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Epidemic and Opportunity: American Perceptions of the Spanish Influenza Epidemic

Jonathan Chilcote

University of Kentucky, jonathan.chilcote@uky.edu

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Jonathan Chilcote, Student

Dr. Lien-Hang Nguyen, Major Professor

Dr. Scott Taylor, Director of Graduate Studies

EPIDEMIC AND OPPORTUNITY: AMERICAN PERCEPTIONS OF THE SPANISH
INFLUENZA EPIDEMIC

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Arts and Sciences
at the University of Kentucky

by Jonathan David Chilcote

Georgetown, Kentucky

Directors: Dr. Lien-Hang Nguyen, Associate Professor of History

Lexington, Kentucky

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ABSTRACT OF DISSERTATION

EPIDEMIC AND OPPORTUNITY: AMERICAN PERCEPTIONS OF THE SPANISH INFLUENZA EPIDEMIC

During the final months of the Great War, the loss of human life was not confined to the battlefields of Western Europe. The Spanish Influenza virus was rapidly spreading around the globe, and would ultimately leave millions dead in its wake. Some American groups, both public and private, saw the pandemic as a blessing in disguise. They interpreted the pandemic as a sign that their work, whether religious, political, commercial, or health, was more vital to the world than ever before. Influenza reinforced their existing beliefs in the rightness and necessity of their causes, and used the pandemic as a call to increase their activities. American missionaries interpreted the pandemic and its spread as a sign of the backwardness of native peoples, and they argued that the United States and Americans had an increased duty after the War and pandemic to help foreign populations with education, sanitation, and religion. For American diplomats, the pandemic was a nuisance to their work of promoting and expanding American trade. Although it devastated societies, it was not destructive to international commerce. It did, though, provide an opportunity for Americans to teach foreign peoples about better health to protect them from future diseases, and to strengthen commercial ties with the rest of the world. The U.S. Government was greatly distracted with the war effort when the epidemic hit, and refused to take it seriously. They appropriated a small amount of money to the United States Public Health Service (PHS) to deal with the epidemic. This appropriation, although small, continued a trend of the federal government becoming more involved in health efforts at the expense of states, and was used as a justification for later federal health initiatives. The PHS actively used the influenza epidemic to push for their own expansion, arguing that their success in combatting influenza showed their merit, and used it to ensure that they would maintain their power and authority after the epidemic ceased. For all of these groups, the Spanish influenza epidemic provided an opportunity for their work, and reinforced their beliefs that their efforts were needed and vital to the nation and world.

Keywords: Spanish Influenza, Pandemic, Public Health, U.S. Consuls, American Missionaries

Jonathan Chilcote

July 25, 2016

EPIDEMIC AND OPPORTUNITY: AMERICAN PERCEPTIONS OF THE SPANISH
INFLUENZA EPIDEMIC

By

Jonathan David Chilcote

Lien-Hang Nguyen
Director of Dissertation

Scott Taylor
Director of Graduate Studies

July 25, 2016

To Kristen, Abigail, and Benjamin-
the best support team in the world

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Chapter 1

Introduction

“The epidemic with its suffering and hardships proved to be a blessing in disguise.”¹

Joseph E. Spellman was fourteen years old in the autumn of 1918. His father had recently become sick with a bad case of influenza and was unable to work. The family struggled mightily without the income, as they had been poor even before Joseph’s father became ill. The flu exacerbated the family’s plight, and they had no savings in the bank and were without unemployment compensation. “There was no government aid of any kind,” he later recalled, but “People seemed to have pride.”² Doctors and nurses were unavailable in his hometown of Stoneham, Massachusetts, and there was no room at the local hospital to take the sick. Still, the family survived the influenza epidemic through the help of neighbors and the charity of a local grocer who gave the family credit.³

Another survivor of the influenza epidemic from the Boston area echoed Spellman’s belief that the disease had a positive effect on neighborhood social relations. Charles Murphy was fifteen when the epidemic hit, but saw it as almost a healing agent among different groups of people after years of warfare. He would later write, “I believe

¹ B.E. Washburn, *As I Recall: The Hookworm Campaigns Initiated by the Rockefeller Sanitary Commission in the Southern United States and Tropical America* (New York: Rockefeller Foundation, 1960), 166.

² Letter from Joseph E. Spellman to Carlton Jackson, May 6, 1976, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 1, File 4, Special Collections, Western Kentucky University, Bowling Green, KY.

³ Ibid.

that the ‘flu’ brought people closer together. The War had many bad repercussions because of nationalities but a calamity such as the flu made people need one another.⁴

Yet another survivor from the same area had a completely different recollection. Daniel Neck, from Brookline, had just turned eighteen when the epidemic emerged. He had been drafted and was assigned to Camp Devens, near Boston, for his training. The influenza epidemic, however, halted all newly drafted men from reporting to their training camps. Remaining at his home, Neck remembered that the town was ghost-like and that all social relations ceased because of the fear of being infected by influenza.⁵

How does one make sense of the Spanish influenza epidemic? These three survivors of the epidemic, all from the same area of the nation and roughly the same ages, had very different recollections of what effect the epidemic had on society. Two believed that it brought people together and one remembered that everything shut down and social life stopped because of it. Stories from Americans and the epidemic are plentiful, and vary widely in their scope, detail, and conclusions. Because of their variety, though, it is difficult to completely grasp what the influenza epidemic meant to the nation as a whole and to judge its legacy in its immediate aftermath and to later American society.

In the fall of 1918 and the spring of 1919, Americans in the United States and those scattered across the world were confronted with a disease so powerful and so virulent that it would ultimately kill millions. The exact death toll is a matter of debate and difficult to calculate. Many nations in 1918 did not have the capacity to accurately

⁴ Letter from Charles L. Murphy to Carlton Jackson, May 7, 1976, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 1, File 4, Special Collections, Western Kentucky University, Bowling Green, KY.

⁵ Letter from Daniel Neck to Carlton Jackson, May 3, 1976, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 1, File 4, Special Collections, Western Kentucky University, Bowling Green, KY.

count how many people died from the disease, as many governments lacked the resources or will to engage in such matters, especially as the Great War was entering its final stages. The disease itself also made calculations tough. Now designated as H1N1, the influenza virus in 1918 did more to ravage humans than typical influenza outbreaks usually do. “Normal” influenza cases are common and generally involve headaches, congestions, and chills. They also fade away within a few days. The 1918 outbreak of H1N1, however, often gave rise to other complications within the human body. The strain, known as Spanish influenza, often brought with it deadly pneumonia. Pneumonia turns normally soft, spongy lungs, hard and inelastic. When the lungs become too solid, as they often did when accompanied by Spanish influenza, they cannot transfer oxygen into the bloodstream, destroying the body. Those infected by this pneumonia, in essence, could slowly suffocate from the inside. This pneumonia was made even more deadly by the fact that the Spanish influenza strain had already weakened the immune system of the host, making it difficult to recover. The combination of a virulent influenza strain and pneumonia produced agony and death in the fall of 1918. Because Spanish influenza could kill by inviting pneumonia into the host, though, it is difficult to precisely determine who died from influenza and who died from pneumonia.⁶

Estimates of the death toll reach upward to one hundred million, with perhaps one billion who fell ill to Spanish influenza.⁷ The United States suffered approximately 675,000 deaths, including 43,000 in the armed forces.⁸ It attacked nearly every corner of the globe and was passed between nations because of the war. As men traveled from

⁶ Niall Johnson, *Britain and the 1918-19 Influenza Pandemic: A Dark Epilogue* (New York: Routledge, 2006), 4-6.

⁷ *Ibid.*, 37.

⁸ Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (New York: Cambridge University Press, 2003), 206.

their homes to the battlefields of Western Europe and back, Spanish influenza tagged along. Carried on Allied shipping lanes, influenza outbreaks first occurred, generally, at port cities and then spread inland. Although it is a matter of debate as to its origin, Spanish influenza struck the world in three waves. The first, in the spring of 1918, killed relatively few and did not elicit much attention.⁹ The third wave, in the winter and spring of 1919, killed more but paled in comparison to the second wave during the fall of 1918, when the vast majority of global deaths from influenza occurred.¹⁰

With so many deaths from Spanish influenza, why is it often overlooked in histories of the Great War and the postwar world? Many global histories of the Great War, such as Hew Strachan's *The First World War*, ignore it completely, and David Kennedy's work on American life during the war and epidemic, *Over Here*, gives it only a mention in passing and a footnote.¹¹ How can an event that killed, perhaps, ten times the amount of soldiers killed in the entire war, be ignored? The disease itself may play a role in its lack of remembrance. Influenza is a common disease. It afflicts nearly every human during some point in his or her lives but is rarely fatal. A few days of discomfort and then it generally disappears. Although deadly influenza epidemics did occur prior to 1918, it was typically seen as a non-lethal disease, and as more of nuisance than a killer. As such, it was not a notifiable disease prior to the 1918 epidemic, meaning that doctors were not required to tally the number of cases they saw and report them to public health authorities, as they did with cholera and smallpox, among others.¹² Diseases that seem

⁹ Crosby, *America's Forgotten Pandemic*, 27.

¹⁰ *Ibid.*, 176.

¹¹ Hew Strachan, *The First World War* (London: Simon & Schuster, 2006); David M. Kennedy, *Over Here: The First World War and American Society* (New York: Oxford University Press, 1982).

¹² Tom Quinn, *Flu: A Social History* (London: New Holland, 2008), 136.

commonplace are rarely seen as pivotal events in history, unlike other pandemics that involve diseases such as the plague of the Black Death during the fourteenth century.

The Spanish influenza epidemic is also forgotten among survivors because it occurred during a world war. By 1918, the Great War was entering its fifth brutal year, and brought with its devastation on both the battlefields and the home front. Many people interpreted the suffering from influenza as an extension of the war and did not divide the events in their memories. Erich Remarque's *All Quiet on the Western Front* speaks of how soldiers intertwined combat, influenza, and death.¹³ Civilians, too, were exhausted emotionally and physically by the end of 1918, which sapped their attention from the epidemic. As one author has noted, "the influenza pandemic piled trauma on top of trauma."¹⁴ It has also been suggested that the human mind, in times of great distress, willfully forgets painful events or casts them in a positive light to protect itself. The horrors of war, combined with a devastating influenza epidemic, could induce such a reaction.¹⁵

Collectively, societies and historians are puzzled as to how they should treat the influenza epidemic and remember those who died. Honoring those who died in combat is relatively easy. In the United States, those who perished in the Great War are seen as having died to defend freedom and, as it is over-simplified, to make the world safe for democracy. These soldiers died in the service of their nation and are honored as heroes. How, though, should the United States treat those who died from influenza in 1918? Soldiers, certainly, died from influenza, as did patriotic citizens. Anarchists, radicals,

¹³ Erich M. Remarque, *All Quiet on the Western Front* (New York: Fawcett Crest, 1987), 271.

¹⁴ Jane Elizabeth Fisher, *Envisioning Disease, Gender, and War: Women's Narratives of the 1918 Influenza Pandemic* (New York: Palgrave MacMillan, 2012), 6.

¹⁵ *Ibid.*, 2.

immigrants, and others, who would not be seen by society in the same light as soldiers and supporters of the war effort, also died. How should their deaths be remembered? Should they be seen as heroes, like those who died in France? That difficulty, in remembering those who died, has also led American society to “willfully forget” how terrible the influenza epidemic was to the nation.¹⁶

Relatively few scholars have attempted to write histories of the American experience during the Spanish influenza pandemic that examine its effects on the nation, or a large group of citizens. The most famous of those that did is Alfred Crosby with *America’s Forgotten Pandemic*, the first comprehensive American overview of the pandemic. Other general works include Sandra Opdyke’s *The Flu Epidemic of 1918: America’s Experience in the Global Health Crisis*, which serves as more of a brief textbook on the epidemic than a detailed analysis of its impact on the nation.¹⁷ Carol Byerly studies the epidemic in the American military in *Fever of War*.¹⁸ *American Pandemic*, by Nancy Bristow, looks at social relations during the epidemic. Works such as these are written by historians and judge the legacy of the epidemic on Americans and the nation, but focus on very different groups.

Other books on the epidemic, by historians and non-historians, are written more as collections of personal stories or cover small geographic areas and avoid making detailed analyses.¹⁹ They focus on individual stories and try to frame them around major

¹⁶ Quinn, *Flu: A Social History*, 125.

¹⁷ Sandra Opdyke, *The Flu Epidemic of 1918: America’s Experience in the Global Health Crisis* (New York: Routledge, 2014).

¹⁸ Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005).

¹⁹ Included are John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (New York: Viking, 2004); Gina Kolata, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It* (New York: Farrar, Straus, and Giroux, 1999), Richard Collier, *The*

events of the period. This is, perhaps, the easiest way to write about the influenza epidemic, because it is exceedingly difficult to quantify and combine the experience of Americans during the epidemic into one coherent narrative. The stories are fragmented and scattered with competing memories that often conflict. How can these accounts be reconciled? Unless a historian focuses on a single group, as Carol Byerly does with the military in *Fever of War*, or Nancy Bristow with medical professionals and communities in *American Pandemic*, it can be nearly impossible. No single account of the influenza epidemic can capture the entire American experience.

It is, therefore, necessary to study how American groups viewed and interpreted the influenza epidemic. Americans were confronted by the epidemic both inside the United States and internationally. Federal employees, public health professionals, diplomats, and missionaries all were forced to turn their attention to the influenza pandemic in 1918. They all, in addition, interpreted it as sign that their work, whether in public service, medicine, or religion, was needed more than ever as a result of the pandemic. This dissertation seeks to explain how the influenza pandemic impacted their work, the organizations they were a part of, and to understand how it shaped their views on the federal government's proper role inside the United States and the role of the United States in the world after the Great War and pandemic ended.

This analysis of groups, both inside and outside of the United States, contributes to United States and the World studies inside the U.S. foreign relations field. Public health officials, discussed in both the first and second chapters, had a global presence in

Plague of the Spanish Lady: The Influenza Pandemic of 1918-1919 (New York: Atheneum, 1974), Dorothy A. Pettit and Janice Bailie, *A Cruel Wind: Pandemic Flu in America, 1918-1920* (Murfreesboro, TN: Timberlane, 2008), and A.A. Hoehling, *The Great Epidemic* (Boston: Little, Brown & Co., 1961). An example of a local history of the epidemic is Patricia J. Fanning, *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918* (Amherst, MA: University of Massachusetts Press, 2010).

the early twentieth century and during the Great War and pandemic. They traveled the world collaborating with public health officials from other countries and inspecting vessels and immigrants that desired passage to the United States. As the federal government expanded its control over public health, so did its reach in health matters beyond U.S. borders. The influenza pandemic and the growth of the prestige and influence of the Public Health Service enhanced this exercise of power, especially at key global ports. As the Public Health Service, and by extension the U.S. Government, became more active in health issues around the world after the War and pandemic, it did so, in part, because of the notoriety gained by federal health officials during the pandemic.

U.S. consuls were stationed around the world, and in many locations, served as the highest-ranking U.S. official in the region. They served the interests of the U.S. Government and American companies, and sought to protect American citizens who lived in or passed through their jurisdictions. Because of their station, status, and mission, their records offer unique perspectives on how American living abroad viewed the world. They wrote about the people they lived among, as well as their cultures and ideas. They also offer insight into how Americans saw the world after the War and pandemic ended, and the opportunities that the two catastrophes presented to the United States and to the spread of Americanization through humanitarianism. For consuls, the spread of capitalism and humanitarianism went hand-in-hand, as the expansion of commerce would bring about better lives for the natives in their territories.

Humanitarian and religious concerns also prompted American missionaries. By spreading Christianity and vanquishing the perceived ignorance of natives that was

promulgated by other religions, missionaries wanted to better the lives of foreign peoples in addition to saving them. Their stories reflect how private American citizens saw the world during the Great War period and how they desired to remake it so that future catastrophic events could be avoided and a new, more peaceful, healthy, and Christian world could be created. From the ruin, destruction, and deaths of the War and influenza pandemic something good could rise, and would be aided by the humanitarian and religious efforts of American missionaries.

For all of the deaths and lives devastated by the Spanish influenza epidemic, though, it did not radically change the world. It did not singlehandedly end the Great War, nor did it cause nations to collapse or international maps to be redrawn. The epidemic did, though, help to reshape the United States Government internally and reinforced the global outlook of many Americans after it subsided. When confronted by the terrible epidemic Americans fell back on their preconceived ideas, both during and after it, to understand and interpret what it meant. Spanish influenza reinforced the beliefs among government workers, public health officials, diplomats, and missionaries that their work was vital to the world to both survive the epidemic and to prevent other such calamities from ever happening again. It invigorated them to go forward with their efforts and continue their work, to push for changes inside the United States and to increase the role of Americans abroad in a quest to reform the nation and the world.

The influenza epidemic strengthened the preconceived ideas of American groups about the proper role of government in American society. Through the late nineteenth and early twentieth centuries, the federal government had slowly been assuming a greater role in leading the nation's public health efforts. State and local governments, though,

still had a strong presence in public health. While many government officials believed that the federal government needed a more authoritative hand in directing the nation's health efforts, it took the Great War and the influenza epidemic to create the opportunity to truly transform the federal government's role in providing health care to Americans. Consumed by the war effort in the fall of 1918, Congress enacted legislation to fund the Public Health Service to suppress influenza nationwide. Little thought was given to the long-term consequences of such an action, but it greatly increased the power of federal public health authorities at the expense of state and local groups. Although the trend of federal assumption of public health authority had been long-standing, the influenza epidemic helped to bring about more expansive legislation that solidified the federal government as a key provider of health care to Americans.

Although the federal government had been gradually enlarging its role in public health activities, public health advocates and the Public Health Service believed the federal government needed to take even more control of the nation's health efforts. They believed, in the Progressive tradition, that through coordination, education, and the direction of the federal government, the nation's health could be protected. They feared what the end of the war and the epidemic could mean to their budgets. They also feared that they would lose the momentum gained during the war, and that the nation's health would suffer by a reduction in their funding and that an integrated, coordinated public health model would not be realized. They favored an expanded government and the guidance of federal officials in health matters. The epidemic reinforced those beliefs.

The PHS was the beneficiary of the congressional appropriation to suppress influenza in 1918, and the new authority and money allowed it to expand and attempt to

centralize and coordinate all of the nation's public health activities. It had much to lose if it was unable to lobby Congress to continue its funding and if it was unsuccessful in influencing state and local health departments to join it in forming a coordinated public health model. The PHS believed that it was successful in coordinating the response to the influenza epidemic, and sought to use it to further its agenda and entrench its work in American society. It believed the nation needed it, and tried to pressure Congress for appropriations and used its leverage over state and local health departments to gain support for its attempts to centralize public health authority. The influenza epidemic had proven what dangers diseases posed to the nation, and the PHS believed, as it had before, that only through cooperation with other public health agencies, proper funding, and its leadership, could future epidemics be prevented.

Americans living abroad during the influenza epidemic also fell back on their existing ideas concerning race, class, culture, and the presence of the United States in the world after the war and epidemic ended. Consuls saw the people around them, especially those consuls stationed in Africa, Asia, and the Pacific islands, as inherently ignorant, unsanitary, and culturally backward. Many lived in poor financial conditions and were susceptible to bad health, as the epidemic demonstrated. They believed, though, that the United States could have a positive effect in the world and could better the lives of people everywhere if they could spread American knowledge, values, and culture. For consuls, this could all be accomplished through commerce and interaction with American products and by extension, culture. By accepting American lifestyles and conducting business with Americans, the peoples of the world could be uplifted and bettered. Only by becoming more like Americans could the world be protected from future health

catastrophes. Consuls, then, saw no reason to pull back from their posts or American commercial relations around the world, rather they advocated extending them.

American missionaries interpreted the pandemic and its spread as a sign of the backwardness of native peoples. They argued that the people of the world needed help to combat diseases, and that the United States and Americans had an increased duty after the War and pandemic to help local populations with education, sanitation, and religion. Through the spread of American culture and Christianity, the world could be protected from future wars and diseases. But, they had to change their lifestyles and adopt what missionaries believed to be a more advanced and superior American culture. In the minds of missionaries, a cultural shift among native peoples was necessary. Foreign peoples and nations needed to act and live more like American Christians and the United States. The war and epidemic had reinforced, to Americans missionaries, that the world needed to be remade in an American Christian mold to prevent future warfare and epidemics. Like consuls, American missionaries interpreted the pandemic as a sign that they needed to expand and enlarge their efforts.

The similarities in thought and belief among Americans living abroad during the influenza epidemic demonstrate how dominant the idea of remaking the world in America's image was during the period. Americans who had extensive contacts with the non-Western world, and even those who were living and working in Western Europe, believed that the world needed to become more Americanized. Diplomats and missionaries were united in their goal of teaching American culture and lifestyles because they sincerely believed that, in order to prevent future wars and disastrous epidemics, the rest of the world needed to change. Whether through increased trade or through

Christianity, the rest of the world needed to be introduced to American ways so that it could be remade in the mold of the United States. The work of consuls and trade, and missionaries and faith, therefore, were vital to the future of the world. The Spanish influenza epidemic demonstrated what could happen to foreign peoples when faced with a health crisis that they lacked the vitality, education, or resources to effectively combat. Americanization, through commerce and religion, provided the key to reforming the world. Consuls and missionaries, then, believed that the Spanish influenza epidemic proved that Americans needed to be more involved with the world, not less.

Each of the American groups- federal government workers, public health officials, diplomats, and ABCFM missionaries, all saw the opportunities that the Spanish influenza pandemic presented. In all of these groups, whether they were lived inside or outside of the United States, or whether they were public or private citizens, recognized that the United States and the government had the opportunity to change after the pandemic subsided. The pandemic, though, did not provide an opportunity to radically change the world, but only for smaller shifts in policy and presence. The federal government took a firmer and more expansive role in providing health care to its citizens after the epidemic, a process that had already begun but took on greater strength with an empowered PHS. The PHS expanded in responsibility and coordinated with state and local health departments after the epidemic, although not immediately to the level that was achieved during the epidemic. Consuls argued for increased American trade with the world after the pandemic in the hope that American knowledge and culture could prevent future health catastrophes. Missionaries, too, believed that they needed to expand their work among foreign peoples and teach Christianity and American ways to remake the

world after the devastation caused by the war and influenza. The opportunity to remake the world and reform the United States Government was presented by the Spanish influenza pandemic. Groups of Americans recognized that the war and pandemic had created a unique opportunity for change, and they attempted to take advantage of the pandemic to further their own goals.

The Spanish influenza epidemic, then, demonstrates that epidemics, like wars, create opportunities for change. The opportunities, though, are less dramatic than those created by world wars. The influenza epidemic strengthened the status quo, and reinforced the beliefs of Americans across the world. By interpreting the destruction of the disease as a sign that their work was needed for the nation and world's survival, American groups perceived the Spanish influenza epidemic as a unique opportunity. It was an opportunity that each tried to take advantage of before that moment in history, when a global war and global pandemic collided, passed them by.

The Spanish influenza epidemic, despite its horrors and mounting dead, did not dissuade these groups from their work. Rather, they saw it as an opportunity to grow and expand and it reinforced their beliefs and the trends that were already in motion. These Americans had survived one of the worst biological disasters in human history, and in its wake, tried to make sense of everything they had witnessed. In doing so, they interpreted the epidemic in terms they were familiar with, reverting to norms that had existed before the epidemic struck.²⁰ This is evident in American individuals and groups during and after the epidemic, and equally true among public servants and private citizens.

²⁰ Bristow, *American Pandemic*, 8-9.

Government workers, public health advocates, statesmen, and missionaries all saw the epidemic invade their worlds, yet each came to the exact same conclusion once it subsided. After it was over, groups consciously used the epidemic as justification for both continuing and expanding their missions and goals. They all believed that the Spanish influenza epidemic presented a great opportunity for their work and for the future of the nation and world, providing evidence that their efforts to reform the nation and world were needed now more than ever before. Far from making them rethink their positions or retreat from their work, it reinforced their beliefs. During the aftermath of the Spanish influenza epidemic, these groups would time and again use it as proof that in order to protect the nation and world, their ideas must be adopted. They saw it as a great opportunity, and one they were determined to not let slip away. As one survivor and public health activist summarized, “The epidemic with its suffering and hardships proved to be a blessing in disguise.”²¹

²¹ Washburn, *As I Recall*, 166.

Chapter 2

The Federal Government and the Influenza Epidemic

“This disease, like other diseases, knows no State boundaries”¹

“This epidemic, which is a menace to the cantonments, to the camps, to the Army everywhere, and to the civilian population...is a serious menace...and we have got... to make an earnest effort to check this contagion.”² This plea by Senator Thomas Martin of Virginia was made during the debate in Congress on September 28, 1918 as an influenza epidemic swept across the United States. The epidemic would ultimately kill approximately 675,000 Americans, and seriously disrupt the lives of average Americans during the fall of 1918. Of greater concern to Congress, though, were the effects of the influenza epidemic on the war effort and the ability of the United States to wage war. Key war industries began to shut down because of sick and absentee workers. Public gatherings and meetings were banned which threatened the Treasury Department’s sale of Liberty Loans, hindering the ability of the United States to meet its financial obligations. In the military, army camps were quarantined and draftees told to ignore orders to report. Over in Europe, as the American Expeditionary Force was launching a major offensive, the epidemic was not only taking a toll on soldiers but also made difficult the transport of healthy reinforcements. Congress needed to do something.

The federal government and Congress were focused on winning the war in the fall of 1918 and saw the influenza epidemic as a hindrance to that goal. Their attention was on events in Europe. They did not, though, want the epidemic to impact the war’s successful conclusions. With problems in the military, industrial issues, and state and

¹ *Prevention of Spanish Influenza*, H.J. Res. 333, 65th Congress, 2nd session, *Congressional Record* 56 (Sept. 28, 1918): H10906

² *Ibid.*, S10895.

local governments begging for help, pressure was put on Congress to check the epidemic. But with many other pressing issues, the federal government did not want to give much attention to combating a disease. To them, the influenza epidemic was on the periphery of the nation's major problems in September and October of 1918.

With these fears and distractions in mind, Congress acted. Because they saw it only as a nuisance, Congress quickly appropriated money to the United States Public Health Service (PHS) to handle the civilian response and to care for government employees. Recognizing the threat of what the virus could do to both the industrial and military capacities of the nation, they passed a small appropriation for the Public Health Service and gave it new statutory authority. The new resources and authority allowed the PHS to lead the fight to suppress the influenza epidemic and take on a larger role in the nation's public health activities. In effect, the nation's public health efforts against influenza were centralized under the federal Public Health Service.

The action by Congress, however, had far-reaching consequences that were not anticipated by the legislators at the time. Although the congressional appropriation was small, it gave the opportunity for the PHS to grow in power and prominence after Congress increased its authority. The Public Health Service appropriation shifted to the federal government new responsibilities for public health issues. By providing statutory authority for the federal PHS to direct state and local health agencies against influenza, they gave the federal government more control over the nation's public health institutions than they had in the past. Congress, in effect, reinforced a trend of the centralization of federal government control over public health that had been gaining strength for several decades.

There are relatively few works that center around the federal government's response to the influenza epidemic. Alfred Crosby's *America's Forgotten Pandemic* looks at the federal response in the military and during the diplomacy both before and during the Paris Peace Conference, but it is not the focus of his book.³ Other works, like Carol Byerly's *Fever of War* center solely on the epidemic in the military, both domestically and internationally.⁴ John Barry's *The Great Influenza* and Gina Kolata's *Flu* are more general in their treatment of government matters beyond the push to find a medical solution to the influenza epidemic.⁵ Many other books mention the epidemic, but do so while discussing other matters, such as military logistics or the congressional election of 1918.⁶ Public health studies are numerous, but few give much weight to the influenza epidemic as a key component of the centralization of federal control over public health activities.⁷ The field lacks, therefore, an analysis of the competing pressures and interests of the federal government and its departments, and the legacy of the influenza epidemic on the federal government's structure and priorities after the war and epidemic concluded.

³ Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (New York: Cambridge University Press, 2003), 37.

⁴ Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005).

⁵ John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (New York: Viking, 2004); Gina Kolata, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It* (New York: Farrar, Straus, and Giroux, 1999).

⁶ Some examples of military works that give scant attention to the influenza epidemic include David R. Woodward, *The American Army and the First World War* (Cambridge, UK: Cambridge University Press, 2014), James A. Huston, *The Sinews of War: Army Logistics, 1775-1953* (Washington D.C.: Office of the Chief of Military History, 1966), and David M. Kennedy, *Over Here: The First World War and American Society* (New York: Oxford University Press, 1982). A good political analysis of 1918, that briefly mentions influenza, is Seward W. Livermore, *Politics is Adjourned: Woodrow Wilson and the War Congress, 1916-1918* (Middletown, CT: Wesleyan University Press, 1966).

⁷ Ralph C. Williams, *The United States Public Health Service, 1798-1950* (Washington DC: Commissioned Officers Association, 1951), Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (New York: Basic Books, 1989), Bess Furman, *A Profile of the United States Public Health Service, 1798-1948* (Washington D.C.: U.S. Department of Health, Education, and Welfare).

Before 1918 the federal government largely left public health decisions in the hands of state and local governments. After the epidemic, the federal government began taking on more authority and oversight. When the epidemic ceased, the PHS was given credit for its efforts, and Congress was pressured to continue funding the PHS to protect the nation's health in the future. The success of the PHS and federal intervention in the suppression of the influenza epidemic led to an expansion of the scope and role of the federal government in maintaining the health of its citizens. This expansion had been growing over the course of several decades, but it increased, even more, after the epidemic. The Spanish influenza epidemic, therefore, reinforced the trend of increasing federal control of public health at the expense of states and cities.

“We must get them to Europe...one hundred per cent fit.”⁸ –Influenza in the Military

The federal government first took notice of the influenza epidemic when it hit the military, and it proved to have a devastating effect on the armed forces. Owing to the close quarters of the military camps and the transport and shipment of soldiers throughout the country, military personnel were often among the first to feel the epidemic's wrath. One of the earliest and hardest hit areas was Camp Devens, located near Boston, the Army's only encampment in New England. The flu first arrived on September 8, and within ten days the base hospital was overrun with sick soldiers. The spread of the sickness was shocking. During the first two weeks of the month hospital admittances ranged from thirty to ninety per day, but on September 14 there were 500, and this doubled to more than a thousand per day for the next three days.⁹

⁸ Woodward, *American Army*, 159.

⁹ Byerly, *Fever of War*, 74.

Some reports that came out of Camp Devens attempted to put a positive spin on the epidemic's affect on the camp, the soldiers, and the training. A *Boston Globe* correspondent sent to the camp to cover life there reported that it was actually better for men to be inside the camp than in civilian life when influenza hit, because, "civilian New England was having a hard time with influenza, whereas the men in the camp had the best possible medical attention."¹⁰ The epidemic, in addition, taught the raw recruits of the "true caliber of their commanding general. For he personally directed the fight against the plague."¹¹ According to the correspondent, Camp Devens handled the epidemic wonderfully, and everyone at Devens, the soldiers, Red Cross, YMCA, and Knights of Columbus, pitched in to combat it with dedication, fearlessness, and cheer. So happy with the treatment and care they received, many soldiers, according to the reporter, sent tributes to the commanding general and chaplains, because, "The spirit was there. Everybody saw it. And it was such doctrines as this that army chaplains at Camp Devens sought to instill into the men- the strong, manly doctrines of real Americans."¹²

This triumphant account of the influenza epidemic at Camp Devens and the success of doctors and officers at limiting its damage contradict how Army leaders viewed the situation. Army officers had believed that the camps around the country were generally sanitary and disease-free, but doctors who were sent to Devens were horrified at what they found. The camp hospital, built for 2000 soldiers, was crammed with 6000 violently ill and dying men by the middle of September. Every inch of available space was used in the hospital, and one nurse estimated that there were three miles of hospital

¹⁰ William J. Robinson, *Forging the Sword: The Story of Camp Devens, New England's Army Cantonment* (Concord, NH: Rumford Press, 1920), 129.

¹¹ *Ibid.*, 130.

¹² *Ibid.*, 133-134, 138.

corridors lined with cots on both sides of the hallway.¹³ One doctor said of the victims: “Their faces soon wear a bluish cast; a distressing cough brings up the blood stained sputum. In the morning the dead bodies are stacked about the morgue like cord wood.”¹⁴ At the end of September 1918, Camp Devens medical personnel counted more than 14,000 cases of influenza, over twenty-five percent of the entire camp population. 757 soldiers had died from influenza during the month.¹⁵

Camp Devens was not the only military installation that was hit. There were deaths at camps in Virginia and New Jersey by September 22.¹⁶ By September 23 the flu was at 25 camps.¹⁷ The situation was so alarming that on September 24 the Army Surgeon General sent a memorandum to all camp and division surgeons warning them of the epidemic and ordering camp quarantines to prevent infection from civilians.¹⁸ The quarantine, however, did not stop the flu’s spread. Soon there were 1400 sailors hospitalized in Philadelphia.¹⁹ At the end of the month every Army camp in the country had at least one confirmed case of the flu.²⁰

At Camp Greenleaf, Georgia, H.E. Eggers, the major of the Medical Corps for the camp, reported that medicine had progressed to a stage where doctors could effectively combat intestinal disease in the military, and almost completely wipe them out.

Respiratory diseases, like influenza, however, were another matter, and constituted “the

¹³ Byerly, *Fever of War*, 75.

¹⁴ Gina Kolata, *Flu*, 15-16.

¹⁵ Byerly, *Fever of War*, 75.

¹⁶ “Influenza Kills Here,” *Washington Post*, September 22, 1918.

¹⁷ “20,211 Soldiers Have Influenza,” *Washington Post*, September 24, 1918.

¹⁸ M.W. Ireland, et al., *The Medical Department of the United States Army in the World War* vol. 1 (Washington DC: GPO, 1923), 999.

¹⁹ Barry, *Great Influenza*, 208.

²⁰ Mary C. Gillett, *The Army Medical Department, 1917-1941* (Washington DC: Center of Military History United States Army, 2009), 167.

single largest factor in disability from disease.”²¹ He acknowledged that doctors were unable to understand the nature of the diseases, and were unable to treat them or create vaccines. Their only treatments were, “measures which are at best exceedingly general, and so more or less ineffective.”²² Eggers compared doctors ignorantly fighting respiratory diseases to soldiers fighting on the battlefield, writing that, “The situation is much that of a soldier fighting his adversary blindfolded.”²³

Eggers believed that the real problem in effectively combating respiratory diseases, though, was military life and the constant demands of warfare. The best treatment for respiratory illnesses in civilian life was segregation, although Eggers noted that disease like influenza made it difficult to completely individuals with the disease because it took several days to fully manifest itself. In the army, however, physicians could not completely segregate sick soldiers, and they were forced to attempt to treat cases in general ways, on a “wholesale” basis that would affect all soldiers in the camp. Eggers concluded his report with a reminder to all military medical officers to continually remember “an army is primarily organized for the purpose of fighting” and to try and treat respiratory illnesses like influenza in the least impactful way to the training process.²⁴ Herein was the great difficulty for Army medical officers, the need to balance the effective treatment of influenza with the need to not disrupt the purpose of the camps—the training of soldiers for the war.

²¹ “Communicable Disease in the Army,” in “Essays on Military Hygiene,” by H.E. Eggers, no date, Records of the United States Army Continental Commands, 1821-1920, Camp Greenleaf, GA, part 5, Box 4, Entry 7, RG 393, NARADC.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

One of the places where the Spanish influenza epidemic would prove the most troublesome to the American military effort was on the logistical network that moved men from camps across the United States, to embarkation ports on the East Coast, and finally to Europe. In June 1917 the majority of the U.S. Army was stationed along the Mexican border, and were moved, along with new recruits, by rail to the East Coast. From 4581 entraining points, drafted men went to one of sixteen National Army cantonments for training. After their initial training, they were moved again, by rail, as units to one of the embarkation camps to await their passage to Europe.²⁵ The United States used a number of ports to ship material to Europe for the war effort, including those at Baltimore, Philadelphia, and Boston, among others, but the two main ports of embarkation for soldiers were located at New York and Newport News, Virginia. The New York port, located at Hoboken, New Jersey, operated from piers seized from the North-German Lloyd and Hamburg-American steamship companies once the war began.²⁶ It served as the primary embarkation point, and roughly 88 percent of all American soldiers that went to Europe departed from New York.²⁷

By the fall of 1918 the United States organized an efficient system that was able to transport troops from cantonments around the country to Europe. This efficiency, however, was threatened by the influenza epidemic. Troop shipments by train were able to operate without serious congestion, until the epidemic hit. When soldiers began displaying symptoms of influenza, troop trains were forced to segregate them into private cars, which decreased the carrying capacity of each train, or had to make unscheduled

²⁵ Huston, *Sinews of War*, 341-342.

²⁶ *Ibid.*, 345.

²⁷ *Ibid.*, 348.

stops at hospitals in order to leave the sick behind, which cost time. These delays clogged the rail transport system, and when the trains arrived at the embarkation camps, they were often carrying fewer troops that were ready for shipment to France.²⁸

The greatest obstacle to forming a formidable fighting force in Europe was not rail service, however, but shipping. There simply were not enough ships and ship tonnage available to transport large numbers of soldiers and material to Europe, and what was available was greatly disrupted by the influenza epidemic.²⁹ When the Germans began their major offensive operations in March 1918, it spurred American military leaders to demand more fresh soldiers to meet the German assault. Every effort was made by the military transport vessels to increase their carrying capacity of soldiers across the Atlantic to the maximum allowable levels. Men began sleeping in shifts in their bunks so as to allow one or two other men to share their bunk with them, and enabled the doubling or tripling of the number of soldiers transported at one time.³⁰ From July 1918 through November of that year, American troops crossed the Atlantic Ocean at a rate of nearly ten thousand per day.³¹ The number of men transported monthly, though, peaked in July 1918, at just over 300,000, decreasing to 257,457 in September and cratering at 180,320 in October.³²

Part of the reason for the sudden decrease in men transported across the Atlantic Ocean was the influenza epidemic. Many of the units arriving by rail at the embarkation

²⁸ Ibid., 342.

²⁹ Woodward, *American Army*, 158.

³⁰ Albert Gleaves, *A History of the Transport Service: Adventures and Experiences of United States Transports and Cruisers in the World War* (New York: George H. Doran Co., 1921), 88.

³¹ Ibid., 90.

³² Ibid., 95.

camps and ports had members sick with influenza and were quarantined.³³ Doctors, upon confirming cases of influenza, refused to allow sick soldiers passage with their units. Cognizant of this, determined soldiers hid their illnesses during exams so as to ensure that they could stay with their units, which brought influenza onto the transport ships.³⁴ While doctors tried to segregate and exclude sick soldiers so as not to infect the transport ships, officers had other orders. Some officers were told to put the sick on the transports and hope they recovered during the voyage, being ordered, while at the embarkation ports, to “keep these men isolated; keep them clean; keep them healthy. We must get them to Europe and when they embark they must be physically fit- one hundred per cent fit.”³⁵ While each transport ship had extensive medical facilities, the epidemic taxed the medical resources mightily. Sick troops were stopped from boarding at the embarkation ports, if possible, but incipient cases were loaded and the crowded conditions on board helped the disease to spread. One ship, the *George Washington*, left the United States in September after 450 influenza cases and suspected cases were denied boarding privileges. On the second day at sea, however, 550 new cases had arisen. Soldiers who carried influenza onto the ships soon passed it to others, leading some infected ships to convert entire troop spaces into hospital areas.³⁶

The USS *Leviathan*, a ship that doubled its troop carrying capacity after introduction of sleeping shifts and the German offensive in March 1918, left port for France on September 29 with 11,000 men. Despite the medical screenings prior to departure, seven hundred men were sick with influenza by the end of the first day at sea,

³³ Woodward, *American Army*, 159.

³⁴ Byerly, *Fever of War*, 100-101.

³⁵ Woodward, *American Army*, 159.

³⁶ Gleaves, *History of the Transport Service*, 190.

with more becoming infected with every passing day. By the end of October 1, an onboard naval report for the day called the ship's condition as a place where "a true inferno reigned supreme."³⁷ It went on to detail how soldiers were vomiting, spitting, and making "pools of blood from severe nasal hemorrhages."³⁸ The *Leviathan* arrived in Brest on October 8 with at least two thousand soldiers sick from influenza, and the corpses of seventy who had died from it on the voyage. Two hundred more passengers would die from influenza in Army hospitals in France.³⁹ Other ships suffered from similar circumstances, and the Spanish influenza epidemic hit American military forces at a time when the American Expeditionary Force needed an increase in available soldiers.

The raging epidemic presented serious challenges for the American Expeditionary Force in France. Just as the AEF was embarking on an enormous offensive, the worsening flu outbreak had the potential to cripple the army in the United States and to afflict soldiers in France as well. As the AEF began the Meuse-Argonne Offensive, on September 26 the Provost Marshal General canceled the draft calls for 142,000 men, postponing their training until after the epidemic had subsided. The AEF was forced to limit the supply of available troops. Provost Marshal Crowder, in issuing the order, noted the serious effect that influenza could have on the military and the overall war effort, and urged vigorous action. "Stamping out of the influenza...has been recognized as a war measure," he said.⁴⁰ But even the cancellation of the draft calls did not slow the flu's devastation. During the month of September one in five soldiers contracted the disease.⁴¹

³⁷ Byerly, *Fever of War*, 103.

³⁸ *Ibid.*, 103.

³⁹ *Ibid.*, 103.

⁴⁰ "Influenza Stops Flow to the Camps of Drafted Men," *New York Times*, September 27, 1918.

⁴¹ Gillett, *Medical Department*, 164, 167.

