REPEATING THE PAST? THE COVID-19 PANDEMIC

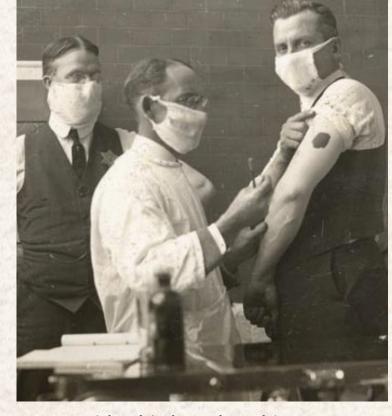
Californians' reactions to COVID-19 bore striking similarities to two earlier epidemics: the 1900-1904 Plague and the 1918-1919 Influenza Pandemic.

COVID-19. On March 11, 2020, the World Health Organization declared a global pandemic. COVID-19, the illness caused by the airborne Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2), had spread across the world.

While COVID-19's arrival in the U.S. was inevitable, federal mismanagement increased the rapidity of its spread. The

federal government refused to use a "pandemic playbook" created by the National Security Council after 2014's Ebola outbreak, instead supporting policies that favored the economy over public health. Leaders also participated in racist, anti-Asian rhetoric because the virus originated in China. Past epidemics reveal similar choices.

1900-1904 PLAGUE. In 1900, a case of bubonic plague appeared in San Francisco's Chinatown. The city put the 12-block neighborhood under quarantine for 2.5 days, only allowing white people to enter or leave. Officials simultaneously blamed the Chinese for the plague while denying the disease's existence. Newspapers called the crisis politically-motivated and led a smear campaign against Chief Quarantine Officer Joseph J. Kinyoun. Governor Henry Gage also vehemently denied the plague's existence, hoping to protect the city and state's economy.



A man with a birthmark on his arm gets his flu vaccination in San Francisco in 1918. Photograph by Hamilton Henry Dobbin. Courtesy California State Library.

1918-1919 PANDEMIC. A deadly strain of influenza killed more people in absolute numbers than any other outbreak in history – 50-100 million people worldwide – and disproportionately killed young adults aged 20 to 34. Symptoms were so unusual and severe that doctors initially misdiagnosed the disease as cholera, typhoid, or dengue.

when the pandemic began, the U.S. was still fighting in World War I. To keep morale high, the government initially downplayed the flu's danger. But by the end of 1918, several California cities introduced mask mandates: Oakland, Pasadena, Sacramento, and San Francisco. Authorities urged residents to wear masks to help slow the flu's spread, but resisters countered that masks stymied their comfort and freedom. In San Francisco, where violation of the law carried fines of up to \$10 or 10 days in jail, an estimated 5,000 citizens participated in protests through the Anti-Mask League. The city repealed the ordinance shortly after.



A group of people wearing masks in Mill Valley, CA, likely during the flu epidemic of 1918. One of the women wears a sign reading 'Wear a mask or go to jail.' Photograph by Raymond Coyne. Annual Dipsea Race Collection, Mill Valley Public Library.

American people in the United States are up to 3x as likely as other populations to be hospitalized from COVID-19. "People of color are significantly less likely to have work that can be done remotely," said Dr. Carolyn M. Mazure, Director of Women's Health Research at Yale. "The greater risk this entails is one of the many reasons why people of color are suffering greater negative outcomes of this disease, including greater health risks stemming from decades of disparity in access to equitable resources including health care." A recent study by the National Community Reinvestment Coalition also linked high COVID-19 rates to redlining, the discriminatory practice of denying loans and insurance to residents of certain areas based on race or ethnicity. Today, those same neighborhoods suffer from reduced wealth and greater poverty, lower life expectancy, and higher instances of chronic diseases that are risk factors for poor outcomes from COVID-19.

Inequity and COVID-19. According to the Centers for Disease Control and Prevention, Black, Hispanic and Native