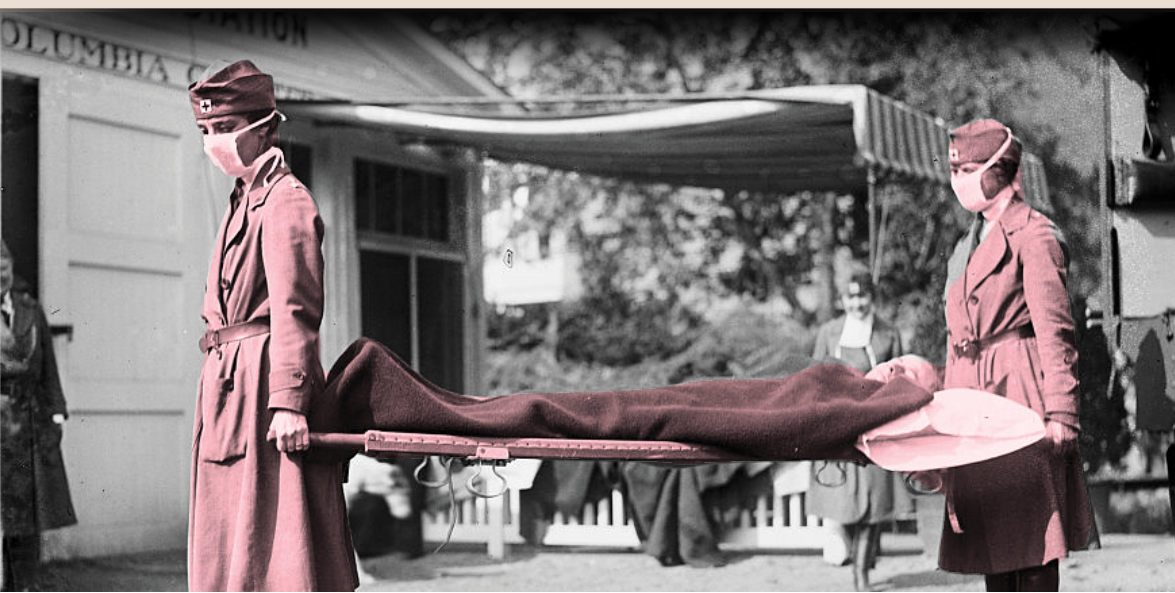




BIG PANDEMIC ON THE PRAIRIE:

The Spanish Flu in North Dakota

Christopher Neal Price



Big Pandemic on the Prairie: The Spanish Flu in North Dakota

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William Langer, circa 1916. Attorney General Langer was erroneously reported as the first case of Spanish flu in North Dakota. ND State Historical Society, Item 4292-00001. https://statemuseum.nd.gov/photobook/details?I%20RecID=PH_I_92243

Introduction

On October 24, 1918, the *Bismarck Tribune* relayed disturbing news to its readers. Two weeks earlier, the paper had informed the city of restrictions that would have been unthinkable just a few weeks before. Due to the spread of the Spanish influenza outbreak that then sickened millions across the United States and the world, Bismarck Health Officer F.B. Strauss called for a temporary end to public meetings in the North Dakota capital. This order included churches and schools.¹ The news on October 24 showed just how quickly the flu could change a family's life. A man fishing on the banks of the Missouri River a bit downstream from Bismarck made a shocking discovery when he heard the faint cries of a man near his position. The cries came from seventy-two-year-old C. K. Stearns, a fisherman who had left Williston with his son about the time Bismarck enacted its ban on public meetings due to a local epidemic of the Spanish flu. Soon after starting their journey down the river, both men fell ill with the disease. A week into their trip, C. K.'s son, forty-year-old Thomas Earl Stearns, died somewhere between Washburn and Bismarck. Both the father and son suffered from delirium during their respective bouts with the flu, and the elder Stearns continued floating while his son's body lay lifeless in the boat. He had hoped to moor his vessel in Bismarck but in his weakened condition missed the dock and continued his trip until the boat lodged on a sand bar just south of town. A near continuous rain fell for two days before Stearns' rescuer found him, and the elderly man's feet and limbs had turned blue from the exposure to the elements. His feet were so swollen that the sheriff who responded could not remove his shoes.² Stearns began recovering quickly from his brush with death, and his daughter came from Plaza, North Dakota, to claim the remains of her brother.³ However, the flu was not finished with the Stearns family. Walter W. Forsythe, an agent with the Standard Oil Company and the son-in-law of C. K. Stearns,

¹ "Everything Is Closed Tight by the Flu," *Bismarck (ND) Tribune*, October 9, 1918.

² "Drifts with Dead for Days in Open Boat on Bosom of Missouri, Mad with Delirium," *Bismarck Tribune*, October 24, 1918.

³ "No New Deaths from Influenza," *Bismarck Tribune*, October 25, 1918.

fell ill after traveling from Plaza to Bismarck to attend the funeral of his brother-in-law, Thomas Stearns, and take care of his father-in-law. On November 5, *Tribune* announced Forsythe's death from the same illness that claimed his brother-in-law.⁴

Wilbur Turpin of Grand Forks, a "well known colored janitor" in the city was another victim of the Spanish flu, and his death received a relatively lengthy write-up in the local paper. Turpin, who was a lifelong resident of Grand Forks, was only twenty-eight at the time, and he left behind a wife and five children. In its tribute to his life, the *Herald* reported, "for his amiable disposition and his loyalty to his friends, Mr. Turpin won many friends among the business men [*sic*] of Grand Forks who will regret his untimely death."⁵ Perhaps Turpin's relatively unique status as one of the few African Americans in the Red River Valley warranted the longer obituary. Perhaps it was his reputation in the business community. Regardless of the reason the newspaper decided to publish it, the account left a short record of his life.

These anecdotes drawn from the early days of North Dakota's bout with the Spanish flu show that the effects of the disease cut across economic and racial boundaries. Indeed, North Dakotans across the state experienced widespread disruption during the fall of 1918, which mirrored the restrictions enacted in other parts of the country. In some ways, the reaction to the Spanish flu in North Dakota and throughout the United States bore a resemblance to the attempts to slow the spread of the novel coronavirus that causes COVID-19 that began in early 2020.

Previous Analyses of the Spanish Flu

Historians have previously explored the impact of the 1918 Spanish flu pandemic from several perspectives, and most of the best-known works have taken a broad view of that pandemic. Alfred W. Crosby describes it as a "forgotten pandemic" in his book on the subject.⁶ A flurry of investigations into the Spanish flu followed the initial 1976 edition of Crosby's work on the impact of the disease on society, with

⁴ "Bismarck Man Dies of Flu," *Bismarck Tribune*, November 5, 1918.

⁵ "Turpin Is Victim of Influenza," *Grand Forks Herald*, October 15, 1918.

⁶ Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, 2nd ed. (New York: Cambridge University Press, 2003). A previous iteration of Crosby's work on the flu was Alfred W. Crosby, *Epidemic and Peace, 1918: America's Deadliest Influenza Epidemic* (Westport: Greenwood Press, 1976).

the major works predating the COVID-19 pandemic. John M. Barry's *The Great Influenza*, published in 2005, is perhaps the most influential, even drawing the attention of President George W. Bush, who started formulating a national strategy to deal with a potential outbreak of a new strain of deadly influenza. Barry emphasized the impact medical scientists, politicians, and the milieu of World War I had on the pandemic's progress throughout the United States, Europe, and elsewhere.⁷ Meanwhile, Nancy K. Bristow's 2012 work took a different angle and investigated the 1918 flu pandemic in the United States in the context of historical memory.⁸ Laura Spinney's 2017 book, *Pale Rider*, looks at the flu on a more global level by investigating the outcomes of the disease in places as disparate as Ukraine, India, and Persia.⁹ In telling the story of North Dakota's history, eminent state historian Elwyn B. Robinson only briefly mentioned the devastating impact of the influenza outbreak amid World War I training exercises at colleges across the state. Robinson described it simply, stating, "It had been a tragic experience."¹⁰

Most local and regional analyses of the Spanish flu have focused on the major urban areas that were hardest hit, or they have compared urban areas that pursued divergent strategies in dealing with the epidemic. Richard J. Hatchett, Carter E. Mecher, and Marc Lipsitch investigated the relative success of public health interventions in seventeen major cities during the 1918 outbreak and noted that peak death rates and excess mortality were lower in cities that had earlier interventions.¹¹ Both Crosby and Barry also tended to focus on major urban areas in their accounts, and Crosby went so far as to argue that only the "great cities," with their public health reports

⁷ John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin Books, 2005); The White House, "Pandemic Flu: Preparing and Protecting against Avian Influenza," accessed January 3, 2024, <https://georgewbush-whitehouse.archives.gov/infocus/pandemicflu/> (<https://perma.cc/LBM6-JNRX>).

⁸ Nancy K. Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Pandemic* (Oxford: Oxford University Press, 2012).

⁹ Laura Spinney, *Pale Rider: The Spanish Flu of 1918 and How It Changes the World* (New York: Public Affairs, 2017).

¹⁰ Elwyn B. Robinson, *History of North Dakota* (Lincoln: University of Nebraska Press, 1966), 358.

¹¹ Richard J. Hatchett, Carter E. Mecher, and Marc Lipsitch, "Public Health Interventions and Epidemic Intensity during the 1918 Influenza Epidemic," *Proceedings of the National Academy of Sciences of the United States of America* 104, no. 18 (May 1, 2007): 7582–7587.

and daily newspapers, had adequate records to provide a clear view of how people reacted to the Spanish flu.¹² However, recent technological developments and digital history projects have significantly aided the ability of researchers to more easily analyze the ways in which the flu affected rural America. Virginia Tech scholars E. Thomas Ewing, Samah Gad, and Naren Ramarkrishnan drew on data from newspapers to investigate previous epidemics. Their work analyzed coverage of the 1918 pandemic in newspapers from Colorado Springs, Colorado, and Columbia, Missouri, and considered how this coverage of the flu impacted public health decisions. These researchers found that those two cities largely based their decisions to enact closing orders upon news accounts from locales that had previously reported on their dire experiences with the flu.¹³

My recent article on the Spanish flu in *North Dakota History* largely followed this latter strategy in its use of the searchable *Chronicling America* collection of historic newspapers on the Library of Congress database. Most of the newspaper records from the larger towns and cities in North Dakota are accessible through this repository. This article focused on the newspaper coverage of the Spanish flu in North Dakota and primarily analyzed accounts from the *Fargo Forum and Daily Republican*, the *Grand Forks Herald*, and the *Bismarck Tribune*. These were prominent dailies in three of North Dakota's major cities, and they gave insight into the day-to-day changes in both the progression of the disease and mitigation strategies in these small urban areas, as well as providing occasional news from other parts of the state. This article provides the wording and argumentation for parts of this book.¹⁴ However, it is by no means the first state- or local-level history of the Spanish flu. Some, like David L. Cockrell's study on North Carolina that emphasized that state's medical and public health communities, have a narrow focus. Additionally, there are some recent works, like Janelle M. Olberding's 2019 book on the flu pandemic in

¹² Crosby, *America's Forgotten Pandemic*, 66.

¹³ E. Thomas Ewing, Samah Gad, and Naren Ramarkrishnan, "Gaining Insights into Epidemics by Mining Historical Newspapers," *Computer* 46, no. 6 (June 2013): 68–72.

¹⁴ Christopher Price, "1918 Spanish Flu Pandemic: North Dakota's Evolving Newspaper Coverage," *North Dakota History: Journal of the Northern Plains* 86 no. 1 (Summer 2021): 3–19. Much of Chapter 2 of this book is taken verbatim from the *North Dakota History* article. Smaller portions of additional chapters, including the historiographical information in this introduction appear in the same source.

Butte, Montana, that have focused on smaller towns and cities and provided a view of the flu from the perspective and methodology of microhistory.¹⁵

Much as news outlets did in other areas of the nation, North Dakota newspapers paid little attention to the Spanish flu until it started to kill larger numbers of people in the local area. Once the flu arrived in the state, however, it led to rapid and radical changes to the ways in which ordinary citizens went about their lives. Public health authorities were quick to institute measures intended to mitigate the spread of the flu. While North Dakota did not experience scenes quite so dramatic as those experienced in some of the major cities that had periods with hundreds of deaths per day, the pandemic still heavily impacted the state in October and November 1918.¹⁶ In North Dakota in 1918, health authorities instituted nonpharmaceutical interventions during the height of the influenza pandemic that included temporary bans on public gatherings and mask recommendations and requirements. Additionally, candidates in the 1918 election had to adjust their campaign strategies because of the flu just as the number of stump speeches would normally have reached its peak. The duration of public meeting bans and other restrictions varied by community, but residents across the state saw their lives impacted by the flu in ways they would not have imagined just weeks prior to the arrival of the disease.

To provide a background for the actions taken in North Dakota communities in 1918, the first chapter of this book investigates the American medical community as it stood at the precipice of the pandemic. Recent advancements in medical knowledge in the late nineteenth and early twentieth centuries provided reason for optimism on the part of doctors and scientists. The realities of the Spanish flu rendered any such optimism unfounded. Chapter 2 then moves to investigate the outbreak as it moved toward North Dakota and then engulfed the state. Newspapers around the state were quick to issue reports on government restrictions. This chapter answers the question of how public officials and everyday North Dakotans addressed the Spanish flu at its peak, along with its impact on everyday life. Chapter

¹⁵ David L. Cockrell, "A Blessing in Disguise": The Influenza Pandemic of 1918 and North Carolina's Medical and Public Health Communities," *North Carolina Historical Review* 73, no. 3 (July 1996): 309-327; Janelle M. Olberding, *Butte and the 1918 Influenza Pandemic* (Charleston, SC: The History Press, 2019).

¹⁶ The worst day for Philadelphia, a city with one of the worst outbreaks in the United States, saw 759 flu deaths on October 10, 1918. See Crosby, *America's Forgotten Pandemic*, 85.

3 focuses on the medical interventions available and recommended throughout the state during the pandemic. These treatment recommendations included patent medicines that contained either copious amounts of alcohol or minuscule amounts of dangerous toxins, but they also included more mundane actions and substances. Few were of any real value against the flu. Chapter 4 addresses the question of whether the small Native American population of the state experienced the flu differently than the broader population that originated from European ancestry. To this end, the Standing Rock reservation provides a useful case study. Chapters 5 and 6 will investigate the extent to which the Spanish flu impacted the religious and political landscapes in North Dakota. The second wave hit just as campaigning for the 1918 election hit full swing, and it impacted the ability of candidates to get their respective messages out. The flu also shut churches for several weeks, although religious leaders were not as likely to reflect deeply on the pandemic's meaning as one might expect. Chapter 7 addresses the work nurses from North Dakota engaged in service for the Red Cross or the Army Nurse Corps performed both inside and outside the state as the Spanish flu progressed across the globe. Most people associate the Spanish flu with 1918, and the disease hit its peak in the fall of that year. However, additional outbreaks continued into 1919 and beyond, and Chapter 8 will investigate the ways in which the flu continued to wreak havoc on North Dakota communities, albeit on a lesser scale, in the months that followed its initial outbreak in the waning days of World War I.

I had no more than a cursory interest in the Spanish flu before the COVID-19 pandemic caused widespread closings and social distancing requirements in March 2020. These changes led to an extended Spring Break, and I had just reached the Great War in one of my US history classes. These developments provided me with both the impetus and the opportunity to create a full lecture on the Spanish flu in the United States. As restrictions and recommendations came down from public health officials and state governments in many areas of the country, some segments of society began to react negatively to these infringements on their personal freedoms, claiming they were unprecedented. This led to my broader interest in the subject and my

attempts to address the question of how a previous generation dealt with a deadly pandemic. Did American society allow the flu to spread, or did states and communities attempt to “flatten the curve?”¹⁷

My family’s three-year residence in Grand Forks, North Dakota, while I completed work toward a doctoral degree piqued my interest in the state, and I found that the online newspaper archive maintained by the Library of Congress included many of North Dakota’s leading papers—a definite bonus when looking to investigate reactions to the Spanish flu on a local level. Indeed, this strategy was a result of both accessibility and necessity. Most archives in the United States closed in the early months of the pandemic. Therefore, the Library of Congress site provided the information I needed to begin my research. While this book will utilize this resource as my previous article did, it will expand the scope of inquiry beyond Fargo, Grand Forks, and Bismarck, the three cities that primarily dominated that analysis. The present study also relies on additional sources, such as governmental records and archival collections, that can provide both a broader context as to how the state waged war against the pandemic and a better understanding of the intent behind public health directives. Nancy K. Bristow noted the difficulty of finding primary sources on the Spanish flu.¹⁸ The historical record is necessarily fragmentary, and this can be even more so the case when looking into a relatively narrow topic, especially one so traumatic that occurred during a period of intense disruptions to American society that resulted from the nation’s involvement in World War I. However, while we must account for the biases of the creators of these documents (as well as our own), the scattered anecdotal evidence presently available can still illuminate the ways in which people living in a previous century viewed their plight and allow contemporary students of history to reflect on how the experience of those who lived and died during the Spanish flu both corresponds to and differs from our own. The records that do exist regarding the disease and its run across North Dakota tend to weaken Crosby’s argument that only major urban centers can provide the information needed to assess the flu’s impact.¹⁹ Indeed, it is possible to construct a fairly robust narrative

¹⁷ Public health officials and political leaders both encouraged citizens to help “flatten the curve” in the early days of the COVID-19 pandemic. For an explanation of this concept, see Siobhan Roberts, “Flattening the Coronavirus Curve,” *New York Times*, March 27, 2020.

¹⁸ Bristow, *American Pandemic*, x.

¹⁹ Crosby, *America’s Forgotten Pandemic*, 66.

of how the flu affected a largely rural state such as North Dakota. As the pages that follow will show, the Spanish flu led to disruption and death on a massive scale throughout North Dakota in the fall of 1918, and its ramifications had a wide-ranging and long-lasting impact on many who experienced its rampage through the state.



Rupert Blue, US Surgeon General when the flu hit. Library of Congress, Prints & Photographs Division, photograph by Harris & Ewing, LC-DIG-hec-03586.

Chapter 1

Contextualizing a Contagion

Authors frequently cite the Spanish flu as the deadliest pandemic in history, yet one prominent historian called it a “forgotten pandemic.”¹ This scourge, which possibly started on the North American prairie, killed somewhere between 35 and 100 million worldwide. An outbreak today with a similar global death rate might kill more than 400 million people.² In 1918, the year that the Spanish flu began its spread and hit its peak death rate, the United States Census Bureau reported that 477,467 United States citizens died of influenza and pneumonia. This entailed that 583.2 people per 100,000 of the overall United States’ population died of flu and pneumonia in 1918. The previous year, only 125,795 deaths occurred because of influenza and pneumonia, a rate of 167 per 100,000 in population. These statistics indicate that the Spanish flu contributed to more than 350,000 excess deaths on a year-over-year basis. Nearly 80 percent of the flu deaths in 1918 occurred in the last four months of the year, a period that coincided with the especially deadly second wave of the Spanish flu.³ The Actuarial Society of America estimated that 400,000 Americans died of the flu in 1918, and Metropolitan Life paid out claims that were \$24 million in excess of their initial actuarial estimates.⁴ When the pandemic ended in 1920, an estimated 675,000 Americans had died from the Spanish flu, and life expectancy in the United States dropped by twelve years as a result.⁵

¹ Barry’s *The Great Influenza* noted the deadliest modifier in the title of his book on this subject. Crosby’s *America’s Forgotten Pandemic* used the latter terminology in titling his book on the Spanish flu.

² Barry, *The Great Influenza*, 450.

³ Bureau of the Census, *Mortality Statistics 1918* (Washington: Government Printing Office, 1920), 27.

⁴ Crosby, *America’s Forgotten Pandemic*, 312.

⁵ Douglas Jordan, “The Deadliest Flu: The Complete Story of the Discovery and Reconstruction of the 1918 Pandemic Virus,” Centers for Disease Control and Prevention, accessed November 16, 2020, <https://www.cdc.gov/flu/pandemic-resources/reconstruction-1918-virus.html> (<https://perma.cc/N296-7KSK>).

Medical experts and historians alike have argued that the United States experienced three distinct waves during the Spanish flu pandemic. The first arose in the spring of 1918 and quickly swept through American military camps engaged in training for deployment to the Western Front in the Great War. It led to higher-than-average mortality rates, but they were not significant enough to warrant much attention from authorities. In late summer, the virus that caused the Spanish flu evolved into a much deadlier bug. It first started sickening and killing large numbers in Europe, and by early September, this strain made its way across the Atlantic Ocean to port cities, along with naval and army camps on the East Coast. From there, this virulent strain made its way across the North American continent, mainly in the fall of 1918. After a decline in cases, a third less significant and less deadly wave arose in winter 1919. Occasional outbreaks occurred afterward, but none was as dramatic as the infamous second wave. John Barry has tied localized outbreaks as late as 1922 to the Spanish flu, and he noted that New York had more cases recorded on one day in early 1920 than it did at any point during the worst of the 1918 conflagration of the disease in that city.⁶

The second wave of the Spanish flu terrorized the United States during the early autumn of 1918. Barry notes the lack of truthfulness exhibited by newspapers in the major cities as a contributing factor to this fear. Many outlets argued that the general population had little to worry about even as the flu began to spread in communities around the nation. However, many of the officials quoted in these releases quickly reversed course and shut down most, if not all, public gatherings, much as the public health director in Los Angeles did a mere forty-eight hours after stating, "If ordinary precautions are observed, there is no cause for alarm." Absenteeism was rampant in many locales, and many employees refused to come to work for fear that they might become ill. In the shipbuilding industry, a portion of the economy that was necessary for carrying out a war against the Central Powers, more than fifty percent of workers at some shipyards stayed home, despite the fact they received no pay when they failed to show up for work.⁷

⁶ "1918 Pandemic Influenza: Three Waves," Centers for Disease Control and Prevention, accessed September 28, 2021, <https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/three-waves.htm>; Part II of Alfred Crosby's *America's Forgotten Pandemic* dealt with the first wave of the flu, while Part III dealt with the second and third waves; Barry, *The Great Influenza* 390-391.

⁷ Barry, *The Great Influenza*, 333-350.

The terror that accompanied the Spanish flu largely arose from its rapid progression. The course of the illness was frequently mild. Indeed, the overwhelming majority of people survived. However, among those who did not, the disease presented very visible symptoms that quickly appeared in previously healthy young men and women who were in the prime of life. The health of these individuals could rapidly decline. Death came quickly for many of those afflicted, sometimes within twelve hours of the onset of illness. A widely cited letter penned by Roy Grist gives perhaps one of the more vivid descriptions of the unusual symptoms that led to the rapid death of thousands of American soldiers and civilians. Grist was a doctor stationed at Camp Devens, a base just outside of Boston, Massachusetts, which saw one of the earliest outbreaks of the second wave of the Spanish flu in the United States. To a friend known to posterity only as Burt, Dr. Grist included the following excerpt in his account:

Camp Devens is near Boston, and has about 50,000 men, or did have before this epidemic broke loose. It also has the base hospital for the Division of the Northeast. This epidemic started about four weeks ago, and has developed so rapidly that the camp is demoralized and all ordinary work is held up till is [*sic*] has passed. All assemblages of soldiers taboo. These men start with what appears to be an attack of la grippe or influenza, and when brought to the hospital they very rapidly develop the most viscous type of pneumonia that has ever been seen. Two hours after admission they have the mahogany spots over the cheek bones, and a few hours later you can begin to see the cyanosis extending from their ears and spreading all over the face, until it is hard to distinguish the coloured men from the white. It is only a matter of a few hours then until death comes, and it is simply a struggle for air until they suffocate. It is horrible. One can stand it to see one, two or twenty men die, but to see these poor devils dropping like flies sort of gets on your nerves. We have been averaging about 100 deaths per day, and still keeping it up. There is no doubt in my mind that there is a new mixed infection here, but what I don't know. My total time is taken up hunting rales [rattling sounds apparent in unhealthy lungs], rales dry or moist, sibilant or crepitant or any other of the

hundred things that one may find in the chest, they all mean but one thing here—pneumonia—and that means in about all cases death.⁸

The Contested Origins of the Spanish Flu

Researchers are uncertain as to where the Spanish flu originated, although it is certain that Spain was not the initial flashpoint. The Iberian kingdom was a neutral power in the Great War. Therefore, censorship of news potentially detrimental to the war effort was not the issue in Madrid that it was in London, Berlin, or Paris, where officials feared descriptions of the flu's ravages might damage morale on the front lines of the war. King Alphonso XIII contracted a case of the flu, and he became seriously ill. Spanish papers reported both on Alphonso's condition and the spread of the flu, which made it seem as though it was a bigger problem in Spain than in other nations.⁹

John Barry argued that the first wave of the virus likely originated in remote Haskell County, Kansas, in the early days of 1918, after making a jump from birds to humans with the possibility of pigs serving as an intermediary host. A local doctor, Loring Miner, noted a severe, and at times lethal, form of influenza that hit dozens of people in rural southwestern Kansas. Miner's concern about the disease led him to alert national health officials, who then proceeded to do nothing. The rural nature of Haskell County might have relegated the Spanish flu to a quick end if not for the war. A soldier on leave in Haskell County contracted the virus and carried it with him to Camp Funston, a military training camp located at Fort Riley in eastern Kansas. Many soldiers fell ill at Funston in March 1918, and thirty-eight died of pneumonia after being stricken by the flu. From Fort Riley, this novel influenza would spread to the furthest corners of the globe as American soldiers joined the war effort in Europe.¹⁰

⁸ N. R. Grist to Burt, Letter, September 29, 1918, Digital History, University of Houston, accessed September 16, 2021, https://www.digitalhistory.uh.edu/disp_text-book.cfm?smtID=3&psid=1112 (<https://perma.cc/5ES4-VAUY>).

⁹ Barry, *The Great Influenza*, 171.

¹⁰ Barry, *The Great Influenza*, 91–97; see also John M. Barry, "The Site of the Origin of the 1918 Influenza Pandemic and Its Public Health Implications," *Journal of Translational Medicine* 2, no. 3 (January 2004), accessed September 13, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC340389/pdf/1479-5876-2-3.pdf> (<https://perma.cc/T4F2-ZLLL>).

Barry's theory of the origin of the novel strain of influenza is not universally accepted. Alfred Crosby's analysis largely agreed with Barry's that the Spanish flu had an American origin but questioned the place of Haskell County in the story. Crosby referenced the Haskell outbreak, but he also noted that the Ford Motor Company sent around one thousand laborers in Detroit home from their factory work in March 1918 because of influenza. He also pointed to an outbreak that occurred between April and May 1918 at the San Quentin Prison in California in which five hundred of nineteen hundred inmates fell ill with the flu. Three died.¹¹

As early as 1927, Edwin Oakes Jordan, an epidemiologist, published a study for the American Medical Association that proposed three possible points of origin for the influenza pandemic. He noted an outbreak of "purulent bronchitis" that struck British troops in France during the winter of 1916-1917. These cases observed "characteristic sputum, the extreme tachycardia, the cyanosis...and the extremely high mortality." However, Jordan questioned whether this was a forerunner of the more virulent flu that killed millions in 1918 and 1919. He called it "a matter for speculation." He also pointed to two additional outbreaks that might have provided the origin of the Spanish flu. He investigated the outbreak at Camp Funston in Kansas and outbreaks in Asia, including China. Jordan's analysis concluded:

It is thus plain that in widely separated parts of the world, in India, China and Japan, in France (Gouget 1918), in Germany (Grau 1918), and in the military camps of Great Britain and the United States, more or less extensive outbreaks of acute respiratory disease, often identified by skilled clinical observers as influenza, had been occurring during the months that immediately preceded the onset of the definite first wave in France, in April, 1918. The primary origin of the 1918 pandemic cannot be traced with any degree of plausibility to any one of these localized outbreaks.¹²

Jordan refused to make a definitive argument for the place of origin of the Spanish flu.

¹¹ Crosby, *America's Forgotten Pandemic*, 18.

¹² Edwin O. Jordan, *Epidemic Influenza: A Survey* (Chicago: American Medical Association, 1927), 60-76, accessed September 13, 2021, <https://quod.lib.umich.edu/f/flu/8580flu.0016.858/--epidemic-influenza-a-survey?view=image&seq=1&size=125> (<https://perma.cc/VVB8-CDCY>).

Demographer Christopher Langford, among others including Dorothy Pettit and Janice Bailie, argued the Spanish flu possibly originated in China. Langford addressed widespread outbreaks in China that took place in the 1918-1919 period. He characterized these as mild in nature and argued that this made it conceivable that prior exposure to the virus provided a reasonably high level of immunity. In this scenario, Chinese workers en route to France brought the virus to Europe, from whence it then spread throughout the globe.¹³

In general, Canadian historians have held that the pandemic began in Europe and then traveled to North America along with soldiers returning from the front lines of the Great War. Mark Osborne Humphries, for example, notes the work of Janice Dickin McGinnis in positing this view. Humphries, however, departed from the broader Canadian consensus when he argued that a Chinese or American origin was more likely. He pointed to increased morbidity and mortality from the flu in the winter of 1917-1918 in both the United States and Canada to back up his assessment while also pointing to the ninety-four thousand Chinese workers whom the British imported into Canada between 1917 and 1918 as a possible avenue for seeding North America.¹⁴ Regardless of whether the Spanish flu first arose in rural Kansas, Europe, or China, it soon engulfed all but a few locales across the globe. North Dakota would not escape its devastation.

Spanish Flu and the Human Immune System

In contextualizing the Spanish flu, it is important to note the factors that contributed to its rapid spread along with attempts to mitigate that spread. The flu in 1918 was likely the result of a process that medical researchers now call antigenic shift. Antigens are the parts of foreign invader, including viruses, that a person's immune system can recognize as a threat. This process triggers the production of antibodies.¹⁵ Those who have lived through the coronavirus pandemic are

¹³ Christopher Langford, "Did the 1918-19 Influenza Pandemic Originate in China?" *Population and Development Review* 31, no. 3 (September 2005): 473-505. Mark Osborne Humphries cited Pettit and Bailie as additional supporters of the Chinese origin of the Spanish flu. See Mark Osborne Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto Press, 2013), 71-72.

¹⁴ Humphries, *The Last Plague*, 72-78, 228n.

¹⁵ Centers for Disease Control and Prevention, "Antigenic Characterization," accessed April 21, 2022, <https://www.cdc.gov/flu/about/professionals/antigenic.htm> (<https://perma.cc/4S5U-D8RF>).

likely to recognize antibodies as a major part of the body's immune system that arise after infection from a pathogen. Thus, the presence of antibodies against COVID-19, influenza, or another disease-causing agent are a sign of either previous infection or vaccination against the disease. Antibodies can recognize antigens and mount a response to future infections.

As viruses like influenza or a coronavirus evolve, the antigen can undergo processes known as antigenic drift and antigenic shift. In some viruses, like measles, mutations occur, but the mutations do not occur in the antigens. This section of the virus never changes.¹⁶ This is the reason exposure to measles or a course of the measles vaccine usually renders a person immune for life. Unlike measles, the primary antigens for influenza are hemagglutinin and neuraminidase, the H and N referred to in strains such as H1N1 or H5N2. These protrude from the surface of each virus particle and are the part of the virus that are quickest to mutate.¹⁷ Antigenic drift is a slight change to the genetic composition of the virus that occurs as it replicates itself. One slight change is not likely to suppress an immune response. However, over time, an increasing number of small changes in the virus can lead to an inability of antibodies to effectively recognize the invader. Thus, people who had a previous version of the virus can get sick from the newer version. This process takes time. Antigenic shift, on the other hand, does not take time to arise. It occurs when there is a sudden and major change to the virus, which immediately makes the virus so different from any previous version that the immune system will fail to recognize the threat.¹⁸

John Barry has perhaps provided the simplest example of the difference between antigenic drift and antigenic shift. He asked his readers to imagine a specific virus as a football player with an antigen serving as the uniform the virus wears. The player in Barry's example wears "white pants, a green shirt, and white helmet with a green *V* emblazoned on it." Apparently, this player is on Team Virus. So long as the antigen (the uniform in this example) stays the same, the immune system will recognize the virus. Antigenic drift would involve adding a green stripe to the white pants in this example. A healthy immune system can recognize this slight change. If the "uniform" changes to

¹⁶ Barry, *The Great Influenza*, 109.

¹⁷ Barry, *The Great Influenza*, 109.

¹⁸ John J. Paulonis, "The Antigenic Shift or Drift of the Influenza Virus," *Journal of the Washington Academy of Sciences* 105, no. 1 (Spring 2019): 7-12.

green pants and a white shirt from the previous white pants and green shirt, the immune system will have more trouble recognizing the change, but it should provide some protection. Antigenic shift occurs when the uniform changes to something entirely different. In Barry's example, this might mean the equivalent of an orange and black color scheme, rather than one that is green and white. Scientists believe that antigenic shift occurred in recent influenza pandemics, including the 1918-1919 Spanish flu outbreak, leaving the global population with a very poor defense against the new and deadly strain.¹⁹

Sanitation and Public Health

The United States and Canada both had largely adopted modern public health strategies by the time the Spanish flu hit in 1918. Mark Osborne Humphries has argued that urbanization and industrialization were important factors in leading to the rise of public health politics in the English-speaking world. These twin factors contributed to the spread of communicable disease among both middle- and upper-class citizens. Perhaps there would have been less of an emphasis on public health if diseases had relegated themselves to the lower classes. At least this is a possible implication of Humphries' argument. Some industrialists and political economists during the Gilded Age tended to hold a social Darwinist view of the poor that argued their perceived inferiority to the wealthy resulted from their descent from inferior ancestry. Theorists like William Graham Sumner and Herbert Spencer argued that *laissez-faire* economics allowed the strong and fit to rise to the top. In this view, any attempt at improving the conditions of the lower class had the potential to slow down the progress of civilization.²⁰

One of the major views of disease in the period leading up to World War I held that proper sanitation could fight disease. Poor sanitation was primarily a problem of urbanization and industrialization. To the sanitarians, disease resulted from factors like poor sanitation and personal hygiene, along with the overcrowding and poverty that arose from increased industrialization and its attendant urbanization. Another understanding of disease argued that pathogens first had to be imported. Therefore, attempts to prevent this importation through ports and along borders became a major emphasis among public health

¹⁹ Barry, *The Great Influenza*, 110-111.

²⁰ For a discussion of social Darwinist thought, see Richard Hofstadter, *Social Darwinism in American Thought*, revised ed., (Boston: Beacon Press, 1955).

officials. Effectively, this called for quarantine. Immigrants could easily be a source for the introduction of a new disease according to this view.²¹ Sanitation and importation were the views common in Canada in the early twentieth century, and the United States implemented the quarantine of incoming vessels in the early outbreak of the damaging second wave of the Spanish flu, showing that similar views of disease were prevalent throughout English-speaking North America. Officials with the Office of Indian Affairs in North Dakota frequently looked at the issue of sanitation as a source of disease on the reservations they administered, and during the Spanish flu pandemic, they also attempted to quarantine the entire population for a short period.²²

There was also a class-based view of immigrants. When boats arrived in New York, those who arrived with means frequently moved through the process quickly with a clean bill of health. Those who came with third-class or steerage tickets went to Ellis Island for further screening, where health officials looked for a range of infectious diseases like plague, smallpox, and typhus, among others.²³ This differentiated treatment of new arrivals (along with native-born poor) tended to uphold the assumptions of the social Darwinists, while also providing cover for a xenophobic view of those who were not white, Anglo-Saxon, or Protestant. Many of the immigrants arriving in the latter nineteenth and early twentieth centuries arrived from areas outside of western Europe, and many adhered to Roman Catholic or Orthodox expressions of Christianity or Judaism. Historian Richard Hofstadter noted the opposition of many Populists and Progressives to the widespread immigration allowed in the United States. Many of the older stock of residents in major cities found themselves outnumbered by recent arrivals. By the time World War I erupted, prominent Americans such as the former president, Theodore Roosevelt, pushed for 100% Americanism, a view that was critical of celebrating the culture of hyphenated Americans, particularly German-Americans.²⁴

²¹ Humphries, *The Last Plague*, 34.

²² The treatment of Native Americans is the subject of a later chapter in this work.

²³ Myron Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894-1901* (New York: NYU Press, 2007), 11-12.

²⁴ Richard Hofstadter, *The Age of Reform, From Bryan to FDR* (New York: Alfred A. Knopf, 1956), 175-182 accessed January 4, 2024, https://archive.org/stream/in.ernet.dli.2015.187961/2015.187961.The-Age-Of-Reform_djvu.txt; *The Two Sides of Americanism*, Theodore Roosevelt Collection, MS Am 1541 (304), Harvard College Library, accessed January 4, 2024, <https://www.theodorerooseveltcenter.org/Research/Digital-Library/Record.aspx?libID=o280345> (<https://perma.cc/2FVB-G49U>); for

Around the turn of the twentieth century, there were many improvements in public health, but the underclass in major cities throughout the world lived in horrible conditions despite the increased living standards industrialization brought to some segments of society. Data from the turn of the century indicated that one in ten children died before their first birthday. Around one in three failed to reach adulthood, and “overall average life expectancy was less than 50 years.”²⁵ These dismal statistics reflected a world in which public health and sanitation efforts had made great progress with better drinking water and waste removal systems, better nutrition and inspection of food-stuffs, and a better knowledge of immunology, at least in the Northern Hemisphere. Additionally, the germ theory of disease caused a “paradigmatic shift in the explanation of disease causation.”²⁶

Advancements made in medicine brought about by improved sanitation and vaccination efforts provided public health officials with reason for optimism that the day of infectious disease might soon be at an end before the Great War broke out in August 1914. Much of the improvement in public health in the US arose from Progressive Era reforms, although the public health movement originated in 1840s Great Britain. Edwin Chadwick began the calls for public health efforts, but they were not tied to any special measure of compassion for the poor. Rather, Chadwick noted that requests for poor relief increased whenever a disease epidemic hit. He believed improved sanitary conditions and less disease might contribute to lower expenditures on poor relief. According to Chadwick’s research, the average age at death for those in crowded industrial cities like Liverpool and Manchester was only seventeen and eighteen years, respectively. These ages skewed lower because of high infant mortality, but the data showed a clear need for public health improvements.²⁷

an overview of anti-Catholic attitudes in the United States, see Justin Nordstrom, *Danger on the Doorstep: Anti-Catholicism and American Print Culture in the Progressive Era* (Notre Dame, IN: University of Notre Dame Press, 2006). Tina Stewart Brakebill, “From ‘German Days’ to ‘100 percent Americanism,’” *Journal of the Illinois State Historical Society* 95, no. 2 (Summer 2002): 148-171, depicts this shift against celebrating German culture in a localized context.

²⁵ Echenberg, *Plague Ports*, 3.

²⁶ Echenberg, *Plague Ports*, 3.

²⁷ Laurel Iverson Hitchcock, “What the Social Worker Has Done for Public Health’: Homer Folk’s 1917 Speech on the Interdisciplinary Efforts of Public Health Social Workers during the Progressive Era,” *Journal of Community Practice* 24, no. 2 (2016): 215-221. For Chadwick’s Report, see Edwin Chadwick, *Report on the Sanitary*

In 1848, the British Parliament passed the Public Health Act, which attempted to improve water quality and sewage systems, along with public cleanliness through local health boards and a new a General Board of Health.²⁸

Medicine in the United States did not actually start to improve lives and lifespans until the latter nineteenth century. Prior to this, there was little understanding of bacteria or viruses or how they caused disease. In many instances in the pre-Civil War era, doctors did more harm than good. Practitioners of folk medicine were just as, if not more, likely to provide effective medical care. Elaine Breslaw has argued, “There was little that medicine in any form could do except to alleviate some symptoms.” Indeed, medical knowledge in the U.S. only really began to improve with the creation of new medical schools like the one established at Johns Hopkins University.²⁹

Public health and eugenics intersected when it came to immigration. Even in the Early National period, many Americans associated disease with immigrants. New arrivals tended to live in crowded quarters that had poor sanitation. Additionally, native-born Americans tended to view immigrants with suspicion, believing that they imported disease and political threats to society. Diseases like trachoma were directly attributed to Chinese immigrants, for example. At times, the fear of disease led to restrictions in immigration, and eugenic ideas regarding the fitness of disparate races influenced the highly restrictive immigration system that arose in the 1920s, with leading eugenicists advising the US government on immigration policy.³⁰

Conditions of the Labouring Population of Great Britain (London: W. Clowes and Sons, 1843), 246. Recent research has argued that an increased virulence in scarlet fever led to increased infant mortality in England that included both rural and urban areas, which weakens the argument that higher mortality was directly a result of industrialization. See Ramola J. Davenport, “Urbanization and Mortality in Britain, c. 1800-1850,” *The Economic History Review* 73, no. 2 (May 2020): 455-485. Conditions in pre-Industrial England were not conducive to long, healthy lives. Public nuisances frequently came with threats to individual and public health. See Emily Cockayne, *Hubbub: Filth, Noise & Stench in England, 1600-1770* (New Haven and London: Yale University Press, 2007).

²⁸ Public Health Act, 1848, The National Archives (UK), accessed June 4, 2022, https://www.legislation.gov.uk/ukpga/1848/63/pdfs/ukpga_18480063_en.pdf (<https://perma.cc/GL22-MKH7>).

²⁹ Elaine G. Breslaw, *Lotions, Potions, Pills and Magic: Health Care in Early America* (New York and London: New York University Press, 2012), 1-7.

³⁰ Deirdre M. Moloney, *National Insecurities: Immigrants and U.S. Deportation Policy Since 1882* (Chapel Hill: The University of North Carolina Press, 2012), 105-109.

Many immigrants to the United States during the Gilded Age arrived in New York City, and they tended to congregate in tightly congested tenements. This was the subject of the muckraker Jacob Riis' famous 1890 work, *How the Other Half Lives*. Riis noted the poor health evident in Gotham Court, a tenement which he noted, "has challenged public attention more than any other in the whole city and tested the power of sanitary law for forty years." He pointed to the "last great cholera epidemic," which led to 195 deaths per one thousand residents in the community, as well as 146 residents with illnesses "from small-pox down" in 1862. In a period of less than three years before Riis wrote, there were sixty-one deaths among the 138 children born to mothers in this area of the city. Most had not completed their first year of life. The population of Gotham Court was about equally comprised of Irish and Italian immigrants.³¹

Riis also pointed to the Jewish quarter of New York and referenced the prevalence of disease that afflicted the Jewish immigrants, many of them from Poland and Russia. Managers from the Eastern Dispensary, part of an organization within New York City that treated patients and dispensed medicines, claimed that the diseases rampant among the Jewish population were not "due to intemperance or morality," which were common charges against immigrants. Rather, disease resulted from "ignorance, want of suitable food, and the foul air in which they live and work." Riis postulated, "Poverty and penury are wedded everywhere to dirt and disease, and Jewtown is no exception,"³² Despite his desire to alleviate the suffering of the poor, this depiction of immigrant communities in New York likely added to the popular conception of immigrants as disease-ridden threats to established Americans.

