



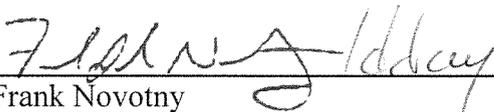
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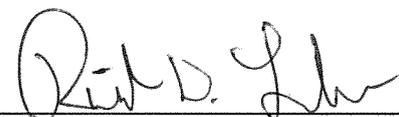
**Their Harrowing Experience: A Social History of the
Spanish Influenza Among the People of New Mexico, 1918-1919**

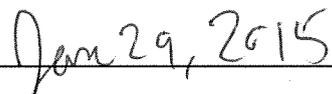
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A THESIS

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ABSTRACT

THEIR HARROWING EXPERIENCE: A SOCIAL HISTORY OF THE SPANISH INFLUENZA AMONG THE PEOPLE OF NEW MEXICO, 1918-19

By

Kim R. Martinez

The Spanish Influenza of 1918-19 affected everyone on the globe. The first known H1N1 virus, it caused unprecedented morbidity and mortality. Unlike other viruses, its potential for developing into bacterial pneumonia made it especially dangerous in an age without the benefit of antibiotics. When the influenza arrived in New Mexico during the fall of 1918, the state lacked a centralized department of health to assist in combating the epidemic by providing medical assistance and logistics. A proto command center was set up in Las Vegas to monitor the disease and provide medical personnel. However, in the fifth largest state of the U.S., the challenges of distance were compounded by poverty and inadequate roads. Meanwhile, the people of New Mexico mustered traditional reactions to illness and death and dying. But this strain of the H1N1 virus had features that quickly overwhelmed traditional practices. Historical analysis of how New Mexicans in pueblos, on reservations, in villages and in towns coped with the flu and its aftermath out of their cultural responses to illness and death reveals some patterns other historians have identified. However, the indigenous cultural enclaves in New Mexico, only partially touched by modernity, yielded some unique and, sometimes, tragic responses.

Dedication

For Joseph

Acknowledgments

To the librarians of the New Mexico State Library and Archives: Alana McGrattan, Sibel Alyse Melik and most especially Faith Yoman of the Southwest Collections who continually found interesting sources for me. Thank you.

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Introduction

Venturing out into a winter that began unseasonably cold Dr. Dunham turned up his collar as he motored carefully over the dirt road that served as the main artery in Chama, New Mexico.¹ The day before, a thirteen year old boy had ridden his horse to the dispensary to tell Dr. Dunham of another influenza case in *Río de Chama*. The boy's mother had been ill for a couple of days and was getting worse. The father was to meet Dr. Dunham at the main road, and they would travel to the farmhouse by wagon. The one room farm dwelling was clean and crowded with people. It was overly warm, with doors and windows shut. Five children gathered around their mother's bed where one of the three *resadoras* was seated, holding the mother's hand. The *resadoras* prayed novenas to fortify the young dying woman and her family:

O Conquistadora, Our Lady of the Most Holy Rosary, mystical rose, we look to you to intercede for all God's holy people and in particular for the special intention which I entrust to your Immaculate Heart this day for Carlota Martinez.²

Peering at the semi-conscious young woman, Dr. Dunham realized there was not much that he could do; the mother was in the advanced stage of pneumonia and already cyanotic. Carlota Archuleta de Martinez, twenty-nine years old, died of complications from pneumonia following influenza on November 11, 1918, and was buried in *Río de Chama* Cemetery.³

Señora Archuleta de Martinez's death ironically coincided with the official end of World War I. But just as that war was ending, another began, against a virulent influenza. The Spanish Influenza pandemic of 1918 and 1919 killed upwards of twenty-one million people across the globe. Unprecedented in its rapidity and its death rate, the "Great

Influenza” fascinates epidemiologists who have spent decades uncovering its mysterious etiology and symptomology.⁴ Despite its infamy among scientists, the 1918 Influenza has captured the attention of historians only within the last thirty years. As historiography legitimized wider ranges of human experience for historical investigation, looking for multiple threads of causality in human events, historians have come to recognize how the influenza catastrophe affected governmental policies, public health, science, and human behavior.⁵

The history of the influenza epidemic in the Southwest has by now been covered by a number of historians.⁶ Alfred Crosby, Jake Spidle, and Myrtle Greenfield focused primarily on how the lack of a department of public health hampered efforts to manage the epidemic in New Mexico. Bradford Luckingham reviewed responses to 1918’s epidemic in major urban areas in the Southwest. Robert McPherson centered his study on the Four Corners area. Less well examined is how those in New Mexico responded personally to the influenza emergency and the loss of so many around them. Generally, the response in New Mexico mimicked that of other states; however, vast distances, low population densities, and cultural enclaves complicated responses, making New Mexico a peculiar case. For that reason, scrutinizing New Mexico’s culturally distinct units provides a unique view of the responses to a major epidemiological event such as the Spanish Influenza.

Indeed, cultural interpretation remains central to social history which assigns historical importance to day-to-day interactions that people have with their environments including their cultural environment.⁷ What everyday people do and why they do it augments discussion of the larger picture of the influenza epidemic of 1918. Such a view can be complex, however. In explaining his focus on some cities affected by the influenza of

1918, Alfred Crosby admitted that the varied responses to the epidemic comprised many individual stories lost to history because of inadequate records. He compared study of these individual stories to “judging an elephant by examining a dozen cells.”⁸ Yet, an elephant is comprised of cells and an event is comprised of the numerous reactions to it. A social historian sees value in recouping the individual stories, the “cells” of the great event. By recovering those lost voices, we capture a qualitative look at the populations of New Mexico coping with a catastrophic event.

In the absence of well developed official reports from New Mexico regarding responses to the epidemic and the dearth of personal accounts, sources had to be pieced together from a variety of documentation. Finding how populations responded required delving into cultural practices of healing, death and dying among Spanish villagers, Navajo and Pueblo people as well as among non Hispanic immigrants to New Mexico. Other sources included the few extant biographies and autobiographies of those who were affected by the influenza epidemic. Documentation of community responses were extrapolated in part from other states, such as Pennsylvania. As unique as some minority populations were in New Mexico, some commonalities would have existed with the rest of the U.S. in 1918. As in the rest of the country, many communities drew together, providing support for one another and mourning together when their families and neighbors succumbed to the influenza. New Mexican newspapers and Bureau of Indian Affairs Superintendent reports yielded information on how towns and reservations responded. Correspondence among various government agencies produced information on the state’s challenges in transportation and communication as they attempted to provide aid. Nevertheless, the paucity of primary sources in New Mexico yields an incomplete picture of

exactly what was done by whom and when and in what culture in order to combat the influenza. Understanding the responses to the epidemic in New Mexico's cultural enclaves requires inferring from the details that do exist and fleshing out possible responses partially through fictionalized vignettes.⁹

The eight chapters that follow trace the path of the disease and the myriad responses to it in the diverse cultures and communities of New Mexico. Appreciating how people respond out of their cultural milieu can put a face to the disaster, increasing historical knowledge of New Mexico's "harrowing experience" with the influenza epidemic of 1918-19.

Chapter One:

The Spanish Influenza Epidemic: An Overview

Beginning in the final months of World War I, the Spanish Influenza became a pandemic, spanning the globe in three separate waves, the most deadly of which were the second and third waves in the fall of 1918 and early winter of 1919. These waves were defined by increasing geographical spread and by increasing virulence as the virus mutated. Alfred Crosby notes that organizing for war while simultaneously coping with an influenza epidemic strained all infrastructure.¹ Mobilizing soldiers and medical personnel caused organizational nightmares, and with the looming epidemic the nightmare was just beginning. The shocking morbidity in military camps, many of which were located near civilian areas, alarmed public health officials who knew it was only a matter of time until the flu spread to the civilian population. United States Surgeon General Rupert Blue's memorandum to the press on September 13, 1918 gave initial recommendations in recognizing and managing the flu.² By October 4, Blue issued strong recommendations to halt all public gatherings in civilian populations throughout the U.S.³ He made influenza a reportable disease so as to allocate resources and to gather vital statistics from each state.⁴ Despite efforts that ranged from imposing quarantine or isolation to requiring gauze masks for the general population, the last three months of 1918 would see the influenza reaching across the entire continental United States including seemingly isolated places like New Mexico.

Geographical distance offered no protection against this influenza. Within the last thirty years, epidemiologists have discovered that the Spanish Influenza, the first H1N1 virus to emerge into global populations, attained its malignance because few people would have had immunity against it.⁵ After years of research, the Centers for Disease Control and Prevention (CDC) recreated this virus to understand more of its properties and to guard against similar pandemic scenarios.⁶ In addition, increasingly sophisticated models of contact prove that very few people, no matter how removed from crowded population centers, could have avoided the Influenza of 1918.

Several models perfected within the last sixty years tell epidemiologists how many people will be affected by an outbreak and how they become infected. "Reproduction number," indicates the expected number of secondary cases at the beginning of an outbreak. The normal reproduction number for seasonal flu is 1.1-1.5. If a reproduction number is larger than that, the expected morbidity will be huge.⁷ The Influenza of 1918 likely had a reproduction number of 2.0-3.0.⁸ Whereas ordinary flu can kill one tenth of one percent of its victims, the 1918 influenza killed 2.5 percent, or twenty-five times more.⁹ This was truly a "category five" influenza.

Another current epidemiological model answers the question of how people contract disease. Even though many New Mexico populations remained relatively isolated in 1918, their isolation was incomplete. People did travel from rural to urban areas for a variety of reasons: mobilization during the war, war work, migratory or casual labor, mercantile activities and livestock trading. The initial contact pattern was probably "low clustering," (i.e., people who did not know one another or one another's friends). Low clustering would explain the rapid spread of the disease even to those seemingly isolated.

For example, *The Clovis Journal* puzzled that a woman, living alone and on an isolated farm contracted the flu.¹⁰ Without a system of “shoe leather” epidemiology (going door to door to discover patterns of contact), there is no way of knowing with whom she may have had contact. Even the mailman could have carried the disease as well as the mail. Nevertheless, when workers returned home to those isolated areas, they would spread the disease among their “high clusters,” (i.e., family and close friends).¹¹ Once everyone close to the initial victim had been exposed, the disease could have stopped at their doorstep if they had no more contact with outsiders.

In addition, the peculiar nature of this influenza may have accounted for its seeming hopscotch pattern of infection. Some places seemed to be more vulnerable than others. Some people were surprisingly more vulnerable. Whereas most seasonal flu is deadly to the very young who do not have an immunological history and the very old who are susceptible to bronchial diseases, this flu was also deadly to persons between 20 and 40 years of age. These patterns could be attributed to the recent theory that there were two fatal strains circulating in 1918.¹² Young people’s possible exposure to an H3N8 virus during the years 1889-1900 would not have helped with this H1N1. But those who were older may have been exposed to a previous virus that contained either an N1 or H1 in its composition.¹³ People who had traveled more or had immigrated from larger population centers during 1889 and 1900 may have acquired some immunity. However, populations of New Mexicans which had avoided crowded urban areas might have provided the 1918 influenza with a virgin soil situation. “Virgin soil” refers to people who have never been exposed to diseases through contact or vaccination and therefore lack the antibodies to

acquire some immunity. Far from isolation protecting the people, lack of contact with other populations may have spelled doom for many New Mexicans.

While little of this virology or epidemiology was known in 1918 what was known at the time was the effect of poverty on susceptibility to disease. Given that New Mexico included population pockets of extreme poverty, many of its people would have been at risk. After successive cholera epidemics swept the United States in 1832, 1849, and 1866, scientists and policy makers discerned the connection between poverty and disease.¹⁴ In 1931, Edward Sidenstricker, statistician of the United States Public Health Service (USPHS), detailed the course of the Spanish Influenza among various socio-economic levels in nine urban areas with populations over 25,000. Employing shoe leather epidemiology, Sidenstricker collected statistics and definitively concluded that, although the 1918 Influenza was no respecter of persons, influenza was more virulent and more deadly among the poor.¹⁵

People who nursed victims at the time knew this well. Various orders of nuns volunteered to nurse the sick all in areas all over the country. Francis Edward Tourscher collected the stories of nuns in the Philadelphia area immediately after the epidemic. Nuns nursed in emergency hospitals, make-shift hospitals, field hospitals, and in homes of people of every race and economic condition. Repeatedly, they found themselves overwhelmed by the appalling situations of poverty. If not actually squalid, rooms were bare. Indigent families had no furniture, no cooking facilities, no heating, and little bedding. Sometimes all the sick were huddled in one bed. When a family member died, there was no money with which to bury him or her. If not for the unflagging nursing, housekeeping, and cooking from the nuns, many more would have perished in Philadelphia.¹⁶ Rabbi Moise Bergman

found similar conditions in Albuquerque. He used examples of the destitution he found to convince the City Council to continue public meeting bans until conditions ameliorated among the poor.¹⁷ *The Roswell Evening News* appealed to citizens to donate night clothes for the poor who showed up to St. Mary's Hospital with nothing but the clothes on their backs.¹⁸ Many examples demonstrated that the virulence of the Influenza of 1918 in New Mexico would be compounded by poverty.

Chapter Two: The State of the State, 1918

New Mexico had been a state for a mere six years by 1918. Its tortuous journey to statehood from territorial status beginning in 1848 had much to do with its isolation, minority population, poverty, few exploitable resources, and ongoing political mismanagement. The lack of coordinated efforts for public health, including education and vital statistics, was evidence of three hundred years of inadequate governance of New Mexico. Spanish exploration beginning in 1539 led to colonization of New Mexico by 1598. Colonists and their Franciscan partners settled along the great extent of the Rio Grande. While the settlers established ranching and farming communities, this outlier of the Spanish empire yielded little in exportable resources and only marginal triumphs of missionary Christianity. Gradually, the Spanish empire saw New Mexico primarily as a buffer against hostile Indians and potential English or French encroachment. New Mexico's colonial masters became increasingly inconsistent in their attention to the distant colony.¹ After absorbing New Mexico in 1821, the Mexican government similarly allocated few resources to its remote and marginally profitable frontier. Through waves of conquest and reconquest from Spain to Mexico to the United States, New Mexicans emerged as a unique mixture between indigenous and colonial cultures, surviving without much governmental oversight.

The meager political and pastoral scrutiny allowed Hispanic New Mexicans to develop and cling to social structures of their own. As Marc Simmons points out, "the New

Mexicans in isolation were evolving a social order with its own distinctive stamp.”² Rural New Mexican society depended on community. Life was hard: coaxing crops from the alkaline soil, moving livestock between pastures, and fending off Indian raids until the late nineteenth century, villagers in the hinterlands pulled together. Still primarily Spanish-speaking, with a strong sense of their historical antecedents from Old Spain, and with religion as their cornerstone, rural New Mexicans drew from a centuries-old “circum-Mediterranean culture complex (of) Christian and Muslim variants” foremost of which were the concepts of *verguenza* and *caridad*: honor and charity.³ *Verguenza* imposed a standard of behavior upon adult men and women consisting of self-control, moderation, humility, and benevolence. The mandate for selfless action made lay pastoral groups, *hermanos* and *resadoras*, the mutual aid societies in villages. *Hermanos* not only kept religious traditions alive, they also provided aid and comfort to villagers in need. They assisted with chores, delivered firewood and food for the families of those who were ill, and helped with funerals for those who had died.⁴ *Resadoras* helped maintain religious propriety in illness or death. Candy Martinez, resident of the small mountain village of Truchas recalled that, “If something ever happened, if any of the people were going through any type of *tribulacion* – affliction, then the other families were ready to assist them, be it with food or with any other type of aid; but the families were always united.”⁵ Between the cohesion of the community and the lay religious, the villagers survived in their isolated environments.

As in most of the rural areas, women were integral parts of a team. Even though they had their household chores, they often helped with the fields and the ranching. “Virtually every single woman assisted her husband with....planting, harvesting, hoeing,

hauling water," feeding and caring for livestock.⁶ As the market economy crept in and men found work outside the villages as shepherders, miners and ranchers, women were even more important in holding livelihoods together. The loss of any key supportive family member would have been challenging. Elders would have taken on expanded roles if necessary, and ancillary support was welcomed but could not completely fill a gap should a parent or adult child get ill or die.

Older women often served as *curanderas*, knowledgeable about herbal lore and folk remedies, called *remedios*.⁷ Other elderly women were *resadoras*. In maintaining religious decorum, *resadoras* would sit with the dying and would prepare bodies for burial. Bodies were never left alone; the *resadoras* would pray rosaries and sing songs of praise (*alabanzas*) throughout the night. Later, the women would be the main participants in the procession to the church where New Mexicans were buried for years, or the *campo de santos*, the graveyard.⁸ These folk ways, developed over hundreds of years, syncretizing ancient Mediterranean wisdom with Pueblo influence, sustained rural Hispanic communities up to the twentieth century. With such social support structures and with time-tested folk cures, villagers were able to maintain themselves with little outside assistance. Unfortunately, in 1918, the virulence of the Spanish Influenza strained traditional responses very quickly. The contact patterns of infection, additionally, would lead to greater vulnerability in these tightly knit communities.

New Mexico's major Native American groups included the Navajo, Apache, and Pueblo peoples. By 1885, the Indian wars in New Mexico Territory ended with the surrender of Chiricahua Apache chief, Geronimo, closing the chapter on a conflict that had lasted almost four hundred years. During the Civil War, the U. S. government sent General

James Carleton to subdue the Indians of New Mexico Territory. Carleton perpetuated a “scorched earth” policy on the Mescalero Apache and the Navajo. Their dual interment at Bosque Redondo was a failure, so each nation was given its own reservation land: the Navajo in 1868 in the Four Corners area of Utah, Colorado, Arizona and New Mexico, the Mescalero Apache in 1870 near Riudoso. The Jicarilla Apache had long been exiled from their traditional migratory routes which had unfortunately coincided with establishment of the Santa Fe Trail and transversed the Maxwell-Beaubien land grant. Continually threatened by encroachment, the Jicarilla finally fell afoul of the United States government and were removed to a permanent reservation near Dulce in 1877.⁹

The nineteen Pueblo tribes had lived in relative peace with their Hispanic neighbors enjoying quite a bit of autonomy since the reconquest of New Mexico in 1692. American rule, however, paternalized the Pueblos, putting Indian agents in charge of the Pueblos. Their autonomy compromised, Pueblo Indians struggled to continue their traditions and their political status in New Mexico. Conditions, never optimal on the reservations, became worse as the nineteenth century drew to a close.

