THE AMERICAN RED CROSS: A COMPARATIVE ANALYSIS OF THE NGO'S 1918 INFLUENZA AND 2020 COVID-19 PANDEMIC RESPONSE

by

Abigale Cordero

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Franziska Boehme Newell

ABSTRACT

This paper discusses the nongovernmental organization (NGO) known as the American Red Cross (ARC) and its efforts to contend with the 1918 Influenza pandemic and the 2020 Covid-19 pandemic in the United States. The attention of this paper centers around how the two responses by a single NGO compare when looking at two instances almost a century apart. This is accomplished by comparatively analyzing factors in the ARC's response including volunteers, vaccination, informational resources, and scale. In this paper, I argue that the types of resources and means used in each pandemic are similar but are more different than alike in the specifics because resources have been adapted to better fit the times. Having an inclusive understanding of how an NGO like the American Red Cross responds in the face of a global crisis during two different time periods helps to better understand how to prepare for the next time around. Furthermore, holding an organization accountable for its actions by laying out its practices over time and being able to see progression and change allows the public to ensure their trust is not misplaced and we can truly rely on actors in the third sector to fulfill their duties. History has shown that the work of the American Red Cross stands the test of time and continues to be the point of familiarity in times of distress.

Key Terms- American Red Cross (ARC); Nongovernmental Organization (NGO); 1918 Influenza Pandemic; 2020 Covid-19 Pandemic

I. INTRODUCTION

This paper looks to show how we as a nation respond in the face of crisis when lives are on the line and action needs to be taken. The nature of the most recent pandemic has presented a space for examination of the role organizations play in the greater scheme of public responses to worldwide disasters. More specifically, this paper discusses the nongovernmental organization (NGO) known as the American Red Cross (ARC) and its efforts to contend with the 1918 Influenza pandemic and the 2020 Covid-19 pandemic in the United States. Two primary factors of their response will be considered so that a proportional understanding of the situation is possible. Those factors include the form and scale of the ARC's proceedings during both the 1918 and 2020 pandemics. With that, the main question for consideration is: What were the ways in which the Red Cross responded to the 1918 Influenza pandemic and the 2020 Covid-19 pandemic? Having a comprehensive understanding of how an NGO like the American Red Cross responds in the face of a global crisis during two different time periods helps us to better understand how to prepare for the next time around. Furthermore, holding an organization accountable for their actions by laying out its practices over time and being able to see progression and change, allows the public to ensure their trust in not misplaced and we can truly rely on actors in the third sector to fulfill their duties.

In this paper I argue that the American Red Cross used its unique status as an NGO to carry out three well-defined roles in each pandemic: 1) manage volunteers of all kinds to carry out the ARC's mission of delivering premier assistance to those in need, 2) perpetuate vaccine education and distribution and promote non-pharmaceutical remedies when vaccines were unavailable, and 3) disseminate educational resources to better inform the public on issues pertaining to the pandemics. These three forms of response offer a unique lens through which an acceptable comparison of the varied pandemics is appropriate. The scale of the ARC's response is seen to have dramatically increased due to more areas of need and more access to volunteers. Furthermore, new and different resources available to the American Red Cross in 2020 allowed them to alter their approach in providing assistance so that their presence is more effective. It can be seen that the American Red Cross has maintained some of the same practices across pandemics while making alterations that are better informed by the times. The types of resources and means used in each pandemic are similar but are more different than alike in the specifics because resources have been modernized.

Discussing not only the characteristics of two of the deadliest worldwide pandemics but also how they were dealt with by a nongovernmental organization allows for reflection on what could have been done better, and thus how we can better be prepared for the next pandemic. As the saying goes those who ignore history are doomed to repeat it, but if we create a good understanding of past and current circumstances then maybe next time, we will not suffer the consequences of our past encounters. Furthermore, the reasoning for this particular topic being addressed now is because the most effective time for reflection is during the back end of a crisis, before the dust has settled, and the experiences are still fresh in everyone's mind and before the burden of time takes over and we assess the next crisis. Now that it is clear what will be analyzed in this paper it should also be noted who will be analyzed.

Motive for Choosing the American Red Cross

The American Red Cross is a premier nongovernmental organization that continually seeks to offer help and assistance, to those both at home and abroad, in allowing for healing and restoration during and after disasters. In their federal charter, which details their systematic organization as an entity, the ARC is noted as a "single national corporation organized to help fulfill United States treaty obligations under the Geneva Conventions" (American Red Cross, 2011, P.2). With that, it was initially principled to practice neutrality through volunteer assistance during wartime but ultimately transitioned to be of service during all variations of national crisis (Jones, 2010, P.93). Since the late 19^{th} and early 20^{th} century, the American Red Cross has been active in proliferating humanitarian principles from such a unique position in the social structure that they have managed to preserve to this day. And because of their status as an NGO the American Red Cross is required to provide several forms of documentation "to ensure that the organization is in conformance with tax exemption law, and especially to demonstrate that its activities are primarily for educational, charitable, religious, or scientific purposes and for public, rather than private, benefit," which allows for many resources for evaluation and analysis (Ebrahim, 2003, P.816). Additionally, these documents that provide direct information about the happenings of the ARC help to concentrate the understanding of this paper so that it better explicates what resources were used and when.