Previous Attempts at Mitigating Epidemics

By the time the Spanish flu arrived in 1918, the United States had experience fighting outbreaks of contagious disease with varying levels of success in the recent past. In 1899 and 1900, bubonic plague emerged in Asia and made it to American soil in Hawaii and California. In Honolulu, the plague confined itself largely to Chinatown and adjacent areas, although there were deaths elsewhere. However, that did not stop invasive quarantine procedures. Asians who worked in white households had to take daily showers in full view of the public before

³¹ Jacob Riis, *How the Other Half Lives* (New York: Charles Scribner's Sons, 1890), 35-37.

³² Riis, *How the Other Half Lives*, 107-108.

going to work. The local Board of Health banned public gatherings including churches and schools. Officials also instituted quarantine camps and a cordon sanitaire. The city took the drastic step of burning down many of the buildings in Chinatown in its attempt to eradicate the plague. The intentional fires were selective, as the city allowed the white-owned Occidental Hotel to remain the only building left on the block on which it stood.³³

The *Pacific Commercial Advertiser* described the fire on January 20, 1900. "All went well for about an hour, when the wind began to rise" throwing flames up to an estimated sixty feet in the air. The paper went on to describe the "frenzy of Chinese and Japanese residents," which it deemed "pitiful to observe" as they attempted to remove items from their homes, "the keen excitement of the moment [giving] them the strength of two men." Tearful women worked to find safety with their children, escaping with little more than a change of clothes for their children or a "loaf of bread or a bowl of rice" for food. The paper reported how "remarkable order prevailed" until "finally the authorities saw the necessity of raising the quarantine to save the lives of the residents of the district." The residents had an armed guard as they marched out of their former community.³⁴ An editorial from Walter G. Smith, editor of the *Commercial Advertiser*, stated that the destruction of Chinatown was "a melancholy sight from one point of view but a cheerful one from another." The main benefit of the ruin was a perceived setback in the plague's progression, "to which may be added the chance to build up a new Chinatown of stone, brick and concrete with a park separating it from the white quarter."³⁵ The battle against the plague in Honolulu took on a decidedly racial dimension, as would the later fight against the Spanish flu in North Dakota. The quarantine ended on April 30, 1900, although the plague continued to circulate in low numbers until 1910.³⁶

Plague on American soil was not limited to Hawaii. Officials in San Francisco first observed the plague in the death of Wing Chung Ging, a Chinese immigrant who had lived in the city for sixteen years, on March 6, 1900. San Francisco proceeded to set up a cordon sanitaire in which thirty-two police officers effectively locked Chinese and

³³ Echenberg, *Plague Ports*, 191-198.

³⁴ "The Big Fire of Saturday," *Pacific Commercial Advertiser*, Honolulu, HI, January 22, 1900.

³⁵ Walter G. Smith, Editorial, *Pacific Commercial Advertiser*, January 22, 1900.

³⁶ Echenberg, *Plague Ports*, 209-210.

Japanese residents into the twelve-block Chinatown. They allowed any white citizens to leave. This quarantine lasted two days, and the Board of Health lifted it after “intense pressure from the press.” When four people died under suspicious circumstances in Chinatown in May, another quarantine of the district ensued.³⁷ San Francisco’s bacteriologist, W. H. Kellogg, spoke to the San Francisco Medical Society around this time, encouraging that body to learn from the experience of the Portuguese city of Oporto, which spent a year under a military-enforced cordon sanitaire after local officials failed to take the plague seriously when the first case appeared in January 1899. The lockdown of the city led to a partial famine and cost citizens around \$7 million, but it succeeded in eradicating the plague. Kellogg believed that the city should take measures quickly to avoid having the national government come in and treat San Francisco as Portugal had treated Oporto.³⁸

Most local papers opposed the quarantine measures, although William Randolph Hearst decided to use his *San Francisco Examiner* to play up the plague in hopes that he might sell more papers. By early June, the city’s Board of Health had plans in the works for razing Chinatown in the manner of its counterpart in Honolulu. Two Chinese San Franciscans filed suit to remove the racially motivated cordon around Chinatown and restrictions against the area’s Chinese residents. Both achieved their goals, and Judge William Morrow ordered an injunction against the quarantine, dealing a major loss for the city’s public health officials.³⁹

On March 1, 1904, Rupert Blue, the future Surgeon General of the United States, declared the plague eradicated in San Francisco. However, in April 1906, San Francisco experienced a massive earthquake that destroyed much of the city. Fires that raged in the aftermath of the quake left about 200,000 people on the streets along with the rubble. Rats that spread plague found food in the makeshift lodgings of those impacted by the quake and the fire. This led to a renewed bout with the plague in San Francisco, although this second outbreak hit the white community harder than the Chinese. Surgeon General Walter Wyman again sent Blue to San Francisco to deal with the plague. This time, Blue decided to attempt eradicating plague by eradicating

³⁷ Echenberg, *Plague Ports*, 214–224.

³⁸ “JAMA Revisited: The Bubonic Plague in San Francisco,” *JAMA: The Journal of the American Medical Association* 323, no. 19 (May 19, 2020): 1978.

³⁹ Echenberg, *Plague Ports*, 219–228.

rats—two million of them. The 1907-1908 outbreak led to 172 deaths and 280 confirmed cases of plague in San Francisco, and the city celebrated Rupert Blue's successful efforts on March 9, 1909. The United States had been relatively successful in combating the plague, but the flea common in San Francisco was not the most favorable vector for transmission of the plague bacillus when compared with fleas in other locales around the world.⁴⁰ The racialized measures taken against the Chinese in Hawaii and California did little to stop the spread of plague, yet officials in North Dakota would later impose strict measures against the Native American population, at times citing similar reasoning, providing another example of the ways in which race and class played into disease mitigation strategies.

The perceived success against the bubonic plague likely contributed to undue optimism on the part of US public health officials, but there were other successes in the decades leading up to World War I that also contributed to the confidence that accompanied the initial outbreak of the Spanish flu. John Snow, a British surgeon practicing in London, conclusively determined that cholera resulted from contaminated drinking water by comparing the incidence of cholera among people who drank from two separate water sources, one of which was contaminated with sewage. Unsurprisingly, those drinking the uncontaminated water did not develop cholera, even when accounting for social class and other factors. However, London's eradication of cholera did not originate from the new medical knowledge provided by Snow. Many of the deaths from cholera came from the lower-class areas of the town, and the cost of upgrading the sewers limited the will to improve the city's water quality. It was only when temperatures reached 80 degrees for several days in June 1858 and caused what became known as the Great Stink that the city decided to upgrade its sewer system at great cost. After eliminating contaminated water, cities like London and New York eradicated cholera.⁴¹

Yellow fever was another disease eradicated on American soil by public health efforts. Yellow fever was a common presence in North America from colonial times. In 1793, around five thousand people in Philadelphia succumbed to the disease. New Orleans was an entry

⁴⁰ Echenberg, *Plague Ports*, 235-237.

⁴¹ John Aberth, *Plagues in World History* (Lanham, MD: Rowman & Littlefield, 2011), 107-109; John Snow, *On the Mode of Communication of Cholera* (London: John Churchill, New Burlington Street, 1855); Amanda J. Thomas, *Cholera: The Victorian Plague* (Barnsley, UK: Pen and Sword, 2015), 162-172.

point for yellow fever throughout the nineteenth century, and mosquitoes with the virus frequently made it to Memphis, the site of the last major outbreak in the continental United States. In 1878, more than five thousand died of yellow fever in the Memphis area before cooler weather ended the epidemic.⁴² On August 29, 1878, the *Memphis Daily Appeal* reported, "Death is knocking at every door... One hundred and nineteen new cases and fifty-eight deaths of yellow-fever in one day is enough to give us panic."⁴³ The paper provided a list of new cases and new deaths to keep residents apprised of the progress of the outbreak, much as North Dakota papers would forty years later when another disease ravaged the United States on an even broader scale.

Yellow fever also led to many deaths during the Spanish-American War in 1898. The fighting itself contributed to fewer than four hundred deaths, but more than two thousand troops came down with yellow fever. This outbreak led to the creation of the commission headed by Dr. Walter Reed, which successfully identified through sometimes fatal human trials the *Aedes aegypti* mosquito as the contributing vector for the disease. Carlos J. Finlay, a Cuban epidemiologist, had previously hypothesized the mosquito as the agent responsible for the spread of yellow fever. Major William C. Gorgas decided to embark on a sanitation campaign to rid Havana of the mosquitoes, sending men to every house to eliminate the breeding grounds of the *Aedes aegypti*. Within months, the Cuban port was nearly free of yellow fever.⁴⁴ Historian Mariola Espinosa has tied the outbreak of the Spanish-American War to a desire to rid Cuba of yellow fever because trade between the island and the southern US contributed to near annual outbreaks along the Gulf Coast. The spread of yellow fever in southern cities then led to expensive quarantines and harm to the South's economy.⁴⁵ This desire to protect Southern cities provides another example of how a fear of outsiders contributed to public health policies and foreign relations in the United States.

Yellow fever also stymied the work of the French on the Panama Canal in the 1880s. When the US took over construction in 1904,

⁴² Milton W. Taylor, *Viruses and Man: A History of Interactions* (New York and London: Springer, 2014), 168-171.

⁴³ "Local Paragraphs," *Memphis Daily Appeal* (TN), August 29, 1878.

⁴⁴ Taylor, *Viruses and Man*, 172-183; Mariola Espinosa, *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence* (Chicago: University of Chicago Press, 2009) 57-58.

⁴⁵ Espinosa, *Epidemic Invasions*, 50-53.

Gorgas again found himself in charge of attempts to eradicate mosquitoes. His efforts at sanitation made water barrels inaccessible for the deadly insects. Additionally, the Americans kept the grass around buildings cropped close to the ground so that the Panamanians (and possibly Americans) could not discard water containers that allow water to collect in high grass that might hide them. Sanitation officials also undertook fumigation efforts. Panama City received new water and sewer lines, as well. These efforts all contributed to the eradication of yellow fever after the last case occurred on September 28, 1905.⁴⁶ In the minds of public health officials, efforts focused on sanitation had shown their effectiveness in combating diseases like bubonic plague and yellow fever. However, the trenches on the Western Front of World War I were not like the tropical environment in which Gorgas experienced his success. Additionally, historian Carol Byerly has noted the difference in disease vectors between the Spanish-American War and the Great War. In the former, the vectors such as mosquitoes were visible; in the latter, they were invisible viral menaces.⁴⁷

The successful fight against infectious disease also benefited from the development of vaccinations. Inoculation against smallpox was the first attempt at managing disease by introducing infectious matter into the body in hopes of acquiring a weakened version of a sickness. Upper-class British society began inoculating against smallpox in the early eighteenth century after Lady Mary Wortley Montagu saw the Ottomans practicing it through the introduction of pus from a smallpox pustule under the skin of a healthy individual. Similar processes had been utilized for centuries in China, India, and Africa by the time Montague began her support of inoculation.⁴⁸ Inoculation was not entirely safe, and some deaths occurred. Despite the risks, for those who survived, a severe case of smallpox was less likely.

The process made its way to the American colonies, and one of its leading ministers, the Puritan Cotton Mather, supported its use after learning about it from his African slave. Mather went so far as to inoculate his own children. The medical community in Boston opposed

⁴⁶ Joseph A. LePrince, *Mosquito Control in Panama: The Eradication of Malaria and Yellow Fever in Cuba and Panama* (New York and London: G. P. Putnam's Sons, 1916), 293-305..

⁴⁷ Carol R. Byerly, *Fever of War: The Influenza in the U.S. Army during World War I* (New York and London: New York University Press, 2005), 16.

⁴⁸ Helen Esfandiary, "We Could Not Answer to Ourselves Not Doing It: Maternal Obligations and Knowledge of Smallpox Inoculation in Eighteenth-Century Elite Society," *Historical Research* 92, no. 258 (November 2019): 754-770.

him, and someone threw a bomb into his study with a note inscribed with an ominous message: “Cotton Mather, you dog, dam you! I’ll [*sic*] inoculate you with this; with a pox to you.”⁴⁹ The famed Congregationalist preacher and theologian Jonathan Edwards was also an early supporter of inoculation, although his experience with the process showed the possible dangers that attended it. He died about a month after his inoculation.⁵⁰ During the American Revolution, smallpox raged in the Continental Army as soldiers packed closely together in unsanitary conditions. To combat the contagion, General George Washington established a mass inoculation program to provide immunity to his troops.⁵¹ Inoculation for smallpox was firmly established by the time Edward Jenner deduced conclusively from interactions with a milkmaid named Sarah Nelmes in 1796 that infection with cowpox, a less lethal but similar disease to smallpox, would confer immunity from smallpox. He had suspected this fact since the 1760s but could not confirm it until experimentation in the 1790s. In 1798, he published his findings, and inoculation with cowpox provided immunity from smallpox with a much better safety profile.⁵²

Smallpox was on its way to total eradication by the late twentieth century. By World War I, there were a few additional diseases for which vaccines could provide humans with immunity, including typhoid and cholera.⁵³ Additionally, new serums could treat and, at times, cure those who became infected with diseases. Louis Pasteur discovered how to attenuate the bacterium that causes cholera through experiments with chickens in 1880. He reproduced this procedure on anthrax and injected his vaccine into cows. He then exposed the vaccinated cows along with some unvaccinated control animals to anthrax.

⁴⁹ Rick Kennedy, *The First American Evangelical: A Short Life of Cotton Mather* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2015), 121–122; M. Best, D. Neuhauser, and L. Slavin, “‘Cotton Mather, You Dog, Dam You! I’ll Inoculate You with This; With a Pox to You’: Smallpox Inoculation, Boston, 1721,” *Quality and Safety in Health Care* 13, no. 1 (February 2004): 82–83.

⁵⁰ George M. Marsden, *Jonathan Edwards: A Life* (New Haven and London: Yale University Press, 2003), 493–494.

⁵¹ Ann M. Becker, “Smallpox in Washington’s Army: Strategic Implications of the Disease During the American Revolutionary War,” *Journal of Military History* 68, no. 2 (April 2004): 381–430.

⁵² Michael Bennett, *War Against Smallpox: Edward Jenner and the Global Spread of Vaccination* (Cambridge, UK: Cambridge University Press, 2020), 65–75.

⁵³ Anthony R. Rees, *A New History of Vaccines for Infectious Diseases: Immunization—Chance and Necessity* (London: Academic Press, 2022), 95–117.

The vaccinated cows lived; the cows that were not vaccinated died of anthrax. Building upon Pasteur's work, Richard Pfeiffer and Wilhelm Kolle killed typhoid bacilli with heat and successfully immunized two volunteers. By 1890, treatment with serum (the liquid left when all solid matter is removed from blood) from an animal immune to tetanus could provide immunity to another animal. In 1891, researchers in Berlin successfully cured a patient suffering from diphtheria.⁵⁴ Increased knowledge of infectious agents and the ability to stop their spread through vaccination or the removal of disease vectors provided reason for optimism, but they failed to stop the spread of the Spanish flu when it hit in 1918.

Disease and War

The conditions of the war were one of the major factors that allowed for the rapid global spread of Spanish flu. The United States, along with most major European powers, was in the midst of fighting the Great War when the flu broke out. As noted previously, some of the first documented cases in America are thought to have occurred in an army camp in Kansas in early 1918. Before the flu began spreading in 1918, the conditions in training camps were appalling. Draftees in the fall of 1917 arrived at camps that were not yet finished. They trained with broomsticks in their civilian clothes for weeks. Because they were intended as temporary camps, proper plumbing was absent, and the new soldiers relieved themselves in open pit latrines. Measles and mumps were common diseases in the camps. Camp Pike in Arkansas received 31,500 new inductees by December 1917, and more than 4,000 contracted measles by the end of the year. The camp planned for a 500-bed hospital, but by October 1917, the number of sick doubled this capacity. Within its first six months of operation, 512 soldiers died at Camp Pike alone. Overall, more than 5,000 soldiers died during the winter of 1917-1918 in army camps, most of them the result of infectious disease. This was despite the major public health improvements the Progressive Era had seemed to make, largely because the military failed to take recommended public health measures.⁵⁵ And it was before the arrival of the Spanish flu.

⁵⁴ Barry, *The Great Influenza*, 68-70.

⁵⁵ Eric Setzekorn, "Disease and Dissent: Progressives, Congress, and the WWI Army Training Camp Crisis," *Journal of the Gilded Age and Progressive Era* 21, no. 2 (April 2022): 93-110.

Overcrowding in the barracks was one factor that correlated with increased spread of the flu, and it is likely that it contributed to the spread of other infectious diseases. The army standard called for fifty square feet of space for each soldier. Anything less failed to meet the standard considered acceptable for effective hygiene. I. W. Brewer, a camp doctor at Camp Humphries in Virginia found that those who lived in closer quarters had a higher incidence of flu. One regiment had seventy-eight square feet of space per soldier. Another had only forty-five square feet. The former had 2.5 percent of its men come down with the Spanish flu at the pandemic's peak. The latter saw 26.7 percent fall ill.⁵⁶ Overall, the army training camps saw between 25 and 40 percent of all inductees hospitalized with the flu. Thirty thousand died before they could even join the American Expeditionary Force (AEF) in Europe. Those who boarded ships bound for the fighting took influenza with them, and some ships effectively became "floating caskets." The ravages of the Spanish flu impacted the ability of the AEF to successfully perform during the Meuse-Argonne Offensive, killing thousands and incapacitating many more.⁵⁷ At one point during the offensive, the Second Division of the AEF had to evacuate between four and five hundred men from the front lines. Only about a fifth were battle casualties; the rest were victims of the Spanish flu. The flu outbreak also took healthy men from the front because the army needed them to carry the ill from the front lines.⁵⁸

Paul Ewald, an evolutionary biologist, argued that the conditions of the war itself contributed to the rise of the deadly second wave. According to Ewald, the close and often chaotic living conditions in the trenches provided a perfect environment to introduce healthy new recruits to the flu when uninfected soldiers removed those who became sick to the hospitals behind the front lines. The competing armies needed to replace the lost troops. Therefore, healthy men came to the front, where they became exposed to the flu from those who were not yet sick but were able to shed the flu virus that caused the Spanish flu. Ewald argued that the virus mutated to reproduce in healthy young adults because of its prevalence among that demographic on the front lines, thus contributing to the high mortality rate for those who would

⁵⁶ C. Andrew Aligne, "Overcrowding and Mortality During the Influenza Pandemic of 1918: Evidence from US Army Camp A. A. Humphreys, Virginia," *American Journal of Public Health* 106, no. 4 (April 2016): 642-644.

⁵⁷ Byerly, *Fever of War*, 8-9; Barry, *The Great Influenza*, 303-306.

⁵⁸ Byerly, *Fever of War*, 116.

otherwise be most likely to survive a bout with an infectious disease.⁵⁹ These mutations that led to increased virulence were possibly due to a process known as “passage.” Barry related an example of how passage might work to produce increased virulence in a disease. In 1872, C. J. Davaine, a French scientist, attempted to calculate a lethal dose of anthrax for rabbits. Initially, ten drops of infected blood killed a rabbit. He took blood from the dead rabbit and injected it into a second rabbit and continued the process through five rabbits. After the fifth rabbit, 1/100 of a drop of blood was enough to kill the rabbit. Davaine continued through twenty-five passages, after which only 1/1,000,000 of a drop of infected blood could kill the rabbit. This virulence was tied to only one species, and it disappeared after storing the culture. According to this theory of passage, the successive infections that transmitted from one healthy man to another and then to another in rapid succession in the trenches and camps caused the disease to become more deadly, with disastrous results.⁶⁰

Medical knowledge had, without a doubt, progressed by the early twentieth century from where it had stood just a few short decades before. Effective treatments and vaccinations took the place of primitive options like bloodletting and led to better outcomes. Medical researchers identified the infectious agents that caused some common diseases like yellow fever. These facts caused optimism among public health experts and military officials that they could handle many troubles that might come their way, at least until the Spanish flu erupted in the milieu of World War I. The Spanish flu quickly disabused them of any pretense that they had the answers necessary to combat this scourge that sickened and killed millions across the globe. The most advanced societies of the day were not spared the carnage that arose from its rampage, and North Dakota would not avoid its devastating effects.

⁵⁹ Byerly, *Fever of War*, 93-94; Paul W. Ewald, *Evolution of Infectious Disease* (Oxford: Oxford University Press, 1994).

⁶⁰ Barry, *The Great Influenza*, 176-178.



John Miller Baer, ND Congressman, gave public speeches during public meeting bans. Library of Congress, Prints & Photographs Division, photograph by Harris & Ewing, LC-DIG-hec-18903.

Chapter 2

“The Dread Visitation of Death’s Angel”

As the calendar turned to 1918, the *Bismarck Tribune* looked back over the previous year and proclaimed that the new year promised to bring “brighter hope than any in the past.” The paper viewed 1917 as having provided “a period of moral awakening and of spiritual quickening in the highest sense in which these terms can be used.” In looking at the city’s achievements, the *Tribune* looked back with pride at the \$382,341 in funding its residents had provided for various war and relief efforts. This amount included nearly \$300,000 in the two Liberty Loan drives carried out that year. The city saw streets paved and sewers constructed. A new library was in the works, and the population of the city continued its steady increase. This recap of the previous year ended by stating, “There have been no serious epidemics.”¹ The same could not be said when the calendar turned from 1918 to 1919. The worst pandemic in the city’s history would soon affect its citizens, along with the rest of the state and, indeed, the world.

The Spanish flu was a common topic in newspapers back East that covered the war in summer 1918. Beginning in June, the *New York Times* carried articles that tracked the developments of the epidemic in Europe. The *Times* described German lines on the Western Front experiencing infection with “the new Spanish type” of influenza then infecting people in German cities. This report from London blamed the severity of the disease on a lack of both doctors and nutrition in Berlin and other German cities.² Kaiser Wilhelm II even left the front to deal with his own bout of illness.³ By late July, accounts of 305 deaths in the Swiss army reached readers of the *Times*. These were said to be the result of the “Spanish grip [*sic*].”⁴

¹ “1917 Year of Progress and Prosperity,” *Bismarck Tribune*, January 1, 1918.

² “Spanish Influenza Is Raging in the German Army; Grip and Typhus Also Prevalent among Soldiers,” *New York Times*, June 27, 1918.

³ “Kaiser Ill of Influenza,” *New York Times*, July 11, 1918.

⁴ “Spanish Grip Severe on Swiss,” *New York Times*, July 27, 1918.

In mid-August, a Norwegian vessel arrived in the Port of New York with infected passengers. The health officer who inspected the ship “did not regard the disease as contagious for healthy persons” and “allowed the vessel to dock.”⁵ Authorities transferred the sick from the boat to the Norwegian Hospital in New York, and the city’s health officials downplayed any concern, arguing that only malnourished people had anything to worry about.⁶ Sporadic cases arrived on ships throughout the second half of August, and by September 17, nearby Camp Upton, with between 40,000 and 45,000 soldiers, closed after reporting 170 cases of the flu in its hospital.⁷ Two days later, the New York Board of Health learned of three cases with no known ties to arriving vessels or the army camp. Health Commissioner Royal S. Copeland noted, “It looks very much as if we were in for our influenza siege” and posited that the visitation of the Spanish flu would be “no more than many other communities have had.”⁸ While New York was merely beginning its tribulations resulting from this virulent strain of novel influenza, cities like Newport, Rhode Island, and Boston, Massachusetts, were already deep into their respective ordeals. A little more than a week later, on September 28, Philadelphia would hold its infamous war bond parade with nearly 200,000 spectators lining the streets while 118 people lay sick with the Spanish flu in hospitals around the city. The contagion only accelerated and spread from there.⁹

Like the newspapers in the larger cities, North Dakota papers had some early coverage of the Spanish flu. However, this coverage was mostly sporadic until the virus began to spread through army camps and into the broader public on the American side of the Atlantic. In spring 1918, there were scattered reports of influenza in army camps.¹⁰ One such April report in the *Jamestown Weekly Alert* noted that “health conditions continue satisfactory” while informing its readers of 290 deaths in army camps nationwide. Of these, 170 were the result of pneumonia. In the previous week, the army had reported 535 new

⁵ “Spanish Influenza Here, Ship Men Say,” *New York Times*, August 14, 1918.

⁶ “No Quarantine Here Against Influenza,” *New York Times*, August 15, 1918.

⁷ “Close Camp Upton to Check Influenza,” *New York Times*, September 17, 1918.

⁸ “New York Prepared for Influenza Siege,” *New York Times*, September 19, 1918.

⁹ Meagan Flynn, “What Happens if Parades Aren’t Canceled during Pandemics? Philadelphia Found Out in 1918, with Disastrous Results,” *Washington Post*, March 12, 2020, accessed July 17, 2021, <https://www.washingtonpost.com/nation/2020/03/12/pandemic-parade-flu-coronavirus/> (<https://perma.cc/QV69-2V73>).

¹⁰ “Epidemics in Army Lessen,” *Bismarck Tribune*, March 29, 1918.

cases of pneumonia and observed the high admission rate of soldiers who exhibited evidence of infection with influenza or the mumps. Venereal diseases among the new recruits appeared to dwarf the incidence of other communicable diseases, however.¹¹ In North Dakota, “an epidemic of a peculiar influenza somewhat resembling grip [*sic*]” and believed to have its origin in Europe led Bismarck High School to close on the order of the city’s health officer, Dr. Frederick B. Strauss, after one hundred students fell ill in mid-April.¹² Bismarck’s bacteriologist, A. E. McCoy, expected the “malady will run its course in about three days,”¹³ and the *Bismarck Tribune* declared that the city had “no occasion for alarm.”¹⁴ The first wave of what would become the deadliest flu pandemic in history seemed to elicit little response from North Dakota communities, who were not significantly impacted. This would change when the much deadlier second wave arrived in the United States just a few months later.

During the summer months, sporadic information from abroad began to reach North Dakota newspaper readers. The *Grand Forks Herald* reported in late July that the American Red Cross (an organization covered more fully in Chapter 7 of this work) had given 500,000 Swiss francs to help fight the 1918 influenza pandemic then affecting Switzerland.¹⁵ Earlier that month, the *Fargo Forum and Daily Republican* included a short blurb with the following pun: “Just when we hoped that the German army was ‘losing its grip,’ come reports that it is affected with a severe epidemic of influenza.”¹⁶ In early August, readers in Bismarck could read a letter from Lt. Ward Preston, who had a weeklong bout of the flu while stationed “somewhere in France” during the prior month. In this published letter, Preston divulged to his brother that he “was not as fat as he was” because of the illness, but that he had recovered and was “working like the dickens every day” after his recovery.¹⁷

¹¹ “Health Conditions in Army Camps,” *Jamestown Weekly Alert*, April 18, 1918.

¹² “Grip Epidemic Closes School,” *Bismarck Tribune*, April 10, 1918.

¹³ “Influenza Closes School,” *Fargo Forum and Daily Republican*, April 12, 1918.

¹⁴ “Grip Epidemic Closes School,” *Bismarck Tribune*, April 10, 1918.

¹⁵ “Red Cross Helps Fight Epidemic in Switzerland,” *Grand Forks Herald*, July 24, 1918.

¹⁶ “News and Comment,” *Fargo Forum and Daily Republican*, July 2, 1918.

¹⁷ “Letters from ‘Somewhere’ in France,” *Bismarck Tribune*, August 10, 1918.

Throughout the summer of 1918, residents had little to worry about; however, the local media in North Dakota began to report the spread of the Spanish flu from Europe to the United States in September. Most of these short articles merely replicated those available on the wire from the East Coast. The *Grand Forks Herald* relayed a dispatch from Brookline, Massachusetts, that announced the infection of around one hundred merchant marine sailors on September 10.¹⁸ A week later, the *Fargo Forum and Daily Republican* included a few short news briefs regarding the spread of the pandemic. Among these reports were news of sixteen deaths from the flu in Boston and 184 cases in New York City. The *Forum* also deemed newsworthy the lockdown of Camp Upton on Long Island, which likely shocked readers of the *New York Times*.¹⁹ Little more than a week later, Jamestown readers learned of three thousand new cases of the Spanish flu reported as of midday on September 24, which brought the total number of cases in army camps to “nearly 23,000.” The Jamestown paper informed its readers of sixty-six deaths at Camp Devens in Massachusetts and thirty-six at Camp Dix in New York.²⁰ Similarly disturbing reports became increasingly common throughout September in newspapers across the state; however, as in the early days of the COVID-19 crisis,²¹ officials were quick to claim there was “no particular occasion for alarm” and spread hope that a serum would kill the germ while noting that “the serum [was] not generally distributed yet.”²² Nevertheless, the government soon came to view the eradication of the flu as a war measure.²³ Although avoiding contagion was now a “patriotic duty”

¹⁸ “Many Have Influenza,” *Grand Forks Herald*, September 10, 1918.

¹⁹ “Brief Summary of Last Night’s Dispatches,” *Fargo Forum and Daily Republican*, September 17, 1918.

²⁰ “Spanish Influenza in Many Camps,” *Jamestown Weekly Alert*, September 26, 1918.

²¹ Philip Bump, “Six Months Ago, Trump Said That Coronavirus Cases Would Soon Go to Zero. They . . . Didn’t,” *Washington Post*, August 26, 2020, accessed July 17, 2021, <https://www.washingtonpost.com/politics/2020/08/26/six-months-ago-trump-said-that-coronavirus-cases-would-soon-go-zero-they-didnt/> (<https://perma.cc/V9UC-NLJT>); Jayne O’Donnell, “Top Disease Official: Risk of Coronavirus in USA Is ‘Minuscule’; Skip Mask and Wash Hands,” *USA Today*, February 17, 2020, accessed July 17, 2021, <https://www.usatoday.com/story/news/health/2020/02/17/nih-disease-official-anthony-fauci-risk-of-coronavirus-in-u-s-is-minuscule-skip-mask-and-wash-hands/4787209002/> (<https://perma.cc/Z7VL-G7CW>).

²² “Spanish Influenza Reaches North Dakota,” *Ward County Independent*, October 3, 1918.

²³ “Stamping Out of Influenza Which Has Extended to Score of Camps Is New War Measure,” *Grand Forks Herald*, September 26, 1918.

in light of the war effort, some doctors maintained that the “Spanish influenza [was] just a new name for the old-fashioned gripe.”²⁴ The old-fashioned gripe it was not.

Although most people eventually recovered from the Spanish flu it caused severe symptoms in many patients. The fever, headache, and muscle and joint pain associated with the Spanish flu are common in seasonal flus that circulate each year. However, other symptoms such as hair loss are less common. Additionally, the Spanish flu sometimes led to pulmonary edemas and hemorrhages, and pneumonia was a common secondary infection. Many survived an initial bout with the flu died from pneumonia.²⁵

Residents of Grand Forks learned on September 27 that Spanish flu had reached all but thirteen army camps, and that the death rate from the disease had reached 4.4 percent for the week ending September 20. The *Grand Forks Herald* remained optimistic and relayed the US Army’s claim that the “next few days may show a decided improvement.”²⁶ Another story the same day noted that forty-four men from the city would not be shipping out for military training on October 7 as expected due to the increasing instances of flu in army training camps.²⁷ On October 2, readers in Grand Forks learned of the rapid spread of the influenza pandemic in Chicago,²⁸ and one day later, the *Herald* noted eight deaths from the Spanish flu over a period of five days in Scobey, a small community in far northeastern Montana. Influenza was spreading far afield from the army camps and urban areas of the East Coast.²⁹ By October 4, the *Herald* informed its readers that the epidemic had reached Erskine, Minnesota, just a little more than fifty miles east of Grand Forks via present-day US Highway 2.³⁰ On the same day, the *Herald* carried a report of Surgeon General Rupert Blue’s claim that “[t]he only way to stop the spread of Spanish influenza [was] to close churches, schools, theaters, and public

²⁴ J.H. Duckworth, “Spanish Flu—How to Dodge New Epidemic,” *Bismarck Tribune*, September 27, 1918.

²⁵ Teri Shors and Susan H. McFadden, “1918 Influenza: A Winnebago, Wisconsin Perspective,” *Clinical Medicine and Research* 7, no. 4 (December 2009): 147-156.

²⁶ “Influenza Raging in All but Thirteen Camps and Increase Is Shown in Death Rate of Army,” *Grand Forks Herald*, September 27, 1918.

²⁷ “Cancellation of Calls Due to Influenza,” *Grand Forks Herald*, September 27, 1918.

²⁸ “Influenza Is Increasing in Chicago, Report,” *Grand Forks Herald*, October 2, 1918.

²⁹ “Eight Die of Influenza in Montana Town,” *Grand Forks Herald*, October 3, 1918.

³⁰ “Influenza Appears at Erskine, Minn.,” *Grand Forks Herald*, October 4, 1918.

institutions in every community where the epidemic has developed.” The surgeon general noted that there was “no way to put a nationwide closing order into effect,” but he urged local governments to act to slow the spread of the contagion.³¹ Closer to home, the paper also announced on October 4 that a nursing corps was in the process of forming to deal with any outbreak that might occur at the training camp at the University of North Dakota (UND), which could expect the arrival of the flu shortly.³² The virus had already caused one hundred people to fall ill with two deaths in New Rockford, little more than one hundred miles west of Grand Forks, which at the time was situated between several areas experiencing outbreaks.³³

The Flu Spreads Through North Dakota

The *Ward County Independent* claimed that the Spanish flu reached Minot as early as September 28 in the October 3 edition of the weekly paper in one of North Dakota’s most populous cities. In an article that detailed the arrival of the flu in Minot, the paper tied it to the 1889 outbreak of the gripe. Much as was the case in other locales, Minot doctors attempted to minimize local concern over the arrival of the disease. “There is no particular occasion for alarm...altho [*sic*] the disease is resulting in a large number of deaths in the east,” the *Independent* reported, adding the additional argument that, “[A]ll the Minot cases are being given the very best of care and it is expected that the disease will either be checked or run its course within a short time.”³⁴

Amid the fighting of the First World War, the *Bismarck Tribune’s* October 4, 1918, front-page headline “Allies Gain Five Miles” was indeed encouraging news. Subscribers across the capital did not have to read far, however, before encountering disturbing information that would greatly impact the way they lived their lives in the coming weeks. The *Tribune* noted that the state’s attorney general, William Langer, had been suffering from a mild illness that the paper believed was North Dakota’s first case of the Spanish influenza.³⁵ It also reported

³¹ “Close Public Places, Says Surgeon Blue,” *Grand Forks Herald*, October 4, 1918.

³² “Nursing Corps to Be Formed,” *Grand Forks Herald*, October 4, 1919.

³³ “Epidemic of Influenza in New Rockford,” *Grand Forks Herald*, October 4, 1918.

³⁴ “Spanish Influenza Reaches North Dakota,” *Ward County Independent*, October 3, 1918.

³⁵ “Langer First Flu Victim in North Dakota,” *Bismarck Tribune*, October 4, 1918.

that one hundred cases of the Spanish flu had developed among residents of Fargo. While the *Tribune* characterized the Fargo cases as mild, it pointed out that six of the victims had developed pneumonia.³⁶

As noted above, Langer's case was almost certainly not the first case of Spanish flu in North Dakota, but the flu did not erupt in large numbers in the state until after his diagnosis. New Rockford might have been the site of the original outbreak in North Dakota. It is likely that a Marine on leave from an Army camp seeded the contagion there on or around September 14, 1918.³⁷ On October 4, the journal *Public Health Reports* reported on the nationwide spread of the flu. By this point, forty-three states had outbreaks. Some states noted multiple outbreaks without referring to specific numbers; others listed the total number of cases then observed in the state. Regardless, the news was not good: "Reports received by the Public Health Service indicate that influenza is spreading rapidly in the United States." News came from North Dakota that "[s]eventy-five cases were noted at Rockford, Eddy County."³⁸ The report misstated the name of New Rockford, but the existence of several cases in the town corresponds to its early arrival and discounts the argument that Langer contracted the first case of Spanish flu in North Dakota.

Indeed, in December 1918, the secretary of the state's health board reported that the disease first made its way to North Dakota via a marine who visited New Rockford before fully recovering from the Spanish flu.³⁹ Overall, New Rockford's military contingent fared poorly during the Great War. Twenty-two residents left the town in the fall of 1918, but only a "lucky six" returned home. The rest succumbed, not to enemy rifles or artillery, but to the flu.⁴⁰

³⁶ "100 Cases in Fargo," *Bismarck Tribune*, October 4, 1918

³⁷ "101-year-old Recalls 1918 Flu Epidemic," *Bismarck Tribune*, April 27, 2007, accessed September 16, 2021, https://bismarcktribune.com/news/state-and-regional/101-year-old-recalls-1918-flu-epidemic/article_8f3b7b3b-7997-5fc6-ba4b-75bf17677b00.html.

³⁸ "Epidemic Influenza: Prevalence in the United States," *Public Health Reports* 33, no. 40 (October 4, 1918): 1677-1679, accessed September 21, 2021, <http://hdl.handle.net/2027/spo.1460flu.0016.641>.

³⁹ "First Flu Case Brought to State by Marine," *Fargo Forum and Daily Republican*, December 20, 1918.

⁴⁰ "But Six Return," *Grand Forks Herald*, January 11, 1919.

Attempts at Mitigation: North Dakota Closes Churches and Schools

As late as September 27, the *Bismarck Tribune* had proclaimed the belief that North Dakota was free of the Spanish flu then raging across the nation.⁴¹ But as the 1918 influenza pandemic intensified, efforts to mitigate its spread began to occur rapidly in towns and cities across the state, and newspapers published reports to keep citizens informed. By October 3, Fargo reported a “mild” outbreak of the flu and noted “the development of pneumonia” in Jamestown. This report relayed the reluctance of local health authorities to associate the flu outbreak in the city with Spanish flu, but it also pointed out that the pneumonia in Jamestown was “a feature of the Spanish influenza epidemic in the [E]ast.”⁴² The Red Cross in Fargo put out a request for 10,000 gauze masks to help deal with the onslaught of the disease in “army cantonments.”⁴³ The next day, Fargo’s health officer, Dr. Paul Sorkness, announced that local doctors were besieged with ill patients but was again reluctant to diagnose them as having the Spanish flu. Sorkness recommended against unnecessary public gatherings and for the isolation of the sick. Those in contact with the sick would be observed for at least ten days, a quarantine measure not unlike those instituted during the COVID-19 pandemic. Of the more than one hundred cases in Fargo, six had developed pneumonia.⁴⁴

By October 7, the *Fargo Forum and Daily Republican* reported the city’s first two deaths from the Spanish flu and informed the public of a ban on unnecessary public gatherings, although churches, schools, and theaters could still remain open.⁴⁵ On the same day, doctors in Grand Forks met to assess whether to recommend closing schools and other public places in the city.⁴⁶ Also, on October 7, the health officer of Minot, Harry G. Knapp, received a letter from C. J. McGurren, secretary of the North Dakota State Board of Health ordering Minot “to

⁴¹ “Spanish Flu Halts Troop Entrainment,” *Bismarck Tribune*, September 27, 1918.

⁴² “Mild Influenza, No Deaths, Says Health Official,” *Fargo Forum and Daily Republican*, October 3, 1918.

⁴³ “Red Cross Asks for 10,000 Gauze Masks to Fight Influenza,” *Fargo Forum and Daily Republican*, October 3, 1918.

⁴⁴ “More Than 100 Ill of Spanish Influenza Here, Sorkness Says,” *Fargo Forum and Daily Republican*, October 4, 1918.

⁴⁵ “Flu Epidemic in Fargo Fails to Abate; Co. B Memorial Off,” *Fargo Forum and Daily Republican*, October 7, 1918.

⁴⁶ “City Doctors Will Discuss the Influenza,” *Grand Forks Herald*, October 7, 1918.

discontinue all public meetings, close all schools and places of public amusement." This same letter went out to public health officials in municipalities across the state. By the next week, the city's weekly paper reported three deaths and the closing of Minot's theaters, churches, and schools.⁴⁷ Bristow has noted that these public health measures were emblematic of the broader Progressive impulse that influenced American society and encouraged the acceptance of expert opinions during the early twentieth century.⁴⁸

Grand Forks undertook "drastic steps" on October 8. While meeting that morning, the city's Board of Health had "no disposition to take radical measures;" however, the letter from McGurren sped the board along. All schools, including the university's army training camp, and theaters closed immediately. The state's Methodist conference had a meeting in Grand Forks slated to begin the following evening, but the local paper announced its cancellation, along with the cancellation of all political meetings, an unusual development in an election year. The commandant of the army training camp at the University of North Dakota threatened the posting of "military guards at entrances to the university" should the city "not take steps to curtail the holding of public gatherings."⁴⁹

Fargo followed the lead of cities like Minot and Grand Forks. On October 9, its health commissioner, J. J. Jordan, ordered a ban on all public gatherings. Jordan also closed all pool rooms "for the period of the Spanish influenza epidemic." The *Fargo Forum and Daily Republican* reported that citizens of Fargo took the orders seriously, noting, "Fewer persons are on the streets of the city today than since the epidemic commenced, and crowds on the streets Wednesday night [October 9] were the smallest in years, persons preferring to remain home rather than expose themselves to the disease." City businesses experienced high levels of absenteeism during these early days of the outbreak. The Fargo & Moorhead Street Railway had to take three cars out of service because of ill workers, and the Northwestern Telephone Company had "hardly enough girls to operate the switchboard." While the paper referenced only these two businesses, it is likely that others

⁴⁷ "Health Officer Closes the Public Schools," *Ward County Independent*, October 10, 1918.

⁴⁸ Bristow, *American Pandemic*, 119-121.

