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1/29/2021 7:30:00 AM Rhineland Revisited: A century later, the Spanish flu presents lessons for combating COVID-19 Stephanie Kuski River News Features reporter



(Photo courtesy of the Library of Congress archives) Masked members of the St. Louis Red Cross Motor Corps carry stretchers at the back of ambulances during the height of the Spanish flu pandemic in 1918. By 1920, the Spanish flu claimed the lives of some 50 million worldwide and infected one-third of the world's total population, making it the most deadly pandemic in recent history.

In the course of human history, mankind has been faced with disastrous outbreaks of communicable diseases, some proving to be much worse than others. Although the current COVID-19 pandemic may seem unprecedented, there are actually several parallels to be drawn - and maybe even some lessons to be learned - when comparing the coronavirus pandemic with the 1918 Spanish flu.

The Spanish flu, or "la gripe," was an unusually fatal strain of the H1N1 influenza A virus. Through the course of four successive waves from February 1918 to April 1920, the virus infected some 500 million worldwide, claiming the lives of another 50 million across the globe.

In Wisconsin, more residents died during six months of the Spanish flu pandemic than troops killed in World War I, the Korean War and the Vietnam War combined.

Although there is still no universal consensus as to where the virus originated, outbreaks of the flu-like illness were first detected in the U.S. in March 1918 when soldiers at Camp Funston in Fort Riley, Kansas became ill. Within just one week, the number of cases quintupled while sporadic flu activity spread unevenly throughout the U.S., Europe and Asia.

By May, hundreds of thousands of American soldiers - dubbed "doughboys" - were deployed overseas, allowing a second, more virulent wave of the influenza strain to quickly emerge.

Once American troops reached Europe, the microbes mutated into an even deadlier virus that spread throughout continental Europe. It probably became known as "Spanish influenza" because as a neutral country, Spain did not censor coverage of the virus like the Allied Powers did in an effort to keep wartime morale high, thus providing the world with the first news of the new virus.

The exact cause of the disease was not known at the time, and with the development of the electron microscope still 15 years into the future, there was no cure for the airborne illness.

Between September and November of 1918, this second wave of influenza peaked in communities across the U.S., claiming most of the lives attributed to the virus. In October alone, the Spanish flu killed approximately

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The disease struck Wisconsin communities six weeks before World War I ended. War-related bulletins displaced news warning the public about this highly contagious virus which spread insidiously by means of ordinary coughs and sneezes. The end of the war also enabled a resurgence of influenza as citizens across the nation collectively celebrated Armistice Day and soldiers began to demobilize.

Those infected with the virus experienced symptoms similar to the common winter flu - coined "the grippe" by contemporaries - characterized by chills, fever, sore throat, dizziness, muscle pain, lethargy and a dry cough.

But what made this particular strain lethal was its rapid onset and deadly complications. Young, able-bodied individuals in apparent good health were incapacitated by the virus and some even died within hours.

About one-fifth of infected individuals developed pneumonia, and up to half of those with pneumonia-related complications developed heliotrope cyanosis. Nicknamed the "blue death," heliotrope cyanosis was the result of victims' bodies being starved of oxygen as their lungs filled with fluids, which caused their extremities, nose, ears and mouth to turn a bluish-purple tinge that was often a sign of impending death.

Tragically, the young and healthy often perished. It was not uncommon for infected individuals between the ages of 15 and 40 to die from the Spanish flu, which left a huge gap in the population of young American families that was compounded by countless young men who died overseas fighting in the war.

While many U.S. military and government officials downplayed the significance of the virus at its onset and declined sweeping measures to slow its spread, Wisconsin's uniform, statewide action helped save thousands of lives.

Decades before the outbreak, Wisconsin established the State Board of Health, which also appointed local boards of health and gave authorities sweeping power to issue statewide quarantines and impose sanctions on public behavior in an effort to protect public health.

That existing framework allowed state health officer Dr. Cornelius Harper to order all public institutions in the state to close on October 10, 1918 in an effort to curb the spread of the deadly virus.

All schools, theaters and other places of public gathering were shuttered for an indefinite period of time. Citizens were ordered to wear masks, sanctions against public coughing were issued, public spitting laws were strictly enforced and kissing was even discouraged as a potentially dangerous activity.

Wisconsin was the only state to confront the pandemic with such uniform shutdown measures. In a nation that had just emerged from fighting a war overseas, widespread public cooperation with these restrictive statewide mandates were a product of post-wartime patriotism and homefront mobilization efforts.

When large Wisconsin cities such as Milwaukee faced daunting staff and bed shortages, for example, a large number of American Red Cross members volunteered as nurses and the Wisconsin National Guard also stepped up to help.

In Rhinelanders, the high school on Sarocka Hill was converted into a makeshift hospital and residents in good health helped the cause by volunteering for ward and kitchen duty. The Rhinelanders chapter of the American Red Cross prepared the high school for hospital purposes and community members were asked to contribute beds, sheets, towels and other necessities.

By December 1918, the State Board of Health declared the Spanish flu pandemic would "forever be remembered as the most disastrous calamity that has ever been visited upon the people of Wisconsin."

The third wave of influenza occurred that winter and spring of 1919, more or less subsiding by the summer. The virus returned with a final spike in early 1920, but by mid-year, the pandemic had ended in many places across the globe.

But even when the virus was gone, its scars remained.

The Spanish flu took a heavy toll on human lives, wiping out entire families and leaving countless others widowed or orphaned. As a result, funeral homes were overwhelmed and some even had to dig their own graves for their family members.

Following months of intense isolation, the nation's social fabric was noticeably weakened as a result of the pandemic. Local businesses were devastated since many lost considerable revenue when non-essential businesses were closed. Basic services like mail delivery and garbage collection were put on hold when workers became infected. In the agricultural industry, produce and livestock perished when farmers fell ill.

But nonetheless, millions of Americans sacrificed their individual health and welfare to alleviate the suffering of others. Abundant volunteerism and public cooperation with statewide orders enabled Wisconsin to emerge from the Spanish flu pandemic with one of the lowest death rates in the nation.

Without doubt, history offers lessons for us to learn from as we find ourselves in another global pandemic.

On Jan. 20, 2020 the World Health Organization (WHO) declared COVID-19 a global health emergency. By year's end, well over 83 million had become infected with COVID-19 worldwide and the total global death toll surpassed the 1.8 million mark.

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Meanwhile, a second, more virulent strain of COVID-19 originating from the U.K. has already been detected in the U.S. at the same time phased vaccine rollouts are underway.

In comparison, from February 1918 to April 1920, the Spanish flu claimed the lives of an estimated 50 million worldwide and infected one-third of the world's population, making it the deadliest pandemic of the 20th century.

In both cases, vast swaths of the U.S. population were quarantined, social distancing rules became commonplace and non-essential businesses were shuttered in an effort to curb the spread of the virus.

Indeed, the months-long pandemic at hand has forced the entire globe to alter their daily lives, unmistakably changing the way we all live, work and play. But the prospect of a COVID-19 vaccine offers a beacon of hope that was not afforded to the victims of the Spanish flu.

Advances in modern medicine certainly offer hope of flattening the curve, but our nation's lack of universal cooperation with federal and statewide mandates will undoubtedly allow the virus to continue on its calamitous course.

History reminds us that our lives will eventually return to some level of normalcy in due time. But at hand, the pressing question remains - when we revisit this chapter of our history books another century from now, how will we be remembered?

Stay tuned for the next installment in this continuing series. Visit rivernews online.com to read previous installments.

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