## Pandemics Past and Present: Key Takeaways

### 1918 Influenza

### Government Coordination

During the 1918-19 influenza epidemic, **city governments took the lead** in implementing public health measures. Federal and state authorities compiled case statistics, disseminated information, and sought to gather what scarce health resources they could muster. This division of responsibility between the different levels of government largely held for subsequent influenza epidemics in the 1950s, 1960s, and 2000s.

### Economic Effects

Cities which implemented public health measures more rapidly and for a longer duration saw greater gains in manufacturing employment and output after the 1918 influenza epidemic. The 1918-19 influenza epidemic prompted closures that put an economic strain on people and businesses in the short term. It also led to a rise in wages because the death of people of working age resulted in reduced labor supply.

Los Angeles municipal authorities implemented school and business closures, bans on public gatherings, quarantines of the sick, and disinfection measures to curb influenza in the fall and winter of 1918. During subsequent influenza epidemics, city and county authorities focused much more on disease prevention through targeted vaccination and personal protection measures.

### Public Health

Influenza epidemics have a long history of receiving place-based names, often based on a flu strain’s presumed origin (such as “Asian flu”, “Hong Kong flu”, “Mexican flu”, or the erroneously named “Spanish flu”). At times this practice has had a stigmatizing effect not only on those places named but also on people associated with that place.

### Stigma

California **state and local responsiveness** to the AIDS epidemic was driven by **limited federal leadership and financial support** during the early 1980s. California funneled $20 million in tax dollars into AIDS-related programs and research while local authorities marshalled resources, implemented public health measures, and distributed health education materials.

By 1994 AIDS-related claims in the healthcare industry cost life and health insurance companies a total of $1.6 billion. Fiscal policies like the Substance Abuse Prevention and Treatment Block Grant in California, which contributed more than $12 million to HIV early intervention services, allowed residents care that combined HIV testing with substance abuse counseling.

Local city health officials conducted public health campaigns to raise awareness, closed or regulated bathhouses to limit high risk sexual behaviors and improve access to condoms, and instituted novel approaches such a clean needle exchange to reduce the spread of HIV/AIDS.

HIV/AIDS was initially referred to as GRID, for gay-related immunodeficiency. Associating HIV/AIDS with homosexuality fostered a common misunderstanding that HIV/AIDS was a homosexual disease. This led to public demand that gay people be banned from public facilities and denied jobs in fields such as healthcare, food services and childcare. San Francisco, Los Angeles, and West Hollywood passed ordinances banning AIDS discrimination, the first of its kind in the nation.