnet was incapable of saying "China" without mimicking a stereotypical pseudo-Chinese accent. The disease was variously called "kung-flu" or the "China virus" and there were commonplace violent attacks against Asian people. Today, this Country's trading relationship is affected by accusations of corporate (à la ByteDance) and governmental (mid-western flying-over-the-heart-land spy balloons) espionage. This same conduct occurred during Spanish Influenza. The era -- World War I -- placed the German state and German people in the position of distrust. It is incredible that "Spanish" flu wasn't called "German" flu. (or perhaps "Teutonic" flu as to distinguish from German Measles?) "Lieutenant Colonel Philip S. Doane, head of the Health and Sanatation Section of the Emergency Fleet Corporation, voiced his suspicion that the epidemic might have been started by men put ashore from U-boats:

It would be quite easy for one of these German agents to turn loose Spanish Influenza germs in a theatre or some other place where large numbers of persons are assembled. The Germans have started epidemics in Europe, and there is no reason why they should be particularly gentle with America.

The story was printed in most newspapers at the time. [Philadelphia Inquirer, 19 September 1918, p. 1] The United States Public Health Service (USPHS) was also forced to test Bayer aspirin. Bayer is a German pharmaceuticals company, and it was suggested that the aspirin tablets were laced with flu germs to poison Americans. They were not. [National Archives, R.G. 90, File 1622, P.R. Hart to Chief of Bureau of Chemistry, New York City, 28 October 1918; H.E. Hamilton to Surgeon General, Washington D.C. 13 November 1918]

In times of crisis it becomes easy for people to engage in racist transference or sublimation as psychological coping strategies. Mostly, this is a distraction or a waste of time and energy. In a crisis situation we require staying focused on the matter at hand.

#### Lockdowns

During COVID-19, governments around the world ordered lockdowns of their



citizenry. These lockdowns might have been reasonable if they had been supported by objective evidence that they had been effective in the past. The text offers examples of Philadelphia and San Francisco.

Like Anthony Fauci would do 100 years later, Surgeon General Rupert Blue of the USPHS "firmly recommended such a [lockdown] policy to the whole country..." "This will do much toward checking the spread of the disease." [National Archives, R.G. 90, File 1622, Blue, Rupert, "Epidemic Influenza and the United States Public Health Service."] Doctor William Hassler (Fauci's kindred spirit, a fellow public health zealot) Chief of the San Francisco Board of Health, also ordered closings to include schools, theatres and churches. [San Francisco Chronicle, 23 September 1918]

Like in COVID, the Spanish Flu closing orders "did little to limit the spread of illness in Philadelphia, Washington, St. Louis, or any of the other large cities where it was tried." "...it is a little difficult to understand what is to be gained by shutting up well ventilated churches and theatres. The authorities seem to be going daft. What are they trying to do, scare everybody to death?" [Philadelphia Inquirer, 5 October 1918]

The author then tells us what 105 years later we know, and ought to have known already: "The case and death rates of communities which had 'strict' closing orders were no better and often worse than elsewhere." He continues, "...public health officials had to do something and closing up theatres, schools, pool halls, and even churches was the style in fall 1918." italicized in original. see Bureau of Census, Mortality Statistics, 1919 pp. 30-31 (Wash. DC: Government Printing Office, 1921), a series of tables that give the rates in States and municipalities for comparison and contrast. "We have passed through a most dismal period, the gloom of which will be lifted by the re-opening of places of amusement. They never should have been closed." [Philadelphia Inquirer, 29 October 1918] "Schools had been closed for six weeks, blasting to atoms all educational plans for the academic year 1918-1919" says our author, again citing the San Francisco Chronicle.

In Crises, people (and governments) must avoid the trap of believing it is better to "do something" than to do nothing. All that Lockdowns did was exacerbate a bad situation, by adding a new bad situation atop, to include especially adding fear. People are social animals, and isolating them, removing them from their support, was devastating. This is especially true for schools,



churches, etc. This relates to all emotional and psychological crises -- sometimes it is better to do nothing at all than to do the wrong thing.