The primary reason for focusing on the American Red Cross and their efforts, as opposed to other "CSOs (civil society organizations), NPOs (nonprofit organizations), NGOs (nongovernmental organizations) [or], INGOS (international nongovernmental organizations)," is it being one of the few NGOs that helped during both the 1918 Influenza pandemic and the 2020 Covid-19 pandemic (Kallman, 2016, P.1). And because of its longevity as an organization, the Red Cross is in the rare position of having been present during two of the most monumental public health crises of the last century. They are the ideal case study to examine how the same organization can handle two different situations in the same vein of public assistance. With that, an assumption must be made about the purpose of this paper, which is that it serves as a learning tool to better educate the public about the workings and practices of a nongovernmental organization during two global pandemics. But before diving into the ARC's efforts specifically, it is important to first get an understanding of the circumstances and conditions during both pandemics and how public health changed over the century between each.

II. BACKGROUND

1918 Spanish Flu Pandemic

With the onslaught of calamities starting in the early 20th century, an increase in health concerns was on the rise and none more notable than what came to be known commonly as the Spanish Flu. The disease, which derived from the "strain of the H1N1 influenza virus," overwhelmed the world in a matter of months (Flecknoe, 2018, P.62). The virus's extremely contagious nature contributed to the rapid and widespread infection of the world that turned deadly in the latter half of 1918 and early 1919 (Spinney, 2017). With that, as well as World War One and increased travel, a disease already rampant spread even further.

Though the initial origination of the pandemic is unknown to experts, it is clear that the soldiers fighting in World War One contributed to a lot of local spreading that eventually reached the civilians in the United States (Flecknoe, 2018, P.62). But, despite the fact that the onset was unspecified, it is quite known what symptoms and ailments those soldiers and civilians were enduring during that time. The reports show that individuals who were infected experienced “coughing, terrible pains in the limbs and back, respiratory failure and uncontrollable fevers,” with those irritable symptoms possibly leading to the more extreme “hypoxia and death” (Flecknoe, 2018, P.62). However, these ailments did not affect everyone all at once, nor did the severity of the symptoms always show their full power. Instead, the Spanish Flu came in waves.

The virus’ presence was characterized by three waves, the first mild, the second extremely deadly, and the third more moderate than the previous wave but still deadly. The first wave can be categorized as “mild,” in that, the few that did die were of the expected vulnerable population, being of either old or very young age (Breitnauer, 2019, P.17). The second wave, however, attacked the most advantageous parts of the population, those young and relatively healthy, attacking their immune systems and defeating them without delay (Breitnauer, 2019, P.20). The third wave again attacked the people who were relatively healthy and said to be “in the prime” of their lives unbeknownst to the virus. The more deadly waves of the pandemic of course could have been of less impact had people followed public health advice and precautions.

The remedies and treatments for Influenza reflected the less advanced medicine of the time. Obviously, this observation is being seen through the lens of an individual in 2021, a period of progressive viral medicine where a vaccine can be developed, approved, and distributed in less than a year. In 1918 however, the medical authorities took a more non-pharmaceutical approach advising the public to prioritize personal hygiene, reduce large public gatherings, initiate quarantines, and promote the usage of face masks (Haynes, 2020). These actions were all recommended in the interest of preventative care, and not in an effort to treat the virus, because once someone contracted the disease all medical professionals could do was treat the symptoms since there was no real cure available.

Thus, this global event was one of the worst public health humanitarian disasters ever seen, the impact of which carries on nearly a century later. Ultimately, the Spanish Flu took anywhere from “2.5% to 5%” or “50 to 100 million” individuals from the global population (Spinney, 2017). The varying figures related to the pandemic’s impact exist because of issues like “nonregistration, missing records, misdiagnosis, nonmedical certification, and [variation] between” areas (Johnson, 2002, P.108). Of course, these numbers do not account for the emotional taxation that was taken from each of those individual’s families and loved ones. The pandemic was more than just an illness and statistics, it was the continued hit after hit of each wave during an already troubling war, the likes of which would not be seen for another hundred years.

2020 Covid-19 pandemic

The notoriety of the before mentioned 1918 pandemic has grown in the last year because of its unmistakable similarity to the happenings of the present day. The virus at the center of the most recent pandemic known formally as “severe acute respiratory syndrome coronavirus 2,” which causes Covid-19, has become by almost all accounts a remake of the 1918 Spanish Flu pandemic (Van Damme, 2020, P.1). This new virus demanded quite the attention because of its ability to spread at remarkable rates and impact different individuals in different manners. Again, because of Covid’s highly contractible nature, international travel played a large part in the initial spread of the disease with this "human-to-human transmission" being well noted (Van Damme, 2020, P.3). The waves of this pandemic were not as nationally defined as the Spanish Flu because different practices to limit transmission, or not, were implemented at different times and in different forms by each state and even city.

Despite there not being a clear pattern of the national case waves, many practices were promoted widely to decrease surges and increases in the national coronavirus case rate. These recommendations made by healthcare professionals included, "[practicing] good personal hygiene, [covering] your cough and sneeze, [avoiding] crowded spaces, [wearing] masks when possible, and [staying] home if you [were] sick" (Ewing, 2020, P.20). If these behaviors sound very familiar to the non-pharmaceutical methods of 1918 it is because they are essentially the same practices promoted then, but in this instance, these were not the only options available. In fact, this time around a vaccine was also readily available within a year of the outbreak of the pandemic as a preventative care option that had not been available during the Influenza pandemic.

