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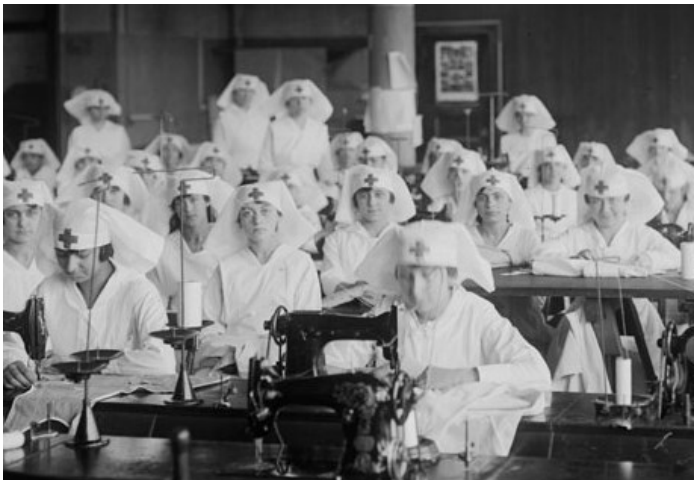

1918 INFLUENZA PANDEMIC

HOW DID THE 1918 PANDEMIC TRANSFORM NEW YORK CITY AND INFLUENCE MODERN RESPONSES TO PANDEMICS?

CONTENTS

On the cover: Images from the photo collections of the NYC Department of Records and Information Services.

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OVERVIEW

Throughout its history, New York City has faced numerous challenges, with public health emergencies standing out as pivotal tests of the city's resilience and endurance. Among the most severe crises of the twentieth century was the influenza pandemic of 1918. While major East Coast cities like Boston and Philadelphia were hit particularly hard, New York City, though less affected proportionately, still suffered a devastating toll. With a population of approximately 5.6 million at the time, the autumn of 1918 saw more than 20,000 New Yorkers lose their lives to the pandemic.

During this period, the New York City Health Department played a crucial role in keeping the public informed. The Department's statisticians produced the Weekly Bulletin of the Department of Health, which detailed infectious disease rates, birth and death statistics by borough, and causes of death by age and gender. These reports were vital in communicating the state of public health across the city.

In 1918, vaccines for certain illnesses had already been discovered, but the range and availability of medicines were still limited. Crucially, penicillin, which would revolutionize infection treatment, wasn't discovered until 1928. With no vaccine available to protect against influenza and no antibiotics to combat secondary infections, the world's efforts were confined to non-pharmaceutical interventions such as isolation, quarantine, good personal hygiene, the use of disinfectants and restrictions on public gatherings.

Amidst this chaos, New Yorkers sought ways to survive and end the crisis. The pandemic transformed the city, its people and its institutions. This curriculum aid explores the lessons learned from the measures taken during the 1918 influenza pandemic and encourages the reader to reflect on how these steps may have influenced modern responses to public health crises.

Exploring how the 1918 influenza pandemic transformed New York City offers a unique opportunity for your students to understand how pandemics and health emergencies have been approached, managed, and controlled over time. By examining this historic public health crisis, students can gain insight into how policies and systems in New York City developed in response, and how these changes have influenced the city's approach to more recent crises, such as the COVID-19 pandemic.

When COVID-19 swept across the globe, many sought to make sense of this contemporary catastrophe by looking to the past for guidance. The bulletins, letters, graphs, and data from the 1918 pandemic provide a crucial window into our city's history, helping students draw parallels between past and present public health challenges. This exploration will demonstrate the enduring significance of historical events in shaping our responses to current and future crises.

Through this curriculum aid, encourage your students to reflect on these critical questions:

- How did the 1918 influenza pandemic impact urban society in New York City?
- What measures were taken in response to the 1918 pandemic, and how effective were they?
- How fair were the policies implemented during the pandemic?
- What lessons might New York City have learned from the 1918 pandemic that could inform future public health strategies?

Facilitate small group and class discussions that connect students' newfound knowledge with their lived experiences. Encourage them to explore how past actions have helped build a better future by implementing successful measures and avoiding serious mistakes. Discussions may also highlight instances where valuable lessons from the past were

overlooked, leading to missed opportunities in managing later crises. Additionally, students can examine health inequities that emerged during the pandemic and consider the impact of social and demographic factors.

STANDARDS

Curriculum: Grade 10 -1914-Present Crises and Achievement in 20th Century

Standards: 10.2,10.4, 10.6, 10.7, 10.8, 10.9. 10.10

INTERNAL LINKS

https://nycrecords.bywatersolutions.com/cgi-bin/koha/opac-detail.pl?biblionumber=28300&query_desc=kw%2Cwrdl%3A%20john%20duffy

The Flu Epidemic of 1918 — NYC Department of Records & Information Services (archives.nyc)

EXTERNAL LINKS

Francesco Aimone, The 1918 Influenza Epidemic in New York City: A Review of the Public Health Response. Public Health Rep, 2010: 125 (Suppl 3). The Living City Archive.

