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Juxtaposing the effect of the Spanish influenza pandemic on the 1919 treaty of Versailles: A review of selected bibliographies

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Abstract

The paper examines the historical context of the impact of Spanish influenza on the 1919 Treaty of Versailles, France, where the Allied nations gathered to formalize the German surrender terms and ascertain the indemnity awaiting them. The pandemic ravaged many parts of the world, including troops fighting in WWI. During the third pandemic cycle, the President of the United States of America, Woodrow Wilson, was infected while negotiating the treaty's terms in France. He had earlier set the tone with a 14-point agenda he hoped would be used to close the chapter of the war. He planned that there would be no winner or loser in the war and that Germany would be reintegrated into the Committee of Nations. This policy was vehemently opposed, especially by France; it demanded considerable reparations to be paid by Germany. Eventually, France had its way with most of its demands. The paper analyzes the impact of Spanish influenza on the final agreement reached; considering that Wilson was diagnosed with the flu during negotiations, was this a significant factor in the events that played out? Was President Wilson affected by the illness that seemingly made him capitulate to French demands? Reviewing two scholarly works, this paper strategically discusses the influence of the pandemic on the Versailles Treaty.

Keywords: Pandemic, Spanish influenza, Versailles, World War I, France

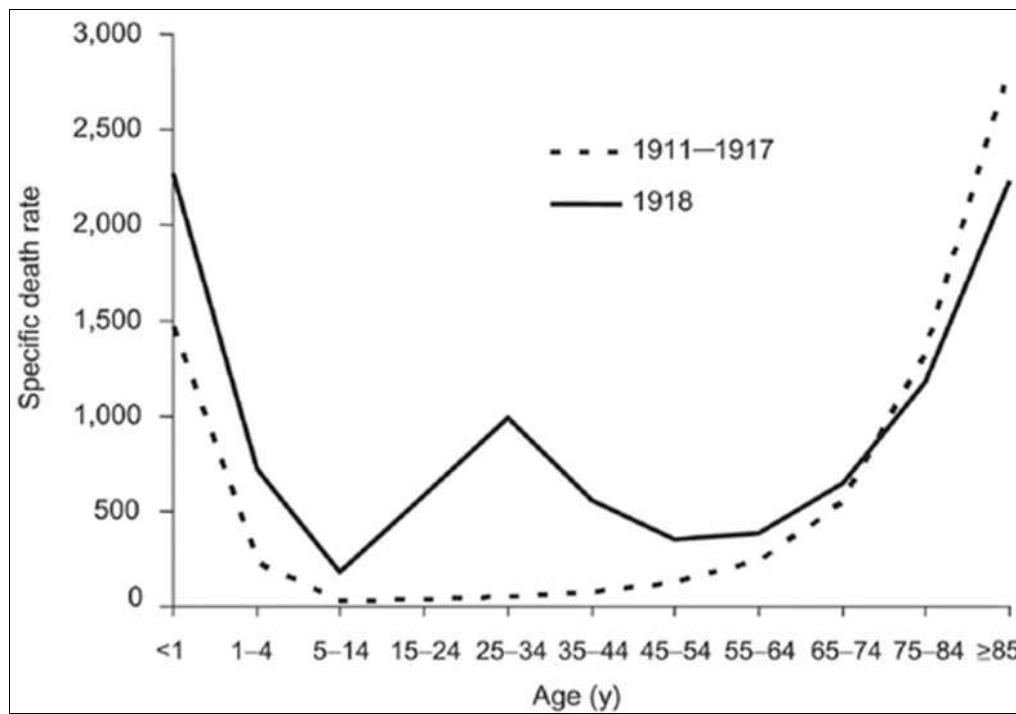
Introduction

The origins of the Spanish influenza (H1N1) can be traced as occurring in three cycles. The first lasted from March to August 1918 and was relatively innocuous. After that, the virus underwent a mutation, resulting in a second wave that started in September 1918 and lasted through December 1918. This particular outbreak of the deadly Spanish flu was the one that epitomizes the pandemic. As the militaries disbanded after World War I, the third wave of discharged soldiers returned home between January and May 1919. Although not as deadly as the second wave, the third wave was more deadly than the first wave's three-day fever. The illness devastated the troops, resulting in more hospital stays than injuries received in battle (Byerly, 2005; Molgaard, 2019)^[8, 21]. The start of the Spanish flu outbreak is a subject of significant debate. The ambiguity arises from a lack of clarity regarding the nature of the illness, notably its embodiment as a tri-cycle epidemic and its propensity to afflict otherwise robust middle-aged adults. However, influenza was previously recognized as a pandemic occurrence. Barry (2004)^[2-3] mentions several European pandemics in the 1880s, at least four in the 19th century, and three more in the 20th century. Figure 1 illustrates the death rates from the pandemic by age as seen in Taubenberger and Morens (2006)^[26].

