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Flu pandemic of 1918 brings comparisons to COVID-19

by Myra Young Armstead
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It was front-page news that Franklin Roosevelt, then the assistant Secretary of the Navy, had contracted the flu. He, of course, recovered. Photo courtesy of Dutchess County Historical Society

The COVID-19 pandemic invites comparisons with a similar 20th-century worldwide plague. Just over 100 years ago, the influenza epidemic of 1918 was a global scourge killing approximately 50 million people in a one-year period.

Actually, the number of fatalities can only be estimated and ranged from 20 to 100 million, because no one kept official records. Still, these figures are staggering.

Most scholars agree that there were three waves of the disease, (perhaps caused by different strains of the virus) - Spring 1918, Fall 1918 and Winter 1919 - but some add a fourth that touched even previously untouched Scandinavia in 1920. The first was relatively mild and limited in geographical reach, while the middle two were far more virulent and global in their deadly results.

The question of origins is still a puzzle for historians of science, but almost certainly conditions in World War I activated descendants of flu strains present throughout the world from earlier, less brutal influenza pandemics in 1847 and

1889, and the outbreak may have been linked to avian flu and/or swine flu, which were unknown to scientists in 1918.

The history of this pandemic allows us to reflect on public perceptions of disease, factors contributing to the spread of disease, and which populations are hardest hit by epidemics despite their undiscriminating expanse.

Then, as now, medical advice warned about the extreme contagiousness of the disease and stressed social distancing. People were warned to avoid shaking hands, to cover their mouths with masks, to remain indoors, to avoid touching library books, and not to spit in public. Large assemblies were stopped in infected army camps, and schools and theaters closed. Then as now, in the absence of a cure, scammers rushed to fill a desperate public's need by advertising and selling bogus, unscientific remedies.

In Dutchess County, the Poughkeepsie Eagle News carried stories about a local pastor who contracted influenza while accompanying a contingent of local army volunteers by train to Camp Wheeler in Georgia and about local defiance of the order from Beacon's Commissioner of

Public Safety to close all that city's saloons.

There were complaints of boredom, about the closing of theaters, but none about the closing of churches. The paper carried appeals to county residents to join the local Red Cross in a mask-producing effort for the army camps. The newspaper also provided ostensibly expert overviews of the disease and treatments; as well as ads for questionable "Influenza Preventatives."

There were, of course, many items on individuals struck by the disease—those who died and those in recovery—but admirably, there were reassuring articles reminding citizens that despite its pervasiveness, the pandemic offered "No Occasion For Panic."

Contrary to what we are witnessing with the current COVID-19 pandemic, the first wave of the 1918 influenza epidemic seemed to begin in America's heartland, concentrated especially in army camps, rather than in coastal cities, and the press was relatively sluggish in picking up on the story.

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Arlington National: Final resting place of heroes

by Jim Donick

America's heroes are buried all over the globe, some where they fell, others long after their service to their country.

Many are buried in cemeteries maintained by a grateful government. Overseas, those cemeteries and memorials are taken care of by the American Battle Monuments Commission (ABMC). In the United States they are mostly the responsibility of the Department of the Army. Those cemeteries on American soil number 147. The nearest to Dutchess County is in Saratoga Springs.

The best known national cemetery is Arlington National Cemetery in Arlington County, Virginia, outside Washington, D.C.

Some national cemeteries, especially Arlington, contain the graves of important civilian leaders and other important national figures. President Kennedy and his wife are buried at Arlington, as is the grave of the Unknown Soldier. A few national cemeteries also contain sections for Confederate soldiers.

The national cemetery at

Arlington was established during the Civil War on the grounds of Arlington House, which had been the estate of Confederate General Robert E. Lee's wife, Mary Anna Custis Lee (a great-granddaughter of Martha Washington). There was gossip at the time that the Union chose this site with the idea that they should "bury Union soldiers in Robert E. Lee's front garden."

Arlington became a segregated cemetery, just like all national cemeteries at the time, and remained segregated by race and rank until 1948.

Among the most revered on the grounds of the Cemetery are the Medal of Honor recipients.

Arlington National Cemetery is the final resting place for many Medal of Honor recipients from conflicts ranging from the Indian Wars of the 19th century to Operation Iraqi Freedom.

Arlington National Cemetery covers over 600 acres of rolling land across the Potomac River from Washington, DC. It is currently closed due to the COVID-19 pandemic.

When it reopens, it welcomes visitors to its park-like grounds daily.



Arlington National Cemetery covers over 600 acres of rolling land across the Potomac River from Washington, DC. Courtesy of Arlington National Cemetery

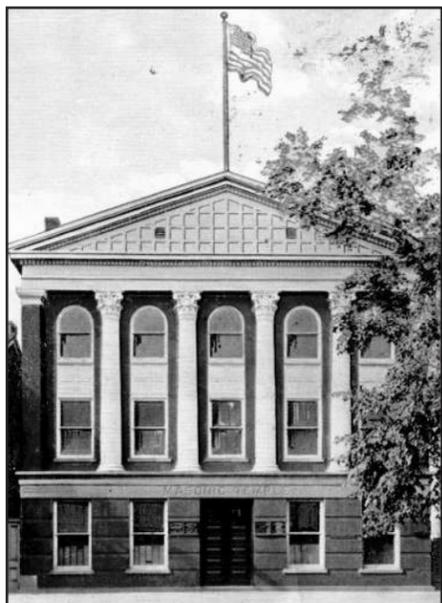
Flu pandemic of 1918 brings comparisons to COVID-19

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In late March of 1918, for instance, using federal sources, the Grand Forks [ND] Herald noted a rise in pneumonia and influenza cases, but headlined that “epidemic sicknesses are declining.” Similarly, the Oregonian announced in a most matter-of-fact way, “Mumps and influenza prevail in many National Army camps and some measles and meningitis are reported.” In retrospect, newspapers were relatively more concerned with an increase in cases of influenza in horses in early March.

