Closures, Masks, and Quarantines: Historiography of Social Distancing and Preventative Measures During the 1918 Influenza Pandemic in the U.S.

Carol A. Stuart

ABSTRACT

An oft-forgotten footnote to World War I, the novel and virulent strain of influenza that swept through the U.S. and around the globe swiftly in fall 1918 has received more recent attention due to late twentieth- and early twenty-first-century emerging diseases and the centennial anniversary. While the COVID-19 pandemic just over one hundred years later will likely now spark even more historical interest, this historiographical paper addresses how recent scholars treated what social measures U.S. cities and communities took to help slow the spread of the Great Influenza and how historians interpreted acceptance and effectiveness of public health mandates. Scholars have shown how officials missed warning signs or failed to act with enough urgency to stop or even to slow the virus early, yet still probably saved lives by taking eventual precautions. Some newer studies also have started to fill the gap in how marginalized communities like African Americans and Indigenous peoples were affected, as well as spotlighted smaller towns and various regions. With parallels to COVID-19, historians will have plenty of opportunity to compare contemporary actions (and inactions) to the 1918 public health responses, along with acceptance, resistance, and effectiveness.

Introduction

A novel and virulent strain of influenza swept through the U.S. and around the globe swiftly in fall 1918 amidst a world war, killing what is now estimated to be at least fifty million worldwide and over a half-million Americans during a pandemic that ranked as the United States' worst medical disaster until the COVID-19 over a century later.[1] This was apparently a second wave of a milder epidemic that spring that mostly hit Europe, and two lesser waves followed. This historiographical paper addresses how recent scholars have treated the social measures U.S. cities and communities took to help slow the spread of the Great Influenza, such as closings of schools, businesses, entertainment, and other large gatherings including sports and faith meetings, as well as mask-wearing, any other social distancing, and to some degree isolation and quarantines. This project also will look at interpretations of whether these public health preventative mandates were accepted and were effective.

While the origin of the disease is still unknown, it is now determined to be an avian H1N1 "swine flu" virus, appeared first in the U.S. near Camp Fuston in Kansas in spring 1918, and traveled with troops to Europe—where it likely mutated—and back to the East Coast by ships before spreading across the country through army encampments and railways. Although the germ theory had mostly taken hold, there were no knowledge of viruses, no antivirals, no antibiotics for the deadly secondary infections, no flu vaccines, and, as remains true today, no cure. Perhaps primarily due to World War I, the pandemic remained buried in America's collective memory and by U.S. historians until Alfred W. Crosby's *Epidemic and Peace* was published in 1976 (the year of a swine flu scare) and reprinted during the early AIDS epidemic in 1989 as *America's Forgotten Pandemic: The Influenza of 1918* and again with a new preface in 2003 during SARS.[2] Since then, both broad histories and community-focused studies have begun to proliferate due mostly to emerging diseases of the twenty-first century and the centennial anniversary of the influenza pandemic—with renewed interest anticipated now due to the COVID-19 crisis of 2020-22. In recent works, historians have shown how officials missed warning signs or failed to act with enough urgency to stop or even slow the virus early—too little, too late—yet still probably saved lives

1. John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (New York: Viking, 2004), 396-7. Estimates by epidemiologists now suggest 675,000 deaths of a U.S. population of about 105 million.

2. Alfred W. Crosby, *American's Forgotten Pandemic: The Influenza of 1918*, 2nd ed. (Cambridge University Press, 2003), xi-xii; Barry, 446. Barry notes that scientists still are not sure if humans gave swine the H1N1 type infection or if swine gave humans the virus and that most segments of the virus have avian origins.

by taking eventual precautions. Some newer scholarly studies, further discussed in the second section below, also have started to fill the gap in how minority communities like African Americans and Indigenous peoples were affected through the lens of racial disparities and discrimination.

Broad-Based Histories

As the first of major histories considered here, Crosby's trailblazing work traces the fall outbreak from the Boston naval pier in late August and the nearby Camp Devens army cantonment, then through its swift wartime spread elsewhere and the ensuing research efforts. This pandemic perplexed physician scientists who tried to treat an influenza that differed significantly from the endemic version as it attacked virile sailors, soldiers, and civilians in their prime, particularly with pneumonia and other lung complications (likely an immune over-response). Crosby points out that "the machinery of the army continued to function" in the meantime and that army leaders in late September ignored belated recommendations of suspending new troop arrivals and departures from Devens as well as reducing overcrowding and expanding space per person.[3] Although citing a Boston naval hospital physician who in early September predicted the disease would spread rapidly across the country, Crosby lets leaders off the hook by saying the "epidemic was moving too fast for authorities to react sensibly." Contradicting himself, he subsequently points out that sailors and shipyard workers marched on Boston streets September 3 for a Win-the-War-for Freedom parade that "certainly spread flu"; a public dedication event (including dancing) with civilians and sailors took place at the Navy Radio School at Harvard two days after cases appeared there; and influenza showed up at Devens September 8, just four days following the arrival of 1,400 new Massachusetts recruits. As the city and state waited weeks to "take measures to defend their citizens against the pandemic,"[4] Crobsy and others show that a failure to halt troop movements and patriotic events contributed to the spread, including a September 12 nationwide draft registration and Liberty Loan Drive parades in Philadelphia and beyond. Crosby notes that the U.S. Army did finally cancel an October draft call and quarantine camps.[5]

Crosby spends two chapters comparing responses in Philadelphia and

3. Crosby, 10.

4. Ibid., 40, 45.

5. Ibid., 49. Crosby notes Chicago's health department expected its Liberty Loan paradise to spread the flu but advised marchers to remove clothing at home afterward, dry their body, and take a laxative! Even President Wilson spoke at the New York opera house September 27 to launch the Liberty Loan, even though cases were double the previous day, and led a parade of 25, 000 on October 12, 53-7.