Figure 1 illustrates the mortality rate in the United States, 1911-1918, "U-" and "W-" shaped cumulative influenza and pneumonia fatalities, by age at death, per 100,000 people in each age category. The plot highlights the deaths from influenza and pneumonia for the intermittent pandemic years 1911–1917 (dashed line -----) and the specific pandemic year 1918 (solid line ——).

There is a belief that the Russian flu, one of the pandemics of the 19th century, served as the precursor to the Spanish flu. Indeed, there are some similarities between the two. The Russian flu, widespread in Europe from 1889–1890, spread in three phases over three years, along the newly constructed Trans-Caspian railway, from Bokhara, Uzbekistan, to St. Petersburg, Russia. Commercial and diplomatic travelers transported it to the Baltic ports. It followed railroad lines and department stores to Moscow, Berlin, Vienna, and Paris. By the early winter of 1890, it had spread throughout Britain and reached London, where it was estimated that 27,000 people died from associated respiratory illnesses and 400,000 people got sick (Macmillan, 2003; Molgaard, 2019)^[19, 21].

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Source: Taubenberger and Morens (2006)^[26]

Fig 1: Death rate from the Spanish flu by age.

Honigsbaum (2009)^[28] informs that the condition was marked by acute weakness, nervous despondency, and prostration. Additionally frequent were frontal headaches, eye pain, muscular pain, and in the worst cases, an odd condition called creeping pneumonia. More than 100,000 people died in Britain due to other waves in 1893 and 1894. Given that viruses constantly evolve, the Russian flu may have persisted in Europe at a low rate until the close of the First World War, when it reemerged in a more deadly form. According to a different interpretation, the Spanish flu started in rural Kansas in 1918, when a disease outbreak first showed the typical influenza symptoms of headache, body aching, fever, and nonproductive cough. The epidemic then spread to American military bases erected the year before in the Midwest and on the east coast, particularly Camp Funston, a part of the sizable Fort Riley military reserve in Kansas. According to the notion, influenza began to spread from farm animals in Haskell County to Camp Funston, where the first case was an army cook called Albert Gitchell, and then to a variety of military bases and eastern towns (Molgaard, 2019)^[21]. In its mild form, the disease then traveled over the Atlantic with the troops on their transports as they were preparing to deploy to the Western Front in Europe. The flu swiftly evolved into a severe, frequently fatal form in Haskell County. Then, in Kansas, the illness reportedly stopped about the middle of March. However, outbreaks happened in April in Brest, France, the prominent American troop landing area, and some days later at military camps in the Marne and the Vosges (Billings, 2005; Macmillan, 2003; Molgaard, 2019)^[5, 19, 21].

Another espoused version is that the plague originated in North Africa and spread to high mortality areas like Italy and Spain before crossing the border into France and Britain. According to this argument, the Basque Country's extremely high mortality rate, particularly in the wetlands along its borders with France where migrating birds congregate, is responsible for the disease's spread.

