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The Supervisors Are Carrying the Bag

The Nurses' Emergency Council, Settlement Houses, and the 1918 Influenza Pandemic in New York City

Eric C. Cimino

During March and April 2020, my neighborhood of Jackson Heights, Queens, was the epicenter of the COVID-19 outbreak in the United States. At night, I could hear the ambulances, sirens blaring, speeding down 82nd Street toward Roosevelt Avenue, en route to Elmhurst Hospital. Elmhurst is a 545-bed public facility that saw a surge of Coronavirus patients in early March, weeks before most Americans were paying attention to the virus. By the end of the month, the *New York Times* was describing “apocalyptic” scenes of patients at the hospital dying in hallways and some waiting as long as sixty hours to secure a bed.¹ In an attempt to occupy my mind during the subsequent quarantine and to help make sense of what was happening around me, I started reading about the last pandemic of this magnitude to strike New York City: the influenza pandemic of 1918. I was struck over the course of my research by the overall level of preparedness, effectiveness, and creativity in the city’s response to influenza, which seemed lacking in the early mishandling of COVID-19 in New York and across the nation.

This essay examines the combined efforts of the Nurses’ Emergency Council (NEC) and the Department of Health in the fall of 1918. The NEC was created to coordinate public health nursing throughout New York City. It united various settlements, religious charities, and municipal agencies into an umbrella organization that was chaired by the Jewish American social reformer, nursing pioneer, and headworker at the Henry Street Settlement, Lillian Wald. Wald and her committee maintained consistent contact with the commissioner of the Department of Health, Dr. Royal Copeland. Together, the NEC and the Department of Health recruited a corps of nurses to treat influenza patients in hospitals and in

1. Michael Rothfeld et al., “13 Deaths in a Day: An ‘Apocalyptic’ Coronavirus Surge at a N.Y.C. Hospital,” *New York Times*, March 25, 2020, <https://www.nytimes.com/2020/03/25/nyregion/nyc-coronavirus-hospitals.html>. For additional accounts of how historians experienced the COVID-19 pandemic, see Rhae Lynn Barnes, Keri Leigh Merritt, and Yohuru Williams, eds., *After Life: A Collective History of Loss and Redemption in Pandemic America* (Chicago: Haymarket Books, 2022).

their homes. The latter location was the main point of emphasis, as visiting nurses hoped to contain influenza's spread, while also giving immigrant families a chance to avoid a stressful, and perhaps fatal, trip to an overcrowded hospital.

Contrary to its reputation as a "forgotten pandemic," the 1918 influenza pandemic has received sustained attention from historians and scientists in the twenty-first century.² Relevant here is how New York and other American cities are depicted in the historiography. John Barry's popular 2004 account, *The Great Influenza*, offers a bleak portrayal of New York's public health response. He insists that New York City was ill prepared to respond to a disease outbreak of influenza's magnitude. Due to the meddling of Tammany Hall, the city's Health Department—once the envy of the world—had become demoralized and inept. Its leader, Royal Copeland, had literally been plucked off the street by Mayor John Hylan and installed as commissioner. Copeland's primary qualification for the job, according to Barry, was that he was a loyal Tammany man. To make matters worse, he was not even a real doctor; Copeland was a homeopath and had "no belief in modern scientific medicine."³

In Barry's telling, when influenza struck, it was inevitable that New York's weakened Health Department would fail to keep the virus at bay. Over the course of the pandemic, the department consistently misrepresented to the public the true extent of influenza's threat, and when it did enact countermeasures, it was always too little too late.⁴ For Barry, this was the case not only in New York but also nearly everywhere in the United States. State and municipal governments failed across the board, leading to thousands of deaths, and causing a pervasive atmosphere of fear to take root among the general population.⁵ Only the town of Gunnison, Colorado, which instituted an "extreme" policy of isolation, came in for praise. Authorities there closed all through roads and barred rail passengers from disembarking, thereby shutting the town off from the outside world. As a result, nobody died in Gunnison.⁶

2. On influenza as a forgotten pandemic, see the afterword in Alfred Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, 2nd ed. (New York: Cambridge University Press, 2003). See also Guy Beiner, ed., *Pandemic Re-Awakenings: The Forgotten and Unforgotten 'Spanish' Flu of 1918–1919* (New York: Oxford University Press, 2022).

3. John Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (2004; repr., New York: Penguin Books, 2018), 268–70. Barry is too harsh on homeopathy, which was a creditable alternative to conventional ("allopathic") medicine throughout much of the nineteenth century and into the twentieth. Homeopaths believed that "like cured like": certain substances that resembled an illness could be used to treat that same illness but must be given to the patient in the tiniest of doses. This contrasted with the dominant and often ineffective practice of prescribing large quantities of substances, such as laxatives and emetics that had nothing in common with the sickness being treated. Natalie Robbins, *Copeland's Cure: Homeopathy and the War between Conventional and Alternative Medicine* (New York: Alfred A Knopf, 2005), 6.

4. Barry, *The Great Influenza*, 270, 276–77.

5. Barry, *The Great Influenza*, 333–41. Approximately 675,000 people in the U.S. are believed to have died from influenza or its accompanying pneumonia in 1918—about 500,000 more than usual. Nancy Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (New York: Oxford University Press, 2012), 3–4.

6. Barry, *The Great Influenza*, 345–46.

Barry's damning portrayal of American cities and their influenza response has not gone unchallenged. In 2007, Howard Markel and his team of researchers looked at how forty-three cities implemented "nonpharmaceutical interventions," such as quarantine, school closures, and the cancellation of public events. They found that the earlier such policies were enacted, the slower the virus moved through the population and the lower the "total mortality."⁷ In other words, contrary to Barry's stance, there *were* a variety of effective measures that cities used to confront influenza in 1918.⁸ New York City under Commissioner Copeland's direction, for example, isolated the sick and quarantined those who had been exposed. It also used a "staggered business hour ordinance" to lessen the number of people commuting during rush hour. Per Markel and colleagues, "New York City mounted an early and sustained response to the epidemic and experienced the lowest death rate on the Eastern seaboard." And nationally, of the forty-three cities surveyed, it ranked fifteenth in total mortality.⁹

A few years after the publication of Markel and colleagues' study, three of its coauthors edited a special issue of the journal *Public Health Reports* dedicated to the influenza pandemic. The world was then emerging from the 2009 H1N1 pandemic (swine flu), and the editors were motivated to further examine the nation's public health response in 1918, compare it to 2009, and apply lessons learned to future pandemics.¹⁰ New York features prominently in this journal issue. Francesco Aimone writes about how the city redeployed existing strategies, such as surveillance and health education, that it had honed during its late nineteenth-century campaigns against tuberculosis (TB). With these tools in mind, Copeland decided to keep schools open for the duration of the pandemic, reasoning that teachers and nurses could be used to regularly screen students for the flu and to distribute the Department of Health's "educational propaganda."¹¹ Nancy Tomes, in her contribution, describes how Copeland also refused to shutter the city's theaters. Instead, Copeland negotiated an agreement with Broadway that all playbills include an announcement that theater patrons must sneeze into their handkerchiefs to prevent the flu's airborne transmission. Ushers would eject audience members who refused to comply.¹² Copeland's policies on

7. Howard Markel et al., "Nonpharmaceutical Interventions Implemented by US Cities During the 1918 Influenza Pandemic," *JAMA* 298, no. 6 (August 8, 2007): 644, 646–48.

