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PREFERRED NARRATIVES AND THEIR IMPACT
ON HISTORICAL MEMORY: AN EXAMINATION
THROUGH COMPARISON OF TWENTIETH
CENTURY PANDEMICS

by

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Abstract

Societal response to a crisis and the narratives that emerge from the event(s) often vary and oppose one another. A narrative can be considered a point of view or a lens that is often cultivated through experiences and carries its own tone while telling events. This thesis compares the narratives that emerged from both the 1918 and 1957 influenza pandemics. Examining the 1918 influenza pandemic reveals both a public and a private narrative, in which the public narrative is the preferred out of the two. Filled with optimism, the preferred public narrative focused on moving forward and furthering scientific research—a modernist view that overshadowed the private narrative. This pattern is discovered in the influenza pandemic of 1957; the two narratives emerge, with the public one as the preferred narrative. By comparing these two pandemics within fifty years of one another, it is clear that a pattern of societal response and preferred narratives emerges out of these public health crises. The narratives created during the pandemics persisted afterwards by influencing the cultural memory and perpetuating instances of historical erasure.

When was the last major occurrence of disease that killed millions of people on the planet? A popular answer would likely be the Black Death, for it killed millions of people, and it is an extremely common unit in any history class pertaining to the medieval period. However, an outbreak that rivaled the Black Death in numbers was the 1918 influenza pandemic; anywhere from 25 - 100 million people died from the bubonic plague over the course of four years, and 50 million people died from the flu in under two years. Influenza, or its common name “the flu,” has been a repeat offender of the human race and is usually an unproblematic seasonal strain, not causing any significant damage. Its normal, seasonal behavior does have the capability to mutate into a novel and far deadlier strain, which has caused more serious outbreaks in the past century. The 1918 pandemic and the 1957 epidemic are two examples of this. Despite the impact that influenza had on humans along with its annual appearance, it is somehow not regarded as highly or deadly as other diseases. The history of influenza’s ability to harm is documented, but seemingly rarely discussed. Figures and pictures show its devastation, yet it remains absent from literature or other sources of media. Instead, there are other stories and histories, other *narratives*, that take hold during and after an outbreak such as the 1918 influenza pandemic. The history and remembrance of pandemics and epidemics are skewed, often completely forgotten, because of the public and private preferred narratives that are created during the health crisis. These narratives also contribute to historical erasure and can influence future instances of forgetting.

Remembering history and its events, big or small, is a responsibility that lays with society. However, there are individuals within society that contribute significantly more than others to remembering our past. These individuals are the creatives as well as the historians of society. Through their work we are able to retain information, themes, ideas, influences, etc.

from everyday life to enormous, world-changing events. Their work is important, especially because it influences the collective memory. It is then crucial to examine how historians view pandemics and how they write about them. Historian Jo H. Hays has discussed two viewpoints that historians have taken on in recent years: “Modern historical writing, however, has reflected two relatively recent such understandings: the biological, reductionist view that rose to dominance in the late nineteenth century, and the more recent conviction that diseases are social constructs”.¹ The difference between these understandings is significant, as the reductionist view Hays proposed can effectively contribute to the poor recollection of historical events.

A biological, reductionist account of the 1918 influenza pandemic is found in John M. Barry’s book, *The Great Influenza: The Story of the Deadliest Plague in History*, published in 2004. The narrative in this historical account of the pandemic is that of science and war, fitting into the view that Hays defines as well as perpetuating the chosen narrative of the 1918 influenza pandemic. Barry opened his book with:

For the influenza pandemic that erupted in 1918 was the first great collision between nature and modern science. It was the first great collision between a natural force and a society that included individuals who refused either to submit to that force or to simply call upon divine intervention to save themselves from it, individuals who instead were determined to confront this force directly, with a developing technology and with their minds.²

The blanket statement of 1918’s pandemic as the first great collision between nature and science is bold and frankly modernist. Barry’s focus on science and technology’s advancements echoes that of the public preferred narrative of 1918. By writing an entire historical account based on this narrative and modern lens, Barry contributed to the forgetfulness that is a byproduct of this

¹ Hays, Jo. N. 2009. "Historians and Epidemics." In *Plague and the End of Antiquity: The Pandemic of 541-750*, by Lester K. Little. Cambridge University Press, pg. 33.