In spite of its clear threat to society, some during the Covid-19 pandemic managed to actively ignore or hostilely refute the methods intended to decrease the national impact of the virus. In the United States, just five months into the pandemic, some states allowed for loosened social distancing measures which would later be linked to rising cases and a growing national death rate (Ewing, 2020, P.18). The same lapse in vigilance was seen a year later when some of those same states allowed for reversals in mask mandates which caused yet another resurgence. The sheer variety of the different state-wide approaches, whether effective or not, makes it hard to explicate just how Americans as a whole experienced the pandemic. But overall, the Coronavirus has killed nearly 5 million individuals worldwide and almost 780,000 in the United States, as of December 2021 (World Health Organization, 2021).

Nevertheless, like in the times of the Spanish Flu, the effects of the Covid-19 pandemic cannot be reduced to only numbers especially not when those numbers are attached to human lives. However, a note can be made of the mental and physical toll the pandemic took on Americans who were already suffering through racial, climate, and political crises in the same year. To put the year 2020 into perspective, in March the Covid-19 pandemic locked down the United States, in June Black Lives Matter protests took over the country, in November there was a highly politicized and controversial election, and all the while climate change raged on causing natural disaster after natural disaster. Lest to say 2020 was an eventful year even without mentioning the global pandemic which is still developing during the time of this writing.

General Changes in Public Health from 1918 to 2020

In the time between the initial pandemic of 1918 and the subsequent one of 2020, various medical advances and changes to public health occurred. Such changes can be seen in factors like the varied role of medical professionals, the active reporting of diseases, and the speed with which vaccines were being produced. Though it should be noted that the decades of changes in medicine and the workings of the ARC between 1918 and 2020 complicate the overall comparison of the responses simply because they are made up of such different resources. Nevertheless, the similarities and differences are close enough that it is almost reckless to not mention how things varied over the decades and how they changed the responses to the pandemics.

With regard to the medical professionals in the day of the Spanish Flu, it was quite common for many doctors to be unavailable to the common person because so many "either worked for themselves or were funded by charities or religious institutions" (Spinney, 2017). Thus, many who were hit hardest by the virus were unable to seek medical help to treat the symptoms of the disease because they were not readily available to everyone. In 2020 however, the system to care for those suffering from not only the current disease but any ailment has been well established, and it is now well-known that healthcare is not just a one-person job but rather a system and network of people working together to improve the public's well-being. Further to that point, the status of individuals who take on medical roles has shifted from one of self-employment to one of collective health support that requires years of schooling. The differing contexts of medical professionals show just how the ARC would need to lend a medical hand in 1918 to compensate for the less than desirable number of professionals, but not so much in 2020 because the system had already been addressed and replaced with a more competent network.

Another change that was seen, even shortly after the 1918 pandemic, was the shift in accurate disease reporting. A massive failure for public health in 1918 was the lack of necessary reporting for a disease like the flu, which became an issue down the line when no one knew the true impact statistics of the Influenza pandemic. Doctors at the time were not required to report cases of the Spanish Flu to the proper authorities, "which in turn meant that those authorities failed to see the pandemic coming" (Spinney, 2017). This meant that vital data, which traced infection rates and mortality rates, was speculative during the 1918 pandemic, and without precise information it is hard to plan for similar circumstances such as a future pandemic. Thus, when curating a response in 2020, and trying to understand the current pandemic in relation to its most similar counterpart, the 1918 Influenza pandemic, actions being made are under the influence of inconsistent data.

In an effort to avoid the same mistakes at the start of the next pandemic, statistics and precise data having to do with the 2020 Covid-19 pandemic were collected with the intention of using the 21st century's vastly interconnected, but sometimes under communicated, society. Using that advanced model of thinking, the contemporary type of data reporting that was utilized this time around was "mobility data," which helped to estimate the movement of the virus via tracking individual's technological movements (Basit, 2021, P.17). However, while the 1918 pandemic had the problem of under-reporting, the 2020 pandemic had the problem of over-reporting due to countless forms and amounts of data. For example, duplicate coronavirus testing data often led to a backlog and thus a delayed understanding of the current case numbers (Arvisais-Anhalt, 2021). All of which to say the modern methods of data collection have flaws of their own, but any step forward is still a progression that hopefully makes the next response less of a mess.

When it came to vaccine production, the main advancement from 1918 to now was the speed with which vaccines were produced and available for distribution. In December of 2020 "the Food and Drug Administration (FDA) granted emergency use authorization for a COVID-19 vaccine created by Pfizer-BioNTech," only 9 months after the CDC announced that we were in a global pandemic (Solis-Moreira, 2020). The fastest vaccine to be developed before this was "the mumps vaccine" that on the whole "took 4 years to develop," which is four times longer than the Covid-19 vaccine (Solis-Moreira, 2020). This was done thanks to a collaboration of scientists worldwide who were able to "fast-track research and clinical trials" so that a vaccine could be more rapidly available to the public

(Solis-Moreira, 2020). However, this was not the case in 1918.