⁴⁹ "All Public Gatherings Are Ordered Discontinued in Grand Forks," *Grand Forks Herald*, October 8, 1918.

experienced similar worker shortages.⁵⁰ As the situation continued to deteriorate in Fargo, a makeshift hospital opened in the basement of the Gethsemane Cathedral to deal with flu patients.⁵¹

Around the same time, smaller towns like Devils Lake and Bottineau also saw outbreaks of the contagion, and the *Devils Lake World and Inter-Ocean* noted the impact on businesses that arose from the earlier outbreak in New Rockford. "Business establishments of the city are handicapped for the reason that so much of the help is confined to their homes," the Devils Lake paper reported.⁵² Bottineau closed schools by October 10, and its local paper anticipated that a ban on public gatherings would come down in short order.⁵³

Even those towns that did not have an extensive early outbreak of the Spanish flu had to consider the ramifications should an outbreak arrive. The Langdon *Courier-Democrat* hoped that the Cavalier County town might avoid the contagion, but it acknowledged that even the closing of churches, schools, and places of entertainment would accomplish little unless parents cooperated with recommendations passed down from the local health board. This short article published on October 17 encouraged residents to give "[m]ore than a passing thought...to this admonition if we should take the precaution that lies within our power to grapple with and defeat the dread visitation of Death's angel within our home circles."⁵⁴ Indeed, the community shut down schools and churches as a precaution against the spread of the flu, although the paper expected the school shutdown to be short-lived with the anticipation that Langdon Schools would open again on Monday, October 21,⁵⁵ despite an order from the Cavalier County Board of Health that all towns with cases present shut down all public gatherings.⁵⁶ The *Courier-Democrat* claimed that Langdon was a "health resort" compared to other surrounding towns that had

⁵⁰ "Flu Has Taken Four Lives in Two Cities; New Orders Enforced," *Fargo Forum and Daily Republican*, October 10, 1918.

⁵¹ "Convert Church into Hospital to Meet Crisis of the Epidemic," *Fargo Forum and Daily Republican*, October 16, 1918.

⁵² "Locals" *Devils Lake World and Inter-Ocean*, October 9, 1918.

⁵³ "Influenza Cases in City," *Bottineau Courant*, October 10, 1918.

⁵⁴ "Precautions Against Influenza," *Courier-Democrat* (Langdon, ND), October 17, 1918.

⁵⁵ "Local Happenings," *Courier-Democrat*, October 17, 1918.

⁵⁶ "Public Health Notice," *Courier-Democrat*, October 17, 1918.

active outbreaks.⁵⁷ Langdon did not remain a relatively healthy island, and the ban on public meetings ran well into November.⁵⁸ Indeed, the local health board extended its prohibition against public meetings to Thanksgiving celebrations, noting an increase in cases in Grand Forks that followed a celebration of the end of the Great War.⁵⁹

Dr. F. B. Strauss, city health officer in Bismarck, reported that the state capital was the only city in the state still free of the virus on October 7.⁶⁰ By October 9, however, the *Bismarck Tribune* informed residents of the state capital of new restrictions in a headline stating, "Everything Is Closed Tight by the Flu." Dr. Strauss ordered all schools, churches, theaters, and public meetings closed down after receiving the notification from McGurran.⁶¹ The official notice printed in the *Tribune* pointed out the recommendations from Surgeon General Blue making the effort to shut down public gatherings a war measure, which demanded strict compliance.⁶² With the ban on public gatherings in Bismarck, the major urban areas in North Dakota were effectively closed down, just weeks after the first cases appeared in the state. No one provided an estimate as to when they might reopen.

As citizens of North Dakota began adjusting to the new restrictions on their lives, newspaper articles detailed the ongoing impacts. Warden F. S. Talcott announced a quarantine at the state prison to prevent the introduction of the flu.⁶³ Just below this announcement in the *Bismarck Tribune*, readers learned of the death of Lyle Helmky (Helmkay was his actual surname), captain of the 1917 UND football team, in a hospital in Chicago, where he had been "employed in essential industry."⁶⁴ Immediately below the death notice regarding Helmky, patrons of the paper could read of two new deaths in Fargo, where Dr. Sorkness estimated two thousand suffered from the disease.⁶⁵

⁵⁷ "Langdon a Health Resort," *Courier-Democrat*, October 17, 1918.

⁵⁸ "He's Building Air Fighting Parts," *Courier-Democrat*, November 14, 1918.

⁵⁹ "Health Board Puts Ban on Thanksgiving Doings," *Courier-Democrat*, November 21, 1918.

⁶⁰ "No Spanish Flu in Bismarck, Dr. Strauss States," *Bismarck Tribune*, October 7, 1918.

⁶¹ "Everything Is Closed Tight by the Flu," *Bismarck Tribune*, October 9, 1918.

⁶² "Public Health Notice," *Bismarck Tribune*, October 9, 1918.

⁶³ "All Meetings Off Because of Influenza," *Bismarck Tribune*, October 10, 1918.

⁶⁴ "Football Star Victim," *Bismarck Tribune*, October 10, 1918.

⁶⁵ "Two More Victims," *Bismarck Tribune*, October 10, 1918.

College and high school football teams experienced widespread disruptions during the 1918 season because of the flu. As early as September 26, readers of the Fargo newspaper learned the University of Minnesota had already canceled four games because of restrictions against travel for schools with army training corps.⁶⁶ Fargo College players received an unexpected in-season vacation as a result of Spanish flu because of the mid-October restrictions.⁶⁷ Even friendly games between members of the Student Army Training Corps at UND and games between local schools fell victim to the flu.⁶⁸ UND's annual football media guides detail the team's records for each season since the 1894 inception of the sport at the school. Except for the cancellation of the 1943 and 1944 seasons at the height of World War II, 1918 was the only season canceled in its entirety.⁶⁹ The media guide lists "war, influenza" as the reasons no football season commenced in 1918.⁷⁰ The *Ward County Independent* worried that Minot's "high school football team will not be in shape to do much this season" while holding out hope "for some good gasket [*sic*] ball work" later in the year.⁷¹ Meanwhile, on the national level, the World Series had the benefit of being held a month early in 1918 because of the war. The Boston Red Sox, led by Babe Ruth on the mound, secured a victory—their last World Series title for eighty-six years. They finished the series on September 11, just as the flu began making its rounds through the Boston area.⁷² It is only possible to speculate what might have happened had the season been scheduled to end in October as usual.

The initial death notices from Spanish flu in North Dakota papers came from outside the state. Many announced the death of soldiers

⁶⁶ "Gophers Have Cancelled Two Grid Contests," *Fargo Forum and Daily Republican*, September 26, 1918.

⁶⁷ "Fargo College Works," *Fargo Forum and Daily Republican*, October 15, 1918.

⁶⁸ "Liberty Day Celebrated," *Grand Forks Herald*, October 12, 1918; "Butler Calls off All Football Games Booked This Week," *Grand Forks Herald*, October 14, 1918.

⁶⁹ Due to the COVID-19 pandemic, NCAA officials postponed the 2020 Football Championship Series playoffs until spring 2021, and some conferences decided to postpone or cancel their seasons. Both UND and North Dakota State University (NDSU) made the playoffs, which ended on May 16, 2021, not December 2020, which would have been the normal end to the season.

⁷⁰ Fighting Sioux Media Relations Office, *2006 University of North Dakota Media Guide* (Grand Forks: Fine Print of Grand Forks, 2006), 130.

⁷¹ "Minot and Vicinity," *Ward County Independent*, October 24, 1918. The assumption on the part of the author is that "gasket ball" was an intended reference to basketball.

⁷² Crosby, *America's Forgotten Pandemic*, 45–46.

in camps at home or on the frontlines abroad. Like the rhythms of everyday life, this too was soon to change, as the deaths hit closer to home. In addition to the death toll and the loss of economic productivity experienced in many areas, individuals sometimes suffered for lengthy periods of time with the effects of the flu. The *Grand Forks Herald* occasionally informed residents that an individual who recovered from the flu was back at work, as it did when Stella Gorman returned to her job at the First National Bank after a three-week bout with Spanish flu.⁷³ Sixteen-year-old Harriett Ostbye of Fargo wrote in her diary of her three-week vacation due to the closing of local schools and also noted the convalescence of the Williams family. She recorded that a Mr. Williams was in the hospital recovering from pneumonia and drainage in the lungs brought about by the flu. This neighbor's family came to visit, apparently because they feared for his life.⁷⁴ While most deaths from the flu came quickly, some, like George Ladd of Fargo, could linger for weeks or months before succumbing to complications from the illness.⁷⁵

The outbreak of Spanish influenza did much to hamper the ability of local health care providers to deal with the sick. An outbreak of eighty-five students at the North Dakota Agricultural College in Fargo (now North Dakota State University or NDSU) had only six nurses available to care for them.⁷⁶ Early in the course of the disease, Dr. O'Keefe could provide no estimate as to how many cases of the flu were present in Grand Forks because only seven of the doctors in the city provided reports to his office.⁷⁷ The *Grand Forks Herald* also alerted its readers to the fact that many residents in the city had begun to wear masks. The federal food administrator in Grand Forks, Ella Sprague, required those involved in preparing food for the public wear masks to prevent the spread of the pandemic.⁷⁸ The demand for

⁷³ "Time for Mailing Christmas Parcels Extended Ten Days," *Grand Forks Herald*, November 18, 1918.

⁷⁴ Harriet Ostbye diary entry, November 11, 1918, MSS 325, box 1, folder 8, Harriet Ostbye Diaries, Thorvald Ostbye Family Papers, Institute for Regional Studies, North Dakota State University, Fargo, <https://www.digitalhorizonsonline.org/digital/collection/ndsu-histor/id/1005> (<https://perma.cc/VG4H-8W84>).

⁷⁵ "Funeral for George Ladd Held Today," *Grand Forks Herald*, November 25, 1918.

⁷⁶ "Short of Nurses at North Dakota A. C.," *Grand Forks Herald*, October 12, 1918.

⁷⁷ "Will Give No Estimate of 'Flu' Cases," *Grand Forks Herald*, October 12, 1918.

⁷⁸ "Will Give No Estimate of 'Flu' Cases," *Grand Forks Herald*, October 12, 1918; "Influenza Is Spreading, Say Local Doctors," *Grand Forks Herald*, October 15, 1918.

these masks was so great that the Red Cross provided instructions for sewing them because the orders from local hospitals and UND took “about all that can be filled with the regular work that [was] expected of the department.”⁷⁹

In general, the imposition of mask orders or requests varied by locality and by occupation. Jamestown’s board of health made a “request . . . that clerks and barbers shall wear face masks.”⁸⁰ Bismarck’s city health officer, F. B. Strauss, ordered that “all engaged in handling food must wear masks and must keep hands and garments in thoroughly sanitary condition.” He also recommended masks for those in the general population who exhibited symptoms: “If you are coughing or sneezing, wear a mask; if you are compelled to be with others who are coughing or sneezing, wear a mask.” Additionally, Bismarck police had orders to arrest anyone who insisted on congregating in the street or in local business establishments during the outbreak of the flu.⁸¹ Meanwhile, Fargo’s health officer, Dr. Paul Sorkness, recommended masks “as a precautionary measure when one is coming in direct contact with an individual suffering from a contagious disease.”⁸²

However, not everyone was on board with the new restrictions. In Grand Forks, some restaurants refused to require that food handlers wear masks (the *Herald* referred to Food Administrator Sprague’s mask order on October 12 but called it a request on October 15), and they did not appear ready to comply as of October 15.⁸³ Across the Red River in East Grand Forks, Minnesota, city health officials complained that local residents ignored restrictions against public funerals.⁸⁴ Local ministers around the city of Fargo sent a petition to the state health board to permit the reopening of not just churches but also “all other places of public gathering,” as reported by the Devils Lake weekly

⁷⁹ “Make Your Own Mask,” *Grand Forks Herald*, October 15, 1918. In Bismarck, post office workers and others in public places were reportedly “wearing masks for protection.” See “Stay at Home; Don’t Expose Self to ‘Flu,’” *Bismarck Tribune*, October 14, 1918.

⁸⁰ “No New Cases of Flu Reported to Officials of City Today,” *Fargo Forum and Daily Republican*, October 12, 1918.

⁸¹ “Stay At Home; Don’t Expose Self to ‘Flu,’” *Bismarck Tribune*, October 14, 1918.

⁸² “Sunshine and Fresh Air Beat Gauze Mask As Preventive of Much Dreaded Influenza,” *Fargo Forum and Daily Republican*, October 10, 1918.

⁸³ “Will Give No Estimate of ‘Flu’ Cases,” *Grand Forks Herald*, October 12, 1918; “Influenza Is Spreading, Say Local Doctors,” *Grand Forks Herald*, October 15, 1918.

⁸⁴ “Private Funerals to Be Enforced,” *Grand Forks Herald*, November 4, 1918.

paper on October 30.⁸⁵ While widespread protest was not evident in the local reporting, the existence of the petition indicates there was at least some degree of discontent over the extensive closings in North Dakota. Perhaps the status of the ministers as leading citizens in the community permitted them to feel comfortable initiating such a petition; whereas others were more hesitant to express opposition to flu mitigation strategies that had been couched as war measures. -

The number of cases became so great, even in smaller towns, that the Red Cross in Jamestown sent out a request for volunteer nurses to supplement the work of medical professionals and teachers who were engaged in caring for flu victims.⁸⁶ In Williston,

the Red Cross opened a makeshift hospital in the local Odd Fellows Hall to deal with the outbreak of flu there. The *Williston Graphic* reported on October 17 that the superintendent of the Wittenberg Hospital, referred to as Miss Mjelda, took charge of the new hospital with the assistance of "several Williston ladies and girls." The city set up a committee to deal with the outbreak in the legal offices of Palmer, Craven, and Converse. Its main purpose was to marshal volunteers to help flu victims in their homes and at the newly established "Emergency Hospital." While this article relayed sobering news such as the creation of the influenza hospital and the fact that "several of the offices and business places have closed on account of the shortage of help," it also downplayed the effects of the flu in Williston, arguing that more people were recovering than taking ill and highlighting the work performed to clean and disinfect local businesses.⁸⁷ In Devils Lake, the third floor of the Colonial Hotel served as a temporary hospital authorized by the US Public Health Service. The secretary of North Dakota's Board of Health, Dr. McGurren, served as its administrator, and the *Devils Lake World and Inter-Ocean* sent out a request for "young ladies who are willing to volunteer as nurses" to sign up for duty at the temporary hospital.⁸⁸

The economic impact deepened as the disease spread. Jamestown worried over its milk supply because influenza increased demand

⁸⁵ "North Dakota," *Devils Lake World and Inter-Ocean*, October 30, 1918.

⁸⁶ "Additional Volunteers Are Needed," *Jamestown Weekly Alert*, October 17, 1918.

⁸⁷ "Influenza Hospital Started in Williston," *Williston Graphic*, October 17, 1918.

⁸⁸ "Locals," *Devils Lake World and Inter-Ocean*, October 30, 1918.

precisely at the point production became difficult.⁸⁹ Disease also cut into coal production because “every coal mining section in the state [had] been hard hit by the influenza and several hundred days of labor [had] been lost.” Therefore, the *Jamestown Weekly Alert* called upon citizens to “save fuel during the coming winter.”⁹⁰ As the flu raged into November, lignite coal mines around Kenmare closed while victims recovered.⁹¹ Additionally, coal mines around Dickinson saw a major reduction in production levels as the flu continued its assault on North Dakota,⁹² and shortages throughout the state led to restrictions on the use of fuel, a concerning development for a region that experiences the weather extremes commonly seen during North Dakota winters.⁹³ Even shortly after the pandemic’s arrival, there had been rumors that the Fuel Administration had prohibited firing up heating plants in large buildings like offices, apartments, and schools. Officials denied that there was such an order, but the fear of a coal shortage when the deep freeze of winter hit kept the owners of such buildings from turning on the heat. The *Devils Lake World and Inter-Ocean* claimed that the lack of heat was responsible for “nine-tenths of [the flu’s] spread.”⁹⁴

A Growing Death Toll

Deaths also continued to mount. On October 24, Bismarck reported six deaths in the city’s hospitals. Among the dead were Rev. J. C. Koch, a German Lutheran pastor. The oldest of the six victims of the Spanish flu on that day was a mere thirty-five years old.⁹⁵ It was around this time that the nation’s army camps first started to see a decline in the number of flu cases among soldiers, as the report for the week ending October 18 indicated.⁹⁶ However, Bismarck and other North Dakota towns remained firmly in the flu’s grip. “Spanish influenza took an-

⁸⁹ “Milk Scarce in Jamestown; Adds to Seriousness,” *Grand Forks Herald*, October 17, 1918.

⁹⁰ “State Fuel Notes,” *Jamestown Weekly Alert*, November 14, 1918.

⁹¹ “Epidemic Curtails Lignite Output,” *Grand Forks Herald*, November 27, 1918.

⁹² “Flu Causes Coal Shortages,” *Fargo Forum*, October 21, 1918.

⁹³ “Cannot Take Off Fuel Ban,” *Grand Forks Herald*, November 27, 1918.

⁹⁴ “Less Coal—More Colds,” *Devils Lake World and Inter-Ocean*, October 16, 1918.

⁹⁵ “Six Deaths Today’s Toll,” *Bismarck Tribune*, October 24, 1918.

⁹⁶ “Decrease in Number of Men Sick in Camps,” *Grand Forks Herald*, October 24, 1918.

other promising Bismarck young man” on Sunday, October 27, when Paul R. Graham, who had taken a job as manager of State Examiner J.R. Waters’ farm loan investment firm only eight days earlier, died at the age of twenty-three. As was the case in other locales, the 1918 flu pandemic seemed to hit young adults in North Dakota especially hard.⁹⁷ It is not entirely clear why this occurred, but some medical researchers have suggested that an “inappropriately strong immune response” known as a cytokine storm was a factor in the deaths of many healthy young people, although there were no specific human studies at the time.⁹⁸ *The Weekly Times-Record* in Valley City relayed an account from Private Emery C. Burgess, who attended UND. Burgess wrote to his mother informing her that around three hundred of the five hundred students at the school were sick. Of the remaining two hundred, only sixty had avoided falling ill by the time his dispatch appeared in the October 17 issue of the *Times-Record*. For his part, Burgess relayed he was “about played out nursing the sick and doing kitchen work ... going night and day.”⁹⁹ While the efforts of Burgess provide an example of how hard North Dakotans worked to combat the Spanish flu, more common in small-town papers were simple reports that indicated the travel of local residents to care for sick family members or brief accounts of funerals that commemorated the lives cut short by the pandemic.¹⁰⁰

The casualties increased into early November, as death summoned a “well known young matron,” twenty-three-year-old Mrs. Peter A. Shurakoski,¹⁰¹ and several citizens in Bismarck lay sick with the flu.¹⁰² In November, the *Fargo Forum* apprised its readers that Fargo had set a record the previous month with 124 deaths in October 1918. This was the most seen since thirty-two died in the city in January 1908.

⁹⁷ “Another Well Known Capital City Boy Dies,” *Bismarck Tribune*, October 28, 1918. Most flu epidemics are deadly for the very young and the very old. One of the unusual aspects of the Spanish flu was the fact that it killed those in the prime of life.

⁹⁸ Paul T. King and Sarah L. Londrigan, “The 1918 Influenza and COVID-19 Pandemics: The Effects of Age on Outcomes,” *Respirology* 26, no. 9 (September 2021): 840-841.

⁹⁹ “From Tuesday’s Daily,” *The Weekly Times-Record* (Valley City, ND), October 17, 1918.

¹⁰⁰ For examples of relatively short death notices, see “Olson Is Victim of Pneumonia,” *Grand Forks Herald*, October 16, 1918, and “Mrs. John Hancock Died Here Today,” *Grand Forks Herald*, October 16, 1918.

¹⁰¹ “Well Known Young Matron Summoned,” *Bismarck Tribune*, November 7, 1918.

¹⁰² “City Notes,” *Bismarck Tribune*, November 7, 1918.

Authorities attributed more than one hundred of the 124 deaths to the flu.¹⁰³ In the last three months of 1918, 175 deaths occurred in Grand Forks. Of these, 166 resulted from the flu. In comparison, only thirty-one deaths occurred in Grand Forks over the same period the previous year, one-fifth the number recorded during the deadly second wave of the Spanish flu.¹⁰⁴

Reopening North Dakota's Cities

By the conclusion of October 1918, officials ended the ban on public meetings in Fargo. On Wednesday, October 30, city health officer Paul Sorkness lifted the ban for institutions of higher learning and churches. Sorkness declared that Catholics in the city could “observe All Souls’ [D]ay” on Friday and churches could meet on Sunday, November 3. Schools would have to wait to reopen until Wednesday, November 6, but otherwise, activity around the city could return to a semblance of normalcy.¹⁰⁵ While holiday gatherings could take place in Fargo, Grand Forks police cautioned against both the indoor and outdoor merrymaking that might be associated with Halloween, much to the chagrin of local youths. The police department threatened swift action against any destruction of property. Because of the war effort, police announced they would view such actions as “working against the government.”¹⁰⁶ Meanwhile, the ban on public meetings in Bismarck continued a few days longer than the one in Fargo. On November 8, the *Bismarck Tribune* announced that Strauss, the health officer, would allow churches to open on Sunday, November 10, thirty-two days after the lockdown began. Schools and theaters could reopen the following day.¹⁰⁷ Even though Bismarck allowed public meetings to resume and had “no general demand for closing public places,” the city decided to postpone a “victory celebration” marking the end of World War I on November 17, owing the precaution to “some new cases of the influenza.”¹⁰⁸

¹⁰³ “Fargo Has 124 Deaths in Month,” *Fargo Forum and Daily Republican*, November 7, 1918.

¹⁰⁴ “Many Influenza Deaths,” *Grand Forks Herald*, January 20, 1919.

¹⁰⁵ “Closing Order Due to the Flu Lifted by Commission,” *Fargo Forum and Daily Republican*, October 30, 1918.

¹⁰⁶ “Hallowe’en to Be Celebrated in Unusual Way,” *Grand Forks Herald*, October 31, 1918.

¹⁰⁷ “Flu Ban Will Come Off in City Sunday,” *Bismarck Tribune*, November 8, 1918.

¹⁰⁸ “Postponed,” *Bismarck Tribune*, November 16, 1918.

Reports from “a number of physicians” in Grand Forks noted that new cases of influenza and pneumonia were abating by November 6, and after a meeting of the city council, Mayor Henry M. Wheeler indicated that the closing order was likely near its end.¹⁰⁹ Wheeler was himself an experienced physician who gained some notoriety as a young adult for exploits that had nothing to do with his profession. After his birth in New Hampshire in 1853, his family moved to Northfield, Minnesota, when young Henry was only two. After study at Carleton College, his hometown school, he matriculated at the University of Michigan’s Medical School in Ann Arbor in 1875. While Wheeler was on summer break before he could return to school for the 1876 school year, the infamous James-Younger Gang decided to rob the bank in Northfield. The bank’s cashier, Joseph Lee Heywood, died at the hand of Frank James after refusing to open the safe. Young Wheeler was sitting in front of the drug store owned by his father and became suspicious as the gang arrived in town. He proceeded to head for the Dampier Hotel, where he grabbed a rifle. From the second story of the hotel, he unloaded his rifle multiple times and hit his targets with two of the shots. The first was a fatal shot that mortally wounded Clell Miller; the second shattered Bob Younger’s elbow, effectively ending the raid. According to one account of the raid, “It never occurred to Young Collegian Wheeler...that stopping the robbers was somebody else’s business. [He] made it [his],—with telling results.” After his graduation from medical school in Ann Arbor, Wheeler moved on to the College of Physicians and Surgeons in New York City in 1879. From there, he migrated to Grand Forks, where he engaged in private practice. When the School of Medicine opened at UND, Wheeler was its first lecturer in surgery, a position he held from 1905 to 1919. In 1918, just before the flu hit, Dr. Henry M. Wheeler took office as mayor of Grand Forks.¹¹⁰ It is highly unlikely he expected to encounter a public health concern like the Spanish flu when he began his duties as mayor.

Re-openings continued in the state throughout November. On November 6, Dr. W. W. Wood, city health officer in Jamestown,

¹⁰⁹ “Situation Improving,” *Grand Forks Herald*, November 7, 1918.

¹¹⁰ Edwin C. James, Duane F. Pansegrau, and Joan Workman, “Surgery,” *UND Departmental Histories* 53 (Grand Forks: UND, 1983), 1–2; *The Northfield Bank Raid, September 7, 1876* (Northfield, MN: Northfield News, Inc., 1933), 9, 13–14, 26; “Robbery & Murder!” *Rice County (MN) Journal*, September 13, 1876. See also Marilyn Hagerty, “That Reminds Me: ‘I Shot Him,’ The Popular GF Doctor Reportedly Replied,” *Grand Forks Herald*, September 2, 2014.

announced that its ban on public meetings would end on the evening of Saturday, November 9.¹¹¹ However, Grand Forks residents were no doubt disappointed to learn that an end to the ban anticipated by Wheeler would have to wait another week as they read the *Grand Forks Herald* on November 8. The *Herald* pointed out that the effects of the flu seemed to be weakening, but also noted that forty-one people had died of pneumonia brought on by the flu in Grand Forks and that twenty-one members of the Student Army Training Corps (SATC) at the university had perished between October 11 and November 7.¹¹² Indeed, widespread sickness had caused the closure of the Student Army Training Corps not only at UND but also at Fargo College and at the North Dakota Agricultural College in Fargo, and at Jamestown College. Roughly six percent of UND's enrollment died within a three-week period.¹¹³ Nearly immediately after the institution of public meeting bans, the university canceled classes, and civilians needed special passes to enter or leave campus. Faculty members who failed to obtain a pass "were halted at the point of the bayonet and escorted to headquarters under armed guard to obtain their official pass."¹¹⁴ SATC authorities at UND commandeered the Phi Delta Theta house to serve as a temporary hospital to deal with the Spanish flu outbreak on campus. Additionally, officials set up another temporary hospital on the third floor of Budge Hall.¹¹⁵

The editorial page of the Grand Forks newspaper recognized that closing "orders work much hardship on a large number of persons" but urged caution and encouraged citizens to remain vigilant until the public health emergency abated.¹¹⁶ It would not be until Saturday, November 23, that the *Herald* could report exactly when the ban on

¹¹¹ "Jamestown to Lift Ban on Meetings on Saturday, Nov. 9," *Grand Forks Herald*, November 6, 1918.

¹¹² "Lid Will Stay On," *Grand Forks Herald*, November 8, 1918.

¹¹³ Robinson, *History of North Dakota*, 358. Twelve of 735 students died of the Spanish flu at the Agricultural College and twenty-nine of 473 died at UND.

¹¹⁴ "Grand Forks, 'Closed up' on Account of Spanish Disease, Obeys Health Orders Strictly," *Grand Forks Herald*, October 9, 1918.

¹¹⁵ "70 Influenza Cases in City Are Estimated," *Grand Forks Herald*, October 10, 1918; O. G. Libby, "The Work of the Institutions of Higher Education," *North Dakota Quarterly* 10, no. 1 (January 1919): 61-80, republished in *The University of North Dakota and the Great War* (Grand Forks: The Digital Press at the University of North Dakota), 106, accessed March 22, 2023, https://digitalpressatund.files.wordpress.com/2020/10/ndq_the_great_war_reprint.pdf (<https://perma.cc/J9W8-62RR>).

¹¹⁶ "Vigilance Still Needed," *Grand Forks Herald*, November 16, 1918.

public meetings, which had been extended multiple times, would end. That date was Monday, November 25. Churches could not open in time for Sunday services, but schools and theaters could open on Monday morning with restrictions. Theaters could have only one matinee and one evening performance, and anyone showing up at a theater or school with signs of a cold or symptoms like coughing and sneezing would be sent home immediately. The paper asserted the closings in Grand Forks, which lasted seven weeks, were the longest in the area.¹¹⁷

Though many citizens likely appreciated the ability to be out and about, several ministers in Grand Forks protested the end of the ban, in contrast to the ministers from Fargo, who nearly a month earlier asked for an end to the restrictions on public meetings in their city. Despite the reopening of the city's public places, five local pastors in Grand Forks signed a statement arguing against holding a Thanksgiving service that might bring parishioners from several congregations together.¹¹⁸ The ban on public meetings was over, but these ministers had concerns that the Spanish flu might flare again. While health officials permitted the opening of public meetings in Grand Forks, the local board of education decided against opening schools on November 25. The public library did open, however, and churches began meeting.¹¹⁹ When church services resumed on December 1, the *Grand Forks Herald* reported that houses of worship were full, and the city's newspaper pointed to thankfulness among parishioners that the flu had abated. The end of hostilities in Europe also led to "intense thankfulness," and many sermons reportedly addressed the "new religion of brotherhood among men," which ministers believed would emerge in the wake of the war.¹²⁰ Despite a general reopening in Grand Forks, it was not until January 6 that the *Herald* could report the reopening of schools in Grand Forks—nearly three months after they first closed.¹²¹

¹¹⁷ "Health Ban Will Be Lifted Here Monday," *Grand Forks Herald*, November 23, 1918.

¹¹⁸ "Thanksgiving Union Service Is Postponed," *Grand Forks Herald*, November 26, 1918. The ministers opposing such a meeting were H. H. Ambrose of the First Presbyterian Church, T. H. Gallagher of the First Methodist Church, W. H. Stephenson of the First Plymouth Congregational Church, J. Watson of St. Paul's Episcopal Church, and J. H. Richards of St. Mark's English Lutheran Church.

¹¹⁹ "Story Hour Called Off," *Grand Forks Herald*, November 25, 1918.

¹²⁰ "Churches Are Open," *Grand Forks Herald*, December 2, 1918.

¹²¹ "Schools Open Here Today," *Grand Forks Herald*, January 6, 1919.

Once the Spanish flu arrived in North Dakota, it spread rapidly, infecting and killing people across the state. Public health officials quickly attempted to mitigate its spread through strategies such as the closure of schools and churches. Athletic contests and the shipping of army recruits to training camps ceased as governmental and health institutions attempted to keep the damage to the state at a minimum. Some closing orders lasted for up to three months in the case of Grand Forks, although most other locales removed them more quickly. Effectively, North Dakota began the process of recovering from the Spanish flu by late 1918, although the disease continued contributing to sporadic and temporary restrictions and interruptions to daily life in localities across the state, a topic addressed in a later chapter of this book.

Have you got Influenza? Our good Drugs and Medicines restore your health and energy and make you feel good.



If you have influenza come get our remedies for it. The longer you wait the worse off you become.

The best way to cure influenza is to **PREVENT** it. Do not let yourself become all run down. Many who **THINK** they are healthy need a system cleanser or a tonic.

When your physician prescribes for you bring his prescription to us and **KNOW** it will be filled right.

FOUT & PORTERFIELD

61 Broadway FARGO, N. D. Phone 445

Newspapers frequently advertised medicines for combatting the flu, many of dubious quality. *Fargo Forum and Daily Republican*, November 22, 1918.

Chapter 3

“Hand the Flu a Lemon”

In mid-October 1918, the *Devils Lake World and Inter-Ocean*, along with other newspapers in the state, published “Uncle Sam’s Advice on Flu”, the “official health bulletin on influenza.”¹ This particular article, based upon an interview with US Surgeon General Rupert Blue, included some accurate information, yet the state of medical knowledge as it stood in 1918 also contributed to the publication of information that is now understood to be erroneous. Blue correctly asserted that there was no reason to believe that the Spanish flu originated in the nation-state that provided the outbreak with its name. He also pointed to complications such as pneumonia and meningitis as the primary reason for death among people infected with the Spanish flu. Blue attributed the spread of the flu to mucus droplets associated with coughs and sneezes. These were generally accurate claims. However, Blue also stated his belief that influenza resulted from bacteria and specifically pointed to both Pfeiffer’s bacillus and streptococci as possible infectious agents that caused the flu. Further research later disproved this common belief that bacteria caused the flu. The Surgeon General recommended isolating flu patients within the home, an impossibility in many poor households. He also encouraged people to avoid crowds while opening windows to allow fresh air to circulate. “A proper proportion of work, play and rest...keeping the body well clothed, and by eating sufficient wholesome and properly selected food” would help “[guard] against disease of all kinds,” including Spanish influenza. Blue encouraged his readers to “remember that milk is one of the best all-around foods obtainable for adults as well as children.”² The official government recommendation, while at points inaccurate, was not the only message that North Dakota citizens received regarding effective treatment for the flu. Other medical officials made recommendations

¹ “Uncle Sam’s Advice on Flu,” *Devils Lake World and Inter-Ocean*, October 16, 1918. For another example of this government announcement, see “Uncle Sam’s Advice on Flu,” *Emmons County Record* (Linton, ND), October 24, 1918.

² “Uncle Sam’s Advice on Flu,” *Devils Lake World and Inter-Ocean*, October 16, 1918.

in local papers, and peddlers of patent medicine promised to alleviate poor health with one-size-fits-all tonics, powders, and pills. Despite some of the advice providing modest protection, most of it failed to achieve much in terms of mitigation.

Snake Oil Salesmen: The Patent Medicine Industry

American history is replete with hacks and quacks attempting to sell nostrums that frequently did as much harm as good. The practice of marketing patent medicines dates to the colonial era when enterprising merchants marketed British concoctions to their clientele, and the market really took off in the Early National period. The term patent medicine itself was common in Georgian England, and it referred to those medicines which received a royal patent, along with those that did not. Patent medicines also had secret recipes. Most fell outside the domain of the orthodox medical profession, and many were useless. However, some historians such as Alan Mackintosh and Roy Porter have recently come to take an approach that peddlers of patent medicines were, in general, legitimate businessmen, rather than mere snake oil salesmen. Mackintosh argues that publications that advertised these purported cures contributed to the rise of a patent medicine industry.³

Regarding the American context, the newspapers of the young republic were a prime source for information regarding prospective cures. The number of papers in the US grew from around twenty in 1800 to four hundred by the time of the Civil War, and enterprising publishers found patent medicines a reliable source of revenue. Promoters of patent medicine used exciting and adroit advertising to lure in prospective sales. The relatively liberal laws of the day and the support for promoting science embedded in the U.S. Constitution also allowed entrepreneurs the opportunity to secure patents on their medicinal creations in addition to copyright and trademark protections on everything from the shape of bottles to the labels affixed to them.⁴

The muckraking journalist Samuel Hopkins Adams attempted to shed light on the dishonesty of the patent medicine industry. His book,

³ Alan Mackintosh, *The Patent Medicines Industry in Georgian England: Constructing the Market by the Potency of Print* (London: Palgrave Macmillan, 2018), 6-10.

⁴ James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in American History before Federal Regulation* (Princeton: Princeton University Press, 1972), 3-15, 38-43. Article 1, Section 8, Clause 8 of the US Constitution grants Congress the right to provide exclusive rights to intellection property "To promote the progress of science and useful arts."

The Great American Fraud, first published as a series of articles in *Collier's Weekly*, detailed his investigation into the contents of many popular supposed cures. Many of the more popular concoctions like Peruna included addicting ingredients such as high-proof liquor, cocaine, or opiates. And these were not the most dangerous components. Others, like the Slocum Consumption Cure and Liquozone included poisons such as strychnine and sulfuric acid, respectively.⁵ The work of Adams and Harvey Washington Wiley, a chemist instrumental in pushing for the Pure Food and Drug Act of 1906, contributed to minimal regulation on the patent medicine industry. Wiley felt promoters of adulterated foods and medicines engaged in fraud. This dishonesty was his major concern, not necessarily the inherent danger that came from ingesting dangerous chemicals.⁶ The publication of *The Jungle*, Upton Sinclair's novel that depicted conditions in the Chicago meatpacking industry and thoroughly disgusted many Americans also contributed to reform. Sinclair famously quipped that he had "aimed at the public's heart and by accident [he] hit it in the stomach." Sinclair wanted to hit peoples' hearts with his fictional tale of Lithuanian immigrants suffering at the hands of capitalist landlords, factory owners, and political operatives as they attempted to achieve the American dream. Rather than pushing his readers toward socialism as he desired, Sinclair instead succeeded in disgusting them with his depiction of the public health ramifications of the meatpacking industry. Legislation followed with the passage of the Pure Food and Drug Act in 1906.⁷

The new federal legislation did little to stop medical quackery. All it did was make the modest requirement of patent medicine promoters that they truthfully advertise the contents of their supposed cures. Additionally, the new law stipulated that instructions for use be clearly stated, along with how the medicine was supposed to achieve its desired goal. Authorities could impose injunctions and fines for deceptive practices. However, the law did not ban the sale of patent medicines. It merely intended to make them safer. Indeed, James Harvey Young

⁵ Samuel Hopkins Adams, *The Great American Fraud*, (P.F. Collier & Son, 1906), 23, 50.

⁶ Young, *The Toadstool Millionaires*, 231.

⁷ Sinclair first published *The Jungle* in *Appeal to Reason*, a socialist newspaper. See Upton Sinclair, *The Jungle* (New York: Doubleday, 1906); Young, *The Toadstool Millionaires*, 239; Arlene Finger Kantor, "Upton Sinclair and the Pure Food and Drugs Act of 1906: 'I Aimed at the Public's Heart and by Accident I Hit It in the Stomach,'" *American Journal of Public Health* 66, no. 12 (December 1976): 1202-1205.

argued the Pure Food and Drug Act “was based on a favorite Progressive assumption, an assumption as old as America independence, that the average man was intelligent enough to plot his own course and would avoid risks if he was aware of them.”⁸ However, a perusal of North Dakota papers during the Spanish flu outbreak indicates that more than a decade after the passage of the Pure Food and Drug Act, the patent medicine trade was still a profitable enterprise.

Gordon L. Iseminger’s article on the contents of one Ardoch farmhouse analyzed the prevalence of patent medicines in North Dakota. He found four dozen medicine bottles, forty-four of which originally contained patent medicines. Iseminger argued that people in rural communities “often used patent medicines as almost the sole remedy for every kind of sickness and ailment.”⁹ People in remote communities could get these medicines at their local drugstores, and they did not really want to go to the effort or the expense to seek out a doctor’s service if one was even available. They frequently distrusted doctors and found them ineffective anyway. Patent medicines also benefited from the placebo effect. Even with medical care that often involved bleeding, purging, and blistering, somewhere around 80 percent of those who came down with an ailment eventually recovered. Those who recovered after using useless nostrums could point to their ingestion of the concoctions as the reason for their improved health just as much as those who relied on doctors who employed heroic measures.¹⁰

Advertising Patent Medicines

Some small-town papers occasionally carried advertisements for nostrums that purported to provide relief from the Spanish flu. One such advertisement appeared in the *Bowbells Tribune*, a paper published in remote Burke County. The ad for Peruna, the popular patent medicine vilified by Samuel Hopkins Adams in his *Collier’s* exposé more than a decade previously, claimed that the patent medicine could both “ward off Spanish influenza” as well as provide “an aid to returning health after an attack.” Furthermore, it made the claim that Peruna was “the

⁸ Young, *The Toadstool Millionaires*, 244, 248-250.

⁹ Gordon L. Iseminger, “Kickapoo Oil, Blood Purifiers, and Laxatives: Patent Medicines in One North Dakota Community,” *North Dakota History: Journal of the Northern Plains* 80, no. 3 (Fall 2015): 16.

¹⁰ Iseminger, “Kickapoo Oil, Blood Purifiers, and Laxatives,” 10-16.

greatest disease preventing and health restoring remedy known to science,” while pointing to its forty-five years of history “as a reliable safe-guard [*sic*] to the health of the American family.”¹¹

Of course, this was an exaggeration of the actual benefits Peruna offered. Adams noted Peruna’s claim to cure catarrh. He then asked the question, “What is catarrh?” His answer to this question came from the perspective of the nostrum maker: “Whatever ails you.”¹² Peruna could not effectively cure tuberculosis, influenza, or anything else. Indeed, the only benefit a user of Peruna might hope to experience was a short buzz. Adams’ investigation found that anyone could make her own batch of Peruna by mixing a half a pint of 190-proof cologne spirit with three times as much water. Add a little cubeb (sometimes known as Java pepper) and some burnt sugar for flavor and coloring, and the result of the mixture was Peruna. The concoction was addicting, and those who used it extensively were able to avoid laws that prohibited the sale and use of alcoholic beverages. The intoxicating properties of Peruna led the government to ban its sale to Native Americans in 1905, yet it still received advertising space in papers across the nation, including in Bowbells, North Dakota, in 1918.¹³

One North Dakota public official tried to import straight whiskey to fight the flu. Justice James Robinson ordered a quart of “flu cure” to “make him well.”¹⁴ The eight-year-old spirit was aged in wood, and it required a doctor’s affidavit affirming the jurist’s poor health that necessitated such a cure. Robinson opposed the state’s prohibition law, believing it was illegal, yet Attorney General William Langer and other government officials held firm, refusing to allow the justice access to his cure without an authentic prescription.¹⁵ The *Weekly Times-Record* of Valley City had a sarcastic response to Robinson’s stance on using whiskey as a cure for the flu: “We are looking for a great increase in

¹¹ “Spanish Influenza,” *Bowbells (ND) Tribune*, November 1, 1918.

¹² Adams, *The Great American Fraud*, 12-13.

¹³ Adams, *The Great American Fraud*, 12-22.

¹⁴ “Bottle of ‘Flu Cure’ Arrives at Bismarck,” *Bowbells Tribune*, November 8, 1918.