² Barry, J. M. 2004. *The Great Influenza*. Penguin, pg. 5.

type of narrative. The memory of the 1918 influenza pandemic remains the same, unchallenged by the possible unearthing of personal accounts that showcase the social construct of a disease.

To continue the point Hays made, he wrote “...we should be aware of the difficulties when we impose modern constructs...the modern constructs may be the wrong ones; and second, even if those constructs are ‘right,’ does our modern ‘naming’ of the epidemic interfere with our understanding of it and especially of contemporary responses to it?”³ Essentially he discussed the impact of a modern lens imposed on the past, specifically on pandemics. It is wrong to do as such because it attempts to explain and remember the past with our present-day knowledge. Hays cited a powerful quote from a historian Jon Arrizabalaga:

For in exploring disease perceptions and reactions by past human societies, we must not forget that the identity of the disease nowadays known as plague, just like the identity of other infectious diseases, relies on an intellectual construction we have inherited from a precise historical and cultural context—that of late nineteenth- and early twentieth-century laboratory medicine and, specifically, the germ theory.⁴

Although the author was discussing old plagues from antiquity, the idea still applies to the case of the 1918 and 1957 influenza pandemics. Despite both influenza pandemics occurring after the discovery of germ theory, science never stopped progressing, and therefore, the modernist lens constantly changed. Arguably the decades of the 20th century are vastly different from one another because of their own advancements in technology. This supports the idea that the scientific, biological, reductionist point of view is not only incapable of comparing pandemics, but it is also an insufficient way of recounting history that impacts society’s collective memory of the event.

³ Hays, *Historians and Epidemics*, pg. 45.

⁴ Hays, *Historians and Epidemics*, pg. 45.

Other authors and historians have offered much different accounts of the 1918 pandemic and incorporate more useful methodologies. Nancy Bristow wrote about the same pandemic but chose to gather evidence from multiple sources and narratives. By using evidence from both public and private narratives, she established the idea that this dichotomy of narratives exists during and after historical events. She compared the two, trying to gain an understanding and provide her audience with a better history of the 1918 influenza pandemic. Other authors used in this paper either supplement or compliment Bristow's theories on memory and narratives; they support and encourage the methodology she used in her book. Alfred W. Crosby wrote an overarching historical account of the 1918 pandemic that included personal stories and ended with an afterword about human memory. Even in 1989, decades before Bristow, Crosby was practicing the multiple-narrative methodology of historical writing and included observations or suggestions about why this event was forgotten. Around the same time as Barry's book, Jo H. Hays's discussion on historical lenses was published, and touched upon the same ideologies as Bristow and Crosby about how to re-tell history, while criticizing works such as Barry's. This paper aims to use these individual's works and ideas to examine the 1957 influenza pandemic in addition to the 1918 influenza pandemic through both the public and private narratives, ultimately revealing a repeating pattern of narratives and forgetting.

Studying history requires an individual to gather accounts from all points of view in order to obtain the best overall picture of the event that occurred. These can be considered the different narratives surrounding a historical event, and they can come from individuals, groups of people, news outlets, the government, etc. Some of these narratives are harder to find than others, as some narratives take on the role of being the popular or preferred narrative that overshadows the others. This especially occurs in a culture's response to a crisis or disaster, as a common or a

shared narrative arises from the catastrophic event(s).⁵ In 1918, both a public and a private narrative emerged in society; however, one cast a shadow over the other. This occurred thirty-nine years later during the 1957 influenza epidemic as well. The public preferred narrative was adopted as the sole historical narrative and the private narrative of the health crises faded in memory.

The ability to forget a historical event is also reliant upon the impact it makes on society. The impact a disease makes on society is based on factors such as presentation, death toll, and how long the disease remains in the population. For example, the plague commonly known as the Black Death presented itself as ugly buboes, killed millions, and stayed within the population for several years. This disease is well remembered, even though it took place centuries ago. The 1918 influenza pandemic lasted for one to two years, which according to Alfred Crosby, contributed to the instance of forgetting the health crisis even occurred:

The very nature of the disease and its epidemiological characteristics encouraged forgetfulness in the societies affected. The disease moved too fast, arrived, flourished, and was gone before it had any but ephemeral effects on the economy and before many people had time to fully realize just how great was the danger...If the flu were a lingering disease...America would have been left with thousands of ailing, disfigured, and crippled citizens to remind her for decades of the pandemic.⁶

This short time span and quick movement was also characteristic of the 1957 influenza epidemic, contributing to the same phenomena of forgetting the crisis. Although influenza killed millions between 1918 and 1920, the lives that it affected were quickly forgotten. Crosby is correct when stating that time was important; due to the short timeline of each of the influenza pandemics, the media was not able to become saturated with all types of narratives. The initial influencer of the

⁵Bristow, N. K. 2012. *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*. Oxford University Press, pg. 8.

