The flu far and near: comparing the 1918 and 2009 pandemics
Abstract

In this debate, Latin American historians compare the 1918-1919 flu pandemic with the one sweeping the continent in 2009, focusing especially on the experiences in Mexico, Argentina, and Brazil. They analyze the strategies adopted on both occasions, above all isolation measures, port and airport surveillance, and urban interventions. Comparisons are drawn between the actions of federal and local governments, positions taken by doctors and the media, and people's behavior, particularly regarding fear and death. The debaters also analyze the performance of assistance structures, the treatment and prevention measures recommended by public health agencies and private groups with a vested interest in drug sales, and popular and home remedies. The debate extends to how the 1918 experience has influenced the evaluation of today's crisis and what legacy it may leave behind.

Keywords: pandemics; Spanish flu; influenza A (H1N1); history of diseases; Latin America.
In this issue of *História, Ciências, Saúde – Manguinhos*, we invited seven Latin American historians who have published scholarly writings on the 1918-1919 flu to engage in comparative analyses of the earlier pandemic and the one sweeping the American continent this year. In the text that follows, produced during August and September 2009, our readers will find fascinating information, insight, and speculative ideas about the unfolding of these social and medical crises in three countries that were hard hit by the current pandemic: Mexico, Argentina, and Brazil.

In an article published in the journal *Tempo*, Oswaldo Porto Rocha – a dear friend who died too early – and his wife Maria Luiza comment on scenes described by writers Pedro Nava and Nelson Rodrigues, who lived through the experience of the flu in Belle Époque Rio de Janeiro.\(^1\) In what was still the era of Machado de Assis, of street lights, trams, and residential burials, Rio de Janeiro’s recently built avenues and mansions were the sparkling witnesses of a time when the medical science of Pasteur and Oswaldo Cruz\(^2\) seemed to have vanquished urban plagues and was now promising to overcome rural maladies as well. Approaching by ship and preceded by uneasy news spread via telegraph, the flu first seemed to the locals as remote as the horrors of the world war destined to end in November of that year of 1918. But between September and November, a veritable cataclysm struck the capital of Brazil. Nelson Rodrigues wrote: “Fellows died in the most improper and unlikely places: a verandah, a windowsill, the sidewalk, the corner, a bar. ... Many of them fell right in the gutter, faces pressed into the drains. ... Not even a mutt came round to lick them.” And later on: “The public sanitation wagon would come along to gather and pile up the corpses. ... Many were still alive, but neither families nor gravediggers had any patience. Someone would go to the gate to call out to the garbage cart: ‘There’s one here, there’s one here.’”\(^3\) The city ground to a halt. Schools, barracks, factories, churches, and a good share of businesses closed their doors. Nava describes the hardships faced even by the middle class, which watched in horror as “packs of starving people and gaunt convalescents set themselves upon bakeries, grocery stores, and taverns, stealing and coughing.”\(^4\)

I transcribe these impressions – chosen among many others just as Dantesque – to give the reader some insight into the collective tragedy experienced back then. It is estimated that 15 million people died during World War I, 9.2 million in combat. We do not know how many died of the flu worldwide; figures range from 20 to 100 million.\(^5\) In October 1918 alone, 930 flu deaths were reported in the city of Rio de Janeiro, according to Goulart.\(^6\)

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2 Died on Feb. 11, 1917.
This number is almost equivalent to nationwide deaths resulting from the epidemic that broke out in April 2009: 1,047, as reported by the news daily Folha de S. Paulo on September 23 of this year.

Today the flu travels by plane, news spreads practically in real time, and people die mainly at hospitals – albeit mostly dreadful ones but part of a much denser network of medical and sanitary institutions than in 1918-1919 and in one way or another mobilized by the international public health sector, which was only fledgling during the previous epidemic. Yet our new reality has not prevented the repetition of medical practices and social behaviors that recall that earlier and much more critical sanitary crisis. This new reality encompasses the emergence of virology (a nonexistent field back then) as well as a very sophisticated understanding of the viruses that cause the different types of flu which attack human hosts and other vertebrates. These have brought in their wake drugs that did not exist before and a vaccine that could not be achieved with the resources afforded by microbiology in 1918, even though this field helped reduce the role of disease in World War I, leaving the killing mainly to weapons and to human ingenuity and cruelty. Our new reality is manifold but its many facets co-exist alongside ‘archaic’ strategies for dealing with infectious disease – like age-old sanitary cordons and quarantines – even though our current global resources for detecting disease and transmitting information are incomparable to those of our grandparents and great-grandparents. These resources have in fact helped fuel expectations that humanity might go through another disaster like the one in 1918.

I recommend the excellent compilation available at “Nature Reports: Avian Flu” (http://www.nature.com/avianflu/index.html), especially the time line (http://www.nature.com/avianflu/timeline/index.html), which starts with the 1890 influenza pandemic, includes those of 1957 and 1968, and brings us up to early 1999, when the origin of the different strains of flu virus began to be deciphered with the tools of molecular biology, thanks to studies conducted on the bodies of 1918 pandemic victims, dug up in Alaska’s permafrost. Based on tissue removed from one of the corpses exhumed from Alaska’s tundra and on slices of lung tissue collected during autopsies and then stored at the archives of the U.S. Armed Forces Institute of Pathology, Ann H. Reid and collaborators sequenced the gene of a virus membrane protein of the 1918 influenza.8

“Suddenly, the flu was gone,” wrote Nelson Rodrigues. “The plague had left survivors with neither fear nor astonishment nor resentment but pure boredom with death. I recall a neighbor asking: ‘Who didn’t die in the Spanish influenza?’ And nobody realized that a


city was dying, that the Rio of Machado de Assis was among the deceased. Another city would be born. Shortly thereafter, carnival erupted. And there came a collapse of customs and traditions, values and modesty.”

Once again, the epidemic is on the wane and Carnival approaches. Today the collapse of values and customs can be blamed on other evils, with special note for those of a political nature. And what have we learned from our recent experience? What is the legacy that both crises, the one in 1918 and the one in 2009, will leave for those who come after us?

That is the question our debaters have tried to answer.

*Jaime Benchimol*

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Despite all the research, and although 92 countries are part of the network put together by the World Health Organization (WHO) – for a total of 122 laboratories in 2009 – it is painful to observe how impotent doctors and medicine are when it comes to the flu, even in the twenty-first century. Thousands of people still die from it. Experts from a gamut of backgrounds have proposed strategies – not always coinciding ones – for confronting the chaos of a new pandemic, which spreads faster now than in the past. What associations or comparisons can we draw between the current situation and that of 1918, when the so-called “Spanish flu” was raging? In terms of Brazil, Mexico, the United States, and Argentina, are there big differences in how public health officials and the media have reported the real presence of the pandemic? Are there notable differences in the behavior of groups that control the federal and local governments? Can pertinent comparisons be made about doctors’ stances and the population’s behavior?

Ana María Carrillo – In the first place, I think it is important to stop calling the 1918 pandemic the ‘Spanish’ flu. Although the question of where the flu started is still a matter of discussion, there seems to be a consensus that it wasn’t in Spain. Some historians think it started in France, but most trace it to camps in Kansas and Texas where U.S. soldiers were getting ready to join the allied troops. It was called the Spanish influenza because, in an effort to keep from discouraging the troops and the public, the news was censored in the presses of World War I combatant countries. But Spain, which was not involved in the conflict, imposed no such censorship and therefore many believed the pandemic originated in that country. Although this information is known, it is worth repeating, since the medical and political press have gone back to this term in the current pandemic.

Ascribing demonyms to illnesses often gives us the wrong idea about the true origin of epidemics and makes us view certain countries or regions as ‘guilty.’ Now medicine knows the nineteenth-century ‘Asiatic’ cholera simply as ‘cholera.’ This disease was certainly endemic in the Ganges valley, but Asa Briggs\(^{10}\) and many other historians have analyzed the role played both by British colonization in India and by war – among other factors – in spreading the disease around the world in successive waves. I’m surprised that WHO persists in using the term ‘Asian influenza’ to refer to the strain caused by subtype A H2N2 in 1957-1958, ‘Hong Kong flu’ to that caused by subtype A H3N2 in 1968-1969, and ‘North American influenza’ to that now afflicting the planet. Most of the world in fact identifies Mexico as the origin of the pandemic, but it may have started in the United States, as Laurie Garret has suggested. According to this U.S. expert on international health policies, the first case was detected in Texas in September 2008 and others then followed. The fact of the matter is, even in our day and age, it is hard to establish just when and where a pandemic starts and how and why it ends. Giving it a ‘surname’ only encourages bias and serves as an excuse for protectionist policies.

Christiane Maria Cruz de Souza – Although it is known worldwide as the Spanish flu or influenza, the 1918 flu had a number of names during the epidemic, derived from the

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different ways in which the disease was viewed in the countries where it struck. It became known as the ‘three-day fever’ or the ‘purple death’ among people in the U.S.; the French called it ‘purulent bronchitis’; the Italians, ‘sand fly fever’; and the Germans were assailed by ‘Flanders fever’ or Blitzkatarrh. In Spain it was nicknamed La Dansarina; in Portugal it was known as the ‘pneumonia flu.’ Baptizing the disease according to its possible place of origin or means of transmission can really cause trouble. Maybe that’s why hog breeders protested against the term ‘swine flu’ during the current epidemic, and the press starting calling it influenza A. But I think it is hard to control the popularization of a name. It always slips out of control, and we still see headlines referring to swine flu.

Claudio Bertolli Filho – In the Brazilian case – and I’m basing myself primarily on statements by public health officials – the current flu was first considered something that had to do with ‘others’: Mexicans, people in the U.S., and then people in some European countries. Next, the news came out that if the epidemic reached us, there would be health care and medicine enough for everyone, with the added information that influenza A was not very unlike an ordinary flu. Over time, the gist of official statements changed again: only the most serious cases would warrant hospitalization but everyone would have free access to Tamiflu. A bit later, a prescription was required for a patient to get the drug.

I am not saying that Brazilian public health authorities are liars or anything like that. Epidemics that reach proportions like the present one and the one in 1918 display characteristics that I have described as unmanageable. Standard procedures are followed but the epidemic only becomes a pandemic because medicine relies on rather tenuous resources for meeting this public health challenge. It is because of these circumstances that the content of official statements changes, revealing contradictions that officials tend not to admit to. There are amazing similarities between statements by Arthur Neiva, director of the São Paulo Sanitary Service (Serviço Sanitário de São Paulo) in 1918, and the current Brazilian Health Minister, José Gomes Temporão.

Christiane Maria Cruz de Souza – I also see similarities in the positions taken by the authorities at both conjunctures. When the press denounced the presence of the flu epidemic in Salvador, Bahia, in mid-September 1918, public authorities rushed to deny it or downplay its seriousness. Something similar happened now when the first cases of the disease were reported. In some places, the discourse was almost the same: it’s the benign seasonal flu, which strikes during the cold season and quickly dies out. The disease spread, the first deaths occurred, and the epidemic became apparent. Doctors and public health officials then took a position analogous to the one adopted in 1918. I open a magazine or turn on the TV and see the minister of health giving an impression of serenity, safety, and competence in managing the crisis; he calls on the press to be prudent and to try not to alarm people – just like the public health authorities in Bahia in 1918.

Adrián Carbonetti – I believe the fact that the epidemic is given a name does not necessarily lead to prejudice. In an editorial on October 19, 1918, the humor magazine Caras y Caretas listed the names Spanish society had given the pandemic. ‘Camp influenza,’ ‘Spanish
influenza,’ ‘infectious flu,’ and ‘Kraut germ’ were, as the same writer said, fanciful names that in many cases had nothing to do with origin.

Over the course of time, different pandemics have apparently been given names based on origin: the Chinese, Russian, Japanese, Chilean, Spanish influenza (La Nación, Oct. 16, 1918). I feel the name does not incite prejudice against the inhabitants of the countries which at some point were harder hit by the flu. It is the social construct surrounding the disease that generates xenophobia and discrimination. Here I think we need to engage social scientists in order to avoid such discrimination, elucidating the constructs that emerge in relation to a disease.

Claudio Bertolli Filho – One of the differences I’ve noticed between the statements of U.S. and Brazilian authorities published in the media – my sources are papers I read daily, like Folha de S. Paulo and The New York Times – has to do with the vaccine. The Americans make constant references to efforts to produce a specific vaccine to immunize against the virus of this pandemic, but this is not made very clear in the Brazilian context. Official statements never leave two things clear. Tamiflu and other drugs indicated for those infected (and also taken as flu preventatives) do not constitute strategies against the infection. The Butantan Institute has received samples of the flu virus and has the technology to produce the vaccine, but in order to make it on a large scale, it would have to follow a series of protocols, from efficiency testing to testing for side effects that might present a risk to the health and even lives of those immunized. Furthermore, large-scale production, distribution, and administration take a long time, even when everything is done on an urgent basis.

In the city where I now live and work, Bauru, in rural São Paulo, which has a population of about 350,000 and is home to campuses of the Paulista State University and the University of São Paulo, I have noticed that doctors do not seem very worried about the situation; they tell their patients that the current epidemic doesn’t differ much from the common flu and that fatal cases involve people who suffer from other illnesses.