Additionally, numerous laborers from Spain, the Basque Country, and Portugal immigrated to France during the First World War to work in the French war industries and contracted illnesses. Afterward, Etaples, a central British military installation on the French coast was identified as the pandemic's origin. Farmsteads, pigpens, infirmaries, and a massive variety of weapons and supplies were in this camp. Over 1 million servicemen were in transit between Britain and the Western Front between 1916 and 1918, and it could and did hold up to 100,000 people at once. As early as 1916, reports of pus-filled bronchitis outbreaks from Etaples included heliotrope cyanosis. Between 1916 and 1917, modest outbreaks of this illness were seen in the British service members in England and France and the civilian residents in England (Burnet, 1979; Gerwarth, 2016; Johnson, 2006; Molgaard, 2019)^[7, 13, 17, 21]. Although its precise origins are uncertain, the influenza virus strain that wreaked havoc in 1918 and 1919 was most widely distributed by 1917. Because of a process known as seeding—the slow global transmission of disease through small, local outbreaks, with shipping and railways being the main instruments of propagation—the spread of the Spanish flu does not need to be as rapid as was previously anticipated (Johnson, 2006)^[17].

At the time, German leaders liked to blame the influenza pandemic for the constraints on their own and Austria-Hungary operations during WWI. The pandemic may have influenced the war outcome, with the initial influenza outbreak physically crippling the German and Austro-Hungarian soldiers. However, by July 18, 1918, these starved and depleted men had been routed on the battlefield before the deadly second influenza wave emerged in September. In the summer and fall of 1918, morale was breaking down in Berlin and other significant German towns due to significant operational losses. German soldiers started evacuating in large numbers, with some going back to their own country, others seeking sanctuary in occupied territories of France and Belgium, and others escaping to the

neutral Netherland. Between 750,000 and 1 million men were traveling to Germany. The average German soldier was no longer willing to risk his life in battle because defeat was undoubtedly on the horizon. Flu patients and the numerous injured and tired soldiers headed back home (Zieman, 2007) [27].

According to Gerwarth (2016) [13], just over three-quarters of a million German soldiers were reportedly in fortified lines on the Western Line as of the November 11, 1918 ceasefire. Insubordination was rampant, and 200,000 to 1.5 million troopers were either AWOL or mutineers. Although the war was over, the Treaty of Versailles in 1919 marked the official end of the conflict (Herwig, 1997) [15]. Representatives at the Versailles Conference argued and deliberated for six months about the terms of the peace to be negotiated for Germany and other subjugated nations. The Big Four leaders-President Woodrow Wilson of the United States, Prime Ministers David Lloyd of the United Kingdom, Georges Clemenceau of France, and Vittorio Orlando of Italy-were critical to the decisions reached. The League of Nations and the implementation of the contentious and opaque principle of self-determination were among the topics covered during the Peace Conference. These were a component of President Wilson's Fourteen Points in his January 1918 speech. Along with the notion of balance of power, secret treaties and reparations from any nation that proved to have committed war crimes were also to be eliminated (Macmillan, 2003) [19].

Influenza spread widely during the winter of 1918–19 and the spring of 1919. At the conference, Clemenceau, Lloyd George, and Wilson all got sick-Wilson quite seriously. Wilson was struck by intense spasms of coughing, which were so acute and recurrent that it hampered his respiration on April 3, 1919 (Barry, 2004) [2]. He stayed in bed for several days before slowly starting to pay attention to the conference proceedings again, sending his aide in his stead or inviting the other representatives to his hotel room. Everyone who saw him observed a significant loss in his cognitive capacities and his obsession with details. He then started yielding to the demands of Clemenceau in the negotiations. The French reparations template for Germany which included; German culpability for WWI, a demilitarized Rhineland, French use of the Saar coalfields, Alsace and Lorraine being restored to France, West Prussia and Posen being handed to Poland, the establishment of the Polish Corridor, and the disbanding of the German air force are a few examples. President Wilson experienced a very significant stroke four months later, which may have been brought on by the flu. He lacked the mental fortitude and clarity necessary to convince the US Senate to approve the Versailles Treaty and the United States' membership in the League of Nations after his return to the US. The United States never ratified the Versailles Treaty of 1919; instead, it signed separate peace agreements with Hungary, Austria, and Germany. Based on the non-ratification of the treaty by Congress, the USA never joined the League of Nations (Gerwarth, 2016; Molgaard, 2019) [13, 21].

Because the Versailles Treaty was never fully enforced, the Germans felt hard done, and some of these events led to the German rebuild that may have triggered the Second World War, where Germany aimed to recover from some of the perceived injustice they felt they received and restore German supremacy in Europe and ultimately the world. This paper explores the impact of the Spanish flu on the

negotiations of the Versailles Treaty and if it affected the outcome. I reviewed some scholarly works that bordered on the subject to understand how they considered the Spanish influenza pandemic's influence on the treaty's specific terms.

