

*The Influenza Epidemic and Jim Crow Public Health Policies
and Practices in Chicago, 1917–1921*

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Weeks after the deadliest day of the influenza outbreak in Chicago, the *Chicago Defender* ran a story on the Chicago Telephone Company's employment crisis—the company's white women workers were falling ill to influenza at conspicuous rates. The *Defender* wanted to know, would the company replace these workers with women of color? Its inquiry began: "In a recent issue of the daily papers we are informed that more than 300 telephone girls have been stricken with influenza and the Chicago Telephone Company is advertising for young women to take their places. What we would like to know is whether or not this company is willing to accept applications from our girls, and if not, why not? The company is employing young women of every nationality on earth, French, German, Polish, Lithuanian, Irish and Swedish, the only test being that they must be white, apparently."¹ The article identifies a curious phenomenon that was sweeping over Chicago's home front in 1918, namely, that influenza was spreading more among white and foreign-born immigrant populations than among African Americans. According to Dr. John Dill Robertson, Chicago's Commissioner of Public Health, "the white popula-

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1. "Help Wanted—White," *Chicago Defender*, November 2, 1918.

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tion of the city showed an increase of 2610 percent deaths from influenza and pneumonia during the month of October as compared with an increase of only 1400 percent for the colored residents.”² He concluded that “the colored race was more immune than the white” to these illnesses.³ Moreover, among whites, “the native born were less affected than the foreign born.”⁴ But according to Jim Crow’s labor tactics, African Americans were ineligible for employment at the Chicago Telephone Company. The *Defender*’s editorialist made a final diagnosis: “The whole situation is ridiculous and could obtain in no other country except America. The disease is strictly Dementia Americana.”⁵

Like other papers in the black press, the *Defender* closely followed the influenza epidemic of 1918, public health ordinances, and the resurgence of the disease in 1920 after a bloody race riot clutched the city in July 1919. The epidemic, the world war, and race riots gripping the nation were events conditioned by Progressive Era health rhetoric of scientific racism, eugenic theories, and “right living” grandiloquence. Segregationist strategies for controlling infectious disease and southern African American migrants informed this rhetoric. Robertson’s Public Health Ordinances of Chicago and the city’s 1919 race riot, which began at a beach under Robertson’s jurisdiction, highlight an increasing preoccupation with policing public spaces where whites and blacks might meet. Building on the work of previous commissioners, Robertson invoked medical and patriotic rhetoric to control Chicago’s public health crisis, while employing segregationist strategies to keep black and white bodies separate. African Americans got sick at lower levels within the context of these segregationist strategies. Black Chicago kept itself healthy and thriving despite such Jim Crow public health tactics, bombing campaigns, and state-sanctioned violence of race riots through sheer tenacity and an uncompromising demand for equality. Employing health columns from the *Chicago Defender*, the *Broad Ax*, and the *Half-Century Magazine* and archival records from Provident Hospital and the Visiting Nurses Association, this article works to situate black Chicago’s fight against racist public health campaigns prominently within the history of the influenza pandemic of 1918.

2. John Dill Robertson, *Annual Report of the Department of the Health of the City of Chicago for the Years 1911–1918 Inclusive* (Chicago, 1919), 70.

3. *Ibid.*, 135.

4. *Ibid.*, 134.

5. *Ibid.*

A HISTORIOGRAPHY OF RACE, PUBLIC HEALTH,
AND THE “SPANISH FLU”

The historiography of the African American experience during the influenza epidemic is shockingly sparse. General overviews of the outbreak have little to say about responses to the epidemic along racial lines, nor do those studies engage in an examination of the racist elements of the public health response to the epidemic in Chicago specifically. For example, while John M. Barry, in *The Great Influenza: The Story of the Deadliest Pandemic in History*, cites the outbreak among African Americans in Philadelphia, referencing squalid housing conditions that made Philadelphia fertile ground for an outbreak, he does not mention responses to the epidemic in Chicago that were informed by similar segregationist housing practices.⁶ Alfred W. Crosby’s *America’s Forgotten Pandemic* also suffers from no clear engagement with African Americans’ battle with white supremacy for both access to medical care and entrance into the medical fields as professionals. Crosby cites plenty of Dr. John Dill Robertson’s responses to the epidemic in Chicago, but he offers no examination of the effects of Robertson’s strategies on the city’s African American population.⁷

For scholarly engagement of the epidemic along racial lines, one should look to the work of Nancy K. Bristow, Samuel K. Roberts, and Vanessa Northington Gamble. Bristow devotes a section of *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* to the examination of race and the epidemic. In these pages, she offers a helpful overview of the ways in which “people of color frequently experienced the epidemic from positions of economic disadvantage, complicated further by racial prejudice.”⁸ She also stresses that white public health and aid workers routinely framed minorities as being culpable for conditions that made the outbreak worse.⁹ She highlights that the African American experience during the epidemic was framed by racial prejudice and segregated medical care. She follows her section on race and epidemic with chapters detailing Robertson’s stand against school closures, his focus on school inspections, and home visits by school nurses to control influenza among children.¹⁰ Keeping children in school created a way for nurses and medical professionals to maintain a surveillance of African American communities.

Historian Samuel K. Roberts’s study of tuberculosis and race goes one step further to say that such surveillance was informed by whites’ fear of infec-

6. John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York, 2005), 198.

7. Alfred W. Crosby, *America’s Forgotten Pandemic* (New York, 2003), 53, 216.

8. Nancy Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (New York, 2017), 69.

9. *Ibid.*

10. *Ibid.*, 112.

tion, grounded in the troubling politics of black urban health. While his book *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* focuses on African Americans and tuberculosis, it offers much for my examination of African Americans and the flu epidemic in Chicago. Most importantly, Roberts offers both a theoretical and political apparatus for studying the outbreak in racialized terms to emphasize what he calls “the politics of black urban health.” He argues that the national urbanization of blacks shaped a racialized scientific response to diseases such as tuberculosis. He puts place, specifically Baltimore, at the forefront of public health history, stating that such an analysis “produces a radical rethinking of tuberculosis history in the African American context.”¹¹ Citing the protest of African American intellectual and medical leaders, he finds that white physicians mainly expressed negative views of the relationship between racial heritage, urbanization, and tuberculosis. Such views informed the public health response to how and when municipal authorities located and treated disease. His framing of Baltimore, tuberculosis, and the racist response of white medical and health professionals is particularly instructive when examining African Americans’ experience with the influenza epidemic in Chicago. Although he mentions influenza only once, Roberts’s study of the politics of tuberculosis and black urbanization is nevertheless invaluable to my examination of Chicago.¹²

The most focused study of African Americans, northern cities, and the influenza epidemic is Vanessa Northington Gamble’s article published by *Public Health Reports* titled, “‘There Wasn’t a Lot of Comforts in Those Days’: African Americans, Public Health, and the 1918 Influenza Epidemic.”¹³ Gamble argues that “when the epidemic began African American communities were already beset by many public health, medical, and social problems, including racist theories of black biological inferiority, racial barriers in medicine, and public health, and poor health status.”¹⁴ She details African American health professionals’ crusade against racist casting during the years preceding the outbreak of influenza. She also describes influenza’s “tour through African American communities,” using newspapers to catalog the closing of public gathering

11. Samuel K. Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill, NC, 2009), 11.

12. *Ibid.*, 212.

13. Vanessa Northington Gamble, “‘There Wasn’t a Lot of Comforts in Those Days’: African Americans, Public Health, and the 1918 Influenza Epidemic,” *Public Health Reports* 125, suppl. 3 (2010): 114–20. Gamble’s overall contributions to the field of black Chicago medical history is impressive; see *Making a Place for Ourselves: The Black Hospital Movement, 1900–1945* (New York, 1995), and Vanessa Northington Gamble, ed., *Germes Have No Color Line: Blacks and American Medicine, 1900–1940* (New York, 1989).