The influenza epidemic reduced the supply of troops in France, both by the cancellation of the draft call and because of the conditions on the transport ships. The virus had appeared in the American ranks in France during the St. Mihiel offensive of September 12-16, but the interference was minor. The next week, as the AEF prepared for the Meuse-Argonne campaign- the largest American offensive since the Civil War- influenza spread throughout the army. Once the new offensive began on September 26, replacements would soon be needed. At this critical juncture, Army Chief of Staff Peyton March was forced to reduce the number of men on the transport ships by ten percent in order to stem the flu outbreaks.⁴²

March, despite warnings from doctors, refused to completely halt the shipments. Some of President Woodrow Wilson's advisors favored stopping all troop shipments until the epidemic had passed. The Acting Surgeon General of the Army recommended reducing the capacity of troopships by half and imposing a one-week quarantine of all soldiers at the embarkation camps to determine if they carried the disease. Pershing also wanted the weeklong quarantine and more medical personnel and treatment spaces on ships.⁴³ Still, March refused the demands beyond the ten percent reduction he had already instituted. When President Wilson questioned March on why he had refused to halt the shipments, March defended his decision noting the "psychological effect it would have on a weakening enemy to learn that the American divisions were no longer arriving...and...the shipment of troops should not be stopped for any cause."⁴⁴

⁴² Peyton C. March, *The Nation at War* (Westport, CT: Greenwood, 1970), 93.

⁴³ Byerly, *Fever of War*, 105-106

⁴⁴ *Ibid.*, 359-60.

Wilson backed March's decision. Completely consumed by the war and diplomatic efforts, Wilson had little time to spend dealing with the epidemic and wanted the war effort to continue. Forced to choose between protecting the health the soldiers and winning a war of attrition no matter the cost, Wilson chose victory.⁴⁵ The flu continued to spread among the AEF ranks in France, even though troop shipments in September were less than in 1917.⁴⁶ With the epidemic already causing reductions in infantry division strength and slowing the ability of the AEF to resupply its forces in France, the influenza epidemic was a serious threat to the continuing war effort.⁴⁷

War Work and the Fear of Shortages

Even before the virus began to take its toll on the military in September 1918, a growing shortage of war workers had alarmed government officials. In June, the War Industries Board (WIB), a government agency created to help allocate essential war materials and oversee industrial production, warned that labor shortages would restrict the nation's industrial capability. Previously, government planners had assumed that difficulties arising from transportation and infrastructure would limit production, but they now believed that a labor shortage would hamper industry.⁴⁸ The following month the WIB began dealing with issues of companies competitively bidding for workers, a situation that had the potential of pulling workers out of essential industries and which might create acute shortages of workers in key industries.⁴⁹

⁴⁵ Byerly, *Fever of War*, 107.

⁴⁶ March, *Nation at War*, 92.

⁴⁷ John J. Pershing, *My Experiences in the World War* vol. 2 (New York: Frederick A. Stokes, 1931), 328.

⁴⁸ Special Committee Investigating the Munitions Industry, *Munitions Industry: Minutes of the War Industries Board From August 1, 1917, to December 19, 1918* (Washington D.C.: GPO, 1935), 340.

⁴⁹ *Ibid.*, 354.

Later that same month the Board warned of fuel shortages as miners were being drafted.⁵⁰ Coal was vital to the railroads and to steel production and any shortage could slow many industries. Already by late July a shortage of steel had idled several Pacific Coast naval yards, forcing the layoff of a thousand men. As a result, the Board pressed for deferred draft classification for coal miners and begged the head of the Federal Fuel Administration to increase the supply of coal miners, noting that the need for metal products was “being limited by the inability...to secure an adequate supply of fuel.”⁵¹ The Board, foreseeing the need to expand steel production, grimly noted “this will not be effective unless we can obtain sufficient fuel of the character required.”⁵²

By August 1918 the Board, in conjunction with the Provost Marshal General of the Army, was putting forward a plan to furlough soldiers so that they could return to war industries.⁵³ The labor situation was growing so dire by September that Bernard Baruch, head of the Board, sent a letter to President Wilson and to the Senate informing them that the United States Employment Service had found, “that there is an acute shortage in the labor needed for the war program.”⁵⁴ Going further, Baruch told both Wilson and the Senate: “It is clear that there is not enough iron, steel, transportation facilities, fuel, and labor to supply the direct and indirect war needs of the country...The inevitable result of this would be a failure to supply the war requirements of the country” and “the consequent postponement of the day when the war will end.”⁵⁵

⁵⁰ Ibid., 384.

⁵¹ Ibid., 385-86.

⁵² Ibid., 386.

⁵³ Ibid., 423.

⁵⁴ Ibid., 472.

⁵⁵ Ibid., 472-73.

The report of the growing shortage of workers and the potential disruption to the war effort, however, was not something that was completely unexpected for either President Wilson or Congress. While railroads and coal producers were reporting shortages of workers and production due to the war effort, it was not the only difficulty facing the war industries. There were an increasing number of production problems caused by threatened and actual strikes.⁵⁶ Munitions factories in September faced serious labor problems. Workers at Bethlehem Steel in Pennsylvania, Smith & Wesson in Massachusetts, and Bridgeport, Connecticut, unhappy with their wages and War Labor Board restrictions, went on strike. Wilson took a hard line against the striking workers and threatened on September 12 to either send strikers into the military or to take over the plant and have the Government operate it.⁵⁷ Thousands of other munitions workers, not cowed by Wilson's stance, promised to strike on September 24 in New York.⁵⁸ Just over a week later reports came into Washington of "slackers" who had avoided the draft by working in essential war industries but were now hindering the work at the Hog Island Ship Yard in Philadelphia with their constant absenteeism. A Congressional committee was informed that "pugilists, barbers, actors, ballplayers, and others" had flocked to the yard to avoid military service but their lack of knowledge of shipbuilding and laziness was hampering production. Incensed by the disruption, Provost Marshal General Enoch Crowder advocated the firing of the workers, which would make them available for military service. Crowder added that soldiers, if necessary, could replace them.⁵⁹ These

⁵⁶ "Railroads Suffer for Lack of Men," *Boston Globe* (Morning Edition), September 21, 1918, and "Coal Production Behind Schedule," *Boston Globe* (Morning Edition), September 16, 1918.

⁵⁷ "President to End War Plant Strikes," *New York Times*, September 13, 1918.

⁵⁸ "3000 Munitions Workers to Strike Next Tuesday," *Boston Globe* (Morning Edition), September 21, 1918.

⁵⁹ "To Oust Slackers in War Industries," *New York Times*, September 21, 1918.

angry threats suggest how serious the fears of disrupted war production were by September 1918.

During the middle of September, there were no indications that Germany would seek an end to the fighting in early November, and hence U.S. policymakers and planners still foresaw a protracted war. A drawn-out struggle would necessitate even greater levels of production. Already facing labor shortages, officials took seriously the need to keep industry producing and workers on the job. Even small disruptions could undermine the mobilization effort.

By the second and third weeks of September, Spanish influenza was ravaging Massachusetts and it was spreading to other parts of the Atlantic Coast.⁶⁰ Surgeon General Rupert Blue was quick to recognize the danger to production. After reports that the virus had spread from Massachusetts into New York and had infected 173 workers in Brooklyn's Navy Yard, Blue sent a telegram on September 21 to all State Health Officers, stating, "In view of the importance which outbreaks of influenza will have on war production, request you to wire Bureau Public Health Service immediately information outbreaks influenza in your state."⁶¹

By September 22 an estimated 3000 workers at the Fore River Naval Yards in Quincy, Massachusetts had the flu, or one out of every six employees.⁶² According to a Navy physician, "they were dying so fast that they could not do anything for them at all."⁶³ The next day brought the cancellation of much of the shipping along the Massachusetts coast due to workers coming down with the illness and others deserting

⁶⁰ "Influenza Kills Here," *Washington Post*, September 22, 1918.

⁶¹ "31 New Influenza Cases in New York," *New York Times*, September 21, 1918.

⁶² "Navy Aids Quincy in War on Grippe," *Boston Globe* (Morning Edition), September 23, 1918.

⁶³ Senate Subcommittee of the Committee on Appropriations, *Suppression of Spanish Influenza: Hearings on H.J. Resolution 333*, 65th Congress, 2nd session, 1918, 10.

their jobs out of fear of catching it.⁶⁴ Even more worrisome, the flu was spreading to the west. At the Great Lakes Naval Training Station near Chicago, 452 deaths were attributed to the flu between September 11 and September 28.⁶⁵ On September 25 the epidemic hit the massive munitions factory in Nitro, West Virginia and “prostrated hundreds.”⁶⁶ The industrial centers, with their concentrated populations, were especially vulnerable.⁶⁷ Spanish influenza, therefore, threatened not only lives but also the industrial capacity of the United States.

Overwhelmed States and Cities Beg for Assistance

Cities and states struggled to contain the epidemic’s spread. Boston and other Eastern cities banned public gatherings. On September 24 Boston ordered the indefinite closing of all of its schools.⁶⁸ On the next day, Boston officials closed all places of “public amusement- theatres, moving picture houses, dance halls and places of public meetings” until conditions improved.⁶⁹ The following week Washington D.C. closed its schools and theaters.⁷⁰ Boards of Health warned that crowds would spread the virus and Philadelphia limited the number of passengers in streetcars.⁷¹ While these measures did not stop some citizens from gathering, others needed no prompting and voluntarily chose to avoid contact, fearful of the disease that had overrun the capacity of hospitals to treat

⁶⁴ “Epidemic Holds Up Ships,” *Boston Globe* (Morning Edition), September 24, 1918.

⁶⁵ Senate Subcommittee, *Suppression of Spanish Influenza*, 10.

⁶⁶ William D. Wintz, *Nitro the World War I Boom Town: An Illustrated History of Nitro, West Virginia and the Land on Which It Stands* (South Charleston, WV: Jalamap Publications, 1985), 45.

⁶⁷ *Ibid.*, 10.

⁶⁸ “Fight Influenza Here,” *Washington Post*, September 25, 1918.

⁶⁹ “Boston Joins State in Fighting Grippe,” *Boston Globe* (Morning Edition), September 26, 1918.

⁷⁰ “Theaters Closed to Stay Influenza,” *Washington Post*, October 4, 1918.

⁷¹ Barry, *Great Influenza*, 208.

the victims. Vast numbers of citizens refused to go to work or go out into the streets, turning cities into virtual ghost towns.⁷²

The state and local boards of health were the first line of defense, but it quickly became clear that they were unable to cope with the epidemic. Local governments in New England, and especially in Massachusetts, did not have the resources or medical personnel to deal with the magnitude of the epidemic and tried to merge their state and local efforts to create a more effective response.⁷³ State and local health agencies attempted to pool their resources to fight the epidemic, but even combined, they could not muster the resources necessary to counter the spread of the disease, or even to care for those already sick. Many states had exhausted their annual health funds and their legislatures were not in session to appropriate more.⁷⁴ The Massachusetts State Health Commissioner soon began begging the PHS to send doctors and nurses to help, and Acting Governor of Massachusetts Calvin Coolidge sent telegrams to President Wilson and the governors of surrounding states with the same plea, telling them: “Our doctors and nurses are being thoroughly mobilized and worked to the limit...Many cases receive no attention whatsoever.”⁷⁵ The State Health Commissioner also asked the state’s congressional delegation to use their influence in immediately obtaining 500 doctors and 100 nurses from the federal government to assist state health efforts.⁷⁶ Boston even went so far as to put ads in a Washington D.C. newspaper seeking to attract nurses and trained

⁷² Ibid., 227.

⁷³ “Boston Joins State in Fighting Grippe,” *Boston Globe* (Morning Edition), September 26, 1918.

⁷⁴ Williams, *Public Health Service*, 602.

⁷⁵ Crosby, *Pandemic*, 48.

⁷⁶ “Daily Developments,” *Boston Globe* (Morning Edition), September 27, 1918.

assistants to the city with the promise of high wages and travel expenses.⁷⁷ No matter what they tried, state and local health agencies could not cope. As the *Washington Post* summarized, “Spanish influenza...[is]...apparently beyond control of local authorities in many Eastern communities.”⁷⁸

Congress Responds

With the influenza epidemic pressuring the military, war work, and overwhelming state and local health agencies, Congress considered how to combat it. Representative Frederick Gillett of Massachusetts introduced a resolution calling for a \$1,000,000 appropriation to the Public Health Service (PHS) “to combat and suppress the disease known as ‘Spanish influenza’ by aiding the State and local boards of health” and for the Army and Navy to assist the PHS with their personnel and facilities.⁷⁹ The primary consideration for Congress, though, was how the influenza epidemic was affecting the war effort. While the resolution made no specific reference to the war or war work, Congress clearly understood that the money was meant to protect the Army and war industries. When Senator Martin listed what the epidemic menaced he stressed the cantonments and camps. The Army came first, the civilian population last.⁸⁰ Senator Henry Cabot Lodge acknowledged the great suffering and deaths in New England, but added: “The epidemic is stopping the war work in the States. It is retarding it in all the great plants which are occupied in making munitions of war. It is of the utmost importance to do everything that can be done to curb the progress of this disease.”⁸¹

⁷⁷ “Graduate Nurses and Nurses’ Aides,” *Washington Post*, October 2, 1918.

⁷⁸ “Death Rate Shows Large Increase in Army Camps Owing to Spanish Grippe,” *Washington Post*, September 28, 1918.

⁷⁹ *Prevention*, H10905.

⁸⁰ *Prevention*, S10895.

⁸¹ *Ibid.*, S10896.

In justifying his support for the resolution, Lodge stated that the work of the PHS was national and “affects the welfare of the war work *as well as the welfare of the citizens and regions suffering from it.*”⁸² Democratic Senator Oscar Underwood saw the threat of the epidemic to the Army rather than to the civilian population, stating that the disease “may do far more harm to our Army in the camps on this side of the Atlantic than the enemy can do in months on the other side.”⁸³ Senator Underwood went on to explain that the money was meant to prevent the disease from spreading in the civilian population, who he feared might spread it to the Army camps.⁸⁴ Even though no member of Congress knew exactly what the money was to be spent on, they passed the resolution unanimously within two hours time.⁸⁵

Consequently, the PHS was called on to coordinate and provide the resources necessary to fight the epidemic. The PHS, mainly concerned with public health efforts, had the authority to deal with outbreaks of infectious diseases in states and in 1912 had been given the responsibility of investigating human diseases.⁸⁶ The PHS, however, was unprepared for an outbreak of the magnitude of Spanish influenza. Its staff had spent much of the war focusing on the health of the armed forces by constructing public health systems around military posts.⁸⁷ When the epidemic struck, it lacked the personnel, plans, or administrative control to counter it. Many doctors and nurses were involved with the armed forces and were unavailable for civilian work, or were in areas far removed from the centers of the outbreak. As Alfred Crosby has written about the PHS,

⁸² Ibid., S10896. Emphasis added.

⁸³ Ibid., S10896.

⁸⁴ Ibid., S10897.

⁸⁵ Ibid., S10895; “Army Has Serum to Check Influenza,” *New York Times*, September 29, 1918.

⁸⁶ Mullan, *Plagues*, 58.

⁸⁷ Ibid., 72.

“Its problems were roughly the same as those which had faced the army when the war broke out: it was suddenly called upon to do a job for which it had been created in theory, but for which it had never been prepared in reality.”⁸⁸

To further complicate matters, the PHS was constrained by its statutory authority, which empowered it to institute quarantines and spend emergency funds on specific, “quarantinable” diseases such as cholera, typhus fever, or bubonic plague.⁸⁹ Other, more common, diseases were outside its jurisdiction. Therefore, the PHS had limited powers or appropriations to address the epidemic.⁹⁰

While the intention of the resolution was straightforward, the way in which the PHS was to accomplish the task was far more complicated. An act of Congress was necessary to expand its power and the PHS would have to assume control over and coordinate the public health response of several states and many localities. While Congress had previously limited the resources of the PHS during peacetime to avoid a buildup of federal health officials, the severity of the influenza epidemic convinced Congress that a growth of federal authority was justified and necessary.⁹¹

It is clear, however, that Congress still saw the influenza epidemic as a nuisance, and not a catastrophe that could severely impact the nation and the armed forces. Despite all of the rhetoric about the military and war work being hindered and states and localities being unable to cope with the epidemic, the amount appropriated for the arrest of influenza was only \$1,000,000. The PHS had an appropriation of \$50 million for 1918 and, in the same year, had been given an extra \$2 million for the control of venereal

⁸⁸ Crosby, *Pandemic*, 49.

⁸⁹ Senate Subcommittee, *Suppression of Spanish Influenza*, 11.

⁹⁰ Crosby, *Pandemic*, 31.

⁹¹ *Prevention*, H10905.

diseases.⁹² This was a small amount appropriated to deal with a major epidemic during peacetime, let alone wartime. Congress, despite all of the pressures and knowledge of how the epidemic was affecting the country, still saw it as a nuisance. Their attention was focused on successfully concluding the war, not on a disease that hampered, but did not stop, the war effort. With these motivations Congress quickly appropriated a small sum to the PHS and gave them jurisdiction over states and localities, and tasked it with caring for government employees and government dependents.

The appropriation, although small, would have long-lasting consequences. It effectively provided the authority for the PHS to take over public health efforts and centralize health efforts, temporarily, under the control of the federal government. This increased control by the PHS came at the expense of local and state governments. Members of Congress were well aware that the resolution providing the PHS with money and a mandate to fight influenza challenged the traditional role that the federal government had played in health initiatives. Representative Joseph Sherley of Kentucky declared that because of the war and the shortage of medical personnel: “If the physicians in localities are left alone to deal with this situation they will not be able to cope with it, and it is believed that the Public Health Service...can...control it.”⁹³ Later, Sherley pointed out that restrictions had been placed upon the PHS to prevent a peacetime buildup of the PHS but that now it had to be expanded to fight any diseases that might arise during the war effort. One representative stated that “this disease, like other

⁹² Mullan, *Plagues*, 74; Furman, *A Profile of the United States Public Health Service*, 319.

⁹³ *Prevention*, H10905.

diseases, knows no State boundaries” and another replied that because the problem was a danger to several states, he would support it.⁹⁴

These statements, taken together, demonstrate that the House believed that the widespread nature of the epidemic required expanding the PHS’s authority and the role of the federal government in providing health resources. Not a single representative came out against the resolution, while another raised the possibility of providing additional appropriations for the Army and Navy’s health efforts.⁹⁵ These statements demonstrate that the House believed that the widespread nature of the epidemic required expanding the PHS’s authority and the role of the federal government in providing health resources.

In the Senate, Lodge noted the helplessness of state efforts to contain the virus and stated that Congress had in the past aided local communities in emergencies, but now a national emergency demanded the intervention of the federal government. He said, “The State is straining every nerve and doing everything it can; but the State... must have the aid of the Federal Government to get the necessary assistance to check and control the disease so far as it can be done.”⁹⁶ The only dissenting voice during the discussion of the resolution was Senator Boies Penrose, a Republican from Pennsylvania, who wanted an accounting for how the money would be spent, but was not against the action itself.⁹⁷ No senator from either party openly opposed the expansion of federal control over public health provisions. Members of Congress believed that the epidemic required the federal government to take control over public health efforts in areas it had previously avoided, and unanimously voted to enlarge the PHS. The emergency situation created by the

⁹⁴ Ibid., H10906.

⁹⁵ Ibid., H10905.

⁹⁶ *Prevention*, S10897.

⁹⁷ Ibid., S10895.

influenza provided the reason for a centralization and expansion of public health efforts in the United States.

The PHS and Federal Departments

Government agencies and departments quickly ceded control to the PHS, which quickly became the recognized provider of federal health care. After the congressional appropriation was passed, the Government turned to the PHS to care for young Native Americans at Indian schools, a population largely dependent on federal care. On October 11, 1918, the Commissioner of Indian Affairs in Washington D.C. sent a telegram to the superintendent of the Haskell Institute, and Indian school in Kansas, warning him about the spread of Spanish influenza. After noting that other superintendents were reporting serious conditions at their schools, he authorized the superintendent at Haskell to cease all school-related activities so that staff could tend to the sick, if conditions warranted. The commissioner, in addition, gave one direct command that had to be followed. He wrote, “Indian pupils of all schools and Indians old and young on reservations must be given best care and protection possible.”⁹⁸ The Supervisor of Schools for the Five Civilized Tribes of Oklahoma, where many of the families lived who had children attending Haskell, wrote to the Haskell superintendent asking about influenza conditions there so that he could “reassure parents and guardians.”⁹⁹ The superintendent at Haskell responded by writing that there were “a great many cases of influenza here and at one

⁹⁸ Telegram from Commissioner Sells to Supt. Peairs, Oct. 11, 1918, Records of the Bureau of Indian Affairs, Department of the Interior, Bureau of Indian Affairs, Haskell Indian Nations University, Subject Correspondence Files, 1904-1941, RG 75, NARAKC.

⁹⁹ Letter from A.S. Wyly to Supt. H.B. Peairs, Oct. 26, 1918, Subject Correspondence Files, 1904-1941, RG 75, NARAKC.

time there were as many as 200 students in bed. Every possible care and precaution was taken to prevent complications.”¹⁰⁰

Since these letters and telegrams were passed between U.S. Government Indian officials, and were not intended for Native Americans to read, it demonstrates that Indian officials at the Haskell Institute and in Oklahoma truly did want the best care for Native American students in their care and were concerned enough to ease their anxious parents. This care, though, did not extend to all Indian officials during the epidemic, particularly at the Vermilion Lake School in Minnesota. At Vermilion Lake Indian School cases began appearing among the students on October 23, 1918.¹⁰¹ Two days later twenty-five students had influenza.¹⁰² By October 29 there were thirty cases, and the school’s superintendent told the Indian Office in Washington D.C. that conditions were critical and asked for an emergency expenditure to pay for embalming and caskets for students who had died to be shipped back to their parents in.¹⁰³

Parents of children at the school became increasingly concerned about the conditions there and attempted to come and pick up their children and take them home, but were denied access by state authorities who restricted travel during the epidemic. Native American parents wrote to the Commissioner of Indian Affairs demanding an explanation for the restricted access to their children, but the Assistant Commissioner of

¹⁰⁰ Letter from Superintendent to Mr. A.S. Wyly, Oct. 28, 1918, Subject Correspondence Files, 1904-1941, RG 75, NARA KC.

¹⁰¹ Telegram from Superintendent of Vermilion Lake Indian School to State Board of Health, Oct. 23, 1918, Records of the Bureau of Indian Affairs, Department of the Interior, Office of Indian Affairs, Vermilion Lake Indian School, Correspondence with the Commissioner of Indian Affairs, 6/5/1917-5/5/1919, RG 75, NARA KC.

¹⁰² Telegram from Superintendent Edsall to Indian Office, Oct. 25, 1918, Correspondence with the Commissioner of Indian Affairs, 6/5/1917-5/5/1919, RG 75, NARA KC.

¹⁰³ Telegram from Superintendent Edsall to Indian Office, Oct. 29, 1918, Correspondence with the Commissioner of Indian Affairs, 6/5/1917-5/5/1919, RG 75, NARA KC.

Indian Affairs blamed Minnesota's laws and claimed the Indian Office "was not in a position to authorize...the children...be returned to their reservations."¹⁰⁴ Noting that the PHS concurred with the travel restrictions enacted by the Minnesota Board of Health, the commissioner told the parents that "it is believed that the people of your reservation will fully concur in all that has been done when they realize that it was for their good."¹⁰⁵ The commissioner continued that, since the disease was spread by contact, the laws actually spared the Indian reservations from being struck worse than they already were. He claimed that conditions at the school were improving and "your children will soon be out of danger; and then all the Indians of Nett Lake will be glad that the sick were kept where they could be taken care of instead of having been exposed to the dangers of travel and to change in residence which might have...resulted in a large number of deaths."¹⁰⁶ Striking a paternalistic tone to the Native American parents, the commissioner concluded his letter by acknowledging the anxiety they felt. But, he wrote, both they and their children "will now realize that the state authorities did what was best not only for your children, but for their parents, and for the public."¹⁰⁷

Part of the Office of Indian Affairs refusal to allow the Native American parents to see their children or take them home might have been because Indian school administrators believed it was the Native Americans themselves who had introduced influenza into the schools. In a letter to the Commissioner of Indian Affairs, the superintendent of the Vermilion Lake School responded to complaints lodged against him from Native American parents and his care of their children during the epidemic.

¹⁰⁴ Letter from E.B. Merritt to Chief Moses Day and Others, Nov. 25, 1918, Correspondence with the Commissioner of Indian Affairs, 6/5/1917-5/5/1919, RG 75, NARAKC.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

Singling out a mother who had complained that she had been unable to personally care for her daughter while she was sick, the superintendent blamed the mother and her other children for bringing head lice into the school, as well introducing Spanish influenza. Believing that child was initially sick with something else, the superintendent wrote, “I am of the opinion that [the mother and her children] are the ones that inoculated our school with the Spanish Influenza as they were the first to come down and admitted [sic] that they had the disease at their homes before coming here.”¹⁰⁸ He also believed that they sent the children to the school to get them away from the disease that he assumed was prevalent on their reservation. Even while caring for Native American children, school officials viewed both the children and their parents with suspicion as potential carries of disease. They were forced to pacify anxious and angry parents even as they used laws and regulations to restrict their movement.

Indian officials, in all cases, had difficulty caring for their sick students. They lacked the medical resources and staff to effectively combat the Spanish influenza epidemic. Superintendents of schools and the Commissioner of Indian Affairs scrambled to find doctors and trained nurses to help with the sharp increase in sick Native American children. Some of the superintendents were able to secure medical professionals, but had no money to pay their salaries.¹⁰⁹

With these needs in mind, the Commissioner of Indian Affairs turned over salary payments to the Public Health Service. In a telegram to the Haskell superintendent, the

¹⁰⁸ Letter from Superintendent to Commissioner of Indian Affairs, Nov. 30, 1918, Correspondence with the Commissioner of Indian Affairs, 6/5/1917-5/5/1919, RG 75, NARAKC.

¹⁰⁹ Telegram from Superintendent Peairs to Indian Office, Oct. 15, 1918, Subject Correspondence Files, 1904-1941, RG 75, NARAKC.

Commissioner wrote that, “Salaries to be paid from Public Health Service funds.”¹¹⁰

From that time on, superintendents kept careful records of their medical workers, and asked them all to sign claim vouchers that would be sent to the Public Health Service.¹¹¹

Employees recorded by school superintendents were nominated to the Surgeon General of the PHS, and were, from that time on, recognized as being employees of the PHS.

They received their pay from the Treasury Department who oversaw the PHS, and were under the authority of local PHS officials during the epidemic.¹¹²

During the time of crisis, Department of the Interior and Indian Office personnel turned to the PHS to run, and fund, their health efforts. They justified allowing the PHS to run their health efforts by pointing to the congressional influenza appropriation. The resolution, had, in effect, made the PHS the de facto health institution for civilians during the epidemic, and government departments quickly began collaborating with the PHS.

The Office of Indian Affairs sent a circular to all school superintendents informing them that the Commissioner of Indian Affairs had been made a field director of the PHS, and that “all Public Health Service activities having to do with the control of influenza among Indians” would be done with the collaborative effort of the Office of Indian Affairs and the PHS.¹¹³ Superintendents were told, that, “In accordance with the purpose and intent of the resolution of Congress and the expressed policy of the Surgeon General of the

¹¹⁰ Telegram from Commissioner to Supt. Peairs, Oct. 16, 1918, Subject Correspondence Files, 1904-1941, RG 75, NARAKC.

¹¹¹ Letter from Superintendent to Commissioner of Indian Affairs, Oct. 25, 1918, Subject Correspondence Files, 1904-1941, RG 75, NARAKC.

¹¹² Letter from Assistant Commissioner to Mr. Hervey Peairs, Oct. 31, 1918, Subject Correspondence Files, 1904-1941, RG 75, NARAKC.

¹¹³ “Epidemic expenses, U.S. Public Health Service, Treasury Department. In connection with Circular 1477,” Circular No. 1486, Nov. 19, 1918, Records of the Bureau of Indian Affairs, Department of the Interior, Office of Indian Affairs, Pipestone Indian School, Circulars Received from the Office of Indian Affairs, 1917-1922, RG 75, NARAKC

United States Public Health service,” they were to “cooperate with all organized public health agencies, federal, state, and local, in preventing the spread of influenza.”¹¹⁴

Department of the Interior and Indian Office officials believed it was the intent and purpose of Congress to give over their influenza-fighting activities to the PHS, and allow them to run their health efforts.

Government Workers and Acceptance of the PHS

The federal government became increasingly concerned about how the Spanish influenza epidemic was affecting government workers, and turned to the PHS to provide care for them. At the Treasury Department, there were so many sick employees that an “Emergency Diet Kitchen” was set up under the auspices of the Department. This Kitchen was designed to serve all ill government employees, even those who did not work at the Treasury, and provide “adequate food” to employees from all federal departments. It was organized and supplied by large contributions from Mrs. William McAdoo, the Treasury Secretary’s wife, who had raised the money to help employees that were too sick, too weak, or too poor to provide for themselves during the epidemic. Food was sent to employees of all federal departments, but Mrs. McAdoo focused much of the Kitchen’s efforts on the Treasury, War, and Navy Departments.¹¹⁵

In addition to food, volunteers of the Treasury Department visited all federal employees who were reported ill. These volunteers determined whether each individual worker was receiving proper care. If the employee needed food or supplies, the Treasury Department’s American Red Cross auxiliary provided it three times a day as long as the employee was ill. If medical attention was needed, the Treasury Department turned to

¹¹⁴ Ibid.

¹¹⁵ “Influenza Epidemic,” General Records of the Treasury Department, Office of Chief Clerk, 1913-1949, Box 8, Entry 415, RG 56, NARACP.

the Public Health Service. The PHS had effectively been turned into the federal government's medical unit, and it was now tasked with providing care to government workers.¹¹⁶ This transition by federal departments, of ceding control over health matters to the PHS, was openly encouraged and accepted by federal agencies.

Congress Pressured to Maintain the PHS and its Funding

By late October the epidemic had begun to subside and with the end of the war in November concern over influenza faded away. Even as the epidemic receded into the nation's consciousness, the successful conclusion of the war and the seeming end of the epidemic were held up as examples of the strength, fortitude, and ability of the American people. The PHS had, in many minds, accomplished the goal of protecting the nation's health and limiting the destructive power of influenza. The perceived success of the PHS in combatting influenza among the public and government agencies and employees meant that many now came to see the PHS as a necessity to the nation's health, as a group that needed to be reinforced and properly financed to protect Americans from future epidemics. The PHS was accepted as a capable and resourceful federal agency that needed to continue directing the nation's health efforts. States, local governments, and private citizens all vigorously encouraged the U.S. Government to maintain the PHS, and give it the money and support it required.

After the end of the wave of influenza that attacked the United States during the fall and winter of 1918-1919, Congress was pushed by states to fund and support the PHS so that future influenza epidemics might be avoided. In February 1919 the Ohio Secretary of State, William Fulton, sent a letter informing the Speaker of the House of

¹¹⁶ Ibid.

Representatives in Washington D.C. that Ohio's legislature had adopted a joint resolution that petitioned Congress to take action to suppress influenza.¹¹⁷ The joint resolution, which Fulton included in his letter to the Speaker, explained why the State of Ohio felt that the influenza epidemic required further federal action, beyond the PHS appropriation that it had adopted in September 1918. It began by recounting the toll of influenza, and the helplessness felt by the public and professionals in its wake. "This country has been devastated recently by an epidemic of one of the most deadly diseases known to science...and...Medical experts are not agreed either as to its origin nor the proper mode of treatment."¹¹⁸ The influenza epidemic, though, still posed an immediate threat to not only the State of Ohio, but also the nation as a whole. "Those countries where it was first prevalent suffered more than one attack of the scourge and there is reason to fear that we will have a like experience."¹¹⁹ With this threat facing the United State, the Ohio State Legislature warned, that, "The public health cannot be safeguarded on state lines but is a matter of national concern."¹²⁰

The State of Ohio clearly felt that epidemics, like influenza, were beyond the ability of state public health organizations to stop and suppress. Epidemics, then, were national matters, and a congressional responsibility. To that end, the State of Ohio petitioned Congress to appropriate money to the organization that was credited with successfully fighting the influenza epidemic, the PHS. The joint resolution concluded

¹¹⁷ "Letter from the State of Ohio Secretary of State to the Speaker of the House of Representatives, February 12, 1919," Records of the United States House of Representatives, Petitions, Resolutions from State Legislatures, and Related Documents referred to Committee on Interstate and Foreign Commerce during 65th Congress: HR65A-H6.6 (Influenza Epidemic), RG 233, NARADC.

¹¹⁸ "House Joint Resolution No. 12, Petitioning Congress to Take Action for the Suppression of Influenza, Feb. 4, 1919," HR65A-H6.6 (Influenza Epidemic), RG 233, NARADC.

¹¹⁹ Ibid.

¹²⁰ Ibid.

with that demand, stating, “Resolved by General Assembly to request Congress of the United States to spend an amount not less than five million dollars to be devoted to a investigation of the origin and nature of the disease commonly called ‘Spanish Influenza’ and of the best methods of counteracting it and to the protection of our national life.”¹²¹ By petitioning Congress to appropriate an amount five times that of the original influenza appropriation, the State of Ohio made clear they trusted the PHS to investigate and protect the nation from future influenza epidemics. They also made clear that they accepted federal control over national health matters, and expected Congress to take the lead in building and supporting the PHS, which had already proven itself during the previous influenza epidemic.

The pressure on Congress to continue supporting the PHS and its influenza work, even after the epidemic subsided, came not just from state legislatures, but municipalities as well. The City Council of Cleveland also sent a resolution to Congress, echoing the sentiments of the Ohio State Legislature. The City Council noted that Congress had a resolution to appropriate five million dollars to find the “source of influenza and perfecting a serum which will be an effective cure” and that Cleveland had “suffered greatly in loss of life and illness from influenza.”¹²² Because of those losses, the City Council endorsed the proposed appropriation from Congress “to use the money...to fight influenza throughout the nation and in that way the city of Cleveland will greatly benefit through such an appropriation in preventing a recurrence of the influenza epidemic.”¹²³ The Cleveland City Council saw the influenza epidemic in the same way that the Ohio

¹²¹ Ibid.

¹²² “Resolution of Council of City of Cleveland, Feb. 14, 1919,” HR65A-H6.6 (Influenza Epidemic), RG 233, NARADC.

¹²³ Ibid.

State Legislature did- as a national problem that required a congressional response and federal government leadership. State and localities simply did not have the resources to counter such a destructive, national emergency. They felt that only a federally directed health response could prevent another influenza epidemic, and they pushed Congress to act.

Pressure also came from private groups. The members of the Industrial Medicine and Surgery section of the American Medical Association sent their own resolution to every member of the House Committee on Appropriations in June 1919. In it, they noted the death toll of the influenza epidemic, writing that it caused “approximately 500,000 deaths in the United States...and influenza, pneumonia, and allied diseases now cause approximately one-tenth of all the deaths in the United States.”¹²⁴ They lamented, though, “medical science is not yet in complete data as to the cause, modes of transmission, prevention, and cure of this disease and its complications.”¹²⁵ These members of the American Medical Association believed, that, “the possession of this knowledge is of grave social and economic concern to the nation.”¹²⁶ Because it was a matter of serious consequence not just for a town or a state, but also for the entire nation, the members resolved, “Congress should and is hereby urged to appropriate not less than \$1,500,000 to be used under the direction of the U.S. Public Health Service” for the purpose of investigation to secure knowledge of influenza and its cause, transmission, prevention, and cure.¹²⁷ The members, in addition, wanted the investigation completed

¹²⁴ “Resolution Transmitted by Dr. Otto Geier, Secretary, June 13, 1919,” Petitions, Memorials, Resolutions of State Legislatures, and Related Documents Referred to Committee on Appropriations during 65th Congress: HR66A-H2.5 (Investigation into Causes of Influenza), RG 233, NARADC.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Ibid.

within three years and the information made available to the public.¹²⁸ They believed that because influenza was a grave national concern, the PHS was the logical choice for such a vital task. They had faith in the PHS to successfully accomplish the investigation.

Other private groups and citizens echoed the call for Congress to appropriate money to the PHS to investigate influenza in the hope that future epidemics could be avoided. A letter sent to Representative J. Charles Linthicum of Baltimore from a publisher of scientific journals, Williams & Wilkins, agreed with the American Medical Association request for one and a half million dollars to be “used under the direction of the United States Public Health Service” for investigating the causes, prevention, and cure of influenza and other respiratory diseases.¹²⁹ Members of the Pomona Grange #24 in Bedford County, Pennsylvania met in early 1920 and signed a petition to Congress. In it, they noted that, “our country for some time past has been visited by that dreadful epidemic commonly known as the ‘Flu’ exacting as its toll many lives and caused untold suffering.”¹³⁰ They aimed to add their voices to “a movement...to investigate and through research to ascertain if possible a means to successfully combat said epidemic or disease.”¹³¹ They resolved to ask Congress “to make necessary appropriation as may be needed for the proper investigation and research as will insure the protection of the lives and health of our citizens.”¹³² These private citizens, like public groups, asked Congress to give more money and authority to the PHS, trusting in their ability to investigate influenza and properly protect the nation’s health.

¹²⁸ Ibid.

¹²⁹ Letter from Charles C. Thomas to Representative J. Charles Linthicum, Aug. 1, 1919, HR66A-H2.5 (Investigation into Causes of Influenza), RG 233, NARADC.

¹³⁰ “Resolution,” Pomona Grange #24 to United States Congress, March 4, 1920, HR66A-H2.5 (Investigation into Causes of Influenza), RG 233, NARADC.

¹³¹ Ibid.

¹³² Ibid.

Legacy- Influenza, the PHS, and Federal Control of Health Care

The legacy of the congressional resolution had a much larger reach than was imagined in 1918. The perceived effectiveness of the PHS and federal intervention in dealing with the epidemic would prove to be a key moment in the federal government's gradual enlargement of its control over the nation's health efforts. The federal government, to be sure, had been slowly increasing its role in providing healthcare to the nation before the influenza epidemic. Beginning in the 1870s, the Marine Hospital Service, the precursor to the PHS, provided doctors and federal assistance to states when epidemics such as yellow fever and the plague struck.¹³³ In the early 1890s a series of laws were passed that mandated that the Marine Hospital Service provide medical inspections to all arriving immigrants. In 1893 the Quarantine Act placed authority for operating quarantines with the Marine Hospital Service, taking responsibility away from individual states.¹³⁴

The twentieth century brought further increases in the level of federal control over the nation's health. In 1902 Congress renamed the Marine Hospital Service, which from its beginning was concerned with American seamen and American interests outside the United States, as the Public Health and Marine Hospital Service, designating that the federal government would henceforth have a role in the public's health and the coordination of public health efforts.¹³⁵ By the first decade of the twentieth century, state boards of health and the PHS were coordinating efforts, with the PHS taking the lead in

¹³³ Williams, *Public Health Service*, 114-124.

¹³⁴ Mullan, *Plagues*, 40.

¹³⁵ Williams, *Public Health Service*, 166.

most public health initiatives.¹³⁶ The close coordination between the federal government and states led to bipartisan calls for centralized public health efforts, and, perhaps, a new federal agency which would oversee health concerns for the entire nation.¹³⁷

Congress never passed a far-reaching reorganization of the federal health activities into one agency, but in 1912 Congress did permanently change the name of the Public Health and Marine Hospital Service to the Public Health Service. The law gave the PHS new authority to research diseases and their spread across the nation, giving the PHS oversight of illnesses in every state. The 1912 law, though, did not give the PHS the ability to enlist and maintain a reserve corps of physicians and non-physician employees.¹³⁸

The trend of the federal government assuming more control over the nation's health efforts increased rapidly after the war and influenza epidemic subsided. While before the war the House had not acted on legislation to add a reserve corps to the PHS, after the war the House approved the enlargement of the PHS quickly. The legislation had languished for over a year without action, but the House changed course after the war. Surgeon General Blue directly tied the increase in PHS personnel to the epidemic, stating, "After influenza had become epidemic over practically the entire country this resolution was brought out of the committee and favorably acted upon by the House."¹³⁹ The PHS had grown in its size and authority. With its newfound resources, it was given

¹³⁶ Mullan, *Plagues*, 48, 55.

¹³⁷ Laurence F. Schmeckebier, *The Public Health Service: Its History, Activities and Organization* (Baltimore, MD: Johns Hopkins Press, 1923), 34-35.

¹³⁸ Mullan, *Plagues*, 58.

¹³⁹ Furman, *A Profile of the United States Public Health Service*, 327.

the long-term task of caring for returning veterans, a massive expansion of federal health care.¹⁴⁰

The enlargement of the PHS did not follow the path that many other government agencies did after the war. Once the Armistice was signed many of the government boards that had directed the economy and society since 1917 began to be phased out. The WIB, U.S. Shipping Board, Food Administration, and the Fuel Administration were almost completely shut down by 1920.¹⁴¹ When Warren G. Harding was elected president in 1920 on a “return to normalcy” platform and advocated for economy in government and tax reductions, it could be assumed that the public health and social welfare programs from World War I would be quickly ended as well.¹⁴² There had been a change, however, in how the federal government saw public health issues and the care of its citizens. The federal government now considered itself a fundamental part of the citizen-health dynamic, and the idea was shared by a majority of policymakers stretching from the president to Congress. In his first official address, while laying out his “normalcy” plan, Harding called for the enactment of a maternity bill that would provide for the health of mothers and children.¹⁴³ The new president saw the federal government’s role in public health as so fundamental that it was now considered a part of “normalcy” in America.

Later in 1921 Congress heeded Harding’s call for a maternity bill, and passed the Sheppard-Towner Act that appropriated money for maternal and infant welfare. Grants

¹⁴⁰ Mullan, *Plagues*, 75, 80.

¹⁴¹ Burl Noggle, *Into the Twenties: The United States From Armistice to Normalcy* (Urbana, IL: University of Illinois Press, 1974), 58-65.

¹⁴² Robert K. Murray, *The Politics of Normalcy: Governmental Theory and Practice in the Harding-Coolidge Era* (New York: W.W. Norton, 1973), 14.

