

Everything for an arm and a leg! History, epidemics, and inequalities¹

Tudo pela hora da morte! História, epidemias e desigualdades

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Abstract

Based on the dialogue between the fields of History and Public Health and provoked by the historicity of the present time, this article proposes epistemic advances in the discussion about the end of epidemics. To that end, it uses a historiographical operation in a vast body of documents, to point out the impacts resulting from the Spanish Flu of 1918 in Botucatu, a city in the interior of São Paulo, from the perspective of the deepening of inequalities in this locality in the decades following the epidemic. It concludes by pointing out that, in addition to the immediate effects caused by the epidemic phenomenon, when the Spanish Flu epidemic cooled down in the biological dimension, it followed its course, altering social and cultural conditions and affecting socio-historical structures and our corporeality, becoming a long-term historical event. Thus, we can infer that understanding the historical forces that operate in the advances and setbacks in Public Health can leverage concrete confrontations with inequities, along with the resumption of a civilizing project of social transformation in the country, based on democracy, social justice, and the radical defense of life.

Keyword: Epidemics; Influenza pandemic 1918-1919; Public health/history; Inequalities.

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¹ This study derives from the discussions presented in the master's thesis "Between nicknames, altars, and alcoves: the Spanish flu in the mouth of the backwoods paulista. Botucatu, 1918", linked with the current doctoral research "From the threads in the fibers, from traces in the fimbriae: the Spanish Flu in the Paulista Backwoods. Botucatu-SP, 1918-1938". Doctoral Scholarship Holder of the National Council for Scientific and Technological Development (CNPQ)

Resumo

Assentado na interlocução entre os campos da História e da Saúde Coletiva e provocado pela historicidade do tempo presente, este artigo propõe avanços epistêmicos na discussão sobre o término das epidemias. Para tanto, se vale de operação historiográfica em vasto corpo documental, para apontar os impactos decorrentes da Gripe Espanhola de 1918 em Botucatu, cidade do interior paulista, na perspectiva do aprofundamento das desigualdades presentes nesta localidade nas décadas subsequentes à epidemia. Conclui apontando que, para além dos efeitos imediatos provocados pelo fenômeno epidêmico, ao arrefecer na dimensão biológica, a epidemia de Gripe Espanhola seguiu seu curso, alterando condicionantes sociais e culturais, bem como incidindo sobre estruturas sócio-históricas e em nossa corporeidade, tornando-se acontecimento histórico de longa duração. Desta forma, pode-se depreender que a compreensão das forças históricas que operam nos avanços e recuos em Saúde Coletiva podem alavancar enfrentamentos concretos às iniquidades, junto à retomada de um projeto civilizatório de transformação social no país, assentado na democracia, na justiça social e na defesa radical da vida.

Palavra-chave: Epidemias; Influenza pandêmica 1918-1919; Saúde pública/história; Desigualdades.

Introduction

During her reflections on diseases, the course of humanity and the fallacy of linear progress, Laurie Garrett (1995, p. 15-22; 561-586) argues over which scientific points of view are used to look at given phenomena. At the same time, she proposes that we should understand specific health phenomena from the perspective of slow and imperceptible social transformations, in which the persistent challenge of the microbial world calls into question the power of the human species. This way, she instigates readjustment in the institutional mindsets and interpretations, as well as a shift in scientific research practices.

In another study, Garrett (2000), still interested in the Public Health - Science - Technology relationship, brings up the constraint-and-opportunity dynamics that culminated in the evolution of microorganisms in a globalized and socially produced ecology, i.e. the breaks in the sanitary, political, economic and social barriers present in a new materialism. She uses the following questions to provoke debate in the reader: where did we go wrong? Why has the collective sense disappeared? Herewith, she calls us to consider once again that Public Health is a scientific and political area of expertise in the modern world, with theoretical-conceptual frameworks, practices, policies and services corresponding to the stage of its historical-social and scientific development. Hence, she problematizes its transformations and identifies the transition nodes in tension with the social realm.

For Paim and Almeida Filho (1998, p. 310), “the analysis of the relationships between social sciences, everyday life and the natural sciences, while examining the constitution of social subjects, can find [in Public Health] a ‘new positivity’, both in sociopolitical militancy and in technology adoption”.

In such manner, the theoretical dialogue between History and Collective Health not only strengthens the analyzes on the foundations of health sciences but also their scientific and political strategies of legitimization. Ergo, such dialogue qualifies the debate on the social production of diseases and its symbolic, ethical and political aspects, recognizing health as an object, a concept and

a practice (Mota, Schraiber, 2014; Nunes, 1994, p. 20; Breilh, 2016). Ultimately, it allows us to grasp and articulate health processes in the inflections, continuities, collective social values and borderline zones where we set, develop and institutionalize speeches, therapeutics and social life organizations (Mota, Marques, 2018).

