The Great Pandemic of 1918: State by State

Stories and anecdotes of the impact of the Great Pandemic in individual states were gathered for presentation at Pandemic Planning Summits held in each state.

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Oklahoma State Summit

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
March 29, 2006

The Great Pandemic also touched Oklahoma.

The pandemic made its first appearance on September 26th, by bracketing Oklahoma City with simultaneous eruptions in Tulsa (northeast of Oklahoma City) and Clinton (southwest of Oklahoma City). By October 4th, more than 1,200 Oklahomans in 24 counties had been afflicted with the flu.
The pandemic raged through Oklahoma throughout the terrible month of October.

In Tulsa, an emergency hospital was opened under the aegis of the Red Cross. Some 260 Tulsans were eventually admitted. Twenty eventually died.

Here in Oklahoma City, the Food and Drug Administration had to cancel a previously scheduled meeting. Three hundred people in the city were sick with the flu, making anything of the sort simply impossible.

Doctors spent themselves to the limit in helping those afflicted by the pandemic. In the city of Enid (north of Oklahoma City), a patient being cared for by Dr. David Harris remembered him chewing on a snatched drumstick, trailing broth across the bed sheets, and taking a pulse with his free hand.

But despite those exhausting efforts, the pandemic still took a terrible toll in Oklahoma.

No one can be sure of the total losses Oklahoma suffered, but when it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Oklahoma.

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Oregon State Summit

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
March 30, 2006

The Great Pandemic also touched Oregon.

No one is certain when it first did so, for by the time the first reports were made in mid-October, the pandemic had already erupted all over the state—from Pendleton (in the northeast corner) to Portland, and from Baker (near Pendleton) to Eugene.

The city of Medford (located in south-central Oregon) became the first to impose a ban on all public gatherings, when E.B. Pickel, the Health Officer, and C.E. "Pop" Gates, the mayor, issued an edict closing "all places of amusements, theaters, moving picture shows,... churches, lodges, schools, and all public meetings of every description where people congregate—same to be in effect until said epidemic has subsided."

When the situation became worse, the city required all residences where someone had been afflicted with the flu to post a blue sign with the words, "Contagious, Influenza" prominently displayed.
Later in the pandemic wave, the Medford City Council issued an order requiring all persons in the city conducting business, riding, or walking the streets, to wear masks. There weren't enough masks at first, so all types of masks "from women's veils to handkerchiefs" were used.

Local Red Cross volunteers made masks for Medford, and they provided vital services in other communities as well. For instance, in Klamath Falls (located west of Medford), Red Cross volunteers not only made masks, they also made pneumonia jackets (of warm flannel), and other needed articles. The need for such supplies was so severe that the Red Cross kept its doors open seven days a week simply to keep up.

One public health nurse reported dire circumstances from the countryside. She declared, "there is no food, no bedding, and absolutely no conception of the first principles of hygiene, sanitation, or nursing care."

There were some stories of success. For instance, a four-year-old from Portland reportedly recovered from the flu after her mother dosed her with onion syrup and buried her from head-to-toe in glistening raw onions—for three full days.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Oregon.

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Pennsylvania State Summit

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
March 20, 2006

That Great Pandemic also touched Pennsylvania.

Earlier, I noted John Barry's description of what happened in Philadelphia. Let me give you a fuller picture now.

On September 27th, 1918 Pennsylvania optimistically reported that "comparatively few cases" had been reported among the civilian population. Then influenza took hold.

On October 4th, the state reported that the disease was epidemic in Pittsburgh and Philadelphia. Nearly 15,000 cases were counted in the first 18 days of October, and the dreadful toll continued to climb.
Philadelphia was one of the hardest hit cities in United States. As the disease spread, essential services collapsed. Nearly 500 policemen failed to report for duty. Firemen, garbage collectors, and city administrators fell ill.

The city's only morgue overflowed. It was built to handle 36 bodies, but contained more than 500. Bodies accumulated in the morgue's hallways and lay there rotting. Five supplementary morgues were eventually opened. Convicts were recruited to dig graves. There were never enough coffins, and people would steal them from undertakers when they could.

