

# “This disease . . . knows no State boundaries” The 1918 Spanish Influenza Epidemic and Federal Public Health

Jonathan Chilcote

“**T**his epidemic, which is a menace to the cantonments, to the camps, to the Army everywhere, and to the civilian population . . . is a serious menace . . . and we have got . . . to make an earnest effort to check this contagion.”<sup>1</sup> This was the plea of Senator Thomas Martin of Virginia during the debate in Congress on September 28, 1918, as the Spanish influenza epidemic swept across the United States. The epidemic would ultimately kill approximately 675,000 Americans and seriously disrupt American life during the fall of 1918. Of greater concern to Congress, though, were the effects of the



Army Hospital No. 4 at Fort Porter, NY. The quick spread of influenza among military personnel forced the United States to temporarily cancel draft calls in fall 1918.

influenza epidemic on the ability of the United States to wage war. As the disease spread across states, which pleaded for assistance, key war industries began to shut down because of sick and absentee workers. In the military, Army camps were quarantined and draftees told to ignore orders to report. In Europe, as the American Expeditionary Force was launching a major offensive, the epidemic was not only taking a toll on soldiers but also making difficult the transport of healthy reinforcements. Congress needed to do something.

---

Jonathan Chilcote is an assistant professor of History at Florida College in Temple Terrace, Florida.

---

<sup>1</sup> *Prevention of Spanish Influenza*, H.J. Res. 333, 65th Cong., 2nd sess., *Congressional Record* 56 (Sept. 28, 1918): S10895.

Even today, the origin of the Spanish influenza virus is a matter of debate. The most popular theories place its beginning in China, India, France, or the United States in early 1918, but opinions vary widely.<sup>2</sup> What is known for certain is that a first wave of the disease emerged in spring 1918, but it was mild. A second wave hit in late August, causing much more devastation. This wave attacked nearly every corner of the globe because of the Great War. As men traveled from their homes to the battlefields of Western Europe and back, Spanish influenza tagged along. By September, influenza was ravaging Boston and the East Coast, soon to spread to rest of the United States. Still, the federal government and Congress were focused on winning the war in the fall of 1918, not on health concerns. With problems, however, in the military, industrial issues, and state and local governments begging for help, all sectors of society pressured Congress to check the Spanish influenza epidemic.

Congress acted with these concerns in mind. Seeing the epidemic only as a nuisance, it quickly appropriated a relatively small amount of money to the United States Public Health Service (PHS) and gave the agency new statutory authority to handle the civilian response, while also ordering it to care for government employees. The new resources and authority allowed the PHS to lead the nation's fight to suppress the influenza epidemic.

Congressional action, however, had far-reaching consequences that legislators did not anticipate at the time. The epidemic and appropriation came at a historical moment of expanding belief in the power of the federal government to protect citizen health and increasing acceptance of federal intervention in some matters traditionally reserved to state and local governments. The appropriation forced the PHS to grow in power, size, and prominence after Congress increased its authority and it assumed control over cash-strapped state and local health boards, who willingly submitted to federal control. The PHS began to directly administer care for government dependents and employees, and also took the lead in a partnership with the American Red Cross, which it used effectively to shift personnel and resources around the country.

Once the epidemic subsided, the PHS was lauded by both public officials and private citizens for its leadership during the crisis, and Congress was urged to

---

<sup>2</sup> For a sampling of the most prominent theories, see Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (New York: Cambridge University Press, 2006), and John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin Books, 2005).

continue its funding so as to protect the nation's health in the future. The PHS had earned respect from the nation; both citizens and public officials deferred to its judgment and guidance, now recognizing it as the most powerful and influential public health institution in the country. The model of organization developed during the influenza epidemic would serve as the pattern for future public health work, with the federal government providing planning and funding. After the war, not only would the PHS continue to grow and be seen as a vital pillar of national health, but the federal government believed that such public health coordination was now its responsibility. The success of the PHS and federal intervention in the suppression of the Spanish influenza epidemic marks a critical turning point in the expansion of the scope and role of the federal government in maintaining the health of its citizens.

### **Fighting a Different Enemy: Influenza in the Military and War Industries**

The influenza scourge wreaked chaos among military personnel during September 1918. Owing to the close quarters of military camps and the transport of soldiers throughout the country, military personnel were often among the first to feel the epidemic's wrath. One of the earliest and hardest hit areas was Camp Devens, located near Boston. The flu first arrived on September 8, and within 10 days the base hospital was overrun with sick soldiers. The spread of the sickness was shocking. During the first two weeks of the month hospital admittances ranged from 30 to 90 per day, but on September 14 there were 500, and then doubled to more than a thousand per day for the next three days.<sup>3</sup> The virus similarly plagued military installations up and down the Eastern seaboard, forcing camp quarantines and canceling draft calls for new soldiers.<sup>4</sup> Military transport, too, was affected as influenza spread rapidly on rail lines and on naval transports to France. One ship, the USS *Leviathan*, left port in late September with all crew and soldiers deemed healthy; it arrived in France 10 days later with over 2,000 confirmed cases of influenza.<sup>5</sup>

The camp quarantines and alarming rates of contagion on transports left the American Expeditionary Force lacking able-bodied men during the Meuse-Argonne Offensive, and created the fear that the Army would be greatly reduced in strength as October arrived. This fear was not unfounded; during the month of

---

<sup>3</sup> Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005), 74.

<sup>4</sup> M.W. Ireland, et al., *The Medical Department of the United States Army in the World War*, vol. 1 (Washington, DC: Government Printing Office [GPO], 1923), 999.

<sup>5</sup> Byerly, *Fever of War*, 103.



Soldiers stricken with influenza in AEF hospital no. 45, Aix-les-Bains, France, 1918.