For all the Indian nations, confinement to reservation life changed many traditional life ways. Culturally appropriate living arrangements and structures, migration routes and ceremonies were disrupted. Children were often removed to Indian boarding schools to learn white customs. Prey to corrupt or uninterested Indian agents, the conquered nations in New Mexico failed to prosper significantly.¹⁰ The United States Government’s intention to “civilize” the tribes was debased by the very agency systems that were put in place. By 1918, the tribes languished in poverty, discouragement and ill health. Despite the fact that some government health care was available, the superintendents assigned to

the Bureau of Indian Affairs (BIA) could do little about endemic poverty that compromised Native health.

Still, folk ways took a long time to extinguish. Pueblo, Navajo and Apache belief systems regarding illness, and death and dying colored their response to the 1918 epidemic. As will be discussed in depth later, medicine men, prayers, herbal remedies and beliefs about witchcraft played a large part in the cultural response to this immense tragedy. Although physically restrained in the reservation system, Indians were far from spiritually restrained and they employed their traditional practices to try to conquer the latest invader: influenza.

Another demographic began to grow in New Mexico after the Civil War: Anglos. Although Anglos had been residents of the territory long before statehood, increased immigration came with increased opportunity.¹¹ Albeit lagging behind other states, progress did come to New Mexico with telegraph lines strung in 1868 and railroad track laid in 1879. Since resources could be transported to markets by rail more easily than by trail, investors established capital intensive mining and railroad projects, growing towns along the way. Increased job possibilities and the end of Indian wars encouraged immigration to towns or homesteads. By the late nineteenth century the population of Anglos grew to around 15,000 and often these new arrivals captured more political influence than native New Mexican outliers.¹²

Although they generally had an independent, frontier mentality, the newcomers also brought with them expectations of how life should be. They arranged burgeoning towns along grid patterns that maximized railroad shipping and off loading, they built two and three story brick buildings and pitched roof bungalows. They established newspapers,

fraternal organizations, a growing and influential merchant class, and ideas of death and memorialization that would differ from the Hispanic New Mexican view.¹³

These contrasts will be explored later, but they indicate that New Mexico in 1918 was on the cusp of changes to its cultures and traditional ways of life. Immigrants, new technology, statehood, and involvement in World War I would usher in changes. As Eric Valencia pointed out, the eight years between 1912-1920 radically transformed New Mexico so that “the worldview of New Mexicans became ... different than it had been for centuries, and the society that emerged was considerably different from that of the preceding generation.”¹⁴ In 1918, New Mexico was on the threshold of modernity; yet, the unevenness of development across its populations resulted in pockets of indigene culture which coped with the epidemic’s scourge in their unique traditional ways.

Chapter Three:

The Influenza Comes to New Mexico

Dr. J. W. Kerr, Assistant Surgeon General of the USPHS, sat in his borrowed office in Las Vegas, New Mexico, the green-shaded desk lamp casting a round circle of light in the November evening, 1918. Taking a few moments from his task of organizing the state wide response to the influenza epidemic, he reviewed some notes from his report on the state of public health. This report had been requested by Governor Washington E. Lindsey late in the summer of 1918. Faced with the dismissal of a few hundred New Mexican recruits unfit for duty because of tuberculosis, Governor Lindsey sought help first from the Adjutant General, then from the USPHS.¹ Surgeon General Rupert Blue sent Kerr to survey public health in New Mexico.

Kerr was the man for the job. He had extensive experience in public health, having written articles on venereal disease, pellagra, sanitation, vaccination, as well as the organization, duties and powers of health authorities.² After arriving in the state, Kerr convened meetings and reviewed public health efforts in Albuquerque, Carrizozo, Clovis, Gallup, Las Cruces, Las Vegas, Mora, Roswell and Santa Fe. In his report to Governor Lindsey, Kerr noted how the geography of the state impacted the public health situation. Kerr recognized that the challenges of terrain, elevation, and distance complicated efforts to educate the public and monitor public health even before these factors became issues in the epidemic response.³ Kerr wryly wondered if not for the disgrace of soldiers unfit for

duty whether New Mexico would have ever ordered a report on the state of health within its borders.

This is not to say that there was no movement towards establishing a department of public health. There had been a surge of interest in public health in the late nineteenth century. When federal funds became available for initiatives, New Mexicans could not take advantage of grants because they had no state department of public health.⁴ John Tombs, a businessman from Canada who came to New Mexico for tuberculosis treatment was so shocked at the lack of a department of public health that he set up the New Mexico Public Health Association (NMPHA) in 1917, served on its board and later became its secretary. A quote from the organization's constitution stated "It is unfortunate that a state with a population which now numbers nearly a half million should do nothing whatever for public health. It is the only state of which this can be said."⁵ This grassroots effort sounded the clarion call for changes. However, amelioration of health, education, and infrastructure which began in the 1880's in Albuquerque, would not reach rural New Mexico until the 1920's, too late to alleviate the onslaught of the influenza. Part of the problem in reaching the widespread population of the state, as Kerr well knew and as he included in his report, was topography and economy.

Isolation was compounded by the decrepit condition of the roads. Especially in Northern New Mexico, the variation of temperatures and periods of aridity alternating with snow and floods played havoc with roads, making travel difficult and roads hard to maintain. Just prior to World War I, communities sent numerous letters to the Commissioner of Roads begging for road and bridge improvements. A letter from the Northern Rio Grande community of Velarde, dated March 7, 1906, humbly asked for a road

to improve transit and the mails. Likewise, a letter from Truchas dated January 31, 1907 petitioned for a road from Picuris to Truchas Plaza. A March 30, 1907 letter requested a road from San Juan to Ojo Caliente. Other petitions came from Trampas in 1908, El Rito in 1909, and Coyote in March of 1918.⁶ *Taos Valley News* reported on October 22, 1918 that "Owing to the extremely bad condition of the road between Taos and Embudo, the present mail rout (sic), causing many a breakdown of diverse automobiles...there are rumors of petition to the government to change the route from Embudo to Taos, as of old."⁷ As the state grew in population, the need for reliable roads became obvious.

Even getting produce to market could be daunting. The *Santa Fe New Mexican* reported that on January 5, 1915 Cul and Fred Griffin of Upper Peñasco lost 5,000 pounds of potatoes just getting to Lower Peñasco. "The two and a half tons of potatoes were loaded in two wagons, and on account of the bad roads, such slow progress was made that the shipments were caught in a storm and frozen to a total loss."⁸ While it was becoming clear to residents of the mountain villages that roads were key to economic success, unbeknownst to them, the condition of the roads would also hamper access to victims once the influenza epidemic swept through. The villages which had pleaded so hard for roads would find themselves hardest hit when the influenza struck. The fact remains that in attention to roads as well as public health New Mexico's government was slow to act, and this tardiness soon had horrific consequences in the coming influenza crisis.

In addition, the susceptibility of the population and the conditions that would exacerbate the influenza epidemic had never been adequately disclosed through vital statistics, a failure that Kerr would underscore in his report on public health.⁹ Since the early days of the United States, public health departments in other states knew the

importance of gathering vital statistics so as to track and perhaps prevent disease.¹⁰

However, New Mexico barely gathered vital statistics, an oversight irksome to the secretary of the New Mexico Board of Health and Medical Examiners. He complained in his report to the governor in 1915 that requests to counties for data remained unanswered and that

the work done in the counties and cities...varies from none at all and no official in charge to really efficient work under discouraging circumstances. One county reports no county health officer at all because, forsooth, the county commissioners did not want to have any (sic).¹¹

His point had more import than merely the pique of a thwarted bureaucrat. Without any agency to track incidence of disease or gather vital statistics, the state remained in ignorance of the advent and scope of any disease much less the coming influenza.

Lack of a centralized structure to monitor statistics and gauge need for aid prompted Kerr and his colleagues, Dr. W.E. Kaser, Secretary of the Board of Health and John Tombs, liaison to the Red Cross, to become the *de facto* department of health once the epidemic arrived in early October 1918. The group relied on city and county physicians to provide reports on the extent of the disease, local city officials to carry out quarantine and meeting bans, and newspapers to disseminate information. It was hardly a perfect system in a very deadly situation. One of the last states to experience the Spanish Influenza in October 1918, New Mexico had few of the structures that would allow it to combat the disease and many characteristics that would challenge response to the epidemic. Rural New Mexicans were poor and insular. Indians on reservations struggled with poverty and isolation. Towns had few ways to ensure compliance to health directives. Roads and communication systems were inadequate. The stage was set for the “dark and terrible moment” so poignantly characterized by Richard Melzer.¹²

After weeks of reporting on the Spanish Influenza in Army camps and Eastern cities, New Mexicans did not register that the influenza's arrival was inevitable. As the flu took hold of the rest of the country, and while the war was still uppermost in the nation's attention, New Mexicans avidly kept track of outside events. A review of major papers reveals international news took a lion's share of front pages. Nevertheless, newspapers had begun to report on the flu as early as September 26. "Influenza from Coast to Coast" and "Twenty-six States Hit by Spanish Malady (US Surgeon General) Blue Reports" captured front page articles in the *Santa Fe New Mexican*.¹³ However, widespread denial that the influenza could reach New Mexico was revealed by a tiny news report hidden on page six: "Spanish influenza kills two more at Colorado University (Boulder) bringing the total number of fatalities from the epidemic there to five."¹⁴ It appears that no connection was made between outbreak in Colorado and imminent outbreak in New Mexico. Still blissfully ignorant about the coming disaster, the *Santa Fe New Mexican* blazoned headlines about the war's end: "800,000 Yanks Now in Europe" and underneath, as an insouciant afterthought, "Spanish Influenza to retard shipments in some degree."¹⁵ Again, the connections were not made that if the influenza could disrupt war production, the possibility existed that it would disrupt New Mexico's population.

Influenza roared into the state with a vengeance. The "lightning-like rapidity" with which the influenza spread was shocking in the extreme. Three days after its arrival in Carlsbad, its reported vector being personnel from a visiting circus, almost every family in town was affected.¹⁶ It did not take long to spread north: Carlsbad, then Clovis, Gallup, and then Santa Fe. The first reported case in Santa Fe was on October 7; the first death there was on October 11, the wife of a prominent dentist.¹⁷

Authorities were beginning to react. By the second week of October, officials began to close all public places, including schools, churches, courthouses, theaters and prisons. People were encouraged to wear gauze masks.¹⁸ Although entreaties to close down Santa Fe began to flood Mayor Davies' office on October 9, it took until October 13 to effect that order. On October 17, Governor Lindsey issued a state-wide proclamation to close all places of public meeting. In reality, this was a relatively quick response.¹⁹ Other areas of the country demonstrated all too clearly that it took courageous and persistent pressure on city authorities to decide on quarantine. New Mexico's situation would be challenging in different ways. The vastness of the state, its rural nature and difficulties with travel and communication would make getting assistance to the ill particularly problematical.

Sweeping through Indian Country, the villages, and the towns of New Mexico, the influenza necessitated responses mounted by the people themselves without a centralized health authority. As they tried to combat this particularly virulent influenza, each culture relied on the methods that they had used many times before in dozens of previous epidemics. However, as a Navajo Headman would say, the methods did not work on *this* illness.²⁰ And although initially slow to warn the populace, New Mexico's newspapers would generally prove invaluable in disseminating pertinent information about the flu and efforts to battle it.

Chapter Four:

Indian Country: Navajoland

Navajo herder, *Hosteen Tso*, felt his boys' heads. Both were burning with fever and too ill to get up from the cornhusk mattresses in their hogan. Ben looked around at the other seven, glad the children and the women seemed all right. He knew he needed to get a medicine man quickly. He threw a hemp bridle over the first pony in the corral and set off. He had no luck. The first medicine man was away, helping a family near Gallup. The other three were, themselves, too ill to make the journey back with *Hosteen*. Gone for two days, *Hosteen* headed home through the cold November rain, praying the while. He realized that he would have to be the medicine man for the family, gathering cedar tree berries and herbs appropriate for those with fever. By the time he arrived back at the hogan, all nine family members were ill. Quickly making the berries into tea, he spoon-fed each, murmuring prayers and singing songs for healing while he did. When the berries and herbs ran out, he went and got more. "There were days when no one came to my hogan. I did not sleep but sang the prayers and gave the medicine until all of my family was well."¹ *Hosteen Tso*, acting from his knowledge of herbal remedies and his belief in prayer, demonstrated what would be one response to the flu among the Navajo.

Hosteen Tso's solicitous nursing and the family's unintended quarantine probably saved them from what was turning out to be a devastating public health emergency on the Navajo reservation. The flu's transmission may have resulted from a Red Cross sheep drive and the vector might have been Louise Wade Wetherill. Wetherill's Quaker family came to Navajoland in 1881 to set up a trading post. Louise learned Navajo and was treasured by

the *Dinéh* who called her *Asthon Sosi*, Slim Woman, and later, the Little Mother of the Navajo.² Both she and Hilda Faunce, a trader's wife in Covered Water, noted that *Dinéh* were surprisingly interested in war news, reading the papers avidly. So, in the fall of 1918 when Louise traveled across Indian Country gathering livestock for the Red Cross sheep drive, she got quite a few "pledges." Autumn was the customary time of livestock trading so the sheep would have been gathered in corrals, not grazing in their summer pastures. *Dinéh* would pick out a sheep or two to donate and Louise herded the growing flock ahead of her. But, arriving at the hogan of the daughter of the Old Man with the Mules, Louise developed a blistering headache: the beginning of influenza.

When Louise returned to *Todanestya*, she found dozens of *Dinéh* in her yard, suffering from the influenza, wanting help. First, Son of the Man with the Buckskin Pants died, then Son of the Old Man with the Mules. "Soon all over the reservations smoke was rising from the hogans of the dead," recalled Louise.³ The disease could have spread even more rapidly due to a late October ceremony in Blue Canyon where dozens of people could have contracted the disease and then transmitted it.⁴ Whatever the means of its arrival, the flu had arrived with intensity.

Robert Mc Pherson, who studied the cultural responses to the 1918 influenza in the Four Corners Area, called the extent of the devastation on the *Dinéh* "unprecedented." McPherson speculates that although the total number of fatalities will never be known, perhaps one fifth of the Navajo Nation succumbed.⁵ He had no doubt that the combination of the virulence of the flu and traditional responses to illness and death would exacerbate the flu's ravages in the land of the *Dinéh*.

When *Dinéh* were ill, medicine men were called to perform prayers and rituals. Sometimes the ill participated in sweat lodges. Family congregated around them. The clustering model of disease transmission describes the pattern: every time a family or group would congregate or a medicine man would travel from one hogan to another, the influenza invariably followed. Attending ceremonies, Navajos unwittingly spread the disease as well. And, their religious beliefs about death demanded that whenever someone died in a hogan, the other residents had to burn the hogan down. The survivors were left to the elements of the early and bitter winter. In fact, the third wave of influenza in early 1919 struck during the “Hunger Moon” when people were getting to the last of their winter supplies. “Food was scarce, cold was intense, and sleet and snowstorms were frequent. Entire families died,” McPherson asserts.⁶ The combination of the clustering transmission of the illness, exposure to the elements and wide spread food insecurity exacerbated the spread of the influenza.

Traditional occupations added to the danger. Some *Dinéh* died while trying to collect *piñón* in the snow and freezing rain. Hilda Faunce recalled that during the winter of the influenza epidemic, *piñón* was at a premium and the promised price of seven cents a pound encouraged the Navajos to travel widely to harvest the fragrant nuts. Families were far from shelter when the cold November rains began. Lack of protection from the elements during a flu outbreak this severe would have been a death sentence. The other major occupation of *Dinéh*, livestock raising, necessitated long periods of time outside as well, exposing people to the weather often while they were in a vulnerable state.

Tall Woman (Rose Mitchell) spoke at length of the quotidian labor and ceaseless wandering of the Navajo which would prove to worsen the epidemic. She detailed the

Navajo lifestyle of planting in one area, moving to another to take care of livestock, then to another to get wood or pick *piñón*. The influenza interrupted this way of life so significantly that throughout her memoir, Tall Woman references the flu as a historical marker. She would say of an event, "It wasn't the flu that caused the troubles we had then; these things happened *way before* the flu came in."⁷ Another time she remarked, "That was after the flu came through here and killed so many people in our family and in other places."⁸ Years after the event, the flu had been seared into her memory as an important symbol.

Tall Woman's experiences were probably similar to many *Dinéh* and she recounted the epidemic at length. Her family had just finished harvesting and storing the crops. Then the sickness "started spreading across the reservation almost overnight and lots and lots of people died from it."⁹ Tall Woman confirms the surprising mortality so often noted in other accounts. Victims were well in the morning, and then got sick and died the next day. The flu killed whole families and, contrary to other areas, it seemed to affect children drastically.

No one knew what the flu was. There were no sores or tell-tale signs like smallpox. This confounded everyone; no one knew how to deal with it. They did not know what ceremonies would help. Tall Woman's father, Man Who Shouts, was perplexed. Though he and Tall Woman's mother did not get the flu, most of the rest of the family did. Tall Woman's sister, Small Woman, lost four children. Her younger sister lost a number of children. "I know she and (her husband) *Hostiin Lasshi* lost at least seven children; two boys, the oldest one who was a grown man and another one, and two girls died when that

flu came and killed all the People.”¹⁰ Seven deaths in just one family demonstrated the destructiveness of the influenza on the reservation.

When Tall Woman herself got the flu, her parents cared for both her and her child, who escaped illness. Tall Woman became hallucinatory and did not remember anything from her sickness. She was later told that her whole body swelled up, her parents wrapped her in burlap, put herbal poultices on her, fed her with horse broth and physically carried her outside when she had to relieve herself.¹¹

Meanwhile, her father gathered as much advice as he could. The Man Who Shouts, considered a Headman, decided to assemble the clan so that they could take care of one another, pray and comfort one another. He gathered herbs and prepared hot poultices mixed with sheep fat and brewed emetic herbal teas. He advised against washing oneself which might lead to pneumonia. Man Who Shouts gave away medicines to any who asked and he told the *Dinéh* that none of their ceremonies would help with *this* sickness. Instead he intoned Blessingway prayers day and night to keep the flu from visiting the home. He never did any ceremonies or songs, just the prayers. He also nursed people by butchering quite a few of his horses for fat, broth, and meat. He told the *Dinéh* to insist the victims eat, and drink the herbs and broth despite their lack of appetite or feverish state. In that way, he was able to save quite a few people. Man Who Shouts rode throughout the reservation, visiting *Dinéh* and seeing what they needed. He helped to bury people, for there were many families in which no one was left who could bury the dead. “They put those who had died in the sand along the *Ch’íníí* Wash. Sometimes, when lots died during the night, they’d make one big hole, and then wrap up the dead and put them all in there together,” said Tall

Woman.¹² To *Dinéh*, it was important to dispose of bodies quickly to ward off any evil spirits.

