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LESSONS LEARNED THROUGH TIME: AN EXAMINATION OF THE 1918 INFLUENZA
PANDEMIC AND THE COVID-19 CRISIS

A Thesis
presented in fulfillment of requirement
for the degree of Master of Arts
in the Department of Sociology and Anthropology
The University of Mississippi

by

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ABSTRACT

The purpose of the present study is to compare the United States' federal and state response to the 1918 Influenza Pandemic and the 2020 COVID-19 Crisis and the role of bureaucracy. Utilizing Qualitative Content Analysis, I examined 300 newspaper articles from *The New York Times*, *The Clarion-Ledger*, and *The Daily Clarion-Ledger* from July 1, 1918, to December 31, 1918, and March 1, 2020, to August 31, 2020. Through this analysis, I found that federal and state governments reacted to the 1918 flu very quickly, whereas the response to COVID-19 was hindered due to political in-fighting that impeded the bureaucracy and interfered with proper procedures to combat the outbreak. Charismatic rule did infringe to some extent on how the bureaucracy responded to COVID-19. This study shows that, while the response to the 1918 flu was much more efficient than the coronavirus pandemic response, the approaches of the federal and state governments to both pandemics were flawed in some way. Based on the findings of this piece, the United States needs an organization or agency on the federal, state, and regional levels to streamline pandemic response so that, in the event of a future epidemic or pandemic, the United States can respond promptly and focus on preserving lives.

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TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	v
INTRODUCTION.....	1
LITERATURE REVIEW.....	4
METHODS.....	16
FINDINGS.....	23
DISCUSSION.....	34
CONCLUSION.....	48
REFERENCES.....	51
APPENDIX.....	65
VITA.....	68

LIST OF TABLES

1. *The New York Times* and *The Daily Clarion-Ledger* Spanish Flu Codes and Subcategories.....21

2. *The Clarion-Ledger* COVID-19 Codes and Subcategories.....22

3. *The New York Times* COVID-19 Codes and Subcategories.....22

I. INTRODUCTION

In the fall of 1918, in the midst of the first World War, the United States, as well as the rest of the world, found itself caught in the deadly grip of an illness known as Spanish influenza or Spanish flu. The Influenza Pandemic of 1918 was unprecedented in its severity, and claimed the lives of roughly 479,000 Americans in the last third of 1918 alone (Crosby 2003). Even though the Spanish flu resulted in millions of deaths worldwide and possibly contributed to the end of the Great War, the pandemic is not remembered or widely discussed in American memory (Crosby 2003). In fact, when the world and the United States faced another pandemic that began to make itself known in the winter of 2019, I wondered how governmental responses differed between the pandemic I had heard so little about and the one I am currently living through.

Thus, the present study is a qualitative content analysis of newspaper articles from the heights of both pandemics. The goal of this study is to examine the national response, as well as the Mississippi state response, to the 1918 Influenza Pandemic and the 2020 COVID-19 crisis. To accomplish this, I posed the following research questions: 1) How did the United States federal government and the state government of Mississippi respond to the 1918 Influenza Pandemic?; 2) How did the federal government of the United States and the state government of Mississippi respond to the COVID-19 crisis?; 3) What does the response of the federal and state governments during the 1918 Influenza Pandemic and the COVID-19 crisis reveal about federal

and state bureaucracies?; and 4) What do these two levels of response by federal and state governments signal about epidemics and pandemics in the future?

I hypothesized that the state and federal response to Spanish flu was slow. World War I, which began in 1914, was underway and occupied a large part of attention at both the state and federal levels. The concentration on the war effort and the absence of an organization designed to address epidemics and pandemics left the administration of President Woodrow Wilson unable to respond effectively to the 1918 flu. For the COVID-19 crisis, the federal government also did not respond effectively to the pandemic due to both a seemingly dysfunctional bureaucracy and an unwillingness both to acknowledge the severity of the virus and to design a nationally structured response to the pandemic. The state government of Mississippi was also slow to respond as a result of both an unwillingness to also recognize the severity of the virus and a desire to follow the actions of President Donald Trump. For my third research question, I hypothesized that these pandemics show that charismatic rule conflicts with rational/legal and traditional rule and hinders bureaucracy. Lastly, for my fourth research question, I suspect the governmental response to the 1918 flu and the COVID-19 crisis shows that governments require a national organization specifically designed to manage epidemics and pandemics and a list of procedures about how to respond in the event of an epidemic or pandemic. I proffer these analyses will also highlight the damage caused when state and federal governments politicize a public health crisis. I intend to produce a policy plan based on the results of this study. This plan seeks to design and propose a structured national and state response to epidemics and pandemics that could be passed from administration to administration despite the political party in office. This plan will also suggest way to help prevent the decisions made by the Centers for Disease Control and Prevention (CDC) in regards to public health be unfettered by political persuasion. Lastly, this

plan will integrate elements of the one left by the Obama administration but also consider ways to prioritize the implementation of scientific results over political expediency – a problem faced by both the Wilson and Trump administrations, albeit for different reasons. The plan for state governments has an emphasis in rural healthcare because Alabama and Mississippi both have considerable rural populations as does most of the Deep South, Midwest, and far West in the United States. These plans, I will argue, should have the force of Congressional and state legislation behind them so that, in the event of an epidemic or pandemic, state and federal governments can focus on preserving American lives.

II. LITERATURE REVIEW

Even though the world only became aware of COVID-19 in December of 2019, studies and reports have been published comparing the current pandemic with the 1918 Influenza Pandemic. Because the virus is still relatively new, some studies only reference the 1918 pandemic. For example, while Mark A. Ellul et al.'s article focuses on the potential neurological effects of COVID-19, they do mention that there is some evidence that the 1918 flu also affected the brain and is believed to be associated with post-infectious encephalitis lethargica (2020). In his article about the role of history and its potential benefits in times of crisis, Kent Whitworth also references Spanish flu as he discusses the similarities between the 1918 pandemic and the current COVID-19 crisis (2020). Simiao Chen et al. likewise detail the similarities between both pandemics; in particular, they note social distancing policies put in place by the Chinese government during the Lunar New Year holiday to combat COVID-19 and the comparable policies enacted by the New York City Department of Health to reduce the spread of Spanish flu (2020). Lastly, Petersen et al. analyze COVID-19 and compare it with other epidemic viruses such as severe acute respiratory syndrome (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV), and epidemic influenza (2020). While they do discuss Spanish flu throughout the piece, they mainly form a comparison between COVID-19 and the 2009 influenza A H1N1 pandemic (2020).

Other comparisons between COVID-19 and Spanish flu go much more in depth. José Esparza argues that since COVID-19 is transmitted similarly to most respiratory illnesses, it

would be beneficial to compare it to past influenza pandemics, including Spanish flu (2020). He posits that we can be informed about how to respond to future epidemics and pandemics, a claim that also includes the current COVID-19 pandemic, by studying past influenza pandemics (2020). Another broad comparison of the 1918 influenza and COVID-19 comes from Robert J. Barro et al. The purpose of their piece is to examine the 1918 Influenza Pandemic to estimate the potential mortality and economic effects of COVID-19. After calculating the mortality and economic effects of Spanish flu, they found that, when applied to 2020, the possible effects of COVID-19 would be devastating to the population and world economy (2020). Of course, these are estimates for the worst possible scenario; nevertheless, they argue that these possibilities justify a huge response to limit the potential damage of COVID-19 (2020). G. Dennis Shanks also compares the mortality patterns of the two viruses. He concludes that, based on the similarities in mortality rates in both 1918-19 and 2020, a person's previous infection and exposure history can determine the lethality of a virus on the host (2020). Nicola Fabiano uses population models from the three waves of Spanish flu to predict future waves of the COVID-19 pandemic. He expects that the future waves of COVID-19 will have the same impact as the current wave and argues that the situation should continue to be monitored (2020). Finally, Richard Horton discusses the recently added chapter on COVID-19 to Mark Honigbaum's updated *The Pandemic Century* and Laura Spiney's *Pale Rider: The Spanish Flu of 1918 and How It Changed the World*. The purpose of this discussion is to determine the potential direction of the current pandemic. According to Horton, history shows that humans, despite what we have learned over time, will inevitably repeat their mistakes (2020).

Some of these comparisons can be much narrower; though, such as Wade Turvold and Jim McMullin's examination of the *USS Leviathan* and the cruise ship *MV Diamond Princess*.

Their key argument is that ships, especially during a pandemic, can become places of rapid transmission of viruses and airborne illnesses (Turvold and McMullin 2020). To illustrate this point, they examine the infections and mortality rates on the *USS Leviathan* during the height of 1918 influenza pandemic and the cruise ship *MV Diamond Princess* at the start of the COVID-19 pandemic. With the *Diamond Princess*, however, they note that the incident provided researchers with insight into the nature of COVID-19 and its transmission, especially, asymptomatic transmission (2020). A second narrow comparison comes from Howard G. Coombs and his analysis of the 1918 pandemic to inform what NATO militaries should do in response to COVID-19. The purpose of the comparison is that, as he claims, “It is only by the systemic inculcation of knowledge hard won by fighting these viruses throughout history that the Alliance and its militaries can transform this information into actions useful in countering future pandemics” (2020: 69). He looks at three areas of military action – Force Protection, Operational Tempo, and Assist Civilian Authorities – and compares how militaries were able to accomplish these objectives during both pandemics (2020). Coombs concludes that NATO militaries should consider the illness impacts to military and civilian personnel and develop a contingency plan for the current and future pandemics that will help these militaries continue operations while also helping the civilian population (2020). He also adds that an “integrated public health partnership framework” between countries and organizations should be established (2020: 69). Lakshmi Krishnan et al. examine the two pandemics by looking at the racial disparities present during both of them. They detail the social conditions that prevented African Americans from receiving proper medical care during the 1918 influenza pandemic, but they also note how African Americans overcame this through their own doctors, nurses, and community health programs to take care of influenza patients (2020). Although there were clear social benefits to the 1918

influenza, the lack of government aid worried the African American community whenever the government did try to help in the future, a wariness that has become clear during the COVID-19 pandemic (2020). Krishnan et al. argue that the world should move forward in equity and seek to learn from the mistakes of the past by moving towards a public health strategy that will help everyone and mobilize communities in the midst of the current and future pandemics. (2020). Comparisons between the two pandemics can also be more abstract, as seen in Bert Hoffman's exploration of the absence of epidemics from collective memory. By examining the yellow fever epidemics and the 1918 influenza in Latin America, Hoffman argues that the current COVID-19 crisis has caused people to be reminded of the devastating effects of Spanish flu and epidemics in general (2020). He claims that dying of diseases seems to be "deaths without meaning," which could explain why pandemics generally do not exist in collective memory (2020: 209). He concludes that the COVID-19 crisis is a painful reminder that "awareness of the ecological context in which we humans operate does not stop at resource extractivism and rain forest destruction, climate change and micro-plastics, but that it also encompasses our uneasy co-existence with nature's smallest beasts, the viruses, bacteria and germs that inhabit our world and our bodies" (2020: 209). These studies show that comparisons between the 1918 Influenza Pandemic and the 2020 COVID-19 crisis are being made, and the present study contributes to that conversation from a sociological perspective.¹

¹ As I poured through the literature to find articles discussing the comparisons between COVID-19 and Spanish flu, it was difficult for me to find any of these articles in sociology journals due to the recent and ongoing nature of COVID-19. The journals I searched include *Social Science and Medicine*, *Social Science and History*, *Sociology of Health and Illness*, and *Annual Review of Sociology*. I also searched through *The Republic* and *The Nation* to see if this comparison appeared in popular sources.