¹⁵ “Bottle of ‘Flu Cure’ Arrives at Bismarck,” *Bowbells Tribune*, November 8, 1918; Jack Dura, “1918 Flu Cures,” *Dakota Datebook*, *Prairie Public NewsRoom*, September 2, 2021, accessed June 20, 2022, <https://news.prairiepublic.org/podcast/dakota-datebook/2021-09-02/1918-flu-cures> (<https://perma.cc/7XWW-D3GQ>).

influenza cases since Judge Robinson says whisky [*sic*] is necessary as a medicine and Attorney General Langer has suspended the state prohibition law.”¹⁶

Robinson’s attempt at importing whiskey was not the only time a North Dakotan attempted to utilize spiritous liquors to treat the Spanish flu. Christ Olson, a homesteader in Adams County’s Beisigl Township, jumped in a Model T with four neighbors to secure some whiskey in Montana “when the flu got so bad—no doctors or medicine.” With the poor roads and the poor weather, “whether they would ever get there or home again wasn’t known.” They succeeded, but “years later when people could laugh again, they wondered how much medicine got lost on the way home.”¹⁷

Alcohol was not the only option when it came to patent medicine. The *Grand Forks Herald* carried an advertisement that purported to help fight Spanish influenza on November 7, 1918. It appeared as an endorsement from Dr. L. W. Bowers, whom the paper did not identify beyond his name. This ad advised readers to “avoid crowds, coughs, and cowards, but fear neither germs nor Germans” because “a clean mouth, a clean skin, and clean bowels are a protecting armour [*sic*] against disease.” It also encouraged them to keep their bowels and liver free of toxins by ingesting Dr. Pierce’s Pleasant Pellets because constipation could keep poisons within the body. The paper claimed these pleasant pellets were vegetable pills which people should take every other day to maintain regularity. Additionally, Dr. Bowers made recommendations for those suffering from the Spanish flu: “In recovering from a bad attack of influenza or pneumonia the system should be built up with a good herbal tonic,” he encouraged readers, just before recommending they take Dr. Pierce’s Golden Medical Discovery, “made without alcohol from the roots and barks of American forest trees or his Ironitic (iron tonic) tablets.” Finally, Dr. Bowers provided the call to action. Readers could receive a sample package from Dr. Pierce’s Invalid Hospital for a mere ten cents if they could not find his nostrum in their local drug store.¹⁸

¹⁶ Untitled editorial, *Weekly Times-Record* (Valley City, ND), October 31, 1918.

¹⁷ Mrs. Harley Erickson and Mrs. Dan Merwin, *Prairie Pioneers: A Story of Adams County* (Taylor Publishing Company for Dakota Buttes Historical Society, Bismarck, 1976), 70.

¹⁸ L. W. Bowers, “How to Fight Spanish Influenza,” *Grand Forks Herald*, November 7, 1918. This article advertisement appeared in many papers. For another example, see L. W. Bowers, “How to Fights Spanish Influenza,” *Sacramento (CA)*

One patent medicine advertisement in the *Hope Pioneer* in January 1919, a date after most public restrictions had largely ended, claimed that the flu and “kindred diseases start with a cold.” It recommended taking Hill’s Cascara Bromide Quinine “[a]t the first shiver or sneeze.” Hill’s advertised that it came with no opiates and claimed to break up a cold in twenty-four hours and “[relieve] grip in 3 days.” The ad purported that all drug stores carried the nostrum.¹⁹ Because most cases of the Spanish flu tended to improve after three days (with or without treatment), consumers might have agreed with the medicine’s advertisement.

Advertisements for flu remedies actually appear to have increased after social distancing requirements largely ended. In January 1919, the *Grand Forks Herald* carried ads for remedies that claimed to help with the flu. On January 3, Hamlin’s Wizard Oil, a liquid concoction intended as an antiseptic spray, was the subject of one such ad, which claimed to provide “an antiseptic wall of defense against ‘Flu’ germs.” Furthermore, the ad blamed chest colds and sore throats as the cause of the flu, while also claiming Hamlin’s medication would keep these minor ailments from turning into the flu.²⁰ This advertisement showed little understanding of germ theory, but that was not its intent. Selling Hamlin’s Wizard Oil was its purpose.

On the very same day, the *Herald* included an advertisement for Horlick’s Malted Milk, which referred to it as “The Diet During and After Influenza.” Horlick’s attempted to use an appeal to authority to encourage Grand Forks residents to purchase its “real food-drink” by claiming that it was “[e]ndorsed by physicians everywhere” and “[u]sed successfully over ¼ century.” The advertisement cautioned readers that they needed to ask retailers directly for Horlick’s Malted Milk. This would ensure they received the real product and not one of the imitations on the market.²¹ Neither of the ads that appeared in the Grand Forks newspaper on January 3 specifically included a list of ingredients for their product, but they made big claims as to their efficacy.

The prevalence of ads for nostrums in North Dakota papers was not as frequent as it might have been. Iseminger compared the massive

Union, November 7, 1918 accessed June 23, 2022, <https://cdnc.ucr.edu/?a=d&d=S-DU19181107.2.92.1&e=-----en--20--1--txt-txIN-----1> (https://perma.cc/2W5P-CMTM).

¹⁹ Untitled advertisement, *Hope Pioneer*, January 2, 1919.

²⁰ “Grip, Influenza,” *Grand Forks Herald*, January 3, 1919.

²¹ “The Diet During and After Influenza,” *Grand Forks Herald*, January 3, 1919.

number of ads that appeared in South Dakota and specifically analyzed the *Rock Valley Bee*, a paper published in Fairview, a very small town in southeast South Dakota. In the eight pages of the January 31, 1919, edition of the *Bee*, nineteen advertisements for patent medicines appeared. Editions that appeared on January 9, 1920, and January 7, 1921, both included twenty-four advertisements, an average of three per page.

Iseminger credited the influence of Edwin F. Ladd, a professor of chemistry at the North Dakota Agricultural College in Fargo, the head of the North Dakota Agricultural Experiment Station, and “the state’s inspector of foods, seeds, paints, the milling quality of wheat, ‘and nearly everything else,’” for the relatively few patent medicine advertisements in North Dakota papers. Ladd attempted to enforce the letter of the state’s 1903 Pure Food Law and its 1905 legislation for pure drugs.²²

Alternative Medicine

In contrast to some of the ads recommending patent medicines, The *Bismarck Tribune* encouraged its readers to consider natural remedies. In one short article, the *Tribune* informed its readers that “Spanish influenza doesn’t like lemons,” while pointing to Italians, Bostonians, and “other flu stricken [*sic*] localities” that had begun treating people with lemons. This article indicated that Rome’s government had decided to crack down on speculators who drove up the price of lemons, and it also noted that “[u]naccountable [*sic*] barrels of hot lemonade have been drunken to drown the flu germs,” which was causing a shortage in the U.S. As a postscript, the *Tribune* claimed that onions could also be utilized in the fight against the flu, pointing to the “many who have recovered” who “have given credit to their frequent eating of onions, raw and cooked.”²³ The demand for lemons increased as a result of the Spanish flu, and according to the *Tribune*, a “below-normal crop of citrus fruits” led to a spike in the cost of lemons from \$0.12 per dozen to \$0.50 per dozen—more than a four-fold increase.²⁴ Of course, this encouragement to drink lemonade and eat onions did not explain exactly how these foods might fight the flu, much less endure

²² Iseminger, “Kickapoo Oil, Blood Purifiers, and Laxatives,” 23–24.

²³ “Hand The Flu A Lemon!” *Bismarck Tribune*, October 8, 1918.

²⁴ “Regulating the Lemon,” *Bismarck Tribune*, November 6, 1918.

the modern rigor of peer-reviewed studies employing control groups. However, it provided another example of the unconventional cures suggested during the outbreak of the Spanish influenza pandemic.

The *Bismarck Tribune* was not the only newspaper to carry a recommendation for onions. The *Jamestown Weekly Alert* carried the story of Cod Kimball, a farmer from Brainerd, Minnesota, who claimed that onions kept his family safe from the flu: "Far from doctor, with the disease all around the farm, the Kimball family, consisting of the father, mother, and two children, luxuriated in onion poultices, onion broth, onion sirup, fried onions, baked onions, boiled onions. They were all saved." Kimball was so sure that onions spared his family from a bout with the flu that he planned to plant ten acres of onions the next year to stave off the disease for another year.²⁵

While some articles and ads advocated for specialized fruits and vegetables to stave off the flu, others pushed nontraditional medical practices. The Nelson Sanitarium in Fargo advertised its services to the public, claiming that they would provide an "Influenza Preventative." This ad claimed that keeping one's body in "perfect condition" would ward off disease. It also purported, "The trouble with the majority of the people is subluxation of the spine and toxin in the system." The Nelson Sanitarium claimed that one of its simple spine adjustments and the elimination of toxins from the body would set all right and protect its patients so they would not be "liable to get the influenza or any other disease."²⁶ To be sure, this was an outrageous claim. A chiropractic adjustment might fix a misalignment of the spine, but it is powerless to eradicate infectious agents like the virus that caused the flu.

Bismarck also had a practicing chiropractor who claimed to cure all manner of illness, arguing disease arose because the body could not engage in "perfect action." Realignment of each vertebra would remove the cause of disease, "leaving nature unhampered to bring about the cure." This claim appeared in a full-page spread in the January 25, 1919, issue of the *Bismarck Tribune*. Dr. R. S. Enge, the chiropractor who took out the advertisement, claimed to have the ability to treat everything from sciatica to heart trouble and from gout to pneumonia. He also bragged that he had not "lost a single case of pneumonia or influenza ('flu')," although he ended this claim with a qualifier—"yet."

²⁵ "Farmer Lives on Onions and Keeps Influenza Away," *Jamestown Weekly Alert*, December 5, 1918.

²⁶ "Influenza Preventative," *Fargo Forum and Daily Republican*, November 23, 1918.

Enge claimed his practice was “the safe route to perfect health.” It did not include medicine, surgery, or osteopathy, and the fact that he mentioned these was an indicator that he looked down on more traditional forms of medicine.²⁷

Additionally, Fout & Porterfield, a pharmacy in Fargo, made claims that it could help people overcome the flu. It also declared to readers of its ad in the November 22, 1918, edition of the *Fargo Forum and Daily Republican* that “[t]he best way to cure influenza is to PREVENT it.” Those who allowed themselves to get run down were more in danger of contracting the flu, and a good “system cleanser or a tonic” might be all those people needed. Fout & Porterfield declared their “good drugs and medicines” would “restore your health and energy and make you feel good.” Waiting to fill a prescription could allow victims of the flu to descend into even worse health, the pharmacy’s ad proclaimed.²⁸

Social Distancing and Hygiene Recommendations

Some advice was more practical than ads for patent medicines or chiropractic adjustments. On October 10, the weekly edition of the *Bottineau Courant* informed its readers of the arrival of the Spanish flu in town, while claiming local doctors had everything under control. Schools, including the School of Forestry, were already closed by this point, and the paper anticipated the city was about to put a ban on all public meetings in short order. The *Courant* also made recommendations in line with those pushed by a conference of army, navy, and civilian physicians. These included encouraging people to avoid contact with others, especially crowds in indoor settings. Furthermore, it cautioned interacting with people who exhibited symptoms that included sore throats and coughs. This advice frowned upon visiting the sick. The paper also encouraged people to cover their mouths when coughing and their noses when sneezing. Refraining from spitting in public was also a public health measure this article applauded. The authorities viewed maintaining fresh air while sleeping and working as an imperative, as well as avoiding wet feet and wet clothes. Most people today would accept many of these recommendations as sound advice for limiting the spread of communicable diseases. The *Courant* also provided advice for those who took ill with the flu. While there

²⁷ “To Men, Women and Children In Every Walk of Life” *Bismarck Tribune*, January 25, 1919.

²⁸ Untitled Advertisement, *Fargo Forum and Daily Republican*, November 22, 1918. Capitalization of prevent in the original.

were ten specific recommendations for the ill, some of them overlapped. Effectively, rest in a warm and well-ventilated environment while avoiding others was the main recommendation the paper provided for its readers. Additionally, the paper encouraged the use of individualized eating and drinking utensils.²⁹

The latter recommendation of avoiding common utensils might seem to be common sense, but common drinking cups were widespread in the United States and Europe until the early twentieth century. Some states began banning common drinking cups in public accommodations like railroad cars, but there was resistance to the change. The Kansas Board of Health banned public cups on trains in 1909 with the encouragement of public health pioneer Samuel J. Crumbine, for example, but railcars simply replaced the common cups when they crossed the state line.³⁰ North Dakota banned public cups “on railroad trains, in railroad stations, the public, parochial or private schools and other educational institutions and other public buildings in the State of North Dakota” on September 1, 1913.³¹ This was a mere five years before the outbreak of the Spanish flu.

The next week, the *Bottineau Courant* included a statement from the Influenza Committee of the Bottineau County chapter of the American Red Cross. The statement encouraged strict isolation of those infected with influenza because those with the flu might also carry other bacteria that might spread. Additionally, it recommended disinfecting procedures for “towels, handkerchiefs, eating utensils, bed clothing, etc.” Disinfecting contaminated items required boiling them or dipping them in “2 per cent carbolic acid, or 2 per cent lysol.”³² The Influenza Committee also recommended the wearing of masks for anyone who treated or visited a victim of the flu. The Red Cross offered masks free of charge for those who wished to use them.³³

²⁹ “Influenza Cases in City,” *Bottineau Courant*, October 10, 1918.

³⁰ R. Alton Lee, *From Snake Oil to Medicine: Pioneering Public Health* (Westport, CT: Praeger, 2007), 74–78.

³¹ David Fromson, *Regulatory Measures Concerning the Prohibition of the Common Drinking Cup and the Sterilization of Eating and Drinking Utensils in Public Places* (New York: Public Health Committee of the Cup and Container Institute, 1936), 91–92. Barry notes that the shipbuilding industry removed common cups during the Spanish flu pandemic to keep the spread down and wartime production up. See Barry, *The Great Influenza*, 348.

³² “Spanish Influenza,” *Bottineau Courant*, October 17, 1918.

³³ “Spanish Influenza,” *Bottineau Courant*, October 17, 1918.

Other cities around the state recommended masks for the public, as well, although the specific recommendations varied by locale. As noted previously, Bismarck's city health officer, F. B. Strauss, ordered that "all engaged in handling food must wear masks and must keep hands and garments in thoroughly sanitary condition."³⁴ Fargo's health officer, Dr. Paul Sorkness, recommended masks "as a precautionary measure when one is coming in direct contact with an individual suffering from a contagious disease." He found it "entirely unnecessary and in no way desirable" for the population to wear masks out "in the open air," however.³⁵ The *Fargo Forum and Daily Republican*, in providing the view of Sorkness to its readers, also noted that the Red Cross made the same recommendations. According to the *Forum*, sunshine, soap and water, and plenty of fresh air should protect those who took advantage of them from getting the flu, effectively alleviating the need for masks. Those who wanted "to shut good free, circulating, sunladen [*sic*] air from [their noses]" could still wear a mask; however, this article argued, "it's an awful way to treat a nose," perhaps suggesting some opposition to the wearing of masks in public.³⁶

The *Devils Lake World and Inter-Ocean* carried a statement from the North Dakota Board of Health that described the symptoms and recommended treatments of the Spanish flu. It noted the sudden onset of symptoms that included pain and weakness that accompanied occasional vomiting and frequent dizziness. It also pointed to the high fevers that could reach 104 degrees along with the chills that attended such high body temperatures. Constipation and light sensitivity were additional symptoms. Complications noted included bronchitis, pneumonia, and "cardiac weakness." Because of the possibility of heart damage, the health experts recommended a lengthy period of rest, in addition to "[a]ttention to cleanliness of the mouth, adequate ventilation, avoidance of exposure and cold, and isolation from those who may be carriers of virulent pneumococci and streptococci." The article

³⁴ "Stay At Home; Don't Expose Self to 'Flu,'" *Bismarck Tribune*, October 14, 1918.

³⁵ "Sunshine and Fresh Air Beat Gauze Mask As Preventive of Much Dreaded Influenza," *Fargo Forum and Daily Republican*, October 10, 1918.

³⁶ "Sunshine and Fresh Air Beat Gauze Mask As Preventive of Much Dreaded Influenza," *Fargo Forum and Daily Republican*, October 10, 1918.

recommended aspirin as a possible treatment for pain, and it also cited coughing, sneezing, and spitting as likely vectors for the spread of the flu.³⁷

Victims of the flu in Langdon were encouraged to go to the Langdon sanitarium. The Langdon *Courier-Democrat* claimed that the sick could receive “care and treatment” at the sanitarium. Additionally, it made the claim that those who chose to recover at the Langdon sanitarium would find “that the severest case will seem only like a bad cold.”³⁸ Those who developed pneumonia or other complications would likely have argued otherwise.

An Emmons County doctor who served as both a city and county health official, W. C. Wolverton, wrote an open letter to residents of Linton and its vicinity regarding precautions they might take to avoid the flu. Wolverton had himself experienced a bout with the flu, and he recommended locals wear masks. He believed the “*constant* wearing of a mask...offers the best protection known,” and he argued that the “masks [were] to be worn by *all*, sick and well alike.”³⁹ He claimed that only those doctors and nurses in Bismarck who wore the masks from the beginning of the outbreak had been continuously on the job. His other recommendation for Emmons County residents was vaccination. Wolverton had also received two doses of the flu vaccine, and he credited it with saving his life. He advised the locals that supplies of the vaccine should arrive “within a day or two, if it [was] not already in Linton.”⁴⁰

Vaccines and Opposition

Vaccines were nothing new. As noted in Chapter 1, doctors had administered inoculations for smallpox for centuries by the time the 1918 flu pandemic hit. Other vaccines were also available for diseases like typhoid. However, they were not universally accepted by North Dakotans. A meeting of “the Freedom league” in Grand Forks in January 1918 adopted a resolution “opposing medical inspection in the public schools” and encouraging every attendee at the meeting to sign a petition for President Woodrow Wilson, “asking repeal of the law by which vaccination is made compulsory in the United States army.” The

³⁷ State Health Board Tells of Influenza,” *Devils Lake World and Inter-Ocean*, October 9, 1918.

³⁸ “Local Happenings,” *Courier-Democrat*, October 31, 1918.

³⁹ “Flu Precaution,” *Emmons County Record*, October 24, 1918. Italics in original.

⁴⁰ “Flu Precaution,” *Emmons County Record*, October 24, 1918.

Freedom league made these moves after a talk from Lora C. Little, a field agent for the organization.⁴¹ Little was convinced that vaccination had killed her son, Kenneth, in 1896. The vaccination took place in September 1895, after which he experienced “a catarrh of severe and stubborn kind.” After this experience with “catarrh,” he developed both measles and diphtheria, the latter of which killed him on April 10, 1896.⁴² The germs that cause the latter two diseases have no connection to the smallpox virus or the vaccine intended to stop its spread, but this fact did not deter Little’s belief that they did nor her work against vaccinations.

Little’s speech was not the only example of controversy that arose over vaccines in North Dakota during the World War I era, nor was it the only time the North Dakota Freedom league or Little made news. Indeed, a U.S. marshal arrested her for violating the Espionage Act, a World War I-era law that prohibited any act that might lead to military insubordination or hurt wartime recruitment. Little’s crime involved disseminating copies of a newspaper titled *The Truth-Teller*, which “attack[ed] the army system of preventing prophylaxis as ‘graft in patriotic guise.’”⁴³ Patent medicine producers joined with anti-vaxxers in their opposition to governmental action in the field of health after the passage of pure food and drug laws. The American Medical Liberty League was created in 1918 to oppose “vaccination, medical licensure, isolation of contagious diseases, pure food and drug laws, the testing of cattle with tuberculin, and a host of other public health programs,” and it had connections to the paper Little disseminated in North Dakota.⁴⁴ *The Truth-Teller* was published in Battle Creek, Michigan, and it originated from “the owner and manager of Ensign Remedies,” a patent medicine firm operated by D. W. Ensign, who also happened to be the treasurer and leading actor in the American Medical Liberty League—a clear conflict of interest.⁴⁵ The article informing the public

⁴¹ “Medical Inspection in Schools Opposed,” *Fargo Forum and Daily Republican*, January 11, 1918. For more on Little, see Robert D. Johnston, *The Radical Middle Class: Populist Democracy and the Question of Capitalism in Progressive Era Portland, Oregon* (Princeton, NJ: Princeton University Press, 2003), 197–206.

⁴² Martin Kaufman, “The American Anti-Vaccinationists and Their Arguments,” *Bulletin of the History of Medicine* 41, no. 5 (Sept. 1967): 470.

⁴³ “Mrs. Lora Little of Freedom League Arrested,” *Devils Lake World and Inter-Ocean*, April 3, 1918.

⁴⁴ Kaufman, “The American Anti-Vaccinationists,” 466.

⁴⁵ Kaufman, “The American Anti-Vaccinationists,” 467.

of Little's arrest in the *Devils Lake World and Inter-Ocean* noted the government's allegation that her activity opposing vaccines "interferes with and discourages recruiting and enlistment in the United States army and navy."⁴⁶

The issue of compulsory vaccination in schools made its way through the North Dakota court system in 1918. In May of that year, a district court judge in Ramsey County, C. W. Buttz, upheld a law that school officials could exclude children from public schools for a lack of vaccination. Dr. William F. Rhea filed suit against the Devils Lake Board of Education for refusing to admit his son without vaccination.⁴⁷ Attorney General William Langer was on the defense when this case moved to the North Dakota Supreme Court. Langer and his allies held that the law was constitutional. Additionally, the defense argued that Lawrence F. Rhea, the minor excluded from school, would have received the vaccination had he been permitted by his father, but it also admitted that a few deaths had occurred after vaccination. The effective control of smallpox was worth the sacrifice, in the estimation of the state.⁴⁸ The Supreme Court disagreed with Langer and struck down the law in *Rhea v. Board of Education*. It argued that because of the public nature of the public schools, "every member of the public had a right to attend them."⁴⁹

Although there were some North Dakotans opposed to vaccination, the possibility of a vaccine against influenza brought some hope for mitigating its spread. Attempts to produce a vaccine or serum began early in the second wave in the fall of 1918. Paul Lewis, who, as a medical scientist with the Rockefeller Institute was the first to discover that polio was caused by a virus, began looking for the pathogen that caused the flu while working for the Navy during the Great War. Indeed, he believed he was making good progress. Success could lead to an effective vaccine in short order, and there were others working on the same problem.⁵⁰

⁴⁶ "Mrs. Lora Little of Freedom League Arrested," *Devils Lake World and Inter-Ocean*, April 3, 1918; "The Espionage Act of 1917," *Digital History*, accessed June 29, 2022, https://www.digitalhistory.uh.edu/disp_textbook.cfm?smtid=38&psid=3904 (<https://perma.cc/4VWX-SFSL>).

⁴⁷ "State News in Brief," *Hope Pioneer*, May 16, 1918.

⁴⁸ "Vaccine Law to Be Tested," *Devils Lake World and Inter-Ocean*, October 16, 1918.

⁴⁹ Joseph H. Beale, "The Progress of the Law: Municipal Corporations," *Harvard Law Review* 33 no. 8 (June 1920): 1065.

⁵⁰ Barry, *The Great Influenza*, 1-4, 209.

Many scientists believed that Pfeiffer's bacillus (*Bacillus influenzae*) was the infectious agent that caused the flu. It showed up in many flu victims, as Richard Pfeiffer learned. Pfeiffer was a follower of the great German scientist, Robert Koch, who developed postulates for determining the unique germs that caused specific diseases. The first of these postulates stated that the disease-causing pathogen must show up in every instance of the disease. Pfeiffer began his work during the 1889-1890 Russian flu pandemic and searched long and hard for a pathogen that might cause influenza. He frequently found *B. influenzae* in flu patients, but not all of them.⁵¹ William H. Park, a bacteriologist who worked as the head of the lab for the New York City Health Department, asked his colleague Anna Park to search for Pfeiffer's bacillus in flu cultures. She found it in most samples, but not all. Park understood that a filterable virus might be the infectious agent, but he argued that his research indicated Pfeiffer's bacillus as the "starting point of the disease." He began producing an antiserum and vaccine in his New York City lab to target the bacteria.⁵²

The *Grand Forks Herald* announced on October 17, 1918, that local doctors anticipated using an "[i]nfluenza vaccine, which has recently been found by a widely known surgeon in Chicago." The Grand Forks paper noted that this "serum" was "exceedingly efficacious" when administered in Rochester, Minnesota, presumably at the Mayo Clinic.⁵³ None of the serums or vaccines correctly targeted the flu virus, but Grand Forks doctors injected patients as soon as the ordered doses arrived. On October 21, the *Grand Forks Herald* could report to this effect, although it conceded that "announcements as to its efficacy have not been made."⁵⁴ The next day, the *Herald* announced plans to vaccinate Grand Forks County residents free of charge in the Commercial Club on October 23. The doses of the new vaccine came courtesy of the Mayo Foundation.⁵⁵

Officials feared that there would be too few doses to vaccinate everyone who wanted a shot. However, only eighty-two residents showed up for the first of three weekly doses of the vaccine intended to

⁵¹ Barry, *The Great Influenza*, 51, 260-261.

⁵² Barry, *The Great Influenza*, 71, 278-279.

⁵³ "Few New Cases of Influenza Are Reported, *Grand Forks Herald*, October 17, 1918.

⁵⁴ "Four More Men Died Yesterday and Today at the U," *Grand Forks Herald*, October 21, 1918.

⁵⁵ "Death Claims More S.A.T.C. Students Here, *Grand Forks Herald*, October 22, 1918.

protect against the flu. The *Herald* announced that the free vaccinations would continue for another evening, with openings starting again at 8 p.m. on October 24.⁵⁶ By the next week, the paper announced that doctors had used all the serum provided. Those who needed additional doses would have to wait.⁵⁷ By November 9, the *Herald* announced the resumption of vaccinations at the Commercial Club rooms.⁵⁸

Amid the death and disruption in late October 1918, similar apparent good news also hit the *Bismarck Tribune*, which announced that Dr. Frederick Strauss had ordered a supply of the newly developed anti-flu vaccine from the Mayo Clinic in Rochester.⁵⁹ In mid-December, the Red Cross set up a vaccine headquarters at the federal building in Bismarck to administer shots. The jabs cost residents nothing, and authorities expected they might “wipe out influenza,”⁶⁰ but only three hundred people took up the offer over the first two weeks.⁶¹ Unfortunately, the vaccine was intended to protect against a bacteria found in many flu victims, rather than the virus responsible for influenza. As such, the vaccine was useless against the Spanish flu, even though it appeared to be somewhat efficacious.⁶² The relative success of the vaccine against serious disease resulted from its ability to fight off bacteria that led to the secondary infections that resulted in pneumonia.⁶³ In November, two young men who were in Fargo studying at the Agricultural College visited Langdon and informed locals that everyone at the training camp in Fargo received the shot in hopes of preventing infection with the Spanish flu.⁶⁴ While residents of North Dakota did not universally accept the vaccine, the government enforced its use on trainees.

⁵⁶ “Closing Ban May Soon Be Lifted Here,” *Grand Forks Herald*, October 24, 1918.

⁵⁷ “Epidemic Is Not Abating,” *Grand Forks Herald*, October 30, 1918.

⁵⁸ “City Briefs,” *Grand Forks Herald*, October 9, 1918.

⁵⁹ “Vaccine Virus Coming,” *Bismarck Tribune*, October 24, 1918.

⁶⁰ “Red Cross Now Anti-Flu Depot for the County,” *Bismarck Tribune*, December 12, 1918.

⁶¹ “Vaccinations in North Dakota,” Prairie Public, accessed July 17, 2021, <https://news.prairiepublic.org/dakota-datebook/2021-03-31/vaccinations-in-north-dakota> (<https://perma.cc/94SR-NBHW>).

⁶² Heather L. Van Epps, “Influenza: Exposing the True Killer,” *Journal of Experimental Medicine* 203, no. 4 (April 17, 2006): 803.

⁶³ Spinney, *Pale Rider*, 180-181.

⁶⁴ “Local Happenings,” *Courier-Democrat*, November 7, 1918.

Smaller towns also received doses of the flu vaccine to inoculate residents. The *Oakes Times* noted that “Dr. Marcklein” had received some of the vaccine intended to prevent the flu and pneumonia, although it also reported the experimental nature of the shot. The article claimed that it had shown promise among soldiers and civilians.⁶⁵ Some small towns also made recommendations for readers to take the jab. Near the Canadian border, the newspaper in the small town of Pembina made a short statement to its readers: “Vaccination for influenza is the order of the day.”⁶⁶ Additionally, the *Jamestown Weekly Alert* informed its readers that “leading Chicago physicians” recommended the vaccine, noting the perceived benefit against pneumonia while also pointing out the fact that the previous flu pandemic circulated for years before burning out. The *Weekly Alert* warned that the Chicago doctors expected that a return of the flu that might be more severe than the previous outbreak earlier in the fall of 1918.⁶⁷ This concern likely contributed to the perceived need to recommend the vaccine on the part of the Jamestown paper.

North Dakotans learned much about supposed cures for the Spanish flu through their newspapers. From the smallest weekly papers to the largest dailies, the purveyors of patent medicines hocked their wares in advertisements intended to persuade the public to purchase their nostrums. The local papers also provided information from local health officials that encouraged social distancing, fresh air, and, depending on the circumstance, face masks. Many of the recommendations, like those which pointed to lemons and onions as possible prophylaxes, did little good in stopping the spread of the flu. Doctors and health officials also recommended vaccination against the flu and pneumonia, despite opposition from some North Dakotas. The reluctance to take the shot and the encouragement against its administration led to a charge against Lora Little for breaking the Sedition Act. Of course, much advice and doctoring of patients went on outside the public eye. However, the newspaper accounts and advertisements of the day provide evidence of the public-facing medical recommendations residents of North Dakota encountered during the darkest days of the pandemic.

⁶⁵ “City Local,” *Oakes Times*, December 5, 1918.

⁶⁶ *Pioneer Express (Pembina, ND)*, November 1, 1918. This was an untitled statement on page 4 of the November 1 edition of the paper.

⁶⁷ “Flu Return Expected,” *Jamestown Weekly Alert*, November 28, 1918.

Takes Precaution To Stop Spread Epidemic

Superintendent Kitch takes Precautionary Measures to Prevent Spread of Influenza on Reservation

Spanish influenza is reported at McLaughlin, McIntosh and other points on the Standing Rock reservation. For this reason the Indian per-capita payment which was to have been made next week, has been postponed, and the Indians on the reservation have been placed under quarantine to prevent spread of the epidemic. Until the quarantine is raised there will be no business transacted at the Fort Yates Agency.

Authorities enforced a strict quarantine on the Standing Rock Indian Reservation. *Sioux County Pioneer*, October 10, 1918.

Chapter 4

Paternalistic Condescension

During the first wave of the Spanish flu in early 1918, many Native Americans fell ill and died. Senior Surgeon Charles E. Banks of the United States Public Health Service visited the Haskell Institute, an Indian school in Lawrence, Kansas, in March. He did not blame the outbreak on conditions at the school, a marked difference from the attitude government officials on North Dakota reservations would later exhibit in the deadlier fall wave. He understood the outbreak to be related to the earlier outbreak at Camp Funston that first drew the attention of public health officials. Banks blamed the outbreak on climatic conditions, arguing that both the Funston outbreak and the Haskell Institute outbreak arose after long dry spells with high winds. The dust storms “resulted in infection of the respiratory membrane.”¹ He downplayed the mortality rate experienced by the Indian school: “The three deaths directly attributable to that severe lung involvement is not a large proportion, less than 20 per cent mortality.”² Most people would likely disagree with the assessment that a 20-percent mortality rate was “not a large proportion.” Banks anticipated a decline in the number of cases shortly, claiming that warm weather and rain had “laid the dust,” further pointing to his belief that the dry and dusty weather was largely to blame for the flu.³ Unfortunately, this outbreak was not the last to hit institutions tied to Native Americans, and the second wave hit North Dakota Indian reservations hard.

North Dakota is home to five such reservations, which makes its experience with the Spanish flu somewhat atypical when compared to many other states. On a per capita basis, Indian residents of North Dakota were much more likely to die during the pandemic than the

¹ Report of Charles E. Banks to H. B. Peairs, March 30, 1918, Records of the Bureau of Indian Affairs, 1793-1999, Subject Correspondence Files, 1904-1941, Contagious Epidemics File, accessed May 19, 2022, <https://catalog.archives.gov/id/2641555>.

² Banks to Peairs, March 30, 1918.

³ Banks to Peairs, March 30, 1918.

broader population.⁴ At times, this higher death rate occurred despite attempts to impose a strict quarantine that intended to mitigate the spread of the flu among the general population. This quarantine for Native Americans greatly exceeded any restrictions imposed upon white residents of the state.

The overwhelming majority of North Dakota residents in the 1910s descended from Europeans. When the Spanish flu arrived in 1918, North Dakota had very few members of minority groups living within its borders. The 1920 United States Census showed that the state had a total population of 646,872 residents. Of this number, the census counted 639,954 as white. More than 131,000, or 20.3 percent, of this number was born outside the United States. The Census Bureau classified only 467 residents as “Negro,” a number which made up less than 0.1 percent of the state’s population. Fewer than two hundred individuals listed on the census in 1920 had Asian backgrounds. American Indians made up the largest minority group in North Dakota, with 6,254 listed in the 1920 census. According to the Census Bureau, the number of indigenous peoples in North Dakota dropped from 2.2 percent of the state’s population in 1900 to one percent of its population in 1920. The aggregate number of Indians in North Dakota dropped by more than seven hundred over the same twenty-year period. The vast majority of Native Americans lived on remote reservations away from the urban areas of the state. The three largest cities in North Dakota as of 1920 were Fargo, Grand Forks, and Minot. Indeed, these were the only cities that reached a population of ten thousand within the state. The counties that were home to these cities each had only one Indian resident listed in the 1920 edition of the census.⁵ Therefore, to gain an understanding of how the Spanish flu affected the minority population in North Dakota, an inquiry into the state’s Indian reservations is likely to provide the most fruitful results.

⁴ *Report of the State Board of Health for the Biennial Period Ending June 30, 1920* (Bismarck: Bismarck Tribune, State Printers, 1920), 67–68, accessed July 17, 2021, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112032684497&view=1up&seq=678&skin=2021> (<https://perma.cc/5B4C-9EXL>).

⁵ Bureau of the Census, *Fourteenth Census of the United States Taken in the Year 1920, Volume 3* (Washington: Government Printing Office, 1922), 752–756, accessed September 10, 2021, <https://www2.census.gov/library/publications/decennial/1920/volume-3/41084484v3ch06.pdf>. (<https://perma.cc/K65K-KQ3N>)

Poor Treatment of Native Americans

The treatment of Native Americans within the borders of the United States has been atrocious, almost from the very beginning of English settlements in the New World. The poor treatment began in the Colonial Era and continued into the Early National period and beyond. Many times, contact with Europeans led to deadly outbreaks of epidemic disease among indigenous peoples, commonly measles, influenza, and smallpox, among others. After the creation of the reservation system, chronic tuberculosis arose as a major health problem for Indians, and in recent years, Indians have experienced high rates of diabetes, heart disease, and substance abuse. As noted by historian David S. Jones, from the earliest interactions in the colonial era, both the white settlers and Indians understood that “disease was socially produced: Europeans brought new pathogens to the Americas and triggered the conditions that made them so destructive.”⁶

After the establishment of an independent republic made up of the thirteen states that revolted against British rule, the new government of the United States dealt treacherously with indigenous Americans. Helen Hunt Jackson’s *A Century of Dishonor*, first published in 1881, was an early book that drew attention to the broken treaties that harmed Indian nations within the borders of the United States. Jackson argued that the major European powers understood the Natives to have a right to occupy land until they ceded it due to sale or conquest. By making treaties with the Indians, she believed the United States government had the obligation to uphold the stipulations of those agreements. Rather than permitting occupancy on traditional tribal lands in perpetuity, the government forced American Indians onto reservations that were progressively located on increasingly marginal land. Julius H. Seelye wrote the introduction for *A Century of Dishonor*. In his introduction, Seelye, a former congressman and minister who then served as the president of Amherst College, argued regarding the United States: “We have encroached upon their [the Indians’] means of subsistence without furnishing them any proper return; we have shut them up on reservations often notoriously unfit for them, or, if fit, we have not hesitated to drive them off for our profit, without regard to theirs.”⁷ Conditions on the reservations as of 1918 were still

⁶ David S. Jones, *Rationalizing Epidemics: Meanings and Uses of Indian Mortality Since 1600* (Cambridge: Harvard University Press, 2004), 4.

⁷ Helen Hunt Jackson, *A Century of Dishonor: A Sketch of the United States Government’s Dealings with Some of the Indian Tribes* (New York: Harper & Brothers, 1881), 1–2, 9–31. For additional information on Seelye, see “Teaching His Life’s Work,” *New York*

not as comfortable as those experienced by many middle-class white citizens. Additionally, interaction with European settlers, and later American citizens, contributed to the high death rates that resulted from infectious diseases among the Natives.⁸ Elinor D. Gregg, a Red Cross public health nurse who spent time on the Rosebud Reservation in South Dakota after the Spanish flu pandemic, discussed how the superintendent of the reservations effectively served as a “Czar” in a totalitarian state. She described this situation on the reservations as “[a] microcosm of government for, but not by, the people.”⁹

Changing Federal Policy

Federal policy toward Native Americans shifted in the years following the Civil War and the publication of *A Century of Dishonor*. After focusing on removal to Indian Territory (later, Oklahoma) and reservations during the Antebellum period, reformers decided to emphasize assimilation, largely relying on the experiences of the Freedman’s Bureau with newly freed African Americans. Well-meaning whites believed the United States had a debt to pay to the Indians, and they wanted to shift the Native Americans from being wards of the state to contributing citizens. Not all Americans were inclined to pay any debts to the Indians. There were some instances of conflict between settlers and Indians, including the Dakota War that took place in Minnesota over thirty-seven days in 1862 and led to the death of nearly 500 whites. Regardless, historian Cathleen D. Cahill argued that those looking to assimilate the Indians into American society “sought to repay national debts [to the Indians] through social programs aimed at educating wards in the ways of ‘civilization’ and citizenship.”¹⁰

Times, May 13, 1895. Seelye won the seat without running after constituents found the Democratic and Republican nominees unsatisfactory.

⁸ Chapter 2 of Alfred W. Crosby, Jr. *The Columbian Exchange: Biological and Cultural Consequences of 1492*, 30th Anniversary Edition (Westport, CT: Praeger Publishers, 2003), 35–63, provides a solid overview of the early spread of epidemic disease among the Native Americans in the initial years after the arrival of Europeans in the Americas.

⁹ Elinor D. Gregg, *The Indians and the Nurse* (Norman: University of Oklahoma Press, 1965), 12.

¹⁰ Cathleen D. Cahill, *Federal Fathers and Mothers: A Social History of the United States Indian Service, 1869–1933* (Chapel Hill: University of North Carolina Press, 2013), 32–33. For a brief overview of the Dakota War, along with the controversy surrounding memorializing the hanging of thirty-eight Dakota, see Rick Lybeck, “The Rise and Fall of the U.S.-Dakota War Hanging Monument: Mediating Old-Settler Identity Through Two Expansive Cycles of Social Change,” *Mind, Culture, and Activity* 22, no. 1 (2015): 37–57.

In the attempt to assimilate Indians into the white American way of life, the government offered rations to supplement older Indian methods for subsistence that were limited after the demise, frequently intentional, of the American bison. Government agents used the rations for leverage in their attempts to encourage Indians to take up the ways of white society. A lack of adequate food and poor health frequently resulted from this colonizing endeavor that took place on American soil. As the Indian studies scholar Jacki Thompson Rand noted, "Rations and manufactures were an important component of the colonizers' toolkit, creating conditions that promoted the decline in Indian health and autonomy."¹¹ Furthermore, the American government would sometimes withhold rations from those who participated in traditional ceremonies like the Ghost Dance. Extra rations were, at times, an inducement that encouraged Natives to send their children to school, where their teachers would attempt to convert them to Christianity and assimilate them into the broader Anglo culture with its European societal norms that included speaking English. Those who refused to send their children to the schools might have food withheld. Historian Tamara Levi has noted that in an environment with severe hunger, the reservation schools at least guaranteed that Indian children would be fed regularly.¹²

While the reservation schools provided food, it was not always conducive to good health. Government commodities provided a high percentage of the caloric intake. A concern for economy rather than health, led to the purchase of substandard food for the lowest possible price. Beans, rice, bacon, and flour were common bulk purchases. The government anticipated farms on or near school property might provide supplementary foodstuffs. When the government decided to attack the problem of tuberculosis, officials emphasized increased intake of dairy products. More than three-fourths of American Indians

¹¹ Jacki Thompson Rand, *Kiowa Humanity and the Invasion of the State* (Lincoln: University of Nebraska Press, 2008), 58-92, quote on page 70. Rand focuses on the Kiowa, a tribe that was more active on the Southern and Central Plains, but government policy toward Natives was national, despite treaties that existed. Rand points to the period just before the Civil War as a period in which the US government ceased treating the Native tribes as sovereign nations that required negotiations. An 1837 treaty between the Kiowa, Kataka, Tawakaro, and the United States showed that the US "explicitly recognized the existence and force of tribal law, the self-regulation of tribal affairs, and the tribes' ability to negotiate relations with other external sovereign governments." See Rand, *Kiowa Humanity*, 41.

¹² Tamara Levi, *Food Control and Resistance: Rations and Indigenous Peoples in the United States and South Australia* (Lubbock: Texas Tech University Press, 2016), 172-173.

are currently lactose intolerant. It is unlikely that this number was vastly lower in the early twentieth century. Lactose intolerance causes, among other symptoms, nausea, diarrhea, and lethargy. The insistence on providing food that made most Native children sick no doubt had a deleterious effect on their overall health.¹³

In addition to the poor diet provided at the Indian schools, overall living conditions were quite poor. In 1909, Commissioner of Indian Affairs Francis E. Leupp commissioned an examination of conditions at the Haskell Indian School in Kansas. The report that resulted from this study was damning. Students “slept two, three, or more in single beds.” Students with tuberculosis shared beds with supposedly healthy students. Shared drinking cups and towels were not uncommon.¹⁴ While the government attempted to make improvements to this situation after the report from Haskell, a large infusion of funds from Congress was not forthcoming. Governmental parsimony contributed to the poor health of Natives. World War I ended a campaign to improve Indian Health, along with the slightly higher appropriations that followed the Haskell study. Forty percent of doctors who served Indians left for the war effort, along with forty-four of ninety-nine nurses employed by the Office of Indian Affairs. Wartime reductions in medical staff only exacerbated the effects of the Spanish flu when it hit, and more than 2 percent of the nationwide Indian population died in the pandemic, compared to only 0.6 percent of all Americans.¹⁵

Of course, the Natives themselves understood the effects that came with major changes to their traditional way of life. In a famous series of interviews given to the ethnographer Frank B. Linderman in 1931, the elderly Crow medicine woman and matriarch Pretty-shield remembered the changes to Indian life that took place in the latter nineteenth century, recalling how she saw “dead buffalo scattered all over our beautiful country, killed and skinned, and left to rot by white men, many, many hundreds of buffalo.”¹⁶ The Crows did not believe that white men could kill all of the bison, and they anticipated the return

¹³ Jean A. Keller, *Empty Beds: Indian Student Health at Sherman Institute, 1902-1922* (East Lansing: Michigan State University Press, 2002), 53-57.

