The year 1918 was not the best time to be a young adult. In many countries, including Canada, masses of young people had been caught up in World War I. Yet as the war rumbled towards a close, another foe emerged. The influenza that spread around the world in a global epidemic -- a pandemic -- was a novel virus. The virus itself was a product of antigenic shift, in which various strains that may have been in a number of different hosts, including birds and pigs, before crossing into humans. Few people, therefore, had any meaningful immunity.\(^1\)

It stuck a world largely unprepared and unaware of its existence. During both the war and the pandemic, entire communities and even nations were struck and suffered. But young adults bore the brunt of the pandemic’s impact, just as they had during the War.

**THE SCALE OF THE PANDEMIC**

Up to ten million people died during World War I.\(^2\) This pandemic, however, afflicted almost the entire world, infecting as many as a billion people and killing as many as 100 million.\(^3\)

Determining the full impact of the pandemic, every globally or for any given location, is not straightforward. Many deaths caused by the pandemic were recorded as being caused by a range of causes, for example, pneumonia, bronchitis or various other causes. Many deaths during the pandemic were caused by the pandemic itself.

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by secondary diseases, infections or complications and may be attributed to influenza or various other causes. The recorded statistics of influenza morbidity and mortality are likely to be a significant understatement. The limitations of the data can include non-registration of deaths, missing records, misdiagnosis, and non-medical certification, and they may also vary greatly between locations. Underreporting could also occur because of the deadlines placed on reporting by (colonial) authorities and reporting agencies, and the inconsistent coverage or reporting of the population (often overlooking rural and/or native populations). There are vast areas of the world for which we have no or little information, and often what information we do have is of dubious quality and contradictory. Sometimes the data cover only certain cities or populations; often the indigenous mortality has never been considered. Sometimes the figures given are only those that were recorded as influenza deaths; at other times, they are influenza and pneumonia deaths. These factors are all in addition to the widespread problem of the restriction of reporting to the second wave of the pandemic, ignoring influenza mortality before and after this wave. A recurring feature of the work on the pandemic in the last couple of decades has been the consistent upward revision of mortality figures. Much of the research has incorporated “excess” deaths calculations that have attempted to reveal the true extent of the mortality associated with the pandemic.³

This was one of the largest outbreaks of disease in recorded history. These deaths occurred in a very short time, from early 1918 to 1920. The bulk of the deaths occurred in less than a year, from mid-1918 to early 1919. However, the outbreak has little resonance in collective memory, despite the almost unimaginable death toll. As the French philosopher Albert Camus asked: “But what are a hundred million deaths? . . . since a dead man has no substance unless one has actually seen him dead, a hundred million corpses broadcast through history are no more than a puff of smoke in the imagination.”⁴

CANADA IN CONTEXT

While Canada had seen a terrible toll during the War, the flu would claim 50,000 deaths at home.³ Nearly

every community was affected, and some devastated. The disease ‘hit the First Nations hard with nearly universal morbidity and shocking mortality rates especially as compared to non-Natives.’5 While the death rate among Canada’s non-Native population was 6.21 per 1,000, British Columbia’s First Nations communities endured a mortality rate of 46 per 1,000, with some reserves reporting 100 per cent morbidity.5 High death rates were found among many other First Nations and Inuit peoples elsewhere in Canada.5,6,7,8

Once the disease arrived in your town or community, it spread rapidly, sickened rapidly, killed rapidly and then faded. Even in communities with lower death rates, the illness was extremely prevalent. For example, in Kitchener-Waterloo, public health officials estimated overall morbidity to be in excess of 53 per cent, while some businesses there reported 95 per cent absenteeism.9 Most people experienced the flu as the short-lived, unpleasant illness that is familiar to most of us. But for many others, particularly young adults, the illness brought rapid deterioration and then death.

