Pandemic Revelations: How New Zealand Learned from its 1918 Shortfalls to Adapt to COVID-19

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PANDEMIC REVELATIONS:

HOW NEW ZEALAND LEARNED FROM ITS 1918 SHORTFALLS TO ADAPT TO COVID-19

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Abstract: As the COVID-19 pandemic swept the globe in early 2020, rapid comparisons were made between the modern pandemic and the Spanish Flu pandemic of 1918-1919. However, up until this point, the Spanish Flu had rarely been mentioned through mainstream sources, and public knowledge was limited. One country, New Zealand, had a much more prominent dedication to remembrance of the early pandemic, and as a result, was more prepared to successfully eliminate the COVID-19 virus from its shores during its waxing days. New Zealand’s reaction to the Spanish Flu in 1918 was anything but successful, as it was plagued with political conspiracy and disparities that greatly affected the indigenous population. However, following this disastrous response, New Zealand devoted itself to remembering its shortfalls, and consistently implemented new public health measures, including a pandemic preparedness plan, over the course of the next century. During the onset of COVID-19, the preparedness that resulted from New Zealand’s commitment to remembrance would place the nation at the global forefront of comprehensive, equitable public health.

Introduction

From 1918-1919, millions were killed with no regard for their race, religion, or social status. Young men and women ages 15-35 were particularly impacted, putting families in a precarious position. This terrible course of events was the result of a pandemic that would come to be known as “A Disease Deadlier than War.”2 Final death toll estimates have increased substantially in the century since this pandemic ravaged the globe, with current mortality rates ranging from 50 to 100 million lives lost.3 While theories of the pandemic’s emergence range from

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military camps in Haskell, Kansas, to French origins in Étaples, to Chinese laborers, the global impact that it has had since its mysterious inception is undeniable. The pandemic wiped out families, orphaned children, and left medical practitioners speechless as they fumbled for any sort of effective treatment, let alone a cure. This truly seemed like a pandemic that would never be forgotten. And yet, for many, it was; so much so that historian Alfred Crosby Jr. nicknamed it the “Forgotten Pandemic.”

That is, until March 2020. With the emergence of COVID-19, interest in the 1918 ‘Spanish’ Flu skyrocketed as people tried to make sense of a world thrown into a new pandemic. As connections were increasingly drawn between the two harrowing diseases, countries began to receive great deals of praise, or criticism, depending on their pandemic preparedness plan. One nation stands out as an exemplar of COVID readiness: New Zealand. While other countries struggled with hospital overcrowding and limited medical resources, by June 2020 New Zealand had declared the virus effectively eliminated. While this status may not have lasted, it was nonetheless an impressive feat for an entire nation to be safeguarded through the adoption of stringent quarantine and travel restrictions. However, in 1918, this was not the case. With limited public health infrastructure and conflicting plans for quarantine implementation, the government struggled to contain the spread of the disease, leaving nearly 9,000 citizens dead in its wake. What did New Zealand learn from its triumphs and shortfalls during the 1918 ‘Spanish Flu’ pandemic, and what does the rest of the world have to learn from the progress they have made?

**New Zealand 1918 — Flu Hotspot**

Given its global isolation as an island nation, New Zealand was relatively shielded from the full force of the Spanish Flu pandemic during its first wave, in the spring of 1918. There was, however, no avoiding the second wave, which occurred the following fall. Some of the earliest cases of flu were recorded in early October, and just two weeks later, Auckland, New Zealand’s largest city, was effectively shut down. Despite its rapid spread, the flu was not considered a

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notifiable disease until November 6, meaning that few emergency public health measures had been taken before that point, and by then the virus had already started to run rampant. Whatever efforts that had been made to enforce quarantine proved futile, as on November 8th a misleading telegram reached New Zealand, preemptively declaring an armistice announcing a German surrender and the end of World War I. Creating a superspreader event that would come to be called the ‘False Armistice,’ it is no surprise that the highest mortality was recorded in Auckland on November 12, just days after the false alarm had compelled citizens to celebrate in massive crowds and gatherings in the streets. The end of the war imposed additional challenges on medical professionals and public health practitioners. Nearly one-third of them were overseas assisting the war effort, leaving the homefront with limited personnel. Of those that remained, fourteen doctors and thirty-seven nurses would succumb to the virus.8

In terms of public health, New Zealand’s indigenous population, the Māori, were devastatingly underserved and ignored. Many of their deaths were not adequately recorded, meaning that they were not included in the nation’s mortality rate until later research was conducted. Even today the country’s pandemic death toll may be understated, as the exact cause of death for many Māori will never be known with certainty. When reviewing the death registers in the 1980s, historian Geoffrey Rice discovered nearly 500 additional Māori deaths that had been previously unaccounted for. Without knowing the scope of the devastation that impacted the Māori population, limited medical resources were allotted to them at the time, leading to a total mortality that reached 1,679, several hundred more than originally recorded.9 In comparison to the white, European majority, known as the Pākehā, the Māori mortality yielded a death rate of 42.3 per 1000, nearly seven times the mortality of the Pākehā (5.8 per 1000).10 New Zealand did not just fail its citizens medically, it failed them socially as well, with a disturbing trend of national leaders leaving their indigenous populations particularly ill-prepared to face a pandemic.