September one in five soldiers contracted the disease.<sup>6</sup> The Army's Provost Marshal understood the serious effect that the influenza epidemic had on the military and the overall war effort, and urged vigorous action, declaring that "Stamping out of the influenza . . . has been recognized as a war measure."<sup>7</sup>

Military industries were also hit hard by the epidemic. Reports arrived in Washington telling of worker shortages in key war production facilities. A total of 173 workers in Brooklyn's Navy Yard came down with infections, and by September 22 an estimated 3,000 workers at the Fore River Naval Yards in Quincy, Massachusetts, had the flu, or one out of every six employees.<sup>8</sup> According to a Navy physician, "they were dying so fast . . . they could not do anything for them."<sup>9</sup> On September 25 the epidemic hit the massive munitions factory in Nitro, West Virginia, affecting hundreds.<sup>10</sup> Workers either came down with influenza or stayed home for fear of catching it, hindering vital war work. Spanish influenza, therefore, threatened not only lives but also the industrial capacity of the United States.

<sup>6</sup> Mary C. Gillett, *The Army Medical Department, 1917–1941* (Washington, DC: Center of Military History, United States Army, 2009), 164, 167.

<sup>7</sup> "Influenza Stops Flow to the Camps of Drafted Men," *New York Times*, September 27, 1918.

<sup>8</sup> "31 New Influenza Cases in New York," *New York Times*, September 21, 1918; "Navy Aids Quincy in War on Grippe," *Boston Globe* (Morning Edition), September 23, 1918.

<sup>9</sup> Senate Subcommittee of the Committee on Appropriations, *Suppression of Spanish Influenza: Hearings on H.J. Resolution 333*, 65th Cong., 2nd sess., 1918, 10.

<sup>10</sup> William D. Wintz, *Nitro, the World War I Boom Town: An Illustrated History of Nitro, West Virginia and the Land on Which It Stands* (South Charleston, WV: Jalamap Publications, 1985), 45.

### Overwhelmed States and Cities Beg for Assistance

Cities and states struggled to contain the epidemic's spread. Boston and other Eastern cities banned public gatherings, and on September 24, Boston ordered the indefinite closing of all of its schools.<sup>11</sup> The following week, Washington, DC, closed its schools and theaters.<sup>12</sup> Local boards of health warned that crowds would spread the virus, and Philadelphia limited the number of passengers in streetcars. While these measures did not stop some citizens from gathering, others needed no prompting and voluntarily chose to avoid contact, fearful of the disease that had overrun the capacity of hospitals to treat the victims. Vast numbers of citizens refused to go to work or go out into the streets, turning cities into virtual ghost towns.<sup>13</sup>

The state and local boards of health were the first line of defense, but it quickly became clear that they were unable to cope with the epidemic. In Massachusetts alone an estimated 85,000 people contracted influenza in September.<sup>14</sup> Governments in New England, and especially in Massachusetts, did not have the resources or medical personnel to deal with the magnitude of the epidemic.<sup>15</sup> Many states, too, had exhausted their annual health funds, and their legislatures were not in session to appropriate more.<sup>16</sup> The Massachusetts state health commissioner begged the PHS to send doctors and nurses to help, and Acting Massachusetts Governor Calvin Coolidge sent telegrams to President Woodrow Wilson and the governors of surrounding states with the same plea.<sup>17</sup> The state health commissioner also asked the state's congressional delegation to use their influence to immediately obtain 500 doctors and 100 nurses from the federal government to assist state health efforts.<sup>18</sup> Boston even went so far as to put ads in a Washington, DC, newspaper seeking to attract nurses and trained assistants to the city with the promise of high wages and travel expenses.<sup>19</sup> No matter what they tried, state and local health agencies could not cope. As the *Washington Post* summarized, "Spanish influenza . . . [is] . . . apparently beyond control of local authorities in many Eastern communities."<sup>20</sup>

<sup>11</sup> "Fight Influenza Here," *Washington Post*, September 25, 1918.

<sup>12</sup> "Theaters Closed to Stay Influenza," *Washington Post*, October 4, 1918.

<sup>13</sup> Barry, *The Great Influenza*, 208, 227.

<sup>14</sup> Crosby, *America's Forgotten Pandemic*, 53.

<sup>15</sup> "Boston Joins State in Fighting Grippe," *Boston Globe* (Morning Edition), September 26, 1918.

<sup>16</sup> Ralph C. Williams, *The United States Public Health Service, 1798-1950* (Washington, DC: Commissioned Officers Association, 1951), 602.

<sup>17</sup> Crosby, *America's Forgotten Pandemic*, 48.

<sup>18</sup> "Daily Developments," *Boston Globe* (Morning Edition), September 27, 1918.

<sup>19</sup> "Graduate Nurses and Nurses' Aides," *Washington Post*, October 2, 1918.

<sup>20</sup> "Death Rate Shows Large Increase in Army Camps Owing to Spanish Grippe," *Washington Post*, September 28, 1918.

As the epidemic spiraled out of control, attention focused on the federal government and its public health agency, the Public Health Service. The PHS traced its roots to 1798 when Congress created the Marine Hospital Service to care for sick seamen, and the program continued through much of the 19th century. Beginning in the 1870s, though, the hospital service, precursor to the PHS, provided doctors and federal assistance to states when epidemics of particular diseases, such as yellow fever and the plague, struck.<sup>21</sup> In 1893, the Quarantine Act placed authority for operating quarantines with the Marine Hospital Service and the federal government, taking responsibility away from individual states.<sup>22</sup>

The 20th century brought further expansion of federal control over the nation's health. In 1902, Congress renamed the Marine Hospital Service as the Public Health and Marine Hospital Service, designating that the federal government would henceforth have a role in the public's health and the coordination of public health efforts.<sup>23</sup> By the first decade of the 20th century, state boards of health and the PHS were coordinating in some initiatives, with the PHS often taking the lead.<sup>24</sup> The close coordination between the federal government and states led to bipartisan calls for centralized public health efforts, and, perhaps, a new federal agency that would oversee health concerns for the entire nation.<sup>25</sup>

Congress never passed such a far-reaching reorganization of the federal health activities, but in 1912 it did permanently change the name of the Public Health and Marine Hospital Service to the Public Health Service. The change also gave the PHS new authority to research diseases and their spread across the nation, providing the PHS oversight of illnesses in every state. Even with these changes, the PHS lacked the medical personnel to immediately step into the national spotlight and to deal with Spanish influenza as it struck the United States in September 1918. When the United States entered the war in 1917, the PHS had only 3,000 employees, with about 200 commissioned medical officers who were tasked with overseeing the sanitary needs of the extra-cantonment zones around military installations and managing all of the group's sanitary engineers, scientific assistants, sanitary inspectors, and other personnel. By 1918 the PHS had grown to

---

<sup>21</sup> Williams, *Public Health Service*, 114–24.

