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Doctors Without Orders: American Reactions to the Influenza Pandemic of 1918-1919

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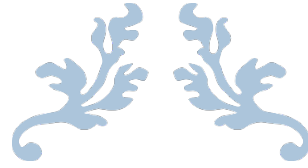


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DOCTORS WITHOUT ORDERS:

American Reactions to the Influenza Pandemic of 1918-1919



MAY 7, 2018

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Between the years of 1918-1919, the world experienced one of the worst cases of disease ever seen. In the waning years of the Great War, countries across the world began to notice the onset of a strange disease that appeared to be killing its victims at an alarming rate. At the time there was much confusion and panic, and it was not until many years later that the full extent of the pandemic came to light. This can be attributed to the fact that the pandemic struck at the end of World War I, which overshadowed much of the early stages of the pandemic. By the end of World War I, 126,000 American soldiers had been killed in action, despite entering the war only during its final months. Great Britain and her Empire lost approximately 908,000 men while 1.3 million men bled their life's blood for France. Despite this great loss of life to the war, there was more death to come.

Thanks to historians such as Alfred Crosby, Susan Kent, John Barry and Marian Jones, modern historians can better understand what happened. The Pandemic of 1918 infected millions of people worldwide and killed just as often. Estimates of worldwide death to the pandemic is difficult, as there are many places where good records simply did not exist. Conservative estimates place the global death total at between 40-50 million.¹ In America, where this essay shall primarily focus, the numbers echo the suffering that the rest of the world endured. More than one-sixth of the American military fell ill with the influenza, and over 43,000 of those infected died. When factoring in the civilian population, the best estimate of Americans killed by the pandemic is around 675,000.² Such a catastrophe like the pandemic caused ripples within the United States, forcing the entire country to adapt in order to survive.

¹ Alfred Crosby, *America's Forgotten Pandemic: The Influenza Pandemic of 1918*, (Cambridge University Press) 2010, 207

² Crosby, *America's Forgotten Pandemic*, 206

The disease was named the “Spanish influenza”, as the first internationally reported cases were from Spain, which remained neutral during World War I and thus had no censorship of its media. While the origin of the pandemic is unknown, the first clear reports of the pandemic occurring came from an army camp in Kansas. Though it is difficult to place the geographic origin of the pandemic, the methods by which it was transmitted are understood.³ In America, the disease spread rapidly through cantonments, or temporary camps that housed soldiers during World War I. The disease also spread rapidly by means of the sea lanes that were so vital to the Allied Powers during the war. The tight quarters on the ships meant that a single infected soldier could make his entire regiment sick by the time the boat reached France or England. Deaths due to influenza on board the ships were often noted, but few were reported, for fear of causing panic among soldiers or the general public⁴. As the war drew to a close, many believed that the dying was finally over, but the sad fact was that it had only just begun.

This strain of influenza was especially deadly, as well as unique, as it seemed to target not only the old and young but those who were strong and healthy. Traditional strains of the flu are normally deadly only to those with weakened immune systems. The fact that all people of all age groups were dying of the flu made this strain particularly terrifying. Individuals between the years of 20-40 were the primary victims of the pandemic, creating a mortality spike that is not commonly associated with the influenza virus. It was only with modern scientific techniques that, in 1996, it was discovered that this specific strain of influenza was a precursor to the

³ Jeffery Taubenberger and David Morens. "1918 Influenza: The Mother of All Pandemics - Volume 12, Number 1- January 2006 - Emerging Infectious Disease Journal - CDC." Centers for Disease Control and Prevention. November 21, 2011. DOI: 10.3201/eid1201.050979

⁴ Carol R. Byerly, "The U.S. Military and the Influenza Pandemic of 1918–1919." Public Health Reports, Apr 01, 2010. (84-85)

H1N1virus.⁵ This is an especially deadly strain of influenza that kills through secondary complications such as toxemia and vasomotor depression. Toxemia is a deadly condition that often occurs in pregnant women that can result in the death of both mother and child. Vasomotor depression entails the rapid dilating of veins, especially to the brain. When this occurs, a person experiences an increase in blood pressure which leads to a myriad of other problems including stroke and hypertension. A diagnosis of “Spanish flu” normally resulted in eventual death, though there were some who managed to survive. As the disease spread across America, something had to be done to assuage the suffering of the citizens. But this crisis was too big for one group to handle, and it would take the combined efforts of two strong American organizations to stem the tide.

While there were several smaller groups that rose to the occasion, there were two that stood far above the rest in both scope and influence. The two in question are the United States Armed Forces and the American Red Cross (ARC). While the operations of these two organizations covered the majority of the continental United States, as well as overseas operations, I will examine their contributions in major cities. The cities in question are Boston, Pittsburgh and Philadelphia. By examining their response protocols, implementation of relief strategies and their interactions with each other and other support groups, I will illustrate the beginnings of national disaster response initiatives. Without the pioneering actions of these organizations, it is unlikely that there would be such detailed crisis management plans within the national government in the modern day.

⁵ Jeffery Taubenberger and David Morens. "1918 Influenza: The Mother of All Pandemics - Volume 12, Number 1- January 2006 - Emerging Infectious Disease Journal - CDC." Centers for Disease Control and Prevention. November 21, 2011. DOI: 10.3201/eid1201.050979

The purpose of this essay will be two-fold. The first being the explanation and description of the structure and methods of response taken by the United States Army and the American Red Cross during the pandemic years. The second is to present and carefully analyze the interactions between the two organizations. In addition, this work will also examine organizational structure, inter-organizational interactions, and preferred methods of handling influenza outbreaks. In doing so, this work will be one of the first to seriously consider the notion that the actions, and inactions, of these two groups were fundamental in both pandemic relief and as the cornerstone for future relief efforts in the United States and abroad.

The Armed Forces was one of the first institutions struck by the pandemic, so it is only natural that it played a leading role in the attempts to control and rebuff the advances of the disease. Similarly, the ARC was instrumental once it became clear that the disease had spread beyond the control of any one organization. Since both groups were focused on the same goal, they often crossed paths. The pandemic years, despite how brief they were, revealed many of the discrepancies that were once hidden within the internal structure of the military as well as the ARC. America, like many nations around the world, was wholly surprised by the ferocity of the pandemic. The country had to rely on a relatively newly organized ARC for its primary response, despite the fact that most trained personnel were overseas. In addition, the ARC was not centralized in the way that the military was. There was no incentive for the chapters of the ARC to follow orders sent from Washington. Despite this, the two were linked for better or for worse. In the early stages of the American war effort, the ARC was combined with the military as an auxiliary group as the soldiers would require nurses, such is the nature of war. This meant that during the pandemic, the two sides would naturally interact. However, it was not always clear as to who should answer to whom. On the one hand, the military has the final say when it comes to

the care of its soldiers and installations. This is in addition to directing overseas detachments and ensuring that they are supplied and fit for duty. Conversely, the ARC is primarily a volunteer, civilian based organization that is also tied to the American government. They take their orders from their headquarters in Washington, though their ability or willingness to follow through with such orders, which will be discussed later, left something to be desired. This disconnect, coupled with conflicting views on how to adequately control the pandemic, led to instances where both sides worked together and others where they disagreed.

