Remembering *Empty Streets and Silent Cities:*The Psychological Impact and Lasting Scars of Global Pandemics

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As the lives of millions continue to change in the wake of COVID-19's rapid spread across the United States and the globe, we find ourselves attempting to grapple not only with an emerging public health emergency but with a crisis of meaning. Advances in virology will certainly help alleviate physical symptoms, but the mental toll of pandemics can conceal a longer incubation period and forever challenge pre-existing notions of landscape and nature more broadly. Beyond its immediately visible consequences, "a pandemic goes against the widely held conception of a just world ruled by a benevolent higher power [and of] nature as a nurturing mother." The natural world in this way once again becomes untamed and seems to rebel against notions that mankind has taken complete stewardship over it. In a similar fashion, pandemics empty formerly crowded urban environments and psychologically render them places of inescapable danger. One has only to view recent photographs of Rome or Milan to grasp the existential fear caused by the sight of 'compromised' public spaces which threaten to become lost landscapes of the past. To understand this ongoing shift in public consciousness, the eerily familiar Spanish flu outbreak following WWI has been increasingly retrieved from historical memory and serves as a compelling example of landscape imaginings rayaged by disease. In the search to make sense of our hollowed cities and temporarily isolated lives, it becomes essential to examine the response and subsequent resilience of humankind in reclaiming physical and mental spaces invaded by an invisible enemy.

In accordance with Foucault's emphasis on analyzing historical developments using a 'multi-lens gaze,' scholars must approach the Spanish flu with an understanding of the

<sup>&</sup>lt;sup>1</sup> Huremović Damir, ed. *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak*. (Springer Nature: Manhasset, 2019), 40.

pandemic's uniquely "complex, interconnected and transnational character." Its scope, with an approximate 50 million deaths and 200 million cases, dwarfed previous outbreaks and showed how catastrophic pandemics from the Plague of Athens to the Black Death were not relegated to ancient history. It played a pivotal albeit concealed role during the Great War as it seems to have infected many soldiers particularly on the German front, and it wrought devastation upon its apparent return to the US with American soldiers. Unlike its ancient bacterial predecessors and despite its lethality, however, many historians have suggested that the Spanish flu did not seem to guide fundamental shifts in art or culture.

As medical historian Mark Honigsbaum notes, "the virus inspired few works of fiction or non-fiction [with the exception of Katherine Anne Porter's *Pale Horse, Pale Rider*]<sup>3</sup> and for those who were there it was the absence of concern that was most striking." Americans did not appear to take much notice of the severe public health emergency and while newspapers reported on its developments, its limited reach in comparison to today's digital age failed to provoke much long-lasting fear. Some such as Terrence Ranger have claimed that the relative brevity of the pandemic or its overshadowing by the armistice signings of 1918 contributed to this lack of memory, while others have chosen to employ a psychological lens. H. L. Mencken, a prominent journalist and critic who lived through the pandemic, in fact argued that "the human mind always tries to expunge the intolerable from memory, just as it tries to conceal it while current." Such

<sup>&</sup>lt;sup>2</sup> Phillips, H. 2014. "The Recent Wave of 'Spanish' Flu Historiography." Social History of Medicine 27 (4): 791.

<sup>&</sup>lt;sup>3</sup> The *Pale Rider* referred to in Porter's title for her collection of short stories represents death as it arrives to claim an entire generation or era. This would also serve as the title for one of the most recent and comprehensive accounts of the Spanish Flu by Laura Spinney.

<sup>&</sup>lt;sup>4</sup> Honigsbaum, Mark. 2018. "Spanish Influenza Redux: Revisiting the Mother of all Pandemics." The Lancet 391 (10139): 2492.

<sup>&</sup>lt;sup>5</sup> Mencken, H. L. 1956. *Minority Report: H. L. Mencken's Notebooks*. (Knopf, Inc: 1956), 238.

statements about mass psychology demonstrates the enormous human potential for compartmentalization and a public tendency to quickly move onto the next issue or crisis at hand.