“Everyone who was not sick was trying to help those who were suffering during those times,” recalled Tall Woman.¹³ This epidemic, so rapid and so severe called upon the entire community to help. White people, like Louise Wetherill and Hilda Faunce, suffered alongside the Navajo, helping as best they could when they could, for they, too, succumbed. Louise’s husband, John Wetherill, fell ill in Shiprock but refused to stop, preferring to head home. The whole Wetherill family sickened. They had only an unnamed visiting government engineer and a friend, Clyde Colville, to help them. These two kept the trading post open an hour a day and spent the rest of the time nursing the family or burying the Navajo dead, sometimes three or four at once. At one hogan, they were burying a body and were told to wait, a woman was ailing in the next hogan. Within a few minutes Colville and the engineer were burying both bodies.¹⁴ Other burial rituals were hard to maintain. One desperate father came to beg a gun from John Wetherill so that he might kill a pony for his dead seven year old son to ride into the afterlife.

When the Wetherills recovered, they continued caring for the sick and burying the dead, meeting with tragedy after tragedy. “It was necessary to keep each death secret, lest the Navajos get up from their beds and go out into the snow. In the night Clyde Colville buried those who had died during the day,” recalled the culturally sensitive Louise Wetherill.¹⁵ Having the trust of the *Dinéh* and applying her knowledge of their culture, Louise was able to provide much needed comfort. Once a man dreamed she had come to his hogan and declared he would not die. He did survive, but few incidents ended as well. Louise and her adopted Navajo daughter, *Etai Yazi*, found a twelve day old baby alone with

its mother's dead body. Although they took the baby home, it soon died. In another case, one little boy, orphaned after sixteen of his relatives died, continued to care for the sheep while waiting for someone to come to help bury the dead. When the Indian agent heard about the boy's travails, he officially transferred the flock's ownership to the boy so he would at least have some sustenance since his entire family was gone. Some *Dinéh*, though, had no help at all. In a vain attempt to get closer to medical assistance in the towns, whole families, eight in one case, five in another, died in the open.

Hilda Faunce expressed much dismay over the plight of the Navajo she'd grown to love and respect. The superlatives with which she describes the effects of the epidemic demonstrate how dreadful it was from the perspective of a woman who'd survived near massacres, smallpox epidemics and the loneliness of a remote place with a culture alien to her. The Faunces had first heard about the flu from White Hat's eldest who came for help to the trading post. His mother was dead and the children were lying sick in the rain. In her memoir, Hilda observed:

Like a grass fire the disease swept the Indian country. Every day some one (sic) told of deaths...I rode to the hogans to help where I could. It was truly terrible. Where one day I saw ponies in the corral, children in the dooryard, and warm smoke curling from the roof of a Hogan, the next day there would be no vestige of daily living; but instead the cold rain falling on an absolutely deserted home...empty save for an unburied body. ¹⁶

The vast Navajo reservation, dotted with remote settlements had become more empty of people as the influenza swept through.

Once, contrary to Navajo custom, a woman came to ask the Faunces for a coffin for her little boy. She explained that her eldest, who had been schooled at Riverside Indian School, told her that when someone died at the school, that is how they were buried. The son had not noticed any adversity descend on the school for this manner of burial,

speculating that the box itself warded off the gods' displeasure. The deep superstitions surrounding death and dying maintained throughout the epidemic and those customs could not change to match the rapidity of the influenza.

Caring for the sick and burying the dead took a toll on Ken Faunce who later succumbed to the influenza. He sequestered himself in his room for three days while Hilda cared for the store and livestock. His self-quarantine worked; by the third day, he was starting to mend. After several weeks, the medicine men, the community, and the white traders were somewhat relieved of their caretaking as a physician and a nurse had arrived from Tuba City and turned the government school into a hospital to care for the stricken Navajos.

Merely having a physician and nurse was not enough as *Dinéh* children in Indian boarding schools discovered. More people survived if response to the flu was decisive and rapid, with authorities quickly imposing quarantines and public meeting bans, insisting on use of gauze masks for caretakers. At St. Michael's Indian School, Fathers Berard Haile and Anselm Weber quarantined the mission. That mission school averted disaster, but not so Fort Defiance or Gallup.¹⁷ Young Annie Dodge experienced the devastation in the Indian Schools in Navajo country first hand. Born in 1910 to a wealthy Navajo rancher, Chee Dodge, in Crystal, New Mexico, Annie was eight years old, attending the government boarding school in Fort Defiance. She got a mild case of the flu, and afterwards helped the only nurse, Domatilda Showalter, to care for the other children. At first the school observed burial rituals; children were dressed, coffined, buried. But fairly soon, children were "wrapped in sheets tied with string and placed out on the cool porch. After a time, someone would bring a mule team and wagon and load all the bodies onto it," Annie

remembered.¹⁸ Ultimately, many children were buried in mass graves near Fort Defiance. Tall Woman, too, mentions that word got back to the reservation that there were mass burials at Fort Defiance and *Ch'íníłí* Boarding school.

The flu had come quickly to the reservation, but it left more slowly, leaving sadness in its wake. Even after the flu abated in spring, the Wetherills and *Etai Yazí* would find people dead in the hogans. They would bury the bodies and burn the hogans. If *Dinéh* had handled the dead, they would have had cleansing ceremonies. Tall Woman said that they found out later how widespread the epidemic was; even non-Navajos were dying from it. Her father, Man Who Shouts, continued to talk about the flu after it was over, saying that it demonstrated that life is hard and that no one knows what will come his way. The most important thing to remember, he counseled, is to pray the Blessingway and keep that as one's guide. He encouraged his children and grandchildren to be strong, to work hard at all tasks, and to pray daily.

The influenza epidemic left the Navajo country bereft and shaken. Responding out of centuries of tried methods fully aligned with their spiritual beliefs, the *Dinéh* found those methods were no match for this H1N1 scourge. Traditional practices had not helped and often actively harmed people. The customs of gathering around the sick, employing medicine men who traveled from one hogan to another, the custom of burning hogans of the dead, traditional occupations of herding and picking *piñón*: all these practices increased rather than lessened the scope of the influenza virus on the Navajo reservation.

Elizabeth Fenn writes of another epidemic, smallpox, amongst woodlands tribes during 1775-76. There, too, traditional ways of dealing with illness intensified the virus. Sereoarheology lends credence to the cluster model of contact, and Fenn argues that in the

case of measles virus “the disease is much more virulent when transmitted by a consanguineous family member than when transmitted by an unrelated person.”¹⁹ While it is speculation that the flu was more severe in these cluster contacts, the fact remains that the *Dinéh*, although so remote and isolated from large groups of people, suffered terribly with high levels of infection and death.

However, given the nature of this particular influenza, even the medical community was at a loss. As Alfred Crosby says, the failure of medicine world wide during this crisis could be summed up in a contemporary quip: “The nineteenth century was followed by the twentieth century, which was followed by the ...nineteenth century.”²⁰ To the frustration of physicians and epidemiologists, no cure existed for those sick with the Spanish Influenza other than good nursing. While cultural prophylactics like herbs or sweat lodges proved ineffective, the *Dinéh*, culture helped the People maintain strength through confidence in prayer. Community involvement would be a common thread among all the people of New Mexico as they tried to cope with the crisis. It was an “all hands on deck” situation, and good nursing, as *Hosteem Tso*, Man Who Shouts, Louise Wetherill and Hilda Faunce found, was one of the most important responses to increase the possibility of survival.

In order to endure in their harsh, unforgiving land, the *Dinéh* needed to stay present and not get distracted by “what might have been.” As Man Who Shouts advised, take your lessons and walk away from death. Louise recalls that by the end of 1919, “already the horror of that time when smoke had risen from the hogans of the dead had become a thing of memory – a memory not to be recalled too often or spoken of too frequently, in accordance with the People’s belief that what is done is done, and sorrow should be soon

forgotten.”²¹ In other words, the Navajo people did not dwell in the past or make much reference to it except as a chronological marker as Tall Woman did.

Unlike the Anglo culture, *Dinéh* drew communal, not individual, lessons from tragic events. They do not memorialize the dead. “When people die, we don’t talk about them ever again. We don’t speak about those things, mention their names, or think about it. Those are our rules about that; we just try to stop thinking about it after they’ve been lost like that,” said Tall Woman.²² Louise Wade Wetherill, culturally attuned as she was, says much the same thing. In the forward to her memoir, she includes a Navajo prayer for the dead

Now you go on your way alone.
What you are, we know not;
To what clan you now belong, we know not;
From now on, you are not of this earth²³

This prayer sums up the Navajo conception of death and tragedy. The dead have entered their own country; the living must move on in theirs. Regardless of the broad swath of death throughout the reservation, *Dinéh* continued on as they had for centuries, buoyed by their deep religious beliefs and their sustaining community.

Chapter Five:
Indian Country: Pueblos

Modesta Charley took the tray of juice that Miss Jefferies handed to her. She moved quietly around the darkened ward, checking on each bed. If the feverish and restless students were sleeping, she left them alone. Others, weak but thirsty, grateful she was there, sat up and drank two cups of juice rapidly. Fever accompanying the influenza had made the children extremely dehydrated.

Most students at both the Albuquerque and Santa Fe Indian Schools were Pueblo and they were fortunate to be in school in autumn 1918. When the influenza started, both schools issued quarantines. Habituated by recurring epidemics of trachoma and smallpox, the superintendents knew what to do. At the Santa Fe Indian School, the superintendent in 1919 reported that the school escaped disaster because of proper habits, good diet, and proper ventilation. Of 150 cases, only two were fatal.¹ In the 1920 report to his superiors at the BIA, Superintendent J.D. DeHuff assessed that the strict quarantine kept the epidemic to a minimum at the school.²

The Albuquerque Indian School had similar success in keeping mortality at bay. Superintendent Ruben Perry reported that the influenza first struck eight students and five staff early in October, 1918. He immediately issued a strict quarantine and isolated each victim.³ The flu returned mid-January and 138 of the 435 students at the school were sick, along with five employees. Three of the cases were severe, but Superintendent Perry was gratified that there had been no deaths among the children at the school. The only two

reported deaths were of a cafeteria matron, Miss Myrtle Thomas, “a splendid girl and efficient employee” and a child who had returned to Laguna and died there.⁴

The boarding school children, in their regimented and controlled environments, did escape disaster. As a group of public health researchers pointed out in their comparison of cities which closed their public schools during the 1918 epidemic versus cities which did not, it was better to be in school. School nurses and physicians were on hand to monitor the illness. In the case of boarding schools, care provided for the students in wards maximized nursing effectiveness.⁵

Meanwhile, the word back from the pueblos was not good. Children who survived the flu found their lives changed, often finding themselves orphaned by the influenza. Sally Hyer’s interviews of students at the Santa Fe Indian School reveal one such case.

A Taos girl lost most of her family in the Influenza epidemic of 1918. Of her school experience the child said, “I was homesick for a while. But after a while, when I know (sic) there was someone that was taking care of me, I was happy here. At home, I didn’t have anybody but my dad.”⁶

As this Taos orphan found, school was her best option. Another Santa Fe Indian School student, Modesta Charley, was another Pueblo child orphaned by the influenza.

In an interview in 2003, the San Juan (*Ohkay Owingeh*) potter recalled the flu that made her an orphan. Because Modesta was healthy, she and another young girl helped out with the many children sick from the flu in the school hospital. Later, Modesta found that her mother and many others in San Juan had died of the flu.⁷ Afterwards, Modesta stayed with Miss Jefferies, the field nurse at the Indian School, before attending Haskell Indian School through the eighth grade, never returning to live at *Ohkay Owingeh*.

While some of the children were relatively safe from the flu’s morbidity at the boarding schools, the poverty on the pueblos would make the Pueblo population

particularly susceptible. Since 1824, the BIA had assumed responsibility for the education and health care of the Indians as part of its “moral obligations.” However, the agency had not done very much to combat poverty, the causes of which and the improvement of which would prove to be as daunting on New Mexico’s reservations as elsewhere in the state.⁸ Lack of access to modern innovations such as screened toilets to keep out disease-carrying flies and the absence of advanced waste facilities tended to increase susceptibility to disease. With a highly contagious disease like the H1N1 virus poorly ventilated and overcrowded housing on the pueblos led to higher rates of infection.

Bureau of Indian Affairs superintendent reports indicate that the BIA central office in Washington, D.C. had assigned physicians and field nurses to the pueblos, but challenges of managing public health in the widely spread nineteen pueblos of diverse languages, conditions, and cultures were formidable. In 1910 Superintendent C.J. Crandall in Santa Fe requested two additional agency physicians and a contract physician to supplement the three doctors and one field nurse that he did have. Crandall details the reportable diseases of tuberculosis and trachoma in both the school and in the pueblos for which he was responsible. For example, he reported that in 1910 one boy from Jemez contracted tuberculosis, was sent home and subsequently died. Trachoma remained very prevalent in the Indian Schools and the pueblos. Trachoma, or conjunctivitis, is highly contagious, yet preventable. It spreads through contact with discharge of the eyes to hands, clothes, towels or bedding of the infected person. Even today, the Mayo Clinic documents that the incidence of trachoma among children in very poor nations can be as high as forty percent. It is and was the leading cause of preventable blindness and its links to poverty and living

conditions are well documented. The same was true in 1918; substandard living conditions fostered diseases among the poor.

All of the conditions that would lead to endemic trachoma were present on the pueblos: poverty, poor sanitation, crowded living conditions, flies attracted by waste from latrines, and little access to clean drinking water.⁹ Trachoma is now treated with antibiotics but at the time no treatments proved effective except for prevention. Eyewashes or copper sulphate solutions often did not work.¹⁰ Superintendent Crandall reported that Dr. Joseph , A. Murphy, Dr. Harrison and the field nurse, Miss Ross, tried a number of treatments but the success rate was limited due to the Indians' living conditions on the pueblos.¹¹ Small and ill ventilated homes crowded with family members meant that disease spread rapidly.¹² The prevalence and intractability of trachoma on the Pueblos underscores the conditions that would worsen the influenza epidemic when it arrived in 1918.

It seems that Superintendents could not make their obstacles clear to BIA authorities in Washington, D.C. Superintendent reports were full of comments about the difficulties in adequately managing the Pueblos and the Indian Schools. Superintendent Crandall's complaint about the lack of doctors and nurses in 1910 was repeated by his replacement, Superintendent H.F. Coggenhall in his 1912 report. Although Coggenhall seems to have received the doctors requested, the demands on medical personnel were great. In 1912 there were two agency physicians, one contract physician for the Pueblos and another for the Santa Fe Indian School. Dr. Holt had responsibility for the following pueblos: Santa Clara, San Ildefonso, Tesuque and Nambe. Dr. Williams served Taos and

Picuris. Dr. Brock attended to Jemez and Santo Domingo pueblos. Superintendent Coggenhall requested more field matrons at the pueblos to supplement the one he had at the Santa Fe Indian School, Miss Jefferies. He pointed out that the distances between the pueblos were vast and since the doctor spent so much time on the road, he could not develop strong, trusting relationships with the Indians.¹³ Coggenhall proposed that a public health nurse on site could have developed a stronger relationship with the Indians. This assertion would be verified in the 1920's when nurses did begin to work extensively with Pueblos.¹⁴ However, without the presence of modern medical personnel, the default assistance was the medicine man.

The Pueblo children at the Indian Schools were a little bit more willing to share their experiences of the epidemic and its effects perhaps because they spoke from the context of the situation in the schools. They were not physically in the pueblos where reticence about pueblo doings was the norm. Even so, most information about the effects of the epidemic within the Pueblos would only come from outside observers. In his 1914 report on the general state of health in the Pueblos, Superintendent Coggenhall complained that he didn't have the authority to implement Congressional directives to contain contagious diseases. He felt that such measures could only be carried out by force. The reason? Traditional practices. "The work of doctors and field matrons is greatly handicapped by the practice of medicine-men and witchcraft in the pueblos, particularly Jemez and Santo Domingo," lamented Superintendent Coggenhall. ¹⁵ Medicine men generally took care of health issues on the Pueblos, but reluctance to share cultural practices leaves only an outline of what may have happened when the influenza epidemic occurred.

Most of the pueblo religion is secret. Outsiders can describe public dances, but they will never know what transpires in preparation in the kivas. What is known is that pueblo members were often gathered into two groups, Winter People and Summer People, which were further subdivided into several other societies or moieties that had specific tasks like hunting or weaving. Medicine men would tailor their work to the social group of the victims. Medicine men themselves had several levels of societies, the most important of which fought witchcraft using sacred tools and incantations. Pueblo people believed that witches worked covertly and it was the medicine man's job to undo that secrecy, banish the witch and restore the victim to health. Pueblos presumed that witches were capable of all kinds of mischief: everything from creating physical or mental illness to stealing someone's heart. In that case, it was the medicine man's task to get the heart back and restore the patient to health. "The medicine man would reappear (from the kiva) with a kernel of corn wrapped in a bundle which represented the victim's heart. When the victim swallowed the kernel, he got his heart back."¹⁶ These strong, embedded beliefs meant that medicine men powerfully shaped interaction between the people and the outside world. As public health nurses in the 1920's would find, their greatest successes would come when they collaborated with the medicine men. One nurse, Louise Kuhrtz, included the medicine men as religious leaders rather than medical personnel and worked with them rather than against them.¹⁷ In 1918, however, the secrecy of Pueblo religion and deep seated superstition intervened when doctors and nurses tried to apply medical best practices of the day.

