



Written by [Dennis Behreandt](#) on November 20, 2020

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The Long Shadow of the Spanish Flu

In the fabled California of yesterday, land of blue skies and optimism, of sun-kissed valleys filled with spreading oaks flanked by the majesty of snow-capped peaks, a youngster walked, contemplating the glory of nature around him. It was an idyllic place. "Under the live oaks, shaded and dusky, the maidenhair flourished and gave a good smell..." this youngster would go on to write many years later. "Under the mossy banks of the water courses whole clumps of five-fingered ferns and goody-backs hung down. Then there were harebells, tiny lanterns, cream white and almost sinful looking, and these were so rare and magical that a child, finding one, felt singled out and special all day long."



To this beauty of nature, man had added industry, utilizing the soil of the valley to grow first wheat then vegetables, and especially sugar beets. Looking to that valley the youngster — at 16 too old to be a boy, but not yet a man — saw those ever expanding fields of beets where the purple roots were harvested and loaded for shipping to the great Spreckels beet works in Salinas, there to be refined for their sugar. The great factory, the youngster knew, had been thrown up by an army of workers only a few years before his birth in 1897. It was an odd coincidence, he thought, that the house he and his family lived in had also been built in that year of optimism and confidence in Salinas.

As he looked on, he might have noticed a feeling of unease. A gasp of breath here, the slight pounding in his head, foreshadowing a blossoming headache. It had started while still in class at the high school. Now he was beginning to feel dizzy. John Steinbeck, at once enraptured, as usual, by the land around him, made for home.

He arrived at the family home pale, dizzy, and weak, and went straight to bed. As his mother looked on in growing concern, his fever skyrocketed and he became delirious. It was 1918, and John Steinbeck was in the grip of the great and terrible Spanish flu, a terrifying and mysterious disease that had roared across the country and the world, striking down even the youngest and most fit. "I went down and down," Steinbeck recalled of the experience, "until the wingtips of angels touched my eyes." A doctor was called.



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It spread like wildfire: Soldiers treated for the flu in an emergency hospital at Camp Funston in Kansas. Medical professionals had few answers for treatment of those sickened.

The situation was grim indeed. Emergency surgery seemed to be the only possible treatment. The doctor administered ether to the deathly ill boy and began cutting. He removed a rib and gained access thereby to an infected lung, from which he drained the pus generated by the infection. It was a shockingly aggressive treatment. Could it work? One of the boy's sisters recalled her brother's condition. "We thought surely he would die on us," she said. "John looked horrible, horrible. We did everything we could for him. And he had a relapse. It took a long time, but he was all right in the end. I must say, we were scared to death."

John Steinbeck, suspected by George Orwell of being a "crypto-communist," went on to be a giant among 20th-century journalists and novelists, reporting from the front lines in Europe in World War II and penning the classics *East of Eden*, *The Grapes of Wrath*, *Of Mice and Men*, and *Cannery Row*.

Unlike millions of others who perished from the Spanish flu, some survived, and Steinbeck, sans the surgically removed rib, was one of those. Now a century from the great influenza, we face our own pandemic, though one that is far less lethal in comparison. Still, the parallels, if at least where policy if not biology is concerned, are instructive. Many of the policies that have been imposed by statist technocrats and opportunistic politicians worldwide today were tried locally and on smaller scales when John Steinbeck was a teenager. Those policies, while efficiently destroying liberty in the United States and abroad today, have been ineffective in stopping the increase in the number of cases. This should not come as a surprise in light of 1918. Though tried on smaller and more local scales at that time, they failed then, too.

Not Spanish, but Death

Rumor has it that the Spanish flu got its start, naturally, in Spain. This is probably not true. It may have started out, like our own plague, in China. Possibly, too, it started out in Kansas. Or it came from the battlefields of the Western Front, where it struck early and viciously. And maybe it wasn't even simply the influenza virus alone, but some other complicating pathogen of bacterial strain that took advantage of a flu-weakened immune system. And, all too familiar to our COVID world today, there may have been also a disordered immune cascade response in the bodies of the afflicted. Whatever evil combination of



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pathogens and events it was that added up to “Spanish flu,” it was in the end remarkably — and quickly — deadly.