14. Gamble, “‘There Wasn’t a Lot of Comforts,’” 115.

spaces to prevent spread of influenza in both Philadelphia and Chicago.¹⁵ Her article clearly builds on her previous work in that she is careful to show how “the crisis precipitated by the 1918 epidemic did not ease racial barriers to medical care.”¹⁶ The health problems of African Americans could be improved and prevented by better access to medical care, but because African Americans “were depicted more as public health pests than as the hapless victims of disease,” racism in hospitals and in admissions policies for nursing and medical schools persisted.¹⁷ Black influenza patients continued to receive care in segregated facilities, further evidencing why Provident Hospital was so valuable to the black community in Chicago. This was particularly devastating to Chicago’s African American community as the population of the South Side and racial tensions increased with each wave of the Great Migration.

FLU ALONG CHICAGO’S COLOR LINE

Chicago’s African American population grew exponentially in the years after World War I. Before World War I, African Americans constituted only 2 percent of Chicago’s population, but by 1970, triggered by World War II, they made 33 percent of the population.¹⁸ Such density made Chicago’s South Side a stifling place. According to historian William Tuttle, the disquieting aspects of the housing situation likewise multiplied: “Between 1910 and 1920 the black community almost tripled, rising from 34,335 to 92,501, which was close to 90 percent of Chicago’s black population. None of Chicago’s blacks in 1910 had lived in a census tract that was more than 75% black; in 1920, 35.7% of the black population did. Only 30.8% in 1910 had lived in one that was more than 50 percent Negro; in 1920, 50.5% did.”¹⁹ Rents were on average 15–25 percent higher for African Americans than they were for whites,²⁰ since the demand for housing in what became known as the Black Belt of Chicago far exceeded availability. It was overcrowded, and landlords neglected repairs and overcharged tenants for rent. Restrictive housing covenants were another way African Americans had to submit to the city’s demand for control over migration. These were agreements among homeowners associations, real estate agents, and institutions such as the University of Chicago to refuse rental or sale of homes to people of color. Restrictive housing covenants kept upwardly mobile

15. Ibid., 117.

16. Ibid.

17. Gamble, *Germes Have No Color Line*, iii.

18. Arnold Hirsch, “The Great Migration,” *Encyclopedia of Chicago*, <http://encyclopedia.chicagohistory.org/pages/545.html>.

19. William M. Tuttle Jr., *Race Riot: Chicago in the Summer of 1919* (New York, 1970), 163.

20. Ibid.

middle-class African Americans from moving out of the Black Belt into neighboring suburbs. Where covenants failed, bombing campaigns stepped in. From July 1917 to March 1921, precisely during the influenza epidemic and the race riot of 1919, fifty-eight bombs were hurled at black homes and those of white and black real-estate men who sold homes or rented property to newcomers who attempted to leave the Black Belt.²¹ As of January 1919, six months before the race riot, no arrests were made in the bombings.²² The result was a triad of social inequality—overpopulation, price gouging, and rigid segregation—that increased racial unrest.

Articles running in the *Chicago Daily Tribune*, a white newspaper, confirmed these opinions when restrictive housing covenants and violence served as strategies to submit African Americans to the city's demand for control. A series of articles beginning in March 1917 conflated hysteria about migration of African Americans to the north with fears of contagious diseases. Initial headlines sounded the alarm: "2,000 Southern Negroes Arrive in Last Two Days" and²³ "Rush of Negroes to City Starts Health Inquiry"²⁴ (whose subheading read: "Philadelphia Warns of Peril—Health, Police Heads to Act").²⁵ A July headline blared: "Half a Million Darkies from Dixie Swarm to the North to Better Themselves."²⁶ This article began a series of racist rants by reporter Henry M. Hyde, who observed that migrants "are compelled to live crowded in dark and insanitary rooms; they are surrounded by constant temptations in the way of wide open saloons and other worse resorts."²⁷ He closed his article with a warning: "the outrage at East St. Louis still sounding its terrible warning."²⁸ Two days later, Hyde commented in an article titled "Negroes Partly Responsible for Woes in North: Many 'Invaders'[s] Lazy and Ignorant and an Easy Prey to Rascals"²⁹ that the African Americans who migrate north are not the "respectable southern Negroes," noting that the "better class like the south are intelligent enough to know that they are more independent and better off in their old home than they can hope to be in any northern city."³⁰ Thus,

21. St. Clair Drake and Horace R. Cayton, *Black Metropolis: A Study of Negro Life in a Northern City* (1945; repr., Chicago, 1993), 64.

22. Chicago Commission on Race Relations, *The Negro in Chicago: A Study of Race Relations and a Race Riot* (Chicago, 1922), 34.

23. "2,000 Southern Negroes Arrive in Last 2 Days," *Chicago Daily Tribune*, March 4, 1917.

24. "Rush of Negroes to City Starts Health Inquiry," *Chicago Daily Tribune*, March 5, 1917.

25. Ibid.

26. "Half a Million Darkies from Dixie Swarm to the North to Better Themselves," *Chicago Daily Tribune*, July 8, 1917.

27. Ibid.

28. Ibid.

29. "Negroes Partly Responsible for Woes in North," *Chicago Daily Tribune*, July 10, 1917.

30. Ibid.

he placed the blame for racial antagonism “to some extent” on African Americans themselves.³¹ In a subsequent article, Hyde solicited information on how to send recent African American migrants south to cotton fields ready for harvest. He suggested that “many of the recent immigrants who would have had their eyes opened to the difficult [*sic*] of getting along in Chicago would be glad enough to get safely back to their old homes in the south.”³² If such conditions exist, he implored, the *Tribune* would like to be informed.³³

Black migration to Chicago influenced notions of racialized disease causality;³⁴ the newspapers exacerbated tensions with incendiary reports like Hyde’s from public health professionals. The *Tribune* ran columns by health editor Dr. William A. Evans, former commissioner of health and a member of Robertson’s Influenza Commission.³⁵ On September 28, 1918, the Council of National Defense assembled the Illinois Influenza Commission. The Influenza Commission held conferences daily to deploy physicians and nurses to areas it deemed in need; furnished vaccines; collaborated with the State Department of Health to prohibit public dances and funerals; served as arbiter of medical inspections; and was an information hub responsible for the forwarding of daily telegraphic reports of influenza to keep the city and entire state well.³⁶

Evans’s experience on the Influenza Commission spilled over into his *Tribune* column, titled “How to Keep Well,” in which he gave advice on clean living, sanitation, and keeping rooms ventilated during the outbreak. Here he also theorized about the extinction of the African Americans in his September 19, 1917, article: “the conclusion is that the stock that has been in this country more than two generations shows a strong tendency to dry rot. The death rates of this group are low, but the birth rates are also so low that there is but little natural increase.”³⁷ Less than a month after the July 1919 race riot, he devoted an article

31. Ibid.

32. Ibid.

33. Ibid.

34. Scholars Tera W. Hunter and Samuel Roberts have shown in their research that this impact was not limited to Chicago; see Hunter *To Joy My Freedom: Southern Black Women's Lives and Labors after the Civil War* (Boston, 1998); Roberts, *Infectious Fear*.

35. Robertson, *Annual Report*, 85. The Influenza Commission was made up of members of the army, the navy, the United States Public Health Service, the American Red Cross, the State Department of Public Health, and the Health Department of the City of Chicago. Members included Illinois Director of Public Health C. St. Claire Drake; Military Surgeon J. O. Cobb, USPHS; Dr. A. A. O'Neill, chairman; Dr. John Dill Robertson, health commissioner, Chicago; Col. Henry I. Raymond, US Army; surgeon Owen Mink, US Navy; Marquis Eaton, American Red Cross; and Dr. W. A. Evans, American Public Health Association.

36. R. A. O'Neill, C. St. Clair Drake, and J. O. Cobb, “The Work of the Illinois Influenza Commission,” *American Journal of Public Health* 9, no. 1 (January 1919): 21–24.