<sup>22</sup> Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (New York: Basic Books, 1989), 40.

<sup>23</sup> Williams, *Public Health Service*, 166.

<sup>24</sup> Mullan, *Plagues*, 48, 55.

<sup>25</sup> Laurence F. Schmeckebier, *The Public Health Service: Its History, Activities and Organization* (Baltimore, MD: Johns Hopkins Press, 1923), 34–35.

roughly 23,000 employees to meet the needs of the military, but it was still directed by the 200 commissioned officers who now oversaw a much larger workforce.<sup>26</sup>

### **Congress Responds**

With the epidemic pressuring the military and war work, and overwhelming state and local health agencies, Congress considered how to combat it. Representative Frederick Gillett of Massachusetts introduced a resolution on September 28, 1918, calling for a \$1 million appropriation to the Public Health Service “to combat and suppress the disease known as ‘Spanish influenza’ by aiding the State and local boards of health” and for the Army and Navy to assist the PHS with their personnel and facilities.<sup>27</sup> The primary consideration for Congress, though, was how the influenza epidemic was affecting the war effort.<sup>28</sup> Senator Henry Cabot Lodge acknowledged the great suffering and deaths in New England and the stoppage of war work, and argued that, “it is of the utmost importance to do everything that can be done to curb the progress of this disease.”<sup>29</sup> Even though Congress did not know exactly how the money was to be spent, legislators understood that the resolution granted the PHS new authority to assist state and local health boards, and to coordinate efforts to suppress the influenza epidemic. The PHS, too, was tasked with caring for government employees and government dependents. Believing in the resolution’s efficacy, Congress unanimously passed it within two hours, and President Wilson signed it into law on October 1.<sup>30</sup>

Consequently, the PHS was called on to coordinate and provide the resources necessary to fight the epidemic. The PHS had the authority to deal with outbreaks of infectious diseases but was unprepared for an outbreak of the sheer size of Spanish influenza. Its staff had focused their attention on the health of the armed forces by constructing public health systems around military posts, and when the epidemic struck, it lacked the personnel, plans, or administrative control to counter it.<sup>31</sup> While the PHS had thousands of employees, only a small number were medical personnel. Many doctors and nurses were involved with the armed forces and were unavailable for civilian work or were in areas far removed from the centers of the outbreak.

---

<sup>26</sup> Williams, *Public Health Service*, 579–81.

<sup>27</sup> *Prevention*, H10905.

<sup>28</sup> *Prevention*, S10895.

<sup>29</sup> *Ibid.*, S10896.

<sup>30</sup> *Ibid.*, S10895, H11260.

<sup>31</sup> Mullan, *Plagues*, 72.

Further complicating matters, the PHS was constrained by its existing statutory authority and knowledge of viruses, like influenza. The agency was only empowered to institute quarantines and spend emergency funds on specific, “quarantinable” diseases such as cholera, typhus fever, or bubonic plague.<sup>32</sup> Other, more common diseases such as influenza were outside its jurisdiction.<sup>33</sup> The medical field, too, at the time based many of their disease-prevention techniques on germ theory, which emerged from the bacteriological revolution of the 1890s. That knowledge explained how diseases such as typhoid and diphtheria spread, and helped the development of treatments for others, but the understanding of the influenza virus, and viruses in general, was still in its infancy.<sup>34</sup>

The PHS, too, had previously lacked the authority and resources necessary to coordinate a vigorous and multigovernmental suppression effort, such as Congress now demanded. With the new resolution, though, things changed dramatically. Congress expanded the power of the PHS so it could assume control over and direct the public health responses of all states and localities, and ordered it to fight a disease that was previously dismissed by many medical professionals.<sup>35</sup> While Congress had limited the resources of the PHS during peacetime to avoid a buildup of federal health officials, the severity of the influenza epidemic convinced Congress that an expansion of federal authority, financial resources, and oversight of public health was justified and necessary.<sup>36</sup>

It is clear, however, that Congress still saw the influenza epidemic more as a nuisance and not a catastrophe that could severely impact the nation and the armed forces. Despite all of the rhetoric about the devastation of the epidemic, the amount appropriated for the arrest of influenza was only \$1 million. The PHS had an appropriation of \$50 million for 1918 and, in the same year, had been given an extra \$2 million for the control of venereal

---

<sup>32</sup> Senate Subcommittee, *Suppression of Spanish Influenza: Hearings on H.J. Resolution 333*, 11.

<sup>33</sup> Crosby, *America's Forgotten Pandemic*, 31.

<sup>34</sup> Medical professionals and scientists knew that microscopic pathogenic organisms caused diseases, and by the late 19th century focused on animals and insects as carriers. In the early 20th century, influenza was commonly believed to be caused by bacteria, and perhaps by toxins produced by the bacteria. Viruses were too small to be “found” by medical equipment and understanding of them was therefore based on the germ theory of microorganisms and carriers. See John Duffy, *The Healers* (New York: McGraw Hill, 1976), 230; John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1992), 195–96; Crosby, *America's Forgotten Pandemic*, 265–70; and Mullan, *Plagues*, 32.

<sup>35</sup> Many physicians and scientists believed that Friedrich Johann Pfeiffer had discovered the bacillus behind influenza in the 1890s, and they therefore could stop future widespread outbreaks. See Crosby, *America's Forgotten Pandemic*, 270.

<sup>36</sup> *Prevention*, H10905.

diseases.<sup>37</sup> This was a small amount appropriated to deal with a major epidemic during peacetime, let alone wartime.