⁶ Crosby, A. W. 2010. *America's Forgotten Pandemic: The Influenza of 1918*. Cambridge University Press, pg. 321.

preferred narratives of the pandemics was time. Out of the year that passed in 1918-1919 and in 1957-1958, the public preferred narrative was constructed and adopted as the main historical narrative while the private narrative did not have the chance or time to prevail.

The influenza that emerged in 1918 was known across the country and the globe as the “Spanish Influenza.” Many outbreaks occurred in various countries, but because of World War I, newspapers were often censored, and the spread of the flu was not reported right away. Spain was the first country to report it in its newspapers due to its neutral position, which led to the disease’s name. The flu spread rapidly and infected nearly a third of the world’s population. Among the approximate 50 million deaths worldwide, 675,000 of them were estimated to be Americans.⁷ With most illnesses, the usual target populations include that of children and elderly due to their ages and immune systems. However, the 1918 influenza virus affected the opposite age groups: “Influenza and pneumonia death rates for 15 to 34 year olds were more than 20 times higher in 1918 than in previous years, with 99% of excess deaths among people under 65 years of age”.⁸ At the time, the cause of the pandemic had not been determined.

March of 1918 was the first reported instance of an influenza outbreak relating to this pandemic in the United States. It occurred at a military base, Camp Funston, in Fort Riley, Kansas.⁹ Due to the close proximity of the soldiers and other personnel, the illness was able to spread easily, and the number of cases increased exponentially by the end of the month. From spring into the summer of 1918, the flu spread around the United States as well as other countries

⁷ CDC. n.d. *1918 Pandemic*. Accessed April 9, 2021. <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>

⁸Taubenberger, J. K., Ann H. Reid, and Thomas G. Fanning. 2000. "The 1918 Influenza Virus: A Killer Comes into View." *Virology*, pg. 241.

⁹ CDC. 2018. *1918 Pandemic Timeline*. March 20. Accessed April 7, 2021. <https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/pandemic-timeline-1918.htm>.

around the world. An increase in international travel caused by World War I aided in the spread of the disease. Pandemics and epidemics have traditional projections that include “waves”. The cases recorded in March of 1918 into the spring were part of the first wave. As the United States entered the autumn months, they also entered the second wave of the influenza pandemic.¹⁰ Cases surged everywhere, overwhelming hospitals that were already short staffed due to the war. Bodies of victims of the flu piled up as death tolls climbed each day. Funeral homes and morgues became burdened with the disposal of these victims. The third wave came at the beginning of 1919, lasting into springtime. The disease soon faded as the warmer months of 1919’s summer approached.

Despite the short timeline of the 1918 influenza pandemic, the virus was able to do massive damage to not only those in the United States, but also globally. The aggressiveness of this influenza strain was apparent in the number of people who contracted it and died from it. However, the public did not hold onto a narrative of being afraid of this deadly disease. Fear of the flu was prevalent along with confusion at the start of the pandemic, but quickly faded into the private narrative as the public narrative changed to that of optimism.

“Uncle Sam’s Advice on Flu” was the title of the first column of *Fernandina News-Record*’s newspaper on Friday, October 18th, 1918.¹¹ This advice took up two of the columns on the front page of the newspaper and included questions with answers about the influenza outbreak. Essentially, the two columns summarized the concept of influenza, how to recognize it, and how it potentially spreads. This newspaper article was one of many like it, nestled on the front or second page of the local or national newspaper, informing the public of the flu’s basics.

¹⁰ CDC, *1918 Pandemic Timeline*.

¹¹ 1918. "Uncle Sam's Advice on Flu." *Fernandina News-Record*. Fernandina, FL, October 18.

