COVID-19 may be unlike anything the vast majority of us have experienced, but it’s not without precedent. Although only a handful of people on the planet would have any firsthand recollection of the event, the 1918 outbreak of a novel H1N1 virus influenza — known broadly, if erroneously, as the “Spanish flu” — took a huge toll on the world’s population, including college administrators, faculty members, and students across the United States.

“Although there is not universal consensus regarding where the virus originated, it spread worldwide during 1918-1919,” the Centers for Disease Control and Prevention (CDC) says in its online history of the pandemic.  

In the United States, the disease was first seen in March 1918, on a Kansas Army base where enlistees were preparing for deployment to Europe during World War I. By week’s end, 522 soldiers were hospitalized with severe flu-like symptoms. Soon after, similar outbreaks were reported at Army bases in Virginia, South Carolina, Georgia, Florida, Alabama, and California.

Within six weeks, though, the number of new cases dropped sharply, prompting most military and medical officials to conclude that the mysterious illness had run its course.

Talk on the nation’s campuses quickly returned to the major issues of the day: the war in Europe, the women’s suffrage movement, the prospect of Prohibition, and the U.S. debut of daylight saving time.

The fact is, the strange “military malady” never had caused much alarm on U.S. college campuses, thanks primarily to a lack of knowledge. Wartime censorship all but precluded news coverage of the affliction for fear that it would alarm, or at least demoralize, the American public. Obviously, though, some members of the American higher-education community had lost friends or relatives to the scourge, leading to a general awareness of what was thought to be a sad, but short-lived, episode.

“In fact,” wrote John Barry, author of the Great Influenza: The Story of the Deadliest Pandemic in History, “it was more like a great tsunami that initially pulls water away from the shore — only to return in a towering, overwhelming surge.”

The failure to appreciate the threat, we now know, proved to be a tragic mistake.
From basic training, waves of seemingly healthy soldiers — from Kansas and beyond — traveled by train to the East Coast, where they boarded ships headed for Europe. In March 1918, no fewer than 84,000 American soldiers traversed the Atlantic; 118,000 more set sail the following month. They didn’t realize it, obviously, but the battle-bound troops carried the pathogen with them. Owing to their close quarters, they quickly spread the mutating virus via airborne droplets expelled by coughs and sneezes.

“The rapid movement of soldiers around the globe was a major spreader of the disease,” James Harris, PhD, a historian at Ohio State University, told History.com. “The entire military industrial complex of moving lots of men and material in crowded conditions was certainly a huge contributing factor in the ways the pandemic spread.”

In May 1918, the virus exploded through England, France, Italy, and Spain, infecting three-quarters of French soldiers and half of their British counterparts.

In the United States, the novel H1N1 influenza virus was first seen in March 1918, on a Kansas Army base where enlistees were preparing for deployment to Europe during World War I. Within a week, 522 soldiers were hospitalized (left) with severe flu-like symptoms. American soldiers then unwittingly carried the pathogen across the Atlantic to the battlefield. Owing to their close quarters (above), they quickly spread the mutating virus via airborne droplets expelled by coughs and sneezes.

The illness took a multitude of names: For example, whereas the Americans called it “the grip” or “purple death,” the French characterized it as “purulent bronchitis,” and the Italians labeled it “sand-fly fever.” Among the Germans, meanwhile, it was most commonly known as “Flanders fever” or Blitzkatarrh.

The symptoms of the affliction weren’t nearly as varied as the monikers bestowed upon it. The first signs were inevitably sore throats, headaches, chills, and high fevers. Then came the telltale respiratory difficulties, including nasal hemorrhaging and coughing that was violent enough to tear apart the muscles and cartilage of the chest. Often, as victims’ lungs filled with suffocating fluid, their skin took on a blackish-blue hue (hence the reference to “purple death”), a sign of oxygen deprivation.