Materials and Method

This investigation explored the question: To what extent was the Spanish influenza pandemic a central cause in finalizing the specific terms of the Treaty of Versailles at the 1919 Paris Peace Conference? The primary methods of investigation will be analyzing and interpreting President Woodrow Wilson's actions and stances before and during the Paris Conference. The first source evaluated was John M. Barry's book *The Great Influenza: The Story of the Deadliest Pandemic in History* because it is a historical account that delves into Spanish influenza and its impact on the world, the events of the Paris Peace Conference, and the Treaty of Versailles. The second source examined, Brian Morton's *Woodrow Wilson: USA in the Makers of the Modern World* takes a philosophical route and examines Woodrow Wilson's background as an individual and statesman, providing insight into his character—specifically, the events that shaped his life and his policies and decision-making as a politician. The sources offer contrasting perspectives of events regarding the Paris Peace Conference.

Results and Discussion

Barry, John M. *The Great Influenza: The Story of the Deadliest Pandemic in History*. Random House Large Print, 2004.

The first source was published in 2004 by John M. Barry, a historian, and is a comprehensive historical examination of the 1918-1919 Spanish flu pandemic. The origin of this source is valuable because Barry is a historian who has extensively researched the Spanish flu and has written about the flu in various academic publications, indicating he is knowledgeable in this topic. Furthermore, the date of this source's publication, 2004, strengthens its value, as it is one of the most recent comprehensive historiographical studies of the influenza pandemic. However, the origin is limited as Barry also advocates for vaccinations and safety during the COVID-19 pandemic, mentioning his stance in several of his articles (American Medical Association, 2021; Barry, 2004b; Barry, 2020; Gross, 2020; McGarvey, 2020; Simpson, 2020) [1, 3, 4, 14, 20, 23].

Consequently, this pro-vaccine stance towards managing viruses might indicate bias favoring Spanish influenza's negative impact and destructiveness as it aligns with Barry's more extensive political views of pandemics. Barry's book emphasizes the dangers of Spanish influenza and explores the dynamics and players involved in decisions made during the pandemic. The value of this purpose is that in exploring Spanish influenza and players involved during influenza, Barry thoroughly addresses Woodrow Wilson's affliction with the Spanish flu, which other sources lack. The limitation of the purpose is that it extensively covers Spanish influenza, its origins, impacts, and scope as a historical event, while other historical events and figures mentioned are not examined in-depth. It outlines the impact influenza had on Wilson; first of all, affecting his decision-making abilities, his inability to join other delegates at the conference, and becoming paranoid amid his fear of being poisoned by French spies due to their divergence of policies

on how to hold Germany accountable for the war. Wilson was trying to make the other nations not be too antagonistic towards Germany but instead embrace them like a recalcitrant ally and bring them back into Western superpowers. Wilson's objective was to get everyone back to the drawing board to foster a long-lasting peace and stability in Europe and by extension the world. While Wilson may not have been very successful with his plans, it is no wonder that just a few years later, the events that led to the beginning of the Second World War started to take shape, riding on the back of German disenchantment with the Treaty of Versailles.

Morton, Brian. Woodrow Wilson: USA. Hause Publishing, London 2008.

The second source evaluated in depth was written in 2008 by Brian Morton and is a part of a series of books featuring significant world historical figures. The value of the origin is that because Morton was a university professor for American studies in Britain and Scandinavia, he was able to deploy a nuanced understanding of the United States and its relations with other major WWI allied nations in his analysis. The limitation of the origin is that Morton offers little insight into historical events, leading to the source being broad and philosophic in its attempts to delineate the figure of Wilson on the national or world stage. Morton portrays a sense of Woodrow Wilson and his beliefs, conditioning, and influences but lacks insight into actual historical events and the players that Wilson was involved with. The purpose of this source is to give the reader background insight into Woodrow Wilson as a figure of importance on the world stage. It depicts Wilson in a complex but positive light. The value of the purpose is its insight into Wilson's mind and how the Spanish Influenza impacted not only his physical but also his mental condition. The limitation of the purpose is the overall positive tone towards Wilson, which could result in excluding many of Wilson's negative aspects.