San Francisco, with Philadelphia the hardest-hit U.S. city despite its health bureau actually issuing a warning in July about the flu in Europe. With a naval yard and two army camps infected in neighboring states, Philadelphia began a "campaign against coughing, sneezing, and spitting" September 18 but allowed the 23-block parade September 28 with 200,000 attending—an event Crosby says caused the pandemic to explode days later with 635 new civilian cases reported October 1 alone. As shipyard workers called out sick, Crosby notes that on October 3 the city closed churches, theaters, and other amusement businesses and the state shuttered saloons and all public entertainment (however, Pennsylvania left church and school closings up to local authorities). Although the nation's surgeon general urged all state health directors to follow suit if needed, and many locals did, Crosby maintains such closing orders "did little to limit the spread of flu"—in part because of crowded restaurants, elevators, and street cars. He asserts death rates were often higher in communities with stricter orders and that officials only closed entertainment places to "do *something*."[6] Crosby does not discuss acceptance of mandates other than quoting the *Philadelphia Inquirer* as bans were lifted October 27-30 that they should not have happened and were tyrannical. And, despite describing bodies piling up during the devastating death toll, a coffin shortage, and funeral price-gouging, Crosby points out that closings cost entertainment businesses $2,350,000, and he does not estimate how many lives may have been spared—even while saying grief has never been successfully quantified.[7]

In San Francisco, where the pandemic hit later, Crosby shows how leaders used time wisely by asking area naval facilities to quarantine. However, a Liberty Loan Drive parade, community sing, and other rallies (one with Mary Pickford) took place, with Crosby again contradicting himself by claiming "As in Philadelphia and elsewhere, it is doubtful that such patriotic shenanigans accelerated the spread of the flu to any great extent." He contends packed factories, stores, and street cars would have spread the disease just as much.[8] Crosby says by October 18 San Franciscans were "scared enough to accept drastic measures," and the city joined several other California localities as it closed schools, amusement places, and public gatherings—and then churches. Furthermore, Crosby says a mandate to wear gauze masks was credited for the city's sharp decline in influenza—even as he argues that enforcement is "impossible" and that communities with and without such compulsory orders

6. Ibid., 71-4.

7. Ibid., 85-7

8. Ibid., 94. One doctor treated 525 patients in a day in October 1918, riding on a running board as a friend drove.

"almost always" had the same health records.[9] Residents voted and even celebrated the armistice with masks. As historians show in other places, however, public health policies became less popular as time wore on—masks were called inconvenient, humiliating, and infringing on personal liberty by some—and in late November, officials removed the mask mandate that they said had reduced influenza cases by half as well as limited other infectious diseases. When another spike happened, residents initially refused a voluntary request to re-mask, then despite an Anti-Mask League formed after masks were made mandatory in mid-January, cases began to drop anew—yet Crosby comments that San Francisco still suffered 3,500 deaths even with stringent measures.[10] Crosby also spends time discussing native populations in Alaska and American Samoa, where territorial governors had more leeway and the latter had an effective quarantine.

John M. Barry's 2004 semi-scholarly work, *The Great Influenza: The Epic Story of the Deadliest Plague in History*, is the most "popular" work on the pandemic after being reprinted during the 2018 centennial with a new afterword. Especially focusing on scientists searching for a cause and vaccine, he digs into evidence the new influenza began in Kansas in early 1918 and mentions schools re-opening "with healthy children" by mid-March in Haskell County as well as the outbreak in nearby Camp Funston.[11] Barry charges the New York City health department's leader for taking "no action whatsoever to prevent the spread of infection" after a Norwegian freighter arrived with influenza aboard in mid-August, yet says Boston navy physicians did all they could to isolate and contain the late August pier outbreak "but the disease was too explosive."[12] However, he also shows that ships and sailors from Boston helped spread the disease to Philadelphia, New Orleans, and the Great Lakes training station near Chicago, and that Philadelphia's Navy Yard quarantine came a day too late after sailors were then sent on to Puget Sound.[13] Concentrating on Philadelphia like Crosby, Barry claims health director Wilmer Krusen "had done absolutely nothing," with the city initially only launching a campaign to cover coughs and sneezes, advising to avoid crowds, forbidding organizations or parties entertaining military—and not canceling the parade (although streetcar passengers were limited).[14] Barry notes that only

9. Ibid., 101-2. Masks were even popular at sea on at least two troopships, 138.
10. Ibid., 105, 108, 112, 114. Whistles, sirens, and bells "signaled the great unveiling" at noon November 21.
11. Barry, 94-5.
12. Ibid., 181, 184.
13. Ibid., 192, 200.
14. Ibid., 202, 204-5, 208-9.

after all hospital beds were filled seventy-two hours later, did Krusen close churches, schools, theaters, public funerals, and gatherings, including any Liberty Loan events—but left saloons open (a constituency of the mayor's machine, although closed by state health order the next day). Hundreds were dying a day, city and health workers wore masks, and people spitting on the street were arrested.[15] In particular, Barry addresses the fear and isolation of people avoiding each other and conversation on the street, even turning away to avoid someone's breath, and says people fled because of "ghostly surgical masks" when a doctor, nurse, or policeman showed up during a manpower shortage. He also claims masks did not work against the virus because thirty-three Philadelphia police officers died by mid-October[16] and later says millions wearing masks did not make a difference, but writes in his new afterword that masks on someone sick were proven effective in 1918![17]

The initial interest in this historiography subject stemmed from a 2020 sports article during COVID-19 about the influenza pandemic a century ago and an accompanying 1918 photograph from a Georgia Tech college football where fans pictured in the crowd (including uniformed soldiers) mostly wore cloth masks properly. Since WWI likely already affected professional and college sports, not much can be found in recent literature about athletics that fall, particularly football, so this subject could be researched further. Barry, though, is one of the few historians to mention sports, noting that major league baseball had already shortened its season because players had to find "essential" jobs or be sent to war due to a May 23 draft order and that the 1919 Stanley Cup hockey finals were cancelled due to influenza.[18]