What We Can Learn From How the 1918 Pandemic Ended

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862336/

https://pmc.ncbi.nlm.nih.gov/articles/PMC2862333/

KEY WORDS AND PHRASES

Communicable

Epidemic

Infrastructure

Influenza

Protocol

Quarantine

Sewerage

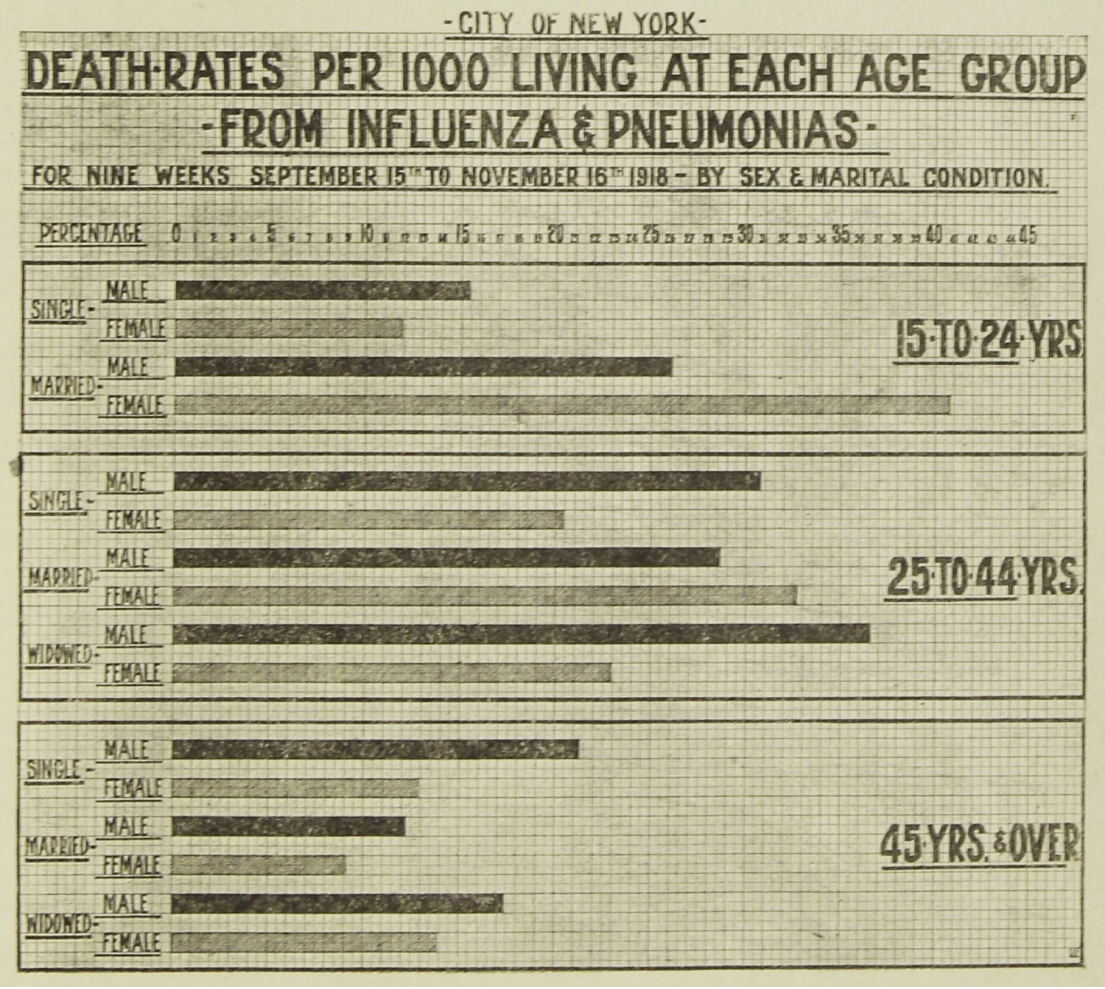
Statistical

Vulnerable

GRAPHS & DATA

Accurate and precise graphs, along with numeric data, are invaluable tools that enable the public to make informed observations, draw meaningful conclusions, and propose solutions that help avoid mistakes. Data analysis has evolved into a sophisticated field, and today, we are fortunate to have advanced computer programs and deep statistical knowledge at our disposal to assist in the collection, presentation, and analysis of vast amounts of data.

However, during the 1918 influenza pandemic, the process of data collection and communication was far more challenging. Unlike today's fast-paced digital methods, data



Death rates from influenza, September to November 1918. Monthly Bulletin of the Department of Health, December 1918. NYC Municipal Library.

gathering in 1918 was a slow and manual endeavor. The collection, processing, presentation, communication, and storage of data required significant labor and effort.

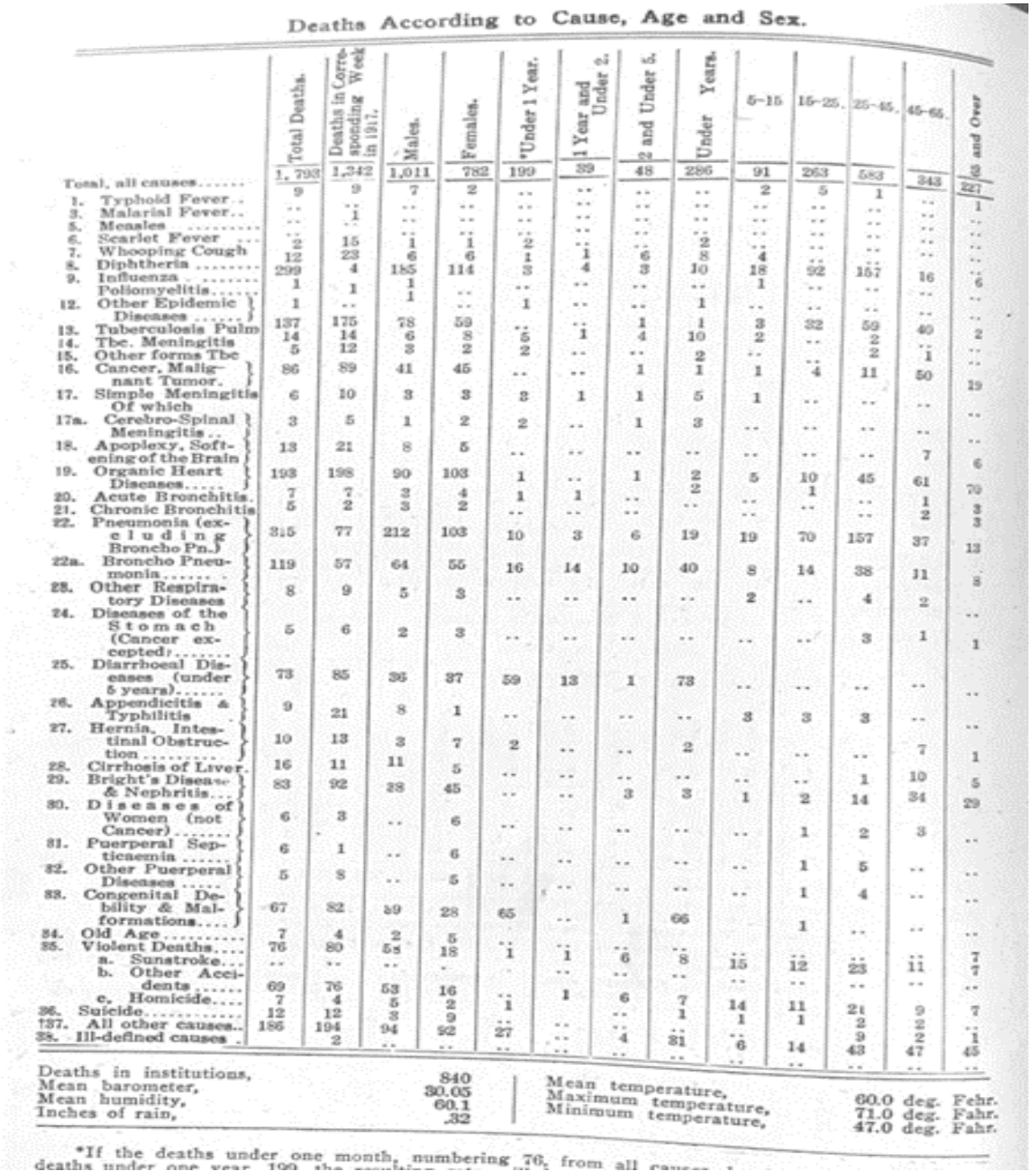
The following weekly bulletins, produced by the New York City Department of Health in 1918, serve as valuable primary sources. They offer critical insights into the impact of the flu epidemic on New York City, providing a window into the public health challenges and responses of that era.

GRAPHS & DATA QUESTIONS

1. How would this chart be helpful to the healthcare community of New York City during that time period?
2. How would this chart be helpful to the general public?

PRIMARY SOURCE 1

This primary source presents data in a table format, detailing the number of deaths by age group and cause of death during that period. To deepen our analysis, we can explore further by addressing the questions on the following page:



Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week in 1917.	Males.	Females.	*Under 1 Year.	1 Year and Under 2.	2 and Under 5.	5 Years.	5–15	15–25.	25–45.	45–65.	65 and Over
Total, all causes.....	1,793	1,342	1,011	782	199	39	48	286	91	263	583	343	227
1. Typhoid Fever..	9	9	7	2	..	..	..	..	2	5	1	..	1
3. Malarial Fever..	..	1	..	..	..	..	..	..	..	..	..	..	..
5. Measles	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Scarlet Fever ...	2	15	1	1	2	..	..	2	..	..	..	..	..
7. Whooping Cough	12	23	6	6	1	1	6	8	4	..	..	..	..
8. Diphtheria	299	4	185	114	3	4	3	10	18	92	157	16	6
9. Influenza	1	1	1	..	..	..	..	..	1	..	..	..	..
Poliomyelitis.....	1	..	1	..	1	..	..	1	..	..	..	..	..
12. Other Epidemic Diseases	137	175	78	59	..	..	1	1	3	32	59	40	2
13. Tuberculosis Pulm	14	14	6	8	5	1	4	10	2	..	2	..	..
14. Tbc. Meningitis	5	12	3	2	2	..	..	2	..	..	2	1	..
15. Other forms Tbc	86	89	41	45	..	..	1	1	1	4	11	50	19
16. Cancer, Malignant Tumor.	6	10	3	3	3	1	1	5	1	..	..	..	..
17. Simple Meningitis	3	5	1	2	2	..	1	3	..	..	..	..	..
Of which	13	21	8	5	..	..	..	..	..	..	..	7	6
17a. Cerebro-Spinal Meningitis ..	193	198	90	103	1	..	1	2	5	10	45	61	70
18. Apoplexy, Softening of the Brain	7	7	3	4	1	1	..	3	..	1	..	1	3
19. Organic Heart Diseases.....	5	2	3	2	..	..	..	..	..	..	..	2	3
20. Acute Bronchitis.	315	77	212	103	10	3	6	19	19	70	157	37	13
21. Chronic Bronchitis	119	57	64	55	16	14	10	40	8	14	38	11	8
22. Pneumonia (excluding Broncho Pn.)	8	9	5	3	..	..	..	..	2	..	4	2	..
22a. Broncho Pneumonia.....	5	6	2	3	..	..	..	..	..	..	3	1	1
23. Other Respiratory Diseases	73	85	36	37	59	13	1	73	..	..	..	..	..
24. Diseases of the Stomach (Cancer excepted).....	9	21	8	1	..	..	..	..	3	3	3	..	..
25. Diarrhoeal Diseases (under 5 years).....	10	13	3	7	2	..	..	2	..	..	..	7	1
26. Appendicitis & Typhilitis	16	11	11	5	..	..	..	..	..	..	1	10	5
27. Hernia, Intestinal Obstruction	83	92	38	45	..	..	3	3	1	2	14	34	29
28. Cirrhosis of Liver.	6	3	..	6	..	..	..	..	..	1	2	3	..
29. Bright's Disease & Nephritis...	6	1	..	6	..	..	..	..	..	1	5	..	..
30. Diseases of Women (not Cancer)	5	8	..	5	..	..	..	..	..	1	4	..	..
31. Puerperal Septicaemia	67	82	39	28	65	..	1	66		1	..	..	..
32. Other Puerperal Diseases	7	4	2	5	..	..	..	..	..	..	..	..	..
33. Congenital Debility & Malformations....	76	80	58	18	1	1	6	8	15	12	23	11	7
34. Old Age	..	..	..	..	..	..	..	..	..	..	..	..	7
35. Violent Deaths....	69	76	53	16	..	1	6	7	14	11	21	9	7
a. Sunstroke...	7	4	5	2	1	..	..	1	1	1	2	2	..
b. Other Accidents	12	12	3	9	..	..	..	..	..	..	2	2	1
c. Homicide....	186	194	94	92	27	..	4	31	6	14	9	2	1
36. Suicide.....		2	..	..	..	..	..	..	..	..	43	47	45
37. All other causes..													
38. Ill-defined causes .													

Deaths in institutions,	840	Mean temperature,	60.0 deg. Fehr.
Mean barometer,	30.05	Maximum temperature,	71.0 deg. Fahr.
Mean humidity,	60.1	Minimum temperature,	47.0 deg. Fahr.
Inches of rain,	.32		

*If the deaths under one month, numbering 76, from all causes ... deaths under one year, 199, the resulting ... [illegible]

Portion of Weekly Bulletin from the Department of Health, Oct. 5, 1918.

QUESTIONS—PRIMARY SOURCE 1

1. Based on the numbers in the table, what was the leading cause of death during this period? Which groups do you think were most vulnerable? (Consider factors such as class, race, gender, and profession.) What might explain their vulnerability?

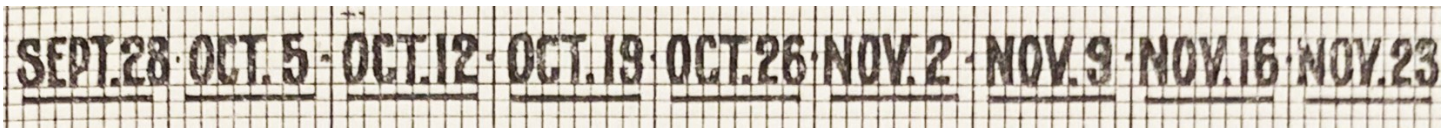
2. Do you believe these populations remain at risk today? Why or why not?

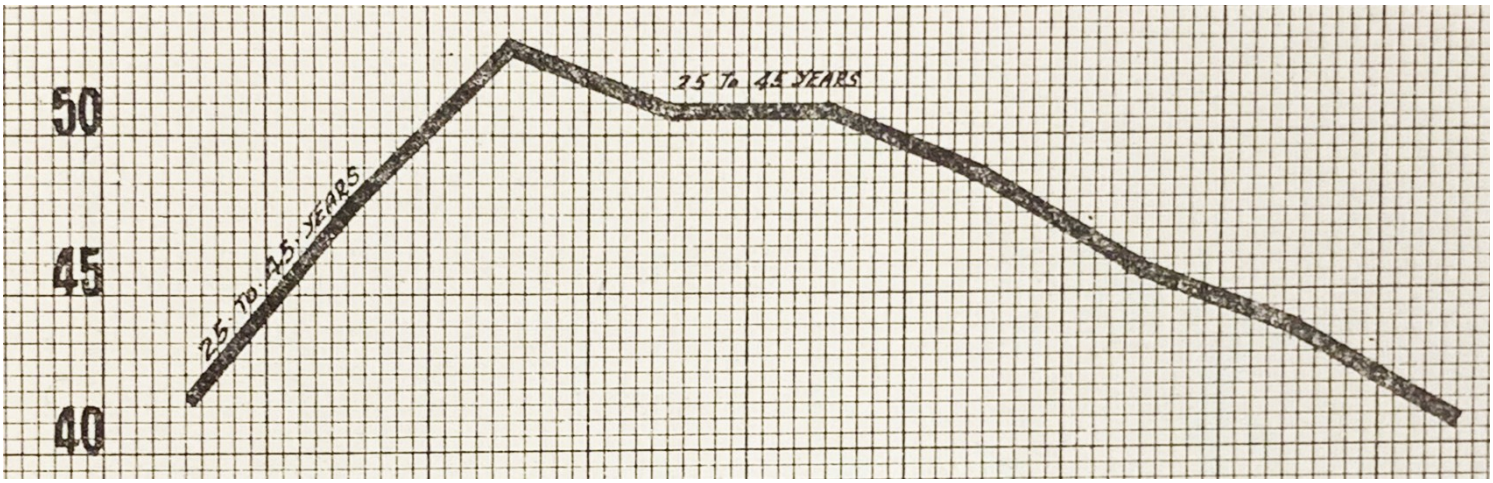
3. Are any statistical concepts or terms included in the bulletin? Why is it important to incorporate statistical concepts in this type of analysis?