Writing in his history of the flu — *Influenza* — Dr. Jeremy Brown pointed out that an early report of the disease in Valencia, Spain, on May 28, 1918 appeared in medical literature, which noted the “disease was stated to be characterized by high fever, to be of short duration.” A month later, Brown noted, “the *New York Times* noted that a new disease, the ‘Spanish Influenza,’ was ‘now epidemic all along the German front’” during the latter days of World War One.

But this wasn’t the first occurrence of what forever after would be named the “Spanish Flu.” Author and academic Catharine Arnold pointed out that the disease was already carrying off victims a year earlier. One of its early victims was Private Harry Underdown of Kent in England. In the late winter of 1917, Underdown took ill with what was termed a “widespread broncho-pneumonia.” J.A.B. Hammond of the Royal Army Medical Corps thought he had seen this disease before: “He had witnessed similar symptoms in previous patients at Étaples, one of whom had recovered,” Arnold wrote. Summarizing his symptoms, Arnold noted that he had the usual signs of pneumonia but with certain important differences. These included “the amount of purulent pus Harry produced, together with a terrible breathlessness that made him visibly distressed, panicking and attempting to leap out of bed.” As he succumbed to the disease, she wrote, “his skin began to acquire a ‘dusky heliotrope type of cyanosis of the face’ due to lack of oxygen.” Harry Underdown died of the disease on February 21, 1917. Whatever this disease was, it was spreading — “the disease that killed Harry Underdown had eventually caused the death of 156 soldiers at Étaples during February and March 1917,” Arnold noted.

This ominous development was little noticed at the time, for good reason. War was raging in Europe, and America, hitherto standing apart from the fray (at least militarily), was being dragged ever closer to the hostilities, not the least by an administration in the White House that had designs on creating a world government on the wreckage left in the wake of the bloody destruction of the world war. On April 2, 1917, President Woodrow Wilson asked Congress for a declaration of war against Germany, and America began arming for war. This was to have consequences not just in the spheres of war fighting and foreign policy, but also, as yet unknown to doughboys, policymakers, politicians, and military leaders alike, in the spheres of public health and epidemiology.

The call-up of troops, raised via the draft, saw millions of young Americans, at the prime of their young lives, summoned for training and service. Under the call-up, “all males aged 21 to 30 were required to register for military service and a draft of some 2.8 million men for training and overseas service began,” noted authors Dr. Steven Hatfill, a bioweapons expert; Robert Coullahan; and Dr. John Walsh of Vanderbilt University in *Three Seconds Until Midnight*, their 2019 book on the threat of pandemic viral outbreaks. “Consequently,” they continued, “thousands upon thousands of fit young men began to pour into the large military training camps that were quickly set up throughout the United States.” These training camps put tens of thousands of young men into living quarters of close proximity, creating near-perfect conditions for disease outbreaks. Moreover, the living environment and climate were themselves conducive to disease, not the least in the camps in Kansas where the large training ground of Camp Funston was to be found. That winter in the region “was typified by extreme cold weather” and “the coal-heated tents and formal barracks at the Camp Funston cantonment were not only overcrowded but also poorly ventilated. In addition to the low humidity created by the cold weather, this created the perfect environmental conditions for the spread of any airborne respiratory virus.”



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In early March 1918, the first soldier to catch the Spanish flu fell sick. Like a wildfire the virus quickly erupted into a raging inferno of disease at the camp. By the end of the month over 1,100 soldiers had been hospitalized.

This outbreak, however, didn't stop preparations for war, and soldiers were transferred to other bases as normal. They brought the flu with them. "By the end of March, some 24 of the 36 largest military training camps in the United States were experiencing Influenza outbreaks," Hatfill and his co-authors noted. "In addition, some 30 cities near these Army camps, were also suffering from outbreaks of Influenza." And the spread wasn't confined to America. As American soldiers transferred to France, the outbreak spread in Europe, too. "By mid-April, outbreaks were occurring in both the French and British Army and by the end of that month, Influenza outbreaks were occurring in the suburbs of Paris."

Neither were the Germans immune. "Our army suffered. Influenza was rampant," German General Erich Ludendorff wrote in his memoirs. "It was a grievous business having to listen every morning to the chief of staff's recital of the number of influenza cases, and their complaints about the weakness of their troops if the English attacked again."

Though it sickened many, at this stage the quickly spreading disease had not yet displayed, on a large scale, the lethality for which it remains known today. But there were scattered concerning reports. "One isolated report described an outbreak in a remote French Army Camp with a 5% mortality rate," Hatfill, Coullahan, and Walsh noted.