8. Markel et al.'s findings (in "Nonpharmaceutical Interventions") sparked a debate with Barry, which is summarized in "Authors Defend Study of Nondrug Measures in 1918 Pandemic," January 25, 2008, *Center for Infectious Disease Research and Policy*, University of Minnesota, <https://www.cidrap.umn.edu/news-perspective/2008/01/authors-defend-study-nondrug-measures-1918-pandemic>.

9. Markel et al., "Nonpharmaceutical Interventions," 651.

10. Alexandra Minna Stern, Martin Cetron, and Howard Markel, "The 1918–1919 Influenza Pandemic in the United States: Lessons Learned and Challenges Exposed," *Public Health Reports* 125, Suppl. 3 (2010): 3–5.

11. Francesco Aimone, "The 1918 Influenza Epidemic in New York City: A Review of the Public Health Response," *Public Health Reports* 125, Suppl. 3 (2010): 69–70, 74–76.

12. Nancy Tomes, "Destroyer and Teacher: Managing the Masses during the 1918–1919 Influenza Pandemic," *Public Health Reports* 125, Suppl. 3 (2010), 53–55. See also Aimone, "1918 Influenza Epidemic in New York City," 77.



Figure 1: Dr. Royal Copeland, between 1915 and 1920. Bain News Service. COURTESY OF THE LIBRARY OF CONGRESS, PRINTS AND PHOTOGRAPHS DIVISION, LC-DIG-GGBAIN-29830.

schools and theaters, while not as sweeping as those of other cities, were consistent with modern public health practices and proved less disruptive to the economy and to people's daily lives.

My narrative of public health nursing in 1918 builds on this post-Barry scholarship, which takes seriously the range of actions cities took to protect and care for their citizens.¹³ I present New York as a metropolis with the institutional experience—specifically within its health and welfare sectors—that made it well prepared to respond to an epidemic.

13. In addition to the works already discussed, important recent books on the influenza pandemic include Bristow, *American Pandemic*; Samuel Cohn Jr., *Epidemics: Hate and Compassion from the Plague of Athens to AIDs* (New York: Oxford University Press, 2018), chaps. 19–21; and Patricia Fanning, *Influenza and Inequality: One Town's Tragic Response to the Great Epidemic of 1918* (Amherst: University of Massachusetts Press, 2010). Cohn's approach to the pandemic is to emphasize acts of compassion, while Fanning reminds us that in certain contexts, cruelty toward immigrants was seen as well.

Commissioner Copeland proved to be an astute manager. He understood the strengths of the city's progressives and nursing leaders, like Lillian Wald, and he gave them considerable authority to act, while also providing valuable logistic and financial support for their work.¹⁴ With the backing of the Department of Health, the NEC rose to the challenge of recruiting and coordinating a vast network of visiting nurses.¹⁵ Considering the stress on hospitals in the fight against COVID-19, New York's experience with influenza demonstrates the important role that community-based health care, outside of a hospital setting, can play during a pandemic.

Since the late nineteenth century, Lillian Wald's Henry Street Settlement had been conducting its visiting nursing service among the immigrants of Manhattan's Lower East Side, a crowded neighborhood of primarily Italians and Russian Jews. The area's tenement apartments were small, dark, cramped, and poorly ventilated, and often doubled as workspaces for those toiling in the city's garment industry. These unsanitary conditions made the tenements hotbeds of disease—particularly TB, a scourge of the nineteenth and early twentieth centuries.¹⁶ In response, nurses ventured daily from the settlement's red-brick building on Henry Street into the community, "healing, practicing preventive care and teaching neighbors about modern hygiene."¹⁷ The house offered more typical settlement programs like mothers', men's, and boys' clubs as well. But it was unique among the settlement movement in New York, and nationally, for its privileging of public health nursing, which Wald saw as key to improving immigrant life and urban conditions more generally.¹⁸

14. It is true that Copeland was deeply political, but contrary to Barry's contention, this did not preclude him from being an effective commissioner and a staunch advocate for progressive health policies. For assessments of Copeland's time as Health Commissioner, see John Duffy, *A History of Public Health in New York City, 1866–1966* (New York: Russell Sage Foundation, 1974), 284–300; Robins, *Copeland's Cure*, 149–58.

15. Nursing historian Arlene Keeling has also written about the influenza pandemic. On the national nursing response, see her article, "Alert to the Necessities of the Emergency: U.S. Nursing during the 1918 Influenza Pandemic," *Public Health Reports* 125, Suppl. 3 (2010): 105–12. On nursing in New York, see Arlene W. Keeling, "When the City is a Great Field Hospital: The Influenza Pandemic of 1918 and the New York City Nursing Response," *Journal of Clinical Nursing* 18 (2009): 2732–38. While most of Keeling's research is sound, she does make one significant mistake in the latter piece. She assumes that a 1920 article by Lillian Wald is about the pandemic in 1918, when it is actually about a less severe outbreak of influenza that occurred more than a year later. As a result, some of the details Keeling provides about New York's nursing response in 1918 actually pertain to the reappearance of epidemic influenza in 1920. See Lillian Wald's original report, "Influenza: When the City is a Great Field Hospital," *Survey* (February 14, 1920): 579–81.

16. Ellen Snyder-Grenier, *The House on Henry Street: The Enduring Life of a Lower East Side Tenement* (New York: New York University Press, 2020), 10, 12–14. Infant diarrhea and childhood malnourishment were also common.

17. Snyder-Grenier, *The House on Henry Street*, 18.

18. Snyder-Grenier, *The House on Henry Street*, 34–35, 43–46; Marjorie Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008), 57–65. Wald combined her advocacy of nursing with calls for progressive legislation at the city, state, and national levels.



Figure 2. William Valentine Schevill, *Lillian D. Wald*, 1919. COURTESY OF THE NATIONAL PORTRAIT GALLERY, SMITHSONIAN INSTITUTION, NPG.76.37.

The settlement initially had eleven residents—all women—nine of whom were trained nurses. By 1907, the staff had grown to thirty nurses and had further expanded to seventy-six by 1914.¹⁹ When the United States entered World War I in 1917, the settlement saw fourteen of its nurses, including its Director of Nursing Annie Goodrich, depart for American military hospitals and the Western front.²⁰ Losing some of its most capable women was a serious issue, but Henry Street was able to harness the spirit of voluntarism that was so prevalent in New York during the war to quickly replace them. By the end of

19. Snyder-Grenier, *The House on Henry Street*, 32, 38; *Report of the Henry Street Settlement, 1893–1913* (New York: Henry Street Settlement, 1914), 29, National Library of Medicine, Digital Collections, <https://collections.nlm.nih.gov/>.