¹⁴³ *Ibid.*, 46.

were issued to states if they met federal standards, and a federal board was created to oversee the distribution. The debate over the Act in the House of Representatives demonstrates how political attitudes toward federal involvement in public health had changed since the end of the war. One of the most vocal critics of the legislation was Eugene Black from Texas who argued, “The care of mother and child, in so far as it is a government function at all, is a State and local, not a Federal function. . . it has never been my understanding that it is the duty of the Federal Government to provide either food or care.”¹⁴⁴ His objection, however, was not with the federal government’s involvement in public health, just with the provision of routine care inside of the states. Black supported federal health efforts that resembled what Congress initiated during the influenza epidemic. “I agree that there are certain public health functions which are clearly national in character and which the Federal Government should and does perform,” he said, and listed epidemics that necessitated federal involvement in prevention and suppression, including influenza.¹⁴⁵ Black continued: “Now, it is clearly the function of the federal government to engage in an activity of the above kind, because epidemics have no regard for State lines and must be dealt with in a systematic way, but epidemics are very different from the hygiene of maternity and infancy.”¹⁴⁶

Black and other critics opposed the idea of providing routine care inside of states, yet recognized that the federal government did play a crucial role in public health when epidemics extended over state boundaries. This had become an accepted role for the federal government, even among critics of other public health legislation. By specifically

¹⁴⁴ *Protection of Maternity and Infancy*, S. 1039, 67th Congress, 1st session, *Congressional Record* 61 (Nov. 18, 1921): H7940.

¹⁴⁵ *Ibid.*, H7940.

¹⁴⁶ *Ibid.*, H7940.

mentioning influenza, Black brought to mind the 1918 epidemic for his colleagues, only three years behind them. He used influenza to argue that the federal government should only be concerned about epidemics. Although he argued for a limited federal role in public health, that limited role was still an expansion from what had been accepted prior to 1918 when influenza fell outside of federal jurisdiction.

While Black opposed the Act, most members of Congress disagreed with him and wanted to expand the federal government's role to include assistance to mothers and infants. The Act was passed overwhelmingly, 63 to 7 in the Senate, and 279 to 39 in the House.¹⁴⁷ The federal government, both the executive and legislative branches, desired and accepted a larger role in public health matters across the country. Demonstrating their willingness to accept federal oversight, forty states took advantage of the grants when the money became available in 1922. The widespread acceptance of the federal government's growing role in the direction and financing of public health efforts was clear.¹⁴⁸

Although management problems within the PHS led to the transfer of veterans' hospitals and care to other agencies in 1922, the PHS continued to remain relevant in public health matters.¹⁴⁹ While the PHS budget was largely static during the 1920s, numerous congressional leaders looked to the PHS as the organization that could provide effective health assistance for citizens across the nation.¹⁵⁰ Two acts were introduced in 1926 that sought to grant the PHS more authority and to expand federal control over

¹⁴⁷ J. Stanley Lemons, "The Sheppard-Towner Act: Progressivism in the 1920s," *The Journal of American History* 55, No. 4 (March 1969): 777-778.

¹⁴⁸ John Duffy, *The Sanitarians: A History of American Public Health* (Urbana, IL: University of Illinois Press, 1990), 247-248.

¹⁴⁹ Duffy, *Sanitarians*, 244.

¹⁵⁰ *Annual Report of the Secretary of the Treasury on the State of the Finances for the Fiscal Year Ended June 30, 1926* (Washington: GPO, 1927), 161.

public health. New York Congressman James Parker introduced a bill that would allow the PHS to coordinate and lead federal public health initiatives. After numerous amendments and changes, the legislation that was passed by Congress in 1930 aimed to increase efficiency in public health and strengthen the PHS. It gave the president the power to transfer almost any executive agency involved in public health to the oversight of the PHS, including all personnel, records, and unused appropriations. The PHS could be detailed to any executive agency working in public health “in order to supervise or cooperate in such work.”¹⁵¹ The PHS was also given the ability to detail medical or scientific personnel to educational and research institutions for special studies of scientific problems relating to public health.

During the hearings over the proposed bill, Surgeon General of the Public Health Service Hugh Cumming testified that such an enlargement of power for the PHS was necessary given the changes that had occurred in society since the turn of the twentieth century. Noting that as commerce and communication increased there was an increased need for uniformity and coordination in the suppression of epidemics, which the federal government had gradually assumed over the prior decades. The transportation of people and goods across state lines brought the spread of germs, and the federal government had begun scientific research into both the diseases and methods of suppressing them. In Cumming’s view, the federal government needed to expand its public health efforts because the changing world made epidemics more harmful to the nation’s economy and society than ever before. He noted: “As there was a realization of how public health entered into every phase of activity, and while the [PHS] itself was given by Congress

¹⁵¹ House Subcommittee of the Committee on Interstate and Foreign Commerce, *Public Health Service: Hearing Before A Subcommittee of the Committee on Interstate and Foreign Commerce on H.R. 10125*, 69th Congress, 2nd session, February 24 and 25, 1927, 1.

increased powers from time to time, other departments have...began taking up...additional public health activities in connection generally with their other activities.”¹⁵²

Cumming argued that all public health activities needed to be put under the control of the PHS to eliminate overlap and increase efficiency. The changing world and increasing importance of public health in all facets of life required new authority for the PHS. Cumming’s testimony was based on the belief that new public health issues could only be handled by a unified federal response structure, the PHS. If such an empowered organization were not available to meet new challenges, the nation’s welfare would be imperiled. Addressing the bill’s provisions, he said, “None of these things, I may say, involve any employment of new people or appropriations; it is a matter of organization and authority.”¹⁵³ This bill represented a massive increase in the power of the PHS, and Cumming and the congressmen knew it. During questioning, one representative asked of Cumming: “Under the provisions of this bill...if it is enacted into law, you would have practically unlimited authority to go ahead- unlimited authorization, subject only to the limit placed upon you by the appropriation. Is not that true?” Cumming did not avoid the question, answering, “Pretty nearly, Mr. Chairman.”¹⁵⁴

Cumming argued that his organization, the one who had successfully battled epidemics for decades, including influenza, was most fit to run federal public health matters. If the federal government wanted to protect the American people they needed to turn to the PHS, and give it massive new power. The influenza epidemic was cited by

¹⁵² Ibid., 4.

¹⁵³ Ibid., 5.

¹⁵⁴ Ibid., 11.

others advocating for the bill as a justification for increasing PHS authority and its research efforts. The Chicago Commissioner of Health told representatives about the need for a larger hygienic laboratory in the PHS, stating,

During the past few weeks this country has been aroused as to the possibility of another epidemic of influenza sweeping our country as it did in 1918, when 500,000 Americans lost their lives from this disease. But little more is known than we knew in 1918 in regard to the actual cause and the means of prevention of influenza. The Federal Government might well permit the Public Health Service to make detailed studies into all phases of the influenza question and, if a remedy was actually discovered, its application by health officers would add millions to the economic value of this Nation.¹⁵⁵

The 1918 epidemic was repeatedly used as a justification for an increase in the power of the PHS. The reputation of the PHS had grown after its actions and perceived effectiveness in 1918, and the fear of another influenza epidemic and its potential impact on the nation was used to successfully argue for an increase in PHS authority and reach. The Parker Act passed both chambers of Congress, but was vetoed by Calvin Coolidge in May 1928. Members of Congress though still believed in the bill, the growth of the PHS, and the federal government's role in public health. It was resubmitted after Herbert Hoover's election, and was signed into law in April 1930.¹⁵⁶

The second piece of legislation that enlarged the PHS was the Ransdell Act, which created the National Institute of Health to study human diseases. The Act appropriated \$750,000 for a physical expansion of the hygienic laboratory and established a fellowship and private endowment program, all under the authority of the PHS.¹⁵⁷ In justifying the expansion of the PHS and further growth of the federal

¹⁵⁵ Ibid., 28.

¹⁵⁶ Williams, *Public Health Service*, 169.

¹⁵⁷ Mullan, *Plagues*, 90.

government's role, Joseph Ransdell of Louisiana linked the First World War and the battle against epidemics as events that could bring mass destruction. He said,

Is there no valuable lesson for peace in this mighty and successful effort in the making of war? Is there not another battle constantly to be fought- the battle against disease? While war claims its sacrifice in millions of lives, disease each year claims its tens of millions. Pneumonia, influenza, tuberculosis, cancer, and a score of other ailments claim their many victims...Can we not use for the solution of these problems the same methods so successfully employed in the solution of means of making war?¹⁵⁸

As with the Parker Act, the influenza epidemic was used as a justification for more funds and more authority to the PHS. The linking of the First World War and influenza epidemic was meant to remind the senators about the destruction that another such epidemic could have on society. The same argument was advanced once again- in order to avoid another influenza epidemic such as in 1918, the PHS needed expansion and the federal government needed to take a leading role in public health. Like the Parker Act, the Ransdell Act was signed into law by Hoover in 1930. These two acts, taken together, gave a firm foundation to the PHS to fight disease in the laboratory and in the field.¹⁵⁹

With the onset of the Great Depression and the passage of the Social Security Act of 1935, the PHS grew larger still and the federal government became deeply enmeshed in most health decisions in states and localities. Building on the social welfare legislation that grew after the 1918 epidemic, the Social Security Act marked the entrance of the federal government into social concerns, including health, on a large scale. The Social Security Act furthered the aim of the Sheppard-Towner Act and provided millions of dollars for maternal and childcare and for general public health services. It also gave money to the PHS to assist local and state governments and their public health programs,

¹⁵⁸ *The Necessity for a National Institute of Health*, S. 1171, 71st Congress, 2nd session, *Congressional Record* 72 (May 21, 1930): S9264.

¹⁵⁹ Mullan, *Plagues*, 90.

and large amounts for the construction of health and sanitary facilities.¹⁶⁰ The Act opened the way for increasing federal expenditures on public health and established a permanent mechanism for distributing federal funds.¹⁶¹ The Social Security Act was a major victory for the public health movement and public health services across the nation. It was a high point in the federal government's assumption of public health responsibilities. Public health had become an important government function, and the federal government exerted its authority over public health efforts within the states and localities in ways far beyond what it had done prior to 1918.¹⁶²

Over several decades the federal government changed its position toward health care for the nation from a very limited stance in the late 19th century to a broad one by the 1930s. It changed positions because it saw the increasing importance of protecting the health of its citizens and the need of federal direction in public health. In their mind, federal oversight and control brought better and farther-reaching care than that which could be provided by states or local governments. Therefore the federal government enlarged its presence in the public health world, especially after the influenza epidemic, through grants, appropriations, and the activities of the PHS.

The PHS was chosen to direct the federal government's growing public health efforts because of its perceived success in dealing with the 1918 influenza epidemic. By its ability to channel the congressional appropriation and coordinate a federal-state-local government response, the public image of the PHS grew as did the federal government's

¹⁶⁰ Duffy, *Sanitarians*, 258-259.

¹⁶¹ John Duffy, *The Healers: The Rise of the Medical Establishment* (New York: McGraw-Hill, 1976), 317.

¹⁶² Kant Patel and Mark E. Rushefsky, *The Politics of Public Health in the United States* (Armonk, NY: M.E. Sharpe, 2005), 16.

faith in it to provide effective health efforts.¹⁶³ Throughout the 1920s and into the early 1930s, there was a concerted effort among members of the federal government and public health officials to strengthen the PHS further and use it as the instrument of federal public health activities. As this push was occurring policymakers repeated the reason why the PHS needed new power and authority: the influenza epidemic.

While the PHS did deal with other epidemics, influenza was the most devastating epidemic in recent mind during the 1920s and 1930s and the repeated references to it were used to remind policymakers of its destruction. Responding to both the fear of future epidemics and recognizing the need for a greater federal role in public health matters, new legislation was passed and the PHS strengthened. In 1918 the congressional appropriation to the PHS to combat influenza was seen as a wartime measure needed to protect the industrial and military capabilities of the nation. The epidemic was not seen as a major concern, rather a temporary obstacle to the ultimate goal of winning the war. The appropriation would, however, have long-lasting consequences as it helped to raise the profile and credibility of the PHS and the federal government's ability to handle epidemics and protect American citizens.

The influenza epidemic, then, is a key part of the long-running federal government's assumption of control for the nation's health matters. The federal government had been increasing its role in health concerns during the latter decades of the nineteenth century, and would continue to do so after the epidemic. The immediate needs of the military, the fear that war production might be stopped, and the frantic calls

¹⁶³ Duffy, *Sanitarians*, 244.

for assistance from states and localities all pushed Congress to do something to check the influenza epidemic, and the result was the influenza appropriation to the PHS.

Once enacted, the appropriation gave the PHS resources to begin caring for federal workers and dependents and to coordinate with smaller public health agencies and oversee their work. This oversight was accepted by both federal departments and state and local governments, who then looked to the PHS to provide guidance even after the epidemic ceased. Congress, after the perceived success of the PHS in combatting influenza, continued to fund and expand the PHS for decades after the epidemic. The PHS, because of the influenza epidemic, came to be seen as the trusted and capable health agency of the federal government, and a symbol of the success of federal health oversight. The federal government and PHS would leverage their success to ensure that federal control over public health matters would increase after the war and epidemic concluded, continuing a trend that had begun decades earlier. The Spanish influenza epidemic and the response by Congress, therefore, reinforced the assumption of federal control over public health activities.

Chapter 3

Public Health Groups and the Spanish Influenza Epidemic

“How can we take advantage of the epidemic for the benefit of more adequate health appropriations?”¹

On August 28, 1919 Senator Charles Townsend of Michigan wrote a letter to the Surgeon General of the United States Public Health Service, Rupert Blue, concerning a recurrence of influenza during the fall. Fearing its return, Townsend wanted to know what steps Blue and the PHS were taking to prepare for another epidemic.² Blue responded by touting his agency’s organization and coordination with other public health groups, noting, “The Service at the present time is organizing its forces so as to meet the epidemic as effectively as possible, and letters have been sent to all State health officers in order to secure the names of physicians who could be available for service in case of a recurrence of the epidemic.”³ The PHS’ organization and reach, though, extended further; with Blue stating that local health officers were issued statements covering proper procedures to control influenza.

This organization of public health officials across federal, state, and local levels was used by Blue as evidence that the nation’s public health forces would be ready to confront another influenza epidemic if it emerged. Still, Blue was sure to remind Senator Townsend that the work of protecting the nation’s health required resources, writing, “To

¹ “Ad for ‘Influenza Symposium’ At A.P.H.A. Meeting in Florida Health Notes Vol. 13,” November 1918, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 2, File 3, Special Collections, Western Kentucky University, Bowling Green, KY.

² Letter from Charles E. Townsend to General Rupert Blue, Surgeon Gen., Aug. 28, 1919, in “Influenza Epidemic” Box 146, File 1622, Records of the Public Health Service Central File, 1897-1923, RG 90, NARACP.

³ Letter from Rupert Blue to Honorable Charles E. Townsend, Sept. 15, 1919, in “Influenza Epidemic” Box 146, File 1622, RG 90, NARACP.

properly organize such work, however, it would be necessary for Congress to make liberal appropriations for it in advance of the epidemic.”⁴ Touting his agency’s cooperation and coordination with other public health groups, Blue sought the funding necessary to properly finance an effective and integrated national response to a possible recurrence of the influenza epidemic.

When the Spanish influenza epidemic struck the nation in 1918, public health agencies on all levels of government cooperated and organized their efforts to direct, staff, and finance a nationwide suppression effort. As the war ended in November 1918 and the influenza epidemic faded away in early 1919, public health groups were concerned that they would lose the funding and authority they had been allotted during the war and epidemic. Public health had grown in power, influence, and funding, and groups were eager to consolidate the gains that they had made in their communities and in the national conscious. The groups looked for ways to ensure that they would not shrink or lose their power as the nation transitioned to peace.

Working together, they collaborated on a plan to achieve their common goal of maintaining the model of integration that they had created during the epidemic, and to lobby Congress and state legislatures to appropriate money to public health causes. Seeking to protect themselves against a loss of status and money, public health groups viewed the influenza epidemic and the cooperation and organization that it produced as the opportunity they needed to grow their power after the war and epidemic concluded. To suit their purposes, public health groups tried to take advantage of the influenza epidemic to ensure their own survival.

⁴ Ibid.

Histories of public health groups are relatively rare. The largest public health group, the PHS, has drawn the most attention. The histories of the group, however, are generally written by former PHS officers and view the personnel and acts of the agency in an almost universally positive light. They are also sanctioned by the group, and in some cases, are published by the federal government or by groups closely affiliated with the PHS.⁵ Often, these works trace the development of the PHS in an insular fashion, mentioning state and local groups but avoiding an analysis of their collective growth. American Red Cross histories are similarly narrow, although more recent works look at the group in an international context.⁶ State and local histories of departments of health and boards of health are similarly narrow in scope. A history of the cooperation of all public health groups, during and after the epidemic, is needed to contextualize how they all worked together to take advantage of the Spanish influenza epidemic to protect them from deterioration following its end. By viewing all of the groups together, it is evident that public health groups on all levels of government saw the influenza epidemic as an opportunity for growth.

The PHS Before the War- Early Cooperation With States and Local Governments

Both Democrats and Republicans pushed for the centralization of federal public health efforts during the first decade of the twentieth century. The PHS was not the only

⁵ Examples include: Bess Furman, *A Profile of the United States Public Health Service, 1798-1948* (Washington D.C.: U.S. Department of Health, Education, and Welfare), Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (New York: Basic Books, 1989), Laurence F. Schmeckebier, *The Public Health Service: Its History, Activities and Organization* (Baltimore, MD: Johns Hopkins Press, 1923), Ralph C. Williams, *The United States Public Health Service, 1798-1950* (Washington DC: Commissioned Officers Association, 1951).

⁶ Foster Rhea Dulles, *The American Red Cross: A History* (New York: Harper, 1950), Marian Moser Jones, *The American Red Cross, From Clara Barton to the New Deal* (Baltimore, MD: Johns Hopkins Press, 2013), John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1997), Julia F. Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening* (New York: Oxford University Press, 2013).

federal health agency engaged in health work, and both political parties adopted the centralization of national public health agencies as part of their platforms. Theodore Roosevelt, in his last annual message to Congress, lauded the ways in which health officers protected Americans, and called upon Congress to enact a “concentration of the proper bureaus into one existing department.”⁷ William Taft, too, called for the elimination of overlapping health agencies in his first annual message to Congress. Taft asked for a Bureau of Public Health, and an expansion of the federal public health powers. He said, “I am aware that there is wide field in respect to the public health committed to the States in which the Federal Government can not exercise jurisdiction, but we have seen...the usefulness of a department giving attention...when that subject is plainly one over which the States properly exercise jurisdiction.”⁸

Taft’s reasons for supporting an expansion of federal health power were simple, as he stated, “questions of health affecting the whole country, or important sections thereof, questions which, in the absence of Federal governmental work, are not likely to be promptly solved.”⁹ By 1910, thirteen bills proposing a national health department or major changes to the Public Health and Marine Hospital Service had been introduced to Congress. Due to powerful political opponents and infighting among federal health agencies as to which agency should assume control over the others, however, a centralized national health department was not created.¹⁰ Through the first decade of the twentieth century the PHS escaped being absorbed by another federal agency but had also missed an opportunity to become the federal government’s choice to lead all federal

⁷ Schmeckebier, *The Public Health Service*, 33-34.

⁸ *Ibid.*, 34-35.

⁹ *Ibid.*, 35.

¹⁰ Mullan, *Plagues*, 56.

public health efforts. The desire to control all such efforts would persist through the Great War and emerge again among PHS officials after the influenza epidemic.

Although a national health department was not created, there was growing cooperation between the PHS and state boards of health. In 1902 federal legislation was passed that bound federal and state public health activities, with the Surgeon General of the PHS acting as the leader of a burgeoning cooperative public health movement. The Surgeon General was ordered to convene annual conferences for state health officials and to provide standardized forms for the recording of health information that would be collected and analyzed by the PHS.¹¹ During the first two decades of the twentieth century, this cooperation and alignment would take its largest and longest-lasting form in efforts to improve rural sanitation. The PHS and state and local health agencies worked together to investigate and eradicate diseases that plagued much of the country and derived from poor sanitary habits, such as typhoid fever, hookworm, trachoma, and pellagra.¹² This cooperation between state and local boards of health and the PHS would extend through the war, during the influenza epidemic, and continue in its aftermath.

The PHS and New Duties During the War

The PHS entered the Great War period engaged chiefly in rural sanitary campaigns and as the federal investigator of diseases and their origins through its Hygienic Laboratory.¹³ On April 3, 1917 Woodrow Wilson, through an executive order, made the PHS part of U.S. military forces, and some of its medical officers were assigned to assist the Army and Navy. Others resigned their PHS commissions to enlist in the

¹¹ Ibid., 48.

¹² Ibid., 58-68.

¹³ Ibid., 58-61.

military to more directly serve the war effort.¹⁴ These departures would hamper the efforts of the PHS in their principal work during the war- the construction and maintenance of public health systems around military posts and important industrial centers.¹⁵ They would also limit the number of medical professionals that would be available to the PHS during the influenza epidemic, forcing them to rely on outside groups to secure doctors and nurses for emergency work.

When the United States declared war against the Central Powers in April 1917, many parts of the country did not have developed public health systems, and the federal government worried that the nation's military effectiveness would be hindered by the spread of disease. It was concluded that the federal government needed to supervise the zones around military camps and vital industrial centers.¹⁶ Thirty-two military camps had been hastily built in the two months after the United States declared war, and each had a capacity of forty to fifty thousand men.¹⁷ These cantonments became instant public health hazards, and had little sanitation and were susceptible to outbreaks of infectious diseases.¹⁸

The PHS set about attempting to construct functioning public health systems around the cantonments and industrial centers, called extra-cantonment zones. These zones consisted of 1,227 square miles and the PHS was given supervision of protecting the health of over 1.1 million military men and over 3.75 million civilians.¹⁹ The

¹⁴ Ibid., 70-72.

¹⁵ Ibid., 72.

¹⁶ Schmeckebier, *The Public Health Service*, 44.

¹⁷ Furman, *A Profile of the United States Public Health Service*, 315.

¹⁸ Mullan, *Plagues*, 72.

¹⁹ Williams, *Public Health Service*, 584-585.

difficulty for the PHS lay with their lack of funding for an expansive task. It simply did not have the appropriation or resources to properly staff the extra-cantonment zones.

To meet the need, the PHS coordinated efforts with the American Red Cross and state and local health authorities. The Red Cross gave money to erect public health systems in the extra-cantonment zones and PHS officials worked directly with the Red Cross to secure money, doctors, nurses, and automobiles.²⁰ With Red Cross resources and emergency appropriations from states the PHS set up fourteen health districts across the nation with a medical officer in charge, sub-districts, state supervisors, hospital inspection teams, and clinics.²¹ In almost every zone, the PHS directed the collective health officers of both state and local agencies, and used the legal authority of the state and local officials to enforce new regulations. State and local health officers, recognizing the threat that infectious diseases posed to both the military and civilian populations, gladly accepted PHS assistance and oversight, as they would during the influenza epidemic.²²

The lack of funding for the extra-cantonment work would not be remedied until July 1918, and only after the PHS faced a great threat to its existence. In November 1917 four out of the five elected members of a PHS board dedicated to representing the Service's commissioned officers submitted a memorandum to Surgeon General Rupert Blue asking that the commissioned corps be put completely under the supervision of the Army or Navy. The move, which was inspired by a desire to serve in the front lines of the war effort, had been prompted because of the large number of resignations of PHS

²⁰ Furman, *A Profile of the United States Public Health Service*, 314-316.

²¹ *Ibid.*, 316.

²² Williams, *Public Health Service*, 582.

officers to enter the armed services. The losses to the commissioned corps were great, and the PHS began to refuse to recognize the resignations of officers, forcing them to remain in the PHS.²³ The effort to put the PHS officers under military control would have effectively dissolved the PHS during the war, and could have made the absorption permanent.

The request made its way to Newton Baker, Secretary of War, who asked William McAdoo's opinion. As Secretary of the Treasury, McAdoo oversaw the PHS, which was part of the Treasury Department. In his opinion, McAdoo defended the PHS, believing that the PHS was effectively coordinating with state and local officials to protect the extra-cantonment zones. He argued that a transfer of the PHS to the military was foolish, and stated, "I am firmly convinced that they should be strengthened and enlarged so as adequately to protect the health of the nation and thereby increase our efficiency in every activity of the war."²⁴ In arguing for the maintenance of the PHS, McAdoo specifically pointed to the work the PHS did in cooperation with state and local officials, and to the efficiency that such cooperation produced. Proponents of the transfer still persisted, though, and attempted to persuade Woodrow Wilson to order the PHS to join the military. In the end, McAdoo's opinion convinced Wilson to keep the PHS as its own agency, based in part on the valuable cooperative model that the PHS had with state and local health groups.

To put all controversy to rest, Wilson issued an executive order on July 1, 1918 that confined all civil health activities surrounding the war to the PHS, consolidating the

²³ Ibid., 564.

²⁴ Ibid., 575.

authority of the PHS in all civilian health matters.²⁵ The executive order brought new responsibilities to the PHS, as it assumed control over shipyards, industrial plants with Ordinance Department contracts, and created new sanitary codes for war workers.²⁶ The PHS was further strengthened by a congressional appropriation of July 1, 1918 that fully funded the extra-cantonment work and freed the Red Cross from subsidizing the zones. Emphasizing that Congress wanted the PHS to continue directing state and local health agencies, the legislation stated that the funds were “for the cooperation with state and municipal health authorities in the prevention of the spread of contagious and infectious disease.”²⁷

With the executive order and new appropriation, the PHS assumed control over all civilian public health duties connected to the war and was fully funded in their extra-cantonment work. Their close cooperation with the Red Cross and state and local health officials in sanitation work, disease prevention, and pestilence control was firmly entrenched.²⁸ This cooperation helped to spread knowledge of public health activities and demonstrated the advantages of functional and authoritative health departments to both states and municipalities. After the war, when the PHS began to reduce their extra-cantonment work, roughly half of the local health agencies involved in the work with the PHS retained their full-time organization. Many states also passed legislation that reorganized their health departments and assumed control of much of the work that the

²⁵ Ibid., 578.

²⁶ Schmeckebier, *The Public Health Service*, 46-47.

²⁷ Furman, *A Profile of the United States Public Health Service*, 319.

²⁸ Ibid., 323.

PHS began during the war.²⁹ The close connection between the PHS and state and local health departments would play a key role after the influenza epidemic.

The PHS and the Epidemic

In early September 1918 the PHS began receiving reports from medical officials in New England that influenza cases were appearing in civilians in multiple locations. On September 18, Surgeon General Rupert Blue sent telegrams to all state health officers requesting information regarding influenza's prevalence in their respective states. The responses he received indicated that by the third week in September influenza was present from New England southward to the Virginia coast.³⁰ By that time the influenza epidemic had swept over all of Massachusetts and the State Health Officer of Massachusetts requested immediate aid from the Surgeon General of the PHS, stating that, "the disease was spreading very rapidly over the entire state" and that Massachusetts was "unable to furnish doctors and nurses to the stricken communities."³¹ With the formal request of the state, the PHS issued orders to several commissioned officers to proceed to Massachusetts to cooperate with state authorities and to work to slow the spread of the epidemic.³²

The PHS, in late September, sent out over six million copies of an educational pamphlet concerning influenza to communities and health officials across the United States explaining the known facts about the disease and how to prevent its spread. It also

²⁹ Williams, *Public Health Service*, 589.

³⁰ *Ibid.*, 598.

³¹ "Brief Outline of Activities of the Public Health Service in Combating the Influenza Epidemic: 1918-1919," in "Influenza Epidemic" Box 145, File 1622, Records of the Public Health Service Central File, 1897-1923, RG 90, NARACP.

³² *Ibid.*

put up warning posters and distributed an article about influenza to ten thousand newspapers. These measures, though, did not stop the spread of influenza.³³

Soon, more overwhelmed and understaffed states began requesting health assistance from the PHS. The PHS quickly realized it did not have the medical personnel or the budget to cover the requests from multiple states.³⁴ There was a great shortage of doctors and nurses due to the war with so many being directly involved with the military. There were few qualified people in the nation who were left for civilian care. This shortage, as well as the congressional fear that the influenza epidemic would hamper the war effort, led Congress to pass the emergency appropriation for the PHS and influenza work on October 1, 1918. This appropriation gave the PHS one million dollars to secure more doctors and nurses and organize a nationwide campaign against influenza.³⁵

Even with the new appropriation, the PHS still had difficulty finding doctors and nurses for flu work. The PHS made appeals to the American Medical Association and the Volunteer Medical Service Corps for the names of physicians in their organizations that could be available for emergency duty. The American Medical Association's publications also made requests for volunteers in their literature.³⁶ Nurses were secured with the help of the Red Cross, who already had the responsibility for recruiting nurses for the military. Although their first priorities were still the needs of the Army and Navy, the Red Cross was able to reassign a number of nurses to the PHS.³⁷ With the assistance of the Red Cross and private groups, the PHS was able to effectively staff stricken areas

³³ Furman, *A Profile of the United States Public Health Service*, 326.

³⁴ *Ibid.*, 326.

³⁵ Williams, *Public Health Service*, 599.

³⁶ *Ibid.*, 599.

³⁷ Furman, *A Profile of the United States Public Health Service*, 327.

with doctors and nurses during the early weeks of the influenza epidemic. It secured over one thousand physicians and over seven hundred nurses and nurses' aides to meet the needs of state and municipalities.³⁸

The PHS also worked in close cooperation with state and local governments. Perhaps the most important accomplishment made during October and November 1918, at least as far as would impact the future of the PHS, was the organization of state and local health resources, which the PHS spearheaded. The PHS quickly drew up plans, after the congressional appropriation, for establishing temporary hospitals under the guidance of state boards of health and financed by the PHS.³⁹ Together with state boards of health, it secured volunteer nurses and opened emergency kitchens.⁴⁰ It also discussed comprehensive plans for coordinating their efforts and combining federal and state resources to efficiently educate the public, improve sanitation, care for the sick, and, hopefully, to slow the spread of influenza.⁴¹

Demonstrating this close cooperation with states, the PHS opened dedicated offices for influenza work in each state and appointed directors to oversee the response to the epidemic. In many cases the state health officer took over as director of influenza relief but also was commissioned as a PHS officer and had authority over all PHS resources in the state. In effect, the top health officials in each state were both the ranking state health officer and federal health officer at the same time. In fewer cases, the PHS sent a representative to the state board of health to work with the board to

³⁸ Williams, *Public Health Service*, 600.

³⁹ "Procedure to Establish Temporary Hospitals Under State Departments of Health," Oct. 16, 1918, in "Influenza Epidemic" Box 145, File 1622C, Records of the Public Health Service Central Files, 1897-1923, RG 90, NARACP.

⁴⁰ Williams, *Public Health Service*, 600.

⁴¹ "Suggested Program for Federal and State Cooperation," Oct. 16, 1918, in "Influenza Epidemic" Box 145, File 1622C, RG 90, NARACP.

coordinate efforts. In all cases, the leading PHS official channeled state and local requests for money to the PHS, and then oversaw their disbursement. State and PHS officers also sent in daily status reports concerning the spread of influenza to the PHS, enabling the PHS to maintain a picture of the entire nation and accordingly allocate resources.⁴²

In certain states and localities, the PHS took a much more aggressive approach to fighting influenza. In Charlotte, North Carolina the PHS and the local health officer enacted a quarantine of sick individuals and enforced a ban on public gatherings passed by the city. They also worked with the Red Cross and city commissioners to care for the sick and those hospitalized.⁴³ PHS Assistant Surgeon J.W. Tappan, stationed in El Paso, Texas, telegraphed the Surgeon General on October 17 stating that there were seven thousand cases in the city and many deaths. Tappan noted how prevalent the epidemic was in the Mexican communities in the city and that the Red Cross wanted to establish hospitals in conjunction with the PHS, and asked for money to finance the venture.⁴⁴ The PHS wired Tappan to work with the Red Cross and that he would have control over all PHS personnel in the city, but that the state health officer would have control over all state-wide measures. On October 18, Tappan acknowledged the PHS' directive but warned that influenza was spreading into the American parts of El Paso and was pervasive because of the "deplorable" conditions in the Mexican areas. He also asked for

⁴² Williams, *Public Health Service*, 600.

⁴³ Letter from C.R. Feller to Surgeon General, Oct. 11, 1918, "Influenza Epidemic," Box 144, File 1622, RG 90, NARACP.

⁴⁴ Telegram from Tappan to Blue, Oct. 17, 1918, "Influenza Epidemic," Box 144, File 1622, RG 90, NARACP.

authority to nominate nurses and physicians and to pay them with PHS funds.⁴⁵ The Red Cross and PHS quickly converted a school into a hospital and began caring for the sick.⁴⁶

Conditions improved enough in the American parts of El Paso to the point where Tappan reported favorably on the city's plan to reopen schools that had been closed earlier in the month due to the epidemic. He admitted, though, that conditions had not yet improved in the Mexican areas and that schools would remain closed there for the foreseeable future.⁴⁷ The PHS and the Red Cross were unable, though, to completely help the city's residents. The PHS, Red Cross, and city had planned to close the emergency hospital on November 1, but a spike in influenza cases in the Mexican areas made health officials keep the hospital open, and they organized a plan among themselves to continue operating it.⁴⁸

In West Point, Mississippi, a town located in the northeastern part of the state, M.G. Parsons, the Assistant Sanitary Engineer for the PHS who dealt with rural sanitation, was optimistic as the influenza epidemic approached. After receiving the telegram from Surgeon General Blue on September 18 ordering all officers to report on the presence of the disease, Parsons sent word back to Blue that he had personally interviewed doctors, the health officer, and the physicians at the local army cantonment. Parsons believed that his work and reputation with the testing and eradication of other diseases would make the populace more amenable to the restrictions that were sure to

⁴⁵ Letter from J.W. Tappan to Surgeon General, Oct. 18, 1918, "Influenza Epidemic," Box 144, File 1622, RG 90, NARACP.

⁴⁶ Letter from J.W. Tappan to Surgeon General, Oct. 23, 1918, "Influenza Epidemic," Box 144, File 1622, RG 90, NARACP.

⁴⁷ Letter from J.W. Tappan to Surgeon General, Oct. 30, 1918, "Influenza Epidemic," Box 144, File 1622, RG 90, NARACP.

⁴⁸ Letter from J.W. Tappan to Surgeon General, Nov. 4, 1918, "Influenza Epidemic," Box 144, File 1622, RG 90, NARACP.

follow the outbreak of an influenza epidemic. He wrote, “The newspaper articles in the local press on malaria and tuberculosis which we have been running have the public mind prepared to receive and act on our suggestions.”⁴⁹

Parsons then recounted one such article, entitled “German Tricks and Cruelties.” The article blamed “Huns” for killing noncombatants, slavery, starvation, torture, terrorism, and gassing Allied troops. Claiming that there had been “authenticated” cases of Germans spreading sickness and death through germ warfare, the article claimed that German biological warfare was not being done on the front lines of the war, so as to protect German soldiers. “Communicable diseases are more strictly a weapon for use well back of the lines, over on French or British, or American land.”⁵⁰ Continuing on, it argued that successful attempts had been made by Germans to poison water, infect individuals with tuberculosis, and “turn loose cholera germs.”⁵¹ The crux of the article was to warn Americans that Germans were intending to poison the milk supply of Mississippi by infiltrating the labor forces of farms and injecting cows with tuberculosis, and to be on the lookout for saboteurs.⁵²

The propaganda produced by Parsons and the PHS worked to make doctors and the public patriotic in their attention to health matters. Parsons wrote that after the propaganda was published “only cooperation has come” from the doctors who Parsons contacted and interviewed regarding influenza. The public, too, was made pliable to PHS questions and restrictions, as Parsons believed, “the public was warned and beseeched by the newspaper article... which seems to have aided in forming a proper frame of mind as

⁴⁹ Letter from M.G. Parsons to Surgeon General, Sept. 26, 1918, “Influenza Epidemic,” Box 144, File 1622, RG 90, NARACP.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

everyone agrees that influenza should and will mean quarantine.”⁵³ The newspaper article that Parsons referenced was included in his letter to Blue. Entitled “The Germs are Coming” it again provoked fears of a biological attack by Germany. It opened by stating that “An epidemic of influenza is spreading, or being spread (we wonder which) through the training camps.”⁵⁴ After describing what influenza was, it warned people against trying to maintain normal activities while sick, stating that would only give “the germ a better chance to help the Huns.”⁵⁵ Urging caution while sick, the article implored people to stay away from others until fully recovered, and to watch not only one’s own actions, but also their neighbors. “Do your bit...toward winning the war...If you fail, and an epidemic comes upon us, you will be to blame, for the situation can be controlled if everybody helps. So don’t stand for your neighbor or your friend walking around when he is full of death. Quarantine him. This is no time to take chances.”⁵⁶ Parsons and the PHS resorted to propaganda and the spreading of fear in their quest to make the public more amenable to the health restrictions that would accompany the influenza epidemic.

Despite Sanitary Engineer Parsons’ initial belief that the people of Mississippi could endure the influenza epidemic without too many complications, the death toll shook both him and the people. By October 10 ninety percent of the student population at A. & M. College in Starkville had the disease and the faculty were “demoralized.”⁵⁷ Parsons blamed the lax quarantines that were being maintained, and advised local and military health officials that isolation and care were to be their primary tasks. With the

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Letter from M.G. Parsons to Surgeon General, Oct. 13, 1918, “Influenza Epidemic,” Box 144, File 1622, RG 90, NARACP.

epidemic “spreading like fire” Parsons toured other parts of the state and spoke with citizens, noting that the influenza “storm had bowled them over.”⁵⁸ Since “fear has seized them all,” Parsons went throughout the state speaking about sanitation and proper care for the sick, and “spreading the gospel to those who were hungry for it. Influenza is all thru the region, in town hamlet and single home. People generally are pretty well scared.”⁵⁹

After a few weeks, as the influenza epidemic was fading away in Mississippi, Parsons still believed that strict quarantine regulations were necessary. The white population had come through the worst of the epidemic, and whites were no longer contracting the disease. According to Parsons, though, the black population was still suffering from influenza. Their continued sickness kept the quarantine in effect for everyone, as Parsons noted, “Negroes in rural sections are those giving the necessity for continuing quarantine.”⁶⁰

People in West Point, Mississippi, where Parsons was stationed, began to agitate for the lifting of the quarantine. Parsons had taken part in negotiations with health officials and advised against it being lifted. Parsons noted that “vested interests” wanted a resumption of public gatherings, among them a “circus detained here in town was prominent in having become somewhat impatient.”⁶¹ Still, Parsons and the Sanitary Inspector for the PHS used their leverage with the state health officer to prohibit a lifting of the quarantine, a fact Parsons gladly trumpeted to Surgeon General Blue.⁶² Parsons,

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Letter from M.G. Parsons to Surgeon General, Oct. 26, 1918, “Influenza Epidemic,” Box 144, File 1622, RG 90, NARACP.

⁶¹ Ibid.

⁶² Ibid.

on November 1, reported that the quarantine was still in effect but some towns had lifted the restrictions on their own and were reopening schools. He credited the quarantine during October with the lack of a recrudescence of influenza and claimed that it was “gratifyingly diminished.”⁶³ He added, though, that the quarantine could be quickly reestablished if a new infection emerged.⁶⁴

Like the quarantine in West Point, other quarantines in Mississippi were lifted very slowly. These continuing quarantines demonstrated the level to which the PHS and state boards of health could impact individual lives, including religious exercise. In Hattiesburg, Mississippi the general quarantine was partially lifted on October 30. The eased restrictions, though, still hampered religious services. Religious gatherings had been a prime target of health officials, as they feared meetings would encourage influenza’s spread. The new guidelines allowed for religious services, but with qualifications. As announced by F.E. Barrington, the PHS official in charge of influenza control in the area, and the city and county health officer, religious gatherings could be held only during daylight hours, and only with windows and doors open. Further, congregants had to “distribute themselves throughout the church or building” and were prohibited from “unnecessary gathering prior to and following religious services.”⁶⁵ Potential worshippers were “forbidden the privilege of church service” and barred from attending these modified services if anyone in their homes or families had influenza.⁶⁶ The PHS and local health officials worked together to maintain restrictions on public activities, as the PHS had done with state health officials in Mississippi.

⁶³ Letter from M.G. Parsons to Surgeon General, Nov. 1, 1918, “Influenza Epidemic,” Box 144, File 1622, RG 90, NARACP.

⁶⁴ Ibid.

⁶⁵ Notice from F.E. Barrington, Nov. 2, 1918, “Influenza Epidemic, Box 144, File 1622, RG 90, NARACP.

⁶⁶ Ibid.

The Red Cross and Cooperation With Public Health Agencies

When the Spanish influenza epidemic began to spread across the nation, the PHS quickly turned to the American Red Cross, in addition to state and local public health groups, for assistance in combating it. The Red Cross, by September 1918, had a vast nationwide network of personnel divided among divisions and chapters, affiliated doctors and nurses, and had collected large amounts of relief supplies. The group, in addition, had become a symbol of American goodwill efforts at home and abroad and was supported, publicly, by the federal government and President Wilson.⁶⁷ The Red Cross became aware of the influenza epidemic from its New England Division, which reported that influenza was prevalent and “virtually pandemic” in military camps and shipyards in the region. The Red Cross determined to assemble a list of possible nurses that could be mobilized to provide care if the epidemic spread further.⁶⁸ On September 14 the PHS called on the Red Cross to send nurses to the Quarantine Station at Boston Harbor, Massachusetts to help with the epidemic, and reports came in that there were fresh outbreaks further inland in military camps, hospitals, shipyards, and industrial centers.⁶⁹ The PHS would use the Red Cross’ experience with quickly assembling nurses and sending them to outbreak sites as the epidemic crept further west.

On the same day that Congress approved the emergency influenza appropriation to the PHS, October 1, the PHS secured the help of the Red Cross in creating an organized response to the epidemic. Surgeon General Rupert Blue sent a letter to the Red

⁶⁷ Julia F. Irwin, *Making the World Safe: The American Red Cross and a Nation’s Humanitarian Awakening* (New York: Oxford University Press, 2013), 67-78.

⁶⁸ Minutes of a Meeting Held at Mr. Walling’s Office Wednesday Sept. 25, 1918, to Discuss the Question of Influenza, Sept. 25, 1918, “803. Epidemics, 1918,” Box 688, Records of the American Red Cross, 1917-1934, RG 200, NARACP.

⁶⁹ Letter from John R. Russell, Office of Public Information, to Robert F. Shea, Sept. 12, 1957, “803.7 Publicity and Publications,” Box 688, RG 200, NARACP.