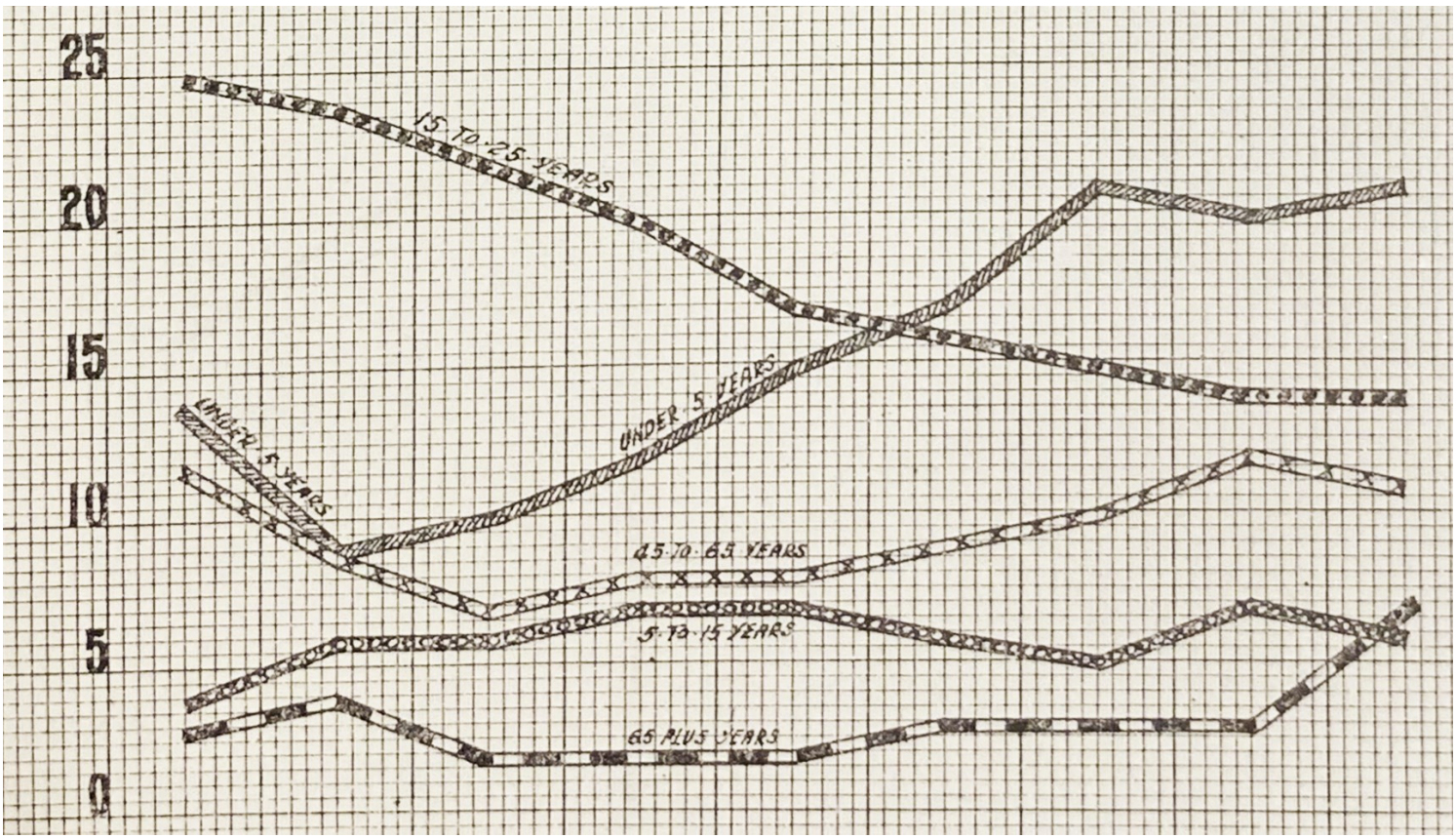
4. Did any other diseases listed in the table catch your attention? Why do you think they were included in the data?

PRIMARY SOURCE 2

Below are details from a graph that illustrates the number of deaths across different age groups over specific time periods:







Weekly Percentage by Age Groups, Monthly Bulletin of the Dept. of Health, Dec. 1918.

Further investigation: Here are some links to graphs showing COVID-19 trends and totals for New York City.

https://www.nyc.gov/site/doh/covid/covid-19-data-totals.page

https://www.nyc.gov/site/doh/covid/covid-19-data.page

QUESTIONS—PRIMARY SOURCES 1 and 2

Compare Primary Sources 1 and 2.

1. What differences can you identify in the information provided by each source?
2. Which source places a greater emphasis on the flu epidemic?
3. Is one source more informative than the other? If so, how?
4. Which age group was most vulnerable during the 1918 flu epidemic? Which age group was most vulnerable during the COVID-19 pandemic?

PRIMARY SOURCE 3

The morbidity and mortality reports for the period are as follows:

Date	Cases reported			Deaths reported			
	Infl.	Pneu.	Total	Infl.	Br. P.	L. P.	Total
Sept. 25	172	40	212	4	3	19	141
26	174	44	218	6	11	20	180
27	312	41	353	20	7	27	199
28	352	51	403	12	10	23	209
29 (Sunday)	...	..	...	16	5	26	151
30	694	98	792	14	5	24	170
Oct. 1	836	130	966	45	22	53	339
2	903	141	1,044	58	23	36	259
3	999	126	1,125	48	23	44	278
4	1,695	188	1,883	42	18	66	256
5	2,070	283	2,353	61	36	63	330
6	2,073	185	2,268	59	33	63	295
7	1,588	157	1,745	70	34	66	303
8	2,503	282	2,785	133	48	142	525
9	2,930	231	3,161	124	57	109	476
10	3,077	306	3,383	157	44	141	520
11	4,293	395	4,688	183	59	151	581
12	4,596	373	4,969	215	56	138	612
13	4,091	458	4,549	168	64	152	602
14	4,217	400	4,617	222	74	166	628
15	4,925	479	5,404	322	86	250	884
16	5,113	585	5,698	317	88	228	844
17	4,733	646	5,379	336	80	207	821
18	4,930	634	5,564	383	91	222	899
19	4,875	645	5,520	408	111	247	991
20	4,570	675	5,245	405	75	166	846
21	3,662	655	4,317	314	83	155	733
22	3,940	712	4,652	471	136	262	1,091
23	5,390	858	6,248	461	120	270	1,124
24	4,403	758	5,161	443	105	211	759
25	4,029	663	4,692	459	115	222	796
26	4,742	850	5,592	394	118	218	730
27	4,897	638	5,535	418	113	180	711
28	2,812	485	3,297	350	98	146	594
29	4,073	702	4,775	425	134	216	775
30	5,349	1,025	6,374	402	100	169	671
31	3,368	647	4,015	337	97	164	598

Portion of Weekly Bulletin from the Department of Health, Sept. and Oct. 1918.

QUESTIONS—PRIMARY SOURCE 3

1. How does this table (Primary Source 3) differ from the previous one (Primary Source 2)?

2. Do you observe any correlation between the dates and the number of deaths reported? Explain your reasoning.

3. Considering the different ways data can be presented, how can we effectively compare these visualizations across different time periods?

NEW YORK CITY'S RESPONSE TO THE EPIDEMIC

When the influenza epidemic struck New York City in August 1918, the city was able to leverage its existing public health infrastructure. Since 1865, the New York City Department of Health had been actively addressing environmental problems and health hazards, particularly in the city's overcrowded, unsanitary tenements.

The Department made significant strides in public sanitation and, in 1912, it removed 20,000 dead horses, mules, and cattle from the city's streets and responded to 343,000 complaints about unsanitary conditions. These included issues such as broken toilets, unlicensed dumping of animal waste, and leaking sewage. The Department also removed half a million smaller animals, like pigs and sheep, as part of its improved garbage collection; conducted meat and dairy inspections; and carried out sewer repairs.

Throughout the 1910s, the Department expanded its role in public health, implementing policies to prevent diseases and offering medical care. This included pre- and post-natal care, as well as vaccination campaigns against communicable diseases like syphilis and gonorrhea.

During the 1918 influenza epidemic, Mayor John Hylan appointed Dr. Royal S. Copeland, dean of New York Medical College, as the new Commissioner of the Department of Health. As the epidemic unfolded, Copeland established a network of emergency district health centers, which served as hubs for nurses and health inspectors who provided home-based care. He collaborated closely with the Board of Health, which oversaw the city's Health Code, and worked with school districts and business communities to implement appropriate public health measures.

In this section, you will explore sources that offer insight into how Commissioner Copeland and the Department of Health responded to the 1918 epidemic. As with the COVID-19 pandemic, both contemporaries and historians have debated the effectiveness of Copeland's policies

QUESTIONS—NYC EPIDEMIC RESPONSE

Carefully evaluate the questions and documents below. Reflect critically and develop your own informed opinion.

1. What role should governments play in addressing public health crises?

2. What key lessons can we draw from the 1918 influenza pandemic that are relevant today?

PRIMARY SOURCE 4

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 139 Centre St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

NEW SERIES, VOL. VII. OCTOBER 19, 1918. No. 42

"SPANISH INFLUENZA"—"THE FLU" "THREE-DAY FEVER."

The disease now spreading over this city is highly catching and may invade your home and attack you and your family unless you are very careful.