20. *Report of the Henry Street Settlement, 1893–1918* (New York: Henry Street Settlement, 1918), 7–8, 28, National Library of Medicine, Digital Collections, <https://collections.nlm.nih.gov/>.

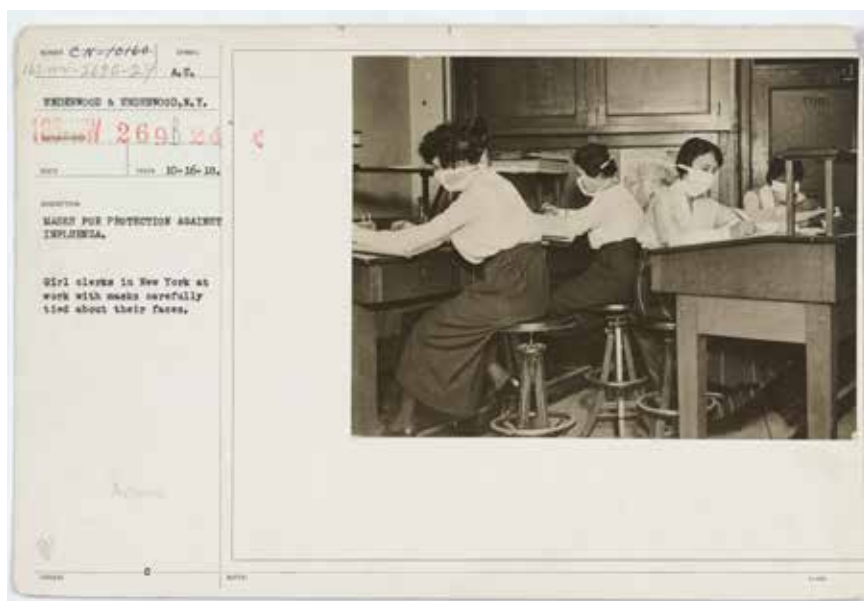


Figure 3. Masks for protection against Influenza (Clerks in New York), 1918. Underwood and Underwood. COURTESY OF THE NATIONAL ARCHIVES, COLLEGE PARK, MD, 45499337.

1917, there were 134 nurses on Henry Street's force, the most in its history.²¹ When influenza appeared in the fall of 1918, Henry Street was therefore at its peak in terms of numbers, but it had to meet the crisis without its director and several experienced nurses.

Since there was no vaccine or effective medicine to treat influenza's symptoms (high fever, muscle pain, and headaches that led to prostration), American cities had to resort to the public health strategy known as nonpharmaceutical intervention. This refers to methods that do not involve drugs and that are intended to slow down an epidemic, curtail the number of deaths, and keep health systems functioning.²² New York City's initial nonpharmaceutical approach emphasized isolation and quarantine and soon evolved to include public health nursing as well.

New York's commissioner of the Department of Health, Royal Copeland, first applied quarantine measures in mid-August to sick sailors and passengers from European commercial vessels arriving at the Port of New York. Dozens were met at the piers and taken by

21. *Report of Henry Street Settlement* (1918), 9, 14–15. The number of nurses increased even more during the first four months of 1918, reaching 168. For the entirety of 1918, the average number of nurses Henry Street had on hand was 158. See "1918 Figures of the Henry Street Visiting Nurse Service," Lillian D. Wald Papers (hereafter, Wald Papers), in *Influenza Encyclopedia: The American Influenza Epidemic of 1918–1919, A Digital Encyclopedia*, <https://www.influenzaarchive.org>. The Wald Papers are permanently housed at the New York Public Library. Most of the Influenza-related documents from the collection have been digitalized and are available through the *Influenza Encyclopedia*.

22. Markel et al., "Nonpharmaceutical Interventions," 645.

ambulance to the hospital.²³ Copeland sought to reassure the public that, at this point, there was not “the slightest danger of an epidemic of Spanish Influenza” and that the quarantine was simply a “precautionary measure.”²⁴ However, by mid-September, influenza had infiltrated the city’s defenses and people were falling ill.

To begin to understand the degree of influenza’s community spread, Commissioner Copeland labeled it “a reportable disease,” a designation that required doctors to report all suspected instances of the flu to his office. He also began to apply the strategies of quarantine and isolation to the civilian population. Those with mild symptoms not requiring hospitalization were to be quarantined at home, while those who were sick and who lived in crowded tenement buildings would be sent to a hospital isolation ward, so as not to infect their families and neighbors.²⁵ This policy quickly resulted in overcrowding at hospitals. At the public Bellevue Hospital, for instance, patients were “laid out on cots jammed together in every nook and cranny; children were packed three to a bed.”²⁶

The situation was made worse since New York was already facing a shortage of doctors and nurses because many were serving abroad or in army training camps during World War I. Also, those who remained in the city were themselves falling ill in large numbers. At the end of September, with the *New York Times* reporting the doubling of influenza cases, the city’s Board of Estimate granted the Department of Health an emergency appropriation of \$25,000 to obtain additional medical personnel.²⁷ Searching for more nurses, Commissioner Copeland contacted Lillian Wald of the Henry Street Settlement, hoping that she would know where to find help. He was especially concerned about the Willard Parker Hospital, where scores of its staff were out sick.²⁸ Wald passed the request onto her acting director of nursing, Rebecca Shatz, who came up with the names of nine potential nurses. “I hope he was able to secure some of them,” Shatz remarked to Wald.²⁹

23. Mike Wallace, *Greater Gotham: A History of New York City from 1898 to 1919* (New York: Oxford University Press, 2017), 1008; University of Michigan Center for the History of Medicine, “New York, New York,” in *Influenza Encyclopedia*; Aimone, “1918 Influenza Epidemic in New York City,” 74.

24. The quote comes from an August 1918 *New York Times* article that summarized Copeland’s and other health officials’ early approach to influenza. It is reprinted in Bristow, *American Pandemic*, 101.

25. Wallace, *Greater Gotham*, 1008–9; University of Michigan Center for the History of Medicine, “New York, New York”; Aimone, “1918 Influenza Epidemic in New York City,” 75; Barry, *The Great Influenza*, 270.

26. Wallace, *Greater Gotham*, 1009.

27. “New Influenza Cases in the City Doubled,” *New York Times*, September 28, 1918, 10. All newspaper articles used here, with the exception of those from the *New York Age*, can be found in the *Influenza Encyclopedia*.

28. Copeland to Wald, October 1, 1918. Unless otherwise noted, all the letters cited here are from the Wald Papers, in *Influenza Encyclopedia*. Willard Parker Hospital, mentioned above, was the city’s infectious disease hospital. It was located on 16th Street by the East River, just south of Bellevue Hospital.

29. Shatz to Wald, October 3, 1918. Shatz replaced Nursing Director Annie Goodrich, who was on leave, working for the U.S. Surgeon General on behalf of the war effort.