Soon, the disease grew deadlier on a wide scale. Alarming and extreme symptoms with rapid onset began to be noticed, and the number of deaths began to grow as spring and summer gave way to autumn in 1918. The new, deadlier sickness struck the East Coast, first in Boston and then Philadelphia, brought to the region by the movement of soldiers.

Perhaps worst hit in the region was Camp Devens, only 35 miles from Boston. Designed to house 36,000 men, the population of the camp had grown to more than 45,000. Quickly, it seemed, the entire camp was sickened, and the camp hospital was massively overwhelmed. But this time, the disease was much more deadly — terrifyingly so.



They didn't know about viral infections: A masked crowd assembles for a Georgia Tech football game in 1918. Viruses were unknown, and it was hoped masks might be effective against the bacteria that many believed caused the infection.



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An eyewitness account came from an orderly at the camp hospital, known to history only as “Roy.” The infection started like any other flu but, according to Roy, soon developed into “the most vicious type of Pneumonia that has ever been seen.” As many as 20 percent of the soldiers at the camp became sick, Hatfill and his co-authors noted. In his book on the disease, *Influenza*, Dr. Jeremy Brown noted that there began to be up to 100 deaths from the disease each day at the camp. “It beats any sight they ever had in France after a battle,” Roy, the eyewitness who had seen the battlefields in Europe, wrote of the deaths.

Another witness to the outbreak at Camp Devens was Dr. Victor C. Vaughn, dean of the medical school at the University of Michigan, who was haunted for life by the grim experience of the pandemic at Devens.

“I see hundreds of young, stalwart men in the uniform of their country coming into the wards of the hospital in groups of ten or more,” he wrote in his memoirs. “They are placed on the cots until every bed is full and yet others crowd in. The faces soon wear a bluish cast; a distressing cough brings up the blood stained sputum. In the morning the dead bodies are stacked about the morgue like cord wood.” There was little he could do for his patients. “The deadly influenza,” he concluded, “demonstrated the inferiority of human interventions in the destruction of human life.”

Writing in the journal *Science* in early November 1918, Major George Soper of the U.S. Sanitary Corps, at the time a leading expert on epidemic disease, described the impact of the Spanish flu on the American military. “Rarely before in the history of war has infection exhibited a more explosive character or has so large a proportion of troops been infected in camps under conditions of abundant shelter and food and freedom from strains and anxieties of conflict,” he wrote. “The epidemic has been attended,” he noted ominously, “by an unusual fatality.”

From the Army camps and Navy yards, the deadly contagion spread across the country and the world.

Resistance Is Futile

As Dr. Vaughn had become painfully aware, medicine in 1918 had no practical means of treating the disease, of slowing it down, or of saving the lives of the afflicted. Survival or death was a matter only for the individual’s immune system to decide.

Still, some localities tried non-pharmaceutical strategies to stop the pandemic. Unlike today’s, these were largely local efforts in the places they occurred. But many of these efforts were very similar to the large-scale mandates of today. And, like today’s, most of them were reactionary and merely symbolic.

In his paper for *Science* in 1918, Soper was already warning about the danger of imprudent reactions to the outbreak of disease. Pandemic diseases, he warned, “appear with electric suddenness, and, acting like powerful, uncontrolled currents, produce violent and eccentric effects.” The result, he warned, always startles. “The consternation and alarm which it produces frequently lead to irrational and futile measures to check it.”

An effective solution, Soper offered, was isolation of the sick to prevent them from spreading the disease. Though sensible, this in practice rarely works, he warned, because such efforts are rarely, if ever, taken in time to stop the disease. In the end, he noted, “the epidemics stop themselves. This they do either by the exhaustion of the susceptible material, by a reduction in the virulence of the causative agent, or both.”



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One of the panicked efforts some localities used to try to stop the Spanish flu was to require citizens to wear masks. At the end of November 1918, Phoenix, Arizona, mandated mask-wearing on public streets. The very next day, police began arresting those who did not comply. "In fulfillment of the announcement made yesterday morning that strict enforcement of the order requiring the universal wearing of influenza masks by all persons appearing on the streets would be made that day, the first person to be taken into custody was Edwin C. Moore, an employee of the E.S. Wakelin Grocery Company," the *Arizona Republic* reported on November 30, 1918. "Moore was arrested shortly after noon and taken before Justice De Souza, where he was charged with violation of the health department regulation providing for the compulsory wearing of influenza masks."