Cross formally requesting their assistance, and asking for the Red Cross to find nurses and supply hospitals with needed materials, at the Red Cross' own expense. Blue explained that the congressional appropriation was needed to pay for doctors and the educational campaign concerning influenza that the PHS was about to launch.⁷⁰ That same day the Red Cross agreed to help secure nurses and hospital supplies and to pay for them. Their only request was for the PHS to detail an officer to Red Cross headquarters so as to better coordinate their efforts.⁷¹ Further demonstrating the close cooperation, the Red Cross informed their division managers throughout the nation that the PHS would be establishing district officers in their territories, and were to be given full assistance with Red Cross resources.⁷²

Three days later the Red Cross responded to another request from the PHS. The PHS launched an educational campaign, consisting of a pamphlet on influenza, its treatment, and tips on prevention, and asked the Red Cross to print and distribute it through its nationwide network. The Red Cross agreed, and advised all of their personnel to use their influence with schools, churches, communities, and newspapers to see that the entire population was aware of influenza's danger. Red Cross workers and volunteers across the nation worked to ensure that every school child was handed a pamphlet and told to have their parents read it, that every public bulletin had one posted on it, that every minister distributed it to their congregants, and that newspapers printed it.⁷³ Using

⁷⁰ Letter from Rupert Blue to The Chairman, War Council, American Red Cross, Oct. 1, 1918, "803. Epidemics, 1918," Box 688, RG 200, NARACP.

⁷¹ Letter from George B. Case to Rupert Blue, Oct. 1, 1918, "803. Epidemics, 1918," Box 688, RG 200, NARACP.

⁷² Inter-Office Letter to All Division Managers from Chairman, National Red Cross Committee on Influenza, Oct. 4, 1918, "803. Epidemics, 1918," Box 688, RG 200, NARACP.

⁷³ "A Great Emergency: For Immediate Attention Red Cross Officials Precautions Against Epidemic of Spanish Influenza," Oct. 4, 1918, "803. Epidemics, 1918," Box 688, RG 200, NARACP.

the far-reaching nationwide network of volunteers and officials that the PHS lacked, the PHS was able to distribute nearly six million pamphlets.⁷⁴

The PHS and the Red Cross quickly organized a multi-faceted plan for combating the epidemic. The Red Cross agreed to assemble nurses and pay them, rent temporary hospital space for emergency care centers, provide resources for both temporary and permanent hospitals, and create a traveling medical team that could be quickly sent to areas of need.⁷⁵ It was also agreed that the PHS would lead the joint effort, and would allocate doctors, nurses, Red Cross supplies and printing capacities, and coordinate with all state and local boards of health. All Red Cross requests for supplies or money would be channeled through the PHS.⁷⁶ The Red Cross was willing to submit to PHS leadership “in order to centralize the efforts in combating the disease.”⁷⁷ It recognized, in addition, that it needed to cooperate in every way because, as the Director of the Bureau of Nursing reminded Red Cross personnel, “the Red Cross is not an officially recognized medical organization.”⁷⁸

“The social consequences of the epidemic are showing themselves”⁷⁹

The Red Cross, by agreeing to assist the PHS with influenza epidemic, found itself more closely aligned with state and local boards of health. As the epidemic swept through the nation, it left in its wake a host of social problems. The epidemic had killed

⁷⁴ Furman, *A Profile of the United States Public Health Service*, 326.

⁷⁵ Letter from J.W. Schereschewsky to Red Cross, no date, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁷⁶ “Plan for Combatting the Influenza Epidemic,” Oct. 3, 1918, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁷⁷ Letter from Elizabeth Ross, Director, Bureau of Nursing, to All Organizations, Oct. 3, 1918, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁷⁸ Ibid.

⁷⁹ Letter from Director of Civilian Relief to J. Byron Deacon, Oct. 16, 1918, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

parents and breadwinners, and left children orphaned and alone. The Red Cross, in charge of sending out nurses into homes to look after the sick that were not in hospitals, was often the first line of response to these problems. As the Director of Civilian Relief summarized, “in the path of this fearful storm is a good deal of social wreckage.”⁸⁰ In the cases where children were left unattended, the Red Cross tried to find family members or local agencies to care for them. In families where the death of a breadwinner had occurred, the Red Cross tried to help the family with applying for financial help from local charities or the government.⁸¹

Realizing that long-term care would be needed, the Red Cross began to work directly with state and local boards of health. Owing to the fact that influenza “left a trail of lowered vitality...left widows and orphans and dependent old people” and “reduced many of these families to poverty and acute distress,” the Red Cross conducted care for the distressed in conjunction with state and local health departments and other health and social agencies.⁸² The Red Cross attempted to secure money to finance the long-term care of children and orphans from state and local health boards and private charities.⁸³ In Boston, one of the earliest and most affected cities during the epidemic, the Red Cross dealt directly with the local boards of health to ensure that care for the sick could be administered quickly. The Massachusetts Committee on Public Safety also coordinated

⁸⁰ Letter from Director of Civilian Relief to Miss Marjorie Perry, Oct. 17, 1918, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁸¹ “Suggestions That Should Be Sent in a Bulletin to the District Supervisor of Medical Social Service Regarding Service to Families in Distress,” no date, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁸² Letter from General Manager F.C. Munroe to Division Managers, March 1, 1919, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁸³ “Suggestions That Should Be Sent in a Bulletin to the District Supervisor of Medical Social Service Regarding Service to Families in Distress,” no date, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

directly with the Red Cross, because the PHS, at the beginning of the epidemic, did not have an efficient organization in the city.⁸⁴

The Massachusetts Committee on Public Safety readily worked with the Red Cross because it realized that the epidemic's long-term effects would require medical social services. The Committee established district social worker supervisors throughout the state to assess the need created by the influenza epidemic, and to assess whether local resources could meet those needs. In many areas of the state there was no response to the epidemic beyond immediate care, and together with local boards of health and the Red Cross, the Committee took over care for the sick and orphaned for the long-term.⁸⁵

The Red Cross also worked closely with local, private health groups to secure the nurses necessary to meet the epidemic's onslaught. The Boston Instructive District Nurses Association (IDNA) was a private group of public health nurses that worked among the city's poor and immigrant communities before the epidemic. Recruited by the Red Cross, the IDNA was tasked with leading the civilian response in Boston. The Red Cross also instructed the IDNA to use their opportunities while in the homes of the sick and those that had lost family members to teach lessons on proper care, using home demonstrations and educational materials. Relying on the IDNA's background of providing education and teaching health skills and sanitation, the Red Cross hoped to use those same techniques in dealing with the long-term effects of the influenza epidemic.⁸⁶

⁸⁴ Letter from James Jackson to Mr. W. Frank Persons, Oct. 4, 1918, "803. Epidemics, 1918," Box 688, RG 200, NARACP.

⁸⁵ George Hinckley Lyman, *The Story of the Massachusetts Committee on Public Safety: February 10, 1917-November 21, 1918* (Boston: Wright & Potter, 1919), 285.

⁸⁶ Arlene W. Keeling, "The Boston Instructive District Nurses Association and the 1918 Influenza Epidemic: Intelligent Cooperation," in *Nurses on the Front Line: When Disaster Strikes, 1878-2010*, ed. Babra Wall and Arlene Keeling (New York: Springer, 2011), 111-120.

All of the work done by the Red Cross during the influenza epidemic was accomplished in close cooperation with public health agencies and public and private medical and social relief institutions. The Red Cross gladly availed its resources and networks to the PHS to find nurses, distribute educational information, and supply hospitals. Inside states and cities, the Red Cross worked with state and local boards of health to coordinate responses to sick individuals and provide care to families whose lives had been disrupted by the epidemic. Recognizing that the epidemic would create long-term social service needs, the Red Cross partnered with public and private groups to provide medical and financial aid. In combating the epidemic on a nationwide scale, all of these groups worked closely to create an efficient response. These connections would not be dissolved when the epidemic ended.

The cooperation between the Red Cross and the PHS would serve as the model for potential coordination in the future between the groups during nationwide epidemics. In the fall of 1919, just a few months after the last wave of the Spanish influenza epidemic subsided, public health officials feared a new influenza wave was about to strike. The Red Cross prepared for a new epidemic by copying the cooperative framework it had established with the PHS the year before. Red Cross officials assembled lists of potential nurses, allocated money to pay them, stockpiled medical supplies to give to hospitals, and appointed liaison officers with state boards of health to coordinate decisions.⁸⁷ In 1922, during an influenza epidemic of a milder character, the Red Cross again devoted its efforts to assisting the PHS, noting “The experience of previous years indicates that the services which are peculiarly appropriate to the Red

⁸⁷ “Preparedness,” Letter from Chairman, Mountain Division Influenza Preparedness Committee to J. Byron Deacon, Dec. 11, 1919, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

Cross are the provision of hospital supplies, emergency hospital facilities, drugs, nursing, social, motor and canteen service.”⁸⁸ The Red Cross was also careful to allow the PHS to take the lead in coordinating a response to influenza, because “The Red Cross recognizes that the primary responsibility rests with the public health authorities, federal, state and local, and that action by the Red Cross should be supplementary to that of the health authorities.”⁸⁹ The experience of the 1918 Spanish influenza epidemic remained fresh in the minds of the Red Cross, who would defer to the leadership of the PHS during epidemics that came after.

Local Public Health- Cooperation and Growth

Local governments and boards of health greatly increased their cooperation with federal and state health agencies during the influenza epidemic. One of the most striking examples of this coordination of effort was in Boston and its surrounding towns. Boston, and the area surrounding it, was the first major metropolitan area in the United States to experience the epidemic. The area’s experience demonstrates how multiple layers of government health agencies worked together to respond to the epidemic. As a region that was active in the war effort with its cantonment at Camp Devens, its naval yards, and numerous war industries, it was an area of great interest to the federal government, along with the state of Massachusetts and local governments. Together they organized a medical response, provided social services, and enforced restrictions. This cooperation during the epidemic would help to strengthen the ties between the health agencies in all levels of government, and lead to local governments increasing the funding and authority of their health departments after the epidemic subsided.

⁸⁸ “Preparations for an Influenza Epidemic,” Letter from R.E. Arne to All Chapter Chairmen, Feb. 2, 1922, “803. Epidemics, 1918,” Box 688, RG 200, NARACP.

⁸⁹ Ibid.

The City of Boston was first struck by the epidemic in September 1918 and it was, as one official called it, “the worst epidemic the city has ever experienced.”⁹⁰ By the end of the epidemic Boston would see nearly six thousand of its residents die from the disease.⁹¹ The City’s Health Department was quickly overrun by the demands of the epidemic, and in response, the mayor appointed a single health commissioner to lead the department and to centralize and coordinate Boston’s numerous health and social service agencies. The health commissioner oversaw all work related to the epidemic and the Boston Health Department created an information network throughout the city where hospitals could report on the sick, people could report neighbors and friends who needed in-home visits, and ambulances could be sent to pick up those who were unable to commute to hospitals.⁹² The Boston Health Department set up stations or “canteens” throughout the city that had stores of medical supplies and fresh food available to nurses making in-home visits or to the general public. The City also enacted restrictions on public life, limiting movement, shopping, religious gatherings, and any activity that might involve groups of people coming into close contact.⁹³

Working with the State Department of Health, the Boston Health Department used in-home visits by nurses for purposes other than the immediate provision of care for the sick. When individuals or families called nurses into homes, or when the City believed that the needs of public health required them, the City and State health departments instructed nurses to use the opportunities to educate the sick on proper care

⁹⁰ “Annual Report of the Health Department for the Year Ending January 31, 1919,” in *Documents of the City of Boston, For the Year 1919*, vol. 1 (Boston: City of Boston, 1920), 2.

⁹¹ Ministry of Health, *Report*, 298.

⁹² William Woodward, “Influenza and Pneumonia, City Document 15” in “Annual Report of the Health Department for the Year Ending January 31, 1919,” *Documents of the City of Boston*, 18.

⁹³ *Ibid.*, 19.

techniques and sanitary living.⁹⁴ Many of the recipients of in-home visits by nurses were either poor or immigrants. Because of the belief that such groups were unsanitary and disease-ridden due to their lifestyles and culture, many government officials throughout Massachusetts felt that education would lead to Americanization, and more sanitary and healthy living. These officials used the authority of health departments as tools to accelerate the process of acculturation and force families to change their habits.⁹⁵ Boston nurses passed out educational material during in-home visits. After leaving, they reported on their visits to government authorities, including information on the family's physical and mental conditions, their economic situation, the quality of their housing and any witnessed sanitary violations. The City then used the information to levy fines and direct social services into the homes for further assistance as the City saw fit.⁹⁶

The towns surrounding Boston were also greatly affected by the epidemic, and many turned to the State Department of Health and the PHS for assistance. The town of Chelsea, home to a naval hospital and shipyards, quickly requested help from the State Department of Health when the epidemic hit. State health officials directed four PHS doctors to the town, and sent nurses to assist. Because the PHS did not have any formal legal authority to enact public restrictions within the town, and state officials were only present in an advisory capacity, Chelsea enacted public restrictions to slow the spread of the disease. The town also appropriated money for emergency influenza expenditures

⁹⁴ Ibid., 20.

⁹⁵ See Patricia J. Fanning, *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918* (Amherst, MA: University of Massachusetts Press, 2010) and Michael M. Davis Jr., *Americanization Studies: The Acculturation of Immigrant Groups into American Society, Vol. 5- Immigrant Health and the Community*, (Montclair, NJ: Patterson Smith, 1971).

⁹⁶ Woodward, "Influenza and Pneumonia," 21-22.

that would not be covered by federal or state funds.⁹⁷ Like Chelsea, the town of Cambridge's Health Department could not cope with the strains on its resources imposed by the epidemic. By the end of September, Cambridge requested help from the State Department of Health, and State officials sent PHS doctors to the town. In the face of an epidemic that quickly eclipsed the abilities of local health departments, the towns surrounding Boston appealed to the State Department of Health, who brought in federal doctors and resources.

The two towns closest to the U.S. Army cantonment at Camp Devens demonstrate the two courses of health action that towns surrounding Boston were forced to choose from during the epidemic. The town of Ayer was frequented by soldiers and was the temporary home to many of the families of soldiers who had accompanied them during their training. In January 1918 a unit of the State Department of Health created a temporary headquarters in the town for the purpose of supervising health issues in the extra-cantonment zone, but was soon replaced by the PHS under Major E.K. Sprague. The PHS established their offices in the town hall under the invitation of the local board of health, providing legal authority in the town. In essence, the local board of health combined with the PHS.⁹⁸ When the influenza epidemic arrived, the PHS and local board of health were able to enact and enforce a strict quarantine in the town, and army doctors enforced quarantine around Camp Devens.⁹⁹ This close cooperation, especially between the PHS and the local board of health, was seen as a great step toward efficiency and

⁹⁷ "Annual Report of the Board of Health," in *Annual Reports of the Officers of the City of Chelsea For the Year 1918* (Chelsea, MA: Ben Nicholls the Printer, 1919), 253-254.

⁹⁸ "Report of the Board of Health," in *Annual Reports of the Receipts and Expenditures of the Town of Ayer with Other Statistical matter for the Year Ended December 31, 1918* (Ayer, MA: News Printing, 1919), 172.

⁹⁹ *Ibid.*, 178.

good will between federal and local health officials. As the local board reported, “As was anticipated, this combining of offices proved of mutual benefit to both the U.S. Public Health Service and the board of health, in that it brought mutual understanding and prevented uncorrelated action.”¹⁰⁰

Many public health issues in Ayer required federal attention because of the army cantonment, but local legal authority was needed inside the town. To overcome this hurdle, the town invited federal oversight and transferred their legal authority to the PHS. Explaining their reasoning, local officials reported, “The necessity for mutual action was particularly apparent in the matter of sanitary inspections. To accomplish this, Major Sprague was made an agent of the board health. All inspections thus became inspections of both the U.S. Public Health Service and the local board.”¹⁰¹ By relinquishing some of their local autonomy, the local board of health had access to greater resources. The coordination of efforts, with the PHS taking the lead, would serve as the model of cooperation that the town, state, and PHS used during the influenza epidemic.

The other town that lay in close proximity to Camp Devens was Shirley. The local board of health in Shirley recognized that the health of its citizens was closely connected to the health of the soldiers at Devens, writing, “The proximity of the cantonment is a very important factor in the causation of communicable disease in our town, practically all of our communicable disease was traceable to the soldiers at Camp Devens or to their families resident in Shirley.”¹⁰² Shirley, in contrast to Ayer, did not invite the PHS or the State Department of Health into the town before the influenza

¹⁰⁰ Ibid., 172.

¹⁰¹ Ibid., 172.

¹⁰² “Report of the Board of Health,” in *Annual Report of the Receipts and Expenditures of the Town of Shirley with Other Statistical Matter for the Year Ending December 31, 1918* (Worcester, MA: Belisle, 1919), 31.

epidemic. The local board wrote, “While the government, through its public health service, showed great concern for the good health of the soldiers in our army and was zealous in their efforts to keep them free from infectious disease, it rested with the local health authorities to protect the members of the community.”¹⁰³

This mentality, that public health was the sole dominion of the local board of health, necessitated “greater diligence on the part of the local health authorities and a greater expense to the town in maintaining a proper sanitation.”¹⁰⁴ Still, when the epidemic hit Shirley, the town’s health board could not cope with five hundred cases in residents. Unlike Ayer, which had invited the PHS to work in the town before the epidemic, Shirley was “unable to obtain outside assistance in combating the disease.”¹⁰⁵ The decision to manage all public health matters locally, without the assistance of the State Department of Health or the PHS, left Shirley unprepared and unable to cope with the epidemic, and it was unable to secure help during it. This resistance to close cooperation, in contrast to Ayer, showed the difficulties of local boards of health attempting to keep complete control over public health issues.

The experiences of local boards of health during the influenza epidemic helped to galvanize government officials in Boston and the surrounding towns that local health departments needed to be strengthened and enlarged. Through their coordination and cooperation with federal and state public health agencies, local boards of health saw what could be accomplished with larger budgets and more powerful and authoritative public health institutions. In Boston, after the epidemic, the city’s sanitary inspector wanted to

¹⁰³ Ibid., 31.

¹⁰⁴ Ibid., 31.

¹⁰⁵ Ibid., 32.

improve housing conditions by tearing down dilapidated structures, which he believed were disease-ridden. He was in favor of eliminating “old, ramshackle and insanitary buildings throughout the different sections of the city” which he felt were a nuisance.¹⁰⁶ He also wanted to enforce a citywide ordinance against basement sleeping rooms. These two acts would have come at the expense of poor and immigrant communities, who were most likely to be living in older buildings and crowding into basements. They continued the attempts by the city during the influenza epidemic to improve the cleanliness and sanitation of lower class groups, through inspection and education. The sanitary inspector also wanted to continue providing education to the community, as had been available during the epidemic. He wanted to schedule public talks about proper cleaning to poor and immigrant groups, because the talks would “educate the people as to precautions to be taken against different diseases...and their responsibility in regard to the matter.”¹⁰⁷ Boston health officials believed that the experience during the epidemic had shown the usefulness of education, inspection, and enforcement in improving the health of the city, and they wanted to continue such measures.

The health departments of the towns surrounding Boston mirrored the attempts of their peers in the city to grow local health programs. In Chelsea, the mayor, during his inaugural address on January 1, 1919, said, “The health of the citizens is of first importance...I promise the utmost vigilance in sewerage disposal, proper drainage, thorough inspections where necessary...No city can be solvent if the health of its citizens

¹⁰⁶ William Woodward, “Sanitary Inspector Division,” in “Annual Report of the Health Department for the Year Ending January 31, 1919,” *Documents of the City of Boston*, 98.

¹⁰⁷ *Ibid.*, 98.

is bankrupt.”¹⁰⁸ Far from cutting the public health budget after the influenza epidemic, Chelsea was planning to spend whatever was necessary to preserve the public’s health.

Brookline, Massachusetts also wanted to focus on education as a primary tool in the prevention of future epidemics. The town’s health officer lauded the work done by nurses and the education they provided during in-home visits during the influenza epidemic. Noting that nurses gave advice on a variety of topics, even non-medical issues such as clothing and food, he wrote, “Entering the homes in an official capacity their relations to the household are such that they sometimes have opportunities for helpfulness which would not be accorded a social worker.”¹⁰⁹ The health officer believed that such work should be a primary focus of the town’s health department because “only a small part of the ill health of this community is due to the communicable diseases against which much of the work of the Health Department is directed.”¹¹⁰ Education and training by local health officials could prevent future epidemics, and the health officer argued for more money to fund such outreach by nurses, because “there are few expenditures made by the town which yield such a valuable return as that expended for the employment of trained nurses in health work.”¹¹¹

The town of Quincy’s mayor pushed for greater strength and centralization in public health decision-making. Noting that influenza was predicted to remain present in Massachusetts for the next few years, the mayor said, “Our health department should be so organized as to be in a position to cope with this scourge and render all possible protection to the lives and health of the people.” To accomplish this, he wanted to create

¹⁰⁸ *Annual Reports of the Officers of the City of Chelsea For the Year 1918*, 13.

¹⁰⁹ “Report of Health Officer,” in *213th Annual Report of the Town Officers of Brookline, Massachusetts and the Town Records For the Year Ending December 31, 1918* (Boston: E.L. Grimes, 1919), 280.

¹¹⁰ *Ibid.*, 282.

¹¹¹ *Ibid.*, 281.

a City Health Commissioner, because he was “convinced that greater efficiency could be obtained if the work of the Board of Health was under the direction and control of one competent official giving his entire time to the duties of the office rather than a board consisting of three members.”¹¹² Because of the influenza epidemic, Quincy’s mayor believed a local health department with a centralized decision-maker would be the most effective prevention against another attack. This was the model used by larger cities and towns who had come under PHS and State Department of Health supervision during the epidemic.

Boston and its surrounding towns had learned much during the influenza epidemic. By centralizing decisions and devoting greater resources to public health projects, unsanitary conditions might be eliminated and future epidemics avoided. Local health officials used the Spanish influenza epidemic to argue for the growth and enlargement of local health departments and their authority. They consciously copied the methods advocated by the PHS and State Department of Health during the influenza epidemic and sought to make them permanent fixtures of local health programs.

State Departments of Health- Growth Through Submission to the PHS

State departments of health served many roles during the influenza epidemic, including acting as lobbyists for PHS assistance and directors of PHS doctors, enforcers of state health regulations, and advisers to local health departments. Acting as such, state health departments willingly submitted themselves to federal control through the PHS and oversaw and directed local health programs. These roles would strengthen their ties with federal and local public health agencies even after the epidemic died out.

¹¹² *City Government of 1919 Together with the Annual Reports of the Officers of the City of Quincy, Massachusetts for the Year 1918* (Cambridge, MA: Cosmos Press, 1919), 6.

The Massachusetts State Department of Health was very active during the epidemic. As one of the first states to recognize that influenza was rampant throughout their entire territory, Massachusetts state officials quickly realized that their health resources could not meet the needs created by the epidemic. In September 1918, the Governor of Massachusetts formally requested assistance from the PHS and the State Health Commissioner, Eugene R. Kelley, sent a telegram to all of the federal representatives for the state, asking them to use their influence in Washington D.C. to secure help from the PHS, Red Cross, and the military. In his telegram, Kelley wrote that “deaths increasing at alarming rate” and “federal assistance necessary for adequate medical relief and sanitary control.”¹¹³ A joint response between the State, PHS, Red Cross, and the military “appears only chance for necessary assistance.”¹¹⁴

Eugene Kelley wanted public health cooperation, but if the other agencies would not freely agree to cooperate, Kelley urged the representatives to “hasten by congressional action if necessary making force needed available.”¹¹⁵ After receiving both the free cooperation of other public health groups and a congressional appropriation funding influenza suppression, Kelley and the State Department of Health directed doctors and nurses to towns in Massachusetts, and advised and collaborated with the PHS. It also acted as a conduit for information and requests for aid between local boards of health, the PHS, and the Red Cross.

The Connecticut State Department of Health did similar work to that of Massachusetts. In a state where an estimated 30%-40% of the population contracted

¹¹³ Telegram from Eugene R. Kelley to George Holden Tinkham, House of Representatives, Sept. 26, 1918, “803.11 Epidemics-Influenza, 1918, States,” Box 689, Records of the American Red Cross, 1917-1934, RG 200, NARACP.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

influenza of some severity, when the epidemic struck doctors and nurses were already in scant supply. The State Department of Health requested that all nursing volunteers register for service through the state organization. Hoping to avoid a situation where there was a glut of volunteers in one county and a dearth in another, Connecticut attempted to centralize the process for volunteering, taking responsibility away from towns and counties. This would allow the State Department of Health to direct the nurses wherever it desired, especially to areas where there was little medical help available. The State Department of Health also directed Red Cross and PHS personnel, acting as the centralizing public health institution in the state, as the Massachusetts State Department of Health had done.¹¹⁶

In Florida, as in other states, the local health departments were quickly overwhelmed by the epidemic. They requested assistance from the state in the form of doctors and nurses. The Florida State Board of Health, together with the PHS, sent the needed personnel to the local districts. Physicians who volunteered for emergency influenza duty were appointed by the PHS to the State Board of Health, and were hired as state employees with legal authority to practice medicine anywhere in Florida. Physicians were paid jointly with state and PHS funds. The State Board of Health was grateful for the PHS appointees and their money, and the Florida Board believed that the PHS “contributed generously to the cause” of fighting influenza.¹¹⁷

¹¹⁶ “Connecticut State Health Report,” in Connecticut State Department of Health, 1919-1920, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 2, File 3, Special Collections, Western Kentucky University, Bowling Green, KY.

¹¹⁷ “Florida State Board of Health Annual Report, 1918,” Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 2, File 3, Special Collections, Western Kentucky University, Bowling Green, KY.

The Mississippi State Board of Health took a more direct and forceful role in combating influenza than did many other states. W.S. Leathers, the State Director of Public Health and a PHS director during the epidemic, ordered state police to enforce a “Move On” ordinance, prohibiting people from standing around stores, soda fountains, and congregating in large numbers in public places.¹¹⁸ He also put restrictions on church services, canceled county fairs, and postponed Liberty Loan meetings. Directed by Surgeon General Rupert Blue of the PHS, Leathers used personal solicitations for medical professionals to volunteer for emergency work and made appeals for help in newspapers. Doctors were appointed for work in the same manner as Florida, as the PHS nominated physicians, who were approved by Leathers and the State Board and then became state employees.¹¹⁹

Leathers, as the highest-ranking health officer in the state, acted as arbitrator of disputes over health policies, and took a firm line with those who disagreed with his decisions. When county fair organizers bristled at his cancellations, Leathers belittled their concerns. He wrote in response to their complaints, “In periods of national and personal strain and tension, such as this epidemic occasioned during its height, the injection of relatively insignificant and petty details, of the nature these appeals presented, is to be regretted.”¹²⁰ Leathers also ordered the state’s educational facilities closed during the epidemic, and mandated that students not be allowed to return to their homes, because of fears they would contract or spread the disease. When the father of a

¹¹⁸ “A Report of the Measures and Expedients Adopted in Mississippi for the Control of the Influenza Epidemic of 1918,” Mississippi State Board of Health, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 2, File 3, Special Collections, Western Kentucky University, Bowling Green, KY.

¹¹⁹ Ibid.

¹²⁰ Ibid.

student at the Normal College in Hattiesburg demanded that he be allowed to take his daughter home regardless of the laws restricting travel, Leathers wrote to the college administrators, “Will request that you...take such steps as may be necessary to enforce the law.”¹²¹ He also made it clear that the student could only leave Hattiesburg if she wanted to quit the school. He wrote, “His daughter may withdraw from college permanently, but cannot be given permission to leave.”¹²²

The Mississippi State Board of Health centralized decision-making during the epidemic. In the early days of the epidemic, the Board and Leathers mandated to local governments and counties what restrictions they were to enforce and how long they were to be in effect. All exceptions to the restrictions were channeled through the State Board and Leathers acted as the final authority on all questionable matters. It was only later in the epidemic that Leathers relinquished some power back to local health agencies. In November he informed county health officers that he would be lifting restrictions on schools but allowed them to make the final decisions on when to reopen African-American schools, even as he strongly encouraged them to keep to keep them shuttered.¹²³

During the epidemic state departments of health worked closely with the PHS to coordinate a response. By cooperating fully with the PHS, doctors, nurses, and federal funds were made available in their states. Acting as a liaison between the local boards of health and the PHS, the state departments of health were able to exert forceful control over local health activities and to centralize public health authority within their states.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Ibid.

State departments wanted to maintain their level of control over local health boards after the epidemic subsided, and they knew the best way to maintain their authority and federal funding was through cooperation and submission to the PHS in public health matters. By submitting to the federal power of the PHS, state departments of health could effectively control almost all health activities in their own states.

Public Health Groups and the Use of the Epidemic to Consolidate Gains

When the war ended in November 1918 and the Spanish influenza epidemic faded away from most states soon after, the PHS and other public health groups faced a frightful prospect. The end of the war and epidemic would most likely mean the end of their enlarged federal subsidies and a curtailment of the expanded authority and presence that the PHS had enjoyed in the extra-cantonment zones and during influenza suppression. Still, the work of public health groups had been recognized by the public as a great asset to both the war effort and the protection of civilian health. Public health officials on all levels of government searched for ways of making the public health gains they had accomplished during the war and epidemic permanent, and to not let their opportunity to firmly enshrine public health into the nation's list of priorities slip away. To accomplish this, public health groups wanted to use the Spanish influenza epidemic and the tools they had used to fight it, specifically the cooperation and organization of federal, state, and local public health officials, to become the enduring model that would tackle future public health issues.

The PHS and public health agencies on the state and local levels were praised for their work during the influenza epidemic. Together with the work during the war of protecting the health of soldiers and civilians in the extra-cantonment zones and industrial

centers, public health workers were seen as competent, successful protectors of the nation's health. Public health groups sought to capitalize on that feeling. In a telegram to Surgeon General Blue in early November 1918, an alliance of local charities and health advocates in Baltimore wrote that they, "wish to take advantage of feeling created by the epidemic to inaugurate a campaign of public health education" and asked for him to send them information and advice on how to do so.¹²⁴

The Assistant Surgeon General of the PHS responded to the alliance, declaring that the PHS was "in sympathy with all movements of this character and will render all practicable assistance."¹²⁵ He suggested that the group copy the "methods applied by the Service in conducting rural sanitation work," distributing educational materials, and supporting public health authorities.¹²⁶ The main goal, though, of using the influenza epidemic was to make public health changes permanent, and to encourage the public to demand such changes. The Assistant Surgeon General wrote that, "any health campaign should aim for accomplishing permanent measures and people should not be satisfied with only sporadic efforts."¹²⁷ After again encouraging the group to work through the local health authorities, the PHS official promised to send educational materials for distribution.¹²⁸

PHS officials, even in November 1918, were plotting a course that would ensure that their agency was not downsized during the transition to peace. They hoped to protect their agency and the nationwide organization that it had built up during the war and

¹²⁴ Telegram from R.P. Farley to Surgeon General, Nov. 4, 1918, "Rural Sanitation, Jan. 1918-Jan. 1919," Box 219, File 2240, RG 90 Records of the Public Health Service Central File, 1897-1923, NARACP.

¹²⁵ Letter from J.W. Schereschewsky to R.P. Farley, Nov. 15, 1918, "Rural Sanitation, Jan. 1918-Jan. 1919," Box 219, File 2240, RG 90, NARACP.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid.

epidemic with state and local public health officials. To accomplish this, the PHS wanted to pressure Congress to continue its funding, and to supplement that pressure by having states lobby on their behalf. The goal was keep in tact the model of federal-state-local cooperation developed during the epidemic, and to make it permanent around the nation. To do this, the PHS set out to build up local public health departments who would be dependent on PHS aid, give the cooperative model statutory authority through rural sanitation legislation, and entice states to cooperate with them through grants and personnel placement.

Such cooperation had been the goal of public health reformers for years before the influenza epidemic, but its success had been limited. A few states had built up a public health infrastructure and cooperation between state and local health officials, but there had never been a formalized relationship during peacetime with the PHS as the coordinator of state and local health efforts. Many rural states had little or no full-time local health officials.¹²⁹ The PHS wanted to make the public health organization developed during the influenza epidemic, one of cooperation between all levels of government health personnel, permanent in state and localities, and to keep itself as the director of all nationwide health initiatives. In that way, the PHS believed it could protect itself against any attempts to downsize the agency or reduce its authority.

The best vehicle for this proposed permanent expansion of public health cooperation was through rural sanitation. Many of the states where the PHS had the freest hand in operation were the states without well-developed public health structures, and where there were few full-time local health officials. In the absence of local

¹²⁹ Mullan, *Plagues*, 55.

restrictions, the PHS, with the approval of the state boards of health, had conducted educational campaigns and initiatives to eradicate disease through pestilence control and sanitary efforts. It was in these areas that the most public health growth could occur, and which would be most dependent on federal grants and resources to hire full-time officers. These areas, the PHS believed, could be built up so that a well-functioning nationwide health network could be created.

In a memorandum issued by the Assistant Surgeon General J.W. Schereschewsky, he noted that the end of the war would mean that many people would be returning to rural districts, and that “various infections inevitably will be distributed” in already insanitary conditions.¹³⁰ Because the districts lack “adequate health organization” infections may run rampant.¹³¹ Schereschewsky proposed using \$400,000 of their proposed congressional appropriation of \$500,000 to establish local health organizations in rural area. Diseases that originated in rural counties without adequate health organizations could spread to the state and then to the nation. “Therefore, as the interests of the county, the state and the whole country are involved, it appears logical that the county, the state and the national governments jointly should operate for this protection of their interests.”¹³²

The PHS proposed to hire full-time health officials who would be jointly commissioned as state and PHS health officials, and who would keep the state and the PHS informed of all potential issues, allowing each level to collaborate on solutions.¹³³

¹³⁰ “Memorandum Relative to Estimate for Appropriation of \$500,000 for Operations of the U.S. Public Health Service in ‘Rural Sanitation’,” Dec. 2, 1918, “Rural Sanitation, Jan. 1918-Jan. 1919,” Box 219, File 2240, RG 90, NARACP.

¹³¹ Ibid.

¹³² Ibid.

¹³³ Ibid.

This overlap of the titles and duties of health officials between local, state, and federal health authorities was exactly what had been used during the influenza epidemic. Now, the PHS wanted to use rural sanitation funding to build up local public health authorities that would be susceptible to PHS control, and that would continue inter-governmental cooperation.

While the PHS appropriation could build up the local health departments, a bill proposed in the House of Representatives in early 1919 provided an opportunity for the PHS to make the federal-state-local cooperation in rural sanitary work into law. Representative Asbury F. Lever of South Carolina, the chairman of the House Committee on Agriculture and a proponent of rural sanitary work, introduced the Lever Bill. The Lever Bill proposed to make federal grants available to individual states based on their population and need, if the grants could be matched by state funds. If matched, the PHS and state departments of health would coordinate rural sanitary efforts and the PHS could appoint local health officials and standardize public health standards under federal guidance.¹³⁴ The PHS would also receive a larger appropriation to effectively administer and oversee all of the grants.

The PHS and sympathetic state health officers worked together to get the bill passed. The American Public Health Association, which was partially made up of the State Health Officers Association, wrote to Representative Lever stating their support of the bill and offering their help in lobbying other members of Congress on its behalf.¹³⁵ Surgeon General Blue wrote to the Secretary of North Carolina's State Board of Health,

¹³⁴ *Miscellaneous Hearings Before the Committee on Agriculture, House of Representatives, Sixty-fifth Congress, Third Session* (Washington D.C.: GPO, 1919), 261-294.

¹³⁵ Letter from W.S. Rankin to Hon. A.F. Lever, Nov. 29, 1918, "Rural Sanitation, Jan. 1918-Jan. 1919," Box 219, File 2240, RG 90, NARACP.

W.S. Rankin, looking for help in securing the bill's passage. Rankin had, by early December 1918, undertaken a campaign to write messages to congressmen supporting the bill. Blue thanked him for his support of rural sanitation and pledged that "the Public Health Service will do all that any executive bureau of the Federal Government may properly do to further legislation for Federal aid for the extension of rural sanitation."¹³⁶

While the PHS did lobby members of Congress for their support of the Lever Bill, most of their energy was devoted to ensuring that states were behind the plan and were lobbying their congressional delegations. Blue sent letters out to all of the states seeking their support for the plan, assurance that their states could match federal grants, and encouraging them to pressure their elected leaders.¹³⁷ Blue was assisted in this effort by the *American Journal of Public Health*, which wrote and made copies of form letters that Blue sent to individual states.¹³⁸ The letters were customized for states with the amounts of the federal grant they were to receive, if the bill passed, and encouraged them to support it.¹³⁹

Some of these appeals did reach the ears of sympathetic state health officials. In North Carolina, W.S. Rankin sent out a personal appeal to all of the state's health officers and representative citizens throughout the state.¹⁴⁰ In his personal statement, Rankin wrote that the long-hoped for consolidation of rural sanitation was within reach, "if you,

¹³⁶ Letter from Rupert Blue to W.S. Rankin, Dec. 6, 1918, "Rural Sanitation, Jan. 1918-Jan. 1919," Box 219, File 2240, RG 90, NARACP.

¹³⁷ Letter from William F. Wild, Nebraska Commissioner of Health, to Surgeon General, Jan. 31, 1919, "Rural Sanitation, Jan. 1918-Jan. 1919," Box 219, File 2240, RG 90, NARACP.

¹³⁸ Letter from A.W. Hedrich to Surgeon General Rupert Blue, Jan. 31, 1919, "Rural Sanitation, Jan. 1918-Jan. 1919," Box 219, File 2240, RG 90, NARACP.

¹³⁹ Letter from Rupert Blue to A.W. Hedrich, Feb. 9, 1919, "Rural Sanitation, Jan. 1919-Jan. 1920," Box 220, File 2240, RG 90, NARACP.

¹⁴⁰ Letter from W.S. Rankin to Dr. J.W. Schereschewsky, Jan. 25, 1919, "Rural Sanitation, Jan. 1919-Jan. 1920," Box 220, File 2240, RG 90, NARACP.

as one of the state health officers, will assist NOW in a COORDINATE [sic] attack.”¹⁴¹

The legislation, he wrote, “recognizes certain common and fundamental interests” between the three levels of governmental health work, and would tie them together for the purpose of protecting the nation’s health. He assured the state officers that the PHS would lead the efforts but that the PHS would also be in close coordination with state departments of health, and bring about the establishment of local health departments operating with full-time employees. Urging the state health to both personally support the bill and to encourage others, particularly congressmen, to back it too, Rankin closed his statement with religious terms, writing, “Fear God and take your part.”¹⁴² Rankin also enclosed in his appeal a proposed program for each state officer to undertake, advising them to write to senators and representatives, enlist the aid of private citizens, talk to people in farmers and dairy groups, and to write editorials for publication in newspapers.¹⁴³

State and local health officers across the nation were supportive of the Lever Bill. State officers wrote letters to Rupert Blue assuring him that they supported the bill and would find ways of getting their home states to allocate funds to match the federal grants, if they were issued.¹⁴⁴ Blue sent additional letters to the chairmen of both the House of Representatives and Senate Ways and Means Committees and to state legislatures, urging them to support the bill. He warned that without a new coordinated public health program and fully integrated public health officials from the local level to the federal

¹⁴¹ “Statement by W.S. Rankin to State Health Officers,” no date, “Rural Sanitation, Jan. 1919-Jan. 1920,” Box 220, File 2240, RG 90, NARACP.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Letters from state health officers (MN, KS, ME, OH, LA, RI, NE, WV, TX, IA, IN) to Surgeon General, Jan. 1919, “Rural Sanitation, Jan. 1919-Jan. 1920,” Box 220, File 2240, RG 90, NARACP.

level, there was the potential to suffer, during epidemics, “unnecessary sickness and death, hence, grave economic loss to the nation.”¹⁴⁵

Local officials, eager for ongoing federal support for their work and the potential for increased salaries if they were jointly appointed as state and PHS officers, also enthusiastically supported the bill. Towns and counties across the United States wrote letters to the PHS requesting advice and assistance in appointing full-time city and county health officers, and begging the PHS to make sanitary surveys in their areas.¹⁴⁶ They knew that if the PHS made sanitary surveys in their areas that the PHS would most likely direct PHS officials, and federal money, to their towns and counties. State and local health officials saw the great potential and benefit for their states and local areas that could be secured through cooperating with the PHS. As such, they enthusiastically supported the PHS and the potential passage of the Lever Bill.

In addition to dangling the potential for increased federal aid through rural sanitation grants, Surgeon General Blue also pressured states to accept PHS oversight of their operations and a coordinated federal-state public health structure through the placement of epidemiological aides. These aides would be PHS officers who, upon acceptance by the states, would be appointed as state health officers and rank just below the head official of the state board or department of health. Again copying the overlapping titles and jurisdictions that the PHS had effectively used for health officers during the influenza epidemic, Blue sought in 1919 to place fifteen aides within states.

¹⁴⁵ Letter from Surgeon General Rupert Blue to Chairmen, House of Representatives and Senate Ways and Means Committees, State Legislatures, Feb. 4, 1919, “Rural Sanitation, Jan. 1919-Jan. 1920,” Box 220, File 2240, RG 90, NARACP.

¹⁴⁶ Letters from towns requesting assistance from PHS, various dates, Box 246, File 2615, RG 90, NARACP; Letters from cities requesting assistance from PHS, various dates, Box 247, File 2673, RG 90, NARACP.

These aides would be tasked with checking for the presence of communicable diseases and serve as the liaison between the PHS and state health agencies, with official powers in each.¹⁴⁷

States recognized the benefits of having close connections with the PHS and were genuinely worried in 1919 about fresh outbreak of diseases, especially influenza. By only placing fifteen aides, Blue knew that there would not be enough for every state and that states would do whatever they could to entice the PHS to grant them one. The states did exactly what Blue hoped, as they desperately tried to secure an epidemiological aide. They offered close cooperation to the PHS, submission to the PHS in some matters, and state health commissions to PHS officers. Blue justified the need for state commissions and powers because the federal government had no jurisdiction over health matters unless they affected interstate commerce, unless PHS personnel were acting as state officials. State officials had police powers within the state and could go anywhere, something the PHS officer alone could not.¹⁴⁸ What Blue wanted, in effect, were PHS officers who could operate freely within states.