But the population is still alarmed. Yesterday, in the elevator of the building where I live, a teenage girl coughed and two other people immediately moved away from her. Today on the bus to campus, a number of people were wearing masks. When I got to the university, I saw that many of the personnel were gone, because the area director had left it up to each person to decide whether or not to show up for work until school starts – an unusual occurrence. School vacation was extended two weeks beyond schedule, and a substantial number of students did not attend classes during the first week of activities. There have been some changes in habits too, like kissing and even handshaking. Instead of these gestures, many students prefer to touch each other on the shoulder as a friendly greeting. I’ll add another illustration: a local zoology professor was featured in the press because he declared that using mentholated gel in your nostrils would decrease your chances of catching the flu. Some companies started sending out emails advising people to use their products to protect against the current flu virus, especially gels, vitamins, and natural products. Very similar things took place in 1918, as reported in my book A gripe Espanhola em São Paulo.11

We should also mention the rumors that circulate during times of plague, some spread by health professionals themselves and others, by the lay; these are certainly related to society’s high level of mistrust of official services. Some days ago, my wife ran into a nurse from Bauru State Hospital at the hairdresser. The nurse told her confidentially that more than one hundred people in the city had already died from the flu and that this information was being withheld by local authorities, who were admitting to only three deaths in the city as a result of the epidemic. The nurse also said that the hospital had admitted hundreds of flu sufferers and that many were being sent home because there were not enough beds.

Another sociocultural consequence of the epidemic are religious pontifications. On Bauru’s main street, which is actually a pedestrian mall, a neo-Pentecostal pastor was preaching that the epidemic was divine punishment for sinners. A similar tenor could be heard recently on a TV police report, when the newsmen informed about a child who had been raped and murdered and an old woman who had been abused, and concluded by saying, “Yet you people don’t want there to be any Aids or flu!” Discourses like these remind me of the time of the Spanish flu, when various newspaper articles – some even written by figures from the health field – stated that the flu was divine punishment for men corrupted by war and greed.

Fear has been evident in a number of situations. Before classes were called off, two children coughed in a classroom and were immediately removed; their parents were advised that the students could only come back to school with a doctor’s note stating that they were not carriers of the influenza A virus. A number of similar situations took place before classes were suspended, the day after this case occurred.

In short, every epidemic comes along with its double: the epidemic of fear.

**Liane Maria Bertucci** – In 2009, WHO issued an advisory about the deadliness of the influenza A virus. In 1918, information was at first sparse, contradictory, and often times censored, in part because of the moment when the pandemic swept the globe: the final months of World War I. An unprecedented decision was announced on August 10, 2009, at the fifth North American Leaders’ Summit: the government heads of Canada, the United States, and Mexico stated they would share information about the epidemic and that they believed a new epidemic outbreak would occur during the northern hemisphere winter. This is a novelty, not just because government leaders publicly agreed to release information on the disease but also because they admitted a new outbreak was possible.

Two other episodes to date have been striking in their singularity. At the outset of the epidemic, Mexico appeared as its place of origin, which, some supposed, meant it could be controlled. The week that Mexico City came to a halt was emblematic, both given the critical nature of the situation and as an expression of actions by public health authorities. Months later, during the influenza pandemic, the news came out that the real number of flu sufferers in Argentina – about 100,000 up to August – had been hidden from the population for political reasons, prompting indignation and more fear in everyone.

Among the countries mentioned, there were similarities in reports on the first cases of the current flu: in Brazil, the United States, and Argentina, doctors, governments, and the
media plainly announced that the sick were ‘from elsewhere’ (generally, Mexico). The impression they gave the population was that if the sick ‘outsider’ were isolated and properly treated, the disease would remain ‘foreign.’ This idea of a foreign sickness or invading evil was also present, with its own nuances, at the outset of the 1918 pandemic. In 2009, in a way quite analogous to 1918, ‘national’ cases of the disease were announced in every country, and in a few weeks, the thesis of a foreign disease had vanished, matching in speed the rise in the number of ill. Some newspaper headlines during the first weeks of influenza A also strike the eye. As in 1918 periodicals, the word ‘epidemic’ was printed in bold, capital letters, occupying a rather unusual space, even for headlines. They seemed to be announcing the apocalypse.

Nara Azevedo – In 2009, the Brazilian media reported on controversies between Health Ministry officers and local governments over the procedures to be adopted to control flu transmission, and I know of various specialists (primary care doctors, infectologists, etc.) who disagreed with the guideline on the use of Tamiflu.

I have noted that the population’s behavior is not dissociated from the public stance taken by physicians, which has been to admit that our insufficient knowledge of the new virus demands caution when it comes to predictions about how it will behave from here on out. Will it become more virulent or less (following mutations)? Will there be new outbreaks next year? This lack of knowledge makes the population feel even more insecure.

Liane Maria Bertucci – In Brazil as in a number of other countries, following WHO’s advisory but especially after the disease was deemed a national issue, doctors invested themselves in prevention and in disseminating knowledge and information about practices that could help decrease the spread of the disease. The media were decisive in this popular education effort, but the flyers handed out and the posters put up in places of high pedestrian traffic were important as well. In 1918, right from the first cases of flu, newspapers published ‘advice to the people,’ supplemented daily by further instructions.

As I wrote in an editorial for the Revista da Associação Médica Brasileira

any way to treat so many patients individually, but part of the population showed resistance because in the early twentieth century the idea still held much sway that hospitals were places of death or meant for the indigent. This has changed substantially, and as recommendations for the hospitalization of more serious flu cases grew in 2009, hospitals in southern Brazil did not have enough beds to meet demand during the month of July.

In closing, many people acted out of fear or uncertainty in both 1918 and 2009. During the Spanish influenza, quinine was presented as one of the most indicated substances for treating the flu; all other things being even, it was the Tamiflu of the day. And in 1918 as in 2009, sanitary officials had to intervene in the marketing of the two products, for there was a mad rush on pharmacies.

Adriana Alvarez – In Argentina, influenza A (H1N1)\(^{13}\) appeared in June of 1918. Prior to that, the daily papers reported on the arrival of the Spanish flu in other places, like a distant problem, and while they warned about the danger of the disease, their message was reassuring in that it posed Argentina as free from the effects of the pandemic. The close of the world conflict and the country’s possible economic recovery through the re-establishment of world trade dominated the attention of the national press.

Starting in the early months of 1918, the periodicals in Buenos Aires province devoted long news items to the existence of ‘pig fever’ or ‘swine fever,’ with the intention of encouraging the consumption of meat processed at municipal slaughterhouses rather than that from small farms, where it was customary to raise and butcher these animals. These events, which in the province of Buenos Aires were the prelude to the unfolding of the pandemic, did not bring about major changes in the consumption habits of people fond of home-butchered meat, nor did the flu pandemic itself, even though it lasted through 1919.

Adrián Carbonetti – In Argentina, reports on the approach of the Spanish flu pandemic differed between 1918-1919 and today. Around 1918, the media, like the news daily La Nación, placed limited importance on the flu epidemic under way in Europe. Such news was scarce and, with some exceptions only, usually about Spain. Reports were published by Argentinean periodicals during the months of May and June, prior to the epidemic’s outbreak in the country, which came in October and November 1918.

The media and authorities in Argentina viewed the flu epidemic as something distant, taking place in Europe, a continent where most of the deaths attributed to the flu had been preceded by the damage caused by nutritional deficiencies, war, and the crisis. One hypothesis that could explain Argentinean society’s notable lack of concern about the risks of the epidemic has to do with a collective imaginary grounded in the notion of Argentina as a

\(^{13}\) Later investigations discovered the virus responsible for the 1918 flu, which was unknown at the time. The origins of H1N1 have been the object of much research. Some suggest direct migration from birds to humans; others think it incubated in an intermediary host, like the pig or some other still unidentified animal. Further on this, see Jeffery K. Taubenberger, Ann H. Reid, Raina M. Lourens, Ruixue Wang, Guozhong Jin, and Thomas G. Fanning, “Molecular virology: was the 1918 pandemic caused by a bird flu? Was the 1918 flu avian in origin?” (Reply), Nature, vol.440, Apr. 27, 2006. Available at: http://www.nature.com/nature/journal/v440/n7088/pdf/nature04825.pdf. (editor’s note).
food producer and exporter and of its citizens as a people with a complete, abundant diet. It was only when the flu arrived that measures began to be taken, which in many cases had no impact on the development of the epidemic and entailed nothing other than hygiene initiatives in cities and towns. For their part, the media back then seemed lost in a kind of muddle – so much so that they described the flu epidemic as a ‘strange and exotic’ disease.

This does not seem to have occurred in the case of actions during the 2009 flu pandemic, in which the media – now ‘mass’ – immediately released the news, first coming from Mexico. Their emphasis on the fact that the epidemic began in that country and that the largest number of flu victims could be found there allowed for the emergence of a social climate somewhat hostile towards Mexicans, blamed for the spread of the disease.

Contrary to the way the epidemic was handled in the news in 1918-1919, the mass media today sought out professionals, specialists, and academics. It was these people who explained the scope and implications of influenza H1N1 to public opinion.

Adriana Alvarez – Although the virus’s stay was long in 1918-1919, the public memory retained no traces of the suffering and fears caused by the disease nor of the incorporation of preventive habits and precautions, although adoption of the latter does seem to be leaving an imprint with the current epidemic. One possible explanation is that in 1918 the number of deaths was substantially smaller in Argentina compared with those in other nations on the South American continent.

At present, the situation is inversely proportional, with a comprehensive defensive strategy engaging at the same levels different actors from the educational, business, medical, political, and other realms. Both care and follow-up of detected cases have been the object of greater control than in 1918. This lets us venture a preliminary notion about the legacy of the current sanitary crisis, that is, that certain habits, primarily among the younger generations, seem destined to last, such as using hand sanitizer or taking precautions with manifestations of the illness, like covering your mouth with your arm instead of your hand when you cough.

Likewise, statistics on the disease were underreported at both moments (1918 and 2009), and there was a lack of precise data on the number of fatal cases and of those infected as well. During the first event, the explanation for such statistical underreporting and the absence of centralized measures might have reflected the lack of a national public health ministry. In light of the flu experience in Argentina, J.J. Capurro, head of the National Department of Hygiene (Departamento Nacional de Higiene; DNH in Spanish), then the top sanitary agency (1917-1920), pointed out the department’s shortcomings in handling the development of infectious diseases, stating that “its action in rural [Argentina] is subject to requests for assistance from officials of the respective federal states ...; when assistance is requested from the DNH, it has to rely on improvisation, always inadequate and onerous.” That is to say, the consequence of having multiple sanitary groups back then (both provincial and municipal) was “veritable disorder,” with the prevalence of different scientific criteria that were “not always correct or sufficient.”

Added to this is how the pandemic spread in Argentina. In Buenos Aires, the outbreak got underway in October 1918. From there it spread northward, following the more heavily traveled paths of river navigation and railroad tracks, skipping over some towns and changing its epidemic nature or clinical presentation in others.\(^{15}\) This meant that in some locations it would be benign while elsewhere there were more complications, like pneumonia. These changes were not clearly reported by authorities back then, one of the reasons for this being multiple diagnoses.

On the other hand – and despite what was said earlier – the path taken to recognition of pandemic H1N1 was similar in both cases. In 1918, the first manifestations of the disease were mild, with no mortality, limited only to “fever, cough, sometimes vomiting, aches and pains, and prostration.”\(^{16}\) Based on this, different opinions arose in the Argentinean medical field, since some specialists thought they were dealing with the seasonal flu, tying it directly to the flu outbreak that had struck Argentina in 1916. Given this diversity of opinions, these first impressions caused some morning papers to ask “is this flu or not?”, leaving uncertainty to reign among the population; for some readers it was “just a disease in fashion.” This situation extended into the medical profession, which could not come to an agreement about whether the infection was due solely to pneumococcus or to Pfeiffer's bacillus (the most widely embraced opinion).\(^{17}\) The political class was not exempt from tensions and debates about the pandemic. The opposing Socialist Party (Partido Socialista), based on information about the progress of the disease on the European continent, especially in Spain, called for more drastic sanitary measures, such as closing schools and banning crowds in public places like bars, cinemas, or churches, in order to keep the pandemic from assuming the same deadly characteristics it presented in other countries, some of which, like Brazil, were its neighbors. Faced with these political complaints and a situation of uncertainty, the federal government reacted cautiously and it was the city of Buenos Aires that first took more concrete measures, in mid-October, when the first deaths began occurring in the midst of milder cases.

In April 1919, cases of Spanish flu were once again reported in Jujuy, and from there the illness traveled from north to south, hitting the Andean provinces hard and drawing to an end in June. In both 1918 and 1919, 50% to 60% of those exposed fell ill. Deaths caused by the flu, which had totaled 317 in 1917, rose to 2,240 in 1918 and to 12,755 in 1919. Deaths due to bronchopulmonary disease climbed from 13,254 in 1917 to 16,811 in 1918 and then to 17,297 in 1919. The overall mortality rate was 16.6 per 1,000 population in 1916, 15.4 in 1917, and 17.5 in 1918.\(^{18}\) These data were of course interpreted differently by different actors. Physicians generally agreed with the assessments of doctors of international renown, like Emilio Coni, who analyzed the situation in encouraging tones,


\(^{16}\) Julio Méndez, “Estudio y tratamiento de la gripe,” La Semana Médica, Buenos Aires, no.29, July 1919, p.54.

\(^{17}\) Many scientists had not accepted this notion and it in fact was not the causal agent of the disease.

taking into consideration that the country’s figures were significantly lower than in Spain or other American nations. This laid the grounds for Coni to assert that these results were a consequence of the public health progress achieved by Argentina. This interpretation was quite correct for cities like Buenos Aires, but in the interior and in areas far from the main cities, the reality was otherwise. It was precisely the scarcity of physicians and hospitals and a reliance on local customs, which involved marginal or household remedies, that led few cases of the sick to be isolated, in turn prompting greater dissemination of the illness and faultier reporting of infections as compared with the nation’s capital.