Such a dialogue proved to be peculiarly fruitful during the covid-19 pandemic, which not merely posed as a health and humanitarian emergency, but also a political and civilizational crisis. A crisis that, according to Preciado (2020, p. 173), will bring up to the center of the debate, during and after the pandemic, the question of “which lives are we willing to save and which will be sacrificed”. Besides, according to Leme (2021, p. 25), it will force us to acquire “new responses consisting of direct judgments, in spite of the accentuated reality loss”.

Nonetheless, social inequalities, poverty and structural racism - prior to the pandemic and exacerbated by it - deepen and expand perversely in Brazil, despite the efforts of the Brazilian National Health System (SUS) workers and education and research public institutions in communicating, producing and providing access to covid-19 vaccines.

The death policies of the federal government² are rooted in the deep structures of capitalism and in the resumption of an eugenic narrative, which posits that “the pandemic is purifying the human race, killing those who have health issues” (Machin; Couto; Mota, 2021, p. 224). Consequently, these policies - in which part of the population is considered disposable and killable - allowed coronavirus to exponentially increase inequalities in Brazil. Leading to interdependent dimensions of multiple crises, the current syndemia requires broad responses from Collective Health which are no longer limited to the pandemic, but also involving the confluence of current historical, political, economic, social, ecological and cultural processes: “the virus is driven by such a brutal system of reconnection between humans and nature that it has an open door for its reproduction” (Breilh, 2021).

The disproportionate exposure of population groups to risk; the health conditions of unassisted

territories; the grim naturalization of those who died, had after-effects and became orphans; the fake news and the Science denial; the dismantling of the National Immunization Program and the State’s institutional strategy in spreading contamination; the attacks towards SUS and our struggling democracy; as well as the absence of a social pact regarding the common wellness are systematic actions that, among many other vilifications, shed light upon the ongoing genocide in the country (Ventura, Reis, 2021).

Researchers from the Public Space and Right to the City Laboratory (LabCidade) of the Faculty of Architecture and Urbanism of the University of São Paulo (FAUUSP) mapped the flow of the covid-19 pandemic and the vaccination campaign in the city based on data from the Brazilian Ministry of Health in order to assess the territorial and social impact of the coronavirus in São Paulo. They pointed out that the government recognized the distribution of hospitalizations and deaths as being more concentrated in the city outskirts, but such a diagnosis did not endorse a spatial strategy to stop the spread of the contamination:

the narrative that associates Covid-19 with certain territories merely naturalizes deaths caused by the disease, since, even with a recognized vulnerability, there is no adoption of policies aimed directly at these groups, much less their inclusion in vaccination priorities. This naturalization of death is not new, and it also has a racial dimension. (...) the territories with the highest incidence of Covid-19 are those where most of the black population lives. On the other hand, territories with the most advanced vaccination so far are those where the higher-income white population self-segregates. Thus, the vaccination campaign criteria adopted until now are another example of how structural racism operates in our cities (Marino et al, 2021).

Similarly, researchers from the Institute of Applied Economic Research (IPEA), when presenting correlations between work, education and activity

2 We emphasize that this is a Federal Government under the Presidency of Jair Messias Bolsonaro (2019-2022).

sector and the distribution of covid-19 cases and deaths in São Paulo, pointed out that those who continued working were marked by “a predominance of low-educated people and a proportion of black workers above the city average” (Klintowitz et al, 2021).

Mota and Borysow (2021), in turn, when historicizing the socioeconomic and housing conditions of the most vulnerable populational social layers of São Paulo (constituted primarily by black and poor people) during epidemics, found that both in the outbreaks that occurred in the twentieth century, and in the current covid-19 pandemic, “the most vulnerable groups were reduced to the lowest value in the social game, becoming dispensable according to the population and Public Health authorities, not being properly included in aid policies” (Mota; Borysow, 2021, p. 257).

As Achille Mbembe (2016, p.128) recalls “in the biopower economy, the function of racism is to regulate the distribution of deaths and to enable the murderous functions of the state”. In the ongoing pandemic, the incidence of racial profiling and iniquities mark, fire and sword, the living, sickening and dying of fleshless bodies in life:

The sickened and lost bodies due to Covid-19 carry unforgettable social marks, which evoke stories of exploitation, humiliation and oblivion by Nations and their public policies, including the health ones. During this epidemic, as well as in so many others in history, the sick and dead are removed from their singular existence and transformed into numbers, which serve to estimate infection and death rates. (Machin; Couto; Mota, 2021, p. 219-220).