When discussing a topic as nuanced as the Influenza Pandemic of 1918, it is important first to understand the virus itself. In doing so, it becomes possible to expand one's understanding of the impacts of the virus on society and the world at large. As the disease began to spread along the naval routes that connected much of the developed world, so too did the world begin to take notice. The pandemic struck the United States in three separate waves, the first during March and April of 1918, the second and deadliest from August to September 1918 and the third wave beginning in February of 1919⁶. It was not until 1996, that by using preserved lung tissue from several victims, scientists were able to reconstruct the RNA sequence that made up the virus⁷. In doing so, it became possible to cross-reference the data with symptoms that were recorded by witnesses and survivors of the pandemic. Through this method, the pandemic could be understood in greater detail, specifically in its biological terms. It was discovered that the influenza of 1918-1919 was a form of HINI flu virus and bears strikingly similar base pairings with the avian flu IAV. Due to this similarity, some consider the 1918 flu a "founder

⁶ Susan Kingsley Kent, *The influenza pandemic of 1918-1919: a brief history with documents*. (Boston: Bedford/St. Martin's, 2013.), 121

⁷Jeffery Taubenberger et al. "Reconstruction of the 1918 Influenza Virus: Unexpected Rewards from the Past." *MBio* 3, no. 5 (September 11, 2012). doi:10.1128/mbio.00201-12.

virus”⁸, which means that all daughter strains originated from this kind of virus. Thus, it can be concluded that the virus has since mutated into varying forms and is still at large, though it no longer bears resemblance to its original form. Ever since this discovery, the disease has been referred to by some as “the genetic mother of all influenza pandemics”⁹.

As for its physical effects on the body, the influenza of 1918 was not the primary cause of death. The disease would weaken the body to such an extent that it could no longer fight off other infections. Thus, it was often noted that patients died of secondary conditions, particularly pneumonia. It was also reported that patients underwent severe mental trauma, including depression, anxiety and occasionally, mania. Due to later research the exact mechanism of the virus came to light, which showed that the virus killed by turning the body on itself. When the body released antibodies to combat the virus, it would mistakenly destroy healthy lung tissue that the virus was attacking. In this way, a person’s lungs would become damaged and they would effectively drown in their own fluids¹⁰.

It was not only the symptoms that baffled responders to the pandemic, but also the extremely high mortality rate that went along with it. Standard seasonal influenza is normally only a danger to those with weak immune systems, which traditionally refers to the very old and very young. However, the influenza of 1918 failed to play by those rules. In addition to the old and the young dying, there was an excessively high amount of individuals between the ages of 20-40 that perished. Essentially, the virus killed humans that should be in their prime, when the immune system is strongest.¹¹ This unexpected aspect to the pandemic terrified many, especially

⁸ Ibid., 2

⁹ Ibid., 2

¹⁰ Kent, *The influenza pandemic of 1918-1919*, 2

¹¹ Chowell et al. *Spatial-temporal Excess Mortality Patterns of the 1918–1919 Influenza Pandemic in Spain.* BMC Infectious Diseases 14, no. 1 (2014). Doi: 10.1186/1471-2334-14-371." (2)

those instructed to treat the afflicted. Treating the disease was especially difficult, as the true cause was unknown. Standard treatments proved to be ineffective, and the most doctors and nurses could do was to try and ease the pain and hope the patient recovered. The historian Susan Kent accurately summarizes the reason for the lack of effective treatments by doctors, as the approach of doctors during the pandemic focused on treatments that required the disease to be a bacillus. The unfortunate reality was that the pandemic was a virus, and the treatments therefore had no effect.¹² Physicians were often at a loss and would prescribe whatever was at hand, sometimes even home remedies in the hope of finding a solution that worked. While the doctors and scientist lamented their shortcomings, nurses provided a crucial role in the pandemic response.

The pandemic that occurred during 1918-1919 was on a scale that had never been seen before in modern history. It also occurred during a time of terrible warfare, which only magnified the crisis beyond its already formidable scope. In face of such conditions, it fell to the organizations within America to rise up and combat the disease in any way they could. Throughout the many bouts of influenza, different organizations sprang up to combat the pandemic. Chief among them were the US Armed Forces and the ARC, as both spearheaded the first major efforts to combat the pandemic.

Perhaps the most influential organization was the United States military, as it was the first to experience the trials of the pandemic. The two were closely intertwined, as the first records of the pandemic occurred within military installations, specifically cantonments. Within the army camps, thousands of men would live in tight quarters as they prepared to embark for the

¹² Kent, *The influenza pandemic of 1918-1919*, 13

Western Front. Because American troops were so desperately needed by the Entente powers, the camps took in more men than they could normally handle. The crowding of troops within the camps, combined with an understaffed medical corps created the perfect atmosphere for the spread of disease. Under such conditions, Kent postulates that this environment within the camps and in the trenches created the perfect environment for the pandemic to arise: “The condition of this war may well have enabled a common and usually mild disease to mutate into a deadly strain...Taking advantage of thousands of people congregating together in army camps and hospitals...”¹³ While there is a certain logic to this theory, there is a problem with it. This theory does not explain how such a virus could appear almost simultaneously in different places around the world. At the same time, the pandemic was already a problem in army camps before the soldiers went to France. It might be more accurate to say that the conditions on the Western Front accelerated the transmission of the virus between men. If clear lines of transmission could one day be confirmed, this theory might gain more credence. Once the virus took hold within a camp, it would spread like wildfire, infecting hundreds of men every day. Camp medical staff would be quickly overwhelmed by the number of cases, and were shocked to discover that this seemingly ordinary flu was cutting through the ranks like machinegun fire. The pandemic therefore followed the soldiers overseas and wreaked havoc among the soldiers on both sides of the trenches.