This is not to say that sociologists are not discussing COVID-19. After looking through the *Journal of Rural Health*, I was able to find two articles that I thought discussed COVID-19 and Spanish flu. However, both articles only devote a sentence or two to the 1918 Influenza pandemic to provide a historical perspective and focus entirely on the effects of COVID-19. Anne Cafer and Meagen Rosenthal discuss the negative impacts of COVID-19 on rural areas in the South. They warn that even though rural areas may seem isolated, rural residents commute to urban areas, exposing themselves, their families, and their communities to COVID-19, which, compounded with a poor healthcare system, will lead to an increase in cases and deaths (2020). Cafer and Rosenthal argue that, in the short-term, Southern states should increase their testing and, in the long term, should invest in rural healthcare (2020). While the comparisons between COVID-19 and Spanish flu are not yet being discussed by sociologists, an examination of the effects of COVID-19, particularly in rural areas, is being made.

There are three concepts that form the theoretical foundation of this project: Max Weber's idea of bureaucracy, the sociology of news, and the sociology of knowledge. I knew from the outset that understanding bureaucracy and authority would be critical for this study, so Weber appeared as a fairly obvious perspective to include. The other two theoretical perspectives emerged later as the study began to take shape. When the plan to visit the state archives in Mississippi and Alabama fell through due to lack of funding, the next option to present itself was to analyze newspaper articles from both pandemics. With newspapers as my new data source, it was imperative that I explore Michael Schudson and the sociology of news. Lastly, after reading to learn the historical context of Spanish flu in the United States and living through the progression of the COVID-19 crisis, the question of how diseases and illnesses are socially

constructed and how knowledge and society interact presented itself. Thus, the sociology of knowledge formed the final piece of the theoretical triad of this study.

The first part of the theoretical triad driving the present study is Max Weber and his concept of bureaucracy. In *Economy and Society*, Weber delineates three types of rule: legal-rational, traditional, and charismatic (2019). Bureaucracy falls under legal-rational rule, and this type of rule validates its legitimacy through belief in the legality of laws, rules, and statute orders and the right of those appointed to create or enforce these statutes (Weber 2019). Legal rule is validated through several interconnected ideas: people believe that any legal norm can be established based on rationally-oriented statutes, every body of law is composed of abstract rules that the administration applies to people individually, the person in charge also abides by the laws and rules he enforces, a person who obeys these laws is a member of the organization, and people are bound by the impersonal orders, not the ruler himself (Weber 2019). According to Weber, bureaucracy is the purest type of legal rule and that a purely bureaucratic administration is the “most formally rational way of exercising rule” (2019: 350). Bureaucracies can provide “precision, consistency, discipline, rigor, reliability, and hence predictability” (Weber 2019: 350). People within an organization follow an administrative hierarchy as well as “rules” of procedure that are derived from technical rules or norms (Weber 2019). Participation in an organization’s administration depends on certification indicating that a person has specialized training and expert knowledge, which is one of the characteristics of officials in an administrative staff (Weber 2019). These officials: are personally free to follow orders, placed in a fixed hierarchy, have defined official skills (“competences”), appointed by contract, have specialized qualification and are appointed rather than elected, have a fixed salary, treat their official appointment as their sole occupation, see themselves as having a career and chance of

promotion, do not work under the assumption that they have a personal right to the post they occupy, and follow uniform discipline and supervision (Weber 2019). To reiterate, Weber viewed bureaucracy as “the most formally rational way of exercising rule,” which is why the present study is interested in exploring how various organizations during both the 1918 Influenza pandemic and the COVID-19 crisis acted during these pandemics (2019: 350). Examining how public health organizations and federal and state agencies responded to these pandemics can reveal the strengths and weaknesses of bureaucracies in practice and inform how these organizational bodies respond to epidemics and pandemics in the future.

Michael Schudson, and the sociology of news, form the second part of the theoretical triad of this study. While the sociology of news is a subdiscipline and encompasses a wide array of theoretical perspectives, this project will focus specifically on the writings of Michael Schudson. Schudson argues, across his work, that journalism and the news media are critical to the functioning of democracies. In fact, the news media, as Schudson claims, plays a critical role in the democratic process in the United States, which makes newspapers a valuable resource that provides insight into the attitudes and differing perspectives of the country, including how American perceived and understood COVID-19 and the Spanish flu in 1918. He posits that not only is the news media and journalism an area that is often neglected for study, but also that they have been connected to politics for quite some time (2002). He states that the primary contribution of the news media is their role as “cultural actors, that is, as producers – and messengers – of meanings, symbols, and messages,” which can influence how people live their lives (2002: 265). In regard to democracies, Schudson notes that the general idea of news media is that their role is to inform every citizen in a democracy so that they can actively participate, which he refers to as the classical view of democracy (1984). He concludes that journalists

should have a type of schizophrenia – they should act as though the classical view of democracy is possible while simultaneously reporting under the assumption that a large, informed electorate is impossible (1984). Schudson even labels journalists as “reluctant stewards” of democracy since they determine what should or should not be published or discussed (2013). He details how the news itself has evolved over time, going from the reporting of raw events to reporting stories in ways the press deems important, and only sharing information that clues the reader in on what exactly is happening rather than leaving the interpretation up to them (2013). As the landscape of journalism changed, the press also had to adapt and allow other elements into the field such as investigative reporting and fact checking (Schudson 2013). Even the elements of the news media that people hate – “a preoccupation with events, a morbid sports-minded fascination with gladiatorial combat, a deep anti-political cynicism and a strong alienation of journalists from the communities they cover” – all contribute to helping a democracy thrive (Schudson 2005: 31).

While not directly related to democracy, the way the news stories that are being analyzed in this study have been told and reported is also critical. Schudson states that journalists choose the narrative frame of a story they want to tell based on the events of the story itself (2007). After comparing news coverage of the events of 9/11 and the accidental killing of a Japanese exchange student in New Orleans, Schudson found that basing the narrative frame around the story itself helps journalists tell the stories they want to tell. For example, Fox News coverage of 9/11 is presented as a melodrama pulling from cultural resources and familiar ways of looking at the world while the 1992 murder of Yoshihiro Hattori is told ironically, which, eventually, turned the story into set-piece for American self-criticism of gun culture (2007). Schudson posits that the stories would not work if one were to switch their narrative frames, thus showing that how a story is told is just as important as the story itself (2007). Understanding the sociology of news is

crucial to this study because it not only informs how the news media is connected to democracies and the bureaucratic organizations within a democracy, but is also provides insight into how knowledge is constructed and distributed throughout a society.

Lastly, the sociology of knowledge forms the final piece of the theoretical triad of this study. The sociology of knowledge is also a subdiscipline with diverse theoretical perspectives; however, this project will delve into the ideas of Peter L. Berger and Thomas Luckmann. According to Berger and Luckmann, the reality of everyday life is based on the “here” and “now” and is often mistaken for “reality” (1991). They also claim that “the reality of everyday life is shared with others” (1991: 43). One example of this shared reality is common-sense knowledge, which is knowledge shared between people “in the normal, self-evident routines of everyday life” (Berger and Luckmann 1991: 37). To take this further, language allows people to share and engage with biographical and historical experiences and events (Berger and Luckmann 1991). Over time, these experiences are objectified, collected, and added up to create the social stock of knowledge (Berger and Luckmann 1991). This social stock of knowledge is passed from generation to generation and every person participating in everyday life has access to it, meaning that people interact with others both with common-sense knowledge and specific bodies of knowledge that they can access through the social stock of knowledge (Berger and Luckmann 1991). The social stock of knowledge also allows people to locate themselves within society, supplies them with typificatory schemes to classify other people and events and experiences, and splits reality into different sectors based on degrees of familiarity and how often people interact in that sector of everyday life (Berger and Luckmann 1991).

The social distribution of knowledge is also critical. Because knowledge is socially distributed, it is “possessed differently by different individuals and types of individuals” (Berger

and Luckmann 1991: 60). This means that someone could possess knowledge that is equal to that of their colleagues or peers, but they could also have knowledge that is shared with no one (Berger and Luckmann 1991). The social stock of knowledge and the social distribution of knowledge are crucial because they influence how people interact with others and participate in the reality of everyday life (Berger and Luckmann 1991). How people classify others and respond to events are all affected by what they know and what they believe others know. Within the context of this study, Berger and Luckmann raise two important questions that are linked to the sociology of news and Weber's discussion of bureaucracy. What does it mean that the Spanish flu has been obliterated from the American social stock of knowledge? How are the ways that we receive information from a bureaucratic source about a pandemic similar to or different from the knowledge conveyed about it by the news media? And finally, is all news about a pandemic knowledge?