Blaming the war effort for public health failure to act as "relentless" as during polio outbreaks previously, including in New York City, Barry additionally emphasizes camp transfers were not halted until thousands of soldiers were dead or dying. Although arguing influenza was too contagious to be contained like SARS, he contends "ruthless intervention and quarantines" in 1918 may have delayed flu's arrival or slowed its spread in a community and "would have saved many, many thousands of lives."[19] It is interesting that at least twice Barry points out President Wilson made no public statement on influenza. The author also looks at some smaller communities, including the mixed success of some Colorado mountain towns: Lake City allowed no one to enter and stayed flu-free; Ouray's "shotgun" quarantine kept miners out

15. Ibid., 220-1.
16. Ibid., 225-6, 326.
17. Ibid., 359, 457.
18. Ibid., 301, 457.
19. Ibid., 314.

and Silverton closed businesses, but both were still hit; and railroad town Gunnison thwarted influenza by banning gatherings, blockading roads, and threatening rail passengers with arrest and quarantine. Barry notes that Prescott, Arizona, even made shaking hands illegal, and two Colorado towns required customers to wait outside stores to order and receive packages. However, his reasoning is incongruent when he terms it "ironically" that Phoenix suffered less than other places due to initiatives from its influenza citizens committee, which included a mask mandate and 1,200 cubic feet of air space per customer. He does portray panic and fear there with killings of dogs by people and police after a rumor of canines carrying influenza.[20]

Published in 2012, Nancy K. Bristow's *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* brings a more up-to-date scholarly approach to the pandemic and argues that the crisis reinforced the social and cultural status quo despite reshaping individuals' lives. As government gained more power during the emergency and during WWI, Americans grew "restless" over being controlled as the disease was not contained and time dragged on, Bristow contends, somewhat similar to the trend witnessed during the contemporary COVID-19 containment efforts. In Chapter 3, she examines epidemic measures such as mandated mask-wearing, school closings, and prohibited common drinking cups through the lens of Progressive era reforms.[21] Bristow illustrates initial cooperation by clergy, teachers, students, and movie theater owners as public places were closed October 29 in Roanoke, Virginia, but how the local newspaper questioned a month in why a reopening of movie houses and theaters should be gradual—and then how a resurgence forced a return to restrictions in December. While pool hall owners contested the legality of orders, schools closed for another three weeks, and the city put limitations on Christmas gatherings. She likens the progression of citizens' initial acceptance and later weariness to the rise and collapse of Progressivism itself.[22]

Bristow criticizes Surgeon General Rupert Blue for not calling for "a broader quarantine of all incoming ships" in mid-August, but she strangely states that "One could not always avoid crowds, of course" when discussing Blue's guidance to the public including improving personal hygienic habits.[23] Bristow notes that enforcement issues affected some significant measures and that public health leaders often did not agree on approaches, such as debating masks—for instance, a Chicago health official

20. Ibid., 345, 347-8, 350.

21. Nancy K. Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (Oxford: Oxford University Press, 20120, 12.

22. Bristow, 82-6.

23. Ibid., 93.

called them "useless" as worn by most people. Likewise, she points out why closings of schools and churches were controversial and how non-essential closures would not eliminate congestion for urban workplaces, transportation, and sidewalks without shutting down all businesses.[24] Although the surgeon general deferred decision-making to local authorities, Bristow does highlight Blue's adamant recommendation to close schools, as well as ban other public gatherings, to slow the spread and allow communities to prepare. Instead of using fear to motivate the public, Bristow recounts how public health officials utilized patriotism, the war, and a sense of duty as strategies to encourage cooperation with anti-spread efforts and often received support from the local press such as in Wallace, Idaho (for example, an article entitled "Make Your Own Mask; It Is a Simple Task" ran below a "Stop Spread of Influenza" editorial). In determining that "reactions were as diverse as the country itself," Bristow uncovers measures in numerous cities and towns across the U.S. and how they were received, from support for 27 specific directives in Quitman, Georgia, to lawsuits filed over school and theatre closings in Globe, Arizona.[25]

Focused Community Studies

In the past decade, historians have built upon scholarship by Crosby, Barry, and Bristow particularly by focusing on the 1918 influenza outbreak in a single community, while emerging diseases and the pandemic's hundred-year anniversary have increased interest in the topic. James Higgins's 2010 journal article, "'With Every Accompaniment of Ravage and Agony': Pittsburgh and the Influenza Epidemic of 1918-1919," says the western Pennsylvania industrial town had the worst urban outbreak of influenza in the U.S. but that its longer, persistent outbreak has not received the attention of other cities, including Philadelphia across the state. Along with an ineffective relief response and air-quality issues that already caused the nation's worst pneumonia rate, Higgins blames city officials in part for high morbidity and mortality rates due to their refusal to enforce and strengthen state quarantines and in undermining and ending them early.[26] He describes how Pennsylvania banned

24. Ibid., 94-6.

25. Ibid., 106.

26. James Higgins, "'With Every Accompaniment of Ravage and Agony': Pittsburgh and the Influenza Epidemic of 1918-1919," *Pennsylvania Magazine of History & Biography* 134, no. 3 (July 2010): 263, 266-8, https://doi.org/10.5215/pennmaghistbio.134.3.263. In addition to coke production and coal burning causing preexisting conditions, overcrowding led to workers living in sheds on hillsides and in ravines, boxcars converted into barracks, reopened condemned buildings, subterranean apartments, and 50,000 day and night shift workers sharing bunks in boarding houses.