Being as viruses were unknown in 1918, compulsory mask mandates were slightly more understandable in the context of the time, though the mandates did nothing to make the masks more effective.

Even so, many opposed mandatory mask-wearing in places where it was tried. On January 10, 1919, the *East Oregonian* of Pendleton, Oregon, reported that the city was forced to stop mandating masks due to opposition. "The provision of Pen-dleton's new flu ordinance requiring restaurant waiters, barbers, dentists and the workers in a number of other occupations to wear flu masks while engaged in their work was repealed at a special meeting of the city council," the paper reported. "Enforcement of the ordinance threatened to close a number of the restaurants and dining rooms through the refusal of waiters to wear the masks and quitting their jobs rather than to do so. The doctors of the city did not uphold the ordinance, in fact themselves refusing to wear masks." The city council vote in Pendleton overturning the mask mandate was unanimous.

Still, Pendleton continued other restrictions that are similar to those imposed for COVID. "Repealing the flu mask requirement in no way affects the rest of the ordinance," the *East Oregonian* noted. "The number of people to be allowed in store rooms is still limited to one to each 100 square feet. Crowds are not allowed to gather at the depots. In transacting business people are not allowed to get closer than four feet to each other. Pool rooms are limited to two players to a table. Churches can be opened provided those attending are limited to one to each 100 square feet."

Other places imposed regulations of more dubious and extreme character. The state of New York, for instance, sought to regulate sneezing. An announcement of the New York sneeze regulation was carried by the *Audubon County Journal* in Exira, Iowa, on October 17, 1918. A few days earlier, that paper reported, "Dr. Herman Briggs, state commissioner of health was directed by the public health council of the State Department to take charge of the Spanish Influenza situation in the state. The council adopted a rule making it a misdemeanor for any person to sneeze in a public place without covering the mouth or nose. Violators will be rigidly prosecuted," the paper warned. "Punishment will be \$500 or one year in prison or both."

Illinois, meanwhile, demonstrated an early predilection for tyranny in the face of disease, a habit continued to the present. "Further drastic steps to check the spread of Spanish Influenza in Illinois were taken last night when a proclamation was issued with the consent of the governor forbidding 'all public gatherings of a social nature not absolutely essential to war work,'" reported the *Bridgeport Times and Evening Farmer* of Bridgeport, Connecticut, on October 18, 1918.



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Herd Immunity?

As Major Soper warned in his article in *Science*, these measures indeed proved futile. Three days after Christmas, 1918, the *Seattle Star* reported that many measures “hurt businesses” and tended to “alarm the people.” Quarantines, theoretically useful if properly implemented, were often impossible to use in any type of timely fashion, as Soper also warned. “New York’s health officer, Dr. R.S. Copeland, opposes quarantines as a method for checking spread of ‘flu,’” the *Star* reported.

Closures were ordered and meetings banned, for example, in Washington, D.C. On October 9, 1918, the *Washington Times*, then a William Randolph Hearst paper according to the Library of Congress, reported: “All outdoor public gatherings must be discontinued in the district. A formal order to this effect will be issued late today by Commissioner [Louis] Brownlow.”

The *Times* then quoted Brownlow regarding the order: “‘This order includes all indoor and outdoor services in churches,’ Commissioner Brownlow said. ‘No funerals or weddings will be permitted in churches, and no outdoor gatherings will be allowed.’”



Pretend protection: A visitor’s temperature is checked by an employee at the Metropolitan Museum of Art. Compared to COVID, the Spanish flu was far more deadly, and public health interventions were just as futile as today. (*Photo credit: AP Images*)

The Spanish flu was deadly — more so than most previous pandemic diseases, and more dangerous than any since, by a wide margin. The efforts made to stop its spread, futile though they were, in context were nonetheless understandable. Still, data from Washington, D.C., underscored the impossibility of stopping the disease by these measures. Between October 1, 1918 and February 1, 1919, nearly 34,000 residents of the city were sickened by the disease; 2,895 people died. “The result was one of the more devastating epidemics in the nation: an excess death rate of 608 per 100,000,” says the *Influenza Encyclopedia*. For comparison, the United States has seen 85 excess deaths per 100,000 during the COVID pandemic, according to *The Economist*. Sweden, where masks are not worn and lockdowns are greatly limited, has seen 62 excess deaths per 100,000.