“People fell ill in the morning; by the afternoon, they were struggling for breath, and they were dead by the evening,” said William Schaffner, MD, professor of preventive medicine and health policy at the Vanderbilt University School of Medicine and medical director at the National Foundation for Infectious Diseases. “It was a profoundly ferocious virus, different from any other that we ever had.”

Autopsies revealed extensive lung damage that British military doctors likened to that associated with chemical warfare.
Worst in recorded history

After a brief summer lull, the virus spiked again, and, this time, civilians bore the brunt — both here and abroad. From 1917 to 1918, according to the CDC, the average life expectancy in the United States plummeted by a staggering 12 years — to 36.6 years for men and 42.2 years for women.\(^5\)

Hospitals in hard-hit areas became so overwhelmed by flu patients that other buildings, including private homes, had to be converted into makeshift clinics, many of which were staffed by medical students.

Some cities imposed quarantines, ordered citizens to don masks, mandated what we now describe as social distancing, and shut down all public gathering places, including schools, churches, and theaters. Others deemed such measures unnecessary.

Most communities in the latter group paid a steep price for their nonchalance.

In Philadelphia, for example, city officials refused to call off a scheduled Liberty Loan parade, an event meant to promote the purchase of government bonds. Accordingly, on Saturday, September 28, 1918, “a patriotic procession of soldiers, Boy Scouts, marching bands, and local dignitaries” traveled a two-mile route lined by an estimated 200,000 onlookers. Within 72 hours, all 31 of Philadelphia’s hospitals were full, and, by week’s end, more than 2,600 people were dead.\(^6\)

“The 1918 pandemic was the worst in recorded history,” Schaffner said. “We still don’t know exactly why that virus was so fierce, but it indeed was said to affect around one-third of the entire population of the earth.”\(^7\)

By the time the outbreak dissipated for good in late 1919, about 500 million people had been infected with the virus.

In all, according to the CDC, the pandemic killed 50 million people — more than the number of military and civilian casualties attributed to combat in World War I. Some estimates put the death toll as high as 100 million.

“An exact global number is unlikely ever to be determined, given the lack of suitable records in much of the world at that time,” Barry wrote. “But it’s clear the pandemic killed more people in a year than AIDS has killed in 40 years, more than the bubonic plague killed in a century.”\(^8\)

In fall 2018, the pandemic struck a heavy blow to colleges and universities across the United States — for much the same reason it had taken a disproportionate toll on military installations: Students, like soldiers, worked, slept, ate, and played in close proximity to one another, thereby facilitating the dissemination of airborne pathogens. Both groups were wont to travel.

Moreover, because of their relative youth, both cohorts bore a sense of invulnerability that, on occasion, manifested in a disregard for warnings and recommendations issued by public-health officials, even when relayed by commanding officers and campus administrators, respectively.

To be fair, this collective insouciance wasn’t as irrational as it might seem in hindsight, inasmuch as most of the 20th century’s previous influenza outbreaks had spared physically fit individuals in their teens, 20s, and early 30s.

This time around, however, the long-established “rules” didn’t apply.

“The old influenza was most dangerous for the weak or elderly,” historian Harry McKown wrote. “The new flu preyed on the young and healthy.”\(^9\)

Indeed, mortality rates peaked at age 28.


‘Around him, men felt free’

If students weren’t overly worried, their parents certainly were — and rightly so. On Oct. 7, 1918, according to an account in the Daily Tar Heel, the father of a student at the University of North Carolina (UNC) in Chapel Hill wrote to university President Edward Kidder Graham with a seemingly simple request: “Should our son John come down with influenza and his condition in any sense be serious, please notify of same by wire at my expense.” 10

Graham replied 12 days later: “There are thirty cases in the hospital. This shows a steady decrease from the maximum of about one hundred and thirty. There are twenty in the convalescent building. These men are virtually well; they are simply being detained there as a precaution.”