assemblies of crowds in early October and closed entertainment venues including saloons, theaters, soda fountains, and ice cream parlors. Noting that Pittsburgh's public health director was not a physician and got his job through patronage, Higgins highlights how the city did not close its schools until October 24 (although county and parochial systems did) or places of worship like Philadelphia and planned to monitor the illness in the city through schoolchildren; Catholic and Jewish congregations did shutter early voluntarily.[27] He notes that a September 29 war bond drive attended by 40,000 did not result in explosive spread as Philadelphia's although numbers rose sharply in area military camps, and the city illegally excepted loan-drive workers from the state gatherings ban and allowed an October 19 event to hear war bond results.[28] Finally, Higgins argues Pittsburgh's public health response was weakened by liquor lobbies challenging the ban and city hall turning "a blind eye" to open bars before the city public health director asked the state to intervene; meanwhile, primarily Protestant ministers protested a mid-October worship ban. Crediting the public health director for tying his efforts to patriotism and chastising the entertainment industry "for putting lives at risk . . . for profits," Higgins shows that after the mayor negated the state ban early and revelers celebrated a rumored and the real armistice, Pittsburgh's influenza cases increased, the city had 728 orphans, desperate calls for nurses continued through November, and infection rates stayed high into early 1919.[29]

Also published in 2010, shortly after swine and avian flu and SARS epidemics had taken place, James Derek Shidler's "A Tale of Two Cities: The 1918 Influenza" compares and contrasts how newspapers 10 miles apart in two rural Illinois towns covered the pandemic. He finds that the *Mattoon Journal-Gazette*, a Republican-leaning paper in a blue-collar industrial and railroad town, "never tried to hide or dilute the seriousness" of the deadly influenza and reported the closings of schools, churches, movie theaters, and Red Cross meetings by October as well as Illinois officials shutting down political gatherings. The Mattoon paper also was "overwhelmed" with obits for civilians and troops, listed business closings in one editorial, and noted stores would have late Christmas Eve hours to lessen shopping congestion. While Shidler does not analyze acceptance or effects of the preventative public health measures, he quotes a local doctor on December 18 that Mattoon was averaging 20 cases reported a day and predicted successive waves, which Shidler says never "devastated" the city.[30] Shidler

27. Higgins, "'With Every Accompaniment of Ravage and Agony,'" 271-2. Higgins does not address why most Protestant churches remained open for worship.

28. Ibid., 270-1, 276.

29. Ibid., 278-9, 281-2.

30. James Derek Shidler, "A Tale of Two Cities: The 1918 Influenza," *Journal*

determines that the *Charleston Courier*, a Democratic paper in a white-collar, teacher-producing town that outbid Mattoon for the East Illinois normal school, seemed to "ignore" influenza and even appeared "annoyed by all the hype."[31] The Charleston coverage mostly focused on larger cities including Chicago, so no local orders were discussed, and the college-town paper approached the disease from a more scientific standpoint, such as referencing an anti-spitting campaign in Cleveland.

Patricia J. Fanning's 2010 book, *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918*, also focuses on the epidemic in a smaller industrial town— Norwood, Massachusetts—as opposed to usual studies on the "urban and national experience." Citing Charles Rosenberg's *The Cholera Years*, Fanning examines how social and public health responses to epidemics usually end up increasing control, surveillance, and enforcement over victims, especially the poor and immigrants, amidst moral judgments and subsequent resistance to regulations.[32] She claims the state's first warning September 5 after the Boston outbreak came too late; highlights a Norwood hospital fundraiser fair and Masonic event in late September; notes the first cases stemmed from a railway car maintenance shop; and mentions the shuttering of schools and other voluntary closings after 700 influenza cases including a baby among the deaths.[33] Stating the epidemic was treated as a "political emergency," Fanning concludes that immigrants in Norwood could not afford to stay home due to quarantines or illness, had their homes searched, and often delayed treatment because of forced evacuations—showing that both protectionists and well-intentioned, paternalistic progressives contributed to impoverished immigrants' woes.[34] In addition to bans on worship, wakes, funerals, and entertainment like billiards and soda fountains, Fanning details that packages in a neighborhood were left on porches, mail was baked in the oven, and a newsboy remembers his manager disinfecting money first before accepting it; however, a girls church choir sang and civic organizations took

---

of the Illinois State Historical Society 103, no. 2 (2010): 167-8, www.jstor.org/stable/25701282. The Mattoon newspaper also ran numerous ads for remedies, including Vicks VapoRub, unlike the Charleston paper.

31. Shidler, 171, 176. Shidler points out the Mattoon also has reported on "mass hysteria," including rumors about the "Mad Gasser." He also confusingly describes Democratic as liberal and Republican as conservative, perhaps belying some of the changing political viewpoints in the early modern era.

32. Patricia J. Fanning, *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918* (Amherst, MA: University of Massachusetts Press, 2010), 5-7.

33. Fanning, 21, 25, 56, 58.

34. Ibid., 100.

part in the funeral of an elite woman's club member.[35] Fanning finds that 75% of adult residents who died during Norwood's deadly fall wave were foreign-born, while she also updates with literature showing that the very poor had triple the mortality rates of those well-off and that a GIS study in Hartford, Connecticut, linked disproportionate deaths to ethnicity.

