Focus on Epidemics


In the past 40 years, technically driven responses to flu pandemics have twice called science and public health into disrepute. The most recent occasion was in 2009 when the unexpected emergence of a quadruple reassortment swine flu virus in Mexico triggered contracts for the distribution of billions of dollars worth of antiviral drugs and vaccines—the political fallout from which, in light of the mild nature of the pandemic, is still the subject of controversy today. The other occasion was in 1976 when the emergence at Fort Dix, New Jersey, of another strain of swine flu prompted the United States Public Health Service to wage an unprecedented nation-wide inoculation campaign. Approved at the highest levels of the Ford government, the programme resulted in the vaccination of 42 million Americans but was soon labelled a costly ‘fiasco’ when people began suffering adverse reactions and the pandemic proved far milder than experts had anticipated.

The story of the 1976 swine flu has been told many times before, most notably by Richard Neustadt and Harvey Fineberg in their 1982 book, *The Epidemic That Never Was*.1 Although George Dehner’s new book relies heavily on their account of events at Fort Dix, he has supplemented it with interviews with many of the key bureaucratic players, including David Sencer, the then head of the Centers for Disease Control (CDC); Walter Dowdle, the CDC’s chief virologist; and Donald A. Henderson, whom the CDC had loaned to the World Health Organization (WHO) and who was privy to key discussions with European vaccine manufacturers. However, as should be clear from Dehner’s subtitle, his ambition extends far beyond 1976 as he seeks to document ‘a century of scientific and public health response’ to flu—a project that has him trawling the archive all the way back to the 1889 ‘Russian’ influenza pandemic.

While Dehner’s approach is empirical, his book is peppered with insights into how generational responses to flu pandemics are shaped by prevailing scientific theories and technologies, as well as by institutional and folk memories of previous pandemics. Time and again he shows how pandemic planners have sought to apply the ‘lessons’ of previous pandemics (p. 199), only to find themselves outwitted by the ‘wily’ influenza virus (p. 190). While Dehner’s tendency to anthropomorphise flu and his reluctance to step outside of ‘globalising’ health narratives may not be to all readers’ tastes, his book contains much valuable new material. He also has some perceptive things to say about the WHO’s tendency to see flu as a ‘technical problem’ to be overcome by ‘functionalist’ approaches to health (pp. 12–13, 72–3, 93). In particular, Dehner shows how the WHO’s ‘template for a truly global health system’ (p. 16) was laid way back in 1947 with the establishment of the World Influenza Centre in London—the model for the network of sentinel flu laboratories that encircle the globe today. Perhaps the most

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important passages, however, are Dehner’s analysis of the differences between the USA’s and the WHO’s response to the 1976 swine flu outbreak. Thus though Dehner acknowledges that 1976 was a presidential election year and that politics played its part in the rush to vaccination, he argues that the more important reason was the experience of the previous 1957 and 1968 pandemics. The other key factor was the way that the emergence of the A/New Jersey strain of swine flu seemed to fit then predictive theories about the ‘recycling’ of influenza viruses and the correspondence of pandemics with 10-year cycles. For all that these supposed scientific facts were marshalled by Sencer and others to force the administration’s hand, however, in Europe WHO officials working with the same facts reached a very different conclusion: namely, that the pandemic was likely to be mild and it was better to adopt what Dehner characterises as a policy of ‘watchful waiting’ (p. 200). The irony today is that although modern genomic technology means we can detect pandemic strains far earlier than in the past, our dependence on old-style chicken–egg vaccine production methods and the concentration of manufacturing capacity in global corporations, means that national vaccination campaigns are simply no longer an option. In this respect, if in no other, Dehner concludes the 1976 swine flu debacle ‘was and probably will remain unique’ (p. 198).

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Since the republication of Alfred Crosby’s landmark work on Spanish Flu in 1989, and the recovery of fragments of the causative virus in 1997, there has been a tsunami of scholarly and popular works examining the cataclysmic Spanish Flu. Nancy Bristow, Professor of History at Puget Sound University in Tacoma, Washington, seeks to carve out a space for her own work in this expanding canon by both ‘piecing together fragmentary sources to hear voices previously unheard’ (p. 6) and to explore the ‘preferred narratives that emerged both during and following the epidemic, seeking to illuminate the public amnesia about the pandemic that contrasted starkly with its profound private impact’ (p. 8).

To achieve her aim of giving voice to those previously unheard, Bristow mined a remarkable collection of archival and published sources ranging from the institutional responses of government and private organisations like the Red Cross, to contemporary newspaper and medical literature reports, to personal recollections of those swept up in the pandemic recorded both immediately following the epidemic and from retrospective sources. Bristow privileges race, class and gender in interrogating this material. In this analysis, it must be said, Bristow is only partly successful. The sections discussing the differing gender responses to the catastrophe, especially as the professional medical