### The Psychology of Masking

In 2023, as this is being written, there is no other symbol that evokes as much emotion as the face mask. During the COVID pandemic, we were ordered to wear face masks -- all of us. The country was told by the "foremost medical expert" Anthony Fauci, whose advisements were echoed with the police power of state through the government, from every level federal to local, that masking was mandatory. We were all told that masks were effective and that masks would control the spread of COVID-19. We know now that none of this is or was true. Worse, we knew this more than 100 years ago.

During the 1918 Spanish Flu pandemic, the people were ordered to wear face masks. These orders came down from the Anthony Faucis of the era to include Doctor William Hassler, Chief of the San Francisco Board of Health. (he is a villainous character of our text) The mask ordinance read:

Every person appearing on the public streets, in any public place, or in any assemblage of person where congregated, except in homes where only two members of the family are present, and every person engaged in the sale, handling or distribution of food stuffs or wearing apparel shall wear a mask or covering except when partaking of meals, over the nose and mouth, consisting of four-ply materials known as butter-cloth or fine mesh gauze. [Journal of Proceedings, Board of Supervisors of the City and County of San Francisco, 13: 900-01 (1918)] [San Francisco Chronicle, 15 OCT, 18 OCT, 19 OCT, 20 OCT, and 24 OCT 1918]

A full-page ad in the local paper by the Mayor, Board of Health, Labor Council, and others read: "WEAR A MASK and Save Your Life!" A gauze mask "is ninety-nine percent Proof against Influenza." This was also recommended by Surgeon General Blue of the USPHS. ["Spanish Influenza," 'Three-Day Fever,' 'The Flu,'" Supplement No. 34 to Public Health Reports, p. 4 (28 Sept. 1918)] Our text goes forward with more examples of contemporaries making medical claims as to the effectiveness of masks. Of course, they didn't work, for myriad reasons. Not least of these reasons, influenza is a virus and viruses are infinitely tiny, orders of magnitude smaller than bacteria. Cloth masks can filter droplets of moisture or motes of dust from the breath, which are planet-sized to a virus. Cloth masks might even block some bacteria, which are elephantine in contrast to a virus. Notwithstanding, the objective fact that viruses cannot be filtered from the air using cloth



masks, people hate them and don't use them correctly even when ordered to do so.

"...those attending or examining influenza patients may obtain some measure of protection by wearing properly constructed face masks and eye goggles. On the other hand, the practical difficulties in the way of mask wearing by the general public seem insuperable and render the measure one for the individual rather than general prophylaxis. [Jordan, Edwin O., Epidemic Influenza: A survey, American Medical Association, p. 463 (1927)]

The foregoing from Dr. Jordan also found that often contrasting communities where masking was mandated versus adjacent communities with no mask-mandate there was nearly identical influenza infections. If the masks were ineffective against the spread of flu... what effects did masks have?

Masks were uncomfortable, inconvenient, fogged up one's spectacles, and claimed some irate citizens, brought on attacks of neuralgia. Others of a more thoughtful cast called masks a humiliating and unconstitutional interference with personal liberty. Above all, masks were just too absurd and depressing. [San Francisco Chronicle, 5 & 6 November 1918]

There were open rebellions against masking. The Anti-Mask League met on 31 January 1919. The meeting devolved into a shouting match and was terminated early. [San Francisco Chronicle, 1 February 1919] Civil Libertarians declared masks were "subversive of personal liberty and constitutional rights," and "If the Board of Health can force people to wear masks, then it can force them to submit to inoculation, or any experiment or indignity." [Id., 9 & 16 DEC 1918] On 18 December 1918, a bomb with 3 pounds of gunpowder, and surrounded with projectile shrapnel (broken glass and buckshot) with a timing mechanism and a note was found addressed to Dr. Hassler. The anti-mask sentiment was very powerful.

Also, familiar to us today, was the custom of wearing the mask around the chin or dangling from an ear. The police were directed to round up the "mask-slackers." [Id., 18 NOV 1918] (one must remember that "slacker" was a strong pejorative in the era) And like today, the hypocritical "do as I say not as I do" conduct of powerful politicians; eg. a photo from 16 November 1918 boxing match shows the mayor, a judge, a congressman, a supervisor, and a rear admiral all maskless, was seen in the paper. Hassler himself was found maskless by police while the law was in effect. [Id.]