Even Michael Schudson contributes to this discussion about knowledge by arguing that experts with specialized knowledge are critical to a thriving democracy. Although there is a chance that the experts will abuse their power and expertise, the joining of power and knowledge "is not a corruption of true knowledge, but the very nature of knowledge, everywhere and always" (Schudson 2006: 494). There are also ways to circumvent these abuses of power, but democracies should not be restrictive with their experts. He states that, "Just as important as making experts safe for democracy, democracy must become safe, or safer, for expertise" (Schudson 2006: 506). According to Schudson, democracies should encourage experts to use their expertise and make use of this specialized knowledge in creating and shaping policy (2006). While democrats are more comfortable using everyday knowledge and experience, the jury, and votes, Schudson posits that the world requires specialized knowledge to understand it, and that

expertise will end up serving society more (2006). Bureaucracies also function through, and derive immense power from, specialized and expert knowledge (Weber 2019). How organizations and agencies use experts and the knowledge they provide can affect how the bureaucracy works, which is a key area of bureaucracies that I wish to investigate, both on the federal and state level, through this study.

However, conflict may arise between experts based on the expertise and specialized knowledge they stand behind. According to Yael Keshet, the move towards complementary and alternative medicine (CAM) has pushed people to combine the scientific and cultural ideas of body and mind, which has produced a type of hybrid knowledge (2010). This hybrid knowledge conflicts with the traditional, Western conceptions of science and medicine, thus leading to acts of purification as people attempt to “save the modern, scientific, deep, categorical epistemological structure” and “to preserve mind and body or culture and nature as two separate knowledge categories” (Keshet 2010: 338). In fact, these acts of purification hearken back to Berger and Luckmann and their ideas of symbolic universes and conceptual machineries for universe maintenance. Symbolic universes are “bodies of theoretical tradition that integrate different provinces of meaning and encompass the institutional order in a symbolic totality” (Berger and Luckmann 1991: 113). They represent the fourth level of legitimation, which is the process of validating institutional order by explaining and justifying institutions (Berger and Luckmann 1991). Essentially, symbolic universes are “processes of signification that refer to realities other than those of everyday experience” (Berger and Luckmann 1991: 113). All symbolic universes are problematic and are not always readily accepted; therefore, conceptual machineries are necessary for both legitimating and modifying the symbolic universes to ward off challenging groups and ideas (Berger and Luckmann 1991). The acts of purification Keshet

discusses are examples of these conceptual machineries employed to maintain the symbolic universe created by traditional medicine. This discussion demonstrates how knowledge is either changed or fought to be preserved, which can influence how people and society operate. Thus, the triad forms the theoretical core of this study. How knowledge is created or challenged is influenced by, and can influence, the news which, in turn, can affect how bureaucracies function. How does expert knowledge affect governmental response and the news media? Can disagreements between experts and the desire to maintain symbolic universes hinder how the general public reacts to a public health crisis? Thinking about the present study, I suspect the interplay of these concepts and theoretical elements played a critical role in the state and federal responses to the pandemics.

III. METHODS

The present study is a Qualitative Content Analysis of newspaper articles from *The New York Times* and *The Clarion-Ledger* from July 1, 1918, to December 31, 1918, and March 1, 2020, to August 31, 2020. The July through December 1918 and March through August 2020 periods cover the heights of the Influenza Pandemic and the COVID-19 crisis respectively. I originally planned to analyze *The Washington Post* for an additional perspective of the national response and the *Montgomery Advertiser* for Alabama's state response to compare it with the Mississippi state response; however, I was forced to drop those papers and that part of the analysis due to time constraints and my own underestimation of the 24-hour news cycle. The *New York Times* was selected to give a national perspective and overview of these pandemics since it tends to focus on the United States as a whole when reporting. Since this project also focuses on the actions of the Mississippi state government during these pandemics, it was necessary to select a newspaper from the state capital of Mississippi. Thus, *The Clarion-Ledger* (formerly, *The Daily Clarion-Ledger*) was selected since it is based in Jackson, Mississippi. This paper was active during both of the pandemics.

My unit of analyses were 300 newspaper reports from *The New York Times* and *The Clarion-Ledger*. These articles were collected based on a multi-level systematic sampling method that skipped every other week and included key terms such as "influenza," "cases," "coronavirus," or "COVID-19" in the title or body of the report. To scale down the number of articles to collect and analyze, I then collected articles on every third day from randomly selected

weeks. I operationalize bureaucracy, for this study, as any organization and agency that has an administrative staff whose officials follow the characteristics outlined by Weber. “Response” is defined as steps taken by an organization or agency to address the pandemics. The independent variable is the news while the dependent variables are both the federal and state level responses and the obedience and disobedience of the public to safety guidelines and precautions.

Data Collection

Spanish Flu

The data collection and sampling for the two newspapers for the Spanish flu analysis were different because of the availability of the papers. For *The New York Times*, I used the digital archives. In the case of *The Daily Clarion-Ledger*, which is not entirely online, I was forced to use microfilm. When collecting articles for the Spanish flu analysis, I used either “influenza” or “cases” as my search term and restricted the publication dates to July 1, 1918 to December 31, 1918. I then sorted the results to show the oldest articles first, in order to follow a multi-level systematic sampling plan. I selected articles for the analysis by skipping every other week of reporting about the Spanish flu. For example, I collected articles from July 1 to July 6, 1918. Therefore, I skipped the following week and I resumed data collection on the third week, which started on July 14. Because I collected the Spanish flu articles before making the alterations to my sampling plan, I end up collecting articles that were available from all of the days from the randomly selected weeks. After altering my sampling plan, the articles that were collected on the days that did not fall in the sample were excluded.

Because *The Clarion-Ledger's* online archive is incomplete and does not include anything from the year 1918, I used *The Daily Clarion-Ledger* on microfilm at The University of

Mississippi's J.D. Williams Library. This newspaper presented a second obstacle. There is no index to aid in narrowing down my search. Due to the immense number of newspapers, I had to search through 98 in total. I had attempted to emulate the computer search engines by only collecting articles that contained the term "influenza" or "cases" in the title or body. The search engines for *The New York Times* would include articles in the search results that did not initially appear to be related, but did reference or discuss influenza at some point. Thus, for *The Daily Clarion-Ledger*, I attempted to mimic that process by scanning through articles for the terms "influenza" or "cases." If an article had either of those words in the title and fell within the date range of my sampling plan then I immediately collected it. If an article seemed relevant to the 1918 pandemic and had the terms "influenza" or "cases" within the body of the text then I collected that article as well. I used the same multi-level systematic sampling plan as applied to *The New York Times*, but sifting through 14 weeks of newspapers on microfilm may have increased the likelihood that I missed or overlooked some articles.

COVID-19

Data collection for the COVID-19 articles proved to be much easier. After subscribing to the two newspapers, I used their online archives to search for articles from March 1, 2020 to August 31, 2020. I used the search term "coronavirus." The term "influenza" is fairly broad, and the search is further narrowed by the range set for the publication dates. Because the terms "coronavirus" and "COVID-19" are specific and are used interchangeably by news outlets, it seemed better to use both terms to get the widest range of articles. However, once I started to collect the articles, using "coronavirus" alone was sufficient, especially with *The New York Times* articles. The parameters for the search of these articles were constructed as follows: "coronavirus" was entered into the search bar and March 1, 2020 to August 31, 2020 was set as

the publication date range. The results were then sorted to show the oldest articles first. I then used random sampling to collect articles from every other week starting from March 1 to August 31. Again, for example, I collected articles from March 1 to March 7, 2020. Then, I skipped the following week and resumed data collection on the third week, which started on March 15.

It was not until I was halfway through April in *The New York Times* that I realized I could not collect all of the articles for every day of the randomly selected weeks. As a result of the 24-hour news cycle, there were too many articles and not enough time to analyze all of them. At that point, I decided to only collect articles from every third day of the randomly selected weeks. Although I had already collected the articles for the Spanish flu analysis and *The Clarion-Ledger* analysis in their entirety, I decided to only analyze articles from the selected days. The number of *The Daily Clarion-Ledger* articles I collected served as my baseline number. After sorting out advertisements and opinion pieces, the total number of articles came to 75. I did the same with the other newspapers, but, because there were so many more articles, I used a random number generator for each of the remaining coding frames until I got 75 articles for each one, thus totaling 300 articles.

Data Analysis

I used four coding frames to conduct a qualitative content analysis of the newspaper articles. While I did have several themes in mind, I also wanted to see if others emerged inductively over the course of the analysis. Themes I expected to find in the articles included responses of the federal administrations and state governors, obedience or disobedience among populations to safety precautions and guidelines, discussion of the nature of the viruses, and dismissal of the pandemics' significance. I used the coding frames to qualitatively assess these

themes and others that emerged inductively to see if they were repeated and reached saturation over the course of the analysis.

I used four separate coding frames – two for *The Daily Clarion-Ledger* and *The New York Times* Spanish flu analyses and two for *The Clarion-Ledger* and *The New York Times* COVID-19 analyses. These coding frames were used to collect quotes from the articles to analyze. All four coding frames had the same four codes: government response, population reaction, virus discussion, and dismissal of the pandemic’s significance. Generally, all four coding frames shared subcategories. These include federal administration, state government, city/local response, and health authorities for government response; obedience to safety guidelines, disobedience to safety guidelines, and effects of the pandemic for population reaction; and taking the virus seriously for virus discussion. Although the subcategories for dismissal were similar, none were shared among all four coding frames. Almost all of the subcategories emerged inductively over the course of the analysis. The only ones that were present before I began the analysis were federal administration, state government, obedience to safety guidelines, and disobedience to safety guidelines.

There were other subcategories that emerged inductively but were not shared among all four coding frames. Because these subcategories emerged over the course of the analysis, they reveal the similarities and differences in the reporting of these pandemics. Because I analyzed *The Daily Clarion-Ledger* after *The New York Times*, I essentially used the same subcategories. I performed the COVID-19 analyses at the same time, and, while they are almost entirely similar, there are some differences. Tables 1, 2, and 3 illustrate these subcategories of the four coding frames.