As the death toll mounted both at home and abroad, the Army Medical Department raced to find answers. This organization was rigidly structured and focused more for the whole and less on the individual, functioning more like public medicine than private¹⁴. This is due to the

¹³ Kent, *The influenza pandemic of 1918-1919*, 5

¹⁴ Carol Byerly, *The U.S. Military and the Influenza Pandemic of 1918–1919*, 84-85

widespread focus of the organization. It is meant to deliver healthcare to large numbers of individuals, which means that it cannot afford to personalize. If it were to do so, the department would risk becoming mired in more bureaucratic problems than it already was. This would lead to a decrease in efficiency and would severely hinder its efforts. Despite the large staff in the Medical Corps, Army doctors suffered the same problems as their civilian counterparts. The large numbers of soldiers falling to influenza and not bullets put a severe dent in both the Allied and Central armies, indicating that this was truly a threat to all nations. When the soldiers returned home, they brought the disease that took hold of the men within the trenches back to the cities on the East Coast, where the disease took root and quickly spread among the civilian population. The military quickly responded by ordering quarantines of all army camps as well as screening naval ships for sick sailors.¹⁵ Medical staff on the Western Front also suggested that more room be given for soldiers so that the disease spread slower, but they often found their requests denied due to circumstance. The hope for improvement often had to be put aside in the reality of warfare on the Western Front: “Surgeon General Gorgas had recommended that Army housing provide 60 square feet per man, but did not often prevail. As Gorgas told one training camp commander, ‘We know perfectly well that we can control pneumonia absolutely if we could avoid crowding the men, but it is not practicable in military life to avoid this crowding.’”¹⁶ As Byerly displays, there is a kind of hypocrisy in the words of Surgeon General Gorgas. It appears as though he is simply lamenting the fact that his hands are tied in regards to improving ground conditions overseas. Gorgas implies that the situation is out of his hands, that the sickness is an unfortunate consequence of war. Though the validity of his words are unclear, as he is the Surgeon General. His words carry immense weight within the military hierarchy, and

¹⁵ Crosby, *America's Forgotten Pandemic*, 31

¹⁶ Byerly, *The U.S. Military and the Influenza Pandemic of 1918–1919*, 86

though he cannot order something to be done, his recommendations can be very influential. Yet he does not continue to press his case, he merely bows before the 'status quo' and refuses to push any harder for sanitation reform.

Creating a healthy and medically safe environment is not practical, so says Army High Command. In the modern day this sort of excuse would not be accepted, but in this moment it was considered to be a perfectly valid reason. This offers a window into the overarching attitude of the military towards the war. The conditions on the ground are what they are, and it is beyond the ability of Command to change them. Do what must be done and the consequences must come as they may. Altering the status quo requires more effort than can be afforded, so why should they waste time and resources at an effort that has already been declared impossible? The conditions for the individual soldier do not appear to factor significantly when it came to calculating the arithmetic of war. Despite this attitude, the Army still recognized when help was required. At times, the camps would accept and offer assistance to other organizations, but rarely if ever offered assistance to civilian populations. In one case, a cantonment in Ohio rebuffed the American Red Cross aid to treat sick soldiers.¹⁷ This is an indication that those from a more rigid structuring preferred to handle the situation themselves without outside help.

Continuing with the theme of public health, perhaps the most well-known humanitarian organization was the American Red Cross (ARC). The American Red Cross was founded in 1881 by Clara Barton in the aftermath of the Civil War. Having recently mobilized to assist the Allies in World War I the ARC responded *en masse* to the call for aid during the pandemic years. Their actions are well-documented and were often publicized in newspapers and magazines both

¹⁷ "Red Cross Rebuff at Big University." *Ohio State Journal* (Columbus, OH), October 24, 1918. <http://hdl.handle.net/2027/spo.0110flu.0003.110>.

then and in the following years. Unlike the US military, which preferred to keep the situation within the training camps and other military installations in check, the Red Cross had a presence across the country. Thus, they adhered to their original mission, to alleviate human suffering no matter where it is found or who suffers as a result of disaster. During its expansion, the Red Cross was completely volunteer based, so it engaged in a sort of political propaganda to encourage people to step up. They created ads that appeared in major newspapers across the country, including the following example from the *Dallas Morning News*. “Major Townes has issued the following appeal: The emergency is great and it is a patriotic duty and a privilege to care for our Texas boys sick in various camps. All nurses indicated are badly needed immediately.”¹⁸ They borrowed the patriotic imagery that was used by the Army to recruit soldiers during the war. By doing so, they evoked the same message of crisis and need for volunteers that the war had done. It should be noted that before the entrance of America into the Great War, no such propaganda created by the ARC existed. Any, if some could be found, based their message on the traditional neutral values such as humanitarianism. In addition, the ARC pushed nurses through training so they could swell the ranks, as there were far too few nurses to aid the afflicted. Through these methods, the Red Cross became successful in recruiting volunteers, despite the obvious risks of infection and death. As was recorded within the ARC databases, “A total of 223 nurses and five dieticians are known to have died while providing aid to flu victims.”¹⁹ For an organization that started with such small numbers, as well as the fact that ARC personnel rarely faced death, the Pandemic is a singular event. This was a crisis unlike

¹⁸ "Women Nurses Needed in Texas Army Camps." *Dallas Morning News*, October 13, 1918. <http://hdl.handle.net/2027/spo.7930flu.0003.397>.

¹⁹ "Red Cross Response to One of Biggest Disease Outbreaks in History," American Red Cross, January 14, 2013, Accessed April 28, 2017. <http://www.redcross.org/news/article/Red-Cross-Response-To-One-Of-Biggest-Disease-Outbreaks-In-History>.

any other, and it quickly became apparent that they needed help. For the ARC, there was no better place to turn than the federal government. It is in this regard that the American Red Cross differs from the other aid-giving organizations; no other became as politically intertwined as they did.

This allowed them access to more resources than smaller organizations, yet they were occasionally bogged down by their connections, as they had to gain approval from certain officials before they could administer treatments and aid. More importantly, the ARC had a central bureaucracy based in Washington D.C, creating a physical attachment to the national government. As will be described later in greater detail, the political nature of the ARC leaders would lead to issues in dealing with the pandemic. In addition, the ARC was not centralized like its military counterpart. The organization was broken up into chapters, which normally operated as autonomous units. The chapters operated independently of the local governments, meaning that they worked with them but rarely needed overt permission beyond standard legal procedures. Yet during the pandemic years, it was recognized that this pattern did not continue. As an excerpt from a December 1918 article from the *Atlanta Constitution* shows, the local chapter needed official permission, or at least recognition, from the local government before they could proceed with their duty. “Dr. C. G. Applewhite, in charge of the federal bureau of health here [Atlanta], has given his approval for the movement inaugurated by the Red Cross and being carried on by the women of the city to combat the spread of influenza”.²⁰ With the issue of having to answer to local authority before providing assistance; coupled with the fact that they

²⁰ "Applewhite Approves Work of the Red Cross in Fighting the "Flu"." *Atlanta Constitution*, December 21, 1918. <http://hdl.handle.net/2027/spo.0230flu.0016.320>.

did not know how to properly treat the pandemic meant that at times their efforts were often hindered.