Woodrow Wilson of the United States was unquestionably the most prominent leader who congregated in Paris during the first half of 1919. Wilson was the political figure whose nation's late entry into the First World War tilted the scale in favor of the Allies. The founding of the League of Nations might have been put off indefinitely without his perseverance. Wilson was typically seen as a failed president until the Second World War when his acceptance of a weak peace agreement and idealistic overreach in founding an unsuccessful international organization—which his nation later chose not to join—helped to spark the conflict. His reputation has improved recently due to how historians and others have characterized him as the primary architect of American diplomacy's missionary tradition, to whom the primary blame for the country's aspirations to remake the world in its image should be assigned. Robert McNamara, a former secretary of defense, went so far as to claim that Wilson's Ghost drove American foreign policy throughout the twentieth and into the twenty-first centuries. Biographies, such as a sizable volume by John Milton Cooper and stimulating studies of Wilson's diplomatic policies and influence proliferated as the post-cold war United States began efforts to promote a new world order, one in which democracy and capitalism would reign supreme, and then reshape the Middle East in an American-style direction.

Morton brings back memories that for the majority of his first term, Wilson's objectives were primarily national because Congress, in which Democrats dominated both houses for the first time in decades, passed far-reaching tariff restructuring, trust regulation, and banking regulatory frameworks, policies that, in Morton's opinion, aided the U.S.' capacity to perform as a world influence. Curiously, Morton contends that Wilson's crowning accomplishment was revamping and realigning the presidency within the American political system, bolstering the presidency with innovations such as the annual State of the Union addresses to Congress, and elevating the chief executive to greater prominence as a political and global powerhouse. In particular, Morton's assertion that Wilson believed American intervention was both desirable and inevitable by late 1916—a period in which he fervently persuaded the Axis forces monetarily to compel them to accept a mediated peace—raised doubts about how Wilson understood some aspects of his wartime diplomacy.

Wilson had remarkable success in gaining backing for establishing a worldwide organization meant to stop future conflicts. Before he accepted this case, it had already gained popularity in England and the United States. It was much more challenging to make this vision a reality because, as Morton convincingly argues, Wilson's diplomacy saw the liberal-progressive ideal put into practice in an unusual circumstance that seriously jeopardized its autonomy of deed and ethical idealism (p. 201). Wilson utilized his power to persuade other leaders in Paris to include the League of Nations in the peace agreement. However, to do so, he had to make concessions on other issues he had argued for with similar fervor. However, as Morton notes, his opinions on international matters also developed evident discrepancies over time, including his early support for a peace without victory and his later sponsorship of a punitive German peace agreement. In Morton's opinion, Wilson believed, maybe optimistically, that any flaws in the first peace treaty would eventually be fixed by the nascent League of Nations, which in his mind represented the application of rational principles to international politics.

Morton could have progressed further, emphasizing explicitly rather than inferentially how Wilson's chosen strategy in Paris undermined the open diplomacy he allegedly championed, encouraging rather than discouraging secrecy and leading liberators to lose faith in the peace treaty and the League of Nations. Wilson hammered many details of the peace treaty in private and frequently inadequately recorded meetings among the Allied powers. However, his portrayal as the progressively ill president who failed to secure support for the League of Nations is clever and perceptive. The Spanish influenza had greatly affected Wilson's ability to meaningfully contribute, restricting him to his hotel room for many days until he recovered well enough to continue deliberations on resolving the German debacle. During the resumption of deliberations after his recovery, Wilson became much softer during negotiations, nearly abandoning his 14-point agenda, giving France virtually all they asked for at the conference. It becomes speculative to infer the influence Spanish influenza may have had on his mental capabilities and psychology during the Treaty of Versailles in 1919. Morton illustrates how the circumstance highlighted Wilson's well-known flaws. The latter performed better under favorable general conditions than under adverse conditions such as

fierce internal political rivals.