Table 1. *The New York Times* and *The Daily Clarion-Ledger* Spanish Flu Codes and Subcategories

Government Response	Population Reaction	Virus Discussion	Dismissal of Pandemic's Significance
Federal administration	Obedience to safety guidelines	Taking the virus seriously	Concerning the war
State government	Disobedience to safety guidelines	Trying to figure out what the virus is	Describing the virus as something else
City/ local response	Effects of the pandemic	Noting age of the victims	Health authorities
Health authorities	People who died of pneumonia complications	Health authorities' thoughts	
Backtracking	Health professionals dying of Spanish flu	Symptoms	
Military camps	Deaths that could have been caused by Spanish flu		
International governments	Negotiating safety guidelines		
	Using safety guidelines for political gain		

Table 2. <i>The Clarion-Ledger</i> COVID-19 Codes and Subcategories			
Government Response	Population Reaction	Virus Discussion	Dismissal of Pandemic's Significance
Federal administration	Obedience to safety guidelines	Taking the virus seriously	President Trump
State government	Disobedience to safety guidelines	Health procedures and guidelines	U.S. Government
City/ local response	Universities	Tips to prevent spread	State governor and representatives
Health authorities	Racism	Symptoms	Complaining/ protesting
Presidential candidates	Sports/ entertainment	Highlighting class disparities	
	Discussing health guidelines	Treatments	
	Effects of the pandemic	Health authorities' thoughts	
	Dissatisfaction with government response	Theories of origin	
	Using the pandemic for political gain		

Table 3. <i>The New York Times</i> COVID-19 Codes and Subcategories			
Government Response	Population Reaction	Virus Discussion	Dismissal of Pandemic's Significance
Federal administration	Obedience to safety guidelines	Taking the virus seriously	General public
State government	Disobedience to safety guidelines	Treatments/ vaccines	Health authorities
City/ local response	Discussing health guidelines	Symptoms	Federal government
Health authorities	Dissatisfaction with government response	Health authorities' thoughts	
Presidential candidates	Effects of the pandemic		
	Entertainment/ Sports		
	Racism		

IV. FINDINGS

In response to my first research question, both the federal and state governments reacted very quickly to the outbreak of Spanish flu. I operationalized “response” as steps taken by an agency or organization to address the pandemic. An example of a “response” to the pandemics would be the shutting down of schools or reporting on the number of cases in military camps. I hypothesized that the federal and state response would be slow because of the war, and I suspected that the pandemic would be dismissed outright because of the war effort. However, the pandemic was acknowledged both very quickly and on the war front. In an article written in *The New York Times* on July 4, 1918, the virus was dismissed as a reason for the delay in activity in the German Army, writing that, “The influenza which has the German Army in its grip is hardly serious enough to account for this, and there must be more convincing reasons, such as the Austrian reverse or a new plan of surprise attack, determining this present inactivity” (Gibbs 1918). In another article describing the large number of deaths in German cities, influenza was deemed not the cause as ““The illness from which thousands of persons in German industrial districts are suffering and which has been described as Spanish influenza, is really an illness due to hunger and consequent exhaustion” (“GERMANS DIE OF HUNGER” 1918). Although influenza was dismissed in both of these instances, these articles indicate that the United States was at least aware of the pandemic long before its peak in October.

Neither President Woodrow Wilson nor the other branches of governments seemingly acted to combat the pandemic, the attention of the Public Health Service under Surgeon General Rupert Blue shifted to the virus once soldiers in military in camps began to fall ill rapidly with

influenza, which later progressed into pneumonia. According to an article published in the September in *The Daily Clarion-Ledger*: "More than 5,000 new cases of Spanish influenza in army camps, with 155 deaths were reported today to the office of the Surgeon General. The total of the cases in army camps in now nearly 30,000" ("Over 5,000 New Cases" 1918). In another article in *The New York Times*, the Spanish influenza situation was dire: "Spanish influenza has spread over the country so rapidly that officials of the Public Health Service, the War and Navy Departments, and the Red Cross conferred today on measures to help local communities in combating the disease" ("INFLUENZA IN 26 STATES" 1918). While the Public Health Service did publish reports on the number of cases and deaths in the military camps and the states, the approach of the Public Health Service, and the federal government, to the pandemic was mostly hands-off. In an article discussing the lessons that could be learned from the pandemic, Dr. Royal S. Copeland, the New York Health Commissioner, stated that

'The attitude of the Federal Public Health Service was, as Surgeon General Rupert Blue wrote me, "In opposition to the imposition of any irrational quarantine requirements or the adoption of any standard methods of procedure that do not promise benefits commensurate with the interference of commerce, movements of troopships or transports." In view of this very proper attitude of the Government the only way to protect citizens of New York against possible contagion brought through the port of New York was for the city to exercise its own powers of quarantine' ("EPIDEMIC LESSONS" 1918).

The Public Health Service, in tandem with the American Red Cross, mostly offered support for state efforts to combat the disease. In one instance, "The demand for nurses has increased so rapidly because of the disease, that the Red Cross tonight announced that Canadian nurses will be enlisted for service in the United States" was reported in *The Daily Clarion-Ledger* ("SPANISH INFLUENZA MADE" 1918). Similarly, although the article did not say that he contacted the Public Health Service directly, the executive officer of the Mississippi State Board of Health, Dr. W.S. Leathers, "wired Washington to send a physician to that place," when the

health officer of Harrison county sent a telegram asking for help on the Gulf Coast ("Gulfport is Closed" 1918). The Public Health Service, as a part of the War Department, had to focus on the health of soldiers in military camps; however, the organization attempted to guide health officials and sent out daily reports on the number of cases and deaths in military camps and states.

Response to Spanish flu was much more active on the state level. Dr. W.S. Leathers, executive officer of the State Board of Health, shut down the state before the virus peaked. In an article urging the people of Jackson, Mississippi, to remain calm during the outbreak, the author writes "In this connection the Clarion-Ledger desires to extend its congratulations to the State Board of Health and the city officials for the action taken to close up all public meeting and amusement places in the city, which example has been followed by other towns and cities of the State" ("DON'T BECOME PANIC-STRICKEN" 1918). In fact, the State Board of Health was very active early on:

The staff of the State Board of Health is very active. Under the direction of Dr. W.S. Leathers, executive officer, a finger is being kept on every part of the State. Dr. G.E. Adkins of Jackson, has been assigned to the duty of conducting the campaign against the influenza. Requests for assistance from any community should be sent to him. Dr. C.R. Stingily was sent to the A. & M. College, to assist there. Dr. Neal Womack has been detailed to go to the same College. Drs. R.S. Hall and Cyrus Shipp were sent to Winona. A large number of the medical men of the State have enrolled with Uncle Sam and those on duty as well as those who have retired, are bending every energy to the work of wiping out the sickness ("STATE BOARD OF HEALTH IS ACTIVE" 1918).

Dr. Leathers also took care to publish the number of cases in the state, stressing that there be no lessening of precautions in order to stop a potential relapse in the state. Eventually, when cases continued to decrease in the state, Dr. Leathers ordered for the state to reopen: "Public schools of this county, which closed when Dr. W.S. Leathers of the State Board of Health, issued the order for schools, moving pictures and churches to close on account of influenza, will not reopen until next Monday" ("Madison Pays Teachers" 1918). Because I began this project expecting

government response to Spanish flu to be limited because of the war, I was not anticipating the steps taken to combat the outbreak that are shown in the newspaper articles. While it could be argued that Mississippi, and the country as a whole, should have acted sooner, the governmental response to influenza was swift and decisive, especially at the state level, as health authorities urged people to follow safety guidelines to defeat the virus.

For my second research question, it was clear that the federal and state governments tried to act quickly, but political in-fighting hindered bureaucracy and interfered with proper procedures that were implemented to fight the outbreak. I had hypothesized that such a thing would happen, but I was surprised to see this on the state level. Again, I operationalized “response” as being steps taken by an organization or agency to address the pandemic. One notable difference between the state and federal action to the 1918 Influenza pandemic and the COVID-19 crisis is the level of action taken by the president, Congress, and the state governors. United States pandemic response to the coronavirus was one fraught with confusion and frustration as states struggled to work with an administration that seemed to both stand against them and leave them to fend for themselves. At first, the federal government acted fairly quickly, such as when:

The White House also announced new restrictions on international travel to prevent its spread. Trump appeared at a hastily called news conference with Vice President Mike Pence and top public health officials to announce that the U.S. was banning travel to Iran and urging Americans not to travel to regions of Italy and South Korea where the virus has been prevalent (Superville and Miller 2020).

President Trump even pushed “for urgent action to speed \$1 trillion into the economy, including sending \$250 billion worth of checks to millions of Americans, as the government prepared its most powerful tools to fight the coronavirus pandemic and an almost certain recession” (Rappeport et al. 2020). However, the administration fell short just as quickly as “Sweeping

guidelines on social distancing unveiled by the Trump administration on Monday fell short of the national quarantine and internal travel restrictions that many health officials had urged” (Ives 2020). When medical supplies began to run low and states complained that the federal government was taking them, President Trump said “he would use his authority under the Defense Production Act to require GM to accept federal contracts for ventilators” (Watkins and Mencarini 2020). When the condition of COVID-19 continued to worsen as cases rose across the country, the president distanced himself from the pandemic response, but Congress was quick to pick it up, with lawmakers proposing their own solutions. At this point, President Trump had “turned the life-and-death decision-making away from the federal government and onto the states for the next phase of the response. He [expected] governors to arrange virus testing systems and [to] find their own medical gear, saying that the federal government is only a 'supplier of last resort.' The White House coronavirus task force [had] abandoned daily briefings” (Mascaro 2020). Even as late as July, President Trump left reopening schedules up to the states despite health guidelines advising against it; he “actively encouraged states to open in spite of the guidelines” (Qiu 2020). Steps taken by the federal government were confusing and contradictory, and it was rife with division and conflict that made it difficult to actually help people suffering from the pandemic or keep citizens safe from COVID-19.