Many states that applied for the placement of an epidemiological aide were sent vague rejections without clear explanations as to why they were not chosen. The ones that did receive an aide, though, were the ones who attempted to organize themselves in ways Surgeon General Blue approved of. Iowa's Secretary-Executive Officer of the State Board of Health, Guilford Sumner, was one of the early advocates of Blue's aide plan. In July 1918 he wrote to the Surgeon General that if an epidemiological aide were

¹⁴⁷ Letter from Acting Surgeon General to Dr. Guilford H. Sumner, Iowa State Health Officer, April 30, 1919, "State Health Activities," Box 505, File 4600, RG 90, NARACP.

¹⁴⁸ Letter from Rupert Blue to Dr. A.W. Freeman, Ohio Commissioner of Health, July 9, 1919, "State Health Activities," Box 505, File 4600, RG 90, NARACP.

sent to Iowa to assist their State Department of Health, “we would gladly welcome such” cooperation.¹⁴⁹ Sumner concluded his letter by pledging his, and Iowa’s support, to the PHS, writing, “In short, anything that we can do to cooperate with the U.S. Public Health Service will be willingly done.”¹⁵⁰

In October 1919, when the aides were about to be assigned, Sumner wrote to Blue detailing his plans for Iowa and the PHS, writing, “I am thoroughly convinced that there should be organized at one in each state a bureau with a man in charge working under the state health officer to formulate plans with the health officer so that whenever flue [sic] may appear that a work of prevention may be begun at once.”¹⁵¹ Replying to Sumner’s letter, Blue wrote that he supported the preparations of Iowa to create plans to combat influenza and that he “was very desirous of placing an Epidemiological aide in your State.”¹⁵² With the news that Iowa would be receiving a much-coveted PHS aide, Sumner wrote to thank Blue and to promise that he “would like to have the State of Iowa the first to be organized” to both combat influenza and to cooperate fully with the PHS.¹⁵³ During the placement of epidemiological aides, Blue seemed to favor states that would agree to fully cooperate with the PHS and coordinate disease prevention, as federal and state public health groups had done during the influenza epidemic.

¹⁴⁹ Letter from Guilford H. Sumner to Surgeon General Rupert Blue, July 18, 1919, “State Health Activities,” Box 505, File 4600, RG 90, NARACP.

¹⁵⁰ Ibid.

¹⁵¹ Letter from Guilford H. Sumner to Surgeon General Rupert Blue, Oct. 3, 1919, “State Health Activities,” Box 505, File 4600, RG 90, NARACP.

¹⁵² Letter from Rupert Blue to Guilford H. Sumner, Oct. 8, 1919, “State Health Activities,” Box 505, File 4600, RG 90, NARACP.

¹⁵³ Letter from Guilford H. Sumner to Surgeon General Rupert Blue, Oct. 10, 1919, “State Health Activities,” Box 505, File 4600, RG 90, NARACP.

The Epidemic and the Opportunities for Public Health

Before the Spanish influenza epidemic had subsided, public health officials from all levels of government sought for ways to take advantage of the increased attention to their work that the epidemic brought. It was clear to them that the end of the war and the end of the epidemic threatened their continuing efforts, and they might lose their funding as the nation transitioned back to peace. They wanted to ensure that their increased resources and public attention they enjoyed during the epidemic did not slip away. They wanted, therefore, to use the Spanish influenza epidemic to protect the future of their public health efforts.

The American Public Health Association, made up of public health advocates and workers on all levels of government, met for their annual meeting in December 1918. It advertised, in advance of the meeting, that there would be a special symposium regarding the influenza epidemic. The group published a list of questions to be considered for discussion. One question concerned the coordination of public health, medical professionals, and local charities during epidemics, asking, “How can the health officer co-ordinate hospital, medical, health and relief agencies in similar calamities?”¹⁵⁴ Another question demonstrated how the minds of public health officials were already turning toward the future, asking, “How can we take advantage of the epidemic for the benefit of more adequate health appropriations and better community and personal hygiene?”¹⁵⁵ Across all of the levels of public health workers in the government, the

¹⁵⁴ “Ad for ‘Influenza Symposium’ At A.P.H.A. Meeting in Florida Health Notes Vol. 13,” November 1918, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976-June 29, 1976,” Box 2, File 3, Special Collections, Western Kentucky University, Bowling Green, KY.

¹⁵⁵ Ibid.

question, for them, was simple: how can the Spanish influenza epidemic secure our future and the survival of our agencies?

On the local level, city and town boards of health had experienced increased attention and power during the epidemic. They worked with state and PHS officials to enact and enforce quarantines and restrictions on public gatherings. They centralized decision-making with the appointment of local health commissioners or directors, consciously copying the organizational structures of state departments of health and the PHS. County officers in rural areas actively promoted cooperation with the state and federal government, accepting commissions to both agencies during and after the epidemic. Local officials used the epidemic to both increase the size and authority of their public health institutions. They promoted cooperation with state and federal officials to demonstrate their usefulness during health calamities, like the epidemic, and to show they had a vital role in their communities.

State public health officials knew that with the end of the war would come reductions in their budgets. Without the pressing needs of the war, state legislatures would almost certainly reduce appropriations as they lowered taxes, and state departments of health needed a way to remain relevant, funded, and staffed. The clearest way to accomplish this was through close cooperation with the PHS. By allowing the PHS to have free rein within state health programs and by overlapping commissions to give jurisdiction to health officials on all levels of government, state departments of health could receive federal money and a PHS presence in their states. This money could maintain their centralized control over state health matters through the placement of state personnel in local boards of health. Through submission to the PHS and federal

authority, they would receive appropriations and guarantee their survival. This would ensure that their health departments remained funded and it would give their work legitimacy as they coordinated with the federal government. To this end, they lobbied Congress and their state legislatures to support and match the proposed grants in the Lever Bill. State departments of health had much to lose after the epidemic and war concluded, but they believed they could protect their future through cooperation with the PHS.

Of all of the public health groups in the United States, the PHS had the most expansive plans for the post-war and post-epidemic world. The PHS had received much acclaim and respect for their efforts to suppress influenza and protect the nation's health during the war. Their perceived effectiveness and organizational abilities led, in part, to Congress placing the care for the war's disabled veterans in March 1919 within their jurisdiction.¹⁵⁶ This increase in responsibility in directing the care for veterans coincided with Surgeon General Blue's push, through the Lever Bill, to centralize the nation's public health efforts in the PHS.

Working with state health officials and their legislatures, Blue hoped that they could effectively lobby Congress to continue public health appropriations after the war and epidemic ended. Congress had, over the prior two decades, compelled the PHS to cooperate more with state and local agencies through conferences, extra-cantonment work, and rural sanitation, and Blue hoped to show that such cooperation could be formalized. If a well functioning, integrated public health model could be demonstrated,

¹⁵⁶ Mullan, *Plagues*, 75.

Congress might be more amenable to increasing the funding for public health work and the PHS.

Using the model developed during the epidemic, Blue sought to build up local boards of health by using federal money to hire full-time workers who would be jointly commissioned by state departments of health and the PHS. He wanted state departments of health to receive and commission PHS workers and allow epidemiological aides to send back disease information from the states for the PHS to monitor. By dangling the prospect of PHS personnel and federal grants, Blue recognized that he could pressure states to back public health bills, as he did with the Lever Bill.

Surgeon General Rupert Blue had grand dreams for himself and the PHS after the war and epidemic. In March 1919, after the PHS was given authority over providing health care to veterans and with the Lever Bill in Congress, Blue drafted an eleven-page memorandum in which he envisioned himself as the head of a national public health agency, with Cabinet rank, that could oversee all of the nation's public health activities. In the memorandum he argued, "the war has already brought out the urgent need for the establishment of national...health programs."¹⁵⁷

Blue created a four-point national health program for the post-war United States that, in essence, copied the model of organization developed during the influenza epidemic. His first point called for "Centralization in the Public Health Service of all the health functions performed by the Federal Government, and natural growth from a Bureau to a Department of Health."¹⁵⁸ Second, he would develop a similar structure within states. Third, he wanted the "Establishment of adequate health administrations

¹⁵⁷ Furman, *A Profile of the United States Public Health Service*, 328.

¹⁵⁸ *Ibid.*, 329.

which would cooperate, through state health administrations, with the Federal program in all State political subdivisions.”¹⁵⁹ Finally, the “General support of this plan of development by unofficial health agencies.”¹⁶⁰

This program, if enacted, would bring about the long sought after centralization of all federal public health efforts under the umbrella of the PHS. It would develop and enlarge state departments of health, but would also guarantee that they would cooperate with the PHS in all health programs, along with local governments within states. Finally, it would incorporate the Red Cross and local charities into public health matters, bringing everything under the effective control of the PHS. This was the model of public health cooperation developed and honed during the influenza epidemic, and the structure and organization that Blue wanted to make permanent. The end of the war and the epidemic gave Blue the opportunity to try to create a national and integrated public health institution, which had been a dream of public health advocates for decades.

Blue’s dream did not become a reality, as he was replaced as Surgeon General of the PHS in 1920 and the Lever Bill failed in Congress. While the PHS and state and local public health departments did not disappear in the 1920s, their work was scaled down as governments on all levels reduced spending. The consolidation of all public health activities under federal supervision did not come about after the end of the war and influenza epidemic, although state departments of health and the PHS did continue to work closely on improving rural sanitation.

Still, the influenza epidemic reinforced the goals of public health groups all across the nation. It showed, in their minds, that they were necessary and vital in protecting the

¹⁵⁹ Ibid., 329.

¹⁶⁰ Ibid., 329.

nation's health. It demonstrated that in the right conditions, local, state, federal, and other public health groups could work together to mount an effective response to health calamities. After the war and epidemic concluded, public health groups all used the influenza epidemic as an argument for the continuation and expansion of their work, pointing to the dangers inherent to the nation if they were not properly funded. Public health groups, therefore, saw the influenza epidemic as an opportunity to enlarge and expand their efforts to safeguard the nation's health.

Chapter 4

American Consuls and the Pandemic

“Aside from causing a great deal of human suffering, the epidemic seriously disorganized commerce, transportation and industry.”¹

George H. Murphy, the American consul general at Cape Town, South Africa, sent the Secretary of State an urgent telegram in early October 1918. “Important. October 8. 4 p.m. Spanish influenza raging thousands cases. Many deaths mostly colored people. Nearly all office ill. No trained assistants available.”² Later that same day, Murphy sent a dispatch to the State Department, with a more detailed description of the influenza epidemic in Cape Town, writing that the influenza was “sweeping through South Africa. The number of cases reaches high into the thousands, while deaths number many hundreds. Business and traffic are seriously affected.”³ Along with his description, Murphy included four articles from the *Cape Times*, a local newspaper, which he believed would be of interest to the United States Public Health Service. Three of the articles reported on the scope of the epidemic throughout South Africa, while the fourth, entitled, “The Housing Problem and Influenza,” argued that the influenza scourge was worsened by the poor housing and sanitation that was prevalent for native South Africans and poor whites. It advised a public building program to provide better housing, and better health, for those who were most affected by the epidemic.⁴

¹ “Annual Report of Commerce and Industries for 1918,” Report by George H. Murphy for Cape Town, South Africa, April 24, 1919, Records of the Public Health Service, Box 144, File 1622, RG 90, NARACP.

² Telegram from George H. Murphy to Secretary of State, Oct. 8, 1918, Records of the Foreign Service Posts of the Department of State, Cape Town, South Africa, Consular Correspondence, 1918, Part 8, vol. 247, RG 84, NARACP.

³ “‘Spanish’ Influenza Epidemic in South Africa,” Letter from George H. Murphy to Secretary of State, Oct. 8, 1918, Cape Town, South Africa, Consular Correspondence, 1918, Part 8, vol. 247, RG 84, NARACP.

⁴ Ibid.

Murphy included the articles to show how devastating Spanish influenza was to the people of South Africa, and how it exacerbated local social and political issues. His reporting on the epidemic, as the consul for Cape Town and consul general for southern Africa, was in many ways typical of how American consuls viewed the Spanish influenza pandemic when it appeared in their jurisdictions. Consuls saw the epidemic, first and foremost, as a disruptive influence on trade, and wrote about it in commercial terms. Some consuls also recognized that the epidemic could affect the war effort, and others, like Murphy, realized that it could impact social and political issues. Still others saw the epidemic and its breadth as an indictment of local cultures that they deemed non-Western and unsanitary, and gloried in the ability of Americans to organize and provide relief for the poor and diseased of the world.

Consuls, in general, wrote little on the influenza pandemic. Although it touched nearly every nation around the world, consular reports on it varied greatly. Many consuls simply ignored it, never mentioning it in their health reports or in their political and social reports. Others only kept track of the death toll in their jurisdictions. A few consuls, though, wrote about its impact, its devastation, and the opportunities that it created. Overall, consuls wrote relatively little about the pandemic, especially compared with economic or war-related issues. This lack of reporting, even with the staggering death rates in some areas, demonstrates how little importance many consuls placed on matters of health and disease.

The focus of every consul was on the protection and expansion of American trade, and many consuls did not concern themselves with anything during the war except commerce and assisting the war effort. Consuls were typically career government

employees who entered the United States Foreign Service because of their interest in business, and rose through its ranks based on their skill in expanding U.S. commerce. They did not see themselves as doctors or public health officials, but rather business-minded government workers dedicated to promoting U.S. interests around the world. Matters of health and disease were outside of their training and in many cases, their attention. Pandemics and sickness, to consuls, were local issues that were only worth reporting on if they affected political events, the war effort, or trade. For many consuls, information and reporting on the influenza pandemic beyond that limited scope would be outside of the interest of the State Department and U.S. Government.

During the war American consuls believed that the best hope for a more peaceful and prosperous future lay with the promotion of American culture and lifestyle. By adopting American practices other nations and peoples could experience what many consuls believed was the most civilized, most prosperous, and most healthy existence in the world. Consuls, because of their focus on trade, believed that American culture could best be spread through commerce. Buying American goods and selling to American businesses would introduce the peoples of the world to American culture, and over time, convert them to a superior lifestyle and improve their sanitary practices and overall health. There was no need, then, for consuls to spend their time reporting on the influenza pandemic to the State Department. The best remedy, in their minds, was to continue focusing on trade.

The region of the world in which consular officials served largely influenced their interpretations of the epidemic. Among those living in Europe, the focus was on the trade and the war effort. The societies of Great Britain and France had largely similar

cultures, health institutions, and medical practices compared with the United States, and in some cases consuls stationed there ignored the pandemic. Some consuls in France, though, blamed the French Government for their lax response to the disease. For consuls living in the colonial possessions of Great Britain and France, they too focused on trade, but they directed blame for the epidemic toward the native peoples, their culture, and their sanitary practices. In a similar way, American consuls living in the Pacific islands and in South America saw the pandemic and the lack of response by governments as an opportunity for Americans to pick up the slack and provide for the needy. These Americans gloried in their own ability to relieve suffering using American ingenuity and resources. In all cases American consuls celebrated American culture as the most sophisticated and most effective at keeping diseases at bay. They blamed others, mostly uneducated native peoples, as being responsible for the introduction of influenza and for spreading it.

Consuls viewed the pandemic as a local, rather than a global, issue. They blamed others for its spread, either as an inherent weakness in native constitutions or as a result of unsanitary living conditions and poor health services. For consuls, those struck by influenza in their jurisdictions were vulnerable to disease because their lifestyles made them weak and unprepared for pandemics. When unsanitary conditions were the culprit, they hoped to see change, but they largely left the responsibility for enacting that change to local officials and populations. While such conditions persisted, consuls viewed pandemics as unremarkable because the backward lifestyles and religions of native peoples encouraged the spread of disease. Their focus as consuls was still on American trade, not the health of those around them. The disease did not alter commerce, and

therefore, the Spanish influenza pandemic was not a reason to shrink away from their pursuit of the expansion of American trade.

Consuls in U.S. History

Since the early years of the United States, the nation has depended on its citizens living abroad to promote and protect American interests. These citizens represented the United States internationally and helped to formulate and institute American foreign policy. Diplomats, ministers, and formal legations certainly accomplished this, but the United States Foreign Service went beyond the courts of Europe. Even before the nation's inception, the United States began to place consuls around the globe to promote and protect American trade interests, even though they did not normally perform diplomatic duties.⁵ The United States-France Treaty of Amity and Commerce in 1778 provided for consuls to be exchanged to facilitate trade between the nations. Soon after, the Continental Congress sent the first American consular representative to France in 1780. Other consuls were placed in European nations after the Treaty of Paris in 1783. In 1789, the Senate consented to the ratification of a new consular convention with France, the first treaty approved under the newly installed Constitution.⁶

Consuls were primarily charged with promoting and expanding American trade and protecting American citizens living abroad. They accomplished this through a variety of duties, including conducting consular courts, taking depositions, providing legal help to Americans charged with crimes, administering relief to American seamen, passport services, alien visa control, managing the affairs of Americans who died abroad, recoding vital statistics, witnessing marriages, notarizing documents, and sending

⁵ Elmer Plischke, *U.S. Department of State: A Reference History* (Westport, CT: Greenwood Press, 1999), 334-335.

⁶ Elmer Plischke, *Conduct of American Diplomacy* (Princeton, NJ: D. Van Nostrand, 1967), 13-14.

political and economic reports back to the State Department. In 1893 Congress ordered consulates to become more closely involved with health matters, passing legislation that required ships coming to the United States be granted bills of health from the American consul, after inspection, at their port of call immediately before arriving in the U.S.

Other legislation further expanded the duties of consuls, and as consular reports arrived at the State Department, they, in turn, passed any information deemed of interest to other government agencies, including the departments of the Treasury, War, Commerce, and Justice.⁷

Despite their array of responsibilities, consuls first and foremost were tasked with the expansion of trade. Because of the number of consulates, and the focus on trade during the late 18th and 19th centuries, it has been argued that during the first 130 years of the United States the principal business of the State Department was in the hands of American consuls, not diplomats. Although they typically had very little formal guidance from the State Department, they were the most numerous U.S. Foreign Service representatives around the world.⁸

The number of nations with which the United States had formal diplomatic relations, though, was relatively small, and American embassies and legations were located primarily in European courts, monarchies in the Near and Far East, and a small number of Latin American nations. Consular offices, however, were spread throughout the world at nearly every port and trading city, where they were able to track the movements of men and material heading to Europe for the Great War. Their perspective

⁷ Ruth Kark, *American Consuls in the Holy Land, 1832-1914* (Detroit: Wayne State University Press, 1994), 57.

⁸ Charles Stuart Kennedy, *The American Consul: A History of the United States Consular Service, 1776-1914* (New York: Greenwood, 1990), vii-viii.

on the war and the intelligence they could gather was much wider than that of embassies, and extended beyond the Great Powers directly involved.⁹ The number of American embassies and legations paled in comparison to that of consular posts. In 1910 there were 49 embassies and legations; by 1920 there were 47. In contrast, there were 566 consular posts in 1910, and 412 in 1920.¹⁰ Consular offices and personnel, therefore, were able to keep watch on a much larger portion of the world that diplomatic officers could. Their perspective on world events was much broader in scope than that of ambassadors and embassy and legation staff members. Collectively, consular reports and correspondence provide a clearer picture of how Americans interpreted and understood transnational events, such as the Spanish influenza pandemic.

By the time of the Great War, the consular service had not only undergone significant changes to the type of work they were responsible for, there were also changes to the type of personnel it sent to consulates. Throughout the nation's history and up until the early 20th century, the State Department consisted of a diplomatic corps and a consular service. All diplomatic and consular appointments were made by the president and confirmed by the Senate, and they reflected the spoils system, where one's qualifications were largely based on service to the president's political party, rather than on any particular fitness for the demands of the job. Republican control of the White House for the majority of the time between the Civil War and the start of Woodrow Wilson's administration in 1913 meant that many people were able to build careers representing the U.S. government because they continued to receive appointments. Unlike some other branches of government, the State Department was slow to accept

⁹ Kennedy, *American Consul*, vii.

¹⁰ William Barnes and John Heath Morgan, *The Foreign Service of the United States: Origins, Development, and Functions* (Washington D.C.: Department of State, 1961), 349-350.

civil service reform. Party leaders were reluctant to give up one of the few remaining sources of patronage positions, and Congress was reluctant to raise diplomatic and consular salaries to a level that would allow people without independent means to serve.¹¹

Despite the lack of congressional action on diplomatic and consular reform, significant changes occurred with the Foreign Service, particularly the consular service. Without the initial help of Congress, Presidents Grover Cleveland and Theodore Roosevelt used executive orders to introduce a merit system, placing many diplomatic and consular positions on a merit basis through orders signed beginning in 1895 and continuing through the first decade of the 20th century.¹² In 1915, Congress passed legislation that cemented these orders, putting all but the most desirable diplomatic positions on the merit system. It also appointed all Foreign Service personnel to classes of service, rather than to specific posts. Classes were assigned pay grades and given raises, which allowed people without independent wealth, but with intelligence and a desire to further American interests, to pursue careers in the Foreign Service and in particular the consular service. The conducting of private business while in the field was also forbidden. Skill and ambition, rather than the ability to support oneself while in the field through private wealth, became the qualification for consular personnel.¹³

Thus, by 1915 the merit system was given definite statutory authority, even though the merit system had been implemented through executive actions. This transition to a merit system also meant that by the early 20th century, new candidates were vying to enter the consular service. These candidates were from classes other than

¹¹ Kennedy, *American Consul*, 215-220.

¹² Barnes and Morgan, *The Foreign Service*, 148-154.

¹³ *Ibid.*, 170-172.

the economic elite, and they chose the consular service, rather than the diplomatic corps, because they were dedicated to expanding American trade and influence around the world. Their commitment to this goal was firm, and neither the Great War nor Spanish influenza would shake it.

As the Great War began, the U.S. Government recognized the valuable information that the diplomatic and consular services were uniquely able to obtain. When the U.S. formally entered the war in 1917 the State Department requested that both the diplomatic and consular officers keep it more fully informed on foreign political events, especially those related directly to the war. While their primary focus would still be on facilitating and promoting American trade, they would also provide intelligence for U.S. officials prosecuting the war. As such, they were ordered to note in their reports all political and economic developments that might impact the war or U.S. interests. By late 1917, the State Department issued instructions to all foreign officers, requesting weekly summaries of local press publications, and quarterly reports of all political, economic, commercial, and financial matters in their jurisdictions.¹⁴ From that point on, consular officers would center their attention on two tasks: promoting trade and through their efforts, helping the United States win the war.

Despite the broad reach of American consulates and the relative limited scope of the diplomatic service, historians have tended to ignore the role of consular officials throughout the world. Limited scholarship exists on the consular service, and even more limited are works that seek to understand how they interacted with specific events. Most of the histories cover the development of the consular service in conjunction with the

¹⁴ Ibid., 192.

diplomatic service, or are general histories of the State Department.¹⁵ Former consular officials generally write consular specific histories, and the ones that exist typically serve as personal recollections.¹⁶ More common are histories on the diplomatic service, ambassadors, and secretaries of state. It has been suggested that this discrepancy is due, in part, to the prejudice of historians. Class distinctions between diplomats and consuls, with the former coming from affluent and politically connected families and consuls emerging from the merchant class, are stark, and historians have tended to see the political and economic elites as more worthy of study.¹⁷ This trend seems to be reversing, to a degree, and a few books and articles are emerging that cover specific American consuls, consulates, and regions.¹⁸ There are still, however, very few works that cover multiple consulates reacting to major events, such as the Great War or the Spanish influenza pandemic. Their writings and reports on the pandemic offer a window into the role of consuls in the early twentieth century in shaping and adhering to U.S. policy, how they were directed by the State Department, how they viewed the pandemic as both a nuisance to U.S. goals and an opportunity for the United States to push for change in the world after the war concluded.

¹⁵ General histories of the Foreign Service include Barnes and Morgan, *The Foreign Service of the United States*, Graham H. Stuart's, *American Diplomatic and Consular Practice*, and *The Department of State: A History of its Organization, Procedure, and Personnel*, and Elmer Plischke's *U.S. Department of State: A Reference History and Conduct of American Diplomacy*.

¹⁶ The best example of this type of consular history is Charles Stuart Kennedy, *The American Consul*.

¹⁷ Kennedy, *American Consul*, vii.

¹⁸ Examples include Ruth Kark, *American Consuls in the Holy Land, 1832-1914*, and Nicole M. Phelps, *U.S.-Habsburg Relations from 1815 to the Paris Peace Conference: Sovereignty Transformed*, and "Sovereignty, Citizenship, and the New Liberal Order: U.S.-Habsburg Relations and the Transformation of International Politics, 1880-1924." PhD dissertation, University of Minnesota, 2008.

The State Department and Consuls Confront Influenza

The State Department, from the beginning of the influenza pandemic, gave it little attention. With the war entering its final stages and plans for the future being formulated, their focus was on matters other than influenza. Seemingly the only communication regarding influenza that was sent to a consul or ambassador was a response to a cable from Robert P. Skinner, consul general at London, who asked if the State Department wanted influenza noted on the bills of health issued for ships docking in London. He knew that influenza was appearing on American military transports, and wrote, "Recent outbreak on American Transports and action French Government in making it notifiable indicate desirability of action."¹⁹ Lansing replied to Skinner on October 7, that it should indeed be noted on bills of health issued from that point forward.²⁰ This brief cable, stating the desirability of noting influenza on board in consular-issued bills of health, seems to be the only direct mention of the influenza pandemic by the State Department in communication with its diplomatic corps.

The State Department, however, was certainly aware that the pandemic was occurring. Beside the reports of the diplomatic corps, they also received news of "cures" that were passed to consuls around the world. The consuls, in turn, dutifully, reported on them to Washington, as did American companies who operated overseas. The consul in Auckland, New Zealand sent a telegram to the Department stating that a local had concocted a cure of hydrochloric acid and another chemical, and that if mixed in a wine

¹⁹ "Bills of Health for vessels having influenza on board," Cable from American Consul-General to SecState, Oct. 5, 1918, London, England, Consular Correspondence, 1918, 804.9-814, RG 84, NARACP.

²⁰ "Influenza on board," Cable from Secretary of State to American Consul General, London, Oct. 7, 1918, London, England, Consular Correspondence, 1918, 804.9-814, RG 84, NARACP.

glass and applied every three hours was, “marvelously effective.”²¹ The American Trading Company, which had an office in Venezuela, sent the State Department news of a “cure” from one of its clients, which consisted of a steady regimen of castor oil doses and a clear liquid diet.²² After being forwarded the letter from the American Trading Company, the Treasury Department and the Public Health Service wrote to the State Department telling them that the treatment of castor oil had, “no specific value in cases of influenza” and was “symptomatic only.”²³ The letter from the Treasury Department was forwarded to Consular Bureau at the State Department for distribution.

Other health issues, though, elicited more attention. Lansing himself sent a cable to the consul at Veracruz, Mexico in September 1918, before influenza struck the area, asking for immediate information as to the presence of any epidemic in the region.²⁴ Apparently, though, the influenza pandemic was not thought of as a major issue for the State Department, and ambassadors and consuls were largely left to deal with it, and report on it, at their own discretion.

It is, therefore, from the consular reports and consular sanitary bulletins, and not State Department communications issued from Washington D.C., that show how government officials living abroad viewed the pandemic. To be sure, there were many consuls stationed around the world who simply ignored the pandemic, either because they did not see its effects or thought it unworthy to include in their reports. From locations as

²¹ Telegram from Alfred A. Winslow to Secretary of State, November 30, 1918, Department of State Central Decimal File, 1910-1929, 158.05/34-158.12/8, Box 2684, RG 59, NARACP.

²² Letter from American Trading Company to Secretary of State, March 10, 1919, Department of State Central Decimal File, 1910-1929, 158.05/34-158.12/8, Box 2684, RG 59, NARACP.

²³ Letter from Assistant Secretary of Treasury to Secretary of State, April 3, 1919, Department of State Central Decimal File, 1910-1929, 158.05/34-158.12/8, Box 2684, RG 59, NARACP.

²⁴ “Paraphrase of Corded Cable Received,” Cable from Secretary of State to Francis R. Stewart, Sept. 16, 1918, Veracruz, Mexico, Consular Correspondence, 1918, 811.1-814, vol. 285, RG 84, NARACP.

varied as Tehran, Persia, Hong Kong, China, and Cardiff, Wales, many consulates made no mention of the influenza pandemic in either their quarterly reports on general conditions or in their weekly sanitary bulletins.

Consuls were instructed to submit weekly reports regarding the health issues and diseases present in their jurisdiction. This included the presence of notifiable diseases, such as cholera and yellow fever, as well as the number of cases reported, deaths, and other events that were deemed noteworthy by the consul. Influenza, however, was not a notifiable disease until well after the onset of the influenza pandemic, meaning that it was left to the discretion of the consul as to whether he chose to include it on reports.

Many consuls, though, simply did not submit their consular sanitary bulletins, and ignored health issues altogether. With few exceptions, these consuls were never reprimanded by the State Department, demonstrating how little many in the Foreign Service regarded matters of health and disease. They acted as if the influenza pandemic was not occurring around them, even though, in some cases, it was rampant and deadly. Other consuls, though, did report on it, through bulletins or much more detailed analyses. Consuls located on every continent felt that the pandemic merited the attention of State Department officials in the United States, as well as the Public Health Service. It is from these consuls that the clearest picture emerges as to how American officials stationed around the world viewed and interpreted the Spanish influenza pandemic.

For many consuls, however, the influenza pandemic was not given much consideration. Although they saw the death toll rise in the cities and regions where they were stationed, recording it in reports and even witnessing it among their own staffs, they simply did not see it as a threat to the two goals they prized above all others- the

expansion of trade and the successful prosecution of the war. They had very little concern for health matters of any kind, and keeping track of diseases and epidemics were duties on the periphery of their assignments, and by and large they gave them little regard or attention. As such, they were not terribly concerned by deaths among the native populations. They generally had little use for health matters, and when the pandemic spread few reported on it at length, despite requests from the PHS. Their focus was on business, and with few exceptions, only discussed influenza as it pertained to trade. Even when influenza was linked to social issues, it was overshadowed by its effect on commerce.

Changing Trade Relationships

The focus of consuls and their staff, no matter their location around the world, was always on trade and the promotion of commerce with the United States. While they attended to other duties as part of their obligations as official representatives of the United States, the majority of their attention was on trade. This focus would become even more acute during the Great War. The demands of the war drained the resources of the belligerent powers, and the United States, as a neutral until 1917, was in a unique situation to supply the Allies. After the United States entered the War and accelerated trade with the Allies, the United States became the de facto supplier for much of the foodstuffs and manufactures that were in demand in Europe and in European colonies. The war would prove to be a monumental shift in the commercial relationship of the United States with the rest of the world, and during the war, took on an even greater level of attention for consuls.

When the Great War began, the United States was in a recession, but that was quickly reversed by European nations who began buying food and munitions in large quantities from U.S. suppliers, sparking an economic expansion in December 1914 that lasted for forty-four consecutive months. This economic growth was also aided by the addition of nearly seven million new jobs in the military, civilian government, and private manufacturing, created for the war effort and to meet the world's demand for American products. The increase in exports reversed the long-standing trend of the United States operating as a net debtor on international capital markets, as European nations liquidated their U.S. holdings and investments to pay for their increased buying of U.S. goods.²⁵ Before the war European nations had largely supplied themselves with food and manufactures, but as the war dragged on, they were unable to sustain their positive trade balances. By 1917 the United States was exporting over twice as many goods as it was importing, and enjoying an economic boom.²⁶

The need for agricultural exports also dramatically increased. As food production decreased in Western Europe with the loss of manpower to the war effort and the devastation of land, there was a desperate need for foodstuffs. While some food could be imported for Allied use from European colonies, such as India, the United States alone had the productive capability of filling the need.²⁷ Available food supplies that could be diverted to Europe were also limited by a lack of available shipping, and long-distance shipping was prohibitive due to spoilage. The United States, again, had a unique ability

²⁵ Hugh Rockoff, "Until It's Over, Over There: The U.S. Economy in World War I," in *The Economics of World War I*, ed. Stephen Broadberry, et al. (New York: Cambridge University Press, 2005), 311-313, 334.

²⁶ J. Russell Smith, *Preliminary Economic Studies of the War: Influence of the Great War Upon Shipping*, no. 9 (New York: Oxford University Press, 1919), 93.

²⁷ Smith, *Preliminary Economic Studies*, 84.

to feed the Allies during the War.²⁸ To save them from starvation, the United States increased foodstuff exports to Europe, as well as to the Belgian Congo, French West Africa, and Liberia. As the head of the War Trade Board wrote about the foodstuffs sent to Africa, the “life of these countries depended on their commerce with the outside world.”²⁹ Especially in West Africa, the United States saw food shipments as a humanitarian effort to preserve the health of Africans, and to protect and disease and starvation.

The shifting trade priorities of the United States during the War, however, were not limited to increasing exports. The United States was also forced to increase their purchases of Allied made or Allied controlled goods when the United States cut off trade with the Central Powers. The United States had been purchasing wool, rare metals, and other products in bulk from Germany and Austria before the War, but soon found themselves without needed ingredients for steel production and other industrial processes once trade with the Central Powers was suspended. The United States shifted their buying of wool to British suppliers, and ordered jute for burlap sacks from India and Scotland. They bought tin from Malaysia and chromite from French Oceania.³⁰ The United States also began to import raw materials like Indian rubber, as much as they were able.³¹

As their demand for Allied goods increased, the United States was faced with hostile Allied partners who were intent on keeping their raw materials and essential industrial minerals for their own use. The War Trade Board, who was tasked with

²⁸ John Maurice Clark, *The Costs of the World War to the American People* (New Haven, CT: Yale University Press, 1931), 228.

²⁹ Vance Criswell McCormick, *Report of the War Trade Board* (Washington D.C., GPO, 1920), 69.

³⁰ McCormick, *Report of the War Trade Board*, 79-81, 85-89.

³¹ Smith, *Preliminary Economic Studies*, 94.

regulating and monitoring trade and securing needed materials for American war production, concerned themselves primarily with prying commodities away from the Allies, working with neutral nations, monitoring enemy trade, and preventing piracy.³² To assist in these efforts, the War Trade Board's Foreign Mission branch gained a type of diplomatic status from the State Department, allowing it to interact directly with foreign government officials of Allies and neutrals to secure resources and arrange trade.³³

In this capacity, War Trade Board Foreign Mission representatives were stationed at ports around the world, and worked closely with consuls to gather information, secure contacts, and process paperwork. The American diplomatic corps were ordered by President Wilson and Secretary of State Lansing to support the Trade Board's mission.³⁴ The War Trade Board, with the backing of the State Department, formulated a questionnaire that was sent to all consuls on September 4, 1918 with questions regarding the general economic conditions, trade relations, industrial production, and labor and financial situations in each consular district. Consuls were ordered to immediately report on anything that might have an effect on industry or trade around their posts.³⁵

The focus on trade that consuls had during peacetime was amplified during the Great War as the United States' trade relations with the rest of the world changed. Consuls saw their work as expanding and protecting trade, either through their own efforts or by assisting the War Trade Board. To this end, they viewed everything in light of how it might affect commerce. As the Spanish influenza pandemic struck, consuls chose to write and report on it based on its potential to disrupt trade, viewing it in

³² McCormick, *Report of the War Trade Board*, 56-61, 97-99.

³³ Grosvenor B. Clarkson, *Industrial America in the World War: The Strategy Behind the Line, 1917-1918* (Boston: Houghton Mifflin, 1924), 265.

³⁴ Clarkson, *Industrial America*, 265.

³⁵ McCormick, *Report of the War Trade Board*, 245.

commercial terms. As such, they interpreted it, not as a threat to societies or the war effort, but as a commercial impediment.

Western Europe

Consuls around the world did not equally report on the influenza pandemic. Those consuls stationed in the United Kingdom wrote very little about it, despite influenza accounting for over 150,000 deaths in England and Wales during 1918-1919.³⁶ The consulate at Cardiff, Wales, did not mention it or any health matters, and ignored its obligation to submit weekly consular health bulletins.³⁷ At Liverpool, consul Horace Lee Washington forwarded a note he received from a local resident who claimed that he possessed an influenza “remedy that will effectively prevent the troops crossing the Atlantic” from “being attacked by the so called ‘Influenza’.”³⁸ The citizen wrote that he wanted his remedy to undergo “as severe a test” as possible, but noted that if Washington wanted to contact him, he would have to do so outside of the nine to five workday, because the man was employed during those hours.³⁹ This would prove, though, to be Washington’s only communication about influenza.

At London, the American embassy issued no cables or communications regarding the pandemic during October 1918, when it was ravaging London.⁴⁰ The consulate, though, noted the epidemic and its potential impact on trade. In addition to forwarding a memorandum on influenza that was produced by medical professionals in England, and asking Secretary Lansing about including influenza on bills of health, consul general

³⁶ Ministry of Health, *Report*, xiii.

³⁷ Cardiff, Wales, Consular Correspondence, 1918, RG 84, NARACP.

³⁸ Letter from Robert Brizell to Hon. Lee Washington, October 22, 1918, Liverpool, England, Consular Correspondence, 1918, Part 7, 812-822, RG 84, NARACP.

³⁹ *Ibid.*

⁴⁰ London Embassy, London, England, Register of Correspondence, June 4, 1918-November 1, 1918, vol. 543, RG 84, NARACP.

Robert P. Skinner reported that a rumor was circulating around England and had been published in a newspaper that influenza could be traced to borated bacon imports from the United States. The rumor continued by implying that the U.S. Government knew that bacon packed in borax was harmful to humans, but yet allowed the practice, and shipment, of such to continue. The American Meat Packers stated the assertion “that the epidemic could be traced to American borated bacon was preposterous,” but Skinner wanted the State Department to be aware of the situation.⁴¹ Skinner, in keeping with his mandate to promote and protect trade, saw the epidemic and rumors surrounding it as a potential threat to commerce, and wrote about influenza only in those terms.

In France, the influenza pandemic was written about more for its impact on the American war effort and who was to blame for its appearance. Trade with France, during the closing months of the war, was less of a concern for consuls than the war was. At the American embassy in Paris, they did not mention the influenza epidemic in any of their communications. The consulate in Paris noted “Grippe” in its sanitary reports beginning in August and its weekly death toll, which peaked at 1263 dead in late November.⁴² The total deaths that were attributed to influenza and pneumonia numbered more than 10,000 from September through December in Paris.⁴³ Still, consul A.M. Thackara only wrote that the disease was present in Paris and the surrounding areas and recorded how many it was killing, but offered no other comments on it.⁴⁴ The American diplomatic corps in

⁴¹ “Rumours Respecting American Borated Bacon,” Letter from Robert P. Skinner to Secretary of State, No date, London, England, Consular Correspondence, 1918, 804.9-814, RG 84, NARACP.

⁴² Consular Sanitary Reports for week ended August 17, 1918-December 21, 1918, Paris, France, Consular Correspondence, 1918, Part 20, RG 84, NARACP.

⁴³ Ministry of Health, *Report*, 226.

⁴⁴ Consular Sanitary Reports for week ended August 17, 1918-December 21, 1918, Paris, France, Consular Correspondence, 1918, Part 20, RG 84, NARACP.

Paris, it seems, were more focused on the war itself, despite the heavy loss of life from influenza in the city.

At the coastal cities of Brest and Bordeaux, the two main debarkation points for American troops sailing from the United States, consuls wrote about the epidemic in terms of its effect on the military, but also placed blame for its appearance and persistence. Brest, located on the western coast of France, was where the majority of American troops unloaded from their transports. Consul Samuel B. Forbus began noting influenza and pneumonia associated with influenza in July 1918. The amount of reported cases steadily grew through August and by September Forbus was crossing out diseases on the pre-printed consular sanitary bulletins and handwriting “grippe” among the other notifiable diseases, and noting its spread to the areas around Brest.⁴⁵ On September 10 Forbus sent a coded telegram to Secretary Lansing to inform him that, “A virulent form of contagious grippe is prevalent in Brest in epidemic form reached serious proportions last week,” and that it had “originated in French naval barracks.”⁴⁶ In his next telegram about the epidemic, Forbus noted that influenza was affecting soldiers, writing, “Epidemic slightly increasing in civilian population but causing heavy losses in military hospitals and on troop ships.”⁴⁷ Indeed, total deaths from influenza in Brest totaled 888 during the last six months of 1918, but over five hundred of those deaths were among military personnel.⁴⁸ A month later, though, the influenza epidemic was gone as was its

⁴⁵ Consular Sanitary Reports for week ended July 6, 1918-Sept. 4, 1918, Brest, France, Consular Correspondence, 1918, 812-884, vol. 14, RG 84, NARACP.

⁴⁶ Telegram from Samuel B. Forbus to Secretary of State, Sept. 10, 1918, Brest, France, Consular Correspondence, 1918, 812-884, vol. 14, RG 84, NARACP.

⁴⁷ Telegram from Samuel B. Forbus to Secretary of State, Oct. 15, 1918, Brest, France, Consular Correspondence, 1918, 812-884, vol. 14, RG 84, NARACP.

⁴⁸ Ministry of Health, *Report*, 229.

effect on soldiers, and Forbus was relieved to inform Secretary Lansing that, “Contagious grippe no longer exists in epidemic form in this consular district.”⁴⁹

At Bordeaux, the U.S. Army Medical Corps representative, Colonel Henry A. Shaw, kept consul George A. Bucklin Jr. informed of the spreading epidemic and the sanitary conditions in the city. Shaw was satisfied by the city’s sanitation, and reported to Bucklin that he believed that Americans should hold off on Bucklin’s suggestion to “urge the French to accept our services to improve the health of the city.”⁵⁰ Shaw believed that the incidences of disease in the city were generally low for a city of its size, and believed the French were doing an adequate job in maintaining the city’s sanitation. Bucklin, though, felt otherwise. In his response to Shaw, he wrote that, “At the consulate where our employees are forced into contact with every class of the public, from Spain, Italy and Switzerland, serious infection from the Grippe has been unavoidable...almost every member of the staff has been seriously ill, our Messenger dying last Sunday.”⁵¹ He concluded his note by writing, “It would seem that the present epidemic might be capable of developing into a plague.”⁵²

Bucklin had seen the influenza epidemic overwhelm the city, and had been in close communication with Bordeaux’s health authorities, receiving daily updates on it beginning on August 30. By September 19 Bucklin was noting in his sanitary reports that “Spanish grippe endemic with considerable mortality” and that the city’s “sanitary

⁴⁹ Telegram from Samuel B. Forbus to Secretary of State, Nov. 20, 1918, Brest, France, Consular Correspondence, 1918, 812-884, vol. 14, RG 84, NARACP.

