

# Idaho's Response to the 1918 Influenza Pandemic

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## Purpose Statement

On March 13, 2020, Idaho reported its first case of COVID-19, a highly contagious strain of coronavirus that first emerged in Wuhan, Hubei Province, China, in December of 2019 and January of 2020. COVID-19 reached pandemic status within months, as countries worldwide battled the spread of the disease and attempted to treat patients with mild-to-severe upper respiratory and gastrointestinal symptoms. Patients with the most severe manifestation of the illness required hospitalization and the assistance of ventilators to breathe. Currently, more than 25 million people worldwide have contracted the disease, and upwards of 840,000 people have died, including more than 180,000 in the United States.<sup>1</sup>

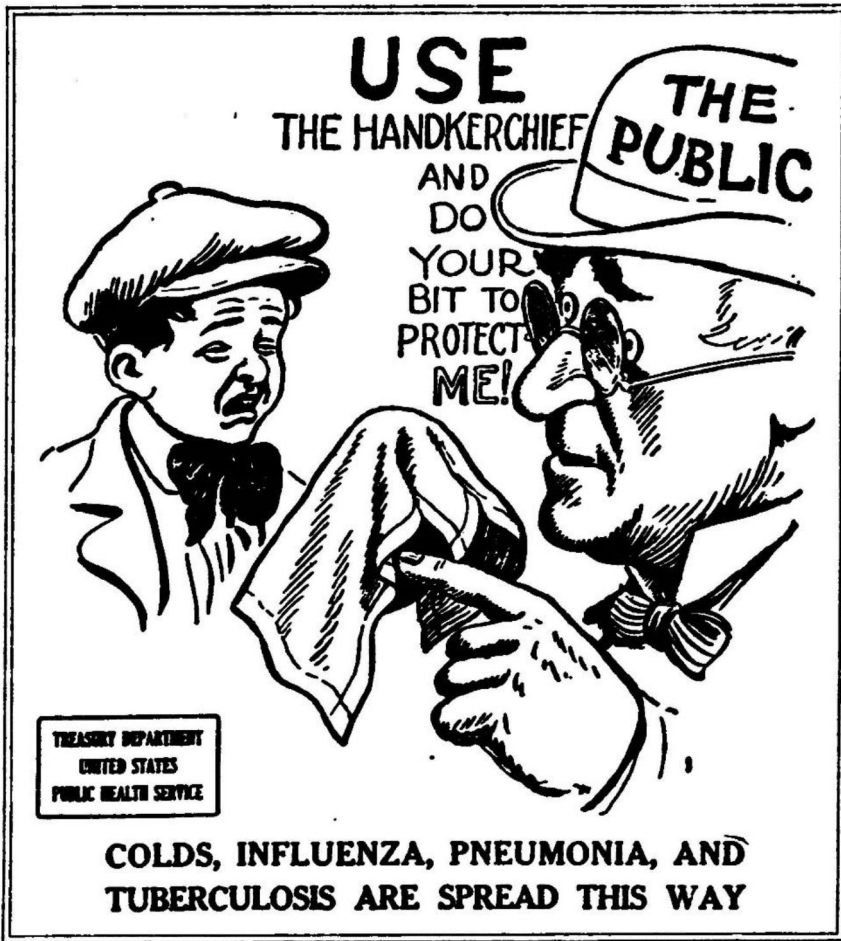
Between March 13, 2020, and July of 2020, Idaho implemented various measures to combat COVID-19, including mandatory closures of businesses and schools, a stay-at-home order, and a gradual and phased reopening plan that emphasized social distancing, mask-wearing, and telework. In July, under these conditions, Governor Brad Little requested that the Idaho State Historical Society and the Office of the State Historian provide background on the history of the 1918 Spanish Influenza and Idaho's response.

In 1918, Idaho, much like the rest of the world, struggled with a lack of an organized response to the pandemic. Historians conservatively estimate that one third of the world's population contracted the Spanish Influenza, and roughly 675,000 people died.<sup>2</sup> Following that deadly outbreak, under the direction of Governor D.W. Davis, Idaho reorganized its public health structure to respond to future

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<sup>1</sup> "COVID-19 Map," Johns Hopkins Coronavirus Resource Center, accessed August 31, 2020, <https://coronavirus.jhu.edu/map.html>.

<sup>2</sup> "1918 Pandemic (H1N1 Virus) | Pandemic Influenza (Flu) | CDC," June 16, 2006, <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>.



**Figure 1.** Droplet Infection Explained in Pictures, Public Health Reports, November 15, 1918

pandemics and health crises quicker and more efficiently. Still, some similarities between 1918 and 2020 are striking, including the closure of businesses, suspension of in-person instruction at schools, and bans on public meetings. Yet some of the state's responses are markedly different, given the century that passed between the two outbreaks. Telework, for example, was not an option in 1918, but it has proven essential to the state's COVID-19 response.

This briefing paper explores the field of scholarship on the topic of the Spanish Influenza and assesses the available historical records that form the basis of this analysis. This paper outlines the development of Idaho's state health systems leading up to and following the 1918 influenza outbreak. It explores the relationship between the state health entities and county health entities through much of the 20th century. It describes the preventative decisions that state officials made to curb the spread of the influenza pandemic and curative decisions to care for those affected by the disease, and it examines the impact of the disease on the Gem State.

This section briefly explores the historiography of the 1918 influenza pandemic in Idaho, outlining the available scholarship on the topic and describing the approaches and methods that other historians employed in their analyses of the pandemic since its outbreak in 1918. Additionally, this section provides an overview of the records related to the topic at the Idaho State Archives.