INFLUENZA is a crowd disease. *Therefore:* **Keep out of crowds as much as possible.**

INFLUENZA spreads mostly by inhaling some of the tiny droplets of germ-laden mucus sprayed into the air when careless persons sneeze or cough without using a handkerchief. *Therefore:* **Cover up each cough and sneeze.**

INFLUENZA is probably spread by the filthy habit of spitting on sidewalks, street cars, and other public places. *Therefore:* **Do not spit on the floor or sidewalk.**

INFLUENZA is probably spread also by the use of common drinking cups. *Therefore:* **Shun the common drinking cup.**

327

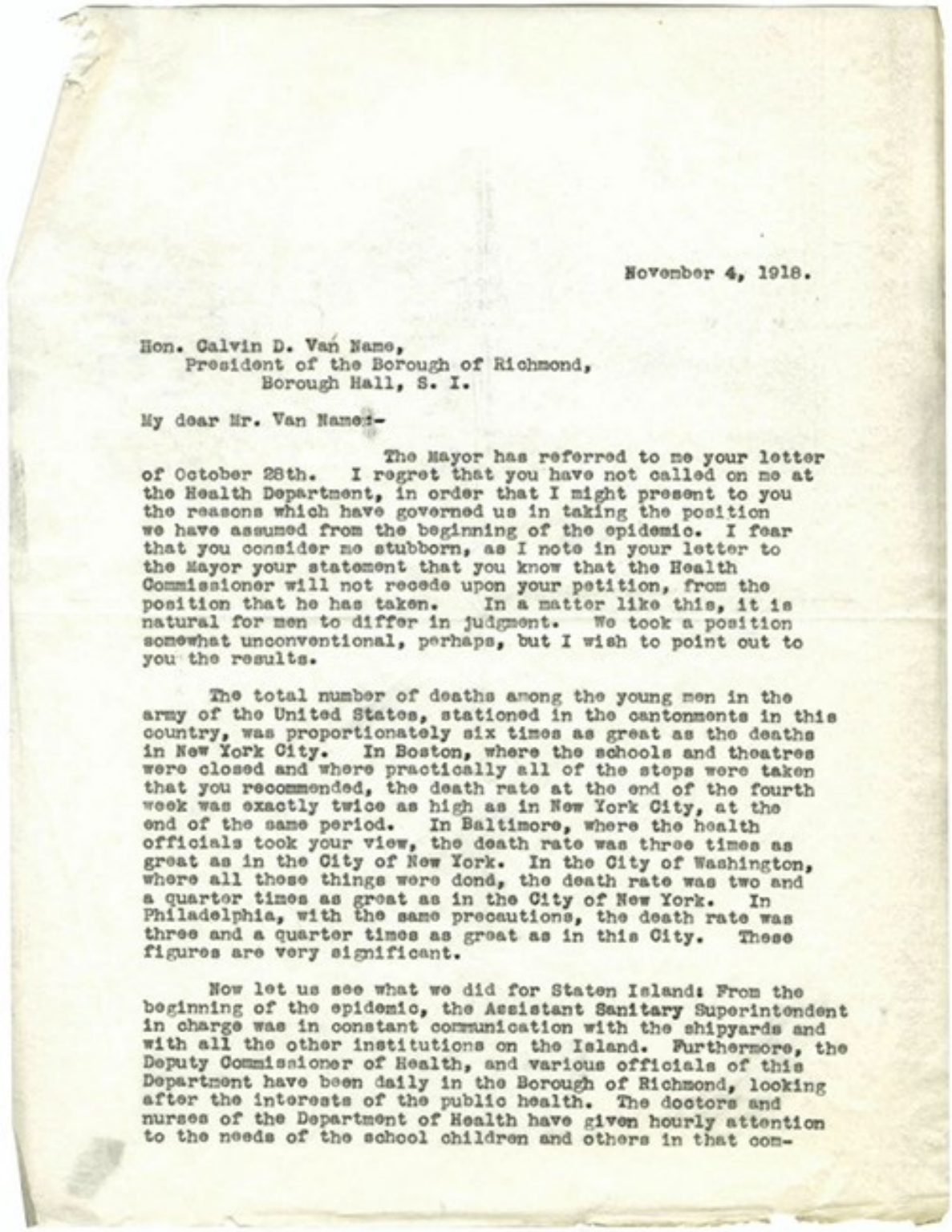
Department of Health Bulletin - Advice to Persons Who Have Had Influenza or Pneumonia.

QUESTIONS—PRIMARY SOURCE 4

1. What can you conclude about the effectiveness of the measures and aid provided by the New York City government in response to the 1918 influenza epidemic?

2. How likely is it that people will adhere to the advice given by the Department of Health? What factors might influence their compliance?

3. Review the resources available on New York City's Information Portal regarding the impact of COVID-19. How do the advice and information provided on the city's website in 2023 compare with those in the 1918 health bulletins?



November 4, 1918.

Hon. Calvin D. Van Name,
President of the Borough of Richmond,
Borough Hall, S. I.

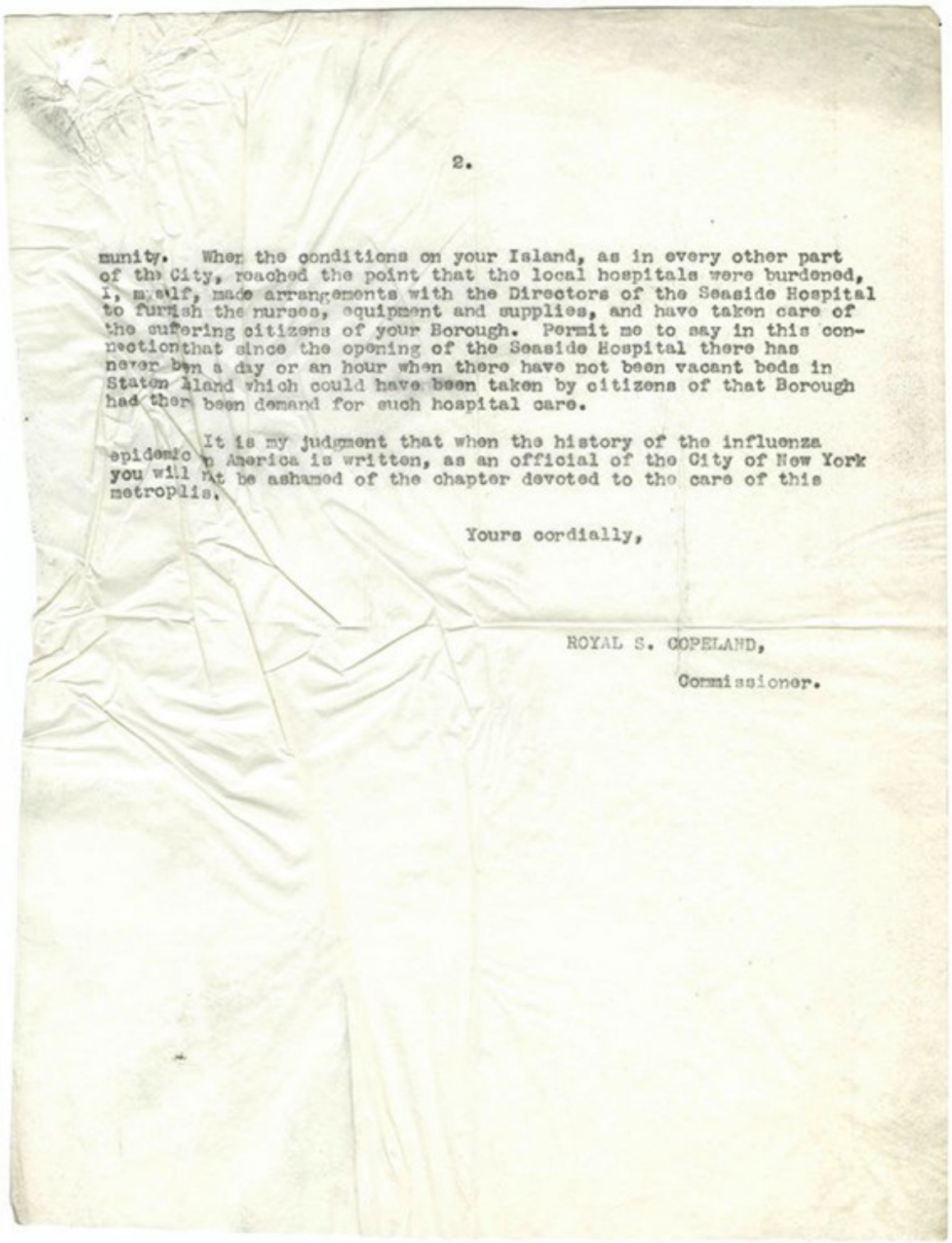
My dear Mr. Van Name:-

The Mayor has referred to me your letter of October 28th. I regret that you have not called on me at the Health Department, in order that I might present to you the reasons which have governed us in taking the position we have assumed from the beginning of the epidemic. I fear that you consider me stubborn, as I note in your letter to the Mayor your statement that you know that the Health Commissioner will not recede upon your petition, from the position that he has taken. In a matter like this, it is natural for men to differ in judgment. We took a position somewhat unconventional, perhaps, but I wish to point out to you the results.

