“It was scary because every morning when you got up, you asked, ‘Who died during the night?’ You know death was there all the time.”

Kenneth Crotty, who was only eleven years old at the time of the influenza pandemic of 1918, recalled the terror and uncertainty that had spread across the country as a result of what at the time was known as the “Spanish flu.” Crotty, like millions of others across the world, experienced the effects of the flu firsthand: he was the church’s altar boy for over thirty masses for those who had died from the disease. Recalling those funerals, Crotty stated: “They’d have those monstrous big candles on the first six aisles...and I remember the heartbreak I felt when I saw that person lugged down the center aisle, down the steps, [and] packed into a small truck.” Crotty also had personal connections to the flu; both of his sisters became ill and were separated from him in an attempt to contain the disease.

Crotty’s experience was not uncommon during the late Summer and Fall of 1918, as 500 million people, or one-third of the world’s population, became infected with influenza in what would become known as the most severe flu pandemic in modern history. In the United States, the flu first presented in military camps and then spread to almost every city in the country. One of these was the nation’s capital, Washington, D.C. The first death in Washington, D.C., was reported to be that of a thirty-year-old man named John Clore who died on September 21, 1918, at Sibley Hospital. More deaths were reported daily and by October 5, the average number of deaths was hovering around thirty each day.

As the political and military center of the United States, the nation’s capital should have been prepared to contain the spread of a pandemic such as this one, at least in theory. After all, in addition to government officials, many of the country’s most talented military and civilian medical experts had offices there. The city was also home to the national headquarters of the American Red Cross—a place where public health officials, physicians, and nurses gathered to address issues related to the health needs of a nation at war. Indeed, the well-being of the entire country rested on the shoulders of those in the capital.

But the situation was complicated, particularly because of the war in Europe. In 1918, Washington, D.C., was teeming with military personnel, clerical workers, and all manner of federal support staff. Boarding houses, offices, and hotels were overcrowded. Additionally, many of the workers were young and had little immunity to any flu virus; however, their robust immune systems, when activated, reacted violently to the disease when it attacked. Meanwhile, many physicians and nurses had volunteered to serve their country in the war, depleting the city of medical and nursing personnel. When the pandemic reached Washington in the late summer of 1918, health officials simply could not keep up with the rate at which the virus spread. The combination of the aggressive nature of the disease along with little knowledge about its etiology and treatment further added to the gravity of the situation. Finally, with the entire country affected by the flu, government officials were simply overwhelmed. Trying to address the outbreak at the national as well as the local level proved difficult; too much chaos existed to make effective decisions for both. In the end, Washington, D.C., was considered a “harvest field” for the flu. Over 33,000 of the city’s citizens fell ill; nearly 3,000 died.

Aware that the flu had devastated military camps in Boston, Washington’s Health Officer, William C. Fowler, and US Surgeon General, Rupert Blue, were alert to the possibility of an outbreak in Washington, D.C. However,
when the first newspaper reports of the flu in the capital occurred in August 1918, the men initially believed that the disease was mainly a military problem, and they questioned just how much it would spread to civilians. On September 26, Fowler warned the public to be cautious, but did not believe it would be a widespread issue in the city.

As reports of new cases of the flu emerged, however, Fowler became more concerned about the possibility of a widespread outbreak and took steps to quell its spread. He declared that public transportation should be avoided as much as possible; he also requested that organizations postpone their meetings. Fowler, however, was still in denial that the flu would spread to civilians, stating that there was “little danger that Washington, with its high degree of wholesomeness” would be “the scene of serious outbreak of the disease.” As a result, he continued to permit public gatherings. However, as the threat of infection became more imminent, Fowler later closed public schools, churches, libraries, and theaters, and placed businesses on an alternating schedule to avoid large crowds in the downtown area. He also mandated that streetcars leave their windows open at all times. Meanwhile, physicians were ordered to report any cases of the flu to the Health Department; they would be fined US$50 if they failed to do so. In a display of his ambivalence about what to do, Fowler first declared that playground hours should be extended and that more equipment should be built so that children would spend time in open spaces with fresh air. The next day, however, he decided to prohibit children from going to playgrounds, as he realized that it would actually lead to more interaction that could further the transmission of disease. Other efforts followed. By early October, the federal government closed the Library of Congress and the Senate and House public galleries. Eventually, on October 3, District Commissioner, Louis Brownlow, announced that the city would be working with the US Public Health Service (USPHS) to better address the looming threat of a deadly pandemic.9