### *Historiography*

Scholars have sporadically written books and articles exploring the influenza's impact at the regional, state, and local level in the 102 years since the outbreak. Yet only one scholar of note has authored peer-reviewed materials on Idaho and the "Spanish Flu"—Leonard J. Arrington.<sup>3</sup> Unfortunately, Arrington's accounts provide piecemeal explorations of the pandemic, focusing on the arrival and outcome of the disease on a singular Idaho community—Twin Falls. His work does not explore in detail the response at the state level.<sup>4</sup> In recent months, scholars have written articles for Idaho newspapers providing interpretation and opinions of the 1918 pandemic, while university professors have tasked their graduate and undergraduate students with exploring the pandemic's impact at the city level and compiling that information for public consumption.<sup>5</sup>

In the immediate aftermath of the 1918 pandemic, scholars wrote about the experiences of living *through* the pandemic. These pieces explore the medical experiences of those on the front lines, but they lack historical analysis. The books and articles from the 1920s feature descriptive language, and they provide a chronological sequence of events. The 1918 pandemic had devastating outcomes, happened quickly and unexpectedly, and yet ended without multiple waves of resurgence. That course of action can also help explain why scholarship from the years following 1918 lacked analysis. Not enough time had passed between the outbreak and the creation of historical narratives for authors to have crafted riveting arguments about the global or local impact of the disease.

After that initial burst of scholarship, few scholars broached the subject for four decades. In the late 1950s and 1960s, scholars picked up this subject again, and this scholarly interest grew through the 1970s.<sup>6</sup> During this period, several

3 Howard Phillips, "The Re-Appearing Shadow of 1918: Trends in the Historiography of the 1918–19 Influenza Pandemic," *Canadian Bulletin of Medical History* 21, no. 1 (April 2004): 121–43. Tara A. Rowe, "Pocatello and the 1918 'Spanish' Flu," *Idaho State Journal*, April 12, 2020.

4 Leonard J. Arrington, *History of Idaho*, 2 vols. (Moscow: University of Idaho Press, 1994); Leonard J. Arrington, "The Influenza Epidemic of 1918–1919 in Southern Idaho," *Idaho Yesterdays* 32, no. 3 (September 1988): 19–29.

5 Kevin Marsh, "Influenza in Idaho: How the World's Deadliest Pandemic Shaped the Gem State," June 1, 2020; Rowe, "Pocatello and the 1918 'Spanish' Flu"; Alex Bolinger, "Hope from History: ISU and the Spanish Flu Pandemic," *Idaho State Journal*, May 15, 2020.

6 Phillips, "The Re-Appearing Shadow of 1918," 122.

scholars wrote formative pieces about the 1918 pandemic. These include Alfred W. Crosby, Jr., *Epidemic and Peace, 1918* (Westport, Connecticut: Greenwood Press, 1976); A. A. Hoehling, *The Great Epidemic* (Boston: Little, Brown & Co., 1961); and Richard Collier, *The Plague Of The Spanish Lady: The Influenza Pandemic of 1918–1919* (New York: Antheneum, 1974), among others.<sup>7</sup> This wave of scholarship explored the social history of the 1918 pandemic. The writings also featured a more dramatic and less medically focused or experiential approach. Scholarship from this era questioned how and why the 1918 influenza outbreak was so deadly and placed its history within the context of several smaller influenza outbreaks from mid-century, including the 1957 “Asian Flu” and the 1968–1969 “Hong Kong Flu.”<sup>8</sup>

By the 1970s, the birth of environmental history offered scholars another lens through which to explore the 1918 influenza pandemic. During this decade, scholars focused on the environmental factors that contributed to such a level of human catastrophe. Yet, even in books and articles from this period, authors utilized individual testimony and often failed to characterize the global impact of the disease. Environmental history and other subfields including the history of medicine, administrative history, and gender history, together with a changing climate at universities across the globe, meant that more students and professionals picked up this topic almost as a “rediscovery” of the global event that had a larger death toll than World War I.<sup>9</sup>

From the 1970s through the early 2000s, other global pandemics, including AIDS, triggered more scholarship on the topic. In these pieces, authors, not all of whom were professional historians, utilized several types of research, including oral histories and newspapers to look at the pandemic through an urban lens. This approach made studying the pandemic more manageable, allowing scholars to compare the outcome of the pandemic across urban centers easily. The problem with this approach is that few scholars have written narratives that explore individual states’ responses to the pandemic. In some cases, where historians have attempted to tell a broader story, the resulting books and articles rely heavily on individual experiences woven together to show national trends. But few scholars have written books from this approach, and in these pieces, scholars are often pulling from incomplete historic records.<sup>10</sup>

With the current outbreak of COVID-19, coupled with national unrest related to social-justice issues, it would not be surprising to see the 1918 influenza pandemic again become a topic of interest to scholars and historians. The resulting scholarship may explore the racial inequities that existed in 1918–1919 and the impact of the pandemic across racial and ethnic groups globally.

7 Arrington, “The Influenza Epidemic of 1918–1919 in Southern Idaho,” 19.

8 Phillips, “The Re-Appearing Shadow of 1918.”

9 Phillips, “The Re-Appearing Shadow of 1918,” 127–28.

10 Phillips, “The Re-Appearing Shadow of 1918,” 130–32.

### *Archival Reconnaissance*

The lack of available scholarship on the history of Idaho's response to the 1918 influenza pandemic required extensive original research in the records housed at the Idaho State Archives, as well as digitized historic newspapers, published government reports, and Idaho laws. The assessment of these materials falls in line with the challenges that previous scholars have faced in trying to piece together a holistic narrative. Idaho records related to this topic exist, but there are gaps in these collections, either because the entities at the time did not create the records or because individuals or entities did not save the materials for Idaho's permanent historic record.