37. William A. Evans, “How to Keep Well,” *Chicago Daily Tribune*, September 19, 1917.

to the “Negroes’ Physical Condition,” responding to some industry owners’ desire to have medical professionals inspect every migrant physically before setting him to work.³⁸ A medical professional known to Evans found that although African American applicants to industries were under age 40, 8 percent of them had a considerable degree of heart disease, and many had “bad teeth, flat feet, and venereal disease” and were more physically aged than a white man at 40. For Evans, this proved that “all of us, blacks and well as whites, are in need of a better health service than has been the custom.”³⁹

Despite this call for commonality, Evans theorized on the “bad effect of crossing racial stocks that are widely different” in a September 5, 1921, article titled “Hybridization and Humanity.”⁴⁰ Here, the former commissioner and current member of the Influenza Commission, introduced a scale of “best to worst” racial mixing, best being white with white, with worst being “the sambo or cross between the Indian and the Negro.”⁴¹ In his closing statement for the article, he stated that “there is no proof that mixed races become infertile or acquire susceptibility to certain diseases or lose their immunity to others.”⁴² As a former commissioner of health and then as a member of the Influenza Commission, Evans advocated for the separation of black and white bodies; he stated this unequivocally when he stressed that for the white race to continue its existence “it must remain itself, and it must breed its best. . . . It must not mate with any other race and it must keep up its birth rate and keep down its death rate.”⁴³ This was a deadly science and performance of Jim Crow public health policy in the hands of men with tremendous influence and in possession of the press, a vehicle used to create panic. As a consequence, public opinion mirrored the press.

Surveys taken in 1921 indicated that white Chicago considered blacks minimally educable, emotional, “unmoral,” sexual, prone to sex crimes, larcenous, and malodorous.⁴⁴ According to the Chicago Crime Commission, an interracial commission charged with investigating the 1919 race riot, “half of all articles on ‘racial matters’ printed by these newspapers during 1916–1917 either ridiculed blacks or focused on violence, black criminals, or vice.”⁴⁵ Historian John Grossman commented on the effect of these words: “Most of the reports from Chicago newspapers dramatically overstated the volume of migration; many

38. *Chicago Daily Tribune*, August 20, 1919.

39. *Ibid.*

40. *Chicago Daily Tribune*, September 5, 1921.

41. *Ibid.*

42. *Ibid.*

43. *Ibid.*

44. James R. Grossman, *Land of Hope: Chicago, Black Southerners, and the Great Migration* (Chicago, 1989), 168.

45. *Ibid.*

evoked images of hordes of blacks inundating the city, bringing their disease and vice, and low standards of living.”⁴⁶

Chicago was already in a state of panic during the spring prior to the influenza outbreak due to the alarming rates of incoming migrants, with no one, it appeared, present to take care of them. In April 1918, a *Tribune* article suggested that in the previous eighteen months, between 75,000 and 100,000 migrants landed in Chicago, but there were only church accommodations for 18,000.⁴⁷ The news stoked fears that there would be no ward for the incoming travelers. The newspaper informed its readership that “thirty percent of the new arrivals were illiterate and all had the ballot.” Rev. Dr. Edgar Black of Chicago wrote: “We are facing an explosion unless we do something for these Negroes—unless we provide for them better.”⁴⁸ African Americans had the ballot—they had political power and potentially unpredictable access to the levers of the city.⁴⁹ The language used—words like *swarm*, *explosion*, *rush*, and *invasion*—worked well to convey the seriousness of the matter to white *Tribune* readers.⁵⁰ This was language with which readers would be familiar, as it was the language of both disease and war.⁵¹ Historian Nancy Bristow argues that the language Americans employed to narrate their experiences in the pandemic reveals how completely World War I and the epidemic were joined in American minds and memories.⁵² Such pieces conveyed the feeling that contact would expose whites to communicable disease and contamination by African Americans’ supposed dirtiness, laziness, and illiteracy.⁵³ The articles also positioned African Americans as a political threat. It left the door open for aggressive public health campaigns to upend all urban spaces at precisely the moment when blacks were asserting their right to public and political spaces of all kinds.⁵⁴ Leisure spaces such as beaches, as historian Victoria W. Wolcott shows in her book *Race, Riots, and Rollercoasters*, and working spaces such factories or telephone companies, as evidenced by the *Chicago Defender* piece quoted at length at the beginning of this article, became hotly contested spaces.⁵⁵

46. Ibid.

47. “Race Problem Grows Serious, Chicagoan Says,” *Chicago Daily Tribune*, April 4, 1918.

48. Ibid.

49. Ibid.

50. “2,000 Southern Negroes Arrive in Last 2 Days”; “Rush of Negroes to City Starts Health Inquiry”; “Half a Million Darkies from Dixie Swarm to the North to Better Themselves.”

51. See Grossman, *Land of Hope*, 168–69; Judith Wilson Ross, “The Militarization of Disease: Do We Really Want a War on AIDS?,” *Soundings: An Interdisciplinary Journal* 72, no. 1 (Spring 1999): 39–58.

52. Bristow, *American Pandemic*, 10.

53. Grossman, *Land of Hope*, 169.

54. Ibid.

55. See Victoria W. Wolcott, *Race, Riots, and Rollercoasters: The Struggle over Segregated Recreation in America* (Philadelphia, 2014).

CHICAGO'S INFLUENZA: SURVEILLANCE OR CARE

Over one-quarter of Americans, roughly 25 million people, were infected by influenza. Epidemiological studies indicate that the pandemic began in the United States in March 1918 at a crowded army camp in Fort Riley, Kansas.⁵⁶ From there, troops moved all over the globe, as "Spanish influenza" infected millions. Allied troops dubbed it so because Spain's uncensored press was the first to report freely on its widespread distribution.⁵⁷ Influenza attacked in four waves, hitting first in the spring of 1918. Then, in late August, the pandemic exploded in its second wave with morbidity rates in most American communities ranging between 25 and 40 percent. A third wave followed close behind, attacking in the winter as most were only beginning to recover from August's death toll. The fourth wave made its final assault in early 1920. Historically, influenza resulted in high death rates among infants and the elderly. But the 1918 infection rates defied previous patterns as 99 percent of excess influenza deaths occurred among Americans younger than 65, with higher death rates for adults between ages 20 and 40.⁵⁸ As American deaths from the disease were mounting, medical personnel and facilities became in short supply, and city infrastructures started to crumble.⁵⁹

News of Chicago's outbreak started when hundreds of sailors contracted influenza at the Great Lakes Naval Training Center thirty-two miles north of the city.⁶⁰ With public opinion solidly in his corner, Robertson moved freely to control public space and the dissemination of information during the outbreak of influenza. The story ran in the *Tribune* on September 23, 1918. The health department soon recommended wearing medicated masks as a preventative measure against catching the virus.⁶¹ By the end of the month, all flu cases were quarantined by a city order,⁶² with Robertson reassuring Chicagoans in a *Tribune* article in which he predicted a "small influenza toll."⁶³ By the next week, officials began to enforce an anti-spitting order (an ordinance in existence since 1901).⁶⁴ Movie

56. "Spanish Influenza in North America, 1918-1919," Contagion: Historical Views of Diseases and Epidemics, Harvard University Library Open Collections Program, ocp.hul.harvard.edu/contagion/influenza.html.

57. Ibid.

58. Bristow, *American Pandemic*, 3-4.

59. Crosby, *America's Forgotten Pandemic*, 74, 229, quoted in Gamble, "'There Wasn't a Lot of Comforts,'" 118.

60. John Dill Robertson and Gottfried Koehler, "Preliminary Report on the Influenza Epidemic in Chicago," *American Journal of Public Health*, November 1918, 849.

61. "Recommends Masks," *Chicago Daily Tribune*, September 27, 1918.

62. "All Flu Cases Quarantined," *Chicago Daily Tribune*, October 1, 1918.