In whatever capacity the medicine men were involved, the BIA superintendents still sent physicians and nurses to help care for victims in the Pueblos. Describing conditions

first hand in Isleta Pueblo, Dr. D.A. Richardson, a contract physician for the BIA, reported to P.T. Lonergan, Superintendent of the Albuquerque Day School. Arriving in Albuquerque on October 26, 1918, Richardson was immediately escorted to Isleta. Ten Isleta tribal members had just died that day; the situation was drastic. Richardson, like Superintendent Coggenhall, described the Indians' poor living conditions, but insisted that, if the Indians followed his prescriptive advice, they had just as much a chance as non Indians of escaping the secondary infection of pneumonia. He advised them to stay in bed, to stay quiet, consume nothing but fluids, and keep an open latrine for at least ten days. If possible they had to avoid pulmonary bronchitis, for once that began pneumonia was almost certain, followed by death.

Richardson recounted one such demise, the circumstances of which he claimed were common: that of Reyes Padilla. A medicine man placed Miss Padilla, already convalescing, in a smoky room with a cloth over her face. She died the next day of pulmonary edema precipitated by air restriction. Likewise, Richardson noted the danger for Indians who were coughing violently in hopes of expelling the witches in their bodies. He advised more moderation in coughing so as not to "sprain" the lung. Furthermore, as an example of the dangers of the influenza and how it presented in the pueblo population, Richardson details the story of Jose Jaramillo. Jaramillo contracted the flu suddenly and did all that Richardson advised. However, right at the point of convalescence, he contracted double pneumonia and perished within two weeks of his initial infection.¹⁸ The length of convalescence from the influenza which required at least two weeks of strict adherence to medical advice combined with poor living conditions and contravening advice from medicine men often spelled disaster for the Pueblo people.

No wonder the Pueblos were fearful of this disease; Dr. Richardson remarked on this trepidation and how fear complicated care.¹⁹ Appearing out of nowhere, the influenza could strike a one-two punch with illness first and subsequent pneumonia. Few traditional practices helped. Joe Sando claimed that the 1918 influenza so decimated Pojoaque Pueblo that the survivors abandoned their pueblo for twenty years, returning only when they were in danger of losing their land forever to the state.²⁰ The Pojoaque people had lost so many tribal members to the flu, they had not been able to farm or raise livestock until their population replenished.

Taos Pueblo took great caution when the disease first appeared in Northern New Mexico. Initially, the Taos Indians quarantined their village and burned sagebrush fires to protect it. So successful was the quarantine, *The Taos Valley News* was able to report on December 3 that “up to the present there have been no deaths resulting from influenza in the Taos Pueblo. (Whereas)two have been reported from Picuris. Rough about reports (sic) give forty some odd from San Juan and Santa Clara, 78 in Isleta and about 20 in the little Tesuque village.”²¹

Nevertheless, Taos Pueblo’s isolation and its attempted quarantine was not to last. By December 10, forty Taos Indians who had gone to Nashville to work in a munitions factory returned home after two of their number died of pneumonia. Roman Catholic priest, Father Giraud buried them at the pueblo. The influenza struck in force in December after the workers’ return from Tennessee. By December 24, the Taos paper reported five more deaths on the pueblo and many cases of illness. Dr. J.J. Bergmans, the BIA physician, arrived with another doctor and a nurse to help.²² Fortunate in being able to access

government doctors when other areas were so shorthanded, the Pueblos still suffered dreadfully with this new, deadly virus.

The Pueblos found themselves in the same situation as other Native populations: the rapidity of the disease's spread overwhelmed traditional responses. Those responses sometimes clashed with medical best practices at the time. Ancient beliefs centering on witchcraft as the cause of trouble and ill health encouraged Pueblo Indians to depend on assistance of the medicine men whose ministrations contradicted what modern doctoring realized about the influenza. Physicians' best advice was that patients needed to be quiescent, horizontal, in a well-ventilated space and isolated from others who were sick.

Because of traditional practices, the lack of sanitation and overcrowded housing, the Pueblos were in a particularly vulnerable position when infected by the flu. Like the Navajo, Pueblo people did not talk about this horrific event afterwards. In their beliefs, illness was enmeshed with witchcraft and bad luck would follow if people fixated on adversity. Death practices were secret, under the jurisdiction of medicine men. Very little primary source material exists regarding the pueblo response because of prohibitions against speaking about secret practices around illness, or death and dying.

Chapter Six:

Indian Country: Jicarilla Apache

Superintendent J.T. Wright grinned wryly as he listened to the mournful call of a wolf seeking the response of a wolf pack. "There's one that got away," he may have thought. In 1918, ninety three wolves and one hundred coyotes had been trapped or killed to reduce depredation of the Jicarilla sheep herds. Keeping sheep safe was not an easy task on the 1,150 square miles of reservation. The livestock were a mainstay of life for the 645 Jicarilla Apache in this north central area of New Mexico. Wright held his hands to the fire. Even though it was March, winter at 7,000 feet was far from over. Warmed, he continued writing his report on reservation conditions to his superiors in the BIA, little knowing that the Apache population would be reduced to 603 by the time he wrote his 1919 report.¹ The influenza of 1918 arrived during a particularly cold and wet winter and without herders watching the sheep, Apache livelihoods would be in as much jeopardy from neglect due to illness as they were from predators.

Jacob T. Wright's narrative for 1917 recapped ongoing health problems among the Jicarilla Apaches. Superintendent Wright's tone empathized with the Apache under his care. He was discouraged to report that tuberculosis persisted throughout the tribe. A health survey that year found that most households had tuberculosis, trachoma or other infectious diseases. The two field matrons at the reservation met with little success in combating endemic disease and high infant mortality. A physician, along with an interpreter, held some talks regarding hygiene, sanitation, and infant care as well as

providing some information on tuberculosis and trachoma to little avail. Wright deplored that aside from the economic loss of productivity, the “untold suffering and mental distress produced by (tuberculosis) and the menace of such a disease in our midst, should prompt us to (increase) efforts to control it.”² He reported that the USPHS counted 43/100 deaths from tuberculosis on the Jicarilla reservation. Among some of the causes he noted lack of sanitation, poor nutrition, close familial intermarriage and general discouragement produced by outsiders’ characterizations of the Apache as a “doomed race.”³ Many non Indians believed that the Apache, consigned to the remote, primitive reservation, would not survive much longer as a tribe.

His empathy was echoed by the next superintendent who reported on the influenza year of 1918. In 1919, the superintendent concurred that, “Health conditions on the Jicarilla reservation are deplorable.”⁴ As an example, he related the story of Alonzo Garcia. Suffering from deafness, rheumatism, and tuberculosis, Garcia lived in a “hovel” eight by ten feet with no light except the doorway. When the man died, the other occupants burned the house down as was the Apache custom.⁵ Additionally, as Superintendent Coggenhall found in the pueblos, traditional beliefs towards illness sometimes pinpointed witchcraft as the cause. One tragic case in Jicarilla involved a tribal policeman who, after his wife sickened and died (presumably from tuberculosis), blamed the death on a neighbor’s use of witchcraft. The tribal policeman murdered the suspected witch, believing it his right and obligation to rid the tribe of the menace. Serving his sentence in federal prison, the former policeman tried to stay in touch with his tubercular children who had been placed with relatives.⁶

Poverty, endemic disease, and a general malaise among the Apache would make the coming flu epidemic heartbreaking among this widely dispersed people. It is possible that the flu entered the reservation through contact with outsiders at the Pegosa Lumber Mill (sic) in El Vado where many Apache men worked. Since there was one boarding school on the reservation and since none of the children attended the public school, transmission was not likely from other children. Probably, the disease was transmitted by the lumber workers as it had been transmitted by migrant workers in other locations. As distant from well-traveled routes as they were, the Jicarilla could not escape the coming influenza.

In addition, the flu would make its appearance during an unusually severe winter in the mountains. The superintendent's report reviewed the season in which the flu made its way onto the reservation:

The past winter (1918-19) was one of unprecedented severity and snow came in early November and the ground was covered until the middle of March. Influenza visited the reservation and was prevalent in November and December and fourteen deaths resulted, and it is not improbable that the epidemic contributed to other later deaths.⁷

The superintendent was probably correct about the influenza's secondary effects since the population decreased by 42 people between 1917 and 1919. With their health already compromised with tuberculosis many Apache were more susceptible to the bronchial aspect of the influenza. Based on the data available, the influenza's mortality on the Apache reservation would have been six percent of the population, a percentage well above the flu's already ruinous 2.5 percent death rate in other populations. The Superintendent must have been quite aware of the dangers that followed the flu epidemic in a population already weakened by disease. He noted, too, that livestock were decimated not only from the snow and extreme cold but also from predators. If there had been fewer shepherds in the fields

because of widespread illness, there would have been few protections for the sheep and cows. Given that much of their livelihood depended on range animals, the following year would have been a difficult one for the already destitute Apaches.

The superintendent's report of 1918 does not mention the steps taken to combat the flu in Jicarilla. Piecing together the fact that there was a government physician and two matrons, it would make sense that what happened in Jicarilla mimicked to a certain degree what happened in the pueblos. The doctors and nurses would have prescribed bed rest, liquid diet, full convalescence, and well ventilated rooms.⁸ That tribal custom was involved to some extent is certain as the Superintendent mentioned in 1919, "The popularity of the medicine man is an ugly factor (in combating disease), but it is thought that this menace is becoming more or less limited ... as Indians have been able to access white man's medicine and hospitals."⁹ As the Navajo and the Pueblo people found, Apache traditional medicines were no match for this influenza. Help provided by medicine men likely increased rather than alleviated the effects of the disease. If the Superintendent's speculations were accurate, this disease and the inability of traditional medicine to combat it would eventually erode the power of the medicine men in some Native American communities.

The Apache people, like the Navajo and the Pueblo peoples, were at a great disadvantage when the influenza of 1918 barreled into their reservation. Many Apache were weakened by tuberculosis and trachoma. Their living conditions were poor; overcrowding in decrepit housing was common. The Apaches' outdoor occupations of herding and lumber work performed throughout winter left them exposed to the elements exacerbating flu symptoms. Because superintendent reports remain the source for information on the response to and results of the epidemic, it is through their eyes a partial

picture emerges of the flu's desolation among the Apache. The declining population numbers sent to the BIA, the narratives detailing health challenges and livestock depredation paint a grim picture of the effects of the influenza of 1918.

Chapter Seven:

Villages

As Dr. Dunham reluctantly left Señora Martinez in her tiny home in the *Río de Chama*, several other elderly women gathered in the house. One had brought a pot of *atole*, blue corn mush, for the children. The eldest girl shepherded the younger ones, and they ate, silently. Sitting near the *resadora* already at the bedside, the other women clicked rosary beads and prayed and sang together over the young, dying mother. In their solicitation and support, the *resadoras* represented the entire community. The baroque Roman Catholic piety exported to New Mexico in the seventeenth century maintained long into the nineteenth century and contained strong elements of community and lay participation.¹ A central belief held that the moment of death was the point at which Satan would make his final attempt to snatch the soul of the dying. To prevent such a horror, ensuring their loved one would be ensconced safely in purgatory, the community gathered to provide spiritual reinforcement and encouragement to the dying. Participation in dying was as communal as was the anticipated life in the hereafter.

The women would stay throughout the night and after Señora Martinez died, they would wash and dress her body in preparation for burial. The *resadoras* would lead the procession to the *campo de santos* where the *hermanos* broke the hard, frozen ground for Carlotta's coffin. The death of this mother meant that another family would need the support of the village, consisting of child care as well as material support like procuring firewood and food. It seems that children orphaned by any misadventure were relocated

either to relatives or others willing to take them in as much as possible. The records of the St. Vincent Orphanage in Santa Fe did not show a remarkable increase in admissions between 1917 and early 1919. The number of orphans sheltered in November 1917 was 111. Orphans admitted in November 1918 comprised only 109 and by December 1920, the orphanage had 117 residents.² If children were placed outside the home, it was probably not in an institution. In the oral histories collected by Nasario Garcia from the *Río Puerco*, community members mention that children without parents were raised by other family members or even non related families.³ Such practices maintained the cohesion of the village and preserved continuity for the children.

A challenge to the researcher is the dearth of firsthand accounts from those most affected by the Influenza of 1918 in rural New Mexican villages. But dwelling on the death of loved ones was a not feature of culture in Northern New Mexican hamlets. As Martina Will de Chapparo points out, the attitude of Hispanic New Mexicans to illness, death and dying was quite different from White Anglo-Saxon Protestants of the late eighteenth and early nineteenth century. For New Mexican Roman Catholics, reliance on God's will for each person obviated excessive analysis of the causes of illness or tragedy. Overall, this attitude matched well with the culture as it developed over several hundred years.

Villagers, entrenched in a traditional life where holiness infused everyday activities, resisted modernity until well into the twentieth century. Life in 1918 was much the same as it was in the seventeenth century. The villagers "had a rich sense of their own authenticity. They were rooted in time, in tradition, and in place."⁴ Developing distinct cultural traditions for over 500 years, New Mexicans in the dispersed pastoral villages throughout mountains and plains, clung to their traditional Roman Catholicism and

sustaining social structures. As they had in drought, Indian raids, and illness, Hispanic New Mexicans survived hardships through their deep religious faith, not through diaries, journals or memorialization.

Native New Mexicans had been subjected to the waves of epidemics that swept through the territory since the beginnings of colonization. Smallpox epidemics were a regular occurrence. Since 1699, the *peste* or *la grippe*, and various fevers were well known.⁵ In 1802, the Spanish insisted on inoculation to alleviate effects of the smallpox pestilence, sending Surgeon Cristobal Maria Larrañaga with four inoculated children to disseminate cowpox vaccine.⁶ After this, New Mexicans became used to inoculating themselves. But the vaccination campaign seems to have been the one concerted public health effort in more than four hundred years of occupation. Rather than a state sponsored department of health overseeing the program, school superintendents were responsible for vaccinating children against smallpox. Meanwhile, recurrent illnesses appeared to be a part of life for which there were few reliable remedies.

Poverty, overcrowding, and lack of sanitation contributed to those frequent illnesses. Public health remedies which had been extant for a half a century or more in some areas of the United States would have improved the health of the citizens of New Mexico. "(I)t is clear that New Mexico labored under a disease burden more severe than that of other states" and suffered a relatively high mortality rate from diseases that could have been prevented through public health intervention, lamented Jake Spidle.⁷ A range of diseases - malaria, diphtheria, typhoid, measles, and tuberculosis- remained untracked and untreated. In rural New Mexico, there were few privies until the 1920's and many villagers

drank from the same *acequias* that watered livestock, producing conditions that would have exacerbated enteric health problems.⁸

When illness occurred, the community relied on traditional practices melded from folk remedies of both the Hispanic tradition and the Pueblo. Community mutual aid structures helped victims and families cope with recurring diseases and their aftereffects. Midwives (*parteras*) were common, but to help with illness, for the most part people had to depend on *curanderas*. Until the advent of antibiotics, traditional medicines were as good as if not better than the concoctions sold on the Santa Fe Trail.⁹ In any case, prior to the invention of antibiotics to treat the pneumonia that followed the flu and without many doctors or nurses in the villages, recovery from any disease was uncertain much less the virulent 1918 Influenza. For their own comfort, people reverted to traditional practices. When the influenza spread to the villages, the residents treated it as they would have any other illness.

Villagers who remembered childhood sicknesses give us clues about probable responses to the epidemic. Ricardo Garcia related how his mother cured him from a bout of influenza. Although the story is not specifically about the Influenza of 1918, the traditional responses would have been similar. As has been amply reported, the winter of 1918 was particularly harsh. Ricardo described a similar situation. "In November of that year, an arctic norther blasted through Chicorico Canyon, blowing snow with a 40-below-zero wind chill. Our coal camp house was drafty and cold. I picked up a bad case of influenza, a deadly killer of coal camp children and adults."¹⁰ Ricardo had already lost two sisters to influenza, and a brother to spider bite. Although no doctoring or available medicine could cure a flu, Ricardo's mother still called the doctor assigned to the local coal camps.

Discouraged by the high infant and child mortality, Doctor Monty did not hold out much hope for Ricardo's survival. He said he would be back the next day with a death certificate, but, unwilling to accept that pessimism, Ricardo's mother tried *remedios*. We can imagine how she smoothed his heated forehead with cold rags while singing softly to him:

Sana, sana, colita de rana. Si no sanaras hoy, sanaras mañana.
Heal, heal, little frog tails, if you don't heal today, you'll heal tomorrow.¹¹

This endearing little rhyme exemplifies the solicitous nursing that villagers would have provided to their sick children or other family members. Ricardo's mother put cucumber slices on his eyes to reduce the fever, then spent the rest of the night sitting next to his bed, praying. By morning when the doctor returned with the death certificate, Ricardo's fever had broken and he was on the mend. The solicitous nursing so necessary throughout the influenza epidemic was a good model and well entrenched in villages.

Other children remember how their families dealt with illness. Three girls, Cleofas Martinez from Arroyo Hondo, Angelica Gurulé Chávez and Marcelina Miranda Chávez from the *Río Abajo* (the Rio Grande south of Santa Fe), concur that New Mexicans were habituated to taking care of their own health needs. Cleofas proudly remembers that her mother not only attended to the household chores, gardening and sewing, but was also a *curandera*. "She cured all our ills, from measles to tonsillitis, without aid of a doctor. Herbs have medicinal value, and our mountains and fields are full of them." She noted, too, that her father obtained cowpox vaccine and vaccinated all of the family and some of the village children."¹² People grew their own medicinal herbs as well. Angelica Gurulé recalled, "My dad planted a lot of herbs that we used to treat sicknesses. For fevers, we used *asafron*, for stomachaches, we used *yerba de manzo*...(also) my Tia Valentina knew a lot about herbs."¹³ Villagers rarely went to the doctor because of distance and expense. Even though living

conditions caused much of the disease burden for village dwellers, many were versed in curative if not preventive strategies.