For example, the Idaho State Archives houses the original meeting minutes from Idaho's first Board of Health, from 1907 to 1918.<sup>11</sup> These minutes indicate that the Board frequently lacked sufficient funding to complete its work or produce printed reports documenting its activities for a particular biennium.<sup>12</sup> Additionally, the minutes from the fall and winter of 1918, the months during which the influenza pandemic arrived in Idaho, are short and only mention a few new rules and regulations established in response to the pandemic. Meanwhile, the annual reports from the Board of Education and newspaper articles indicate that the Board of Health took additional action to curb the spread of the pandemic.<sup>13</sup> Likewise, the finding aids describing the records of Governor Moses Alexander (1914–1918) and Governor D. W. Davis (1919–1923) did not mention the influenza pandemic. The fact that these resources do not include the 1918 influenza does not necessarily indicate that the governors took no action on Idaho's response to the outbreak, but rather that any written evidence of their action is not listed in the collection's metadata.<sup>14</sup>

Despite the gaps in the state's holdings related to the 1918 influenza pandemic, the Idaho State Archives maintains several manuscript and government-records collections and published government documents that form the foundation of the context described below. These include reports from the office of the Governor and the Idaho Secretary of State, records of the State Board of Health, Department

11 "AR 84, Records of the State Board of Health, Box # 20200201, Board of Health, Minutes, Quarantine Notice, Former x-Files, 1907–1918; Folder Board of Health, Former x-File, Minutes (Copy) 1907–1918" (January 1, 1907), AR84 Box # 129820, Accession # 20200201, Idaho State Archives.

12 Quarantine Notice, 88.

13 "Third Biennial Report of the State Board of Education and Board of Regents of the University of Idaho, Includes Report of State Superintendent of Public Instruction, 1917–1918" (Boise, ID: State Board of Education, January 1, 1918), Government Documents, Idaho State Archives; Board of Education, "Fourth Biennial Report of the State Board of Education and Board of Regents of the University of Idaho; Report of State Superintendent of Public Instruction, 1919–1920" (Boise, ID: State Board of Education, January 1, 1920), Government Documents, Idaho State Archives; "Healthboard Closing Order Applies to Public Amusement Places and in Effect Today, The 10th; Heads Off Epidemic," *Grangeville Globe*, October 10, 1918.

14 The staff at the Idaho State Archives has taken the volume of research compiled for this report and updated the collection's metadata to reflect the 1918 Spanish Influenza, which will make identifying relevant collections much easier for future requests.

of Public Welfare, Attorney General, State Engineer, Department of Health and Welfare, state Board of Education, State Penitentiary, and the Boise chapter of the American Red Cross.

## Historical Context

The following historical context outlines the developments of Idaho's public health system and provides a framework to understand the state's response to the 1918 influenza pandemic.

### *Development of Idaho's State Health System*

In 1907, the 9th session of the Idaho State Legislature enacted legislation creating a State Board of Health.<sup>15</sup> At the time, Idaho was the only state in the union without a Board of Health. Controversy existed around the creation of such a board, and the divide primarily stemmed from the state's Church of Jesus Christ of Latter-day Saints (LDS) population rejecting the idea of a Board of Health on the basis that it would compel and begin capturing a record of all births in Idaho.<sup>16</sup>

Despite concerns, on March 12, 1907, the legislature approved the creation of the Board of Health under H.B. 33.<sup>17</sup> This legislation outlined who would serve on the board, the initial term for board members, and other administrative responsibilities of the board. The board was to meet annually on the first Tuesday of October. During that meeting, the board would select a secretary, who, like the governor's appointees, was to be a licensed and practicing physician.<sup>18</sup> During this meeting, the board also selected one member to serve as president, and it adopted rules and by-laws. Additionally, the legislation authorized the board to travel to any part of the state "deemed necessary to investigate the cause of any epidemic or any special or unusual disease or mortality."<sup>19</sup>

In April 1907, Governor Frank Gooding made his appointments to the board, including two doctors, Geo. E. Hyde of Rexburg, and W.D. Springer of Boise. These two members joined the attorney general, the state engineer, and a fifth member, who served as the board's secretary and executive officer. Although the legislation stipulated that the board would meet in October, records indicate that it met for the first time on May 10, 1907, to organize and select its secretary.<sup>20</sup>

<sup>15</sup> "The Idaho Legislature," *Lewiston Evening Teller*, January 3, 1907; "State Board of Health," *Twin Falls Weekly News*, January 11, 1907.

<sup>16</sup> "[Idaho Is the Only State . . .]," *The Silver Messenger*, March 12, 1907.

<sup>17</sup> "Governor Signs 32 More Bills: Includes Sunday Rest, Fish and Game, State Board of Health," *Lewiston Evening Teller*, March 13, 1907.

<sup>18</sup> "Members of State Boards," *The Caldwell Tribune*, April 6, 1907.

<sup>19</sup> *General Laws of The State of Idaho Passed at The Ninth Session of the State Legislature, Published by Authority of the Secretary of State* (Boise, ID, 1907), 182–83.

<sup>20</sup> "AR 84, Records of the State Board of Health, Box # 20200201, Board of Health, Minutes, Quarantine Notice, Former x-Files, 1907–1918; Folder Board of Health, Former x-File, Minutes (Copy) 1907–1918."

The board had the power to promulgate all necessary rules and regulations for the “preservation of life and health.”<sup>21</sup> In its early years, it introduced a typhoid vaccine to the public, completed inspections at Idaho schools, began recording Idaho births and deaths, and provided education on topics of public health, including sanitation, disinfecting, protecting water wells, and methods for treating and preventing the spread of disease.<sup>22</sup> This entity existed and oversaw Idaho’s public health response until February 1919, when Idaho underwent a government reorganization and adopted a cabinet form of government. During this 1907–1919 period, the board’s full-time secretary operated as the state health officer and managed and oversaw all administration of state health activities.

In 1919, the 15th session of the Idaho Legislature passed H.B. 19 to reorganize Idaho’s government, effective March 31, 1919.<sup>23</sup> This law, titled “An Act In Relation To The Civil Administration of the State, etc.,” created numerous new departments, including the Department of Public Welfare.<sup>24</sup> It also created new leadership positions, including the Commissioner of Public Welfare, who also served as the head of the department. The commissioner executed the powers and discharged the duties vested by law in the department.<sup>25</sup> Additionally, the legislation created the position of Public Health Adviser, who reported directly to the commissioner and performed such duties as the commissioner prescribed.<sup>26</sup> The legislation required that this Public Health Adviser be “experienced in the practice of public health and sanitation” and be authorized under the law to practice medicine and surgery in the state of Idaho.<sup>27</sup>

The legislation also authorized the Department of Public Welfare to integrate several institutions and departments for “management and control,” including the Board of Health, Bureau of Vital Statistics, Bureau of Child Hygiene, Chemical and Bacteriological Laboratories, and the Dairy, Food, and Sanitary Inspector as well as the state’s hospitals, asylums, and sanitariums.<sup>28</sup> This new department oversaw all public health activities, including administration of the state’s hospitals; promotion of public health; administration of special funding to treat tuberculosis patients in

21 *General Laws of The State of Idaho Passed at The Ninth Session of the State Legislature, Published by Authority of the Secretary of State*, 183; “AR 73, Health and Welfare, 1939–1999, Box # 20027003, C24F03A, Folder 15, 1933 Report - Public Health Administration in Idaho” (January 1, 1933), AR 73, Idaho State Archives.