Nevertheless, when the population faced the second wave, with pneumonia breaking out and taking the greatest number of victims, the response – at least in the months of October 1918 and July 1919 – was concrete isolation measures that proved more effective among better-off social sectors. In fact, the social pages of some newspapers in the interior of the province of Buenos Aires created a new sub-section for the ill, where the more well-to-do families advised about patients’ state of health: “Misses Emma Lausecker and Emma Gémoli have fully recovered ...; struck by the flu, Orazi is confined to bed” (El Trabajo, 1918). These announcements served to discourage visits or to re-establish them, as appropriate, and also conveyed the situation of isolation in which people found themselves. This behavior was different in the popular sectors. In fact, the housing situation very often contributed to effecting the isolation recommended by physicians and authorities. On a compassionate note, the press reported on some cases deemed ‘tragic,’ such as the case of a tenement in the province of Buenos Aires where six out of ten children in one family had died of the flu.

Present-day preventive education about influenza H1N1 suffers from the same limitations, since one of the big constraints on care, control, and prevention measures is poverty. Then as now, access to the tools needed for defensive hygiene not only grows more expensive in response to heavy demand but, furthermore, free provision of these to poor sectors was and is not generalized. Then as now, initiatives like these were and are carried out at the municipal level, resulting in coverage of dissimilar scopes, which in turn affects public health equity and therefore how flu is controlled across the country.

Adrián Carbonetti – I agree with Adriana as far as the flu’s impact on the population in Argentina. In another paper, I show that while the flu may have been uniform in terms of morbidity, it was not in terms of mortality. Of the 14,995 cases that occurred during the two epidemic outbreaks, the highest rates corresponded to provinces in northern Argentina. Salta and Jujuy, respectively, saw specific mortality rates of 118 and 95 per 10,000 population in 1919. Meanwhile, the city of Buenos Aires itself had rates of 4 per 10,000. Two things account for this difference: the material living conditions of people in the north and the sanitary conditions of each province, which Adriana mentioned. Another matter already addressed, and which merits highlighting, is under-reporting: the deaths that were reported occurred in the provinces, not in the national territories. In the paper mentioned earlier,
population and mortality figures were projected for the territories, making it evident that the number of deaths in Argentina was double the officially reported figure.

There were notable differences in actions by the federal government and by the provinces in both the 1918-1919 and current epidemics. An important factor is that around 1918-1919, the sanitary system was run in a decentralized fashion. The central institution was the National Department of Hygiene. Yet this agency had no direct impact on provincial health systems; in most cases, a Provincial Hygiene Board (Consejo Provincial de Higiene) implemented local actions using economic resources received from the federal government, whose action and interference was limited to this provision of funds. In the specific case of the second wave of the 1918-1919 flu epidemic, the National Department of Hygiene limited itself to sending a doctor and a sanitary officer to cover some regions – two or three provinces at most. These initiatives did not contribute to developing true, effective responses in fighting the disease.

At present, and following extensive processes of change, the health system also operates in decentralized fashion and the National Ministry of Health is the agency that defines measures to be taken by each of the provinces. There have nevertheless been notable changes in operational terms. During the flu epidemic that afflicted Argentina in 2009, efforts were made to coordinate the activities of the different provincial public health departments, and common policies were enforced in all cases. The federal government provided the public health systems in the different provinces with antiviral drugs to guarantee their rapid distribution and to foster a homogenous policy for combating the disease throughout the country. Initiatives were also taken that might avert the arrival of the disease from abroad, which resulted in the controversial decision to halt flights between Argentina and Mexico. Furthermore, technology was implemented at airports for detecting flu symptoms in passengers arriving from abroad and campaign dispensaries were set up for running analyses.

There are certain similarities in the behavior of the population, one common point being its panic. In 1918, La Nación described how people exhibited an “exaggerated panic” at the outset of the epidemic, which decreased thanks to measures taken by those then responsible for public health. In the case of the H1N1 epidemic, the media – newspapers, television, radio – are apparently reporting on social panic while at the same time contributing to it, in a process that feeds on itself. News is constantly coming out about the rising number of fatal cases, first worldwide and gradually at the local level, giving society the feeling that the epidemic is advancing inexorably, with the disease becoming a kind of spectacle, based on statistics and interviews with the relatives of those killed by the flu. These discourses sometimes go beyond the information that doctors and specialists have provided in response to media requests. These circumstances have fueled a kind of terror about catching the disease, especially in urban centers, where it is hard to avoid crowds and contact with others. The saturation of information about individual measures

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20 The Ministry of Health of the Nation (Ministerio de Salud de la Nación) was created in Argentina in October 1946. From then on, during the first Peronist government, the provinces set up their health ministries.
for protecting yourself from the flu and avoiding contagion has incited something of a feeling of generalized psychosis.

The recorded historical facts reveal something else in common: how media from opposition forces used the disease as a political weapon against the government during both epidemics. The measures taken by both administrations – by Hipólito Yrigoyen’s in the early twentieth century and by Cristina Fernández de Kirchner’s – were and have been criticized by the media. As to physicians and the various public health directors in the main provinces, as well as the national Health Minister, they coincided in adopting behavior that would avert the onset of any panic, while still emphasizing that the disease was not necessarily fatal.

Something special in the case of Argentina is that the H1N1 epidemic comes right after a dengue epidemic, dislodging the latter from the national health ministry’s list of priorities.

One feature of these epidemics that merits attention is how they strengthen the process of medicalization. Epidemics have helped medicine to solidify a slow process of medicalization and to create monopoly control over health care.

Ana María Carrillo – In the case of Mexico in 1918, the epidemic arrived from the United States; in contrast, Mexico was the first country to report the epidemic in 2009. Under the Porfirio Díaz (1876-1910) dictatorship – which preceded the revolution and laid the foundations of modern public health in the country – the Superior Health Council (Consejo Superior de Salubridad), then the highest health authority, mandated that physicians report cases of illnesses subject to quarantine to health officials. But in counterpart, the agency’s policy was to inform the population the moment an epidemic disease appeared in a given place and provide precise figures on the consequent number of sick and dead. Eduardo Liceaga, chair of the council, fought the notion that it was correct to cover up these illnesses to avert general alarm – a notion shared by many political authorities and some physicians but which Liceaga felt ill-advised. He contended that information would not cause panic but that, contrary to this belief, a lack of information would indeed bring on an epidemic. In 1918, the State informed about the arrival of the epidemic and its progress across the country; on the other hand, the illness was wreaking such havoc that there was no way to deny it – albeit efforts were made to downplay its seriousness when influenza attacked the nation’s capital. Whereas in 2009, the presence of unusual cases of flu was covered up until it was no longer possible to do so.

Contrary to what Adriana Alvarez and Adrián Carbonetti have told us about Argentina, since 1917 there has been a Public Health Department (Departamento de Salud Pública) in Mexico, with jurisdiction throughout the country; but, as in Argentina, it was not fully able to respond at a national level. Also as in Argentina and almost all of Latin America, a decentralization process has been underway since the 1980s, hampering any integrated response to the pandemic. Ninety years ago, while some officials reported the sick and the dead – in part to obtain resources or some kind of assistance – others tried to deny them, sometimes to protect business and other times to hide the shortcomings of their administrations. This duality repeats itself today even though we talk about a national health system, something that in fact simply does not exist, for social security co-exists alongside private medicine, welfare (for those who can’t afford private medicine but who
are also not protected by social security), and alternative practices, particularly traditional indigenous medicine.

Generally speaking, I would say there was greater solidarity in 1918 and more individualism in our days. Ninety years ago, doctors and medical students in the nation’s capital traveled to the states that lacked physicians, while in 2009, private medical schools took their interns out of hospitals during the peak of the epidemic, although the Health Minister forced them to return under penalty of cancelling the legal use of these hospitals as places for teaching the practice of medicine.

In 1918, society and charity organizations extended many gestures of solidarity to those struck by influenza, while in 2009 the population took refuge in its homes, though we must recognize that this was also a consequence of the appeal made by the authorities. In other words, while some left urban centers for their country houses, others stayed crowded in their homes, which certainly represented a greater danger of infection than going outside. Nevertheless, we can say that both kinds of behavior coexisted then and coexist now. Common to both moments were pharmacists hiking the prices of medication and some healthcare providers avoiding the ill, while others worked and even gave their lives for the ill.

Adrián Carbonetti – In Argentina, something similar seems to have occurred during both pandemics. In Buenos Aires in October 1918, right at the outset of the epidemic, newspapers denounced price hikes on drugs believed to prevent or cure the flu. A similar phenomenon ensued in 2009 when the price of masks and alcohol climbed sharply. I am not aware of any physicians fleeing during the 1918-1919 flu pandemic in particular, but this practice, mentioned by Ana María, was a constant whenever an epidemic was declared – the dominant sectors would flee to their country houses. Most Argentinean doctors belonged to this sector in the early twentieth century.

Adriana Alvarez – To judge from the opinions expressed by my colleagues from Brazil, Mexico, and Argentina, we can say that information, disinformation, imprecise figures, medical uncertainty, and a diversity of actions were common denominators of the 1918 pandemic and today’s. These factors, which serve to describe similar situations in these countries both in the twentieth century and in our current times, help account for the limitations displayed by some of the measures, as may have been the case with closing the borders. That is to say, no country can keep itself safe by being selective in its international relations and no matter how effective the epidemiological cordons put in place by some nations on the continent.

So we find ourselves facing a new issue that seems to lack any political or media interest: the absence of coordinated sanitary and scientific action among the region’s countries when they came up against the development of the current pandemic. Rethinking cooperative sanitary initiatives in Hispanic America may also bring to the fore one of the problems that afflicts the region today as other sicknesses spread (dengue and malaria), like the lack of an integrated regional policy that establishes effective epidemiological cordons not only for Brazil, Mexico, and Argentina but also for the rest of the countries,
some of which have fewer financial resources, meaning such initiatives should be built upon public health solidarity.

That is to say, I agree with Ana María Carrillo’s point about the role played by solidarity today in the face of the advancing individualism that has pervaded various aspects of our societies, not restricted to the private sphere – of which Carrillo made mention – but including the public sphere as well. This translates into a lack of intra-government initiatives to explore coordinated actions among different countries, but what is even worse is the absence of voices – of journalists or of specialists – calling for these.

Based on what has been stated, I believe one question that warrants analysis is public health solidarity as a tool for action; this is not necessarily a utopian notion but rather an idea, which I propose to discuss, that finds its roots in history.

Everyone, or a huge majority, recognizes the success achieved during the first phase of DDT application to control the sicknesses plaguing our countries around the 1940s. In those days, initiatives were not geographically limited to inside the borders of Brazil and Argentina. To the contrary, one of the problems was reinfection across the borders with Bolivia, Paraguay, and Brazil, and so during the first meeting of the Pan American Health Organization’s Directing Council, held in Buenos Aires in 1947, the director of Brazil’s National Yellow Fever Service (Serviço Nacional de Febre Amarela) proposed a campaign to eradicate *Aedes aegypti* on the continent. At that time, Paraguay was the greatest source of reinfection for countries like Brazil and Argentina, who were free of this problem by then. But Paraguay was in a tough political position that made it impossible for the country to undertake the Paho-mandated actions on its own. Thus, an international cooperation agreement was established, with the Brazilian government providing and financing the services of its technical specialists, Paho contributing tickets and travel allowances, and Argentina furnishing the motorized personnel needed for the campaign.

I believe that today we are faced with the evidence that it is impossible, given this state of fragmentation, to exercise control over whatever epidemic may appear, and that epidemiological cordons are incapable of stopping the spread of influenza A or other illnesses in a short space of time.

*And what can we say about the level of efficiency and preparation as far as healthcare services made available to the population? The images of crowded healthcare centers today have been as frightening as in the past.*

**Nara Azevedo** – In 1918, Brazil had no government healthcare structure. This doesn’t mean we do have a structure today that is actually capable of meeting the population’s health needs – in the form of the Unified Health System (Sistema Único de Saúde). We don’t. Our hospitals and healthcare facilities are always packed, as denounced daily in the papers. In cognitive terms, I also think current knowledge of these biological agents is incomparable, even though it is not enough to deal with the new virus.

**Ana María Carrillo** – In Mexico, both pandemics coincided with moments of shortages at hospitals and of neglect in the arena of public health policy. Ninety years ago, the reason
was a nearly decade-long civil war. Now it was two decades of neoliberal policies, driven by right and far-right governments.

The effects of the first pandemic – which crossed over the U.S. border in the autumn of 1918 and in the subsequent two months attacked the entire Republic for an average of six weeks – were aggravated by decreased resistance, resulting from undernourishment in the wake of the war. Many records held by the historical archives of Mexico’s Ministry of Health report on states’ concerns over the epidemic and the Department of Public Health’s (Departamento de Salud Pública) efforts to combat it. Just as examples, the state of Sinaloa decided to create a Sanitary Board (Junta de Sanidad) and Jalisco requested assistance in setting up sanitary inspection posts at train stations; but there was a lack of doctors and medication all over.

