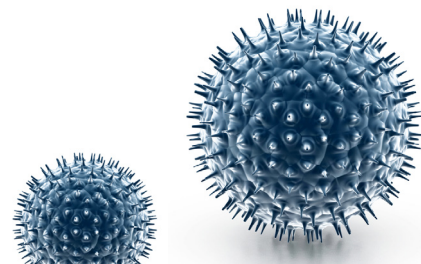
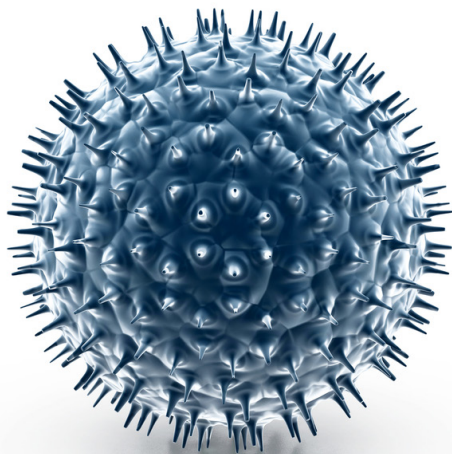


FLU, 1918 AND NOW: The Importance of Good Nursing



By Lisa Yarkony



“If you’re ready for a zombie apocalypse, then you’re ready for any emergency,” says the Centers for Disease Control and Prevention. So what do you need to do before the zombies come? CDC asks visitors to its website. The key is to get a kit, make a plan, and be prepared, according to CDC’s tongue-in-cheek campaign to get people thinking before disaster strikes. “If you are generally well equipped to deal with a zombie apocalypse, you will be prepared for a hurricane, pandemic, earthquake, or terrorist attack,” according to Ali Khan, CDC’s director of public health preparedness and response.¹

Dr. Khan isn’t there to save the day during the summer blockbuster *World War Z*. That leaves poor Brad Pitt to take up the slack in the face of a zombie pandemic that leads society to collapse. As an investigator for the UN, he travels the globe for a solution and comes to see that zombies only bite the healthy in their undying drive to pass on the disease. This hunch leads him to a WHO lab in Wales where he battles his way through zombies to a storage vault for deadly bugs. A zombie clatters his teeth outside as Pitt prepares to inject himself with one of the samples. A group of researchers watch him through a security camera and gasp as his eyes pause on a beaker marked “Influenza 1918.” “Not that one!” they exclaim at the sight of the virus that killed 40 million people worldwide. Over half a million of them were in the U.S., where home care was on the front lines in the fight to save lives.

Nurses played a leading role in the pandemic because hospitals overflowed with victims and doctors were helpless before a scourge unlike any other. “You can’t do anything for influenza,” one doctor complained as he voiced the frustration of his peers. Like many in his profession, he had witnessed the ghastly progress of the disease and the ordeal was one he could not forget.² The victims would be fine one minute, and the next minute they would be delirious and racked by fever. Temperatures soared to 106 degrees and lack of oxygen turned skin bluish-black. Massive pneumonia attacked the lungs, blood gushed from the nose, victims drowned in their own body fluids — and society threatened to go under.³

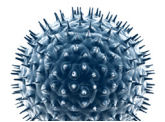
When influenza hit the U.S. in the fall of 1918 the country was unprepared for the extent of the crisis, according to nursing leader and first-hand witness Janet Geister. “We weren’t ready in plans and resources,” she recalled, “nor were we ready in our thinking. A country-wide epidemic was utterly unthinkable.” To aggravate matters, the U.S. had recently entered World War I, and thousands of doctors and nurses had just been deployed. Few remained to cope with a major epidemic at home.⁴ But

there were plenty of potential victims as the war industry drew transient workers to the cities. Crowds converged at huge parades and rallies for the war effort, making the country the perfect breeding ground for the plague.⁵