Without doubt, herbal and prayerful remedies were tried, but the Influenza of 1918 would not be easily conquered. As New Mexico's Native Americans found, some traditional practices caused as much harm as good when it came to this particular malady. Nina Otero recounted the story of a traditional sickroom, a scene which was probably quite common:

In the sickroom, the room (was) stifling, blankets were hung over the window to prevent any air reaching the patient, and he was so covered with heavy blankets that the priest had to pull back the bedclothes to make himself heard. A woman called a *curandera*, who cures with herbs, had been attending him but had not been able to do anything for him. The family had conferred in front of the patient and had decided to call the priest and the doctor. They did not want the expense of sending for the priest to administer Extreme Unction, so they had prayed to God that he might live until this day when they could get the priest's services without cost.¹⁴

If this was the first response to the 1918 Influenza, the lack of fresh air would have been unhelpful if not actually harmful. As the influenza progressed, the best medical thinking advised adequate ventilation, quiet, and quarantine. Culture in the villages dictated otherwise.

Illness and death were community affairs. The extended family, the *curandera*, the *resadoras*, the *hermanos*, a scribe in case of a final dispensation of property, a priest if one was available, perhaps the *patrón* (the most important landowner in the village) and the *patrón's* wife would be in attendance, gathered in the victim's home. Otero recounts the death of a *patrón's* servant. The *patrón* arrived to the crowded house to pay his respects. "In such families when someone died, the rest of the family did not seem to want solitude....After some conversation about the deceased...(the *patrón*) would say, 'Your grief is God's will.'"¹⁵ In the ages

old version of Roman Catholicism of New Mexican villagers, belief that God influenced events on earth was strong. All that happened was part of God's plan and opposing the will of God was anathema.

Resignation to death was prized because it demonstrated that the person was aware of Satan's final battle for the soul. In that light, those who surrounded the dying were supposed to help the "warrior" through uplifting words, songs, and ministrations. The attendants looked for signs of the dying person's mental state, believing that dying correctly indicated the quality of the afterlife. Dying a good death could mean that the dead one would not spend as long in purgatory. Illness was not the wrath of God, but an opportunity for all to seriously and piously reflect on one's immortal soul.¹⁶ The acceptance of the will of God colored other villagers' recollections of the influenza.

In 1979, Nasario Garcia gathered oral histories from Tata Garcia, a resident of the *Río Puerco* during the epidemic. She barely survived the influenza. While not remembering how she recovered from the flu, she remembered that it left her crippled. That may have been a mild form of meningitis; modern observers had suspicions about the 1918 Influenza's effect on the brain and are actively working on that hypothesis.¹⁷ Tata's mother performed rudimentary physical therapy on her, making the convalescent Tata run from one bed to another to strengthen her legs. In referring to the epidemic's effect on *Río Puerco* Tata recalled, "My dad and mom would tell me that when, at the time of the influenza, that it hit very hard. And I understand that there were times when many people died and many homes were left without any people. I understand all the people would die.

Yes. And others were more fortunate, according to their own fate.”¹⁸ The idea of fate, that all was in God’s hands, was a cornerstone of religious faith for New Mexican villagers.

To Hispanic New Mexicans, this dreadful scourge may have been seen as fate for the victims, but caregivers were not passive in their responses. The influenza epidemic struck at an intersection in history for New Mexicans. Although traditional responses to illness harkened back to previous centuries, villagers connected to modern society through work patterns and encroaching technology. As in other places, the original carriers of the flu were most likely those who worked outside of the villages in mines, on ranches, or in war industries. Once the flu arrived, villagers often did request help.

Even without a centralized department of health, the counties and towns had some physicians and some had volunteer members of the NMPHA. The acting command center at Las Vegas headed by Kerr received telegrams from every part of the state reporting conditions and requesting help. In return, Kerr kept Governor Lindsey informed. On November 6, 1918 a letter from Kerr to Lindsey assured the Governor that a request from a Mrs. Vorenberg in Wagon Mound for a physician in the county “25 or 30 miles north west of Wagon Mound” had been met.¹⁹ Kerr and his team tried to supply needs across the state.

Even so, it seems that the chain of command with the de facto health department operating out of Las Vegas was not well established since citizens were unused to such a department. They tried to get help in the only way they knew how: go directly to the one in charge. Some NMPHA county volunteers sent requests directly to the Governor. One desperate telegram read, “Influenza situation at Velarde, Rio Arriba County, and that vicinity, such as to demand immediate relief. Can you send, instructed to co-operate (sic) with Mrs. W.G. Turley at Velarde, one doctor and one nurse? Answer.”²⁰ Another letter,

sent in late November from John Tombs, the Red Cross liaison, reported that “Dr. J.W. Kerr of the USPHS has met all requests for physicians, and I have met all requests that have come to me for nurses.....I have...seven nurses in Taos and many at other points throughout the state.”²¹ Whether the request came to Kerr or to the Governor, it is clear that nurses and physicians attempted to reach as many outlying areas as possible.

Assessment toward the end of the epidemic evidences the Herculean task the medical personnel accomplished. An undated and untitled newspaper article in Governor Lindsey’s papers read “U.S. Rendered Valuable Aid in Fighting Flu” lauding the accomplishments of Kerr in providing assistance. Underscoring the difficulties of providing care, the article credited Kerr in obtaining fourteen surgeons who made thousands of house calls to areas so remote they had to be reached by a variety of transport: stage, automobile, wagon, or by foot. In many of these places there had never been a resident doctor.²²

Help, in the form of trained modern doctors and nurses endeavored to get to villages. But often, the flu and its subsequent pneumonia had progressed beyond even their help. After November 19, *El Crespusculo*, the Spanish language portion of the *Taos Valley News* began to echo the headlines in its mother newspaper, warning of the flu and providing instructions on avoidance and care. Publishing a list of those who had died, it told of the devastation in some of the villages near Taos: Llano de San Juan (39); Trampas (7); El Valle (5); Peñasco (6); Picuris (5); Chamisal (24); *Río Pueblo* (11); Santa Barbara (20) for a total of one hundred and fifteen in these little villages. By December 3, the list of those who died in Questa added approximately fifty three.²³ To put this in perspective, the first official census after statehood in 1920 put the whole population of Taos County at 12,

773, and of those, 1832 inhabited the town of Taos. Elliott Barker, the Taos U.S. Forest Service Supervisor put the toll at ten percent of the county. Underscoring the paucity of vital statistics, the *Taos Valley News* mentioned that the death notices provided to the paper only came from the immediate vicinity of Taos and did not cover the county. "Many deaths due to pneumonia occurred in the north end of the County which it is estimated would bring the number of unfortunates to near 250."²⁴ Acknowledging that pneumonia often followed flu infection, newspapers included this spike in pneumonia deaths as part of the epidemic. Even without a reporting system to accurately assess the numbers, it is clear the flu had exceeded the maximum mortality rate of "normal flu."

Even so, raw numbers do not tell the whole story. Many villages consisted of a few extended families. An illustration of the intensely clustered familial relationships comes from Cundiyo, a little village northeast of Chimayo. Most of the village was comprised of *la familia* Vigil. When a daughter in the ubiquitous Vigil family was to marry an outsider, someone asked, "Is he a Vigil?" "No," replied the patriarch, "but he will be."²⁵ The implication was that everyone in Cundiyo was related by blood, emphasizing the fact that villagers were close-knit through family ties. As Melzer pointed out, almost everyone in New Mexico lost either a family member or neighbors in the flu epidemic.²⁶ The sense of loss and grief in the villages exceeded the actual numbers of the dead.

Even without diaries or memoirs to expound on the influenza's consequences, cemeteries tell something of the grim effects. In a review of cemetery headstones throughout the north, Jose Trujillo mapped some of the little villages located in a triangle from Espanola, west to Coyote, northwest to Tierra Amarilla, north to Tres Piedras and east to Taos. There are seven headstones in Abiquiu that bear dates from mid October to

December 1918 and six in Cañones between the dates of November 22 and December 9, 1918. In El Rito, there are twelve dated between October and the beginning of December. Ojo Caliente, *Río de Chama*, *Río de Faustin*, Rito de Yeso, *Río Puerco*, Vallecitos: tiny village cemeteries tolled the dead, many of whom were young women.²⁷ Even in Santa Fe, where the disease came and went so quickly there are seven headstones in Fairview Cemetery alone bearing the date 1918. This roster does not encompass the dozens of private cemeteries, as it has long been a custom in New Mexico to have a family plot on one's land.

In the three agonizing months of the peak of the epidemic, families cared for the sick, buried the dying, and mourned. The symptoms would have been frightening as families watched their loved ones, well in the morning, die by nightfall. Even more distressing to those scrutinizing the state of each victim's soul prior to death, the ill may not have regained consciousness, or may have slowly suffocated to death, turning blue. One could probably hear, as Daniel Defoe so poignantly recorded in *Journal of The Plague Year*, "The shrieks of women and children at the windows and doors of their houses, where their dearest relations were perhaps dying, or just dead...(these were) enough to pierce the stoutest heart in the world to hear them. Tears and lamentations were seen almost in every house."²⁸ With the close interconnectedness of villagers in Hispanic New Mexico, the swath of mortality cut deeply.

If the patient did not recover, the procession to the cemetery or to the church began after the proper procedures at the wake. The *resadoras* followed as the *hermanos* carried the coffin. If there were mass graves as in Navajo country and in some towns, it would have flown in the face of cultural practices in the villages. If there had been mass burials, as was reported by Reverend Walz in Chililli in the *Río Abajo*, a priest would have been called in

later to consecrate the ground.²⁹ For the most part, the Hispanic villagers, especially in Northern New Mexico, were committed to handling the dead in their traditional way: gathering around the dying, washing the body, processing to the churchyard.

But, as Will de Chapparo explains, traditional New Mexican funerary practices often shocked Anglos who criticized what they did not understand.³⁰ Indeed, a Mrs. Paul Burlin writing in the November 12 *Santa Fe New Mexican* accused Taoseños of holding public funerals. In an appeal to Governor Lindsey, she writes, “It is rumored that there have been wakes, and public funerals, and too much visiting where the ‘flu’ has raged.”³¹ The *Taos Valley News* published an immediate rebuttal; not here, they said. Maybe other people in “outlying settlements” have had public funerals, but not in Taos, they indignantly retorted.³² However, it is more than likely the villages buried their dead as they always had, bans or no bans.

This scourge, like others before or others to come would not sway the traditional, faith-based practices of Hispanic villagers. They continued to nurse their ill much as they always had using *remedios* to cure and *curanderas* to help. The modern innovation of a physician came to many villages late in November 1918 and perhaps provided some assistance. Nevertheless, should a victim die, he or she would be buried in the traditional way with as many of the community in attendance as possible. While these villagers did not value memorialization of the dead through diaries and journals, their adherence to their faith and traditions was a testament to their response to the dreadful event.

Chapter Eight:

The Towns

Most of the towns in New Mexico followed patterns similar to each other in combating the flu once it arrived: quarantine, public meeting bans, and enlistment of dozens of volunteers to fill the nursing and doctor shortage. The newspapers generally ran news reports about the flu globally and locally. Each municipality tried to cope with an emergency situation although the towns that are highlighted contain some distinguishing characteristics or particular responses that aid in understanding how citizens reacted to this event.

Albuquerque

The scene of abject poverty haunted Rabbi Bergman. Secretary of the Albuquerque Bureau of Charities during the Influenza epidemic of 1918, Bergman himself went house to house to see what aid he could render in the poorest sections of Albuquerque. What he saw continually shocked him. In one place, an elderly colored man lay on a bed so ancient its springs touched the floor. Too enfeebled to move, he depended upon passersby to render assistance or even to get him a drink of water. It was a miracle to the reporter who had accompanied Rabbi Bergman that the victim did not have frostbite. "I could show you several others, most of them white, who are in practically as destitute a condition," commented the Rabbi. But with the hospitals overcrowded, the Bureau of Charities' small budget could do only a minimal amount to ease sufferings of such people doubly victimized by poverty and the epidemic.¹ Bergman intended to use this incident to make his case to

the Chamber of Commerce to continue the public meeting ban until the poor began to recover from the devastation of the influenza. Much to the chagrin of city businessmen who saw their profits diminishing due to an extended quarantine, Rabbi Bergman was successful. The public meeting ban was not lifted in Albuquerque until December 2, 1918.

Albuquerque, New Mexico's largest municipality, boasted a population of 15,000 in 1918. A bustling railroad, lumber and hospital center, Albuquerque attracted visitors, entrepreneurs and lungers. Travelers could relax at the Harvey Hotel in the Alvarado Center or be admitted to one of several of the city's sanatoria to attempt a cure for their tuberculosis. Albuquerque's reputation as a health destination virtually ensured a large dose of denial as the Influenza of 1918 made its inexorable way across the country. "Not here," city fathers would say. This is a healthful climate, dry and full of sunshine. But the influenza could not be deterred. One of the first notices in Albuquerque of the spreading influenza appeared in *La Bandera*, a Spanish language newspaper. While still confined to eastern states, where communities imposed quarantines, the paper reported "it appears that the number of sick diminish daily, although [the influenza] jumps about and shows up in other places."² Within days of this report, the flu jumped to New Mexico.

While bells of alarm did not yet ring, by October 1, newspapers were publishing precautions to avoid the flu. On October 5 the *Albuquerque Morning Journal* reported on page one that the "Southwest has been invaded by influenza reports show." Page two of the same issue noted that there were twenty deaths in Colorado, but not many cases in Arizona. However, seemingly buried on page four, was the harbinger: "Spanish 'Flu' Suspected Here Say Physicians."³ Albuquerque's other daily newspaper, *The Evening Herald*

demonstrated the somewhat schizophrenic attitude of New Mexico to the advent of the flu. On October 5 the paper reported in "Today in the News" that the flu was in Albuquerque but said, "We have here a climate which is high efficacious in combating Spanish Influenza or any other kind of influenza. The sunshine of New Mexico is the best protection in the world." However, at the bottom of page one in huge bold letters appeared the announcement, "Public places Here Closed: Two Deaths are Caused by Flu."⁴ Even as newspapers touted the salubrious climate, the flu had made its way into New Mexico.

By October 7, 1918, Dr. E. M. Clayton, the city physician, informed the board of health that there were seventy-five cases in the city. The city manager, A.R. Hebenstreit, quarantined the city. The University of New Mexico suspended classes, and both Bernalillo and Albuquerque banned public meetings. The newspapers assumed their role of news disseminators and nudgers. When on October 8, the *Journal* announced that the "Flu Situation under control say city heads" it merely meant that steps had been taken to curtail transmission of the disease. But physicians were not reporting accurate figures to the city commission and the paper warned them that they would be individually telephoned, reminding them to report timely and accurate numbers of cases and deaths.⁵

The papers prompted the citizens to get involved. October 9 brought a call for trained nurses and by October 31 the papers informed Albuquerque of the establishment of the NMSPHA command center in Las Vegas. *The Journal* hinted that citizen committees had organized support in Clovis, adding that other places and had been "successful" in supplying some volunteer assistance. For example, they hinted that "valuable assistance (has been) rendered by teachers in many places in the state," encouraging teachers to volunteer. Many did so as their schools had been closed due to flu.⁶ The Bureau of

Charities, headed by Rabbi Bergman, provided liaison with other organizations and gave some direct care.

The Bureau of Charities, attached to the Chamber of Commerce, emerged out of the Civic Betterment League, a booster organization. The Bureau was responsible for collecting funds, distributing firewood, clothing, food and cash assistance.⁷ Once, when a news article in the *Journal* on November 24 mentions that a wife and five children, all victims of the flu, were deserted by the husband and father, the Bureau of Charities provided for the abandoned family in the local hospital. The paper praises “a Miss Wickers, county nurse,” who had assisted the Bureau. The Bureau encouraged more organizations to join the effort. The Woman’s Club helped as did the Sisters of Charity. The sisters took on the nursing of students at the University of New Mexico and one, Sister Alma Louise Vogt, succumbed to the influenza which she contracted as she nursed university boys.⁸ Unfortunately, these bits and pieces of the citizens’ responses leave out much information of the dedication and community support provided throughout the city.

Even though no detailed narrative exists for Albuquerqueans’ response to the flu emergency, we might suppose that actions were similar to the account given by Oscar Harvey of Luzerne County, Pennsylvania.⁹ Harvey’s book provides a comprehensive account of one community’s efforts in combating the flu. Harvey chronicles every organizational meeting, every name of the participants, and every result of the community’s efforts to get boots on the ground. Within three weeks of the outbreak, a meeting was held, the participants of which were concerned citizens. They listened to the county medical inspector, Dr. Charles H. Miner, talk about the progress of aid so far and the plans for future combat of the flu. Miner delegated responsibilities into five districts and

suggested committees on automobiles (i.e., transportation), general medical supplies, food, and drugs. Meeting attendees provided personal accounts of the flu, stressing the necessity for women to help with housework of the afflicted, the need for proper sanitation, and the number of families that required help.¹⁰ Without a centralized authority like the one in Pennsylvania, existing community groups in New Mexican towns had to coordinate resources on their own. It took three weeks to get assistance organized in Albuquerque. With a number of organizations willing to help, it appears that the Bureau of Charities pulled the resources together.

Like Luzerne's volunteers, Albuquerque found that its poor were in desperate straits. Volunteers and regular nurses would have seen incidents similar to those described by the nuns in Pennsylvania. Among the poor would be people without any furnishings in their homes, or several family members sick in the only bed, with one elderly person or a child trying to take care of them. There would be those too sick to find water or comestibles, too ill to relieve themselves outside or keep the home clean. Some would have been in stages of delirium and would have needed to be monitored so they would not wander off.

The morbidity of this illness was brutal. People needed nursing for almost two weeks if they were to survive. Nursing staff in Albuquerque consisted of volunteers, graduates, student or religious nurses, all required to wear masks, providing palliative care at best. As the sisters in Pennsylvania found, keeping people clean, hydrated and comfortable comprised most of their duties. Other Albuquerque volunteers might have assembled food or drink trays in hospital cafeterias. If nurses deployed to home visits, they may have also cleaned and done some housekeeping. They might have coordinated

undertaker visits and provided coffins for the destitute.¹¹ So many people needed so much at the same time that the charities found themselves inundated.

In the midst of continued Liberty Bond drives and requests for aid to the Belgians and French orphans, *The Journal* pleaded with people to begin charity at home: “Albuquerque has her own poor who must be cared for at once.”¹² To that end, on November 24, Rabbi Bergman hosted a fund drive for the Bureau of Charities at his home. The two months of flu strained local resources to the breaking point due to the enormous needs and funds had to be replenished. The deaths of mothers and fathers leaving behind orphaned children or family caretakers absent from work without pay left families challenged beyond their endurance. Said Bergman, “In fact, the exigencies of the situation call for greater liberality than ever before on the part of those who can afford to give.”¹³ Direct appeals such as this demonstrate how overextended charities became without a state department of health, and how much communities depended on charitable support.