The magnitude of the crisis was beyond the imagination of anyone at the time of the breakout. This forced both national organizations and ordinary civilians to adopt new methods of disease prevention. For the first time, surgical masks were produced on an industrial scale and distributed to the population to avoid the spread of contaminants. In many places, wearing masks in public was enforced by law. In places such as San Francisco, which was already recovering from the devastating 1906 earthquake, state officials found it difficult to enforce these policies as the pandemic wore on. In the case of surgical masks, the public was initially receptive and compliant. This would change as the pandemic continued to cause misery amongst the citizenry and people began to lose faith in their public officials. The enforced wearing of masks was soon seen by many as frivolous and ultimately futile.²¹ Issues such as the one previously mentioned would be repeated in various forms across the country as political officials were forced to contend with such an unknown as the pandemic. In places such as Pittsburgh and Boston, the discrepancies between the orders given to ARC ground forces and the implementation of such orders varied intensely. The Army did not experience deviations from established orders due to its inherent rigid structure. Unlike the ARC, the military had an already established tradition of obedience towards superiors. Therefore, when an order to reduce troop numbers within a cantonment was handed down, those receiving the orders would immediately comply without asking questions. This tradition did not exist within the ARC, which would lead to disobedience of orders by certain chapters who felt that they understood the situation better than their superiors in Washington. Despite this tradition of obedience, since they were one of the first

²¹ Crosby, *America's Forgotten Pandemic*, 110-111

groups to experience the full capacity of the pandemic, Army Command was forced to contend with the notion that previous methods were insufficient.

Traditionally, flu was regarded with minimal concern, as the disease itself was not normally deadly. When the first cases of influenza began to emerge in places such as Camp Devens, a few miles outside of Boston, most officials paid it little mind. Flu, or grippe, was not considered a reportable disease, meaning that early records of influenza are either incomplete or nonexistent in some cases. Normally, a soldier with the flu would be bedridden for about a week and would be back on duty soon after. This was not the case in 1918, as this strain of flu was often followed by pneumonia, which was a killer disease. Over the span of three weeks, from September 7th to the 23rd, Devens reported over twelve thousand cases of influenza, sixty-six of whom died from complications resulting from the disease²². Camp Devens was only among the first of many cantonments to be struck by the Spanish influenza. The United States Army was wholly unprepared to handle a catastrophe such as the influenza pandemic. By 1918, America was fully committed to the war effort, with several divisions already overseas and enrollment in the millions. Due to the rapid rise in volunteers and the ever-present request for more men from the Allies, the Army had to speed up the training process. This meant two things: one, each training camp would need to take on as many men as possible, and the second is that they would be training around the clock. While individually, this might appear harmless and at best, an effective way to get men ready for war. The issue arises from the fact that they were combined. In the case of Fort Devens, the standard carrying capacity of the camp was 35,000. When the outbreak of influenza began in September of 1918, Devens housed nearly 45,000 men.²³ By

²² Crosby, *America's Forgotten Pandemic*, 6

²³ Crosby, *America's Forgotten Pandemic*, 4

putting so many individuals in enclosed spaces, especially with those that are exhausted from constant activity and the lower quality hygiene that comes with a crowded facility, it creates the perfect environment for disease to spread. Yet once the danger became clear, the War Department acted quickly. In a series of telegrams between Surgeon General Charles Richards and the Secretary of War, a plan is quickly put together to deal with the crisis. The eventual consensus was to quarantine the camp and prevent the shift of healthy men into Camp Devens.²⁴ In doing so, they hoped to reduce the damage caused by the disease. The unfortunate nature of such correspondence was that it took time. Once the consensus was reached, orders handed down and then carried out, signs of the pandemic had already appeared in other camps.

Between March and April of 1918, over a dozen American military camps experienced the disease with varying degrees of severity.²⁵ The standard response for flu outbreaks was rudimentary at best, because for the most part, the flu virus did not kill. It especially did not bring down soldiers, who were at the peak of physical fitness. Cases of influenza mounted quickly across the network of camps along with the number of dead. Time after time, camp medical staff found themselves at a total loss as to how to alleviate the suffering. In addition, they were almost always outnumbered by the sick and in multiple cases, the staff fell ill as well, further hampering efforts to stop the spread of the illness. At first, Army Surgeon General Charles Richard recommended increasing medical personnel and reducing crowding on overseas troop transports.²⁶ He wrote a lengthy telegram to Army Chief of Staff, imploring to reduce overcrowding on ships as well as expertly detailing how and why the pandemic spread. The

²⁴ Chamberlain, COL. Weston P., M.C. *The Medical Department of the United States Army in the World War*. Vol. VI. Sanitation. (Washington Government Printing Office), 1926, 351-353

²⁵ Crosby, *America's Forgotten Pandemic*, 19

²⁶ Byerly, *The U.S. Military and the Influenza Pandemic of 1918-1919*, 90

telegram was sent on October 1, 1918. Four days later on October 5th, the Secretary of War responded with the following: “In view of the instructions which have already issued from the War Department on the subject of physical examinations and inspections prior to departure from camps and prior to embarkation, your recommendation for a reduction in the transport capacity to 50 per cent, and that troops be held in quarantine for one week prior to embarkation, is disapproved.”²⁷ By this time, the pandemic was a well-known fact amongst military brass, though they willfully ignored the advice of the Surgeon General. The initial telegram clearly displays that Richard knew what he was talking about, he was by no means making up numbers. Yet he was overruled by the War Department, clearly showing who had the higher priority.

Though in many cases, the best way to control the spread of the disease was to quarantine each infected camp and prevent the physical travels of the soldiers to uninfected areas. However in most cases, the disease had already spread to the surrounding areas and quarantine was a moot point. A good example of this was the transfer of the flu to Chicago, a city so deep in the interior that it would be difficult to imagine how a disease that began near the coast would penetrate so deep. The Navy was the branch responsible for this outbreak, as sailors stationed in coastal ports transferred into the Great Lakes. “...the Great Lakes Training Station thirty-odd miles from Chicago. Flu first appeared at this station on September 11, and in a week there were 2,600 in a hospital prepared for no more than 1,800. All liberty for men of the Great Lakes Station was canceled on September 19, but it was much too late. The pandemic started in Chicago, the nation’s biggest rail center, about three days later...”²⁸ This excerpt from Crosby serves two purposes in regards to this work as a whole. The first being an excellent example as to how

²⁷Chamberlain, COL. Weston P., M.C. *The Medical Department of the United States Army in the World War*. Vol. VI. Sanitation, 359

²⁸ Crosby, *America’s Forgotten Pandemic*, 57

quickly the pandemic spread and the second as a demonstration of the sluggish response. The pandemic appeared in Chicago, which was nearly forty miles from the naval yard, only ten days after it first appeared. It took nearly a week for those in command to realize the danger and quarantine the camp.