The nursing shortage was not only confined to hospitals. The Henry Street Settlement was facing its own staffing issues in the early days of October 1918. Its corps of nurses simply could not keep up with the increased workload, and reinforcements were needed. On October 1, Lillian Wald wrote to the city's Children's Court, asking if the court could lend one of its nurses to Henry Street.³⁰ Three days later, still short-staffed, Wald reported to Copeland that she had resorted to using "married nurses."³¹ Rebecca Shatz was busy recruiting for the settlement as well. Using her many contacts in the field, she was able to enlist "every nurse I could get hold of who was at all possible."³²

Shatz, in her new role as head nurse, was one of the first public health experts to grasp the true extent of the epidemic. As late as October 1, Lillian Wald, surprisingly, had considered sending some of Henry Street's nurses to Boston to help with the crisis there.³³ Over the next three days, Shatz began supplying Wald with some eye-opening statistics that showed the extent of influenza's march through the tenements. Shatz stated that Henry Street's visiting nurses were caring for 183 cases of influenza on October 1. The next morning, forty-one new cases had come in and, according to Shatz, there were undoubtedly many more that nurses simply did not know about.³⁴ In total, the first four days of October would see 467 cases of diagnosed influenza and pneumonia, again a likely undercount.³⁵ Nurses were reporting to Shatz that it was not uncommon for them to encounter homes where between three and five members were sick. They could sometimes spend entire mornings or afternoons tending to these families.³⁶ By October 4, the settlement was handling influenza cases exclusively. Wald, now fully aware of the onslaught's scale, tried to remain upbeat, writing to Copeland, "We are doing the best we can; nobody is hysterical. The supervisors themselves are carrying the [nursing] bag."³⁷

As cases mounted in New York and along the East Coast over the first two weeks of October, the Atlantic Division of the American Red Cross decided that the time had come to launch a more coordinated effort to bring the outbreak under control. Most Red Cross nurses were then serving in Massachusetts, where the pandemic's fall wave had originated. Leadership came to the realization that personnel now had to be more

30. Wald to Mrs. Mortimer Schiff, October 1, 1918.

31. Wald to Copeland, October 4, 1918.

32. Shatz to Wald, October 3, 1918.

33. Copeland to Wald, October 1, 1918; Keeling, "When the City Is a Great Field Hospital," 2735–36. Wald had to be talked out of sending her nurses to Boston by Copeland.

34. Shatz to Wald, n.d., Series II: Correspondence (Letters To), Wald Papers, New York Public Library.

35. Lillian Wald, "The Work of the Nurses' Emergency Council," *Public Health Nurse* 10 (December 1918): 305, https://www.google.com/books/edition/The_Public_Health_Nurse/mCwUAAAAIAAJ?hl=en&gbpv=1.

36. Shatz to Wald, October 3, 1918.

37. Wald to Copeland, October 4, 1918. The black nursing bags included medicine and supplies such as dressings, thermometers, Listerine, and whisky. Keeling, "Alert to the Necessities of the Emergency," 110.

evenly and “systematically” distributed to counter a disease that did not respect state boundaries.³⁸

Late in the afternoon on October 10, prominent nurses from the Red Cross and other relief organizations gathered in New York City. According to Lillian Wald, who was in attendance, the Red Cross had initially called the meeting to discuss the situation on the East Coast in general. But upon hearing Rebecca Shatz’s dire presentation about the outbreak in New York City, the meeting quickly transitioned to an exclusive focus on the city. Shatz put forth the same evidence that she had earlier shown Wald, augmenting it with descriptions of nurses wearing masks (a rarity in nonepidemic periods) and the announcement that 31 out of 170 women on Henry Street’s force (almost 20 percent) were themselves too sick to work.³⁹ Faced with Shatz’s numbers, attendees unanimously voted to organize a citywide Nurses Emergency Council, with Wald as chair and Permelia Doty, head of the Department of Nursing at Columbia University’s Teacher’s College, as the executive secretary. For use as NEC headquarters, the Red Cross donated space in its Manhattan office at Fifth Avenue and 36th Street.⁴⁰

The NEC included both private and public organizations, which were combined into what Wald called “one great, flexible, interlocking mechanism.”⁴¹ It featured representatives from municipal agencies such as the Bureau of Communicable Diseases and the Bureau of Child Hygiene. On the private side, organizations like the Salvation Army, the Diet Kitchen Association, the Charity Organization Society, and Henry Street Settlement were members, as were hospitals like Mount Sinai and the insurance giant Metropolitan Life.⁴² To integrate nursing into the Department of Health’s overall influenza response, Wald was given a seat on Commissioner Copeland’s Emergency Advisory Council. Furthermore, a personal telephone line connected NEC headquarters with the Commissioner’s office.⁴³

38. “Drastic Steps Taken,” *New York Times*, October 5, 1918, 1, 6.

39. Lillian Wald, *Windows on Henry Street* (Boston: Little, Brown, 1934), 97, <https://archive.org/details/windowsonhenryst0000unse>; Wald, “The Work of the Nurses’ Emergency Council,” 305; Permelia Doty, “A Retrospect of the Influenza Epidemic,” *Public Health Nurse* 11 (1919): 949, https://www.google.com/books/edition/The_Public_Health_Nurse/LA0jAQAAAMAAJ?hl=en&gbpv=1.

A Red Cross summary of its work in the mid-Atlantic offers only a cursory description of the NEC’s creation, so I rely on Wald’s and Doty’s recollections above. On the Red Cross, see “Report of Atlantic Division, American Red Cross, on Campaign against Influenza Epidemic,” n.d., in *Influenza Encyclopedia*.

40. Doty, “A Retrospect,” 949.

41. Wald, *Windows on Henry Street*, 99.

42. Wald, “Work of the NEC,” 305–6.

43. Wald, “Work of the NEC,” 308; Aimone, “1918 Influenza Epidemic in New York City,” 73. The inclusion of the NEC within New York’s pandemic response provides a classic example of how city government worked in the Progressive Era. The NEC was led by a civilian and contained representatives from public and private organizations. Though municipal bureaucracies at the time attempted to increase their authority by taking over responsibilities that had previously been private, important government initiatives in areas like health care or disaster relief were, in practice, often carried out by improvised public/private partnerships, as exemplified by the NEC. On hybrid urban governance, see Jessica Wang, *Mad Dogs and Other New Yorkers: Rabies, Medicine, and Society in an American Metropolis, 1840–1920* (Baltimore, MD: John Hopkins University Press, 2019),