The appropriation, although small, would have long-lasting consequences. The legislation effectively granted the PHS authority to take over public health efforts and centralize them, temporarily, under the control of the federal government. This growth would be demanded by Congress, yet would take form organically, in that the actual procedures and structures to be used in influenza suppression were left to the PHS to create as they saw necessary. Much of

the appropriation went to increases in personnel, and between October 1918 and June 1919, the PHS employed over 1,000 additional physicians, over 700 nurses and aides, and over 300 clerks to handle paperwork. Many of these moved between states following outbreaks and created a mobile influenza suppression unit.<sup>38</sup>

The increased authority by the PHS came at the expense of local and state governments. Members of Congress were well aware that the resolution providing the PHS with money and a mandate to fight influenza challenged the traditionally limited role that the federal government had previously played in public health initiatives. In the House of Representatives, Joseph Sherley of Kentucky declared that because of the war and the shortage of medical personnel the federal government and the PHS had to be involved with the influenza fight.<sup>39</sup> One representative stated, “this disease, like other diseases, knows no State boundaries,” and another replied that because influenza was a danger to several states, he would support it.<sup>40</sup> These statements demonstrate that the House believed that the widespread nature of the epidemic required expanding the PHS’s authority and the role of the federal government in providing health resources.



Eleanor McAdoo, wife of the secretary of the treasury and chairwoman of the Red Cross Committee of the Treasury Department, established a relief corps for employees of the government in Washington who were stricken with Spanish Influenza.

<sup>37</sup> Mullan, *Plagues*, 74; Bess Furman, *A Profile of the United States Public Health Service, 1798–1948* (Washington, DC: GPO, 1973), 319.

<sup>38</sup> Williams, *Public Health Service*, 600.

<sup>39</sup> *Prevention*, H10905.

<sup>40</sup> *Ibid.*, H10906.

In the Senate, Lodge noted the helplessness of state efforts to contain the disease and stated that Congress had in the past aided local communities in emergencies, but now a national emergency demanded the intervention of the federal government.<sup>41</sup> A majority of members of Congress believed that the epidemic required the federal government to take control of public health efforts to a greater degree than ever before, and enlarge the PHS. The emergency created by the influenza epidemic provided the justification for a centralization and expansion of public health efforts under federal control in the United States.

### **The PHS Goes to Work**

State and local boards of health welcomed this centralization and quickly submitted their work to the oversight of the PHS. In desperate need of funding, state boards actively sought PHS money and willingly accepted federal direction of their influenza suppression programs.<sup>42</sup> Many state health officials, too, became PHS employees, serving dual roles as both federal and state directors. These new PHS officials oversaw PHS personnel and resources in their states, as well as their own state health employees, and all requests for aid were made through the directors. In other states, PHS medical officers were detailed to work with state officials. During the epidemic, 64 commissioned officers were assigned to influenza work, about one-third of the total commissioned corps.<sup>43</sup> Across the nation, states looked to the PHS for guidance and support, subjecting themselves in the process to federal control.<sup>44</sup>

The Massachusetts State Department of Health knew by September 1918 that it would be unable to bear the burden of the influenza outbreak alone. The state was one of the first to recognize that influenza was rampant, and state officials quickly realized that their health resources could not meet the needs created by the epidemic.<sup>45</sup> After the passage of the appropriation funding influenza suppression, the State Department of Health, with the advice and collaboration of the PHS, directed doctors and nurses to towns across Massachusetts. They also acted as a

<sup>41</sup> *Prevention*, S10897.

<sup>42</sup> "Brief Outline of Activities of the Public Health Service in Combating the Influenza Epidemic: 1918–1919," in "Influenza Epidemic," File 1622, Box 145, Records of the Public Health Service Central File, 1897–1923, Records of the Public Health Service, Record Group (RG) 90, National Archives at College Park, Maryland (NACP).

<sup>43</sup> Williams, *Public Health Service*, 600.

<sup>44</sup> "Procedure to Establish Temporary Hospitals Under State Departments of Health," Oct. 16, 1918; "Suggested Program for Federal and State Cooperation," Oct. 16, 1918, all in "Influenza Epidemic," File 1622C, Box 145, Central File, 1897–1923, RG 90, NACP.

<sup>45</sup> Telegram from Eugene R. Kelley to George Holden Tinkham, House of Representatives, Sept. 26, 1918, "803.11 Epidemics-Influenza, 1918, States," Box 689, Records of the American Red Cross, 1917–1934, National Archives Gift Collection, RG 200, NACP.

conduit for information and requests for aid between local departments of health, the PHS, and the Red Cross.

In Florida, as in other states, local health departments were quickly overwhelmed by the epidemic. They requested assistance from the state in the form of doctors and nurses. The Florida State Board of Health, together with the PHS, sent the needed personnel to local districts. Physicians who volunteered for emergency influenza duty were appointed by the PHS to the State Board of Health and were hired as state employees with legal authority to practice medicine anywhere in Florida. Physicians were paid jointly with state and PHS funds. The state board was grateful for the PHS appointees and their funds, and the Florida board believed that the PHS “contributed generously to the cause” of fighting influenza.<sup>46</sup>

The Mississippi State Board of Health took a more direct and forceful role in combating influenza than did many other states. W.S. Leathers, state director of public health and a PHS director during the epidemic, ordered state police to enforce a “Move On” ordinance, prohibiting people from standing around stores and soda fountains, and congregating in large numbers in public places. He also put restrictions on church services, canceled county fairs, and postponed Liberty Loan meetings. Directed by Surgeon General Rupert Blue of the PHS, Leathers searched for volunteer medical professionals. Once found, doctors were appointed for work in the same manner as in Florida, as the PHS nominated physicians who were then approved by Leathers and the state board and became state employees.

Leathers, as the highest-ranking health officer in the state and as a PHS official, acted as arbitrator over health policies. All exceptions to the restrictions were channeled through the state board, and Leathers acted as the final authority on all questionable matters. It was only later in the epidemic that Leathers relinquished some of the federal and state power he wielded back to local health agencies.<sup>47</sup>

Local boards submitted to the federal government much as state authorities did. The town of Ayer, near the U.S. Army cantonment at Camp Devens, demonstrates the growing power and influence of the PHS. Soldiers frequented Ayer, and in

<sup>46</sup> “Florida State Board of Health Annual Report, 1918,” Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976–June 29, 1976,” File 3, Box 2, Special Collections, Western Kentucky University, Bowling Green, KY (hereinafter WKU).