In 1918-1919, it was recommended that sick people from the ‘needy class’ be taken to hospitals and that the rest of the victims be treated at home. Back then, there was no fear of crowded hospitals but rather of hospitals per se, as Liane Maria Bertucci has pointed out. During today’s epidemic, appeals have been made for everyone with certain signs and symptoms to go to the hospital, and crowded hospitals certainly do scare people, but the fear of not receiving care or not being able to afford it is even greater. Patients have often denounced the high cost of these services in a country where less than 10% of the population is insured. The press repeatedly reported that the Mexican Social Security Institute (Instituto Mexicano del Seguro Social) would attend non-beneficiaries, but this didn’t happen, as the social security system has been dismantled in recent years, as Cristina Laurell21 and Gustavo Leal22 have thoroughly documented. Many have called attention to the failure of healthcare policy in Mexico, especially in the past decade. The same could be said about other public policies, with the slashing of funds for science or public services. The campaign against the influenza emphasizes hand-washing, when more than 26,000 public schools – not to mention towns – lack water and many schools lack sewer systems.

Adrián Carbonetti – McKeown23 has noted that the flu is the only infectious epidemic disease that currently presents a threat to technologically advanced countries comparable to the threat presented by sicknesses like the plague and typhus in earlier centuries. Argentina was no exception to this in either 1918-1919 or 2009. In both cases the healthcare system was totally outdated and public hospitals collapsed given the number of consultations. Panic triggered a mad rush of people presenting one of the symptoms to health posts, leading to overcrowding of hospitals.

In the early twentieth-century epidemic, it was necessary to rely on the help of students in their last years of medical school to care for the patients who converged on hospitals. Similarly, in 2009, both in the nation’s capital as well as in some provinces in the interior,

22 Gustavo Leal, El IMSS bajo el calderonismo: el pliego hostil de Molinar Horcasitas, Mexico, ADN, 2008.
23 Thomas McKeown, El crecimiento moderno de la población, Barcelona, Editorial Antoni Bosch, 1976.
medical students and retired healthcare providers (doctors and nurses) were called on to help provide care for patients at dispensaries, hospitals, and mobile hospitals set up in strategic places along public thoroughfares and so on. Both in 1918-1919 and 2009, the media framed this policy of seeking labor power outside the public healthcare system as clear evidence of government inefficiency and unpreparedness in containing the disease.

Adriana Alvarez – In an earlier section, I mentioned the prevailing atmosphere of uncertainty during the first outbreaks of the 1918 flu, which was also seen in the first weeks of the 2009 pandemic – with some differences, of course – when cases were treated as seasonal flu, with the established medical protocol being to provide Tamiflu only in positive cases. The problem lay in the fact that it took roughly fifteen days to get the results of bacteriological analyses, concentrated in the Malbran Institute in the city of Buenos Aires. So with patients being treated for regular flu, precautions were lessened and, in some cases, clinical complications ended up aggravated.

In 2009, guards at health posts found themselves overwhelmed – something that is not clear as far as the 1918 outbreak – by a parade of patients who presented some symptoms and because of the reigning fear wanted to be seen by a healthcare professional. In 1918, it seems that consultations did not occur so soon; at least there is no evidence suggesting that. People with obvious symptoms of the disease would go for a consult and then they would be hospitalized or isolated.

Christiane Maria Cruz de Souza – Epidemics call into question the structure and efficiency of sanitary services. Just as in the past, the authorities are afraid that the healthcare system will collapse; they are afraid that people alarmed by symptoms of the common flu, along with those infected by the epidemic flu or other diseases striking concomitantly, will rush in hordes to healthcare centers and hospitals. We lack the structure to handle a problem of this proportion. There are not enough doctors or beds for even the usual diseases!

This same concern existed in 1918. Newspapers reported that doctors could not keep up with so many calls and that pharmacies could not prepare so many formulas. In Bahia, a physician published a note entitled “Influenzaphobia,” warning people about the harmful effects of panic. Sanitary authorities back then even said that panic would enfeeble the organism and leave a person more vulnerable to the disease.

Adrián Carbonetti – It is interesting to note how press reactions to an epidemic like the flu tend to display similarities in different countries. In Argentina, on October 26, 1918, a weekly paper called Caras y Caretas headlined one of its pages with “La epidemia de moda o el pánico de la gripe” (The epidemic in fashion or panic over the grippe). Daily papers with wide readerships as well, like La Nación, printed articles meant to calm the public, since panic was counterproductive to the organism, according to this paper’s editorialists, in a November 21, 1918 piece. The same was said in another issue of Caras y Caretas, on November 2, with reference precisely to the possible affects of fear on the nervous system.
Liane Maria Bertucci – The images of healthcare centers in 2009 are astonishing and do generate fear; it is impossible not to recall 1918. As to the healthcare structure available to serve the population, in the first cities where the Spanish flu appeared in Brazil – fast and deadly, it should be stressed, unlike today’s flu\textsuperscript{24} – the situation was chaotic. At some moments, the government’s medical authorities declared they were impotent given the proportion of the epidemic. The case of Rio de Janeiro is emblematic. However, despite all the problems, personnel from the healthcare and government sectors were generally mobilized in Brazilian cities and towns and, bolstered in fact by the example of Rio de Janeiro, they provided reasonable services to the sick through the existing healthcare structure but mainly through improvised healthcare posts and hospitals. The mobilization and collaboration of the population and of civil society was decisive. As to the structure of healthcare services available to the population today, even if we take into account differences between Brazilian cities, it leaves much to be desired and in some places is chaotic. The question I ask is: if it were necessary, would we manage to do more and do it better than during the Spanish flu?

Claudio Bertolli Filho – From the images associated with influenza A, I believe a good share of healthcare professionals are not prepared to attend to the population, perhaps less out of ignorance about how the disease is transmitted or because of a shortage of medication but more because of their fear of being infected and of the huge number of users rushing to healthcare posts – which leaves evident the limits of the humanization of healthcare services. The images released by the media are contradictory: on the one hand, it is repeated that the current sickness is not very different from a common flu; on the other, they show images of packed healthcare facilities and especially interview mothers holding children in their arms, who are complaining about the long hours they’ve waited to be seen by a provider. Similarly, the word is that the city has not received enough Tamiflu from the Department of Health (Secretaria de Saúde) to attend the most serious patients. This gap between collective needs and the government’s capacity to satisfy them greatly resembles what happened in 1918.

Let me go back to the question of collective mistrust about the quality of public services. I heard from two people that even though they had the flu, the doctors who saw them ‘lied’ and said that they were not infected with the influenza A virus.

In the case of the Spanish flu, as soon as the epidemic reached the capital of the state of São Paulo, a good share of the doctors and politicians fled the city, claiming they had personal matters to deal with in smaller towns. No one today has abandoned their post, at least not so far. One difference that should be pointed out is that in 1918 the medical community disagreed about treatment options, while today all healthcare professionals seem to endorse the idea that Tamiflu is the drug indicated for the flu, just as everyone is anxiously awaiting an immunizing vaccine. But I ask myself: if the epidemic were to grow, would this consistency be maintained?

\textsuperscript{24} In addition to recent scholarly texts and 1918 newspapers, see the data in Carlos Luiz Meyer and Joaquim Rabello Teixeira, \textit{A grippe epidemica no Brazil e especialmente em São Paulo}, São Paulo, Casa Duprat, 1920.
The forms of control seem to be essentially the same: isolation, quarantine, port – and now airport – surveillance, affecting urban areas. Do you all agree?

Liane Maria Bertucci – Without a doubt. Because, despite new technical and scientific knowledge and research towards production of a vaccine, in 2009 as in 1918, measures to effectively control and prevent this disease are still a challenge to medical researchers around the world.

Nara Azevedo – Prevention measures are not just part of the medical and public health repertoire; they are part of the human experience at a deeper level. The ‘isolation of the ill’ (that is, of disease and epidemics) has occupied the Western imaginary for centuries.

Claudio Bertolli Filho – The same sanitary strategies are being enforced, but most of the time the media is behaving differently. In 1918, right from the outset, the newspapers went out of their way to alarm the population, preaching that the ‘time of testing’ had arrived. Now a good share of the media does the opposite, trying to ease social fears – the case mentioned earlier notwithstanding. In any case, mistrust reigns in times of crisis, and I have also heard people say that the media is omitting the seriousness of the situation.

Christiane Maria Cruz de Souza – The adopted measures are the same as in the past, and their efficiency has been questioned ever since the 1918 pandemic. Back then, physicians and public health authorities like Pacífico Pereira, in the state of Bahia, and Carlos Seidl, director general of public health in Rio de Janeiro, stated that there was no efficacious international prevention against the disease. The epidemic was contained neither by regulations nor by administrative measures nor even by quarantines. Doctors thought it would be impossible to keep a disease from invading a region or city, unless all social ties were broken off. Aware that they were dealing with a highly contagious microbial disease, the doctors chose social spaces as the object of their actions. Medical science knew that when an infected person spoke, coughed, or sneezed, he became a disseminating agent for the disease, releasing into the environment secretions or droplets of saliva contaminated with the germ, which could be breathed in by those around him. They recommended prophylactic measures for restricted groups like schools, prisons, movie theaters, factories, and barracks, along with individual prophylaxis, as we are trying to do now.

On August 12 of this year, it was reported on a television news program that we should do away with greetings like kissing and shaking hands, as Bahian journalists had recommended during the 1918 epidemic. In early September, the mayor’s offices of two neighboring cities in Bahia – Serrinha and Teofilândia – suspended both public and private school classes and banned parties or gatherings in public places for one week, even though no suspected cases of influenza A had been reported. This measure was taken to try to keep the disease out, after a traditional festival had been held and attracted thousands of visitors to Serrinha.
Adrián Carbonetti – I agree with the statement that the measures taken in 1918-1919 were identical to those imposed in 2009, although it is logical to point out that in the latter case more technology was used than in the early years of the last century. In both moments of history, schools were closed; public gatherings were prohibited; and theaters, bars, and places considered a risk because people were put in close contact with each other were also shut down.

Each era had its own singularities when it came to implementing prevention measures, as in 1918 in the city of Buenos Aires, when bars, cafés, and theaters had to close after eleven at night, prompting the press to make captious comments about how public authorities believed the virus would attack after midnight.

Nevertheless, during the same era, measures were also put in place in an attempt to ward off arrival of the disease, such as determining special places for the isolation of immigrants, more thorough medical examinations of those arriving from abroad, and mandatory quarantine of people disembarking from ships at the port in Buenos Aires, all of this when the epidemic had already broken loose.

In 2009, similar measures were taken: vacations were extended at all educational levels; direct flights to or from Mexico – the first country infected by the flu – were cancelled; a campaign dispensary was set up at Ezeiza airport, where tests were done on anyone coming into the country with symptoms of the disease. While in some locations, public meeting places such as bars, cinemas, theaters, and so on were closed, as suggested by the Health Ministry, enforcement of the measure was left up to local authorities, like mayors or provincial officials. In this sense, both the measures taken and the time when they were put in place were completely heterogeneous.

Adriana Alvarez – As Adrián said, in 1918 the city of Buenos Aires’ welfare office (Dirección de la Asistencia Pública) shut down schools, banned public performances in closed spaces, and even prohibited meetings in cafés, forcing most people to stay at home as a result. However, healthcare professionals had an efficacious ally in the development of the benign form of the Spanish flu: the season in which it began, that is, spring.25

In Argentina, to judge from the extent to which the disease developed, these control measures seem to have been more effective in 1918 than in 2009, even though they were more heavily enforced now than in yesteryear. Another curious fact: in 2009, all of the country’s educational institutions were closed, but not in 1918. Back then the decision was made at the level of each municipality, so that, for example, in Gral. Pueyrredón (400km from Buenos Aires) schools were not closed, despite repeated requests by the Socialist Party and the high absentee rate at the end of the school year. Still, the consequences do not appear to have been any more serious than in other districts where schools were indeed closed, which means we must ponder other clinical and social factors if we are to explore possible explanations about the real effect of these measures.

Ana María Carrillo – Although the causal agent of the flu had not been identified in 1918, physicians knew that the disease is transmitted by means of respiratory secretions or contaminated objects. Therefore, prevention consisted basically of keeping healthy people out of the path of the virulent particles expelled by the sick; the latter were isolated, and appeals were made for people to avoid gathering places. In the early days of October 1918, sanitary authorities did not think it was possible for a federal order to ban the closing of public places, including churches; yet less than a month later, the Basílica de Guadalupe – so symbolic for the Mexican people – was closed down under a sanitary order.

In 2009, the preventive measures indicated in the International Health Regulations were implemented: isolation, that is to say, confinement of patients with symptoms of the disease, at home or at a hospital, so that others are not infected; quarantine, in other words, separation, from the community, of people who are asymptomatic but who have been exposed to the infection; and social distancing, like closing schools and places of work or leisure, as well as banning large gatherings. In Mexico, schools (from preschools to colleges) were closed throughout the country and in many places the same thing happened with theaters, cinemas, restaurants, discos, and gyms.

Another common feature has been disinfection of public places (including the subway today), although methods have varied. Ninety years ago, for example, Mexico City used tremendous amounts of creosote to wash down the streets. Then regulations went into effect punishing whoever smoked in public or spit in trains. In the nation’s capital, smoking in public places has been banned since before the epidemic, and appeals have been made everywhere for people not to spit in public places, which brings to mind the first campaigns against tuberculosis.

In Mexico, the president of the Republic had proposed a law that would allow agents of the Ministry of National Defense (Secretaría de la Defensa Nacional) or Federal Public Security (Seguridad Pública Federal) to break into houses without a search warrant in their fight against drug trafficking; this was not accepted by Congress for fear of human rights violations. Yet when the flu epidemic hit, Congress approved – albeit reluctantly – regulations allowing sanitary authorities into private residences in search of the sick, something else similar about the measures passed during both pandemics.