Introductory articles, such as this one from Florida, were common in the late summer and early autumn months as the 1918 pandemic was in its second wave—also known as its biggest wave.¹² In the following days, weeks, and months newspapers began to shorten their influenza section and focused on providing the numbers of people afflicted. An example would be the column in the newspaper *The Watchman and Southron* on October 19th: “The total cases reported was 6,498, a decreased of 773, from yesterday. Pneumonia cases were 1,916 against 2,523 the day before but the number of deaths increased, being 889 against 716 yesterday.”¹³ Notice how the information was presented. The number of cases was given, followed by the claim of a decrease in case numbers. The comparison in numbers to show a decrease in pneumonia was next, and the death toll increase was situated last. By providing these numbers to the public, the newspaper was informing and updating them about the influenza outbreak. However, the added comparisons and the order of information contributed to the overall narrative that newspapers provided—one that was realistic with numbers but carried an underlying tone of optimism. According to the historian Nancy K. Bristow, it was expected that “the popular press would at least acknowledge the losses and the long-term consequences of the epidemic” while also joining “the upbeat chorus of optimism with expressions of faith in modern science and a conviction that progress was sure to follow in the wake of the epidemic.”¹⁴

Influencing the curve of optimism in journalists’ pieces around the country was the physician and scientist’s narrative. In the face of a dangerous situation that germ theory could understand but not quite handle, physicians and researchers alike chose to dive into their responsibilities of identifying, characterizing, investigating, and educating. Their contribution

¹² CDC, *1918 Pandemic Timeline*.

¹³1918. "Flu Epidemic Everywhere." *The Watchman and Southron*. Sumter, SC, October 19.

¹⁴ Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*, pg. 157.

was that of an opportunistic narrative. Numbers and data surrounding the flu's impact was useful to them because it furthered their work. The heaviness of the meaning and the humanity of numbers seemed to fade within the lens of opportunity for them. A great deal of physician and scientists' accounts and view points were relayed through their published work in the later months of 1919 or in the coming years after the pandemic. Dr. Raymond Pearl wrote in August of 1919: "...the very magnitude of this epidemic is in itself a challenge to the whole medical profession...If every epidemiologist does not take advantage of the present opportunity to investigate with all possible thoroughness epidemic influenza, to the end of making a better defense next time, he will have been derelict in his plain duty."¹⁵

Another example of this opportunistic and optimistic narrative surrounding the 1918 pandemic was mentioned by Bristow in her book. It came from Dr. Mazyck P. Ravenel's article in the *American Journal of Public Health* during the winter of 1921. Under the section titled "The Present and the Future," Dr. Ravenel discussed his view on the importance of knowledge and the need for funding for the association he belonged to. He then went on to say: "We were born at an opportune moment, and have lived in a period which for all time will be remarkable for its scientific achievement."¹⁶ Ravenel, much like Pearl, both exemplified the narrative that health care professionals pursued. This opportunistic narrative was supported by officials and the popular press, as it was discussed earlier with examples from newspapers that carried a tone of optimism. This became the public preferred narrative during the 1918 pandemic and the years

¹⁵ Pearl, Raymond. 1919. "Influenza Studies: I. On Certain General Statistical Aspects of the 1918 Epidemic in American Cities." *Public Health Reports*, pg. 1744.

¹⁶Ravenel, Mazyck P. 1921. "The American Public Health Association, Past, Present, Future." *American Journal of Public Health*, pg. 1039.

following; the public chose to adopt an optimistic point of view, in which the opportunistic narrative nested, and was supported and endorsed by professionals, officials, and media.

Opposing the narrative of optimism was that of tragedy. It was instead the narrative of how influenza invaded everyone's lives, not just their immune systems. Some were fortunate enough to evade infection or recover from it without complication. However, as expected, most experienced the death of a loved one or fell ill and died themselves. Among the collection of stories provided by the Centers for Disease Control and Prevention (CDC), a few stand out and speak to the variety of experiences of individuals during the influenza pandemic. Debbie Crane relayed her grandmother's story about her brother coming home from being at war and unknowingly infecting their entire family, leading to four deaths, including a mother and newborn.¹⁷ Another account is that of Bernice Geller Deady, a mother to twin boys who died from the flu while she was pregnant with another set of twins.¹⁸ Her story becomes more heartbreaking when they mentioned that her "...wake was more of a brief showing for just a few hours the day after she died. Friends and relatives stayed on the porch and walked past the window to say a prayer for her through the glass to avoid the contagious risk of the flu."¹⁹ Family structures often shifted with each death of an individual; some children became orphaned after the death of their parents. There was hardly an opportunity to grieve or mourn as one would with funeral services due to the issue of possible transmission from either the body or from anyone in attendance. With around 500 million people worldwide infected with influenza during

¹⁷Crane, Debbie. 2018. *CDC: Pandemic Influenza Storybook: In Memorial: Edna Breedlove Clampitt*. September 20. Accessed April 9, 2021. https://www.cdc.gov/publications/panflu/stories/memorial_clampitt.html.