Public gatherings were banned to restrict the spread of the disease. Streetcars were shut down. Schools, churches, and places of public meeting were closed, and so were theaters and places of amusement.

The human cost was unbearable.

Selma Epp remembered her family's experience with the flu:

"[We] made up [our] own remedies, like castor oil [and] laxatives...everyone in our house grew weaker and weaker. Then my brother Daniel died. My aunt saw the horse-drawn wagon coming down the street. The strongest person in our family carried Daniel's body to the sidewalk. Everyone was too weak to protest. There were no coffins in the wagon, just bodies piled on top of each other. Daniel was two; he was just a little boy. They put his body on the wagon and took him away."

While the disease was raging in Philadelphia, some 50,000 people in Pittsburgh were being afflicted. So were thousands of others throughout the state.

Nearly 24,000 Pennsylvanians died during the first month of the disease. By October 25th, after the first wave of the pandemic had passed, it was estimated that 350,000 people had been struck with the flu (about 150,000 of whom were Philadelphians).

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Pennsylvania.
All of New England was affected by the pandemic. It was first noted in Massachusetts and then rushed like a wildfire through the rest of the region.

It is not certain exactly when in September of 1918 that the pandemic first reached Rhode Island, but it is certain that the toll was terrible.

One of those it took that sad September was a young sailor named John Stanley Harman. His tragic story was told by the Providence Journal. John was a hospital apprentice in the Naval Reserve. After nursing two men though the flu, he too was struck down.

John lived only 36 hours afterwards. A Miss Alice Wood was at his bedside when he died. She was John's fiancée. They were to have been married on October first.

During the pandemic, Rhode Island experienced shortages of medical personnel. Part of that shortage was due to the pandemic taking down trained personnel. It was also due to the fact that three-quarters of Rhode Island's nurses (230 of 300) had volunteered for national duty during the pandemic's early stages.

Because of the shortage, student nurses took to caring for patients. They were busy. Emergency hospitals were set up in several Rhode Island cities: Pawtucket, Woonsocket, Warwick and Westerly. In Westerly, an abandoned school was turned into a hospital - complete with new wiring and new plumbing - almost overnight.

Many of those not caring for the sick were trying to contain it in other ways. In Providence, as in many other places, there was a debate about whether or not to cancel all public gatherings.

One of the surprising dissents came from Charles V. Chapin, the head of the Rhode Island Department of Public Health and a nationally recognized expert in public health.

Dr. Chapin said that banning all assemblies would do little good since the disease had already spread through the state. He said that the disease would have to take its course - and take with it as many as it would.

The toll was as grim as Dr. Chapin's advice. By the first week of November, the state was reporting "50 deaths per day" to the U.S. Public Health Service. By the time the pandemic flu finally departed, between 2,000-2,500 Rhode Islanders had fallen to it.

South Carolina State Summit

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
That Great Pandemic also touched South Carolina.

The first mention of influenza in South Carolina appeared on September 27, 1918 in the state's public health reports. Four days later, a telegram reported 1,500 cases in the state.

By the end of that month, an estimated 80,000 cases had occurred, resulting in some 3,000 deaths.

While overall figures for the state cannot be known for sure, it is clear that thousands of cases each week sprang up in cities around the state during the high points of the pandemic. Columbia, for example, endured 4,427 cases during the second week of October.

Nearby, the disease also struck hard at Camp Jackson. There, the base hospital overflowed with men too ill to stand, and an entire section of the camp became an extension of the hospital. More than 5,000 soldiers were treated for influenza and approximately 300 died from the disease.

Here in Columbia, at the time there were two hospitals: Columbia, with about 100 beds, and Baptist, which had less than 50. With a citywide population of more than 37,000, these hospitals were completely overwhelmed by the pandemic.

Columbia, and all of South Carolina, reacted as many states and cities around the country did:

Schools and businesses were closed, public gatherings were banned—even the state Supreme Court shut its doors. The wearing of gauze masks was strongly encouraged, and institutions with space to spare, such as the University of South Carolina, became auxiliary hospitals.

Eucapine, Vick's VapoRub, and other patent medicines became popular and were touted as cures. The governor even permitted the use of then-illegal alcohol because doctors were advocating its use as a remedy and nothing else seemed to be working.