In Denver, where the mask was also ordered, the mayor was quoted: "Why, it would take half the population to make the other half wear masks." [Denver Post, 26 November 1918] Another familiar behavior we know today is the mask-



shaming and the (very cute term coined in our era) "virtue-signalling" surrounding the wearing of masks. It didn't matter that they were worthless, what was (and is today) important is demonstration of your personal concern.

"It will soon be impolite to acknowledge an introduction without a mask and the man who wears none will be likely to become isolated, suspected and regarded as a slacker. Like a man of means without a Liberty Loan button he'll be shy of friends." [San Francisco Chronicle, 23 October 1918]

As in COVID, during the Spanish Flu epidemic, corporations also got in on the act of using masking to publically display their virtues. The Levi Strauss and Company, makers of famous denim jeans, made themselves available to make a mask for every inhabitant of San Francisco. [Id., 21 October 1918] Meanwhile the Red Cross distributed masks for a dime, and "gaugers" sold them for 50¢. [Id.] Manipulating crisis to gain corporate acclaim is a time-honored tradition.

What psychological activity is operating "behind the mask" that makes masking so dismal? The discomfort of facial masking notwithstanding, one must remember that we are social animals. Face covers are depersonalizing and dehumanizing. We communicate in large part through our facial expressions. One may reference the work of Paul Ekman who coined the term Facial Action Coding System (FACS) to know how important this is to human communication. (FACS is used to identify numerically expressions and associate them to a feeling, something we do subconsciously) When we are forced to cover our faces (and not be properly understood by others) and to interact with others whose faces are covered up, it leads to depression. Isolation in humans is typically correlated with depression, and masks are isolating. In addition, most don't care to be oppressed or lorded over by authority. Even those who did accept the mask with alacrity did so for reasons so far divorced from reducing infection as to defy belief. These included virtue signalling, conformity, group think, patriotism, political allegiance, social shaming, and so many others. The masks also spread fear. For all of these reasons we look at masking from a crisis response and intervention perspective and take notice of how people behave in crisis situations.

#### Loss of faith in the Government

With Spanish Flu, like COVID today, the government loses its veneer of legitimacy when in a crisis they fail. The orders for lockdowns, masks,



vaccines; the economic losses; the reduction in essential services... these all cause reduced faith in the government and ultimately lead to unrest. In the COVID era, as example, was the killing of George Floyd by Minnesota Police officer Derek Chauvin. As a student (and a victim) of police brutality and attempted murder by police, and killings by police, I am able to confidently state that Floyd's murder was not unique. Sadly, it was average police conduct. However, it sparked worldwide unrest. What was different? The pandemic, and the reduced confidence of the people in government. The same occurred in the years that followed 1918. There were riots, the red scare, and indeed the "Roaring Twenties" in reaction to prohibition. (Doubtful a perfect cause-effect relationship... but a plausible correlation in the reader's opinion.)

#### The Pandemic's effect on the election

"The election of 1918 is the only truly monumental American election ever to take place in the midst of a major pandemic, and it is tempting to suggest that the pandemic must have played a role in deciding such a close election." [p. 174] All one needs to do is ignore history and change 1918 with 2020, and that sentence could have appeared in print last week. The text cites reduced campaigning and speaking tours, and voter turnout. In 2020 the election was so close and turnout so affected by mail-in ballots that Americans stormed the Capitol building believing that the election had been stolen from their preferred candidate. How amazing the comparison!

#### Essential Services

The Spanish Flu outbreak pandemic was extremely fast; an early wave of flu in Spring 1918 that was mild, the true brunt striking in September 1918 and persisting into 1919, and a small mild reverberation in 1920. By contrast COVID was declared a world-wide pandemic by the World Health Organization on 11 March 2020 (see [www.who.org](http://www.who.org)) and hasn't truly been declared over until 2023. The two were both attended by a lack of so-called essential services; emergency medical, fire, police. The text even makes mention of a failure of garbagemen to collect trash when only 11 of 56 employees of the Sanitary Reduction Works came in to work. One can recall news stations reporting the same in places like New York City and other large locked-down municipalities during COVID. The urban centers of our modern world only exist while centralized services function. This creates anxiety and fear in the populous when the



services fail. This is another consideration for crisis management: how to reduce fear and anxiety in people when the societal fabric weakens. Obviously survival is possible, but mass hysteria makes the crisis more difficult to bear.

