



General view of the Indian School and Mission at Ross Fork, on the Reservation, in Bannock County, Idaho.—Courtesy The Tribune, Pocatello.

1918 INFLUENZA AT FORT HALL: “THE TRIBAL DECLINE”

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Northwest Portland Area Indian Health Board
ECHO

PURPOSE OF HISTORICAL REVIEW

- **To better understand and learn from past tribal experience with a deadly virus and pandemic**
- **To help provide a better understanding of how the 1918 influenza virus impacted the Fort Hall community**
- **To help humanize the health experience and not lose the significant individual impacts to the Fort Hall community**



Another type of dwelling in Virginia City. In this shack I found four people lying on the dirt floor wrapped in rags apparently all suffering from influenza. I was told they had refused medicine from the white doctor and Dick Mauwee, a Paiute enrolled at Pyramid Lake Reservation, was the doctor. The small four-light window admitted the only light. It was nailed tight, the only door was kept shut tight and no ventilation was attempted or was possible. The stench which greeted us when we entered was most horrible and could be endured but a short time. An Indian had just been taken from this structure for burial. The father of the family was the Indian alluded on another page as a "walking case".

THOUGHTS TO CONSIDER...

- **What lessons can we learn from our past?**
- **What is the difference between 1918-1920 pandemic and the 2020-2021 pandemic?**
- **How has Fort Hall Indian health care changed in the past 100 years?**
- **What medical treatment was available for influenza back in 1918?**
- **Were there vaccines available in 1918?**
- **What traditional medicines were available in 1918?**
- **How has Indian housing affected infections in 1918?**
- **What “choice” did Indians have in getting vaccinations prior to 1920? In 2020?**

FORT HALL RESERVATION IN 1918

- **It was only 51 years earlier when the President issued the 1867 Executive Order establishing the original Fort Hall Reservation**
- **The reservation community was smaller with a total census population of approximately 1700 people**
- **English was not the primary language, as most Indians spoke either the Bannock or Shoshone languages**
- **Health wise, Fort Hall tribal history had been marked for decades with epidemics**
- **Old-style traditional medicines were still utilized, and the Indians turned to medicine men for curing sickness**

ASSIMILATION, ALLOTMENTS, & RATIONS

- **Federal Indian policies to "civilize" and assimilate Indians at Fort Hall caused Indians to suffer more intensely from the 1918 Influenza virus .**
- **The BIA completed issuing allotments in 1913. By fall of 1914, 1,863 allotments were approved, and individual families were encouraged to live on their allotments in the outlying areas of Fort Hall.**
- **In 1918, treaty rations were still provided to Indians from the Fort Hall Agency but were limited to those who could not physically work to support themselves. At this times, rations were limited to coffee, beans, flour, sugar, and usually provided to the "mentally or physically disabled."**
- **In 1921, rations were provided to a total of 224 individuals, and of those 224 people, 15 were minors and five were able-bodied adults.**

GLOBAL SICKNESS DUE TO INFLUENZA

- **Global suffering from the 1918 pandemic with millions infected and millions who died**
- **US was in the midst of World War I and waves of infection occurred 1918 through 1919**
- **“Spanish flu” influenza virus highly contagious, dangerous and lethal. It infected victims rapidly, usually within three days**
- **No antibiotics available to treat the symptoms**
- **No vaccines available to fight against this strain of influenza virus**

1918 Fort Riley, Kansas



ASSIMILATION IN ACTION

- **Smaller Reservation with the final sale of the entire southern portions of the Reservation – more Indians in smaller space**
- **“Shooting your arrow”- when incompetent Indians became competent, aka civilized**
- **The BIA efforts to change their living standards included encouraging Indians to accept “white man medicine”**
- **Indians living conditions transition - living in houses instead of tipis and tents**
- **Change of economic livelihoods from subsistence living to becoming wage earners**
- **Shoshone and Bannock children forced to attend school - either public schools, day schools or boarding schools**



