The 1918 influenza outbreak in Richmond, Virginia, USA

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“Spanish ‘flu’ is no respecter of persons and people of all races, nationalities, and walks of life. My ambulance hauled nine people from one family.” (John Williams)

John (Jack) Williams was a fifteen-year-old boy living in Richmond, Virginia, and attending the Chamberlayne School for Boys when he faced death of the magnitude he described here. At Chamberlayne, an Episcopal boarding school, Williams was an outstanding student. Not only did he excel academically, Williams was also captain of the Chamberlayne Corps, a youth military training group; president of the Jackson Literary Society; and an active member of the Boy Scouts. Because of these activities, the school’s principal described Jack as being “endowed with gifts of no ordinary kind” and filled with “limitless possibilities.” However, it was Jack’s willingness to serve his community that ultimately led to his death during the 1918 flu pandemic. Against his parent’s wishes, Jack volunteered with his Boy Scout troop to transport sick flu patients from their homes to the newly established emergency hospital in John Marshall High School. That close contact with flu would prove fatal. Williams succumbed to the virus on October 11, 1918, and died on October 16—only five days later.1 As in other places, Richmond had no vaccines and no antibiotics to treat the secondary infections that accompanied the virus. Medical professionals and city officials could only rely on isolation, quarantine, general personal hygiene, and limited group gatherings. In an attempt to stop the spread of the highly contagious virus, health officials urged citizens to wear gauze masks in public.

PLACE MATTERED
Richmond’s geographic location was a significant factor in the spread of the pandemic. The city lay only 25 miles north of Petersburg, Virginia, home to the military training base, Camp Lee.2 In 1918, Camp Lee contained nearly 48,000 soldiers training to serve in the infantry of the First World War. Because of the crowded conditions and over-exerted young soldiers in close contact with each other, the military base was the perfect setting for the spread of disease. In fact, Commanding General Charles A. Hedskin knew that the situation was a recipe for disaster when the first flu case appeared in the camp infirmary on Friday, September 13, 1918. He was correct: the disease spread quickly, with 500 cases reported in the camp by September 17 and over 1,000 cases by September 19.3

In an effort to contain the deadly virus, Hedskin forbade all public gatherings in the camp. He also closed the YMCA, the Knights of Columbus Hall, and all movie theaters. Military officials converted buildings into makeshift infirmaries and had curtains made from halved bedsheets that hung between beds. Despite these valiant attempts to contain the disease, Hedskin did not issue a general quarantine of the camp because he did not want to delay training. Soldiers were needed at the front.4 He also continued to push his troops hard, causing many sick soldiers to return to duties before they fully recovered.5 As a result, conditions in the camp continued to deteriorate.

After receiving word about the harrowing situation in Camp Lee, and well aware that soldiers regularly visited the city on their time off, Richmond officials began to worry about the spread of disease to the city.6 City Health Officer, Dr. Roy K. Flannagan, and Virginia Health Commissioner, Ennion G. Williams, knew that something had to be done. They began with a conservative...
approach, implementing a public education campaign to reduce further harm. Distributing posters and pamphlets in restaurants, hotels, and streetcars, the officials urged the public to refrain from putting their fingers in their mouths or sharing drinks and cups. They also told them to cover their coughs and sneezes.

Aware that the spread of the flu could be inevitable, Flannagan visited Camp Lee to identify precautions that the officials there had implemented. Despite his best attempts at prevention, however, the flu arrived in Richmond on September 28. That day Flannagan warned his fellow citizens that he “would not be surprised if they were visited by the most widespread epidemic of grippe the city [had] ever known.” In order to prevent the disease from spreading throughout the city, Flannagan requested that dances and social events be canceled. He also advised Richmonders not to invite soldiers into their houses for Sunday dinner, as had become the custom.

Despite his efforts, the virus spread rapidly through Richmond, causing both Flannagan and Williams to question their conservative “public education” policy. At first, Flannagan maintained that no drastic action was needed because Richmond seemed to be handling the outbreak better than other areas of the country that had been affected, as no deaths had yet occurred. In fact, the October 1, 1918, Richmond Times-Dispatch encouraged the public not to panic:

“If unfortunate as health conditions are, there is no reason for the people as a whole to be alarmed... Often before the country has experienced epidemics of a similar character, if not identical in diagnoses... the disease will be conquered in the camps and elsewhere. It may take a heavy toll meanwhile, but it will sooner or later surrender to silence.”