A couple of articles in 2013 regional historical journals, meanwhile, explore the epidemic in two Texas towns: Ana Luisa Martinez-Catsam's "Desolate Streets: The Spanish Influenza in San Antonio" and Peggy A. Redshaw's "Sherman, Texas, and the 1918 Pandemic Flu." Noting much of the pandemic historical scholarship concentrates on the northeastern U.S., Martinez-Catsam illustrates how the army used a quarantine October 1 to keep area soldiers from visiting San Antonio except on official business and cancelled football, track, and other recreation. Even without cases in the city, she points out that San Antonio officials prohibited a circus performance and ordered businesses to sweep outside daily, but did not close schools, churches, or movie houses until mid-October when military and civilian influenza cases skyrocketed after the army relaxed camp restrictions. Martinez-Catsam notes jury trials and funerals also were banned while sales were discouraged and street cars had windows opened and were disinfected.[36] Although cases declined steadily until bans and the army quarantine were lifted just in time to celebrate the armistice, closings were instituted again in early December briefly and the city used similar measures in a milder 1920 outbreak, the author says.[37]

Redshaw discusses influenza hitting Dallas in late September 1918 before the visit of the Liberty Loan train, with initial warnings for infected people to quarantine and stay out of public buildings falling "on deaf ears in Sherman." She notes that the start of school, fall classes at Austin College, a two-week religious revival, musical programs, and a September 29 Liberty Loan Campaign patriotic service all took place in the last half of the month in the city, and that 3,000-4,000 people then turned out to see the train and its war exhibits October 3—which Redshaw calls an "even greater opportunity" to spread the virus. Showing evidence influenza likely arrived earlier than the first death October 4, Redshaw contends the public events helped spread the flu quickly, leading to a thousand cases in Sherman; the closing of churches,

35. Ibid., 79, 85. Interviewing residents to recover recollections including those handed down through families, Fanning did not name people who wished to keep their identities private.

36. Ana Luisa Martinez-Catsam, "Desolate Streets: The Spanish Influenza in San Antonio," *Southwestern Historical Quarterly* 116, no. 3 (January 2013): 295, 297, https://doi.org/10.1353/2wh.2013.0010.

37. Martinez-Catsam, 303.

schools, theaters, pool halls, and movie houses; and quarantines on students at two colleges.[38] She maintains the disease did not discriminate and lists various victims from obituaries, such as the sheriff, a physician treating influenza, a theater owner, a restaurant manager, a barber, a pharmacist, a shoe salesman, a firetruck driver, and several railroad employees and families. Redshaw discovers a newspaper plea by the Sherman War Council saying "precautionary measures" are working and calling on the 25% of people not following health rules to cooperate,[39] and then prohibitions were lifted in late October as cases declined. Referencing the swine flu epidemic of 2009, Redshaw recognizes that the "same limited protocols used in 1918—isolation, quarantine, hand washing, and masks"—are still recommended in present times and that Vicks VapoRub remains among patent medicines in use today![40]

In 2014, Benjamin R. Brady and Howard M. Bahr extend scholarship further by exploring neglected accounts of the vulnerable Indigenous community, drawing on Navajo literature, National Archives, and southwestern university library sources for their article "The Influenza Epidemic of 1918-1920 among the Navajos." They discuss why Native Americans had mortality rates four times the overall population during the pandemic, which reflected the higher risk of remote Indigenous people worldwide, and have compiled a historiographical chart on social factors related to mortality.[41] In considering social distancing, the authors argue that distance worked against tribe members living in isolation in their dispersed settlement patterns, because although influenza reached them in "trackless" areas, many died due to lack of care. Families often became ill at the same time, some sick Navajos fled into the wilds to avoid contagion and spirits, and health care was even more inadequate due to war service by medical personnel, Brady and Bahr write. Additionally, a ceremonial "sing" with a medicine man and family members also helped spread the flu, while dying people were moved out into the elements to prevent haunting the shelter. The scholars do outline how the father superior at Saint Michael's imposed a successful quarantine on the school after influenza swept through Fort Defiance, but also assert that the Indian

38. Peggy A. Redshaw, "Sherman, Texas, and the 1918 Pandemic Flu," *East Texas Historical Journal* 51, no. 1 9Spring 2013): 69-70, http://search.ebscohost.com.ezproxy.mtsu.edu/login.aspx?direct=true&db=asn&AN=84984932&site=eds-live&scope=site.

39. Redshaw, 71-3.

40. Ibid., 80. A side note: Redshaw makes good use of funeral home ledger books for source materials.

41. Benjamin R. Brady and Howard M. Bahr, "The Influenza Epidemic of 1918-1920 among the Navajos," *American Indian Quarterly* 38, no. 4 (Fall 2014): 262-3, https://doi.org/10.5250/amerindiquar.38.4.0459.

Service bureaucracy and informal Navajo communication system contributed to the spread by not recognizing, informing, or providing resources in time.[42] Ultimately, the large tribe of Navajos, among the poorest of the poor in 1918, suffered "unusually high losses."[43] Throughout history during epidemics, marginalized communities usually receive less care and furthermore often suffer the brunt of fear-mongering as "the Other" is blamed for the spread of disease.

Two other papers looking at how marginalized communities were affected are among the new wave of scholarship emerging in the past few years around the pandemic's centennial: Mikaëla M. Adams' "'A Very Serious and Perplexing Epidemic of Grippe': The Influenza of 1918 at the Haskell Institute" published in 2020 and Elizabeth Schlabach's "The Influenza Epidemic and Jim Crow Public Health Policies and Practices in Chicago, 1917–1921" printed in 2019. Adams' article on the federal Indian assimilationist boarding school in Lawrence, Kansas, focuses on an influenza outbreak in the spring of 1918 that may have been the same virulent strain found at nearby Camp Funston in the first wave. Adams, whose aim is to delve beyond the oft-studied colonial period of disease in Native American history, illuminates how Haskell superintendent Harvey B. Peairs often prioritized the institute and its fiscal survival over his students at the nation's largest non-reservation boarding school.[44] Overenrolling students contributed to overcrowding in dorms and helped spread influenza, while Peairs also "discouraged parental visits and refused students home leave."[45] Thus, Adams shows, like Fanning in Norwood, how this marginalized community was controlled. Haskell's first diagnosis of grippe (another common name for the flu) occurred 11 days after the March 4 army camp outbreak, and a total of 17 students died at the school in the spring and fall from influenza. Adams points out that Peairs, investigated a decade prior for large numbers of tuberculosis cases, asked for outside help early on but a U.S. Public Health Service surgeon attributed the spring epidemic to climatic causes. Meanwhile, students participated in a Liberty Loan parade and a Sousa concert in Lawrence in early April, yet Adams stresses that the school had higher morbidity and mortality rates in the spring than army camps. In the fall outbreak, Peairs never sent students home despite a warning against overcrowding but halted classroom learning until October 28 and continued a partial quarantine;

42. Brady and Bahr, 470-3.

43. Ibid., 482.

44. Mikaëla M. Adams, "'A Very Serious and Perplexing Epidemic of Grippe': The Influenzaof 1918 at the Haskell Institute." *American Indian Quarterly* 44, no. 1 (2020): 1–2, https://doi.org/10.5250/amerindiquar.44.1.0001.