22 “Fourth Biennial Report of the State Board of Health of Idaho, December 15, 1914” (Boise, ID: State Board of Health, December 15, 1914), 5–6.

23 *General Laws of The State of Idaho Passed at The Fifteenth Session of the State Legislature, 1919, Published by Authority of the Secretary of State* (Boise, ID, 1920), 69.

24 *General Laws of The State of Idaho*, 43–69.

25 *General Laws of The State of Idaho*, 45.

26 “AR 73, Health and Welfare, 1939–1999, Box # 20027003, C24F03A, Folder 15, 1933 Report - Public Health Administration in Idaho”; *General Laws of The State of Idaho Passed at The Fifteenth Session of the State Legislature, 1919, Published by Authority of the Secretary of State*, 46.

27 *General Laws of The State of Idaho*, 47.

28 P. L. Neil, “Report of the Department of Public Welfare of the State of Idaho For the Year 1919–1920” (Boise, ID: Department of Public Welfare, December 1, 1920), 4.

private hospitals; and at times, administration of the activities of the State Board of Eugenics. Between 1919 and the 1930s, the personnel associated with the Department of Public Welfare changed with each new political administration.<sup>29</sup>

In the first few years following the 1919 reorganization, the Department of Public Welfare made recommendations for additional laws and regulations to “more effectively isolate and control communicable and contagious diseases, together with other beneficial health laws.”<sup>30</sup> For the 1919–1920 biennium, then Commissioner P. L. Neil reported that the biggest hurdle to improving Idaho’s response to communicable and contagious diseases was insufficient laws to enforce quarantines. Additionally, Commissioner Neil noted the problems with county reporting of infectious disease, citing grossly inaccurate reported numbers of smallpox infections. Although his position on the lack of enforceable reporting regulations was not as strong as his position on enforceable quarantine regulations, he recommended that the legislature make the department’s rules and regulations state law. He argued that if they followed his recommendation, “the department might be able to deal with the situation, and thus prevent some of the epidemics which had injured the health of the inhabitants of the State for the last years.”<sup>31</sup>

Idaho’s Department of Public Welfare existed until February 1939, when the Idaho State Legislature created the State Board of Public Welfare.<sup>32</sup> Then, in 1941, the legislature created the Department of Public Health. From the 1940s to the 1970s, the department existed under various names; in 1974, the state consolidated all public-health-related departments, boards, bureaus, and programs under the Department of Health and Welfare and the Board of Health and Welfare.<sup>33</sup> These entities continue to serve the state of Idaho today.

#### Idaho State Board of Health and County Boards of Health

An exploration of the history of Idaho’s public health systems would not be complete without a discussion of county-level health entities. Idaho’s counties exist as the next official level of government, after state government. The authority to

29 “AR 73, Health and Welfare, 1939–1999, Box # 20027003, C24F03A, Folder 15, 1933 Report - Public Health Administration in Idaho,” 20.

30 Neil, “Report of the Department of Public Welfare of the State of Idaho For the Year 1919–1920,” 4–5. Although the 1919–1920 Report of the Department of Public Welfare reported that the Board of Health and the Bureau of Vital Statistics assisted the Department in creating the recommendations for new laws to control communicable disease, the law that created the Department of Public Welfare abolished the Board of Health and Bureau of Vital Statistics as entities of state government. It is unclear if the 1919 Department of Public Welfare report listed these entities and their involvement in creating recommendations as part of unofficial work of the Board of Health and Bureau of Vital Statistics or if these entities continued to exist within the newly formed Department of Public Welfare.

31 *Ibid.*, 7–8.

32 Unknown, “Idaho Government Agencies, 1863–1966,” January 1, 1966, 3, David Matte’s Files, ISA.

33 “Idaho Department of Health and Welfare - Our Organization,” Idaho, accessed March 20, 2020, <https://healthandwelfare.idaho.gov/AboutUs/Organization/tabid/125/Default.aspx>.



create and dissolve counties and establish county governments fall to the legislature per the Idaho State Constitution. (The term county derives from Middle English, *counte*, originally referring to areas controlled by a court or lord.)

The birth of Idaho's county-level public health entities also dates to March 12, 1907, and H.B. 33.<sup>34</sup> In addition to creating the State Board of Health, this legislation also authorized the creation of county boards of health and created the framework for the selection of county physicians and county health officers.<sup>35</sup> Government documents from between 1907 and 1913 outlined the specific laws relating to the powers and duties of local health boards.<sup>36</sup> Under these laws, boards of county commissioners were to appoint, biennially, a licensed physician residing in the county who would be known as the County Physician. This person, together with the county commissioners, constituted the county Board of Health. The appointed physician also acted as the secretary of the board and as its executive officer.<sup>37</sup>

State law empowered these county entities to create rules and regulations in line with the rules and regulations of the State Board of Health, including rules and regulations they deemed "necessary and proper to prevent the outbreak and spread of dangerous, contagious and infectious diseases."<sup>38</sup> This early legislation dictated that the responsibility of controlling and responding to communicable diseases fell under the "immediate supervision of the county board of commissioners, the members of which, with the county health officer, are designated as the county board of health."<sup>39</sup> Additionally, the law stipulated that the county health officer had several other duties.<sup>40</sup>

While the law specified that counties should employ physicians to serve, along with the county commissioners, as the county board of health, Twin Falls County was the first Idaho county to expand that work. Around 1929, it created and operated a health department under the direction of a full-time health officer. The county organized such a department because of a severe outbreak of cerebrospinal meningitis.<sup>41</sup> The department's staff included the health officer, a sanitary

34 *General Laws of The State of Idaho Passed at The Ninth Session of the State Legislature, Published by Authority of the Secretary of State*, 183.