Within days, however, as the pandemic grew, Williams and Flannagan described the state of the disease in the city as “grave.” On October 5, with over 2,000 cases in Richmond, the State Department of Health ordered city health departments to cancel all other public gatherings and close churches, soda parlors, and drugstores. At first, the officials opted not to close schools, requiring instead that teachers remain vigilant in sending sick children home when they showed symptoms of flu. However, only a day later, on October 6, Richmond’s board of directors issued a closure order for both public and private schools. The Virginia State Fair, a popular event for Richmond’s citizens, was scheduled to open on October 7, but it, too, was ordered to close, costing the city in wasted resources and missed economic opportunities. The disease was not only taking a toll on the physical wellbeing of its citizens, but also on the city’s economy.

By mid-October, many of the city’s resources were being stretched to the limit. A milk shortage resulted not only because of the dairy industry’s inability to meet customer demand due to a shortage of healthy employees, but also because demand had risen when physicians ordered those who were sick to drink milk to regain their strength. In fact, the shortage was so severe that the city authorized Richmond jail inmates to work for the dairies. As the flu spread, other businesses suffered the consequences. More than forty post office clerks became sick, as did three detectives, a sergeant, and a policeman. The Richmond Gas Works had such a high absentee rate that officials took the drastic measure of firing anybody who missed work without a valid excuse. Streetcar service was limited because sixty drivers were ill. The greatest shortage, however, was in nurses.

**THE NURSING AND COMMUNITY RESPONSE**

From the earliest stages of the pandemic, Richmond’s nurses were overwhelmed with work and had to turn to the local Red Cross and other public and private organizations for help. Early in the course of the disease, Flannagan sent out a plea for “every man or woman, white and colored [sic], who has any experience with nursing” to attend a meeting at the downtown Young Women’s Christian Association to determine how they could help the city conquer the malady.

The city compiled a list of 75 nurses, with Flannagan making the decision to divide Richmond into four sectors and assign nurses to each area. The City Health Department armed these nurses with uniforms and disinfectants, while the local Red Cross chapter donated nursing bags filled with such basic necessities as pillow cases, linens, and gauze. Meanwhile, Red Cross nurses worked with the local health department to instruct volunteers who were willing to help but had not any formal training. To assist the nurses, the Board of Health asked all women to take over any nurse’s duties that could be performed without formal nurses’ training. Thus, individual volunteers delivered soup, washed linens, changed soiled garments, and assisted in bathing patients.

Many local groups and organizations also volunteered to help. In mid-October, the Instructive Visiting Nurse Association organized soup kitchens for flu patients who were too sick to prepare their own food or for families whose major bread winner had died in the pandemic. To contribute to this cause, the US Department of Agriculture donated 100 gallons of soup per day at a local
dehydration plant. The Richmond School Board also cooperated in this time of crisis. Even though schools were closed, the staff members of public schools volunteered their services as long as they were well enough. When no nurse or other medical professional was available, the public school teachers visited the sick children in their school district, offering general care-giving abilities and friendly encouragement. It is estimated that 477 public school teachers volunteered their services during the peak of the outbreak, with seventy-five of them becoming ill and four teachers and one school nurse succumbing to the disease.16

THE MEDICAL RESPONSE IN THE JIM CROW SOUTH

During the course of the pandemic, physicians became extremely overworked. In fact, Roy Flannagan estimated that physicians were only able to formally diagnose and report one-third of the actual number of cases. The great demand for physicians led Williams as Virginia Health Commissioner to authorize third- and fourth-year medical students at the Medical College of Virginia to work as assistants. In addition, the Surgeon General of the Army agreed to lend some doctors from army camps to other locations throughout the state where their service was needed.

When the pandemic peaked in mid-October, the hospitals became overrun with patients, and the poorly funded city health department scraped together us $50,000 to convert John Marshall High School into an emergency hospital. The American Red Cross chapter donated 250 beds, 580 pillowcases, 230 pajamas, sheets, bathrobes, slippers, handkerchiefs, and other necessary items. School secretaries worked long hours at the John Marshall offices; school janitors worked to convert the rooms in the high school into emergency facilities; and the science department and elementary school teachers prepared the food for the hospital. The school’s conversion to a hospital took less than 24 hours. Work began at 7:00 P.M. on October 7, and the hospital began admitting patients the next morning. Dr. Lawrence T. Price, a professor at Virginia Medical College, became director of the hospital, supervising a team of six doctors who worked in shifts around the clock.17

In this era of the Jim Crow south, maintaining society’s strict laws about racial segregation was important. Thus, white patients stayed in the main area of the emergency hospital, while black patients were relegated to the basement. When the building reached capacity on October 15, the overflow of white patients went to Bellevue Junior High School, and black patients to the Baker Elementary School. There, in order to adhere to segregation policies, black physicians and nurses staffed Baker Elementary Hospital. The head physician, a Dr. Hughes, was assisted by Dr. Bessie Tharp who had studied at Harvard Medical School and the University of Boston. After visiting the hospital, Virginia Governor, Westmorland Davis, stated, “It is an excellent thing to have our colored[sic] people so well able to work out their own problems independent of white help and without any mixing of activity. It shows that they are progressing and that they will become helpful workers in the future of the state.”18 This racial uplift expectation was based on arguments for white supremacy and were all too accepted by the majority of white Virginians. Even in an extreme crisis like the flu, citizens saw no need to cross racial boundaries.