¹⁸Deady, Robert R. 2018. *CDC: Pandemic Influenza Storybook: In Memorial: Bernice Geller Deady*. September 20. Accessed April 9, 2021. https://www.cdc.gov/publications/panflu/stories/memorial_deady.html.

¹⁹Deady, *CDC: Pandemic Influenza Storybook: In Memorial: Bernice Geller Deady*.

the years 1918-1919, it was statistically possible that everyone had their own story—their own narrative—of tragedy and loss.

The pain of losing a loved one or suffering from a terrible disease is hard to forget. Whether good or bad, most Americans had their own experience with influenza that often lived on in their family’s heritage and stories. Although pain is often far easier to remember than the good, it is apparent that the pain of the 1918 influenza pandemic was lost to the public’s memory. The private narrative of Americans that included loss and tragedy was overshadowed by the public preferred narrative of optimism and opportunity cultivated by physicians and journalists. This led to a form of historical erasure; the optimistic narrative cast a tone that influenced a society’s memory regarding a deadly disease. As Crosby put it: “Spanish influenza had a permanent influence not on the collectivities but on the *atoms* of human society—individuals.”²⁰ The memory of the pandemic lived on in individuals’ minds and families rather than in society’s memory. These narratives, borne out of the 1918 pandemic, affected the narratives and memory of future epidemics and pandemics such as the influenza epidemic of 1957.

Until 1957, the influenza virus did not concern the public past its common seasonal behavior. There were thirty-nine years’ worth of time available for the scientific and medical community to further research influenza. In this time span, science did advance, as researchers were able to isolate an influenza virus from a human host for the first time in 1933.²¹ There were other discoveries made, such as the influenza B viruses in 1940, which are different from

²⁰ Crosby, *America’s Forgotten Pandemic: The Influenza of 1918*, pg. 323.

²¹ Smith, Wilson, Chirstopher H. Andrews, and Patrick P. Laidlaw. 1933. "A Virus Obtained from Influenza Patients." *Lancet* 8.

influenza type A viruses.²² Also, during this decade, influenza vaccines were developed and public access to them began in 1945.²³ Nearing the end of the 1940s and start of the 1950s, the World Health Organization (WHO) created not only the Influenza Centre in London, but also the Global Influenza Surveillance and Response System (GISRS) to develop ways of characterizing and monitoring the influenza viruses.²⁴ However, these centers were not able to detect the emergence of influenza in 1957 until much later, specifically after the *New York Times* reported an outbreak in Hong Kong.²⁵

It first appeared in Asia, establishing its common name as the “Asian Flu.” From April into the summer of 1957 the flu spread from China to the rest of Asia and then jumped across the Pacific, reaching the western shores of America.²⁶ The surveillance services did have an advantage this time, as scientists were able to perform tests that helped identify the influenza strain. After growing the virus from samples sent through the surveillance network, scientists used the hemagglutination inhibition (HI) test in conjunction with a complement-fixation test to identify, respectively, the antigens on the virus and antibodies in blood.²⁷ This would lead to the development of a vaccine for this particular strain of flu. With the vaccine and readily available antibiotics to fight secondary infections, the death toll in America was only 116,000 out of the 1.1 million deaths worldwide.²⁸ As quickly as the Asian influenza entered the United States in the summer of 1957, it left the following year. The effect that this short amount of time had on

²² CDC. 2019. *History of Flu Pandemic 1930 – Today*. Accessed April 7, 2021. <https://www.cdc.gov/flu/pandemic-resources/pandemic-timeline-1930-and-beyond.htm>

²³ CDC, *History of Flu Pandemic 1930 - Today*

²⁴ CDC, *History of Flu Pandemic 1930 - Today*

²⁵Honigsbaum, Mark. 2020. “Revisiting the 1957 and 1968 influenza pandemics.” *The Lancet* 1824-1826.

²⁶ 1957. "WAR ON FLU: Nation's Doctors Gird For Epidemic." *The San Diego Union*. September 8.