While historiography about the pandemic remained fairly dormant for several decades, increased interest in re-examining the Spanish flu began to surface around the 1980's, both from a medical and sociological perspective. Alfred Crosby represents a prominent voice of this wave researchers as he directly places the pandemic into political developments and the war. A particularly controversial claim of his pertains to Woodrow Wilson and the adoption of strict sanctions against Germany in the finalization of the Versailles Peace Treaty of 1919. He argues that his contraction of the flu during negotiations influenced his state of mind, diminishing his resolve in comparison to Clemenceau who sought more stringent reparations from Germany. He in fact notes how "within ten days of the onset of the President's illness, 4-1/2 of which he had to spend in bed, [...] the Franco-American stalemate on the reparations had been broken and nothing could prevent the rapid completion of peace treaties." Strengthening Crosby's argument further is the fact that medical research since the pandemic has shown how certain strains of influenza including the Spanish flu can depress mood for up to two months and weaken decisionmaking ability. If such a bold but substantiated argument holds, it serves as a crucial reminder that politics are not immune to disease and public health concerns.

Despite limited reach in comparison to today's mass media mechanisms, scholars have also uncovered how journalists during the pandemic informed the public but also spread misinformation about the virus, specifically regarding its foreign origins. Honigsbaum addresses

<sup>&</sup>lt;sup>6</sup> Crosby, Alfred W, and Charles E Rosenberg. 1989. *America's Forgotten Pandemic: The Influenza of 1918*. (Cambridge University Press: New York), 24.

this aspect of the pandemic by examining the reports of medical officers of health who sought to disprove popular "conspiracy theories peddled by newspapers at the time which blamed [the outbreak on] German U-boats or the deployment of mutagenic gases on the Western front." In times of crisis, the public often feeds on such information due to desperation and a desire to find a cause for otherwise senseless mass suffering. It therefore facilitates the identification of easy scapegoats, fueling anger and resentment towards nations or groups of people. Ascribing the pandemic to the enemy would prove particularly useful, if downplaying the extent of the virus in order to keep focus on the war did not work.

Beginning in 1927 with studies conducted by epidemiologist Edwin Oakes Jordan, researchers and historians have continually attempted to sift through popularized misconceptions about the pandemic's origins and determine its 'endemic focus.' Humphries relays these findings which continue to be contested today from "British military camps in Great Britain and France in 1916, Haskell, Kansas to China in 1918 [which] all showed evidence that an unusually virulent and deadly respiratory disease was present well in advance of the first recognized wave of flu." Theories about the flu's origin from China and diffusion into Europe through the Chinese Labour Corps have gained traction since the 1990's with modern techniques in viral sequencing, but perhaps the most influential historically is its potential origin in the United States. John Barry has become a prominent voice for this theory, which suggests that a local a doctor perplexed by the

<sup>&</sup>lt;sup>7</sup> Honigsbaum, Mark. "Spanish Influenza Redux: Revisiting the Mother of all Pandemics," 2492.

<sup>&</sup>lt;sup>8</sup> Both the Allied and Central governments sought to minimize public knowledge of the growing pandemic, to the point that it was named the "Spanish Flu" only because its emergence was first reported on in the neutral country. It was kept secret because "public confidence in the health and welfare of the nation's soldiers was vital to the government's ability to conduct the war" (Byerly, Carol R. 2005. *Fever of War: The Influenza Epidemic in the U.S. Army during WWI*. New York: New York University Press: 7)

<sup>&</sup>lt;sup>9</sup> Humphries, Mark Osborne. 2014. "Paths of Infection: The First World War and the Origins of the 1918 Influenza Pandemic." *War in History* 21 (1): 59.

lethality of the season's influenza was the first to report it to the US Public Health Service. This serves as a powerful counterargument to the narrative most hear in relation to the Spanish flu regarding its origination in the trenches of warfare. If this was the case, soldiers would have brought the pandemic to Europe and back.

