

Name: _____



1918 INFLUENZA PANDEMIC AND WORLD WAR I

Using the primary and secondary sources, answer the questions below. For each question, cite your evidence from the primary or secondary source in your answer. For written or oral sources, your evidence may be a quote. For visual sources, like photographs, indicate what part of the photograph led you to make the observation — the people's clothing, their location, what they are doing, etc. Be as specific as possible.

1. Who was most affected by the virus? Who was most at risk?

Evidence:

2. How did the virus spread?

Evidence:

3. How did the virus change daily life?

Evidence:

4. What was the government's response to the virus?

Evidence:

5. What was the American public's response to the virus?

Evidence:

Name: _____



6. How were U.S. military nurses affected by the virus?

Evidence:

7. How did World War I change how the virus spread and who it infected?

Evidence:

8. How were other parts of the world affected by the virus as compared to the United States?

Evidence:

9. What is the most surprising fact that you learned about the 1918 flu pandemic from these sources?

10. What argument(s) does Barry make about the 1918 flu pandemic?

Evidence:

11. What argument(s) does Finkelstein make about the 1918 flu pandemic?

Evidence:

Source #1: “How the Horrific 1918 Flu Spread Across America”

Secondary Source

This document is an edited excerpt of an article written by historian John M. Barry for the Smithsonian Magazine in November 2017. The full article can be found here: <https://www.smithsonianmag.com/history/journal-plague-year-180965222/>.

How it Started

Haskell County, Kansas, lies in the southwest corner of the state. We cannot say for certain what happened in 1918 in Haskell County, but we do know that an influenza outbreak struck in January. The outbreak was so severe that, although influenza was not then a “reportable” disease, a local physician named Loring Miner went alerted the U.S. Public Health Service. The report itself no longer exists, but it stands as the first recorded notice anywhere in the world of unusual influenza activity that year. The local newspaper, the *Santa Fe Monitor*, confirms that something odd was happening around that time: “Mrs. Eva Van Alstine is sick with pneumonia...Ralph Lindeman is still quite sick...Homer Moody has been reported quite sick...Pete Hesser’s three children have pneumonia ...Mrs J.S. Cox is very weak yet...Ralph McConnell has been quite sick this week...Mertin, the young son of Ernest Elliot, is sick.”

Several Haskell men who had been exposed to influenza went to Camp Funston, in central Kansas. Days later, on March 4, the first soldier known to have influenza reported ill. The huge Army base was training men for combat in World War I, and within two weeks 1,100 soldiers were admitted to the hospital. Thousands more were sick in their barracks. Thirty-eight died. Infected soldiers likely carried influenza from Funston to other Army camps in the United States — 24 of 36 large camps had outbreaks — sickening thousands. Then, those soldiers likely carried the disease overseas. Meanwhile, the disease spread into U.S. civilian communities.

The pandemic lasted just 15 months but was the deadliest disease outbreak in human history. It killed between 50 million and 100 million people worldwide, according to the most widely cited analysis. Some 670,000 Americans died.

The First Wave

Initially the 1918 pandemic set off few alarms because in most places it rarely killed, despite the enormous numbers of people infected. Doctors in the British Grand Fleet, for example, admitted 10,313 sailors to sick bay in May and June, but only 4 died. It had hit both warring armies in France in April, but troops dismissed it as “three-day fever.” The only attention it got came when it swept through Spain and sickened the king. The press in Spain, which was not at war, wrote at length about the disease, unlike the censored press in warring countries, including the United States. Hence it became known as “Spanish flu.” By June influenza reached from Algeria to New Zealand. Still, a 1927 study concluded, “In many parts of the world the first wave either was so faint as to be hardly perceptible or was altogether lacking...and was everywhere of a mild form.” Some experts argued that it was too mild to be influenza.

Yet there were warnings, ominous ones. Though few died in the spring, those who did were often healthy young adults — people whom influenza rarely kills. Here and there, local outbreaks were not so mild.

The Second Wave

The hospital at Camp Devens, an Army training base 35 miles from Boston, could accommodate 1,200 patients. On September 1, it held 84 patients.

