MY PHONE DINGED AS I CHECKED MY EMAIL.

“PLEASE COME PICK UP YOUR H.E.B. GIFT CARD. YOU HAVE TO SIGN FOR IT AT THE OFFICE. KNOCK ON THE SIDE DOOR AND I’LL MEET YOU.”
My family and I were not hurting. I said a quick prayer for someone to come my way who needed it more. My intention was to spread a little hope in a seemingly dark situation.

America is known for its hope, unity, compassion and determination during wars, depressions and pandemics. The first example of America’s determination was during the Spanish flu of 1918-1920.

The Spanish flu was very contagious. It usually began with typical flu-like symptoms: chills, fever and fatigue. People would recover after several days. The numbers of deaths were low during the spring of 1918. However, the second round, that fall, was more dangerous. The symptoms this time were lungs filled with fluid that caused suffocation, coughing up blood and skin turning blue. Victims died within days, if not hours of developing symptoms.

Before it was over, the Spanish flu pandemic was the deadliest in history – killing at least 50 million worldwide, including some 675,000 Americans.

So, how does that pandemic compare to the COVID-19 crisis?

A lack of timely information from leadership is a common problem shared by both pandemics, according to Dr. William Bush, a history professor at Texas A&M University-San Antonio.

“During WWI, local, state and national officials were hesitant to really put out the information about how serious it was and to take the necessary measures in terms of closing down what spaces. And as a result not only did that worsen the spread of the virus, but it led to some bad behavior from individuals in the public. People didn’t really pull together and help each other in a lot of cases,” Bush said.

What is striking is that while the Spanish flu epidemic was record-breaking, very little was recorded about it, says Dr. Heather Wooten, an assistant professor specializing in the history of medicine at the Institute for Medical Humanities at the University of Texas Medical Branch in Galveston, Texas.

“It was like they wanted to forget it as quickly as possible, even though you lost thousands of people in America,” she said.

Wooten explained that the public response was that everyone just moved on. Very few households were not affected by the Spanish flu. Even in Wooten’s family, they lost a great aunt and
uncle, on both sides of the family. She exemplifies how her own family barely talked about the relatives who passed away during the pandemic as she grew up.

“I, myself, personally, I had a great uncle on one side who died at 18 and a great aunt on the other who died at age 23 during that epidemic,” Wooten said. “It is just interesting how little even my family, growing up, would mention those two.”

If the Spanish flu proved America’s determination to move past its first pandemic of the century, then polio would prove America’s unity in the face of tragedy.

Polio was a particularly terrifying virus because it struck children – paralyzing or killing them by the thousands.

Bob Craft was a teenager when his parents sent him away to live with his grandmother in South Carolina, far from all of his friends in North Carolina. His sister was sent to other relatives.

“The purpose was to get away from people,” said Craft, now 87 and living in New Braunfels, Texas.

Craft remembers how his grandmother never let him go swimming because people believed that they could get polio from water.

“Most of my time was spent by myself at the edge of the swamp. Even skinny dipping in a little pool. Grandmomma wouldn’t let me go swimming. I don’t know why. There was something about swimming and polio.”

Years before, in 1921, experts thought there was a connection between swimming and polio after future President Franklin D. Roosevelt suddenly contracted polio after taking a swim in 1921. He was 39 and considered “old” because the virus targeted children and young adults,
Wooten said.

Wooten is the author of the award-winning book, “Battling a Terrifying Unknown: The Polio Years in Texas.” She discusses Roosevelt’s battle with polio and his influence on polio survivors in Texas.

“As the years progressed and polio researchers were trying to determine this,” Wooten said.

“They did certainly realize that the virus is ingested. It goes into the digestive tract and is then shed out.” Wooten explained there was an idea that when a person was swimming some of the virus could have been excreted into the swimming pool and gotten into someone else’s mouth. This is where polio researchers were connecting the dots in contracting the polio virus through water.

Like COVID-19, one of the primary ways polio was contracted was unwashed hands and putting dirty hands to the face. The difference between polio and COVID-19 is permanent paralysis. Polio causes paralysis and physicians could not tell family members if their children would recover from paralysis or not. Polio, in each body, had its own behavior.