⁵⁰ Letter from Henry A. Shaw to American Consul, Bordeaux, Oct. 1, 1918, Bordeaux, France, Consular Correspondence, 1918, 811.4-820, vol. 294, RG 84, NARACP.

⁵¹ Letter from George Bucklin Jr. to Col. H.A. Shaw, Oct. 17, 1918, Bordeaux, France, Consular Correspondence, 1918, 811.4-820, vol. 294, RG 84, NARACP.

⁵² Ibid.

conditions unsatisfactory.”⁵³ Soon, Bucklin began manually adding a “Grippe” category to his sanitary reports and noted that during the week of October 10 106 deaths were due to “Grippe and complications.”⁵⁴ That number would rise to 144 deaths per week in November.⁵⁵ By the end of November and into December, however, the death toll would slowly decrease. Still, Bucklin believed that the city’s unsanitary condition led to the influenza epidemic and to diseases in general, writing in a December report that, “Spanish grippe continues to diminish in its mortality...no general sickness appears yet to be recorded as due to the overflowing of cesspools throughout the city.”⁵⁶

Consuls in Great Britain and France wrote relatively little concerning the influenza pandemic, most likely because, as Western nations, consuls assumed that doctors, the government, and the public were doing everything in their power to cope with the spread of influenza. Consuls saw the national governments of Great Britain and France as similar to the United States, and had the medical knowledge and resources to properly care for their citizens. In Great Britain, the pandemic was noted only in passing, or when it concerned trade relations and trading potential. The same can be said for the consulate in Paris, as the consul dutifully noted the disease’s spread and death toll, but nothing else.

At both Brest and Bordeaux, however, the consuls wrote about the epidemic in terms of its effect on the military effort. They also placed blame for its presence. Samuel

⁵³ Consular Sanitary Report for week ended September 19, Bordeaux, France, Consular Correspondence, 1918, 811.4-820, vol. 294, RG 84, NARACP.

⁵⁴ Consular Sanitary Report for week ended October 10, 1918, Bordeaux, France, Consular Correspondence, 1918, 811.4-820, vol. 294, RG 84, NARACP.

⁵⁵ Consular Sanitary Report for week ended November 7, 1918, Bordeaux, France, Consular Correspondence, 1918, 811.4-820, vol. 294, RG 84, NARACP.

⁵⁶ Consular Sanitary Report for week ended December 12, 1918, Bordeaux, France, Consular Correspondence, 1918, 811.4-820, vol. 294, RG 84, NARACP.

B. Forbus believed that influenza originated within the French barracks. George A. Bucklin Jr. did not directly state where or from whom the disease came from, but believed that the Spanish, Italians, and Swiss carried it. He believed that his American employees caught it from these foreigners. He also, though, blamed the French, but in a different way that Forbus had. Bucklin thought that the city of Bordeaux's municipal health authorities were doing a lousy job of keeping their city in a sanitary condition, and wanted Americans to help clean it up. Even after the epidemic ceased, Bucklin still wanted the city to clean up its "cesspools."

The placement of blame by these two consuls demonstrates that Americans were looking to others as the cause of the epidemic, and, in areas without significant minority populations, blamed Western Europeans. Western Europeans were usually absolved of such blame because they were deemed Christian, industrial, and advanced in medicine and sanitary practices. Minorities were usually the target of American blame for disease, as many Americans believed that minorities were inherently unsanitary and carriers of germs. Without minorities, to blame, however, Americans looked to whomever was around, and in the case of French coastal cities, that meant Western Europeans.

North Africa and the Resumption of Trade

Even though the State Department and Robert Lansing did not take much notice of the influenza epidemic, they were concerned about the resumption of trade after the war and the health of soldiers who would soon be returning from Europe. Together with the PHS, they dispatched Hugh Cumming, a highly ranked PHS official, to Paris to study the sanitary conditions at European ports, and the colonial ports of European empires. To assist Cumming with the task of collecting and inspecting, Lansing and the Surgeon

General of the PHS, Rupert Blue, ordered diplomats and consuls to gather health information. In a letter forwarded to consuls that was also signed by Woodrow Wilson and William McAdoo, Blue explained that Cumming would soon be in Europe “for the purpose of investigating the sanitary conditions at the different ports from which increased immigration will occur and the sanitary measures that will be exercised relative to returning soldiers and sailors from France.”⁵⁷

With the authorization of Wilson and McAdoo, Cumming was permitted to secure information from any diplomatic officer, “in order to acquaint himself with the sanitary conditions prevailing and for the purpose of for the purpose of recommending the institution of such measures as may be necessary to safeguard the public health of the United States.”⁵⁸ While Blue focused on immigration and the health of the military, Lansing saw Cumming’s work as a tool for repairing trade. In a letter sent with Blue’s, Lansing explained to his diplomatic officers that Cumming was going to “study the sanitary conditions of the different ports of Europe having active commercial relations with the United States, with a view of determining what measures may be necessary for the protection of the health of this country.”⁵⁹ The letters of Blue and Lansing, written just as the influenza epidemic was subsiding, demonstrated that both the PHS and State Department saw the difficulties that epidemics and disease could create during the transition to peace.

While Secretary of State Robert Lansing’s letter was meant for all of the diplomatic officers in Europe and in the colonies of Europe, it was more clearly focused

⁵⁷ Letter from Rupert Blue to William McAdoo, November 18, 1918, Tunis, Tunisia, Consular Correspondence, 1919, 620-845, vol. 73, RG 84, NARACP.

⁵⁸ Ibid.

⁵⁹ “To the Diplomatic and Consular Officers of the United States of America in Europe,” November 30, 1918, Tunis, Tunisia, Consular Correspondence, 1919, 620-845, vol. 73, RG 84, NARACP.

on North Africa. Lansing's letter was only cataloged and preserved in the correspondence papers of consulates in the French colonies of North Africa. Consular staffs were supposed to save all correspondence with foreign government officials and U.S. citizens, but they had clear and direct orders to preserve communications from the State Department and the Secretary of State. Other European colonies in sub-Saharan Africa and the Asian sub-continent did not save the letters. Consulates located in Europe failed to save them as well. The fact that only North African consulates in French territories saved them may mean that they were the only ones to receive it. It may also mean that the American diplomatic corps in France and French possessions were particularly concerned about reestablishing trade and were attempting to prove that the French-controlled ports were sanitary.

The PHS also seemed to have this goal in mind. Cumming personally wrote to several consuls, with his letters, again, only preserved in the consular records of French North African posts. One such letter was written to A.C. Frost, consul at Algiers. Cumming wrote that "the sanitary conditions in Europe at this peculiar period of its history is a matter of vital interest to the United States, both for the protection of the lives of its citizens and for the freedom of its commercial intercourse."⁶⁰ Reminding Frost that he had the backing of Wilson and McAdoo, Cumming requested that he be sent notification of any outbreak of any quarantinable disease, weekly sanitary reports, and health reports from the Algerian government. He promised Frost that he would send a medical officer to assist him if requested, ostensibly to inspect the port and combat any

⁶⁰ Letter from Hugh S. Cumming to A.C. Frost, June 23, 1919, Algiers, Algeria, Consular Correspondence, 1919, 600-815, vol. 105, RG 84, NARACP.

potential health issues before they affected trade.⁶¹ Harris N. Cookingham, consul at Tunis, received a similar letter. In Cookingham's response he expressed his eagerness to assist Cumming's work, and promised to send weekly reports. He also was sure to note that epidemic diseases, such as smallpox and typhus fever, only occurred sporadically. In an apparent attempt to ease Cumming's concern over such diseases and their effect on U.S. interests, Cookingham wrote that the carriers of such outbreaks are "duly segregated and cause no obviously adverse conditions in the general public health of the locality."⁶²

The State Department and the PHS had good reason to question the healthfulness of ports in northern Africa. Consuls had been reporting on influenza, or "Spanish gripe" as it was more frequently called in the region, for months. Cookingham and his vice-consul, Charles B. Beylard, had kept the American ambassador in Paris, William G. Sharp, abreast of influenza's spread. In a confidential note to Sharp, Beylard wrote that, "The epidemy (sic) of Spanish gripe which made its apparition here at the beginning of September, last, is quite severe, and on that account several schools have been closed at Tunis and its environments, though the average of deaths from such cause does not reported by the Municipality does not exceed 16 weekly."⁶³ Even as deaths remained relatively low, influenza was widespread, affecting even the Bey of Tunis.⁶⁴ Edwin Kemp, who was consul at Tunis until early 1919, noted in the consular sanitary bulletins that deaths from influenza remained between ten and fourteen per week throughout January 1919. He, though, questioned the prevailing wisdom of the disease's origin,

⁶¹ Ibid.

⁶² Letter from Harris N. Cookingham to Hugh S. Cumming, July 7, 1919, Tunis, Tunisia, Consular Correspondence, 1919, 620-845, vol. 73, RG 84, NARACP.

⁶³ "Confidential, Nov. 7, 1918," Letter from Charles B. Beylard to William G. Sharp, Tunis, Tunisia, Consular Correspondence, 1918, 711.5-861, vol. 77, RG 84, NARACP.

⁶⁴ "Bey of Tunis, Felicitations, Sept. 17, 1918," Letter from Edwin Kemp to Secretary of State, Tunis, Tunisia, Consular Correspondence, 1918, 711.5-861, vol. 77, RG 84, NARACP.

continually writing “Grippe (Spanish?)” in the bulletins. Despite influenza’s low mortality in Tunis through January, it began to kill more as the year progressed, taking, at its height, 54 people, according to the March 27 report.⁶⁵

A similar reporting of the epidemic came from A.C. Frost at Algiers. Frost was active in his submissions of the required weekly sanitary bulletins, a rarity among consuls, and his bulletins show how much worse influenza hit Algeria than even its neighbor to the east, Tunisia. By the end of August 1918, twenty-eight deaths were recorded from “grippe” and Frost noted that the, “so-called ‘Spanish Grippe’ has been prevalent in Algeria for several months. A portion of the deaths from bronchitis and similar affections are probably results of this malady.”⁶⁶ Deaths from influenza rose quickly in Algiers, peaking at 260 during the month of November.⁶⁷ Demonstrating how closely the State Department and PHS were concerned with North Africa, the State Department quickly sent Frost instructions to forward “without delay” his sanitary bulletins for January and February 1919 when he missed submitting them.⁶⁸ This was significant because of how lax the majority of consuls were in transmitting their consular sanitary bulletins. Many simply did not send them for years, if ever. These consuls, however, never received official instructions to send them, or any type of reprimand. Algiers, though, was different and after only missing two months of bulletins, the State Department was pushing Frost to submit them. This demonstrates how concerned both

⁶⁵ Consular Sanitary Bulletins, Jan.7-July 1, 1919, Tunis, Tunisia, Consular Correspondence, 1919, 600-845, vol. 73, RG 84, NARACP.

⁶⁶ “Consular Sanitary Report for month ended August 31, 1918,” Sept. 13, 1918, Algiers, Algeria, Consular Correspondence, 1918, 800-865.13, vol. 102, RG 84, NARACP.

⁶⁷ “Consular Sanitary Report for month ended November 30, 1918,” Dec. 19, 1918, Algiers, Algeria, Consular Correspondence, 1918, 800-865.13, vol. 102, RG 84, NARACP.

⁶⁸ Letter from State Department to A.C. Frost, June 5, 1919, Algiers, Algeria, Consular Correspondence, 1919, 600-815, vol. 105, RG 84, NARACP.

the State Department, and the PHS who were forwarded the bulletins, were about sanitary conditions in North Africa.

Influenza reporting from Tangier, Morocco followed a similar tract as the consulates at Tunis and Algiers, but also made clear who was to blame for influenza taking root in the city. Arthur Gasset, the vice consul, took note of the influenza epidemic in his addendums to the weekly sanitary bulletins, and whom he believed it primarily affected. On September 30, 1918, he wrote that, “There has been an outbreak of what is said to be the ‘Spanish Grippe’- principally among the natives.”⁶⁹ The belief that influenza primarily struck those that were poor and had non-Western hygienic habits was a common one among Americans living abroad, and in this case, Gasset believed that the native peoples, those without French backgrounds, were the victims of the disease. He continued in his October 14 report, writing, “The fatalities from the ‘Grippe’ are still apparently numerous- the poorer Moors and Spaniards naturally suffering most.”⁷⁰ Gasset, by including details of the financial status of the victims, as well as the religion, indicated that he felt that the poor Muslims would be less resistant to the epidemic. Either as a result of a lack of wealth, poor sanitation, or their belief in Islam, Gasset focused his attention on the “natural” victims of poor health. He also made sure to mention Spaniards as suffering, showing that he did not classify all Europeans as hygienic and healthy.

As the influenza epidemic subsided in Tangier throughout the rest of October and November, Gasset wrote that the, “epidemic of ‘Spanish Grippe’ is decidedly lessening

⁶⁹ “Consular Sanitary Report for September 30, 1918,” Sept. 30, 1918, Tangier, Morocco, Consular Correspondence, 1918, 700-892.62, vol. 161, RG 84, NARACP.

⁷⁰ “Consular Sanitary Report for October 14, 1918,” Oct. 14, 1918, Tangier, Morocco, Consular Correspondence, 1918, 700-892.62, vol. 161, RG 84, NARACP.

both among the Moors and Europeans,” and later, that “Very little is heard of the outbreak of ‘Spanish Grippe’ now, and the general health of the community may be said to be good.”⁷¹ Blaming the poor and those without Christian backgrounds for their diseases and sicknesses was common among Americans living abroad, and was summarized by Ernest E. Evans, vice-consul in charge at Tangiers, in a reply to Hugh Cumming’s letter to the consulate regarding the health of ports. After assuring Cumming that he wanted to aid him in every way possible, Evans wrote, “In view of the peculiar political conditions in this country, no sanitary control can be exercised over the natives, who, as fanatical Mohammedans, permit no Christian interference with their health or customs. No statistics are obtainable...on which might be based a complete...report of...infectious diseases in this consular district.”⁷² Evans’ warnings to Cumming about the sanitary habits of local Moroccans and Gasset’s notes reveal how Americans blamed the non-Western and non-Christian habits of North Africans for epidemics taking root, even as they promoted the area as ripe for the resumption of trade.

The influenza pandemic and its resultant suffering, though, was not uniform across North Africa. While it had been felt, noted, and written about in Tunis, Algiers, and Tangier, it was less problematic for the American consul at Alexandria, Egypt. Diplomatic relations with Egypt, and its ostensible controlling government, the Ottoman Empire, had been formally closed once the United States entered the War in 1917. American diplomats, though, did not rigidly adhere to this, as Egypt was in reality controlled to a large extent by the British. The main consulate at Cairo was closed during

⁷¹ “Consular Sanitary Report for October 28, 1918,” Oct. 28, 1918, and “Consular Sanitary Report for November 11, 1918,” Nov. 11, 1918, Tangier, Morocco, Consular Correspondence, 1918, 700-892.62, vol. 161, RG 84, NARACP.

⁷² Letter from Ernest E. Evans to Hugh S. Cumming, July 25, 1919, Tangier, Morocco, Consular Correspondence, 1919, 400-845, vol. 163, RG 84, NARACP.

the War, but smaller consulates continued to operate, such as Alexandria. S. Pinkney Tuck, consul at Alexandria, submitted his sanitary reports weekly, but made no mention of influenza in any of 1918 reports. The official municipality health reports also excluded it. The first mention of influenza occurred in the sanitary report for May 10, 1919, and only listed the appearance of four cases and one resultant death. No more than six cases were reported on any report during the first half of 1919. It seems, at least in Alexandria, that Egypt was able to avoid the influenza's devastation, unlike their neighbors to the west.

Demonstrating a directness not found in other parts of the world, the PHS and State Department saw influenza in North Africa as a threat to the resumption of trade. The PHS actively investigated health conditions in the region and pressed the State Department to ensure that consuls there kept them informed of outbreaks of diseases or anything that might be a detriment to commercial activity. Both the PHS and the consuls viewed the area as inherently unhealthy, owing to the practices and beliefs of Muslims, which would impede efforts to clean up northern Africa. Despite the sanitary practices of Muslims that consuls and the PHS viewed with contempt, they recognized that resuming trade as quickly as possible after the cessation of the war and pandemic should be the primary goal of American officials in the region. In direct terms, therefore, they saw the influenza pandemic as less of a threat to the lives of natives than as an obstacle to commercial relations with the United States.

Western Africa and Influenza's Spread

The western coast of Africa was especially vital to the Allied war effort. Key British-controlled ports along the coast provided important fueling and shipping points

that were integral to maintaining the links between Great Britain and its possessions in India and Southeast Asia, as well as the supply of the military in Europe and civilian needs in the British Isles. The main British port in the region was located at Freetown, Sierra Leone. As early as August 1918, American officials began noticing the severity of the health situation at Freetown.

While the United States did not operate a consulate in Sierra Leone, the consulate located at Dakar, Senegal had responsibility for reporting on the area. On the sanitary report for August, consul William J. Yerby, added a handwritten note that it was a “bad season of the year with a deal of...colds.”⁷³ These “colds” were most likely the first signs of the influenza virus’ arrival. Freetown was one of the three major port cities, along with Brest, France, and Boston, Massachusetts, which first documented the rapid spread of influenza in late August and early September 1918. By September 16, Yerby did what few others consuls did when they saw the spread of influenza; he notified the State Department that “Freetown, Sierra Leone, and Dakar, Senegal, are infected with Spanish gripe.”⁷⁴ Yerby viewed the pandemic with increasing alarm, and began asking the British consul general in Dakar for “official information” on the outbreak, because according to Yerby, “I am...anxious as regards health conditions at Freetown and at other ports of British West Africa.”⁷⁵ The British consul general told Yerby that, as of

⁷³ “Consular Sanitary Report for August 31, 1918,” Sept. 9, 1918, Dakar, Senegal, Consular Correspondence, 1918, Class 8, vol. 72, RG 84, NARACP.

⁷⁴ “Freetown and Dakar Infected,” Letter from W.J. Yerby to Secretary of State, Sept. 16, 1918, Dakar, Senegal, Consular Correspondence, 1918, Class 8, vol. 72, RG 84, NARACP.

⁷⁵ “Health Conditions at Freetown and at other ports of British West Africa,” Letter from W.J. Yerby to R.C.F. Maugham, Sept. 16, 1918, Dakar, Senegal, Consular Correspondence, 1918, Class 8, vol. 72, RG 84, NARACP.

September 17, there had been 20,000 cases reported in the city and 800 deaths.⁷⁶ Despite this information, Yerby lost his interest in the influenza's spread. In his sanitary report for September 1918, Yerby noted that only 22 Europeans died from "lagrippe" and stopped writing about it after the report's submission.⁷⁷

Although Yerby stopped reporting on the pandemic, its entrance into Dakar and more importantly, Freetown, would have great consequences. As the primary fueling location for British ships traveling along the west coast of Africa, the virus soon spread among ships calling there, and was spread along British trade routes to the southern tip of Africa and into the Indian Ocean basin. American diplomats in Liberia quickly recognized the danger that the presence of influenza at Freetown might pose to both U.S. and British trade interests. Richard C. Bundy served dual diplomatic roles at the Monrovia, Liberia offices, acting as both the American charge d'affairs and as vice consul, and working for both the American legation and consulate. In those roles, he sent a telegram to the State Department on September 27, 1918 informing them that through "unofficial" channels, he had been made aware "that an epidemic known as the Spanish influenza is now raging at Freetown...Reports have been received that 3,000...natives have died and 143 Europeans also. One hundred and forty-three cases were quarantined on a vessel in port."⁷⁸ In the same telegram, in a section marked "Confidential" Bundy wrote that in spite of the confirmed cases on vessels, "the last British steamer calling at Monrovia from Freetown brought a clean Bill of Health. Owing to the fact the Legation

⁷⁶ Letter from British Consulate-General to W.J. Yerby, Sept. 17, 1918, Dakar, Senegal, Consular Correspondence, 1918, Class 8, vol. 72, RG 84, NARACP.

⁷⁷ "Consular Sanitary Report for September 30, 1918," Oct. 5, 1918, Dakar, Senegal, Consular Correspondence, 1918, Class 8, vol. 72, RG 84, NARACP.

⁷⁸ "Paraphrase of telegram sent to the Department by the Legation," Telegram from Richard Bundy to State Department, Sept. 27, 1918, Liberia Diplomatic Posts, 1918, vol. 2, RG 84, NARACP.

feels that any steamer arriving at any United States ports and having called at Freetown their Bills of Health should be carefully examined.”⁷⁹ As the epidemic was spreading, Bundy wanted to protect the United States and warned that even British vessels should be viewed with suspicion as potential carriers of the disease.

On October 5 the Liberian Government began to quarantine any vessels calling at any of their ports that had recently visited any other African port.⁸⁰ Just five days later, the Liberian Secretary of State, Charles D.B. King, informed Bundy that Liberian officials would be placing armed guards at the port of Monrovia to prevent anyone from disembarking from a vessel that had been to any other West African port. They would also be using the guards to prevent any communication with the shore; such was the fear of the spread of influenza.⁸¹ This strict policy, however, was aimed particularly at native West African citizens. Secretary King wrote that, “No person nor passengers from West African Ports will be allowed to land.”⁸² If a traveler, however, was coming to Liberia from “Europe or America, the Sanitary Officer will render a decision as to whether or not they may be granted a special permit to land.”⁸³ With the knowledge that Spanish influenza was particularly devastating to the native African population, Secretary of State King was forceful in declaring that they would not be permitted to reach Liberian soil, but was less adamant about European or American passengers disembarking, who presumably would be white. This statement from King, who was black, shows how the

⁷⁹ Ibid.

⁸⁰ “Circular Letter, Quarantine,” Letter from General Receiver of Customs to all Customs Officials, Oct. 5, 1918, Monrovia, Liberia, Consular Correspondence, 1918, vol. 24, RG 84, NARACP.

⁸¹ Letter from Charles D.B. King to American Charge d’Affairs, Oct. 10, 1918, Liberia Diplomatic Posts, 1918, vol. 2, RG 84, NARACP.

⁸² Ibid.

⁸³ Ibid.

belief that many Africans were unsanitary and carriers of disease was prevalent, even among black Liberians.

Bundy sent a message to the State Department on October 14 reporting on the spread of influenza along the West African coast. In it he noted that influenza had been raging in the “European Colonies of West Africa,” and had infected the crews of both British and French ships.⁸⁴ Bundy informed the Department that “the Legation is reliably informed that thousands of natives and hundreds of Europeans have died in the Gold Coast Colony, Sierra Leone and French West Africa of this disease.”⁸⁵ After providing the names of specific ships and their crew losses to the disease, Bundy wrote, “These details are mentioned to give the Department some idea of the virulency of the disease as it has manifested itself in West Africa.”⁸⁶ Unsure of the level of knowledge possessed by the State Department regarding the influenza pandemic, Bundy wanted to make sure they know how widespread it was and how it had affected both British and French ships, to warn them to the dangers they posed to the United States.

South Africa and Social Problems

As the influenza virus traveled down the West African coast on British vessels, it soon arrived in South African port cities. At two of the consulates in South Africa, however, influenza was ignored. The consuls at both Durban and East London, did not mention the influenza epidemic in any of their reports.⁸⁷ At Port Elizabeth, consul John Dye ignored the epidemic until months after the virus attacked South Africa. He failed to

⁸⁴ Letter from Richard C. Bundy to Secretary of State, Oct. 14, 1918, Liberia Diplomatic Posts, 1918, vol. 2, RG 84, NARACP.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Durban, South Africa, Consular Correspondence, 1918, 805-865.6, vol. 3, RG 84, NARACP; East London, South Africa, Consular Correspondence, 1918, RG 84, NARACP.

mention it in his sanitary reports for 1918, but then attempted to submit amended sanitary reports, dated for the fall of 1918, in March 1919.⁸⁸ These reports, written months later, reflected the epidemic and Dye even went so far as to write a report on influenza at Port Elizabeth in May 1919. He blamed his tardiness for reporting on influenza on the fact that “this disease was not compulsory notifiable at the time.”⁸⁹ It seems, though, that Dye appreciated the influenza epidemic as an excuse to avoid his official responsibilities. Dye’s submission of his sanitary reports ceased in January 1919, and in June 1919 the State Department, at the Treasury Department’s urging, ordered to him to submit all of the reports since the beginning of the year.⁹⁰ In his response, sent months later, Dye claimed that, “The cause of the delay in securing and forwarding these reports was the epidemic of ‘Spanish Influenza’.”⁹¹ Dye effectively ignored the epidemic until 1919, and then, when pressed, used it as an excuse for his lateness in executing his duties, long after the epidemic had ceased in Port Elizabeth.

At the Johannesburg consulate, there was an early recognition of the epidemic, but little other reporting on it. Influenza first appeared on the sanitary report for September 1918, with vice consul Samuel Honaker writing that, “It is officially reported that there is an epidemic of Spanish Influenza in this consular district.”⁹² In the report for October, Honaker wrote, “A serious epidemic of Spanish influenza prevailed” and “has

⁸⁸ “Consular Sanitary Reports, Oct. 1, 1918-Dec. 31, 1918,” May 3, 1919, Port Elizabeth, South Africa, Consular Correspondence, 1918-1919, vols. 75, 79, RG 84, NARACP.

⁸⁹ “The Influenza Epidemic in Port Elizabeth,” Report from John Dye to State Department, May 1, 1919, Port Elizabeth, South Africa, Consular Correspondence, 1919, vol. 79, RG 84, NARACP.

⁹⁰ Letter from the Acting Secretary of State to John W. Dye, June 3, 1919, Port Elizabeth, South Africa, Consular Correspondence, 1919, vol. 79, RG 84, NARACP.

⁹¹ “Sanitary Reports,” Letter from John W. Dye to Secretary of State, Aug. 27, 1919, Port Elizabeth, South Africa, Consular Correspondence, 1919, vol. 79, RG 84, NARACP.

⁹² “Consular Sanitary Report for Sept. 30, 1918,” Oct. 24, 1918, Johannesburg, South Africa, Consular Correspondence, 1918, vol. 128, RG 84, NARACP.

been very serious in the surrounding territory.”⁹³ After that, the consulate stopped reporting on the influenza epidemic. Except for the number of cases and number of deaths, the Johannesburg consulate seemed little concerned with the epidemic.

Many of the American consuls stationed in South Africa largely ignored the Spanish influenza epidemic. An exception to this, however, was George H. Murphy, consul general at Cape Town. Murphy took notice of influenza in early October, sending the Secretary of State and the State Department updates on the spread of the disease, its death toll, and local newspaper articles in which influenza was discussed. Murphy sent information on the epidemic to the State Department on a weekly or biweekly basis through March 1919.

Beyond a mere accounting of the disease’s progression, Murphy was particularly interested in the ways in which influenza exacerbated social problems, especially the poor housing of natives. Murphy took care to send in numerous local articles on the subject, and it is clear that he believed that the close quarters and lack of sanitation of native South Africans was a serious problem that needed to be addressed by the South African Government. In a letter to the Secretary of State on October 31, he enclosed an editorial calling for the building of new, clean houses for Cape Town’s black and poor population. In his letter, Murphy notes that the Cape Town City Council had proposed spending over a million dollars for the construction of new houses for the poorest class of the urban population. But for Murphy, it was clear that the disease had stirred a new sense of social morality among Cape Town’s residents. He wrote, “The recent epidemic of influenza...has awakened the mind and conscience of Cape Town to the danger which

⁹³ “Consular Sanitary Report for Oct. 31, 1918,” Nov. 26, 1918, Johannesburg, South Africa, Consular Correspondence, 1918, vol. 128, RG 84, NARACP.

has long threatened it from thoughtless toleration of the continued existence of unclean and overcrowded slums in the heart of the city.”⁹⁴ Murphy saw the influenza epidemic as a scourge that had an upside- the awakening of a social conscience to clean up the slum areas with new and sanitary housing. Unlike most other consuls, Murphy did not blame the lifestyles of the poor and native residents of Cape Town for the spread of the disease, but rather the poor housing that the Government had yet to remedy.

But George Murphy still saw the influenza epidemic, as all of the other consuls did, as first and foremost a threat to American trade. In his annual report on South African commerce and industries, Murphy detailed the heavy death toll that influenza had inflicted on South Africa. After giving figures and noting that, “it is generally estimated that the number of people affected was far in excess of the figures given,” he wrote that the “Spanish Influenza Pandemic which swept through the world...did not pass through South Africa without leaving its mark. The disease made its appearance as early as August but did not reach its most disastrous peak until October which will always be known here as ‘Black October’.”⁹⁵ Beyond the human toll, though, Murphy concluded his report by writing, “Aside from causing a great deal of human suffering, the epidemic seriously disorganized commerce, transportation and industry. In Kimberley the diamond mines were obliged to cease operations for a month, and similar measures had to be taken by many gold mines on the Rand.”⁹⁶ This statement, made at the conclusion of his report, demonstrates that Murphy was emphasizing the most important element of his

⁹⁴ “Overcrowded Slums and the Epidemic,” Letter from George H. Murphy to Secretary of State, Oct. 31, 1918, Cape Town, South Africa, Consular Correspondence, 1918, Part 8, vol. 247, RG 84, NARACP.

⁹⁵ “Annual Report of Commerce and Industries for 1918,” Report by George H. Murphy for Cape Town, South Africa, April 24, 1919, File 1622, Box 144, RG 90, NARACP.

⁹⁶ Ibid.

work and the item that would be of the most interest to the State Department, the influenza epidemic's effect on commerce.

The Indian Ocean Basin and India

The reaction to the Spanish influenza pandemic was even more muted along the eastern coast of Africa, the northern rim of the Indian Ocean, and India. In the French colony of Madagascar the government forbade vessels from South Africa from entering their ports, effectively cutting off shipping and commerce to the island nation, but the only mention of the epidemic by the American consul was in a letter to Secretary of State informing him of the port closures.⁹⁷ At Mombasa, British East Africa, there was only a note of thirteen dead from influenza during a week in December.⁹⁸

At Aden, Arabia, a British colony, vice consul Arthur Watson reported the epidemic to the State Department, and noted that there were 13,000 cases in the city with a population of 40,000. He blamed the economic conditions in the city and the ignorance of the natives for the disease's spread. Watson wrote that the poor native classes, who by financial necessity had to keep working after contracting influenza, were hit hardest. Despite their condition, Watson targeted the culture of the poor natives as to blame for their plight, and "The authorities are necessarily handicapped in their efforts to take any drastic preventative measures, due to the ignorance of the natives."⁹⁹ Before closing his letter, Watson noted that, "The disease has affected business...and delays to ships will be

⁹⁷ "Quarantine Against Spanish Influenza," Letter from James G. Carter to Secretary of State, Oct. 21, 1918, Tananarive, Madagascar, Consular Correspondence, 1918, 630 to 812.M1, RG 84, NARACP.

⁹⁸ "Deaths- Mombasa, From 14th December to 21st December," Note, no date, Mombasa, British East Africa, Consular Correspondence, 1918, Part 2, vol. 20, RG 84, NARACP.

⁹⁹ "Influenza at Aden," Letter from Arthur Watson to Secretary of State, Nov. 14, 1918, Aden, Arabia, Consular Correspondence, 1918, RG 84, NARACP.

greater than normally [sic].”¹⁰⁰ Even with the heavy toll of influenza on Aden, the consulate did not report on it again.

The American consulates in India, in large part, also ignored the influenza epidemic. At Karachi, the consulate dutifully sent in its weekly sanitary bulletins, and noted that influenza killed nearly 3,000 people from October through November.¹⁰¹ The Bombay consulate was located in a region where influenza was especially rampant, but it only noted the deaths from influenza on the weekly sanitary reports and offered no further comments.¹⁰² The Madras post failed to even mention influenza in its sanitary reports, but did include health reports printed by the local government which stated that most of the nearly 2400 influenza cases in the city were among the Hindu population.¹⁰³ At the other two consulate posts in India, at Calcutta and Chittagong, there was no mention of the epidemic.

The failure of the posts in India to discuss the influenza epidemic in detail, or even mention it in sanitary reports, seems surprising. Spanish influenza was clearly present in India during the fall of 1918, and killed at least five million people there by the end of 1918.¹⁰⁴ Why did consuls, then, both in India and Africa, largely ignore it? As evidenced by other consuls located throughout the world, many simply did not give attention to health matters. Consuls were focused on trade and the war, and other issues were largely ignored. Spanish influenza also was contracted and spread by groups and

¹⁰⁰ Ibid.

¹⁰¹ “Consular Sanitary Reports, Oct. 19, 1918-Dec. 18, 1918,” Karachi, India, Consular Correspondence, 1918, RG 84, NARACP.

¹⁰² “Consular Sanitary Report for Sept. 28, 1918,” Oct. 11, 1918, Bombay, India, Consular Correspondence, 1918, Classes 812-824, vol. 17, RG 84, NARACP.

¹⁰³ “Consular Sanitary Reports for October 1918,” Madras, India, Consular Correspondence, 1918, Part 11, 811.1-822, RG 84, NARACP.

¹⁰⁴ Ministry of Health, *Report*, 383.

populations that were deemed by Americans as less than noteworthy, particularly the poor, natives, Muslims, and Hindus. Consuls could ignore the epidemic because, in their minds, it was affecting those people that were ignorant and unsanitary, and it was therefore unremarkable and not worth reporting. Those in charge of combating the epidemic, the local governments backed and supported by the British, were also regarded as being competent and advanced, and consuls therefore avoided criticizing them. Influenza was a local issue that many consuls believed beneath the scope of their reporting. To many, the influenza epidemic was a normal occurrence, although tragic. Its spread was, to them, the result of uncivilized and unsanitary groups who were uneducated. It was not noteworthy, and consuls were easily able to ignore it, with only a few minor exceptions.

The Pacific Islands and South America

Eastward from India, little else was written about the Spanish influenza pandemic as it traveled through Asia and Australia. Consuls located on Pacific islands and in South America, wrote more about it, however. Farther away from the battlefields of Europe and the European colonies more closely attached to the war effort, consuls were able to take notice of the pandemic and comment on it. They also placed blame for the disease and judged the response of local governments to its spread. Most of all, they gloried in the opportunity that the pandemic provided to show American ingenuity and resourcefulness in caring for those affected by it. They considered their own culture and lifestyle superior, and were happy to demonstrate how Americans were able to not only remain healthy when others fell sick, but to provide aid for those who needed assistance.

In Western Samoa, a former colony of Germany that had been seized by New Zealand at the start of the Great War, the influenza virus was introduced in early November 1918. Within a week, it was epidemic across the islands, with roughly a quarter of the population dead from the disease by the end of December.¹⁰⁵ Mason Mitchell, consul at Apia, Samoa saw the devastation and the lack of response by the New Zealand administrators, and began to treat sick natives himself. Noting the virulence of influenza in Western Samoa, Mitchell begged the administrator of the American Samoan islands to refuse clearance to any vessels wishing to leave Western Samoa and go to American Samoa.¹⁰⁶ Because of Mitchell's warning, the American Governor at Pago Pago imposed an absolute quarantine on all incoming ships and the islands were one of the few places in the world that was able to escape the epidemic entirely.¹⁰⁷

The consul in Tahiti, Society Islands, Thomas Layton, was shocked by the power of the disease and sent an eleven-page dispatch to the State Department describing conditions on the island. The disease was epidemic in every region, after its spread from the main city of Papeete to the outlying districts. Believing that the authorities in Papeete were intentionally withholding mortality figures due to their severity, he estimated that there was a twenty percent mortality rate in the city. He relayed his belief that one quarter of the population could die because of influenza. If the disease spread to all of the islands in the colony, it would devastate the agricultural and pearl shell industries

¹⁰⁵ Ministry of Health, *Report*, 360.

¹⁰⁶ Mason Mitchell to State Department, February 6, 1919, File 1622, Box 145, RG 90, NARACP; Mitchell to State, Dec. 7, 1918, File 1622, Box 145, NARACP.

¹⁰⁷ Ministry of Health, *Report*, 361.

because of acute labor shortages. Without immediate actions taken by authorities to import labor, “the Colony will be crippled for years to come.”¹⁰⁸

Layton had no confidence, however, in the ability of the colonial government of the islands to make wise choices to protect the population and the islands’ economic activity. He wrote in his dispatch, “The calamity that has overtaken these islands can be directly attributed to the incompetence, apathy and cowardice of the Colonial authorities. The Governor who is supreme must bear the entire blame.”¹⁰⁹ Layton faulted the governor for not preventing the importation of the disease to the Islands, when they only had one or two steamships arrive in the colony and only one active port when they could call. Once introduced to the Society Islands, Layton blamed the governor for not stopping travel between the various islands, which allowed the virus to spread. Even more egregious to Layton was that the governor invited all citizens to celebrate the Allied victory, while influenza was spreading rapidly and was sure to spread further due to the congregation of citizens. When the death toll began to rise, the governor “refused to recognize the seriousness of the situation.”¹¹⁰ The governor’s actions, described by Layton, showed an official shocked and unprepared for the raging virus. “Daily until there was no possibility for him to delude himself, he published morning bulletins of advice to the population assuring it that the disease was benign... These bulletins became a grim joke until the carting of the dead past his residence compelled him to cease their publication.”¹¹¹ After that, according to Layton, the governor and the colonial secretary

¹⁰⁸ “Malignant Epidemic Influenza,” Dec. 21, 1918, File 1622, Box 144, RG 90, NARACP.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ Ibid.

confined themselves to their offices or residences and cut off all contact with other officials and the general population.

Hope for the Society Islands, however, was not lost. After quickly praising the mayor of Papeete for attempting to provide leadership during the epidemic, Layton detailed how it was foreigners who ultimately came to the aid of the population. According to Layton it was foreigners who collected and disposed of the dead. “A very few of the half caste population, one or two Frenchmen and all the Americans, British and other foreigners volunteered their services” for the gruesome task.¹¹² Recognizing that the colonial authorities were doing little to help the population, “the foreigners met and organized relief committees.”¹¹³ With the markets closed, only one healthy doctor on the Islands and the only druggist ill, the sick had little medical help and were close to starvation. Two Frenchmen, natives, and half-castes took over the drug store and dispensed drugs without training, leading to, what Layton believed, “the deaths of a large number.”¹¹⁴

At that point, according to Layton, he and the Americans took over relief, procuring a trained druggist for the store and ordering new supplies of medicine from New Zealand. Pushed by “their desire to succor the sick,” the Americans “achieved marvels.”¹¹⁵ They opened a hospital in an old barracks that Layton secured, and without the regular help of a surgeon, staffed it and cared for 175 patients, losing only nine. The Americans, with support from other foreign groups, financed the hospital from their own

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

pockets until it was turned over to the city a few weeks later.¹¹⁶ It was the Americans, not the colonial authorities, who Layton believed ultimately showed charity and care for the sick population of the Society Islands.

From Maracaibo, Venezuela consul Emil Sauer noted that there were 20,000 cases of influenza in the city, and 40-50 people were dying daily. The staff at the consulate was not immune from the scourge, as the vice consul had gotten influenza twice, and a clerk was also sick.¹¹⁷ Elsewhere in Venezuela, at Caracas, influenza became epidemic at the end of October. At its height in early November, it killed over one hundred people a day. The epidemic shut down nearly all industries in the city, as well as all churches, theatres, and places of entertainment, by order of the police. The city also lacked an adequate supply of doctors, hospitals, and pharmacists, and those that were available were quickly overrun by the demands created from the spread of influenza. The shortages were felt especially among the poor, who had fewer options for medical care, even in healthy times.¹¹⁸ The government attempted to open and operate soup kitchens, but they shut down quickly from a lack of funds and staffing issues. It was the Americans, though, that came to the rescue, according to the Public Health Service surgeon stationed at the American consulate. He detailed in a letter to the PHS how private American citizens, businessmen who lived and worked in the city, took it upon themselves to finance, staff, and supply a soup kitchen for the city's needy residents. The poor and sick that were not helped by the Venezuelan authorities turned to the American business community for assistance, who gladly provided it. The American

¹¹⁶ Ibid.

¹¹⁷ "Grippe epidemic in Maracaibo," Nov. 15, 1918, File 1622, Box 144, RG 90, NARACP.

¹¹⁸ Ministry of Health, *Report*, 343.

soup kitchen, according to the consulate surgeon, operated and served the sick well after the government-run kitchens had closed, demonstrating American care and resourcefulness.¹¹⁹

Patterns of Interpretation

In general terms, throughout the world, the way in which consuls interpreted the Spanish influenza pandemic was influenced by their post location. Those serving in Great Britain and France seemed little concerned with the disease, but when they did mention it they wrote about its impact on trade through the spreading of rumors, or its effect on American military personnel. When they did place blame, they targeted the citizens of other European nations for influenza's introduction and municipal governments for failing to keep conditions sanitary for residents. Along the North African coast, consuls were especially concerned with the resumption of trade to the region, but worried that the sanitary habits of natives and Muslims would hinder the health responses by colonial governments. The West African coast had only a few direct commercial interests for the United States, but its location and its role as a fueling hub for British vessels meant that influenza could easily spread to British ships that might call to at U.S. ports. As such, consuls in the region focused little on the number of people dying from the disease, but rather the possibility that influenza might spread to the United States aboard a ship that had recently docked at a port in the area. Further south, consuls in South Africa seemed little concerned with the pandemic, except for George Murphy at Cape Town who hoped that the disease would spur positive social changes and new housing for the city's poor and native classes. Even Murphy, though, made sure to note

¹¹⁹ Letter from Consulate Surgeon to PHS, Dec. 2, 1918, File 1622, Box 145, RG 90, NARACP.

how Spanish influenza affected trade and industry in South Africa. Like the others, consuls along the Indian Ocean wrote little about the pandemic. In the Pacific islands and South America, consuls warned how the epidemic halted commerce, but also pointed out how native cultures and lackluster responses by the governments exacerbated the pandemic, and how Americans became the most efficient providers of relief.