As for the Mississippi state level response to COVID-19, Governor Tate Reeves worked closely with the Mississippi State Department of Health (MSDH) and Dr. Thomas Dobbs to address the pandemic. However, Reeves was slow to enact shelter-in-place orders and lockdowns. In an article published on April 2, Justin Vicory notes that Jackson mayor Chokwe Antar Lumumba’s stay-at-home order “also [came] on the same day that Gov. Tate Reeves announced a statewide shelter-in-place order starting Friday.” (2020). There was also conflict

between Reeves and the State Legislature over how to distribute federal funds for those affected by the coronavirus pandemic. On May 1, Luke Ramseth reported that “Mississippi lawmakers will reconvene Friday – weeks earlier than planned – in order to take control of \$1.25 billion in federal coronavirus stimulus funding from Gov. Tate Reeves. Reeves maintains he has the authority to spend the CARES Act funds, as a governor does in other state emergencies” (2020). This surely caused some tension and delay in the distribution of funds. At the beginning of August, as the number of coronavirus cases continued to rise in the state, Reeves issued an executive order in which “37 of the state's 82 counties [were] under an executive order to wear masks during public gatherings and while shopping” (Gates 2020). However, Reeves also wanted to make sure that students would be able to participate in extracurricular activities, so he “issued an executive order limiting the number of guests at any game or other extracurricular event to two per student participant. That [included] students, family members and other spectators” (Beveridge 2020). This does not mean that the state government did not take the pandemic seriously. While accompanying Reeves to survey tornado damage, U.S. Senator Cindy Hyde-Smith urged, “Please realize this virus is going on amid this tragedy,' she said. 'We've got two tragedies. Continue to wear masks. Stay safe. Be smart. Say an extra prayer for everybody in this state'” (Ciurczak 2020). Early on in the pandemic, though, some representatives in the State Legislature were dismissive of the virus. The State Legislature was still in session even as Reeves and other state officials began to shelter-in-place and “As more than 100 lawmakers sat side-by-side in the House chambers, [Speaker Philip] Gunn told them to 'avoid large congregations' and stay 6 feet apart, which drew some laughter from members” (Ramseth and Bologna 2020). Overall, while the state response was delayed, at least in terms of shelter-in-place orders and lockdowns, the Mississippi state government took steps to combat the virus, and

it is evident that officials sought to recognize the severity of the virus while also mitigating political tensions.

When considering the two pandemics and the role bureaucracy had in the state and federal responses, charismatic rule infringed to some extent on how the bureaucracy responded to COVID-19. Again, I hypothesized that this would happen on the federal level; however, I did not expect to see it on the state level. In fact, on the state level, the conflict seemed to reflect that of the federal level in both cases but for different reasons; the legislative arms of the governments stood against or rejected the actions and words of the executive branch. While he addressed the pandemic early on, President Donald Trump downplayed the severity of the virus:

Seeking to reassure the American public, President Donald Trump said Saturday there was 'no reason to panic' as the new coronavirus claimed its first victim inside the U.S. ... Trump said healthy Americans should be able to recover if they contract the new virus, as he tried to reassure Americans and global markets spooked by the virus threat. He encouraged Americans to not alter their daily routines (Superville and Miller 2020).

However, following this, the conflict with the charismatic ruler manifested when

House Speaker Nancy Pelosi suggested that Trump shouldn't be so quick to reverse the social distancing guidelines, saying more testing needs to be in a place to determine whether areas currently showing fewer infections are truly at lower risk. Trump's 'denial' in the crisis was 'deadly,' Pelosi told CNN. 'As the president fiddles, people are dying, and we have to take every precaution,' she said. She promised a congressional investigation once the pandemic is over to determine whether Trump heeded advice from scientific experts (Miller 2020).

Then, as the pandemic became worse, Trump tried to move away from the response, prompting Congress to fill his role: "Compelled by the lack of comprehensive federal planning as states begin to reopen, lawmakers of both parties, from the senior-most senators to the newest House member, are jumping in to develop policies and unleash resources to prevent a second wave" (Mascaro 2020). President Trump also claimed that he "had total authority to decide when the country would reopen, though he had left it up to governors to lock down their respective states"

(Bendix 2020). The Centers for Disease Control and Prevention (CDC) had been holding their own regular briefings about the coronavirus until “one of its top leaders, Dr. Nancy Messonnier, issued a stark public warning during one session that the virus would disrupt American lives, sending stocks tumbling and angering Mr. Trump” (Goodnough 2020). Following this “a number of public health experts have accused the White House of sidelining the C.D.C.” (Goodnough 2020). Lastly, even as cases continued to rise, the president ignored the rising numbers and flaunted safety guidelines:

Hours later, President Donald Trump rallied hundreds of young conservatives in a megachurch in Arizona as the state reported a record 3,600 new infections. Ahead of the event, the Democratic mayor of Phoenix, Kate Gallego, made clear that she did not believe the speech could be safely held in her city, and she urged the president to wear a face mask. He did not (Merchant et al. 2020).

In this sense, charismatic rule hindered bureaucracy in that President Trump tried to make himself the face of the federal response at the same time pushed states to do the work necessary to stem the tide of cases. This sparked confusion and frustration over broken virus promises, a lack of resources, and an organized effort to combat to the outbreak. When faced with criticism over their pandemic response, the White House, through press secretary Kayleigh McEnany, countered these claims by saying:

'President Trump's coronavirus response has been unprecedented and saved American lives... While Democrats were pursuing a sham witch hunt against President Trump, President Trump was shutting down travel from China. While Democrats encouraged mass gatherings, President Trump was deploying PPE, ventilators, and testing across the country,' (Shannon 2020)

even as states struggled to acquire resources to mitigate the economic crisis and supply protective equipment and medical gear to their healthcare workers. The desire to minimize taking responsibility and not confront the issues with the actions by the federal government only

compounded problems, thus making it more difficult for the country to correct itself and formulate a plan to properly fight the virus.

President Trump's dismissal of the pandemic seeped into the state government, demonstrating how charismatic rule can hinder bureaucracy. At the beginning of the pandemic "Top Democratic lawmakers in both the Mississippi House and Senate asked the Republican leadership, as has been done in Georgia, to suspend the session because of the coronavirus" (Ramseth and Bologna, 2020). However, Speaker Philip Gunn, a Republican, "told members of the House that the session would continue on a 'day-to-day basis'" (Ramseth and Bologna, 2020). He added that "he had been in contact with the state's top health official. According to Gunn, 'He believes it is okay for us to continue to meet,'" and Gunn later made a joke about safety guidelines (Ramseth and Bologna, 2020). Gunn's dismissal of the pandemic is a reflection of President Trump's attitude early on. By putting down the virus and not recognizing it as a serious threat, Gunn aligned himself with the charismatic leader. Thus, Gunn was compelled to refuse the suspension requested by Democratic representatives. The desire to follow the actions and ideas of the charismatic leader delayed both federal and state response, which has cost the country hundreds of thousands of lives.

The actions taken by the federal and state governments to both pandemics were not perfect, but they contain elements that can inform how the United States should approach pandemics in the future. I hypothesized that the state and federal response to these pandemics would show a need for an agency or organization specifically designed to address pandemics and epidemics. To my surprise, the Public Health Service acted how I envision this agency would. The Public Health Service, while it did not work directly to manage Spanish flu in the country, still provided support and guidance to states and cities to help combat the virus, such as when,

according to Dr. Copeland, ""Of course, there was also a wide distribution of health information - the Public Health Service's bulletin on influenza and similar pamphlets prepared here and much educational work was done"" ("EPIDEMIC LESSONS" 1918). Alternatively, too much federal and state intervention, especially if an opposing charismatic leader is present, can hinder bureaucratic processes that could aid in managing the pandemic.

I also hypothesized that the analyses would show the negative effects of politicizing a public health crisis. Some of that has already been demonstrated, but I was intrigued to find instances of politicians using safety guidelines for potential political gain. For instance, while on the campaign trail, Democrat Alfred E. Smith faced opposition from Republicans:

What one Democratic leader characterized as the 'Republican quarantine against Democratic campaign speeches' still remained in force yesterday. Alfred E. Smith had been set down for a speech in Haverstraw last night, but received word during the day that he would not be permitted to address a meeting there, except in the open air. Upon receiving this message he got in touch with Democratic leaders in the Rockland County town and asked them whether a meeting in the open air could be successfully arranged on such short notice. What they told him was not encouraging. Then he threw up his hands and gave instructions that his Haverstraw speaking engagement be concealed [sic]...Mr. Smith announced last night that he would make an early start today for Ithaca, where he is scheduled for a campaign speech this evening. His campaign managers say that Ithaca, of all cities in the State, is the one least affected by the Spanish influenza epidemic. At Republican State headquarters one official who heard of the projected meeting there said he doubted whether the local authorities would sanction it ("HAVER STRAW DIDN'T HEAR SMITH SPEECH," 1918).

Similarly, on the presidential campaign trail, Democrats sought to gain a political advantage during the COVID-19 crisis. When trying to decide whether or not to hold the Democratic National Convention virtually, Rev. Leah Daughtry "said a re-imagined pandemic-era convention would signal that Democrats 'have adjusted (to the crisis). We recognize people have concerns about their health, their parents' health, and all is not well in America yet - versus the other side which is just acting like nothing's happening. That's a huge opportunity'" (Gilbert,

2020). Despite these crises, political leaders and parties attempted to use these pandemics to gain an advantage over their opponents. This is not something I expected see through this analysis.

V. DISCUSSION

The theoretical triad that forms this study and the four themes and codes – government response, population reaction, virus discussion, and dismissal of the pandemics’ significance – correspond to each other. Government response and its subcategories are meant to explore the role of bureaucracy in governmental responses to the pandemics. Population reaction, and all of the codes, revealed how the media influenced public opinion and action. Virus discussion and dismissal were designed to illustrate the sociology of knowledge at work in people’s discussions of the pandemics. This study reveals not only that these three areas – bureaucracy and legitimate authority, the sociology of news, and the sociology of knowledge – are all connected, but also that they influence one another.

One of the immediate conclusions I came to upon completion of data analysis, that simultaneously provides a way to explain why the country was more unified during the 1918 influenza pandemic than the COVID-19 crisis, was that World War I served as a double-edged sword for the federal and state governments’ responses to Spanish flu. The war was detrimental in that nurses and doctors had been sent to France to help on the frontlines and I suspect the implications of a pandemic on the war effort and the Wilson administration was so preoccupied with the war effort to officially acknowledge the pandemic outside of the Public Health Service. However, the war was also unifying, and, since Americans had already come together to stand against the Central Powers, they could do their part to defeat the pandemic. While reflecting on the steps taken by New York City during the outbreak, Dr. Copeland noted that:

We had to deal with conditions as they were. So we put into operation the overlapping system that every one knows about to distribute the subway crowds. I needn't say anything more about that - as I said, every one knows about it. But I do want to mention what I think was the most interesting thing about it - the cordial acquiescence of the people in what could not fail to mean actual inconvenience ("EPIDEMIC LESSONS" 1918).