Even as late as 1920, the pandemic wore on in South Carolina.

On January 26, C.V. Akin, an epidemiological aide stationed in Columbia, sent a telegram to U.S. Surgeon General Rupert Blue:

"Reports indicate existence [of] influenza [in] mild epidemic form [in] South Carolina... No great concern felt but if disease continues spread considerable suffering will be occasioned by total lack nurses who will undertake epidemic duty. [The] Secretary [of the] State Medical Association wishes to know what material help can be expected from service if epidemic becomes serious. Please advise..."

On the same day, Surgeon General Blue responded:
"General relief [for] influenza not available under current epidemic appropriation which provides during this year [for the] control [of] interstate spread only. Consequently [we are] unable [to] render intrastate assistance. Application for nursing assistance should be made direct to local Red Cross chapter or Division Manager."

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to South Carolina.

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**South Dakota State Summit**

Opening Remarks Prepared for Delivery  
By the Honorable Mike Leavitt  
Secretary of Health and Human Services  
March 9, 2006

That Great Pandemic also touched South Dakota.

In late September, the State reported "a few scattered cases" to the U.S. Public Health Service. Within a week, there were a few hundred. And the virus continued to spread.

Governor Peter Norbeck came down with the disease after a business trip in Lusk, Wyoming, and was admitted to St. Joseph's Hospital in Deadwood (six hours west of Sioux Falls, just 15 miles east of the Wyoming border). The governor survived, but others were not as fortunate.

South Dakotans tried to dam the rushing flow of influenza with preventative measures and sanitary ordinances.

Public gatherings were banned. Churches, theatres, schools, pool halls, and other public places were closed indefinitely. The University of South Dakota closed its doors. All funerals were to be held outdoors to avoid passing the disease among dense crowds.

In Rapid City, spitting on the sidewalks was made illegal. No one was exempt. A city police officer was arrested under the statute and fined $6 for committing the offense-a considerable sum in 1918.

In some cities and towns, pedestrians were even required to carry a doctor's note verifying that they had already had and recovered from the flu and were, therefore, no longer capable of catching or spreading the disease.

Newspapers suggested Hood's Sarsaparilla, Pepitron, and Foley's Honey and Tar as cures. They also offered advice to help people avoid the flu, such as:
"When talking to another person stand at least two or three feet away."

"Keep yourself comfortably dressed and eat plenty of wholesome foods."

"Keep your home well ventilated and have plenty of fresh air in it at all times."

But nothing seemed to work. By the time the pandemic finally peaked, thousands of South Dakotans had been afflicted. More than 200 had perished.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to South Dakota.

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**Tennessee State Summit**

Opening Remarks Prepared for Delivery  
By the Honorable Mike Leavitt  
Secretary of Health and Human Services  
April 10, 2006

That Great Pandemic also touched Tennessee.

It began in late September with "two suspicious cases" being reported in Memphis. Four days later, that number leapt to 95 cases. By the middle of the month, Memphis alone was fighting more than 6,000 thousand cases of the flu and it was spreading from urban to rural areas.

The situation in Nashville was even worse.

At the height of the pandemic, Nashville had scarcely 250 doctors. Many of the physicians succumbed to the flu themselves.

Shortages of essential personnel often compounded the crisis even further. A lack of sanitation workers in the city allowed sewage to accumulate in the streets, raising concerns about other diseases.

Emergency hospitals could not be opened to accommodate the growing numbers of patients because they could not be staffed. Most patients were isolated in their homes and treated there, if they could get medical attention at all.

A physician attending a father in a family of 11 told him that he had contracted the flu from his family. When he asked his patient who would care for them, the father could only reply, "I don't know."
That was true for Tennesseans all across the state.

Those sickened were often left to fend for themselves—neighbors refused to come to the aid of neighbors for fear that they too would be struck.

The disease was indiscriminant, and unpredictable.

One Tennessee physician wrote in his medical journal: "The man who dug his neighbor’s grave today might head the funeral procession next week. No telling who would be next."

People fought back with what they had.

All across the state, businesses deemed nonessential were told to close. Schools and churches were shut down and public gatherings were to be avoided whenever possible. The Nashville Street Railway and Light Company was instructed to run their cars with the windows open to allow the cars to air out.

Dr. E.L. Bishop, of the state Board of Health, offered his advice by condemning "promiscuous kissing …especially that of the nonessential variety." He said, "[a] kiss of infection…may truly be the kiss of death."

One judge authorized the then-prohibited liquor that had been seized by the police for use as a treatment for influenza. The city health officer was promptly inundated with demands for the "remedy." According to the local paper, suppliants "thronged [his]…office and overwhelmed the luckless physician. Business was halted—but there was no halt in the tramp, tramp, tramp of the boys marching up the steps to the office."

The tramp, tramp, tramp of tragedy marched on too.

No one knows how many Tennesseans were afflicted. But in the last two weeks of October, when the pandemic was at its peak, nearly 11,000 people were struck. More than 650 fell. Across the course of the pandemic, one historian estimated that Nashville alone battled some 40,000 cases, and lost 468 people.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Tennessee.
The Great Pandemic also touched Texas.

Reports of pandemic fears preceded the disease into Texas by about two weeks. But by September 23, there were definite accounts of it near Austin and Dallas. On October 4th, 35 counties were reporting the presence of influenza, with anywhere from one to 2,000 cases per county.

The pandemic kept rising. The victims kept falling. And people kept searching for ways to contain the pandemic and sustain themselves through it.

El Paso imposed a quarantine.

The Dallas Morning News declared that surviving the pandemic required "medical attention, good nursing, fresh air, nutritious food, plenty of water, and cheerful surroundings."

The Texas State Board of Health offered schools several suggestions on ways to prevent flu outbreaks.

The Board wrote:

"Every day . . . disinfectant should be scattered over the floor and swept. All woodwork, desks, chairs, tables and doors should be wiped off with a cloth wet with linseed, kerosene and turpentine. Every pupil must have at all times a clean handkerchief and it must not be laid on top of the desk. Spitting on the floor, sneezing, or coughing, except behind a handkerchief, should be sufficient grounds for suspension of a pupil. A pupil should not be allowed to sit in a draft. A pupil with wet feet or wet clothing should not be permitted to stay at school."

But despite those efforts, the pandemic took a terrible toll on Texas. By the end of October, more than 106,000 Texans in the state's urban centers had been afflicted. More than 2,100 had died.

The echoes of fear and loss resounded loudly—so loudly that when 221 cases of influenza were diagnosed in Dallas over a year later (January 25th, 1920), the State Director of Public Health sent an urgent message to Surgeon General Rupert Blue advising him of the situation and asking for his guidance on any other control measures other than the general ones already being applied. The Surgeon General sent back simply, "Service has no additional measure to suggest."

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Texas.
Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
May 18, 2006

Great Pandemic also touched tribes.

A group of Indian students in Lawrence, Kansas were the first to feel its bite, in March of 1918. The pandemic retreated, but then returned with terror in the fall.

Few American newspapers carried stories about what was happening, but by October 14th, the Commissioner of Indian Affairs was requesting aid for those that were falling ill on various reservations.

The Navajo were especially hard hit. Cases of abandonment by relatives were common because the disease was so widespread and so feared. A trader named Joseph Schmedding who entered a Navajo reservation a few weeks after the pandemic erupted, found 30 Indians, young and old, lying dead in abandoned hogans.

In Tuba City, on the Navajo reservation in Arizona, a school was converted into a hospital. The wife of a Navajo trader wrote, “For miles around every good winter hogan was deserted [because of fear of the infection]. The living moved out into the rain and found what shelter they could in deserted camps.”

In Utah, the spread of the disease was helped by the traditional burial practices of the Pahvent Indians (members of the Ute tribe), who were camped near the town of Meadow. One white who visited the camp said, “There were lots of dead bodies in tents and families...around dead bodies...singing and chanting.” Meadow’s only doctor was sick with influenza, and could not and did not treat the Indians in the area.

In Alaska, the pandemic swept through communities, killing entire villages of Eskimos and Alaska Natives. A schoolteacher reported that in her immediate area, “Three [villages were] wiped out entirely, others average 85 percent deaths.... Total number of deaths reported 750, probably 25 percent . . . froze to death before help arrived.”

An Eskimo village near Nome, Alaska was decimated: 176 of 300 died. The disease spread rapidly, and entire families too sick to feed their fires froze to death in their homes. Spit the Wind, a 25-year-old considered Alaska’s greatest musher, died. He had survived a grueling expedition to the North Pole during which he had been forced to eat his snowshoe lacings, before the pandemic caught him.

Many Eskimos and Alaska Natives were so sick that they were unable to chop wood and harvest moose. Consequently, they died of starvation after the pandemic passed.

Final tallies will never be known but it was estimated that about 24 percent of the Indians living on reservations across the United States were afflicted by the pandemic. Of those, nine percent died.
Utah State Summit

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
March 24, 2006

The Red Cross held a fundraiser in Cedar City. The organizers created a goddess of Liberty, and following the statewide practice of wearing masks, also put one on her.

Similar measures were applied elsewhere. All across the state, church meetings, private parties and all public gatherings were cancelled or limited. Spitting was fined. Facemasks were mandatory.

Ogden City was placed under quarantine. No one could come in or out without a note from a doctor. In Panguitch (near Brice Canyon), Margaret Callister, a young child at the time, remembered, "Dead people were all around us, three or four to a family." To keep her and her siblings healthy, Margaret’s mother put sacks of herbs around their necks.

In the town of Meadow (south-central Utah), resident Lee Reay remembered:

"No one had ever seen the germs of the disease. No one knew where the germs were coming from. We only knew the germs were carried by air and had gotten inside our house. We plugged up the keyholes with cotton so air couldn't get in, sealed the doors and the cracks around the doors because we thought the outside air was contaminated. One particular family, I remember, closed up every possible avenue of letting fresh air into the house. They even closed the damper on the stove. They plugged up keyholes on the door, sealed windows and stayed inside, re-breathing their own air."

When the town’s only doctor became sick, Martha Adams, a local healer gave some herbs to William Reay. He stewed the herbs and added other ingredients (including bacon and honey). The "medicine" was bottled and labeled "Influenza Medicine." Reay’s son remembered "it wasn't real medicine, of course, but it made people feel better because they thought it was medicine."

Others tried alcohol. Although Utah was a dry state, health officials allowed doctors to administer it as a preventative.

Public health measures appeared to have a positive impact in places. For instance, the mandatory wearing of facemasks in Park City (on penalty of arrest) was credited with lessening the impact of the pandemic.
But people still died. And because of the pandemic, funerals were limited in size. For instance, the service of LDS Church President Joseph Fielding Smith (who died on November 19, 1918) was attended by just a few family members.

His was just one of many. No one is certain of the final numbers, but thousands of Utahans were afflicted by influenza. Hundreds died.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Utah.

Vermont State Summit: History Supplement

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
January 12, 2006

The Great Pandemic also touched Vermont.

Vermont was one of the hardest-hit states in New England. The pandemic's arrival was sudden, its spread was rapid, and its toll was shocking.

It is impossible to say with certainty how many people were touched by the flu. Physicians simply stopped reporting new cases to the Public Health Service when they became overwhelmed with treating the sick. Incomplete records of five weeks when the state was battling the flu show that almost 23,000 Vermonters were struck.

Those who were fortunate enough to escape the flu were still struck with the tragic experience of watching friends suffer and loved ones die.

One of those individuals was a man named Frank Eastman. Mr. Eastman worked for a small power company in Montpelier, which would eventually become the Green Mountain Power Corp.

He described the spread of the disease in a diary that he kept at work. On Friday, September 27, Mr. Eastman wrote that nine members of his crew were sick. The very next day, five more had fallen ill. Deaths began to occur about two weeks later. Mr. Eastman recorded, "Carpenter Wiley died this morning and the switchboard operator this afternoon."

By the time the pandemic had run its course through Vermont, countless people had been affected. Almost 1,800 people had died.
That Great Pandemic also touched Virginia.

Navy personnel in Virginia were afflicted with influenza in early September, though the state did not report those cases for about two weeks.

By the last week of September, the pandemic had taken hold in Newport News and Norfolk, and in Petersburg and Portsmouth. It raged all across Virginia throughout the cruel month of October.