Just two days after sending that letter, however, Graham himself fell ill with the virus. The administrator — a vibrant UNC alumnus who, as an undergraduate, had played baseball and tennis — developed pneumonia and died in less than a week. He was 42.

The campus was devastated. “By asserting that students were able and good, he helped make them able and good — inspired them to be better than they were,” wrote student Albert Coates, who later became a law professor at UNC. “The men associated with him felt not that they were working for him, but that he was giving to them a medium and opportunity for doing in the biggest way the thing they wanted to do. Around him, men felt free.”

After a day of formal mourning for the fallen administrator, Marvin Hendrix Stacy, a 41-year-old professor of civil engineering and dean of the faculty, became UNC’s acting president. Within three months, however, he, too, succumbed to complications related to the virus.

By the time the campus scourge subsided in spring 1919, more than 500 UNC students had received treatment at the university’s infirmary, and seven had died.

Sadly, UNC’s experience was all too common, as the affliction spread to colleges and universities across the United States, starting, for the most part, with schools on the East Coast — no surprise given that the pandemic’s second wave was linked at least partly to infected soldiers returning from the trenches of Europe.

Like their counterparts in municipal government, campus administrators employed a wide range of preventive measures. Some imposed strict quarantines and/or essentially shut down their entire communities. Others were more cavalier. Mortality rates varied accordingly.

Generally, because the scourge’s second wave spread from east to west, cities and universities on the West Coast had slightly more time to prepare. They also had the benefit of seeing the results (positive or negative) of actions taken — or not taken — by their counterparts in the rest of the country. The upshot: Institutions west of the Rockies had the opportunity to implement common-sense safety measures — nonpharmaceutical interventions, or NPIs, in the parlance of modern public health — earlier in the process, thereby reducing casualty counts.

‘A time of pestilence’

At Georgetown University (GU) in the nation’s capital, the first cases of influenza were reported in late September 1918. Within days, 17 students had fallen ill. Those infected were quarantined in the campus infirmary, but it didn’t take long for the facility’s beds to fill up. To accommodate the overflow, infirmary staff members placed borrowed mattresses on the floor.

In hopes of stemming the outbreak, GU administrators closed the law and medical schools, suspended all club and athletic activities, barred outsiders from the main campus, and held masses on the baseball field. The administration even made Sunday mass optional, though most students reportedly chose to attend.

In Mid-October, the Jesuit priests and brothers running the institution participated in a three-day period of prayer — a triduum — invoking the protection of Saint Joseph, the school’s patron saint of health. They added special prayers “for a time of pestilence.”

“(T)he results of the triduum appeared to bear fruit as no students or faculty died during the epidemic, though one student, came perilously close before making ‘an almost miraculous recovery,’” wrote historian Stephen J. Ochs, PhD. “Sadly, however, one member of the Georgetown community, Sister Augusta of the Sisters of Bon Secours, did succumb. She was one of a number of nurses who, despite the risk to their own lives, attended the sick young men of the College.” 11
‘I shall never forget’

Cornell University in Ithaca, New York, wasn’t so fortunate. “During October and November, there were approximately 900 cases cared for, all being students in the university or in one of the government schools,” C.D. Bostwick, then Cornell’s treasurer, wrote in a 1919 report to the university’s president. “There were 38 deaths.”

Although many neighboring communities had shut down public gathering places, such as schools, saloons, and streetcars, officials in Ithaca felt such measures were ineffective and therefore permitted their continued operation. (Buffalo, in comparison, closed all schools, churches, and recreational facilities, including theaters, taverns, and bowling alleys, and it forbade any gathering of more than 10 people. In the end, fewer than 6 percent of local residents, including students at the University at Buffalo, were infected — a figure far below the national average.)