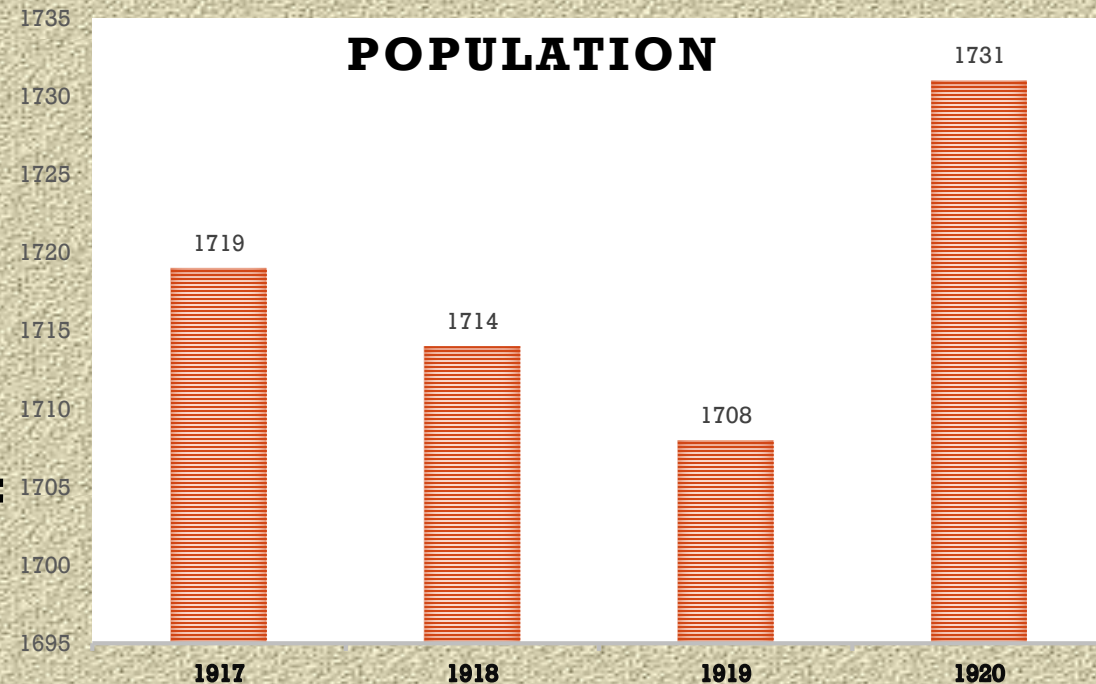
TREATY RIGHT — HEALTH AND MEDICAL CARE

- **1868 Fort Bridger Treaty -- Health and medical care was a guaranteed right to the Indians**
- **US committed to providing doctors on reservation**
- **US federal government committed to providing health care and facilities for the Shoshone and Bannock people.**



CENSUS & BIA HEALTH OFFICIALS

- **Census data reported June 30 1917 - 1,719**
 - **354 Bannocks**
 - **1,365 Shoshone Indian**
- **Dr. Henry Wheeler, the white BIA physician and his nurse was responsible for:**
 - **boarding school students**
 - **Indians living in outlying areas**
- **He recommended safety measures to Indians:**
 - **“to make personal sacrifices”**
 - **to wear a face cover**
 - **avoid visits to other families or tribal members**
 - **“refrain from travel and simply just stay home.”**
- **Sources: Annual Reports (Narrative and Statistical) submitted to Office of Indian Affairs (pre-BIA)**



PREVIOUS INFECTIOUS OUTBREAKS

- **1890 - outbreak of scarlet fever occurred at the school**
 - **with 68 children infected, and eight deaths.**
 - **38 people died who were not attending school.**
- **Measles outbreak in 1899 also struck the school in Fort Hall**
 - **but no deaths occurred as school health officials were able to successfully treat them all.**
- **Agency physician Dr. Wheeler reports from:**

June 30, 1906

June 30, 1920

24 epidemics occurred, based on Fort Hall School and Agency data

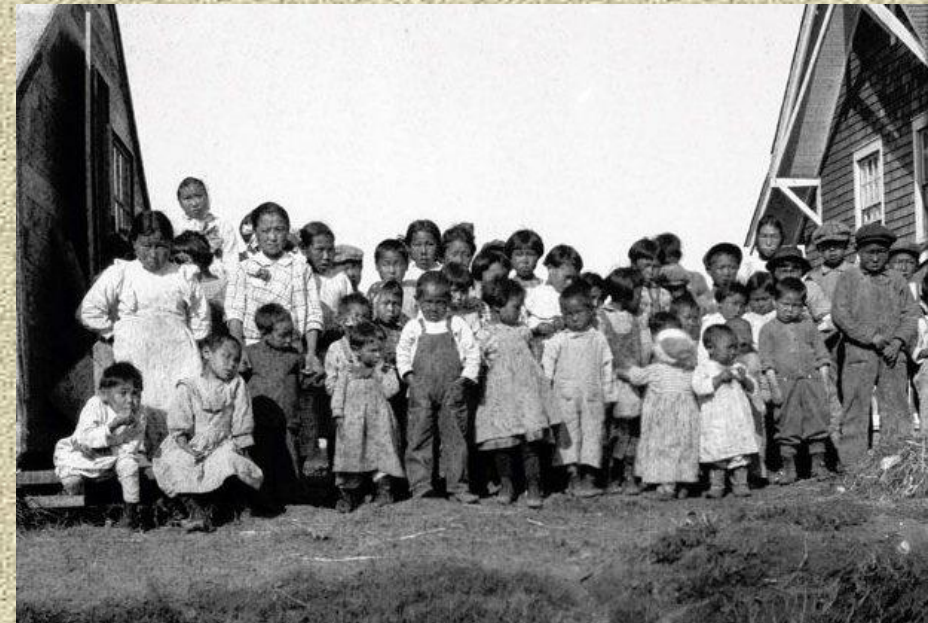
GLOBAL AND NATIONAL SUFFERING OF "SPANISH FLU"