35 *Ibid.*, 187; "AR 73, Health and Welfare, 1939-1999, Box # 20027003, C24F03A, Folder 15, 1933 Report - Public Health Administration in Idaho," 37.

36 *Laws of the State of Idaho Relating to The Powers and Duties of Local Boards of Health; Rules and Regulations of the State Board of Health Made in Conformity Therewith; Disinfection as Recommended by the State Board of Health* (State Board of Health, 1913).

37 *Ibid.*, 5. *General Laws of The State of Idaho Passed at The Ninth Session of the State Legislature, Published by Authority of the Secretary of State*, 187.

38 *Laws of the State of Idaho Relating to The Powers and Duties of Local Boards of Health; Rules and Regulations of the State Board of Health Made in Conformity Therewith; Disinfection as Recommended by the State Board of Health*, 5.

39 "AR 73, Health and Welfare, 1939-1999, Box # 20027003, C24F03A, Folder 15, 1933 Report - Public Health Administration in Idaho," 38; *General Laws of The State of Idaho Passed at The Ninth Session of the State Legislature, Published by Authority of the Secretary of State*, 187.

40 "AR 73, Health and Welfare, 1939-1999, Box # 20027003, C24F03A, Folder 15, 1933 Report - Public Health Administration in Idaho," 38.

41 "Report - Public Health Administration in Idaho," 61.

inspector, and two public nurses. This department served the county's rural and urban centers and all the schools throughout the county. Funding for the department stemmed from the county, the state Department of Public Welfare, the Rockefeller Foundation, and the US Public Health Service.<sup>42</sup> The work of the Twin Falls County Health Department touched all facets of public health, including disease, sanitation, safe handling of food and milk, and other matters.<sup>43</sup> At best, all other Idaho counties at the time only provided public health services if the county employed a county nurse, or if the school authorities or private health agencies provided services.<sup>44</sup>

By the mid-1930s, staff with the US Public Health Service, at the direction of the Assistant US Surgeon General, recommended that Idaho develop better county-level health departments and county-level health response to meet the needs of both rural and urban areas of the state. The US Public Health Service also recommended that the state Department of Public Welfare not attempt to carry out the duties of local health services, *per se*, but have supervisory powers. Additionally, it should promote the development of local health districts to be "conducted under the immediate supervision of trained public health workers employed to devote their entire time to the prevention of disease and the promotion of public health."<sup>45</sup> The US Public Health Service recommended additional legislation that would place all public health activities in municipalities under the supervision of the county boards of health.

After 1935, Idaho received an influx of federal funding under the US Social Security Act to establish local health units, modeled after the Twin Falls County Health Department. Idaho's second county health organization formed in Nez Perce County in 1936, followed by a third and fourth organization in Bannock County and Kootenai County, respectively. Around the same time, the Twin Falls County department re-formed as "South Central District Health Unit," and began providing services to Gooding, Jerome, Cassia, and Blaine counties, in addition to services within Twin Falls County proper. Nez Perce County's department expanded services to two adjacent counties and formed North Central District Health Unit, and Kootenai County Health Unit added services in Shoshone County on a "part-time sanitarium-service basis." These entities functioned as multi-county health organizations through much of the 20th century on the foundation laid in the 1930s.<sup>46</sup>

By the late 1960s, Governor Don Samuelson recognized the need to revise and strengthen the county health entities.<sup>47</sup> His interest in this work stemmed in part

42 "Report - Public Health Administration in Idaho,"

43 "Report - Public Health Administration in Idaho,"

44 "Report - Public Health Administration in Idaho,"

45 "Report - Public Health Administration in Idaho," 65.

46 "AR 73, Health and Welfare, 1939-1999, Box # 20027003, C24F03A, Folder 1, History of Public Health Service in Idaho, (No Date)." (January 1, 1937), AR 73, Idaho State Archives.

47 "AR 2/25, Papers of Governor Samuelson, Box 95 (20017894)" (n.d.), AR 2/25, Idaho State Archives.

from federal health legislation that the US Congress passed during the 1960s, including the Kerr-Mills Act and the incorporation of the Medicare and Medicaid programs under the Social Security Act.<sup>48</sup> Samuelson organized a Health Planning Advisory Council in 1967. At the time of the creation of this advisory council, only half of Idaho's counties had full-time local health departments. Throughout the late 1960s, the council, along with personnel at the Department of Health and the State Board of Health, worked on drafting legislative recommendations to remedy the inconsistencies across the county health entities and bring these county-level entities into accordance with the provisions of Idaho law.<sup>49</sup> As they existed in the 1960s, the county health entities were essentially multi-county, local health departments created as a result of written agreements between the Board of Health and each of the participating county board of commissioners.<sup>50</sup>

The work of the advisory council, the State Board of Health, and the Department of Health paid dividends. The advisory council recommended that the state create health districts. During the 40<sup>th</sup> Idaho Legislative session in 1970, legislators passed H.B. 412, titled, "An Act Establishing Seven Public Health Districts and Defining Their Boundaries, etc."<sup>51</sup> Today, the legislation that governs district health falls under Title 39, Health and Safety, Chapter 4, Public Health Districts. The legislation intends that the state's health districts "operate and be recognized not as state agencies or departments, but as governmental entities whose creation has been authorized by the state."<sup>52</sup> Today, each health district focuses on delivering public health through various programs, including health education, immunizations, drinking water inspections, family planning, prenatal and child health clinics, solid waste services for ground water protection, and communicable disease control, among others.<sup>53</sup>

#### Idaho and the 1918 Influenza Pandemic

Idaho's response to the 1918–1919 influenza pandemic in many ways tested the state's health systems and structure. Over the course of roughly six months, the Board of Health, Department of Public Welfare, county boards of health, and in

48 Kaiser Family Foundation, "Timeline: History of Health Reform in the U.S.," January 1, 2011, <https://www.kff.org/wp-content/uploads/2011/03/5-02-13-history-of-health-reform.pdf>.