¹⁴ David H. DeJong, *“If You Knew the Conditions”: A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, MD: Lexington Books, 2008), 27, accessed November 21, 2023, ebookcentral.proquest.com

¹⁵ DeJong, *“If You Knew the Conditions,”* 28-35.

¹⁶ Frank B. Linderman, *Pretty-shield: Medicine Woman of the Crows* (Lincoln: University of Nebraska Press, 2003), 144.

of the herds; however, when it became clear that their food source was gone for good, Pretty-shield recollected that hunger, sickness, and fear began to set in. After that, white settlers began fencing their former hunting grounds, which increasingly confined the Indians to the reservations. According to the Crow medicine woman, her people “began to stay in one place, and to grow lazy and sicker all the time.”¹⁷

The Meriam Report, a government publication released a decade after the Spanish flu outbreak, noted the generally poor health outcomes in Indian communities, even at that relatively late date. “The health of the Indians as compared with that of the general population is bad,” the report bluntly stated on its first page, noting that infant mortality, tuberculosis, and trachoma continued to be particularly prevalent among the Native Americans. Like the general health conditions, the report described the diet of the Indians as “bad,” while also admitting that their living conditions were usually “conducive to the development and spread of disease.”¹⁸ Interestingly, while this section of the Meriam Report viewed the Natives poorly in relation to whites regarding their willingness to change or to work, when making a more detailed accounting of Indian health, the report claimed that the lack of governmental funding was largely to blame, complaining that “[t]he appropriations for salaries have been too low to permit of the employment of a sufficient number of doctors, dentists, and nurses to render the service required by a people whose health is seriously impaired because of their lack of adjustment to the social and economic conditions of the prevailing civilization which confronts them.”¹⁹ Effectively, the report argued that Natives failed to acquiesce to the coming of civilization, but Washington was partially to blame for their plight because of its own failure to provide more funding to improve Indian health. To say that the health outcomes for Native Americans before the Spanish flu were poor would be an understatement.

The Episcopal Bishop Henry Whipple noted another concern in the preface of Helen Hunt Jackson’s book: “The Indian owns no telegraph, employs no press reporter, and his side of the story is unknown to the people.”²⁰ While Whipple composed this statement in New

¹⁷ Linderman, *Pretty-shield*, 144–145.

¹⁸ Institute for Government Research, *The Problem of Indian Administration* (Baltimore: The Johns Hopkins University Press, 1928), 3–4, accessed November 7, 2023, <https://narf.org/nill/resources/meriam.html> (perma.cc/Z6JS-9KTV).

¹⁹ *The Problem of Indian Administration*, 4–5, 189.

²⁰ Jackson, *A Century of Dishonor*, v, x.

York nearly thirty-eight years before the Spanish flu engulfed the same city, a lack of Native sources relating to the progression of the disease was still a problem in 1918. Much of the information available regarding the outbreak of Spanish flu among the Indians on the reservations of North Dakota comes from official government reports and newspaper articles that relayed events to a primarily white audience. Indian voices are not in large supply. While the existing sources provide some important information regarding the Spanish flu among North Dakota Indians, a paternalistic, and at times condescending, bias can still be evident. However, if we are to obtain more than a simple numerical count of Indians who died, it is necessary to investigate these sources with the understanding that they come with the limitation of telling only one side of the story.

Influenza Reaches North Dakota Indians

If the public health records are accurate, the number of Indians who fell sick with influenza between October 1918 and June 1919 was not much different than the percentage of North Dakota citizens who fell ill on a per capita basis. Of the 9,216 Indians listed in the United States Public Health Service's (USPHS) statistics, nearly 25.5 percent had a bout with the flu. This was near the average of 243.8 per one thousand (24.38 percent) of the Native American population nationwide, but it was much better than Mississippi, which saw nearly 52 percent of its Indian population contract the novel bug. If the lower population numbers from the Census Bureau were more correct regarding the number of Indians living in North Dakota, the percentage of Natives falling ill in the state was higher by about half. Regardless of which population statistics were closer to an accurate count, when it came to the number of deaths, North Dakota Indians died at a higher rate than the state's population at large. Overall, 129 Indians in North Dakota died from the flu between October 1, 1918, and June 30, 1919. This was a death rate of thirteen per one thousand Indians based upon the higher USPHS numbers. For the entire state, 1,378 residents out of a population that officially approached 640,000 died between July 1, 1918, and June 30, 1919. This resulted in an overall death rate of approximately 0.2 percent, or about two per thousand, which was less than one-sixth the death rate for Native Americans.²¹

²¹ United States Public Health Service, *Public Health Weekly Reports* 34, no. 42 (October 17, 1919): 2299-2300 accessed September 30, 2021, <https://www.ncbi.nlm.nih.gov/>

Peyton Carter, the superintendent in charge of the Wahpeton Indian School, informed the Indian Office in the US Department of the Interior of the effect the Spanish flu had on his institution. In an annual report provided for the bureau, Carter reported that all school activities ceased during the local outbreak. Students and staff alike “were directed to care for the sick.”²² Two students and the school’s principal perished from the flu. The spread of the pandemic to nearby reservations hindered the Wahpeton school’s ability to increase enrollment, and the “school was not well organized until after the holidays.” Carter pointed to the difficulty in maintaining a healthy staff as two different classrooms on campus had to utilize six different teachers before the outbreak ceased. The school experienced some desertions from students, as some boys from the White Earth Reservation left when their parents removed them from school during the flu outbreak, “because they did not like certain conditions” at the Wahpeton Indian School.²³ Concern over the health conditions at Indian schools, whether on the reservation or off, was not unfounded. Many Indians died while at school; many more died shortly after returning home. For example, over the first decade that the Hampton Institute in Virginia accepted Native Americans (1878-1888), thirty-one of 304 died of tuberculosis at school, while about one in five died shortly after returning home.²⁴ While this was well before the Spanish flu,

[pmc/articles/PMC1996937/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC1996937/). For the overall state death rate for the fiscal year ending June 30, see *Report of the State Board of Health for the Biennial Period Ending June 30, 1920* (Bismark: Bismarck Tribune, State Printers, 1920), 67–68, accessed July 17, 2021, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112032684497&view=1up&se-q=67&skin=2021> (<https://perma.cc/VV9H-C7DT>).

²² Records of the Bureau of Indian Affairs, 1793-1999, Superintendents’ Annual Narrative and Statistical Reports, 1910-1935, Wahpeton School Records: 1910-1935. National Archives, Washington, D.C., M1011, Roll 162, image 142, accessed September 7, 2021, <https://catalog.archives.gov/id/156036503>.

²³ Records of the Bureau of Indian Affairs, 1793-1999, Superintendents’ Annual Narrative and Statistical Reports, 1910-1935, Wahpeton School Records: 1910-1935. National Archives, Washington, D.C., M1011, Roll 162, images 142 and 144, accessed November 7, 2021, <https://catalog.archives.gov/id/156036503>.

²⁴ David H. DeJong, “Unless They Are Kept Alive”: Federal Indian Schools and Student Health,” *American Indian Quarterly* 31, no. 2 (Spring 2007): 256. DeJong quotes Donal F. Lindsey, *Indians at Hampton Institute* (Urbana: University of Illinois Press, 1995), 215. See also “Native American,” Museum of Hampton University, accessed November 21, 2023, <https://home.hamptonu.edu/msm/native-american/> (<https://perma.cc/NB4J-8F9J>).

the Lakota Madonna Swan recollected that similar experiences were not uncommon as late as the 1940s. Indian schools continued to send Native children home to die with tuberculosis.²⁵

Outside the boundaries of the reservation, the City Board of Health in Wahpeton closed all "Public meetings, Theaters, Show houses, Churches, Fraternal societies, Schools, and all Public Gatherings" at 4 p.m. on October 10. The closing order also came with a warning that anyone who failed to comply would be "promptly reported to Federal Authorities."²⁶

The *Wahpeton Times* attempted to keep local citizens up to date on the progression of the flu throughout the community, but it admitted that keeping up with local deaths was a challenge. The October 24 edition of the paper gave a listing of recent deaths due to the Spanish flu. Short notices regarding a couple of deaths referenced the Native American community. The first noted the death of Carl Fletcher, a teacher at the Indian school. The *Times* remembered Fletcher as "another young man that was unable to withstand the ravages of the disease." Additionally, Louise Wadena, a Native American girl, received a short two-line death notice in the Wahpeton paper.²⁷ The next week, the *Times* indicated that the Wahpeton hospital "has been laboring under difficulties the past week as almost the entire force has been on the sick list."²⁸ The paper did not mention the flu by name in this short paragraph, but it is more than a reasonable assumption that it was the infectious agent that hampered medical care in Wahpeton.

H. J. McQuigg of the Turtle Mountain Indian School in north central North Dakota also had to combat an outbreak of the Spanish flu in 1918. Sixty-five Native Americans on the reservation died as a direct result of the flu, and the contagion kept the local Indians from plowing their fields before winter hit. The doctor employed by the Indian Office fell ill with the flu, and according to McQuigg, doctors who practiced in the white community were too overwhelmed

²⁵ Madonna Swan and Mark St. Pierre, *Madonna Swan: A Lakota Woman's Story* (Norman: University of Oklahoma Press, 1991), 48-123. Madonna Swan recollected her experience with tuberculosis, first at Immaculate Conception School, then at the Sioux Sanitarium and Sanator Sanitarium (the latter a "white" sanitarium).

²⁶ "Public Places to Be Closed," *Wahpeton Times*, October 10, 1918.

²⁷ "The Spanish Influenza," *Wahpeton Times*, October 24, 1918. Fletcher was elsewhere described as the principal of the school. See "Influenza Is Causing Many Deaths," *Sioux County Pioneer*, October 31, 1918.

²⁸ "Congregational Church," *Wahpeton Times*, October 31, 1918.

to provide much help on the reservation because of their focus on the health of their own constituency. The flu had longer-term impacts on the community. Older Indians complained that their bouts with the flu left them “indisposed and unable to work as hard as they did formerly.”²⁹ The effects of the flu were likely compounded because of underlying conditions. McQuigg noted “considerable trachoma and tuberculosis” on the reservation. He did not indicate specific numbers related to those afflicted, but he did point to a “twenty bed tubercular hospital” that was “well patronized this year by the Indians” and reported “no difficulty has been found in keeping it filled nearly to capacity.”³⁰

The Spanish flu was especially deadly for those who had tuberculosis as a preexisting condition. Epidemiologist Andrew Noymer has posited that the Spanish flu might have accelerated the decline of tuberculosis cases in the United States. Mortality from the disease began declining in the latter half of the nineteenth century, but the Spanish flu led to a massive uptick in the number of deaths associated with tuberculosis. Noymer argued that the Spanish flu led to “selective mortality” among those with TB, a group that already had lung damage. Those who died in the pandemic would likely have had their deaths spread over the next few years. Noymer also pointed to pathology data that did not find tuberculosis as a co-morbidity with the Spanish flu; therefore, those who died of TB would have that disease coded on their death certificates, precluding their autopsies as victims of the flu. Additionally, he suggests that tuberculosis was common among the poor who lived in cramped quarters, a condition that likely contributed to the spread of influenza.³¹ As Native Americans experienced a high incidence of TB along with poor, cramped living conditions, it is possible that underlying tuberculosis infections contributed to their

²⁹ Records of the Bureau of Indian Affairs, 1793–1999, Superintendents’ Annual Narrative and Statistical Reports, 1910–1935, Turtle Mountain Records: 1910–1935. National Archives, Washington, D.C., M1011, Roll 157, image 286, accessed September 7, 2021, <https://catalog.archives.gov/id/156029946>.

³⁰ Records of the Bureau of Indian Affairs, 1793–1999, Superintendents’ Annual Narrative and Statistical Reports, 1910–1935, Turtle Mountain Records: 1910–1935. National Archives, Washington, D.C., M1011, Roll 157, images 287 and 288, accessed November 21, 2023, <https://catalog.archives.gov/id/156029946>.

³¹ Andrew Noymer, “The 1918 Influenza Pandemic Hastened the Decline of Tuberculosis in the United States: An Age, Period, Cohort Analysis,” *Vaccine* 29, supplement 2 (July 2011): B38–B41.

higher death rate during the 1918 pandemic. While this research did not focus on North Dakota Indians, it is not likely that they would be exempt from the general conclusions.

McQuigg was quick to lay at least some of the blame at the feet of the Indians on the Turtle Mountain reservation. In his annual report to Indian Affairs, Superintendent McQuigg reported:

A factor which was the cause of a considerable number of cases of this disease was the congested condition of a large number of the homes on the reservation. The homes are very close together and in the winter time the people congregate and den up together. It is impossible to get sufficient ventilation among them. Strenuous efforts are being made and have been made in the past to counteract this evil, but little progress can be made. These Indians, as a general rule, are extremely poor and cannot build a larger house or more houses, as the family becomes larger.³²

The effects of government policies that contributed to this poverty did not appear to influence McQuigg's assessment of the situation, although he conceded that a recent drought on the land allotments provided to Indians in Montana and western North Dakota contributed to their recent migration to Turtle Mountain. The superintendent recommended that the Natives sell their land allotments to the west and use the proceeds to build "a sanitary and comfortable home for themselves," although he conceded that the drought limited the amount that their land might bring.³³

White Condescension Regarding Indian Living Conditions

A paternalistic focus on sanitation was a common concern of government agents, who viewed proper sanitation as a hallmark of Christian civilization. Even *A Century of Dishonor*, which despite its paternalism was quite sympathetic with the plight of American Indians, believed that European housing standards were an important sign of a civilized society. In his introduction Bishop Whipple described the Indians as

³² Records of the Bureau of Indian Affairs, 1793-1999, Superintendents' Annual Narrative and Statistical Reports, 1910-1935, Turtle Mountain Records: 1910-1935. National Archives, Washington, D.C., M1011, Roll 157, image 286, accessed September 7, 2021, <https://catalog.archives.gov/id/156029946>.

³³ Records of the Bureau of Indian Affairs, 1793-1999, Superintendents' Annual Narrative and Statistical Reports, 1910-1935, Turtle Mountain Records: 1910-1935. National Archives, Washington, D.C., M1011, Roll 157, images 286-287, accessed September 7, 2021, <https://catalog.archives.gov/id/156029946>.

formerly “wild, painted savages, finding their greatest joy in deeds of war” before their conversion to Christianity. As he wrote, however, he reported, “The Christian home, though only a log-cabin, has taken the place of the wigwam.”³⁴ Seelye, the former congressman and missionary, argued that “the Indian would not work, and preferred his wigwam, and skins, and raw flesh, and filth to the cleanliness and conveniences of a civilized home.”³⁵

This condescension toward Indian living arrangements continued throughout the early twentieth century. A decade after the outbreak of the influenza epidemic in 1918, the Meriam Report discussed the perceived lack of proper sanitation among Native Americans while writing of the need for public health measures on the reservations. The report complained that when “the Indians do live in the houses provided, they often barricade themselves behind tightly-closed [*sic*] doors and windows to avoid fresh air, and they may live for years in an increasing accumulation of dirt, because they have not learned to adapt themselves to life in a permanent house.” There was concern that these houses were built in areas “lacking in sanitary efficiency,” and the report encouraged the building of sewers, or where these were impracticable, private privies.³⁶ Elinor Gregg, a public health nurse, remembered, “The Indians...needed cleanliness and some knowledge of germs. All the things that had come slowly to educated white people, the Indians needed ten times as much. Soap and water were hard to come by...Sanitation, that is outdoor toilets, were conspicuous by their absence.”³⁷

Unfortunately, this emphasis on improved sanitation contributed to less sanitary conditions in Native homes. Dr. George M. Kober, who served in the US Army between 1874 and 1894, related one example. He noted that he saw no cases of pulmonary tuberculosis among the

³⁴ Jackson, *A Century of Dishonor*, ix-x.

³⁵ Jackson, *A Century of Dishonor*, 2.

³⁶ Institute for Government Research, *The Problem of Indian Administration* (Baltimore: The Johns Hopkins University Press, 1928), 220-221, 270-274, accessed September 7, 2021, <https://narf.org/nill/resources/meriam.html>. For a discussion of the US government and its treatment of Indians regarding sanitation and civilization, see Daniel Max Gerling, “American Wasteland: A Social and Cultural History of Excrement, 1860-1920,” (PhD diss., University of Texas at Austin, 2012), 257-279, <https://repositories.lib.utexas.edu/bitstream/handle/2152/ETD-UT-2012-05-5036/GERLING-DISSERTATION.pdf> (<https://perma.cc/Z6UN-WMGX>).

³⁷ Gregg, *The Indians and the Nurse*, 29.

Paiutes of Nevada before the Indians “exchanged their tepees for badly constructed and insanitary dwellings” sometime around 1884. Another example involved the Red Lake Chippewa who previously moved frequently for sanitation and traded in temporary, clean homes for “small, log-framed, permanent dwellings with narrow windows, poor ventilation and insufficient light.” Poor air quality contributed to the spread of diseases like tuberculosis. By 1906, about one-fourth of the Red Lake Chippewa had contracted tuberculosis.³⁸

Cathleen Cahill has noted the importance of attempted reforms of Indian family structure to the assimilation process. Reformers like Senator Henry Dawes of Massachusetts, author of the 1887 Dawes Severalty Act, viewed nuclear families as the foundation of a civilized society. Some opposed the lack of permanence that characterized Native dwellings such as tepees and the diverse family structures in Indian society. This contributed to the Dawes Act, which attempted to encourage marriage and family formation through land allotments that provided 160 acres for heads of families, as opposed to smaller allotments for Indians who remained single. To strongly encourage Native Americans to send their children to boarding schools, the government withheld food provisions from those Indians who attempted to hide their children or keep them at home. Additionally, government agents sought to use Indian boarding schools “where white employees would teach students to revile their parents’ culture” because those taught in day schools did not have the proper experiences to “put [them] into the enjoyment of civilized life.”³⁹

The attitude the US government exhibited toward the Native Americans was very much in line with imperialist policies practiced throughout the rest of the world in the nineteenth and twentieth centuries. Western imperialists and medical professionals “saw their [medical] offerings as a measure of their alleged superiority,” Myron Echenberg has argued.⁴⁰ This superiority complex provided a rationale for the right of Westerners to rule over conquered peoples, and it also served as “an implicit means of demonstrating to indigenous peoples that the inadequacy of their own healing practices and principles was

³⁸ DeJong, *If You Knew the Conditions*, 18-19.

³⁹ Cahill, *Federal Fathers and Mothers*, 34-42, 53-54. The second quote comes from a report from the Commissioner of Indian Affairs’ *Annual Report* and is cited in Cahill, 54.

⁴⁰ Echenberg, *Plague Ports*, 4.

itself proof of their inferiority.”⁴¹ This played into the paternalistic stance the Office of Indian Affairs and its officers took toward the Indians in the early twentieth century.

The 1919 report from the Fort Berthold Reservation to the Indian Office indicated improved living quarters for many of the Indians, again showing the importance the agency attached to having the Indians adopt the predominant white culture. These were “clean, comfortable quarters with sufficient air and sunlight.” Few houses had dirt floors by this point. The report indicated no epidemics outside of influenza, which “occasioned much suffering and a number of deaths on all parts of the reservation.” Ernest W. Jermark, superintendent of the reservation, remarked that the lone doctor on the reservation was unable to provide much needed treatment and attributed death to “carelessness and untimely exposure following an attack of the flu.” Isolation of sick patients was out of the question for the reservation, and Jermark used the occasion of his annual narrative to inform the Indian Office of the need for a hospital on the reservation. In the final analysis, however, he took some measure of solace in the fact that his reservation had fewer deaths as a percentage of cases when compared to some other locales across the country.⁴²

Standing Rock Reservation

One of the more complete records available for North Dakota Indian reservations is tied to the Standing Rock Reservation. In his 1919 annual report, the superintendent of the Standing Rock Indian School, James B. Kitch, bragged that the health conditions on the Standing Rock Reservation “are increasing daily,” owing to Indian efforts to build houses from lumber that were either “sealed or plastered.”⁴³ He also tried to downplay the effects of the Spanish flu in his report for the 1919 fiscal year, which included the fall 1918 outbreak of the

⁴¹ Echenberg, *Plague Ports*, 4.

⁴² Records of the Bureau of Indian Affairs, 1793-1999, Superintendents' Annual Narrative and Statistical Reports, 1910-1935, Fort Berthold Records, 1910-1920, National Archives, Washington, D.C., M1011, Roll 46, Image 1117, accessed September 21, 2021, <https://catalog.archives.gov/id/155898360>.

⁴³ Records of the Bureau of Indian Affairs, 1793-1999, Superintendents' Annual Narrative and Statistical Reports, 1910-1935, Standing Rock Records, 1911-1931, National Archives, Washington, D.C., M1011, Roll 144, Image 281, accessed September 15, 2021, <https://catalog.archives.gov/id/156014396>.

pandemic. He pointed to a “complete system of quarantine.”⁴⁴ The only exceptions to this near lockdown of the Indians were trips to care for ill family members and trips to secure medical supplies. The administration of the reservation also set up small substation hospitals to deal with the outbreak, from which doctors could “give personal attention in concentrated areas.”⁴⁵ Kitch attributed the success in combating the flu to “the splendid cooperation of Indians and Whites of this reservation, they maintaining a strict quarantine and obeying implicitly the rules laid down by this office and our physicians.” While Kitch boasted that the reservation’s “loss was very small,” he conceded that the loss was “less than 1% of our Indian population out of 3400.”⁴⁶ While he did not give an aggregate number of dead, even this number appears relatively high when compared to deaths among the general population in North Dakota and the nation. However, Indians in other geographical regions suffered more.

The *Sioux County Pioneer*, a weekly paper published in Fort Yates, informed its readers frequently of the flu’s progress through the community, and at times, its more in-depth reporting on the Spanish flu appeared to contradict Kitch’s cursory and relatively sunny assessment. The *Pioneer* reported on the strict quarantine imposed by Kitch. As early as October 10, “McLaughlin, McIntosh, and other points on the Standing Rock reservation” reported cases of flu. The paper printed a circular sent out by the superintendent:

On account of the hospital at Fort Yates which will be used as a quarantine base, business will be stopped at this agency until further notice. It will therefore do no Indian or whiteman [*sic*] any good to come here unless he comes for medical attention as business will not be transacted. Enrollments in the Boarding schools at the agency and farm school will therefore be discontinued

⁴⁴ Records of the Bureau of Indian Affairs, 1793-1999, Superintendents’ Annual Narrative and Statistical Reports, 1910-1935, Standing Rock Records, 1911-1931, National Archives, Washington, D.C., M1011, Roll 144, Image 281, accessed September 15, 2021, <https://catalog.archives.gov/id/156014396>.

⁴⁵ Records of the Bureau of Indian Affairs, 1793-1999, Superintendents’ Annual Narrative and Statistical Reports, 1910-1935, Standing Rock Records, 1911-1931, National Archives, Washington, D.C., M1011, Roll 144, Image 281, accessed September 15, 2021, <https://catalog.archives.gov/id/156014396>.

⁴⁶ Records of the Bureau of Indian Affairs, 1793-1999, Superintendents’ Annual Narrative and Statistical Reports, 1910-1935, Standing Rock Records, 1911-1931, National Archives, Washington, D.C., M1011, Roll 144, Image 281, accessed September 15, 2021, <https://catalog.archives.gov/id/156014396>.

until further notice. The per capita payment will not be made until further notice, as in doing so we will be violating the rules of quarantine by having the Indians camp together. All camps of Indians are to be immediately dispersed and all Indians having homes of their own and living near Government sub-stations are to be removed to their homes immediately. Only those required at the sub-stations as officials will be permitted to remain. In the case of the Bullhead sub-station those old Indians who are now living at the sub-station for the winter may be permitted to remain, but no able bodied Indians who have homes can remain at the sub-stations.⁴⁷

The quarantine apparently only affected the local Indians, at least initially. Immediately below the announcement of the strict quarantine was another announcement that informed readers of a Republican political rally scheduled at the Standing Rock Hotel for October 18.⁴⁸ The *Pioneer* did not produce additional information as to whether the event took place, although it is likely it did not due to the spread of the contagion. The paper provided further reporting on the local outbreak among the Native Americans. On October 17, the newspaper informed readers, "Only three deaths have resulted from Spanish influenza on the Standing Rock reservation," while "about 20 cases" were then receiving treatment from the hospital at Fort Yates. In the same article, readers learned that the flu had led the county board of health to issue an order forbidding public meetings, similar to those enforced in other towns and cities in North Dakota. However, there was a hopeful tone with this announcement, which included an expectation that "the epidemic will be under control in two weeks and in the meantime everyone is warned to stay home as much as possible."⁴⁹ On October 24, the Fort Yates paper could report "several" additional deaths among the Native American community who lived on the Standing Rock reservation.⁵⁰ The *Pioneer* also included information on an outbreak of "about 35 cases of influenza among the pupils" at the Flandreau Indian School in South Dakota, none of which it deemed of "a serious nature." Some

⁴⁷ "Takes Precaution to Stop Spread Epidemic," *Sioux County Pioneer*, October 10, 1918.

⁴⁸ "Republican Rally," *Sioux County Pioneer*, October 10, 1918.

⁴⁹ "Influenza Has Taken Three Indian Victims," *Sioux County Pioneer*, October 17, 1918.

⁵⁰ "Influenza Notes," *Sioux County Pioneer*, October 24, 1918.

of the residents of Standing Rock had children in the school at Flaudreau, and this article had the intent of putting these parents at ease.⁵¹ The same issue reported on “many influenza cases” in McIntosh, where “deaths are daily occurrences [*sic*].”⁵²

The hope that the epidemic in Fort Yates would end within two weeks was overly optimistic, as a headline from October 31 declared, “Influenza Is Causing Many Deaths.” In addition to discussing the “many deaths” that occurred in the previous week, the *Pioneer* admitted that “a number of other deaths are expected.” The Farm School on the reservation reported “some deaths,” and the Indian School at Porcupine became a temporary hospital to deal with the Spanish flu. As a result, Dr. Ferdinand Shoemaker, a physician with Indian Affairs, “advise[d] everyone to wear a mouth and nose mask in all public places.”⁵³

Dr. Shoemaker was a graduate of Georgetown University who had served with the Indian Service since 1899. Indeed, Shoemaker was one of the leading proponents of the attempt to foist public health standards supported throughout the United States on Native Americans. He spent eight years before the Spanish influenza pandemic traveling the West, including North Dakota, delivering lectures that attempted to use photographic images to distinguish Indians in traditional “camp” dwellings from those who adopted more Anglo/European-style frame houses. These lectures intended to show the health improvements, especially regarding tuberculosis, that the latter might make, and they fell within the broader milieu of attempts to make the Natives adopt white culture. His funding dried up during World War I, although he continued to work for Indian Affairs until 1925.⁵⁴

Throughout the mid-to-late 1910s, Shoemaker occasionally visited Standing Rock and Turtle Mountain to assess health conditions on the reservations, and he was familiar with the local situation. In July 1918, just prior to the outbreak of the flu, the Indian Office asked him to make a visit to the hospital on the Standing Rock reservation. According to reports the agency received from earlier investigators, the operation of the hospital “[had] not gained the confidence of the

⁵¹ “Local Happenings,” *Sioux County Pioneer*, October 31, 1918.

⁵² “Bits of Local Information,” *Sioux County Pioneer*, October 31, 1918.

⁵³ “Influenza Is Causing Many Deaths,” *Sioux County Pioneer*, October 31, 1918.

⁵⁴ Rebecca S. Wingo, “Picturing Indian Health: Dr. Ferdinand Shoemaker’s Traveling Photographs from the Crow Reservation,” *Montana: The Magazine of Western History* 66, no. 4 (Winter 2016): 24-45, 92-93.

Indians.”⁵⁵ Shoemaker’s report and its recommendations may have averted an even greater crisis during the influenza outbreak. In a letter to Cato Sells, the Commissioner of Indian Affairs, Shoemaker described the Standing Rock hospital as being “in a deplorable condition.” The staff failed to properly care for the Indians, and Shoemaker argued, “they are systematically neglected when in the hospital.”⁵⁶ He called for the removal of the hospital’s resident doctor and nurse. According to Shoemaker’s investigation, Dr. Louis M. Eichorn frequently used profanity and appeared more concerned with engaging in a sexual relationship with the reservation’s nurse, referred to only as Miss Ralston, than he was with treating patients.⁵⁷ A former housekeeper at the hospital, Alice Ervin, reported her experiences with Eichorn to the investigator. She recalled the propensity of Eichorn to carry a loaded revolver, which he pointed at her “whenever he felt like it.” Ervin continued her account of Eichorn’s bad behavior: “Chased me out once & fired twice. Did you know he was a dope fiend? I saw him inject it in his arm. He was always sleeping around & we tho’t [*sic*] he was, but now I am sure.”⁵⁸ Shoemaker took Ervin’s account into consideration and cited it when he recommended the removal of both Eichorn and Ralston.

In a letter to Commissioner Sells dated August 27, Shoemaker recommended turning over the operations of the hospital to the Catholic Sisters. He noted the relative difficulty of maintaining a good staff, especially given the lack of nurses due to World War I.⁵⁹ Apparently, the Office of Indian Affairs decided to go in a different direction. The agency appointed Shoemaker to take charge of the reservation hospital at Fort Yates temporarily. As the flu raged in October, Dr. Shoemaker prepared another report that praised “the untiring efforts of the temporary resident nurse, Miss Cunningham, and her corps of employees, who had worked to ensure that “the hospital has been thoroughly

⁵⁵ C. F. Hawke to Ferdinand Shoemaker, July 6, 1918, Ferdinand Shoemaker Papers (hereafter known as Shoemaker Papers), MS 068, McCracken Research Library, Buffalo Bill Center of the West, Cody, WY, Series 1, Box 25, Folder 5.

⁵⁶ Ferdinand Shoemaker to Cato Sells, July 26, 1918, Shoemaker Papers, Series 1, Box 25, Folder 9.

⁵⁷ Shoemaker to Sells, July 26, 1918

⁵⁸ Alice Ervin to Ferdinand Shoemaker, July 16, 1918, Shoemaker Papers, Series 1, Box 25, Folder 6.

⁵⁹ Ferdinand Shoemaker to Cato Sells, August 27, 1918, Shoemaker Papers, Series 1, Box 25, Folder 12.

cleaned up.” As of October 21, Shoemaker reported twenty patients ill in the hospital, fifteen of whom had the Spanish flu. He referred to the “fairly high mortality rate” in the local area, which included “several physicians,” one of whom was Dr. E. G. Senty, who served MacIntosh, South Dakota. Despite reporting on two deaths in the hospital from the flu, Shoemaker remarked that he saw “a marked improvement in the attitude of the people, generally, toward the hospital” after the removal of his predecessor.⁶⁰

By early November, a new doctor was active on the reservation. “Dr. Laughlin, formerly of the Phillipine [*sic*] Health Service,” took up his initial work at the Farm School on account of the sizeable number of cases still active there.⁶¹ By late November, the *Pioneer* could finally report that the flu was starting to fade into the background. Only four people remained hospitalized at the Standing Rock Hospital. The hospital treated forty-two people over a five-week period, which was quite a bit longer than the two-week epidemic expected when the flu reached the reservation. The paper gave much of the credit for improvement in conditions “to the untiring efforts of U. S. Medical Inspector, Dr. Shoemaker, who has been about early and late, and has gone out of his way to treat every case brought to his attention. He has treated the white population as well as the Indians, and has given preventive prophylactic vaccination to everyone free of charge who presented themselves at the hospital.” Despite the improving conditions, no fewer than eleven locals had died over the previous two weeks.⁶² As the flu began to slow its spread, the *Pioneer* announced that the Fort Yates School District, which closed in late October, could open on November 25.⁶³ By November 28, Dr. Shoemaker declared the pandemic “practically eradicated” as he could report no new cases among the Indians over the previous week.⁶⁴

The victory over the flu was short-lived, however. As Christmas approached, reports of the flu returned. “The influenza epidemic is again raging in many places in this section,” the *Sioux County Pioneer* expressed.⁶⁵ Whereas there were earlier attempts to stop its spread via

⁶⁰ Ferdinand Shoemaker to Cato Sells, October 21, 1918, Shoemaker Papers, Series 1, Box 25, Folder 14.

⁶¹ “Bits of Local Information,” *Sioux County Pioneer*, November 7, 1918.

⁶² “Influenza Epidemic Abating and Now Under Control,” *Sioux County Pioneer*, November 21, 1918.

⁶³ “Bits of Local Information,” *Sioux County Pioneer*, November 21, 1918.

⁶⁴ “Bits of Local Information,” *Sioux County Pioneer*, November 28, 1918.

⁶⁵ “Influenza Again,” *Sioux County Pioneer*, December 19, 1918.

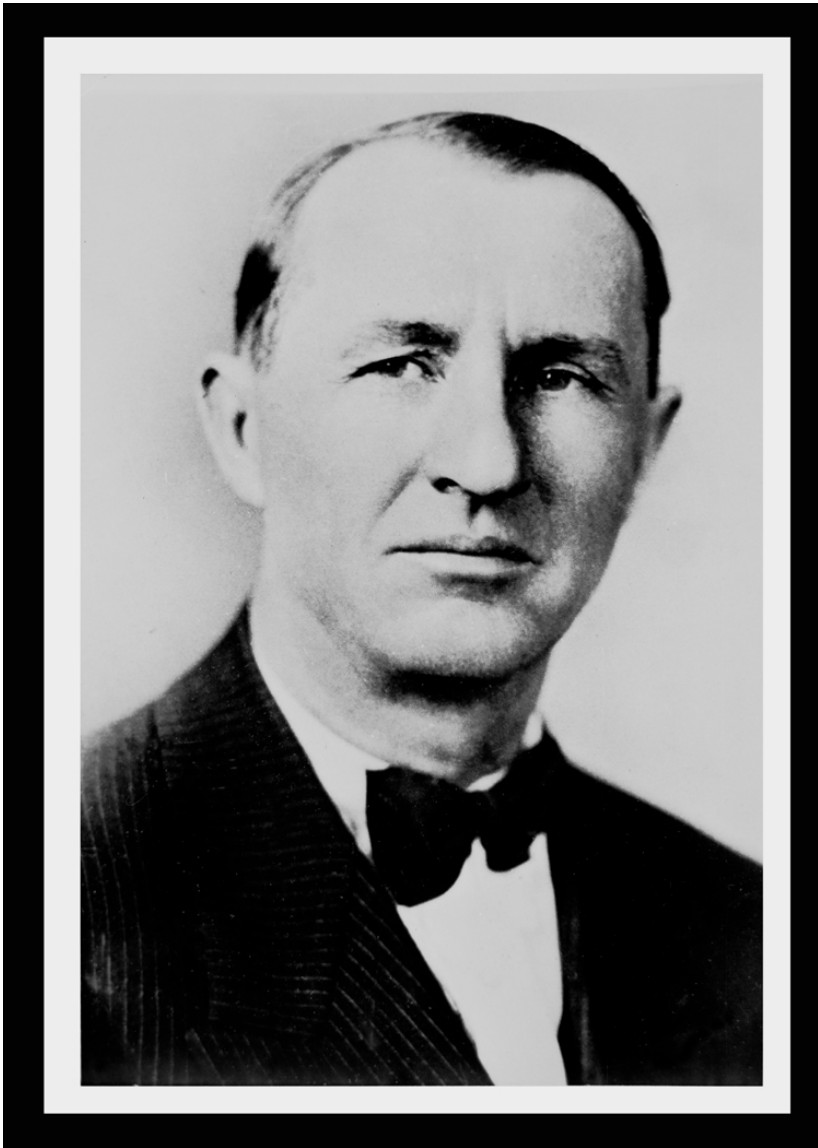
prohibitions against public meetings, including churches and schools, and recommending the wearing of masks in public, the paper now declared that these precautions were of no avail, citing “the opinion of some of the best medical men in the country.” Rather, this article viewed “vaccination with a certain serum which can now be had anywhere” as the best prophylactic option.⁶⁶ While the paper expressed concern on December 19, obituaries mentioning the flu in the weeks following are notably absent, and by January 9, 1919, the *Pioneer* noted, “O. P. Evans of Selfridge is reported sick with influenza. This is the only case in the county as far as known at this time.”⁶⁷

Members of minority communities made up a tiny percentage of the North Dakota population when the Spanish flu hit in 1918, and Native Americans were the only group to have a population of more than one thousand. While most Indians lived on reservations that were largely cut off from the larger white majority, they did not avoid the global pandemic. Paternalistic government officials tended to blame the Native Americans for their own plight, ascribing it to a lack of proper sanitation and poor housing on the reservations. While the tight living quarters likely contributed to the spread of the flu as it did in slums, army barracks, and frontline trenches, the Office of Indian Affairs exhibited a condescending attitude toward the Indians. This led to a stricter cordon sanitaire, at least around the Indian community in Standing Rock, an approach that bore a strong resemblance to the one taken against Chinese immigrant communities in Hawaii and San Francisco during plague outbreaks, as previously noted. This strategy was also in line with attitudes on race, sanitation, and disease that were prevalent during the Progressive Era.⁶⁸ Despite this paternalistic approach, the quarantine proved largely ineffective, and Native Americans in North Dakota died in larger numbers on a per capita basis when compared with the per capita death rate of the population of the state in general.

⁶⁶ “Influenza Again,” *Sioux County Pioneer*, December 19, 1918.

⁶⁷ “Bits of Local Information,” *Sioux County Pioneer*, January 9, 1919.

⁶⁸ An unusual example of the prevailing attitude toward those outside of the middle-class, white, Protestant norm involved the Fresh Air Fund and the Floating Hospital, which were created during the Gilded Age and used in hope of providing an environment for poor, immigrant, and African American children in New York that approximated the countryside, which many reformers viewed as more quintessentially American. These charities flourished during the Progressive Era, and reformers intended them as useful for Americanizing those outside the Anglo mainstream. See Marika Plater, “Tonic for Body or Soul: Fresh Air for Children in Progressive Era New York City,” *Journal of Urban History* 49, no. 4 (July 2023): 865–890.



Arthur C. Townley, founder of the Nonpartisan League, which won a landslide in 1918 despite the Spanish flu. ND State Historical Society, B-B Collection, 1915. https://statemuseum.nd.gov/photobook/details?I%20RecID=PH_I_90388

Chapter 5

Pandemic Politics

On March 11, 2020, Stephanie Grisham, press secretary to President Donald Trump, announced the cancellation of the president's upcoming campaign rallies in Colorado, Wisconsin, and Nevada.¹ This unusual announcement came less than a week after Trump announced that his campaign had no intention of canceling any rallies because of a rapidly intensifying public health concern.² On March 19, the Republican National Committee and the Trump campaign decided to pause in-person fundraising in an attempt to stem the spread of the novel coronavirus that causes COVID-19, a new disease among humans which began infecting Americans in early 2021.³ These announcements followed the cancellation of campaign events by the leading contenders for the Democratic nomination in 2020, former Vice President Joe Biden (the eventual winner of both the nomination and the presidential election) and Senator Bernie Sanders.⁴ Trump

¹ Matthew Choi, "Trump Cancels Nevada, Colorado, Wisconsin Campaign Events as Coronavirus Spreads," *Politico*, March 11, 2020, accessed July 9, 2022, <https://www.politico.com/news/2020/03/11/trump-cancel-campaign-events-coronavirus-126693> (<https://perma.cc/MSQ4-2FRE>).

² John Haltiwanger, "Trump Says He'll Keep Holding Rallies Amid Coronavirus, but He Has None Scheduled after Holding 6 in the Past Month," *Insider*, March 6, 2020, accessed July 9, 2020, <https://www.businessinsider.com/trump-says-coronavirus-wont-stop-his-rallies-but-none-scheduled-2020-3> (<https://perma.cc/DK8Y-2KQ8>).

³ Brian Schwartz, "Trump Campaign, RNC Suspend In-Person Fundraising Events as Coronavirus Spreads," *CNBC*, March 19, 2020, accessed July 9, 2022, <https://www.cnn.com/2020/03/19/coronavirus-trump-campaign-rnc-suspend-in-person-fundraising-as-disease-spreads.html> (<https://perma.cc/5M9M-BVNC>). The first lab confirmed coronavirus case in the United States was confirmed on January 20, 2020, from a sample taken on January 18 in Washington state. See, "CDC Museum COVID-19 Timeline," *CDC*, accessed July 9, 2022, <https://www.cdc.gov/museum/timeline/covid19.html#:~:text=January%2020%2C%202020,January%2018%20in%20Washington%20state> (<https://perma.cc/VG48-KHKQ>).

⁴ Sydney Ember, Annie Karni, and Maggie Haberman, "Sanders and Biden Cancel Events as Coronavirus Fears Upend Primary," *New York Times*, March 10, 2020.

decided to resume public rallies on June 19 in Tulsa, Oklahoma,⁵ while Biden opted intentionally to hold sparsely attended so-called “drive-in rallies” that enabled social distancing for key supporters.⁶

Not only did the coronavirus pandemic affect large-scale campaign events in 2020, but it also impacted the voting process. Ohio Governor Mike DeWine was one of the first public officials to limit public gatherings when he asked indoor sporting events to limit admittance to only athletes, parents, and essential personnel. DeWine’s request came shortly before the initial games of the NCAA men’s basketball tournament were scheduled to take place in Dayton.⁷ The NCAA canceled the entire tournament for 2020 in a shock to many sports fans and casual observers. One week after the governor’s decision to limit access to sporting events, he announced the postponement of Ohio’s presidential primary election, which was slated for Tuesday, March 17. DeWine cited concern for poll workers and voters in going against a court order that required the election be held as scheduled.⁸ Ohio was not the only state to adjust its normal electoral process. Several states decided to expand access to mail-in ballots considering the perceived risk that attended the COVID-19 pandemic.⁹

North Dakota was among those states that changed its voting procedures in 2020. In a March 26 executive order, Governor Doug Burgum “strongly encouraged” counties to “approve and authorize voting by mail ballot” and to set up “secure mail ballot drop box

⁵ Annie Karni, “Trump Will Return to Campaign Trail with Rally in Tulsa,” *New York Times*, June 10, 2020. Trump’s mass rallies were controversial, and there was some evidence that coronavirus case counts increased in their wake. See the working paper by Stanford economists B. Douglas Bernheim, Nina Buchmann, et al, “The Effects of Large Group Meetings on the Spread of COVID-19: The Case of Trump Rallies,” SSRN, October 30, 2020, <https://dx.doi.org/10.2139/ssrn.3722299>, which estimated Trump rallies led to 30,000 additional cases of COVID-19.