In Mississippi, Dr. H.F. Magee observed that"

With the people generally adopting every precaution to keep their good health during the spell of influenza, the local situation is improving, Dr. H.F. Magee, city health officer, stating that fewer cases were reported yesterday than had been the case for several days. The mortality remains very low ("FLU' SITUATION IS IMPROVING" 1918).

Generally, people obeyed safety guidelines, as noted in *The Daily Clarion-Ledger* on October 9:

The city was unusually quiet last evening. The moving pictures were closed and there were very few persons on the street after dark. Capitol street was deserted early in the evening, and with the movies closed, the light usually shed upon the thoroughfare by their electrical displays was missing. Everybody is taking the order to close in a philosophical way, appreciating the fact that it is intended for the good of the entire community ("SITUATION MAY BE NORMAL" 1918).

Of course, there were some who disobeyed these precautions and were promptly punished for it:

"The entire sanitary police of the Health Department went out yesterday to investigate the action of certain landlords who have refused to furnish heat to tenants" ("INFLUENZA SHOWS A DECREASE" 1918). Some citizens were even summoned to court for not following these guidelines, which, in this case, was refusing to furnish heat to tenants:

Louis Schlecter, owner of property at 510 West 144th Street, was arraigned before Magistrate Appleton in the Municipal Court yesterday charged with not furnishing heat. Samuel J. Hass, a tenant, was the complainant. This is the first violation of Section 225 of the amended Sanitary Code to be recorded in court ("COPELAND SEES GRIP" 1918).

Other than these noted acts of disobedience, most people appear to have complied with these precautions and took the situation very seriously.

Why were people so willing to adhere to safety guidelines? Based on the articles, the reason could be the prevailing thought that combatting influenza was a war in and of itself.

Michael Schudson claims that the way a story is told and reported is just as important as the events of the story itself (2007). During the 1918 pandemic, stories about influenza used war-like language and painted the illness as an enemy, thus prompting people, already unified as a country in the war effort, to come together to fight the outbreak. Part of this framing comes from detailing the number of influenza and pneumonia cases in military camps. Out of the 75 articles, 13 of the pieces analyzed for *The Daily Clarion-Ledger* reported on influenza cases in the military camps while 6 out of 75 articles reported on the same thing in *The New York Times*. *The Daily Clarion-Ledger* was also more likely to use this war-like language when reporting on influenza. Most stories documenting people suffering from the flu described the illness as an “attack.” One worker at the State Board of Health was pronounced a shut-in “from the effects of an attack of Spanish influenza” (“Miss Anabel Power” 1918). One socialite, Mrs. F.B. Morrison, was described as “no longer a shut-in, ten days of an attack of the Spanish influenza having occasioned anxiety among all those interested in this popular woman” (“Mrs. F.B. Morrison” 1918). Members of the stenographic force of the Attorney General also were reported as “suffering rather severe attacks of the flu” (“The stenographic force” 1918). When discussing safety guidelines or the pandemic in general, words such as “combatting” were used to depict efforts to address the outbreak. Dr. A.F. Allen, of the Public Health Service, was mentioned as being “in the city, co-operating with Dr. W.S. Leathers, executive officer of the State Board of Health in all work connected with combatting the influenza” (“Dr. A.F. Allen” 1918). Toward the end of October, Dr. W.S. Leathers urged that:

...the people should not relax in their efforts to prevent catching the disease, and should help in every way possible to combat it. There is no stage of the fight where relaxation of effort is permissible [sic], for it means giving the disease another chance. This would mean a fresh outbreak, which is just as bad as a relapse on the part of a patient who had recently recovered, but got out a moment too soon (“FLU DOCTORS PAID” 1918).

Around the same time, Commissioner Copeland “received a letter from Colonel William H. Welsh of Johns Hopkins University, Baltimore, and the Surgeon General's office commending the steps taken here to combat the disease” (“COPELAND SEES GRIP” 1918). Response to the pandemic also was portrayed as a “fight.” One article from *The New York Times* reported that “To show how fortunate this city had been in its fight against the spread of influenza Dr. Copeland gave out yesterday a table showing the death rate during the epidemic in seven cities in which it raged” (“INFLUENZA SHOWS DECLINE” 1918). At the same time, while there were a few pieces dismissing the outbreak, there were hardly any articles in my sample of *The Daily Clarion-Ledger* recounting instances of disobedience with safety guidelines. In *The New York Times*, however, there were a few examples of disobedience among the populace reported, such as the previously mentioned landlords who refused to furnish heat to their tenants. This language and framing of news articles may explain why people were so willing to comply with safety precautions and heed the warnings and advice given by health authorities.

During the COVID-19 pandemic, the United States as a whole did not respond with such a unifying force. In fact, one of the contributing factors influencing the response was linked in part to the upcoming 2020 presidential campaign. The war-like language seen in the Spanish flu articles was present when discussing the COVID-19 pandemic response. In the middle of March:

The Trump administration called on Tuesday for urgent action to speed \$1 trillion into the economy, including sending \$250 billion worth of checks to millions of Americans, as the government prepared its most powerful tools to fight the coronavirus pandemic and an almost certain recession. The Federal Reserve took the rare step of unleashing its emergency lending powers and President Trump called on Congress to quickly approve the sweeping economic stimulus package. Mr. Trump dispatched his Treasury secretary to Capitol Hill to begin hammering it out as large sections of the economy shut down and companies began laying off workers. With markets experiencing levels of volatility not seen since the 2008 financial crisis, the White House vowed to use every weapon at its disposal to combat the crisis (Rappeport et al. 2020).

Both presidential candidates were also likely to use this type of language. When discussing the state of the campaign amid the pandemic, Alexander Burns and Jonathan Martin noted that:

It is not clear how long Mr. Biden and Mr. Sanders might be kept from campaigning altogether. Both men are confronting the likelihood that they will not be able to hold traditional campaign events until well into the spring, at the earliest, and even the possibility that the summer nominating conventions could be endangered by the imperatives of fighting the coronavirus (2020).

Then, the former Vice-President Joe Biden's plans for addressing the pandemic reveal this war-like language:

Joe Biden is promising to shift production of medical equipment and other key pandemic-fighting products 'back to U.S. soil,' creating jobs and bolstering a domestic supply chain he said has been exposed as inadequate and vulnerable by the coronavirus outbreak. The presumptive Democratic presidential nominee's campaign released a plan Tuesday to reinforce stockpiles of a 'range of critical products on which the U.S. is dangerously dependent on foreign suppliers' in places like China and Russia. That includes medical equipment and pharmaceuticals but also energy and grid resilience technologies, semiconductors and key electronics. It marked the Biden campaign's most comprehensive statements yet on how it would better equip the nation to fight the coronavirus and future pandemics and other threats - though the proposal did not specify how much doing so would cost. If elected in November, Biden promises to initiate immediately a 100-day review of 'critical national security risks across America's international supply chain.' The former vice president envisions creating a 'critical supply chains workforce' that would be part of a larger job creation and economic recovery plan his team has spent weeks promising it will soon release (Weissert, 2020).

Importantly, this language was also used to describe conflict between states over medical supplies:

Frustrated governors across the U.S. are duking it out in a worldwide bidding war for face masks and other safety gear that doctors and nurses desperately need to battle COVID-19, which has killed more than 2,000 Americans and infected more than 125,000 others, with no end in sight. . . Illinois Gov. JB Pritzker called the struggle to obtain personal protective equipment, or PPE, a 'Wild West' that's forcing his state to overpay for the gear it's able to secure. New York Gov. Andrew Cuomo said ' we're savaging other states,' as they all fight for fresh equipment (Watkins and Mencarini 2020).

Whereas World War I appeared to have been a unifying factor, the 2020 presidential election was not.

Social media has had an effect on both the reporting during the COVID-19 crisis and the ways citizens learned about and dealt with the virus. In the early 1900s, people received information about local, state, national, or global news through print newspapers or radio. However, with the advent of the internet, social media, and filters for news, people have greater access to a variety of outlets which do not resemble traditional news sources. While this diversity may be considered a good thing, people are also much more exposed to misinformation, which easily spreads across social media platforms. Social media and the easy transmission of misinformation and “fake” news contributed to the division and fracturing of public reception to COVID-19 news, which influenced how people did or did not comply with safety guidelines.

The theme government response was used to examine bureaucracy and how the federal and state governments approached the pandemics. It is important to note that public health authorities at both the federal and state levels are part of the executive branch, since they are appointed by the president on the federal level and the governor on the state level and approved by the United States Senate and the state senate respectively. This is critical to keep in mind, especially when considering the federal and state level responses to these pandemics. As demonstrated throughout this paper, people trusted the Public Health Service and health authorities during the 1918 influenza pandemic. With a few exceptions, people followed safety guidelines, such as "In communities where churches have been closed on account of the prevalence of Spanish influenza, outdoor meetings will be held very generally" (“BILLION MARK PASSED” 1918). People were even willing to make sacrifices in order to follow the safety guidelines and reduce the spread:

Jackson merchants, moving picture houses, hotels and restaurants were hit pretty hard on account of losses sustained by reason of the flu epidemic and the 'Gentlemen's quarantine,' a tacit understanding on the part of the people to do as little traveling,

skirmishing and shopping as possible, in order to assist in fighting the flu (“Jackson merchants” 1918).

People followed these organizations, the Public Health Service, the Mississippi State Board of Health, and the New York Health Commission to name a few, indicating that they saw these bureaucratic structures as legitimate. This aided in the response to the 1918 Influenza Pandemic.

The analysis of the COVID-19 articles, as previously stated throughout this paper, highlights the division among political leaders, and health authorities. In fact, the authority of the federal and state governments was undermined from within. Even political leaders and supporters of President Trump voiced this dissatisfaction with the government’s response. In an article, “Several Trump-friendly commentators — at The Wall Street Journal, Breitbart and elsewhere — have said his responses to the coronavirus and police violence are hurting his chances of re-election” (Leonhardt 2020). The steps the United States has taken have faced significant criticism from various sectors in the country:

Like so many aspects of the U.S. response to the pandemic, the effort has been stymied by a lack of federal coordination and a patchwork of state policies...She noted that New Jersey homes must pay for the tests themselves, while other states have covered the cost. “We got no guidance, no assistance, no support — nothing,” she said. “The biggest lesson, to be honest with you, is that we can only depend on ourselves,” she said. “And I feel sort of sad when I say that, but that’s the reality” (Thomas 2020).

