

Article A 1918 Flu Pandemic Originated in China

- ② Bottom Line → Racism & Labour Exploitation may be the real cause of 1918 Flu Epidemic
as Chinese labourers shipped across Canada in sealed rail cars to work behind the Allies lines on the western front
→ China a likely source of emerging diseases
- ③ Identify → (a) Stayed the same 1918 to now
- Spread of disease via int'l travel
 - exploitation of labour
 - racism & disease
 - debate over origins
 - link betw conflict & disease
 - the archival & medical evidence out there to be found / the possibility / desire to confirm the origin
 - definite origin of more recent epidemics also elude certainty (despite significant medical advancements)
 - history has a way of repeating itself
- (b) changed from 1918 to now — focus on China / new theory (ies) on origin
- epidemics since progressively smaller / nothing close to scale of 1918 flu
 - ability to interpret medical evidence
 - ability to respond / contain disease has strengthened
- (c) turning points — epidemic may have played a role in ending WW1
- desperate need for soldiers on the front & replacement labour
 - overt racism & stereotypical views of the Chinese in Canada & Europe
 - wartime censorship rules & cause of mislabelled origin / misinformation / distortion of reality out epidemic
 - surge in int'l travel due to end of war
- (d) examples of progress & decline — (P) use of archival evidence / found medical records & ability to analyze a sample of the virus preserved in a burial [science]
- (P) ability to better understand / reconstruct the origins & patterns of the spread of emerging pathogens
 - (d) racism & exploitation
- (picture of the conditions that bred disease & factors that might lead to similar outbreaks clearer out breaks close to scale of)
- sealed containers — camps & barbed wire
- illness blamed on "lazy" nature reports of movement banned

④ quote "*** In reaction to anti-Chinese feelings rife in Western Canada..."

Article B Ebola isn't the big one

② Bottom Line → Recent Ebola outbreak reminds us that as urbanization & int'l travel increase, so too does the risk of global outbreak of disease

③ I identify → (a) stayed the same 1918 to now

- "humanity locked in a millennia-old battle w disease"
- spread by int'l travel
- 4 factors to determine seriousness of epidemic
 - ① ease of transmission
 - ② ease of treatment/vaccine
 - ③ length of time before symptoms visible / infectious period
 - ④ severity - proportion who contract → die
- have not rid ourselves of pandemics (HIV/H5N1 avian flu)
- infectious diseases mutate to become more deadly
- pandemics start from a random event / hard to predict if will be mild or devastating
- human from another species cross-over
- influenza strain still most likely candidate for another pandemic
- preparedness still a huge challenge
- "as cities get bigger & int'l travel easier, risks of outbreak grow higher"

→ (b) Changed from 1918 to now

- ability to treat disease is better than ever before (near universal literacy / media (web) penetration)
- power of pharmaceutical companies to produce / stock vaccines & short manufacture times compared to historical epidemics
- "a perfect storm for viral emergence"

→ (c) turning points

- Ebola not like 1918 Flu (unlikely to turn pandemic [global epidemic])
 - ⑤ high ① low
 - ① high ⑤ low
- lack of universal literacy & internet penetration coupled with local customs & superstitions incl. traditions around treating dead bodies
- no one prepared for Ebola in West Africa

→ (d) examples of progress & decline

- (d) image - spraying man w disinfectant chemicals after death by Ebola
- (p) ability to treat disease
- (p) more countries better prepared for flu b/c of experience & focus

④ quote "But we are in an arms race ..." ***

Article C 1918 flu Killed millions, but few remember

(2) Bottom Line → how could we almost collectively forget such a devastating, global event?

(3) Identify → (a) stayed the same 1918 to now

- massive social & economic disruption / fear
- kept in, kept at home, kept out of school
- no pattern of cycle involved in pandemics
- most vulnerable health wise & socially / economically hit hardest (e.g. Northern Inuit / FN)
- drive of the well to care for sick
- terror as science / advances did not help / still left many helpless
- the speed at which infectious disease can kill
- int'l travel

→ (b) changed from 1918 to now

- outbreaks top news, unlike 1918 flu → rolled into devastation of WW1
- press heavily self-censored b/c war still on at outset of outbreak —
- UNDER-REPORTED — compared to SARS or Ebola currently
- toll substantially worse on aboriginals / young / healthy adults NOT very young & very old
- most survived 1918 flu w/out antiviral drugs or vaccine
- Influenza caused by bacteria not virus / discovery of viruses in infancy / not yet discovered

→ (c) turning points

- non-discriminate (global & civilians)
- despite scope of death / fear / social & economic disruption, history makes little mention of deadliest outbreak of infectious disease in recorded history (collective denial / amnesia)

→ (d) examples of progress & decline

- (P) human drive to help
- (d) amnesia about such a significant event (profound)

(4) quote "It's impossible, yet it is true." "How the hell did we have something that killed millions & millions of people & then we said 'Oh well' and went on to the World Series or something?"