At this point, government officials were aware of the gravity of the situation, but it was too late. By early October, over 3,000 cases of influenza had been reported, and the rate at which people were being infected was increasing by the day. With hospitals overflowing, the USPHS opened a temporary hospital on F Street, but personnel there quickly became overwhelmed with the sheer number of people needing medical care. In a further attempt to gain control over the situation, officials divided the city into five different districts and established a headquarters in a school in each district. From these headquarters, doctors and nurses went to various homes or hospitals in an attempt to coordinate the aid response and reach as many people as possible.10

THE NURSING RESPONSE

As was true in other cities, the local Red Cross chapter organized a nursing service to tend to those who were sick at home. This unified nursing service allowed for more efficiency in the treatment process, as there was a scarcity of medical personnel because of the war.11

The Red Cross paid the nurses’ salaries, established soup kitchens to help families in need, and provided over US$2 million worth of equipment and supplies.12 Additionally, the Red Cross worked with the Surgeon General to create a standard pay scale for the nurses, because cities were beginning to bid against one another for their services. In the Washington, D.C., area, however, almost 1,500 nurses volunteered to work for the Red Cross before they were even guaranteed any reimbursement, displaying their “duty to serve.” To maximize efficiency, nurses were also urged to serve in their own housing complexes.13

THE FLU PEAKS

As in other cities, by mid-October, the flu had reached crisis stage in the capital, and officials considered further measures to address it. On October 12, Commissioner Brownlow met with the Surgeon General to express his concerns over the mass influx of military members and war workers who were constantly entering and exiting the city. Brownlow and Fowler both were proponents of prohibiting anyone from entering the city for a period of time until the scourge could be brought under control. While federal government officials knew that this would be impossible to enforce, they did request that the Civil Service Commission and Secretaries of the Treasury and Interior stop summoning war workers to the city until they received further notice.14 Additionally, with soldiers packed into nearby military bases such as Camp Mead and Camp Humphreys, the government temporarily stopped recruiting new soldiers in order to prevent the rapid spread of influenza that occurred in crowded camps.15

With hundreds of deaths occurring weekly and those burying the dead becoming sick as well, the city had to deal with the crisis of how to dispose of dead bodies. With a cremation rate of only 3.7 percent at the turn of the century, this new outbreak demanded many more workers and coffins. Fowler was desperate to find people
who were willing to bury the dead and even offered to pay volunteers. Many were hesitant, however, because they were either sick or were unwilling to be exposed to the disease. Eventually, US Marines from nearby military bases and prisoners from the Occoquan prison took on the work. By October 10, however, Washington D.C., had run out of coffins, as had Baltimore and Philadelphia. City officials temporarily solved the problem when, having discovered that a train filled with coffins was headed to Philadelphia, they rerouted it to the capital, thus providing the city with 270 coffins. Yet, this was hardly enough to last more than a few days. Meanwhile, the scarcity of coffins only contributed to the further spread of the disease.16

By the last week of October, the flu appeared to be on the wane as fewer new cases were being reported. As a result, the public placed immense pressure on Fowler to lift the public gathering ban, especially from local churches who claimed that Fowler was being unfair because stores were allowed to remain open. Giving in to the pressure, Fowler abruptly ended the closure of theaters, schools, and churches. His decision was premature; new cases of the flu surfaced in early December—sometimes with hundreds of new cases occurring in one day. After a long debate about what actions should be taken against this new second wave, it was decided that no major initiatives would occur. At that point, the temporary hospitals had already closed, and although the F Street hospital had reopened, it had to rely on funding from the Red Cross and USPHS. The disease rate this time around was less severe, however, and by February 1919 had subsided.16