In this context, in which becoming ill, recovering health and dying are not only dependent on the social organization but also on the role each group plays in it (Bertolli Filho, 2003, p.31), in addition to the fact that “impacts of the social structure on health are based on participation or exclusion, associated with different social positions and subject to transformations depending on the historical process itself” (Barata, 2009, p. 18), it bears reminding the historian that, as Michel de Certeau (2017, p. 6) taught us, attention should be paid to the “historicity of history, which suggests the movement linking an interpretative practice to a social practice”.

To this extent, since the covid-19 pandemic gives us signs that, in addition to the immediate effects, when biological impacts cease, it will continue to change social and cultural conditions which will affect structures and our corporeity, this text, using a historiographic operation, points out impacts of the 1918 Spanish Flu in Botucatu, a city in the State of São Paulo, in subsequent decades.

The relevance of the research on the Spanish flu is based on the examination of the social structure impacted by the epidemic collective illness, allowing, from the dialectic perspective of time, to look at the weaves of the social fabric throughout history.

For Charles Rosenberg (1989, p. 278-287), collective illness is circumscribed in a plot of successive acts - an epidemic dramaturgy -, composing a narrative structure in ascending tension, which is repeated in certain patterns of past episodes, beginning with the refusal to admit the threat of plague, followed by agreements established to justify the presence of the disease in the social bosom, then by practical and ritualistic responses and articulations in collective suffering and, finally, by the retrospective and lessons learned during the collective suffering and mass death of people. Under this theoretical perspective, Rosenberg offers analytical keys that may indicate a trend towards the recurrence of perceptions or reactions.

However, understanding that “specificity matters more than repetition” (Chalhoub, 2006, p. 515), this study aims at finding, from a local history perspective, beyond the recurrences, the accumulated and reticulated traces in the plurality of time, from the critical potential of the particularities in the historiographic operation (Marson, 2020). In other words, from the historical investigation of a theme-problem ascribed to a delimited physical-political-social space (Marson, 2020, p. 46).

Therefore, this study addresses the deepening of social inequalities in Botucatu after the 1918 Spanish Flu outbreak and proposes epistemic advances in the discussion on the end of epidemics both in History and Public Health. We believe that such scrutiny - even if marked by regional remarks - may pinpoint constitutive elements and particular meanings of this long-lasting epidemic,

which may be investigated in the future in other local contexts.

The Spanish flu in Botucatu: the epidemic conjunctural fever

Mythologized by the nicknames of “Capital of the Paulista Backwoods Mouth”, “Land of Good Winds” and “Land of Charity”, as well as relishing outstanding regional projection in the early Republic, Botucatu, at the end of the nineteenth century was dialectically woven and fractured by the disputes in the local leaderships between exponents of the Paulista Republican Party (PRP), the Freemasonry and the Catholic Church.

Counting with a distinct clinical staff, the Misericórdia Hospital and benevolent associations, Botucatu sought, in the first decades of the twentieth century, an urban layout befitting the aspired modernity, contrary to the image of an unhealthy and archaic city, smashed by constant diseases that plagued its population in the midst of the incipient organization of public power in dealing with the Constitution of a “free labor” market and with the contradictions and conflicts inherent to the process of urbanization and capital accumulation:

Epidemics, leprosy, syphilis, and tuberculosis were dangers that affected, above all, the miserable sectors of the population [of Botucatu]. The lack of adequate urban equipment and basic sanitation to serve the population and provide solutions to the belehld problems led to high rates of infectious diseases, epidemic outbreaks, mortality - especially among children (...). During the assessed period [1890-1920], there were several episodes epidemic spreading (...). (Antonini, 1985, p. 68)

Broadening the urban perimeter and erecting spatial walls to elide corporalities that differed from the idealized city evidenced the hostile and segregating dimension of the city framing, as well as the responses of public authorities to social and health issues in the period. This is evidenced in the description of a neighborhood named Estação, located in the lower part of the city and mainly affected by epidemic outbreaks:

Botucatu, unfortunately, has its main entrance at its northern end, where the railway station is located. Whoever alights there can merely witness a small group of houses at the tip of the spike on which the city extends; and they cannot, therefore, imagine the large area occupied by our extensive streets and squares, whose buildings, both public and private, attest to our degree of progress. Well, if only I could erect a high steeple from the Matrix church, it would at least indicate that the city does not consist of that insignificant group of houses. (...). (A bello..., 1905)

The multitude of healthcare, medical and sanitary institutions, with actions and speeches marked by the recurrence of local elite names, such as philanthropists in a context of paulistanity, reflected not only the rise of Botucatu as the capital of the extensive backwoods in São Paulo, but also the importance of health in the idealization of the prodigious territory and its organized social constitution. At the same time, it threw open a social fabric plagued by diseases, on a collision course between scientific knowledge, sanitary intervention and public authority and which, in the political culture of donation and sanitation camouflaged as Christian charity, had found not only a peculiar exercise of power, but a social exclusion and purification mechanism in the city (Ribeiro, 2020a; Ribeiro, Marques, 2021; Mota, 2005, p. 67), as can be seen in the supplications published at the *O Correio de Botucatu* for the construction of an nursing home for lepers in a remote area of the city:

Ladies! Unite, methodize your isolated efforts (...)
Let us put an end once and for all to the begging of the lazars in this city, giving these unfortunate souls the comfort of existence, the necessary subsistence, and finally, a life. (...) Moreover, who would be so hard-hearted to stop answering your supplication, in favor of the lazars? (Velho, 1911)

In this arrangement of efforts, Botucatu entered 1918 both in in great uproar for the inauguration of the State Health Office - a branch of the São Paulo Sanitary Service in the countryside of the State - and the medical and dental Dispensary of the Dr. Cardoso

de Almeida school group, and in lamentations for the impacts of the First World War and the damage caused by the frost, a pink bollworm infestation and a foot-and-mouth disease outbreak in local businesses. Under these conditions, the virulent epidemic that had invaded Brazil in September, 1918, and that had swept the capital of São Paulo by the first days of October, under the name of Spanish flu (Bertolli Filho, 2003), took long to figure the pages of the *O Correio de Botucatu*, although its editor, Levy de Almeida - also a correspondent for the newspaper *O Estado de S. Paulo* - , had already given clues about the danger lurking in the city:

The residents of the Estação neighborhood in the petition addressed to the Chamber and to Dr. Waldomiro de Oliveira, chief delegate in charge of the hygiene service, request for actions towards the poor conservation state of the sewage drain tank, built in the vicinity of the slaughterhouse. The stench coming out of it is unbearable. Besides, since the aforementioned drain is uncovered, the amount of morquitoes that are formed there horribly bothers the residents. The imminent danger cannot be measured, given the fact that in an infectious disease contamination episode, its spread would be unavoidable, urging the Chamber, in accordance with hygiene officials, to give the case the most prompt and effective solution.(...). (Almeida, 1918).

The Spanish Flu officially became epidemic in the city in the edition of October 21, 1918 of the *O Correio de Botucatu* (EDITORIAL, 1918a), when it already reigned implacably in the contaminated outskirts where it made its first victims. In a scenario of chaos and complaints about the failed public efforts to prevent the disease propagation, the Aid Commission was formed. This commission was articulated by the municipality, the State Health Office, the Bishopric of Botucatu, the doctors and other members of the local elite, who deliberated on the creation of a hospital for the “admittedly underprivileged” flu patients in the building of the Dr. Cardoso de Almeida Regular School (Ribeiro, 2020).

With an expressive asylum character, the Flu Hospital was installed on November 2, 1918 under

the organization of the Aid Commission (also responsible for raising and distributing donations to the poverty shelters), with a loan of one hundred beds and mattresses by the Diocese of Botucatu, expenses assumed by the City Council, local clinical staff and aid from the Red Cross Ladies, Scouts and War Veterans. The day after the opening, the Hospital reached maximum capacity, and it was necessary to increase its accommodations. Doctors and nurses - distributed in shifts - went out for emergency medical care on cars provided by the City Hall and the Health Office, with a third car provided by the city intended for patient transportation. (Alves, 1918, p. 196; Ribeiro, 2020; Ribeiro; Marques; Mota, 2020b)

The onerous cost of the Flu Hospital became necessary, according to the physicians, “to prevent the spread of evil, and so that those who are sick, mostly those truly in need, could be properly taken care of”. Such cost, added to the insufficient money in the public accounts, led the City Council to decree, on November 11, 1918:

(...) The City Hall is authorized to raise a loan up to the amount of R50:000\$000 in this city, to liquidate the Closed Fiscal Year and the Chamber’s forced expenses regarding the emergence of the Spanish Flu in our municipality. (Câmara Municipal de Botucatu, 1918a).

In a special edition of the *O Correio de Botucatu*, Col. A. J. Carvalho Barros - current President of the Misericórdia Hospital - was appointed as the first reporter of the Aid Commission. However, this Commission followed the regulations from the Health Service and published press releases, so that they could serve as a model for other cities in the countryside, even though it ended up incorporating, in the care dynamics, the local idiosyncrasies:

[The Botucatu Health Office] in conjunction with the steward of the Misericórdia Hospital from Botucatu, organized a public Aid Commission aimed at providing medical and pharmaceutical aid, as well as food, to the underprivileged part of the population, as observed in all cities. (Alves, 1918, p. 195)

The population, on the other hand, was dealing with the overlapping fevers caused by the proliferation of tuberculosis and typhus, along with the Spanish Flu, in even greater trouble with supplies going sky-high. Chicken was unaffordable and milk, already costly due to production decrease caused by the foot-and-mouth disease, suffered an exorbitant increase with the arrival of the epidemic. The city attempted to freeze prices, but without effective control, the commercialization of food and medicines - which promised those who became anemic and weakened by the flu to recover their strength - became highly profitable ((Arquidiocese de Botucatu, 1926; Marques, Ribeiro, Mota, 2021, p. 236-237).