Even former President Barack Obama labeled the response an “absolute chaotic disaster” (Shannon 2020). He noted:

addressing the Trump administration's response to the pandemic, Obama cited concerns about division and tribalism in the country and internationally. That has contributed to an 'anemic and spotty' response to the health crisis, Obama said. While the challenge would be difficult for any government to address, it has been an 'absolute chaotic disaster' in the U.S., he said. Obama blamed a 'mindset of "what's in it for me" and "to heck with everyone else" in President Donald Trump's administration. Social distancing regulations in the U.S. have largely been determined by local authorities rather than the federal government (Shannon 2020).

The lack of a strong, unified message and response appears to have made it difficult for people to decide what to do. To whom should citizens listen? Is the president's authority, and, by extension, the federal and state governments' authority, legitimate if there is so much disagreement and in-fighting? Thus, there was a divided response: those who adhered to leaders who did not acknowledge the severity of the pandemic and the importance of safety guidelines and those who followed the guidance provided.

The government response to COVID-19 led me to initially expect the bureaucracy to be dysfunctional. The conflict between a charismatic leader dismissing the pandemic and a bureaucracy that attempted to take the pandemic seriously, delegitimized the authority of the federal government, which then seeped down to the Mississippi state government. The government, whether it is either fully rational/legal or charismatic, cannot function if its authority is not seen as legitimate.

This is not to say that charismatic rule will always hinder or weaken a bureaucracy. Dr. Anthony Fauci, who was a member of President Trump's White House Coronavirus Task Force, has gained popularity and could be seen as a charismatic leader. In this case, a charismatic leader can benefit a bureaucracy if their goals align. The administration of President Joe Biden provides an example. The Biden administration is distributing COVID-19 vaccines to communities throughout the United States. Dr. Fauci is using his platform and authority to encourage citizens to get vaccinated. In this case, a charismatic leader is assisting the bureaucracy. Problems arise when the charismatic leader contradicts the bureaucracy.

What authority figures said influenced how people perceived the viruses. During the Spanish flu outbreak, the Public Health Service released daily reports about the number of cases in the military camps:

New cases of influenza in army camps showed a slight decline in the twenty-four hours ended at noon today, but pneumonia cases increased over yesterday. Influenza cases reported to the Surgeon General of the army numbered 12,024, pneumonia cases 2,824, and deaths 892. Yesterday's reports showed 12,321 new cases of influenza, 2,797 new cases of pneumonia, and 889 deaths. The total number of influenza cases at camps since the beginning of the epidemic has reached 223,000; pneumonia cases 27,907, and deaths 8,335 ("NO SIGN OF ABATEMENT" 1918).

Health experts repeatedly urged people to adhere to safety guidelines:

Dr. Leathers quoted a well-known physician yesterday saying that there is also danger in going to work too soon, as the patient is a carrier of the disease, and in this way it can be given to others. Recurring to the question of reopening the schools, etc., Dr. Leathers said it is the better part of wisdom, and more profitable for Mississippi, to avoid opening a day too soon. He enjoins everyone to be patient and help to wipe out the disease out of the state ("NO DECISION" 1918).

Even citizens, such as Mr. R.E. Kennington, said that

...it would be criminal to open a day too soon; that much has been gained by closing the moving pictures, forbidding the opening of the State Fair, and closing the schools, churches and preventing public meetings. He said he has seen the wisdom of this closing order and he feels that it has worked to the advantage of the city in not having the Fair, and to himself, both as a merchant and as proprietor of the moving pictures, for he did not believe the people would have attended the Fair and the pictures, and all would have lost money in trying to keep them going. "The greatest loss of all," he said "would have been in a wider spread of the disease, more cases, and a greater number of deaths, for all of which there is no compensation. Better, far better, to keep closed a week too long, than to open one minute to soon." ("R.E. KENNINGTON" 1918).

The public's perception of the virus was informed by the words of authority figures. Because these officials portrayed the virus as rightly dangerous and urged people to follow safety guidelines, people were prompted to be obedient to authority.

In contrast, conflicting attitudes and ideas about COVID-19 made it difficult for some people to acknowledge the severity of the pandemic. Early on, the coronavirus was dismissed by President Trump. The president said he did this in order to prevent public panic: "Trump repeatedly cited the flu's comparatively much higher cost in lives in playing down the severity of

this pandemic. Trump had eyed a 'reopening' of the U.S. economy by Easter, April 12” (Miller 2020). However, this kind of approach pushed people to not take the virus seriously:

One would-be customer at the closed store, Terry Murphy, said he thought the response to the outbreak has gone beyond the reality of the risk. “I honestly think this is being exaggerated,” said Mr. Murphy, 65, who was dropping off his daughter for her job at the Seattle Art Museum, just opposite the Starbucks, before starting his own job as a driver for Lyft, the ride share company. “I went to another Starbucks yesterday and I have a cup that I bring in, and they made the thing, and then made me take their cup and pour it into mine,” he said. “I said, ‘What?’ But apparently that’s the policy now” (Johnson 2020).

Moreover, a blame game ensued between the United States and China which further muddled the discussion. China

[pushed] back against President Donald Trump and some of his officials, who've flirted in recent days with an outlier theory that the coronavirus was set loose by a Chinese lab that let it escape. The Chinese Foreign Ministry spokesperson on Friday accused the U.S. administration of attempting to shift the focus from its own missteps in dealing with the pandemic by talking up a theory that it was started by a pathogen from a laboratory in Wuhan, the city where the global outbreak began. But that spokesperson, Zhao Lijian, has demonstrated that China, too, is not above sowing confusion in the face of the pandemic. He tweeted in March the falsehood that the virus might have come from the U.S. Army (Woodward 2020).

This aroused various conspiracy theories, overshadowing what scientists were actually theorizing about the origins of the novel coronavirus, “the leading theory [among scientists being] that infection among humans began at an animal market in Wuhan, probably from an animal that got the virus from a bat” (Woodward 2020). The lack of unified thought and reaction to the virus stymied the developing perception of the virus as a threat, thus causing the response to the pandemic on many fronts to be disorganized and chaotic.

The social construction of the environment, and, especially, the effects of poverty, were revealed as pertinent to this analysis. People were devastated by Spanish flu, even families that were well off were ruined due to the outbreak:

The father and mother were industrious and thrifty, provided fairly well for their large family, and even put a little money aside. The birth of another child and the sickness of the whole family during the influenza epidemic swept this away, and the father, who was the last to have the disease, died of it (“NEW YORK’S 100 NEEDIEST” 1918).

Some people, due to their socioeconomic circumstances, had to work, only to get the flu and die from it:

Timothy McG. idolized Bridget and Mary, his two little daughters. When they got influenza he worked night and day to get extra money for special care and food for them. By the time they had pulled through, he was tired out and ill. Three days later he died of the same disease. 'He sacrificed his life for his children,' the doctor told the charity worker who visited the family (“NEW YORK’S 100 NEEDIEST” 1918).

Class disparities were also revealed during the COVID-19 pandemic. One newspaper report described how unprepared jails in Mississippi were to handle the crisis:

Mississippi jails are not prepared to handle a coronavirus outbreak, and judges should consider releasing people who are waiting for trial on nonviolent crimes but cannot afford to post bail, a human rights attorney said...Johnson said jails could become more dangerous as the new virus spreads. 'Mississippi sheriffs will be the first to tell you that they don't have the expertise or the resources to deal with a pandemic like COVID-19' Johnson said Wednesday (Pettus 2020).

People who were unable to post bail would be more likely to sit in jail. This increased their chances of contracting the virus: "'We know the vast majority are there because they can't pay bail,' Johnson said. People who can afford to post bail are released from jail while waiting for a grand jury to consider whether to indict them on criminal charges. Johnson said: 'Poor people sit in jail.'"(Pettus 2020). Pandemic response, in some cases even exasperated these issues:

But late last month, Ms. Davis said her employer, Apex Rehabilitation & Healthcare on Long Island, sent her home after she refused to provide her insurance card before getting tested. She said the nursing home wanted to bill her health insurer rather than paying for the test itself, even though Ms. Davis’s insurer has declined to cover the tests. “This is a bill I do not want to get stuck with,” said Ms. Davis, who works as a dietary aide at Apex, where, according to state data, 33 people died or were believed to have died from the virus. She feared that the lab company could hold her responsible for paying the bill once her insurance claim was denied. “I don’t have money lying around” (Thomas 2020).

According to UKEssays, “Poverty is a major environmental issue which despite being socially constructed affects the rest of the environmental spheres” (2017:11). The environment and the nature of the pandemic resulted in consequences that altered people’s lives, and often made survival harder and even resulted in death.

When considering the theoretical triad used for this study and the various responses of the federal and state governments, this study emphasizes the necessity of an organization and agency that is specifically designed to address pandemics. Bureaucracy is “the most formally rational way of exercising rule”, and, as shown in the COVID-19 analysis, charismatic rule disrupted and hindered pandemic response (Weber 2019: 350). What authorities said about a virus or outbreak and the unification of this response can shape how the public defines and conceptualizes the illness. The way the media reports these stories also affects how people perceive the virus and how they will react to authorities and the orders given to them by that them. Therefore, the United States should create an agency that operates at the federal, state, and regional levels to take charge of pandemic response. That agency’s responsibility would be to create a plan that can maximize saving lives. This organization would have a main office on the federal level that would distribute scientific information about pandemic response. In a way, this federal office would act similarly to how the Public Health Service did during the 1918 pandemic and provide resources and guidance to the state and regional offices. It is on the state and regional levels where most of the on the ground work would be done during an epidemic or pandemic. The state level offices would work with the state departments of health and the governor and advise them on issuing safety guidelines and lockdowns. It is important to note that what works in one region will not always translate or work well in another place. For example, what works in Jackson, Mississippi, and other urban areas will not necessarily be effective in more rural areas like Shaw,

Mississippi, and vice versa. Therefore, states would send information about microenvironments to the regional offices so that safety guidelines might be adjusted to protect specific communities. Solutions could be crafted based on microenvironments in the regions. On the regional level, officials would work directly with communities, educating people about the epidemic or pandemic and tailoring pandemic response to fit those community needs. During non-pandemic periods, the agency would develop plans and procedures to properly address an epidemic or pandemic, and the state and regional offices would devise ways to apply those guidelines and establish resilient structures that fit specific communities and microenvironments. These offices would work in tandem with communities that can identify the problems they face and report them to the regional offices. By building relationships with communities during non-pandemic times, citizens would be more willing to follow safety guidelines from this entity since the information is coming from a source they trust, which was an issue people faced during the COVID-19 crisis. Through this agency, a unified response across the country to the crisis would be created.