THE CRISIS ABATES

On October 24, 1918, health officials pronounced Richmond’s “epidemic to be in decline.” The overall death toll in the city that Fall totaled 946, with 20,941 reported cases. One-hundred and twenty-three more deaths occurred in the year 1919 when the disease resurged. In comparison to other cities, Richmond’s death rate was higher than other southern and midwestern cities, but lower than most cities on the east coast.19 The response required the collaboration of government officials, military leaders at Camp Lee, medical and nursing professionals, public and private organizations, and individual citizen volunteers.20

REFERENCES

1 Mason Lecky, “The Heroism of Jack Williams, II ’19’ (Speech, Richmond, VA, September 17, 2018), St. Christopher’s School. Available from: https://www.stchristophers.com/news-detail?pk=1200719 (Accessed April 26, 2019).
2 n.a., “1918 Pandemic (H1N1 Virus) Pandemic Influenza (Flu) Centers for Disease Control and Prevention.” March 20, 2019. Available from: https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html?CDC_AA_refVal=https://www.cdc.gov/features/1918-flu-pandemic/index.html (Accessed April 26, 2019).
3 “Base Hospital Filled by Influenza Epidemic,” Richmond Times-Dispatch, (17 Sept. 1918):7. See also: “One Thousand Soldiers Will Become Citizens,” Richmond Times-Dispatch, (19 Sept. 1918): 2.
4 Carol Byerly, Fever of War. (New York: New York University Press, 2005).
5 “Base Hospital Filled by Influenza Epidemic,” Richmond Times-Dispatch. (17 Sept. 1918): 7.
6 “Influenza Encyclopedia,” Richmond, Virginia and the 1918–
1919 Influenza Epidemic, The American Influenza Epidemic of 1918: A Digital Encyclopedia. Available from: https://www.influenzaarchive.org/cities/city-richmond.html# (Accessed April 26, 2019).

7 Richmond Times-Dispatch. (29 September 1918): 22.

8 “Influenza Encyclopedia,” Richmond, Virginia and the 1918–1919 Influenza Epidemic, The American Influenza Epidemic of 1918: A Digital Encyclopedia. Available from: https://www.influenzaarchive.org/cities/city-richmond.html# (Accessed April 26, 2019).

9 Richmond Times-Dispatch. (1 October 1918).

10 Stephanie Barker, “The impact of the 1918–1919 influenza epidemic on Virginia,” (2002). Master’s Theses. Paper 1169, in the “Influenza Encyclopedia.” Richmond, Virginia and the 1918–1919 Influenza Epidemic, The American Influenza Epidemic of 1918: A Digital Encyclopedia. Available from: https://www.influenzaarchive.org/cities/city-richmond.html# (Accessed April 26, 2019).

11 “City Probably Will Take Over Operation of Dairy Business, with Jail Help,” Richmond News-Leader, (12 October 1918): 1.

12 Stephanie Barker, “The impact of the 1918–1919 influenza epidemic on Virginia” (2002).

13 Richmond Times-Dispatch. (October 3, 1918): 3.

14 Marian Moser Jones, “The American Red Cross and Local Response to the 1918 Influenza Pandemic: A Four-City Case Study,” Public Health Reports 125, no. 3_suppl (2010): 92–104. doi:10.1177/00333549101250s312.

15 Ibid. (Marian Moser Jones).

16 Stephanie Barker, “The impact of the 1918–1919 influenza epidemic on Virginia” (2002).

17 Ibid (Barker)

18 Richmond Time Dispatch. (20 October 1918); See also: Stephanie Forrest, “The impact of the 1918–1919 influenza epidemic on Virginia” (2002).

19 n.a. “Influenza Encyclopedia.” Richmond, Virginia and the 1918–1919 Influenza Epidemic, The American Influenza Epidemic of 1918: A Digital Encyclopedia. Available from: https://www.influenzaarchive.org/cities/city-richmond.html# (Accessed April 26, 2019).

20 Roy K. Flannagan, Chief Health Officer Richmond, in 1918 City Health Report, January 17, 1918. Virginia Chronicle. (accessed November 4, 2019): 1