Virginians did what they could to contain it. Schools were closed. Public meetings and weekend parties were banned. Even the State Fair was closed early on account of the flu.

Doctors gave succor and support to all the patients they could, although supplies ran short and many were stricken themselves.

In Alexandria, the town's two doctors visited hundreds of patients a day, dispensing their concocted treatment of atropine capsules (belladonna) and whiskey.

In Richmond, Dr. Bernard Reams resorted to a treatment that had begun to fall from favor in the 1880s—soaking the legs and feet of his patients in scalding water and then swaddling them in blankets until they were red and sweating.

Some Virginians resorted to their own home remedies. For instance, John Brinkley, a sharecropper in the town of Max Meadows (western part of the state, about two hours north of Greensboro), believed that "a little fresh air could be fatal." So he sealed his family in his living room around a fire in a wood stove. For seven days the family remained in the room with the fire. On the eighth day, the house caught fire and the Brinkleys were forced to evacuate.

Fresh air didn't kill Mr. Brinkley's fears. And neither did influenza. But many other Virginians were not so fortunate.

By mid-October, Virginia had seen more than 200,000 cases of influenza. By the end of the year, more than 15,000 Virginians would die.
When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Virginia.

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**Washington State Summit**

Opening Remarks Prepared for Delivery
By the Honorable Alex Azar
Deputy Secretary of Health and Human Services
April 14, 2006

On September 27th, 1918, Washington officials first reported the presence of influenza, saying that "a number of cases have been reported in the vicinity of American Lake." This official report came ten days after the pandemic actually appeared in the state, when recruits from Philadelphia arrived at the Puget Sound Naval Yard—eleven of the recruits were ill with the flu.

On September 23rd, 10,000 people gathered to witness a review of Washington's National Guard Infantry. Though the camp's medical officer acknowledged there was a minor epidemic underway, he insisted there was nothing to worry about. His miscalculation helped enable the flu to spread. By the 25th, influenza was epidemic in Seattle.

By October 11th, Washington officials reported that "schools have been closed and public gathering prohibited at Seattle, Bremerton, Pasco, Prosser, Sultan, and Port Angeles. On October 7, it was estimated that there were 1,000 cases of influenza at Bremerton." Many of the schools that were closed didn't open until January or March 1919.

By October 18th, it was concluded that "the disease is epidemic at Seattle and Spokane." And, over that week, "7,349 cases were reported." The following week, 5,322 cases were reported.

On October 29th, Seattle made wearing masks mandatory, and the rest of the state followed suit the next day.

In Seattle, the old City Hall and one of the dormitories at the University of Washington became emergency hospitals. Public gatherings were banned, even church attendance. In response to complaints from ministers, the mayor said, "Religion which won't keep for two weeks, is not worth having."

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes again, it will strike in Washington.
West Virginia State Summit: History Supplement

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
January 12, 2006

The Great Pandemic also touched West Virginia

Charleston saw its first cases of influenza on September 28th when 7 cases occurred. Over the next five weeks, there were more than 2,300 cases, and more than 200 deaths.

More cases followed, but they were not recorded. Around the middle of November, Charleston authorities stopped reporting to the U.S. Public Health Service. It's likely that they were simply too overwhelmed.

The crisis was just as acute in Martinsburg WV (located in the northeast corner of the state). So many people were either sick themselves or were caring for people suffering that a local committee estimated that only two out of every ten people were able to attend to their normal duties.

Gravediggers could not keep up with the demands for their services in Martinsburg. For several weeks, gravediggers maintained a backlog of at least two-dozen graves, which needed to be dug each day.

Burials themselves were quick. Funerals were banned, as were all other public meetings, churches were closed and theaters were shut.

The local Martinsburg newspaper published a list of "Some Don'ts that Should be Followed, Don't Worry, Stop Talking about it, Stop Thinking about it, Avoid People who have it."

Such Don'ts were hard to do. For instance, a James Horvatt was brought to trial before the Martinsburg-area county court on September 27, 1918 for allegedly forging a $40 check. Horvatt had contracted the flu while in jail waiting his trial, and was very ill from the disease when he appeared in court.