Polio is similar to COVID-19 because it can affect the respiratory system.

“In terms of full-blown paralysis, you could be paralyzed from the neck down,” Wooten said. “Or you could be paralyzed in a limb. The worst type was called Bulger spinal paralysis. Spinal polio meaning you were paralyzed from waist down or neck down and you could not breathe. It paralyzed the muscles used for breathing, the diaphragm. That was the most terrifying because that’s deadly. Without some artificial respirator, victims would die within 48 hours.”

Roosevelt started the March of Dimes in 1938 during his presidency. Through the March of Dimes, communities and organizations raised money for a vaccine, which was finally discovered in 1958 by Jonas Salk.

Instead of capitalizing on the vaccine, Salk considered it as a gift to mankind.

In an April 1958 interview, journalist Edward R. Murrow asked Salk who owned the patent.

“Well, the people, I would say,” Salk responded. “There is no patent. Could you patent the sun?”
As of 1991, polio has been eradicated from the Western Hemisphere.

If polio shows what Americans can do when united against a virus, then COVID-19 will show the compassion Americans have when called upon.

Stephanie Bernal, a self-employed childcare provider, has been on the frontlines of volunteering during this crisis. In April, she volunteered for the San Antonio Food Bank. Bernal volunteered at the Toyota Field stadium and at Traders Village on the south side. The actions taken are providing families in need of food with whole chickens, loaves of bread, celery, apples and rice.

The non-profit took her temperature and provided her with gloves and a mask so she could follow proper health precautions.

The procedure is for families in need to register online so the agency can prepare. Some 10,000 people showed up at the Traders Village food giveaway. Only 6,000 had applied, meaning there were shortages.

“We don’t turn anybody away in need,” said Bernal. “We give them what we can.”

It’s mid-April, the community and professionals are still coming to grips with this novel pandemic. Nations around the globe have been affected by it and federal along with local governments have also issued restrictions to its citizens.

In Texas, Gov. Greg Abbott issued an executive order for schools to stay closed for the remainder of the 2019-2020 school year, with all Texans expected to stay home unless they are doing an activity or work that is listed as essential.

However, on April 17, Abbott announced a slight loosening of restrictions with regard to elective surgery. Retailers will offer a to-go option where shoppers can order items online and pick them up at the store.

Despite all of the uncertainty, San Antonio is working toward a solution and possibly some hope.

A new drug to combat the COVID-19 epidemic - Remdesivir – is being tested in San Antonio, according to Mark Biesenbach, who oversees the conduct of research for the Office of Institutional Review Board, the research compliance coordinator from the University of Texas Health Science Center.

The clinical trial will include patients that are treated who will receive the drug and patients who are treated while receiving a placebo on a random basis. Entry-level data is expected to appear in late April or early May. In order for patients to be considered for the trial they have to be mechanically ventilated and at this point, they are not able to consent for themselves.

A progress update will be given in a year, which is standard unless the institution changes its policy.

I knocked on the side door, as instructed, to receive my gift card. A young lady with a baby carrier walked up next to me.

“I do not know if the office is open? I am trying to get my baby her vaccines, but everywhere I go is closed,” the young mom asked.

“I have food and diapers, but my baby could use some more food,” the young mom replied. I reassured her: “Everything is pretty much closed down because of the coronavirus. If you wait, someone will be here shortly and she can answer your questions.”

The next minute, my friend stuck her head out the side door with her clipboard and papers I needed to sign for the gift card. I introduced my friend to the young mom. She was able to answer the young mom’s questions before she gave me the card.

The young mom was about to walk away before I stopped her, “Do you have everything you need?”

“I have food and diapers, but my baby could use some more food,” the young mom replied.

I called her over. “I have something for you,” I said. “Yes, here, a $15 HEB gift card to buy your baby some formula. Let me pray for you.”

The young mom was near tears as I started to pray for her. My friend looked at me with tears in her eyes.

“Thank you,” the young mom said as she walked back to her car.

“We need to spread a little more kindness in these dark times. If it needs to start with me, then so be it,” I said to my friend as I bumped elbows with her.