63. "Dr. Robertson Predicts Small Influenza Toll," *Chicago Daily Tribune*, October 3, 1918.

64. "Influenza Cases Here 40,000 to 60,000," *Chicago Daily Tribune*, October 6, 1918; Robertson, *Annual Report*, 1505.

houses and dance halls hung placards banning the sick. Dr. St. Claire Drake, head of the state public health department, organized a series of bulletins describing preventative measures that flashed on screens before films. Theater managers gave essential information about influenza before their shows.⁶⁵ Churches remained open but called off meetings.⁶⁶ Funerals were made private.⁶⁷ The health department placed a tighter and tighter grip on public spaces where bodies might meet; this echoes historian and author of *Infectious Fear* Samuel K. Roberts's assertion that "integral to the project of modern urban public health were theoretical and practical compromises that moved the politics of black health from absolute neglect to qualified inclusion based on specific notions of care, expertise, public utility, citizenship, social control, and responsibility."⁶⁸ African Americans were a welcome presence only in their support of and abidance by these measures, not in moves to protest the segregation of medical training facilities or medical care facilities to treat victims of influenza or other diseases.

Curiously, African Americans across the nation simply weren't dying from influenza despite desires to classify them as irreparably "diseased." Befuddled, Dr. W. H. Frost of the US Public Health Service reported that "in seven localities with substantial black populations, their incidence rates were lower than white people's even after adjusting for sex and age."⁶⁹ Frost determined that this incidence rate was "quite contrary to what would have been expected" given the documented increased black death rates from pneumonia and influenza and "that the colored population live generally under conditions presumably more favorable to the spread of contact infections."⁷⁰ Philadelphia reported that "the disease was especially prevalent among Caucasians, and the mortality among them was unusually high, while among the Negro population, the death rate was comparatively low."⁷¹ The *Journal of the National Medical Association* reported that between September and November 1918, there were 11,875 white deaths and only 812 deaths among African Americans: "these figures are interesting" the *Journal* reported, "when we consider the death rate of Philadelphia's colored population is normally much higher than that of the white."⁷² These medical

65. "Society Women Work as Nurses in 'Flu' Hospital," *Chicago Daily Tribune*, October 10, 1918.

66. "Churches Open but Influenza Reduces Crowds," *Chicago Daily Tribune*, October 21, 1918.

67. Robertson, *Annual Report*, 85.

68. Roberts, *Infectious Fear*, 5.

69. W. H. Frost, "Statistics of Influenza Mortality," *Public Health Report* 35 (1920): 591-92, quoted in Gamble, "There Wasn't a Lot of Comforts," 114.

70. Ibid.

71. "Influenza and Pneumonia in Philadelphia during the Recent Epidemic," *Journal of the National Medical Association* 1, no. 11 (January 1919): 20.

72. Ibid.



Figure 1. Red Cross women sitting at tables making influenza masks, Chicago, 1918 (DN-0070539; Chicago Daily News negatives collection, Chicago History Museum).

findings exacerbated racial tensions at a time when people of color were already marginalized by segregation of medical care and lack of facilities and when violence against them was state-sanctioned. Regardless of the number of African Americans falling ill to influenza, segregation became the solution to the disease because segregation was a metaphorical and physical solution to the spread of germs from one body to another. Even though African Americans were not carrying the deadly influenza virus, their bodies became the metaphorical vessels of transmission, and, therefore, in the eyes of whites African Americans were worthy of punishment and physical acts of violence and unworthy of adequate medical treatment. For Chicago, lack of medical care and compassion was motivated by and relied on the purposeful racist casting of thousands of black migrants as dirty, crude, and likely to be infected by communicable disease.

Robertson's department had been laying down the infrastructure for a tighter clasp on the city since 1910 (fig. 1). Between 1910 and 1918, the health department passed nearly seventy-five health ordinances regulating such things as the sale of bread, the use of drinking cups, children's playtime on public streets, and the establishment of "zones of quiet."⁷³ Several examples are worth noting: an

73. Ibid., 296-304.

ordinance mandated that all “free lunch” be wholesome, while another outlawed the dumping of refuse in Lake Michigan.⁷⁴ The department made influenza a “placardable disease,” a designation that gave health officials access to people’s homes, thus depriving families of their privacy.⁷⁵ Health department officials placarded a home when a family refused to comply with requirements for quarantine and would post a “red placard on front and rear doors of premises occupied by the family.”⁷⁶ Field health officers canvassed districts, visiting each house in search of unreported or unrecognized cases of influenza and illness. A total of 49,078 visits were made by this survey work.⁷⁷

Survey work was a form of surveillance that public health officials learned from their experiences with tuberculosis. During the antituberculosis movement of the late nineteenth century, American cities adopted strategies of universal notification inspired by Philadelphia physician Lawrence Flick’s theory of “house infection,” the idea that the bacillus is most virulent and easily transmitted within closed spaces.⁷⁸ Public health officials embraced the theory, mandating that all tuberculosis cases and their habitations be registered with the state, a situation that received serious opposition from private physicians and those individuals who could afford private physicians. Most cities adopted universal notification, and the specific terms, according to Roberts, were often class- and race-inflected in that middle-class white patients were not subject to household inspections and other intrusions. These developments paved the way for significant gains in epidemiology but also provided rationale for stigmatization and surveillance.⁷⁹

The department extended its grasp to include regulation of the common drinking cup in public places, schools, office buildings, lodge halls, factories, and stores.⁸⁰ It also regulated play. The department issued a play street ordinance on August 22, 1918, which mandated that “no children afflicted with a communicable disease shall be allowed to join in games on streets designated

74. *Ibid.*, 299.

75. *Ibid.*, 97.

76. *Ibid.*, 98.

77. *Ibid.*

78. Roberts, *Infectious Fear*, 14.

79. *Ibid.*, 14–15, and chap. 3, “Urban Underdevelopment, Politics, and the Landscape of Health.” In the 1920s, Chicago opened up a city-run tuberculosis-training program to fifty African American physicians. A stipulation of training, Roberts informs readers, was that the physicians had to assist armed health workers with the forcible incarceration of all open tuberculosis victims residing with children ages sixteen or younger. Roberts concludes, “The trade-off for black physicians was clear, since they were now were expected to cooperate with health officials and assist in house-to-house case-finding surveys.”

80. *Ibid.*, 298.

as ‘play streets,’ except with the permission of the commissioner of health.”⁸¹ Robertson had the police department at his disposal to “carry out the various measures resorted to by the Health Department to restrict the spread of disease.”⁸² The measures are synchronous with the advent of germ theory and had toxic racialized effects. In combining racialization with bans on public congregation and “other measures to stop the epidemic,”⁸³ Chicago in effect had created its own elaborate but unnamed system of Jim Crow laws. Ordinances such as these had the same effects as Jim Crow laws governing racial dynamics south of the Mason-Dixon line. Robertson championed the efforts in a preliminary report on influenza in the *American Journal of Public Health* writing, “on October 18th, all public gatherings not essential to the war, such as banquets, conventions, lectures, social affairs, athletic contests, of a public nature stopped. Music cabarets and other entertainment stopped in restaurants and cafes. Crowding prohibited in poolrooms, saloons, etc.”⁸⁴ Patriotism was the defense; the department draped an elaborate web of control over the city and neighborhoods of Chicago in the name of self-defense. Upon reflection, in his *Annual Report* in 1919 Robertson tried to back away from this aggressive stance when he argued that “the only special measures to prevent crowding were the closing of places of public amusement. Churches, schools, business of all kinds were conducted as usual.”⁸⁵ Robertson saw the effects of prohibiting assemblage in Chicago’s large commercial centers and vice districts as beneficial but his anxiety was evident. He wrote in 1919, the same year as Chicago’s race riot, “it is true that [the bans on assemblage] impress upon the people the urgency of the situation, but this in turn may give rise to undue fear which is provocative of ill effects.”⁸⁶ He knew there would be consequences.