<sup>47</sup> “A Report of the Measures and Expedients Adopted in Mississippi for the Control of the Influenza Epidemic of 1918,” Mississippi State Board of Health, Carlton Jackson Manuscript Collection, “A Generation Remembers: Stories From the Flu, 1918, April 12, 1976–June 29, 1976,” File 3, Box 2, Special Collections, WKU.



Red Cross workers make anti-influenza masks for soldiers, Boston, Massachusetts, 1918.

1918, the PHS took charge of the extra-cantonment zone in the town, directed by PHS official Maj. E. K. Sprague. The PHS established its offices in the town hall and operated in close cooperation with the local board of health. To overcome legal issues resulting from federal officials directing local health efforts, the town formally invited federal oversight and transferred its legal authority to the PHS. Sprague was made an agent of the local health board, and all inspections thus became inspections of both the PHS and the local board. In essence, the local board of health combined forces with the PHS, much as states had done.<sup>48</sup>

Many other counties and towns worked with the PHS in the same way Ayer did. The PHS and county officials banned singing at religious services in Forrest County, Mississippi.<sup>49</sup> In Starkville, Mississippi, the PHS canceled a traveling circus show and convinced local authorities not to allow them an exemption to the ban on public gatherings.<sup>50</sup> The PHS and city health officers enacted a quarantine of sick individuals in Charlotte, North Carolina, and arranged medical care for them.<sup>51</sup> Far from resisting encroachment into areas that traditionally had

<sup>48</sup> "Report of the Board of Health," in *Annual Reports of the Receipts and Expenditures of the Town of Ayer with Other Statistical Matter for the Year Ended December 31, 1918* (Ayer, MA: News Printing, 1919), 172.

<sup>49</sup> "Circular from F.R. Barrington," in "Influenza Epidemic" File 1622, Box 144, RG 90, NACP.

<sup>50</sup> Letter from M.G. Parsons to Surgeon General, Oct. 26, 1918, "Influenza Epidemic," in *ibid.*

<sup>51</sup> Letter from C.R. Feller to Surgeon General, Oct. 11, 1918, "Influenza Epidemic," in *ibid.*

been the purview of states and localities, in the face of the influenza epidemic, local boards of health willingly cooperated with the PHS, even as it established authority over them.

In El Paso, Texas, the PHS worked closely with state, local, and Red Cross officials to respond to the epidemic, and in areas where the inequalities of influenza suppression were seen. PHS Assistant Surgeon J. W. Tappan telegraphed the surgeon general on October 17 stating that there were 7,000 influenza cases in the city and many deaths. Tappan noted the prevalence of influenza in the Mexican quarter and that the Red Cross wanted to establish hospitals in conjunction with the PHS.<sup>52</sup> The PHS wired Tappan to work with the Red Cross and that he would have control over all PHS personnel in the city, but that the state health officer would have control over all statewide measures. On October 18, Tappan warned that influenza was spreading into the “American” parts of El Paso and was pervasive because of the “deplorable” conditions in the Mexican areas and across the border in Juarez.<sup>53</sup> The Red Cross and the PHS quickly converted a school into a hospital and began caring for the sick, as an estimated 10 percent of the city was sickened.<sup>54</sup> Conditions improved enough in the American parts of El Paso to the point where Tappan reported favorably on the city’s plan to reopen schools that had been closed earlier in the month. He was less hopeful for the Mexican communities, where conditions had not yet improved, and ordered that schools and theaters would remain closed there for the foreseeable future.<sup>55</sup> Tappan believed that the Mexican areas were more problematic for public health efforts and that positive results there would take longer to achieve.<sup>56</sup>

The PHS also worked with the American Red Cross to create an organized response, and to administer care and guidance when the PHS itself lacked the personnel to oversee areas. At the PHS’s request, the Red Cross agreed to assemble nurses and pay them, rent temporary hospital space for emergency care centers, provide

---

<sup>52</sup> Telegram from Tappan to Blue, Oct. 17, 1918, “Influenza Epidemic,” in *ibid.*

<sup>53</sup> Letter from J.W. Tappan to Surgeon General, Oct. 18, 1918, “Influenza Epidemic,” in *ibid.*

<sup>54</sup> Letter from J.W. Tappan to Surgeon General, Oct. 23, 1918, “Influenza Epidemic,” in *ibid.*

<sup>55</sup> Letter from J.W. Tappan to Surgeon General, Oct. 30, 1918, “Influenza Epidemic,” in *ibid.*

<sup>56</sup> PHS officials typically blamed minorities and the poor for spreading the disease, whether they were immigrants in major East Coast cities, rural African Americans in the South, or Mexicans near the border. These biases usually led to stricter and longer-lasting public health measures than those endured by white Americans. A deeper discussion of the effects of race and class in public health work is a worthy topic, but beyond the scope of this paper. There is a burgeoning field of literature on these issues, with one of the first local studies being Patricia Fanning’s, *Influenza and Inequality: One Town’s Tragic Response to the Great Epidemic of 1918* (Amherst: University of Massachusetts Press, 2010).

resources for both temporary and permanent hospitals, and create a traveling medical team that could be quickly sent to areas of need.<sup>57</sup> It was understood that the PHS would lead the joint effort and allocate doctors, nurses, and Red Cross supplies, and coordinate with all state and local boards of health. All Red Cross requests for supplies or money would be channeled through the PHS.<sup>58</sup> The PHS also launched an educational campaign, and the Red Cross, using the far-reaching nationwide network of volunteers and officials that the PHS lacked, distributed nearly six million pamphlets.<sup>59</sup> The Red Cross willingly submitted to PHS leadership, as one Red Cross official phrased it, “in order to centralize the efforts in combating the disease.”<sup>60</sup>

This submission—by states, local governments, and private groups—was not unique for the period. The rationalization of effort, and deference to the control of experts, were common regulatory practices during the Progressive Era and Great War, as the federal government took increasing control of the economy and institutions. The Progressive Era brought a belief in the federal government as an effective instrument to improve the lives of citizens, especially in terms of health. Conservation and improvement of health became two of the leading goals of Progressives, as the federal government began regulating businesses and products that could potentially damage personal health. The passage of the Pure Food and Drug Act and the Meat-Inspection Act in 1906 gave the federal government the power of inspection and inspired consumer confidence, both in the quality of the products they consumed and in the efficacy of the federal government in protecting their health.<sup>61</sup> The empowerment of the PHS and the rise in federal oversight were logical steps during the influenza epidemic, given the changes in the preceding years.