### Faith in the Medical Establishment

Flu and pneumonia vaccines were rushed into production during the 1918 influenza outbreak. Medical professionals of the time heralded these as a "real prophylactic against influenza." Others were dubious and held the opinion "even if it were not effective in every case it cannot do any harm." [San Francisco Chronicle, 29 & 31 OCT & 1 - 2 NOV 1918] Dr. C.Y. White of Philadelphia General Hospital created a vaccine, as did Dr. Timothy Leary in Boston and Dr. William H. Park in New York -- none were particularly effective -- but served this purpose: "it helped to calm nerves." [Philadelphia Inquirer, 8 OCT 1918] A discussion of modern vaccination beliefs is beyond the scope of this essay but it is sufficient to say that vaccine skepticism is rampant, and wildly so during COVID. President Trump's "Project Warp Speed" -- cynically -- was very most likely a hurry to get any type of placebo injected into America's collective arm as fast as possible -- results be damned. Indeed, another recent read on my part, Norman Cousins' Anatomy of an Illness: As perceived by the patient, Reflections on Healing and Regeneration, suggests that the healing effect of all medical treatment is and has always been highly influenced by placebo effect. Hence, when we all collectively learn that our medical experts are routinely giving us misinformation or disinformation, or even just information of slightly dubious quality, we have the result of widespread denierism and non-belief. (Think Jenny McCarthy's anti VAX movement, which gained a lot of energy during COVID) A peek behind the wizard's curtain, if that is what has occurred, and the entire system crashes for lack of popular belief. Playing on the public's naivete to assuage them has an unintended "cry-wolf" effect, and this is lousy crisis public policy. Falsus in uno, falsus in omnibus. This costs lives, because people will refuse legitimate effective treatments, and additionally deny themselves the benefits of placebo that attend both snake-oil and genuine care.

### Economic Losses

It is not possible to shut down entire economies for any length of time



and not have severe ramifications. The text references closings of theatres and other public amusements -- for 6 or 8 weeks. The lockdowns in 1918 had devastating effects. [San Francisco Chronicle, 1 November 1918] We learned nothing. The economic shockwaves and the inflation from government spending resultant of COVID will reverberate for a decade. (We still likely haven't actually suffered the crash that is coming, according to many economists.)

### Apocalyptic Allusions

One cannot suffer a pandemic without having it conjure visions like those of John of Patmos in his Revelation. A pandemic is truly end-of-the-world-ish. As during COVID, such as it was in 1918 during the Spanish Flu, there were popular images of end of the world times. Author Katherine Anne Porter wrote "Pale Horse, Pale Rider," a "great American short story" that captured the zeitgeist of the day. She wrote her story while working as a reporter for The Rocky Mountain News and following her own bout with the flu. She fell very ill, and her lover was killed by the virus. Her story is titled à la Revelation 6:8. Our text references the work in the preface and in the afterword. Influenza and COVID alike were truly biblical-like plagues upon the Earth.

### One who ignores history is doomed...

"The average college graduate born since 1918 literally knows more about the Black Death of the fourteenth century than the World War I pandemic..." [p. 314-15] Our author invests pages discussing how it "slipped the minds" of all of us. It killed 2-3% of those who fell ill, took 21 MM, 30 or 40 MM, or up to 50-100 MM lives worldwide, yet nobody seemed to give it its due place in history. Was it overshadowed by the Great War? The years that followed? We don't actually know, because historians don't record what they didn't think was particularly notable, nor the reasons for not recording. The upshot here (and what made this text authored in the 70's, and updated in 2003, twenty years pre-COVID) is how much the text anticipates all the mistakes of COVID. As a planet, we repeated history because we all utterly failed to remember.



CONCLUSION

Crises demand effective measures. One lesson of history is that doing "something" in lieu of doing nothing at all in order to appear relevant and proactive is not an answer. Better to hold out to do the correct thing. Anxiety and fear in the face of crisis commonly hampers the crisis response, and stoking the flames of anxiety and fear must be avoided. Most importantly, looking to the past will always advise a path forward by either reminding us what worked -- or what doesn't work. The Bible gave us this same advice when it was reduced to writing by Solomon, Son of David, king of Israel:

What has been will be again,  
What has been done will be done again;  
there is nothing new under the sun.  
Ecclesiastes 1:9