⁶ Dave Orrick, “Election 2020 Is So Weird. Here’s What the Biden’s Drive-in Rally Was Like,” *Pioneer Press (St. Paul, MN)*, October 30, 2020, accessed July 9, 2022, <https://www.twincities.com/2020/10/30/election-2020-is-so-weird-heres-what-bidens-drive-in-rally-was-like/> (<https://perma.cc/6WGD-J3B2>).

⁷ Justin Tasch, “March Madness 2020 Facing Fanless Games after Governor’s Coronavirus Warning,” *New York Post*, March 10, 2020.

⁸ Nick Corasaniti and Stephanie Saul, “Ohio’s Governor Postpones Primary as Health Emergency Is Declared over Virus,” *New York Times*, March 16, 2020.

⁹ Wendy R. Weiser, Eliza Sweren-Becker, et al, “Mail Voting: What Has Changed in 2020,” Brennan Center for Justice, accessed July 9, 2022, <https://www.brennancenter.org/our-work/research-reports/mail-voting-what-has-changed-2020> (<https://perma.cc/CBG5-NND7>).

locations” to allow increased access to voting during the pandemic. Burgum tied these changes at least partially to President Trump’s designation of COVID-19 as a national emergency.¹⁰ This order on mail-in voting was not the only change to normal life for North Dakotans. It followed a March 15 executive order that initially closed schools for a week and a subsequent order on March 22 that extended school closures in the state “until further notice” and directed counties to develop distance learning plans to continue with student learning in the absence of face-to-face instruction.¹¹

Campaigning in 1918

While the impact of the coronavirus pandemic is fresh on the minds of many Americans, it was not the only time in which efforts to slow the spread of a virus impacted American society. The 1918 election, while it did not take place in a year with a presidential election, dealt with the Spanish flu pandemic at the height of the campaign. North Dakota held a gubernatorial election every two years at the time, and incumbent Governor Lynn J. Frazier stood for re-election. Additionally, elections for many legislative and local seats took place in November of 1918. The pandemic’s arrival threatened to upend the campaign, and it did lead to limitations on public meetings, much as the COVID-19 pandemic would more than a century later. However, the turnout for the election was strong despite the threat of disease.¹² The fact that many social distancing requirements had already lapsed might have contributed to the strong turnout, but the campaign also pitted the upstart Nonpartisan League (NPL) against more mainstream Republicans and Democrats who opposed their efforts to rewrite the state’s constitution.

¹⁰ Governor Doug Burgum, Executive Order 2020-13, accessed January 5, 2024, <https://www.governor.nd.gov/sites/www/files/documents/executive-orders/Executive%20Order%202020-13%20Elections.pdf> (<https://perma.cc/US6C-UVEZ>).

¹¹ Governor Doug Burgum, Executive Order 2020-04, accessed January 5, 2024, <https://www.governor.nd.gov/sites/www/files/documents/Executive%20Order%202020-04%20COVID-19%20school%20closing.pdf> (<https://perma.cc/EQ8G-RZBV>); Governor Doug Burgum, Executive Order 2020-10, accessed January 5, 2024, <https://www.governor.nd.gov/sites/www/files/documents/executive-orders/Executive%20Order%202020-10.pdf> (<https://perma.cc/622E-M43P>).

¹² “Party Votes, General Election, November 5, 1918,” Office of the North Dakota Secretary of State, accessed November 5, 2020, <https://vip.sos.nd.gov/pdfs/Abstracts%20by%20Year/1910%20through%201919%20Statewide%20Election%20Results/1918/General%20Election%2011-05-1918.pdf> (<https://perma.cc/726G-JSXL>).

Campaigning for the 1918 election had already begun when the Spanish flu hit North Dakota. A little more than a week before public meeting closing orders began coming down from state and local health officers, the Democratic Party's candidate for governor, Stephen J. Doyle, was on the road stumping in Watford City. His concern was not the flu, nor was it the war; rather, it was socialism. He noted a statement from the chairman of the Nonpartisan League that the primary issue on the ballot in the campaign was "between autocracy and democracy." Doyle disagreed. He argued that the bigger issue was whether North Dakota would embrace socialism or repudiate it. He claimed that House Bill 44 that created a new state constitution and the amendments the NPL wanted to pass were socialistic threats to the state.¹³

The Nonpartisan League was a recent phenomenon in North Dakota politics, originating in 1915 with Arthur C. Townley, a former Socialist candidate for the North Dakota legislature. Townley seized upon the failure of the legislature to build a state-owned grain elevator and mill after citizens of North Dakota voted three-to-one on a referendum to support the measure. This followed a previous referendum that amended the state's constitution to allow the government to engage in such a practice in the first place. When legislators failed to finance construction, Townley began crisscrossing the state and encouraging farmers to vote for any candidate, regardless of party affiliation, who would support building a state-owned grain elevator immediately. When attempting to find candidates who supported the League's plans, farmers and those who supported them were targets, and the NPL decided to make use of the relatively new concept of primary elections. In districts that leaned Democratic, the NPL endorsed Democrats; in those that tended to support Republicans, the League promised to back Republicans who agreed with their aims. The League enrolled many farmers as members and candidates (Governor Frazier was himself a farmer and a teacher), and for a \$6 enrollment fee, members received a subscription to the NPL's official publication, the *Nonpartisan Leader*. The League first endorsed candidates in 1916, and its gubernatorial candidate, Lynn J. Frazier, won the office in a landslide. League-endorsed candidates also took over the North Dakota House of Representatives. Because only one-half of the state's Senate

¹³ "Doyle Speaks to Crowded House, *Watford Guide*, October 3, 1918, microfilm roll 10810, North Dakota State Archive, Bismarck, ND.

seats were open in 1916, the NPL needed a strong showing in 1918 to achieve its ultimate aims, but the Spanish flu arrived just as the general election campaign began heating up.¹⁴

Despite the early October orders banning public meetings in major cities like Bismarck, Fargo, and Grand Forks, a few public activities continued to take place. In the rural Burleigh County communities of Arena and Wing, Doyle held rallies on October 12 to gather support for the upcoming election. A large crowd at Regan had to be content with shaking the candidate's hand as a scheduled meeting was canceled because of the epidemic (an activity not without risk). The flu also led to the cancellation of a rally in Bismarck that was scheduled for the same day.¹⁵ John Miller Baer, the congressman who then represented (or "misrepresented," according to the *Devils Lake World and Inter-Ocean*) North Dakota's First Congressional District, ignored the ban on public gatherings and gave a political speech in Devils Lake on October 15. The local paper complained that the NPL-endorsed politician delivered "nothing but an abusive tirade against those who are opposed to saddling a Socialist constitution on the people of North Dakota."¹⁶ Baer planned to travel around the state to make similar speeches during the health crisis. Whether the Devils Lake paper was more concerned with Baer holding public meetings or his politics was not entirely clear.

Complaints about the threat of socialism appeared in other papers. The October 26, 1918, edition of the *Fargo Forum and Daily Republican* featured a full-page ad that questioned "Is Socialism the Issue?"¹⁷ This advertisement claimed that the socialist NPL was opposed to both Christianity and patriotism and that the new NPL wing of the Republican Party included eight thousand plants who were previously registered as and voted for Socialists. It also encouraged those opposed to socialism to "get busy" by encouraging "men everywhere to go to the polls on election day and vote against Socialism all along the line—against the amendments, for Doyle and for anti-Socialist candidates

¹⁴ Terry L. Shoptaugh, *Sons of the Wild Jackass: The Nonpartisan League in North Dakota* (Fargo: North Dakota State University Press, 2019), 46–74. One in six League candidates was a registered Democrat, and two candidates were Socialists.

¹⁵ "Doyle Given Big Reception in Burleigh," *Bismarck Tribune*, October 12, 1918.

¹⁶ "Baer Violates Health Orders," *Devils Lake World and Inter-Ocean*, October 16, 1918.

¹⁷ "Is Socialism the Issue?" *Fargo Forum and Daily Republican*, October 26, 1918.

for legislature.”¹⁸ The fact that Doyle and other “anti-Socialist candidates” were Democrats was not an emphasis, nor was any concern over the possible spread of influenza as voters politicked for them.

Political rallies were also a source of contention in Grand Forks County. When Democratic candidate Doyle planned to have discussions with his political friends in several rural towns in Grand Forks County on October 19, local health officials opposed the meetings. C. J. McGurran, secretary of the state’s Board of Health, argued that the orders against public meetings did not include political rallies held outdoors. Dr. Henry O’Keefe, a health officer in Grand Forks, promised to shut down any meeting held within the city, and his colleague at the county level, Dr. J. E. Hetherington, failed to see the merits of McGurran’s argument, noting his belief that political meetings were not exempt from the ban on public gatherings.¹⁹ While Doyle only met with a few friends in Grand Forks, he spoke to an outdoor crowd of “about 200 farmers from the surrounding country” at Northwood and another group of 150 at Larimore.²⁰

While political meetings continued in some parts of the state, officials decided to cancel them in others. In mid-October, the Republican County Committee in Bottineau County announced that planned speeches from Walter Thomas Mills, “a very able orator,” were canceled on account of the pandemic, although according to the *Bottineau Courant*, the committee held out hope that Mills might return “if the danger of the Influenza is passed.”²¹ Mills was apparently not as popular with some constituencies in the state as the *Bottineau Courant* had made him out to be. A socialist organizer, he had previously spoken at Bismarck just as the flu led to the ban on public meetings, and shortly thereafter, the *Bismarck Tribune* reported on his indictment for breaking the Espionage Act during the primary season after giving a speech at Fargo in which he claimed that each thousand dead American soldiers in the war created a new millionaire. Governor Frazier had asked local authorities throughout the state to protect Mills against protests “by local patriotic bodies.”²² Opposition

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“Is Socialism the Issue?” *Fargo Forum and Daily Republican*, October 26, 1918.

¹⁹ “S.J. Doyle to Be in County on Saturday,” *Grand Forks Herald*, October 18, 1918.

²⁰ “Doyle Will Be in City at 6 O’clock,” *Grand Forks Herald*, October 19, 1918.

²¹ “Meetings Are Postponed,” *Bottineau Courant*, October 17, 1918.

²² “Indict Tutor of Mrs. O’Hare for Sedition,” *Bismarck Tribune*, October 10, 1918; Robinson, *History of North Dakota*, 363-364. See also Christopher Capozzola, *Uncle*

to his activities in the state likely arose, at least partially, from his history as the leader of a socialist school in Girard, Kansas, and Doyle warned a crowd at Carrington on September 17 that Mills had spoken at “the Agricultural college and other state institutions.”²³ After considering the message espoused by Mills, Doyle “thought of how little the fathers and mothers of this state realize the kind of doctrine that is being impressed upon the minds of their sons and daughters under the direction of this socialist administration and under the guise of education.”²⁴ Perhaps the Spanish flu was not the only obstacle in the way of speakers like Mills in the fall campaign.

There were other cancellations in North Dakota. The executive committee of the Republican Party in Stutsman County met in late October and unanimously decided to refrain from attempting any political meetings. The party noted its compliance with state and county health officials, but it also admitted that were it to hold any public meetings, “attendance would be very small and the danger of spreading the disease great.”²⁵

The flu hampered electioneering in other parts of the state, as well. In Ramsey County, a Republican candidate for county commissioner, Pete Martinson, complained that the widespread nature of the disease made him “unable to make as active a canvass as he otherwise would.”²⁶ S. W. Johnson made a similar complaint as he ran for a seat in the North Dakota House. He hailed from Steele County after having moved from Illinois about twelve years prior, and he had twice won unopposed races for the county commission. Johnson took out an advertisement in the *Hope Pioneer* in late October asking for the support of his constituents in his electoral effort. He was a Republican running as an NPL candidate, and his ad indicated that a “lack of manpower and the influenza” kept him from seeing as many of his

Sam Wants You: World War I and the Making of the Modern American Citizen (New York: Oxford University Press, 2008), 160-161. A sympathetic sheriff in Fargo deputized NPL supporters when an angry mob threatened Mills with violence at a speech.

²³ “Must Defeat Socialism Says S. J. Doyle,” *Devils Lake World and Inter-Ocean*, September 25, 1918.

²⁴ “Must Defeat Socialism Says S. J. Doyle,” *Devils Lake World and Inter-Ocean*, September 25, 1918.

²⁵ “Political Rallies in Disfavor Owing to Epidemic of Flu,” *Jamestown Weekly Alert*, October 24, 1918.

²⁶ “Crory,” *Devils Lake World and Inter-Ocean*, November 6, 1918.

potential voters as he would have liked.²⁷ R. D. Anderson, the candidate for County Judge in Steele County also noted the impact of the flu on his inability “to see as many of the voters as [he] wanted to.”²⁸

The *Ward County Independent* announced the cancellation of meetings intended to drum up support for the NPL in mid-October. The meetings, scheduled for October 15 and 17, were canceled due to the public health orders passed down from the state’s health board. Because of the “nation-wide measure” against “all public gatherings thruout [*sic*] the country,” the city’s health officer refused to allow the meetings to take place.²⁹

By October 22, Nonpartisan League-aligned candidates called off political meetings until October 28. The inability of Governor Lynn J. Frazier to draw large crowds might have contributed to this decision according to the *Fargo Forum and Daily Republican*, although it is worth noting that the *Forum* staunchly opposed the NPL, and this opposition might have colored the newspaper’s analysis.³⁰ As Election Day approached, there were calls for disinfecting voting booths to alleviate fear on the part of voters regarding the influenza pandemic.³¹ In contrast to the NPL’s decision to suspend campaign rallies, Doyle continued to meet with audiences. On October 24, the Democratic candidate for governor traveled throughout McLean County. After stops at Underwood and Garrison, he arrived in Washburn a bit late and spoke to a small crowd. The *Washburn Leader* recounted the event and blamed his late arrival at the town hall and the fall harvest for the sparse attendance. There was no mention of concern regarding the

²⁷ “S. W. Johnson Candidate for Representative from the 16th Dist.” *Hope Pioneer*, October 24, 1918.

²⁸ “To All Voters,” *Hope Pioneer*, October 31, 1918.

²⁹ “Nonpartisan Meetings Cancelled,” *Ward County Independent*, October 10, 1918.

³⁰ “Storm of Protest Against Defiance of Flu Order in Minnesota Brings a Change,” *Fargo Forum and Daily Republican*, October 22, 1918. In 1916, the *Forum* did not make a point of making commitment either way regarding the NPL, but in 1917, Norman Black bought the paper and took a stance decidedly against the Nonpartisans. See Shopbaugh, *Sons of the Wild Jackass*, 88-89. Frazier’s landslide win makes the *Forum*’s argument that he could not draw large crowds seem less plausible, although concerns over a deadly and contagious disease might have hurt the size of crowds.

³¹ “Do Not Forget to Vote,” *Bottineau Courant*, October 31, 1918, quoting the *Devils Lake Journal*.

Spanish flu, and the local paper indicated general support for Doyle's message, putting forth the claim that he would be a "business governor" in contrast with the NPL and its polarizing leader, A. C. Townley.³²

Election Day in North Dakota

On Election Day, widespread illness led to a decline in turnout in some localities, including an estimated forty percent decline in the number of citizens casting ballots in rural Brander Township in Bottineau County,³³ although when it came time to vote, Grand Forks expected a large turnout despite the impact of the flu.³⁴ The county saw more than four thousand residents cast a ballot for governor, and Doyle lost the statewide 1918 election to Frazier by nearly 18,000 votes.³⁵ Much like Grand Forks, Minot saw "a heavy vote polled despite poor weather and "the prevalence of the 'flu.'"³⁶

The edition of the *Bismarck Tribune* published on the day of the midterm election estimated that there might be one hundred thousand ballots cast in North Dakota. This included about five thousand absentee ballots from soldiers serving abroad who had just received the right to vote via a special session of the state legislature. The *Tribune* figured that most of the ballots from soldiers would come from the cities, but the paper expected only one-fifth of the soldiers to vote. This left more eligible young voters in the rural areas, which Bismarck's media outlet expected to skew toward the NPL. However, there was a wild card at play, as "the flu epidemic is now at its worst in the country districts, a fact which may cut down the majorities [of the NPL] there

³² "Democrats Will Be On the Fall Ballot," *Washburn Leader*, September 27, 1918.

³³ "Local and Personal Mention," *Bottineau Courant*, November 7, 1918.

³⁴ "Election Day Arouses Much Interest Here," *Grand Forks Herald*, November 4, 1918.

³⁵ "Party Votes, General Election, November 5, 1918," Office of the North Dakota Secretary of State, accessed November 5, 2020, <https://vip.sos.nd.gov/pdfs/Abstracts%20by%20Year/1910%20through%201919%20Statewide%20Election%20Results/1918/General%20Election%2011-05-1918.pdf> (<https://perma.cc/9AKH-WT36>).

³⁶ "Amendments to the Constitution Carry," *Ward County Independent*, November 7, 1918.

to some extent.”³⁷ The *Tribune* estimated that Frazier might win by six thousand votes, an erroneous prediction considering the incumbent won by three times that amount.³⁸

Overall, the 1918 general election in North Dakota did not see a significant decrease in turnout because of the pandemic. Instead, the number of voters slightly increased over the previous midterm election.³⁹ And those voters who turned out backed the progressive Nonpartisan League, whose policy goals included a new state constitution and the state-owned flour mill and elevator. In addition to Lynn J. Frazier’s gubernatorial win, the entire NPL slate won on the state level apart from the superintendent of public instruction, an unaffiliated post. The Nonpartisan League won control of the state Senate from the faction of the Republican Party not aligned with the NPL. The Spanish flu might have impacted the number of political rallies held and the number of attendees who heard stump speeches, but North Dakotans came out on Election Day in large numbers to make their voices heard through their ballots. This should not be surprising because many of the initial restrictions on public meetings associated with the second wave of the flu ended around the date of the election.⁴⁰

³⁷ “100,000 Ballots To Be Cast In Today’s Battle,” *Bismarck Tribune*, November 5, 1918.

³⁸ “100,000 Ballots To Be Cast In Today’s Battle,” *Bismarck Tribune*, November 5, 1918.

³⁹ Party Votes, General Election, November 3, 1914,” Office of the North Dakota Secretary of State, accessed July 3, 2021, <https://vip.sos.nd.gov/pdfs/Abstracts%20by%20Year/1910%20through%201919%20Statewide%20Election%20Results/1914/General%20Election%2011-03-1914.pdf> (<https://perma.cc/8SMU-FND3>).

⁴⁰ Robinson, *History of North Dakota*, 327–339. A couple of more recent books on the Nonpartisan League include Michael J. Lansing, *Insurgent Democracy: The Nonpartisan League in North American Politics* (Chicago: University of Chicago Press, 2015) and Shoptaugh’s *Sons of the Wild Jackass*. The gubernatorial election was on the ballot every two years at this point in North Dakota’s history. The previous midterm election in 1914 saw Republican Louis B. Hanna win with a plurality of 44,278 of the 89,306 votes cast in a four-way race. See North Dakota Secretary of State, “Party Votes, General Election, November 3, 1914,” accessed May 17, 2021, <https://vip.sos.nd.gov/pdfs/Abstracts%20by%20Year/1910%20through%201919%20Statewide%20Election%20Results/1914/Primary%20Election%2006-24-1914.pdf> (<https://perma.cc/TWP5-D8JQ>). In 1918, 91,250 North Dakotans cast a ballot for governor. Lynn J. Frazier took nearly 60 percent of the vote on the Republican/NPL ticket. The NPL had previously won a resounding victory in its inaugural electoral contest in 1916. NPL-aligned candidates won most statewide offices and missed taking the Senate because only half the seats were up for election that year.

Also, the fact that the NPL won in a landslide after suspending public rallies is interesting and provides another example of the widespread popular support the movement held in North Dakota at this time.

Compared to nationwide turnout statistics, North Dakota's slightly higher vote count over the previous midterm election was a bit of an anomaly. More than half of eligible voters nationwide turned out in 1914. That number dropped to 39.9 percent in 1918.⁴¹ It is possible that the constitutional amendments on the ballot and the efforts of the NPL to change the state in ways that attracted the support of farmers contributed to the sustained turnout in North Dakota.

Slow Returns and Controversy

While it appears that the flu pandemic failed to limit the number of North Dakota men who cast ballots in 1918, it might have impacted the speed with which elections officials were able to tabulate the ballots cast. The *Grand Forks Herald* reported on Wednesday, November 6 (the day after the election) that "newspapers and election officials all over the state agreed today that never before in the history of North Dakota have election returns become known as slowly as they were last night and today."⁴² The *Herald* indicated that the exact reason for slow returns was not entirely known, although it mentioned the presence of the constitutional amendments favored by the NPL and "illness throughout the state" as possible contributors to the delayed results.⁴³ Despite the continued ban on public gatherings in Grand Forks, residents congregated to hear results blasted through a megaphone. The *Herald* reported:

The usual election night crowd was in the streets and gathering in front of The Herald building where bulletins and megaphone announcements were made use of to keep citizens as well informed as it was possible to do, but as the hours passed, and only meager returns came, the crowd gradually dwindled down and soon after midnight the streets were practically deserted.⁴⁴

⁴¹ US Elections Project, "National Turnout Rates, 1789-Present," accessed February 14, 2023, <https://www.electproject.org/national-1789-present> (<https://perma.cc/U45Z-AJQG>).

⁴² "Returns are Coming Slow," *Grand Forks Herald*, November 6, 1918.

⁴³ "Returns are Coming Slow," *Grand Forks Herald*, November 6, 1918.

⁴⁴ "Returns are Coming Slow," *Grand Forks Herald*, November 6, 1918.

The large crowd congregated despite the ban on public meetings in Grand Forks that continued well past Election Day in November 1918.

Grand Forks was not the only locality to see delays in the reporting of election results. The town of Hope in Steele County received election returns via the telephone company, and “a fair sized [*sic*] crowd was on hand” at the city hall to learn of the results that “were not quite as full and accurate as usual.”⁴⁵ The reason given for the limited results in Hope was the influenza epidemic then active in the community, and later in the same roundup of local events, the *Hope Pioneer* indicated that “several new cases [had] appeared since Sunday” in the area, a fact that likely prevented some voters from reaching the polls on Election Day.⁴⁶ The *Fargo Forum and Daily Republican* reported that elections were slow, in part “because of the complicated ballot” that included several amendments and partially because of the flu.⁴⁷

The actual process of voting in 1918 was not without controversy, and this disputation arose, at least partially, because of the Spanish flu. Two NPL candidates in Stark County, Anthony Reilly and Valentine Kune, complained because of irregular voting in the town of Belfield. Six residents of Belfield were too sick with the flu to make it to the polls on Election Day. They requested “the judges of election” come to their homes to allow them to submit their ballots. The judges acquiesced and then took the ballots and deposited them in the ballot box. Reilly and Kuhn claimed that these “gross and flagrant election irregularities” were reason to throw out the vote of the Belfield community.⁴⁸ Their opponents, and the winners of the vote in November, T. F. Murtha and F. L. Roquette, argued that the same situation occurred in Hungary precinct, where all but two of eighteen votes submitted by people in their own homes went to the NPL candidates. Therefore, the irregularities canceled each other.⁴⁹ The NPL argued that the chairs of the central committees of the Democratic and Republican Parties in Stark County colluded to secure the election of Kuhn and Reilly at the expense of the League’s candidates.⁵⁰

⁴⁵ “Locals As We Heard Them,” *Hope Pioneer*, November 7, 1918.

⁴⁶ “Locals As We Heard Them,” *Hope Pioneer*, November 7, 1918.

⁴⁷ “Nonpartisan Ticket Head Stronger Than in Ballot at Primary,” *Fargo Forum and Daily Republican*, November 6, 1918.

⁴⁸ “Flu Furnished League Grounds for Contesting,” *Bismarck Tribune*, January 6, 1919.

⁴⁹ “Stark County Contest Two-Edged Knife,” *Bismarck Tribune*, January 6, 1919.

⁵⁰ “Collusion is Big Charge in Stark Contest,” *Bismarck Tribune*, January 20, 1919.

In the final analysis, the legislature seated Murtha and Roquette after throwing out the entire vote of both Belfield and Hungary precincts. The House Elections Committee also threw out all votes from Rader precinct, Lehigh precinct, and Fertile Valley precinct. In Rader, the counting of votes took place at the home of the judge of the election, W. K. Mozley. In Leigh, Roquette's brother served on the elections board. Finally, the officials counted votes in Fertile Valley behind closed doors.⁵¹ The full House unanimously accepted the report from the Elections Committee, finding that "irregularities were held in violation of the election laws."⁵²

Overall, it appears that the Spanish flu did little to hamper turnout in the 1918 midterm election in North Dakota, nor did it stop the NPL from implementing its agenda. However, the pandemic still affected the general election. The flu cut back on the normal retail politicking in which candidates normally engage. In-person rallies were less frequent, and the Nonpartisan League went so far as to stop all political meetings at the height of the flu's spread through North Dakota, a step that foreshadowed those taken by both major parties for a time in the 2020 COVID-19 pandemic. When the date for the election came in November 1918, the presence of NPL candidates on the ticket, along with the popularity of the organization's platform, led to a strong turnout, much as the polarizing presence of Donald Trump led to a record-breaking turnout nationally in 2020.⁵³ However, there was still controversy as a few North Dakotans attempted to skirt the rules of the election to allow their partisans to vote from home. The election of 1918 was not the last to take place during a global pandemic, and some of the events surrounding it bore at least some similarities to the election of 2020.

⁵¹ "Roquette and Murtha Seated by Bigger Vote," *Bismarck Tribune*, January 24, 1919.

⁵² "Stark County Violations in Election Many," *Bismarck Tribune*, January 27, 1919.

⁵³ Presidential elections in the late nineteenth century frequently saw turnouts that neared or exceeded 80 percent. With a two-thirds of eligible voters casting a ballot in the 2020 election, the turnout was possibly the highest since 1900. See US Elections Project, "National Turnout Rates, 1789-present."

CONFERENCE FOR METHODISTS TO BE POSTPONED

**Government Mandate Pro-
hibits all Public
Meetings.**

The annual meeting of the North Dakota conference of the Methodist Episcopal church which was scheduled to be held in Grand Forks from October 10 to 14, has been postponed on account of the government mandate issued today, regarding the closing of all public meeting places.

The North Dakota Methodist Conference canceled its meeting in Grand Forks because of the Spanish Flu. *Grand Forks Herald*, October 8, 1918.

Chapter 6

Religious Reflection (or Lack Thereof)

On December 27, 1918, weeks after most pandemic restrictions tied to the Spanish flu ended, the German Congregational Church of Hebron, North Dakota, assembled for its annual meeting. After opening the meeting with a hymn and a prayer, the chair of the meeting, Jacob Imhoff, began the proceedings. The fact that the church's pastor was not the chair was an anomaly. In previous years, Pastor N. Hass chaired the 1916 meeting, while Rev. Louis Ebertz presided over the 1917 meeting. Ebertz took charge of the pastorate on October 7, 1917. A parenthetical statement in the translation of the church's official minutes from the original German notes that Ebertz had died in the fall of 1918, precipitating the need for a layman to lead the annual meeting that year. Ebertz's remains occupied a plot donated by the church in its cemetery.¹

The book that included the church's minutes holds no additional information regarding Ebertz, his ministry, or the occasion of his untimely demise. However, denominational publications included the reason Ebertz died in the fall of 1918. Like many North Dakotans and millions around the globe, the Congregational minister who served as a general missionary among German Congregational churches in the Dakotas died of the Spanish flu.² Rev. E. H. Stickney, Superintendent of the Congregational Conference of North Dakota, provided a report to the conference's annual meeting in 1919. Stickney pointed to the decade of "most efficient service" Ebertz contributed to the Congregationalists along with his death on October 16 the previous year.³

¹ MSS 10924, Northern Plains Conference of the United Church of Christ Record, 1872-2010, North Dakota State Archives, Bismarck, ND, Box 14, Folder 20.

² "Deaths," *The Congregationalist and Advance* 103, no. 51 (December 19, 1918): 719.

³ *Congregational Conference of North Dakota, 1919: Minutes of the Congregational Conference of North Dakota, Held in Wahpeton, North Dakota*, September 29, 30, and October 1, (Press Printers, Dickinson, 1919), MSS 10924, Northern Plains Conference of the United Church of Christ Records, North Dakota State Archive, Bismarck, ND, 1872-2010, Box 3, Folder 1.

Ebertz was not the only member of the clergy to succumb to the Spanish flu pandemic. One might expect that a pestilence that exacted such an impact on the general population might have made a major impression on the religious bodies that served the population of North Dakota. However, remembrances of the Spanish flu are relatively scarce in the official records of local parishes and congregations that existed in early twentieth-century North Dakota. Denominational bodies were inclined to analyze the impact of the contagion, but their surveys of the flu in hindsight were just as likely to include recollections of how the outbreak held up denominational plans as they were to assess the damage to individuals and families within their congregations that resulted from the pandemic. Authorities included religious meetings in the public gathering bans discussed in Chapter 2. These bans lasted for several weeks, primarily in the fall of 1918, and the inability to meet limited the service that churches as communities of faith were able to provide during the pandemic.

Local Congregational Records

A survey of available church records in major denominations active in North Dakota at the time of the Spanish flu provides an occasional remembrance of a minister who provided service during the flu outbreak. However, these are relatively rare in the dozens of congregational histories that are extant in the state's historical archives. Most local historical records include information regarding the founding generation of the individual churches that organized in the 1880s or 1890s, usually when a minister visited for the purpose of starting a new church among pioneering locals. The charter members frequently appear in these records, as do the ministers who served the respective churches. Major events in the churches' histories usually involve decisions to build a new church building, renovations to those buildings, or fires that destroyed them (which were, apparently, quite common at the time). Occasionally, a mention of the Spanish flu or the Great War appears in the historical record, but these occurrences are relatively rare.⁴

⁴ The collections investigated involved local congregations and denominational bodies in the North Dakota Baptist State Convention, the North Dakota Conference of Churches, the United Presbyterian Church in the USA, Synod of North Dakota, the North Dakota Conference of the United Methodist Church, and the Northern Plains Conference of the United Church of Christ.

One minister who arrived at his post during the Spanish flu was Rev. A. G. Anderson, who accepted a call to the Swedish Baptist Church in Rutland. A history of the church acknowledged the pastor, referred to as “Brother Anderson,” and his service in 1919 and 1920. The church was unable to have services because of the epidemic, “but Brother Anderson spent his time visiting both the sick and the well as much as he could.” After the meeting ban ended, the church reported strong attendance and “good spiritual meetings.” Anderson’s work merited a lengthier mention than many who served the Rutland Swedish Baptist Church, apparently because he chose to visit people during the contagion.⁵

The flu might have contributed to an absence of evidence in another Baptist church. The records of the First Baptist Church of Grand Forks that are now housed at the University of North Dakota’s Chester Fritz Library include the minutes of business and committee meetings held at the church throughout its history. The church held quarterly business meetings, as well as more frequent impromptu business meetings for accepting new members, and the minutes are generally in-depth. However, there is a lengthy gap that stretches from July 10, 1918, until the church’s next business meeting the following March, after which the frequency of the meetings returned to its previous pattern. The church gave its pastor, Harvey J. Moore, leave to become a chaplain during the Great War at its annual meeting on April 10, 1918. Additionally, the church clerk resigned on August 1, 1918. These events, along with the public meeting bans due to the flu likely contributed to the gap in the official record of First Baptist in Grand Forks.⁶

The death of one minister contributed to a short remembrance in the history of the Casselton Circuit of the Chaffee Mission, a member congregation in the body that became the Evangelical United Brethren, which was a denomination that became a constituent part of the United Methodists in 1968. In a chronological listing of the pastors of the church, the service of Rev. H. H. Snyder between 1917 and 1919 appears, followed by a parenthetical statement that recollected

⁵ “History of the Swedish Baptist Church of Rutland, North Dakota,” MSS 10468, North Dakota Baptist State Convention Records, 1865-1982, North Dakota State Archives, Bismarck, ND, hereafter ND Baptist Records, Box 3, Folder 20.

⁶ First Baptist Church Minutes, OGLMC 152, First Baptist Church of Grand Forks Records, 1881-1938, Elwyn B. Robinson Department of Special Collections, Chester Fritz Library, Grand Forks, ND, Box 1, Folder 3. The relevant information appears on pages 84 and 89-90 of the minute book.

his death “in the midst of his labors during the deadly ‘Flu epidemic.’”⁷ The death of the pastor was the only reason the Spanish flu appeared in the church record.

A few ministers received recognition for the assistance they provided for their parishioners. One was “Reverend Morange,” who served as the pastor of the Dazey Methodist Church in Barnes County. A small program for the rededication of the church building in 1956 noted how the church “especially remembered” Morange “for the comfort and wonderful assistance he gave during the influenza epidemic of 1918.”⁸ What specifically that comfort and wonderful assistance entailed is not entirely clear. However, the fact that it received notice nearly forty years later indicates that the minister made a strong impression on his congregation during the local outbreak.

A similar occasion on the part of the Jehovah Evangelical United Brethren Church in McCluskey gave rise to the remembrance of another minister who provided service during the flu in 1918. A program for the fiftieth anniversary of the church’s dedication in October 1963 noted the efforts of Rev. R. R. Bloedau, who was appointed to the church in 1918, “during that same year that the dreaded and terrifying influenza broke out.” Bloedau had gone through some medical training before becoming a minister and went to work with the local doctor to care for the ill. The recollection of his work noted the “people living in this community [in 1963] who testify that Rev. Bloedau saved their lives by his tireless efforts and by the fact that he was on call day and night.” The short note on his ministry concluded with a more common observation—the church purchased a parsonage during his time in McCluskey.⁹

Bertha K. Wilson, the daughter of Rev. J. C. Wilson, who served the Hannaford Presbyterian Church, wrote a recollection of the flu pandemic for a church history book published in 1955. She noted that hundreds of people in the local community were ill. “In some cases practically everyone in the family could be down at once with no one to do chores or care for the ill,” Bertha Wilson wrote. She also

⁷ MS10333, North Dakota Conference of United Methodist Church Records, 1825–1999, North Dakota State Archive, Bismarck, ND, hereafter, ND United Methodist Records, Box 29, Folder 11. Only one quotation mark appeared in the original.

⁸ “Rededication of Dazey Methodist Church, 1956,” ND United Methodist Records, Box 29, Folder 19.

⁹ “50th Anniversary of Church Dedication, Oct. 27, 1963, Jehovah Evangelical United Brethren, McCluskey, ND,” ND United Methodist Records, Box 30, Folder 12.

remembered her mother and father “help[ing] with this emergency, giving nursing care, caring for neglected stock, or finding help for the care of the children.” Her remembrance of her parents’ work was not the only time a discussion of the flu appeared in the history of the church. Earlier in its pages, a brief historical sketch of the Hannaford church noted Rev. Wilson’s pastorate during “World War I and the influenza epidemic” that led to the cancellation of five straight Sunday services.¹⁰ His work in the community provided a solid memory in the mind of his daughter, and the flu appears to have made an impression on the local congregation because of its inclusion in the church’s history book.

Theological Analysis of the Flu

When looking at the responses of the religious bodies that were active in North Dakota during the Spanish flu, the fact that there was little deep theological reflection among the churches and denominations in the state is interesting. Questions regarding what God might have been trying to tell society are curiously absent in the available records regarding North Dakota. This seems strange considering the senseless deaths simultaneously occurring in the trenches of World War I. It also differs from the religious reflection evident in some other locales. The president of South Africa, General Louis Botha viewed the Spanish flu as a punishment from God. He argued that it resulted from “the lack of unity between English and Afrikaners.”¹¹ He claimed, “This visitation will prove to be one of the means sent by God in order to sober us by punishment; to clear out misunderstanding, so that everything may lead along the road of greater affection, tolerance, co-operation, and a truly united existence in matters spiritual as well as political.”¹² Of course, this reflection did not include any consideration of ending the colonial venture to bring that greater unity about.

In another example of reflection on religious matters, Laura Spinney pointed to the actions of Bishop Álvaro y Ballano, who called for a novena (nine consecutive days of evening prayers) “in honor of St Rocco, the patron saint of plague and pestilence” in Zamora, Spain, despite calls from local officials to prohibit public gatherings.¹³ Ballano

¹⁰ MS 10128, United Presbyterian Church in the USA, Synod of North Dakota Records, North Dakota State Archive, Bismarck, ND, Box 14, Folder 41.

¹¹ Arnold, *Pandemic 1918*, 202.

¹² Arnold, *Pandemic 1918*, 202.

¹³ Spinney, *Pale Rider*, 82-83.

believed that the sins of the city's inhabitants had led the hammer of God's justice to fall on them. At one mass, congregants lined up to adore the relics related to St Rocco, a ritual that involved kissing the sacred objects and, undoubtedly, the spreading of germs.¹⁴ Similar attempts at averting the wrath of God were not prevalent in the records of North Dakota's religious bodies.

Attempts to tie pestilence to human sin have occurred at other times in history. During the outbreak of bubonic plague that reached Europe in the 1340s, many interpreted the widespread suffering as chastisement from God for human sin. This was a common medieval view of disease, and as the plague began to spread throughout European society, a group of flagellants engaged in processions in attempts to ward off the Black Death before it reached their communities. By beating themselves with a whip, in effect, the flagellants believed they might appease God and avoid further punishment.¹⁵ Additionally, Perry Miller is among the historians who noted the propensity of the Puritan sermons known as jeremiads (so named because of the prophecies of the biblical Jeremiah) to ascribe epidemics to God's judgment for the failure of the faithful in Massachusetts to effectively carry out their "errand into the wilderness."¹⁶

Denominational Remembrances

While the record of Protestant churches has little reflection on the reason behind the outbreak of a pandemic in 1918, denominations were nevertheless aware that the Spanish flu affected their ability to carry out their goals. The North Dakota Conference of the Methodist Episcopal Church held its annual conference in Grand Forks in 1918, albeit a very abbreviated one. The participants scheduled the meeting for October 10 and 11, precisely the same time the Spanish flu caused the state's health board to prohibit public meetings. William O. Shepard, the bishop presiding over the conference, announced the

¹⁴ Spinney, *Pale Rider*, 83.

¹⁵ Norman Cohn, *The Pursuit of the Millennium: Revolutionary Millenarians and Mystical Anarchists of the Middle Ages* (Oxford and New York: Oxford University Press, 1970), 131-135. Flagellants beat themselves with whips to mimic the treatment of Christ before his crucifixion. They believed their beating of themselves provided absolution for sin and, at least at the time of the Black Death, that it might avert God's judgment for sin.

¹⁶ Perry Miller, "Errand into the Wilderness," *William and Mary Quarterly* 10, no. 1 (January 1953): 3-32. See also Sacvan Bercovitch, *The American Jeremiad*, 2nd ed. (Madison: University of Wisconsin Press, 2012).

prohibition against public meetings, and the assembly met very shortly “to organize and transact business of prime importance.”¹⁷ Shepard believed the Methodists “must abide by the spirit as well as the letter of the law.”¹⁸ The minutes of the meeting indicated that the bishop “regretted this irregularity of action, as he had looked forward to an enriching and inspiring and blessed time among the brethren of the North Dakota conference. However, we are in God’s hands and will trust upon the guidance of the Holy Spirit to lead us onward to victory.”¹⁹ This statement indicated trust in God’s purposes without any real attempt to reflect on what those purposes might have been.

The Methodists held a more traditional meeting in October 1919 in Minot. James Anderson, the superintendent of the Fargo District reported on the previous year’s happenings in his district. He noted the problems the flu caused. Every church and Sunday school in the Fargo District closed for weeks on account of the flu. Anderson remembered how the sickness affected the homes of many ministers, although none of them died. He recounted, “Sickness and death entered every community, and a number of our people and many friends of our church are now numbered with the silent dead.”²⁰

G. H. Quigley, superintendent of the Grand Forks District, also provided a report for the meeting. He noted major events that had occurred over the previous year: the creation of the Interchurch World Movement, the end of the Great War, the pandemic, and “disturbances in the industrial realm [that] have almost threatened the foundations of the social structure.”²¹ Regarding the flu outbreak, Quigley noted that most of the churches of the Grand Forks District were closed for

¹⁷ *Minutes of the Thirty-Third Session of the North Dakota Annual Conference of the Methodist Episcopal Church Held at Grand Forks, North Dakota October 10 and 11, 1918* (Publishing Committee, 1918), 17.

¹⁸ *Minutes of the Thirty-Third Session of the North Dakota Annual Conference of the Methodist Episcopal Church Held at Grand Forks, North Dakota October 10 and 11, 1918* (Publishing Committee, 1918), 17.

¹⁹ *Minutes of the Thirty-Third Session of the North Dakota Annual Conference of the Methodist Episcopal Church Held at Grand Forks, North Dakota October 10 and 11, 1918* (Publishing Committee, 1918), 17.

²⁰ *Minutes of the Thirty-Fourth Session of the North Dakota Annual Conference Held at Minot, North Dakota, October 8-12, 1919*, (Carrington and Lisbon, ND: The Publishing Committee, 1919), 33.

²¹ *Minutes of the Thirty-Fourth Session of the North Dakota Annual Conference Held at Minot, North Dakota, October 8-12, 1919*, (Carrington and Lisbon, ND: The Publishing Committee, 1919), 37.

“nearly all of the first quarter.”²² Like Anderson in Fargo, the Grand Forks superintendent expressed his thanks that none of the parsonages in his district experienced death. However, he remembered five “leading women” who died from the “little society in Rock Lake,” which he deemed “quite seriously crippling” for that congregation.²³ Despite these struggles, Quigley commemorated “the opportunity afforded our [the Methodist Conference’s] pastors to render Christ-like service...the great majority made ‘full proof of their ministry’...and thus endeared themselves to their people.”²⁴ The superintendent of the Minot District, T. A. Olsen, provided little recollection of the flu, stating merely, “Through the long weeks of the winter, while the flu held sway, the ministers went forth to nurse the sick, to bury the dead, to comfort the bereaved.”²⁵ The 1919 conference provided little evidence of deep spiritual reflection despite acknowledgement from leaders of the North Dakota Methodists that the Spanish flu had caused illness and bereavement among their parishioners, along with the inability of local congregations to meet for several weeks.