By early April, however, reports appeared of a “mysterious epidemic” affecting three hundred schoolchildren in Mexico, Missouri; 30 inmates and 10 guards in the Wayne County, Michigan jail; Wayne County clerks and court attachés working in the county government building; and Ford factory workers in the Detroit area.

Journalists revealed that a “nuplerious malady” “hits Duluth hard,” confining hundreds to their beds and crippling businesses.



Emergency hospitals were set up at several churches and at the Masonic Temple on Cannon Street, shown here. It is estimated that there were 220 flu pandemic deaths in Poughkeepsie in 1918. There has been no calculation for the deaths that occurred outside of Poughkeepsie. It was reported that Beacon had fewer deaths because it acted quicker to close theaters, churches and public venues. Photos courtesy of DCHS

Although the “flurry of influenza” at Camp Custer in Battle Creek was simplistically attributed to dust, remedied by sprinkling the roads with water, authorities soon realized that the disease was spreading at an unusually rapid pace and that the airborne germs carrying it could not be so easily stopped. By the summer, however, new cases of the “three-day fever” dropped precipitously and the trouble seemed over in the United States.

Canada had scarcely been affected that spring. As World War I progressed, though, poor, rural Chinese workers recruited by Britain as part of the Chinese Labour Corps (non-combatants who served in France repairing damaged rails, digging trenches, unloading ships and the like), traveled eastward across Canada to Halifax in crowded railcars on the Canadian Pacific Railway beginning in 1917.

Canadian doctors dismissed the fact that 3,000 of 25,000 of the CLC employees required medical quarantine from a respiratory illness in July of 1918, and instead blamed their sickness on “Chinese laziness.” Such racial stereotyping meant that many of the sick went undiagnosed, unquarantined, and traveled onto Europe where they died; and the disease, already present there, spread even more swiftly in the wartime incubator.

Things were hardly over in North America, though. In the Fall of 1918 and into the following winter, influenza returned with a ruthless vengeance—a byproduct of the movement of troops serving in World War I.

Identified first in late August in the Boston area among sailors and soldiers docked and stationed there, the contagion quickly reached civilians. The new strain was far more vicious than the earlier one.

One doctor treating patients at Camp Devens outside of Boston explained how this particular flu, starting with familiar symptoms of chills, muscle aches and headache, progressed to a deadlier form: “[Victims] rapidly develop the most viscous form of Pneumonia that has ever been seen. Two hours after admission, they have the Mahogany spots over the cheek bones and a few hours later you can begin to see the Cyanosis extending from the ears and spreading all over the face, until it is hard to

distinguish the colored man from the white. It is only a matter of a few hours until death comes and it is simply a struggle for air until they suffocate. It is horrible.”

On October 2 alone, the surgeon general reported 14,000 new cases within 24 hours, with a concentration in army camps like Camp Meade, Maryland; Camp Pike, Arkansas; Camp Hancock, Georgia; and Camp Funston, Kansas.

By the time the pandemic ended, roughly 25 percent of Americans suffered from the epidemic. Influenza claimed the lives of approximately 675,000 people in the United States and 50,000 in Canada - 6.5 percent and 6.1 percent of the total populations of those countries. Because soldiers lived in close quarters, they were highly vulnerable to the disease and contributed to the young age of those dying. In stark contrast, today, the elderly are the most susceptible to COVID-19.

A few weeks before the 1918 pandemic gained wide notice in this country, the “Keep Well” column of the Wilkes-Barre Times Leader, a regular feature of that paper, offered a helpful, dispassionate, clinical description of influenza (known then also as “the grippie”): “Influenza may be regarded as a mild disease, the complications constituting the real danger, especially among elderly people and those who are physically ‘rundown.’ Of the complications the most important and dangerous are the lobar and [broncho] pneumonia. There can be no question but that there exists in all cities a certain number of carriers of the influenza germ.”

Offering further historical perspective, the writer explained, “Ancient records show that influenza epidemics were quite common. This spread always followed the lines of human travel and commerce and covers widely separated countries with such rapidity as to have produced the superstition that its onset is due to a malign ‘influence;’ hence its name. It is known now that there is no mysterious influence and that infection is due to [a] micro-organism.”

We would do well in 2020 to absorb this now 100-year-old observation by practicing not only social distancing, but also mental distancing from any prejudicial, uninformed thinking on the current public health crisis.



The May 31, 1918 Poughkeepsie Eagle News had a small photograph of King Alfonso of Spain and a short article halfway down page 5, mentioning that the King had contracted the “mysterious illness” ravaging his country. While referred to as the “Spanish Flu” in the U.S, Spain was not its origin. Spain was a neutral country and not censoring its news, so the first news reports of the pandemic emerged from there. The prior day’s newspaper reported that the Spanish thought the pandemic originated in Germany and was transported by German submarines. Photo courtesy of DCHS



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