Despite the differences based on location, the common theme among consuls throughout the world who wrote about the Spanish influenza pandemic was their focus on trade. Commerce was the main priority of American consuls, and when the pandemic appeared, they interpreted and viewed it as it pertained to commerce. They repeatedly noted how it was disrupting trade, and looked forward to its conclusion so that normal trade could resume.

The pandemic did not, however, greatly hinder American trade during the fall of 1918. The U.S. trade balance was shifting significantly toward exports, and American businesses eagerly looked abroad for new markets and to obtain the scarce materials they could not find domestically. The Spanish influenza pandemic, although devastating in terms of lives lost, did not hinder American commercial relations with any of its trading partners. Because of this, consuls could largely ignore it. They were sent to their posts to promote and protect U.S. trade and shipping interests. Since the pandemic affected this to only a small degree, some consuls wrote about it, but many chose to ignore it completely because it was deemed insignificant.

Like the focus on trade, another element that was present in all of the consular writings about the Spanish influenza pandemic was that they blamed others for its introduction and spread. In Europe, consuls blamed Western Europeans for the spread of

the disease, implicitly arguing that it could not have been Americans involved in the war effort who had been the culprits. North African people were blamed for their uncivilized lifestyles and backward religions, with the idea that if only they would modernize and Christianize, the influenza virus could be contained. In Africa, it was again the poor and natives who made their own conditions worse. Many consuls seemed resigned to accept epidemics among these groups because their lifestyles made them inherently vulnerable. Consuls in India, like their African counterparts, placed responsibility at the feet of natives by ignoring the epidemic, even though it was raging around them. By not writing about it, they were passively blaming the people for the disease, because epidemics, like influenza, were believed to be common among the poor, uneducated, uncivilized colonial peoples. It was, therefore, unremarkable that such an epidemic would exist and be most rampant among poor natives. In the Pacific islands and South America, consuls took pity on the natives who could not cope with the disease, and blamed them and their colonial governments for the influenza's chaos. All of the consular accounts of the pandemic follow this pattern, of blaming the local peoples and governments for the ability of the Spanish influenza virus to afflict such damage.

Working together with that blame, consuls also demonstrated their belief in the inherent superiority of American culture and gloried in American resourcefulness. The disease was spread, in consuls' minds, by other ethnicities and non-Christians. Residing passively in all of the accounts by consuls of the epidemic was the idea that if other nations and foreigners would accept American lifestyles, they would not suffer as much from influenza. If cities in France and South Africa kept their cities sanitary and provided decent housing, the epidemic would not be as severe. If non-Christians did not

resist modern health techniques and Christian living, they would better be able to make their bodies stronger and lives healthier. If governments could take care of their citizens' health needs in the Pacific islands and Venezuela, then Americans would not be called upon to do it themselves. If foreigners acted and lived more like Americans, they would not suffer as greatly from health scares like influenza. If governments did their jobs like they were supposed to, as American cities did, then epidemics would not be allowed to spread. Consuls were generally unaware of the Spanish influenza's impact on cities inside the United States, due to the slowness of communications and the costs of telegrams, but it is clear they believed that the people and cities in the United States would not be as devastated by the disease. American lifestyles and resourcefulness, in their minds, protected against disease and enabled them to give aid even while the Spanish influenza virus destroyed the lives of others.

Another key theme ran through all of the consular accounts of the Spanish influenza pandemic as it raced around the world in the fall of 1918- the hope that American influence would spread further after the war and the pandemic were over. Seen in the positive attitude that George Murphy took toward the proposed new housing and health bills in Cape Town, the concerted efforts of both the State Department and the Public Health Service to renew trade in North Africa, and the hope that colonial governments in the Pacific islands would take more responsibility for the health of their citizens, consuls wanted world to emulate the United States. As American trade and prosperity increased, consuls hoped that the world created after the war and pandemic would more closely resemble the United States. For consuls, as trade with the United States increased so would exposure to American culture. Adoption of American culture

would, hopefully, protect against future epidemics. The Spanish influenza pandemic did not shake that hope, and consuls saw it as a mere impediment to commerce and nothing more. For consuls posted across the globe, the pandemic provided evidence that the world needed America's culture and the United States' presence more than ever.

Chapter 5

ABCFM Missionaries and the Spanish Influenza Pandemic

God does not want His children overcome by sin; does He mean that they should be overcome by disease? Should we not work together with Him for the day when disease shall be conquered?¹

As Enoch Bell, an associate secretary of the American Board of Commissioners for Foreign Missions, sat in his office in Boston in early October 1918, he answered letters from concerned supporters. These letters, though, did not always concern the Great War. Some focused on a fight that confronted them in their homes, Spanish influenza. Reports came in from the Northeast about the disease as it ravaged cities, homes, and churches. Bell was familiar with influenza. Living in Boston, he had seen its rise firsthand, killing nearly 800 in the last week of September alone.² What was immediately concerning was that the disease had crept in among the missionary staff, and as Bell wrote to a supporter, “Death from influenza comes close to home, these days.”³ Blaming the death of one of his colleagues on overwork, Bell admitted what many of the missionary staff were certainly feeling at that time, that “it is but natural to fear when the disease gets hold of any of our number.”⁴ Despite the fear, Bell would not be deterred in his work of supporting and promoting missionaries in the field. On October 8, in a letter to a friend, he recounted the deaths of two coworkers, but closed his note with a

¹ Daniel Johnson Fleming, *Building With India* (West Medford, MA: Central Committee on the United Study of Foreign Missions, 1922), 41.

² Ministry of Health, *Report on the Pandemic of Influenza, 1918-19* (London: His Majesty’s Stationery Office, 1920), 299.

³ Enoch Bell, letter to Harry Trust, October 3, 1918 (Foreign Department: General, Letter Books, 1916-1926, vol. 338, ABC 3.2, Houghton Library, Harvard University).

⁴ *Ibid.*

statement that many missionaries would have agreed with. He wrote, “the rest of us are in good condition, and of course are not being governed by our fears.”⁵

This attitude was typical of American Board of Commissioners for Foreign Missions (ABCFM) staff and missionaries as they dealt with Spanish influenza in the fall of 1918. They saw the disease as a setback to their work, but not something to be feared. Across Africa, India, and in the United States, ABCFM missionaries interpreted the Spanish influenza pandemic as a sign that Protestant Christians and Americans needed to become more involved with the world after the war concluded. Taking their belief in the rightness of Christian civilization and Western culture, they concluded that the best way to heal the world after the war and influenza was through a rebuilding of cultures and international relations based on Christian principles. Congregationalist church members, and especially ABCFM missionaries, firmly believed in Christian internationalism, and actively argued for an increase in America’s global presence.⁶ They held to the belief that, “Internationalism has been implicit in Christianity from the beginning. Its service, its message, its salvation could not be confined to individual, to family, or to community, but must grasp nothing less than the whole world.”⁷ They believed, that, “As American Christians we cannot fail to be internationalists in the best sense. If we are not ardent internationalists we are failures as Americans, as Christians, or as both.”⁸

For ABCFM missionaries, Spanish influenza proved that it was only through the acceptance of Western principles that future epidemics could be avoided, and that it

⁵ Enoch Bell, letter to Joseph Lyman, October 8, 1918 (Foreign Department: General, Letter Books, 1916-1926, vol. 338, ABC 3.2).

⁶ Markku Ruotsila, *The Origins of Christian Anti-Internationalism: Conservative Evangelicals and the League of Nations* (Washington D.C.: Georgetown University Press, 2008), 5.

⁷ Fleming, *Building*, 116.

⁸ William Pierson Merrill, *Christian Internationalism* (New York: Macmillan, 1919), 183.

would be devastating to evangelical efforts to decrease missionary activity in foreign lands. Seeing the epidemic as a cautionary sign of the backwardness of native cultures, missionaries called for more resources and more support to better transform them after the end of the pandemic. Christian civilization and Christian internationalism would not be undermined by influenza; rather it would serve as a catalyst for greater missionary activity in the world.

Missionaries attempted to cope with the epidemic by organizing relief efforts with the help of their religious and political networks. Many noted that the Gospel could be extended through effective medical treatment after the epidemic, and asked for money from their supporters for medicine, facilities, and staff to take advantage of the need for care that Spanish influenza had brought to light. Although, in many cases, their understanding of disease prevention was lacking, they attempted to alleviate suffering through care and compassion, with the hope that their example would lead to spiritual conversions. Recognizing their limitations as non-governmental organizations, others developed a partnership with foreign governments and U.S. diplomats, and appealed to Americans on the basis that they had an opportunity and duty to help needy brethren from different countries and to teach them proper, Western lifestyles so as to avoid future epidemics. Although many of these requests and efforts were largely futile, it nonetheless demonstrated that missionaries were attempting to engage their networks of supporters using pleas of Americanization, international and religious bonds, and called for more American activity in the world as a result of the pandemic.

In all of these cases missionaries sensed that Spanish influenza had created an opportunity to reach more souls. It was in no way a setback to missionary work or the

larger goal of Christian internationalism. The Spanish influenza epidemic helped to reinforce the belief that the world needed the Gospel and American culture more than ever, and was held up by ABCFM missionaries as a reason to expand their outreach overseas when the war ended.

“Christian Civilization”- The ABCFM and Christian Internationalism

Missionaries from the United States had a profound impact on the shaping of public opinion for Americans at home and of Americans internationally. Beginning in the early nineteenth century, American missionaries canvassed the globe seeking to spread the Gospel of Jesus Christ. Missionary organizations were numerous and spanned multiple denominations, but the largest was the American Board of Commissioners for Foreign Missions. Originally an inter-faith organization comprised of the Congregational Church, the Presbyterian Church, the Dutch Reformed Church, and the German Reformed Church, the ABCFM was founded in 1810 and sent the first American missionaries to India in 1812, established the first American mission to Africa in 1833, and sent workers to numerous other locations. After other denominations dropped their support for various reasons during the nineteenth century, the ABCFM became an official arm of the Congregationalist Church in 1913. The work continued unabated, though, and by 1961 the organization had 5,000 missionaries located at thirty-four fields around the world.⁹ Making contacts with different races and cultures, in foreign countries the Board’s missionaries exerted “a tremendous amount of influence, chiefly through making

⁹ Clifford Putney, “Introduction,” in *The Role of the American Board in the World: Bicentennial Reflections on the Organization’s Missionary Work, 1810-2010*, ed. by Clifford Putney and Paul T. Burlin (Eugene, OR: Wipf & Stock, 2012), xv-xvii.

conversions, operating schools and hospitals, spreading Western ideas and technology, and doing groundbreaking linguistic work to increase biblical literacy.”¹⁰

Missionaries had a similar effect within the United States. Throughout much of the nation’s history and through the Progressive Era, missionaries were the main private inter-culturists in American society.¹¹ As such, they were often the chief interpreters of remote cultures for the public at home, and helped to form opinions toward foreign peoples.¹² Missionaries, however, took their own cultural assumptions with them as they traveled abroad. With the rapid advance of the “new” imperialism at the end of the nineteenth century, based on Western political, economic, and cultural expansion into the non-Western world, American missionaries saw their own way of life as superior to that of the peoples they were sent to.¹³ Missionaries from across the religious spectrum were active and enthusiastic for the “conquest of the world not only for Christ but for ‘Christian civilization’.”¹⁴ This was the unifying force between religious missionaries who were “civilizing” in their emphasis- a shared belief in the “right of conquest” for Christian civilization, and civilization based on that of the United States.¹⁵ These attitudes and assumptions were transmitted to Congregationalists and other mission-minded denominations in the United States through reports, articles, and sermons. For American Protestant audiences, these missionary reports culturally affirmed the

¹⁰ Ibid., xv.

¹¹ Joseph Grabill, “The “Invisible” Missionary: A Study in American Foreign Relations,” *Journal of Church and State* 14 (Winter 1972): 104.

¹² William R. Hutchison, *Errand to the World: American Protestant Thought and Foreign Missions* (Chicago: University of Chicago Press, 1987), 1.

¹³ Ibid., 5, 92.

¹⁴ William R. Hutchison, “A Moral Equivalent for Imperialism: Americans and the Promotion of “Christian Civilization,” 1880-1910,” in *Missionary Ideologies in the Imperialist Era, 1880-1920*. ed. Torben Christensen et al. (Aarhus, Denmark: Aros, 1982), 167.

¹⁵ Ibid., 168.

superiority of their culture, the backwardness of others, and the moral righteousness of their quest to teach and uplift the world.

There was conflict, however, in the dual work of missionaries. Civilizing and evangelizing did not always operate in unison. The number of converts to Christianity generally remained small, but missionaries had much more success generating interest in their work through civilizing ventures such as mission schools, social services, hospitals and health care.¹⁶ This difficulty in conversion but triumph in civilizing led many missionaries to come to the belief that cultures needed to be changed before hearts could be converted to Christ. The institutions at missions, therefore, became a larger focus of missionary efforts in an attempt to accomplish fundamental cultural change, and acceptance of Western ways of life. Evangelization efforts did not cease, nor did missionaries claim that the spreading of the Gospel was replaced as the ultimate aim of the missions, but they now attempted a broader assault on the unconverted world. This assault, if successful, would bring foreign peoples to the understanding that Christianity and American methods were superior to their own, and provide them with the necessary background and understanding to accept religious and cultural change in their lives.

Rejecting the idea of absolute hostility toward other religions, many missionaries and Christian thinkers believed that Christianity, if witnessed through lifestyles and institutions, would on its own convince natives of its superiority. As one missionary put it, “Jesus must prove himself a better ruler to Japan, a nobler Confucius to China, a diviner Gautama to India. He must come as the consummation of the ideals of every

¹⁶ Hutchison, *Errand*, 12.

nation under heaven.”¹⁷ For missionaries, religion and institutions went hand-in-hand. They desired evangelization but also gloried in their own civilization and its superiority. They were motivated by the belief that Christianity and American culture had the right to conquer the world, and it strengthened the civilizing emphasis in American missionary efforts.¹⁸

As the Great War was drawing to a close, Christian missionaries joined their civilizing emphasis with a growing sense of internationalism among many American Christians. ABCFM missionaries, and their supporters inside the United States, came to believe that they needed to be more involved in shaping the postwar world, in the hope that they could rebuild it with Christian principles. Congregationalists in the United States called for more support of missions, and recognition that missions were more than just a good work; they were vital for bettering humanity. Before a sermon on the topic was reprinted in *The Missionary Herald*, the editor noted, “The reference [the evangelist] makes to Foreign Missions as a prime factor in the new world order is indicative of what many of our most thoughtful Christian leaders are saying these days.”¹⁹ The sermon proceeded to state, that, “Missions, in a word, are no longer to be regarded as a worthy enterprise in which Christian men may bear a part, but we must see that upon their successful prosecution depends the ability of the church to work out the chief task with which the present century has brought.”²⁰

Missionaries would work, also, for better international relations. They had previously paved the way for international cooperation by helping to standardize

¹⁷ Hutchison, “A Moral Equivalent,” 170-171.

¹⁸ *Ibid.*, 170-176.

¹⁹ “Missions and Christian Internationalism,” *The Missionary Herald* 114, no. 11 (November 1918): 497.

²⁰ *Ibid.*

“thought, conduct, and customs,” bringing “nations nearer to a common life,” and opened doors for global connections through trade.²¹ These foundations would give way to a new sense of international kinship, and would be led by missionaries and Protestant Christianity. As a Congregationalist minister phrased it, “If the spirit of Christ is ever to come between nations it must be present in the nations. The business of Christian missions today...is so to transform the life of non-Christian peoples as to make possible right relationships between all peoples.”²² Only through the work of missionaries could the church “meet the tremendous challenge of the century” and “by a church which has seen this vision can the work which will bring Christian relations between nations be done.”²³ Based on the idea that “Christianity and Internationalism are one and the same,” it concluded, in part, that Christian education and social service held the keys to spreading the Gospel and postwar international cooperation.²⁴

Calling this belief “Christian internationalism,” it greatly impacted how ABCFM missionaries viewed the end of the Great War and the Spanish influenza pandemic. When the epidemic hit, missionaries witnessed the devastation and chaos that it caused in the societies where they were stationed. They saw how natives attempted to cope with the suffering and long-lasting effects of the disease, as they themselves tended to sick Christians in their missionary fields. They saw how thousands died all around them, even as missionaries themselves were largely spared. What they witnessed, combined with their belief in Christian internationalism, made the ABCFM workers, inside the United States and in foreign fields, conclude that Americans and Christians needed to become

²¹ Merrill, *Christian Internationalism*, 61.

²² “Missions and Christian Internationalism,” 497-498.

²³ Ibid.

²⁴ Merrill, *Christian Internationalism*, 67, 177.

more involved with the world. The War and the epidemic were not reasons to shrink back from global commitments. After witnessing the devastation of influenza, the convictions of ABCFM missionaries were reinforced, and they were convinced that the only remedy to future wars, and future epidemics, was increased American Christian involvement with the world.

There are many histories that have been written about American missionaries and their work, but relatively few that concern specific issues or transnational events. Some works focus on the thoughts and motivations that spurred Americans to take the Gospel into the world.²⁵ More numerous are works that tie missionaries to policy formulation.²⁶ Historians have also examined missionaries through the lens of gender, or by examining their work in particular regions or among specific populations.²⁷ Relatively little, though, has been written about missionary activities during the war, and histories of missionary societies tend to downplay chronicling their members and the war in favor of emphasizing doctrinal debates among members during the war.²⁸ There exists a need for

²⁵ For the early thoughts behind New England-based missions, see John Andrew, *Rebuilding the Christian Commonwealth: New England Congregationalists & Foreign Missions, 1800-1830*; William R. Hutchison's *Errand to the World: American Protestant Thought and Foreign Missions* and *The Modernist Impulse in American Protestantism* both deal with the ideological backing for missions and how it has shifted, as does Wilbert R. Shenk, *North American Foreign Missions, 1810-1914: Theology, Theory, and Policy*.

²⁶ For a broad overview of religion and policy, see Andrew Preston, *Sword of the Spirit, Shield of Faith: Religion in American War and Diplomacy*; for more area-specific studies, see Joseph L. Grabill, *Protestant Diplomacy and the Near East: Missionary Influence on American Policy, 1810-1927*, Eugene P. Trani, "Woodrow Wilson, China, and the Missionaries, 1913-1921," *Journal of Presbyterian History* 49, no. 4 (1971), and Joy Schulz, "Birthing Empire: Economies of Childrearing and the Formation of American Colonialism in Hawai'i, 1820-1848," *Diplomatic History* 38, no. 5 (November 2014).

²⁷ For gender, see Barbara Reeves-Ellington, et al., *Competing Kingdoms: Women, Mission, Nation, and the American Protestant Empire, 1812-1960*; for a focus on the Middle East, see Ussama Samir Makdisi, *Artillery of Heaven: American Missionaries and the Failed Conversion of the Middle East*; for India, see Susan Bayly, *Saints, Goddesses, and Kings: Muslims and Christians in South Indian Society, 1700-1900*; for American missionaries and Native Americans, see William G. McLoughlin, *Cherokees and Missionaries, 1789-1839*.

²⁸ Kenneth J. Orosz, "For God and Country: Missionary Service in Colonial Africa During World War I," in *Empires in World War I: Shifting Frontiers and Imperial Dynamics in a Global Conflict*, ed. Andrew

historians to examine how American missionaries interacted with the war in the fields in which they were stationed. Also needed is an analysis of how American missionaries dealt with the great health crisis of the war, the Spanish influenza pandemic. This chapter seeks to address the gap in the historical scholarship by showing how American missionaries interpreted and used the pandemic to argue for a greater American Christian global presence after the war.

“This most effective form of Christian ministry”- Medical work and missionaries

One of the social services that showed the most promise for missionaries was medical work. Providing medical services to local populations provided a physical example of the superiority of Western medicine, and by extension, culture. Successful health care also showed the superiority of Christianity, which missionaries closely tied to medical services. The ABCFM recognized this opportunity early in its existence, sending the first medical missionary to Ceylon in 1819, and later medical professionals established hospitals, administered vaccines, and provided general care to both mission employee and native.²⁹ As one missionary chronicler wrote, “Medical work is more than an educational work...and it is more than a practical example of the Gospel through the art of healing. It is a contribution to the whole welfare of a people, and a social factor in the redemption of the races.”³⁰ Tying Western methods, Christ, and medicine closely

Tait Jarboe and Richard S. Fogarty (London: I.B. Tauris, 2014), 253; for a non-American account of missionaries interacting with the war, see Aylward Shorter, *African Recruits and Missionary Conscripts: The White Fathers and the Great War, 1914-1922*.

²⁹ Putney, “Introduction,” xxi.

³⁰ A.T.S. James, *Twenty-Five Years of the L.M.S., 1895-1920* (London: London Missionary Society, 1923), 83.

together, he concluded, “It proclaims the mercy and love of God by the consecration of the highest skill and knowledge to the relief of suffering.”³¹

Other missionaries tied medical work to the evangelism of Jesus, as, “Much of our Lord’s influence among the common people was due, in the first place, to his healing of their sick; to relieve bodily suffering is the simplest and most effectual way of persuading the people of the disinterestedness of your love and sympathy.”³² A missionary in India proclaimed, “the Medical Missionary can enter fields and achieve results impossible to other Christian workers.”³³ As he went on to emphasize, the missionary produced results beyond spiritual salvation, noting, “The people of our Christian community must be ministered to in their pains and illnesses, and they must be lifted into decency and knowledge of their common physical life. Not only must they be treated and cured, but they must be taught how to live.”³⁴ Indeed, the ABCFM explained that medical work was the “most effective form of Christian ministry.”³⁵

Many American missionaries believed that medicine provided the foothold by which they could teach native cultures the virtue of Western society and could sway native hearts away from their traditions. By increasing knowledge of medicine, sanitation, and Christian morals, missionaries sought to chip away at native practices and slowly replace them with what they saw as a better lifestyle. The end goal was never far from Christian minds even as medical missionary work grew, and they viewed their work of purifying bodies as a step toward purifying morals while teaching communities about

³¹ Ibid., 83.

³² “Our Great Need,” undated (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 432).

³³ *Methodist Centenary Askings for India: With a Descriptive Statement of the Types of Work* (New York: Centenary Commission of the Board of Foreign Missions of the Methodist Episcopal Church, 1919), 31.

³⁴ Ibid., 31.

³⁵ *The One Hundred and Eighth Annual Report of the American Board of Commissioners for Foreign Missions* (Boston: Board Congregational House, 1919), 73.

the laws of health. Poor cultural habits, such as improper housing, a lack of sanitation, and continual combat with disease affected native social well-being and morality, and would ultimately undermine economic, industrial, and social progress.³⁶ Missionaries knew, though, that changing native cultures was a long-term goal that would bring them into conflict with the people they were attempting to convert. “When Western ideas of health, hygiene, cleanliness, sanitation and segregation come into contact with Eastern disregards for the first principles in all such matters, there is a never ceasing war to wage.”³⁷ Still, it was a work that needed to be undertaken. Writing specifically about medical work in Asia, one author wrote, “In China and India the mission hospital is more than a pioneering agency for the preacher and is playing an essential part in the higher education of the people and in teaching them the ideals which are the glory of Western medicine.”³⁸ As the twentieth century began, missionaries hoped that Western health care could pave the way for evangelism and for the native acceptance of the Gospel, by showing the rightness of Christianity through improved lives and health.

Jim McCord was one of the American missionaries who believed in the redemptive power of Western medicine. McCord had harbored a fascination with Africa since childhood, when he read Paul Du Chaillu’s books on African travel and the adventures of David Livingstone. “The glimpses they gave of Africa seemed more vivid to my brother Joel and me than the creeks and emerald meadows we passed with unseeing eyes on our walks. In the fading light of summer afternoons...we planned

³⁶ Fleming, *Building With India*, 35-36.

³⁷ *One Hundred and Eighth Annual Report*, 80.

³⁸ James, *Twenty-Five Years*, 85.

exciting adventures when adulthood would...take us to the Dark Continent.”³⁹ Growing up in rural Illinois as the son of a Congregationalist minister, though, his opportunities for travel were slim. His brother abandoned the dreams of travel as the two aged, but Jim held onto them even as he entered Oberlin College in 1886. Once there, McCord pursued missionary work as a potential means of travel, even though he “had scant zeal for ‘converting the heathen.’”⁴⁰ At Oberlin McCord married Margaret Mellen, the daughter of an ABCFM missionary who had lived among Zulus in Natal, and whose father was recognized by both a tribe of Zulus and the British Government as a Zulu chief. She encouraged Jim’s dreams and pressed him to make them a reality.⁴¹

After graduation in 1891, McCord’s father and grandfather, noting his lack of preaching ability, pushed Jim to attend medical school as a way of diverting his attention away from Africa. This plan failed. Margaret was also encouraging Jim to become a doctor, but to help native Zulus. She asked him, “Can’t you help them with head and hands rather than vocally? You enjoy your science courses...Couldn’t you go to Africa as a medical missionary?”⁴² The medical education merely provided another path to missionary work, beyond that of a traditional missionary. Excelling in his studies, McCord finished in three years but was rejected in his application to become a medical missionary by the ABCFM due to a lack of funds. Money, though, could only partially explain why McCord was rejected. According to him, the Zulu Mission had heard about his shortcomings as a preacher, and many missionaries did not fully embrace the need for medical doctors in the missionary field. McCord would later write, “Many missionaries

³⁹ James B. McCord and John Scott Douglas, *My Patients Were Zulus* (New York: Rinehart, 1951), 18.

⁴⁰ *Ibid.*, 20.

⁴¹ *Ibid.*, 21-23.

⁴² *Ibid.*, 24-25.

then believed that faith and prayer were sufficient to insure native health... Medical missionaries were expected in that day to be first preachers, then medical men, if time remained for that.”⁴³ McCord finally received an appointment to the Zulu Mission in Durban, South Africa in 1899, but he never saw himself as the traditional missionary who should be primarily devoted to preaching and conversion. From the beginning of his childhood readings on Africa to the end of his fieldwork in South Africa, McCord saw medical missionary work as a different means of salvation. He viewed “Christianity as a means of advancing [natives] to a better way of life rather than as an end in itself.”⁴⁴

Upon his arrival in Durban, McCord committed himself to uplifting the native Zulu population through improved health, rather than direct preaching. Working primarily with Zulu patients, McCord started a nurse-training program solely for Zulu women in the early 1900s, and raised private funds to build a native hospital in which to give them experience.⁴⁵ He believed strongly in native nursing education, believing that they could battle witchcraft in a way that he could not, writing that native nurses “constituted a medical frontier where only the ignorant superstition of witch doctors previously existed.”⁴⁶

Indeed, much of McCord’s attention was focused on undermining the Zulu reliance on witchcraft and showing the superiority of Western medicine. “The sheer ignorance of witch doctors about anatomy... unquestionably results in many deaths” McCord wrote, and “Undoing the damage they did constituted a large part of my work.”⁴⁷

⁴³ Ibid., 25-26.

⁴⁴ Ibid., 20.

⁴⁵ Dorothy P. Cushing, “Big Dr. ‘Jim’ McCord,” *The Missionary Herald* 123, no. 11 (November 1927): 400-401.

⁴⁶ McCord, *My Patients*, 82.

⁴⁷ Ibid., 88-89.

In an appeal for more medical help sent to ABCFM headquarters in Boston, McCord wrote, “The Medical Missionary among the Zulus has a peculiar advantage over the teacher or the preacher.”⁴⁸ While natives may not be interested in listening to the teacher or preacher, because they saw no need to change their ways, “disease is a reality which he recognises and dreads.”⁴⁹ When Zulus were confronted with disease, they turned to witchcraft. When witchcraft failed to cure them, they turned to missionaries, and Zulus appreciated the “advice and medicine of the missionary physician, especially if he recovers after using it.”⁵⁰ As McCord saw it, the belief in witchcraft was the primary obstacle standing in the way of the Gospel in South Africa. “All the sins that humanity is heir to are encouraged and justified by witchcraft...So long as a Zulu’s mind and heart are filled with the belief in and the fear of witchcraft, there is no room in his heart for the gospel of Christ.”⁵¹ McCord advocated for more doctors and more financial support to combat heathenism and witchcraft with medicine. To him, Western medicine held the key to spreading the Gospel among natives. McCord and other missionaries who advocated social services as a means of conversion knew that converting souls, and by extension Christian civilization, were built on the competency of Western medicine. For Christianity to be received, however, Western medicine had to show conclusively that it could stop the diseases that sent natives to witch doctors and demonstrate a better way of life. The Spanish influenza pandemic, though, would severely test the missionaries’ ability to show the superiority of their medicine and culture.

⁴⁸ J.B. McCord, “Medical Work Among the Zulus,” November 1, 1918, (Letters from Missionaries to Africa, 1910-1919, ABC 15.4, Reel 203).

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

“The whole world was suffering”– ABCFM missionaries witness the epidemic

In the last two weeks of August 1918 the Spanish influenza virus appeared simultaneously in three port cities on three continents. Boston, Brest, France, and Freetown, Sierra Leone, all reported the appearance of a sickness that shocked local residents with its virulence.⁵² Influenza quickly spread along the western and southern coasts of Africa and along the Indian Ocean coasts to India. In these areas American missionaries were well established, with some mission stations dating back over a century. Many ABCFM missionaries witnessed the effects of influenza firsthand.⁵³ In Portuguese Angola, religious and academic life came to a halt as schools and churches closed for a two-week period, to avoid contact with people carrying the virus. Months after the epidemic subsided, attendance at religious services was still sparse.⁵⁴ During the height of the epidemic H.A. Neipp wrote to his superiors in Boston asking for a vaccine for himself and inquiring as to where he could obtain medicine for his region in Angola. He feared that influenza would spread quickly through a populace in Africa that lacked the ability to check its advance, because “the poor africans do not know any preventative measures, it seems that in such occasion, what they do, is exactly what will spread

⁵² Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (New York: Cambridge University Press, 2003), 37.

⁵³ Many other missionary groups and denominations, in addition to the ABCFM, witnessed the pandemic. Other groups who operated missions in Southern Africa and India include the London Missionary Society, Africa Inland Mission, Brethren in Christ, and the Evangelical Alliance Mission, among others. Other faiths and denominations active in the area include several Catholic orders, Methodists, Lutherans, Baptists, African Methodist Episcopal, and Latter-Day Saints. It is beyond the scope of this chapter to analyze all of the faiths or missionary groups as they responded to the pandemic, and I will focus on the ABCFM because they were spread across the entire region and offer the most comprehensive account of missionaries of one faith and organization as they reacted to Spanish influenza.

⁵⁴ “Report of Bailundo Station for Year Ending May 31, 1919,” (Letters from Missionaries to Africa, 1910-1919, ABC 15.1, Reel 167).

disease and death.”⁵⁵ Neipp also noted that natives turned to missionaries “yearning for something that will give them life” but, with a lack of options, he feared they would turn to witch doctors who had struggled in vain against the disease.⁵⁶

By the middle of September Spanish influenza was reported in the Union of South Africa, where it would prove to have a devastating effect. On September 13 a British troopship, *Jaroslav*, arrived in Cape Town, South Africa bringing 1300 South African Native Labour Corps troops home from Europe, and had just called at Freetown. The ship carried 43 cases of influenza that had appeared since the ship left Freetown. Believing the cases to be mild and confined, public health officials did not impose a strict quarantine of the troops of ships. Another troopship, the *Veronjei*, came into port on September 19 from Freetown, also carrying the virus. These two ships brought Spanish influenza into western South Africa, and would ultimately leave over 4300 people dead in Cape Town.⁵⁷

On September 14 influenza hit Durban, South Africa, just over 1000 miles to the east of Cape Town. Only three months later Durban and the surrounding Natal region would count nearly 14,000 dead because of it.⁵⁸ The ABCFM had a strong presence in Durban and Natal, and was where Jim McCord was stationed. Some mission homes in the area were little impacted by the epidemic, such as the Umzumbe Home. In its Annual Report, the Home noted its “remarkable health record” during 1918. Observing that

⁵⁵ H.A. Neipp, letter to James Barton, October 16, 1918. (Letters from Missionaries to Africa, 1910-1919, ABC 15.1, Reel 170).

⁵⁶ H.A. Neipp, letter to Enoch Bell, October 30, 1918. (Letters from Missionaries to Africa, 1910-1919, ABC 15.1, Reel 170).

⁵⁷ H. Phillips, *Black October: The Impact of the Spanish Influenza Epidemic of 1918 on South Africa* (Pretoria, South Africa: Government Printer, 1990), 8-10, 29.

⁵⁸ Ministry of Health, *Report on the Pandemic of Influenza, 1918-19* (London: His Majesty's Stationery Office, 1920), 362-364.

influenza ravaged the hills above the mission, no deaths were reported among station personnel. The Report's authors viewed this as a powerful propaganda piece for their religious work, as "This remarkable record for Umzumbe when the whole world was suffering...will be recounted beside many a fire side for years to come as another proof of the healthfulness of Umzumbe Mission Station."⁵⁹ Other missionaries took a similar line in describing the epidemic, noting the deaths but downplaying missionary losses. H.A. Stick, of the Adams Mission Station, wrote, "A terrible epidemic of Influenza has broken out in South Africa and a great many Native deaths have occurred and a considerable number of Europeans. None of our Missionaries have been seriously affected."⁶⁰

McCord called the Adams Mission Station home, but had left Durban shortly before the epidemic struck to enlist in the Medical Corps of the United States Army in an attempt to find doctors willing to help him open a medical school for natives in South Africa. He was, however, in close contact with the personnel still stationed in Durban when influenza appeared. He noted, "Death daily took a heavy toll in Durban. In the hinterland, kraals that had once been the homes of happy families became the last resting places of a vanished people."⁶¹ Unlike many other missionaries, McCord did not shy away from discussing the sickness among mission personnel and students. "At Adams Mission the influenza was severe. A schoolroom was made into a hospital ward, and the missionaries tried to care for the boys until there were so many ill that the load became

⁵⁹ "Annual Report of Umzumbe Mission Station, 1919," (Letters from Missionaries to Africa, 1910-1919, ABC 15.4, Reel 204).

⁶⁰ H.A. Stick, letter to Enoch Bell, October 16, 1918. (Letters from Missionaries to Africa, 1910-1919, ABC 15.4, Reel 207).

⁶¹ McCord, *My Patients*, 203.

unsupportable.”⁶² McCord recounted how missionary personnel attempted to cope with the crisis situation, something that may have been repeated in many other mission stations. According to McCord, Adams personnel became overwhelmed, and they turned to Durban doctors for assistance, but they too were overworked and unavailable. As missionaries also became sick, they reached out to a native nurse, Edna Mzoneli, that McCord had trained. Advanced in pregnancy and ordered to be on bed rest, Edna ignored her doctor’s orders and took charge of the mission’s sick ward. She worked until the epidemic subsided and until the last patient left the ward. She had, however, contracted influenza herself and upon arriving home gave birth to her first child.⁶³ Edna died two days later from influenza, but McCord eulogized her efforts to combat influenza while also making his case for the ability of natives to become good nurses. “No doctor, dying in his fight to stop the ravages of an epidemic, no medical researcher, falling victim to the germs he studied, ever gave his life more truly to the cause of medicine than this native girl, Edna Mzoneli.”⁶⁴

In the Rhodesia Branch of the American Board’s South Africa Mission, the epidemic created chaos and led one missionary to write, “The Spanish influenza is adding its mite- and not a small one- to the troubles of our times. The past two months have been awful ones for South Africa with more deaths from this one cause than were recorded altogether among the South African soldiers during the whole...war.”⁶⁵ In their private correspondence with the ABCFM the Rhodesian missionaries noted that the epidemic hit the region hard for a month but seemed to be on the decline, and was absent

⁶² Ibid., 203.

⁶³ Ibid., 203-205.

⁶⁴ Ibid., 205.

⁶⁵ Arnold Orner, letter to Mr. Fuller, November 29, 1918. (Letters from Missionaries to Africa, 1910-1919, ABC 15.6, Reel 218).

from many areas. The missionaries also expressed confidence in their own resistance to influenza because of the government's assistance, with the arrival from Johannesburg of "various supplies of medicines which we have on hand now and we have also had from them enough serum to inoculate all the white people in this part of the country and a few of our native employees."⁶⁶ The missionaries were expecting a second shipment of serum and hoped to be able to provide a second inoculation to the white people, of which they believed to be of great advantage to their immunities.⁶⁷ After the second dose for themselves and for the other whites, they planned to inoculate "as many natives as will come for it," and would have "possibly enough to go out into the kraals a bit though it is doubtful whether there will be much for natives I fear."⁶⁸ Missionaries in Rhodesia, with the government's support, would only allow for inoculation of natives after the second administration to whites, limiting access to the serum even for their own native employees and servants.

Publicly, though, Rhodesian missionaries put a different spin on the influenza epidemic and in their role in its arrest. Writing in one of the ABCFM's main publications, *The Missionary Herald*, Arthur Orner praised his station's efforts to combat influenza, and his own role in administering the vaccine to thousands. In the May 1919 issue of *The Missionary Herald* he wrote, "I have just reached home from a three weeks' tour in the low veldt, where I have been inoculating against Spanish influenza. When the epidemic first came near, the government asked all missions in Rhodesia to assist in

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

fighting it.”⁶⁹ Recounting that the “white settlers and a few of their employees were inoculated,” Orner then went on to state that it was the missionaries who, “urged the authorities to send down sufficient vaccine to go through the whole country systematically.”⁷⁰ Orner proceeded to devote himself full-time to native inoculation, claiming to have walked three hundred miles and had given 1700 inoculations. While on his trek on foot and later from his station, three thousand people were treated with flu serum. Orner defended his work, and the usefulness of the serum. “Some people question the value of this new treatment of influenza, but it is a fact that the epidemic came right up to the area where inoculation commenced and there it stopped.”⁷¹ The public representation of the ABCFM’s flu work in Rhodesia and the account given privately, were, therefore, different in terms of the missionaries’ role in prodding the government’s treatment of natives and in their work administering inoculations.

The virus quickly traveled from South Africa across the Indian Ocean to India. Influenza had been common in all parts of India for much of the summer of 1918, but the disease was generally mild. By the middle of September, however, influenza mortality rates markedly rose, and increased daily for the next several weeks, leading Great Britain’s Ministry of Health to record, “Reports indicate that no part of the world suffered as severely as did India during the latter half of 1918.”⁷² At the end of November 1918, deaths attributable to Spanish influenza topped five million.⁷³ In Bombay, one of the most densely populated areas of India, the disease was especially devastating, recording

⁶⁹ “Fighting Famine and Pestilence from Mt. Silinda,” *The Missionary Herald* 115, no. 5 (May 1919): 211-212.

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² Ministry of Health, *Report*, 383.

⁷³ *Ibid.*, 383.

900,000 deaths.⁷⁴ The American Board made special note of the influenza's toll in India at their annual meeting in 1919, writing that in India, "It wrought its ravage among the churches, carried off native pastors and workers of every sort, prevented tours, broke up planned forms of work, and in some lines reduced [conversions] below normal figures."⁷⁵

What made the epidemic particularly horrific for India was the context that it emerged in. A medical personnel shortage during the War combined with a pestilence outbreak and famine to shake Indian society. The severe famine lessened Indian immunities and drove up food prices, past the point where many poor Indians could afford food staples. Calling "the present season in India the most serious and distressing for a hundred years," ABCFM members stationed at the Marathi Mission in Bombay begged Americans to send money to ease the suffering.⁷⁶ Complicating matters, they added that, "Into this distress has come influenza in a deadly pneumonic form laying low hundreds of thousands and carrying off thousands of bread winners, leaving widows and orphans behind to weep and starve."⁷⁷ These widows and orphans descended into missions looking for assistance, overwhelming missionary resources.⁷⁸ In a report to *The Missionary Herald*, the missionaries said, "Our hearts have been torn by the suffering and misery of practically all of the Christians, not to mention all the Hindus near us."⁷⁹ The Marathi Mission also closed its school doors because of influenza, and "Every missionary was busy day and night" making food, poulticing, giving medicine, and visiting the

⁷⁴ Ibid., 384.

⁷⁵ *The One Hundred and Ninth Annual Report of the American Board of Commissioners for Foreign Missions* (Boston: Board Congregational House, 1920), 18.

⁷⁶ "Minutes of the Marathi Mission, Ahmednagar, October 1918," (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 426).

⁷⁷ Ibid.

⁷⁸ "Minutes of the Eighth Meeting of the Bombay Representative Council of Missions, September 10-11, 1919," (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 426).

⁷⁹ "Influenza in Marathi District," *The Missionary Herald* 115, no. 2 (February 1919): 82.

sick.⁸⁰ At one point the Marathi Mission estimated that between 900-1000 members were ill.⁸¹ Many of those would soon die from influenza. During 1917, the mission had 88 church members, out of a total of 8592, die. In 1918, however, 469 communicant members died, mostly from influenza.⁸² Despite these hardships, mission personnel reported that, at least among Indian Christians, there was not a panic that had typically accompanied epidemics. In a widely distributed prayer circular, the missionaries wrote, “the Indian Christians bore themselves finely, showing great sympathy with the sick and a readiness to help them in every way, which was most gratifying.”⁸³ It was a period of “severe testing” but they believed that it could have turned out worse for the mission and for the Christians there.⁸⁴ “Needless to say, we feel that some miracles have been worked in our presence!”⁸⁵ In the middle of a terrible epidemic, missionaries took comfort in their success in warding off the epidemic in the way they did, and in the conduct of their converts, rather than dwelling on the losses they suffered.

At the Sholapur Station, located roughly 250 miles inland from Bombay, conditions were scarcely better. Missionaries there reported that they “went into homes where eighteen out of twenty people were ill at the same time, and there were many homes which were entirely wiped out, because all fell sick at one time and there was none to help.”⁸⁶ The death rate for the city reached 300 per day and for over two weeks did not fall below 200 per day. Practically all of the boarding school children sick were

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² R.A. Hume, letter to John R. Mott, February 17, 1919. (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 431).

⁸³ “American Marathi Mission Prayer Circular,” (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 427).

⁸⁴ “Influenza in Marathi,” 82.

⁸⁵ Ibid.