45. Adams, 3.

however, Adams notes he cruelly allowed no leaves or visits through the holidays (many students requesting leave in April never returned for fear of influenza).[46] Working on a book about the 1918-20 influenza pandemic in Indian Country, she also writes in her footnotes that she believes Barry wrongly assumed "Haskell" in a surgeon general's report is Haskell County, Kansas, instead of Haskell institute and is incorrect about the origin of the virus.

In examining the epidemic in Chicago, Schlabach eyes another marginalized community as African Americans battled public health campaigns including during the 1918 pandemic, and she calls the historiography of the Black experience in the influenza outbreak "shockingly sparse." Citing Bristow in claiming the Chicago health director's stance to keep schools open was a way to continue surveillance of the Black community, Schlabach also uses Samuel Kelton Roberts' *Infectious Fear* about race and tuberculosis as inspiration for her article.[47] At the time of the epidemic, Schlabach writes, fifty-eight bombs were hurled at homes of Blacks or real estate agents in Chicago to help maintain the color line in housing, and African Americans' migration to the north had caused a fear of disease spreading. The historian contends that African Americans were asserting rights to public and political spaces just at the time that public health campaigns could "upend all urban spaces."

Schlabach shows how the Illinois Influenza Commission in late September helped prohibit dances and funerals, as well as was an arbiter of medical inspections. With influenza reaching Chicago via the Great Lakes Naval Training Center, the health department recommended mask-wearing, flu cases were ordered quarantined, and an anti-spitting ordinance was enforced anew.[48] She argues that African Americans were only welcome to abide by measures, rather than protest segregated medical care, although interestingly Blacks weren't dying in high numbers nationwide. The epidemic allowed health officials to invade families' privacy to search for unreported influenza, and measures extended to even controlling play on streets, she writes, with "toxic racialized effects" akin to Jim Crow laws.

The city also shut down public events including athletics, banquets, and conventions October 18 and prohibited entertainment in restaurants and crowding in pool halls and saloons in the name of defense and patriotism. But the health director stressed in 1919—the year of race riots—that churches, schools, and many

46. Ibid., 21.

47. Elizabeth Schlabach, "The Influenza Epidemic and Jim Crow Public Health Policies and Practices in Chicago, 1917-1921," *Journal of African American History* 104, no. 1 (Winter 2019): 32-3, https://doi.org/10.1086/701105.

48. Schlabach, 37, 39-40.

businesses had remained open.[49] Schlabach digs through local Black newspapers to see postponements of the Chicago American Giants baseball team's season in the National Negro League and Hampton Institute's fiftieth anniversary celebration in Chicago, while also finding fashion advice for the flu season including about masks. Additionally, the Black press also covered the AAU national track and field championships in September, which Schlabach maintains belies the "military's lack of knowledge of the seriousness of the epidemic."[50] While she does not address effectiveness of policies, Schlabach does demonstrate how African Americans still managed to make some progress in desegregating both medical training and care during the era.

Four other new works concentrate on the 1918 pandemic in Pennsylvania, including Sarah Wilson Carter's "The 1918 Influenza Outbreak in Harrisburg" (2020) and a trio of articles on Philadelphia: "The 1918 Spanish Influenza: Three Months of Horror in Philadelphia" (2017) by Christina M Stetler; "An Epidemic's Strawman: Wilmer Krusen, Philadelphia's 1918–1919 Influenza Epidemic, and Historical Memory" (2020) by the aforementioned Higgins; and "Influenza Pandemic Warning Signals: Philadelphia in 1918 and 1977-1978" (2020) by James M. Wilson, Garrett M. Scalaro, and Jodie A. Powell. Carter discusses how key civic reformers of the City Beautiful movement in Harrisburg also were involved with public health, including the new director, a physician who issued quarantines and closed school, churches, and public events. He also asked employers to schedule workers at intervals to alleviate crowds and limit spread of influenza, while newspapers recommended mask-wearing and good cough etiquette.[51] Carter uses digital tools to trace how the virus spread from an industrial area into the congested rail center of Pennsylvania's capital city. Showing that African Americans and immigrants had higher death rates, Carter additionally argues that the epidemic was limited by public health measures—yet acknowledges more work should be done with data sets.[52]

Even though Philadelphia's influenza crisis and responses have been the center of broader histories as seen above, Stetler tackles the subject in-depth and covers much of the same ground including the initial navy yard outbreak, Krusen's initial reluctance to act, an explosive spread at the Liberty Loan parade, and subsequent public closures. Unlike most works cited here, she addresses athletics

49. Ibid., 43-4.

50. Ibid., 47-9.

51. Sarah Wilson Carter, "The 1918 Influenza Outbreak in Harrisburg," *Pennsylvania History: A Journal of Mid-Atlantic Studies* 87, no. 1 (2020): 149, https://doi.org/doi:10.5325/pennhistory.87.1.0148.