This entity should be backed by Congressional legislation that specifies its funding and how that money will be spent, and this agency should report to the General Accountability Office in Washington D.C. The legislation concerning this entity should include guidelines and protections that are put in place to guard it from political manipulation and partisanship. That way, the funding and operations of this organization will be protected regardless of which political party is in power. But if this organization exists, then what would be the point of the Centers for Disease Control and Prevention (CDC)? Ideally, the offices on the federal level would work directly with the CDC to receive scientific information about the nature of the outbreak and guidelines that should be put in place to combat it. If the proposed entity existed to

address epidemics and pandemics, it would benefit greatly from scientific insight and guidance from the CDC. It would alleviate pressure from the CDC so that, while this agency tackles pandemic response, the CDC can focus on examining the outbreak and providing research that could aid in identifying what the virus is and contributing to the creation of a vaccine. One of the problems with the COVID-19 response was how experts were discredited and the CDC by politicians, especially when health officials sought to emphasize the danger of the coronavirus, which drew the ire of many conservative leaders. This new agency would become the face of pandemic response. With safeguards built into the legislation constituting its creation, the agency would also be somewhat protected from politics and manipulation.

VI. CONCLUSION

A year after the United States shut down in the wake of rising cases across the country, roughly 563,000 people have died as a result of COVID-19. In the ten months constituting the first wave of the 1918 influenza pandemic – consisting of the last third of 1918 and the first half of 1919 – about 549,000 people in the United States died due to flu and pneumonia complications (Crosby 2003). Why did the United States, despite not having a world war to contend with, being so much more technologically advanced, and having three vaccines developed in little over a year, suffer so many more deaths during the COVID-19 crisis than during the first, and worst, wave of the 1918 pandemic? As this study demonstrates, the excessive number of deaths the country has experienced from COVID-19 is the culmination of a charismatic leader conflicting with the bureaucracy and undermining the legitimacy of federal and state governmental agencies. The subsequent confusion over whether or not to follow safety guidelines. The divisive political state of the country also made it difficult for citizens to come together to stand in solidarity against the virus, thus resulting in the politicizing of a public health crisis. Consequently, the response to the virus was much more difficult. The country was already divided politically and COVID-19, rather than bringing people together, was used to further separate people, contrasting with the unity seen in the response to the 1918 influenza pandemic.

The federal and state level responses to these pandemics were far from perfect. Why did the United States suffer from such heavy losses of life during both of these pandemics?

The responses to the pandemic were insufficient for a number of reasons. While the war did aid in unifying the American people, thus making people more inclined to follow safety guidelines, the only direction from the federal government came in the form of the Public Health Service, which only offered support and guidance for how states and cities should approach the crisis. In 2020, charismatic rule and the resulting divisions caused by these leaders interfered with bureaucracy at both the federal and state levels; the divisions and political in-fighting resulting from charismatic authority made it difficult for the country and the state of Mississippi to respond in an effective and timely manner. An agency designed to address pandemics and epidemics would make this process much more streamlined.

Future Research

There are several directions for future research following this study. Due to limitations to science and technology at the time, scientists, not knowing what viruses were and possessing no means to observe them, erroneously believed that Spanish influenza was caused by a bacteria known as Pfeiffer's bacillus. Therefore, it would be beneficial to examine U.S. response to future influenza pandemics, such as the 1957-58 Asian flu pandemic, the 1968 influenza pandemic, and even the 2009 swine flu pandemic to see what the United States governments and Mississippi state government response in the age of virology. Future studies should also compare the United States response to the 1918 influenza and 2020 COVID-19 pandemics to government response of other countries. Exploring an international perspective to pandemic and epidemic response could reveal new strategies for the government to effectively respond to future outbreaks and preserve lives.

Ethical Concerns and Limitations

Over the course of this study, I was faced with several challenges and limitations that forced me to change the overall design of the project. Originally, I intended to visit the state archives of Mississippi, Alabama, and Louisiana as well as the national archives to examine government documents related to the 1918 Influenza pandemic and the COVID-19 crisis. However, due to a lack of funding and time and the dangerous and rapidly changing conditions of COVID-19, visiting the archives no longer seemed like a viable option for me. Since I was no longer able to visit the archives, I decided to drop Louisiana and examine newspapers instead of government documents. This change revealed several more challenges, though. I underestimated the 24-hour news cycle and, due to a lack of time, I had to drop *The Washington Post* and the *Montgomery Advertiser*, thus limiting the national perspective to *The New York Times* and eliminating the Alabama analysis from the project. Another issue that arose early on was the fact that even though *The New York Times* online archives contained articles from 1918, *The Clarion-Ledger's* online archives did not. Because I could only access *The Daily Clarion-Ledger* on microfilm, my search was not as thorough as the other newspapers, increasing the likelihood that I missed articles.

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Appendix

Investigation of the 1918 Influenza Pandemic and the COVID-19 Crisis
Policy Brief (May 2021)
Stephanie Poiroux

The United States' pandemic response to COVID-19 has often been described as chaotic and unorganized, especially in the early months of the crisis. Contrasting the 1918 Influenza Pandemic and the COVID-19 crisis and exploring the role of bureaucracy in federal and state level response, I examined systematically 300 newspaper articles from *The New York Times*, *The Clarion-Ledger*, and *The Daily Clarion-Ledger*.

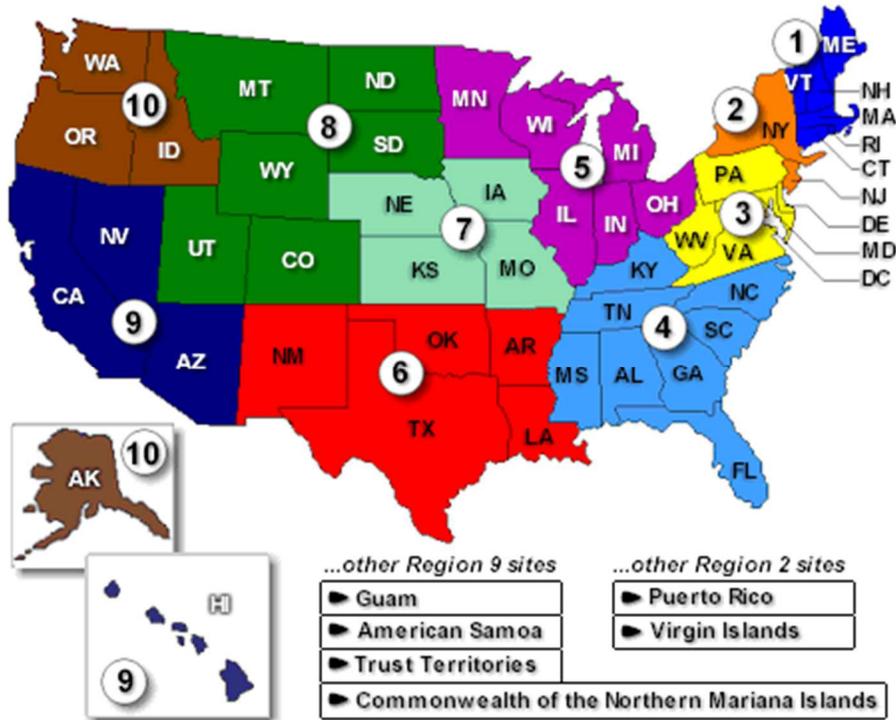
Finding 1: Governmental response to the 1918 Influenza Pandemic was swift and decisive, especially on the state level.

Finding 2: The federal and state governments tried to act quickly to COVID-19, but political infighting hindered bureaucracy and interfered with proper procedures designed to combat the outbreak.

In spite of World War I, the United States responded very quickly to Spanish flu. The Public Health Service published daily reports on the number of influenza and pneumonia cases and deaths in the military camps and provided educational materials to states and cities on combatting the outbreak. The Mississippi State Board of Health was active in the pandemic response by shutting down the state before the virus peaked and urging citizens to follow safety guidelines. The federal and state level response to COVID-19 was hindered by political infighting that stymied the bureaucracy and a proper pandemic response. Steps taken by the federal government were confusing and contradictory, while actions on the Mississippi state level were delayed and fraught with political tensions that made the application of safety precautions and solutions difficult.

Based on the results of my analysis, the United States requires an agency that operates on the federal, state, and regional levels and leads pandemic response. This agency should be backed by Congressional legislation that constitutes its creation, details funding and how that money will be spent, and includes guidelines and protections to guard the agency from political manipulation. On the federal and regional levels, this agency would operate alongside the Centers for Disease Control and Prevention (CDC) and receive scientific information and guidance on suggested safety precautions. Information and guidance would then pass down to the regional offices, which would work directly with communities to educate citizens about the pandemic and the necessary steps to combat the outbreak. This scientific information would then be passed down to the state levels, which would coordinate with the governor and the state departments of health. States would also send information about microenvironments and communities to the regional offices. Solutions could be crafted based on microenvironments in the regions. Thus, regional offices would also be responsible for tailoring safety guidelines to fit their specific areas since what works in one region will not always work well in another. For example, safety guidelines for urban areas might not translate to rural areas, and vice versa. States would report to their regional offices while regions would report to the federal office

about their situation and needs. Through this agency, a unified response across the country to the crisis would be created.



Source: “Regional Office Map.” 16 April 2020. From *Agency for Toxic Substances and Disease Registry*. Retrieved 4 May 2021 (https://www.atsdr.cdc.gov/dro/dro_org.html).

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PUBLICATIONS

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