Compounding Cornell’s woes was a paucity of doctors and nurses, since most of the area’s medical personnel had been called to duty in the war. The minutes of Cornell’s board of trustees meeting on November 30, 1918, noted that the university’s health facilities would have been “in serious plight” but for the “unselfish labors” of volunteers from Ithaca and nearby towns — individuals who “devoted themselves for weeks, day or night, to any service, however laborious or distasteful that service might be.”

Cornell’s medical students were also enlisted in the battle against the virus. Indeed, instruction in the medical college’s Ithaca division came to a halt in October so that all third- and fourth-year students could work in the hospital. Needless to say, it didn’t help that the college’s sole anatomy instructor, Henry K. Davis, had died early on from complications related to the virus.

At the University of Minnesota (UMN), meanwhile, the pandemic’s impact on otherwise-healthy young adults took many by surprise.

‘Shun the common towel’

On October 10, 1918, with numerous students falling ill, Indiana University (IU) President William Lowe Bryan announced that his campus would shut down for 10 days and asked students to go home until it reopened.

However, members of IU’s Student Army Training Corps (SATC), forerunner of the ROTC program, were required by Army regulations to remain on campus, and they accounted for 60 percent of the university’s 1,935 students. Not surprisingly, many became infected by the virus.

At IU, the scourge peaked on October 16, with 174 cases, prompting the administration to set up hospital beds in two campus buildings and extend the campus “shutdown” until November 4.

At the University of Texas (UT) in Austin, football games were canceled, postponed, or played without spectators. All other extracurricular activities — guest lectures, concerts, plays, and the like — were canceled outright.

Classes were suspended twice — for two weeks in October and again for all of December. During the remainder of the semester, classrooms and lecture halls were aired out for 10 minutes between lessons, and students were instructed to take their temperatures each morning.

“I felt rotten, and could scarcely hold up my head while (Professor Willam A.) Rawles rambled away. I felt worse all day, ate only a little dinner. The next morning I felt rotten, and did not get up until 7:30. There were four of us (who) stumbled down to the infirmary where there was the sickest looking bunch of fellows I ever saw. He ordered us to the hospital, so we walked back to the barracks and lay there all day until a taxi came for us. I was put on a cot on the lower floor after some delay, and there I settled down for 6 days’ sickness. And I was pretty sick for three or four days. My temperature got only as high as 102.6, but it stayed up north stubbornly.”

— William Ringer, Indiana University Class of 1920, describing the flu in his diary
“The instructing staff is earnestly requested to impress upon students the value of life in comparison to momentary pleasure,” read a typewritten memo to faculty, “and urge them to remain away from all social gatherings, moving pictures and theaters until the danger of contracting influenza is passed.”

UT produced a pamphlet — *Keep Well* — containing additional guidance for UT’s 2,812 students, as well as its faculty and staff. Most the recommendations could have been ripped from today’s headlines: “Wash your hands frequently especially before each meal”; “If you are at all ill, stay at home”; and “Consult a physician as soon as you are sick, be the illness ever so slight.”

One outlier: “Shun the common towel like the plague.”

**The game goes on**

On October 11, 1918, Ohio State University (OSU) complied with a state order calling for the closure of universities, elementary schools, high schools, and other public gathering places. According to an account assembled by the University Libraries, “(i)t appears that football games continued, despite the closing.”

Although most civilian students were sent home, the Columbus campus stayed open, and classes continued for cadets in OSU’s Signal Corps military training program.

Unfortunately, many of those trainees did get sick. During the month that OSU was closed, 200 people sought treatment at the military hospital on campus, and five died. At least three faculty members lost spouses.

On October 16, 2018, University of Michigan (UM) President Harry B. Hutchins decreed that all students and faculty wear white gauze masks “while on the street, and campus and in all university exercises,” as well as in dormitories. Hutchins knew that the virus already had claimed 20 lives in Ann Arbor, where UM was situated, and he wanted to do everything possible to prevent deaths on his campus.

“During these trying weeks, many of the city’s female residents, following calls from the Red Cross and city newspapers, cut and sewed the gauze masks that were distributed on campus and also worked as nurses in many of the ad hoc wards around town,” wrote Alexandra Minna Stern, PhD, professor of American culture, history, obstetrics, and gynecology at UM.

On October 24, the University Musical Society announced the cancelation of a long-planned, much-anticipated concert featuring Italian tenor Enrico Caruso. What’s more, because of the pandemic and wartime travel restrictions, the university’s football team played just five games that fall. The consolation (if there was one) for UM fans: The team went undefeated en route to becoming 1918 national champions — cold comfort, no doubt, for a campus reeling from the deaths 59 students in the university’s Student Army Training Corps.
Within days, 75 CU students were quarantined in the Alpha Tau Omega and Sigma Chi fraternities, which became makeshift hospitals, as did Woodbury Hall, then a men’s dorm. Nearly every medical student on campus helped treat patients in Boulder or another community overwhelmed by the disease.

SATC cadets were also the first targets at Colorado Agricultural College, the Fort Collins institution now known as Colorado State University. The school’s first three cases — and its first fatality — were reported on October 4, 1918. The number grew to 30 by October 12 and to 94 by October 14.

“For a time,” the university noted in a recently published account, “trainees who were not symptomatic were required to attend classes — a good show of military discipline but a bad call for public health.”

On October 24, as cases mounted, the Fort Collins campus was closed to civilians — for two weeks, initially.

“It is hoped that the epidemic will have spent itself in that length of time,” reported the Collegian, the school’s student-run newspaper. “Nearly all civilian students have gone to their homes, and the strictest kind of quarantine is maintained on the campus. The gates are boarded shut, and guards will prevent anybody who has not a special permit from entering campus.”

Ultimately, the closure was extended through November 21, when classes resumed.

‘You can’t recognize your friends’

In Missoula, Montana, home to the University of Montana, the pandemic’s second wave ran from October 1918 through March 1919. The infection rate was close to 25 percent.

Hoping to control the outbreak, Missoula closed its schools and churches but not its saloons. The city did, however, pass a “move-on” ordinance that required bar patrons to get their drinks and go. To that end, local officials eventually removed all chairs from local saloons.

At the university, because of the imperative to avoid large indoor assemblies, SATC classes were held outside with cadets filling the bleachers of campus athletic facilities.
At Stanford University in Palo Alto, California, students were confined to campus and ordered to wear masks at all times including during classes. Anyone caught without one was fined. All social gatherings were banned. Makeshift hospitals were set up at four fraternity houses.

Stanford student Hope Snedden described the atmosphere in an October 24, 1918, letter to her father: “Just tonight the campus has suddenly blossomed forth in white gauze masks. Ruling from headquarters. You have to tie them on below your eyes, and the girls look as if they had just escaped from a Turkish harem, or an advertisement for Fatima cigarettes. … And you can’t recognize your friends by their eyes. We’re waiting for tomorrow to see our professors try to lecture in them.”

Led by Sally Allen, wife of UO School of Journalism Dean Eric W. Allen, a team of faculty wives made 10 dozen masks to be worn by university nurses and attendants.

Despite such efforts, by October 11, the virus had infected 237 UO students and at least one faculty member, economics professor Peter C. Crockatt.

A week later, Campbell expressed his belief that the worst was over. “The epidemic of the Influenza at the University has involved some two or three hundred of the students, but with the exception of three or four cases, there is nothing of a very serious nature,” the president wrote in a letter to the United War Work Campaign. “I think that probably we have passed the crest of the wave.”

Campbell was wrong.

On October 17, an alumnus who had returned to campus to attend officer’s training school became the first UO student to die of the malady. Over the next 10 days, the pandemic claimed six more students. “Homecoming without anyone coming home is to be the rule this year owing to the epidemic of influenza which has held the campus under quarantine for the past month,” the Emerald reported on October 31.

“President Campbell today issued the following statement to the students: ‘Now is the time to redouble every preventative measure and wipe out the sick list entirely. Students wishing to lighten their courses owing to less time in the influenza epidemic will be permitted to do so, even below the 12-hour minimum, without petition, as a result of action taken at a special meeting of the faculty Wednesday afternoon in Guild Hall. It was made clear in the discussion that faculty members intend to be lenient in the matter of making up work missed in the present emergency, and it is desired that every student forced to miss classes feel easy on that point, since everything possible will be done by faculty members for the students’ protection.’”

The student newspaper went on to report that Campbell had temporarily banned hazing of freshmen, including “all tubbing, blanketing, (and) mill-racing.”

The UO campus didn’t begin to return to normal until well after Christmas break. That January, however, the university community finally had reason to celebrate: Campbell’s long-running campaign to open a permanent campus infirmary bore fruit with the dedication of just such a facility, financed, in part, through a $2.50-per-term increase in student fees.
In its first six months, the infirmary treated 75 students for a variety of ailments — but none, records suggest, for the novel H1N1 virus.

‘We’ve come full circle’

Although the opening of UO’s first permanent infirmary was, perhaps, the most tangible consequence of the outbreak on that campus, the overall impact of the 1918 pandemic on American higher education was, of course, enormous — incalculable, really — and enduring.

Never again would campus administrators take for granted the health of seemingly fit young adults, students unblemished by the wear and tear that inevitably comes with age. They would create committees to study myriad contingencies and develop detailed strategies to address similar challenges in the future. They would commit to better, more accurate communication with stakeholders, even if the subject at hand wasn’t exactly fodder for rah-rah capital campaigns targeting nostalgic alumni.

Notably, the 1918 influenza pandemic also gave rise to the American Student Health Association, now known as the American College Health Association (ACHA). Founded in 1920, the organization helped the nation’s colleges and universities cope with subsequent pandemics, including the H2N2 outbreak of 1957, the H3N2 outbreak of 1968, and the H1N1 outbreak of 2009.

The ACHA, which now represents more than 1,100 postsecondary institutions, planned to celebrate “100 years of advocacy, research, and education” at its 2020 annual meeting in Chicago. The event’s theme: “Our Legacy/Our Future.”

The organization hoped to prepare for what might lie ahead with a long list of forward-looking educational sessions, including “Emergency Preparedness: Strategic National Stockpile and Medical Countermeasures,” “Managing a Campus Meningitis B Outbreak,” “HIV Pre-Exposure Prophylaxis and Historically Black Colleges and Universities (HBCUs),” and “Strategic Planning is for Everyone.”

Unfortunately, because of the current pandemic, the gathering had to be canceled.

“ACHA was founded in 1920, in large part due to another pandemic at the time, the Spanish Flu,” the organization pointed out in its announcement. “We’ve come full circle in 2020 with COVID-19.”

Sources

6 Roos.
7 Sistrand.
8 Barry.
About Harris Search Associates

Harris Search Associates is a leading global executive search and talent advisory firm. Established in 1997 by Jeffrey G. Harris, the firm focuses on the recruitment of senior leaders to support the growth of the foremost universities, research parks, institutes, national laboratories, academic health centers, hospital enterprises, and organizations driving global innovation and discovery. Based in Dublin, Ohio, a suburb of Columbus, Harris Search Associates maintains regional offices in Dallas and San Francisco. The firm is a shareholder member of IIC Partners, one of the largest global retained executive search organizations, with 48 offices in 33 countries.

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Jeffrey G. Harris is founder and managing partner of Harris Search Associates. He is an active member of CUPA-HR, the American Council on Education (ACE), the American College of Healthcare Executives (ACHE), and the Executive Search Roundtable, an association of professionals dedicated to the development of best practices in higher education talent recruitment. Mr. Harris holds a bachelor’s degree from Ithaca College and an MBA from the University of Dayton.

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