The NEC's primary mission at first was to coordinate the recruitment of a large corps of nurses and nurses' aides to serve throughout New York City. The *New York American* reported that Wald, as chair, sought one thousand volunteers.⁴⁴ To reach this goal, the NEC immediately launched a publicity campaign in the Sunday papers. Its first ad, listed under the heading "A Stern Task for Stern Women," focused primarily on convincing nonprofessionals to join its fight against influenza. The ad listed the types of women who could be of use ("The housewife, the dietitian, the nurses' aide, the practical nurse, the undergraduate nurse") and explained that "capable, though untrained hands can lighten the burden of the trained ones." Potential recruits were urged to go to Red Cross/NEC headquarters on Fifth Avenue and to fill out an enrollment form.⁴⁵ Hundreds of copies of the ad were also sent to women's organizations and clubs, while members of the NEC stood in front of prominent Fifth Avenue department stores, handing out fliers to passersby.⁴⁶

Committee members contributed to the official NEC recruitment campaign by also doing their own networking. Wald stepped up her efforts in this regard. The day after the inaugural NEC meeting, Wald wrote to Mary Swann of the Scudder School, asking for volunteers to answer the phones, assist the nurses, drive automobiles, and even do janitorial work in hospitals. She ended her appeal by reminding Swann, "This, as you know, is no more than what the women of England have been doing [during the world war]."⁴⁷ Overall, Wald was impressed with the "many sorts" of women who did come forward to help: "College girls and society women assisted... and the nurses' aides included women of every class of society."⁴⁸ Years later, Wald remembered a sex worker who was one of the most "indefatigable workers," commenting that "Her able service in one of our great hospitals won praise from the authorities and gratitude from the patients."⁴⁹

To conduct its community-based nursing work, the NEC relied on a districting system implemented by Dr. Lee Frankel, a member of the Emergency Advisory Council. Under Frankel's plan, Manhattan, Brooklyn, and the Bronx were divided into districts (with large neighborhoods having more than one district). Each district contained a headquarters

195–96, 225–26. For an example of disaster relief, see Eric C. Cimino, "Dear Madam, Dear Sir," *New York Archives* 21, no. 1 (Summer 2021): 26–28, which offers an introduction to how New York responded to the sinking of *Titanic* in 1912.

44. "Grip Stricken Homes Get Aid," *New York American*, October 10, 1918, 6.

45. Wald, "Work of the NEC," 306.

46. Wald, "Work of the NEC," 307.

47. Wald to Swann, October 11, 1918.

48. Wald, "Work of the NEC," 307–8; "Asks Experts to Aid to Check Epidemic," *New York Times*, October 13, 1918, 18. As of October 16, 1918, Wald had 200 women working in homes and hospitals. Later in the month, the figure rose to 352 (294 nurses and 58 nurses' aides). At its peak, the NEC could handle nearly 5,000 cases a day. See "Copeland Asks Aid in Influenza Fight," *New York Times*, October 16, 1918, 24; "After-Care Plans for Victims of Grip," *New York Times*, November 2, 1918, 11; "Report of Atlantic Division, American Red Cross."

49. Wald, *Windows on Henry Street*, 99.

(also referred to as a “center” or “station”) from which “nurses, domestic help, food, and medicine” would be distributed to people in their homes.⁵⁰ The district centers would allow both the NEC and the Department of Health to better understand the needs of each neighborhood and act accordingly. In a letter to Mayor John Hylan, Commissioner Copeland described the districts as “clearing houses” for all local influenza activities.⁵¹

In Manhattan, settlements and religious organizations served as NEC district headquarters. The settlements included well-known homes, such as Henry Street, the University Settlement, and Greenwich House, as well as smaller ones like Hartley House on West 46th Street and Clark Neighborhood House on the Lower East Side’s Rivington Street. Two centers, the Urban League and Lincoln House, were in the African American neighborhoods of Harlem and San Juan Hill, respectively. Religious groups included the Salvation Army near Union Square and the Free Synagogue Social Service on West 68th Street.⁵²

The NEC sent volunteers to serve at the headquarters closest to where they lived. The volunteers were joined by each headquarters’ regular nursing staff (if it had one).⁵³ Various municipal departments also directed their nurses to work in conjunction with the NEC. Nurses from the Department of Health’s Bureau of Preventable Diseases, for instance, had to dust off their old uniforms and remind themselves of their original training, as it had been years since any of them had been asked to provide bedside care. Bureau nurses were especially busy on the Lower East Side, where some extreme cases of pneumonia required them to remain all night at patients’ homes. They reported that tenement residents, for the most part, handled themselves admirably during the crisis, though in some cases, people gave into “extreme fear” and refused to come to the aid of their sick neighbors.⁵⁴

All told, the staff of the Bureau of Preventable Diseases made more than 15,000 home

50. Copeland to Hylan, October 18, 1918, Papers of Mayor John Hylan, in *Influenza Encyclopedia*. Frankel’s plan borrowed from the districting framework established by the wartime Community Councils of National Defense. The U.S. Public Health Service and the American Red Cross also promoted the districting of large cities. See “Will District City,” *New York Times*, October 15, 1918, 24; *The Mobilization of the American Red Cross during the Influenza Pandemic, 1918–1919* (Geneva: Printing Office of the Tribune de Geneve, 1920), 14–15, Records of the American Red Cross, in *Influenza Encyclopedia*.

51. Copeland to Hylan, October 18, 1918; Aimone, “1918 Influenza Epidemic in New York City,” 73. The district plan did not include Queens, which had no history of organized visiting nurse service and was left to fend for itself. See the NEC’s “Letter to the Press,” October 22, 1918, Wald Papers, in *Influenza Encyclopedia*.

52. “Manhattan District Headquarters for Influenza Control,” October 21, 1918, Wald Papers, in *Influenza Encyclopedia*.

53. Wald, “Work of the NEC,” 310; NEC, “Letter to the Press,” October 22, 1918.

54. *Monthly Bulletin of the Department of Health* (December 1918), 289, in *Influenza Encyclopedia*. Lillian Wald, too, had a mixed assessment of how immigrants performed during the crisis. She remarked that patients who had prior contact with Henry Street (pre-influenza) handled themselves especially well, while others, who were paralyzed with fear, could not perform the simplest of tasks without being directed by a nurse. Wald, *Windows on Henry Street*, 100–101; Wald to Mrs. Paul (Nina) Warburg, October 31, 1918.

visits in October and November, caring for 5,746 people.⁵⁵ During the dark days of October, 149 influenza patients under the Bureau's care died, and an additional 139 were so sick that they required hospitalization. More than 2,000 people, though, recovered at home.⁵⁶ Given how severely influenza had earlier ravaged the Henry Street nurses, the municipal force fared surprisingly well. Only two nurses had serious cases of pneumonia and fifteen caught minor colds.⁵⁷

Much of the Bureau's activity occurred on the Lower East Side, where the University Settlement and Henry Street were the main headquarters. The University Settlement's influenza operation was led by a woman named Laura Palmer. Since the home did not have its own visiting nurse service, Palmer and headworker Jacob Eisinger worked with the Department of Health and NEC to secure a team of nurses. They also reached out to the Council of Jewish Women on the Upper West Side of Manhattan for further assistance. A letter from November thanked the Jewish women for coming "down here where the epidemic was raging."⁵⁸ The volunteers offered basic first aid before a doctor or a nurse could arrive, comforted dying mothers, secured care for children whose mothers were sick or dead, helped prepare food, and searched for employment for people who had recovered from influenza.⁵⁹ By early November, University Settlement's five paid workers and dozens of volunteers had responded to three hundred requests for relief in its district.⁶⁰

At Henry Street, the nurses worked in 8-hour shifts, with the overnight nurses shuttled to their patients by taxis and donated automobiles.⁶¹ Outside of the Lower East Side, at the settlement's Chelsea branch, professional nurses received help in the field from fifteen newly recruited nurses' aides. When four of the aides had to be transferred to night duty, branch manager Claire Funk reached out to the NEC to secure replacement workers so that the daytime work would not suffer. Funk noted that the aides were "handicapped" by their lack of formal training, but under the guidance of the trained nurses, they still

55. *Monthly Bulletin of the Department of Health* (December 1918), 289.