In 1918, port surveillance was very strict, including individual inspection of each passenger, whereas now, at least in Mexico (this is not the case in China and other countries), Mexican and foreign passengers are simply asked to respond in writing to a questionnaire where customs officials ask if they have presented any symptoms or signs of the flu in recent days. The latter is perhaps because, as WHO had pointed out, it is virtually impossible to keep an epidemic from spreading from one country to another through quarantine measures given the speed of today’s contacts.

A notable feature of the situation in 1918 was the frenzied offering of panaceas for curing the sick and even for flu prevention. Today the controversy centers on the government’s release or exclusive control of the few existing antiviral drugs, which are of relative or questionable efficiency. The disease struck millions in 1918, and now it is supposedly a matter of thousands of sick people and
A less deadly virus. The risk groups also seem to have changed. What do you think about the differences in how the virus was fought at these two points in time?

Nara Azevedo – From what I know, current control of medications (there are only two) is prompted mainly by uncertainty regarding side effects in certain individuals, primarily children. In 1918, there was no drug since they didn’t even know what they were dealing with. This lack of knowledge opened the gates for panaceas. From this angle, I don’t see any room for comparison. Furthermore, today there is a vaccine, which will be made by the Butantan Institute in Brazil.

Christiane Maria Cruz de Souza – Today we know the etiological agent, and its DNA has even been sequenced. During the Spanish flu, physicians argued about whether it was a virus or a bacterium, and even those who held it was a virus could not identify it, since there was no way to do so.

In 1918, doctors knew there was no efficacious drug against the flu. Quinine, which was considered both flu- and malaria-specific, proved ineffectual. In addition to quinine compounds, medicine like aspirin, piramidon, and salophen served merely to alleviate pain and fever although the idea was to wipe out the microbe. Alcohol-based tonics, cola, cinnamon, and cinchona were meant to restore a patient’s strength. Stimulants like strychnine, adrenaline, caffeine, and camphor oil were used to normalize heart function and combat asthenia. Purgatives like calomel, salol, and benzonaphthol – meant to relieve gastrointestinal complications – did no good. Doctors then realized they had nothing but symptomatic medicine for the flu, which does not differ greatly from what is currently prescribed for cases of seasonal flu. Since the virus mutates very easily, the efficacy of antiviral drugs is open to discussion.

Even back then, there were those who struggled to develop a vaccine, like Ulisses Paranhos in São Paulo. The authorities today are promising to make the vaccine available only in 2010, by which time the current epidemic is expected to have died out (the Spanish flu lasted a little more than ninety days).

The risk groups are almost the same. In 1918, a large number of deaths occurred in the 20- to 45-year-old age bracket. Those with heart or kidney disease and especially those with tuberculosis were considered members of a risk group, since a weakened organism cannot resist the flu’s debilitating affects. Doctors also emphasized that there was a large number of deaths among those who lived in poverty or suffered malnutrition, those worn down from working too hard, those exposed to inclement weather and abrupt climate changes, and also those who worked in unsafe conditions. Among women, death rates were highest among those in the post-partum period. Nothing was said about obese people, perhaps because this is a contemporary concern.

Panaceas and home remedies are still around. Just take a look on the internet.

Claudio Bertolli Filho – In 1918, panaceas were first distributed by doctors working with public services and then by charity institutions, some of which were organized during this sanitary crisis. Concomitantly, popular medicine was working at an extraordinary pace.
number of companies tried to tailor their advertising, touting their products as ideal for fighting the Spanish flu—from filters and brooms to hammocks, firewater, and, of course, tonics. Now, both public departments and pharmacies are fighting to get their hands on Tamiflu. But I have noticed advertising, even on the internet, that offers more “scientific” products than those used in 1918 to help protect against the infection, like nasal gel and medicinal soap to keep your hands clean. Among the general population, we are again hearing references to the traditional anti-infective properties of garlic and onion. In any case, today we see many fewer references to traditional or folk remedies for the flu.

I am finishing up my habilitation thesis (livre docência), which looks at media reactions and popular reactions to news that holds genetics up as the explanation for health and sickness. So I was recently doing some supplementary field research, which required me to talk to people from various educational levels, from illiterates to university faculty. I ran into several different versions about the current pandemic. When many people bring up genetics, they wonder if this field might not resolve the current public healthcare impasse, since they attribute it the power of “knowing the genome of the virus” and being able to make a vaccine against influenza A.

Two university people told me there is no epidemic at all, that the current flu is simply the regular flu, and that the powers-that-be are scaring people in order to divert attention away from other national problems, like corruption in the Senate. One said he suspected that the current flu virus, like the Aids virus, was produced in a laboratory and disseminated among the population on purpose, although he did not explain the reasons behind his suspicion.

Liane Maria Bertucci – I’m going to go back to the question of risk groups. In 1918, during the early weeks of the epidemic in Brazil, the various public health departments called for greater caution with the elderly, but physicians back then were noticeably concerned about children and the chronically ill. However, as the flu spread rapidly and grew more deadly, the question of risk groups was relegated to a place of lesser concern. The situation is reversed today: there is a concern with the elderly, but special emphasis is being placed on precautions with children and the chronically ill, even in the media, as well as a concern with pregnant women. These groups have been the targets of specific actions in health care and in society in general. Significant examples of this are the rigorous control of schools, especially classrooms, heightened attention to prevention measures among students, and leaves for pregnant women. The special attention given to risk groups has a multiplier effect on society, because it gives the impression that the disease can be controlled through prevention measures, which in turn encourages everyone to adopt these.

As to panaceas, I will divide my comments into two parts. First, I would like to talk about the difference between the medications made available by the government’s medical authorities during the Spanish flu and today’s specialized discussions about antiviral drugs. Medicine has unquestionably achieved significant progress in its understanding of the flu, and many of the treatments proposed by doctors in the early twentieth century have been replaced by a smaller number of more efficacious ones. Another aspect of the issue:
in 1918, when the first epidemic cases were announced in Brazil, medical authorities recommended some medications to help with treatment of the disease, which most people were already in the habit of using, including quinine, for both prevention and fever; mentholated Vaseline for inhalations; and citric acid or tannin for gargling. But in a few weeks the number of substances and medications prescribed by doctors grew alarmingly. There were about one hundred of them in São Paulo, according to a report presented to the São Paulo Academy of Medicine (Academia Paulista de Medicina). Nevertheless, publically, the government’s medical authorities continued to recommend only a short list of medications, generally the ones mentioned during the first days of the flu itself.

In 2009, the media widely reported that influenza A was a serious disease that in most cases could be treated using the antiviral drug Tamiflu, which became synonymous with a cure – the drug that would wipe out the flu. In comparing 1918 and 2009, we note similarities in how doctors let the public know about possible treatments. But Tamiflu, a new drug, the only one indicated to the public, was quickly identified as the way of curing the flu and not as a treatment for it. Even quinine, which was widely used in 1918, never attained the same status back then as Tamiflu during the current epidemic.

I would now like to highlight a second feature of the panacea question. During the Spanish flu, there was an amazing offer of medications for treating and preventing the disease and for use during convalescence too. Makers of pills, syrups – especially those with quinine in their formula – and tonics that had been around for decades used the flu to boost sales of their products. The statement by doctors that there was no medication for wiping out the disease and their indication of more than one substance to treat the ill undoubtedly contributed to the proliferation of this type of advertising, rife in the papers. The size of the epidemic also led to the broad dissemination of popular remedies, the most common of which were preparations containing lime, garlic, and onion. At the same time, there was a certain type of abusive business practice, involving non-medicinal products, whose makers took advantage of the epidemic situation to boost their sales. I offer the examples of Fiel water filters, Lidol toothpaste, and Sudan cigarettes, whose advertisement went: “Don’t panic, smoke Sudan!” This all seems so far away now. But in the first half of August 2009, street vendors were hawking an alleged Tamiflu on the main streets of Porto Alegre, and for a few days, a well-known brand of soap ran TV ads announcing that its product was efficacious in sanitizing hands and could help protect against influenza A. The commercial was taken off the air and the street vendors were immediately denounced all over Brazil, via satellite. The government and public health officials are on the alert, but these two cases stand as a warning about what could happen.

Adrián Carbonetti – In 1918, an endless number of products meant to fight the disease appeared in Argentina too. An example can be seen in the editorial published by La Nación on October 18, 1918, where it is reported that people with supplies of camphor – a medication the public naively and unjustifiably believed to be an efficacious prophylactic...
were selling the merchandise at ten times its value. The same thing happened with sales of quinine, laxatives, and even alcohol, although the latter was not used as recommended today, to destroy the flu virus, but as a prophylactic that was ingested. An interesting contradiction is that this same newspaper ran ads for medicines similar to the ones they criticized in their editorial. One example is the ad for an elixir developed by a physician in Pavia, Italy, and a Swiss tea; both were purgatives.

The media recommended use of a series of therapeutics not found in medical references. A November 2, 1918 editorial in Caras y Caretas offered remedies for curing flu symptoms: it advised first taking a magnesia laxative, or whichever one a person was in the habit of taking; second, taking one tablet of the following every four hours: quinine sulphate and antipyrine; third, doing a warm, alkaline gargle with sodium bicarbonate dissolved in one liter of water. This opportunistic offering of products, many of which were useless, allowed for the growth of a market sector that took advantage of an economic conjuncture which in turn contributed to dismantling this same market.

The products are different today and, furthermore, the media do not recommend self-medication but rather medical care. Yet despite these changes, this opportunistic market has sprung up, offering masks and alcohol, supported by medical advice that assures that these products are the only efficacious way of protecting against infection. The epidemic has spurred growth of this market sector, just as it has the sector providing the whole pharmacopeia of drugs to combat flu symptoms.

The national government controls the few existing antiviral drugs, and their free distribution is coordinated by the National Ministry of Health. The delay in their distribution and a series of mix-ups between provincial and national health agencies sparked criticism of the government. Nevertheless, there is an implicit agreement about discouraging self-medication and the consequent purchase of antiviral drugs at pharmacies.

Adriana Alvarez – In 1919, the daily papers pointed out that the ones who benefitted most from the appearance of the flu virus were pharmacists, who were “invaded by hordes of customers.” One widely publicized product was lisonform, recommended for disinfecting sick people’s rooms; for bringing down fever and pain, there was Bayer aspirin or Guyot coal tar, a syrup that promised to cure not only the most persistent flu but even consumption. Popular sectors had access to some of these medications at assistance posts. The trouble is that many of these offices – at least in the province of Buenos Aires – were created starting only in the 1920s, which means it probably was not easy for low-income sectors to obtain access to medications during the 1918 pandemic.

Things are different today. Because the government is in charge of it, universal access to Tamiflu is guaranteed. At times, the problem has been availability of the drug; but if that is taken care of, it is the safest one.

Adrián Carbonetti – Another difference between the epidemics we are analyzing is the mortality rate. The flu struck millions in 1918, and now it is a question of billions of sick people but a lower mortality rate. In 1918-1919, it is estimated that roughly 15,000 people
died throughout the country – a rate of 16.9 per 10,000 population. Compared to European
countries and even to Brazil, the flu did not have a major impact.\textsuperscript{27}

Nevertheless, if we analyze the flu's deadliness by social condition, we will see differences.
In Córdoba, as far as the city's geographical and social divisions, these differences were
made apparent in the newspaper \textit{Los Principios}, on June 19, 1919: “Mortality statistics for
the epidemic have undeniably shown that the disease, which was benign and almost
without consequence in the beginning, has become a serious sickness of ... ever more
alarming proportions.” On June 14, the same paper reported that “the damage occurs
primarily among the poor population, which lacks sufficient resources to care for itself
properly. This explains the alarming number of fatal cases recorded to date.”

The lower mortality rates in places where the wealthiest sectors lived did not mean
these people were not being struck by the disease but rather that they had more resources
for overcoming it, like ongoing medical care, access to sanitary institutions, access to some
kind of treatment, and a better nutritional status, which resulted in greater organic
resistance. Sectors that were not so well off, residing in peripheral areas, were defenseless
against the disease, given a State that did not meet society’s needs and whose sanitary
services were quickly overwhelmed.

As regards the age brackets that perished from the flu, there are no nationwide data
available, but in the city of Córdoba, contrary to what happened in other parts of the
world, the Spanish flu took its biggest toll among babies under the age of one and adults
over sixty, especially during the second epidemic outbreak, in 1919.\textsuperscript{28}

Today, it seems that the hardest hit groups are likewise the poor sectors, who have
packed the hospitals. Still, the disease has been particularly lethal for people who are
immunologically unable to withstand the effects of the flu because they suffer from some
other pathology. Death has surprised those with cancer, heart disease, and, in many cases,
pregnant women, leading the national government to grant leaves to women in this
condition. In terms of age, the chief victims have been babies from birth to the age of
four, with a morbidity rate of 39.09 cases per 100,000 population, although the group
with the highest mortality rate has been the 50-59 age bracket.

\textbf{Ana María Carrillo} – In 1918-1919, the influenza virus had not yet been discovered, so
there was neither a vaccine nor specific medications; hence the proliferation of medicines.
Physicians relied just as much on quinine and guaiacol as on castor oil and Salvarsan. It
is important to remember that viruses were only seen and identified in the mid-1930s; that
influenza type A, B, and C viruses were identified and isolated between 1933 and 1954,
along with many subtypes that are constantly mutating and recombining; and that the
first large-scale production of flu vaccines came in the 1940s. During the 1918-1919 pandemic,

\textsuperscript{27} On the Spanish case, see, for example, Beatriz Echeverri Dávila, \textit{La gripe española: la pandemia de 1918-

\textsuperscript{28} Adrián Carbonetti, “Incidencia de la pandemia de gripe de 1918-1919 en la mortalidad de la ciudad de
Córdoba,” paper presented at the 8th National Workshop of Interdisciplinary Debates on Health and
nowhere were there enough doctors, as my colleagues from Brazil and Argentina have pointed out. The Public Health Department sent physicians to a number of states, like Colima and Querétaro. But medical assistants were sent to serve as sanitary agents in others, like Oaxaca and Veracruz.