THE BLACK PRESS RESPONDS

Three black Chicago papers—the *Defender*, *Broad Ax*, and *Half-Century Magazine*—responded to the epidemic with a mixture of defiance, compliance, and patriotism, confirming Robert’s alchemy of “qualified inclusion” for the politics of black urban health.⁸⁷ Each newspaper employed doctors who served as health editors or who wrote medical advice columns sharing measures aimed at offsetting the epidemic and “specific forms of protest

81. *Ibid.*, 302.

82. *Ibid.*, III.

83. *Ibid.*, 80.

84. Robertson and Koehler, “Preliminary Report,” 855.

85. *Ibid.*, xxiii.

86. Robertson, *Annual Report*, 135.

87. Roberts, *Infectious Fear*, 5.

and coalition politics.”⁸⁸ Not one column responded to Robertson’s claims that African Americans had immunity to influenza. Columnists’ uniform silence on African American immunity illustrates the community’s commitment to ending segregation of medical care and training facilities.

The *Defender* employed Dr. A. Wilberforce Williams to write a column about health; his favorite topics were sexual plagues, tuberculosis, and influenza. Williams worked his way from Monroe, Louisiana, to medical school at Northwestern University, and had been a resident at Chicago’s African American-run Provident Hospital—the only hospital in the city where African Americans could receive care.⁸⁹ Williams was a member of the Odd Fellows, the Frederick Douglass Center, and the Appomattox Club, had served as staff physician at Provident since 1897, and was prominently listed in *Who’s Who of the Colored Race* in 1915.⁹⁰ He was relentless in his attack on diseases and behaviors that might compromise the future of African Americans. Historian Michele Mitchell states that Williams’s concern was in line with many of his contemporaries. She writes, “Not only did most social hygienists believe African Americans had unusually high rates of syphilis and gonorrhea, most doctors, public health officials, and self-designated authorities singled out venereal disease as the primary cause of black women’s decreased fecundity.”⁹¹ Williams was critical of African Americans as a member from within and critical of those critiquing black health from outside, working hard to “ensure that sexuality did not compromise black health.”⁹²

Williams embraced an uplift ideology that emphasized positive eugenic strategies to imply human agency over biological determinism, which was so detrimental to African Americans.⁹³ One can detect this in his “right living” and “sanitary living” columns where he advocated healthy and wholesome living. This is his bottom line in an article about cleanliness in which he concluded that “people who are dirty are not usually well people: they are often given to drink or some other vicious habit and are lacking in self-respect.”⁹⁴ In a very practical way, he anchored good citizenship to keeping one’s toiletries to oneself; to share meant “you are not a good neighbor: you thereby assist in

88. Ibid.

89. Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill, NC, 2004), 101.

90. Frank Lincoln Mather, ed., *Who’s Who of the Colored Race: A General Biographical Dictionary of Men and Women of African Descent*, vol. 1 (Chicago, 1915), 284.

91. Mitchell, *Righteous Propagation*, 103.

92. Ibid.

93. Roberts, *Infectious Fear*, 53.

94. A. Wilberforce Williams, “Talks on Preventative Measures, First Aid Remedies Hygienic and Sanitation,” *Chicago Defender*, October 20, 1917.

transmitting disease, that is, to the extent you become a disease carrier.”⁹⁵ The consequences were dire: in order to live long, one had to abide by the rules of hygiene; noble citizenship started with virtuous hygiene.⁹⁶

Williams urged common sense and sound judgment on all matters related to the influenza outbreak. Championing a particular version of the family, he noted the concerns of fathers and mothers precipitated by the war and the outbreak of the flu as the result of “some wickedness of some of the people.”⁹⁷ He dodged assigning blame to any one person for the wickedness referenced in the letter. Instead, his advice was to continue in good health to be able to “work, earn money, support your home, to buy War Saving Stamps, Liberty bonds, give to the Red Cross, to the YMCA, and other social and helpful organizations—all of which will assist in winning the war.”⁹⁸ He advised a remarkable amount of patriotism. Getting sick meant not being able to do your “bit.” And doing one’s bit meant abiding by the ban on assemblage. In an October 19, 1918, column, he was direct: “people should do very little socializing.”⁹⁹ He towed the commissioner’s public health line in other articles, reporting on April 5: “We, too, believe in the sacred rights of the individual to keep his infection from the gaze of the general public; however, we don’t believe it is proper for the physician or any member of the community to conspire with the consumptive or with any individual who has a communicable disease at the risk and expense of the general public.”¹⁰⁰ Earlier in the article, he referenced a mother who asked her doctor not to report that her child had a communicable disease for fear that the health department might placard their home, risking social stigma and isolation.¹⁰¹ He attributed such feeling to ignorance and a lack of mental development, chastising the woman for neglecting her civic duty to report the disease. He stressed that contrary to any suspicious motives, the “health authorities and public spirited citizens who enforce these measures” do so “for the protection of those ill with contagious and infectious disease and to protect those who are exposed to them.”¹⁰² Therefore, to avoid influenza, or what Williams called “The Captain of the Man of Death: pneumonia,” choose right living—caution, hygiene, and the best physical standard of living—“that we might meet the enemy face to face and resist, ward off its

95. Ibid.

96. *Chicago Defender*, November 3, 1917.

97. *Chicago Defender*, October 5, 1919.

98. Ibid.

99. *Chicago Defender*, October 19, 1918.

100. *Chicago Defender*, April 5, 1919.

101. Robertson, *Annual Report*, 98.

102. A. Wilberforce Williams, “Talks on Preventive Measures, First Aid Remedies, Hygienics, and Sanitation,” *Chicago Defender*, April 5, 1919.

fiery darts.”¹⁰³ The enemy for Williams wasn’t the health department or citizens doing their duty by reporting contagion or violations of health ordinances; rather, the enemy was the careless and reckless cougher, the boastful mother, the spitter, the overworked, and the overly sexually stimulated.

The *Defender*, engaging in its own form of surveillance, ran reports of organizations big and small that complied with the prohibition on assembly. The order ended the season for the Chicago American Giants, General Manager Rube Foster’s National Negro League team.¹⁰⁴ Despite this blow to fans and to the league, as the team had record-setting attendance, the *Defender* had nothing but praise for Foster, calling him “one of the greatest leaders in baseball, and if he had twenty-five men, as the big leagues, all trained with experience before they come to him, there is no league pennant he would not have a monopoly on. Those who meet Foster with that everyday pleasant smile do not know that he does more work in one season than all Colored managers combined.”¹⁰⁵ The epidemic forced Virginia’s Hampton Institute to postpone its fiftieth anniversary celebration, which was to have taken place in Chicago.¹⁰⁶ Black churches adjusted programming. St. Mark’s Church postponed its Sunday school institute “on account of influenza.”¹⁰⁷ Clubs, of which black Chicagoans were quite fond, canceled fund-raising events and socializing events during the epidemic: “At Douglass Center Sunday, November 3rd, the Pioneer Lodge of the Theosophical Society meets with lecture by Mrs. Edwin B. Beckwith who speaks on ‘The Races of Men,’ in a continued series to which all are cordially invited to attend. The classes and activities will be continued after the influenza campaign.”¹⁰⁸

The *Broad Ax* devoted its front page to the death and funeral of Col. Beauregard F. Mosely, former president of the Appomattox Club, successful lawyer, and one of the leaders of the Republican Party in Illinois.¹⁰⁹ His death “was a great shock” to many.¹¹⁰ Small-scale stories made an impact as well. The *Broad Ax* ran news of influenza in its column “City News.” It ran a story on a postal employee, who had considerable exposure to the public, stricken with influenza.¹¹¹ The *Defender* did the same and reported on October 19, 1918, that

103. *Chicago Defender*, January 31, 1920.

104. “Influenza Epidemic Closes Season for American Giants,” *Chicago Defender*, November 2, 1918.

