A Look Back: GW's First Decade in Foggy Bottom

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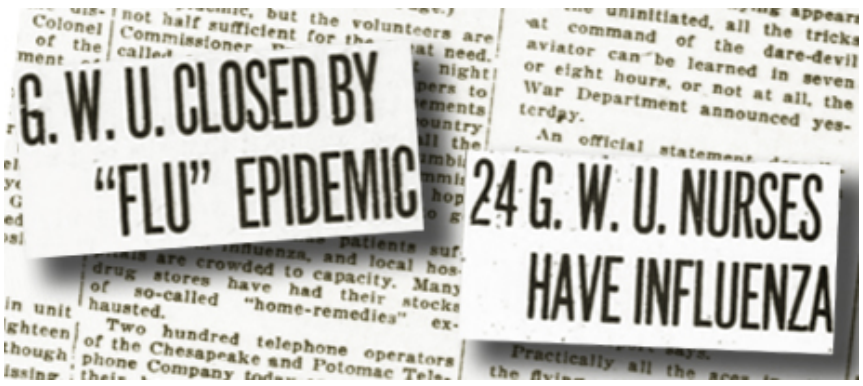

Note: This article is the first in an occasional series focusing on events, people and places that made history during each of the 10 decades since GW moved to Foggy Bottom in 1912.

By Laura Donnelly-Smith

The newspaper headlines tell the story most concisely: On Sept. 12, 1918, the Washington Post reported, "Spanish Influenza Has Spread to U.S." Just nine days later, on Sept. 21, the Washington Times ran a front-page headline: "Influenza Claims Victim in Capital."

Subsequent headlines and articles reveal influenza's quick escalation to epidemic. While a Post article from Sept. 24 reported "Flu Situation Favorable Here" and "Four recoveries and only one death out of 56 cases in capital," the news quickly took a turn for the worse.

By Oct. 2, the Post was reporting that federal workers' hours were being staggered to check the spread of disease on crowded buses and streetcars. An Oct. 4 front-page headline announced "Theaters Closed to Stay Influenza," and the subsequent article reported that movie houses, dance halls and public schools were also being asked to close, while doctors were too overworked to report escalating flu numbers to the health department. Eleven people had succumbed to Spanish flu in D.C.

Two days later, more than 1,300 new cases had been reported, with 37 deaths. "Malady Spreads in City at Alarming Rate," the Post reported. "Universities Close Classes." A Times story provided more detail: "G.W.U. Closed by 'Flu' Epidemic," its headline read. "All branches of George Washington University have been ordered closed indefinitely because of the epidemic of Spanish influenza. The order becomes effective at once."

The university would not reopen for a month. The academic year had to be extended until June 18, 1919, to make up for the lost time, according to Bricks Without Straw: The Evolution of George Washington University, a history book published in

hospital and for future policymaking decisions.

“The flu made a strong mark on the memories of policymakers in D.C. and medical folks at GW,” said Amir Afkhami, an assistant professor of psychiatry in GW's School of Medicine and Health Sciences and of global health in the School of Public Health and Health Services, and an expert on the history of epidemic diseases.

During its first decade in Foggy Bottom, the majority of GW’s student body was male, and students were drafted into the military during World War I in large numbers. Physicians and medical students were in particularly high demand, Dr. Afkhami said, leaving the GW Hospital severely understaffed when the flu hit hard in fall 1918.

“24 G.W.U. Nurses Have Influenza,” the Washington Times reported on Oct. 7, 1918. The outbreak resulted in the deaths of the nursing superintendent, Mary Glasscock, as well as physician Thomas Miller Jr. “Efforts by the physicians to bring the outbreak under control have been of little avail, and a plan to put the hospital under quarantine is being considered,” the article reported.

While the exact number of GW students and faculty members who were sickened or killed by influenza is not known, the university community was likely deeply affected, explained Lone Simonsen, a research professor in the Department of Global Health in GW’s School of Public Health and Health Services who has studied the 1918 pandemic extensively.

“People over age 45 were really mostly spared from this flu,” Dr. Simonsen said. “They likely had immunity from earlier outbreaks, including an 1870 pandemic. But in 1918, flu was catastrophic for young adults. Ninety-five percent of the deaths were in people ages 20 to 40.”

As the days of October 1918 ticked by, things went from bad to worse in the District. “279 New Cases in District, Making Total About 10,000,” the Post reported on Oct. 7. The same article reported a ban on public funerals, and quoted Health Department Officer W.C. Fowler entreating the relatives of sick people to avoid coming to Washington to care for their loved ones. Oct. 13 showed a slight decrease in deaths—65, down from 75 the previous day—and the Post headline declared “‘Flu’ Under Control.” But just five days later, on Oct. 18, a new record of 91 deaths in 24 hours was announced.

The public health measures used to try to stop the disease’s spread ranged from completely useless to surprisingly effective. Because virology—the study of viruses, the cause of influenza in 1918—was in its infancy at the time, doctors assumed the disease must be caused by bacteria, Dr. Afkhami said.

“People, including doctors, didn’t know what they were dealing with, so there were occasionally counterproductive edicts,” he said. “There was discouragement of public meetings, but churches were still open, and going to church was considered OK. There was no encouraging people to wash their hands. Face masks of that time were not designed to protect against viral transfer—but you had to wear a face mask if you wanted to get on a streetcar in Georgetown.”

Dr. Simonsen said the most effective public health measures used in 1918 are some of the same measures we use today.

“There is evidence that people in the D.C. health department did the right thing, in terms of encouraging social distancing,” she said. “The universities closing helped mitigate the disease’s spread.”

The long-term policy consequences of the 1918 Spanish flu pandemic were profound, Dr. Afkhami said. “Protecting the country against recurrent pandemics is critical now.”

After several cases of the same strain of influenza were identified in 1976, for example, President Gerald Ford was vaccinated on national television and urged all Americans to be inoculated. Because many Americans and their family members had lived through the 1918 pandemic or had heard about two other influenza pandemics in Asia in 1957 and 1968, fear of another repeat was widespread. However, the large-scale vaccination effort was plagued by PR problems and reports of Guillain–Barré syndrome, a debilitating neurological condition linked to the flu vaccine.

In the end, the 1976 flu cases never spread into the general population. But people vaccinated in 1976 enjoyed continued immunity through the 2009 H1N1 epidemic. Increased federal funding for public health research since 1918 had helped improve doctors’ understanding of how pandemics develop and spread. “1918 became a model for pandemic planning,” Dr.