Local governments closed theaters, schools, churches, and saloons to prevent the disease from spreading. Telegraph and telephone services collapsed as operators took to their beds. Trash filled the streets as garbage men reported sick. Mail piled up as postal carriers failed to come to work. Some cities, including San Francisco, Philadelphia, New York, and Seattle, required all citizens to wear gauze masks in public. One popular jingle of the time reminded Americans, “Obey the laws, and wear the gauze, protect your jaws from septic paws.” Those who dared not to wear masks were insulted or physically run off the streets. And no zombies were needed in 1918 to throw the public into a panic. A sneeze or cough was enough to send people scurrying for their lives.⁶

As the flu brought society to its knees, visiting nurses stepped up as the first line of defense, exposing themselves to a bug that struck terror in all. The demand for nurses grew as doctors realized that “everything depends on good nursing.”⁷ With no effective medical interventions, tender loving care kept many patients alive until the disease took its course. Most people received care at home since hospitals teemed with the ill. In cities, where immigrant ghettos were considered “hives of illness,” nurses visited patients in their cramped tenement flats. In rural areas, they called on patients in remote farmhouses, log cabins, and shacks. Whatever the setting, they provided basic care: changing sheets, bathing patients and dressing them in warm clothes, checking their temperatures, and feeding them soup. They also taught families about the importance of covering coughs, spitting into handkerchiefs, and opening windows for fresh air. When death came, nurses closed the eyes of the dead and consoled the survivors.⁸

Their work was especially hard when more than one family member was sick and both parents succumbed to the flu. Nurses who had to care for the sick and their family members were under tremendous stress, according to Katherine Tucker, director of the Visiting Nurse Society of Philadelphia. In one account she described how a nurse found four out of seven in a family — including both parents, a baby, and two small children — all suffering from the flu. “In a crib beside the mother’s bed was a six-week-old baby who had not been bathed for four days and was wet and cold,” Tucker recalled. Though



the father was running a temperature of 103 degrees he had to get out of bed to care for his children and wife. “The family had no coal, and the three well children were shivering and hungry. The nurse gave care to the sick and bathed and fed the baby. She made a wood fire in the stove and prepared food for the other children. She then found a kind neighbor to continue to look after the children.”⁹

In many other cases, neighbors wouldn’t help out since the healthy were scared of the ill. But not Bessie Hawkes, who responded to a Red Cross call for black nurses in the south. “Eight miles from Talladega,” she remembered, “in the back woods, a colored family of ten were in bed and dying for want of attention. No one would come near. I was asked by the health officer if I would go. I was glad of the opportunity. As I entered the little country cabin I found the mother dead in bed. Three children buried the week before. The father and remainder of the family running a temperature of 102-104. Some had influenza, others had pneumonia,” she wrote. “I rolled up my sleeves and killed chickens and began to cook. I forgot I was not a cook, but I only thought of saving lives. I milked the cow, gave medicine, and did everything I could to help. I didn’t realize how tired I was until I got home.”¹⁰

Like many visiting nurses, she must have felt like the walking dead because there just weren’t enough of them to answer the pressing need. Visiting nurses in Philadelphia made 16,165 visits to 4,050 patients during the pandemic, once taking on 200 new cases in a single day.¹¹ They could think of nothing else as they frantically served people who hailed them as visiting angels.¹² Nurses in the Windy City were in equally high demand, according to the assistant director of the Chicago Visiting Nurses. “When the nurses entered a neighborhood,” she wrote, “the people watched at their doors and windows, beckoning for the nurses to come in. One day a nurse who started out with 15 patients to see, saw nearly 50 before night. Sometimes before getting out of her first case, the nurse was surrounded by people asking her to go with them to see other patients.”¹³