Contrasting arguments and the mixed record of evidence overall show the tendency of historians to focus on geographically specific origins of pandemics. These influence how pandemics are remembered and to what locations one ascribes them. In popular imaginings, the Spanish flu takes place in the trenches and the devastating landscapes of 'no man's land,' empty battlefields representing not just the loss of life, but of humanity. Virologist John Oxford summarizes this real and imagined relationship between the pandemic and world war when discussing "the peculiar conditions of trench warfare allowed local outbreaks to emerge as a new pandemic virus, incubated by a lethal combination of gas, filth, overcrowding, and human cohabitation with livestock." The unimaginable misery alone caused by such a combination of factors would be enough for the public to explain one of the most lethal pandemics in human history. Although the disease certainly worsened and spread rapidly in such conditions, its portrayal as a uniquely war-time disease ignores its significant impacts upon the civilian population and the urban landscapes they inhabited.

Whereas artillery and machine guns created 'no man's land' and rendered landscapes unrecognizable, the Spanish flu emptied bustling streets and often created cityscapes increasingly dominated by the fear of infection. Concerns began to surface in the United States first as army and navy camps across the Midwest reported outbreaks of a new influenza strain, strengthening the original suggestion that the pandemic originated from soldiers returning home. An alternative

<sup>&</sup>lt;sup>10</sup> Ibid, 60.

explanation, however, would claim that federally operated bases would have greater testing and reporting ability than the public at large. Regardless, Crosby notes how "the belief that the nation's protectors were now the source of its greatest immediate danger was common enough for some civilians to regard the military with fear." The consequences of a victorious yet costly war seemed to have returned home to haunt an innocent population. Soldiers who had been praised for their heroism and sacrifice now represented an extension of the trenches from the frontlines, returning home and converting the environment into the war-scape they had left behind.

Following the reporting of a new epidemic stemming from military bases, state and city governments responded relatively slowly and implemented measures we would deem as 'social distancing' once the virus had already spread significantly across the national population. At this point, reached in October of 1918, "public health officials closed schools, government offices, stores, and theaters to prevent the spread of the disease and because of the lack of workers due to illness." Cities such as New York and Los Angeles became ghost towns overnight, and panic grew concurrently with the construction of make-shift hospitals built hastily to address a pandemic overwhelming the existing healthcare system. Crowded streets turned into overcrowded hospitals, and the lines of twin beds with curtains surrounding them would become ingrained in the memory of these years through startling photographs which those who lived through the pandemic may otherwise choose to forget.

<sup>&</sup>lt;sup>11</sup> Crosby, Alfred W, and Charles E Rosenberg. *America's Forgotten Pandemic: The Influenza of 1918*, 56.

<sup>&</sup>lt;sup>12</sup> Byerly, Carol R. Fever of War: The Influenza Epidemic in the U.S Army during WWI, 80.

<sup>&</sup>lt;sup>13</sup> As of March 16<sup>th</sup>, public health officials and popular news outlets have begun stressing the importance of self-quarantines in order to 'flatten the curve' of COVID-19 infections, which will ensure that hospitals do not reach over-capacity.

The panic and suffering ensuing such drastic shifts in public life are recorded in archival letters kept at UCLA's Louise M. Darling's Biomedical Library. There, Dr. Russell Johnson has created a collection of family threads detailing experiences with the pandemic, showing not just physical and social effects but its deeply psychological and emotional impacts. One such thread recounts the story of Alton Miller, an army cadet from Kingston, NY who writes his parents to ease their minds about the outbreak and his own diagnosis. The collection tragically ends with a telegram from the army informing the concerned parents that their son has passed away. Taking a step back from the headlines, public health advisories and official statistics to focus on a single family in this way might serve as the optimal way to introduce public sentiment to a worsening pandemic. It not only humanizes the historical record of such events, but how the individualized impact of desperation and grief can spread in society.

Critiquing the lack of research on personal responses to pandemics such as the Spanish flu, Huremović contends that "much has been written about the epidemiology of infectious diseases, but the epidemiology of emotions goes neglected." He furthers this notion to argue that an individual's psychological reaction to pandemics invariably influences the response of others because of our propensity to 'mimic' the actions taken by those around us. This process of 'emotional and behavioral contagion' explains how stories such as the Miller family's become collectivized and represent public suffering. In times of fear and crisis, the individual in fact seems to represent the whole of society as external forces create a situation which everyone must confront in a coordinated and joint fashion. Personal grief thus becomes shared by others who feel that a part of themselves as members of a community has been stolen.