Albuquerque did better than most cities with its consistency in quarantines and public meeting bans. The City Council’s flexibility and willingness to listen to those who were providing direct assistance - like the city physician and Rabbi Bergman - helped keep the mortality relatively low. As the flu was abating the Armistice was signed; the war was over. No one could squelch the outpouring of enthusiasm in parades and celebrations. However, noting that the incidence of flu trended upward after the public displays, the Council voted to maintain the public meeting ban until December. As the *Evening Herald* pointed out on November 15, the “‘busy little bacillus’ had raised the number of flu cases dramatically following the victory celebrations with 69 new cases...And among the cases

are said to (be) the most virulent that have appeared so far.” In the interest of preventing further infection, the quarantine stood.¹⁴

In the end, perhaps several hundred people died in Albuquerque. If accurate, that means that two and half percent of the population of 15,000 succumbed.¹⁵ Two months of almost constant funerals must have been enervating. Urbanites of the early twentieth century would have buried their dead in coffins in either religious or secular cemeteries around town. The ban on “public funerals,” would not have had the same effect on families in a city as in the villages as the culture of city dwellers accepted posthumous memorialization. For most Albuquerque residents, death was not the communal affair practiced in traditional Hispanic villages. Not only because of increased awareness of proper disposal of remains, but also because of changing funerary practices, families would have been at ease with entrusting a loved one to a funeral home and secular cemetery.¹⁶

Bereavement would have been expressed and thanks acknowledged through the newspapers, evidenced by the posted obituaries and expressions of appreciation from the families. Most Albuquerqueans of 1918 were a generation away from the precariousness of life on the frontier. While disease and misadventure claimed their share of lives, recurrent or endemic diseases were further away from their everyday lives than rural areas which still experienced the tolls of disease and accidents.

The contrast with villages as to quality of life, however, did not make individual grief less. We can imagine that every death left families stricken. Will de Chapparo comments, “Recent research...(finds) substantial evidence of bereavement even during periods of especially high mortality.”¹⁷ People grieved no matter the cause and the extent. Although finding consolation in religion and burial rituals, the loss of loved ones was painful. Once

again, the cemeteries give a glimpse of the impact on individual families. Eleven gravestones in just one graveyard, tiny Mount Calvary Cemetery, show the date of death as 1918, and a section of the Fairview Cemetery is devoted to children who died in the Great influenza.¹⁸ Disease and death had left its mark on Albuquerque.

Santa Fe

The *Santa Fe New Mexican* staff writer bit the edge of his pencil. Word had just reached the paper's office of the influenza death of Jack Fall, Senator Albert Bacon Fall's only son on October 5. Jack had just headed home to Alamogordo by car after attending the 900 member Republican Convention in Santa Fe where his father had been keynote speaker. The staff writer wondered. With that many people gathered could the convention have had anything to do with Jack's death? No, he shook his head. Better not put that thought into people's heads; there was enough worry with the influenza news from around the state. After all, the Albuquerque papers emphasized that fear contributed to susceptibility to the flu. He thought, too, that the Republicans, in an all out effort to beat the Democrats in the upcoming election, would not appreciate bad press linking them to the influenza epidemic. He wrote a small announcement and placed it on the fifth page of the *Santa Fe New Mexican* on October 7, 1918.

By October 9, the *Santa Fe New Mexican* was announcing that "Influenza Prevalent in State; Many Cases in this County; Mayor Urged to close Schools." Updating residents on other localities, they reported that there were five hundred cases in Eddy County, Trinidad already banned all public meetings places, Albuquerque had already closed schools, and rumors abounded that Winslow, Arizona was to blame for letting the germs out. The paper provided the standard advice. Go to bed and stay in bed to avoid getting pneumonia which

was so often fatal. Keep away from the sick, and disinfect a lot. The paper quoted a doctor (not named) as saying, "This is probably the worst epidemic of la grippe or influenza or whatever it may be that has ever attacked America."¹⁹ Information pouring into New Mexico for a month about the scope and the effect of the influenza had begun to convince the population that they would be facing an unprecedented illness. The doctor warned people that this was no ordinary flu.

The *Santa Fe New Mexican* reported the status of the epidemic throughout the state and Governor Lindsay's state wide directive to ban public meetings on October 18. Santa Fe's mayor followed suit. Schools went on extended closure, the penitentiary closed to visitors and churches were shuttered. Page six of the *Santa Fe New Mexican* began listing names of the dead. Santa Fe's population responded in similar ways to Albuquerque although no one thought to document the official response. A soup kitchen was set up at the Manderfield School to provide some aid to caretakers too overwhelmed to prepare meals. Sisters at the Loretto Academy nursed their students. Students at the Santa Fe Indian School had been quarantined and were being taken care of by their own nurse and physician.

But the epidemic's scope and the lack of coordinated assistance at the state level prompted some citizens to become accusatory. The tone in the paper indicated that it was obvious that the state was not really getting "a handle on the flu." By November 5, the paper admitted that, despite reports issued to Governor Lindsey from Kerr, the numbers were almost impossible to gauge although, possibly one thousand fifty five had already died. "What's the total for all of the 28 (sic) counties in the state is a matter of conjecture. In certain places there were so many cases of the "flu" that reports could not be made, it is

said.”²⁰ The state was unprepared when a worst case scenario happened and the public complained in the pages of the paper in subtle and not so subtle ways. “100 People in this County died needlessly,” Dr. James Rolls censured in the *Santa Fe New Mexican* opinion page. Dr. Rolls speculated that children would have been better off in well-ventilated schools rather than with their families or running around the streets visiting one another, although he admitted that children were not getting the flu at the level of the adults. He complained that while the legislature appeared concerned with livestock, they had not seen fit to establish and equip a department of health. He blasted the state by saying, “Statisticians place a definite money value on the average human life and the loss of a hundred lives in Santa Fe County that might have been saved represents a definite money loss running into the hundreds of thousands of dollars.”²¹ The ire of citizens must have been exacerbated by reading the published obituaries of state notables as well as neighbors, bringing home the fact that the influenza was negatively impacting all the citizens of the state.

Alamogordo

Emma Fall sat on the covered veranda and listlessly surveyed the Fall’s Three Rivers ranch. She couldn’t force herself to saddle her horse, check on workers, scan fences, or talk with the foreman. It was an election year, and Albert was away again and she wasn’t sure she could do the job now that Jack was gone. Jack. Her boy. Big, strapping Jack Fall who was so tall they had to make a special bed for him.²² So well loved and respected that the Roswell paper said, “Jack was about as well known over the state as his father and had a great number of friends wherever he stopped and the news of his death comes as a sudden an(sic) complete shock.”²³ Who would have guessed that influenza could kill a young man

in the prime of life? That was for the old, for the very young, not a thirty-three year old man.

Despite herself, Emma replayed in her mind those horrifying few days. Jack's wife, Anna, was expecting, so Jack decided to drive home right after the Republican Convention in Santa Fe to his newly built home in Alamogordo. His parents, Emma and Albert, followed by train. But in Carrizozo, Jack became so ill, he couldn't drive. He was put up in a hotel. Dr. Jesse Robert Gilbert from Alamogordo was summoned as was Jack's expectant wife, Anna and their baby daughter, Martha. Emma and Albert arrived in time, but Jack was dying. Martha's colored nurse (sic) brought her to Jack's bedside to say goodbye. As Jack's life slipped away, Emma became hysterical and was given a sedative. She sat, grieving, in the anteroom. As Martha later recalled, "Judge Fall entered the room with Jack's child in his arms. 'He smiled at Martha, Emma, just before...he went to sleep,'" Albert Fall told his wife.²⁴ Jack Fall died on October 5, but the Falls' ordeals were not over.

The front page of the *Raton Range* sorrowfully announced on October 15, 1918, "Afflictions increase for Senator A.B. Fall." Emma had been caring for her daughter, Caroline and her grandchildren when "Carrie...suddenly succumbed to the frightening illness...Exactly one week after Jack's funeral, his sister's body was laid beside his in the plot below the mountains they had both loved" in Alamogordo's Monte Vista Cemetery.²⁵ Mrs. Carrie Everhart, Albert and Emma's daughter died on the twelfth, leaving three small children and a husband, Mahlon Everhart. Another Fall daughter, Jouett was seriously ill, as were Mrs. Everhart's three small children. The paper speculated that Senator Fall would not campaign, and they were correct. "It goes without saying that Senator Fall will have the deep sympathy of everyone in New Mexico regardless of politics in his double bereavement

and the sad misfortune which has overtaken his family.”²⁶ Expressions of sympathy, consistent with nineteenth century ideals of memorialization, would pervade the newspapers during the three months of the influenza.

Emma and Albert were prostrate with grief. Senator Fall suspended all campaigning for his reelection, as predicted by the *Range*. Emma could barely function. But with their four young grandchildren left without parents and another baby on the way, the Falls had to go on despite their grief. Action helped dispel the gloom, said Martha. Emma invited her son-in-law, Mahlon Everhart and his children Alec, Jouett and Mahlon as well as Anna, her daughter Martha and new baby, Jack, to live at Three Rivers. Martha grew up there, surrounded by family, raised in part by her grandparents.²⁷ Jouett Adair Fall Elliott, the Fall’s surviving daughter, would name her own daughter Caroline after Jouett’s deceased sister.

The Fall family’s experiences were not, unfortunately, unusual. Most of Alamogordo was hard-hit by the epidemic and many families would have had to respond by taking in children or grandchildren. Beth Gilbert, Dr. Gilbert’s daughter, recalled that when the Spanish Influenza came to Alamogordo in fall of 1918, there had been three doctors in Alamogordo, but one had been mobilized for war and the other succumbed early to the flu due to his prior bad health. Dr. Gilbert had to serve the whole community. “It was such a desperate situation. There were so many seriously ill people that it was arranged for a doctor to come from El Paso... (Nevertheless) so many of my father’s patients died.”²⁸ Dr. Gilbert had an automobile as well as a team of horses for the often impassable roads and the long distances, sometimes one hundred miles to one house. Covering those distances with only two doctors must have been exhausting.

Years later, Beth was told by the town drug store owner, Mr. Frank Rolland, that Dr. Gilbert “came into his drug store, broke down and cried, saying, ‘Frank, so many of my people are dying and there doesn’t seem to be a thing I can do about it!’” Beth recalled sadly that it was a hard and stressful time especially for a man like her father who was so committed to his patients. She mused whether it took a toll; she could have been right because Dr. Gilbert died March 1, 1923 at the age of 53, perhaps another of the influenza’s late victims.

Taos

Elliott Barker, forest supervisor of the Carson National Forest in 1918, became intimately involved with the epidemic response as Chairman of the Taos County Chapter of the American Red Cross. Forty years afterwards, he remembered:

...with tornado-like suddenness and tragic fury, the potent, racy epidemic struck throughout the staid valleys of Taos County. Almost overnight the whole countryside came to grips in a life and death struggle with a virulent form of influenza, the control of which medical authorities seemed to know little.²⁹

He recalls that although early reports came trickling in to Taos County about the influenza sweeping the United States, Taoseños were alerted to the danger when the body of a soldier from Taos, dead from pneumonia, was sent home for burial on October 9, 1918.³⁰ Soon after this, the Taos paper would publish daily reports on residents who had died of the flu until, as the paper’s editors said, “as to writing obituaries, we find (it)...impossible except for a few of the most prominent citizens of the town. A list of the dead from pneumonia cannot be procured at this time but will be printed later.”³¹ Services or niceties, whether official or community-based, had become quickly overwhelmed.

There were no hospitals in Taos and of the three doctors, one doctor was mobilized and the other two could not cope. "There were but very few cars and not any surfaced roads...Travel was exceedingly slow and telephone communication limited and poor," recalled Barker.³² It appeared the outlying areas were going to be left on their own. Barker's whole staff was down with the flu, so he closed the U. S. Forest Service office for thirty days. Within that time, Barker's chief clerk and his custodian died.

Meanwhile, Barker assembled a team of volunteer coordinators. Catholic priest Father Giroud, dentist Fred Mueller, and Barker organized help for the sick and burials for the dead.³³ The team improvised one hospital in the church and another in a school. They had only one nurse, so volunteers did as much as possible, until they, too, became sick. Floyd Brown, a young teacher in Taos, wrote to his family that since school was suspended during the flu, many teachers volunteered as nurses.³⁴ If they could, Barker's team moved people who had no one to care for them to make-shift hospitals. The three worked ceaselessly. "Whether alone or working together we often were met with heart breaking, tragic scenes, -- a whole family ill, one or more dead and no one to bury them, sometimes out of food and fuel for there were many very poor people."³⁵ Challenges faced by the poor would be a constant feature of caregiving throughout New Mexico.

Caregivers throughout the state, whether on reservations, in villages or in towns, confirmed that the disease caused negative effects beyond illness especially for the very poor. The poor had few resources to call upon. They couldn't hire help for child care or housekeeping when families were ill. Even with the support of community members, daily work became difficult to accomplish. With many family members prostrate from the

influenza, the time consuming tasks of drawing water, gathering firewood, and preparing food as well as caring for the sick soon exhausted remaining family members.

Barker relates a typical scene, though he admits it was more “gruesome than most.” He and Father Giraud made a midnight visit to an outlying homestead. As he described them, the “Spanish-American” family consisted of the father, mother, grandmother and six children from six months to twelve years. There was one bedstead; the other beds were pallets on the floor. Kerosene for the small lamps had run out, so there was no light except the dim glow of a small fireplace. All nine family members had been ill and the twelve year old girl was the only one able to care for the others. Horrifyingly, the mother and one of the children were dead in the bed, lying next to the others who were too sick to realize it or care. The little girl was trying to keep the remaining six warm and give them a drink and some food now and then. The baby was not sick but it was hungry since its mother was dead.³⁶ If that scene was “typical,” it is easy to see how dire the situation was in the rural areas.

The stories recounted in the paper confirmed one calamity after another. Two brothers, 17 and 19 died within thirty minutes of each other; a young mother whose husband was in the American Expeditionary Force perished; Jose Valdez, typesetter for the *Taos Valley News* died; Rhode Matthews of the U. S. Forest Service passed away; the wives of Abran LeDoux and Ricardo LeDoux expired on the same day.³⁷ Many more in Taos and its outlying areas would be gone in the next month, victims of the relentless influenza.

Against this onslaught, Barker’s team of three worked selflessly. They co-opted wagons, trucks, and any other sort of conveyance they could commandeer. When they

could not find enough caskets, and when they ran out of volunteers to dig graves, they buried the dead in blankets, tarps, and sometimes mass graves.³⁸

Along with Barker's team, others in the community pitched in. The teachers that Lorin Brown mentioned provided nursing as did as women's associations. *El Crespusculo* applauded their efforts, thanking the many Taos women who gave their time in a "noble and altruistic way during the horrible ravages of the epidemic. They performed heroically."³⁹ In providing a testament to their selflessness and the horrific need for their services, the paper acknowledged the scope of the crisis. *El Crespusculo* also praised the work of the Red Cross which established provisional hospitals in the convent and the mission school. Recognizing that the flu was "raging in Taos" Kerr sent six doctors and nurses, responding to the Taoseños' desperate cry for help.

The heroism of volunteers notwithstanding, Barker intimated that by the end of the epidemic, "it was found that out of the County's 12,500 population ten percent, or 1,250 had been buried in the brief six week period."⁴⁰ Taos County had lost its school superintendent, young Pablo Quintana, as well as the Commissioner of Public Lands, Robert P. Ervien, both of whom fell victim to the flu and complications of pneumonia. Ervien had been commissioner for eleven years and, according to the paper, was a person of great merit, appreciated by the entire state.⁴¹ Barker himself got ill late in the fall and F.T. Cheetham took his place as Red Cross president. The other two of Barker's team, Father Giraud and Dr. Murray escaped the influenza unscathed.

Although the *Taos Valley News* noted that it was unable to publish all of the obituaries, it provided numerous reports on the devastation around the county, giving a window into the sorrow permeating the town. Because of his prominence, the paper

published a “Tribute to the Late Co. Supt. Pablo Quintana” on page one. The long article related highlights about Quintana, his career and his devotion to the schools, noting that he left behind a wife and several children. The rhetoric is flowery and inspirational, with the editors lamenting, “Our hearts have been sorely touched and our sympathies stirred to their depths, by the death of our beloved friend, Pablo Quintana. He was your friend and mine.”⁴² The tributes to Quintana may have represented all that families did not or could not say about their own loved ones. The tributes also demonstrated the new innovation of memorialization brought by immigrants to New Mexico.

Looking back, Elliott Barker wondered what more could have been done. Sadly conscious that all elements conspired against them – the bitter weather, the lack of preparedness, the poverty, the virulence of the flu – he concluded that they’d done the best they could. Still, the epidemic’s ravages left a lasting scar. Barker summarized, “During those weeks witnessing the intense suffering, so many deaths, such hardships and grief, while faced with the inability to adequately cope with the situation presented a harrowing experience that I would not want to live to go through again.”⁴³

Those who spoke about the epidemic universally echoed Elliott Barker’s sentiment. Without any of the rudimentary structures of a comprehensive public health emergency plan, the volunteers struggled on against monumental odds. They had to organize hospitals, assign caregivers, provide basic assistance to overwhelmed family members, and manage burials under the most trying circumstances.

Roswell

“Operator. How may I help you?” The young woman at the Roswell Switchboard sighed. Mrs. Habencroft wanted the grocery store to deliver her order. So petty - what with everything going on. The Spanish Influenza hit Roswell with a vengeance and the Mayor had quarantined the city by October 5. While the *Roswell Evening News* had dismissed the rumors around town that there were dozens of cases and several deaths, it was obvious things were bad. She was the only operator still well; the other four were in bed with the flu and they’d been advised to stay in bed for two weeks! She connected another call. At that moment, a friend poked his head in.

“How’s it going, trooper?”

“I really don’t know if I can do this by myself. The board is lighting up all day; people wanting the doctor, people trying to call the Mayor, parents calling the Institute, and Mrs. Habencroft wanting her grocery order!” She thought a moment. “Say, you’re a staff writer at the *News* aren’t you? Could you say something about the situation? I have to manage on my own until the other operators get well. Otherwise, I’m going into a tail-spin!”