A similar problem occurred in Detroit, which was a major industrial hub at the time. When the pandemic began to show amongst the men in the military camps, Surgeon General Richards again telegraphed a request that the camp be quarantined in order to protect the workers in the factories. The reply from the War Department simply read, “No action appears necessary.”²⁹ Such a delay once again demonstrates the unwillingness of the military command to hamper the war effort in any way. While the War Department was quite swift in dealing with a problem once it had arisen, as with the case in Camp Devens, they did not heed the foresight of others. This attitude prevented the possible prevention of the spread of the pandemic. In doing so, it guaranteed that this kind of situation would constantly repeat itself within military installations across the country. With such apparent resistance to the possibility of reducing the effectiveness of the war machine, this meant it was much harder to make larger adjustments, especially the reduction of troop transports overseas.

As the pattern of infection began to form in the minds of Army coordinators, it became apparent that the disease was also following the doughboys over to England and France. Thus, it became necessary to slow down the shipments of troops as well as their rate of training. It was their intention to reduce the rate of infection between the continents as well as ensure what troops did make it to Europe were healthy and in fighting shape. However, there was controversy

²⁹ Chamberlain, COL. Weston P., M.C. *The Medical Department of the United States Army in the World War*. Vol. VI. Sanitation, 361.

over how to do this without severely damaging the Allied war effort. When Acting Army Surgeon General Charles Richard approached Army Chief of Staff Peyton March about the issue, he recommended a one-week quarantine of every troop ship before launch and to reduce their capacity by one-half. March would have none of this, fearing potential weakness in the American sector without enough men. March countered with intensive screening by medical personnel stating, “It is impossible for medical officers to state with any degree of safety that any particular command is free from infection, or that it may safely embark on troopships for overseas service.”³⁰ March and Richard eventually reached an agreement over a basic reduction in troop transports to Europe, but it was not without drawing the attention of President Wilson. “Troop shipments to France were cut by 10 percent and more, the number of soldiers for each seat and berth on troop trains was reduced to one, and on October 11 the War Department ordered a reduction in the intensity of training at all army camps.”³¹ Unfortunately these measures were too little and too late for thousands of men who had already succumbed to the disease. By the end of October 1918, nearly 14,000 servicemen had died without ever seeing battle.³² Only once the draft was cancelled at the end of October by Provost Marshall did the camps finally experience a dramatic decrease in influenza cases.

The Armed forces did not experience the pandemic all at once, nor was there a linear progression from one side of the country to the other. The disease followed the movement of people, along sea lanes, roads and railroads. It started first in the training camps and ports, then spread outwards to nearby towns and cities. The pandemic travelled to Europe with the doughboys, infecting both Allied and Central soldiers, weakening armies on both sides. Despite

³⁰ Byerly, *The U.S. Military and the Influenza Pandemic of 1918–1919*, 89

³¹ Crosby, *America’s Forgotten Pandemic*, 62

³² Crosby, *America’s Forgotten Pandemic*, 59

the massive increase in the Medical Corps, the US Army was woefully unprepared for the magnitude of the pandemic. But they did not battle the disease on their own, for there was one other group whose sole purpose is to fight not men, but the suffering of men.

The American Red Cross is widely considered to be America's leading humanitarian organization, taking part in relief missions both around the world and across the country. While the Red Cross as an organization had been present since 1864, no such branch had been established in America. This changed when in 1881 Clara Barton founded the American Red Cross, an internationally recognized branch of the International Red Cross whose core values centered on the idea of "a single independent, nationwide, permanent disaster relief organization."³³ It was also important that the ARC would be neutral in all things, offering aid to those who require it no matter the circumstances. Simply declaring neutrality is an easy thing to do, and it also gives the organization the ability to always claim the moral high ground. However, this is not always an easy promise to keep.

By the time World War I began, the ARC had cemented its position in America by contributing aid to victims of a multitude of natural disasters; including the Russian famine in 1891, the Great San Francisco earthquake in 1906, and the 1913 Dayton Ohio flood. The organization functioned as a semi-political organism, receiving direction from a board of members that elected their own president. The President of the United States actually had the honorary role of head of the ARC board of consultation, until President Roosevelt resigned from the position in 1903.³⁴ Despite this, the ARC remained tied into American politics, as this was the source of their legitimacy as an organization. When an earthquake ravaged San Francisco, the

³³ Jones, *The American Red Cross from Clara Barton to the New Deal*, 32

³⁴ Jones, *The American Red Cross from Clara Barton to the New Deal*, 105

ARC functioned less as a relief organization and more like a group of bank managers. Moreover, they were not the ones who organized the main response. In actuality, the US Army took care of most of the ground operations, including tasks like providing shelter and controlling rationing. It should also be noted that the ARC negotiated with the army for even partial control over relief efforts. In addition, latent political opinions possibly hampered or even prevented sufficient aid from reach San Francisco's Asian populations. While government administration touted the ARC's performance in San Francisco as a way to restore the organization's image after internal power struggles exposed some scandals within the organization. The San Francisco quake was a turning point for the ARC as an organization, as its core values seemed to take a shift away from tradition. The definition of humanitarian aid appeared to take on a new connotation, trading sympathy for efficiency. In addition, the stance of neutrality was instead used to gain footholds in business deals and ruthlessly calculate aid for affected areas. "Instead, beginning with the San Francisco earthquake, the ARC used its neutral status to negotiate working relationships with various business and government interests and thus develop a unified and effective relief program."³⁵ This would help pave the way for a massive increase in ARC growth in both numbers and political power. Its growth was just in time for the greatest war that humanity had ever seen, as well as the deadly aftershock of disease.