49 "AR 73, Health and Welfare, 1939–1999, Box # 20027003, C24F03A, Folder 9, Legislative Correspondence, 1968" (January 28, 1969), AR 73, Idaho State Archives.

50 Ibid.

51 *General Laws of the State of Idaho Passed at The Second Regular Session of the Fortieth State Legislature, 1970* (Boise, ID: Caxton Printers, Ltd., 1970), 220, <https://babel.hathitrust.org/cgi/pt?id=uc1.b3683691&view=rup&seq=5>. Today, the legislation that governs district health falls under Idaho Code Title 39, Health and Safety, Chapter 4, Public Health Districts.

52 "Idaho Code, Section 39-401," <https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch4/sect39-401/>.

53 "About Idaho Public Health," <https://www.idahopublichealth.com/79-environmental-health/99-water-systems>.

some cases city health officers, together with the Board of Education, school boards, directors of the Penitentiary, and other elected and appointed state and federal officials, attempted to protect the citizens of Idaho from the very contagious strain of influenza dubbed the “Spanish Flu.”<sup>54</sup>

#### *Idaho’s Preparedness for Public Health Emergencies*

The decade between 1907 and 1917 saw the development of rules and regulations at both the state and county levels to manage public health crises. Not surprisingly, most of this work focused on sanitation, improvements to water and sewage systems, and efforts to combat venereal disease, as many of these concerns were also national issues that the US Public Health Service directed states to address.<sup>55</sup> While strains of flu had hit the United States in 1850, 1857, 1873, and 1889,<sup>56</sup> the Board of Health did not, in the years leading up to the 1918 influenza outbreak, recognize “flu” as a concerning or contagious disease. In fact, in 1917, when the Board of Health declared specific diseases “contagious” and required county health entities to report instances of these infections to the state, it did not place influenza on the list.<sup>57</sup>

#### *Introduction and Spread of the Spanish Influenza*

While the sources are somewhat vague regarding the exact date of the Spanish Flu’s arrival in Idaho, most scholars agree that the disease originated in the United States at Camp Funston, a military training facility in Kansas, in March of 1918. At the time of its origination, the disease appeared mild, with average mortality rates. The emergence of the illness disrupted some activities in the camp<sup>58</sup> before it quickly jumped the Atlantic Ocean when US troops deployed to Europe. From there, the disease spread to Asia and Africa, where, according to historian Leonard Arrington, it “reached epidemic stage.”<sup>59</sup>

54 Idaho Department of Health and Welfare, “1918–1919 Influenza Pandemic in Idaho: Home,” <https://healthandwelfare.idaho.gov/Portals/0/Health/ReadyIdaho/IdahoFluHx.pdf>. For more information on the naming and global spread of the influenza pandemic, see the peer-reviewed documents discussed in the Research and Scholarship section of this report. Federal oversight and direction from the U.S. Public Health Service is only briefly discussed in this paper as federal response falls outside of the scope of this briefing paper.

55 U.S. Public Health Service, “Regulations Promulgated By The Secretary of the Treasury, Under Which State Boards Or State Departments of Health Receive The Allotment of Funds Provided In Section 6, Chapter XV, of the Act Approved July 9, Entitled, ‘An Act Making Appropriations For The Support Of The Army For the Fiscal Years Ending June 30, 1919,’” *Public Health Reports* 33, no. 37 (September 13, 1918): 1537, <https://stacks.cdc.gov/view/cdc/67867>.

56 Arrington, “The Influenza Epidemic of 1918–1919 in Southern Idaho,” 19.

57 “AR 84, Records of the State Board of Health, Box # 20200201, Board of Health, Minutes, Quarantine Notice, Former x-Files, 1907–1918; Folder Board of Health, Former x-File, Minutes (Copy) 1907–1918,” 93.

58 The State Historian would need to conduct additional research in federal records to identify the locations of the U.S. Quarantine Stations.

59 Arrington, “The Influenza Epidemic of 1918–1919 in Southern Idaho,” 19.

News of the Spanish Flu's arrival in New York appeared in newspapers in August 1918, and from there the disease appeared in military camps in Philadelphia, Boston, and other eastern cities.<sup>60</sup> Around this same time, the US Public Health Service informed the public of measures it recommended the medical officers in charge of US Quarantine Stations follow to prevent the introduction and spread of the disease in the United States. On September 13, 1918, US Surgeon General Rupert Blue released a circular to medical officers instructing them to inspect vessels returning from Europe for cases of the "so-called Spanish Influenza."<sup>61</sup> Blue acknowledged that he had not received any information from his European counterparts regarding the nature of the disease, only that it was an infection "due to the *B. influenza* with predilection to lung involvement."<sup>62</sup> Within weeks of this announcement, however, Blue and the US Public Health Service expanded their recommendations and asked that individual states assist in efforts to track and curb the pandemic. On September 27, 1918, the *Public Health Reports* journal reported that Blue had sent telegrams to state health officers and to officers of the US Public Health Service requesting that they return, via telegram, reports of the prevalence of the disease in their respective states. This request acknowledged that most states, like Idaho, did not designate influenza as a reportable disease.<sup>63</sup> At the time of the announcement, twenty-six states had furnished reports to the US Public Health Service.