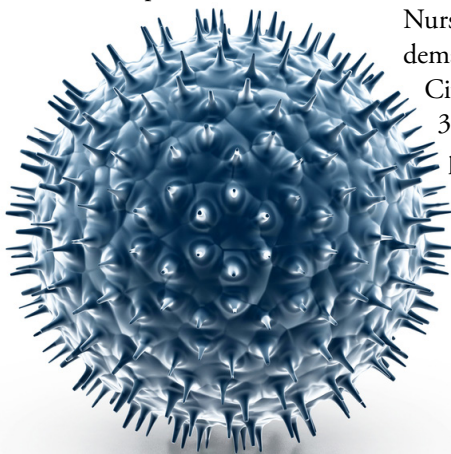
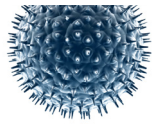
Nurses faced similar demands in New York City, where the flu took 30,000 lives. Desperate people watched from windows and doorways for a nurse. They surrounded her on the street, begging her to go in six directions as once. The ragged chorus of pleas rang loudest in the city’s

teeming slums, according to Lillian Wald, who set up a settlement and visiting nurse service on Henry Street to care for New York’s poor. The Lower East Side — home to thousands of young immigrant families — was particularly hard hit. So was Harlem, Wald noted as she recalled a typical case. “The home is in upper Harlem; the family consists of seven: a father, mother and five children,” she wrote. “The mother lies ill with influenza, the father has lobar pneumonia, two children have measles and bronchopneumonia, and one child is only four weeks old.” Yet “the family had been without care of any kind until the case was reported to the visiting nurse. This is a situation duplicated in hundreds of homes.”¹⁴

Wald’s nurses did the best they could to combat the plague without federal or regional support. Finally on October 10, 1918, the Atlantic Division of the Red Cross assembled New York City nursing leaders to “consider ways and means of mobilizing to combat the epidemic,” as Wald recalled. At that first meeting, the nurses voted unanimously to organize the Nurses’ Emergency Council and “meet the situation in so far as possible.” Wald agreed to serve as chairman and Permelia M. Doty, a former nursing instructor at New York’s Teachers College, was appointed executive secretary of the council. The Red Cross secured a central office at Fifth Avenue and 36th Street, and in 24 hours the council had begun its work.¹⁵

It was none too soon, Doty pointed out in looking back. “At this time,” she remembered, “the epidemic was gaining headway with alarming rapidity. The Director of the Nursing Service of the Henry Street Settlement reported that over 500 new cases of pneumonia and influenza had been cared for by staff nurses in the last four days. A survey of one city block showed 220 out of 1,400 people ill. The resources of the city would doubtless have been taxed to the utmost under ordinary conditions in an attempt to cope with the serious epidemic, but at that time, because of the great shortage of doctors and nurses due to war needs, the task was of unprecedented difficulty,” she recalled.¹⁶

The council responded to the crisis by working with the city health department to pool the resources and efforts of hundreds of agencies citywide. The Bureau of Communicable Diseases, the Bureau of Child Welfare, the Red Cross, the social services departments of several hospitals, the Catholic Nursing Sisterhoods, the Salvation Army, maternity centers, the New York Diet Kitchen, the Salvation Army, and many others gave all or part of their staff, according to a press release by Wald. “Teachers College Department of Nursing and Health has suspended to turn over to this work its entire staff and students,” Wald wrote. “All of these agencies combine under the Nurses’ Emergency Council and practically every social settlement and social agency in the city is cooperating,



so that duplication may be eliminated and the needs of the sick people may be given the best and quickest service possible under the circumstances.”¹⁷

There was only so much the nurses could do in the face of an epidemic that stumped physicians, overwhelmed governments, and was like no other before it. Yet the cases of influenza did gradually decrease over the fall, allowing the council to close its central office on November 6. In retrospect, Doty admitted that the nurses failed to achieve the results they would have wished. “Undoubtedly much ground was left uncovered,” she regretted. “Many sick people did not receive nursing care and much suffering was unrelieved. But because of the splendid cooperation of the various organizations and the faithful and devoted service of those who gave their time and strength so unsparingly, the Council believed very definite things were accomplished. It is indeed true that ‘we learn by doing’ and there is no doubt that should the need arise, the nursing profession would be much better prepared to meet a similar emergency because of the experience gained at this time.”¹⁸