56. Bureau of Preventable Diseases, Untitled statistical report for October 1918, Wald Papers, in *Influenza Encyclopedia*. In terms of percentages, 6.4 percent (149/2337) of the Bureau's Manhattan patients died and 5.9 percent (139/2337) were hospitalized in October; 88 percent were successfully treated at home.

57. *Monthly Bulletin of the Department of Health* (December 1918), 290.

58. Jacob Eisinger to Mrs. Bernard Pollak, November 4, 1918, Headworkers' Subject and Correspondence Files: Society Support for World War I Effort, January 1917–December 1920, Papers of the University Settlement Society (hereafter, Papers of University Settlement), ProQuest History Vault Database.

59. Eisinger to Mrs. Bernard Pollak, November 4, 1918; University Settlement, *Annual Report, 1917–1918*, 7, Papers of University Settlement.

60. Eisinger to Mrs. Bernard Pollak, November 4, 1918; Dr. Harris to Eisinger, December 6, 1918 (see the handwritten statistics), Papers of University Settlement. For more on University Settlement's pandemic work, see A. J. Kennedy's handwritten note, n.d.; Jacob Eisinger to E. Speyer, October 18, 1918; Dr. Chatfield to University Settlement, n.d., Headworkers' Files: Eisinger Influenza Epidemic Correspondence, all of the above from Papers of University Settlement.

61. Wald, *Windows on Henry Street*, 99.

managed to make a positive contribution.⁶² Only one received a mediocre evaluation, a Miss DiRibert, whom Funk described as “not strong.” A volunteer named Miss Benedich served for just two nights but, nonetheless, made her presence felt. She was a “very refined teacher” who, during a home visit, encountered a family in which everyone was sick. She rolled up her sleeves and proceeded to do all their laundry, even washing the underwear.⁶³ Unlike Benedich, eleven of the aides were working-class women who were paid, and they tended to last longer on the job at the Chelsea branch than the more “refined” volunteers.⁶⁴

Some of the only contemporary accounts of Black nurses during the influenza epidemic come from the *New York Age*, the city’s main African American newspaper. The *New York Age*, on October 12, reported that Lincoln Hospital, an institution with a history of serving the city’s Black population, sought volunteers because so many of its regular staff had been sent to work in private homes that “hitherto have not been open to colored nurses” (i.e., white homes).⁶⁵ Furthermore, an additional number of the hospital’s Black nurses were serving outside the city in Newport, Rhode Island. They had been brought to Newport by a woman who was part of the area’s “summer colony.”⁶⁶ From this evidence, it seems that a nursing shortage at one of the city’s few hospitals that served African Americans occurred because Black women were busy caring for white families in New York and Newport.

Another African American institution, the Urban League in Harlem, fared better.⁶⁷ The Emergency Advisory Council designated the Urban League as a district headquarters in October, which meant it was eligible to draw from the resources of the Department of Health and the NEC. Just like the white-led settlements, the Urban League sought recruits to work as visiting nurses and aides. Specifically, according to the *Age*, the Urban League called for at least twenty aides, whose salaries the Department of Health pledged to pay.⁶⁸ Unfortunately, the *New York Age* does not provide further information on the Urban League, so it is difficult to assess its work as compared to that of the settlements discussed above.⁶⁹

62. C. Funk to Wald, October 1918, 1.

63. C. Funk to Wald, October 1918, 3.

64. C. Funk to Wald, October 1918, 3. The NEC’s Permelia Doty wrote of the difficulties in general of retaining volunteers; “There is not the same feeling of obligation and responsibility that trained workers have. . . . Unpaid workers cannot be expected to stand the long hours of duty and the hard work that nurses have had to become accustomed to.” Doty, “A Retrospect,” 952.

65. *New York Age*, October 12, 1918, 1.

66. *New York Age*, October 12, 1918, 1; *New York Age*, October 19, 1918, 4.

67. The Urban League was established in 1911, with the merging of three organizations based in New York (The National League for the Protection of Colored Women, The Committee for Improving Industrial Conditions of Negroes, and the Committee on Urban Conditions among Negroes). The Urban League sought to curb crime, unemployment, and overcrowded housing by providing African Americans, especially newcomers from the South, with “moral guidance and assistance in acquiring decent homes and jobs.” Toure Reed, *Not Alms but Opportunity: The Urban League and the Politics of Racial Uplift, 1910–1950* (Chapel Hill: University of North Carolina Press, 2008), 12.

68. *New York Age*, November 2, 1918, 7.

69. I could not find any influenza-related documents in the records of the National Urban League that are housed at the Library of Congress.

Even less was written about the influenza work at Lincoln House, a branch of the Henry Street Settlement in the African American neighborhood of San Juan Hill (Lincoln House and the above Lincoln Hospital were separate entities). Lincoln House was led by the talented Black social worker Birdye Haynes, a graduate of Fisk University and the Chicago School of Civics and Philanthropy.⁷⁰ Consistent with Henry Street's core public health mission, Haynes oversaw a staff of four African American nurses at the branch who, among other responsibilities, provided prenatal care to expecting mothers.⁷¹

Like the Urban League, Lincoln House served as a district headquarters during the pandemic, though no direct description survives of its actions.⁷² After the pandemic subsided, Birdye Haynes received a letter, most likely from Lillian Wald, praising her leadership and noting that the Board of Directors was pleased with the "new spirit of enthusiasm and efficiency" prevalent at the branch. The Board rewarded Haynes with a raise, upping her salary to \$100 a month.⁷³ Although the pandemic goes unmentioned, it is hard to imagine that the letter's congratulatory tone did not have something to do with the quality of Lincoln House's performance during the challenging months of autumn 1918.

When considering the allocation of nursing care to the city's Black population, the record is mixed. Lincoln Hospital struggled during the worst phase of the epidemic because it was missing many of its African American nurses. On the other hand, Lincoln House and the Urban League were incorporated into New York's official relief response, and the latter's annual report for 1919 notes that the Department of Health upheld its promise of financial support.⁷⁴

Just as the epidemic was showing signs of abating, at the end of October 1918, the first major breakdown in the nursing chain of command occurred, briefly creating chaos at some district centers. Commissioner Copeland and Lillian Wald had agreed at the outset

70. On Haynes's life and work in Chicago and New York, see Iris Carlton-LaNey, "The Career of Birdye Henrietta Haynes, a Pioneer Settlement House Worker," *Social Service Review* 68, no. 2 (June 1994): 254–73.