The disease spread among those who were in the courtroom with him that day. Three lawyers who engaged in proceedings contracted influenza and died within three days after Horvatt’s trial was concluded. Three others, the judge, the county clerk and the assistant prosecuting attorney in the Horvatt case, all contracted the disease and came close to death. So did their immediate families.

It was said that nearly every family lost someone. One family that experienced such a loss was that of an infant who would grow up to become one of the Nation's longest-serving Senators. The mother of Senator Robert Byrd was actually a North Carolinian. She died of influenza when he was just one year old, and an aunt and uncle from West Virginia took him in.
When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to West Virginia.

Wisconsin State Summit

Alex M. Azar II, Deputy Secretary
U.S. Department of Health and Human Services
March 15, 2006

Let me tell you a little about how Wisconsin was affected by the 1918 pandemic.

On October 2nd, 1918, Wisconsin's State Board of Health held a special meeting to discuss the spreading flu. They issued a series of regulations that called for "every physician engaged to treat influenza...to report [this]...to the local health officer."

In Oshkosh, on October 8th, a newspaper headline stated, "Views of doctors on how to handle grip don't agree. All say situation is serious. Some urge prompt closing and quarantines." By then 103 cases had been reported in the area. Each time a case was reported, an influenza placard was placed on the door of the residence. In accordance with state regulations, no one was supposed to enter except nurses, doctors, or clergymen. The placard read: "Warning! Influenza here. This card must not be removed without authority. Milk dealers must not deliver milk in bottles."

It wasn't until October 10th that the State's health officer, Cornelius Harper, ordered all public institutions in Wisconsin closed.

By this time, Neenah had reported its first influenza cases. And the same day, cases in Oshkosh climbed to 163. They reported having a shortage of flowers for funerals. Weeden Drug Company started to advertise for its "Spanish Flu medicines and cures," and the Oshkosh Savings and Trust Company ran several ad campaigns for wills.

Adolf O. Erickson, a hardware storeowner and Sunday school teacher in Winchester, chronicled the flu in his diary. He wrote that a physician injected eight shots of camphor oil directly into his brother's legs and arms to treat the raging temperatures caused by the flu.

On October 22nd, a vaccine from Mayo Hospital was distributed in Oshkosh. It was supplied "gratis." Three inoculations, one a week, were recommended over a period of six to nine months to "confer immunity." Many were vaccinated, but, of course, it proved tragically ineffective.

Four Oshkosh nurses served in the Red Cross—Myrtle Chapman, Nellie Folkman, Clara Barnett, and Lydia Zwicky—graduates of the training school at Mercy Hospital. They were involved in emergency
work at Camp Custer that included caring for patients suffering from influenza. Through their work, all four contracted the flu. Only one, Nellie Folkman, survived.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes again, it will strike in Wisconsin.

Wyoming State Summit

Opening Remarks Prepared for Delivery
By the Honorable Mike Leavitt
Secretary of Health and Human Services
March 10, 2006

That Great Pandemic also touched Wyoming.

It is unclear when it first appeared, but by the end of September 1918, it was already raging across the state.

Communities rallied in response to the epidemic.

In Sheridan, the women of the Red Cross, who had rolled bandages and knit socks in support of the war effort, began caring for influenza victims. An emergency hospital just for influenza victims was set up in the city, yet 18 people still died.

In Thermopolis (located in central northwest Wyoming), religious authorities found themselves hard pressed. A Catholic priest there traveled long distances to care for scattered parishioners stricken with influenza. It was not uncommon for him to return after four-day trips and find that some of those in his flock had died and been buried in his absence.

In Casper, church services were cancelled and funerals were held in the open air. To limit the spread of the disease, everyone was required to wear masks while shopping, and only limited numbers of people were allowed in stores.

Children sent out of the state for schooling became victims in more ways than one. For instance, Alice Dodds, the daughter of a Wyoming rancher, contracted the flu while at a boarding school in Nebraska. Her teachers could not care for her, for they too had the flu. Instead, Alice’s parents came to take her home, and Alice later remembered sitting at the train depot, surrounded by people wearing masks.

By the time the pandemic finally passed through Wyoming, thousands of people had been afflicted. It was reported that at least 800 had perished.
When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to Wyoming.