Many experts associate the flu with nausea, aches, diarrhea, respiratory symptoms, and bouts of pneumonia. Few associate it with mental symptoms. However, the Spanish flu was documented to have caused severe mental mitigations in patients, such as depression, confusion, and mental exhaustion (Barry, 2004; Link, 1994; Snowden, 2019) [2, 18, 24]. While the Spanish flu was taking hold, World War I was coming to an end. The Treaty of Versailles was supposed to settle the terms of the November 11, 1918, Armistice, formally ending WWI hostilities between the Central and Allied Powers. The Big Four negotiated the treaty's terms at the 1919 Paris Peace Conference: Lloyd George of Britain, Vittorio Emanuele Orlando of Italy, Georges Clemenceau of France, and Woodrow Wilson of the United States. Wilson approached the Paris Peace Conference intending to implement his Fourteen Points, a statement of principles. However, he was rejected by both Britain and France, leading to Wilson compromising with other nations on many of the terms in the treaty. When analyzing why the Fourteen Points were rejected and what terms were finalized in the Treaty of Versailles, many causes have been considered. The impact of the Spanish flu on Woodrow Wilson may have affected his mental state and physical health when at the conference and, in turn, been an influential factor in how the terms of the Treaty of Versailles were finalized.

Spanish influenza greatly impacted Woodrow Wilson as he collapsed during the Paris Peace Conference on April 3rd, 1919, and had to withdraw from negotiations. Woodrow Wilson arrived in Europe, claimed as the most popular political figure in the world, and was regarded as a striking public leader and skilled negotiator at the onset of the Paris Conference (Barry, 2009) [29]. In the early months of the conference, Wilson passionately introduced his Fourteen Points, in which he addressed the causes of the world war and advocated for 14 other keeping-world-peace ideals. After his collapse, White House doctor Cary T. Grayson noted in a letter to a friend that the diagnosis arrived at a particularly untimely moment, and Wilson was suddenly taken ill with influenza at a time when the whole of civilization seemed to be in the balance (Barry, 2009) [29]. Many close to him commented on Wilson's changed behavior and a loss of resiliency, including his secretary Gilbert Close, Herbert Hoover, and Secret Service agent Colonel Starling (Barry, 2004; Link, 1994) [2, 18]. The change in mental faculties and vigor post-April 3rd, 1919, has been documented by many (Barry, 2004; Iezzoni, 1999) [2, 16]. The deterioration of Wilson's mental capabilities could have led to a decrease in his persistence in getting his Fourteen Points passed, leading to different terms in the treaty.

Even after falling ill, Wilson insisted on rejoining the negotiations but was too sick to take part in the general discussions (Barry, 2004) [2]. Clemenceau and George joined him in his bedroom, and negotiations proceeded. However, discussions did not go well, and Wilson threatened to leave the conference if Clemenceau did not agree to his demands (Barry, 2020) [4]. He learned that France, England, and Italy were more interested in regaining what they had lost to Germany at Germany's expense. Several days later, Wilson abandoned everything he had laid out previously and conceded to Clemenceau's demands that Germany take full responsibility for the war and pay heavy reparations

(Fargey, 2019; Link, 1994) [11]. Initially, Wilson wanted a solution that incorporated his Fourteen Points into the treaty. His compromised mental state due to his illness is often cited as the reason for this capitulation to French (and British) demands, which he was vehemently against (Barry, 2020; Fargey, 1919) [4, 11]. The Spanish flu had deteriorated Wilson's health and reduced his ability to negotiate properly for the United States. After the terms were finalized, the United States continued to deny the ratification of the treaty, which could have been a result of Wilson being unhappy with how the terms were finalized and because of those in the United States who felt the negotiations that were made did not address everyone in the Nation if the Spanish flu had not reduced the capability of Wilson at the time, a well-developed treaty that the United States would past have been made.