#### *The Spanish Influenza and Idaho's Preventative Response*

In the weeks following these first announcements and orders from the Board of Health, newspapers across Idaho began to report that county boards of health, mayors, and village health officers were issuing orders to close public places. These orders fell in line with the recommendations from the Board of Health. But newspapers reported instances of heated public discussions about plans to close other public places, including libraries, grocery stores, and schools, in addition to public places of amusement, such as movie theaters.<sup>64</sup> In some cities, as was the case in Rathdrum, the school board decided to close schools in the interest of

60 Ibid., 19–20.

61 U. S. Public Health Service, "Regulations Promulgated by the Secretary of the Treasury," 1540.

62 Ibid.

63 U.S. Public Health Service, "Epidemic Influenza ('Spanish Influenza'). - Prevalence in the United States.," *Public Health Reports* 33, no. No. 39 (September 27, 1918): 1625, <https://stacks.cdc.gov/view/cdc/67867>.

64 "Closes Public Assemblages as Precaution: Mayor F.F. Bracken Issues Orders in Compliance with State Board Action on Spanish Influenza Situation," *Twin Falls Weekly News*, October 10, 1918; "Healthboard Closing Order Applies to Public Amusement Places and in Effect Today, The 10th; Heads Off Epidemic"; "Board Health Closes Places of Amusement: Move to Head Off Spanish Influenza in State - Public and Private Schools Are Not Affected by Order Issued Tuesday," *The Herald-Bulletin*, October 11, 1918; "Public Gatherings Prohibited," *The Kendrick Gazette*, October 11, 1918. "Steps Taken to Stop the Spread of Influenza," *Montpelier Examiner*, October 11, 1918.

public health.<sup>65</sup> Following the announcement, the city health officer, village trustees, and school board issued a statement urging all parents to help keep their children home during the closure and to keep them from congregating together. These entities came together in what appeared to be a cooperative spirit to protect public health.<sup>66</sup>

In continued efforts to protect Idahoans, the Board of Health issued another order on October 18, 1918, closing all public and private schools, including business schools.<sup>67</sup> The *Burley Herald-Bulletin* hinted that the Board of Health's decision to close schools was necessary because "certain physicians in various parts of the state unpatriotically [refrained] from reporting caases [sic] of epidemic influenza."<sup>68</sup> Board secretary Dr. Biber argued that unless the Board of Health received "prompt reports from all parts of the state," the board would not know "how to prepare for the spread of the disease." He concluded that the decision to close schools was a necessary but precautionary measure.<sup>69</sup> Despite Biber's insistence about the need to receive accurate case numbers to better guide decision making, he saw the closures as a critical part of Idaho's efforts to bring the disease "under control." Biber believed that these safeguards were "having their effect," despite irregular reports of new cases.<sup>70</sup> Indeed, the Board of Health believed that closing public places held such promise for curbing the spread of the influenza that within days of issuing the school closure, the board ordered all public libraries closed, banned all open-air meetings, and required the wearing of gauze masks.<sup>71</sup>

#### *The Spanish Influenza and Idaho's Curative Response*

In addition to working to institute preventative measures to combat the disease, the Board of Health and county boards of health were also working to deliver care to Idahoans who contracted the disease. Given the overlap of the pandemic with the US involvement in World War I, this work proved more difficult here in Idaho—and nationwide. On October 18, 1918, the US War Industries Board, the federal entity responsible for purchasing war supplies, warned that given the "military emergency," equipment was likely to remain in short supply for domestic efforts to fight the pandemic. It encouraged the US Public Health Service to use its influence with state and local health officials to conserve medical equipment so that the materials would be available for US troops. The items of greatest need included beds and surgical equipment. State health officers acknowledged that the

65 "Ask Parents Help: Official Action in Interest of Public Health," *The Silver Blade*, October 18, 1918.

66 Ibid.

67 "All Schools Suspended by Health Board - Because Some Physicians Fail to Report Cases of Spanish Influenza State Officials Issue General Closing Order," *The Herald-Bulletin*, October 25, 1918.

68 Ibid.

69 Ibid.

70 "[It Is the Opinion of Dr. E.T. Biber]," *The Meridian Times*, October 25, 1918.

71 "To Stamp Out Flu: Rathdrum Authorities Took Further Steps Monday," *The Rathdrum Tribune*, October 25, 1918; "[The Idaho State Board of Health]," *The Rathdrum Tribune*, October 25, 1918; "Seeger-Bundlie's Influenza Message," *The Idaho Republican*, November 1, 1918.

pandemic's severity forced communities to improvise emergency hospitals. In Rockland, Idaho, for example, Cora Darling opened a hospital in the dining room of the Atwood Hotel to treat the large number of mild cases in that community.<sup>72</sup> Many facilities found that the additional strain of reduced or limited medical supplies made equipping emergency hospitals even more challenging.<sup>73</sup>

While insufficient medical supplies hindered efforts to treat patients, the shortage of physicians and nurses had an even more devastating effect in Idaho. Not only were there fewer nurses available to treat patients because of the on-going military conflict in Europe, but many nurses found themselves victims of the pandemic. In American Falls, four of the five regular nurses at that city's Bethany Deaconess Hospital reported infections on October 29, 1918, leaving the facility grossly understaffed. The State Board of Health, recognizing this critical shortage, ordered additional nurses from Boise and from Pendleton and other points in Oregon to American Falls. In an unfortunate miscommunication, these nurses never arrived, necessitating the involvement of Power County's Red Cross, but this too, was to no avail, given that organization's "unofficial," non-government status. Governor D.W. Davis ultimately had to step in to remedy the situation, but the *American Falls Press* reported that despite his efforts, and those of the Red Cross, the hospital was still waiting for nurses to arrive.

Elected officials in Boise also found that, despite their best efforts to respond to the 1918 pandemic, they required help from outside entities. This city, like American Falls, also reached out to the American Red Cross, but in this case, the work of the Boise chapter of the Red Cross played a significant role in caring for sick Idahoans. On October 17, 1918, the Boise chapter, at the request of the regional Red Cross headquarters in Seattle, appointed members, including Dr. Alice Pittenger, to an Influenza Committee to organize the influenza response efforts for the City of Boise and surrounding communities. The newly formed committee then notified the health authorities that they were "ready to assist them to any extent needed."<sup>74</sup> By December 1918, the Boise chapter's Home Service Section Committee reported that it was ready to take over the "influenza situation, if [Boise] desired this to be done." Boise's mayor agreed to the arrangement, asking if the committee was able to pay any related expenses and then "render an account to the city council from time to time for the amounts which the city should bear of the expenditures, such expenditures having been made for the poor and destitute." Between October 1918 and early 1919, the Boise Red Cross contributed service and funding to this city's influenza curative response efforts.<sup>75</sup>

<sup>72</sup> "Influenza Epidemic Sweeping the County," *American Falls Press*, October 29, 1918.