<sup>&</sup>lt;sup>14</sup> Huremović Damir, ed. *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak*, 48.

The 'community' one belongs to over the course of pandemics can vary and sometimes carry notable political significance. Politicians often mobilize the public in pandemic responses by employing language about the strength or resilience of a nation, state or even city. This takes root in Benedict Anderson's concept of 'imagined communities,' or the way in which citizens identify themselves according to group affiliation as furthered by media or print capitalism. As a result, "social historians of medicine have typically chosen to concentrate on national and often local studies which examine the flu's effects on specific communities, ironically [localizing] a global outbreak of disease." This can help bolster the feeling of a national immune system, with every citizen playing an active part in public health that is almost comparable to the role of white blood cells in the human body.

Upon logical examination, however, this nationally specific approach deriving from Anderson's socially constructed sense of community falls apart because pandemics are global by definition and do not recognize arbitrary borders. Furthermore, conceptions or metaphors about national well-being do not always align with public health which can result in dangerous consequences. Even democratic institutions of government can prove unhelpful in pandemics since "the demands of national security, a thriving economy and public health are rarely aligned, and elected representatives defending the first two undermine the third." Fears of prolonged economic slowdowns can in fact hinder swift action taken to prevent further spread of disease. Since reports of the first major Spanish flu outbreak in the US appeared simultaneously with the end of WWI, many officials and businesses responded slowly because of the ongoing need for

<sup>&</sup>lt;sup>15</sup> Humphries, Mark Osborne. "Paths of Infection: The First World War and the Origins of the 1918 Influenza Pandemic," 57.

<sup>&</sup>lt;sup>16</sup> Spinney, Laura. 2017. *Pale Rider: The Spanish Flu of 1918 and How It Changed the World*. (London: Hachette Book Group), 99.

wartime supplies provided by a federally supported industrial complex. Only when workers themselves started to fall ill and prove unable to work did many take notice and begin to relate public health to the security of the nation.

The sudden spike in infections across the US in autumn of 1918 finally forced concerted action on behalf of multiple levels of government to contain ill-timed pandemic. The United States Public Health Service represented the primary agency responsible for containment, but it had no experience to deal with an emergency of such magnitude. In a fashion similar to the army in the face of WWI, "[the USPHS] was suddenly called upon to do a job for which it had been created in theory, but for which it had never been prepared in reality." Given such a power vacuum and the lack of proper knowledge on behalf of politicians focused on the war effort, public health officials had no choice but to embrace leadership roles. Academic literature and archival records on the flu's impact in Los Angeles in fact attribute's the city's relatively lower death rate to Public Health Commissioner Luther M. Powers. By printing detailed instructions about individual quarantining measures in addition to directing the rapid construction of temporary medical facilities in Elysian Park, the Commissioner indeed lessened the burden on existing hospitals and served as an example to other cities around the country.

Despite the best efforts of public health officials such as Powers, public life decisively began to change as the severity of the pandemic became clear. As Crosby indicates in connecting the Spanish flu epidemic closely to the public wartime mindset for WWI, urban environments transformed into empty spaces while makeshift hospitals turned streets into trenches and the city itself into a 'no man's land.' Instead of soldiers waiting to enter battle, he describes "the sight of

<sup>&</sup>lt;sup>17</sup> Crosby, Alfred W, and Charles E Rosenberg. *America's Forgotten Pandemic: The Influenza of 1918*, 52.

lines of sick men shuffling through the cold, penetrating rain not the hospital, giving no encouragement about the immediate future." The notable description of weather conditions adds a significant layer of despair to the imagined landscape created by the Spanish flu as it seemed to curse the population of major cities. In the presence of a pandemic, traditionally accepted weather conditions for particularly hard-hit cities such as Philadelphia became omens and symbolized the new reality for a public now at war with their own dangerous environment.

