

# The Silent Strike of the Spanish Influenza in Newfoundland and Labrador

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A cold breeze blows over the small Labrador town of Okak on this brisk November morning. An undeniable excitement rustles throughout the members of the community, as it is on this day that their desolation is temporarily diminished. It is the day that the ship the *Harmony* arrives bringing supplies for local shops and collecting fish and fur amassed that season. The ship arrives twice a year and with it comes new faces that briefly circulate around the village. As 1918 comes to an end, the war has been rumbling along for several years at this point and the world is anxious for it to resolve. As the ship disembarks, there is talk of some of the crewmembers feeling mysteriously ill. Within a few days, the ship has set sail towards its next destination. Little did the sailors realize that along with their vital supplies they also left a sinister mark on the village.

## **Introduction**

Although the war was slackening in the autumn of 1918, humanity was about to witness another mortal blow. The Spanish influenza is widely considered to be the most deadly pandemic in history, with mortality rates estimated to range from 50-100 million worldwide (Johnson & Mueller, 2002). It spread across the nations in three rapid and successive waves within a nine-month period; the second wave was the most widespread and deadly (Morens & Fauci, 2007; Humphries, 2014). The first wave spread in the spring of 1918 and mostly affected the armies in the war. The second wave, in the autumn, and third, in the winter of 1918-1919, affected both civilians and armies. This pandemic was excessively shocking due to its predilection towards infecting an unlikely demographic – young and healthy adults. Adults ranging from ages 20-40 accounted for approximately half of the total influenza deaths, while mortality in the elderly populations was less pronounced. Canada and Newfoundland and Labrador were not exempt from the wide grasp of this terrible pandemic. While the trials and tribulations of the Spanish influenza were widespread in Newfoundland and Labrador, the repercussions of this pandemic on the public health care system, in its wake, was a silver lining on this dark cloud.

## Spanish Flu in Newfoundland

Despite government efforts to improve health care in the province, the widely dispersed population and inadequate methods of transportation resulted in medical access in the early 1900s to be limited, especially in rural areas (Baker & Miller-Pitt, 1984). While the medical system struggled to handle the infectious diseases such as tuberculosis, measles and smallpox, Newfoundland was largely unaware of the pandemic that was brewing abroad.

The faithful day occurred on September 30, 1918 when the *Evening Telegram* reported that three cases of Spanish Influenza were discovered on a steamer and then they were admitted to hospital (Spanish influenza, 1918). Within a few weeks, the disease spread widely across St. John's and the outport regions (Dohey, 2015). Newspapers proclaimed the closure of public gathering places including schools, churches, theatres and concert halls by mid-October, under the order of the Medical Officer of Health, in an effort to restrain the spread of the disease. Many homes were affected and community members soon became unwelcomingly versed with the medical terminology "dyspnea" and "cyanosis" to which they associated the wretched gasping of oxygen-starved lungs for air and the purplish tinge of pre-death skin.

The international medical community was puzzled as they tried to find a way to manage this disease that was spiralling out of control. In Newfoundland, the doctors were similarly unsure of any effective treatments or cures and advised the public to maintain healthy practices and to "carefully study our health" (Spanish influenza, 1918). In an effort to manage the flu, an emergency hospital comprising 32 beds was assembled at King George V Seamen's Institute (Parsons, 1918). Women volunteered as nurses to aid the doctors to meet the needs of the increasing number of patients.

Amidst the struggle to treat all of the infected patients, doctors and nurses would often become infected themselves (Higgins, 2007). One such case was the volunteer nurse, Ethel Dickenson. She

previously volunteered with the Volunteer Aid Detachment as a nurse caring for wounded soldiers in England (Riggs, 1995). Shortly after her return to St. John's, she elected to volunteer as a nurse to treat influenza patients. She contracted Spanish flu on October 24, 1918 and succumbed to the illness two days later. Shortly following her death, the citizens of St. John's amassed \$4000 to build a monument in memorial of Ethel Dickenson and her contributions as a volunteer nurse in the war and during the epidemic. This monument served as a symbol to not only remember Ethel but also all the other women who have contributed to these efforts.