Doctors of the early 20th century were concocting “batches of ‘vaccines’ mostly by using inactive microorganisms,” after which they would dispense “them to other doctors to inject in their patients or to be tried in asylums and orphanages” (Wright, 2020). Lest to say they had the right idea, but the execution was much more experimental and had nowhere near the right resources to carry out this process on a worldwide scale in less than a year. Since the technology could not meet the times, a vaccine was not available as a tool to combat the Influenza virus and reduce the impact of the pandemic in 1918 which goes to show just how far we have progressed in public health over the last century. Ultimately, a vaccine for Influenza was not fully developed for public use until 1946, almost 30 years after the start of the Influenza pandemic (Wright, 2020).

The Extent to Which the Influenza and Covid-19 Pandemics are Comparable

The two pandemics offer many points of comparison through which an understanding of the circumstances and connections becomes possible. Although it may be obvious it is necessary to state both the Influenza and Covid-19 outbreaks were pandemics, each in their own right, but nevertheless pandemics. Both cases exhibited the basic pandemic qualities, proceeding from a radical amount of illness, to “worldwide spread,” then adjustments in standards of living, and eventually to the spreading of “information and experiences” (Akin, 2020, P.515). Essentially, in the same way, you are able to compare one hurricane to another, we are able to compare one pandemic to another because both disasters are made up of the same elements. The biological differences between influenza and coronavirus are clear but the circumstances for dealing with them bear unmistakable similarities. All of these elements feed into the comparability of both pandemics, therefore we are then able to take a closer look at how the methods of response correspond.

Since the overall structure of both pandemics is analogous, we are able to also compare the extent to which both were responded to. Understanding what helped to control the situation gives a fuller and more realistic picture of each pandemic through a balanced element like procedures. On this, points of interest include who was able to offer assistance, how non-pharmaceutical practices were perpetuated, what level of educational information was offered, and more general procedures of action. These aspects can be articulated either through chronicled descriptions that suggest different reasonings or statistical explanations that show the scope of conditions, both of which offer great insight into each pandemic. And because both diseases implored many different responses from different governmental and third-sector organizations, a specific examination of the American Red Cross's place in it all offers a more unique perspective.

Despite the Red Cross being the medium of comprehension for this paper, it was important to first understand generally how these two pandemics were compatible so that a translation can then be made for the organization-specific response. And because the before mentioned factors are directly relevant to the American Red Cross it was important to mention them first in a general context, then show how they come into play within a specific institution. Though the two pandemics of 1918 and 2020 are separated by a century of change, the properties exhibited through form and scale offer a place for practical comparison by which we can see the evolution of the American Red Cross.

Size of the Pandemics

When looking at the reach of a global pandemic it is no doubt that the figures associated would be substantial, but to visualize the number of individuals that were affected in not only one pandemic but two is unfathomable. In the span of a year the virus that causes Influenza was able to globally kill an estimated 50 million individuals, 675,000 of which were just in the United States (Centers for Disease Control and Prevention, 2019). The infection rate of the Influenza virus was of course much higher with a reported: “500 million people or one-third of the world’s population” (Centers for Disease Control and Prevention, 2019). In comparison to the numbers of 1918, the Covid-19 pandemic caused a death toll in the United States upwards of 780,000, as of December 2021, and an infected rate growing from 48 million (Centers for Disease Control and Prevention, 2021). Of course, those figures are not directly comparable across centuries because of the drastic increase in population over time so to better contextualize the differing magnitudes a closer look is needed.

Contextually, it is not without difficulty to compare the figures of two different pandemics, especially when the numbers of both are not completely accurate or forthcoming. For example, the numbers widely associated with the 1918 pandemic were grossly underreported and inconsistent, so a range of millions is plausible (Johnson, 2002, P.107). And the problem presented in examining the figures of the 2020 pandemic has to do with the pandemic being ongoing at the time of this writing, so the numbers are not set in stone. Nevertheless, when examining the percentage of a population affected by anything it is important to consider not only the general population size but also its relation to the crisis at hand, which in this case would be the two pandemics.

The statistics from both pandemics are respectively incomplete but nevertheless create a good understanding of the comparative size being dealt with. In 1918, the total United States population amounted to a little over 105 million, with 0.64% of the population dying as a result of Influenza (Ewing, 2021). The highly contested figures of the 1918 pandemic of course cause that overall percentage to vary so an assumption of a higher impact value should be made. In comparison, the United States population in 2020 reached over 330 million with the coronavirus killing 0.15% of that population (Ewing, 2021). Note needs to be made about the current state of the Covid-19 pandemic, and its continued progression which shows no sign of subsiding soon thus the numbers are not all-encompassing. Nevertheless, the numbers that illustrate each pandemic show just how variable the affected population was and is, thus the response scale provided by the ARC carries the same variability.

The Function of Non-Governmental Organizations

NGOs or non-governmental organizations play a big role in the humanitarian success of a country, and thus an NGO's ability to operate and accomplish goals factors into the success of crisis responses such as during a pandemic. This revolutionary force that is being recognized for its part in "creating values worldwide, through its work in service delivery, advocacy, cultural programs, and social movement" is known in some respects as the "the third sector" (Kallman, 2016, P.1). From a theoretical perspective this third sector of national policy defines the status of an organization so that its development is seen in relation to a governmental entity. And the third sector in the United Sates has the unique distinction of "having developed parallel to a democratic central state" thus possessing some qualities of “democratic value” (Kallman, 2016, P.68). This perspective then allows for a clear plane on which to compare two national responses.

There is a kind of separation that makes NGOs so special in their abilities, one that allows them to perform the necessary aid they seek to provide without the threat of political repercussions or influences. As such, the political expectations of the Red Cross fall in line with other similar NGOs, like Doctors without Borders and Oxfam International, because their “neutral” place to fulfill acts of “impartiality [and] universality” operates separately to the highly political world outside (Dromi, 2020, P.2). Likewise, it is noted in the *Handbook of Bioterrorism and Disaster Medicine* that “the World Bank recognizes [NGOs] as private entities that ‘pursue activities to relieve suffering, promote the interest of the poor, protect the environment, provide basic social services, or undertake community development’” (Antosia, 2006, P.29). The freedom this type of environment allows is vital to the open and wide-ranging operating procedures of the American Red Cross and thus its ability to provide for a wide range of crises.

The autonomy of operations afforded to humanitarian NGOs reflects how much this type of work is valued and how an NGO’s “moral justifications” rise above pressures from those in power (Dromi, 2020, P.4). Furthermore, half of the founding principles of the Red Cross address the need for and importance of factors like “impartiality, neutrality, and independence” to carry out the other half of the principles like “humanity, unity, universality, and volunteer service” (*Mission & Values*). Fulfilling those principles and operating successfully during a pandemic requires compliance and willingness, factors that are not easily attained if demanded from a government. In this way, NGOs hold a special place in the public’s trust, thus allowing them to more effectively respond to a pandemic.

III. FUNCTION, METHOD, AND SCALE OF THE ARC RESPONSE

The American Red Cross and Their Role

The American Red Cross stands as "one of more than 180 Red Cross and Red Crescent societies worldwide," with the unique distinction of being one of the largest nongovernmental emergency response humanitarian organizations in the United States (American Red Cross, 2011, P.4). Thus, with the sheer size of their organization, the American Red Cross has the capacity to take on many roles in the face of disaster, and as such their procedures during pandemics can vary. NGOs more generally "are not homogeneous" in their make-up, and thus, "they vary in their structure and resources" when it comes to acting on issues of importance (Marquez, 2015, P.467). The American Red Cross has identified their role as one of concentrated humanitarian aid and communal advocacy on behalf of those who need it. And with its preferred roles, the ARC has been seen to not only administer assistance themselves but also organize and mobilize efforts of volunteers in local and national areas of need. The majority of which are lending a hand out of service and not obligation on behalf of the American Red Cross' volunteer forces.

Fitting the American Red Cross' response, as an NGO, into the context of two global pandemics is also done by taking note of their varied activities that concern the public's wellbeing and success. This is done while promoting some of the core values of NGOs which "are based on ethical principles" that contextualize their presence in society (Fassin, 2009, P.504). This explicates the ARCs essence of identity and existence when acting on behalf of those in need during crises (Marquez, 2015, P.471). With that in mind, the Red Cross possesses the capacity to educate the public about different matters of importance, provide direct relief from the pandemic, and service the recovery process

(American Red Cross, 2011, P.5). And considering the many units of service the ARC has to offer, it is important to focus on those forms that can be directly comparable across time so that a shared understanding is available. Though ultimately, the ARC's dedicated efforts had qualities of similar drive and dedication during both pandemics but of different capacity and responsibility when it came to the specific methodology.

Still, the trust of the public falls into the hands of the ARC during times of crisis and their reliability comes into question especially in their capacity to act as an NGO. And their standing in the eyes of the nation contributes to the comparison between the pandemics because accountability in each time impacts to their overall reliability as an organization. During the 1918 pandemic the public's trust of the ARC coincided with their trust of the ARC's war efforts, which were thought to be carried out by humanitarian angels. The unruly nature of the time contributed to the savior quality of those involved in the American Red Cross efforts and thus the public's support and trust. In today's domain, according to Charity Navigator, an online nonprofit confidence analyzer, the American Red Cross scores an 88.99 out of 100 rating for financial and transparent accountability (*Charity Navigator*). This means they have found the ARC to have "[exceeded] or [meet] industry standards and [performed] as well as or better than most charities in its cause" such that donors to the charity should "give with confidence" (*Charity Navigator*). These instances in both periods of the pandemics offer assurance that the public has and continues to trust the ARC such that it can be looked to as an organization worthy of their service and time.

The Incomparable Presence of Volunteers

The American Red Cross offered many angles of service when it came to assistance during the 1918 Influenza pandemic and the 2020 Covid-19 pandemic, none more reputable than their volunteer endeavors. The ARC's mission, which looks to "[prevent] and [alleviate] human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors," emphasizes volunteer workers and their invaluable contribution to the organization (*Mission & Values*). With that in mind, and because of their unique role as an NGO, they take on the position of facilitator between the government and the people during a pandemic.

Thus, the Red Cross embodies the manpower role during this situation, bringing together volunteers and community efforts on the advice of the brainpower organizations, like the Center for Disease Control and the World Health Organization. Though this role of go-between creates a level of separation between the NGO and the governmental or international entity they share a level of accountability that can be seen in both "an external dimension, in terms of 'an obligation to meet prescribed standards of behavior,' and an internal one motivated by 'felt responsibility' as expressed through individual action and organizational mission" (Ebrahim, 2003, P.814). Hence, they share a cooperative relationship that ideally leads to mutual and public benefit, even though the NGO carries most of the responsibility and the state claims the liability. Thus, "the economic, informational and intellectual resources of NGOs have garnered them enough expertise and influence to assume authority in matters that, traditionally have been solely within the preview of [the] state" (Clark, 1995, P.508).

Creating this network of persons who are engaged and eager to offer assistance stands out as one of the most important pieces of infrastructure the Red Cross has built over its century of existence. Some of the most famous Red Cross volunteers during the 1918 pandemic were those that dawned a white uniform with the easily recognizable red cross symbol on their caps. But many of the famous Red Cross nurses of the early 20th century were categorized as civilian volunteers because the war effort abroad occupied many of the professional nurses the ARC would normally turn to (Jones, 2010, P.95). Thus, those that were called on to be of service in the homeland were of great importance in the effort to mitigate the spread of Influenza and assist those who were already succumbing to the disease's symptoms. These specific volunteer efforts point to a direct response that was offered in 1918 by the ARC that was unique to its time.

Similarly, the American Red Cross volunteer nurses of 2020 were forced to respond in less than desirable circumstances amidst a pandemic and several natural disasters. However, the response in 2020 had a lower demand for nurses provided by the ARC because, as mentioned earlier, a healthcare system that was superior to any private efforts had already been put into place. Thus, the more privatized and hands-on medical care once held so famously by the Red Cross has gone to the wayside. And because the ARC does not deliver direct medical care anymore, the modern Red Cross nurses assist through providing the "comfort and support" their patients need (Lambert, 2021). This means being the supportive middleman between medicine and the patient so that everyone involved gets the best out of the situation, in the same way the Red Cross plays the go-between as an NGO on the national level.

Another unit of the ARC that used their volunteer capacity to execute vital tasks in both pandemics was the Production Corps of the Red Cross, where, as the title suggests, they produced necessary equipment and materials for facilitation. During the years of the Influenza pandemic, the Production Corps was instrumental in "making gauze face coverings" in order to limit the amount of transmission between individuals (*140 years of service*). Over 100 years later, during the Covid-19 pandemic, they took on the exact same task making around "130,000 face coverings" (*140 years of service*). This example shows how despite the shift in time there is still a demand for the same item that is instrumental to viral preventative care, which was provided through the continued dedication of ARC volunteers.

Boston Red Cross making masks in for 1918 Influenza Pandemic (Masks for protection against influenza,1918)

A further element of the Red Cross' volunteer efforts that has persisted across decades is their continued advertising for new volunteers in order to keep up with demand. However, because the ARC is powered by volunteers and runs on the assumption that people will always answer humanity's call, not as much advertising has been needed in more recent years compared to 1918. Of course, the methods of advertisements changed with the times but their message remains the same: volunteers are needed, and you can be one.

NEED RED CROSS WORKERS TO MAKE MORE FLU MASKS

With 20,000 gauze influenza preventive masks made and distributed, the local Red Cross chapter calls for volunteers to help make a new supply. Several hundred women are wanted at once, as the present force is wholly inadequate to cope with the emergency. The Red Cross headquarters is at 315 University st.

1918 Seattle Star Newspaper American Red Cross Advertisement (Need Red Cross Workers to Make More Flu Masks, 1918, P.5).

Back in 1918, the common call to action was advertised in the local newspapers with sections being dedicated to asking people to either donate their money or time. One such ad can be seen in the October 26th issue of the *Seattle Star*, where "several hundred women [were] wanted" in order to keep up with mask demand in the area (Need Red Cross Workers to Make More Flu Masks, 1918, P.5).

Comparatively, an ad that was produced in 2021 comes in the form of a YouTube video that advertises recruitment through the promotion of the ARC's core mission and values (American Red Cross, 2021). This modern style of advertisement still manages to promote the same message that was conveyed over one hundred years earlier, only this time through a different medium. In addition to those volunteer advertising changes, another unit of response that differed between the two pandemics, was that of the American Red Cross' vaccination involvements.

The American Red Cross' Contribution to Vaccination Efforts

When it comes to modern medicine, and its advancements towards an advantageous pandemic response, no prevention method is more effective than a vaccine. The facilitation and distribution of such a highly coveted medical treatment requires the participation of not only governmental entities but also humanitarian organizations with a far reach into communities. As such, the ARC during the Covid-19 pandemic had the ability to not only provide information on why an individual should get vaccinated but also answer common questions the public might have about how that vaccine can impact other practices like blood donation (*Answers to common*). During that time the American Red Cross was also able to, for the public's convenience, make available a location finder so that anyone that wanted one could locate their nearest vaccine provider (*Preparing for disaster during covid-19*).

Not only did the American Red Cross provide general vaccine informational services but also, through local chapters, they were able to provide direct vaccine assistance. Locally, depending on the area, the ARC also had the capacity to aid in "helping to set up vaccination sites, collecting information from people being vaccinated, and [provide] water and snacks" to those in line (Dalton, 2021, P.1). For example, in Park County Colorado, "Red Cross volunteers welcomed people at the parking lot, helped with registration and passed out snacks in the recovery area at a local event where some 500 older adults were given COVID-19 vaccinations" (*Coronavirus Outbreak*, 2021, P.7). In some instances, if the Red Cross volunteer had the proper qualifications, ARC volunteers were even administering the vaccine (Dalton, 2021, P.1). These examples show just how versatile and dedicated the Red Cross was to vaccine efforts during the 2020 Covid-19 pandemic.

Though the story of vaccine distribution during the Covid-19 pandemic paints an inclusive picture of widespread response and humanitarian aid, such was not the case for the 1918 pandemic. Despite its importance in helping to maintain control during virus-related outbreaks, vaccines were absent during the time of the Influenza pandemic, because there were no such flu vaccines to be widely distributed. This predicament added to the deadly nature of the virus because there were only "non-pharmaceutical" means of combating the virus, such as “isolation, quarantine, disinfectants and limiting public gatherings” (Terry, 2020). As such, the American Red Cross could not provide aid to non-existent vaccine efforts and thus found other ways to provide resources and assistance in order to compensate for the lack of vaccine distribution.

Informational Resources Provided by the Red Cross

Misinformation, especially during a global crisis like a pandemic, can be harmful to the public because it can inform people with the wrong data, and constant exposure could leave them susceptible to believe future misinformation (Nelson, 2020, P.510). Such was the case in 2020 with the constant 24-hour media cycles and the continual involvement of social media. This kind of free-flowing communication from un-trustworthy sources gives space for the “propagation of unproven clinical care guidelines and overt misinformation” which eventually leads to “proposed treatment strategies [that were] amplified and distorted according to testimonials rather than scientific rigor” (Love, 2020, P.2435). So, in an effort to prevent such undesirable circumstances the Red Cross looked to provide resources that both educated the public about the current state of affairs and made them aware of practices that looked to reduce the impact of the coronavirus.

One of the most effective ways that the Red Cross spread the word and educated people about the disease that threatened their lives, in a modern way, was through infographics, media campaigns, and Public Service Announcements. The American Red Cross offers many different website pages with information on a variety of topics, such as vaccine facts which covers why you should get a vaccine, what to expect after you get it, and many more informative topics (*Coronavirus safety)*. The simplicity of a one-stop-shop website with all of the questions a concerned individual could have is one way in which the ARC offers resources in a modern way. Another way is through social media infographics on sites like Instagram, Twitter, and Facebook. This type of resource offers the public a quick and easy-to-understand bit of information that looks to create awareness about any number of topics like social distancing or the proper way to wash one's hands. Of course, these examples illustrate what it was like to use modern tools to effectively communicate to the public, but the precursor to it all was the ARC's 1918 newspaper campaigns.

ARC Instagram infographic on social distancing (American Red Cross, 2020)

The American Red Cross is an intuitive resource to someone who might be in need of information today, but that trust was established over a century ago with their efforts during the 1918 pandemic. The messaging used by the local and national newspapers of the time were either of deceptive nature or were altogether ignoring the Influenza pandemic (Barry, 2009, P.324). And with that force of disillusion working against the ARC, the circumstances for providing resources in the early 20th century were also of less aptitude in comparison to the contemporary technology-driven efforts during Covid-19. While the 2020 educational campaign operated through an internet-driven means of exposure, the efforts of 1918 took a more community-based approach. This meant running ads in the local papers to inform the public about safe practices and possible dangers when dealing with Influenza.

Red Cross informative ad in October 1918(Haynes, 2020)

The information that was able to be produced during the 2020 Covid-19 pandemic was of much more volume than that which was distributed during the Influenza pandemic. The reason being, the ARC simply has more avenues to release information now than it did in 1918. Public health communication falls short in a society where dramatized headlines or clickbait tanks public trust. But the American Red Cross worked against those forces in order to disseminate helpful and useful information to the public. Providing resources not only established an active assistance program but also set the expectation for how an organization like the American Red Cross intended to be of service as an NGO.

Varied Scales of Comparison

When looking at the size of a pandemic's response several types of scales are available for comparison including the scale of individuals helping, in addition to those being helped, the financial revenues being used, and the general number of resources made available. And in examining those aspects within a country that has widely differing city populations affected, it is inherent that the response efforts will be tailored to fit that specific population's size. For example, the response efforts in New York will not be the same size as the response efforts of Rhode Island, but a general understanding of the scale the ARC provided can be gathered. But, just as the general statistical data for the Influenza pandemic is shotty, so are the response size statistics, especially in smaller rural areas even though they made up about half of the total national population (Ewing, 2020, P.6).

The general size of the ARC over time has shifted. For example, in 1918, it had "14 regional divisions, 3,684 chapters, 12,700 staff, and more than 20 million members" (Jones, 2010, P.94). In a 2011 informational guide to services, the ARC states that there were "more than 600 locally supported chapters," which provide the necessary manpower to create change with "more than half a million volunteers and 30,000 employees" (American Red Cross, 2011, P.3). More current figures on the subject are unavailable or not readily open to the public. Nevertheless, this level of movement compares to some of the most influential commercial companies in the United States, except these figures look to support local communities and their reaction to the intensity of a pandemic. If not for the generous volunteer efforts of people around the country, the ARC would not have been able to continue its mission, and the same is true of those who so generously donated their money. During the Covid-19 pandemic, financial contributions and donations were measured on a more national scale giving a holistic view of how much money the ARC received and spent. In the short time frame of three months, from March 2020 to June 2020, the ARC was able to raise "$92.7 million," 46% or $33.1 million of which was used to "implement public awareness and targeted outreach [campaigns]" (*Coronavirus Outbreak*, 2020, P.6).

Whereas the American Red Cross' financial accounts of the Covid-19 pandemic showed a larger and more national comprehension, the Influenza pandemic records lack the comprehensive financial accountability that was seen during the 2020 pandemic. Generally, "accountability mechanisms, such as annual project reports and financial records, are used by NGOs to leverage funds by publicizing their projects and programs" (Ebrahim, 2003, P.814). But because of the ongoing war efforts in World War One, people were nationally donating to the more publicized ARC war efforts which were earmarked towards international and domestic war efforts. This meant that there was a crossover between the national ARC war funds and the funds used for pandemic-related purposes, like the $403,000 attributed to US sanitary services shown in the March 1st 1918 financial statement of the Red Cross war fund (American Red Cross, 1918, P.12). Although this money was distributed under the guise of military relief aid its objective was to improve "effective sanitary control" for "federal, state, and local authorities" which inherently benefits more than just the military (American Red Cross, 1918, P.116).

This means records directly linking funds to the ARC Influenza pandemic response are complicated on the national level but have a clearer purpose when being locally accounted for. For example, "through its capillary network of divisions and local chapters, the [American Red Cross] provided more than $2 million in equipment and supplies to hospitals; established kitchens to feed influenza sufferers and houses for convalescence; transported people, bodies, and supplies; and recruited more than 18,000 nurses and volunteers to serve alongside" (Jones, 2010, P.93). At the local level in Richmond Virginia, "the chapter donated $10,000 to the [local pop-up] hospital fund drive and supplied the first 250 beds to the hospital, as well as 580 pillowcases, 230 pajamas, sheets, bathrobes, slippers, handkerchiefs, and other items" that were needed (Jones, 2010, P. 101).

Overall, when looking at the numerical figures of the 1918 pandemic compared to the 2020 pandemic in conjunction with the figures associated with the ARC, it is clear that the numbers differ from pandemic to pandemic. The 1918 pandemic had a larger public health impact worldwide than the current 2020 pandemic has had, but approximately more people have died from coronavirus than influenza at this point in the U.S. Financially, the ARC provided more financial resources in 2020 than it did in 1918 even when accounting for inflation. In comparing the number of miscellaneous resources like bedsheets or masks it is hard to say one response was better than the other because each local chapter provided what their city needed and, in the amount, it was needed.

IV. CONCLUSION

Ultimately, the Influenza pandemic of 1918 bears some similarity to the Covid-19 pandemic of 2020 because some of the same circumstances that present, along with some of the same resources that were used by the American Red Cross. However, there is a variation in the specific ARC responses to both pandemics including different scales and a modernization of similar resources. Nearly a year and a half after the initial start of the Covid-19 pandemic, it is clear to see that some responses used by the American Red Cross during the 1918 Influenza pandemic were improved upon to better respond during 2020, such as informational resources and the facilitation of vaccination efforts. This can be concluded because of the different population statistics and the clear reduction in the national death rate from Covid-19 compared to Influenza. Of course, other contributing factors like advanced medicine, more public cooperation, and quick vaccine production also helped to reduce those numbers. Nevertheless, the ARC positively increased its volunteer capacity while maintaining the same values used in 1918, aided in the national vaccine efforts, and contributed to accurate educational resources for the public.

Given more time, and access to more primary sources, the extent to which mistakes were addressed directly by the ARC would have added an extra dimension to this paper that would provide a bit of clarity about the way in which an NGO goes about its progression over time. Transparency in an organization, and especially a non-governmental organization, provides an avenue for trust with the public, and considering that the ARC already has a great deal of the public's trust, diving into their efforts of self-improvement over the last hundred years would have been very insightful especially when considering the possibilities for future crises.

What About Next Time?

Learning lessons from the past is the main purpose of history courses in schools because educating the youth about the mistakes and triumphs of the past offers them an understanding of what was done right and what should never be repeated. The same can be said for adults, only, it is on us as individuals to remember where we came from and make strides to rectify the mistakes of our past. If we did not examine the processes of the ARC during the 1918 Influenza pandemic and the 2020 Covid-19 pandemic and should we have missed the warning signs that they were not making needed progress, we would have inevitably misplaced our trust in the wrong organization come the next pandemic. And considering "there is a lot of competition for donor resources," funding an ill-performing organization and placing misguided trust into its capabilities could have been regrettable (Batti, 2014, P.57). Thankfully, it is clear the American Red Cross has made strides to update their response methods, and they are not disregarding their history but rather embracing it to better inform their progression.

Evidently more of the American Red Cross' response is still yet to be seen in the face of Covid-19 as new variants proliferate and the pandemic rages on. But unlike the 1918 pandemic's timeline, it seems as though the hardships of the Covid pandemic continue with the issue of "sustaining a response as people tire and wonder whether it will ever end" (Nelson, 2021, P.97). Yet, as history has shown, the work of the Red Cross stands the test of time continuing to be the point of familiarity in times of distress. In a look back on the first year of the pandemic, American Red Cross President and CEO, Gail McGovern notes: “all this vital work was made possible by the generosity of our donors and volunteers, whose compassionate service lies at the heart of everything we do” (*Coronavirus Outbreak,* 2021, P.1). No matter what the future holds it is clear the American Red Cross will be there to continue their mission.

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