A Message from the Editor

This special supplement represents a rare convergence of spellbinding articles that lend an historical perspective to a very timely topic. Its important theme is lessons learned from the 1918–1919 influenza pandemic, as told by key public health historians and scientists. The hard work and extraordinary vision of its co-guest editors—Drs. Howard Markel and Alexandra Minna Stern of the University of Michigan's Center for the History of Medicine and Dr. Martin Cetron of the Centers for Disease Control and Prevention's (CDC's) Division of Global Migration and Quarantine—were critical to the development of the supplement. Dr. David Rosner, contributing editor of *PHR's Public Health Chronicles* column and professor at Columbia University's Mailman School of Public Health, also lent his expertise. I would also like to thank Drs. Thomas Frieden, Stephen Redd, Anne Schuchat, and Peter Briss of CDC for the Foreword, which summarizes CDC's strong leadership in the nation's response to the 2009 H1N1 influenza pandemic.

As the 2009 H1N1 influenza pandemic continues to threaten human lives and challenge public health systems around the globe, it is an opportune moment to reflect on how the nation responded to the most devastating influenza pandemic of the modern era, the 1918 "Spanish flu." Striking during the final months of World War I, the pandemic tested public health communities already strained by the demands of wartime and, unlike seasonal influenza, disproportionately killed young men and women.

Looking back on this health crisis, it is clear how crucial were the actions of public health professionals on the local, state, and federal levels. Most of the responsibility was borne by municipal leaders and agencies, and encompassed medical, educational, civic, religious, and business constituencies. The U.S. Public Health Service (USPHS) was undergoing substantial expansion but was still fairly small in scope and reach. At the time, there were fewer than 700 USPHS Commissioned Corps officers. Their duties primarily included medical inspection of travelers and immigrants, quarantine of ships suspected of carrying infected passengers or disease vectors, and operation of research laboratories. Working with state and local authorities, the USPHS was starting to establish a sophisticated system to track epidemics, and routinely received reports of outbreaks. This system was activated in the fall of 1918, when influenza became a reportable disease and the Surgeon General issued influential circulars about public and personal hygiene measures in the hopes of protecting Americans from the deadly disease. Today, there are more than 6,200 USPHS officers, stationed in every state and around the world, building on the work of their predecessors during the 1918–1919 pandemic.

This supplement can inform pandemic preparedness and response today in several important ways. First, although U.S. demography is moving toward a non-white majority society in the 21st century, racial/ethnic diversity is nothing new. The essays in this supplement illustrate that there were many "Americas" that responded to the 1918–1919 pandemic. Fortunately, the racial prejudices that characterized American society in 1918 have largely been shed. Today's public health professionals are exquisitely aware that they must be attuned to the varying cultural, linguistic, and social needs of their racially and ethnically diverse constituents.

Second, volunteerism was a crucial component of communities' responses to the 1918–1919 influenza pandemic, whether spearheaded by the American Red Cross, nursing organizations, or women on the home front. Without these noble and tireless efforts, the public health response to the pandemic certainly would have been less effective. There is much to learn from these experiences as communities today consider how to design, implement, and coordinate volunteerism in the advent of emergent infectious diseases or other potential disasters.

Third, transparent communication usually leads to better outcomes in health and community well-being. The essays in this issue include examples of cities such as New York, Chicago, and St. Louis, where public health professionals collaborated effectively with their partners in other sectors of society to disseminate public health messages. In today's world, with the Internet providing a constant and instantaneous flow of information and misinformation, it behooves us to review successful public health risk communication from previous pandemics so that we can craft effective messages to diverse population groups.

Beyond the lessons we can learn from the 1918–1919 influenza pandemic as we respond to the 2009 H1N1 pandemic and future pandemics, it is critical to remember the harrowing human toll of this infectious crisis. There was considerable pain, suffering, and death,

not only in the fall and winter of 1918–1919, but in the aftermath of lives lost and permanently disrupted. The prevention of such misery in the future is a fundamental goal of our public health mission, and can be aided not only by scientific, technological, and epidemiological developments, but also by listening closely to the stories of the past.

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