²⁷ Ziegler, T., Mamahit, A., & Cox N. J. 2018. “65 years of influenza surveillance by a World Health Organization-coordinated global network.” *Influenza and other respiratory viruses*.

²⁸ CDC, *History of Flu Pandemic 1930 - Today*

the preferred narratives of the 1918 pandemic was also in action during the epidemic of 1957. Similar public and private narratives emerged within the year, revealing the impact of forgetting 1918 and contributing to the continuation of forgetting future health crises.

The Sunday morning paper of *The San Diego Union* on September 8th, 1957, split its front page between an update on Congress and an update on the influenza outbreaks across the United States. “WAR ON FLU: Nation’s Doctors Gird For Epidemic” titled the section, and underneath there were two columns dedicated to the topic.²⁹ One column provided information on influenza’s symptoms, known cases, spread, and vaccines, while the other column provided a journalist’s commentary on the same topics.³⁰ The role of newspapers during health crises was highlighted again; they reported numbers, but also managed to contribute to the optimistic narrative: “The medical profession agrees that the Asiatic virus is highly contagious, spread rapidly and that an epidemic is possible—with up to 30 million cases. But they are just as adamant that the Asiatic strain is much milder than the 1918 variety and that there is no cause for panic.”³¹ The focus of media, such as newspapers and TV, was on the knowledge of medical professionals and how it was going to lessen the effects of the epidemic.

A newsclip from Westinghouse Broadcasting company, CBS’s predecessor, held the same narrative. The segment was called “The Silent Invader,” and it involved the host, Dr. Carl Ide, interviewing a few professionals, the first one being the Surgeon General of the United States Public Health Service at the time, Dr. Leroy E. Burney.³² Dr. Ide began with the expected question about how to identify the flu in yourself and others as well as asking Dr. Burney for a

²⁹ 1957, “WAR ON FLU”, *The San Diego Union*.

³⁰ 1957, “WAR ON FLU”, *The San Diego Union*.

³¹ 1957, “WAR ON FLU”, *The San Diego Union*.

³² Burney, Leroy E., Carl Ide. 1957. "The Silent Invader." *Westinghouse Broadcasting Company*. Pittsburg, PA.

recap of the spread of this influenza outbreak. Dr. Burney reviewed the basics of influenza and compared this strain to that of 1918's, downplaying the threat of contracting influenza due to modern science. The Surgeon General's large focus was on the vaccine production that "began...before we had had the first case in this country" as well as "having an alert and informed public...who will be aware of the facts without being unduly alarmed."³³ Thus became the public preferred narrative of 1957; one of optimism based on the feeling of preparedness founded in the scientific knowledge of the past few decades. The themes and attitudes surrounding the health crisis began to repeat themselves. Although the public preferred narrative of 1918 was founded on the idea of an "opportunity" and the 1957 public preferred narrative was founded on the idea of "knowledge and preparation," both contributed to the overall public preferred narrative of optimism. As with the overshadowing of the private narrative in 1918, the 1957 public preferred narrative did the same to its private counterpart.

In homes across the United States the 1957 influenza epidemic was remembered differently, yet all of the stories included a common theme: fear. Most of the individuals who contracted the influenza experienced horrible fevers that lasted for days, along with vomiting and bodily aches. These were some of Jack D. Bell's most prominent symptoms after becoming sick with influenza as a child in the early months of 1958.³⁴ He recalled that during the worst of his symptoms he asked his mother if he was going to die and that even if he did, he would not care because it would offer him relief he so desperately wanted.³⁵ For a child to fear for their wellbeing and come to terms with death as a solution to their pain is unmistakably tragic. Bell

³³ Burney 1957, "The Silent Invader", *Westinghouse Broadcasting Co.*

³⁴ Bell, Jack D. 2015. *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*. December 17. Accessed April 10, 2021. https://www.cdc.gov/publications/panflu/stories/1957_bell.html.