52. Carter, 153-4.

with the cancellation of an October 4 pep rally and October 5 football game at the University of Pennsylvania against the Marines—and, by October 6, the city had 200,000 announced cases. Stetler expounds on Catholic nuns stepping into nursing roles as the city became overwhelmed—twenty-two sisters died from influenza—and stresses their care for African American families during a "time of stark racial segregation." She uncovers interesting nuggets of the U.S. Public Health Service advising that the "firing range of a careless cougher or sneezer is at least three feet" and to burn a paper sack of cloths containing nose or throat secretions.[53] Deaths mounted, however, and 10,000 had died by October 19. As the mortality rate slowed and the city reopened slowly, Penn and the Marine team played the football game October 26, allowing only students to attend under health board rules, Stetler writes. Liquor sales were at first limited to three times a day of two hours each. In her conclusion, she notes the Eighteenth Amendment prohibiting alcoholic beverages passed the next fall, followed by the rise of crime, the Roaring Twenties, and the women's suffrage Nineteenth Amendment.[54]

In Higgins's article on the influenza devastation in Philadelphia, he challenges previous portrayals of Krusen as inept and inexperienced and says the record should be set straight since the epidemic is often studied for public policy responses to disease outbreaks even a hundred years later. He argues that Krusen was "overwhelmed by factors beyond his control" and that the flu was already circulating among sailors in Philadelphia even before the 300 transfers arrived from Boston.[55] Higgins particularly takes Barry to task for flimsy evidence about "physicians" trying to halt the Liberty Loan parade, and he provides qualifications of Krusen's competence and professional experience. Higgins claims the mayor alone had authority to cancel the city's largest event since the 1876 Centennial Exposition and that the danger of influenza in the civilian population was not high enough at the time in Philadelphia. He also says scholars have misjudged the severity of Philadelphia's navy yard outbreak and wrongly measured it against much more severe conditions at Boston and Chicago.[56] Krusen "didn't sit idly by" but mobilized volunteers and organizations, doing what other major city health leaders did in fall 1918 "with a great deal less warning that

53. Christina M. Stetler, "The 1918 Spanish Influenza: Three Months of Horror in Philadelphia," *Pennsylvania History: A Journal of Mid-Atlantic Studies* 84, no. 4 (2017): 468, 473-5, https://doi.org/10.5325/pennhistory.84.4.0462.

54. Stetler, 477-8, 482.

55. James Higgins, "An Epidemic's Strawman: Wilmer Krusen, Philadelphia's 1918-1919 Influenza Epidemic, and Historical Memory," *The Pennsylvania Magazine of History and Biography* 144, no. 1 (2020): 76, https://doi.org/10.1353/pmh.2020.0003.

56. Higgins, "An Epidemic's Strawman," 78-82.

major cities farther west," Higgins contends. He concludes by blaming Philadelphians for tolerating city leaders who ignored tenement conditions, admonishing historians to dig further into primary sources beyond newspapers, and advocating that cities commit to public health even when there isn't an epidemic.[57]

While Wilson, Scalaro, and Powell's article is as much a public policy paper as history, it compares the warnings and responses of the 1918 Philadelphia influenza pandemic and the 1977-78 return of flu Type A/H1N1. Reviewing how local media reports can serve as intelligence to inform officials of pandemics, these scholars argue that Philadelphia officials in 1918 underestimated the threat level when influenza swamped nearby Camp Dix and opted for only disinfection and hygiene recommendations rather than social distancing measures—until October 4 (Day 15 of civilian cases in Philly). The trio write that police were authorized to enforce bans, and no resistance was reported other than some "editorial exchanges." Elsewhere in the state, though, Scranton considered martial law after some businesses served liquor through the "backdoor." As seen in other places, there were further protestations—plus an opinion piece "praising the 'return to sanity'"—in the "waning days of the epidemic" as re-openings awaited.[58] The authors, however, discovered an August 16 advisory of vigilance to East Coast marine quarantine stations about influenza aboard ships from Europe. Philadelphia, which suffered with 15,785 deaths from influenza (one percent of the population), also utilized a volunteer police force to enforce quarantines and isolation for area homes which met little or no resistance, the scholars note.[59] Wilson, Scalaro, and Powell hypothesize that the war effort probably created an environment for community cooperation and that Philadelphia's lack of proactive response when forewarned was due in part to the newness of public health in the United States at the time.[60]

Conclusion

Recent scholarship on the 1918 influenza in America not only examines the history of public health more in-depth for this pandemic, but it also offers parallels to the contemporary coronavirus/COVID-19 crisis the world has faced this century, including how marginalized communities were impacted. While some early warnings were ignored or underplayed in 1918, widespread and faster forms of communication

57. Ibid., 83-8.

58. James M. Wilson, Garrett M. Scalaro, and Jodie A. Powell, "*Influenza Pandemic Warning Signals*: Philadelphia in 1918 and 1977-1918," Intelligence & National Security 35, no. 4 (June 2020): 505-6, https://doi.org/10.1080/02684527.2020.1750141.

59. Wilson, Scalaro, and Powell, 508.

60. Ibid., 511.

in 2020 will give historians an even larger lens in which to compare how officials' actions saved lives or contributed to the death toll. There similarly will be plenty of opportunity and material for political and social history in how a U.S. presidential election year, racial unrest and protests against police brutality and inequality, and a growing anti-science and anti-intellectual movement affected compliance and resistance to public health measures to slow the spread. And as sports and schools started up again for the first time in months in fall 2020, social distancing remained a large part of the social fabric and a determinant in how the virulent virus circulated while researchers rushed to develop a vaccine and treatment—similar to 1918 (although modern medicine has advanced markedly).