At present, there is access to qualified doctors in almost any region of the country, but there is not enough medicine and much less enough vaccine. The administration of Mexico City indicated that if necessary the vaccine would be given to the most vulnerable sectors of the population; but the federal government, which couldn’t have said the same about the country as a whole, stated – backed by WHO – that this wouldn’t be necessary since there was no specific vaccine for the new strain. Nevertheless, healthcare personnel who had contact with the sick were indeed vaccinated, and it appears that within the population as a whole, there was a lower mortality rate among those vaccinated than those not. At the moment of this exchange of opinions, the influenza, which was expected to return in the winter, is striking hard again in the early autumn, and there is completely contradictory information about the number of vaccines that will be available.

Since the 1990s, the production of serums and vaccines – which had been considered a national security matter – has been dismantled in Mexico. Production of vaccines in Mexico dates to 1888. In the 1980s, the country had the human and technological resources as well as the installed capacity needed to produce, control, store, and distribute biological preparations in terms of quantity, quality, and required timing; that is to say, Mexico was self-sufficient in this area and exported vaccines to fifteen countries. Nevertheless, the private sector sharply increased its investments in the manufacture of biological preparations, while the public sector cut its back. The Mexican government currently only makes the polio vaccine and diphtheria and tetanus toxoid.

I think the question of risk groups is hard to address, since information has been highly inadequate and epidemiological studies have not been made public. The 1918-1919 pandemic attacked people of all ages, professions, and social classes. You could say that it was everyone’s business, although some regions, professions, age groups, and social classes undeniably suffered more than others: people living in cramped or crowded conditions, like prison and hospital inmates, soldiers, and students; healthcare providers and civil servants; but above all the poor. The same can be said about people with chronic illnesses like tuberculosis.

If we think in terms of morbidity, there have been similarities during the current pandemic, since the infirmity has affected people from all social classes, although those suffering from HIV-Aids or people with asthma are particularly vulnerable. But if we are talking about fatalities, right from the outset epidemiologists have noticed the death of young people who enjoy good living conditions and who, unlike children and the elderly, have not been vaccinated. Nevertheless, the highest mortality rates have been among those 65 and older, as well as among those who have less access to suitable treatment.

Claudine Herzlich and Janine Pierret, in Malades d’hier, malades d’aujourd’hui29, have compared death caused by individual, chronic disease and death caused by the infectious diseases that strike

collectivities during epidemics. Deaths brought about in the first case affect the private sphere while those resulting from infectious diseases affect the public sphere, impacting families, neighbors, neighborhoods, cities, countries, and continents. Looking at both historical contexts, what might we say about people’s reaction to death and its social impact? What legacy does this experience of so many sick people and so many deaths in a fixed time and space leave behind in the social imaginary?

Ana María Carrillo – Of course, the current pandemic-epidemic sparked fears, especially when public health officials announced that the next day there would be no classes in the country’s capital or the state of Mexico, and people preferred not to leave their homes. We historians had the feeling we were living through something that belonged to the past, something we thought we would never get to know except through historical sources, while a good share of the population had no idea that similar situations had presented themselves before. The biggest concern was over the economic losses incurred by closing down businesses and losing tourists, aggravating what was already a serious economic crisis.

But nothing experienced through September 2009 has been comparable with the situation in 1918, when the whole world was waiting for peace and the influenza epidemic hit. Right from the start, public services were interrupted – many customs workers fell sick, hampering the inspection of crews and passengers; morbidity was also high among rail workers and mail carriers. The epidemic advanced so quickly that one day trains were ordered not to leave an infested place, and the next day the president of the Republic withdrew the order because the influenza had already invaded various regions of the country. No social class, profession, or gender managed to save itself from the disease; people dropped dead in the street, and many had to be buried without a coffin. In Mexico City alone, during October, November, and December, the influenza caused 1,906 deaths; in Torreón, Gómez Palacio, San Pedro de las Colonias, and some other towns in Coahuila, 21,000 people died. In some villages in Querétaro, everyone died from the influenza. John Womack calculates that five million Mexicans fell sick nationwide, with some 400,000 of these perishing.

In 1918-1919, the population felt like they had just begun covering the graves of those killed during the civil war when they had to open others for those who died of the flu. In the 2009 epidemic, anyone who knows someone who died is shocked, because the person generally was healthy until that point; but anyone who does not know someone who fell ill or died may even doubt the existence of the epidemic. In both moments, the population tried to identify those who were to blame for their ills: in 1918, the Americans and the authorities who didn’t know enough to impose quarantines; in 2009, those living in the nation’s capital and the authorities, who did not warn the population in time.

Adrián Carbonetti – People’s reaction to the disease has not changed that much over time. In principle, as I said earlier, there was a kind of psychosis where all precautions were taken to keep from catching the disease. The idea of death as a consequence of the flu haunted society at both moments in history, but it is possible that during the 2009 epidemic there has been a kind of view of the ‘other’ and of ‘one’s self’ that makes certain sectors of society think it can’t happen to them – among other reasons because of their social
position, their hygiene habits, or because they do not have a pre-existing disease that might weaken their organism, and so on.

It is possible that this happened in 1918-1919 too, especially if we look at some news items in the papers back then, telling how people were going out and about, comparing Buenos Aires to Paris, and reporting a feeling of social tranquility and continuity in their everyday lives. I believe that despite the dangerous nature of the disease, the idea still stuck that the flu wasn’t a disease that kills people, an idea that I believe persists in our memory and social imaginary, naturalized and entrenched.

Every epidemic leaves its social mark in the social imaginary. For example, the 1991-1993 cholera epidemic in northern Argentina affected the social imaginary in ways quite similar to the 2009 flu epidemic. On that occasion too there was much talk in the media, utmost precautions were taken, the disease was feared even though it was seen as distant and foreign, and there were xenophobic social reactions, in this case towards Bolivians and Peruvians (in the 2009 flu epidemic, it’s the Mexicans).

In the specific case of the 1918-1919 epidemic, I believe, as a hypothesis, that immigrants from regions where the disease developed – like Spain and Italy – were deemed the ‘subjects’ carrying the contagion, and as a result they were victims of discrimination and xenophobia. This treatment of the foreigner who brings in the flu is apparent in the newspaper *La Nación*, which, in its October 24, 1918 issue, noted that while the sick who disembarked from ships were hospitalized, those who were healthy were allowed to “move about the city.”

**Adriana Alvarez** – It is evident that epidemic diseases have a structural effect on a community’s social, political, and scientific context. Some leave more visible traces than others. In the case of Argentina, yellow fever left a bigger mark on the public memory than the 1918 flu. Even so, these experiences were to affect everyday reality as they exposed the flaws of the national healthcare system, while they also prompted more localized responses. For instance, an important number of municipal primary-care facilities appeared in the province of Buenos Aires after the 1918-1919 flu. This made it easier for the poorest sectors to access health care, vaccinations, and, later, specialist care like dentistry and so on. Consequently, I believe that during the twentieth century, the impact of infectious diseases in the public arena was intimately tied to processes involving the institutionalization of public health issues.

**Christiane Maria Cruz de Souza** – In the city of Salvador in 1918, besides being affected by the disease per se, which thrust itself into homes and left loved ones prostrated and struck down, people’s moods as well as their habits and customs were also affected by changes in their routines and by the restrictions imposed by the General Directorship of Public Health (Diretoria Geral da Saúde Pública). The flu led to isolation and prompted widespread feelings characteristic of times of epidemic crisis, like apprehension, despondency, anxiety, and fear of dying. People from different social statuses sought help from supernatural forces. Signs of faith grew stronger, manifested in religious rites such as offerings to *orixás* or the use of amulets, superstitious prayer, saying masses with special prayers for times of plague, worshipping idols, etc.
At the end of the epidemic in Salvador, according to official statistics, the number of deaths was lower than in other state capitals, which fed the idea that in hot regions like Bahia, the virus lost some of its strength. This fact, along with the existence of more serious epidemic crises like smallpox – which struck down more than two thousand people the following year (1919) – contributed to the fact that residents of Bahia forgot about the flu pandemic.

**Liane Maria Bertucci** – To my way of thinking, people in both historical contexts reacted to death in much the same way, and the social impact was similar as well. During epidemic periods, people isolate themselves, because the ‘other’ becomes your enemy, the messenger of disease and of death. When an epidemic grows more serious and more people die, we may see what historian Jean Delumeau called the abolition of collective rites of sadness, that is, the suspension of wakes and funerals. This has an immense impact on people. So far in 2009, Brazil has not seen these rites banned, as in 1918; still, in the southern part of the country, information circulated about sealed caskets and expedited burials of people who died from influenza A.

These experiences leave people with an overwhelming sensation and the fear that family and social life will come undone, the fear of impending individual and collective death. In some ways, this resembles the impression that war leaves in people's imaginary, but the latter can be directly tied to the will and action of man, while this is not true of an epidemic. During the Spanish flu and to a lesser extent during the current flu – as with epidemics in other times, like the Black Death – our human impotence and our limitations become apparent. The legacy left behind in our social imaginary resembles the one associated with natural catastrophes.

As I pointed out in my article “A onipresença do medo na influenza de 1918” (The omnipresence of fear in the 1918 flu), to be published in *Varia História*, we must remember that fear is a multi-faceted feeling, and it can drive us not only to discrimination, exclusion, and isolation but also to expressions of solidarity and to efforts – sometimes desperate – to wipe out a disease. This happened in 1918, as exemplified in the mobilization of many residents of the city of São Paulo, who donated food and helped set up urgent care posts for those with the flu.

**Nara Azevedo** – When it is a matter of death, I believe the social impact is the same. Isn’t this what the literature on the subject – the history of mentalities – suggests, at least when we focus on the West? Epidemic experiences incite immediate fear and insecurity about the future: will it happen again?

**Claudio Bertolli Filho** – Diseases that strike one individual continue to be seen as the result of something the sick person did wrong, like working too hard or drinking or smoking. In these cases, the individual and/or his family members are held responsible. Epidemic diseases, on the other hand, are assessed from two angles: their victims were unlucky, and they were randomly attacked by a microbe, like in an accident; or people have collectively ‘sinned’ in the religious realm or in their relations with the natural world.
Much of what was said in 1918 is being repeated. One of the people I interviewed recently, a participant in the environmental movement, explained to me that the flu is a result of our unrestrained destruction of the environment, like other epidemic illnesses. Analogously, the Spanish flu was defined as a product of the devastation caused by the war in Europe. Like many clerics in 1918, a televangelist recently preached that epidemics are the result of the non-observance of religious principles, adding that the ‘pure of heart’ will not be penalized by this plague. On the other hand, death has been ‘naturalized’ and is seen as a potential consequence of our social life, where a large number of deaths are caused by urban violence. So when we talk about two hundred deaths across the whole country, it still seems like a small number compared to the number of deaths announced every day, as a result of other, social situations.

Traumatic experiences of a collective nature, like an epidemic the size of the current one, always produce a collective memory, part of which is imagined. The number of deaths, direct contact with infected people and the dead, the media’s handling of everyday events, and official declarations will determine the outlines of the imaginary about this plague.

To what extent does the shadow of 1918 interfere with appraisals of the current crisis by both the lay and specialists?

Nara Azevedo – The flu 1918 lies far from the collective memory of today’s generations. I believe the devastation wrought by the Aids pandemic has been a more powerful sign in shaping the contemporary social imaginary about the (not always idyllic) meaning of human/nature interactions.

Claudio Bertolli Filho – The Spanish flu became a reference for epidemics occurring after 1918. In the case of today’s pandemic, a good portion of media reports introduce the topic by bringing up the Spanish flu and the number of deaths it caused. Some physicians and academics with whom I exchange ideas always mention 1918. Those who have read texts about the subject say they have hopes the tragedy will not repeat itself, because in fact medicine and epidemiology are more advanced. In any case, the 1918 flu is always brought up as a parameter. I just recently read an article in a local newspaper that started talking about it and went on to say, “But don’t panic” – and then used the arguments I mentioned. Epidemics have an age-old structure in the imaginary and much of what is being said today was said in the sixteenth century as well. All you have to do is read a few chapters of Jean Delumeau’s La peur en Occident (Fear in the West), to attest to this.

Christiane Maria Cruz de Souza – I would also recommend Paul Slack’s Epidemics and ideas to obtain a larger understanding of how societies behave during epidemic crises. For Slack, what makes one disease more or less frightening than others are the memories it

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conjures up. Despite the marked virulence of the flu epidemics that broke out in Bahia, especially in 1891 and 1918, they did not cause that many deaths. The seasonal and benign nature of the flu that has been evident since then further encourages a feeling of familiarity with the disease. I believe this somehow interferes with how both the population and the authorities respond to the epidemic today. You don’t see much mobilization concerning the matter in Bahia.