On September 7, a soldier sent to the hospital delirious and screaming when touched was diagnosed with meningitis. The next day a dozen more men from his company were diagnosed with meningitis. But as more men fell ill, physicians changed the diagnosis to influenza. Suddenly, an Army report noted, “the influenza...occurred as an explosion.”

At the outbreak’s peak, 1,543 soldiers reported ill with influenza in a single day. Now, with hospital facilities overwhelmed, with doctors and nurses sick, with too few cafeteria workers to feed patients and staff, the hospital ceased accepting patients, no matter how ill, leaving thousands more sick and dying in barracks.

Devens, and the Boston area, was the first place in the Americas hit by the pandemic’s second wave. Before it ended, influenza was everywhere, from Alaska to Africa. And this time it was lethal.

Hiding the Horror

The killing created its own horrors. But governments aggravated them because of the war. For instance, the U.S. military took roughly half of all physicians under 45 — and most of the best ones.

What proved even more deadly was the government policy toward the truth. When the United States entered the war, President Woodrow Wilson created the Committee on Public Information. The committee was inspired by an adviser who wrote, “Truth and falsehood are arbitrary terms....The force of an idea lies in its inspirational value. It matters very little if it is true or false.” Government posters and advertisements urged people to report to the Justice Department anyone “who spreads pessimistic stories...cries for peace, or belittles our effort to win the war.”

Against this background, while influenza bled into American life, public health officials, determined to keep morale up, began to lie.

Early in September, a Navy ship from Boston carried influenza to Philadelphia. The city’s public health director, Wilmer Krusen, declared that he would “confine this disease to its present limits, and in this we are sure to be successful. No fatalities have been recorded. No concern whatever is felt.”

The next day two sailors died of influenza. Krusen stated they died of “old-fashioned influenza or grip,” not Spanish flu. Another health official declared, “From now on the disease will decrease.” The next day 14 sailors died — and the first civilian. Each day the disease accelerated. Each day newspapers assured readers that influenza posed no danger. Krusen assured the city he would “nip the epidemic in the bud.” By September 26, influenza had spread across the country, and so many military training camps were beginning to look like Devens that the Army canceled its nationwide draft call.

Philadelphia had scheduled a big Liberty Loan parade [to raise money for the troops in World War I] for September 28. Doctors urged Krusen to cancel it, fearful that hundreds of thousands jamming the route would spread disease. They convinced reporters to write stories about the danger. But editors refused to run them. The largest parade in Philadelphia's history proceeded on schedule.

Krusen finally ordered all schools closed and banned all public gatherings — yet a newspaper nonsensically said the order was not “a public health measure” and “there is no cause for panic or alarm.”

There was plenty of cause. At its worst, the epidemic in Philadelphia would kill 759 people...in one day. Priests drove horse-drawn carts down city streets, calling upon residents to bring out their dead; many were buried in mass graves. More than 12,000 Philadelphians died — nearly all of them in six weeks.

Across the country, public officials were lying. U.S. Surgeon General Rupert Blue said, “There is no cause for alarm if precautions are observed.” The Los Angeles public health chief said, “If ordinary precautions are observed there is no cause for alarm.”

People knew this was not the same old thing, though. They knew because the numbers were staggering. In San Antonio, 53 percent of the population got sick with influenza. They knew because victims could die within hours of the first symptoms. And people knew because towns and cities ran out of coffins.

People could believe nothing they were being told, so they feared everything, particularly the unknown. How long would it last? How many would it kill? Who would it kill? With the truth buried, morale collapsed. Society itself began to disintegrate.

Everyone for Themselves

In most disasters, people come together, help each other. But in 1918, without leadership, without the truth, trust evaporated. And people looked after only themselves.

In New Haven, Connecticut, John Delano recalled, “Normally when someone was sick in those days [people] would bring food over to other families but...Nobody was coming in, nobody would bring food in, nobody came to visit.”

In Goldsboro, North Carolina, Dan Tonkel recalled, “We were actually almost afraid to breathe...You were afraid even to go out...The fear was so great people were actually afraid to leave their homes...afraid to talk to one another.” In Washington, D.C., William Sardo said, “It kept people apart...You had no school life, you had no church life, you had nothing...It completely destroyed all family and community life...The terrifying aspect was when each day dawned you didn't know whether you would be there when the sun set that day.”