THE PANDEMIC AND WORLD WAR ONE

Where this novel strain of flu to which there was so little immunity came from continues to excite comment. For some time, it has been thought that the pandemic strain emerged in the mid-west of the USA (Kansas is often named) and was taken to Europe by and with the American troops. However, there is other work on pre-seeding or ‘herald waves’ that have suggested earlier outbreaks with similar characteristics, especially the

6  DA Herring, “There Were Young People and Old People and Babies Dying Every Week’: The 1918-1919 Influenza Pandemic at Norway House” (Ethnohistory, 41 (1), 1994), 73-105.
young adult mortality.\textsuperscript{10,11,12,13} For Canada the view has been that ships brought the disease into the country, but it has been suggested that the epidemic here emerged from the west coast and was spread across the national by Chinese labourers.\textsuperscript{14,15}

There are links between the influenza pandemic and the First World War, and various writers have attempted to connect the two. Some have claimed that the pandemic was caused and amplified by the war itself, others suggest that it may even have played a role in ending the fighting, or at least particular battles. Given the emergence of a novel virus, a pandemic was all but assured. Influenza certainly afflicted the combatants and may have affected particular events, but is rarely considered to be a significant factor in the cessation.

Certainly, the war played a significant role in facilitating the pandemic, largely through the mass movement of people that ensured the global spread of the virus during and immediately after the hostilities. Troop ships brought the disease to many countries. It was thought that the troopship Araguayan and the hospital ship Med 1099, along with the ships Somali and Nagoya, were the first to bring influenza to Canada,\textsuperscript{9,16,17} but it is now apparent that the second wave of the pandemic arrived in Canada along with U.S. soldiers training in Niagara-on-the-Lake, Ontario, and with Americans participating in a Eucharistic conference in Quebec and US soldiers who had been sent to Montreal.\textsuperscript{14,17,18} Elsewhere, returning forces brought the flu from Europe to their homes, with the

\begin{thebibliography}{99}
\bibitem{14} M.O. Humphries, \textit{The Last Plague: Spanish Influenza and the Politics of Health and War} (Toronto, University of Toronto Press, 2013).
\bibitem{18} K.L. Bogert, Military and Maritime Evidence of Pandemic Influenza in Canada during the Summer of 1918 (War & Society 36 (1), 2017), 44-63.
\end{thebibliography}
virus working its way along national and local transport networks and eventually into every town and village. Railways and, to a lesser extent, road networks played an extremely significant role in the dissemination of influenza. 8,19,20,21

A pandemic of this scale may not have lodged deep in the collective and cultural memory. The outbreak may have been overshadowed by the calamity of the War and the relatively short duration of the peaks of the flu. But it did create impacts. For example, the development of national public health systems and organisations in many countries, including Canada, South Africa, France, Australia, India, Iran and Russia can be seen as a consequence of the pandemic. In Ottawa, as Pettigrew observes, ‘the ‘bill to establish a federal department of health was given first reading in March 1919’, and the department was operating later that year’.8

It is somewhat ironic that the man who gave us one of our most evocative symbols of remembrance may well have died of something so lethal and yet almost forgotten. The physician John McCrae served in the Canadian Field Artillery. In May, 1915, as he sat on the back of an ambulance looking out over thousands of crosses that marked the quickly dug graves of soldiers who died on the battlefields of Flanders, Belgium, he wrote In Flanders Fields. ‘In Flanders fields the poppies blow,’ began McCrae, whose poem gave us the symbolism of the poppy as a remembrance of the war dead. Yet he didn’t live to see his contribution to the remembrance and recognition of the ‘lost generation’: he succumbed to what may well have been influenza on January 28, 1918, at Wimereux near Boulogne, France.22 His death has been attributed to pneumonia and meningitis. In influenza outbreaks it is quite common for deaths to be attributed to a number of causes, and pneumonia is one of the most frequent (mis)attributions. If we accept the arguments about ‘herald waves’ and the pre-seeding of epidemics13 and that these were present in France10-12,23 then it is entirely plausible that John McCrae was one of the first Canadian victims of this historical pandemic.

IN FLANDERS FIELDS
In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.

We are the Dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved, and were loved, and now we lie
In Flanders fields.

One of the hallmark features of a pandemic is its ubiquity. The flu outbreak produced almost universally shared experiences: high rates of illness, generally low death rates, the rapidity of both onset and recovery, the toll on young adults. But the experience of this outbreak was also felt and experienced at a very local level, through literally millions of individual stories. John McCrae's is just one of the many stories about Canadians confronting the influenza pandemic.

And though the details may have receded from living memory, you do not have to dig too deeply to witness the impact of the pandemic. There are traces in every town and almost every family, in the newspaper stories, the rows of hastily erected gravestones, family histories and in your stories. Defining Moments Canada wants to hear your families' stories and those of your communities, from Canada and beyond.

REFERENCES


20. Johnson NPAS. Pandemic Influenza: An analysis of the spread of influenza in Kitchener, October 1918