A further illuminating comparison between the Spanish flu and COVID can be made by looking at the infection fatality rate (IFR) of each. The World Health Organization has produced statistics that it says indicates that 10 percent of the world’s population has been infected by SARS-CoV-2, the virus that



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causes COVID. As *OffGuardian* pointed out, “That’s an infection fatality rate of roughly 0.14%. Right in line with seasonal flu.” By comparison, as *Human Events* pointed out, “According to the National Institutes of Health, the Spanish Flu infected approximately 500 million worldwide, with anywhere from 50 to 100 million people having died from the disease. This creates an IFR of 10-20%.”

Notwithstanding the non-pharmaceutical measures taken to stop the Spanish flu, deaths mounted precipitously in Washington, D.C., and elsewhere. Despite this, the *Influenza Encyclopedia* argues that “those cities that used social distancing measures and other non-pharmaceutical interventions in 1918 fared better than those that did not.” Such measures, though, did not stop Washington, D.C., from having one of the worst Spanish flu outcomes.

A large part of the case made to support the idea that social distancing worked in 1918 comes from a comparison of Philadelphia with St. Louis — a comparison made by *USA Today* on May 25, 2020. Philadelphia, it is said, did not engage in aggressive lockdown-type regulations, and even had a large parade that likely contributed to the spread of the pathogen. Meanwhile, St. Louis’ measures appeared to work. But many other factors may have been in play: There were one million more people in Philadelphia than St. Louis and the population density almost certainly was a factor; Philadelphia and St. Louis both had nearby military facilities, but Philadelphia was a major transportation hub for materiel and soldiers and others traveling to Europe and back for the war. Two million men were transported to Europe, tens of thousands from Philadelphia. The highly concentrated influx and throughput of people and materiel for the war led to a much greater degree of exposure to infection in Philadelphia.

An example of the uniqueness of Philadelphia at the time as a manufacturing and shipping hub for the war is the launch of the steamship *Quistconck*. This freighter was launched from the city’s huge Hog Island Shipyard on August 5, 1918 to great fanfare. Attending the launch were President Woodrow Wilson and First Lady Edith Wilson, who christened the ship. Along with the president, the crowd watching “numbered more than sixty thousand people, and special trains from Washington and New York brought many notable guests,” recounted Francis March in his 1919 *History of the World War*. This was in addition to the 35,000 people employed by the shipyard. For this and other reasons, Philadelphia and St. Louis are not necessarily a strong comparison. Moreover, even with stronger and more rapid social controls imposed, theoretically, in St. Louis, the Spanish flu remained deadly — nearly 0.4 percent of the population still perished. Approximately 0.8 percent of the population of Philadelphia died from the infection.

In total, across the globe, as many as 50 million people likely died from the Spanish flu. Other estimates are much higher, with one noting that as many as 100 million died. This was a devastating disease, and while lockdowns and social distancing were attempted on a haphazard basis, they proved to have only a minor impact, a point made by bioweapons expert Steven Hatfill and his co-authors in *Three Seconds Until Midnight*.

“One paradox,” they wrote, “is that despite the social measures introduced in 1918 to disrupt the spread of the virus, these failed to reduce its transmission” to the extent needed to control the spread. “This is important,” they continued, “because most of the social interventions tried in 1918, are identical to the measures that would be implemented today.”

Those words were written before the outbreak of SARS-CoV-2 and make an important point that must



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be emphasized: It is ludicrous to think that we can combat a pandemic with public-health approaches from more than a century ago.

Surely we can do better than indiscriminate tyranny.

In the end, the worst of the Spanish flu pandemic had come to an end as the calendar ticked over to 1919 and was, for the most part, over by 1920. The end came not because of any action taken by public-health “authorities” or because medical treatment proved effective. Unlike today when medical science is rapidly coming to grips with treatments for COVID, in 1918 there was no treatment for the Spanish flu available. The end came through herd immunity.

Though the concept of herd immunity is heavily criticized by mainstream sources today, even left-wing *Slate* admitted that this was how the Spanish flu ended. The pandemic, *Slate* explained in 2009, “eventually ran out of nonimmune, nondead people to infect.”



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