CONCLUSION

The influenza pandemic had a lasting effect on Washington, D.C., as life expectancy decreased by twelve years. Nearly everyone had witnessed the death of a close friend or family member.17 Many people asked themselves, “Why me?”. They attempted to explain the malady through a variety of means, such as placing blame on landlords, taking a religious approach and believing it was the will of God, or viewing the sickness as God’s disapproval of racial superiority by striking black and white alike.18 Washington, D.C., certainly suffered a great deal as a result of the flu and faced an even more expansive list of challenges than the average city. Indeed, “place” mattered. The city’s geographic location near military camps, its officials’ political responsibilities as the center of the nation’s government, as well as the influx of personnel during wartime all played a part in complicating the city’s response.

REFERENCES

1. Kelley Colihan, “Witness to 1918 Flu: ‘Death Was There All the Time’.” CNN Health. November 14, 2005. Available from: http://www.cnn.com/2005/HEALTH/conditions/10/07/1918.flu.witness/index.html (Accessed May 6, 2019).
2. Ibid. See also n.a., “1918 Pandemic (H1N1 Virus),” n.d. Centers for Disease Control and Prevention. Available from: https://www.cdc.gov/features/1918-flu-pandemic/index.html (Accessed May 6, 2019).
3. n.a., “1918 Pandemic (H1N1 Virus);” Matthew Gilmore, “Washington’s Lost Month: the 1918-19 Spanish Influenza Epidemic in the District of Columbia.” The InTowner, October 1, 2018. Available from: http://intowner.com/2018/10/01/washingtons-lost-month-the-1918-19-spanish-influenza-epidemic-in-the-district-of-columbia/ (Accessed May 6, 2019).
4. Michael E. Ruane, “The Flu Pandemic That Came to Washington in 1918 Killed 2,800, Sickened Many More.” The Washington Post. (October 19, 2014). Available from: https://www.washingtonpost.com/local/the-flu-pandemic-that-came-to-washington-in-1918-killed-2800-sickened-many-more/2014/10/19/370203de-54a5-11e4-b44b-f63332e0453_story.html?utm_term=.02a9c3fe447b (Accessed May 6, 2019).
5. Ibid.
6. Matthew Gilmore, “Washington’s Lost Month.” (2018).
7. Michael E. Ruane, “The Flu Pandemic.” (Washington DC, The Washington Post, 2014).
8. “Influenza Encyclopedia Washington D.C.,” University of Michigan: 1–2. Available from: https://www.influenzaarchive.org/cities/city-washingtondc.html# (Accessed May 6, 2019).
9. Ibid, 1.
10. Ibid, 2.
11. Gilmore, “Washington’s Lost Month.
12. Marion Moser Jones, “The American Red Cross and Local Response to the 1918 Influenza Pandemic: a Four-City Case Study.” National Institutes of Health 2010. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862338/ (May 6, 2019).
13. Elizabeth Hile, “‘Like Brave Soldiers:’ Nursing and the Spanish Influenza Epidemic of 1918 in the United States,” Thesis (Bowling Green, Ohio: Bowling Green State University, 2018): 1–200
14. “Influenza Encyclopedia Washington DC.” n.d. University of Michigan. Available from: https://www.influenzaarchive.org/cities/city-washingtondc.html# (Accessed May 6, 2019): 1–3.
15. Ruane, “The Flu Pandemic,” (2014): 1–2.
16. Max Lee, “Then There Were No Coffins,” WETA. (December 21, 2016). Available from: https://blogs.weta.org/boundarystones/2016/12/21/then-there-were-no-coffins (Accessed May 6, 2019): 1–2
17. Centers for Disease Control and Prevention, “1918 Pandemic (H1N1 Virus).” Available from: https://www.cdc.gov/features/1918-flu-pandemic/index.html (Accessed May 6, 2019): 1–3.
18. Francis J. Grimke, “Some Reflections growing out of the Recent Epidemic of Influenza that Afflicted Our City.” (Washington D.C., 1918): 1–2

Copyright © 2020 Disaster Nursing Global Leader Degree Program