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Social Distancing Might Work, but Don't Use the "Spanish Flu" Pandemic to Prove Your Point

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Dr. David Adams has been teaching at Harding University for thirteen years.

Though his primary area of study is British history, he teaches a variety of survey courses, as well as upper level European history courses. A decade-and-a-half ago, Dr. Adams devoted years of his life studying several historical influenza pandemics in England. Until a few weeks ago, he never thought he would be living out similar things to what he wrote about in his dissertation.

SOCIAL DISTANCING MIGHT WORK, BUT DON'T USE THE “SPANISH FLU” PANDEMIC TO PROVE YOUR POINT

By Dr. David Adams

As Covid-19 cases began building outside of China, the world started filling up with experts in a subject I'm a bona fide expert in. Despite this I made the conscious decision to refrain from most of these conversations in a serious way for two reasons. For one, social media didn't need any more experts, and secondly, how much could the history of flu pandemics, albeit the respiratory disease pandemic commonality, tell us about the current crisis?

At times of pandemic disease people are certainly searching for answers. In the 1980s, the helplessness surrounding the AIDs pandemic caused a renewed interest in the Spanish Flu Pandemic of 1918-1919 (1919-1920 for some). It even prompted a reissue of the best treatment on the subject regarding the United States, Alfred W. Crosby's *America's Forgotten Pandemic*. In 2005, amidst the concern over bird flu interest was piqued again, with a spate of new books over the topic, forcing me to have a slight panic and slight change of direction regarding my dissertation. It did prompt a call for an assessment of our pandemic preparedness, including our deficiencies in ventilator capacity, which unfortunately went unheeded. It's readily apparent that historical flu has precious little to tell us about AIDs, but is the same true of SARS-CovV-2?

When I think about my dissertation defense, I am often reminded of a comment one of my committee members made about my thesis. It was somewhat of an uphill battle to write a positive message about the deadliest pandemic in human history, but as I pored through the evidence what stood out to me was hope. So, this professor said, "Aren't you worried that people will read what you've written and not take the next pandemic seriously." My response was quick: "Are you saying people are going to read my dissertation!?"

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A few weeks ago, when “social distancing” and “flatten the curve” were not yet buzzwords, once again there was a lot of discussion about the Spanish Flu. The contrast between Philadelphia and St. Louis in the fall of 1918 was being used to justify distancing ourselves in an attempt to delay the onset of the virus. Time and time again we were told that Philadelphia didn’t distance, and people died. St. Louis did, and people lived. We’re given two cities that are perfect juxtapositions of each other. The problem is that it’s too tidy. It ignores a multitude of comparisons, including, most glaringly, other cities. One thing that I found out about researching the English during the 1918-1919 Flu Pandemic is that overall, they didn’t change their regular habits (despite the prodding of their government health agencies to do just that!). Aside from closing some schools and sending visibly ill people home, it was business as usual. And London, about ten times larger than St. Louis, did not experience a dramatically higher mortality without what we call “social distancing.” In England, for the most part, places of entertainment, like theaters, remained opened, save for a mandatory ventilating and cleaning period every three or four hours. The United States was not my focus, so I can’t tell you the reason, but there are infinite possibilities. Perhaps the British were still imbued with Victorian manners and washed more while not touching their faces. It was advised they watch their coughs and sneezes, and individual responsibility was lauded. Perhaps the demographic that was usually killed by the flu had been killed by the war. After studying samples of the Spanish Flu obtained a couple of decades ago, scientists still don’t fully understand the virus. In some ways our knowledge has not advanced beyond their ignorance. The possibilities are endless, and even though we crave answers from major, disastrous events, sometimes we must accept the truth of the unknown.

We are currently experiencing some gross similarities with 1918 and 1919. People are experimenting. Our knowledge of the disease is in flux. Official recommendations wax and wane, and there are debates about what to do. Yes, the internet has changed the dissemination of

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these ideas, but it hasn't increased the variety of outpourings. Charlatans are offering quack cures reminiscent of the intravenous mercury injections of little more than 100 years ago. Back then an anti-malarial drug was often recommended though its efficacy was widely questioned. And there is a timelessness in the recommendation of the last 100 plus years that we should wash our hands and not touch our face. Despite this, we must appreciate the differences. To write Covid-19 as Spanish flu or to write Spanish Flu as Covid-19 would do a disservice to both events, and we would never reach the truth that is at the heart of historical investigation. Bask in the uniqueness of circumstances, appreciate the diversity of creation, and tell the story of each thing without comparisons to preserve its distinctiveness.

I write all of this with some trepidation. I don't want the message to be that we shouldn't social distance. To get that message from history is just as wrongheaded as the opposite. It's irresponsible to write the present from the perspective of history, because our needs are different from theirs. Our approach may need to be heightened or relaxed, and instead of elevating our discipline we run the risk of exposing it to unfair and unnecessary criticism. And our predictions have the potential to harm as much as help, because in the end they're simply predictions like the ones everyone else is making.

There is uncertainty in the beginning of these events. Not only are they unknown to our bodies' immune systems, they're unknown in all senses of the term, including our knowledge base. So, when people clamor for answers, resist the desire to make direct historical connections. Each event stands on its own, and don't take that away by writing the past onto the present.