According to São Paulo’s Public Health Emergency Surveillance Unit (Coordenação de Vigilância às Emergências em Saúde Pública – Cevesp, in Portuguese) and to Bahia’s State Department of Health (Sesab, in Portuguese), between April 24 and September 1, 2009, influenza A (H1N1) caused one death; 711 cases were recorded as suspicious, of which 124 were dismissed; 490 are being investigated; and 97 have been confirmed. Despite this picture, the media has not put much emphasis on the disease. Other topics have merited more attention: the incidence of dengue and meningitis and the outbreak of violence related to drug trafficking.

Adriana Alvarez – I do not have a clear answer to this question, perhaps because – and I stress this again – the reports are not very clear. What is more apparent is not the 1918 one but the reminder of another flu outbreak, which took place in the mid-twentieth century.

Adrián Carbonetti – In the case of Argentina, I believe that the 1918-1919 flu epidemic is a kind of ‘forgotten epidemic,’ to the point where there is no adequately grounded research that could provide us with information on the features of the disease back then, the measures taken, and how the social imaginary reacted. The early twentieth-century epidemic is an inescapable antecedent of the current epidemic.

It is possible that the epidemiological impact, which was smaller in the central region of the country, did not stir as much interest as other epidemics, like cholera, smallpox, polio, and so on, and therefore it is not remembered so well either by physicians or by specialists in the history of disease. For their part, doctors ignore the social and historical aspects of the 1918-1919 epidemic and focus instead on the essentially biological facts of the disease in 2009.

Liane Maria Bertucci – Few lay people knew anything about the Spanish flu until the 2009 epidemic scared them. The awful realization that a sickness we now consider routine and ordinary had become so dangerous to human life led a good number of people to try to find out more about the flu and its epidemics. The internet is the main source of information, and a lot of what is researched ends up circulating via email. Even for people who have just a superficial understanding, the flu will never again be perceived as ‘just’ a common, harmless sickness. For doctors and other specialists, a kind of rediscovery may take place. The topic of the flu has acquired new angles. How is it possible that our procedures are so similar to those of 1918? I think that is the first question – and a somewhat disconcerting one – that many doctors are asking themselves, and it may reshape their former perception of the 1918 epidemic, of the research on the disease conducted by their early twentieth-century colleagues, of the hypotheses they defended and the ones...
they discarded, and, primarily, of how they perceive the disease’s remarkable deadliness, independent of complications caused by opportunistic infections or chronic diseases.

**Ana María Carrillo** – In the opinions of Terence Ranger³² and Alfred W. Crosby³³, who have studied influenza pandemics independently of each other, if a violent epidemic takes place only once, it leaves a single trauma that can be quickly forgotten. This was the case of the devastating 1557-1559 flu epidemic in England and the worldwide one in 1918-1919, which the world does not seem to remember, even though it was the deadliest in history, killing our grandparents and great-grandparents. As my colleagues who spoke before, I have noticed that, except for some historians of medicine and some older people who recall having heard something about it in their childhood, there is no memory of this pandemic in Mexico. This forgetfulness may derive from what Crosby and Ranger have pointed out, or perhaps from the fact that a bloody revolution overshadowed its tragedy.

In my opinion, the forecasts made by epidemiologists – which even today do not seem comparable to the damage caused by the disease – were what influenced the decision to take strict measures all around the globe. Ever since 1996, when the first outbreaks of avian flu were detected in geese in China and identification was made of subtype H5N1 – which could pass from birds to humans, although it was not yet communicable between people – the medical community has warned about the possibility of person-to-person transmission and the development of a pandemic that would sicken and kill a huge number – in the worst scenarios, as many as 360 million and 180 million, respectively. It was predicted that a coming flu pandemic could be one of the most challenging in the history of medicine; it was – they pointed out – as if we knew the alarm clock were going to go off, but we did not know when or where. It was this concern that gave birth to WHO’s six-phase preparedness plan, with phases defined according to classification into infections predominantly among animals, sustained person-to-person outbreaks, or widespread human infection; this plan led to the declaration – late, in the opinion of many – of a new pandemic.

**Adriana Alvarez** – One of the first representations of the current influenza was that it is a disease of the higher social sectors. In Argentina, the first cases did in fact appear in well-to-do private neighborhoods, at horse-riding competitions, and at elite schools, the common denominator being that these patients had traveled to the United States, Canada, and, to a lesser extent – according to the press – Mexico. This news perhaps contributed at first to strengthening the idea raised by Carbonetti, about Argentinean doctors deriving their interpretation of the current pandemic strictly from a biological perspective, since these people were neither malnourished nor living in conditions that would serve to explain the development of the disease in this social sector. Still, it seems to me that it was not

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much different in 1918, since the first outbreaks also occurred or were detected among society’s higher sectors, who had spent their vacations in Europe – the case, for instance, with the voyage of the ship Infanta Isabel de Borbon, where nine first- and second-class passengers died during the crossing, “among which well-known Buenos Aires businessmen were included.”

That is to say, unlike the case of cholera, for example, which frightened Argentina some years back and was interpreted from a perspective of integrated social variables where the disease spreads ‘from the bottom up,’ things are the other way around in the case of influenza A, which moved ‘from the top down.’ The issue is that once the virus had settled in, it quickly spread to the most vulnerable sectors and it was then that we saw that public hospitals were not ready for the assault. There was a shortage of doctors and medication, and this affected the protocol put in place. As I said earlier, the latter entailed caring only for detected cases, meaning that a large percentage of cases were treated like the common flu until the return of clinical results confirming the type of flu, which allowed the disease to spread faster. Returning to the idea brought up by Carbonetti, the question I would ask is: Was this the product of a strictly biological view of the disease, or fruit of determinants imposed by the State, which was not equipped with the needed doses of Tamiflu?

How can studies of history or the historian who researches the history of diseases contribute at moments of epidemic crisis like today’s?

Ana María Carrillo – When cholera appeared in the twentieth century after a century free of any epidemics of this disease, we historians of medicine were sought out by hospitals, medical schools, and the media. But none of that was comparable with what has happened during the influenza H1N1 epidemic, perhaps because cholera is a disease that mainly strikes the most economically vulnerable (who have neither drinking water nor sewer systems) and also because there is an accessible, effective treatment for it, whereas the influenza virus is still a challenge to medical science and a threat to everyone.

Without a doubt, past sanitary approaches to certain diseases are important antecedents in the current fight against them; although, as Allan M. Brandt has said, history holds no simple truths, and so responses to current epidemics must be shaped by contemporary science, politics, and culture. The history of international public health can shed light on the complex relations between countries during times of pandemics. The historian can also contribute by explaining what has or has not helped us in the past. Laying blame and then discriminating, for instance, has never helped, nor has it helped to try to avoid frightening the population by keeping it uninformed. On the other hand, it has proven beneficial to give timely alerts, provide reliable data to the international community, conduct epidemiological research, and develop health services.

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34 Diario la Capital, Mar del Plata, Nov. 9, 1918, p.1.
Nara Azevedo – I agree. In an epidemic crisis, the more knowledge – historical, biological, and so on – the better. Furthermore, past experiences can help us understand our present experience.

Liane Maria Bertucci – The historian Marc Bloch said that history is not the science of the past but the result of a two-way relationship: between questions from the present that incite us to study the past, and questions from the past that can help us understand our concerns about the present.

Claudio Bertolli Filho – I believe the historian’s role should be to warn the population that alongside the epidemic of this or that disease there is also an epidemic of fear, and that a good deal of the fear we nourish at a time of crisis has no objective basis. The role of the historian is to fight the tradition that sees a chance for unspeakable catastrophe in every epidemic. At the heart, this means going against the common human tendency to feel impotent before a public health crisis of great proportions. This is why it is crucial for historians to have access to the mass media. Now that the epidemic seems to have subsided, it remains for the historian to make new comparisons between what is happening and what happened in 1918. After the Spanish flu, the press spent months talking about what had taken place, crystallizing an assessment of 1918 as a ‘dire year.’ Now, within just a few days the subject began to be avoided. I ask myself if a feature of late modernity is not a tendency to avoid discoursing about the fears and sufferings experienced by individuals, as if it were in poor taste. In everyday conversation, I have noticed that the flu was soon dropped as a topic. It seems like it never happened.

Christiane Maria Cruz de Souza – Reporters from some periodicals have contacted me, and my article that came out recently in História, Ciências, Saúde – Manguinhos prompted reviews on the sites of Fiocruz, the Brazilian Society of Infectology (Sociedade Brasileira de Infectologia), and the blog InovaBrasil. Like my colleagues, I believe this interest stems from the need to understand the epidemic event. According to Charles Rosenberg37, when it becomes understandable and familiar, even a malignant disease can be better handled emotionally than an unknown one. Accounts of past epidemics can help us understand a current event.

Adrián Carbonetti – Disease is not merely a biological phenomenon. The ways in which epidemics are viewed by contemporary societies are the result of historical constructs that have been socially developed over the course of time. In the case of the flu, phenomena like fear, xenophobia, the creation of scapegoats, and individual strategies for saving oneself are typical manifestations of people who feel threatened. If we revive disease from the


perspective of social history, we as a society will be able to ascertain how much progress we have made in social, political, and cultural terms when it comes to dealing with this type of threat.

Adriana Alvarez – Studying diseases from a historical perspective can help render certain contemporary processes comprehensible – processes that sometimes are seen as unique and unknown when in truth they may have occurred at another time and place as well. The historical perspective affords us a vantage point from which we can understand how different hygiene policies were forged, what their features were, and how they evolved – in this case, the policies enacted in Argentina in response to the 1918 pandemic.

This is largely because sickness – in its endemic or epidemic state – brings to light aspects that are not so visible from other perspectives. They allow us to problematize certain issues since the historian can link natural history to the social history of diseases, focusing at once on the biological and ecological factors that gave rise to these illnesses, the techniques and policies enacted to fight them, and the ensuing social reactions. The final product should be meant not only for physicians or specialists but also for the public at large, since it consists of an account that shows epidemics to be much more than biological facts and that distinguishes different levels of responsibility, including that of the individual.

We live in a society with broad, diversified access to information. Today it is much harder than it was decades ago to suppress or manipulate information. It is also hard to manage health issues, especially in times of epidemic, like this influenza A (H1N1). During such periods, one of the responsibilities of authorities is to keep society well informed in order to prevent panic and help prepare society to make the right decisions. How would you compare the role of the press in the 1918 epidemic with today’s coverage, when we have new information technology? Have physicians and other health professionals, specialists, and the authorities been more accessible and enlightening? Have they made good use of technology to publicize the necessary information?

Nara Azevedo – The press’s sensational behavior seems to be the same.

Christiane Maria Cruz de Souza – When the 1918 epidemic moved through Bahia, there were a large number of newspapers in circulation, and very few cities or towns did not have their own press. Newspapers with ties to groups that were wrangling over power in Bahia exploited the event to the utmost for political purposes. Factions opposed to the state government tried to discredit the incumbent group, denouncing such problems as the tenuous sanitary situation in Salvador. On the defensive, government and public health authorities tried to convey the image that they were in control and capable of managing the crisis, while at the same time they accused the opposition of overstating the facts with their own interests in mind.

Besides taking political advantage of the epidemic, the press offered the public an arsenal of information on the disease. Some Bahian papers had special sections with information on medications, diet, and the care that should be given to those who caught...
the disease. They reported on scientific experiments and debates at academic centers around the world. Medical and sanitary authorities were invited to give their opinions on the topic. The papers also circulated information on sanitary conditions in the state, the number of people infected and killed by the influenza, prophylactic measures enforced by public health authorities, home remedies, and religious and other types of cures.

Today, articles circulating in the press and on the internet also present important information on the etiology, prevention, and treatment of the flu. The difference is that accessibility has increased. We cannot forget that in the early twentieth century, more than 80% of the population of Bahia was illiterate, hindering access to newspapers.

Adrián Carbonetti – According to the 1914 census, 35.1% of the population in Argentina over the age of seven was illiterate and 2.7%, semi-illiterate, meaning that a good share of people could not get news or detailed information on the flu from the only means of communication in existence at that time. The major newspapers were concentrated in the city and province of Buenos Aires, and most world and even Argentinean news took its time reaching the various regions of the country.

Furthermore, we must also take into account the political and ideological tendencies behind these papers. There were liberal dailies like La Nación; party newspapers like El Radical and La Voz del Interior, in Córdoba; the Catholic press, like Los Principios, among others. Each one had its own way of handling information. Some stressed prevention by interviewing doctors – this was the case of the first two papers mentioned. In the third, an editorial entitled “Por la salud pública” (In favor of public health) convoked a procession of the Virgin of Miracles at the height of the epidemic, and the Church saw the flu as divine punishment. So depending upon its orientation, the press tended to inform or misinform the population.

The media have advanced now; information can be carried to everyone, not just in the papers but through radio, television, and the internet. Nevertheless, in Argentina the written press played a critical role and in many cases unleashed a flood of information. An important sector of the press used statistics on influenza H1N1 deaths as a way of criticizing the government for failing to forecast and make plans in the health sector.

I believe that healthcare professionals and officials were clear and accessible; in fact, many tried not to provoke a climate of terror about the disease but to ease people's minds, and they made good use of information technology. We should not forget that in Argentina, prior to the appearance of influenza H1N1, large swaths of society were experiencing another epidemic, especially in the northeastern part of the country: dengue. The same media were thus used to inform and announce news in both cases. We must also bear in mind that in the midst of the flu crisis in Argentina, the Minister of Health was replaced, which meant forging a new relation between this government ministry and the media. It is rather complicated to arrive at any definitive analysis of how the national media performed during the current epidemic, since there is an open and pre-existing clash between them and the national government, which taints the objectivity their news should display. The heavy criticisms of official actions have also been contaminated by the political oppositions.
Adriana Alvarez – In 1918, the press was cautious; it presented information but did not inflate the facts. As mentioned previously, the only medium at that time was the printed press; it becomes hard to compare it with the role played by the mass media today, given this asymmetry.