The total number of deaths among the young men in the army of the United States, stationed in the cantonments in this country, was proportionately six times as great as the deaths in New York City. In Boston, where the schools and theatres were closed and where practically all of the steps were taken that you recommended, the death rate at the end of the fourth week was exactly twice as high as in New York City, at the end of the same period. In Baltimore, where the health officials took your view, the death rate was three times as great as in the City of New York. In the City of Washington, where all those things were dond, the death rate was two and a quarter times as great as in the City of New York. In Philadelphia, with the same precautions, the death rate was three and a quarter times as great as in this City. These figures are very significant.

Now let us see what we did for Staten Island: From the beginning of the epidemic, the Assistant Sanitary Superintendent in charge was in constant communication with the shipyards and with all the other institutions on the Island. Furthermore, the Deputy Commissioner of Health, and various officials of this Department have been daily in the Borough of Richmond, looking after the interests of the public health. The doctors and nurses of the Department of Health have given hourly attention to the needs of the school children and others in that com-

Page 1 of Letter from NYC Dept. of Health Commissioner Royal S. Copeland to Calvin D. Van Name, Staten Island Borough President, November 4, 1918.



2.

munity. When the conditions on your Island, as in every other part of the City, reached the point that the local hospitals were burdened, I, myself, made arrangements with the Directors of the Seaside Hospital to furnish the nurses, equipment and supplies, and have taken care of the suffering citizens of your Borough. Permit me to say in this connection that since the opening of the Seaside Hospital there has never been a day or an hour when there have not been vacant beds in Staten Island which could have been taken by citizens of that Borough had there been demand for such hospital care.

It is my judgment that when the history of the influenza epidemic in America is written, as an official of the City of New York you will not be ashamed of the chapter devoted to the care of this metroplis.

Yours cordially,

ROYAL S. COPELAND,

Commissioner.

Page 2 of Letter from NYC Dept. of Health Commissioner Royal S. Copeland to Calvin D. Van Name, Staten Island Borough President, November 4, 1918.

VF Epidemics

Emergency Advisory Committee to the Commissioner of Health

ROOM 2208, MUNICIPAL BUILDING

TELEPHONE, WORTH 8811

NEW YORK, October 17, 1918.

To the Executives of the Emergency Health Districts.

Ladies and Gentlemen:

You will receive with this circular copies of "Fight Influenza" posters for use in your District. Please arrange for their posting and distribution in the most conspicuous places. Also please send to each school, public and parochial, at least three posters so that these may be posted in the school building.

In addition, please send to each school a supply of small circulars entitled "Influenza Is a Dangerous Disease," but before so doing, stamp or print on each one of these circulars, as well as on the large posters, the location of your District Office and its telephone number.

The principal work of each Emergency Health District, so far as at present determined, is:

1. The provision of Nursing Service and of household service.
2. The distribution of food to families and to nurses serving in the District.
3. The provision of care for children where the family is wholly or partially disabled.
4. The registration of calls for help—food, nursing service, household service or care for children.

1. NURSING SERVICE AND HOUSEHOLD SERVICE.

(a) Nursing Service.

At the present time, it is particularly important that at least 200 persons be discovered who can serve as assistants to the regular Visiting Nurses. Persons of intelligence and character willing to do this work exclusively will be paid weekly, at the rate of 50 cents per hour. As soon as any suitable persons are discovered, their names and addresses should be sent in to the main office, "Worth 8811." (Ask for Mrs. Vane, Nursing Service Clerk.) Keep a list of every such person recommended. Each District should endeavor to locate at least twenty persons as aids to Nurses.

(b) Household Service.

One thousand persons or more will be needed for household relief. Where the adult members of the family are disabled, it will be necessary that a woman go into the home and do such cooking and cleaning, and other work as the Nurse in charge of the family finds necessary. The District organization should endeavor to obtain a list of at least fifty persons whose services may be made available, as required. Persons are not to be assigned to household relief except on the requisition of the Visiting Nurse in charge of the case. Specific directions and blanks for their assignment will be provided shortly. At the beginning, the main thing to be done is to find the people, and every effort should be directed toward this end.

2. THE PROVISION OF FOOD FOR NURSES AND FAMILIES.

Arrangements have been made with Mrs. Oliver Harriman, Sub-Committee on Food of the Women's Emergency Advisory Committee, to supply cooked food to each Emergency Health District for distribution by that District to individual families in need and to Nurses on duty in families who cannot otherwise obtain proper food.

The demands for food will come from two sources: personal appeals from families, and from Visiting Nurses. Each call should be listed as received on a blank, showing the name of the family, its residence, by whom ordered, the articles to be ordered and whether or not the food is to be paid for.

The food that can now be furnished to your District headquarters at 24 hours' notice to this office is soup and prepared cereals and custards. If bread is wanted, that could also be supplied. When food is to be paid for, soup should be charged for at the rate of 5 cents a quart, cereals and custards, 10 cents a quart. No food will be delivered hot.

Page 1 of Emergency Advisory Committee to the Commissioner of Health.

It is preferred to make delivery in bulk, that is, in large cans, from which Districts can fill containers for individual families. When possible, the family should be asked to call for food and bring the container. If this cannot be done, the District should arrange to furnish the container and to make deliveries. Paper containers to hold a quart can be furnished by this office at the rate of $2.50 per hundred, provided orders for 1,000 containers are received.

Quart glass jars will be used for the delivery of certain foods. When this is the case, the District should arrange for their collection and return to Mrs. Harriman's delivery service.

Orders must be filed at this office, "Worth 8811," Mr. Charles Wachsman, Food Clerk, before 5 P. M., for delivery the following day. In case of special stress, small orders for delivery the same day may be accepted, if placed before 9.30 A. M.

3. THE CARE OF CHILDREN IN DISABLED FAMILIES.

Many children are now without proper home care due to disabling of the parents and other adult members of the family. In some cases, both parents have been taken to the hospital; in others, the mother is disabled and the children without attention. The attention of the District executives is invited to this problem. A careful record should be kept of all families where such children are to be found, and such means provided to cope with the condition as suggest themselves. A request will shortly be referred as to number of children affected in each District.

Attempts will thereafter be made to suggest plans that may be followed to advantage. In the meantime, this office will endeavor, upon request, to obtain the cooperation of any city department, where that is necessary, in order to assist individual Districts in carrying out their plans. Call for "Children's Care" Clerk.

4. THE REGISTRATION OF CALLS FOR HELP.

The posters sent you are designed to facilitate the reporting of new cases of Influenza for which medical care and Nursing Service has not or cannot be provided by the family itself. In order that this may be done in a systematic manner, please provide a temporary register in the form of that enclosed (a permanent record sheet is now in the hands of the printer)—and list on this temporary register every case reported, or call for help made. It will be clear from the foregoing that calls for food and Nursing Service will come from cases already known, as well as from new cases, but that where the cases are already known, these calls will come principally from Nurses in charge of cases.