Interestingly, media scholar Katherine A. Foss, whose *Constructing the Outbreak: Epidemics in Media and Collective Memory* (2020) was nearing publication when COVID-19 struck, incorporated the 1918 influenza pandemic as one of seven case studies where diseases decimated American towns from 1721 through 1952 and how the epidemics were framed by media outlets during the outbreak as well as in the country's popular media and collective memory. Focusing on Lawrence, Kansas—from the overlooked original outbreak in spring at Camp Funston and Haskell Institute through the publicized deadly autumn wave—her chapter on influenza discusses actions (and inactions) from quarantines and school closures to voluntary/involuntary cancellations and limitations on entertainment businesses and public events, particularly at the University of Kansas. Her research into what was happening at the college in fall 1918 eerily parallels what was taking place at the time of her publication, yet with the war effort front and center instead, including the male student training corps on campus. The Middle Tennessee State University professor notes that female students and professors, Indigenous people, and African Americans not only faced disparities but also had their stories neglected in the past and present. (Even the "Spanish flu" moniker blamed the Other, ignoring its Kansas origin.)[61]

In 1918, Bristow notes that "early cooperation was not always enough to halt the epidemic" and that "the public sometimes became restive" as attempts to contain the virus continued. The growing power of government, then as now, was a concern for the citizenry.[62] However, as Wilson, Scalaro, and Powell write, researchers today have theorized that Philadelphia in 1918 needed to act sooner to save more lives and that other U.S. cities in fact responded to warnings and prevented more

61. Katherine A. Foss, *Constructing the Outbreak: Epidemics in Media and Collective Memory*. (Amherst: University of Massachusetts Press, 2020), muse.jhu.edu/book/81277, 121–147.

62. Bristow, 9, 86.

deaths by instituting social distancing measures more quickly.[63] Ultimately, over one hundred years ago, a number of businesses took economic hits from closures, the medical profession suffered from shortages, and numerous orphans were left by both the ravages of the influenza pandemic and war. Despite the world war overshadowing the pandemic in the nation's consciousness, historians have continued to look back both nationwide and at local communities in how authorities responded to this deadly strain of influenza by restricting activities drawing large crowds of people and instituting other public health policies. The centennial of the 1918 flu as well as parallels to the recent COVID-19 pandemic should keep historians busy further investigating the subject to interpret public health responses as well as the effectiveness of social distancing measures and the acceptance and resistance therein. And perhaps the past will continue to inform the future.

63. Wilson, Scalaro, and Powell, 511, 513.

BIBLIOGRAPHY

Adams, Mikaëla M. "'A Very Serious and Perplexing Epidemic of Grippe': The Influenza of 1918 at the Haskell Institute." *American Indian Quarterly* 44, no. 1 (2020): 1–35. https://doi.org/10.5250/amerindiquar.44.1.0001.

Barry, John M. *The Great Influenza : The Epic Story of the Deadliest Plague in History*. New York: Viking, 2004.

Brady, Benjamin R., and Howard M. Bahr. "The Influenza Epidemic of 1918-1920 among the Navajos." *American Indian Quarterly* 38, no. 4 (Fall 2014): 459–91. https://doi.org/10.5250/amerindiquar.38.4.0459.

Bristow, Nancy K. *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*. Oxford: Oxford University Press, 2012.

Carter, Sarah Wilson. "The 1918 Influenza Outbreak in Harrisburg." *Pennsylvania History: A Journal of Mid-Atlantic Studies* 87, no. 1 (2020): 148-54. https://doi.org/doi:10.5325/pennhistory.87.1.0148.

Crosby, Alfred W. *America's Forgotten Pandemic: The Influenza of 1918*. 2nd ed. Cambridge: Cambridge University Press, 2003.

Fanning, Patricia J. *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918*. Amherst, MA: University of Massachusetts Press, 2010.

Foss, Katherine A. *Constructing the Outbreak: Epidemics in Media and Collective Memory*. First ed., Amherst: University of Massachusetts Press, 2020. muse.jhu.edu/book/81277.

Higgins, James. "An Epidemic's Strawman: Wilmer Krusen, Philadelphia's 1918–1919 Influenza Epidemic, and Historical Memory." *The Pennsylvania Magazine of History and Biography* 144, no. 1 (2020): 61-88. https://doi.org/10.1353/pmh.2020.0003.

—. "'With Every Accompaniment of Ravage and Agony' Pittsburgh and the Influenza Epidemic of 1918-1919." *Pennsylvania Magazine of History & Biography* 134, no. 3 (July 2010): 263–86. https://doi.org/10.5215/pennmaghistbio.134.3.263.

Martinez-Catsam, Ana Luisa. "Desolate Streets: The Spanish Influenza in San Antonio." *Southwestern Historical Quarterly* 116, no. 3 (January 2013): 286–304. https://doi.org/10.1353/swh.2013.0010.

Redshaw, Peggy A. "Sherman, Texas, and the 1918 Pandemic Flu." *East Texas Historical Journal* 51, no. 1 (Spring 2013): 67–85. http://search.ebscohost.com.ezproxy.mtsu.edu/login.aspx?direct=true&db=asn&AN=84984932&site=eds-live&scope=site.

Schlabach, Elizabeth. "The Influenza Epidemic and Jim Crow Public Health Policies and

Practices in Chicago, 1917–1921." *Journal of African American History* 104, no. 1 (Winter 2019): 31–58. https://doi.org/10.1086/701105.

Shidler, James Derek. "A Tale of Two Cities: The 1918 Influenza." *Journal of the Illinois State Historical Society* 103, no. 2 (2010): 165-79. www.jstor.org/stable/25701282.

Stetler, Christina M. "The 1918 Spanish Influenza: Three Months of Horror in Philadelphia." *Pennsylvania History: A Journal of Mid-Atlantic Studies* 84, no. 4 (2017): 462-87. https://doi.org/10.5325/pennhistory.84.4.0462.

Wilson, James M., Garrett M. Scalaro, and Jodie A. Powell. "Influenza Pandemic Warning Signals: Philadelphia in 1918 and 1977-1978." *Intelligence & National Security* 35, no. 4 (June 2020): 502–18. https://doi.org/10.1080/02684527.2020.1750141.