The complete neglect of the population in the remote region of Porto Martins - a railway station and river harbor currently under the jurisdiction of Botucatu -, along with the dreadful nature of the Spanish Flu was reported at the *O Correio de Botucatu*:

having claimed victims daily due to the absolute lack of medicines, pharmacies and any resources whatsoever. The sick population there, most of which have been recently cured from malaria, cannot resist the horrors of the flu. Our informant says that, especially at the Dr. Coutinho de Lima Farm, the plague reigns with severity, where recently arrived settlers, without money and almost without food, are in a wretched state. They demand us to call the attention of the competent authorities, so that they turn their beneficial gaze to these unprotected ones who are dying in vain. (Complaints, 1918a).

This disregard was overshadowed by the post-flu speech in official reports, which claimed prompt action after the activation of the respective Health Offices (Alves, 1918), even in the distant corners of the State. This attitude allows us to glimpse at the structural limits, weaknesses and misconceptions in the implementation of the São Paulo health project - especially towards the countryside. The populational dispersion throughout a huge territorial extension, such as in the case of the Botucatu Health Office, associated with the difficult displacement and the collapsing health service in the capital of São Paulo, led to a delayed staff deployment towards the borders

of the State, only after the decline of the epidemic among the population (Bertucci, 2004).

In the central area of Botucatu, with the announcement of the epidemic decline on November 20, 1918 and the closure of the Flu Hospital activities on December 13, 1918, the Aid Commission was dismantled and handed over to the City Hall, in a session of the City Council in Botucatu on December 20, 1918, the amount of R\$3:605\$700, in addition to documents worth R\$7:802\$400, totalizing R\$11:408\$100, thus leaving the municipality accountable for the remaining debts (Câmara Municipal de Botucatu, 1918b).

During this period, the clash began between recovering normality, erasing inconvenient actors and marks and crystallizing the narrative about the successful aid provided in the Flu Hospital, clouding the understanding of what happened and reducing the dimension of the epidemic event:

Unfortunately, the terrible evil that has ravaged the whole world has come to us, mocking at all the preventive measures which have been taken by the City Hall, and making some victims here, but relatively in small numbers, which we undoubtedly owe to the excellent aid service we had. Mortality did not reach more than 2% within the number of those affected by the disease, and that was in number of 53. (Kuntz, 1919).

As Hochman (2021, p. 105) brings us, the end of an epidemic among many other elements to be investigated, carries the sharing of memory and understanding about how societies “imagine that social life, interrupted by them [epidemics], has been or will be reestablished and by the political and economic interests involved in this end.” In this dimension, it is important to highlight the continuous local rearrangements, resulting from a daily war between the Freemasonry, the Catholic Church and exponents of the PRP in their different ideologies, representations and projects for the provision of assistance in Botucatu, and consequent erasures or praise of social actors in reports and press releases on the aid of the people infected by the flu.

This scenario is present in the disagreements between initiated Freemasons in the then inactive Regeneradora Lodge - such as Major Kuntz and

Almeida brothers (owners of the *O Correio de Botucatu*) - and the regulars of the Guia do Futuro Lodge, who tensioned the Masonic oath of mutual protection, vying trenches both in benevolence and in epidemic aid. Such a panorama clarifies the connivance of Major Kuntz (promoted to Mayor at the end of the plague) and the *O Correio de Botucatu* (belonging to the Almeida family), in the deletion of the participation of the Guia do Futuro Masonic Lodge and its members (especially the doctor Costa Leite, then venerable of the Lodge) in official documents and publications of the newspaper, silencing about their donations, the operation of the place as a service station and the actions of their associates in the Flu Hospital (Ribeiro, 2020).

In the restoration of the Urban Dynamics in Botucatu, the residents of the Estação neighborhood, now known as “Vila dos Lavradores”, resumed their daily dramas and miseries, demonstrating that the health risks they presented were not enough for the unhealthiness and the numerous deaths that occurred in the neighborhood thanks to the epidemic to become an issue for public leaders:

The residents of Vila dos Lavradores also complain about the huge amount of flies and bugs that infest that neighborhood and the bad smell exhaled from the septic tank that cause real despair to the people living in that neighborhood. They complain and demand us to complain to the Dr. delegate of Health and the city council energetic and prompt measures. (Reclamações, 1918b).