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Collective Forgetting

Given the catastrophic handling of this nationwide crisis, it seems surprising that the Spanish flu was largely left out of New Zealand’s collective memory for decades following the pandemic’s end. One common explanation for why the world was so apt to put the pandemic out of its mind was the recent armistice that had left the victorious nations with reason to celebrate and look forward to the long-awaited return of their servicemen. While those on the homefront were prepared to commemorate the heroic soldiers that lost their lives valiantly in battle, the remembrance for those who succumbed to the Spanish flu was less extravagant. This consideration is admittedly a bit surprising, as approximately 5.1% of all New Zealand Expeditionary Force (NZEF) deaths were due to influenza. Yet, despite this high number of casualties, only ten public memorials were constructed for influenza victims of the war, overshadowed by the 940 memorials built for those who died in combat. Although it is a bit of a shameful assumption to make, it would seem that flu deaths were simply not considered as valiant or noble as those that came on the battlefield. As such, their lives and memory were not rightly commemorated nor memorialized in the otherwise celebratory postwar period.

On the other hand, some forgetting was not a situational result of the war, but was rather imposed, as was the case with Māori tribes. The pandemic saw the tribes’ rich tradition of oral history snuffed out, both through the deaths of elders as well as through governmental restrictions. The death rate among the Māori was devastatingly high compared to that of the Pākehā population, and the deaths of many elders and other tribal leaders left the Māori with diminished avenues for the sharing of their oral traditions and history. As if losing their leaders were not enough, Pākehā restrictions placed upon the Māori during the height of the pandemic in New Zealand led to a lack of closure and few opportunities to honor their dead respectfully. A ban on tangi (Māori funerals) as well as travel to and from Māori land (without similar bans on European travel or funerals) led

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to isolation of the community, and possibly contributed to their fatalist outlook on the pandemic. Despite these challenging disruptions to their grieving process, the Māori still found ways to remember the harrowing event, as well as those who died of the flu. They would later go on to mark subsequent events as those that occurred “before the bad flu” or “after that Black Flu.” The Māori people also took it upon themselves to build memorials to their dead, and there are six such memorials that they used to retain the memory of those who had passed, although those memorials are on private land and were not readily accessible to the public.\textsuperscript{14} The Māori largely fought the pandemic on their own, so it is fitting that they would go on to remember it privately as well.

\textbf{Remembrance}

So then why did memory of the pandemic live on for some New Zealanders, despite the nationwide lack of official commemoration? One possible theory is the dramatic situation surrounding the docking of the RMS \textit{Niagara} during the early days of the pandemic, which some New Zealanders, and many politicians, believed was the reason influenza came ashore in 1918 in the first place. On October 12, 1918, the \textit{Niagara} docked in Auckland, with then Prime Minister William Ferguson Massey, and Minister of Finance Sir Joseph Ward both on board. The ship made stops in San Francisco, Honolulu, and Suva on its trip from Vancouver to Auckland, and during its journey there were several flu cases reported, though it remains unclear if these were cases of the common flu or the novel “Spanish” variety at the root of the pandemic. Two doubters in particular just so happened to be the Minister of Health, George Warren Russell, and the Health Department’s public health expert, Dr. Robert Mackgill. Considering that influenza was not a notifiable disease at the time of the ship’s docking, the duo made the ultimate decision not to quarantine the passengers, allowing them to return home to their families, possibly bringing the flu with them. Despite the dramatic nature of the situation, it is unlikely that this is how the Spanish Flu reached New Zealand. However, a much more likely explanation for the arrival of the flu in New Zealand is two troopships that docked in early October with at least 80 confirmed cases of flu onboard. This tale, however, does not carry the same level of drama as that of the \textit{Niagara}, and

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thus often goes unremembered.\textsuperscript{15} Citizens were also hesitant to place the blame on heroic soldiers who had just returned home from war. Despite its controversy, or perhaps because of it, the case of the \textit{Niagara} remained in the minds of New Zealanders and researchers alike for many years after the pandemic had passed. In fact, as recently as 2005 there was still controversy regarding the \textit{Niagara} and publications still contest that the \textit{Niagara} was the primary factor in the introduction and spread of the ‘Spanish’ flu in New Zealand.\textsuperscript{16} While it appears unlikely that the flu actually arrived on the \textit{Niagara} in the fall of 1918, the combination of political commentary as well as the public’s hesitation at accusing veterans of bringing the virus home made the case of the \textit{Niagara} remain a scapegoat in public memory for generations.