Then, as suddenly as it came, influenza seemed to disappear. An undercurrent of unease remained, but aided by the euphoria accompanying the end of the war, traffic returned to streets, schools and businesses reopened, society returned to normal.

The Third Wave

A third wave followed in January 1919, ending in the spring. This was lethal by any standard except the second wave.

On April 3, 1919, during the Versailles Peace Conference, Woodrow Wilson collapsed. His sudden weakness and severe confusion halfway through that conference possibly contributed to his abandoning his principles [the 14 Points]. The result was the disastrous peace treaty, which would later contribute to the start of World War II. Some historians have attributed Wilson's confusion to a minor stroke. He had a 103 degree temperature, intense coughing fits, diarrhea and other serious symptoms. A stroke explains none of the symptoms. Influenza, which was then widespread in Paris and killed a young aide to Wilson, explains all of them — including his confusion.

After that third wave, the 1918 virus did not go away, but it did lose its extraordinary lethality. It evolved into a seasonal influenza.

Conclusion

Even though the death toll was historic, most people who were infected by the pandemic virus survived. In the developed world, the overall mortality was about 2 percent. In the less developed world, mortality was worse. In Mexico, estimates of the dead range from 2.3 to 4 percent of the entire population. Much of Russia and Iran saw 7 percent of the population die. In the Fiji Islands 14 percent of the population died—in 16 days. In small native villages in Alaska and Gambia, everyone died, probably because all got sick simultaneously and no one could provide care, could not even give people water, and perhaps because, with so much death around them, those who might have survived did not fight.

The age of the victims was also striking. Normally, elderly people account for the overwhelming number of influenza deaths; in 1918, that was reversed, with young adults killed in the highest numbers. This effect was heightened within certain subgroups. For instance, a Metropolitan Life Insurance Company study of people aged 25 to 45 found that 3.26 percent of all industrial workers and 6 percent of all coal miners died. Other studies found that for pregnant women, fatality rates ranged from 23 percent to 71 percent.

Source #2: “Commemorating the Nurses of the 1918 Influenza Pandemic”

Secondary Source

This document is an edited excerpt of an article written by Dr. Allison S. Finkelstein for Arlington National Cemetery in June 2020. The full article can be found here: <https://www.arlingtoncemetery.mil/Blog/Post/10832/Commemorating-the-Nurses-of-the-1918-Influenza-Pandemic>.

The devastating outbreak of influenza that swept across the globe between 1918 and 1919 occurred during the final stages of World War I. The combination of the war and the disease proved overwhelming and created a dual tragedy. Around 50 million people worldwide died from the influenza pandemic and about 500 million people contracted the disease, including civilians and members of the military. Although there is no definitive explanation of where, when and how the influenza pandemic began, some scholars believe that the first known outbreak might have occurred at the U.S. Army's Camp Funston in Kansas, or possibly, according to historian John M. Barry, in Haskell County, Kansas as residents came into contact with Camp Funston.

Regardless of where it began, influenza took a toll on the American military, which had been involved in the world war since 1917. As service members crammed into camps, ships and trenches, the disease spread easily through the living conditions necessitated by war. Making the situation worse, the mostly young service members formed one of the most at-risk populations for this disease: people between the ages of 20 and 40 were particularly susceptible to death in this pandemic. More than 55,000 U.S. service members are thought to have died as a result of influenza. Compared with the estimated figure of over 53,000 American battle deaths during World War I, the flu likely accounted for about half of all U.S. military fatalities during the war.

Who cared for these service men when they became ill? Female nurses. Tens of thousands of American women already served as nurses during the war, and they formed the front lines of the military's battle against the influenza pandemic. Stationed overseas and in the United States, military nurses worked tirelessly to serve their nation.