105. *Ibid.*

106. “Hampton’s 50th,” *Broad Ax*, April 26, 1919.

107. “News of the Churches,” *Chicago Defender*, November 2, 1918.

108. “Clubs and Fraternal,” *Chicago Defender*, November 2, 1918.

109. “Death and Funeral of Col. Beauregard F. Moseley,” *Broad Ax*, December 6, 1919.

110. *Ibid.*

111. “City News,” *Broad Ax*, December 14, 1918.

"Mrs. Blanche Gale Has Influenza."¹¹² The story would catch readers' eyes, as she was the niece of world-famous boxer Jack Johnson.¹¹³ Such reports also served as strategies of social mobility for the convalescent. Such was the case in this article, which describes a married migrant woman from Louisville who triumphantly emerged from influenza quarantine: "The many friends of Mrs. Ada Preston Hill, 3350 Prairie Avenue, formerly of Louisville, Ky., will be glad to know that she is convalescent after a severe attack of Spanish Influenza."¹¹⁴ This accomplished several things—not only did it report to Hill's friends that she was getting better and ready for social engagements, it also communicated that she had "many friends." It also showed that she was a migrant, yes, but one who had established herself among the respectable class of black Chicago. Or one might run an ad to announce that someone is back to work and attending to one's own affairs, thereby instilling confidence in business: "T. William Champion . . . is now back at his office looking after his business personally."¹¹⁵

These stories show that black Chicagoans' lives proceeded routinely, for the most part, during the epidemic. In spite of various public health ordinances, black Chicagoans were able to tend to their business and social engagements. They were also able to remain fashionable, and women were engaging in bold and sexually alluring fashions. The *Broad Ax* fashion columns mentioned influenza throughout January 1919 with provocative devotion to women's style that played into Dr. Williams's anxieties. Baiting him with columns on coats' conservatism, high necklines, and the utility of veils, the *Broad Ax* editors mixed patriotism and skepticism while showcasing women's innovation—for example: "The rich and the poor when down alike under the presence of intense cold and lack of coal, just as clean and dirty, wealthy and pauper went down under influenza germ. None were spared the presence of danger last year. . . . Let us say that it is the fashion to wear warm clothes, and the individual will follow the fashion as the customs of a country follow its flag."¹¹⁶ Debating necklines, the author states that "fashion's decree, then, is to hide the lower part or, rather, some part of the face, since some collars reach right up to the eyes. Those who do not fear influenza will willingly bear some minor discomforts to be a la mode. For the others there will be the smartness of fur collars completely hiding ears and neck, with a straight plastron, which

112. "Mrs. Blanche Gale Has Influenza," *Chicago Defender*, October 19, 1918.

113. Ibid.

114. "Recovers from Spanish Influenza," *Chicago Defender*, November 9, 1918.

115. "Champion Recovering," *Chicago Defender*, November 9, 1918.

116. "Must Clothe to Keep Body Warm," *Broad Ax*, January 4, 1919.

will have the fascination of novelty.”¹¹⁷ Thus to take risks this fashion season, is to take risks with influenza; therefore the advice leans on the side of smart fur collars—stylish and good for your health. The column’s discussion of veils showcased black women’s fashion innovation. The authors called for a reprieve from cumbersome and stressful winter dressing: “The hurry and flurry of life has not allowed much time for leisurely dressing, although the veil was insisted upon by the shops during the influenza epidemic.”¹¹⁸ Women knew they had to wear masks by order of the health department, yet wanted something fashionable. Affluent African American women, the *Broad Ax* reported, recently returned from Paris were wearing the most curious veil America had ever seen: “It is the best imitation of a masque that we have had so far, and it is intimated that it was taken from the influenza mask which was worn over the lower part of the face. One of our own designers of eccentricities has produced a genuine influenza mask of dyed lace which is drawn upward over the chin and nose to the back of the head.”¹¹⁹ The paper happily reported that milliners had caught on to the trend, jewelers joining them to “introduce a trifle which has gained much prestige. It is an arrow, an aviator’s wings, a dagger or the fleur-de-lis done in jewels.”¹²⁰ Influenza and war be damned, Chicago women looked striking in jewel-studded flu veils.

African Americans also captivated at the National Amateur Athletic Union National Track and Field Championships in September 1918 at the Great Lakes Naval Station, the site of Chicago’s outbreak—that this performance took place is a testament to the military’s lack of knowledge of the seriousness of the epidemic and the vitality of African American athletes on display during a time when so many were dying of influenza. Thousands of athletes and fans were present despite the “double handicap of frigid weather and the threatening clutches of the Spanish influenza.”¹²¹ The *Defender* told the stories of African Americans who had traveled locally and nationally to participate in the games, despite the threat of illness. These stories—flu veils, church closings, track and field championships—confirm Gamble’s assertion that newspaper coverage “gave the impression that the epidemic did not substantially disrupt life in black communities, all the while underscoring the view that influenza took a greater toll on white lives.”¹²²

Black Chicago still had to take the precautions, though. *Broad Ax* readers turned to Dr. W. A. Driver’s weekly “Talks on Health” for advice. Driver

117. “Décolleté Coat and Dress,” *Broad Ax*, January 18, 1919.

118. “About Our Veils,” *Broad Ax*, January 25, 1919.

119. *Ibid.*

120. *Ibid.*

121. “National A.A.U. Ends with Johnson Winner,” *Chicago Defender*, September 28, 1919.

122. Gamble, “‘There Wasn’t A Lot of Comforts,’” 122.

was a young physician and surgeon “forging his way to the front,” “acquiring new friends and patients right along,” according to a December 1910 article.¹²³ He started his series on April 10, 1915.¹²⁴ It was a celebration of things pure. He begged readers to “apply here the saying ‘Prove all things; hold fast to that which is good.’”¹²⁵ A comprehensive study of his columns between 1910 and 1920 shows several recurring themes: cleanliness, education, and fear. Driver told readers that cleanliness was both physical and mental in March 1916: “As far as ocular evidence is concerned a person who presents a clean exterior is generally and popularly accepted as a clean individual physically and mentally in almost all but fortunately not in all environments.”¹²⁶ Driver endorsed “euthenics,” the notion that one’s physical and moral climate directed the trajectory of a person’s life. Historian Michele Mitchell defines it as “an early 20th century ‘science of controllable environment’ inspired by eugenics—maintained that home surroundings influenced whether or not a baby would be well born.”¹²⁷ Mitchell stresses that euthenics theories profoundly shaped African American visions of home life and public health initiatives that addressed conditions within and surrounding residences.¹²⁸ This pushed Driver to address the physical and mental cleanliness of bodies. He wrote that “an unclean mind is an abnormal mind or in common language a diseased mind. Likewise an unclean gastrointestinal tract is an abnormal one, at the same time a disease part of the body, capable of INFINITE HARM to every part of the body, producing disease and its end produce dissolution—DEATH, just as the proverbial rotten apple will spoil a barrel.”¹²⁹ He notes, philosophically, a vicious cycle established by mental and physical diseases in accord with the highest law, the law of nature: “To get the highest type of personal development we must have the best physical and mental environment.”¹³⁰ When that is out of balance, the home is out of order, the literal home and the body as home; he concluded: “Our bodies are composed of chemical elements that are dead without proper environment.”¹³¹

Driver’s influenza columns capitalized on black Chicago’s fear of contagious disease and the necessity of domestic and bodily sanctity. Driver’s columns reflect these fears, and he used this to prepare his readers for influenza.

123. “Dr. W. A. Driver is Forging His Way to the Front,” *Broad Ax*, December 30, 1910.

124. *Broad Ax*, April 10, 1915.

125. *Ibid.*

126. *Broad Ax*, March 25, 1916.

127. Mitchell, *Righteous Propagation*, 147.

128. *Ibid.*, 148.

129. *Broad Ax*, March 25, 1916.