Adrián Carbonetti – Although it is clear that it is harder to manipulate information today, it is likewise clear that in the case of Argentina, the 1918 epidemic unfolded in a context characterized by the emergence of hygienism and positivism in the medical arena, augmenting the need for reliable information on the part of those who would have to plan how to combat the disease. This need made possible the steady production of trustworthy data about illnesses overall and especially about epidemics, a phenomenon that can spur crises within a society.

In the case of the current epidemic, we have seen that while information unfolds and is verified through a series of procedures, it does not reach the public in integrated form. One example is that we know that in Argentina 811,940 cases were reported during the first epidemic outbreak, of which 439 were fatal (Clarín, Aug. 22, 2009). What we do not know are the socioeconomic conditions of those who fell ill and died; rather, all we know are their age groups, province where the death occurred, etc.

Ana María Carrillo – I believe that although technology was not as advanced one century ago, the Mexican press played a better role in 1918. At that time, it paid close attention to the progress of the disease in the United States, and some newspapers talked clearly about the epidemic when it reached Mexico.

This year when it was recognized that there was an epidemic, the newspapers and especially the television seemed to comply with the government’s request to make the population understand the need for the strict measures enacted, and they talked about practically nothing else. There was little criticism of how the epidemic was handled. Later, almost all the media assured that the situation had been overcome, although on this point they were far from right, and the influenza vanished from the media as quickly as it had appeared. At present, they are again providing information but it is not proportional to the number of sick and of schools closed. Although today, like ninety years ago, it is hard to evaluate this, since there are many different kinds of media and since different stances may be expressed even in one newspaper. I would point to El Demócrata in 1918 and La Jornada and TV Unam today as playing positive roles.

The version that circulated on the internet – and was the most prevalent in this medium – was that the epidemic simply did not exist but was a U.S. experiment to destroy the country or a government project to control the population, though no effort was made to explain how agreements had been reached between governments from opposing political positions, different countries, and international public health agencies.

Liane Maria Bertucci – During the Spanish flu, government authorities censored the press in some cities of Brazil, and a number of papers simply ran blank columns. This would be unthinkable today, and even in 1918 it was a disaster, since the suspicion that
important information about the illness was being suppressed panicked many people. But during the Spanish flu, as in 2009, newspapers reported on ‘the march of the disease,’ transcribed the words of medical and government authorities and other physicians, and advised about places where the sick could be seen.

One difference that can be noted in 1918 is that a number of papers published articles criticizing actions taken to combat the illness, and the intensity of criticisms corresponded to the intensity of the disease. Do you suppose the same thing would happen if today’s flu gained proportions similar to the early twentieth century flu? In 2009, on the other hand, there are manifold forms of media. Television and radio bring the disease right into our homes, in real time, and even if we concede how compact the information is – with air time subject to these media’s monetary constraints – this is an incredible change in relation to 1918.

We should emphasize the internet’s unique role, which makes a practically endless amount of information available on influenza A in Brazil and the world, and also on the Spanish flu and other flu outbreaks, even if much of this information is of dubious reliability, to say the least.

What can all this bring about? Greater awareness of the illness and the dissemination of preventive practices? Panic? A false and dangerous feeling that people know about the disease and its possible forms of treatment? I don’t know.

**Ana María Carrillo** – In 1918, some physicians contested official versions in their statements to the press, but they almost always kept their own identities a secret. Doctors and other healthcare professionals have generally abstained from making statements to the press during the current epidemic, and there has been strict control over the topic. Nevertheless, hospital workers, particularly at facilities where people presenting signs of the flu were hospitalized, came out in public on certain occasions – when several of them had taken ill and at least one doctor had died – to protest the fact that they had not received the vaccine, they lacked the most basic protection equipment, or they had not been informed about the situation. The Health Ministry labeled these concerns an “exaggerated psychological reaction.” In confidential exchanges, like the one Bertolli Filho’s wife had in Bauru, healthcare workers at the National Institute of Respiratory Diseases (Instituto Nacional de Enfermedades Respiratorias) assured me that the situation was much more serious than what the public was told.

As far as public health officials, the information they have provided has been completely inadequate. On April 23, 2009, the Health Ministry reported that twenty young adults had died of influenza in Mexico City and said that forecasts called for the number to keep rising because there were critically ill people hospitalized and death reports were not issued immediately. Nevertheless, the ministry called on the population to remain calm and while admitting that no information was available about the rest of the country, officials assured there was no influenza epidemic nor any reason for alarm; rather, it was simply the “tail-end of the epidemic” of seasonal influenza from the United States. At 11:00 pm that same day, following a meeting with health, education, and security authorities, the Ministry announced that classes would be suspended at all levels, from preschool through
the university, at both public and private teaching establishments in the metropolitan area of the Valley of Mexico. Officials informed that the new infections were the result of a new virus (information they in fact had had since the day before). The next morning, the Health Minister reported that the newly discovered strain had been confirmed in 20 of 68 deaths. These data were later changed at his volition, upwards or downwards, in what was called “the dance” or “juggling of figures,” without offering any plausible explanation for such changes. Some days after the public health alert had been issued and 149 reported cases had already been confirmed in laboratory, there was an ‘adjustment and updating of figures,’ and the Health Secretary said that the epidemic “wasn’t such a big thing,” since only seven deaths had been caused by the swine flu (later called the human flu). He did not say whether these seven deaths had occurred before or after bringing the whole country to a halt; nor did he give any information about the cause of the remaining deaths, and he blamed the states for the mess with the figures. The press, lawmakers, scientists, and the population demanded that the Health Department (Secretaría de Salud) be transparent in its information. They called for data on the characteristics of the dead, a mapping of the places where cases had appeared, and an explanation for why the influenza was causing deaths in Mexico, unlike other countries. But they received no answers.

The fact that one morning the public health bureaucracy denied there was an epidemic and then enacted strict measures that same night triggered panic, and there are only three possible explanations: the measures were unnecessary; the epidemic developed without any alert from the authorities because of a deficient epidemiological surveillance system; or the authorities hid information from its own population and the world. The latter seems to be the answer, although maybe it was a combination of all three. If we analyze the data published by the Directorate General of Epidemiology (Dirección General de Epidemiología) in its Boletín Epidemiológico, it can be shown that there was a steady increase in influenza morbidity throughout the country starting in the middle of the fourth week of this year, inconsistent with the morbidity behavior of this disease in previous years. Furthermore, it was attacking an age bracket not considered vulnerable: young adults between the ages of 20 and 45.

Starting in February as well, the Mexican Social Security Institute had detected a rise in cases of serious pneumonia, but its National Epidemiological Surveillance System (Sistema Nacional de Vigilancia Epidemiológica) only issued an alert to local offices on April 18, one day after Obama’s visit to Mexico. Brazil and France reproached the country’s public health authorities for issuing the alert too late and Cuba accused them of having hidden information when 60% of the 3,000 residents of La Gloria, Veracruz – located near Smithfield’s Granjas Carroll subsidiary – fell sick with atypical pneumonia. Although there was one plan for Mexico, another for North America, and a third plan, by WHO, for confronting a possible influenza epidemic, either the ability or the will to provide an immediate response was missing. When Cuba, Argentina, Peru, Ecuador, and China closed their airports to Mexican flights, WHO stressed that the International Health Regulations recommend there be absolutely no interruption in the transit of people and products. But this measure was perhaps a desperate attempt by these countries to forestall arrival of the
epidemic. It should be noted that Cuba has prohibited the purchase of foreign medications because of the U.S. blockade, it was almost winter in Argentina, and China is very densely populated.

Perhaps this decision was these countries’ way of telling Mexico that they were not going to fulfil their part of the International Health Regulations because Mexico had not fulfilled its – that is, putting in place an appropriate sanitary surveillance system (since January of this year alone, the National Epidemiological Surveillance System’s budget has been cut by 5%) – and maybe it was also a way of letting the international community know about this anomalous situation. The president of Mexico attempted to cover up the country’s public health shortcomings with a nationalist discourse about the real and alleged discriminatory measures adopted by some countries. He made no mention of the European Union, the United States, or Canada (even though the embassies of the latter two had suspended visa and immigration services), but he did confront China and several Latin American countries, particularly Cuba.

Claudio Bertolli Filho – Every epidemic, as I said, holds something imponderable within itself, something new that science and public health is not yet able to deal with in a relatively short time. If the media plays its social role and specialists speak out about what is happening, should they be wholly transparent, even about the possibility of an epidemic bringing enigmas that are hard if not impossible to solve? Of course, as a professor – of journalism as well – I tend to say that the media and the personalities they interview should be objective, clear, and honest. But in the case at hand, is this really advisable in its fullest sense? Wouldn’t talking about the chance that the situation might slip nearly out of control ramp up collective fear? Aren’t the different phases of the discourse of public health authorities, as I mentioned in the first question, an example of this kind of censorship? As to saying that a ‘coming plague’ had already been foreseen – among others, by Laurie Garrett, who even alludes to the possibility that it would be a flu – wouldn’t this lead the lay to ask why nothing was done to avert it? I have published a number of papers about this, but the academic reading audience is not the same as that of newspapers. I have to confess that I have doubts about whether or not it is the duty of health professionals to reveal everything that might happen, although I have no doubt whatsoever that they should speak up about everything that is happening. Am I being cynical in saying this?

In any case, I agree with the statement that doctors and public health authorities are making good use of the media. There are those who are interviewed and even feature writers who have a hard time putting aside their professional jargon, who offer articles or interviews with content that is hard for the lay public to understand, but there are also information and communiqués out there that really help guide the population about the specificity of the disease and the ways of thwarting infection.

With the scare behind us, some new thoughts can be put forward. If the written press tended to steer clear of sensationalism, the big media often found themselves tempted to commit this lapse, and now it is being criticized by its own inside evaluators. In an interview published by *Folha de S. Paulo* on September 22, under the title “Jornalistas são arrogantes e não querem ser melhorados” (Journalists are arrogant and don’t want to improve),
Carlos Eduardo Lins da Silva, the paper’s ombudsman, stated that it is a newspaper’s mistakes and exaggerations more than the clash of opinions that account for the media and journalists falling into disrepute and discredit. Among the mistakes made by the Folha, the ombudsman emphasized the paper’s handling of the epidemic event: “Exactly two months ago on a first-page lead, the Folha stated, ‘within two months, thirty some million Brazilians are expected to be infected and 4.4 million hospitalized.’ This was based on a mathematical model fed not with data on today’s flu but on past flus.” In other words, even though the media held itself back, it did have its weak moments. Was this because journalists were eager to create a sensationalistic fact? I don’t think so. These professionals are human beings who share the fears of the society in which they live. When they caught sight of a fast-approaching catastrophic future, they merely revealed their own fears, which were those of the whole society.

Once the epidemic paroxysm is over, it is relatively easy to point out the press’s mistakes. But we must keep in mind that many people, like the journalist, thought the flu would leave a much larger number of victims. In the few conversations I’ve had during this period of epidemic quiet, I have noticed a tendency to believe that the number of those infected and killed was greater than what has been published. The same thing happened during the 1918 flu. Although it was blamed for around 5,100 deaths in São Paulo, as I indicated in the book I wrote on the topic38, testimonies from the period immediately after the event, as well as those I gathered when I did my research, refer to ten, twenty, and even fifty thousand deaths in the city of São Paulo alone.

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38 Cláudio Bertolli Filho, A gripe Espanhola em São Paulo, 1918, op. cit.
DEBATERS’ BIBLIOGRAPHY ON THE TOPIC

ALVAREZ, Adriana Carlina. 

ALVAREZ, Adriana; CARBONETTI, Adrián (Ed.). 

BERTOLLI FILHO, Cláudio. 

BERTUCCI, Liane Maria. 
*Editorial: Gripe A, uma nova ‘Espanhola’?*. 

BERTUCCI, Liane Maria. 
*Gripe Espanhola* da casa ao hospital. In: Nascimento, D.R. do; Carvalho, D.M. de (Ed.). 

BERTUCCI, Liane Maria. 

BERTUCCI, Liane Maria. 
*Remédios, charlatanices ... e curandeirias: práticas de cura no período da gripe Espanhola em São Paulo*. In: Chalhoub, Sidney et al. (Ed.). 

BERTUCCI-MARTINS, Liane Maria. 
*‘Conselhos ao povo’: educação e higiene contra a influenza de 1918*. 

BERTUCCI-MARTINS, Liane Maria. 
*Entre doutores e para os leigos: fragmentos do discurso médico na influência de 1918*. 

BRITO, Nara Azevedo de. 
*‘La dansarinha’: a gripe Espanhola e o cotidiano na cidade do Rio de Janeiro*. 

CARBONETTI, Adrián. 

CARBONETTI, Adrián. 

CARRILLO, Ana María. 

CARRILLO, Ana María. 

SOUZA, Christiane Maria Cruz de. 
*A epidemia de gripe Espanhola: um desafio à medicine baiana*. 

SOUZA, Christiane Maria Cruz de. 
*A gripe Espanhola em Salvador, 1918: cidade de becos e cortiços*. 

SOUZA, Christiane Maria Cruz de. 
*As dimensões político-sociais de uma epidemia*: a paulicéia desvairada pela gripe Espanhola. 

SOUZA, Christiane Maria Cruz de. 