And what will that next emergency be? It probably won’t be a zombie pandemic despite the recent buzz about the walking dead. But now there are other more likely threats on the horizon. In June, the WHO urged health care workers around the world to be on the alert for symptoms of the deadly Middle East respiratory syndrome coronavirus (MERS), a scary bug with the potential to circle the globe and cause a pandemic. WHO also issued new guidance to countries on influenza pandemics, warning the world to be on the alert for two human strains of bird flu: H5N1, which emerged a decade ago, and H7N9, first detected in China last March.¹⁹

If these deadly bugs do reach our shores, we’ll call on nurses to show their undying devotion to the ill. “The home health care sector is a critical element in a pandemic influenza response,” the Agency for Healthcare Research and Quality recently observed.²⁰ Taking a lesson from 1918, research from Johns Hopkins recognized that home care nurses play a vital role in by providing comfort measures and reassurance, instructing families in daily care, and assisting with daily needs when a public health crisis strikes. Should another pandemic arise, home care would again be in high demand as society tries to care for the sick and contain disease. Nurses would be indispensable if hospitals are full or a contagious disease dictates home isolation. And if there were no available cure, compassionate care of the sick would be essential — just as it was in 1918.²¹ Again, much will depend on good nursing.

Notes

¹ “Zombie preparedness,” Office of Public Health Preparedness and Response: Zombies, *Centers for Disease Control and Prevention*, <http://www.cdc.gov/phpr/zombies.htm>.

² Nancy K. Bristow, “You can’t do anything for influenza,” in *The Spanish Influenza Pandemic of 1918-1919: New Perspectives*, ed. Howard Philips and David Killingray (New York: Routledge), 58-69.

³ James F. Armstrong, “Philadelphia, nurses, and the Spanish influenza pandemic of 1918,” *Navy Medicine*, March-April 2001: 16-20.

⁴ Arlene Keeling, “When the city is a great field hospital: the influenza pandemic of 1918 and New York City nursing response,” *Journal of Clinical Nursing* 18: 2732-2738.

⁵ James F. Armstrong, “Philadelphia, nurses, and the Spanish influenza pandemic of 1918,” *Navy Medicine*, March-April 2001: 16-20.

⁶ Ibid.

⁷ Jean N. Groft, “Everything depends on good nursing,” *Canadian Nurse* 102 (3): 19-22.

⁸ Arlene Keeling, “Alert to the necessities of the emergency: U.S. nursing during the 1918 influenza pandemic,” *Public Health Reports* 125: 105-125.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² James F. Armstrong, “Philadelphia, nurses, and the Spanish influenza pandemic of 1918,” *Navy Medicine*, March-April 2001: 16-20.

¹³ Arlene Keeling, “Alert to the necessities of the emergency: U.S. nursing during the 1918 influenza pandemic,” *Public Health Reports* 125: 105-125.

¹⁴ Arlene Keeling, “When the city is a great field hospital: the influenza pandemic of 1918 and New York City nursing response,” *Journal of Clinical Nursing* 18: 2732-2738.

¹⁵ Ibid.

¹⁶ Permelia Munan Doty, “A retrospect of the influenza epidemic,” *Public Health Nurse* 11: 950-951.

¹⁷ Arlene Keeling, “When the city is a great field hospital: the influenza pandemic of 1918 and New York City nursing response,” *Journal of Clinical Nursing* 18: 2732-2738.

¹⁸ Permelia Munan Doty, “A retrospect of the influenza epidemic,” *Public Health Nurse* 11: 950-951.

¹⁹ Stephanie Nebel. “MERS has potential to cause pandemic, WHO says,” *NBCnews.com*, June 10, 2013, <http://www.nbcnews.com/health/mers-has-potential-cause-pandemic-who-says-6C10265693>.

²⁰ Sherry Baron et al., “Protecting home health care workers: a challenge to pandemic influenza preparedness planning,” *American Journal of Public Health* 99 (S2): S301-S307.

²¹ Monica Schoch-Spana. “Implications of pandemic influenza for bioterrorism response,” *Clinical Infectious Diseases* 31 (1): 1409-1413.



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