Federal agencies and departments, too, quickly ceded control to the PHS, which almost instantly became the recognized provider of federal health care. After the congressional resolution passed, officials turned to the PHS to care for Native

---

<sup>57</sup> Letter from J.W. Schereschewsky to Red Cross, no date; Letter from Rupert Blue to The Chairman, War Council, American Red Cross, Oct. 1, 1918; Letter from George B. Case to Rupert Blue, Oct. 1, 1918; all in “803. Epidemics, 1918,” Box 688, RG 200, NACP.

<sup>58</sup> “Plan for Combatting the Influenza Epidemic,” Oct. 3, 1918, in *ibid.*

<sup>59</sup> “A Great Emergency: For Immediate Attention Red Cross Officials Precautions Against Epidemic of Spanish Influenza,” Oct. 4, 1918, in *ibid.*; Furman, *A Profile of the United States Public Health Service*, 326.

<sup>60</sup> Letter from Elizabeth Ross, Director, Bureau of Nursing, to All Organizations, Oct. 3, 1918, “803. Epidemics, 1918,” Box 688, RG 200, NACP.

<sup>61</sup> Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870–1920* (New York: Oxford University Press, 2005), 281–88.

Americans at Indian schools. While the PHS had made surveys of disease prevalent among Native Americans prior to the influenza epidemic, medical care for Native Americans had primarily been under the jurisdiction of the Bureau of Indian Affairs and the Department of the Interior.<sup>62</sup> The Department of the Interior, though, could not muster the medical personnel or resources necessary to handle Spanish influenza.<sup>63</sup> In desperate need of help, Interior officials turned to the PHS to run and fund their health efforts. After the PHS agreed to care for Native Americans, the commissioner of Indian Affairs quickly turned over salary payments to the PHS, allowing them to fully coordinate suppression efforts.<sup>64</sup> Department of Interior officials justified allowing the PHS to run their health efforts by pointing to the congressional influenza appropriation, believing that Congress's intent was that they submit to the PHS.<sup>65</sup> The resolution had, in effect, made the PHS the de facto health institution for civilians during the epidemic, and government departments quickly began collaborating with the PHS.

Beyond groups dependent on federal support, the federal government became increasingly concerned about how the influenza epidemic was affecting its workers. As they had done with Native Americans, federal officials turned to the PHS to provide care for federal employees. At the Treasury Department, there were so many sick workers that an "Emergency Diet Kitchen" was set up under the auspices of the Department and the PHS, which was itself part of the Treasury. This kitchen was designed to serve all ill government employees, even those who did not work at the Treasury. If the sick employee needed food or supplies, the Treasury Department's American Red Cross auxiliary provided it three times a day, as long as the employee was ill. If medical attention was needed, the Treasury Department turned to the Public Health Service. The PHS had effectively been turned into the federal government's medical unit and was now tasked with providing care to government workers from multiple departments.<sup>66</sup> This transition by departments, of ceding control over health matters to the PHS, was openly encouraged and accepted by federal agencies.

---

<sup>62</sup> Williams, *Public Health Service*, 422; Mullan, *Plagues*, 134.

<sup>63</sup> Telegram from Superintendent Peairs to Indian Office, Oct. 15, 1918, Subject Correspondence Files, 1904–1941, Records of the Bureau of Indian Affairs, RG 75, National Archives at Kansas City (NAKC).

<sup>64</sup> Letter from Superintendent to Commissioner of Indian Affairs, Oct. 25, 1918, Subject Correspondence Files, 1904–1941, RG 75, NAKC.

<sup>65</sup> "Epidemic expenses, U.S. Public Health Service, Treasury Department. In connection with Circular 1477," Circular No. 1486, Nov. 19, 1918, Records of the Bureau of Indian Affairs, Department of the Interior, Office of Indian Affairs, Pipestone Indian School, Circulars Received from the Office of Indian Affairs, 1917–1922, RG 75, NAKC.

<sup>66</sup> "Influenza Epidemic," Office of Chief Clerk, 1913–1949, Box 8, Entry 415, General Records of the Department of the Treasury, RG 56, NACP.

### **Pressure from States, Cities, and Private Groups to Keep Funding the PHS**

By late October 1918, the epidemic began to subside, and with the end of the war in November, concern over influenza faded away. Even as the epidemic receded from the nation's consciousness, the seeming end of the epidemic was held up as an example of effective government leadership. The PHS had, in many minds, accomplished the goal of protecting the nation's health and limiting the destructive power of influenza.<sup>67</sup> The perceived success of the PHS in combating influenza among the public, government agencies, and government employees meant that many now came to see the PHS as essential for the nation's health, as a program that needed to be reinforced and properly financed to protect Americans from future epidemics. The PHS gained acceptance as a capable and resourceful federal agency that needed to continue directing the nation's public health efforts. States, local governments, and private citizens all vigorously encouraged the U.S. government to maintain the PHS and give it the money and support it required.

Within a few months of the end of the wave of influenza, Congress felt pressure from states and municipalities to strengthen the PHS. In February 1919, the Ohio state legislature sent a letter informing the speaker of the House of Representatives that it had adopted a joint resolution petitioning Congress to take further action and appropriate more money to investigate and suppress influenza.<sup>68</sup> To the legislature, epidemics posed an immediate threat to not only Ohio but the nation as a whole, and warned that such major public health issues demanded federal oversight.<sup>69</sup> The Cleveland city council also sent a resolution to Congress, echoing the same sentiments.<sup>70</sup> By petitioning Congress to appropriate money, Ohio and the city of Cleveland made clear they trusted the federal government and the PHS to protect the nation from future influenza epidemics. They also accepted federal control over national public health matters and expected Congress to take the lead in building and supporting the PHS.