<sup>73</sup> U.S. Public Health Service, "Epidemic Influenza. Prevalence in the United States," October 18, 1918, 1767.

<sup>74</sup> "MS 633, American Red Cross, Boise, Folder 1, Minutes 1914-1921" (January 1, 1907), 154, MS633, Box 1, Idaho Business Review Archives.

<sup>75</sup> Randall Hudspeth and Verlene D. Kaiser, *Charting Idaho Nursing History: The Story of Nursing in Idaho* (Boise, ID: VKRHPubs, LLC, 2009); "MS 633, American Red Cross, Boise, Folder 1, Minutes

While these two examples indicate that several Idaho counties lacked the available resources and personnel to care for those infected in their communities, not all cities or counties mustered such an organized solution to delivering care. In many communities, including Twin Falls, society women, teachers, church groups, and other volunteers answered the call to care for the sick. Historian Leonard Arrington, himself a survivor of the disease, noted that other survivors remembered “neighborhood women entering homes where everyone in the family was down [with influenza] and drawing water, cooking meals, answering the telephone, scrubbing floors, and administering such other assistance and comfort as the family might need.”<sup>76</sup>

Local reports of high infection and death rates correlate with the severity of the disease in Idaho. These local instances also provide a clearer understanding of why it was so hard for physicians and nurses, strapped for time and resources, to deliver accurate reporting numbers to the State Board of Health. That in turn helps explain the challenges that federal officials preemptively noted in their weekly national case reports. For example, the *Public Health Reports* journal from November 22, 1918, roughly six weeks after the first reported cases in Idaho, noted that the statement of weekly cases was “far from being complete.” The US Public Health Service provided reasons for the inaccuracies, including discrepancies in the reporting requirements nationwide, several instances of physicians being too busy helping patients to report numbers to local health officers, and the challenges associated with requiring small cities, towns, and counties to send numbers to State Board of Health or state health departments. It appeared that in Idaho, as was the case nationwide, such requests were “almost impossible under the extraordinary conditions that prevailed.”<sup>77</sup>

## Conclusion

Although the Spanish Flu hit Idaho hardest during the fall of 1918 and had petered out by January 1919, it was not until the summer of 1919 that the disease disappeared from Idaho entirely. Many of the preventative measures, including school closures, quarantine orders, and the requirement to wear masks, slowed the spread; however, the disease touched every corner of the state, and it had a disproportionately significant impact on Idaho’s tribal populations. Reports of the US Public Health Service from October 1919, one year after the pandemic arrived in Idaho, indicate that the mortality rate among Idaho’s tribal population was 11.5 percent, and as this briefing paper shows, these numbers are likely to be very conservative.<sup>78</sup>

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1914–1921,” 157–58. In addition to the work of the Boise Red Cross, local trained nurses formed the Visiting Nurses Association to assist with homebound care.

<sup>76</sup> Arrington, “The Influenza Epidemic of 1918–1919 in Southern Idaho,” 22.

<sup>77</sup> U.S. Public Health Service, “Epidemic Influenza. Prevalence in the United States,” November 22, 1918, 2031.

<sup>78</sup> Idaho Department of Health and Welfare, “1918–1919 Influenza Pandemic in Idaho: Home.”



In the months following Idaho's major response to the 1918 pandemic, the legislature and Governor Davis worked to encourage Idaho's rebound from both the pandemic and the associated recession. The governor pushed for the cabinet form of government, adopted in 1919, so that he could manage state affairs more effectively and cut administrative costs for the state. In addition to the reorganization of the State Board of Health, this restructuring also repealed the 1911 legislation that first created the state Board of Nurse Examiners and the registry of nurses in Idaho. One of the biggest lessons learned in the aftermath of the pandemic was the key role that nurses played in public health work. The 1911 legislation that established the first registry of nurses in Idaho also stipulated that securing a license with the state was voluntary. Additionally, between 1911 and 1919, no standard curriculum existed for nursing students in Idaho; where nurses received their education created great variances in their skills and abilities.

As part of the reorganization, Governor Davis transferred the then voluntary nurse licensure responsibilities to the Department of Law Enforcement and allowed the Nursing Board to retain the responsibilities of setting standards for nursing education in the state, as well as inspecting those training facilities—responsibilities that had been sorely lacking in the 1911 legislation.<sup>79</sup> During the 1921 legislative session, the legislature went one step further and amended Idaho law to better define a registered nurse via S.B. 51. This legislation made it unlawful for any person to “practice, or attempt to practice . . . as a registered, licensed, trained, certified, or graduate nurse, without a certificate.” It stipulated that any person who “received such certificate shall be styled and known as a Registered and Licensed Nurse, and shall be entitled to append the letters, R.N.” to their name.<sup>80</sup>

Although the course of the 1918–1919 Spanish Influenza occurred more than a century ago, the legacy of this pandemic influenced the ongoing development of Idaho's public health systems, and the way the state responded to subsequent bouts of contagious disease. Throughout the 20th century, Idahoans experienced public health emergencies related to tuberculosis, polio, spotted fever, and influenza, among others. Through each of these crises, the state responded, and through each, Idaho's health entities continue to morph, grow, and change based on what may or may not have worked in the past. Historical context will always be important in making decisions about our present and future health concerns.

79 Hudspeth and Kaiser, *Charting Idaho Nursing History: The Story of Nursing in Idaho*, 41. The 1911 law first established a registry of nurses in Idaho.

80 *General Laws of The State of Idaho Passed at The Sixteenth Session of the State Legislature, 1921, Published by Authority of the Secretary of State* (Boise, ID: Secretary of State, 1921), 25.