71. *Lincoln House Report, 1916–1917* (New York, 1917), 7, Series V: Henry Street Settlement, Centers, Lincoln House, Box 46, Lillian D. Wald Papers, Rare Book and Manuscript Library, Columbia University (hereafter, Wald Papers–Columbia); Birdye Haynes, "Lincoln House: Its Work for Colored Americans," *The Standard* 6, no. 4 (December 1919): 122–24, Series V, Box 46, Wald Papers–Columbia.

72. Lincoln House is listed in "Manhattan District Headquarters," October 21, 1918, Wald Papers, in *Influenza Encyclopedia*.

73. Unknown writer on behalf of Board of Directors to Byrdie Haynes, December 14, 1918, Series V, Box 46, Wald Papers–Columbia.

74. "Report of Work, 1917–1918," *Bulletin of National Urban League* 8, no. 1 (January 1919): 5. For a harsher assessment of how racism impacted public health in an American city, see Elizabeth Schlabach, "The Influenza Epidemic and Jim Crow: Public Health Policies and Practices in Chicago, 1917–1921," *Journal of African American History* 104, no. 1 (Winter 2019): 31–58. See also Vanessa Northington Gamble, "'There Wasn't a Lot of Comfort in Those Days': African-Americans, Public Health, and the 1918 Influenza Epidemic," *Public Health Reports* 125, Suppl. 3 (2010): 114–22.

that all requests for visiting nurses had to be approved by the NEC. However, Dr. G. H. Chatfield of the Emergency Advisory Council subsequently issued a competing order that gave individual centers and cooperating agencies the authority to bypass the NEC and send nurses to wherever they were deemed necessary. This immediately led to inefficiency; a nurse might arrive at a home, only to learn that several other nurses had already been there. When Wald got wind of what was occurring, she called both Copeland and the head of the Emergency Advisory Council, Dr. Frankel, urging them to right the situation (for good measure, she also sent Copeland a written complaint).⁷⁵ We do not know how Copeland responded, but Frankel acted quickly by firing off a letter to Chatfield and calling a meeting to issue clearer instructions. Wald complimented Frankel, stating that his actions were “exactly right.”⁷⁶ Because the incident had a satisfactory resolution, it had no lasting negative effect on Wald’s relationship either with the Emergency Advisory Council or with Copeland as the city entered a new phase in its experience with influenza.

In early November, with death rates declining to pre-pandemic levels, the NEC began to wind down its operation, disbanding on November 6, five days before the end of World War I. Recognizing that those who had been stricken with the illness would likely face long-term health challenges, the Department of Health and the settlements now transitioned to a new program of “after-care.” The main concern was that a population weakened by influenza and pneumonia would in the coming months be highly susceptible to TB.⁷⁷ At Commissioner Copeland’s request, Wald drew up a district plan for a network of after-care clinics to be sponsored by the Department of Health and housed at the settlements and other social agencies. Influenza patients without access to private physicians could visit these clinics to have their health monitored by a doctor or nurse. Once there, they could also obtain nourishing food (milk and eggs) to build up their strength.⁷⁸ In addition, the settlements would supply visiting nurses, social workers, and volunteers to go into the community and identify vulnerable people. Wald hoped that the police could also be used to canvass neighborhoods, but the force, already reeling from illness and overwork during the pandemic, declined.⁷⁹

Henry Street, Hartley House, and University Settlement all established clinics for the

75. Wald to Copeland, October 30, 1918; Wald, “Report to the Commissioner of Health on Influenza Situation,” November 1, 1918, Wald Papers, in *Influenza Encyclopedia*; Wald, *Windows on Henry Street*, 100; Doty, “A Retrospect,” 952–53.

76. Wald to Dr. Frankel, October 30, 1918, Series II: Correspondence (Letters By), Wald Papers, New York Public Library.

77. “After-Care Plans for Victims of Grip,” 11.

78. Wald to Copeland, November 2, 1918; Wald to Copeland, November 26, 1918; Department of Health to Wald, n.d.; Department of Health to Wald, December 6, 1918. According to an arrangement negotiated by Wald, the Department of Health would pay for the milk and eggs and also help distribute them to the after-care clinics.

79. Wald to Mr. Meyer, December 10, 1918; Office of the Police Commissioner to Wald, December 16, 1918.

Department of Health.⁸⁰ University Settlement's Miss Palmer oversaw her organization's efforts to canvass the Lower East Side to identify anyone with potential symptoms of TB. Meanwhile, the Department of Health doctors and nurses treated patients three evenings a week at the settlement's headquarters. For December, University Settlement recorded 250 after-care cases, some showing signs of TB. When TB or other serious conditions like anemia were diagnosed, a doctor or nurse provided medicine, food, and advice, usually with positive results.⁸¹

Another settlement involved in after-care work was Greenwich House, led by Mary Simkhovitch. During the fall epidemic, Greenwich House had been one of the busiest headquarters. It worked with the NEC to secure nurses and nurses' aides and, ultimately, handled 600 cases in its predominantly immigrant and African American neighborhood of Greenwich Village.⁸² In the flu's wake, a doctor and a nurse staffed the settlement's after-care clinic. No TB cases were recorded in January 1919, but social workers did encounter plenty of neighbors whose bodies had been wracked by influenza and who were in need of follow-up preventive care at home. In response, the settlement's health center planned to hire a full-time visiting nurse, implement an "intensive health propaganda" campaign, and track all new illnesses in the district.⁸³

A further concern as the fall wave came to an end was the future of the NEC. Should it be shuttered or turned into a more permanent entity, capable of reconvening whenever new epidemic conditions appeared? Copeland and Wald were of one mind on this issue; they favored the NEC's continuation. In early November, Copeland spoke about establishing "permanent cooperation" between the Community Council of National Defense, the Department of Health, settlements, and other agencies to ensure "against the evil of future epidemics and at the same time formulate a big and useful program for health promotion."⁸⁴ Copeland envisioned the NEC as a key component of this plan to create what he

80. *Hartley House News*, December 6, 1918, 1, in *Influenza Encyclopedia*.

81. *The Guild News* 1, no. 5 (December 1918): 8, Papers of University Settlement; University Settlement, *Annual Report, 1917–1918*, 7, Papers of University Settlement.

82. Director's Report for November 21, 1918, 1, Series I: Administrative Records, Box 1, Folder 31, Greenwich House Records (TAM.139), Tamiment Library and Robert F. Wagner Labor Archive, Bobst Library, New York University.