When the Congregationalists held their conference in 1919, E. H. Stickney, the state’s superintendent, remembered the flu. He recollected the fact that Congregational churches throughout the state closed for weeks or months because of the pandemic. In addition to the sickness and death that resulted from the Spanish flu, Stickney noted the fact that the flu “greatly hindered the progress of our work in every department,” while also pointing to the four pastors (along with a pastor’s wife) who had died over the previous year.²⁶ The report from Stickney specifically listed influenza as the cause of three of

²² *Minutes of the Thirty-Fourth Session of the North Dakota Annual Conference Held at Minot, North Dakota, October 8-12, 1919*, (Carrington and Lisbon, ND: The Publishing Committee, 1919), 37. The first quarter likely corresponds with October through December 1918. This period corresponds with the prohibition on public meetings in Grand Forks noted previously.

²³ *Minutes of the Thirty-Fourth Session of the North Dakota Annual Conference Held at Minot, North Dakota, October 8-12, 1919*, (Carrington and Lisbon, ND: The Publishing Committee, 1919), 37.

²⁴ *Minutes of the Thirty-Fourth Session of the North Dakota Annual Conference Held at Minot, North Dakota, October 8-12, 1919*, (Carrington and Lisbon, ND: The Publishing Committee, 1919), 37.

²⁵ *Minutes of the Thirty-Fourth Session of the North Dakota Annual Conference Held at Minot, North Dakota, October 8-12, 1919*, (Carrington and Lisbon, ND: The Publishing Committee, 1919), 41.

²⁶ “Minutes of the Congregational Conference of North Dakota, Held in Wahpeton, North Dakota, September 29, 30, and October 1,” (Press Printers, Dickinson, 1919),

these deaths. Stickney eulogized Ebertz, the minister of the German congregation in Hebron mentioned previously, along with the others who died, including Alick Cutler. The superintendent recollected Cutler, pastor of the church in Mott, as “a young man of sweet spirit, a beautiful singer” whose “early death was a very serious loss for us.”²⁷ Apparently, Cutler was a very dedicated minister. Indeed, he continued his work even after he began showing symptoms of the flu himself.²⁸ John G. Dickey, the assistant superintendent serving the southwest region of North Dakota, also remembered Ebertz and Cutler in his report. “Death has removed no small number of those who were busily working with us a year ago,”²⁹ Dickey noted, without pointing to the specific reasons for these deaths. The Congregationalists had a memory of the flu and the people lost to it, but their officials showed little in the way of theological reflection.

Like the Congregationalists who acknowledged the hindrance the Spanish flu presented to their attempts at advancement, the North Dakota Baptist State Convention briefly reflected on the ways the pandemic hurt their efforts. The flu killed many members of Baptist churches across the state, and congregations closed their doors for weeks “during the most strategic season of the year.”³⁰ The Board of Managers reported that “[m]any of the churches found it difficult if not almost impossible to carry out aggressive plans of work.”³¹ The flu hurt Baptist efforts, but the denomination’s official publication analyzed the flu’s impact on programs. Again, deeper theological reflection was not apparent.

Interdenominational efforts in North Dakota also suffered because of the flu. The North Dakota Sunday School Association fell under the umbrella of the North Dakota Conference of Churches, and in 1919, several reports mentioned the impact of the Spanish flu on state-wide efforts to promote Sunday schools. Programs planned for the fall and winter of 1918 did not come to fruition. The Sunday School

11-12. MSS 10924, Northern Plains Conference of the United Church of Christ Records, 1872-2010, North Dakota State Archive, Bismarck, ND, Box 3, Folder 1.

²⁷ “Minutes of the Congregational Conference,” 12.

²⁸ “Minutes of the Congregational Conference,” 12.

²⁹ “Minutes of the Congregational Conference,” 16.

³⁰ “North Dakota Baptist Bulletin,” (1919), 6. MSS 10468, North Dakota Baptist State Convention Records, 1865-1982, Minutes 1915-1924, North Dakota State Archive, Bismarck, ND, Box 3, Folder 3.

³¹ “North Dakota Baptist Bulletin,” 6.

Association wanted to hold Efficiency Conferences in every county that had a local association. The leaders of the statewide association wanted to acquaint leaders at the county and district level with their future plans. However, they only attempted one of these meetings because of the influenza pandemic. Furthermore, the state superintendent's midyear report given in January 1919 blamed the flu for financial difficulties.³²

When the Sunday School Association held its annual meeting in June 1919, James C. Garrison, the body's superintendent, provided a report that further detailed the impact of the flu on Sunday school work. "Perhaps no year in the history of anyone in this world has had more of terror or of sorrow, or of difficulty, or the things that try our hearts and souls and break down the spirit and nerve force, than has the year that we have just closed," he began.³³ He noted a couple of reasons for the difficulty of the previous year. These included the end of World War I that contributed to "a great feeling of inertia and let-up" and "the dread scourge of influenza" that "left so many homes and hearths bereaft [*sic*]."³⁴ Garrison again noted the failure to carry out plans for Efficiency Conferences on account of the flu and the ban on public meetings that accompanied it. He also informed his audience that the flu hampered attempts to hold a Teacher Training Drive and led to difficulty on the part of county auxiliaries to provide complete reports of their activities. Some Sunday schools had not reopened since the fall closings.³⁵ While there was a reflection on the impact of the flu on the part of the North Dakota Sunday School Association, the organization's reports produced in its aftermath did not really pause

³² North Dakota Sunday School Association, "Report of State Superintendent to the Executive Committee at Its Mid Year Meeting, Mandan, N.D. Jan. 30-31, 1919," MSS 10111, ND Conference of Churches Records, 1891-1982, Box 2, Folder 5.

³³ North Dakota Sunday School Association, "Third Annual Report, James C. Garrison, State Superintendent, of the North Dakota Sunday School Association, Mandan, N.D. June 17-19, 1919," MSS 10111, ND Conference of Churches Records, 1891-1982, Box 2, Folder 5.

³⁴ North Dakota Sunday School Association, "Third Annual Report, James C. Garrison, State Superintendent, of the North Dakota Sunday School Association, Mandan, N.D. June 17-19, 1919," MSS 10111, ND Conference of Churches Records, 1891-1982, Box 2, Folder 5.

³⁵ North Dakota Sunday School Association, "Third Annual Report, James C. Garrison, State Superintendent, of the North Dakota Sunday School Association, Mandan, N.D. June 17-19, 1919," MSS 10111, ND Conference of Churches Records, 1891-1982, Box 2, Folder 5

for any deeper theological reflection. In this respect, its reports differed little from the reports denominational leaders gave at their respective annual meetings in 1919.

The Spanish flu impacted North Dakota's religious bodies. As noted in Chapter 2, the state's health board recommended bans against all public meetings. Churches were not exempt from these restrictions, and in most North Dakota communities, congregations refrained from meeting for at least a few weeks in the fall of 1918. While most congregational histories did not delve deeply into the Spanish flu or reflect on any deeper meaning it might have held, there were scattered remembrances of ministers who served their parishioners who fell ill. There are also a few records that memorialize pastors who died of the flu while carrying out their duties in North Dakota communities. Public meeting bans led to restrictions against some larger meetings like the Methodists' conference scheduled for early October in Grand Forks. When the Protestant denominations active in North Dakota met together in 1919, they all remembered the ways in which the Spanish influenza impacted the plans they had built for the previous year. However, their analysis did not really delve any deeper than short memorials to those lost or the frustration of their administrative plans. Deeper theological reflections did not appear in these records, which is somewhat surprising given the focus of religion on the deeper meaning of life and the messages that a deity or deities might want to convey to mortals.

However, Laura Spinney is among those who have thought about the public memory of the influenza pandemic, and her analysis provides a possibility as to why many, including ministers, seemed to have forgotten it. Even though Black Death is one of the best attested plagues in world history, there were few lengthy analyses of it until the nineteenth century. Reflection took time. Additionally, the relative importance of the Great War for its combatants when compared to the Spanish flu might influence memories of the flu. Spinney notes that it is easier to track the dead and wounded from a war, and their bodies lie strewn in a very narrow geographic location. Many who died of the flu, at least globally, found their final resting place a mass grave, and the carnage from the disease was more widespread.³⁶ Perhaps ministers and churches tended to conflate the Great War and the influenza pandemic in their historical memories.

³⁶ Spinney, *Pale Rider*, 289-295.



Localities hit hard by the flu called for additional nursing help. Valley City Red Cross Nurses, Barnes County Historical Society.

Chapter 7

North Dakotans Nursing

When the Spanish flu broke out in North Dakota and other locales around the globe, the American Red Cross (ARC) was one of the major organizations that provided aid to those suffering from its effects. This organization owed its existence to the work of the famed nurse and humanitarian, Clara Barton, who brought the International Red Cross to the U.S. by selling it as both a possible aid to the army during time of war and a source of voluntary assistance whenever natural disasters or societal unrest broke out in times of peace. Until World War I, the American Red Cross operated largely on a localized level, leveraging local resources to provide relief to communities around the nation.¹ Great changes occurred with the entry of the United States into the Great War. The American Red Cross grew from twenty-two thousand members to more than 20 million between 1915 and 1919, and Woodrow Wilson transformed the organization into “a wartime government auxiliary” that wound up producing 371 million articles for wartime relief and providing nurses who treated Allied troops and refugees throughout Europe.² The war and the influenza pandemic provided ample opportunities for North Dakotans to engage in nursing and public health work through organizations like the ARC and, to a lesser extent, the United States Army.

The field of nursing underwent major changes in the decades that surrounded the Great War, with professional nursing tracing its origin to the latter nineteenth century, as noted by Jean C. Whelan, who taught in the University of Pennsylvania’s School of Nursing. This was a period in which the number of hospitals grew rapidly. Skilled caregivers became more useful as work patterns and living arrangements changed during the Gilded Age. Care moved from the home as medical knowledge and treatments improved with the advent of more complex understandings of disease such as the germ theory. Educated

¹ Marian Moser Jones, *The American Red Cross from Clara Barton to the New Deal* (Baltimore: Johns Hopkins University Press, 2013), viii-xi.

² Jones, *The American Red Cross*, 157-159.

nurses were an important change that increased the acceptance of hospitalization as a treatment option for all social classes. These trained nurses could provide the more complicated treatments that arose with greater scientific knowledge, and they removed much of the fear of hospitals the middle class might have. Before World War II, nurses who completed the hospital training programs tended to work as private duty nurses who treated individual patients in their homes, while student nurses were more common in hospitals. This was a major part of the context when the Spanish flu hit in 1918.³

Some North Dakota hospitals were similar to other hospitals around the nation in setting up training schools to create a steady supply of nurses. Bismarck, for example, had two schools for training nurses set up by the Great War. These were two of more than 1,500 in operation throughout the nation. Sister Boniface Timmons, who headed the St. Alexius Hospital in the state capital, started a nursing school in her institution in 1915. Additionally, in 1917 Bismarck Hospital built a four-story expansion to house, among other departments, its own school of nursing.⁴

Sister Boniface started the nursing school at St. Alexius, at least in part, to provide a low-cost workforce, a practice that was common throughout the United States.⁵ This was a frequent reason for hospitals to start nursing schools. Student nurses worked for a small allowance, room, and board. Their working hours were quite long, and they had to attend classes after their shifts. In the 1890s, nurses in training received between \$8 and \$12 a month for their thirteen-hour, six-day, fifty-week jobs, which made them “a cheaper work force than were women without training who, moreover, might leave on a moment’s notice.”⁶ Working conditions for these nurse trainees had not improved much by the 1910s.

Traditionally, women had nursed sick relatives in the home, and there was a general societal belief that the duty to care for others was an obligation specifically designed for women. When family members

³ Jean C. Whelan, *Nursing the Nation: Building the Nurse Labor Force* (New Brunswick: Rutgers University Press, 2021), 1-11.

⁴ L. Martin Perry, “The Development of Health Care Systems in Bismarck, 1872-1937,” *North Dakota History: Journal of the Northern Plains* 53, no. 1 (Winter 1986): 9-10.

⁵ Perry, “The Development of Health Care Systems in Bismarck,” 9.

⁶ Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), 62.

could not carry out this duty effectively on their own, neighbors or a minister's wife might receive a call to help. Many women found the work taxing, and even those who lived and worked at a distance might receive a call home to care for an ill or aging parent or sibling. This traditional view that a woman's essential nature included a propensity for caring contributed to the gendered understanding of nursing.⁷ The view that women should fill the nursing rolls continued during the Great War, although the exigencies of the war led to occasional divergence from this ideal.

Limited Nursing in Rural Areas

Rural areas like North Dakota were a concern for public health officials in the early twentieth century, and this was not lost on the ARC. The problems associated with health care in a rural setting during the Spanish flu pandemic are not much unlike those common today: "extreme weather conditions, bad roads, and long distances between patient homes and health care centers."⁸ The Red Cross attempted to set up a nursing service for rural communities in the years preceding World War I. Founded as the ARC Rural Nursing Service in 1912, the organization was known as the Town and Country Nursing Service between 1913 and 1918, and it attempted to provide public health nurses who assisted in the treatment of patients along with offering education in health and hygiene for rural residents. Some districts had only one nurse available, while others had multiple public health nurses. The rural nature of many districts throughout the nation made it difficult to find recruits.⁹

Mabel Thorp Boardman, one of the early leaders of the Red Cross, invoked the Crusades when asking young ladies "to fight in this twentieth century against suffering and disease, to fight for the holy land of health," while also arguing that those who took up the Red Cross in the battle against disease would see "the people of the nation rise up and call [them] blessed," a clear allusion to the biblical description of the "virtuous woman" from Proverbs 31.¹⁰ Boardman exhibited

⁷ Reverby, *Ordered to Care*, 1-13.

⁸ John C. Kirchgessner and Arlene W. Keeling, eds., *Nursing Rural America: Perspectives from the Early 20th Century* (New York: Springer Publishing Company, 2015), xi.

⁹ Sandra B. Lewenson, "Town and Country Nursing: Community Participation and Nurse Recruitment," in Kirchgessner and Keeling, *Nursing Rural America*, 1-11.

¹⁰ Mabel T. Boardman, "Rural Nursing Service of the Red Cross," *American Journal of Nursing* 13, no. 12 (September 1913): 937-939.

concern that around one-half of the U.S. population of approximately ninety million lived in rural areas bereft of hospitals or nursing care, with “multitudes...when disease and sickness enter their homes, know nothing of the ministering care of the nurse, know nothing of what only the trained hand of the nurse can give.”¹¹ Few states fit this description better than North Dakota, but the Red Cross rapidly increased its activity in rural areas such as North Dakota with the entrance of the U.S. in World War I.

When the war broke out in Europe in August 1914, the Red Cross had only 107 chapters active throughout the entire United States. By the war's end in 1918, that number grew to 3,864 chapters. Fund-raising efforts during two intense war drives brought \$238 million into the organization's coffers, in addition to membership dues. Women served in numerous capacities in the ARC during the war—from nursing, to sewing garments and bandages for soldiers and refugees, to transporting troops, fellow ARC workers, and supplies via the Women's Motor Corps. While women made up the majority of the nearly one-fifth of the American population active in the Red Cross, President Wilson relegated them to an advisory role in an organization that had traditionally had women at its helm.¹² Once the U.S. entered the war, the ARC sought to meet the demand for increased nursing with aides, rather than trained nurses, a stance opposed by nursing leaders who wanted to protect the status of nurses.¹³

Many North Dakotans, primarily women, were active in Red Cross work during the war.¹⁴ Each county compiled a history of the local chapters of the Red Cross, and those records are available through the War History Commission collection at the State Archive in Bismarck. These records tell of some of the work North Dakotans performed for the ARC during the war. A few nurses from North Dakota went overseas to serve the Red Cross near the actual fighting, and still others served stateside in the army cantonments that prepared soldiers for fighting abroad. Most women involved in Red Cross work produced

¹¹ Boardman, “Rural Nursing Service,” 937.

¹² Jones, *The American Red Cross*, 163-167; Lettie Gavin, *American Women in World War I: They Also Served* (Boulder: University Press of Colorado, 1997), 179-181.

¹³ Reverby, *Ordered to Care*, 160-163.

¹⁴ A perusal of the Red Cross histories available in the War History Commission Records collection at the ND State Archive indicates that the highest officials in the local chapters tended to primarily be men. There were women who served on these committees, but men were much more prevalent.

articles of clothing intended to support those in the armed forces, and those active in North Dakota were no different in this regard. Before the outbreak of the flu, the production of “socks, sweaters and mufflers,” along with other necessary items, took place in a variety of settings.¹⁵ Some produced surgical dressings in work rooms set up by local branches of the ARC. Other women participated in the “greater share” of production from home “in addition to their own home work or postponed their own that this more important work might be done.”¹⁶ Many Ward County women worked from home because their distance from centralized locations or “home ties” made working elsewhere impracticable, but they still contributed, expecting “only the approval of the ‘Well done of their own consciences.’”¹⁷

Shifting Focus

With the spread of the Spanish flu, the focus of the Red Cross, both nationwide and in North Dakota shifted. While the war effort continued, the ARC “threw all its available resources into the common fight against this disease.”¹⁸ The organization’s description of its efforts during the outbreak of the pandemic on the home front continued:

Hospitals were furnished equipment and supplies, and assisted in every possible way. Convalescent houses and diet kitchens were established and operated, and food and other necessary supplies were distributed. More than 18,000 nurses and other workers were furnished by the Red Cross chapters to care for the sick. Countless face masks were made and distributed. The motor corps helped substantially. The entire national organization worked as an active auxiliary of the United States Public Health Service. Up to February 28, 1919, while the disease was still active, about two million dollars had been expended by the organization in its work.¹⁹

¹⁵ MSS 30504, War History Commission Records, Box 2, Red Cross History, Ward County Folder, North Dakota State Archives, Bismarck, ND. Hereafter War History Commission Records.

¹⁶ War History Commission Records, Box 2, Red Cross History, Ward County Folder.

¹⁷ War History Commission Records, Box 2, Red Cross History, Ward County Folder.

¹⁸ *The Work of the American Red Cross During the War: A Statement of Finances and Accomplishments for the Period July 1, 1917 to February 28, 1919* (Washington, D.C.: American Red Cross, 1919), 31.

¹⁹ *The Work of the American Red Cross During the War*, 31-32.

North Dakota chapters attempted to do their part once the shift to assisting with the pandemic took place, and they provided valuable assistance in a variety of ways. The Red Cross in Bottineau County reported that it appointed an Influenza Committee on October 26, 1918, to combat the disease. "Everything possible was done to combat influenza," the county's Red Cross history remembered, indicating that focus on the war effort took a back seat at this point.²⁰ The fact that a wartime auxiliary dropped everything to combat the Spanish flu shows the effect the disease had on local communities and the war effort itself.

Most county-level Red Cross organizations in North Dakota provided a recap of their work during the war that is still extant. For most, activity during the Spanish flu outbreak made up a significant portion of the narrative provided. A few counties did not report on how the Red Cross in the local area attempted to alleviate the suffering that attended the arrival of the flu, but these were a distinct minority.²¹ There were also a few that reported very little impact from the flu. One example was a report from Havana in Sargent County. The local Red Cross history compiled after the war recollected that the epidemic in Havana "was not serious enough to call for the Red Cross Aid. Nothing was done by the organization except the making of masks," and the cost of the materials was a mere \$5.00.²²

In Jamestown, more than 150 women "responded to a call for nurses and workers to help combat the scourge" of the Spanish flu.²³ The Red Cross set up the high school in Jamestown to hold its general offices, and from there, nurses took cars offered for free rides to make home visits to those who were ill. These nurses brought "nourishing food" to sustain patients; additionally, "men volunteered to care for

²⁰ War History Commission Records, Box 2, Red Cross History, Bottineau County File.

²¹ Among those county reports available in Box 2 of the War History Commission Records, Dunn County, Mercer County, and Oliver County made no mention of the Spanish flu. The Oliver County file noted that Center was the largest town in the county with a population of a mere 250 residents, and it set twelve miles from the nearest railway. While apparently not involved in flu relief, the county still provided \$3,000 to the Red Cross and sewed and knitted around 12,000 articles for the war effort.

²² War History Commission Records, Box 2, Red Cross History, Sargent County File.

²³ War History Commission Records, Box 2, Red Cross History, Stutsman County File.

delirious [*sic*] patients,” a deviation from the general belief that only women should nurse. Some women took in children whose parents were too ill to properly care for them.²⁴

Nurses answered the call where needed, and Jamestown was not alone in this regard. These nurses included those with training, along with volunteer nurses who apparently brought merely a desire to assist with the afflicted.²⁵ In Burleigh County, “Many of the young women who had graduated from or were attending instruction classes gave valuable nursing service in Bismarck and throughout the county during this epidemic,” the county-level Red Cross chapter remembered in its official report to the ARC.²⁶ These student nurses showed the value of having nursing schools in hospitals such as St. Alexius and Bismarck Hospital. Golden Valley County in far western North Dakota had “many volunteer workers acting as nurses” who “worked night and day to aid and assist the suffering.”²⁷ Many of these volunteers gave up their personal interests to assist those in need, and some even refused to accept any reimbursement for the expenses they incurred.²⁸

The ARC chapter in Walsh County took pride in the fact that it had provided “its quota” of nurses both on the “front” (presumably in Europe) and in the cantonments in the United States.²⁹ The chapter also took upon itself to organize local nursing units. These nurses traversed the county and, according to the county’s official report to the ARC after the war, “aided in the care of the sick, and undoubtedly, did much to reduce the death rates.”³⁰ This latter claim might seem a bit exaggerated, but even providing food and water to those prostrated by the Spanish flu could increase the likelihood of survival. Indeed, Laura Spinney argues that there were only two things a doctor could

²⁴ War History Commission Records, Box 2, Red Cross History, Stutsman County File.

²⁵ War History Commission Records, Box 2, Red Cross History, Bottineau County File.

²⁶ War History Commission Records, Box 2, Red Cross History, Burleigh County File.

²⁷ War History Commission Records, Box 2, Red Cross History, Golden Valley County File.

²⁸ War History Commission Records, Box 2, Red Cross History, Golden Valley County File.

²⁹ War History Commission Records, Box 2, Red Cross History, Walsh County File.

³⁰ War History Commission Records, Box 2, Red Cross History, Walsh County File.

do to improve the outcomes of his or her patients: ensuring proper hydration and providing careful nursing.³¹ Knowledgeable nurses were necessary for both requirements.

Those who attempted to nurse the ill back to health were not immune to falling ill from the contagion circulating in 1918. In Ramsey County, the local Red Cross commemorated two of its nurses who paid the ultimate price for their service. While they did not fall to a bullet or mortar shell in the trenches of Europe, two of the “best nurses” at the General Hospital in Devils Lake died of the flu.³² At Devils Lake Mercy Hospital, all but two of the nurses on duty during the flu outbreak fell ill, and “on those two devolved the care of the Hospital until assistance could be had from outside.”³³

Nurses were not the only individuals affiliated with the Red Cross who involved themselves in providing needed assistance to those impacted by the pandemic in North Dakota. M. J. Connolly, the editor of the *Slope County News*, remembered the service offered by Fred White, the chair of the county’s Red Cross chapter. During the height of the Spanish flu, there was no doctor available in the entire county. White, according to Connolly’s recollection, took only a small salary as a county judge, but “spent days and nights on the road delivering Red Cross medicine and comfort to sick families, acting in the capacity of doctor, errand boy, driver and hired girl.”³⁴ White did, as did many other North Dakotans affiliated with the Red Cross, what he could to help his community combat the flu, taking on work frequently associated with girls or women. The rural nature of the North Dakota landscape in 1918 necessitated White’s heavy use of local roads and his role that sometimes conflicted with the gender norms of the day.

The service of the Red Cross during a local outbreak of the Spanish flu could also work to win hearts and minds. The history produced by the Slope County chapter of the ARC recalled a man who exhibited a pro-German attitude before the pandemic hit. The chapter asked farmers to contribute to a Red Cross Acre drive in which they provided the produce from an acre of their land to help fund the Red Cross during the Great War. The farmer who harbored positive sentiments toward Germany had difficulty understanding why he should

³¹ Spinney, *Pale Rider*, 126.

³² War History Commission Records, Box 2, Red Cross History, Ramsey County File.

³³ War History Commission Records, Box 2, Red Cross History, Ramsey County File.

³⁴ War History Commission Records, Box 2, Red Cross History, Slope County File.

contribute to the Red Cross until his family received a visit from the organization. His wife and three children happened to be in the process of fighting the flu when the Red Cross arrived—a timely development. The family received treatment, and the Red Cross left medicine. The unnamed farmer asked what he owed for the services rendered. When informed that there was no charge for the treatment, the man changed his view of the Red Cross Acre because his donation was \$3 less than he would have paid to have a doctor visit his home.³⁵

Several Red Cross chapters in North Dakota took the initiative to open temporary hospitals to handle the rapid influx of flu patients in the county. In Devils Lake, the Red Cross operated a temporary hospital on the third floor of the Colonial Hotel under the oversight of Dr. C. J. McGurren, the secretary of the state's Board of Health. This hospital remained in operation for approximately six weeks.³⁶ It was not the only one to operate under the auspices of the Red Cross within the state.

Even sparsely populated counties like Bottineau County opened multiple hospitals in “halls and public buildings” in addition to sending “nourishing food to homes where no one was able to prepare it.”³⁷ Golden Valley County, another county with no large towns, opened two hospitals, one at Sentinel Butte and one at Golva, “where many were cared for by the great mother, Red Cross.”³⁸ In the Sargent County town of Milnor, in addition to placing nurses in homes, the Red Cross opened a hospital in the local school building. In another Sargent County community, Forman, the flu led to a November 5 discussion of turning the school into a hospital temporarily. Another meeting on November 18 provided more details as to how the proposed emergency hospital might run, and the Red Cross decided to open a hospital in the school to treat anyone who might accept its

³⁵ War History Commission Records, Box 2, Red Cross History, Slope County Folder. See “Farmers Will Be Asked To Donate Acre To The Red Cross,” *Hope Pioneer*, April 11, 1918.

³⁶ War History Commission Records, Box 2, Red Cross History, Ramsey County Folder.

³⁷ War History Commission Records, Box 2, Red Cross History, Bottineau County Folder.

³⁸ War History Commission Records, Box 2, Red Cross History, Golden Valley County File.

services during the local outbreak. Overall, seventeen nurses in the Milnor area treated sixty-five flu patients, either in their homes or in the temporary hospital.³⁹

One final service provided by Red Cross nurses in North Dakota was the administration of vaccines. As noted in Chapter 3, the vaccine did nothing to stop the flu, a virus, although it may have provided some protection against secondary infection from the bacteria it was intended to inoculate recipients against. Nurses at the Red Cross office in Bismarck administered five hundred shots donated by the Mayo Clinic free of charge.⁴⁰ In Morton County, one member from a class in “Elementary Hygiene...Miss Beth Draper...acting for the Red Cross, gave 864 inoculations [*sic*] of Pneumonia-Influenza Vaccine” in an attempt to stop the spread of the disease.⁴¹ The actions of the Red Cross across North Dakota aided many during one of the most difficult periods in the state’s history, yet there also were North Dakotans who served communities outside of the state.

Nurses and the Flu “Over There”

When the United States first entered the Great War, there were many, a small subset of whom were women, who signed up to serve. As the second wave of the Spanish influenza emerged in the fall of 1918, many of these women provided nursing services, and those who did so were not limited to the Red Cross. For example, women in the U. S. Navy, known as Yeomen (F) officially (or Yeomanettes colloquially), figured they could volunteer to hand out pills and glasses of water, regardless of the complaints from doctors that they had no nursing training.⁴²

A few women from North Dakota served as nurses during the Great War, both in cantonments in the US and near the front lines in Europe. Most served in the Army Nurse Corps or the American Red Cross. When the Spanish flu began infecting soldiers, these women were on hand to provide them with assistance. A few like Regina Wahl, a nurse from the Fargo Unit of the Reserve Army Nurse Corps, had to deal with an outbreak during her transport to Europe. She embarked from Hoboken, New Jersey, as a passenger on one of the

³⁹ War History Commission Records, Box 2, Red Cross History, Sargent County File.

⁴⁰ War History Commission Records, Box 2, Red Cross History, Burleigh County File.

⁴¹ War History Commission Records, Box 2, Red Cross History, Morton County File.

⁴² Gavin, *American Women in World War I*, 11.

vessels making up a seventeen-ship convoy to Liverpool, England, on September 9, 1918, just as the flu began to spread in North America. Wahl recollected having a wonderful time for the first few days of her journey, until the flu began causing illness on board her ship. After going ashore in Liverpool, she noted her transport across the English Channel and the beginning of her arrival at Base Hospital No. 86 at Mesves-sur-Loire, France. Unfortunately, by the time they arrived, she noted those in her transport were all patients. After she was well enough to travel again, she wound up working with nurses in France who were affiliated with the British Expeditionary Forces.⁴³

Regina Wahl was not the only nurse who traversed the Atlantic on a voyage that experienced an outbreak of the Spanish flu. After training to be a nurse at the Deaconess Hospital in Northwood, Gene Marie Gunderson went to Camp Lewis, Washington, for a few months before receiving orders to head to New York in August. After drilling for a few weeks in the New York area, she boarded the *Olympic* to make the trip overseas. Her voyage went well for all of six hours. At that point, she took ill with the flu and spent the rest of the trip to Southampton on the verge of death. "I was not expected ever to reach England alive," she recalled several years after her ordeal.⁴⁴ Upon arrival in England, Gunderson was not physically able to leave the boat on her own power and had to rely on others to carry her to shore. A four-day quarantine followed, during which she subsisted on a diet of "champagne and cracked ice." She recalled the death of five of her fellow nurses and attended their funeral while still feeling the effects of her bout with the flu. She was particularly struck by the effort servicemen made to line the coffins of these ladies with cheesecloth so that they would not have to lie in a roughhewn casket like the men who died in battle.⁴⁵

Nurses from North Dakota also treated those in army camps who suffered from the Spanish flu. Dorothy Blodgett left Minot for Camp Custer in Battle Creek, Michigan, in late August 1918. When she arrived, the camp had a contingent of eighty nurses serving the trainees. Shortly after she arrived, however, the Spanish flu also appeared. The hospital at her camp soon became inundated with eight thousand patients. The number of nurses on hand quickly grew to four hundred,

⁴³ Grace E. F. Holmes, *North Dakota Nurses Over There: 1917-1919* (American Legion Auxiliary Department of North Dakota, 2017), 97-98.

⁴⁴ Holmes, *North Dakota Nurses Over There*, 116-117.

⁴⁵ Holmes, *North Dakota Nurses Over There*, 117.

and the camp accepted student nurses who had not yet completed their courses of study. Blodgett recalled that many of the men she treated died within just a couple of days, and the daily fatalities reached a high of around seventy before the flu outbreak began to abate.⁴⁶

Bergitte Moline Gramhill was a Norwegian immigrant who became a naturalized citizen of the United States. She joined the Army Nursing Corps in Fargo. From there, she arrived in Fort Riley, Kansas, which may have been one of the earliest sites that saw the spread of the flu if the Haskell County hypothesis of its origin is correct. While Gramhill served at Fort Riley, the second wave of the Spanish flu began afflicting soldiers. She recollected that at the peak of the outbreak, reached just a couple of weeks after the first cases presented, there were “fifty nurses and very few doctors” available to treat seventeen thousand patients.⁴⁷ She also noted the one hundred women who came as volunteers to assist. Gramhill referred to these volunteers as “a God-send,” although some of them fell victim and died from the disease they came to treat.⁴⁸

A bout with the flu could keep nurses from going overseas, as Theola Elenora Nelson learned. Nelson enlisted with the Army Nurse Corps in Grand Forks on September 11, 1918, and arrived at Camp Lewis in Washington State after receiving her orders. Shortly after her arrival, the Spanish flu broke out in the camp. She received further orders to leave for Europe, but because she became sick herself, she could not embark on the journey. The Armistice of November 11, 1918, effectively ended the war and her hopes of serving in Europe. Nelson later served as the head nurse in a pneumonia ward at Camp Lewis before the end of her service in June 1919.⁴⁹

Theola Nelson was only one North Dakota nurse in the ARC or the Army Nurse Corps who fell ill with the flu in the final days of the Great War while stationed at Camp Lewis. Agnes A. Patterson joined the Red Cross Nursing Service and headed off to Camp Lewis, as well. She recalled arriving in the camp “when the flu was at its worst.”⁵⁰ Patterson immediately began working in the officers’ ward in the base hospital, relieving the only nurse on duty there. Overall, she noted

⁴⁶ Holmes, *North Dakota Nurses Over There*, 99-100.

⁴⁷ Holmes, *North Dakota Nurses Over There*, 103.

⁴⁸ Holmes, *North Dakota Nurses Over There*, 103-104.

⁴⁹ Holmes, *North Dakota Nurses Over There*, 108-109.

⁵⁰ Holmes, *North Dakota Nurses Over There*, 114-115.

that between eighty and one hundred nurses were out of commission with the flu when she arrived in the camp on September 28, 1918. After treating sick men for a few days, Patterson caught the flu herself, which took her from her duties for three weeks.⁵¹

Esther H. Teichmann of Burleigh County served the Red Cross before joining the Army Nurse Corps. The U.S. Army assigned her to Camp Dodge in Iowa, where she served in an area of the camp known as Siberia for six weeks during the flu epidemic there. According to Teichmann's recollection, the camp was under quarantine for that period. She recalled the horror the flu inflicted on her memory:

The influenza epidemic of 1918 is a never-to-be-forgotten experience, and we who were in the Cantonments are not the only ones who carried some scenes in our minds that cannot be erased. It is an experience that I trust our country will never again be called upon to undergo. To see these fine, stalwart young men swept down in a few days was a horrible thing. The epidemic came upon us so abruptly, so unexpectedly...Part of the time I was in charge of the barracks [in Siberia] where I had 192 patients under my care, and I was the only nurse there at night.⁵²

The flu was indiscriminate in who it afflicted, and nurses like Teichmann frequently had to work as a part of a skeleton crew in their attempts to nurse American soldiers back to health so that they could return to duty and contribute to the American effort in the Great War. While many recollections are relatively matter of fact in nature, Teichmann's memory showed how treating the flu pandemic might have affected the emotions of nurses, despite a common belief that caregivers should suppress their feelings.⁵³

A few of the nurses who served the war effort during the flu pandemic paid the ultimate price, and North Dakota communities were not altogether immune to the pain of seeing their daughters lose their lives in service to their nation.⁵⁴ A couple from the Army Nursing

⁵¹ Holmes, *North Dakota Nurses Over There*, 114-115.

⁵² Holmes, *North Dakota Nurses Over There*, 120-121.

⁵³ Emily K. Abel, *Hearts of Wisdom: American Women Caring for Kin* (Cambridge, MA: Harvard University Press, 2000), 4. Abel argues that increasing scientific rationality from the late nineteenth century contributed to this relative distance from those receiving care on the part of caregivers.

⁵⁴ For a list of women throughout the U.S. who died for any reason at home or abroad serving the war effort, see Gavin, *American Women in World War I*, 245-280. These pages include a record of women who were wounded, were decorated, or died as a

Corps who died overseas were Sabra Regina Hardy of Golden Valley and Florence Kimball of Lisbon. Both passed away in October 1918. According to her obituary, Hardy arrived in France near the end of September and caught pneumonia within a week. She passed away on October 4 and was laid to rest in France. While the Spanish flu was not specified as the cause of death, the mention of pneumonia makes it likely that she succumbed to a secondary infection from the flu.⁵⁵ Officials listed illness as Kimball's cause of death. She was one of the ARC nurses who died in France. Like Hardy, the flu is not specifically noted, but given the date of Kimball's death and the broader circumstances surrounding it, the Spanish flu was a likely culprit.⁵⁶ Mabel C. Christensen died while serving as an army nurse at Camp Lewis in Washington State. The cause of her death was listed as pneumonia, and she died on October 22, 1918. As pneumonia was a common secondary infection tied to the Spanish flu and the pandemic was raging at Camp Lewis at the time, it is likely that she was yet another victim of the pandemic.⁵⁷

When the nation called for their efforts in caring for soldiers through supplying clothing, surgical dressings, and nursing care, women throughout the nation came to the foreground to provide their assistance. Women in North Dakota were quick to sign up to help the American Red Cross, locally in raising funds and producing needed medical equipment and articles of clothing, along with serving outside the state in the base hospitals in army cantonments at home and behind the front lines in Europe. As the Spanish flu began to take hold around the world, the Red Cross redirected its nurses from a total commitment to war service to a total commitment to alleviate the deadly outcomes of the disease. In North Dakota, these nurses served their communities through making house calls in towns and remote rural areas and delivering nourishment for those bedridden with the flu. They also worked in local hospitals, both those that were

result of their service to the nation. Not all were nurses. Telephone operators and doctors are also included in the listing, for example.

⁵⁵ Gavin, *American Women in World War I*, 250; "Death Claims First Nurse From Northwest," *Minneapolis (MN) Star Tribune*, November 10, 1918, cited at "Hennepin County, Minnesota," Genealogy Trails, accessed February 27, 2023, http://genealogytrails.com/minn/hennepin/military_soldiers.html (<https://perma.cc/7A6J-MP2P>).

⁵⁶ "In North Dakota," *Fargo Forum and Daily Republican*, December 19, 1918.

⁵⁷ Gavin, *American Women in World War I*, 253; "Mabel C. Christensen," North Dakota Veterans Affairs, accessed February 27, 2023, <https://www.veterans.nd.gov/heroes/mabel-c-christenson> (<https://perma.cc/X8H6-9JBM>).

permanent fixtures in their communities and those set up temporarily to deal with the large influx of patients resulting from the outbreak of the flu. In some localities, the massive number of patients relegated health authorities to asking for volunteer nursing help from citizens without any formal training. North Dakota women who served the Red Cross and Army Nurse Corps outside the state also experienced the stress of treating those afflicted by a highly contagious global pandemic. Many nurses from North Dakota fell ill, and a few died. Regardless of where they served, the Spanish flu was a trauma seared into the memories of these women.

INFLUENZA

Spread by Droplets sprayed from Nose and Throat

Cover each COUGH and SNEEZE with handkerchief.

Spread by contact.

AVOID CROWDS.

If possible, **WALK TO WORK.**

Do not spit on floor or sidewalk.

Do not use common drinking cups and common towels.

Avoid excessive fatigue.

If taken ill, go to bed and send for a doctor.

The above applies also to colds, bronchitis, pneumonia, and tuberculosis.

Chapter 8

Aftermath

Despite some obvious similarities in the respective public health responses, the Spanish flu hit the United States and the state of North Dakota unlike any pandemic in history, even when accounting for COVID-19. The second wave of the Spanish flu led to an exponential rise in cases, along with a quick decline. The restrictions to public life in North Dakota eased after a few weeks, much as they did for many areas of the United States during COVID-19. However, that did not mean that ramifications of the flu were over. Scattered meeting bans and school closings occurred well into 1919. Deaths from the flu continued, and those who experienced a bout with the Spanish flu frequently dealt with symptoms for weeks or months after their initial infection.

By Thanksgiving Day of 1918, all the major population centers in North Dakota had ended their bans on public gatherings, although some reinstituted periodic restrictions as the Spanish flu continued to circulate past the peak of the second wave. The Centers for Disease Control and Prevention is among the organizations that argue there were three waves during the pandemic, the third of which began in the winter of 1919 before largely burning out that summer.¹ Indeed, North Dakota was not exempt from this wave.

Fargo had been one of the earliest cities to end its public meeting ban, reopening schools and allowing for public meetings around the beginning of November.² Yet, it also became a hotspot for controversy during a recrudescence of the Spanish flu. By the end of November, just weeks after reopening, the city's public health official, Paul Sorkness, again recommended limitations to public congregating because of an increase in cases in the local area. Sorkness banned public dances,

¹ "1918 Pandemic Influenza," accessed March 15, 2023, <https://web.archive.org/web/20200612005447/https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/three-waves.htm>.

² "Closing Order Due to the Flu Lifted by Commission," *Fargo Forum and Daily Republican*, October 30, 1918.

including the El Zagal Thanksgiving Ball held by a local lodge, presumably to prevent the close bodily contact associated with dances. Much as officials claimed early in the initial North Dakota outbreaks, Sorkness assured the public, "There is no cause whatsoever for alarm," despite noting that case counts in the Fargo area had risen to between twelve and twenty per day, up from the seven to ten cases reported when the city reopened just in time to celebrate All Saints' Day.³

In addition to canceling all dances, Sorkness also decided to limit the capacity of theaters to fifty percent of the seats available. He required that theaters offering reserved seats only sell every other one. For those that had a general seating arrangement, he ordered ushers to seat patrons so that there was an empty seat between them. Even spouses had to observe the order and leave an empty seat between themselves, despite sharing the same living space. Sorkness also issued a threat of sorts. He argued the new restrictions had the intent of allowing business to continue while also noting his "desire...to avoid having to issue a new general closing order."⁴ Unstated, but definitely implied in the *Fargo Forum's* report, was the threat that failure to comply might lead to more cases and stricter restrictions to daily life.

Unlike the generally positive response to the earlier ban in October, Fargo residents largely ignored the late November order from their public health officer. On December 4, 1918, the *Fargo Forum and Daily Republican* detailed a discussion held at a meeting of the city commission. In attendance was Dr. Sorkness, who claimed that his order to maintain a fifty percent capacity in public gathering spaces was "not generally being observed." In response, "The commission took no action, taking the position that it had given Dr. Sorkness full authority to enforce regulations necessary to public health."⁵ At the same meeting, the health officer reported 513 cases of flu in November, which led to thirty-seven deaths from flu and pneumonia.⁶

Sorkness was not amused by the reluctance of theater owners to follow his order. By Saturday, December 7, he issued an order closing theaters in Fargo immediately "for an indefinite period as a result of their alleged failure to observe the order calling for 50 per cent capacity

³ "Theaters Must Limit Audiences," *Fargo Forum and Daily Republican*, November 27, 1918.

⁴ "Theaters Must Limit Audiences," *Fargo Forum and Daily Republican*, November 27, 1918.

⁵ "Health Officer Before Board," *Fargo Forum and Daily Republican*, December 4, 1918.