Still, there is some controversy about Wilson's illness and whether it was the Spanish flu. Some historians suggest that his illness was due to a generic virus or a minor stroke; others suggest that his symptoms and course of the disease for Wilson are more in line with the Spanish flu. Still, others suggest other reasons--fatigue or previous health issues resurfacing (Grayson, 1918) [30]. Poignant here is that those close to Wilson were sick with the Spanish flu. Many Parisians at the time of the conference were sick with the disease (Barry, 2020) [4]. In addition, several delegates and members of the US peace delegation got sick, including Wilson's daughter, wife, his aide, the White House Usher, and the White House physician, who were all ill with Influenza in March 1919 (Barry, 2020) [4]. Despite its global impact, Wilson had never directly addressed the Spanish Influenza. He continued demonstrating his fitness, determination, and desire to get to a settlement incorporating his agenda. Furthermore, Wilson's illness was downplayed in official media channels. Reporters were told his illness was due to overwork and Paris' weather (Morton, 2008) [22]. On April 5, the Associated Press reported that Wilson did not have Influenza and downplayed the illness that Wilson and the world were facing (Barry, 2020) [4]. Wilson continued to undermine the dangers of the Spanish flu in his speeches at home and abroad, focusing on his domestic and foreign policy agendas even though so many, mainly soldiers and military personnel, had become afflicted with and had died of the virus (Morton, 2008) [22]. The significance of Wilson's departure is far-reaching. The impacts of the final terms of the Treaty of Versailles were felt all over the globe, specifically in colonized and marginalized regions in Asia, Eastern Europe, and Africa, and the harsh measures against Germany incited resentment for years to come and which some argue, enabled the rise of Hitler and the Third Reich, instigating WWII (Fargey 2019) [11].

Overall, the 1918-1919 Spanish influenza pandemic significantly impacted the final terms of the Treaty of Versailles at the Paris Peace Conference, as the illness prohibited Wilson from properly negotiating at the conference and influenced how other vital members in the conference continued without him. Wilson's deteriorating mental health and radical departure from his previous stance in his Fourteen Points and his ultimate decisions at the conference changed the course of the treaty and had irrevocable impacts on Europe afterward and restructuring of the world post-WWI.

Conclusion

Conducting this investigation allowed me to practice the compare and contrast method, exposing me to some of the challenges faced by historians using that method. To understand the Spanish flu's impact on the Treaty of Versailles, I had to analyze how Woodrow Wilson dealt with the Spanish flu. Various sources used in the investigation had contrasting opinions on whether Wilson even had the Spanish flu. Historians, such as John M. Barry and Arthur S. Link, contend that. The flu heavily impacted Wilson and led to his subsequent collapse at the Paris Peace Conference.

In contrast, other historians, such as David Steigerwald, hold that other lifelong illnesses, instead of the Spanish flu, affected Wilson when determining the terms for the Treaty of Versailles. With various conflicting information about the subject, I was challenged with what firm conclusions to draw. Evaluating why and how historians reached different conclusions led me to understand that their backgrounds and expertise influenced their conclusions, which helped me become more effective at comparing and contrasting sources. I am aware that all historians must compare and contrast sources when investigating a topic, as they have to develop their own beliefs through the sources they evaluate. For example, Arthur S. Link may have been challenged with conflicting perspectives when comparing his sources. However, he relied heavily on Woodrow Wilson's physician Dr. Grayson's notes, a primary source, to formulate his opinion. Historians can determine the value they hold for the sources they use.

The investigation also led me to face the challenge of interpreting these sources. When looking at various sources, I was subject to the historians' interpretations and had to construct my own. With the immense amount of information I was exposed to, I had trouble developing an interpretation that accurately depicted the Spanish flu's impact. Ultimately, I could conclude that influenza contributed to the outcome of the Treaty of Versailles, as it was shown that Woodrow Wilson did not uphold his intended goals with the treaty. Historians must interpret information to communicate it, and consequently, they face the same challenges of accurately depicting an incident. For example, Frank M. Snowden, despite mainly talking about facts and statistics in his book, included interpretations of invitations and ideals during the pandemic. Interpretations challenge Snowden and other historians as their interpretations control how information is perceived by others who learn about them.