130. *Broad Ax*, September 23, 1916.

131. *Ibid.*

He urged readers to think of “fear as disease, not a disease.” His simple solution was to confront freely, in frequent discussion, the most important discussions of life; he plainly advocated getting the facts.¹³² He followed this practical yet philosophical article with months of very explicit counsel on tobacco and alcohol abuse, cleanliness and eating, and the dangers of pneumonia, all with the refrain of “right living.” A year before the epidemic, the last year of Driver’s health column, he ended his series on fear by reminding readers that “a lack of faith is often responsible for disease. When faith is absent fear is present. . . . Fear is the offspring of evil. Avoid fear by taking proper thought and doing right.”¹³³ It was a fitting way to end his time as health columnist for the *Broad Ax*. Driver went on to have a successful career as a well-respected private physician on the South Side, though he never reached the professional fame of the black medical pioneer Dr. Julian Lewis.

Lewis was the first African American to hold both a PhD and MD in physiology/psychology at the University of Chicago in 1915. He was also the first African American to teach at the University of Chicago; he published *The Biology of the Negro* in 1942. Lewis continued his career as a research scientist and physician at Provident Hospital, working until he died at the age of 98.¹³⁴ *Half-Century* magazine devoted a column to Lewis’s writing starting in September 1919, the magazine’s first issue after the race riot. Frederick H. Robb listed Lewis as one of the “Fifty Prominent Chicago Citizens,” in his 1929 *Intercollegian Wonder Book*.¹³⁵

Lewis’s first column launched a rebuttal to Evans’s trashing of African Americans in the *Tribune*. In “The Health of the Negro,” Lewis criticized those “noted medical writers are wont to make the statement that they have observed a higher incidence of certain diseases among Colored people than among white, from which observations they make claims that the Colored people are a degenerate race and that *the race problem will automatically settle itself*.”¹³⁶ He objected on the grounds that this assertion was unscientific and contrary to the principles on which the whole scheme of medicine rests. He pushed against Evans’s “conclusions which are drawn from those observations, namely that they indicate degeneracy because he uses as a standard the characteristics of a white man which he assumes to be those of a perfect condition. It is a well known fact that physical standards of people vary as many times as there are

132. *Broad Ax*, June 24, 1916.

133. *Broad Ax*, October 13, 1917.

134. *Ibid.*

135. Frederic H. Robb, *Intercollegian Wonder Book: The Negro in Chicago, 1779–1929*, vol. 1 (Chicago, 1929), 116–17.

136. Julian H. Lewis, “Talks on Health,” *Half-Century Magazine* 7, no. 3 (September 1919): 10.

racess.”¹³⁷ The remainder of the article struck down assumptions about African Americans and venereal disease: any “discrepancies in the incidence of disease in two races may be due to the fact that hateful prejudices prevent the Colored from occupying and from acquiring the means to occupy the social position which is less conducive to disease.”¹³⁸ His subsequent columns are not nearly so blistering, focusing instead on sore throats, bad teeth, and constipation. Years before Lewis’s health columns appeared, the magazine had run similar advice in Evelyn Northington’s “Beauty Hints” column. She disseminated advice on dental hygiene and foot care similar to the hygienic instruction found in Williams’s and Drivers’s columns.¹³⁹ Her moralism, however, was directed toward a different result. For example, her foot-care column in 1916 had women’s femininity in mind: “The more bathing and rubbing the better [foot] health, and the less likely they are to enlarge. . . . Tender feet may frequently be attributed to lack of cleanliness. This unhappy complaint is so common nowadays, it is startling how much benefit may be derived from intelligent bathing.”¹⁴⁰ Northington’s advice was: in order to keep one’s feet comfortable and ladylike (i.e., feminine), be smart—be hygienic. In aggregate, both Lewis’s and Northington’s columns fall in line with the public health hygienic movement found in Williams’s and Drivers’s columns.¹⁴¹

THE FIGHT TO DESEGREGATE MEDICAL CARE AND TRAINING

Along with instructions for how to keep influenza at bay, the newspapers featured stories on protest movements for desegregating medical care and training—but archives and records of hospitals and individuals show that these gains came at a price. In the case of Provident Hospital, even before the influenza outbreak of 1918, financial times were tight. Provident—along with its training school—was the only institution in the Midwest where African American women could receive training as nurses (fig. 2).¹⁴²

In a letter from Robert Murray to W. F. Graves, representative of famed philanthropist Julius Rosenwald of Sears, Roebuck & Company, Murray provided information solicited by Graves concerning the needs of Provident Hospital in 1912. At that time, Provident had been in operation for twenty-one years,

137. Ibid.

138. Ibid.

139. Evelyn Northington, “Beauty Hints,” *Half-Century Magazine* 1, no. 3 (December 1916): 11.

140. Ibid.

141. Evelyn Northington, “Beauty Hints,” *Half-Century Magazine* 8, no. 1 (January 1920): 10.

142. Charles E. Bentley to Julius Rosenwald, October 16, 1917, Julius Rosenwald Papers, box 59A, folder 1, Special Collections Research Center, University of Chicago Library.



Figure 2. Provident Hospital nurses training program, Chicago, circa 1940 (Chicago History Museum, ICHi-061182; Stephen Deutch, photographer).

had property worth \$100,000, trained twenty-five nurses, and, given the effects of migration, had a shifting patient base. Murray wrote, “For many years our patients were sixty-five percent white; this has been gradually changing, until last year sixty-two percent were of the Negro race.”¹⁴³ Rosenwald had given faithfully to Provident for some time, donating the purchase price of the property north of the hospital.¹⁴⁴ In his correspondence with Julius Rosenwald, trustee and secretary Dr. Charles E. Bentley pleaded with Rosenwald, arguing that “because of wartime conditions and the migration of throngs of colored people to Chicago to work in our local plants, the Hospital cannot do its work on a proper plane without help.”¹⁴⁵ Conditions were so bad that Provident Hospital had to close its free dispensary, where its visiting nurse was stationed. This free dispensary created a lot of controversy. General Superintendent Frank E. Wing of the Tuberculosis Society, following a meeting with the board of the directors (which included William Evans), agreed that the new

143. Robert W. Murray to W. F. Graves, December 30, 1912, Julius Rosenwald Papers, box 59, folder 6, Special Collections Research Center, University of Chicago Library.

144. *Ibid.*

145. Charles E. Bentley to Julius Rosenwald, October 16, 1917, Julius Rosenwald Papers, box 59A, folder 1, Special Collections Research Center, University of Chicago Library.

dispensary should open at Provident Hospital in order to “reach the people for whom the dispensary is designed.”¹⁴⁶ The *Chicago Defender* took issue with this decision and ran the story “A Jim Crow Clinic for Colored Folk” in January. The *Defender*’s journalist criticized the decision to staff the clinic with an African American physician and nurse at Provident in order to maintain segregation: “The Colored people while they appreciate the kindness of Tuberculosis Society, would rather die as they have been rather than to be Jim Crowed by our friend Mr. Frank E. Wing. Give [us] a Clinic for all the people, we ask nothing more and will accept nothing less. We hope those who are at the head of the movement will take notice and consult the Colored people representatives before they come to conclusions of their own thought.”¹⁴⁷ These sources show that black migrants demanded, uncompromisingly, desegregated medical infrastructure. Provident tried to meet these needs in a variety of ways, such as the Franklin Fund established for the purpose of providing students temporary loans for financial aid or real estate security. By means of one loan, a Provident nurse was able to save her family homestead from foreclosure.¹⁴⁸ But it would not be without public controversy that Provident procured funds needed to support the hospital. Tensions were already escalating due to the presence of ever more migrants. Dr. George Cleveland Hall agreed to capitalize on this tension by mobilizing a funding campaign for in 1917. Facing a considerable deficit, the hospital mobilized support from all over the city, even from some unlikely places. The *Tribune*, for example, helped marshal support for Provident Hospital when, on October 10, 1917, its headline bellowed, “Says Provident Hospital Guards Health of City: diminished activities on the part of the hospital is a menace to the health of the entire city.”¹⁴⁹ Hall used the fears of contagion to bring in donations. In her book *Making a Place for Ourselves*, Vanessa Northington Gamble comments that Hall was a pragmatist who recognized that white support was necessary for the continued survival of the hospital.¹⁵⁰ Controversially, in 1928 Hall initiated an affiliation with the University of Chicago to help with lingering budgetary problems. Gamble argues that this move marked “a new strategy for black hospital reform and black medical education: the partnership of a black hospital with a white university.”¹⁵¹ But her research shows that despite early optimism, widespread biracial support, and generous financial assistance, the project exposed signs of instability throughout and

146. “A Jim Crow Clinic for Colored Folk,” *Chicago Defender*, January 4, 1911. The sanitarium desegregated a week later according to a January 21, 1911, article in the *Defender*.