Although few memorials were constructed to commemorate those who fell to influenza in the wake of The Great War, those memorials that do exist serve as prominent reminders of the challenges that New Zealand faced as a nation from 1918-1919. In a study conducted by researcher Nick Wilson and his colleagues, twelve publicly accessible memorials relating to the 1918 pandemic exist in New Zealand as of 2017, with one of them designated as a national memorial.\textsuperscript{17} These twelve memorials, while modest in number, represent a significant commitment to commemoration of the Spanish Flu in contrast with the United States. A 2020 \textit{New York Times} article titled “Why Are There No Memorials to the Flu of 1918?” chronicles the efforts of American Brian Zecchinelli to commemorate his grandfather, Geronimo, among others who died during the pandemic.\textsuperscript{18} Located in Barre, Vermont, the stone bench is one of only a handful of memorials, roughly eight, that honor the 1918 flu victims within the United States.\textsuperscript{19} While both of these numbers are low when considering the mass casualties that the pandemic inflicted upon the citizens of both countries, New Zealanders statistically have a much better chance at an encounter with this history than Americans. After all, twelve memorials for a population of 5.084 million is far more impactful than eight memorials for a population of over 320 million.


Pandemic Preparedness

In order to understand how lessons learned from past pandemics can assist in averting future public health crises, it is essential to examine the impact that the Spanish Flu of 1918 had on the adaptation and advancement of New Zealand’s overall pandemic preparedness. In the context of COVID-19, New Zealand seemed to present itself as the gold standard for pandemic readiness. In June 2020, while the rest of the world was scrambling to create plans that did not seem to be producing adequate results, New Zealand was taking swift and highly successful protective action. By June 2020, just a few short months after COVID-19 was designated as a pandemic, New Zealand declared the virus effectively eliminated, as restaurants reopened and wedding events went on as planned.20 This success is largely attributed to the nation’s stringent lockdown measures, a plan called “go hard, go early” by Prime Minister Jacinda Ardern. So how then did New Zealand go from too little, too late, to go hard, go early? Their adaptation and preparation stems from a combination of remembrance, acknowledgement of past failings, and a drive to ensure that previous damage would not be repeated.

Reflecting on New Zealand’s adapted pandemic strategies in response to COVID-19, historian Geoffrey Rice lauds that “one of the big lessons of 1918 had been applied: respond quickly or it will run away out of control.”21 Having faced original modeled predictions of anywhere from 8,000 to 14,000 deaths without further preventative action, New Zealand has endured over two years of COVID-19 with only a mere 713 deaths as of May 2, 2022, a far cry from the predicted mortality.22 New Zealand’s COVID-19 response took a note from its most notable pandemic preparedness plan, the New Zealand Influenza Pandemic Plan. Updated in 2017, the plan explicitly mentions the 1918 pandemic 16 times throughout the text, making sure that the foundations of the plan are rooted in a conscious examination of past failings and successes.23 This plan also includes specific regiments and recommendations for the Māori populations, highlighting New Zealand’s commitment to closing the gap within healthcare access and ensuring that no community will be left behind should a pandemic strike once more. Also included in the text are

22 Rice. “Here We Go Again?” p.9.
case studies modeled off of the public’s experience with the 1918 pandemic and outlines of scenarios that could occur in crowded, urban settings accompanied by recommended preparation efforts.

Prior to the release of the 2017 plan, an emphasis on Māori health was again referenced in the context of 1918 with the publication of “Getting Through Together: Ethical Values for a Pandemic” by the National Ethics Advisory Committee. This text references the 1918 pandemic specifically as it related to its impact on the indigenous population, detailing possible comorbidities as well as socioeconomic considerations that may cause indigenous populations to be more susceptible to illness in a pandemic.24 The plan emphasizes that pandemic preparedness must be intersectional in order to be complete. It details the disparities that the Māori endured in 1918 and acknowledges that pandemics are as much of a social crisis as they are a medical one. It is this inclusive and culturally informed approach to pandemic care that has helped New Zealand to close the gap and eliminate unnecessary Māori deaths due to improper care or lack of treatment access.25

Whether it be due to politicization, memorialization, or an effort to atone for a disastrous pandemic response, the 1918 pandemic has remained in the memories of New Zealanders for over a century. In 2020, New Zealand evidenced on a global stage the value of pandemic memory within medical, governmental, and social spheres. Most of all, New Zealand demonstrated that simply remembering is not enough. The action taken in response to those recollections is what truly counts and makes a difference. Now that we have the resources, it is imperative that we, like New Zealand, heed that warning, learn from our past public health successes, and failures, and not take the medical knowledge that was so sorely won for granted.

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