---

<sup>67</sup> The most widely cited American death toll is 675,000, as estimated by Alfred Crosby, *America's Forgotten Pandemic*, 206.

<sup>68</sup> "Letter from the State of Ohio Secretary of State to the Speaker of the House of Representatives, February 12, 1919," Petitions, Resolutions from State Legislatures, and Related Documents referred to Committee on Interstate and Foreign Commerce during 65th Congress: HR65A-H6.6 (Influenza Epidemic), Records of the U.S. House of Representatives, RG 233, National Archives Building, Washington, DC (NAB).

<sup>69</sup> "House Joint Resolution No. 12, Petitioning Congress to Take Action for the Suppression of Influenza, Feb. 4, 1919," HR65A-H6.6 (Influenza Epidemic), RG 233, NAB.

<sup>70</sup> "Resolution of Council of City of Cleveland, Feb. 14, 1919," HR65A-H6.6 (Influenza Epidemic), RG 233, NAB.

Many states wanted to see the PHS continue its supervisory role inside their borders. Some states pledged their support in early 1919 for a proposed rural sanitation bill that would make permanent the federal-state-local public health relationship created during the influenza epidemic.<sup>71</sup> The bill aimed to standardize public health practices under federal guidance and continue the appointment of state officials to PHS posts. The promise of federal funding for states willing to submit to PHS guidance and standards prompted at least a dozen states to support the proposal.<sup>72</sup> While the bill ultimately did not pass, by 1919 many states had grown comfortable deferring to the PHS and accepting federal guidance.

Private groups around the country also exerted pressure. Members of the Industrial Medicine and Surgery section of the American Medical Association sent their own resolution to every member of the House Committee on Appropriations in June 1919. Because influenza was a matter of serious consequence, the members resolved that Congress appropriate money to the PHS to investigate influenza and find a cure.<sup>73</sup> A letter sent to Representative J. Charles Linthicum of Baltimore from Williams & Wilkins, a publisher of scientific journals, argued for an appropriation to be “used under the direction of the United States Public Health Service” for investigating the causes, prevention, and cure of influenza and other respiratory diseases.<sup>74</sup> Members of the Pomona Grange No. 24 in Bedford County, Pennsylvania, also signed a petition to Congress. Noting influenza’s devastation, they aimed to push the federal government to “insure the protection of the lives and health of our citizens” by investigating epidemic diseases.<sup>75</sup> These private citizens, like public officials, asked Congress to give more money and authority to the PHS, trusting in the federal government’s ability to investigate influenza and protect the nation’s health.

### **Legacy Influenza Appropriation, the PHS, and Federal Control of Health Care**

The legacy of the congressional resolution of October 1918 had a much larger reach than was imagined in 1918. The perceived effectiveness of the PHS and federal

---

<sup>71</sup> The proposal was known as the Lever Bill, *Miscellaneous Hearings Before the Committee on Agriculture, House of Representatives, Sixty-fifth Congress, Third Session* (Washington, DC: GPO, 1919), 261–94.

<sup>72</sup> Letters from state health officers (MN, KS, ME, OH, LA, RI, NE, WV, TX, IA, IN) to Surgeon General, Jan. 1919, “Rural Sanitation, Jan. 1919–Jan. 1920,” File 2240, Box 220, RG 90, NACP.

<sup>73</sup> “Resolution Transmitted by Dr. Otto Geier, Secretary, June 13, 1919,” Petitions, Memorials, Resolutions of State Legislatures, and Related Documents Referred to Committee on Appropriations during 65th Congress: HR66A-H2.5 (Investigation into Causes of Influenza), RG 233, NAB.

<sup>74</sup> Letter from Charles C. Thomas to Representative J. Charles Linthicum, Aug. 1, 1919, HR66A-H2.5 (Investigation into Causes of Influenza), RG 233, NAB.

<sup>75</sup> “Resolution,” Pomona Grange #24 to United States Congress, March 4, 1920, in *ibid.*



Surgeon General Rupert Blue managed the dramatic expansion of Public Health Service during the pandemic in 1918.

intervention in dealing with the influenza epidemic proved to be a key moment in the expansion of the federal government's control over the nation's public health efforts and led to greater involvement and attention after the war and epidemic subsided. Before the war, the House of Representatives refused for over a year to act on legislation to add a reserve corps to the PHS, but after the war it quickly approved the measure. PHS Surgeon General Rupert Blue noted that it was the influenza epidemic that finally pushed Congress to act.<sup>76</sup> The PHS had grown in its size and authority. With its newfound resources, it was also given the long-term task of caring for returning veterans, a massive expansion of federal health care.<sup>77</sup>

The enlargement of the PHS ran counter to the fate of many other government agencies after the war. Once the Armistice was signed, many government boards that had directed the economy and society during the war were phased out. When Warren G. Harding was elected president in 1920 on a "return to normalcy" platform and advocated for economy in government, it could be assumed that the wartime public health and social welfare programs would be quickly ended as well. The PHS and public health work, though, not only survived the cutbacks but were collectively seen as vital government functions. The federal government now considered itself a fundamental part of the citizen-health dynamic, and that idea was shared by a majority of policymakers stretching from the president to Congress. In his first official address, for example, while laying out his "normalcy" plan, Harding called for the enactment of a maternity bill that would provide for the health of mothers and children.<sup>78</sup> The new president saw the federal government's role in public health as so fundamental that it was now considered a part of "normalcy" in America.

The federal government's new concern for public health mirrored the nation's increased focus on public health. Policymakers from all levels of government, and

<sup>76</sup> Furman, *A Profile of the United States Public Health Service*, 327.

<sup>77</sup> Mullan, *Plagues*, 75, 80.