Opportunities for women to serve as nurses, however, remained racially limited due to prejudice and the norms of segregation in the United States at the time. Eager to support the war effort, trained and qualified African American nurses wanted to serve as nurses but encountered many obstacles to their participation. In 1917, the American Red Cross reversed its previous policy of prohibiting African American nurses from enrollment, but took no immediate action to bring any African American nurses into the organization. After pressure from various African American leaders and organizations and the start of the influenza pandemic, 18 African American nurses joined the Army Nurse Corps through the American Red Cross. These 18 women became the first African American women to ever serve in the Army Nurse Corps.

Despite their essential roles in the military, especially during the influenza pandemic, female military nurses occupied a strange, undefined position. These skilled, professional women had no actual rank and did not receive benefits or pay equal to men. The 18 African American nurses received even fewer benefits than the white nurses. Nonetheless, all of these women put their lives on the line for their nation and their fellow Americans at home and abroad every day.

For nurses, the influenza pandemic became the most dangerous time of the war. During the outbreak, nurses cared for thousands of sickened soldiers. For the nurses in Europe, these ill men arrived in addition to the combat casualties from the battlefields. The situation proved dire as medical professionals could do little to help people stricken with influenza. Without a cure or effective treatment, nurses became even more important than doctors as they tried to decrease the suffering of their patients with their nursing care, blankets, food and kindness.

The nature of nursing work put these women at great risk to contract this highly contagious disease. Base hospitals overseas created specific infirmaries for ill nurses. By October 1918, the influenza pandemic formed a major health crisis among the American nurses and medical staff overseas. While an exact figure for the number of American nurses who died during the war remains elusive, historians generally estimate it to be somewhere above 200. Most of these fatalities can be attributed to influenza, or complications from it such as pneumonia. While these women did not die on the battlefield and remained barred from full military service, they volunteered to serve the United States during wartime, and they gave their lives for their nation while fighting this disease.

A Photographic Record

Primary Sources

This selection of photographs from the National Archives documents the 1918 Influenza Epidemic in America.



Source #3

“To prevent as much as possible the spread of Spanish Influenza, Cincinnati barbers are wearing masks. Barbers all over the country took this precaution,” October 26, 1918, National Archives, <https://catalog.archives.gov/id/45499317>.



Source #4

“University of Montana, Missoula, Montana. - During the influenza epidemic classes were held in the open. Physics class,” circa January 1919, National Archives, <https://catalog.archives.gov/id/26429679>.



Source #5

"Traffic 'cop' in New York City wearing a gauze mask, October 16, 1918, National Archives, <https://catalog.archives.gov/id/45499301>.



Source #6

Street car conductor in Seattle, Washington refusing to allow a mask-less man ride, December 1918, National Archives, <https://catalog.archives.gov/id/45499311>.



Source #7

"Police Court Officials of San Francisco holding a session in the open, as a precaution against the spreading influenza epidemic," circa November 1918, National Archives, <https://catalog.archives.gov/id/45499315>.



Source #8

“Red Cross workers making anti-influenza masks for soldiers in camp. Boston, Massachusetts,” circa May 1918, National Archives, <https://catalog.archives.gov/id/45499341>.



Source #9

Temporary influenza hospital due to overflow of patients at Eberts Field in Lonoke, Arkansas, circa October 1918, National Archives, <https://catalog.archives.gov/id/45499287>.

Source #10: Josie Mabel Brown Oral History

Primary Source

This is an excerpt from an oral history with Josie Mabel Brown, a Navy nurse during the 1918 pandemic. Brown is not buried at Arlington National Cemetery, however, many nurses buried at Arlington had similar experiences during the pandemic.

The oral history is part of the U.S. Navy Medical Department Oral History Program. The interview was conducted by Brown's niece, Rachel Wedeking. Brown was born on May 14, 1886 in Missouri. She started her nurse training in 1914. In 1917 she graduated and joined the Navy. View the interview excerpt on the Naval History and Heritage Command website: <https://www.history.navy.mil/content/history/nhhc/research/library/online-reading-room/title-list-alphabetically/i/influenza/a-winding-sheet-and-a-wooden-box.html>.

How did you begin your Navy career?

One day [I received] a telegram from the Bureau of Medicine and Surgery in Washington, DC. It said, "You are called to duty. Do you have enough money to travel? And when is the earliest date that you can travel?" And I wired back, "I have money. I can pay my way." About 45 minutes later a reply came back. "Proceed to Great Lakes, Illinois. Keep strict account of your expenses. Do not pay over \$1.50 for your meals or over 50¢ for tips. You will be reimbursed."

I got to Chicago in the morning. When someone opened a paper in front of me, I saw "6,000 in the hospital have Spanish Influenza in Great Lakes, Illinois." I said, "Oh, that's where I'm going. What *is* Spanish Influenza?"

I got to the gate and showed my Red Cross pin and my orders. They put me on a bus and sent me to the main hospital, then took me for my first meal in the service. It was cold pork, sweet potatoes, and apple sauce. Afterward, my supervisor took me to a ward that was supposedly caring for 42 patients. There was a man lying on the bed dying and one was lying on the floor. Another man was on a stretcher waiting for the fellow on the bed to die. We would wrap him in a winding sheet because he had stopped breathing. I don't know whether he was dead or not, but we wrapped him in a winding sheet and left nothing but the big toe on the left foot out with a shipping tag on it to tell the man's rank, his nearest of kin, and hometown.

Was there any treatment for these boys?

We didn't have time to treat them. We didn't take temperatures; we didn't even have time to take blood pressure.

We would give them a little hot whiskey toddy; that's about all we had time to do. They would have terrific nosebleeds with it. Sometimes the blood would just shoot across the room. You had to get out of the way or someone's nose would bleed all over you.

What other symptoms did they have?

Some were delirious and some had their lungs punctured. Then their bodies would fill with air. You would feel somebody and he would be bubbles.

Oh, it was a horrid thing. We had to wear operating masks and gowns all the time. We worked 8 hours on a ward sometimes. If nobody had a nurse on another ward, we would go back to our quarters for an hour and then work another 8 hours. It was 16 hours a day until the epidemic was over.

When was [the pandemic over]?

The worst was over just a little before Christmas 1918. I was assigned to another ward by that time. One day a man came through and said the armistice was signed. The boys just about hit the ceiling they were so glad. During the epidemic, though, our Navy bought the whole city of Chicago out of sheets. There wasn't a sheet left in Chicago. All a boy got when he died was a winding sheet and a wooden box; we just couldn't get enough caskets.

I understand you also caught the flu.

It was March 1919 when I got sick. They didn't have a room for me so they curtained me off in a ward with other women. They didn't know what I had because I was never diagnosed. I ran a temperature of 104° or 105° for days; I just don't remember how many days. They put an ice cap on my head, an ice collar on my neck, and an ice pack over my heart. My heart pounded so hard that it rattled the ice; everything was rattling, including the chartboard and bedsprings.

Did you have any idea how many died altogether?

They died by the thousands. There were 173,000 men at Great Lakes at the time, and 6,000 were in the hospitals at the height of the epidemic. I suppose no one knows how many died. They just lost track of them.

Source #11: "Notice to occupants of Western Shoshone Agency, Nevada, of rules for duration of the flu"

Primary Source

This is document created by the Bureau of Indian Affairs during the Influenza Epidemic of 1918. The notice provides a list of rules for residents of the Western Shoshone (Nevada) Agency to following during the epidemic. The original document is held at the National Archives in San Francisco, California.

NOTICE.

Owing to ~~suspected~~ cases of Spanish Influenza on the reservation every one is cautioned to take every care that they do not expose themselves or their neighbors.

And to observe the following rules:

Do not collect in a crowd any place.

Women and children remain at home. Stay in the open air and sunshine.

Keep the home aired out.

Have plenty of fresh air when you sleep.

In case of storm keep dry and do not expose yourselves.

Do not mingle with others more than is necessary.

Do not go near where any one is sick or where a white flag is flying.

Do not go to the store unless it is necessary. If you have to go to the store or office your wants will be attended to on the porches.

If you get sick go to bed, in a tent is best, and notify the doctor at once. Lie down flat on your back and stay there.

Only one person in the family should go near the sick person.

Every one help the Superintendent and Doctor all they can by following these instructions and they will do all they can for you.

H D Lawshe

Superintendent.