In 1914, Europe was consumed by the fires of war and the ARC quickly went to work preparing a response. They created divisions of nurses and medical personnel to be sent overseas, as well as starting a large fundraising campaign for combatants and afflicted civilians on both sides. Unfortunately, their rapid response soon faltered and ground to a halt as the war continued through 1914 and into 1915. In addition to the isolationist movement removing donors, the Allies

³⁵ Jones, *The American Red Cross from Clara Barton to the New Deal*, 117

began to successfully block ARC shipments to the Central Powers. Everything would change once the United States entered the war in 1918. The traditional stance on complete neutrality evaporated overnight and was replaced with the sentiments of patriotism to stand alongside the traditional humanitarian value. This new patriotic stance was used to successfully increase the ranks of the ARC, as well as open new doors in government. Enrollment in the ARC skyrocketed during the short time America was at war, and the number of chapters multiplied exponentially. “In 1915 the organization had only twenty-two thousand members; just four years later, it had enlisted more than 20 million adult members...”³⁶ The neutrality of the ARC was officially suspended for the war by the War Council, and it was even attached to the United States military as an auxiliary group. Moreover, President Wilson created a Red Cross War Council, run by politicians and professional businessmen who turned the ARC into a wartime organization. With this rapid growth came the need for reorganization, which is when regional chapters were installed. They were to act as satellites for the main office in Washington D.C. as well as serve their region in times of strife. However, each of the fourteen chapters would be ultimately beholden to the orders that came from the main office. Each would be semi-independent, as there was no efficient way to enforce the will of the main office. While this method was extraordinarily efficient at recruiting new members at collecting donations, there was a serious flaw that would not be fully exposed until a crisis much closer to home came to light.

As the American war machine kicked into overdrive during the spring and summer of 1918, the pandemic began to crop up all across the country. Influenza had already become virulent in several military encampments across the country. But as previously demonstrated, these measures did not stop the spread of flu to civilian populations. The ARC was already hard

³⁶ Jones, *The American Red Cross from Clara Barton to the New Deal*, 157

at work, with nurses already being called to service both at home and abroad. Many of the experienced nurses were either sent overseas or requested to assist in the Army cantonments. Stateside and urban chapters were therefore seriously understaffed as the scope of the pandemic came to be realized. Thousands of nurses were overseas directly aiding the war effort, which meant that for the first few months of the pandemic in America, most chapters worked off of skeleton crews and half-trained volunteers. One of the first cities to be struck by the pandemic was Boston, as it was an important port for the transport of troops to Great Britain, as well as a strategic naval installation. As thousands of dock workers and civilians began turning up with signs of influenza, the Boston chapter felt the pressure of the lack of trained staff. Under a directive from the Washington office, once new nurses were admitted to the chapter, they would be organized and directed by the Public Health Service (PHS). However, the Bostonian nurses blatantly ignored the order, stating: "The division office has not provided nurses and supplies at the request of the Public Health authorities as the Public Health authorities have not been on the job."³⁷ The Boston chapter also switched from wartime activities to flu prevention and civilian relief. They circulated pamphlets that warned people about the influenza and how to prevent its spread several months before the PHS issued an official version. By the time the illness had run its course, over six thousand Bostonians had succumbed to influenza and pneumonia.³⁸ Though despite being one of the first chapters to experience the pandemic, the Boston chapter was seen as a model for other chapters to imitate. Their commitment to the alleviation of human suffering and dedication to the citizenry proved to be effective in combating the influenza. Though they

³⁷ Jones, *The American Red Cross and Local Response to the 1918 Influenza Pandemic: A Four-City Case Study.*"

³⁸ Crosby, *America's Forgotten Pandemic*, 60-61

were criticized for ignoring national directives, the New England divisions were not the only ARC groups to ignore orders from Washington.

The pandemic quickly spread from the coastlines to the interior, infecting major cities such as New York City, Philadelphia, San Francisco and Pittsburgh. Though other cities had advanced warnings and could prepare in ways coastal cities like Boston and Seattle could not, the response was not always uniform. Both Philadelphia and Pittsburgh were hit with the pandemic around the same time, though the ARC response differed greatly between the two cities. Philadelphia was hit hard, the pandemic threw the city into chaos despite the advanced warning from ARC branches to the North. Citizens from all walks of life contracted the flu, paralyzing emergency services, garbage collectors and even the telephone companies.³⁹ The Philadelphia chapter experienced the same hardships as other ARC groups, the lack of trained staff and the sheer volume of cases made a centralized response difficult at best. The entire city felt the shortage of workers in all walks of life. Police officers, telephone operators, and, most importantly, morticians. Without the means to properly prepare bodies and bury them, the dead quite literally piled up. Eyewitness accounts all experienced the horror of seeing their dead neighbors and fellow citizens, as Crosby summarizes in the following: “They were piled three and four deep in the corridors and in almost every room, covered only with dirty and often bloodstained sheets. Most were unembalmed and without ice. Some were mortifying and emitting a nauseating stench.”⁴⁰ The ARC could not assist with burials, as they were so understaffed that they could not provide trained morticians, so they set their few volunteers to other tasks until new morticians could be transported from elsewhere in the country. They

³⁹ Crosby, *America's Forgotten Pandemic*, 75

⁴⁰ Crosby, *America's Forgotten Pandemic*, 77

donated dozens of vehicles to act as ambulances to transport the sick, as well as setting up dozens of soup kitchens across the city. The ARC in Philadelphia distributed thousands of flu masks, and provided nursing care to untold numbers of the afflicted. While there was no outright cure, they provided the best care that they could. By the time the pandemic burned itself out in early November, over twelve thousand civilians had died.⁴¹

On the other side of Pennsylvania, the city of Pittsburgh was also coming to grips with the pandemic. While it hit around the same time as Philadelphia, the disease did not peak until after the wave in Philadelphia. This gave the ARC in Pittsburgh some much needed information as to how bad the situation could get. They worked closely with city officials to prepare for the pandemic, and headed missions to provide care for patients both in and around the city. The biggest concern that both ARC and city officials had was how to avoid the problems that Philadelphia faced, most notably the lack of coffins to bury the dead. To avoid this, the chapter leaders advised the city to confine all shipments of caskets to Allegheny County and improved railroad systems to increase the shipments of caskets into the city.⁴² In addition, the ARC took charge in the distribution of foodstuffs, medicine and clothing to the afflicted. It was also under chapter direction that all hospice supplies would be contained solely to Allegheny County. When it came to the actual distribution of necessary goods, it seemed that the Pittsburgh chapter followed its own hierarchy of needs. “Military hospitals and camps were to receive first priority, followed by coal plants and war production plants. Civilians' needs came last.”⁴³ This would prove crucial in analyzing Pittsburgh’s response, as they were one of the only chapters that put military needs over civilians. In short, they prioritized keeping the American war machine

⁴¹ Crosby, *America’s Forgotten Pandemic*, 86

⁴² Jones, *The American Red Cross and Local Response to the 1918 Influenza Pandemic: A Four-City Case Study*, 95

⁴³ Jones, *The American Red Cross and Local Response to the 1918 Influenza Pandemic: A Four-City Case Study*, 96

functioning instead of ensuring that the civilian population was taken care of. In addition, they actively prevented aid in the form of nurses and goods from reaching surrounding areas. To many, this appeared to be a very selfish and cold way of deciding who is more deserving of help. On the other hand, one might cite that they were following orders from their superiors, as the ARC was beholden to the military and in times of war militaristic needs come first. While it is unknown if this policy caused more harm than good, it did not serve the ARC's image of a benevolent force. The Pittsburgh chapter faced angry scrutiny from Washington headquarters, though others, specifically local political figures, were impressed by their commitment to the war effort. It is important to note that by the time the pandemic had reached its zenith in Pittsburgh, the military had already begun their cutback programs to reduce the speed at which men and materials were flowing across the Atlantic. In the grand scheme of the American war machine, it is difficult to predict if the ARC chapter's decisions truly made as much of an impact as they hoped.