<sup>78</sup> Robert K. Murray, *The Politics of Normalcy: Governmental Theory and Practice in the Harding-Coolidge Era* (New York: W.W. Norton, 1973), 14, 46.

private citizens, saw public health work as a defense against the destruction that epidemics and pervasive diseases could bring. This attention benefited the PHS immensely, securing it a national network of supporters. Federal, state, and local officials viewed PHS and federal leadership as the clearest path to the achievement of public health goals, and private citizens trusted more fully in federal control of public health. All groups, public and private, deferred to PHS guidance and control, which ensured the agency's prominence beyond the end of the war and epidemic.

This concern for public health and deference to federal control can be seen in legislation passed in the wake of the influenza epidemic. In 1921 Congress heeded Harding's call for a maternity bill and passed the Sheppard-Towner Act, which appropriated money for maternal and infant welfare.<sup>79</sup> The debate over the act in the House of Representatives demonstrates how political attitudes toward federal involvement in public health had changed since the end of the war and epidemic. One of the most vocal critics of the legislation, Representative Eugene Black from Texas argued not with the federal government's involvement in public health, but with federal provision of routine care within the states. Black reiterated his support for federal health efforts that resembled those during the influenza epidemic by arguing that the federal government needed to be involved in national health issues, but that "epidemics are very different from the hygiene of maternity and infancy."<sup>80</sup> He used the lessons of the influenza crisis to argue that the federal government should only be concerned with epidemics that crossed state lines. Although he argued for a narrower federal role in public health, that limited role was still an expansion from what had been generally accepted prior to 1918 when oversight of public health in states largely fell outside of federal jurisdiction.

The act passed overwhelmingly in the House and Senate, signaling a new era in federal public initiatives.<sup>81</sup> The federal government, both the executive and legislative branches, adopted a larger role in public health matters across the country wherein the federal government set public health goals, and through guidance, personnel placement, and funding, directed national health efforts. A total of 40 states took advantage of the act's grants when the money became

---

<sup>79</sup> The act provided for maternal and infancy education and care through public health nurses and midwives. It was financed with an initial federal appropriation but only distributed to states if the funds were matched by state appropriations.

<sup>80</sup> *Protection of Maternity and Infancy*, S. 1039, 67th Cong., 1st sess., *Congressional Record* 61 (Nov. 18, 1921): H7940.

<sup>81</sup> J. Stanley Lemons, "The Sheppard-Towner Act: Progressivism in the 1920s," *Journal of American History* 55, No. 4 (March 1969): 777-78.

available in 1922. The measure demonstrated widespread acceptance of the federal government's growing role in the oversight and financing of public health efforts.<sup>82</sup>

The PHS, though, would face obstacles in the 1920s that forced it to adapt. While the agency was given oversight of medical care for returning veterans, its inability to handle the volume of care needed led Congress to strip the PHS of those duties in April 1922 and assign them to the newly created Veterans Bureau.<sup>83</sup> Internal debates among PHS leaders over the level of federal oversight of state and local public health work also led to a diminished role in the provision of direct care.<sup>84</sup> While the PHS did take the lead in laboratory research and biostatistics, it continued to have a limited role in care throughout the 1920s.<sup>85</sup> That role, though, never completely vanished, and in 1930 the federal government once again turned to the PHS to provide care to its dependent populations, assigning to it all medical work in federal prisons.<sup>86</sup> The year 1930 also brought the creation of the National Institutes of Health (NIH) when the scientific and laboratory aspects of the PHS were separated from the group. This allowed the PHS to focus on medical care and the NIH on research. The PHS and NIH collaborated closely, and over time the NIH was expanded further, ensuring that the federal government would be at the forefront of all aspects of the medical field.<sup>87</sup> With the passage of the Social Security Act in 1935, the PHS assumed control over grants-in-aid to state and local organizations, and was, from that moment on, a permanent part of the nation's health work on all levels of government. While it did not directly control state and local public health work, it exerted a high level of influence with appropriations, mandates, and guidance that have ensured its, and the federal government's, continued influence over public health.<sup>88</sup> That level of supervision has grown ever since the influenza epidemic.

Over several decades, the federal government expanded its position toward public health care from one of limited involvement in the late 19th century to a broader

---

<sup>82</sup> Duffy, *The Sanitarians*, 247–48.

<sup>83</sup> The lack of acceptable facilities to care for veterans, as well as any system to organize such care, led to poor treatment and a strong backlash from veterans' organizations. Williams, *Public Health Service*, 607–8; Mullan, *Plagues*, 75, 80.

<sup>84</sup> In 1920 the new PHS surgeon general, Hugh S. Cumming, held a more conservative view of federal oversight of public health, believing that states and localities should largely be left alone. This view clashed with other high-ranking PHS officials, who favored the new, enlarged federal role. This rift consumed much of the PHS' attention throughout the decade. Mullan, *Plagues*, 82, 90, 95.

<sup>85</sup> Mullan, *Plagues*, 85, 95.

<sup>86</sup> Williams, *Public Health Service*, 170.

<sup>87</sup> Duffy, *The Healers*, 238–39.

<sup>88</sup> Mullan, *Plagues*, 102.

and more supervisory role by the 1930s. As a result of Progressive-era social and health campaigns and food regulation legislation, Americans came to believe that federal guidance encouraged public health and better and more widely available health care than could be provided by states or local governments alone. Leaders recognized, as a result of the influenza epidemic, the debilitating power that poor public health could have on its citizens, industry, and military capability. The need for federal oversight in major aspects of food regulation and public health became clear. Steadily, Congress continued to assume a greater role in managing the nation's health and to fund and expand federally led public health measures, especially through the work of the PHS and its direction of state and local public health efforts. It was the national emergency of the Spanish influenza epidemic that became the pivotal moment in the establishment of federal supervision of the nation's public health.

---

*Picture Credits:* Doctor at bedside (165-WW-269B-004), Mrs. McAdoo (165-WW-55A-040), Making masks (165-WW-269B-026), National Archives; Men in beds lined up, National Museum of Health and Medicine; Chief Surgeon Blue, National Institutes of Health

---

© Society for History in the Federal Government. Readers can download *Federal History* articles and share them but must credit the journal and author. They cannot change the articles in any way or use them commercially. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND).