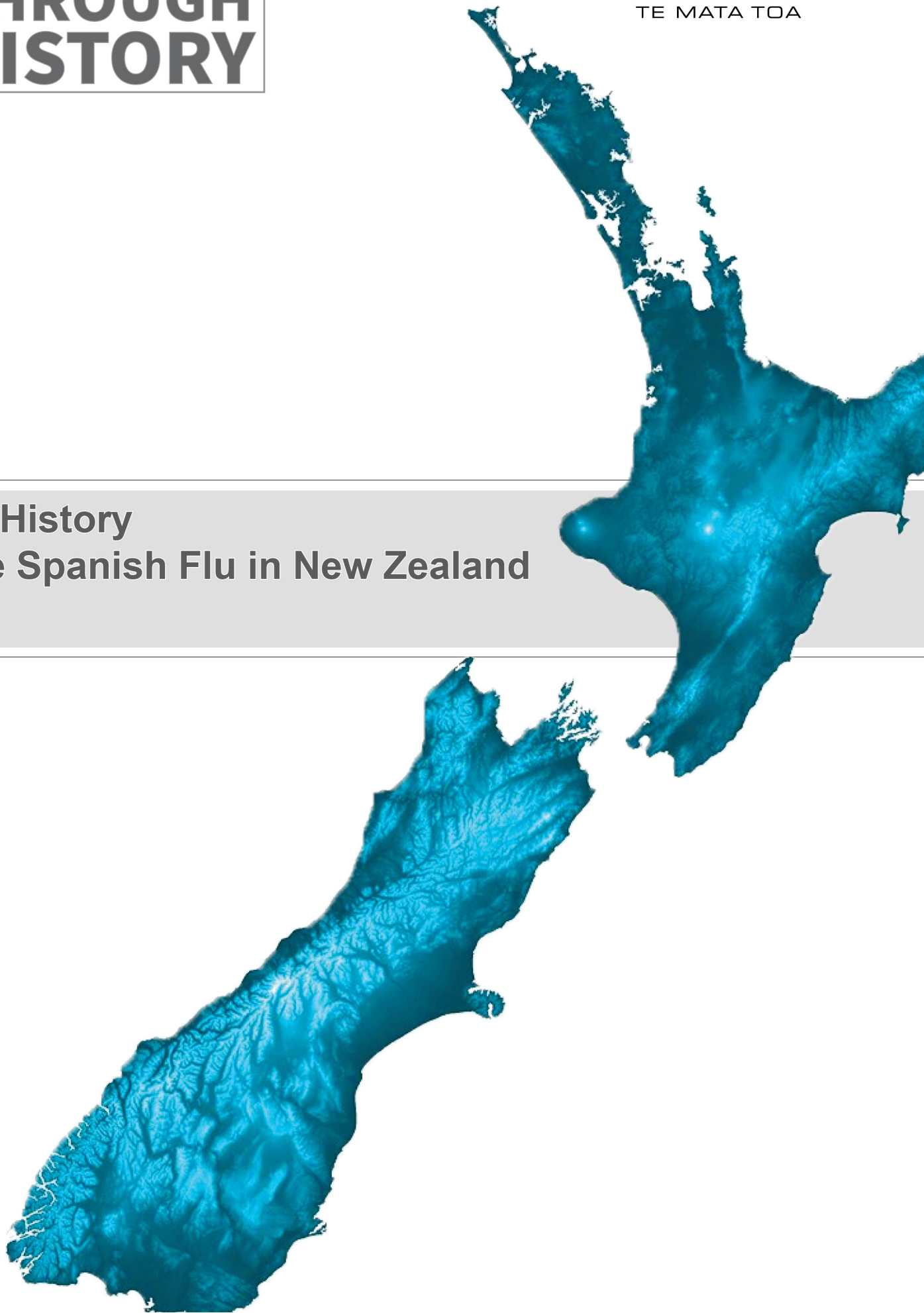


LIVING THROUGH HISTORY

**NATIONAL
ARMY
MUSEUM**
TE MATA TOA

NZ History The Spanish Flu in New Zealand



He waka eke noa

We are all in this together

History isn't something that happens to someone else. Right now, you are living through an extraordinary event that is changing the New Zealand (NZ) way of life: the COVID-19 pandemic. Future children might look back on this moment in their classrooms and ask: how did they feel? How did they make it through?

In lesson 6 we saw how one family were witness to the reality of WWI and how the conditions contributed to the rise of the Spanish Flu in Europe, and then the journey of the virus to NZ.

The Youngson family received the news of the war and the pandemic while living on a farm in the rural Otago community of Pukeawa. After the war and the pandemic this land was broken up and given to returning soldiers to start a new life after the hardship of war.

On one of these farms a boy spent his school days dreaming of being a scientist. His name was Robert Webster. He is now a famous doctor in the USA who studies viruses, and is called *The Flu Hunter*.

Let us now examine what happened in homes and communities in New Zealand in 1918 and learn from Dr Webster how this happened, what is happening with COVID-19 today, and how to plan for the future.

- **Read:** how the Spanish Flu pandemic spread across New Zealand in 1918 and what happened inside the communities and homes.
- **Reflect:** on how people reacted as the pandemic spread in 1918, and how the COVID-19 lockdown during 2020 affected you.
- **Respond:** answer the questions and exercises on how pandemics start and spread and make your own plan to protect your whanau and community.



Activity 1: How the pandemic spread

We know that soldiers in the war became sick while fighting overseas, and that the conditions and environments of the war contributed to the Spanish Flu pandemic.

Crucially for New Zealand, the method of transportation home was a significant factor for its spread back here. Let us examine this further.

It is uncertain which ship carried the first sick passengers home to New Zealand. We know that the use of ships to move soldiers from Europe, through Africa, and home to their families in New Zealand was a growing concern to people here by 1918. This concern was made harder because many of those traveling home were New Zealand soldiers and nurses returning from war. There had already been long separations and families couldn't wait to see their loved ones return.

Once the men and women arrived home a new breeding ground of the flu was the army camps.

The virus then began to spread through the country on trains and ferries as the soldiers went home.



Dr Webster explains how coughing and sneezing sends the virus out of the body and how it stays on objects for a long time.

'The coronavirus - causing COVID-19 is highly transmissible — I suspect even more transmissible than seasonal influenza — in the forms of droplets and particles in respiratory secretions. The virus is more stable than influenza, especially on metal surfaces, hence the need for hand washing for at least 20 seconds.'

High risk jobs

Bootmakers, carriers (drivers, postmen), carpenters, grocers, hairdressers, hotel-keepers, letter-carriers, painters, plasterers, farmers.

Those who worked away from home in 1918 - mainly men - were at high risk. Also, those working in jobs with close contact with large numbers of people were more likely to get sick.

Public events were also a problem. Despite the risk and the growing understanding of how the virus was spread, many large events went ahead.

1a Look at the list of high-risk jobs and compare this with how the virus spreads. Can you see why the risk was so high in these jobs? What measures are essential workers taking today?

1b Watch Mark Rober's germ video. As most of us don't have UV resources at home try glitter for a hand washing exercise or a dry powder for the handshake exercise.

How To See Germs Spread (Coronavirus);

https://www.youtube.com/watch?v=I5-dl74zxPg&feature=youtu.be&fbclid=IwAR3pd2DFkp_Klbt2xRR9W0INsatcCFp6UQMkCbMMZx7O0P9YvDPW6vHBFDI

1c Record the results from your hand washing and hand shaking exercises and apply what you learn to COVID-19 safety.

Activity 2: What was it like to live in this pandemic?

As the influenza spread and the “wave of devastation” washed over a community, things changed very quickly. Most communities in New Zealand had confirmed cases and clusters. Communities on the main trunk railway line, like Ohakune, were badly affected because the virus was passed on by travellers on the train. Those in high risk jobs started to fall ill, train services were restricted, and schools were closed to protect students and teachers as the sickness arrived.

Communication workers like telephone exchange staff and energy jobs like coal merchants were also reduced by the pandemic as staff fell ill. Very few people had electricity and telephones in rural areas in 1918 and there were no radio or television services. The news moved by word of mouth. If your coal and wood man was sick you might not have heat or the ability to cook food. If you needed news or had to ask for help you might have to leave your house and travel to the Post Office only to find telephone and telegraph services had been reduced by the pandemic.

Many small communities had no surgical hospital and only one or two doctors to cover a large area. Nurses and volunteers in cottage hospitals were put in great danger and worked very hard.

Nurse Drummond, the walking angel of Ohakune.

Ruth Drummond was from Rangataua and had trained as a nurse in Auckland. She was still in recovery from an accident herself when the influenza arrived but went to work anyway. Ruth went from house to house on foot, trudging through the mud, doing what she could for people, rich and poor, who had the virus. Even when Ruth fell ill she continued to work. She worked long hours and had little to eat. She died on duty from the Spanish Flu on November 15th 1918.



In houses all around New Zealand the mothers and daughters, still in recovery from the soldiers going to war, had to defend their house from an invisible enemy. They kept the heating and cooking going while cleaning their homes with strong disinfectants. If someone in the house caught the virus and could not be taken to a community hospital or shelter, a person from inside the house was chosen to be a primary care giver.

2a How would restrictions of trains, post offices and telephones have been a problem in 1918? How are smart phones and social media being used in the COVID-19 pandemic by authorities and whānau?

2b There were very few hospitals in small towns and doctors and nurses, like nurse Drummond, took great risks. What practices have nurses and care workers in rest homes been using in 2020?

2c The work done by the ordinary people in their homes helped the country by protecting and caring for themselves. How did the COVID-19 lockdowns change the life of your family? How do you think your actions helped New Zealand?

Activity 3: What authorities do in pandemics

In 1918, once the authorities acknowledged the news from overseas and received advice from health representatives in government, they started to change some rules that impacted on day to day life.

One key distinction in 1918 was that there was no national lockdown. Things were handled differently, case by case, city to city and district to district.

One significant example was the strong interest from the public in attending Armistice (peace after a war) celebrations around the country. Even unofficial reports that the war had ended resulted in large numbers of people meeting in big groups. This spread the virus quickly.

A large crowd, such as this football crowd, will spread a virus quickly.



“Auckland just went mad, bells, sirens, shouts, cheers... a glad bedlam. Strangers hugged one another and I don't think staid Auckland had ever witnessed such crowds and happy abandon before”
(The Auckland gathering when they thought the war was over 1918)

While Aucklanders were ordered to stay home during the actual celebrations the Christchurch streets were filled with people, some coughing and sneezing as the parade floats passed by. Not happy with just having been allowed to have a parade during a pandemic, some refused to go home, and had to be forced off the streets by police so the sick could recuperate in peace.

The authorities closed or suspended crucial services such as transport to restrict the spread of influenza. While the government did not order a national lockdown, the Minister of Health declared influenza a notifiable disease which gave local authorities special powers to break up public activities considered a threat, including popular sports.

The current government has worked with the New Zealand Defence Force to keep their people healthy and well during the COVID-19 pandemic. This is called *Operation Protect* and includes support to Police and services supplying relief and temporary medical facilities. In 1918 the New Zealand Army was recovering from a war, and also coping with the biggest influenza clusters in the country in their own barracks.

3a The excitement of the good news of the end of the war, and the lack of understanding of influenza, affected government decisions about dealing with it. Keeping the celebration parades in New Zealand can now be compared to the 2020 decision to keep soccer matches in Spain open and the Mardi Gras parade open in the USA, with the pandemic coming very close. How would you explain to a government the seriousness of social distancing and lockdown for your community in this situation?

3b How did the 2020 lockdown affect the outcome of COVID-19 in New Zealand?

Activity 4: The Legacy

Dr Robert Webster has researched all kinds of viruses for many years. He says everyone has to be very careful when a new virus spreads from nature to people. If a person can catch one of these viruses and then give it to another person a dangerous pandemic can begin. If people have never had this virus before it can spread quickly with lethal results.

Some say the 1918 strain of influenza came from natural sources and as we have learned, the First World War escalated infection and the spread of the virus. At the peak of infection in New Zealand there were clusters all over the country. It was estimated up to half the population was sick and 2% of these people died. At the height of the epidemic, in November, between a third and a half of the country's population—and in some districts nearly everyone—was infected.

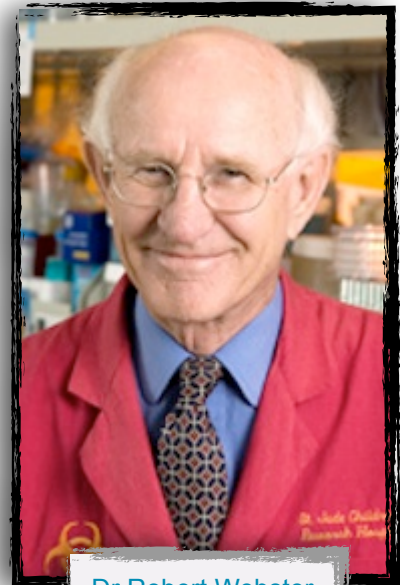
If this was the same today....up to 2.5 million would be sick and 50,000 may have died.

In 1918, resources, training and communication from health professionals during the pandemic were restricted by the after effects of the war. Public announcements were sometimes reduced to posters in public places and notices in newspapers that might take a week to arrive.

After the 1918 pandemic the government asked many questions about what went wrong and why so many people got sick. The way in which ships with sick people were allowed to dock and let the sick people off was investigated.

Significant changes for health rules in New Zealand came from the 1920 Health Act, particularly around how district hospitals were organised and the monitoring of hygiene standards at each of the major hospitals. They also introduced rules on how to identify, trace and isolate those in contact with sick people.

In 2020 the important actions during the COVID-19 pandemic were closure of the borders, both by sea and by air, and the quick implementation of an alert system that included a full lockdown. At the frontline of the pandemic medical professionals and caregivers have had to learn and use COVID-19 testing, treatment and protection measures.



Dr Robert Webster

New Zealand COVID-19 Alert Levels		Unite against COVID-19
<ul style="list-style-type: none"> These alert levels specify the public health and social measures to be taken. The measures may be updated on the basis of (i) new scientific knowledge about COVID-19 and (ii) information about the effectiveness of intervention measures in New Zealand and elsewhere. 	<ul style="list-style-type: none"> The alert levels may be applied at a town, city, territorial local authority, regional or national level. Different parts of the country may be at different alert levels. We can move up and down alert levels. In general, the alert levels are cumulative, e.g. Level 1 is a base-level response. Always prepare for the next level. 	<ul style="list-style-type: none"> At all levels, health services, emergency services, utilities and goods transport, and other essential services, operations and staff, are expected to remain up and running. Employees in these sectors must continue to meet their health and safety obligations.
LEVEL	RISK ASSESSMENT	RANGE OF MEASURES (can be applied locally or nationally)
Level 4 - Eliminate Likely that disease is not contained	<ul style="list-style-type: none"> Sustained and intensive transmission Widespread outbreaks 	<ul style="list-style-type: none"> People instructed to stay at home Educational facilities closed Businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics) and lifeline utilities Rationing of supplies and requisitioning of facilities Travel severely limited Major reorganisation of healthcare services
Level 3 - Restrict Heightened risk that disease is not contained	<ul style="list-style-type: none"> Community transmission occurring OR Multiple clusters break out 	<ul style="list-style-type: none"> Travel in areas with clusters or community transmission limited Affected educational facilities closed Mass gatherings cancelled Public venues closed (e.g. libraries, museums, cinemas, food courts, gyms, pools, amusement parks) Alternative ways of working required and some non-essential businesses should close Non face-to-face primary care consultations Non acute (elective) services and procedures in hospitals deferred and healthcare staff redeployed
Level 2 - Reduce Disease is contained, but risks of community transmission growing	<ul style="list-style-type: none"> High risk of importing COVID-19 OR Increase in imported cases OR Increase in household transmission OR Single or isolated cluster outbreaks 	<ul style="list-style-type: none"> Entry border measures maximised Further restrictions on mass gatherings Physical distancing on public transport (e.g. leave the seat next to you empty if you can) Limit non-essential travel into and from New Zealand Employers start alternative ways of working if possible (e.g. remote working, shift-based working, physical distancing within the workplace, staggering meal breaks, flexible leave arrangements) Business continuity plans activated High-risk people advised to remain at home (e.g. those over 70 or those with other existing medical conditions)
Level 1 - Prepare Disease is contained	<ul style="list-style-type: none"> Heightened risk of importing COVID-19 OR Isolated imported cases OR Isolated household transmission associated with imported cases 	<ul style="list-style-type: none"> Border entry measures to minimise risk of importing COVID-19 cases applied Contact tracing Stringent self-isolation and quarantine Intensive testing for COVID-19 Physical distancing encouraged Mass gatherings over 500 cancelled Stay home if you're sick, report flu-like symptoms Wash and dry hands, cough into elbow, don't touch your face

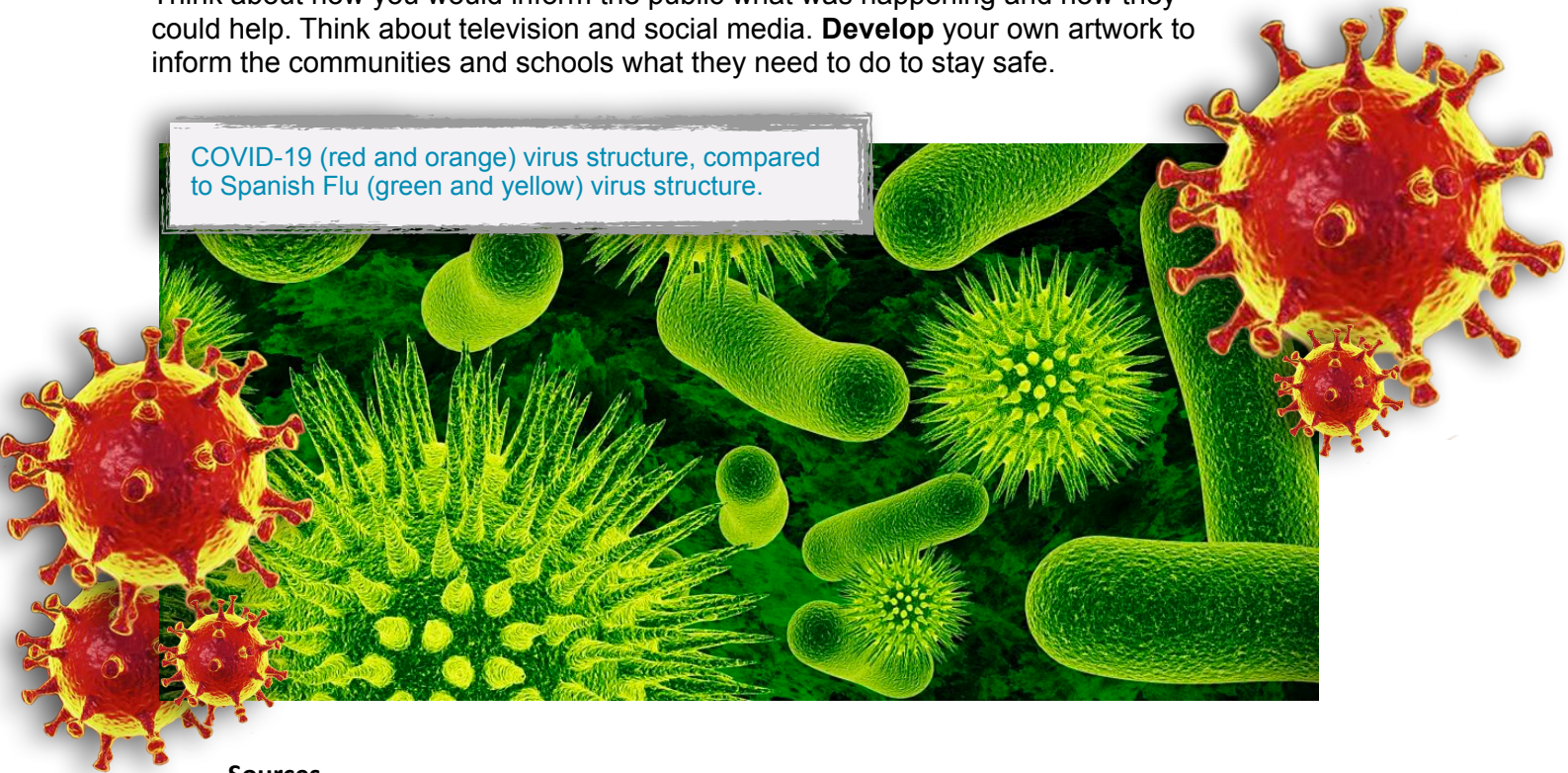
Beyond the Worksheet

These activities have shown you just a few examples of how past New Zealanders kept up with a national crisis and finally came through it together. Here are some activities to help you understand more:

- **Reflect** – why did more people get sick in 1918 than in 2020 in New Zealand? Make a list of each and use the answers for the next two questions.
- **Think** about and research the resources you would choose to buy for New Zealand to prepare for a pandemic. This could include more buildings, temporary buildings and the equipment you would buy to go in them. Remember the factors : test, treat and protect.
- **Create** your own pandemic plan. Look at the government level plan and create your own template. You can use their levels:
 - Level 1 Prepare
 - Level 2 Reduce
 - Level 3 Restrict
 - Level 4 Eliminate.
- **Think** about a timeline for your response if the World Health Organisation declared a pandemic. What would you do first, and how quickly?

Think about how you would inform the public what was happening and how they could help. Think about television and social media. **Develop** your own artwork to inform the communities and schools what they need to do to stay safe.

COVID-19 (red and orange) virus structure, compared to Spanish Flu (green and yellow) virus structure.



Sources

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