As previously stated, the military and the ARC were, on paper, two sides of the same coin. The ARC was added into the fold of the armed forces to augment and assist its proceedings both in the states and overseas. This would prove to be both a benefit and a demerit throughout the pandemic years. The once small and loose organization soon became a cog in the American war machine, adding their knowledge and experience to aid the fallen. Those who were considered trained enough were sent overseas, while those who were not remained at home and practiced for the realities of war. "The Red Cross assisted by recruiting trained nurses for the Army Nurse Corps and organizing ambulance companies and 50 hospitals of 1,000 beds each out of American universities and medical institutions."⁴⁴ This worked in their favor as the ARC was

⁴⁴ Byerly, *The U.S. Military and the Influenza Pandemic of 1918–1919*, 85

granted access to the full industrial might of America, allowing medical supplies and equipment to be produced on a scale that had never been seen before. By becoming associated with the military, their industry, namely the industry of health, was then seen as essential. The industrious nature of America was put to both the production of war materials as well as medicinal remedies. Yet for this transition to be successful, something had to be done about the internal nature of the ARC. With such a meandering method of communication between the chapters and headquarters, creating a unified front against either the war, or the unforeseen pandemic, would be nearly impossible. This is why a great change would come upon the ARC in the months leading up to the war.

Before the war began in earnest, the ARC underwent a massive structural reconstruction, modeled off of American corporations. The intention was to reorganize how the ARC was able to respond to the increasing tensions in Europe in an effective manner and in tandem with other aspects of American business. The architect behind this reorganization was Harvey Gibson, who was a New York bank manager and a friend of Chairman Wadsworth. These two men foresaw the troubles in Europe and decided that the ARC needed to be ready to meet the demand for medical care. Whereas before the reorganization, the chapters decided how to allocate resources and departments within the organization were loosely defined. But as the prospect of war grew near, the possibility of joining with the army effort became more likely. The ARC had to be ready, or so Gibson and Wadsworth believe, and if this meant challenging the old order and values, then so be it. As a way of illustrating the changes made within the ARC, Jones highlights the creation of new departments within the ARC. Such departments had not existed in such a centralized manner beforehand, so their presence at this moment in time is especially noteworthy: “Gibson and Chairman Wadsworth began by organizing the ARC into twelve

divisions – which during the war expanded to fourteen – and then quickly hired managers and staff for these units. The national headquarters retained the existing departments of military relief, civilian relief, nursing, promotion of chapter activities, and publicity, while adding new departments of service, standards, transportation and supply service, and women’s work.”⁴⁵ This was very new to the ARC, something that had not been attempted before. Now the ARC looks, on paper at least, very much like a corporation. In this way, central headquarters now has jurisdiction over very specific aspects of ARC actions. Before this, such dealings were left to the individual chapters. It is another example of the degradation of ARC tradition and the slow movement towards centralization.

More often than not, the protocol was to leave the other group to its own sphere of influence. After all, the Army had a war to win and thus put the majority of its energy into European affairs. This is made clearer by their slow realization as to the true nature of the pandemic and their hesitation to slow down troop transports indicated where their true priorities were. When ARC personnel voyaged overseas to the Western Front, the Army was more or less in charge. It was a clear hierarchy that was to be followed during wartime. This is further reflected in their stateside policy, which was relegated to military installations. The military held absolute authority over the cantonment camps, as well as any internal supply lines that fed the American war machine. When it came to urban affairs or the public sphere, they had no official policy. Thus, they left those matters to the ARC, which created an interesting dynamic. The two organizations already had a history of not seeing eye-to-eye, as primarily demonstrated after the 1906 San Francisco earthquake. During the relief and reconstruction phases after the earthquake, the Army took charge of the situation which meant that the ARC had to play by their rules.

⁴⁵ Jones, *The American Red Cross from Clara Barton to the New Deal*, 166

While doing so worked out for an overall benefit, it pushed the ARC into a role that they were not used to, as subservient to the military. As demonstrated by the interactions between Edward Devine, the appointed ARC representative for San Francisco disaster relief, and General Greely, the officer in charge of all military operations in the area at the time. “Since the army was already doing so much work, Devine had to negotiate a way for the American Red Cross to insert itself into the relief process without stepping on military toes. Even though the army had assumed control of relief ‘without the strict letter of the law,’ in General Greely’s words, and although these duties rightly belonged to the ARC under its federal charter, the army possessed prodigious authority and manpower.”⁴⁶ This shift from true neutrality was difficult for the ARC to forget, as the military would not.

It has already been established as to the ease of disease transmittance within the military camps, which similarly resulted in high infection rates amongst the soldiers and other personnel. With standard medical personnel being overwhelmed by the number of cases, the Army naturally called for reinforcements. Their chosen forces? The American Red Cross, who so generously assisted them in times previous. While the ARC was happy to lend a hand where needed, there was an unfortunate consequence. Since most trained personnel that the ARC had would be distributed amongst military installations, this left very few to look after urban areas. This is a further reflection as to the priorities that were set by military officials. While this decision might be attributed to the perceived necessity to maintain the American war machine, it would lead to severe urban problems once the pandemic spread. While the number of urban problems that arose within the pandemic years are too great to fully examine within this essay, one in particular will be discussed. The phenomena of parades was constant throughout America’s short interim in

⁴⁶ Jones, *The American Red Cross from Clara Barton to the New Deal*, 123

World War I, all of them shared a similar goal. Get people to buy war bonds and support the war effort. Such financial efforts were deemed paramount for the success of the war effort, which indicates that other priorities, such as public health, were shunted to the side.