In that same edition (EDITORIAL, 1918b), 56 official deaths from the epidemic were published, in an estimated population of 30,000 inhabitants, highlighting mortality among children and young adults. Among the records of the 1,016 infected inhabitants, 371 with the flu were hospitalized, while 281 received medicines and food at home, pointing to the aid of 64% of the underprivileged sick population. It is essential to keep in mind that the pre-existence of diseases such as tuberculosis and typhus, the degree of healthiness in the workplace and housing, and access to food, were determinants of success or failure in the fight to survive the epidemic. (Meyer, Teixeira, 1920, p. 321;

Alves, 1918, p. 196; Ribeiro, 2020, p. 147; Marques, Ribeiro, Mota, 2021, p. 238)

It is also noteworthy the ignorance of the authorities of the capital about the extent of the epidemic in the mouth of the Paulista backwoods, evidenced in the request of the school director Justino Marcondes Rangel to the General Director of Education:

Regular Elementary School of Botucatu, on January 9, 1919. I acknowledge the receipt of your letter n. 27, of 3 of the ongoing, and I answer: it was not simply part of the Regular School building where the school group functioned that served as a provisional hospital for those infected with the flu, but the entire building. Under these conditions, I think that regular and complementary classes should also be resumed after the cleaning of the building [...]. (Rangel, 1919)

The Flu Hospital experience installed in the Regular School, with clear delimitation of action for each of the spheres involved in the aid, although bringing together different purposes and interests, became an inflection point in the philanthropic practices of the city. Under the orders of Health delegate Waldomiro de Oliveira and the narrative of the aid success of the hospital, the public power became more demanded by the population regarding the accountability of care and health, at the same time that there was notorious coercive equipment of the Health Office, with the systematic organization of the staff negotiated with local elites, demanding strict compliance with the São Paulo health code in frequent inspections, issuing fines and persecution of popular medicine practices and the illegal practice of Medicine.

In contrast to the narrative of hospital success and the selflessness of the clinical staff in confronting the epidemic, the search for medical-administrative legitimacy and institutional authorities manifested itself in different ways in the medical community. Waldomiro de Oliveira, as health delegate, declared at the *O Correio de Botucatu*, on 30 November 1918 (Oliveira, 1918), that he would not be responsible for expenses made without his express authorization - which finally

exposed resistances with little knowledge-power increasingly disciplining the medical field-, while a withdrawal of service of doctors began in the weeks following the epidemic decline.

In sessions of December 2 and 9, 1918 (LOJA GUIA DO FUTURO, 1918), at the Guia do Futuro Masonic Lodge, the aesculapians Vianna Júnior and Octávio Simões - belonging to the clinical staff of the Misericórdia Hospital - said goodbye to the other members of the order and left Botucatu for the northeast of the country not to return. Octávio Simões, before traveling, published an unfriendly warning to those who used his services during the epidemic and did not pay him:

(...) if for any reason, you have not paid your medical fees, you have left your accounts in the hands of the lawyer Dr Octaviano Carlos de Azevedo to whom they will go to pay it or by whom they will be sought to collect them amicably or judicially, according to full powers that you confer by proxy. (Simon, 1918)

The unusual message of Octavio Simões differs not only from the idealization of practitioners, but it also reveals typical social practices during the epidemic period and under the historicity of its process, full of feelings, manifestations and complex, ambiguous and contradictory discourses (Bertolli Filho, 2003).

Dr. Oswaldo Puissegur, in turn, said goodbye to the clientele at the *O Correio de Botucatu*, on February 1, 1919, claiming lack of resources in the city to run his clinic and moving to more developed centers in the country (Puissegur, 1919).

However, a complaint by the famous local doctor Antonio José da Costa Leite - a high-ranking Freemason, benefactor and clinical director of the Misericórdia Hospital in Botucatu (Ribeiro, 2020) -, published in the first months of 1919, allows us to infer that an unfulfilled promise (or delayed to fulfill) by the municipality contributed to the withdrawal of doctors from the city:

By the way, our honorable and dear [political] chief Dr. Costa Leite, when demanded by us, authorized us to declare on his behalf:

1°) that he has for 35 years paid taxes to the Municipal Chamber of Botucatu without any delay;

2°) that he is, now, in debt with the taxes regarding the current year, only because the Chamber, in turn, has not yet paid him the promised bonus, sworn to him and other doctors, for the services rendered during the last epidemic. He is, however, prompt to liquidate this debt, as soon as the Chamber fulfills or withdraws its promise;

3°) that, what regards him, he replies the insinuation, authorizing its author or authors to inquire into the businesses of this city, to search the banking books and lawyers, to search the notaries, in order to check if his name is in arrears for debts, or involved in unlawful business.

The same statement, regarding the last part, was made by all the other leaders of our party we could hear. If any of them is by any chance in debt, a hypothesis which cannot be altogether ignored, given the multiplicity of municipal taxes and fees, as well as the anarchism of the collection process, will be that of even more ridiculous amount than the redicularia of the gross insinuation that we utter. (Insinuação..., 1919)

The protest of Costa Leite against the increase in municipal taxes and the delay in the payment of the bonus promised by the City Council to the doctors who worked at the Flu Hospital destroy the narrative of the missionary character of those who worked in the Aid Commission and reveals the intensification of political disputes between social forces in the city.

The bonus claimed by the doctors was only approved by the municipality to the practitioners who remained in Botucatu, in a Chamber session on December 20, 1919, one year after the closure of the Hospital, and was not granted to the doctor Waldomiro de Oliveira, delegate of Health, on the grounds that he was the highest health authority dealing with the epidemic, thus being in the performance of his function (Câmara Municipal de Botucatu, 1919d). Other citizens demanded the recognition of their solidarity in money, such as João Sartori, who acted during the

epidemic as a chaffeur and had his bonus approved in a Chamber session on February 20, 1919, long before the practitioners (Câmara Municipal de Botucatu, 1919a). The claims for the bonus lasted for years, still being present in the minutes of the City Council, on December 6, 1926, about the work of Dr. Nestor Seabra with those with flu (Câmara Municipal de Botucatu, 1926).

In the Council Chamber, the tension caused by the scarce municipal resources before the numerous debts that proliferated, even after the epidemic storm, stands out in different bills to circumvent the bankruptcy of public accounts. In the session of May 20, 1919, when the construction of tombs in mass graves was prohibited in order to prevent future uncertainties regarding the death toll and body identifications, the Councilor Chamber authorized the City Council to obtain a new credit “up to the amount of thirty million reis, for the compensation of the activities performed and expenses made during the ‘Spanish Flu’ epidemic” only six months after having contracted the first loan to balance the expenses such as those from the Flu Aid Commission (Câmara Municipal de Botucatu, 1919b).

Sixty days later, on July 21, 1919, the municipality took out a new loan, this time in the amount of 1.5 billion réis, to be paid within the upcoming 30 years (Câmara Municipal de Botucatu, 1919c). Aiming at completely underwriting the previous loans resulting from the Spanish Flu epidemic, and in order to settle the floating debts and provide city pavement, the payment of the large amount would be guaranteed “with the income from municipal taxes from industries and professions, buildings, coffee producers, the slaughterhouse, market, water taxes, sewage taxes, and with the income taxes on the [future] pavement.” However, this payment was not balanced with the population who, impoverished at different levels, went on frequent uprisings against the municipality.

The urgent need for a poverty shelter in the suburbs requested by catholic entities, as well as the mandatory beggar’s registration book issued by the police and published at the “O Correio de Botucatu” (Os falsos..., 1921) depict not only a scenario of misery, racism, eugenics and lack of assistance

in the streets of Botucatu, but also the propagation of hygienism against loitering and vagrancy in order to contain insubordination and towards the perception of the “poor class” as the “dangerous class” among the elites, both when it concerned the social order and the disease transmission (Chalhoub, 1996; Rizzini, 2011):

Tanquinho, a poor neighborhood that hides in the city’s outskirts, on the way to Capão Bonito, has become more or less known as a den of low class people, vagabonds and winos. (...)

There were real senzalas in the immediate vicinity, where addiction prevailed. Primitive, filthy, sad, dark shacks were full of idle black men and black harlots, in cheerful conversations, or in indolent silence, smelling of cigarette and rum. Every now and then one of these black ghosts, would go down the street, talking to him- or herself, staggering, completely drunk. (...)

The police should also pay attention to the prayer-makers, who beg around our neighborhoods carrying images of saints. Not long ago, a woman named Maria José, carrying a saint image and a girl by the hand, walked through the suburb where she lives, at the end of Cesario Alvim street, asking for alms for a prayer, a praise to Saint Gonçalo, which she will perform on the next new year’s eve, at home. (...) Maria José is not the only one there who practices religion this way. The number of prayer-makers in those surroundings is large. A camp of those religious people had been formed there, until the police dismantled it. (...) (Resas..., 1921)

The constant tax increase in the upcoming years, focused at alleviating the exorbitant contracted loan installments, the internal wear and tear in the PRP, the political reconfigurations in the Coronelism pact, the famine, the oscillation of municipal maintenance funds for the State Health Station that resulted in the lack of endemic disease control such as tuberculosis, malaria and typhus and in a yellow fever epidemic at the beginning of 1936, in parallel with the suppression of subsidies to care services, especially to the Misericórdia Hospital in the

budget agreements between 1919 and 1938, reveal reallocation of disputes, deep economic and social crisis and reinforcement of inequities in Botucatu, when facing irreconcilable social and health issues.

The influence loss of the Freemasonry over the clinical staff of the Misericórdia Hospital in Botucatu and the arrival of Italian doctors; the dispute displacement of social efforts from Care and Health over to Education, with the Normalista leading the regeneration of the nation against the medical “superiority”; and the alignment of the municipality in the 1930s, with eugenics and fascism in official speeches and resolutions, have presented evidence worth investigation in this study on the impact of the plague on the social fabric and the acceleration of temporality in epidemic daily life, as a paradox between watertight time and infinity: “to the dialectic of lived, geometric and inhabited space, corresponds to a similar dialectic of lived, cosmic and historical time. The critical moment of location in the space order corresponds to that of dating in the time order” (Ricoeur, 2007, p. 163).

Final remarks

For Charles Rosenberg and Janet Golden (1992), if a disease “does not exist until we have agreed on what it is, through perception, classification and the responses we give to it” (p. xiii), the epidemic ends, in turn, are objects that are still little explored by historians and social scientists (Hochman, 2021), leading the present study to focus on the event-fragment articulation and the movement intersection, seeking impact traces and interactions that stand out, either as mainstay, or obstacle in the framework of social life throughout history (Braudel, 1992, p.49-50).

Guided by the historical logic that allows testing hypotheses on structure and causation when facing evidence, this study interrogated and analyzed tens of thousands of documentary sources collected in collections from Botucatu, allowing the influx of aspects from both “public” and “private” realms, along with the challenge of remembering the vestiges consulted in their socio-historical time, deciphering the speech on its path, through the experiences of the social efforts operating in Botucatu and

the individual and collective responses to dilemmas caused by the Spanish Flu epidemic in the city network, between the years 1918 and 1938.

From this, we concluded that for a social history of epidemics to encompass the meaning of the set of ideas, rationalities, values, representations, interpretations, responses, stigmas, therapeutic interventions and practices instituted in the daily life of the plague and expressed and disputed in symbolic, discursive and operative efforts among so many facets, historiographical writing needs to dwell on the social construction of diseases, the production of cultural or imaginary elements, the corporeality of sick individuals, the inexorable impacts of the epidemic experience and what such experiences they have in common, but mainly what they carry of specific and unforeseen in the gaps, evidencing singularities in the most diverse times, spaces and societies.

To this extent, it is believed that the value and meaning of such an investigation lies in the examination of the social structure impacted by collective illness, from a dialectic perspective of time, presented here by the deepening of social inequities and disputes in the years subsequent to the Spanish Flu, allowing us to look in the vastness of history at the multiple watermarks of the social fabric, aiming at decomposing, within the limits of instability, the withheld and/or ellapsed temporality: “”(…) those great, often silent, undercurrents whose meaning is only revealed when broad periods of time are embraced. The resounding events are often no more than instants, manifestations of these broad destinies and can only be explained by them. (Braudel, 2005, p. 15).

Thus, it is noteworthy that “”(…) what is unique and what is apparently universal, between what contextualizes the epidemic experience, to what can be considered a standardized reaction to certain traditional stimuli, such as the threat of the plague” (Silveira; Nascimento, 2018, P.293), the research focused on the rupture and permanence movements before the social fabric fraying, the deepening of inequalities and the attitude of public authorities, experts and ordinary people in the years following the epidemic chaos, faced with the inability to solve, circumvent, alleviate or even

guarantee the population's access to medicines in the midst of health crises (Ferreira; Luca, 2011, p. 33).

The understanding of the historical forces that operate in the advances and retreats of health policies, the narratives of invisible corporalities and the concrete confrontations with inequality, racism and regional differences, launch us into the complexification of power relationships and sociability involved in conjunctural fevers in History and Collective Health, allowing us to infer that the Spanish Flu epidemic did not find its end, but it was incorporated to society, being noticed in social, cultural, political and economic dimensions and modifying power structures becoming a historical event of long duration.

From this perspective, looking for approximations between the social, political, economic, cultural and territorial impacts in decades following the Spanish Flu and the worsening of social inequalities, the death poor, black and marginalized parts of the population in the context of the covid-19 pandemic in Brazil, in the multiple dimensions of the epidemic experience, in social responses and in public policies in the face of health emergencies in the country (Mota, 2021; Furtado, 2021) calls us to historicize the inequities present in our socio-historical formation, at the same time it allows epistemic advances, offering interpretive possibilities for the resumption of a civilizational project of social transformation in Brazil, based on democracy, social justice and the radical defense of life.

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Authors' contribution

Ribeiro and Marques were responsible for the conceptualization: idea and problem definition; methodology design and development; data analysis and interpretation; as well as the writing of the original manuscript. Ribeiro carried out the research, including the data collection, curatorship and categorization.

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