List every call as it is received. Report a new case needing Nursing Service at once to the Head Nurse of the Nursing District in which your Emergency Health District is located, or the patient resides. The Head Nurse will (1) send a Nurse to cover the case; (2) Make requisition upon you for assistance, or (3) Report her inability to cover the case. In that event, call "Worth 8811" (ask for "Case Help" Clerk), where the request for Nursing Service will be turned over to a District having unused resources.

If at any time during the day your supply of persons available for Nursing Service is used up, please notify this office. Districts should not be satisfied to obtain a first list of available persons, but should seek constantly to make additions thereto. At the present time, all available sources are being appealed to to canvass in different neighborhoods to obtain the necessary help. All persons obtained in this manner will be sent to the executives of the Emergency Health District in which these persons reside.

EMERGENCY ADVISORY COMMITTEE.

Page 2 of Emergency Advisory Committee to the Commissioner of Health.

QUESTIONS—PRIMARY SOURCES 5 & 6

1. What can we infer from these two sources about the measures New York City implemented during the influenza epidemic?

2. Why do you think New York City took a different approach to the influenza epidemic compared to other U.S. cities?

3. Examine the borough president's criticism of Copeland's policies. What insights do you gain from Commissioner Copeland's response to Borough President Van Name?

4. If you were the borough president in November 1918, how would you evaluate New York City's response to the epidemic up until that point?

5. Health Commissioner Copeland stated, "When the history of the influenza epidemic in America is written, you will not be ashamed of the chapter devoted to the care afforded to this metropolis." Given what you've learned, how would you assess New York City's response to the epidemic a century later?

6. Do you believe New York City can take pride in its response to the influenza epidemic?

SPREAD THE WORD

How Frontline Responses in 1918 Shaped New York City's Communication and Education Strategies

Under the leadership of State Commissioner of Health Dr. Hermann Biggs, the New York City Department of Health embraced the belief that "Public health is purchasable. Within natural limitations a community can determine its own death rate." Dr. Biggs believed that a society could effectively control the impact of epidemics and infectious diseases with robust public health policies. To achieve this, he advocated for stronger public health laws, the construction of laboratories, and an increase in the number of nurses.

During the 1918 Influenza pandemic, both the State and the NYC Departments of Health made significant investments in public health education. Before the pandemic, the city had already established a strong public health infrastructure through its efforts to combat tuberculosis. This foundation enabled the city to respond swiftly and effectively when influenza struck.

Public bulletins became a key tool for raising awareness. These bulletins provided updates on fatality rates by age group and the number of people quarantined for influenza, guidelines for safe behavior in public spaces, and instructions on proper mask usage. They also directed the public to additional resources, such as educational films about the disease.

In the previous section, you explored the measures taken by the city government to contain the spread of the disease. In this section, you will discover how health officials sought to educate the public on recognizing symptoms, accessing healthcare, and most importantly, staying healthy.

Drawing on the lessons learned from earlier tuberculosis outbreaks, Health Commissioner Dr. Royal S. Copeland implemented stringent measures to keep influenza under control. He

mandated the isolation of all cases and issued detailed instructions to hospitals on managing the influx of patients. Teams of nurses and doctors were stationed in Penn and Grand Central Stations to examine travelers who appeared ill. Public schools remained open, but school physicians conducted daily examinations of students. Additionally, day nurseries were established for young children whose parents were unable to care for them.

In October of 1918, volunteer nurses joined forces to create the Nurses' Emergency Council. They were fearlessly led by Lillian Wald, nurse and reformer who was the founder of both the Henry Street Settlement and Visiting Nurse Service of New York. The Nurses' Emergency Council recruited nurses and deployed them to promote good heath practices, connect the public with social services and provide needed home care. Wald even appealed to average citizens to volunteer to help New York City's ill residents and to benefactors for donations to fund treatment. Wald lived by the rule that all people, no matter their background, deserved care.

https://www.henrystreet.org/news/latest-news/sleepless-nights-in-1918-lillian-wald-and-henry-streets-first-influenza-epidemic/

A special emergency advisory board coordinated volunteer nurses, while visiting nurses provided home care, and door-to-door volunteers offered assistance. Third-year medical students were enlisted to work in hospitals. Copeland's comprehensive approach resulted in New York City having the lowest death rates on the eastern seaboard.

PRIMARY SOURCE 7

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 139 Centre St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

NEW SERIES, VOL. VII. SEPTEMBER 7, 1918. No. 36

"SPANISH INFLUENZA" PRECAUTIONS.

As the result of the prevalence abroad of the so-called "Spanish Influenza" the Department of Health is taking such precautions to safeguard the health of the city as are indicated by conditions and the apparent nature of the malady.

Since August 16, the names of all new arrivals, suspected to be suffering from the disease, of immediate city destination, have been obtained from the Quarantine Station. Such persons (seventy within the past week) have been visited by medical inspectors and nurses of the Bureau of Preventable Diseases in order to observe the malady and to note whether secondary cases occur among contacts.

Cases, which appear to be suffering from such a disease, are quarantined, and smears and cultures are taken therefrom, and examined by the Department's Bureau of Laboratories.

In regard to the bacteriology of the cases, so far visited, influenza bacilli have been found in only a very small proportion, one in eleven cases.

Altogether, the findings have not revealed the constant presence of a known pathogenic agent, nor has any one bacterial type been constantly found, such as we could expect in the case of a specific disease.

SENDING SPECIMENS OF STOOLS TO THE DEPARTMENT.

Although physicians have previously been notified of the procedure to follow when they wish specimens of stools from their patients examined for typhoid bacilli, the Department is continuously in receipt of packages so packed, or so old, as to make examination of the specimens impossible or useless.

Whenever such service is desired, a physician should telephone the Department of Health, which will send a special messenger the next day for the specimen. To make these examinations reliable, a specimen must be absolutely fresh, and reach the laboratory within about two hours after it has been passed.

As the laboratory making these examinations is closed on holidays, and as it requires two consecutive days to complete the work required, specimens will not be sent for on the day before a holiday. Whenever a physician wishes the Department of Health to take charge of the termination of a case of typhoid, he should so notify it. A nurse will then make all arrangements for the examination of fecal specimens.

279

Weekly Bulletin September 7, 1918.

QUESTIONS—PRIMARY SOURCE 7

The first cases of influenza in New York were reported by the press on August 14, 1918. More than a month later, the Department of Health published this bulletin.

1. Begin by analyzing the first page of the bulletin. Ask yourself: What is the purpose of this text? Who is the intended audience? How would you characterize the tone of the writing?

2. How would you assess the Department's explanation of the epidemic in this bulletin? Do you find the bulletin informative? What questions arise as you read it?

PRIMARY SOURCE 8

The Department of Health used drawings to communicate warnings or information about the Influenza. Primary sources 8 and 9 are two examples from the bulletins from November 9 and October 12.