Such attitude for maintaining military actions in Europe are reflected in the attitudes in reference to war bonds. War bonds were an important cog in the military machine, where Americans would buy these bonds as a way of financially supporting the government. While there was the appeal of being eventually reimbursed once the war was over, it was seen as one's patriotic duty to buy war bonds. Dozens of parades were held during the course of the war, where the sole intention was to sell as many war bonds as was possible. The parades were designed to draw out the patriotic spirit within the American public, and they were massively successful in doing so. They were deemed so important that many were held in spite of pandemic warnings. Nothing could stop the parades, not even the clear threat of a disease which thrives upon quick transmission within a crowd. "On September 28, 200,000 gathered to view the kick-off parade which stretched twenty-three blocks through the streets of the city [Philadelphia]. Singing-conductors and speakers were distributed among the marchers, and wherever the parade halted, they led the crowd in patriotic songs and harangued them to buy bonds...."⁴⁷ The result of the continuation of the parades led to an explosion of influenza within Philadelphia, with 635 new cases only a few days later. ⁴⁸Despite the clear correlation between the parades and pandemic explosions, they still continued to occur. Events such as these show more about the American priority towards continuation of the war than merely as a blatant vector by which the

⁴⁷ Crosby, *America's Forgotten Pandemic*, 72-73

⁴⁸ *Ibid.*, 73

influenza was transmitted. Parades continued across the country for the duration of the war, with only occasional regard for the prevention of spreading influenza.

When considering public actions involving the pandemic, including bond parades and occasional resistance to political decrees, it seems as though the public followed health protocols because it served their patriotic interests. More often than not, Red Cross propaganda during the war years looked very similar to military propaganda. The propaganda took on all kinds of forms, with the most common being newspaper ads and illustrated posters. The following example was taken from a 1918 poster that attempted to coax the viewer into enlisting: “Nursing service is military service, and the trained nurse is as necessary to the successful prosecution of the war as the trained soldier. Nurses, you are needed! Enlist for service now!”⁴⁹ If one might recall the newspaper ad from the *Dallas Morning News*, the slogans appeared on more than simple posters or fliers. Such sentiments were circulated nationally for the sole benefit of recruiting nurses and coaxing donations from the population. The rhetoric that was used by the ARC to recruit nurses echoed the methods used to recruit new soldiers. Both the ARC and the military drew on the inherent patriotism that drove the American spirit in an attempt to pull as many resources as they could. This is more than simple coincidence, as it reflects the blurring of ARC neutrality in terms of political stance. They could not afford to be truly neutral during the war, as offering assistance to the enemy would be seen as sedition. Because the ARC became associated with the military, though a necessity, would also pressure them into being beholden to the whims of the military. This included the appropriation of resources and personnel to affected areas, and while the military was not in direct control over how the ARC distributed aid, they did

⁴⁹ Jones, *The American Red Cross from Clara Barton to the New Deal*, 168

reserve the right to refuse aid where they held jurisdiction. In a bizarre, and albeit isolated case, ARC aid to a military installation was actually refused.

As part of a massive distribution project, the ARC sent impressive amounts of medical equipment and supplies to military installations. On the long list of locations was an Army hospital at the University of Columbus in Ohio. When ARC supplies and personnel reported to the hospital, they were rebuffed by Colonel George L. Converse and told to leave the premises immediately. “I want you to understand that this is a military hospital and we get our supplies from the government,” Colonel Converse is reported to have told McCune. “You have no business nosing around our hospital without a proper permit and we don’t need your supplies.”⁵⁰ This might strike a contemporary viewer as extremely odd, as the logic used by the Colonel appears to be faulty. At this moment in time the ARC was, for all intents and purposes, a direct subsidy of the government and by further extent the military. It would not be a difficult task to make the connection and thus invalidate Colonel Converse’s argument. What is important in this circumstance is the fact that the argument was made at all. There could be a few reasons as to why the Colonel acted in the way that he did. Firstly, the hospital could have been fully stocked on supplies and therefore did not require more from a logistical standpoint. While this has some logic behind it, there are problems as well. By this point the pandemic was in full swing throughout much of the country and the military was especially aware of it. Therefore, the army hospital would experience statistically higher percentages of patients and would require more supplies than they would typically need during the average season. Ohio as a state would suffer 21,828 fatalities due to the pandemic during the last four months of 1918.⁵¹ Columbus on its own

⁵⁰ Red Cross Rebuff at Big University." *Ohio State Journal* (Columbus, OH), October 24, 1918. <http://hdl.handle.net/2027/spo.0110flu.0003.110>.

⁵¹ Crosby, *America’s Forgotten Pandemic*, 211

would account for 781 of those deaths during the same period of time.⁵² While the actual conditions within the hospital are not known, the possibility that the hospital did not face the same overwhelming conditions that other army hospitals experienced is doubtful.

So if the supplies were in fact needed, it could then be possible that Colonel Converse was unaware that the ARC was operating in league with the military. If this was the case, then it would be well within the right of Converse to deny non-government provisions that were not authorized. Yet again, there is a flaw with this reasoning. Due to the centralized nature and importance of maintaining connectivity between the military and the federal government, it is difficult to imagine a scenario where a camp would not know about the relation between the military and the ARC. Maintaining communication is imperative for a military to be successful during wartime, even for something as apparently minor as ensuring supplies in an army hospital are officially sanctioned. So if communications are maintained and the military officials are informed as to the intentions of the ARC, that still does not reveal as to why they were turned away.

The answer may lie in relation to the issue of communication, though on a less literal basis. While the army was certainly informed that the ARC was working as a supportive role, it is possible that they were still considered by some to be subservient. In the beginning of the twentieth century, the ARC worked either with or under military direction, as their goals were often aligned. However, this provided military officials to slowly degrade the traditional ARC neutrality in terms of political alignment. Eventually, the ARC no longer acted on their own terms, in reference to events such as the San Francisco earthquake, and instead acted on behalf of

⁵² Crosby, *America's Forgotten Pandemic*, 214

the military. When referring to a military which depended on a rigid hierarchy for success, it was not difficult to place the ARC within the hierarchy. Based on the response of this particular military official, that position is rather low. So low, in fact, that the ARC could not be considered to be affiliated with the government. According to Colonel Converse, considering the ARC to be an auxiliary group may have gone too far as to bringing them into the fold. Even when they are needed the most, the ARC is still facing difficulties in receiving the recognition that they deserve for their efforts.

By the time the pandemic burned itself out in 1920, America found itself battered and bruised from two great calamities. Both the First World War and the Influenza pandemic resulted in unprecedented loss of life and required a massive nationwide response. When traditional methods failed, a new approach was necessary. Both the American Red Cross alongside its military counterparts effectively joined together to combat the pandemic. Yet there was a price to be paid for their combined success. In order to achieve their mission, the ARC had to effectively give up its traditional stance on total neutrality. They became politically intertwined with the national government, something which was not intended by Clara Barton, which would lead to the eventual centralization of the disparate chapters. While the ARC was able to maintain most of what made it such a successful humanitarian organization, it lost a part of itself that would be difficult to retrieve. By becoming politicized, they gained the necessary resources to adequately fight against the pandemic. Though the question as to whether or not this change was truly necessary or not is another matter entirely.

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