⁸⁶ “Report Letter No. 38 From the Sholapur Station, March, 1919,” (Marathi Mission, 1812-1919, ABC 16.1.1, Reel 429).

sick, as well as two missionaries. In one month the mission lost thirty-eight Christians to influenza.⁸⁷ Outside of the mission station the missionaries attempted to help the sick in the Criminal Tribes' Settlements. In the confined spaces of the Settlements the missionaries witnessed the severity of influenza, and reported that only twenty percent of the population escaped it. They also distributed "medicine" by gallons in the Settlements, despite the fact that there were no known medicines or cures in India for influenza. The missionaries did this for psychological purposes, acknowledging that, "whatever [the medicine's] effect was on the disease, the result was clearly seen, in that it showed the people that we were doing what we could for them, and so prevented them from getting into a panic and absconding in force, as they have during epidemics in the past."⁸⁸ For the missionaries, the placebo medicine was useful both as a gesture of good will and as a method of keeping the peace, even if it did not offer relief.

Along the southeastern coast of India the Madura Mission Station had been dealing with political and social upheaval that coincided with the War and growing nationalism. The epidemic exacerbated the situation, with village evangelism brought to a standstill for two months, accompanied by many deaths in rural areas. Noting in their report to the ABCFM that none of their evangelists died, missionaries did acknowledge that many had lost close relatives. The epidemic and political agitation left the missionaries exhausted, writing, "Thank God that this epidemic has almost passed away. What with strike, rebellion and influenza you would think that our cup of trouble was

⁸⁷ Ibid.

⁸⁸ "Sholapur Criminal Tribes' Settlement Report, October, 1918," (Marathi Mission, 1812-1919, ABC 16.1.1, Reel 430).

full.”⁸⁹ At the mission hospital the physician-in-charge described 1918 as the “year it has poured pneumonia and influenza. Desperate scenes and struggles have gone on in the hospital. We can remember no year so full of critical cases.”⁹⁰ Mortality was high in the region, and early in the school term every child at the mission boarding school caught the flu because of the close living quarters. There were few deaths at the school, although many of the staff also fell ill, and everyone, except the missionaries, was sick at the same time.⁹¹ Not all of the mission staff in the region, though, were able to escape death. According to the secretary of the Madura Mission, “There is hardly a Pastorate that has not had the epidemic, attended with more or less serious loss of life. Two of our Pastors have lost their wives. Other Agents have also lost their wives, or have themselves been carried away by the disease.”⁹² But the secretary, too, expressed concern over how the epidemic was mixing with the political turbulence in the region. “This epidemic coming upon the unrest growing out of Home Rule agitation and the scarcity due to war conditions, has tended to excite the uneducated of the population considerably.”⁹³ The missionaries in south India saw influenza as more than a disease, as it had the potential to serve as a catalyst for political and social unrest that had long been stirring.

At the Ceylon Mission, where the ABCFM had sent its first medical missionary, the missionaries oversaw a hospital that tended the mission personnel and the general public. In the hospital’s annual report, it stated that the epidemic “was raging all over

⁸⁹ Harold Cooper, letter to W.E. Strong, November 29, 1918. (Madura Mission, 1910-1919, ABC 16.1.9, Reel 492).

⁹⁰ L.L. Lorbeer, ed. *In the Madura Battlefield: The 1918 Report of the American Madura Mission of the American Board of Commissioners for Foreign Missions* (Pasumalai, India: A.M. Lenxo Press, 1919), 62.

⁹¹ Agnes Ellwood, letter to W.E. Strong, November 23, 1918. (Madura Mission, 1910-1919, ABC 16.1.9, Reel 493).

⁹² C. Stanley Vaughan, letter to W.E. Strong, November 4, 1918. (Madura Mission, 1910-1919, ABC 16.1.9, Reel 496).

⁹³ *Ibid.*

Ceylon in September and October” and both “the doctors and nurses that staffed the Mission Hospital “were much over-worked and nearly all suffered from an attack- some more severe than others.”⁹⁴ The hospital saw 207 cases of influenza, many from the Mission’s boarding school. In one instance, ten female students arrived at the same time from the school, and all were suffering from fevers. The fevers had struck quickly and were, “associated with severe headache, backache and sometimes nausea or vomiting. The temperature reached 104 or 105 or more at its height” but generally began descending by the third day.⁹⁵ Some fevers remained high and the patients were isolated, “but the next day another batch of girls were sent over, and this continued until it was decided to break up school.”⁹⁶ The school remained closed for two weeks, and for two months after there was infrequent attendance due to what missionaries in Asia took to calling “Bombay fever” because they believed it appeared first in Bombay.⁹⁷ Other cases of influenza and pneumonia sent scores of sick into the hospital, leading to overcrowding and “there came daily calls to visit people in their homes who were too ill to be brought here.”⁹⁸ Pregnant women who contracted influenza aborted, and many did not have the strength to deliver naturally and needed hospitalization. Other pregnant women were weakened by the disease and during childbirth were at “grave risk of heart-failure in cases of Pneumonia following influenza.”⁹⁹

In all of these locations ABCFM missionaries placed faith in their medical techniques and the quality of the medicine and inoculations they both used and offered to

⁹⁴ “Report of McLeod Hospital for 1918,” (Ceylon Mission, 1910-1919, ABC 16.1.5, Reel 462).

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ “Udvil School Report, 1918,” (Ceylon Mission, 1910-1919, ABC 16.1.5, Reel 462).

⁹⁸ “McLeod Hospital.”

⁹⁹ Ibid.

natives. It should be noted, however, that since a virus caused influenza, there were no medicines that could cure it. The concocted vaccines offered by missionaries lacked any medical testing, or the ability to prevent someone from receiving the influenza virus, let alone cure a virus already in the body. Any improvement in health from these medicines or inoculations was solely from a placebo effect. Medical science was limited in 1918 to bacteriology, and had little understanding of microbiology. Missionaries took the medical knowledge of the times with them to the mission fields and did the best they could to treat influenza, but were limited in their understanding of viruses.

“The need for a sound gospel of physical education”- Placing blame for influenza

Missionaries placed blame for the epidemic on a variety of forces. In Angola, H.A. Neipp blamed a lack of knowledge for influenza’s particular virulence among the native population, claiming that since they did not know any preventative measures they would inevitably spread the disease.¹⁰⁰ In Kimberly, South Africa, where native deaths ran into the thousands and were three times worse than what the white population suffered, was explained by stating that natives “have much less resistant power.”¹⁰¹ When Africans went to witch doctors for help combatting influenza, missionaries noted that their methods often made conditions worse.¹⁰² In Rhodesia, the spread of influenza was blamed on native intransigence to leaving their villages and coming to missions or government buildings for inoculation, as well as to the weather. In the 1918 ABCFM Annual Report, it stated that in Rhodesia “illness has been rife, influenza” has been “most

¹⁰⁰ Neipp, letter to Barton, October 16, 1918.

¹⁰¹ Adams Mission Station, letter to “Northfield Friends,” October 13, 1918, (Letters from Missionaries to Africa, 1910-1919, ABC 15.4, Reel 206).

¹⁰² Neipp, letter Bell, October 30, 1918; McCord, “Medical Work Among the Zulus.”

prevalent. The unusual weather conditions have been a prime cause.”¹⁰³ This combination of forces; lack of education, poor native health, and the weather became the primary focus of blame for African missionaries in explaining the Spanish influenza epidemic.

Missionaries to India and Ceylon echoed their African brethren with their placement of blame. In Sholapur, the “Oriental” lifestyle was blamed. In comparing the United States’ experience with influenza to that of India, the missionaries wrote, “Just fancy how much more awful it was in these Oriental countries where the people live in crowded quarters, absolutely ignorant of the first principles of sanitation, with only ten doctors and no nurses for a population of 100,000.”¹⁰⁴ The problem of a lack of education was compounded by the personal weakness of Indians, worsened further by deprivations from the war and famine. Reporting that the war had depleted India’s grain reserves and that famine was widespread, the Marathi Mission warned that rising food prices and influenza would leave hundreds of thousands of families to “weep and starve. Many more thousands who have recovered are weakened in body and unable to do their work.”¹⁰⁵ Indians had been weakened by malnourishment, which led them to be more susceptible to influenza than if they had proper nutrition, and played into a perception that non-Western peoples were physically inferior to Westerners.

The perception that Indians were weak physically was a common one among missionaries, and was noted even in times where plagues or epidemics were not rampant. The Madura Mission took part in a social service exhibition in the spring of 1918, which

¹⁰³ *One Hundred and Eighth Annual Report*, 54.

¹⁰⁴ “Report Letter No. 38, March 1919.”

¹⁰⁵ “Minutes of the Marathi Mission, October 1918.”

sought, among other things to help Indians grow stronger. In the write-up of their activities, they noted, “In a country where climate and environment predispose to weakness...people succumb...to fevers and infectious disease because of low standards of health, the need for a sound gospel of physical education through which vitality and power to resist disease...is especially urgent.”¹⁰⁶ The situation was repeated in Indian villages where high food prices led many poor Indians to be underfed, weakening their immunities. “Now, in the midst of this want and suffering, disease has broken out and is finding easy victims in the great army of the under-nourished. Influenza and lung troubles are virulent...Young and old, rich and poor, Hindu, Mussulman and Christian are all falling to the sickle of Death.”¹⁰⁷ In Ceylon Spanish influenza was wrapped up with extraordinary rainfall. In one report, influenza was noted as being “disastrous throughout Jaffna and was aggravated by unprecedented rains.”¹⁰⁸ In the middle of November 1918 Ceylon experienced “the greatest flood known in thirty-four years. Twenty-seven inches of rain fell in twenty-four hours...All of this, along with the influenza caused much suffering.”¹⁰⁹

Like their African counterparts, Asian ABCFM missionaries blamed a combination of a lack of knowledge of proper sanitation, physical weakness of natives, and the natural force of weather for the spread and virulence of Spanish influenza. They eschewed other suggestions that had taken hold throughout the world that the Germans planted the disease as a type of biological warfare. One missionary commented that such

¹⁰⁶ Albert J. Saunders, “A Social Service Exhibit in Madura,” *The Missionary Herald* 114, no. 7 (July 1918): 308.

¹⁰⁷ “Letter from Barsi,” undated, (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 432).

¹⁰⁸ “Report of the American Ceylon Mission of the American Board for 1918,” (Ceylon Mission, 1910-1919, ABC 16.1.5, Reel 462).

¹⁰⁹ *Ibid.*

rumors began to grow and spread in India, “As is usual at such time all sorts of wild rumors with regard to the origin of the epidemic have been in the air. The most favoured has it that it is due to a poisonous gas which the Germans by some mysterious means are able to liberate in India!”¹¹⁰ The missionary then went on to quickly dismiss them, as well as the uneducated people who purportedly believed in them. “Such rumours which have only to be repeated to be laughed at among the educated, take great hold upon the darkened minds of ordinary villagers.”¹¹¹

For missionaries, the influenza epidemic was a common occurrence, as had happened countless times throughout history: a disease appeared, sickened and killed many, and eventually faded away. It was nothing extraordinary in nature, but it was spread and made worse by the people whom it infected in the mission fields where they ministered. Blame for the epidemic and the chaos it caused, for them, was easily understood by the ignorance, cultural backwardness, and physical weakness of the natives they lived among. They made sure to note in their reports and letters the fact that they themselves were largely spared from the most serious effects of the disease, and they told how native Christian converts refrained from panicking, following the example of the missionaries.¹¹² Christians did not need to panic because diseases were not extraordinary, and they could be overcome with education and the basic knowledge of sanitation and health, which coincided perfectly with the Western ideals that missionaries believed were inherent in Christianity.

¹¹⁰ Vaughan, letter to Strong, November 8, 1918.

¹¹¹ Ibid.

¹¹² With the millions dying in Africa and Asia from influenza, it is perhaps suspect that missionaries themselves were spared to the extent that they reported to the ABCFM.

It is interesting to note where missionaries placed blame for the epidemic, and where they did not. They did not blame the Germans for unleashing biological warfare (as they imagined it) and mocked those that did as uneducated. They did not blame the war itself for influenza, even though in South Africa it was quickly established that troopships carried the disease between ports. They also did not place any blame on God, nor on divine punishment of the “heathen” cultures they lived among. They, perhaps, did not blame the cultures of natives because they knew from news reports and personal correspondence that influenza was raging in Europe and the United States at roughly the same time it attacked Africa and Asia, and was not localized in “primitive cultures.” The losses that they witnessed native people suffering, although lower than their own, were replicated in their Christian communities. While missionaries themselves avoided influenza deaths to a greater degree than others, they saw many of their own families become sickened by it. Finally, to show panic or to admit that their medicine was useless would have been a tacit acknowledgement that their Western practices of medicine, those they relied on to show the superiority of Christianity, could not stop diseases. Since medical missionary work had taken on such importance in evangelizing and civilizing, its failure would have proved a terrible setback to the cultural assumptions that supported their work. Missionaries needed Western physicians and Western medical techniques to survive so that their evangelism could flourish, but Spanish influenza challenged the ability of education and Western culture to stop epidemics. It would be devastating for native cultures to see the influenza epidemic as a failure of Western principles and Christianity. Missionaries, therefore, looked to others causes for which they could blame Spanish influenza, chiefly a lack of education, physical weakness, and natural forces.

“The greatest need here is medical work”- Seeking to prevent another epidemic

By the end of December 1918, the Spanish influenza pandemic was quickly fading across the globe. For missionaries, the end of the epidemic in their mission fields brought relief, but also calls for new assistance from the ABCFM and its patrons in the United States. One of the biggest requests that missionaries in Africa and Asia had was for more medical aid. For them, Spanish influenza had proven the need for more medical funding, to prevent future epidemics and to turn natives away from witch doctors. In Angola, a missionary likened evangelism to warfare, “In assailing the enemy positions, strongly entrenched in superstition, the Medical performs a service similar to that of the tanks and like them cannot do full service without plenty of ammunition.”¹¹³ Proper medical assistance against disease would deal, “a powerful blow...to the stronghold of superstition,” and because missionaries currently could not provide it, “the work is prevented from gaining ground.”¹¹⁴ Another Angolan missionary noted that the war and influenza affected natives by “shaking the implicit trust they have in the greatness of the white man” because the war had caused shortages in the goods that natives used and missionaries had been unable to offer much medical help. But now that the war and epidemic had ended he sensed an opportunity, believing that, with proper care and ministry, “africans will turn themselves even more readily to the message of salvation.”¹¹⁵

Marathi missionaries echoed their African coworkers. “More and more do we realise that the greatest need here is medical work. During the influenza epidemic we

¹¹³ Henry Hollenbeck, letter to James Barton, February 19, 1919, (Letters from Missionaries to Africa, 1910-1919, ABC 15.1, Reel 169).

¹¹⁴ Ibid.

¹¹⁵ Neipp, letter to Bell, October 30, 1918.

were able, by simple medicines and measures, to help a number of people, and we got at that time an entrance into the hearts and homes which would have been otherwise closed to us.”¹¹⁶ The author continued, “People would listen more readily to our message if we could first of all afford relief to their suffering...The evangelistic opportunity would be incalculable...where their gratitude for their cure would have created an atmosphere favourable to the reception of what we had to say to them.”¹¹⁷ Another missionary wrote about the epidemic’s spread among the boarding school population, and then made a request for a building appropriation to help ensure that no disease could wreak such havoc again, and reasoned that, “If we had had adequate dormitory room and the isolation wards which are so necessary in this land of sudden and severe epidemics, the result might have been less tragic.”¹¹⁸

For Jim McCord, the influenza epidemic had proven what he had always claimed—that native South Africans could be uplifted, which was demonstrated by Edna Mzoneli. Mzoneli, as eulogized by McCord, had shown selfless sacrifice and Christian love. Now, McCord pressed on with his goal of establishing a school for the medical education of Christian Zulu doctors and nurses, declaring, “I am henceforth a man of one idea and that idea is the medical education of the Zulus. I have about twenty more years of active work on the field. I want that twenty years to be put into the medical education of the Zulus.”¹¹⁹ Christian Zulu doctors could more effectively fight against the witchdoctors that McCord despised, and prove more effective than other missionary endeavors. “A company of well trained Christian Zulu doctors can do more to free the Zulu race from its

¹¹⁶ “Our Great Need,” undated, (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 432).

¹¹⁷ Ibid.

¹¹⁸ Ellwood, letter to Strong, November 23, 1918.

¹¹⁹ J.B. McCord, letter to Enoch Bell, October 29, 1918, (Letters from Missionaries to Africa, 1910-1919, ABC 15, Reel 207).

bondage to witchcraft...than ten times the number of teachers or double the number of preachers.”¹²⁰ Seeing no difference between native and white nurses, McCord declared that they, too, were equal in all ways. Together, Zulus doctors and nurses could fight witchdoctors and their practices, which were “the greatest obstacles in Africa to the advance of the gospel and the uplift of the people.”¹²¹ McCord was committed to proving that Zulus could be educated, that they could be uplifted and taught to be effective doctors. “There is a doubt as to the Zulu’s ability to master the subject of medicine...These doubts and difficulties must be removed...and the only way to do that is for some wild enthusiast to gather together a dozen or so bright Zulu young men and teach them medicine.”¹²² To show that this was possible, McCord held up Edna Mzoneli as an example of what Zulus could become, and what they could accomplish, with the proper Christian medical training.

The epidemic in India was especially jarring for two of the Marathi Mission’s leaders, William Hazen and Robert Allen Hume. Hazen had descended from generations of ABCFM missionaries to India, where his grandfather arrived in 1847. Well versed in Indian culture and beliefs, Hazen and his wife, Florence, arrived in India in 1900 and were tasked with going into remote, rural villages to teach the “Christian way of life” and showing how to combat the “three ‘D’s’ of village life: Dirt, Debt, and Disease.”¹²³ This emphasis on cultural change and teaching Western principles of sanitation, finance, and health coincided with a marked increase in the amount of medical work performed at the Marathi Mission. A famine in India in 1877 brought with it a fatal fever, and

¹²⁰ J.B. McCord, “Medical Work Among the Zulus,” November 1, 1918.

¹²¹ James B. McCord, *Some Sidelights on the House that Jim Built* (Durban, South Africa: R.C. Morris, 1929), 12, 23.

¹²² J.B. McCord, “Medical Work Among the Zulus,” November 1, 1918.

¹²³ “Hazen history,” Hartt Family Archive.

missionaries in Bombay felt compelled to provide food and began to pay attention to the health of the people they were attempting to convert. Efforts to increase medical work, though, were slow. Until the turn of the century missionaries primarily focused on providing nutrition and medical care for women and children. As the ABCFM began to see social services, and medical work, as an integral part of missionary life, the Marathi Mission also increased its attention to health.¹²⁴ According to Hazen, “By 1913, medical work had become an established function of missionary work at several stations.”¹²⁵ For Hazen, Christ was preached, in part, through the successful eradication of disease.

Robert Allen Hume also came from a family of Indian missionaries. His father, Robert Wilson Hume, first went to India in 1839 and Robert Allen was born in Bombay in 1847. After spending time in the United States during his childhood and college, Robert Allen returned to Bombay and the Marathi Mission in 1874. Both of Robert Allen’s parents were integral in setting up boarding schools in India and he inherited their devotion to social services as a means of evangelization.¹²⁶ Robert Allen, like William Hazen, saw material progress as one side of God’s positive manifestation in the world. As a culture progressed and evolved, social and scientific advancement would follow, and change Indian life for the better. As such, Robert Allen did not believe that missionaries should just preach the Gospel, rather they should focus on improving health

¹²⁴ William Hazen, *A Century in India: A Historical Sketch of the Marathi Mission of the American Board of Commissioners for Foreign Missions, American Marathi Mission from 1813 to 1913* (Bombay, India: American Marathi Mission, 1913), 70, 81.

¹²⁵ *Ibid.*, 88-89.

¹²⁶ Alice C. Hunsberger, “From Brimstone to the World’s Fair: A Century of ‘Modern Missions’ as Seen Through the American Hume Missionary Family in Bombay,” in *The Role of the American Board in the World*, 106, 114-115.

and minds of potential converts first, and work for better social and economic conditions.¹²⁷

The Spanish influenza epidemic challenged the work that both Hazen and Hume taught and believed in, and they responded by attempting to coordinate relief with the local Indian government, U.S. officials, and their missionary support networks in the Great Britain and the United States. Hazen and Hume both sat on a committee that resolved to send information on the Indian famine and to appeal for help to both countries. In their plea, they linked war, famine, pestilence, and influenza and described the social and economic chaos that it had caused, raising food prices, sickening breadwinners, and leaving families destitute. They noted that the Indian government recognized the seriousness of the situation and were implementing relief programs, but immediate needs for sick and orphan care were beyond the scope of government plans. Concluding with emphasis, the committee begged their supporters, “DEAR FRIENDS, HELP THESE POOR.”¹²⁸ William Hazen sent the appeal to the United States for publication in the ABCFM journals, and added that aid should be sent, “at the earliest possible moment, since there will be greater need for such relief as we can give, before Government agencies are fully in operation.”¹²⁹ When it was published in *The Congregationalist and Advance*, a leading ABCFM publication, it begged readers to help Indian Christians, who “have devoted their lives to Christian service” and who were, among all sufferers, the “most pitiable.”¹³⁰

¹²⁷ Ibid., 122-123.

¹²⁸ “Minutes of Marathi Mission, October 1918.”

¹²⁹ William Hazen, letter to W.E. Strong, 1918, (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 430).

¹³⁰ Alden H. Clark, “War Strain in India,” *The Congregationalist and Advance* 103, no. 50 (December 12, 1918): 673.

Hume sent the same appeal to the *Christian Herald* and to the Federal Council of Churches.¹³¹ In the *Christian Herald*, readers were told of the ravages that famine and influenza had created in Bombay, and how missionaries could not handle the influx of needy without assistance. Explaining that the missionaries recognized that Americans had already given to other causes during the war, they pleaded that, “the burden is too great for our shoulders and the shoulders of our people. There are thousands of poor in terrible need. Our boarding schools are in distress. Our Christian fellow-workers are suffering. Will you not help?”¹³² In addition, Hume was sent to the United States to directly appeal for aid, and sent word to ABCFM officials, asking them to use their influence with American Red Cross officials to secure assistance. Promising that the “wise and benevolent [Indian] Government will do much for relief,” Hume asked American for immediate help.¹³³ Noting that Americans had generously helped distressed Indians in the past, he explained that a new committee seeking relief had been formed in Bombay, chaired by the leading American diplomat in the area, U.S. consul Stuart Lupton. A letter written by Lupton, giving his consent and approval for plan, was included in the appeal sent by Hume. Hume also wanted ABCFM officials to remind the Red Cross that the Bombay chapter of the Red Cross had given considerable money to the organization for use in the U.S., which left little in their coffers for use in India. Summarizing his needs, Hume requested that the ABCFM “influence the Red Cross to decide to aid Indian distress” and “to influence the Red Cross to cable money for such

¹³¹ Ibid.

¹³² “An Appeal for Help on Behalf of Sufferers from Pestilence in India,” (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 431).

¹³³ R.A. Hume, letter to Worth Tippy, November 23, 1918 (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 431).

relief, which may be cabled to American Consul, Bombay, Chairman, Indian Committee, or to Rev. William Hazen.”¹³⁴

The appeal to American missionary networks and to the Red Cross was made with the blessing of the Indian government. The missionaries had collaborated closely with Indian officials, receiving crop yield estimates, district agricultural reports, and rainfall totals. After discussions with Indian officials, missionaries were apprised that crops would most likely fail because of famine, and told, “If therefore you are able to obtain funds, as you did before for relief, they will be most helpful. You have administered such funds before regardless of creed, and the public has complete reliance in you.”¹³⁵ Furthermore, the Political Secretary of the Government of Bombay telegraphed the missionaries on October 31, stating, “GOVERNMENT HAVE NO OBJECTION TO YOUR MAKING APPEAL.”¹³⁶ After making the appeals for aid to the *Christian Herald*, the American Red Cross, and the ABCFM, Hume approached Indian officials offering their services in securing aid for Bombay, and suggesting their own plan for relief. In a letter to the Collector of Ahmednagar, Hume proposed that American missionaries would administer relief for all Indian Christians, and would use relief money to put Christians to work. Under Hume’s proposed program, Christians would be put to work building houses, sanitation systems, and tearing down crumbling and unsafe structures. This would, according to Hume, allow Christians to stay in their homes near missions where they would continue receiving social services, such as education and medical care. It would also allow for adequate and sanitary housing to be

¹³⁴ Ibid.

¹³⁵ C.A. Beyts, letter to R.A. Hume, October 16, 1918 (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 431).

¹³⁶ Ibid.

built, which the lack thereof “is a menace to the health, morals, and economic welfare of the city and community.”¹³⁷ This program was included in a second appeal for help published in the *Christian Herald*, with the hope that “the principles and program on which American missionaries in the district propose to conduct famine relief...all wise Americans will approve of such principles and such a program, and will be glad to help us in applying them in the use of American money for the relief of distress.”¹³⁸

With these appeals, Hume attempted to use his role as a missionary and accepted expert on Indian culture to inspire Christians in the United States to send money for relief from war, famine, and influenza. Employing rhetoric describing a shared “Christian civilization” of believers across national boundaries, Hume attempted to tilt religious opinion in the United States by describing how missionaries would be ultimately be in charge of rebuilding Indian Christian society. Using Western principles and methods, he assured Americans that their contributions would be utilized for aiding Christians and for teaching them a better, more Western, lifestyle. Americans could, then, help to Americanize Indian Christian society. Hume was also sure to clarify to American Christians that their contributions would not be a handout to Indian Christians, but rather as a tool of uplift for Indian lives.

Despite the efforts of Hazen and Hume and the appeals to missionary networks and the Red Cross, little came from their requests for aid. In a letter sent to Hazen from the ABCFM headquarters, he was informed that the Marathi appeal had been printed in the ABCFM journal, *The Congregationalist and Advance*, but had, by January, only

¹³⁷ R.A. Hume, letter to C.A. Beyts, December 3, 1918 (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 431).

¹³⁸ R.A. Hume, letter to the Editors & Proprietors of the *Christian Herald*, December 4, 1918 (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 431).

generated about \$900 in donations. The ABCFM had also sent the same appeal to twelve American newspapers, but they did not produce any financial assistance. They contacted the American Red Cross in several ways, including writing to the head of the Red Cross in Massachusetts, the secretary of the Federated Council of Churches and urging them to contact the Red Cross on behalf of Marathi missionaries, and directly to the secretary of the Red Cross in Washington D.C. The response received was disappointing to the ABCFM, as it was reported to Hazen, “Evidently when they received his letter they had not fully come to appreciate the situation in India and they were inclined to question why America should contribute there.”¹³⁹ With urgent relief needed elsewhere and limited resources, the American Red Cross believed that Indian relief should be the responsibility of England and India, as the United States was seeing to the “crying needs all about Europe, in France, in Russia, in Poland, in Belgium, in Servia (sic), in Syria.”¹⁴⁰

Even though the aid did not reach Bombay and the surrounding Indian countryside as Hazen and Hume had hoped, the appeal process that they undertook and the people involved in it demonstrate the vast networks of public and private officials that missionaries were a part of. These networks could be utilized in times of great crisis, as with the Indian famine and influenza, and reached thousands of people across continents. Hazen and Hume sent word of Indian needs to their superiors in Boston, who published them in *The Congregationalist*, which was read across the U.S and in mission stations worldwide. The ABCFM reprinted the appeal in a dozen leading newspapers around the United States. The plea was also put into the *Christian Herald*, a Christian publication printed in Great Britain that had readers in multiple countries. Hazen and Hume also

¹³⁹ Letter to William Hazen, January 21, 1919 (Letters to Foreign Correspondents, 1834-1919, ABC 2, Reel 146).

¹⁴⁰ Ibid.

recognized how their plans were hampered by their nongovernmental status, and worked directly with the Indian and American governments to coordinate their actions as a way of lending credence to their relief efforts and to gain important sanctioning for their programs.

These officials, including the highest-ranking U.S. diplomat in the western part of India, the American consul, saw no conflict in acting as official agents of religious relief efforts. By lending their names to the efforts and furnishing letters approving of them, they gave the missionaries a form of government-backing the missionaries needed to enlarge and authorize their relief appeals. In dealing with the Bombay officials, Hume even felt confident enough in his position to detail his plan for how the Marathi Mission would accept relief funds and utilize them, making sure to frame it in a way that would appeal to Christians in the United States. The inability of the relief committee to collect the funds they desired demonstrates how American Christians, by the end of the War, were financially exhausted after years of donations and government bond buying, or were at least were growing numb to further appeals to world aid by early 1919. Finally, the American Red Cross' refusal to send money, with the explanation that with all of the current aid obligations to Europe, Russia, and the Middle East, that India should be left to England, shows that the American Red Cross had begun prioritizing aid to rebuilding countries destroyed by the War. While they would relieve distress caused by famine, such as in Russia, they sought to avoid getting involved in their allies' colonies that were not directly devastated by the War.

“A Heavy Cloud on This Nation’s Life”- The ABCFM in Boston

At the ABCFM headquarters in Boston, the reaction to the Spanish influenza epidemic inside the United States mirrored, to a large degree, that of its foreign missionaries. They witnessed, firsthand, how the epidemic disrupted daily life in Boston, with the banning of public assemblies and private gatherings. It also led to the cancellation of the ABCFM’s annual meeting. Despite all of this, ABCFM personnel living in Boston, and those touring the United States in the fall of 1918, interpreted the epidemic as more of a nuisance rather than an act of divine judgment. Although devastating to life and normal activity, it was certainly not a reason to pull back from missionary commitments worldwide.

By late September 1918, Enoch Bell and other ABCFM officials in Boston had seen what influenza had done to the population there, and described its destruction. ABCFM Foreign Secretary James Barton, in a letter to a missionary in Ohio, wrote, “I hope the grip that is now working such havoc here in Boston and Massachusetts will not reach Oberlin. Churches, theatres and public halls are to be closed until the crisis has passed.”¹⁴¹ The epidemic, though, did not pass quickly, and by the second week in October Barton was still noting influenza in his letters. Writing to a friend in Seattle, Barton sadly conveyed losses at the Congregational House, “I am glad you are not in the East now to face this grip that is going about. Two who seemed to be strong people in the Congregational House have died from it. It is very fatal and very prevalent.”¹⁴² In a letter to missionaries in China on October 10, Barton described how he, and other

¹⁴¹ James L. Barton, letter to Mrs. Theodore Elmer, September 27, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

¹⁴² James L. Barton, letter to George C. Reynolds, October 7, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

Congregationalists in Boston, were “living in the midst of the most terrific epidemic that I have ever known. Never before that I can remember was there such interruption of life by the run of disease as has struck us now with this Spanish influenza. There have been an enormous number of cases and a high percentage of mortality.”¹⁴³ ABCFM Editorial Secretary William Strong wrote to another missionary in China that, “We are in the midst of many distresses here now...the terrific epidemic of grippe or influenza which is unprecedentedly fatal and sweeps so widely that it has brought about almost panic conditions.”¹⁴⁴ Public gatherings were closed, and, “volunteer nurses are secured to help out the overworked forces in the hospitals, and the undertakers are busy as never before.”¹⁴⁵ Signaling hope while recognizing the epidemic’s wrath, he continued, “The report today is that the epidemic is lessening hereabout, but it has covered the country by this time and has wrought more fatalities, they say, than has the fighting to our forces in France.”¹⁴⁶ By late October, the epidemic has largely petered out in Boston, and Strong wrote, “We are just getting our breath in this country after a terrible epidemic of grippe...Added to the burdens and sorrows connected with the war it has made a heavy time for us here.”¹⁴⁷

The Spanish influenza epidemic also forced the ABCFM to change the times and program for its annual meeting. Scheduled to be held in Hartford, Connecticut during the final week of October, the ABCFM initially planned to keep to its original plans, despite

¹⁴³ James L. Barton, letter to Obed S. Johnson, October 10, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

¹⁴⁴ William E. Strong, letter to Edward H. Smith, October 10, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ William E. Strong, letter to George D. Wilder, October 29, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

the bans on public gatherings that were spreading around New England.¹⁴⁸ The ABCFM Annual Meeting was a large, multiday gathering where influential committees met with missionaries and lay church members, and where new fundraising was planned and initiated. These meetings were vital to securing funds for the next year's missions, and if they were underfunded, hampered the ability of the ABCFM to make future missionary commitments. The situation was particularly acute for the ABCFM in 1918, as it was running a large debt. In a letter to a Madura missionary on October 8, Strong denied their request for new building appropriations, citing a \$25,000 debt. The ABCFM "faces another year not less strained and critical at least from a financial point of view. We are hoping for relief and have made some plans to try and secure an emergency fund. These plans were to be set on foot at the Annual Meeting of the Board in Hartford, October 22."¹⁴⁹

Questions, though, surrounded the meeting and whether it may have to be postponed, because in Boston, "We are suffering from a severe epidemic of grippe, the most widespread and virulent epidemic that I have ever known."¹⁵⁰ With the epidemic still raging in late October in most of New England, the decision was made to push the annual meeting to a single day in December, despite the risk of decreased attendance due to changed plans. More importantly, the change risked the ability to secure new funds. Noting that the epidemic created "a heavy cloud on this nation's life," Strong lamented the change in the meeting because it "seriously inconvenienced the Board, especially as

¹⁴⁸ Herbert Case, letter to Isabelle Harley, October 10, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

¹⁴⁹ William E. Strong, letter Miss Mary T. Noyes, October 8, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

¹⁵⁰ Ibid.

we were anxious to get something started to cover a deficit of \$25,000 with which we closed the year. We are still hoping to do this.”¹⁵¹

The ABCFM was, ultimately, able to secure enough funding to pay its obligations for 1919.¹⁵² In writing about the epidemic, while it was raging in Boston, ABCFM officials used the same language and reasoning that missionaries did. There are no interpretations of divine punishment, nor were there indications that officials saw influenza as anything more than a rampant illness- virulent, yet understandable. Epidemics were fairly common, and while influenza was more widespread and devastating, in Boston ABCFM personnel only worried about its impact on their annual meeting. Unlike their missionary brethren, though, they did not blame the personal weakness of those who were sickened, nor the culture and lifestyle. They seemed to believe that their culture was hygienic and sanitary; therefore the spread of influenza was a normal occurrence, albeit tragic. By worrying openly about the ability of the ABCFM to hold its annual meeting, so as to secure funds to pay its debts and future mission obligations, officials proved that they were not going to shrink away from missionary work, even as influenza raced through the United States and the world.

Spanish Influenza and Christian Internationalism

For ABCFM personnel, at home and in the field, Spanish influenza was not a threat to their work, but rather an opportunity to reach more souls. Many argued that doors could be opened through the provision of effective medical treatment, and they requested that the ABCFM send doctors and money for medicines and facilities, to take

¹⁵¹ William E. Strong, letter to Mrs. Merlin W. Ennis, October 24, 1918 (Letters: Foreign Copybook, ABC 2.1, Reel 145).

¹⁵² *The One Hundred and Ninth Annual Report*, 18.

advantage of the need for care that Spanish influenza had created. As one missionary noted, “During the influenza epidemic we were able, by simple medicines and measures, to help a number of people, and we got at that time an entrance into their hearts and homes which would have been otherwise closed to us.”¹⁵³

Despite the ineffectiveness of the medicines that missionaries had used during the epidemic, this missionary, and most others, believed they had been hugely successful in protecting and curing Christians and non-Christians alike. Besides medicine, simple care and comfort demonstrated the compassion of Christian workers, and may have actually been the best care offered by missionaries. Explaining the need for expanded medical work, the missionary continued, “People would listen more readily to our message if we could first of all afford relief to their suffering, diseased bodies... The evangelistic opportunity would be incalculable...gratitude for their cure would have created an atmosphere favourable to the reception of what we say to them.”¹⁵⁴ Summarizing the situation that Spanish influenza created and calling for Americans to open their hearts to the world, he begged, “Can you not hear those poor, ignorant, sick brothers and sisters from 20,000 square miles calling to you across the seas to spare but ONE doctor and but ONE hospital from your own superfluity? We OUGHT to have the facilities here for meeting up to the staggering opportunities.”¹⁵⁵ The faith placed by missionaries in the ability of Western medicine to open hearts to the Gospel was not shaken by the pandemic.

¹⁵³ “Our Great Need,” undated (Marathi Mission, 1910-1919, ABC 16.1.1, Reel 432).

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

Implicit in all of these calls for assistance and relief activities was the belief that the spread of Christian civilization could prevent future health crises, and that natives could be educated and uplifted, if taught a proper, American lifestyle. This needed education could only be provided if Americans kept going out into the world, teaching the Gospel and American culture. After the war and the pandemic, the unconverted and uncivilized world needed them more than ever. If the world was to be changed after the war to what the missionaries hoped for, to a truly Christian international order that would avoid future wars, then Protestant Christian principles and Christian living must be spread quickly, before the opportunity for real change had passed. There was no need for a pullback from missionary work, rather, in the eyes of the ABCFM, Spanish influenza proved the need for greater efforts to expand Christianity and the American way of life.

Chapter 6

Conclusion

The Spanish influenza pandemic presented unique opportunities for the U.S. Government, public health groups, U.S. consuls, and American missionaries. These opportunities, though, were not uniformly fulfilled for the groups throughout the twentieth century and beyond. The U.S. federal government continued its trend of assuming more authority and direct control over the nation's health matters. More legislation was passed, beginning in the 1920s, that involved the federal government with nutrition, preventative care, health care for children, the disabled, and the elderly, and the federal government took a leading role in promoting research and finding cures for diseases of all types.

As the twenty-first century dawned, the federal government is seen as a major component of the modern health care system, in every aspect of care, research, and funding. Americans have grown accustomed to looking toward the federal government to investigate new outbreaks of disease and search for cures, such as during the avian and swine flu pandemics during the first decade of the 2000s, the West African Ebola outbreak in 2014, and the emergence of the Zika virus in South America in 2016. The Spanish influenza pandemic helped to cement American acceptance of government oversight and control over both routine health matters and major pandemics.

Public health groups, too, have seen their prominence in American life rise since the Spanish influenza pandemic. After the Great War was over, the PHS was given authority over the care of disabled soldiers. Despite some issues surrounding the quality of care that veterans received, the PHS was enlarged after the passage of the Social

Security Act in 1935 and given financing for citizen care and public health work across the nation. The protection of the health of soldiers during wartime was once again tasked to the PHS during the Second World War. The role of protection and investigation of diseases was made permanent with the creation of the Centers for Disease Control and Prevention, an agency tasked with researching and finding cures for diseases, which grew out of wartime disease control agencies. The combination of public health work and researching diseases was formalized for the PHS during the Spanish influenza pandemic, and since that time, the agency has been looked to as leading the nation's fight to track dangerous germs and viruses, research ways to eradicate them, and to protect the public against infectious diseases.

U.S. consuls were not greatly affected by the Spanish influenza pandemic, but they were successful in promoting and expanding American trade after it was over. As the Great Powers of Europe struggled to rebuild after the war was over, the United States and American companies stepped into the vacuum to supply goods to the world. Consuls were at the leading edge of this, especially in places where the United States had not formerly had a large commercial presence, such as in the old Ottoman Empire and along the coasts of Africa.

Their attention to disease, though, was mandated by the State Department even after the influenza pandemic subsided. Although not all consuls chose to concern themselves with health matters, as many refused to do during the influenza pandemic, other consuls strove to keep the federal government abreast of potential disease threats. As influenza cases began to appear in the early 1920s, consuls again sent warnings and reports to the State Department, who passed them on to the PHS. This continued

attention to disease shows that consuls were either following orders (although others refused to) or that they recognized that diseases posed dangers to American commerce and to the United States in general. As the twentieth century progressed and the federal government and PHS became more involved with tracking diseases before they reached the United States, consuls found themselves again thrust to the leading edges of disease investigation, as they had in 1918.

For American missionaries, there was not a mass conversion to Christianity and American culture after the Great War and influenza pandemic ended. Although ABCFM missionaries actively promoted both, native peoples did not rush to embrace Western lifestyles. Many simply tried to pick up the pieces of their lives, and others became involved in nationalist struggles, especially in India. A lack of money and financing also hampered ABCFM efforts, as Americans, too, shifted their priorities away from spreading the Gospel and back toward rebuilding life at home. Still, the ABCFM remained active around the world promoting Americanization and Christianity. The opportunity that missionaries envisioned, though, to rapidly convert the world to protect it from devastating pandemics and warfare, was never realized. In 1918 and the years immediately following, however, the Spanish influenza pandemic reassured ABCFM missionaries that the world needed their teachings, both spiritual and physical, more than ever before.

The Spanish influenza pandemic showed the United States, perhaps for the first time, how connected it was to the rest of the world during health crises. From average U.S. citizens to federal officials to diplomats and missionaries abroad, American citizens were tied to the war in Europe and to every other corner of the world. This connection

forced U.S. citizens to interpret the pandemic to attempt to understand what it meant to them personally, the proper role of the federal government, and the United States' place in the world. The various responses to the pandemic by American groups reinforced beliefs that citizens held before the pandemic, which, in turn, helped to shape the rest of the twentieth century and beyond. Although it did not radically change the world, the Spanish influenza pandemic helped to enshrine certain ideas, beliefs, and motivations that greatly affected the growth of the federal government and the work of public health groups inside the United States, as well as the mission of Americanizing the world by consuls and missionaries outside of it.

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VITA

EDUCATION

M.A. – History Department, Western Kentucky University, Bowling Green, KY 2009
B.A. – History Department, University of South Florida, Tampa, FL 2005
B.A. Economics Department, University of South Florida

PROFESSIONAL POSITIONS

Assistant Professor, Florida College, Temple Terrace, FL 2016
Adjunct, Florida College, Temple Terrace, FL 2009- 2011
Teaching Assistant, University of Kentucky, Lexington, KY 2011- 2016
Teaching Assistant, University of South Florida, Tampa, FL 2008
Graduate Assistant, Western Kentucky University, Bowling Green, KY 2005-2006

HONORS

George Herring Graduate Fellowship, University of Kentucky 2016
Mary Wilma Hargreaves Memorial Fellowship, University of Kentucky 2016
Samuel Flagg Bemis Dissertation Research Grant, SHAFR 2015
University of Kentucky Association of Emeriti Faculty Fellowship 2015
William Bryan Dissertation Fellowship, University of Kentucky 2015
Leslie K. Gilbert and Daniel E. Crowe Fellowship, University of Kentucky 2014

JONATHAN CHILCOTE