⁶ "Health Officer Before Board," *Fargo Forum and Daily Republican*, December 4, 1918.

crowds.”⁷ Theater owners spoke against the closing order at a special session of the city council on Monday, December 9. The fact that the council called a meeting on Monday morning (the meeting took place at 10:30 a.m.) indicates that the uproar over the weekend order from Sorkness was likely significant. The businessmen speaking at the meeting claimed they had “no objection” to Sorkness closing their theaters; however, they were not willing to close when other businesses were able to operate at full capacity. W. J. Hawk of the Liberty Theater was only one theater owner to register a complaint. He claimed, “The poorest ventilated theater in Fargo is better ventilated than the best ventilated department store,” while asking Sorkness to provide a “square deal” for theater owners.⁸ Sorkness relented. He issued a new order limiting “theatrical performances, churches and such other gatherings that convene regularly within the city” to crowds no more than seventy percent of capacity.⁹ Ironically, Sorkness was part of a “large attendance of health officials from over the United States,” as the American Public Health Association met in Chicago just days after he eased his total closure of theaters.¹⁰

While Fargo attempted to clamp down on big crowds, the health officer in Bismarck, F. B. Strauss, encouraged citizens in his city not to fear overblown estimates of the flu. By mid-December, the *Bismarck Tribune* reported a recommendation from Strauss. Some people in Bismarck wanted to see theaters in the town closed. Strauss suggested these folks were “not compelled to expose themselves to any possible danger by patronizing these theaters.” Effectively, Strauss figured that those who feared that the flu might spread at theaters could protect themselves by avoiding the theaters. He argued that the situation in Bismarck would have to get much worse before he decided to close theaters or schools, although he admitted that the effects of the disease might vary throughout the upcoming winter.¹¹

A recurrence of the Spanish flu in early 1919 also led to occasional cancellations of public meetings. Farmers in Inskter in Grand

⁷ “Fargo Business Houses Ordered to Allow But 70 Per Cent Crowds,” *Fargo Forum and Daily Republican*, December 9, 1918.

⁸ “Fargo Business Houses Ordered to Allow But 70 Per Cent Crowds,” *Fargo Forum and Daily Republican*, December 9, 1918.

⁹ “Fargo Business Houses Ordered to Allow But 70 Per Cent Crowds,” *Fargo Forum and Daily Republican*, December 9, 1918.

¹⁰ “Dr. Sorkness Returns,” *Fargo Forum and Daily Republican*, December 14, 1918.

¹¹ “Flu Hysteria Not Warranted,” *Bismarck Tribune*, December 12, 1918.

Forks County postponed a scheduled meeting in March 1919 on account of the flu. While local officials felt there was “no danger of the malady becoming as dangerous as it was a few months ago,” the farmers decided to forego getting together considering the increase in local cases.¹² An April 1919 dispatch from Minot reported the closing of “schools, churches, and meeting places” in some unspecified north-western counties.¹³ This dispatch followed news in late March that the northwestern community of Van Hook closed its schools “on account of the flu, three teachers being ill, besides others in the town being sick with the disease.”¹⁴ It was not clear whether the spread of the disease itself or a lack of available teachers caused the closure of the schools. The High Cliff School near Williston closed in May 1919 because of the flu. Additionally, the *Williston Graphic* noted that some students had returned to school after their own bouts with the Spanish flu.¹⁵ Many communities continued experiencing epidemic outbreaks throughout 1919.

Those infected with the Spanish flu were at risk of lingering physical and neurological effects, even if they survived. In early April 1919, the *Bismarck Tribune* reported that at least two residents in the Fargo area were struggling with the “sleeping sickness.” One, Esther Anderson of Rutland had not opened her eyes for twelve days when the *Tribune* announced the strange neurological symptoms. It was not altogether clear, but locals suspected a third case in a former resident who had been in and out of consciousness for the previous three weeks. The *Bismarck* paper noted that the three victims had earlier bouts with the flu, a clear sign that at least some believed a link between the flu and the sleeping sickness existed.¹⁶ Mrs. A. E. Payne of Fargo died in Mankato, Minnesota, and was the first death in Minnesota that resulted from the sleeping sickness. The *Grand Forks Herald* reported the disease as having been the result of influenza.¹⁷

Laura Spinney noted a major upsurge in cases of encephalitis lethargica (EL), referred to as “sleepy sickness,” observed between

¹² “Epidemic Cancels Farmers’ Meeting,” *Grand Forks Herald*, March 25, 1919.

¹³ “Influenza Reappearing in Northwest Counties,” *Grand Forks Herald*, April 16, 1919.

¹⁴ “Flu Closes Schools At Van Hook,” *Ward County Independent*, March 20, 1919.

¹⁵ “Rose Hill,” *Williston Graphic*, May 15, 1919.

¹⁶ “Gate City Proud of Two Cases of Sleeping Sickness,” *Bismarck Tribune*, April 7, 1919.

¹⁷ “Fargo Woman Dies at Mankato from Sleeping Sickness,” *Grand Forks Herald*,

1917 and 1925. If those who argue for an earlier origin for the Spanish flu are correct, the link is possible. There had been periodic cases prior to the Spanish flu, but nothing like the widespread wave that followed the pandemic. Whether this was a result of the Spanish flu is still debated, but the sleepy sickness started with flu-like symptoms. Afterward, it progressed into a state of semi-sleep that could last years, or even decades. One-third of those who suffered from EL died within weeks. A third recovered, and yet another third developed “a form of paralysis that resembled advanced Parkinson’s disease.”¹⁸ Those in the third group were the subject of a memoir and film based upon the recollections of Oliver Sacks, a doctor who administered L-Dopa to catatonic patients who had EL. The patients recovered, although most reverted to their previous state after a time.¹⁹

The sleepy sickness was not the only possible strange, long-term outcome of the Spanish flu. Some who suffered an infection noted a loss of hearing or smell, symptoms not altogether different than the loss of taste or smell that originated in some patients dealing with COVID-19. Still other victims of the Spanish flu reported trouble seeing colors. The world appeared “washed out and dull.”²⁰ Katherine Anne Porter wrote in her famous autobiographical work on the Spanish flu *Pale Horse, Pale Rider*, “Sitting in a long chair, near a window, it was in itself a melancholy wonder to see the colorless sunlight slanting on the snow, under a sky drained of its blue.”²¹ North Dakota papers did not appear to report these strange sensory maladies among state residents, although other symptoms might linger for a long while.

¹⁸ Spinney, *Pale Rider*, 220–221.

¹⁹ Rita Kempley, “Awakenings,” *Washington Post*, January 11, 1991, accessed March 17, 2023, https://www.washingtonpost.com/wp-srv/style/longterm/movies/videos/awakeningspg13kempley_a0a0c9.htm (<https://perma.cc/FE4N-BEXN>); Ann H. Reid, et al, “Experimenting on the Past: The Enigma of von Economo’s Encephalitis Lethargica,” *Journal of Neuropathology & Experimental Neurology* 60, no. 7 (July 2001): 663–670, accessed March 17, 2023, <https://doi.org/10.1093/jnen/60.7.663> argues that there was no causal link between the Spanish flu and EL and claims that contemporary observers “concluded that EL was not directly connected to the 1918 influenza pandemic.” However, the April 7, 1919, *Bismarck Tribune* article “Gate City Proud of Two Cases of Sleeping Sickness” and additional *Tribune* articles from that period tend to provide contrary evidence to this argument that there was no link claimed at the time. An article from the wire titled “Sleeping Sickness Came from England, Follows ‘Flu’ Attack” appeared in the *Tribune* on March 20, 1919. This article cited the Virginia State Board of Health in arguing for a link between the two diseases.

²⁰ Spinney, *Pale Rider*, 48.

²¹ Katherine Anne Porter, *Pale Horse, Pale Rider*, quoted in Spinney, *Pale Rider*, 48.

Recovery from the flu could take time if it came at all. Kermit Glitshki of Bismarck accompanied his family west after having spent “several years” in the capital city. A short blurb in the *Bismarck Tribune* announced that Glitshki had “just recovered from a several weeks’ illness of influenza and pneumonia.”²² That the flu delayed the family’s departure from Bismarck was a clear implication of the *Tribune*’s report. Forty-eight-year-old Hilda Busch of Grand Forks contracted the flu and spent fourteen weeks in bed before finally succumbing to the disease on April 3, 1919.²³ Even healthy men in the military could take weeks to recover. Martin Anderson of Mott fell ill with the Spanish flu while in England and spent three months in a hospital across the Atlantic.²⁴ Anderson’s encounter provides another example of the ways in which North Dakota’s experience with the flu spanned the globe due to the war.

The Great War having ended, the Student Army Training Corps at the North Dakota Agricultural College in Fargo demobilized on December 11. However, this did not mean that the Spanish flu had ended its effects on trainees. The *Fargo Forum and Daily Republican* noted “47 men of the army vocational training detachment,” who did not receive a discharge. These men had not fully recovered their strength after “attacks of influenza and pneumonia.”²⁵ This delay once again showed that even in healthy young men, a bout with the flu could result in a lengthy recovery period.

At times, a long period of recovery could lead to even worse outcomes. Robert Sellens of Bismarck passed away “after a several weeks’ illness of influenza and complications.”²⁶ Olaf Melvin Stroud of Mandan died in late July. The *Bismarck Tribune* stated his cause of death as a hemorrhage of the lungs, but it also noted his failure to “fully recover” from an attack of the flu the previous November, clearly an attempt to tie his death to complications of the Spanish flu.²⁷ In Williston, Charles A. Mansfield, a fifty-nine-year-old land receiver for the United States Land Office, died of a cerebral hemorrhage in

²² “City News: Leaves for West,” *Bismarck Tribune*, May 10, 1919.

²³ “Mrs. J. B. Busch Is Flu Victim,” *Grand Forks Herald*, April 3, 1919.

²⁴ “M. Anderson Gets Discharge,” *Grand Forks Herald*, January 25, 1919.

²⁵ “Fargo College Men Discharged,” *Fargo Forum and Daily Republican*, December 12, 1918.

²⁶ “Robert Sellens Dead,” *Bismarck Tribune*, May 26, 1919.

²⁷ “Stroud Funeral of Regan on Sunday,” *Bismarck Tribune*, August 7, 1919.

February 1919. The *Grand Forks Herald* reported that Mansfield had experienced high blood pressure since his bout with the flu early the previous fall.²⁸ Eizie W. Barley of Sentinel Butte committed suicide on May 12, 1919. The report of his death stated his suicide “[followed] a long period of despondency resulting from a depressed condition due to slow recovery from influenza.” Barley was only thirty-eight years old.²⁹

The economic and educational ramifications of the Spanish flu continued after the initial wave receded, as well. Teachers in Hettinger went on strike in early December 1918. The town had previously closed its schools at the height of the pandemic, and it refused to pay teachers their salaries for the days they missed. After learning of the local school board’s refusal to pay, the teachers dismissed their classes just half an hour after the beginning of the school day. In response, the board “called a special meeting, acceding to the demands of the teachers.”³⁰

The continued circulation of the flu contributed to an early end to the fall term at Mayville Normal School on December 13, 1918, well after most other parts of North Dakota had relaxed their restrictions. The school had “maintained a quarantine for many weeks” in hopes that it might avoid an outbreak. However, as the term approached its end, two students fell ill with the Spanish flu, and the school decided to close until January 6.³¹

The secretary of the Fargo YMCA, John W. Adams, noted that the flu’s outcomes included more than just illness and death. The local epidemic of the Spanish flu was likely to make Christmas a bit less cheery. In a letter to the *Fargo Forum*, Adams pointed to the “many heads of families, the wage earners” who had “been incapacitated many days from work.” The “lack of funds” and “weakened health from the epidemic” in these families made a visit from Santa Claus less likely. Therefore, the YMCA secretary encouraged Fargo residents to provide “inexpensive gifts” to make sure “a real Heaven will be brought into cheerless family circles.”³²

²⁸ “Williston Man Dies Suddenly,” *Grand Forks Herald*, February 18, 1919.

²⁹ “Sentinel Butte Farmer Suicides; Flu Blamed,” *Bismarck Tribune*, May 12, 1919.

³⁰ “Teachers Strike to Enforce Pay,” *Fargo Forum and Daily Republican*, December 3, 1918.

³¹ “Mayville Normal Ends Its Fall Term,” *Grand Forks Herald*, December 13, 1918.

³² “Tragedy, Not Joy May Mark Christmas Day in Many Homes in Fargo,” *Fargo Forum and Daily Republican*, December 21, 1918.

The Spanish flu could disrupt family life and the prospects of children greatly. On January 23, 1919, the weekly edition of the *Ward County Independent* reported six deaths over the previous week. Four of the death notices specifically gave influenza as the cause of death. All four, three women and one man, left a spouse and children behind. One mother, Myrtle Emmel of Montana, died in a North Dakota hospital and left five children. The oldest of the deceased in this report was only thirty-three.³³ Pregnant women were among those most likely to die from the Spanish flu. Observers as far back as 1557 noted correlations between influenza and deaths among pregnant women and miscarriage. Many pregnant women were already mothers, which contributed to the number of motherless children after the flu.³⁴

One study has verified increases in premature delivery and mortality, along with maternal mortality, that corresponded with waves of infection associated with the Spanish flu.³⁵ Nearly ninety years after the outbreak of the Spanish flu in North Dakota, Thelma Trom, who lived in Hatton in 1918, recalled that the pandemic affected “[e]specially the pregnant women, they had no chance.” Trom’s aunt was one of the first to die of the disease in Hatton. She was pregnant when she passed away.³⁶ Victoria Krogen Gillies lost her father, Carl Krogen, in the first wave in April 1918, and she suffered from the Spanish flu. She was not quite three years old at the time, yet her family sent her to the hospital in Bottineau. Her family told her that the doctor inserted a tube into her lung to help her breathe. She remembered the large number of widowers left behind in the community after their pregnant wives died of the scourge. “The men were left with the family because the mothers died,” Gillies remembered, “The worst of it was there were so many families didn’t have mothers anymore, and they were big families.” Her family had the reverse with no father, but her mother had to care for five children after his death. She was twenty-seven at the time.³⁷

³³ “Six Deaths Reported This Week,” *Ward County Independent*, January 23, 1919.

³⁴ Barry, *The Great Influenza*, 239–240.

³⁵ Siddharth Chandra, et al, “Short-Term Birth Sequelae of the 1918–1920 Influenza Pandemic in the United States: State-Level Analysis,” *American Journal of Epidemiology* 187, no. 12 (December 2018): 2585–2595, accessed March 18, 2023, <https://doi.org/10.1093/aje/kwy153>.

³⁶ “101-year-old Recalls 1918 Flu Epidemic,” *Bismarck Tribune*, April 27, 2007.

³⁷ MSS 10754, Victoria Gillies, interview by Scott Wager, February 24, 1998, audio tape, North Dakota State Archive, Bismarck, ND.

There are also studies that indicate that the Spanish flu continued to affect the lives of those exposed in utero well after their mothers recovered, although this claim is not universally accepted. Diabetes, stroke, and schizophrenia were among the diseases that afflicted those whose mothers had the flu while pregnant in 1918 at higher rates than those whose mothers were not exposed while pregnant. Additionally, there is some evidence that those exposed in utero had lower levels of income and education, along with increased levels of disability than those born before or after the pandemic.³⁸ This is an area of investigation that might be fruitful for future researchers in North Dakota.

In the final analysis, the exact death toll from the Spanish flu in North Dakota is difficult to assess. Many towns and counties did not include deaths from influenza and pneumonia in their official reports to the state. A couple included statistics related to both case counts and deaths in their reports to the state's health board. Minot noted 2,743 cases of influenza and sixty-two deaths resulting from this infection over the two years ending June 30, 1920.³⁹ With a population of 10,456, more than a quarter of the city's population as counted in the 1920 census came down with the flu.⁴⁰ Rural Bowman County attempted to keep accurate records for the same period and reported 1,306 cases of influenza with fifty-four deaths out of a population of 4,768. More than one percent of Bowman County's population died

³⁸ See Thomas A. Garrett, "Economic Effects of the 1918 Influenza Pandemic: Implications for a Modern-Day Epidemic," *Federal Reserve Bank of St. Louis* (November 2007), accessed March 30, 2020, https://web.archive.org/web/20240202165028/https://www.stlouisfed.org/-/media/project/frbstl/stlouisfed/files/pdfs/community-development/research-reports/pandemic_flu_report.pdf and Douglas Almond, "Is the 1918 Influenza Pandemic Over? Long-term Effect of *In Utero* Influenza Exposure in the Post-1940 Population," *Journal of Political Economy* 114, no. 4 (2006): 672-712 argue that there was a long-term effect on the cohort exposed to the Spanish flu in utero. Jonas Helgertz and Tommy Bengtsson, "The Long-Lasting Influenza: The Impact of Fetal Stress During the 1918 Influenza Pandemic on Socioeconomic Attainment and Health in Sweden, 1968-2012," *Demography* 56, no. 4 (2019): 1389-1425, engaged in a longitudinal study of the impact of fetal exposure to Spanish flu. It found that there was a negative impact on life expectancy, while there was not any consistent evidence to back up the argument that this same cohort had lower long-term socioeconomic outcomes.

³⁹ North Dakota State Board of Health, *State of North Dakota, 1920, Report of the State Board of Health for the Biennial Period Ending June 30, 1920*, 26, Influenza Encyclopedia, accessed November 10, 2020, <http://hdl.handle.net/2027/spo.6820flu.0014.286>.

⁴⁰ *Fourteenth Census of the United States Taken in the Year 1920* (Washington: Government Printing Office, 1921), 271.

from the Spanish flu, while twenty-seven percent became ill.⁴¹ All in all, the flu killed a confirmed 1,378 North Dakotans, although that number is possibly thousands higher because of the many men fighting overseas in the waning days of World War I, according to an estimate provided by historian Perry Hornbacher.⁴²

To provide an idea of the magnitude of the pandemic's impact, a comparison to prior and subsequent years is beneficial. Between July 1, 1917, and June 30, 1918, medical officials attributed nine total deaths to influenza. They reported 297 pneumonia deaths over the same period. Deaths from all causes during this twelve-month period were 4,020, a rate of 631.34 per 100,000 residents.⁴³ For the next fiscal year, July 1, 1918, to June 30, 1919, deaths from the flu came in at 1,378, as noted above. Pneumonia deaths were 1,591 for the same period. Total deaths in the state were 7,385, a rate of 1,159.81 per 100,000—nearly twice that of the prior year.⁴⁴ By comparison, in fiscal 1921, the overall number of deaths dropped to 4,908. Deaths from influenza between July 1, 1920, and June 30, 1921, numbered only twenty-three, while pneumonia took 311 lives in the same period.⁴⁵ It is important to remember that most deaths from the Spanish flu in 1918 occurred over a few short weeks in the fall, and this would have presumably added to the fears of the people who lived through it.

Throughout the second wave of the Spanish flu and beyond, North Dakota's newspapers were quick to report on local, statewide, and

⁴¹ *North Dakota 1920 State Health Report*, 32–35; *1920 United States Census*, 547–548.

⁴² “Pandemic Stories Tell of North Dakotans’ Personal Tolls,” *US News & World Report*, August 1, 2020, accessed November 10, 2020, <https://www.usnews.com/news/best-states/north-dakota/articles/2020-08-01/pandemic-stories-tell-of-north-dakotans-personal-tolls> (<https://perma.cc/XB7J-MTMC>); Emmeline Ivy, “1918 Influenza: The Pandemic That Hit ND before COVID-19,” April 13, 2020, accessed November 10, 2020, <https://www.kfyrvtv.com/content/news/1918-Influenza-The-Pandemic-that-Hit-ND-Before-COVID-19-569614781.html>.

⁴³ *Fifteenth Biennial Report of the State Board of Health to the Governor of North Dakota for the Years 1917 and 1918* (Bismarck, 1918), 61–62, accessed July 17, 2021, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112032684497&view=1up&seq=67&skin=2021>.

⁴⁴ *Report of the State Board of Health for the Biennial Period Ending June 30, 1920* (Bismarck: Bismarck Tribune, State Printers, 1920), 67–68, accessed July 17, 2021, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112032684497&view=1up&seq=67&skin=2021>.

⁴⁵ H. E. French, *Seventeenth Biennial Report of the State Board of Health of North Dakota for the Period Ended June 30, 1922* (Grand Forks: Normanden Publishing Co., 1922), 27–28, accessed July 17, 2021, <https://babel.hathitrust.org/cgi/pt?id=uiug.30112032684497&view=1up&seq=67&skin=2021>. The records for July 1, 1919, to June 30, 1920, appear to have the wrong heading in the 1920 biennial report. Out of an abundance of caution, the fiscal year 1921 deaths are the reference here.

national developments related to the pandemic and were on the front lines of the public health battle. Nationwide recommendations and local orders generally encouraged citizens to follow public health officials' guidelines. They chronicled the pandemic's impact on all aspects of society, from the disruption of basic goods and services to overwhelmed healthcare infrastructure to the bans on public gatherings and the responses these restrictions elicited from the public. The conclusion of the second wave coincided with the waning days of the war and no doubt added to the joy felt by North Dakotans and others in the nation at the signing of the armistice ending World War I in November 1918. But the Spanish flu was not finished. It continued to sicken and kill people in North Dakota and around the world through 1920, although not to the extent of those fateful weeks in the fall of 1918. While North Dakota newspapers continued to carry occasional accounts of schools closing and other limitations placed on public activities, these restrictions were not nearly as extensive as those announced in October 1918. Additionally, the flu's impact continued far into the future because of the children left without parents and the long-term health ramifications experienced by many of its victims. The flu pandemic left a terrible toll on North Dakota, much as it did throughout the rest of the world.



People in Seattle wearing masks like those made by the Red Cross in North Dakota. Precautions taken in Seattle, Wash., during the Spanish Influenza Epidemic would not permit anyone to ride on the street cars without wearing a mask. 260,000 of these were made by the Seattle Chapter of the Red Cross which consisted of 120 workers, in three days. Seattle United States Washington State Washington, ca. 1918. [or 1919] Photograph. <https://www.loc.gov/item/2017668638/>

Conclusion

Unprecedented! This was an adjective (or exclamation) used extensively during the early days of the coronavirus pandemic that began its spread across the globe in late 2019 and early 2020. The Centers for Disease Control and Prevention announced the quarantine of 195 Americans evacuated from Wuhan, China, on January 29, 2020. This was the first such action in more than fifty years, and Dr. Nancy Messonnier of the National Center for Immunization and Respiratory Diseases noted that this was an “unprecedented action” taken to deal with an “unprecedented public health threat.”¹ One researcher argued that the COVID-19 pandemic was unprecedented both for its rapid spread and the rapid shift to online activities in banking, education, and shopping that followed the governmental institution of social distancing measures. Additionally, this article argued that the pandemic offered an “unprecedented opportunity” to:

explore and exercise how emerging technologies can be best used to help human beings directly fight against the current pandemic at this moment...observe, study, and understand various kinds of protective and risky human behavior under the current pandemic; and...describe, explain, and predict human behavior with emerging technologies in the context of an extreme event like the current pandemic for future prevention and intervention.²

Furthermore, the International Monetary Fund noted the “unprecedented support” governments provided in the way of monetary compensation to prop up households and businesses during the initial months of COVID-19.³

¹ Berkeley Lovelace Jr. and Will Feuer, “CDC Issues Mandatory Quarantine for First Time in More Than 50 Years to Wuhan Passengers in California,” *CNBC*, January 31, 2020, accessed November 27, 2023, <https://www.imf.org/en/Blogs/Articles/2020/04/14/blog-weo-the-great-lockdown-worst-economic-downturn-since-the-great-depression> (<https://perma.cc/24K6-N26F>).

² Zheng Yan, “Unprecedented Pandemic, Unprecedented Shift, and Unprecedented Opportunity,” *Human Behavior and Emerging Technology* 2, no. 2 (April 2020): 110-112.

³ Gita Gopinath, “The Great Lockdown: Worst Economic Downturn Since the Great Depression,” *IMF Blog*, April 14, 2020, accessed November 27, 2023, <https://www.imf.org/en/Blogs/Articles/2020/04/14/>

Early estimates of how many deaths might occur in the United States without any interventions to mitigate the spread of COVID-19 were very high. The Imperial College of London estimated more than 2.3 million Americans might die (in addition to more than 580,000 Britons); the CDC projection was a bit less dire, yet still concerning, at more than 1.5 million American deaths.⁴ These estimates would have placed the novel coronavirus at about the same level as the Spanish flu in terms of American deaths per capita, as the US population in 1920 (the closest census to the outbreak of that earlier pandemic) was just above 106 million.⁵ Of course, there were attempts to “flatten the curve” and slow the spread of COVID-19, and these were not unprecedented.⁶ As the preceding pages have shown, schools and churches closed during the 1918 Spanish flu pandemic. There were mask recommendations and requirements. Authorities quarantined or isolated those feared contagious. Some businesses closed. Scientists developed new vaccines that were supposed to stop the spread of influenza. The era of COVID-19 had many similarities with the era of the Spanish flu, and many of the recent interventions attempted bore a striking resemblance to those utilized with varied and limited levels of success more than a century prior.

One major difference between the two eras was the reaction of ordinary Americans to governmental restrictions. There was initially little public opposition to these restrictions in North Dakota and across the US in 1918. The lack of protest might have resulted from the context of World War I and the tying of flu mitigation strategies to

blog-weo-the-great-lockdown-worst-economic-downturn-since-the-great-depression (<https://perma.cc/24K6-N26F>).

⁴ Adam T. Biggs and Lanny F. Littlejohn, “Revisiting the Initial COVID-19 Pandemic Projections,” *The Lancet Microbe* 2, no. 3 (March 2021): e91-e92, accessed November 27, 2023, [https://doi.org/10.1016/S2666-5247\(21\)00029-X](https://doi.org/10.1016/S2666-5247(21)00029-X). Through mid-November 2023, total US deaths were estimated at 1.155 million. See “COVID Data Tracker,” Centers for Disease Control and Prevention, accessed November 27, 2023, <https://covid.cdc.gov/covid-data-tracker/#datatracker-home> (<https://perma.cc/U58R-AH3N>).

⁵ “1920 Fast Facts,” United States Census Bureau, accessed November 27, 2023, https://www.census.gov/history/www/through_the_decades/fast_facts/1920_fast_facts.html (<https://perma.cc/GNE4-4XHL>).

⁶ Flattening the curve refers to a strategy that involves slowing the spread of a disease “spread out the outbreak dynamics,” partially in hopes of lowering the burden on a health care system at any given time. See Auni Aslah Mat Daud, “Five Common Misconceptions Regarding Flattening-the-Curve of COVID-19,” *History and Philosophy of the Life Sciences* 44, no. 3 (September 2022): 41.

the war effort. While I was unable to find a smoking gun that explicitly said people complied for fear of running afoul of the Espionage Act, which threatened imprisonment for those who openly opposed the war, there is some circumstantial evidence available that suggests more opposition to social distancing requirements after the Armistice on November 11, 1918. The refusal of Fargo residents and businesses to observe capacity limitations in late November and early December 1918 followed the end of the war, for example. This was a contrast to the relatively weak request from ministers to remove restrictions that appeared before the war ended. There was a clear example that showed North Dakota residents what might happen to those who appeared to oppose governmental health policies in the legal troubles the anti-vaccine activist Lora C. Little experienced. Furthermore, Harvey J. Moore, pastor of the First Baptist Church in Grand Forks who eventually resigned to work as a chaplain in the war effort, advised his parishioners in an April 1917 sermon that any speech against the war constituted treason.⁷ This showed that even in denominations that traditionally supported liberty of conscience and freedom of speech like the Baptists, compliance with war measures was an imperative.⁸

This reticence to oppose school and church closures during the fall of 1918 greatly differed from the protests that began early in the COVID-19 pandemic. Shortly after the announcement of social distancing requirements, there was vocal opposition from some segments of society. President Donald Trump advised US citizens to avoid groups of more than ten, while the CDC recommended limiting gatherings to no more than fifty people for a period of eight weeks starting on March 15, 2020.⁹ Some religious bodies continued

⁷ "US Justified in Entering War," *Grand Forks Herald*, April 10, 1917. Note that this edition of the paper is not available on *Chronicling America*. The *Herald* published morning and evening editions at the time. This sermon is available on microfilm at the North Dakota State Archive. The church's history claimed that Harvey J. Moore "was almost beside himself with war-enthusiasm, and with difficulty carried out his pastoral duties." See J. Duane Squires, *A History of the First Baptist Church of Grand Forks, North Dakota* (1931), 23. This source is available in the First Baptist Church of Grand Forks Collection in the Elwyn B. Robinson Department of Special Collections at the University of North Dakota, Grand Forks, ND.

⁸ Some Baptists were even more open to restriction in World War II. See J. Bradley Creed, "Freedom for and Freedom from: Baptists, Religious Liberty, and World War II," *Baptist History and Heritage* 36, no. 3 (Summary/Fall 2001): 28-43.

⁹ Derrick Bryson Taylor, "A Timeline of the Coronavirus Pandemic," *New York Times*, March 17, 2021. Accessed November 28, 2023, <https://www.nytimes.com/article/coronavirus-timeline.html>.

to meet, and authorities arrested a few ministers, including Rodney Howard-Browne of Florida, for holding unauthorized meetings. Howard-Browne acquiesced to governmental authority after his arrest to protect his church from what he called “a tyrannical government.”¹⁰ Fear of governmental overreach was at least a contributing factor in the assemblage of a crowd that included protestors armed with rifles in the Michigan Capitol. These armed Michiganders made clear their opposition to Governor Gretchen Whitmer’s ability to enforce restrictions on public interactions, including those of a business nature.¹¹

These were just a couple of examples of the opposition to restrictions that resulted from COVID-19. There were many others. A major difference that becomes quite evident after reading the historical accounts of the Spanish flu is the lack of a clear partisan divide over public health orders. North Dakota editorials tended to support one party or the other in the 1918 election, which was one of the more significant in the state’s history. However, when it came to reporting on the influenza pandemic, most papers tended to provide very similar recommendations during the height of the second wave, which largely coincided with the general election that year. Future researchers in history and other disciplines will have to parse through the extremely partisan coverage of the COVID-19 era to provide a relatively clear analysis of the recent pandemic, as talking heads on cable news shows and editorialists in major newspapers provided widely divergent views based on their political predilections. Indeed, one study indicated that even watching different personalities on the same cable news network might have affected the likelihood of death among viewers.¹²

¹⁰ Kaelan Deese, “Florida Megachurch Pastor Says He’s Closing Church Due to ‘Tyrannical Government,’” *The Hill*, April 2, 2020, accessed November 28, 2023, <https://thehill.com/homenews/news/490789-florida-megachurch-pastor-says-hes-closing-church-due-to-tyrannical-government/> (<https://perma.cc/27DK-VSDV>).

¹¹ Jason Slotkin, “Protesters Swarm Michigan Capitol Amid Showdown over Governor’s Emergency Powers,” *NPR*, May 1, 2020, accessed November 28, 2023, <https://www.npr.org/sections/coronavirus-live-updates/2020/05/01/849017021/protesters-swarm-michigan-capitol-amid-showdown-over-governors-emergency-powers> (<https://perma.cc/77H3-QUPG>).

¹² Alia Slisco, “Coronavirus Deaths Greater Among Fox News Viewers That Prefer Hannity over Tucker Carlson, Study Says,” *Newsweek*, April 20, 2020, accessed December 2, 2023, <https://www.newsweek.com/coronavirus-deaths-greater-among-fox-news-viewers-that-prefer-hannity-over-tucker-carlson-study-1499354> (<https://perma.cc/9JTK-QNCW>). Viewers who watched Sean Hannity’s show on Fox News were less likely to change behavior early in the coronavirus pandemic than viewers of Tucker Carlson, who tended to take the pandemic more seriously earlier in the outbreak.

The midterm election of 1918 is surprisingly a topic that is rarely discussed in the context of the Spanish flu. It took place in the middle of both a global war and a global pandemic. As noted earlier, the major works on the Nonpartisan League did not mention the effects of the Spanish flu on that election, even though it was an election that ultimately changed the trajectory of the state and allowed for the implementation of the NPL's industrial program that included a state-owned flour mill and a state-owned bank, both of which exist to the present day. The nationwide election is an area that researchers might investigate in the future, especially to provide a comparison with the election of 2020, which took place during a period of extreme social distancing. Most Americans had to cast their ballots in person on Election Day in 1918, while in 2020, many states provided extended opportunities for early and mail-in voting to cut down on the time people would have to spend in proximity with each other as they waited to vote. Several states delayed their primary elections or changed them to be conducted entirely via mail to accommodate stay-at-home orders.¹³

Another factor in both the Spanish flu and COVID-19 pandemics was poverty. As noted in Chapter 1, army barracks with tighter quarters tended to see more influenza in 1918. Poor Americans and recent immigrants would have had close living quarters, as well, making infection more likely among those segments of society. There was some evidence that economically challenged people had more difficulty maintaining social distancing during the COVID lockdowns. One *New York Times* article stated the obvious, "Inmates, farmworkers, detained immigrants, Native Americans and homeless families are among the discrete groups whose dilemmas have attracted notice. What they share may be little beyond poverty and one of its overlooked costs: the perils of proximity." This article quoted Stefanie DeLuca, a Johns Hopkins University sociologist, who observed, "Living in crowded conditions not only increases the risk of infection but can also impose serious emotional and mental health costs."¹⁴

¹³ Nick Corasaniti and Stephanie Saul, "16 States Have Postponed Primaries During the Pandemic. Here's A List," *New York Times*, August 10, 2020, accessed December 2, 2023, <https://www.nytimes.com/article/2020-campaign-primary-calendar-coronavirus.html#:~:text=During%20the%20Pandemic.,Here's%20a%20List.,contests%20because%20of%20the%20coronavirus>.

¹⁴ Jason DeParle, "The Coronavirus Class Divide: Space and Privacy," *New York Times*, April 12, 2020, accessed December 24, 2023, <https://www.nytimes.com/2020/04/12/us/politics/coronavirus-poverty-privacy.html>.

Low-income Americans, along with the poor around the globe, are more likely to be employed in what the government deemed “essential services.” These service workers must physically show up to work and rarely have the option to work from home to earn an income, a marked difference from many who are situated in the middle or upper class. Additionally, the children of the working class are less likely to have stable Internet access, which can make online schooling more difficult. There were three cities in the U.S. that decided to leave schools open in 1918, New York, Chicago, and New Haven, Connecticut. There was a belief that the relatively well-ventilated schools provided a better environment than crowded tenement housing. Additionally, schools had the ability to check students for signs of the flu; those who showed symptoms might go home with instructions for proper care.¹⁵ It will be interesting to learn from future research on the educational attainments of students who experienced an unexpected period of home schooling during the coronavirus pandemic as schools closed around the globe in 2020.

Ultimately, the extant records that detail the 1918 Spanish flu pandemic not only provide insight into how North Dakotans grappled with and experienced an earlier pandemic, but it also shows how their experiences compared to the recent fight against the coronavirus that causes COVID-19. Much like the coronavirus pandemic, restrictions on public space, school closures, mask requirements or recommendations, and the challenges of conducting campaigns and elections amid widespread contagion all figured into the management of daily life in 1918. Then as now, society was forced to grapple with both a dramatically transformed public sphere and the constant threat of disease and death.

There are important differences between the two pandemics, as well. There was little politicization of the Spanish flu, yet the response to COVID-19 differed between the two major political parties as that crisis continued for many months. Medical knowledge was more advanced in 2020 than it was in 1918, and this led to more treatment options. Without modern contemporary medical interventions, the coronavirus pandemic may have had a much higher death toll, although its extent would be difficult to quantify. Additionally, there

¹⁵ Ella Torres, “3 Cities Kept Schools Open During the 1918 Pandemic. Experts Say 2020 Is Different,” *ABC News*, July 26, 2020, accessed December 24, 2023, <https://abcnews.go.com/US/cities-schools-open-1918-pandemic-experts-2020/story?id=71970192> (<https://perma.cc/K8QQ-A34C>).

was no global military conflict in 2020 to hasten the spread of the disease through ongoing fighting, although jet-powered airplanes allowed for rapid contagion, at least until governments grounded flights. Many governments enacted stricter social distancing measures in the recent pandemic, as well. Regardless of the similarities and differences, a better understanding of how previous generations of North Dakotans handled a major public health crisis sheds light on the historical precedents behind many of the measures undertaken in recent times as governmental agencies attempted to strike a balance between personal freedom and public safety.

A Note on Sources

Prior to the outbreak of COVID-19, I had only a passing interest in the histories of science and medicine. As noted earlier, this book had its genesis in the creation of a lecture on the Spanish flu for my students at Colby Community College in western Kansas. Because of the uncertainty of the pandemic, my employer had just decided to take an extended two-week Spring Break to facilitate the shift to on-line learning through Zoom for what had previously been face-to-face classes. I had just finished a discussion of World War I and given the social distancing measures put in place in early 2020, I felt that a discussion of how early twentieth-century Americans dealt with another pandemic might allow students a window into the rationale behind the intrusions into their everyday lives.

While creating this lecture on the Spanish flu, additional questions came to mind. The first involved how the states in which I had lived handled the outbreak of Spanish flu? I began my research on North Dakota through a perusal of the digitized newspapers at the Chronicling America database maintained by the Library of Congress. I chose to focus on the Northern Great Plains, rather than my home state of West Virginia and the state I then called home, Kansas, because the three major daily papers in North Dakota were available through Chronicling America, at least through the end of 1918, a period which encompassed the particularly harsh second wave. The daily coverage from Bismarck, Fargo, and Grand Forks provided a day-to-day account of events as they unfolded during the second wave. The three newspapers on which I focused also offered a window into what was happening in other cities around the state and the nation, and it quickly became apparent that the information I could glean from the *Bismarck Tribune*, the *Fargo Forum and Daily Republican*, and the *Grand Forks Herald* might provide enough useful information to construct an article-length publication, and the resulting piece in *North Dakota History* led to even more questions, largely because of the information contained in the media that did not fall under the category of public health recommendations like masking or the closure of public meetings.

Before digging too deeply into the newspaper accounts from North Dakota, I read the major early analyses of the Spanish flu noted in the introduction, Barry's *The Great Influenza* and Crosby's *America's Forgotten Pandemic*. These secondary sources were invaluable in setting out a general narrative of the Spanish flu pandemic that guided my future research. Janelle Olberding's 2019 analysis of Butte, Montana's, bout with the 1918 flu pandemic provided an idea of how a smaller-scale history of the Spanish flu might work. After familiarizing myself with these sources, I set about researching the newspaper record I had available (major archives were closed due to the COVID-19 pandemic) and then constructing the article manuscript, which, after revisions, appeared in print in 2021. The relative brevity required for a journal article allowed me only to touch briefly on a couple of topics that aroused my interest in the newspaper record, namely the types of treatment recommended for avoiding the flu or alleviating its symptoms and the pandemic's effect on the off-year election. This led to additional research into the patent medicine industry and the Nonpartisan League, the political movement that dominated North Dakota politics for a short time in the late 1910s and early 1920s. Providers of patent medicines hawked their wares in the weekly and daily newspapers, which also included frequent updates on the electoral campaign that had just started to ramp up as the flu hit North Dakota.

My analysis of newspapers uncovered the death of Wilbur Turpin, one of the few African Americans who resided in North Dakota during the 1910s.¹ While Turpin's death resulting from Spanish flu was a single anecdote, it nonetheless brought up the question of whether minority communities in North Dakota experienced the pandemic differently than the white majority did. The largest minority group in North Dakota resided on Indian reservations. This led to a search for additional primary sources and a return to the online repositories of the Library of Congress, although at this point, reports from the Bureau of Indian Affairs, rather than newspapers, provided an idea as to how government officials who administered the reservations in North Dakota understood their experiences. Unfortunately, Native voices are not in ready supply for most historical studies. However, these reports, along with newspaper accounts of how influenza impacted the Indians uncovered the name of Ferdinand Shoemaker. I looked for repositories that held collections tied to some of the major health officials

¹ "Turpin Is Victim of Influenza," *Grand Forks Herald*, October 15, 1918.

mentioned in some of the primary sources. Shoemaker's name came up on more than one occasion, which piqued my interest, and I found that the McCracken Research Library in Cody, Wyoming, held his papers. I searched the finding tool to find documents that might deal with his activities in North Dakota around the time of the flu. Personnel at the library were kind enough to scan those documents and provide me with digital copies (for a nominal fee, of course). He was the only major medical official in North Dakota for whom I could easily find a major repository.

Much of my research prior to this project focused on religious history. Knowing that local governments shut down all public meeting places, including churches, I wondered how ministers in North Dakota reacted to the outbreak. This was the first major research question that required travel to a physical archive. I had previously requested a few documents from the North Dakota State Archive in Bismarck. These included transcripts of a couple of oral history interviews that reflected on the Spanish flu. However, I had an interest in looking at the official records of religious bodies. This required a trip to Bismarck in July 2022. I initially contemplated driving to Bismarck for a couple of days and then spending a day or two in the university archives in Grand Forks and Fargo. However, an online search of the archives at UND and NDSU did not uncover much that clearly tied into my research. Perhaps there are sources available that my search terms did not reveal, but it appeared that the state archive would prove more fruitful.

Therefore, I decided to fly to Bismarck for an entire week. I began my investigation of religious bodies through official records tied to the state Baptist, Methodist, Presbyterian, and Congregational denominations. I attempted to find records tied to the Roman Catholic parishes in North Dakota, but this search did not prove terribly useful. In addition to the minutes of the state conventions, some denominations had short congregational histories that detailed some of the facts regarding their local churches. While these were generally not as detailed as a historian might hope, a few included information that proved useful for analysis. A handful mentioned ministers who died during the flu, while some others mentioned those who served their communities during the contagion. Sometimes, the absence of evidence is telling, as it was in the record book of the First Baptist Church in Grand Forks. I spent many hours combing through the records of this specific

congregation during my doctoral studies at UND, and there was a significant gap in the meeting minutes during the period of the public meeting bans around the Spanish flu outbreak in Grand Forks.

While making an online search through the holdings of the state archive before my trip, I found that the library held records of the Red Cross chapters active in North Dakota during World War I. Armed with the knowledge from my online newspaper research that the Red Cross played a major role in producing protective equipment like masks and securing nurses for existing and temporary hospitals that treated Spanish flu patients, I decided that this might be another area of investigation that might offer additional useful data. The experience of nurses and the impact of the Red Cross were not questions I initially intended to investigate, but the abundance of material available regarding these topics added another layer to the research and, hopefully, a fuller understanding of how the Spanish flu pandemic affected North Dakotans.

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