83. Greenwich House, *Annual Report, 1918*, 15, Series I, Box 1, Folder 9; *Annual Report, 1919*, 25, Series I, Box 1, Folder 9; Director's Report for November 21, 1918, 1; Director's Report for January 17, 1919, 1, Series I, Box 1, Folder 32, all of the above from Greenwich House Records. Greenwich House, unlike Henry Street, had not prioritized public health prior to the influenza pandemic. Simkhovitch had been trying to build a community health program, but her Board of Directors had been noncommittal. During the outbreak, Simkhovitch moved to strengthen the settlement's health services by hiring a secretary (a woman named Ida Perry) and empowering her to consolidate the house's existing childcare, maternity, and influenza after-care work into one Health Center, while also creating a brand new "Baby Feeding Clinic." See Director's Report for November 21, 1918, 1.

84. "To Defend City's Health," *New York Times*, November 5, 1918, 13, in *Influenza Encyclopedia*.

would later call the city's "health reserve forces."⁸⁵ Groups that had collaborated with the NEC, such as the Diet Kitchen, Teacher's College, and the Maternity Center Association, also voiced support for converting it into a standing committee.⁸⁶ Wald concurred and set a meeting for January 14, 1919, to discuss the NEC's immediate future.⁸⁷

The leadership of one major organization, the American Red Cross, however, was not on board with plans to keep the NEC intact. Tensions had earlier emerged between the NEC and Red Cross when they shared a headquarters during the height of the epidemic. Their space in Midtown was cramped and, once the epidemic subsided, the NEC complained to its hosts about the less-than-ideal work conditions. Now, in 1919, the situation escalated when the Red Cross acting director of nursing, Clara Noyes, questioned the need to place the NEC on permanent footing, fearing it would interfere with her organization's own work as the nation's principal disaster relief provider.⁸⁸ Another Red Cross official threatened Wald directly, reminding her that the Red Cross always stood ready to help during an epidemic but that it would transfer its services elsewhere if the NEC did not accept the Red Cross's authority.⁸⁹ The Red Cross's objections, however, were not enough to derail the NEC's evolution. By the end of 1919, it had become a permanent committee. When influenza struck again in early 1920, the NEC sprang into action from a new, and presumably more comfortable, headquarters that it now shared with the Department of Health. Wald remained its chair.⁹⁰

Twenty thousand to twenty-one thousand New Yorkers succumbed to influenza and its accompanying pneumonia in 1918. Although the death toll was certainly high, New York fared better than its fellow East Coast cities, Boston and Philadelphia. Gotham's death rate per 1,000 residents was 4.7, compared with 6.5 for Boston and 7.3 for Philadelphia.⁹¹ According to a December report issued by the Registrar of Records, Dr. William Guilfooy, the city's densely populated neighborhoods did not suffer significantly more when compared to elite neighborhoods. Crowded Italian sections did have some of the city's highest death rates, but the rates in Jewish blocks were virtually indistinguishable from the "non-congested" districts of "private houses and high class apartments."⁹²

85. Copeland to Wald, December 2, 1918.

86. Mary Adelaide Nutting of Teacher's College to Wald, December 13, 1918; Maria Daniels of the Diet Kitchen to Wald, December 16, 1918; Anne Stevens of the Maternity Center Association to Wald, December 23, 1918.

87. Wald's secretary to Doty, December 26, 1918; Florence Johnson to Wald, December 31, 1918; Wald to Copeland, January 3, 1919.

88. Noyes to Wald, February 2, 1919.

89. Mary Parsons to Wald, October 13, 1919. For a full picture of public health during the interwar period, this tension between the NEC and Red Cross should be probed further.

90. Miss Barr, Announcement, February 1920, Series II: Correspondence (Letters Received), Nurses Emergency Council 1919, Wald Papers, New York Public Library; Wald, "Influenza: When the City Is a Great Field Hospital," 579–80.

91. Wallace, *Greater Gotham*, 1011; Aimone, "1918 Influenza Epidemic in New York City," 72.

92. William Guilfooy, "Statistics of the Epidemic of Influenza in New York City," *Monthly Bulletin of the Department of Health* 8, no. 12 (December 1918): 276–77, in *Influenza Encyclopedia*.

There is some confusion over how influenza impacted African Americans in New York as well

When asked by the *New York Times* about the relative success of his city in keeping death rates down, Health Commissioner Royal Copeland praised New York's long-standing commitment to public health. He singled out the continuous efforts, since the late nineteenth century, by reformers to alleviate "unhealthy conditions in streets [and] tenements," which had enhanced New York's ability to weather the pandemic.⁹³ He also expressed appreciation for the NEC, writing to Lillian Wald, "I found your organization alert to the necessities of the emergency and ready day or night to respond to the urgent calls for help."⁹⁴ Wald felt similarly about Copeland, stating in an October telegram to a friend: "New York situation being well handled. Commissioner of Health acting wisely."⁹⁵

This essay concurs with Wald's judgment. Although Copeland has been depicted in the literature as an unqualified political appointee who was in over his head when it came to managing the pandemic, his work with the NEC suggests otherwise. He understood what he had in the city's nursing and settlement movements and granted both entities significant powers to act. Under Copeland's guidance, the Department of Health provided the NEC with crucial resources and additional personnel, and to the city's benefit, he mainly let the women lead the way.⁹⁶

as in the United States in general. Most commentators at the time believed that African Americans were affected significantly less than Euro-Americans because they had some level of prior immunity. The initial numbers compiled by New York's Registrar, Guilfoyl, support this view. However, a sociological survey conducted by Lincoln House in 1922 showed that death rates in San Juan Hill, already high, increased during 1918 compared to pre-influenza years. Similarly, historians Nancy Bristow and Vanessa Gamble express skepticism at the notion that African Americans coasted through the epidemic. See Norman Holmes, "Sociological Survey of the Negro Population of Columbus Hill of New York City," 1922, Series V, Box 46, Wald Papers—Columbia; Bristow, *American Pandemic*, 72–73; Northington Gamble, "There Wasn't a Lot of Comfort in Those Days," 117–20. 93. Wallace, *Greater Gotham*, 1011.

94. Copeland to Wald, December 2, 1918.

95. Wald to Yssabelle Waters, October 1918, Series II: Correspondence (Letters By), Wald Papers, New York Public Library.

96. Nurses throughout the country, not just in New York, reported a high level of success in treating patients during the pandemic. Doctors were often powerless in the face of influenza, but nurses' training prepared them for the kind of care patients required. Gender was at work here, too. Women as nurses, according to Nancy Bristow, "aspired to what they viewed as the uniquely feminine qualities of domesticity, compassion, and selflessness. To measure up to these standards nurses needed only to care for their patients, not cure them, and this they proved able to do." Thus, nurses emerged from the pandemic emboldened, confident in how important their profession was to maintaining the nation's public health. Bristow, *American Pandemic*, 122–23, 133–34, 168. See also Keeling, "Alert to the Necessities of the Emergency"; Dorothy Pettit and Janice Bailie, *A Cruel Wind: Pandemic Influenza in America, 1918–1920* (Murfreesboro, TN: Timberlane Books, 2008), 103–4.