“Toot-sweet, kid. I’ll tell ‘em to put a sock in it.”

Although the above is a fictionalized exchange, the news did get to the papers that the telephone operators were stressed beyond endurance. On October 9, an article in the *Roswell Evening News* on page two announced that “Spanish Influenza has hit the operating force of the local telephone office rather hard. Four of the day operators....being ill at their homes.”⁴⁴ By October 12, the Mountain States Telephone and Telegraph Co. informed the public that “half of its operators are ill, the phone volume is tremendous and they are trying

their best. Please keep down the number of unnecessary calls.”⁴⁵ Without a full complement of operators, switchboards could not be handled by one operator who had to answer each call, manually connecting them. In an emergency situation like the influenza epidemic, phone lines needed to stay clear for priority calls to doctors.

The *Roswell Evening News* became the disseminator of information, the cajoler and the chastiser throughout the flu epidemic. Informing Roswell’s 6,000 residents about the quarantine at the New Mexico Military Institute (NMMI), the public meeting ban, the rules against loitering, the paper provided a view into the responses to the epidemic in this predominately Anglo, newly minted town. Roswell, the Chaves county seat, was settled by the Whites of Nebraska in 1869. A farming, ranching, railroad community, it drew many Anglo immigrants. Indeed, the paper billed itself as “a Democratic Daily Paper” and in 1918, most Democrats in New Mexico were not native. The New Mexico Military Institute dominated the town since 1891; it was nicknamed “The Hill.” Soon, however, both the town and the Hill would face the epidemic.

Even before the Mayor issued a public meeting ban, the paper was giving advice on the influenza. On October 1 the *Roswell Evening News* provided information on how to recognize and avoid the flu. The paper admitted that the flu had become a pandemic. Beware of spiking temperatures, severe headache and chills, they cautioned: “the one safe rule...is to go to bed at once and send for a doctor.” The paper also admitted there was no treatment other than for the ordinary influenza. They warned workers against going back to work too quickly for the disease was highly communicable. They told their readership to stay away from public places, and wear masks especially if caring for the ill. Then, the paper included its reproof: in the end, a hygienic form of life is the best defense.

The paper had a lot of scolding to do for it appears that it had to remind the population to adhere to the loitering rules. They admonished the public not to congregate, or loiter and to avoid public meetings of any kind.⁴⁶ October 12th's first page inset "The Influenza Situation" by Dr. W. C. Buchly, the city physician, enjoins against complacency, saying the flu had expanded throughout Roswell and all bans and quarantines remained in force. By this time there were two hundred and fifty cases in the city, five of which exhibited pneumonia. NMMI had sixty cases of influenza.

Apparently, the compulsion to congregate was too great for Roswellians. On October 14, the day the town lost its Mayor to the flu, the paper continued to exhort residents. "The Influenza Is Increasing" (sic), reporting two deaths from pneumonia since the Saturday before, bringing the total to three in town, seventy-five new cases since Saturday, for a total of 400 cases. The article chastises people who are complaining about the anti-loitering law. "This rule has been mad(sic) for your safety...(I)n order to help get this pandemic put down it is very essential that you do your part and do it willingly." Then the paper reprimands, "Don't go down to watch the train come in. Of course, it is a good place to talk politics and the war, but yesterday the crowd was so thick that it was even hard to make one's way down the platform."⁴⁷ By the next day, October 15, the number of cases grew, and the paper reported that the "Influenza is gaining ground" with five more deaths, some fifty or sixty more in town, bringing the total cases to 500. The dangers of contact apparently escaped the public, so the newspaper continued to remind them to avoid large groups.

Likewise, the paper reproved people who thought the influenza was a scare or a hoax; it's serious, they emphasized. The *News* urged people to monitor themselves,

reminding them not to spit on the sidewalks.⁴⁸ The paper countered criticism of their coverage. "A person remarked the other day that the newspapers had no business publishing all of the deaths and statistics as it only served to quell the enthusiasm and life of the city. As far as that is concerned, this is not the idea."⁴⁹ For a town committed to business, it was irksome to curtail it through the epidemic. The *News* asked, too, that people must curb impatience, they must accommodate for the fact that businesses were crippled by lack of employees: the telephone service, the grocery stores. Don't call the stores several times a day, be considerate. Chafing against the restrictions and anxious to return to business as usual, townspeople seemed to want to wish the epidemic away.

That was not all for which the populace would be castigated. The Military Institute was having its own share of victims. The influenza struck suddenly at NMMI just as everywhere else. By early October, NMMI had two hundred cases. "Laughing, joyful, vivacious cadets, one hour, became fever-ridden invalids the next," reported the Institute's historian.⁵⁰ Like other boarding schools, NMMI was quarantined October 12. The hospital full, the old mess hall was converted into an emergency hospital. Fortunately the school had its own doctor and, soon, three others joined him. In addition, women from the town helped as nurses.

After NMMI was quarantined, the commanding officers thought it would be a good idea to have an outdoor picture show to maintain morale. "(T)o relieve strain, nightly picture shows were given in front of C and D Barracks, so that the cadets might watch from stoops or the grass in front of their rooms."⁵¹ However, some Roswellians crashed the party despite NMMI's quarantine. Apparently, as the Rowell paper scolded,

several carloads of people...went up to the hill to mix with the cadets and share this pleasure. A guard will now be placed to keep people out. These

are the kind of people whom Mark Twain once described as being so little, that they ought to varnish to keep their souls from running out of their pores.⁵²

The actions of many townsfolk demonstrated their independent natures. Obviously used to taking matters into their own hands, they chafed against restrictions. But they were also community minded and many volunteered to help their friends and neighbors.

The *Roswell Evening News* served as a volunteer recruiting conduit, giving praise and credit for those who helped. Beginning with an appeal for nurses on October 9, by October 14, Roswell got ninety student nurses. On the sixteenth, the paper asked the Red Cross to help at NMMI but also pled with townswomen: "Remember, it might be your boy away from home and in need of care."⁵³ They got their volunteers who helped extensively at NMMI. Kelly's history of the Institute mentions each "angel of mercy" by name.⁵⁴

The *News* praised other volunteer efforts. St. John's Church was turned into a hospital staffed by the Sisters of the Blessed Mother from St. Mary's Hospital. The paper published the nuns' appeal for donations for the poor. A group of Roswellians went to Chihuahua, Mexico to aid in what was becoming a horrifying debacle in Northern Mexico. "A Glorious Work at the Emergency Hospital" details who worked and what they contributed to the committee that organized the emergency hospital. Women from St. Peter's Altar Guild, women from other associations, and local businesses gave time, money and material. Mattresses, groceries, meat, bedding, dishes, laundry, hardware: all were donated to help the desperate situation in northern Mexico. *The Roswell Evening News* thanked the many Roswell women, the Sisters of St. Francis and Roswell businesses for their help.⁵⁵

After hundreds of cases and thirty deaths, Roswell finally lifted the public meeting ban on November 24. The six weeks of the influenza epidemic had strained not only businesses, but also social norms. The paper's editorializing and lecturing demonstrated the difficulties in modifying a population's behavior even when faced with a dreadful situation. A population's determination to normalize situations can be counterproductive. Without any kind of authority to compel people to do what was most likely in their best interests, the paper could only resort to nagging in the hopes of changing behavior.

However, the paper also served as the avenue to express the intense loss experienced by the people of Roswell. As they published obituaries and remembrances, they connected with the Anglo culture of theological beliefs and memorialization of the dead. The *Roswell Evening News* provided some excellent examples of how the culture dealt with death. Articles describing the deceased invariably paint him or her as a paragon, in keeping with the custom of speaking well of the dead: cheery smiles, a kind word for everyone, loved by all who knew him, promising career, will be missed by all who knew him. The language used to comfort survivors related to the hope of an afterlife of painless peace. Repeatedly, obituaries refer to the "sleep that never ends; resting in the arms of the Lord," and other soothing phrases. The front page story on November 14 of the death of Father Hebert, 43, of St. Peter's Church uses such verbiage

(Father Hebert) succumbed last night to the ravages of that fearful disease, flumonia, which has spread from coast to coast of this country like a great tidal wave. Life flitted out as the last shafts of the day were fading into the darkness of the night and the great fight was lost, and won!"⁵⁶

The expression of the triumphal idea of entry into heaven appears in opposition to the traditional Hispanic conception that death was a judgment, that life was a debt owed to God

and that the dead required prayer to smooth their way into heaven. Yet, while different from each other, each population would find solace in its own expressions and rituals.

Roswell, in the midst of its Armistice celebrations, was hoping that it could begin to move on from the debilitating six weeks. "Sorrows of the past, depression which has been slowly eating into the hearts of the influenza stricken areas, seemed to vanish...." with the parades and congratulations at war's end.⁵⁷ The influenza was subsiding, but not without leaving other sorrows in its wake. On January 30, 1919, Luis Larrazolo, 17 year old son of Governor-elect Octaviano Larrazolo died at NMMI with his brother by his bedside. As in many cases, Cadet Larrazolo had been ill only for about a week, seemed to improve, and then died suddenly. His mother came by train from Santa Fe to take Luis's body back to the family home in Las Vegas. The paper mentions that the shock of her son's death "greatly weakened" Mrs. Larrazolo. The *Evening News* expressed deep concern for the Governor and his family.

The deepest sympathy of all Roswell people is with the governor and the bereaved mother in their great loss. To lose a son at such an age is a mighty hard ordeal. It is something which seems almost unbearable, insurmountable, and although words can utterly fail to express our sentiments in such a time, the hearts of the whole community go out to the parents.⁵⁸

The sorrows of prominent members of the community can be representative for the rest. It was indeed a "mighty hard ordeal" for all.

Las Vegas

The Larrazolos brought their son back to a Las Vegas that had seen the worst of the flu, but the epidemic was so far from being over that Governor Larrazolo requested Kerr return to New Mexico for a little while longer. When Kerr returned to Santa Fe, Larrazolo

met with him immediately after Luis's funeral, discussing the influenza situation and development of a health department. Governor Larrazolo would turn his grief into action by authorizing a State Department of Health at the upcoming legislative session.

Strangely, although being the site of the proto health department headed by Kerr, Kaser and Tombs, Las Vegas seemingly had as difficult a time as Roswell in maintaining public meeting bans and quarantines. They also seemed to be lax on the rule against public funerals. Their population was a mixture of the traditional Hispanic and the newly arrived Anglo cultures. Las Vegas had grown as an important railroad town, connecting the north with the larger cities of Albuquerque, Las Cruces and El Paso to the south. Lumber, ranching, and farming comprised its major occupations. Consequently, like the other larger towns in New Mexico, the flu would be easily transported by train. As late as October 7, the mayor would be assuring citizens that the flu had not reached Las Vegas. But despite his assurances, it would arrive.

On October 8, the *Las Vegas Optic* announced a meeting of the executive committee of the Red Cross to discuss preparations in anticipation of the influenza outbreak. The committee would survey nursing staffing levels: from graduate nurses to pupils, including even those who had taken Red Cross courses. Then, on October 23, the liaison team to monitor the epidemic – Kerr, Kaser, Tombs – set up in the offices of merchant Herman Ilfeld.⁵⁹

By October 10, public meetings were discouraged in Las Vegas, so no one was surprised at Governor Lindsey's state wide public meeting bans on October 18. However, by October 21, the *Optic* reports people gathering to visit and on November 1 the paper admonished citizens, reminding them that the meeting bans would be strictly enforced.

The paper warned that accounts of the epidemic coming in from outlying areas showed how severe it had become. The article strongly urged that people follow the directives to avoid congregating and that physicians follow reporting requirements. If those chidings were not enough, the paper tried appealing to sentiment and sportsmanship to convince people. In one article, the paper related that “Mayor Blood could not control his emotion when he said that on the morrow he would assist in burying three members of a much beloved family in one grave.” The *Optic* then tried to convince citizens that everyone should follow the restrictions in the interest of “brotherly love and decency and fair play.”⁶⁰

Similar to Santa Fe, there were few indications of exactly what people were doing in the response to the flu, but it seems as if restrictions irritated residents even as some families were devastated by the toll the epidemic was taking. However, the rules would increase, getting more specific after the flu reignited following Armistice parades.

Armistice Day celebrations were unstoppable in Las Vegas as elsewhere; as in other towns, the crowd contact rekindled the influenza. Page two of the *Optic* on November 18 warned that restrictions were tightened because of the resurgence of the flu. For example, people entering a flu infested house would be fined. Tradesmen complained they had no way of knowing if a house contained sick people and the paper doesn’t say what the solution was to indicate how they would know other than marking the house as flu-infested. The paper strongly suggested shoppers order by phone instead of going out to the market. Public funerals were discouraged although they happened anyway, causing some backlash. “Many complaints had reached the board, however, of wakes and funerals where no attempts was(sic) made to restrict the number of attendants,” the paper lamented.⁶¹ In a

population unused to public health directives, the rules seemed difficult, flying in the face of custom and tradition even while authorities attempted to halt the spread of the disease.

As in every other place the poor, with few resources to access, were most miserable. “Many of the poor people are suffering. Chief Murphy yesterday distributed 27 pails of soup but ran out before he had relieved all the needy,” reported the *Optic*.⁶² Consistently, the lack of preparation at the state level would levy this additional burden on the destitute.

Analyzing what was reported through the newspapers provides clues that Las Vegas organized relief efforts under the city council’s authorization of a board of health consisting of the mayor, members of the city council, city physician and the marshal.⁶³ Beyond that information, there is little else. It is hard to say why Las Vegas was reticent to report in depth on the response to the influenza. Perhaps as a business town, the paper hesitated to make too much of an illness, just as Santa Fe’s papers appear guarded because of politics. Whatever the reason, the data regarding the responses of Las Vegas’ citizens is sparse.

Clovis

Clovis, New Mexico’s fifth largest city in 1918, boasted that it was the largest railroad center in the state, settled primarily by Oklahomans and Texans interested in ranching and farming, bringing with them their Southern heritage.⁶⁴ The *Clovis Journal* began publishing instructions on avoiding the influenza, printing a long article on October 3, a day after a large ad for a Gentry Brothers Famous Shows Circus and parade in Clovis. Traveling shows and opportunities for people to gather would have been a perfect vector for the coming epidemic. Not surprisingly, on the 10th the paper advised parents to keep children home and that some flu cases were being reported.

“Some cases” may have been an understatement because, according to Kerr, the people in Clovis had been hard hit. In fact, on October 17, the front page article announces, “U.S. Health Officer Here.” Kerr and Tombs arrived in Clovis “at the request of the local authorities” to help with the influenza epidemic. “So far as the *Journal* can learn there have been between twenty and twenty-five deaths so far from influenza in Clovis,” the *Clovis Journal* announced.⁶⁵ The same issue reports that officials had restricted business hours, allowing businesses to open only in the early morning and later afternoon to limit contact between people. Page three gives an extended current medical view of the influenza with its acute symptoms and rapid incubation period. The paper speculated that the 1889 epidemic gave some immunity, although that would have given people a false sense of security given how little was known at the time about the 1918 influenza. The paper enjoined people to get fresh air, drink a lot of water, wash hands, stay in bed, nose spray or gargle. This was typical advice for any influenza; the danger for this disease was in its complications which often came so rapidly that not much could be done.

That same day, October 17, the *Journal* listed ten of those who died from flu and were buried in Clovis and six others who would be interred elsewhere. They published a pitiful appeal for volunteers to help the sick: “Please volunteer as no help will be coming from elsewhere.”⁶⁶ Clovis was probably given this unwelcome news by Kerr in his typical forthright way as he knew the difficulties of finding nurses and physicians. How Clovis coped with this shortage of medical personnel was not recorded in its *Journal*.

The brevity of coverage could be explained simply. “The Spanish Influenza came very near putting the *Journal* out of business for two weeks as only one man of the force was left to do the work which accounts for the small papers,” admitted the paper.⁶⁷

Perhaps, the lone *Journal* worker had enough on his hands without delving into what volunteers were doing to help out.

Toward the end of the epidemic's sojourn in Clovis, the paper published a list of eight people buried in Clovis, eleven who were to be buried elsewhere, and "six Mexican men, two Mexican women, three Mexican babies (sic)." Despite these discouraging numbers, rallying, our lone intrepid newsman boldly declared, "The Flu Epidemic is Over in Clovis and it is going to stay over." He noted that houses had been disinfected, and churches, schools and theaters would be open soon.⁶⁸ After November 28, the *Clovis Journal* did not publish any more influenza news, so perhaps by then it had burnt itself out.

Raton

Reverend H.L. Patterson stood in the cold January wind on the platform of the Santa Fe, Raton and Eastern Railroad with his portmanteau, his wife and shivering children. Patterson looked west toward the rising hills, and then turned his gaze eastward to the prairie's vast distance. He hated to leave this place. Raton was friendly and his congregation at the Raton Christian Church had certainly been good to him. When he got ill in early December, they kept paying his salary even though he didn't recover from the influenza until Christmas.⁶⁹ Now, after his bout with the flu and his long convalescence, his lungs could no longer manage Raton's 6,600 foot altitude. He and his family felt that Las Cruces might be better for his health.

The Reverend's eyes blurred with tears, making the prairie horizon appear dreamlike. He would miss all of his congregation, but one most of all. Reverend Patterson recalled his dear friend and colleague, Brother Leonard. God sends us angels, Patterson

thought, in the form of friends. Brother B.H. Leonard, a lay preacher for the church, was working on the Santa Fe, Raton and Eastern as a fireman when he was stricken by the influenza. He died within a week of entering Trinidad's hospital. Patterson wrote his obituary, using the typically sentimental rhetoric of the time:

His life has not been in vain. Hindered from preaching the gospel, he did better – he lived it, and thereby served a greater end. When (this) writer reached Raton...while standing in the depot, Brother Leonard walked up to him and said, "You look like a man in need of a friend" ... and so he proved himself to be until the day of his death, a friend who unselfishly helped and advised; and the achievements of the church in the past year are largely due to his devotion and unselfishness.⁷⁰

Brother Leonard would be sorely missed like many others in Raton. Reverend Patterson's wife looked up at her husband and went to him, putting her arm through his. He smiled at her and squeezed her arm a little against his side. God willing, I will have as many friends in Las Cruces, he silently prayed.