When assessing the pattern of disease spread through the outport regions of Newfoundland, it is hard to determine an explanation for the heterogeneity of incidence rates in different regions (Palmer et al, 2007). Possible contributing factors might include the method of transportation between the regions, notably coastal boat traffic. The highest death rates were observed in the districts of Placentia/St. Mary's, St. George's, and Fortune Bay. Once the epidemic passed, the death toll in St. John's was 62, and 170 lives were lost in outport communities (Dohey, 2015).

### **Spanish Flu in Labrador**

Although Newfoundland did not escape unscathed from the Spanish flu, the situation was not nearly as catastrophic as what was transpiring in Labrador. The disease claimed 407 victims, 10% of the recorded population of Labrador (Health, 1984). The extreme isolation of the settlements and the harrowing means of transportation between communities resulted in the lack of accessibility to adequate health care. These factors likely contributed to the poor outcomes. There was little that the few doctors and missionaries could do to stop the infection.

An especially dire situation occurred in the Inuit community of Okak. On November 4<sup>th</sup>, 1918 the *Harmony* arrived at Okak to drop off and collect supplies (Higgins, 2007). The residents and crewmembers were unaware of the severity of the illness they contained on board and within five days

following its departure, the Spanish flu claimed the lives of eight in the community (Budgell & Markham, 1985). The illness annihilated the population and by the end of December Okak, previously the largest Inuit community on the coast of Labrador, lost 204 of its 263 residents (Higgins, 2007). The few survivors remaining no longer wanted to stay in Okak, so in the summer of 1919 they gathered their belongings and abandoned the community to resettle in Nain, Hopedale, or Hebron. According to *The Last Days of Okak*, one of the missionaries commented that the people of Okak were no longer the same. "After the epidemic it scarcely ever happened that one of people spoke to him about matters of the heart. It seemed the people had lost faith" (Budgell & Markham, 1985).

### **Repercussion of the Spanish Flu on Public Health**

Positive outcomes can often result from the most horrendous events. Due to the deathly and shockingly enormous impact of the Spanish Flu resonating in all corners of the world, many adjustments were made to public health systems worldwide in an effort to better handle any future pandemics. In Canada, a wide variety of pressures, culminating in the urgency inspired by the flu, pushed for a federal department of health (McGinnis, 1977). The argument for this national coordination was expressed in a report to the War Committee in Cabinet in October, 1918.

The recent epidemic of Spanish influenza points to the need of a Federal Health authority.

Throughout this crisis there was no organization competent to handle the problem on a national scale. The control of the disease was necessarily left to local bodies, many of them ill-formed and all of them inevitably lacking in coordinated effort (McGinnis, 1977).

This department was approved by the federal government and on June 6<sup>th</sup>, 1919 the Federal Department of Health was formed (Jackson, 2014). This was a critical step as before this date, public health responsibilities of the federal government were shared between fifteen departments. This newly-

formed department signified the unity of the federal government so that it was better equipped to handle public health issues.

Newfoundland didn't experience any similar major overhauls of their public health system as a direct consequence of the pandemic. There were, however, smaller endeavors that sprouted in the following years to improve public health, especially in more rural regions. The Grenfell Mission, established by Sir Wilfred Grenfell, improved health care accessibility in northern Newfoundland and Labrador in the early 1900s (Higgins, 2007). After the flu, one of the initiatives of the Grenfell Mission was the foundation of an orphanage and boarding school in Labrador for all of the children who lost parents to the disease.

As evidenced by the fact that the rural areas of Newfoundland were hit harder by the Spanish flu, medical access in outports following the pandemic were inadequate. In 1920, the Outport Nursing Committee, which would eventually become the Newfoundland Outport and Nursing Industrial Association (NONIA), was formed to place nurses in isolated regions of the province where little medical care was accessible (Baker & Miller-Pitt, 1984). Not only did this association provide medical services in vulnerable regions, it also created income for rural residents in the struggling post-war economy (Higgins, 2007). NONIA paid residents to fabricate craftwork that the association subsequently sold to fund its endeavors.

## **Conclusion**

Newfoundland and Labrador was not immune to the carnage of the Spanish influenza that ravaged the world at the end of the Great War. While many lives were lost to this illness, it did inspire some positive repercussions in the public health care system in Canada, and Newfoundland as well achieved some health care advancements. The Spanish flu was a humbling illness that reminded the medical community and the world of our vulnerability to the pathogenicity of disease. We can only hope

that if in the future another severe pandemic develops, the advancement of medical knowledge and public health practices will lead to a more favourable outcome.

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