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NEW SERIES, VOL. VII. OCTOBER 12, 1918. No. 41

Every Bit Helps—Thank You Editor

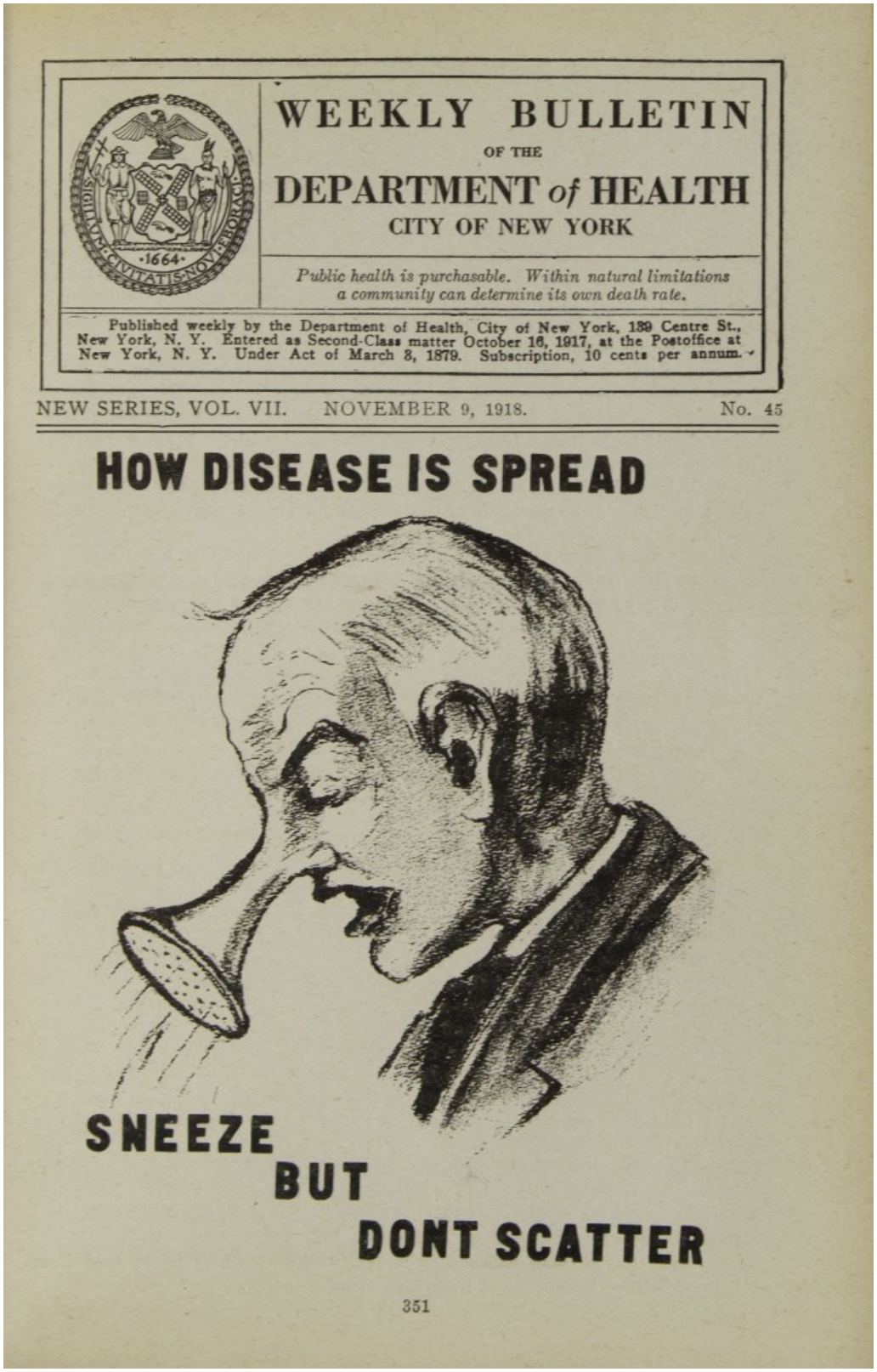
METROPOLITAN MOVIES.

"Did ya get that fer yer birthday? Gee! that's some hankachif."
"Yeh, me mother made it fer me. It's good fer a hundred sneezes."
The World, October 7.

319

Weekly Bulletin October 12, 1918.

PRIMARY SOURCE 9



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NEW SERIES, VOL. VII. NOVEMBER 9, 1918. No. 45

HOW DISEASE IS SPREAD

SNEEZE
BUT
DONT SCATTER

351

Weekly Bulletin November 9, 1918.

QUESTIONS—PRIMARY SOURCE 8 & 9

In the previous sections, you've explored bulletins that summarize and explain the dangers and preventive measures to New Yorkers.

1. How effective do you think the drawings were in conveying new information or raising awareness compared to the other documents distributed by the Department?

2. In what situations do you believe drawings are a more effective form of communication than text?

CULMINATING ACTIVITIES

Reflection on Sources and Public Communication:

Take another look at the three sources you studied in the previous sections. Then, review the fourth source on page 18, *"Advice to Those Who Have Colds, Grip, Influenza or Pneumonia"* (DOH, 1929). Reflect on the information you've gathered so far.

1. **Evaluating Public Communication:**

   - How effective was the city government in informing the public about the pandemic's progression, the government's responses, and the protective measures individuals could take?
   - Are there any important questions the Department of Health failed to address in their communications?
   - Did the format and content of the government's materials make them informative and persuasive?

2. **Influence on Modern Strategies:**

   - How might the City's public education and communication strategies during the 1918 Influenza pandemic have shaped and influenced modern responses to public health crises?

Class Conversation:

Many believe that COVID-19 will have long-lasting effects on politics, health infrastructure, education, work culture, and our overall way of life. The pandemic's impact, including the loss of countless lives and widespread anxiety and uncertainty, is seen by some as a shared traumatic experience.

Data Comparison:

- Find a table or graph illustrating data from the COVID-19 pandemic. How does the presentation of data to the public during COVID-19 compare with how it was presented in 1918?
- Which population groups were emphasized or not emphasized in data analysis during the COVID-19 pandemic, and how did this help in understanding the impact?
- The COVID-19 pandemic has cast light on health inequalities in NYC. How were the already disadvantaged populations impacted by the COVID-19 pandemic?

Long-Term Impact:

- Considering the death toll and the ways influenza shaped New York City's health and social policies in earlier sections, do you believe the 1918 pandemic has had a lasting impact on the city? Explain your reasoning.
- What important lessons should New York City have learned from the influenza pandemic, and how might these lessons benefit us in the future?

Impact on Urban Society:

- How do you believe public health crises, particularly the 1918 influenza pandemic, impacted urban society?
- Which communities were most affected by the virus, and what measures were taken in response?
- Reflecting on Sections 3 and 4, which discuss the challenges faced by governments and health professionals, how would you evaluate the effectiveness and fairness of the policies implemented during the 1918 pandemic?

Comparison with COVID-19:

- How do the government's and public's attitudes towards the influenza virus in 1918 compare with the responses to COVID-19?

CONCLUSION

Analyzing historical events is essential for shaping a better future. By learning from past experiences, we can implement successful strategies and avoid repeating mistakes. This is especially true when considering the role of government during public health emergencies. Effective leadership during crises provides citizens with much-needed reassurance. Timely and appropriate decisions regarding budgeting and resource allocation—including medical personnel, supplies, and robust public health systems—are crucial for helping communities navigate challenging times.

In 1918, educating the public about how influenza spread and reaching out to vulnerable communities were key measures in controlling the pandemic. These strategies were also vital during the HIV/AIDS epidemic in the late 20th century and, more recently, during the COVID-19 pandemic. Cooperation among government entities, businesses, and community leaders is always important, but it becomes especially critical during a public health crisis.

When COVID-19 swept across the world, many sought historical parallels to make sense of the unfolding catastrophe. The New York Times article "What We Can Learn from How the 1918 Pandemic Ended" exemplifies this tendency. In times of overwhelming uncertainty, it is natural to look to the past for guidance. Why do you think historians, journalists, governments, and others, turn to history during times of crisis? Do you believe that valuable lessons can be learned from our past? If so, what lessons do you take away from the 1918 pandemic?

We encourage you to draw your own conclusions about the events that unfolded in New York in 1918. What facts and insights about the influenza pandemic resonate most with you? Have the sources helped you put the COVID-19 pandemic in perspective? Have they inspired you to view New York City in a new light?

As you reflect on these questions, consider how the graphs and data section sheds light on how the 1918 pandemic affected different communities in the city. The section on Responses by NYC and the healthcare community offer reference points for evaluating the government and frontline responses. Your analysis of these sources will help you develop a deeper understanding of the challenges and successes of public health efforts, both past and present.

ABOUT US

The mission of the NYC Department of Records and Information Services (DORIS) is to foster civic life by preserving and providing public access to historical and contemporary records and information about New York City government. The agency ensures that City records are properly maintained following professional archival and record management practices. Materials are available to diverse communities, both online and in person.

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