Reverend Patterson's experience is indicative of how Raton's residents suffered the onslaught of the influenza epidemic despite relatively low numbers of mortality. The flu figures enumerated in the paper on November 1, 1918 listed the following from the County Health Officer: County population 20,800, cases to date 626, deaths to date 51, cases as percent of population 3%. In the city of Raton, population 5000, cases 107, deaths 6. However, the number of deaths from the influenza affecting the loved ones of residents who did not live in Raton is not calculated into the official number of ill or deceased, although those deaths would have taken an emotional toll.

Raton, a railroad and mining town on the Colorado border, was full of immigrants, transplants and transients who settled this former piece of the Maxwell Land Grant. These newcomers set up next to traditional Hispanic ranching and farming families. Mining and

railroading lured Eastern European immigrants, Anglos, African Americans, Mexicans and homesteaders both black and white. The demographic seemed young and young people became friends through work and the variety of churches in Raton. *The Raton Range* was the social conduit for this diverse community, recording the visits and activities of residents as well as their far-flung relatives. Through the newspaper, Ratonites who worked the railroad could thus keep abreast of local news.

A regular feature on front page of the *Raton Range* was "Soldiers' Letters" apprising the community of the activities of Colfax County's mobilized sons. In addition, the paper regularly published who was visiting whom, who was hosting social activities, and which preachers were tackling which sermon topics. After influenza cases appeared in Raton on October 12, the paper is replete with announcements of those with ties to Raton who died elsewhere and those interred elsewhere. But before Raton residents' obituaries began to appear, news of influenza on the march garnered responses from the city fathers.

The Range, like many papers in New Mexico during the war years extensively covered national and international news. Raton's residents were aware of the flu in army camps and on the East coast and even got a personal view from one of the "Soldiers' Letters" on page one of the October 1, 1918 issue.

From Arthur Brown to his parents, Mr. and Mrs. Willis Brown: Navel Training Station, San Francisco Cal. September 26, 1918:

Dear Folks: The quarantine against influenza is in full swing, and we feel the effects of it in our daily routine. This place is the most sanitary I have ever seen. Absolutely no dirt. No spitting is done anywhere except in gutters of running water and in sawdust filled kits. We get a throat spray every day now; everybody on the island gets it, officers and all.⁷¹

The letter was a warning of what was ahead for Raton. October 8th's "Health Notice" on page one informed the citizens that influenza had become reportable in New Mexico. All

city cases had to be reported to the City Health Officer (Dr. O.J. Whitcomb) and county cases to the County Health officer (Dr. A.B. Stewart) on penalty of a misdemeanor fine of \$25 to \$100. To help guard against the coming onslaught, the *Range* included the standard health guidelines to dodge the flu: avoid congregating, if ill stay in bed, call a doctor.

By October 12, Raton's city physician issued quarantines and public meeting bans including all churches and schools. Entertainment at the local theater and all public amusements and entertainments were cancelled. Wishfully, the paper reported, "There has been very little true influenza in Raton and it is hoped that the disease may be barred from the city by the measures taken."⁷² But without a strict quarantine barring ingress or egress, the residents inevitably became ill. Businesses tried to allay fears. In an attempt to convince customers it was safe to shop, the L.E. Kelly general store was completely fumigated against influenza on October 15. The paper assured patrons that Miss Kelly would do this every evening to prevent infection. Additionally, residents were encouraged to go to work or get their tasks taken care of and then go home without loitering. Accustomed to business as usual, the residents were less than cooperative at first and the paper had to remind them about rules against congregating.⁷³

The paper reviewed the flu situation on October 18. While only six "authentic" cases had been reported, the counties around Colfax had been hit hard. In the October 18 edition, the *Raton Range* had to admonish residents, criticizing those loitering about and shopping during the busier parts of the "rush hour." The paper reminded people to keep children at home, to keep houses well ventilated, to avoid congregating, to eschew house to house visiting, and to stop loitering. No burning permits would be issued, either, to keep the atmosphere clean. *The Range* warned residents that all assemblages were subject to the

quarantine. They continued to remind people up through October 29 that “personal carelessness” was fueling the epidemic.⁷⁴ Yet even as the paper began to publish the illnesses and deaths of families, friends and neighbors, the difficulties in changing public behaviors challenged Raton as it did Roswell.

The Range had already printed notices of the deaths of Jack Fall and his sister, Caroline on October 8th and 15th respectively, but by October 15, the paper began to issue the death notices of people directly related to residents as well as residents themselves. Throughout the epidemic, the paper continued to note who was ill and who was getting better. The black crepe of obituaries and death notices clouded every issue.

Soldiers got ill and some perished, not on the battlefield, but in camp from influenza. George Aborezk died at Fort Dodge, Iowa within twenty four hours of contracting the flu. Alex Aborezk, his uncle, resident of East Raton arrived too late to see his nephew alive. Ben Caldwell, former resident of Raton, traveled to Denver to bury his son, Archer, who died at Jefferson Barracks.⁷⁵ Mr. & Mrs. Schmidt left for Fort Bliss where their son Montford was seriously ill. William Beck became ill with Spanish Influenza at Fort Sam Houston, Texas. A soldier from Springer, Charley Moore, died at Camp McArthur, Waco, Texas of influenza within one week of his arrival: “...the blow falls heavily upon his parents who are heartbroken over his departure,” mourned the paper.⁷⁶ Private Maximiliano Cardenas of Maxwell died of disease on December 3. These were young recruits, hoping to defend their country yet cut down before their service; however, those who contributed on the home front by keeping mines and railroads and stores operating were felled, too.

Quite a few businesses suffered when their employees got ill; some workers would never return. One of the earliest was on October 22 when Allan Stewart, assistant manager

for the Rocky Mountain Mining Company, died of pneumonia at age 22 leaving a widow and small child. Harry L. Springer, 23, assistant cashier at Farmers' Bank and Trust died October 25, leaving behind a wife, two children, a mother and a sister. November 1 saw the death of J.B. DeBolt, 29, a four year employee of the Santa Fe, leaving his wife and two sons bereft. By December 6th, the *Range* reported that the dispatcher's office of the Santa Fe had been decimated by the flu. The chief dispatcher and two others were ill, the fourth had to carry on alone and just received word that his wife and two children, visiting in Oklahoma, were all down with the flu.

Businesses throughout Raton continued to be shaken through lost customers and employees. The *Range* itself did not escape, apologizing that it "regrets having to omit several items of news from this issue owing to the mechanical difficulties encountered in the absence of the linotype operator, Mr. Blackburn, on account of illness."⁷⁷ On December 10 the *Range* wrote of the death of Edwin Palmer Andrews, a "popular and efficient" employee of the Santa Fe, Raton & Eastern, who contracted the flu and died of pneumonia which came as a "grievous shock to his many friends." Andrews had just married in 1910 and his wife, too, was ill. He must have been a young man of some importance for the paper continued that he had "a pleasing personality (with) his courteous and manly attributes, and his sterling character, Mr. Edwin Palmer Andrews was universally liked and respected." In addition, he was a member of The Elks, The Fraternal Brotherhood, and the Brotherhood of Railway Clerks.⁷⁸ Thirty-two year old Asa Bland, telegraph clerk at Dillon died at the Miner's hospital the morning of December 10. Cecil Hall, 25, from the Santa Fe, Raton and Eastern died December 13, the same day that C.P. Brown of the Stow Drug Store became seriously ill. The death of Ethel Baker, head waitress of the Coleman restaurant in

Vermejo Park, was followed by the death of her sister, Mrs. Wieland. The young women were buried next to one another on the same day, December 12. "This is one of the saddest occurrences that have marked the progress of influenza in Colfax County," lamented the *Range*.⁷⁹ The devastation and the personal heartache would continue throughout the beginning of the new year.

The deaths of Raton residents and their relations continued into February 1919. As others have remarked, the ages of the deceased were shocking: 18, 20, 29. These were people at the beginning of their adult lives often leaving behind equally young spouses and very young children. The paper from the end of September, 1918 through February, 1919 provides a seemingly never ending litany of doom. The lives lost, the families broken, the community damaged: the recitation of the destruction confirms Elliott Barker's metaphor of the influenza as a tornado leaving brokenness in its wake. The ravages of the disease strained physical and emotional coping mechanisms.

Aside from employing the advice disseminated in the papers of how to avoid the flu or survive it once it was contracted, some people tried homeopathic remedies. Enes Covert of Dawson recalls that after World War I was over, "the terrible flu epidemic broke out and Thank God, we didn't get it as the closest doctor was 50 miles away. I can remember eating a lot of onions and garlic during that time so maybe that helped."⁸⁰ Those who were able brought soup to people who had no one to take care of them.⁸¹ Once people died, however, the survivors needed courage to move past their grief.

Towns consisted of many transplants who had brought their culture with them. Arriving in new places, they created newspapers, set up churches, and initiated fraternal associations. They brought their ideas of memorialization and burial practices, the rituals

of which would have been comforting to them. The language used in obituaries published by the *Raton Range* is flowery and sublime, similar to most other towns' published obituaries. The theology behind the thoughts encompasses ideas of resurrection rather than judgment and the hope that the dead will be with God. Survivors would have been comforted by the thought that their dead had been publicly acknowledged, praised, and consigned to God by the community in which they lived.

A prime example is that of Clark O. McClure. On October 25, Guy McClure of Raton went to Alamogordo to pick up the body of his eighteen year old brother, Clark. Clark died of the influenza after picking fruit with his Boy Scout troop for a Red Cross drive. On November 8, the Range published his obituary and an accompanying letter from John Cooney of the Antelope Patrol of the Boy Scouts of Las Cruces:

Dear Mrs. Johnson, On behalf of my patrol of the Boy Scouts (sic) of Las Cruces, I wish to express our kindest, sincerest, sympathy to you and the other bereaved ones of one of the loved ones of our midst, when the Great One saw fit to call from our midst. One American author wrote of Abraham Lincoln as the "Gallant Captain." Clark was our gallant captain, and was loved by us as Abraham Lincoln was by the American people of his time. Once more expressing our sympathy we remain, yours respectfully John Cooney. We know that he is with Him, the great God with whom we all expect and hope to be some day.⁸²

Invoking God and American heroes in praising Clark, Cooney would have comforted Clark's mother, knowing her son was so highly regarded. Most of the obituaries in town newspapers follow similar patterns, indicating that this language would have helped the survivors bridge their sorrow. Townspeople responded to the flu out of their sense of duty by staffing soup kitchens, taking food to sick neighbors and then, in an all too often occurrence, consoling the survivors with kind words about their lost loved ones.

As the epidemic abated, the newspapers throughout the state published criticism of the state from those who issued calls to set up a department of health so that support could be more easily managed should such a disaster strike again. The *Raton Range* published an editorial by the NMPHA on November 29 entitled, "Health Organization in New Mexico." The article clarified the fact that the current New Mexico State Board of Health and Medical Examiners was formed merely to license physicians. "So far as health work is concerned, they might as well not exist," the article explained. The extant Board had no funds, no personnel, and no authority for public health. The article called for the present NMPHA Board to lobby for a department of health. Like the stationery of the NMPHA, it ended with the tag line "New Mexico needs an adequately financed and efficiently organized state department of health and she needs it now."⁸³ The horrors of the flu, the lack of preparedness, and the burgeoning awareness of the toll the disease took on the poor aroused New Mexicans to action.

Conclusion

A number of factors exacerbated the Spanish Influenza epidemic in New Mexico: the virulence of the flu of 1918, shortages of medical personnel mobilized by the war effort and the inadequacy of the medical solutions of the time combined with the challenges of providing aid over vast distances to sparse populations. Although the exact number may never be known because of underreported vital statistics, estimates put New Mexico's mortality close to 5,000 souls and morbidity at five percent of the population.¹ The poverty in the state worsened both mortality and morbidity. Native Americans, rural villagers and the urban poor lived in environments conducive to the spread of the virus and its tendency to develop into pneumonia. The poor were most vulnerable often because of weaker health initially and cramped, overcrowded and unsanitary living conditions. Inadequate connections by road or by telephone to many villages and reservations during a particularly cold winter hampered relief efforts.

The epidemic's pace subsumed traditional attempts to help victims. Occurring at a time of change in New Mexico when modern development was uneven, some populations were living between cultures. These cultures partially accessed modern medicine but continued to cling to traditional ways. Native Americans in pueblos or on reservations, sought help from government physicians during the flu epidemic, yet still utilized medicine men as the link between healing and religious belief. Navajo customs of burning down hogans of the dead, gathering for religious ceremonies, and participating in sweat lodges almost certainly aggravated the devastation from the influenza. Native New Mexican villagers sometimes called upon doctors even while employing *curanderas* and their herbal

remedies. The unshakeable religious customs of gathering around the dying, involving the community in assuring a “good death” certainly increased contagion in the villages.

Townpeople had the advantages of existing social organizations to help with relief efforts, however, some towns had better access to doctors, nurses and hospitals than others. The mobility of workers in those towns, though, complicated attempts to slow contagion.

When the epidemic hit, communities in every culture worked together to render assistance. Sandra Opdyke, in her recent study *The Flu Epidemic of 1918*, relates that citizens throughout the U.S. provided care to the sick, even at risk to themselves. From a medical standpoint, though, she questions whether benevolent efforts saved lives. Regarding the efficacy of volunteerism, Opdyk writes, “We cannot be sure. Given the medical limitations of the time, we have to assume that many cases of flu would have run their course in pretty much the same way, with or without the help mobilized by their communities.”² What was missing and what may have saved more lives in New Mexico would have been government intervention in the form of strictly controlled quarantines. If there had been an adequately funded state level department of health, relief efforts would have been more effectively coordinated and the outcome could have been slightly better. But that is a very speculative conclusion given the factors of poverty, sparse population and distance that existed in New Mexico in 1918.

Robert McPherson’s review of cultural responses to the epidemic in the Four Corners area found that rapid decisive response saved Moab, Utah. His remarks serve as a prescription for what should have been done:

In summarizing Moab’s experience, one finds an organized, orderly approach to combating the effects of influenza. Two doctors, two nurses, and an active board of health were combined with an effective program of quarantine, vaccination (for what it was worth), hospitalization, home health care and

informational services. Cooperation proved to be the rule and not the exception, the end result (being) that fewer than a dozen people died during the combined November and January outbreaks.³

Alfred Crosby found a similar positive outcome in American Samoa where Commander John M. Poyer initiated a strict quarantine, saving the lives of thousands of islanders.⁴

Many New Mexicans felt more could have been done at the state level as evidenced by the flurry of legislative action between February and March of 1919 to set up a department of health. The overwhelming consensus was that someone had to assume responsibility when a public health disaster struck. Taking firm action over some contentious objections regarding the source of its funding Governor Larrazolo enacted a bill establishing the State Department of Health in March of 1919.⁵ The hope was, and still is, that a state health department would be able to manage a public health emergency in the future.

The larger narrative of what happened when the influenza epidemic arrived in New Mexico omitted the story of what people did and how they felt about the disease and its impact. A social history approach supplements understanding of the responses. The intention of this thesis was to enter into the experiences of those affected, to understand what everyday people went through as they helplessly watched their families, friends and neighbors mown down by the flu's onslaught. Alfred Crosby recognized the difficulties in recapturing the personal account when few primary sources exist and when vital statistics were not well kept.⁶ That journal and diary keeping were not common in traditional cultures in New Mexico compounds the challenges of uncovering firsthand accounts.⁷

To recapture some of those unrecorded responses, I looked to newspapers of the state, to reports from BIA superintendents, and to the limited number of recollections by

those who lived through the epidemic and were willing to talk about their encounter with the Spanish Lady, a meeting many survivors wished to forget.

After the influenza subsided, few people talked about the epidemic, preferring to focus on the war's memorialization. A common example of how the influenza was soon ignored after 1919 comes from Raton. In the middle of the five month visitation of the Spanish Influenza in Raton, while residents and their loved ones were dying from the flu, the city fathers were planning a World War I military memorial. They discussed setting aside some room in the Fairmount Cemetery to erect this monument.⁸ Those stricken by the influenza were forgotten by officials despite the fact that the influenza dead outnumbered war dead in New Mexico.⁹

Sandra Opdyke tries to explain this indifference. Although it was obvious at the time that the spread of the influenza was linked to activities of the war – transportation, soldiers, war work - Opdyke speculates that experience with the flu had strong parallels to battle experience. Many felt that it was best not to talk about it, that it was better to leave it behind. After the influenza abated, the media dropped mention of the flu and once the need for their services were over volunteers forgot it, too. The influenza dead were just dead; they were not the “honored dead” as were the war victims. Since doctors, too, were disinclined to keep alive the memory of what, for them, had been a horrible failure, personal reminiscences of the Spanish Influenza slipped into obscurity.¹⁰

Despite these possible reasons for ignoring the influenza at the time, looking at the responses of populations to the epidemic of 1918 fills a gap of knowledge about the event. Although historians have reviewed the larger picture of how the influenza epidemic affected New Mexico as a whole, an overview of how each distinct cultural enclave

responded has been missing. Examining how the different populations in New Mexico coped with this health emergency out of their unique cultures and traditions augments our knowledge of how New Mexicans responded.

At the beginning of the twentieth century, Native Americans in the state were isolated and impoverished, suffering recurrent diseases which increased their susceptibility to infection. Pastoral life styles hampered convalescence. Often, religious beliefs clashed with best medical practices of the day and contributed to the flu's mortality among Native Americans. Native Hispanic New Mexicans in remote villages relied heavily on centuries-old religious beliefs and customs some of which increased contagion. Except for the poor among them, townspeople fared better as they commanded more resources than outlying areas, although their tendencies toward independence hindered official responses to the epidemic.

Each group grieved its losses from this rapid and severe disease, looking for comfort in the dominant expressions of their culture. Some Native American groups abandoned memory of the dead out of the deep belief that the dead certainly had an honored place in the afterlife. Native New Mexican Roman Catholics helped the dying achieve a "good death" that would assure them a place in purgatory while survivors prayed for them and offered masses. Anglo New Mexicans found comfort in memorialization, in flowery eulogies and obituaries. However they responded and however they mourned, looking through the lens of the personal response as mediated by culture gives space in the historical narrative to the men, women and children whose lives were changed when the Great Influenza touched down in New Mexico in 1918-19.

Notes

Introduction

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Conclusion

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