³⁵ Bell, *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*.

further stated “that Asian flu episode has stayed in [his] mind for over 50 years,” supporting the idea that while society forgot the influenza pandemic, the individuals who were touched by it never did.³⁶

The private narrative of fear and tragedy is also found in another account; Roxana Schultz described her experience as a 6-year-old with a sick mother in 1957.³⁷ She was “allowed to carry soup to her [mother] on a tray and to put a cold washcloth on her forehead.”³⁸ As a child, Roxana saw her mother as incapacitated and on the verge of death because of the flu. The young girl never contracted it, but it had a profound effect on her family dynamic, as the adults in her family began sharing some of her mother’s responsibilities when she was too sick to leave her bed.³⁹ Roxana’s mother eventually recovered from the flu, but that did not absolve the fear that the 6-year-old girl experienced for a period of time. Apparently, Roxana was doing poorly in school while her mother was sick, and her inability to concentrate on her studies was due to her fear of her mother dying from the flu.⁴⁰ Again, this was an instance in which the effects of the influenza pandemic had instilled fear in individuals and in their families. This was the predominant theme of the private narrative of the 1957 influenza pandemic.

Oposing narratives once again emerged from an influenza pandemic in the United States, one public and one private. The public preferred narrative of 1957 was the same as the one seen in 1918: optimism. 1918’s optimistic narrative settled on the reasoning of opportunity— despite obvious mistakes and casualties—cultivated by physicians, researchers,

³⁶ Bell, *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*.

³⁷ Schultz, Roxana. 2013. *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*. April 9. Accessed April 10, 2021. https://www.cdc.gov/publications/panflu/stories/1957_schultz.html.

³⁸ Schultz, *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*.

³⁹ Schultz, *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*.

⁴⁰ Schultz, *CDC: Pandemic Influenza Storybook: 1957 Flu Pandemic*.

and journalists. In 1957, the public preferred narrative of optimism rose again, this time founded on the knowledge of the scientific and medical community that would significantly influence the nation's preparedness. This too was cultivated and pushed by doctors, scientists, and media such as newspapers or television. Both times—in 1918 and in 1957—this public preferred narrative of optimism overshadowed the private narrative of fear and loss. It is clear that the chosen narrative from the 1918 influenza pandemic had an influence on the next outbreak in 1957, as both the public and private narratives, as well as their relationship, remained the same. The repeating of preferred narratives and the “chosen” narrative that prevailed throughout history is evidence of a type or degree of historical erasure that leads to a collective memory loss for society as a whole.

American society has forgotten its history in the same way that an Alzheimer's patient does: some memories prevail for a while as the others fade away, until any and all memory ceases to exist. Bristow argued that American society has a “tendency to rewrite their past,” which is easy to agree with, and was evident in the 1957 pandemic.⁴¹ The concept of preferred narratives helps explain societal memory, as some of these narratives have contributed to the forgetting of historical events such as crises. This is evident with the 1918 influenza pandemic, as the public preferred narrative of optimism prevailed over the private narrative of tragedy. Its optimistic chosen narrative influenced future pandemics and contributed to some degree of historical erasure because in 1957, the same two narratives developed as influenza yet again swept the nation. This phenomenon is not only due to society's forgetting, but also lies within the literature that tells these histories. Historians have a responsibility to recount events from useful points of view that influence remembering rather than forgetting. This is especially important

⁴¹ Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*, pg. 193.

considering “that we are living in a pandemic era that began around 1918.”⁴² The two pandemics accounted for in this paper are not the only pandemics that the United States, or the world, have experienced. The perception of the past—specifically past health crises such as pandemics—is crucial to constructing the memory of them, which was expressed well by the historian Jo H.

Hays provides a thought-provoking concluding quote:

Modern historians have attempted answers to questions about responses to, and perceptions of, epidemics by making use of a wide variety of sources: the records of governments and churches documenting their actions, the testimonies of witnesses of those actions, the writings of a wide range of ‘authorities’ whose explanations of etiology carried contemporary weight, whether they spoke for religion, morality, ‘medicine’, or folk belief. In some cases we have been able to recover the experiences of the sufferers themselves, and so tell the story of an epidemic from ‘below’. Part of the question ‘how was the epidemic perceived?’ must surely be the further question, ‘perceived by *whom*?’⁴³

The “whom” suggests that the different narratives, both the public and private ones, should be broken up further into subcategories that allow one to obtain an increasingly well-rounded construction of memory for both influenza pandemics. A precise account of history will never be completely possible, but one can approach that goal and help society remember its past through preserving all available perceptions and narratives surrounding that historical event and choosing the appropriate historical lens to tell these narratives with.

⁴² Morens, David. M., Jeffery K. Taubenberger, and Anthony S. Fauci. 2009. "The Persistent Legacy of the 1918 Influenza Virus." *The New England Journal of Medicine* 225-229.

⁴³ Hays, *Historians and Epidemics*, pg. 35.

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