References

1. American Medical Association. Author John Barry talks about the 1918 flu pandemic and COVID-19; c2021. Retrieved from <https://www.ama-assn.org/delivering-care/public-health/author-john-barry-talks-about-1918-flu-pandemic-and-covid-19>
2. Barry JM. The great influenza: The story of the deadliest pandemic in history. New York: Penguin Books; c2004.
3. Barry JM. The site of origin of the 1918 influenza pandemic and its public health implications. *Journal of Translational Medicine*. 2004b;2(1):3. <https://doi.org/10.1186/1479-5876-2-3>
4. Barry JM. Pandemics - Then and now. *The Wilson Quarterly*; c2020. Retrieved from https://www.wilsonquarterly.com/quarterly/_/pandemic-s-then-and-now
5. Billings M. The Influenza pandemic of 1918; c2005. Retrieved from <https://virus.stanford.edu/uda/>
6. Burg S. Wisconsin and the great Spanish flu epidemic of 1918. *The Wisconsin Magazine of History*. 2000;84(1):36-56.
7. Burnet FM. Portraits of viruses: Influenza virus A. *International Virology*. 1979;11(4):201-214.
8. Byerly CR. Fever of war: The influenza epidemic in the U.S. army during World War I. New York: New York University Press; c2005.
9. Cline CA. British historians and the treaty of Versailles. *Albion: A Quarterly Journal Concerned with British Studies*. 1988;20(1):43-58.
10. Coll S. Woodrow Wilson's case of the flu, and how pandemics change history. *The New Yorker*; c2020. Retrieved from <https://www.newyorker.com/news/daily-comment/woodrow-wilsons-case-of-the-flu-and-how-pandemics-change-history>
11. Fargey KM. The deadliest enemy: The U.S. army and influenza, 1918-1919. *Army History*. 2019;111:24-39.
12. Finch GA. The treaty of peace with Germany in the United States Senate. *The American Journal of International Law*. 1920;14(1/2):155-206.
13. Gerwarth R. The vanquished: Why the First World War failed to end. New York: Farrar, Straus and Giroux; c2016.
14. Gross T. What the 1918 flu pandemic can tell us about the COVID-19 crisis. NPR; c2020. Retrieved from <https://www.npr.org/2020/05/14/855986938/what-the-1918-flu-pandemic-can-tell-us-about-the-covid-19-crisis>
15. Herwig HH. The First World War: Germany and Austria-Hungary, London: Arnold Publishing; c1997. 1914-1918.
16. Iezzoni L. Influenza 1918: The worst epidemic in American history. TV Books: New York; c1999.
17. Johnson N. Britain and the Influenza Epidemic. London: Routledge; 2006. p. 1918-1919.
18. Link AS. Dr. Grayson's predicament. *Proceedings of the American Philosophical Society*. 1994;138(4):487-494.
19. Macmillan M. Paris, 1919: Six months that changed the world. New York: Random House; c2003.
20. McGarvey K. Historian John Barry compares COVID-19 to the 1918 flu pandemic. University of Rochester; c2020. Retrieved from <https://www.rochester.edu/newscenter/historian-john-barry-compares-covid-19-to-1918-flu-pandemic-454732/>
21. Molgaard CA. Military vital statistics: The Spanish flu and the First World War. *Journal of the Royal Statistical Society*. 2019;16(4):32-37.
22. Morton B. Woodrow Wilson: USA in the Makers of the Modern World. Haus Publishing, London; c2008.
23. Simpson BW. Historian John M. Barry Peers Into Our Pandemic Future. Hopkins Bloomberg Public Health; c2020. Retrieved from <https://magazine.jhsph.edu/2020/historian-john-m-barry-peers-our-pandemic-future>
24. Snowden FM. Epidemics and society: From the black death to the present (with a New Preface). New Haven,

- CT: Yale University Press; c2020.
- 25. Steigerwald D. The reclamation of Woodrow Wilson? *Diplomatic History*. 1999;23(1):79-99.
 - 26. Taubenberger JK, Morens DM. 1918 Influenza: the mother of all pandemics. *Emerging Infectious Diseases*. 2006;12(1):15-22.
 - 27. Zieman B. War experiences in rural Germany, 1914-1923. Oxford: Berg Publishers; c2007.
 - 28. Honigsbaum M. Pandemic. *The Lancet*. 2009 Jun 6;373(9679):1939.
 - 29. Barry RG, Chorley RJ. Atmosphere, weather and climate. Routledge; c2009 Oct 20.
 - 30. Houk RS, Grayson MA, Gross ML. Harry J. Svec; c1918 Jun 24, 2006 Nov 28.