Both the real and metaphorical skies eventually cleared as the pandemic came to an end in the spring of 1919, but the hidden scars left behind with its historical legacy would not. The Spanish flu had exposed critical weaknesses in government agencies as exemplified by disorganization at the USPHS, in addition to showing the potential for infectious diseases to transform urban environments into landscapes of war. Crosby has compared his study of the American response to the pandemic to "standing on a high hill and watching a fleet of many vessels sailing across a current of terrible power to which the sailors pay little attention." Americans took notice of the pandemic once it had become a storm of insurmountable proportions and it seemed to end almost as quickly as it appeared. Crosby's vessels once again began to sail in calm oceans and with clear skies, but the pandemic's disappearance from public memory represents significant damage to their structural integrity.

Nearly a century later, humanity finds itself in nearly the same position it had been when the first reports of a new infectious disease surfaced in 1917. Over the course of the past couple of months, public health officials have continued to sound the alarm and warn both government officials and the public about the dangers associated with the spread of COVID-19. Like the

<sup>&</sup>lt;sup>18</sup> Ibid, 5.

<sup>&</sup>lt;sup>19</sup> Ibid, 311.

Allied and Central powers which chose to minimize reports of an outbreak, the Chinese government downplayed and even imprisoned ophthalmologist Li Wenliang who first attempted to warn Wuhan's citizens of a new respiratory virus. Once it had arrived in Italy during early February, local Italian governments with a lack of national direction scrambled to enact effective quarantine zones (*zone rosse*) in Lombardy and its surrounding regions. In the US, only since last week has the current administration reversed their view of COVID-19 as a 'democratic hoax' and recognized the magnitude of the pandemic. Suddenly, news outlets are flooded with historical segments about the Spanish flu, and the public today knows more about its devastating effects than their parents or grandparents.<sup>20</sup>

While the public had largely forgotten the world's worst pandemic in modern history, historians and the scientific community had not. Medicine has certainly developed over the last century, but public health experts such as Michael Greenberger have continued to warn public officials that "if we continue our current path and fail to make changes to meet the almost certain likelihood of future critical public health needs, we may, by virtue of policy negligence, be right back where we were in 1918." Instead of heeding advice from experts, the exact opposite occurred in many instances such as with the 2018 firing of the White House's 'pandemic response team' tasked with issuing policy recommendations for potential outbreaks. The eternal expression about history repeating itself tragically comes to mind as the world discovers how underprepared it again finds itself.

<sup>&</sup>lt;sup>20</sup> An example of the public's newfound knowledge about the Spanish flu can be found in editorials featured in prominent newspapers, such as John Barry's *New York Times* article from March 17<sup>th</sup>. In it, he stresses that the most important lesson to glean from the pandemic is the need to more quickly recognize the full extent of the crisis.

<sup>&</sup>lt;sup>21</sup> Greenberger, Michael, J.D. 2018. "Better Prepare than React: Reordering Public Health Priorities 100 Years After the Spanish Flu Epidemic." *American Journal of Public Health* 108 (11): 1465.

The world may not be in the midst of a world war as during the Spanish flu, but that has not stopped rhetoric which describes the process of minimizing and 'defeating' the pandemic in military terms. Empty grocery stores, the rationing of goods and shelter-in-place orders represent measures that Americans would only recognize as possible in war-torn countries. The landscapes of our daily lives continue to evolve and become barren sites one should increasingly avoid in order to reduce the spread of infection. Similarly to the historical archives detailing wartime misinformation about the Spanish flu, the Internet has made false news about COVID-19 more contagious than the virus itself. The hidden front from WWI seems to have returned as a sobering reminder that we do not fully control the planet and that humanity will always be at war with infectious disease.

In his conclusion, Crosby once again contemplates the legacy of the Spanish flu and determines that it "had a permanent influence not on the collectivities but on the *atoms* of human society – individuals." Many individuals have continued to remember the pandemic's effects over the last century through art, literature and scientific research but only now has the world seemed to take notice under the circumstances. As previously discussed in regards to Huremović's theories about the 'collectivization' of individual during times of crisis, these voices now ring true for the public more than ever before. Only by heeding such advice and working as a global, human community will we once again revive our public landscapes and possibly banish the *Pale Rider* for good.

<sup>&</sup>lt;sup>22</sup> Crosby, Alfred W, and Charles E Rosenberg. *America's Forgotten Pandemic: The Influenza of 1918*, 321.

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