147. *Ibid.*

148. *Provident Annual Report, 1915*, Provident Hospital and Nurses Training School Collection, Chicago State University Archives and Special Collections.

149. “Says Provident Hospital Guards Health of City,” *Chicago Daily Tribune*, October 10, 1917.

150. Gamble, *Making a Place*, 133.

151. *Ibid.*, 131–32.

exposed divisions within the African American community and the state of American race relations during the 1920s and 1930s (fig. 3).¹⁵²

Historian Darlene Clark Hine, in her groundbreaking study of African American nurses, stresses that black women's gains were also met with serious racism from white nurses and hospital and health department administrators.¹⁵³ Examples abound. Margaret Hanrahan, director of nursing service at the Chicago Municipal Tuberculosis Service, indicated that sixteen black nurses were segregated from their 140 white counterparts and were kept away entirely from white patients.¹⁵⁴ Olive Walker, a trained nurse of Cleveland, was not able to join the Red Cross Nurses Committee to help with the influenza epidemic at Hiram College. The dean of the college refused to allow her to join when he found out she was black.¹⁵⁵ This dean and others in administrative roles expressed resentment and contempt at dealing with black nurses, moving Hine to conclude that "as far as white nurse educators, administrators, supervisors, and leaders were concerned, black nurses' low status in the profession was a result of their allegedly inferior training, lack of executive skills, limited intelligence, weak character, and inability to withstand pressure. . . . Only to the extent that she remained stationed within the black community, caring only for black patients, could she earn praise and respect from her white counterparts."¹⁵⁶

Like the nurses, African American doctors found the color line to be rigid at the Chicago Municipal Tuberculosis Sanitarium. When the sanitarium opened in 1915, its director, Dr. Theodore B. Sachs, said that the establishment of a color line at would not be tolerated as long as he was in control.¹⁵⁷ But two years later, African American physician Roscoe Giles went to the city's new sanitarium, but after only six hours on the job, he was asked to leave "for the good of the service."¹⁵⁸ The case pushed public health access to the forefront of the aldermanic campaigns of Oscar DePriest and Major Robert R. Jackson. In January 1917, Alderman Jackson took Giles's case to the state level and helped with the passage of an amendment to the civil service law that placed the Municipal Tuberculosis Sanitarium under the civil service laws of the city of Chicago, a move that would, according to the *Defender*, "prevent for all time to come a repetition of the Giles

152. *Ibid.*, 132.

153. Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington, IN, 1989), 99.

154. Exhibit B—Municipal Board of Health, Municipal Tuberculosis Service, Chicago, 30, quoted *ibid.*, 99-100.

155. "College Dean Rejects Nurse," *Chicago Defender*, November 2, 1918.

156. Hine, *Black Women in White*, 101.

157. "No Colorline in Treating White Plague Victims," *Chicago Defender*, May 22, 1915.

158. "Dr. Giles Is Hired and Fired," *Chicago Defender*, February 10, 1917.



Figure 3. View to the northeast from Provident to Michael Reese Hospital along 30th Street, Chicago, 1944 (Chicago History Museum, ICHI-061599; Gordon Coster, photographer).

case.”¹⁵⁹ In the meantime, Giles moved on to Cornell University, where he was “forced to put up with the same plucky fight he did at the Chicago Municipal Tuberculosis Sanitarium.”¹⁶⁰ He remained at Cornell and graduated with honors, becoming the first African American to finish from Cornell University in medicine. He returned to Chicago and opened his own office on the South Side.¹⁶¹

THE FLU’S IMPLICATIONS FOR CHICAGO RACE RELATIONS

Robertson remained prominent in the city of Chicago, with the *Broad Ax* featuring him on its front page when he opened the Chicago Training School for Home and Public Health Nursing in 1919. In 1921, Robertson reasoned that

159. “Jackson’s Record of Service; Observer’s Continued Observations,” *Chicago Defender*, January 26, 1918.

160. “Dr. Giles Opens Office in Jordan Building,” *Chicago Defender*, June 16, 1917.

161. *Ibid.*

the recent recurrence of the influenza epidemic has demonstrated the expedience of establishing the Chicago Training School for home and Public Health Nursing. The training of nearly 3,000 women in the home care of the sick served to augment the nearly 3,000 women in the meager force of graduate nurses available in the city during the emergency. Over 600 of the women who had completed the course given by the school responded to a call of the Commissioner of Health for nurses to volunteer their service to visit the sick under the direction of the field nurses of the Municipal Tuberculosis Sanitarium and give nursing care in the home whenever this was necessary.¹⁶²

Out of a class of about 900, forty were African American women. The *Chicago Defender* championed the graduates in a June 4, 1921, article stating they had joined the “Sanitation Army,” to “form neighborhood clubs to teach those around them the necessity of such work, and its purpose as a community betterment.”¹⁶³ Through remarkable tenacity and strength of professionals such as the Sanitation Army, Dr. Roscoe Giles, and nurse Olive Walker, one learns of those who fought to break color lines, those who went up to the color line with ferocity, and those who refused to accept anything that looked like segregation. These are the survivor stories of Jim Crow public health, truths of individuals waging warfare against segregation to help their communities survive what was lethal to race progress. They were victorious as African Americans survived influenza in impressive numbers despite what the *Defender*’s article on the Chicago Telephone Company identified as Jim Crow’s dementing effects, but there would be more work to do well into the future.

African Americans in Chicago’s Black Belt, a very narrow strip of land near Lake Michigan and south of the downtown Loop, experienced the influenza epidemic of 1918 in ways similar and dissimilar to whites of domestic and foreign origins during the Progressive Era. What differed most dramatically for black Chicago were the consequent spatial and racialized effects of public health ordinances, restrictive racial housing covenants, and the resultant state-sanctioned mob violence. Public health officials, particularly Robertson—Chicago Commissioner of Health during the epidemic—and former commissioner Evans—health editor of the *Chicago Daily Tribune* and member of the Influenza Commission—deployed public health-care practices and rhetoric insensitive to the needs of incoming African American migrants. The men controlled informa-

162. John Dill Robertson, “Syllabus of Lectures on Home Nursing Given at the Chicago Training School for Home and Public Health Nursing” (Chicago, 1919), 5, quoted in Helen Faye Lyon, “History of Public Health Nursing in Chicago, 1883–1920” (master’s thesis, University of Chicago, 1947), 118.

163. “Sanitation Army,” *Chicago Defender*, June 4, 1921; see Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women’s Health Activism in America, 1890–1950* (Philadelphia, 1995).

tion that exacerbated and baited racist sentiments, thereby creating a tinderbox ready to explode. In any event, African Americans did not die from influenza during this era of Jim Crow public health in the numbers expected. Instead, through remarkable protest, African American nurses, doctors, students, and extra-medical activists moved forward the needle of progress to desegregate medical care and training facilities. Through agitation within Chicago's Black Belt, African Americans were able to mobilize for change, ushering in a new politics of black urban health.