- **Influenza virus was violent and deadly. It infected victims rapidly, usually within three days -- No cure or vaccination were available**
- **"No medication – patient put to bed, kept warm with blankets, given plenty of liquids. Windows were kept open for "fresh air", and if pneumonia developed, a hot pack was placed on the chest to loosen the infection and keep the lungs warm." - insulated jacket was placed on the patient to make it easier to breathe. – Leonard Arrington, historian**
- **During the months of September and October, the virus advanced across the United States, wave upon wave**
- **Victims "experienced violent symptoms, with violent nosebleeds, bleeding from ears, coughing up blood, coughing so hard the patient ripped abdominal muscles and rib cartilage, delirium, massive head aches, body aches so intense it felt like bones were breaking. The patients would drown in their own fluid-filled lungs. Few vomiting, with blue skins around lips or fingertips, with darkening skin, to the point of almost black."**

EARLY INDIAN VICTIMS AT HASKELL

- Haskell Institute was located 90 miles from Camp Riley, Kansas
- Spring 1918 - 11 days after Camp Riley's outbreak, Haskell Indian students sickened – 14 days later, 36 cases, and within 2 weeks, ½ of Haskell students infected.
- Superintendent asked for extra Indian Health doctors, US Public Health Service for help, but they could not figure out cause of sickness
- 2nd wave October 1918 – “the worst siege of influenza that we could possibly think of”
- At least 17 students died
- Students later received experimental vaccinations – uncertain results

Alaskan Native children who survived the 1918-1919. Most of their parents died of the virus



FORT HALL TRIBAL ORAL HISTORIES

- **One 70+ elderly woman - [In her family] “Indians refuse to talk about it, because so many people were sick. Many people died, so they never talked about that flu.”**
- **80+ elderly woman - “There was so many people who got sick. People were dying in their tipis and tents.”**
- **Others deliberately ignored requests to discuss the time, the impact on their families, and what Indian people experienced, specifically in their families.**
- **One individual stated her grandfather remembered “seeing Indians walking around wearing gauze masks. They all stayed away to avoid getting sick.”**
- **One person shared the story of Louise Truchot, who survived the flu**

A SURVIVOR'S NARRATIVE

- **Louise Truchot, 41 years old, survived the flu pandemic**
- **Employed as a matron at the Fort Hall School Plant**
- **Several of her children were attending the Boarding School**
- **1918 when students became ill with influenza, they closed the school.**
- **Sent school kids home after they were infected, only to sicken their families in outlying areas**
- **Louise was quarantined in the School hospital**
- **Her family would visit her through the windows, “you come to look for me at the windows to know if I was okay.”**
- **Food was brought to her until she overcame the sickness.**



NATIVE TRADITIONAL MEDICINES

- **Indians had their own values and beliefs for healthy and unhealthy people**
- **Medicine men and women provided local remedies and help for Indians who were sick or wounded**
- **Types of “sickness”, those who wish harm to other Indians through “witchcraft”**
- **Physical ailments were addressed through traditional plants, teas, medical treatments, “pressing,” ”poking,” heat, clays and paints**
- **Traditional ceremonies, songs, prayers**
- **Indian treatment often fell in line with safety measures**
- **Indians understood their bodies and knew when a new sickness was present**
- **But they also understood the need for receiving help from “white man’s medicine”**
- **Language barriers – English to Bannock/Shoshone; vice versa, different vocabulary, sentence structure, value system**
 - **“if he has to ask a lot of questions, he must not be a good doctor” – 1958 health study**
 - **“Indian Way” versus the “white ways”**

BIA WARNINGS

- **A stringent mass warning was issued by BIA Commissioner Cato Sells, via a telegraph dated October 11, 1918 to all Indian agents and superintendents.**
- **Sells reported on the pandemic, “Spanish flu of virulent type spreading over country with alarming rapidity... many superintendent [sic] reporting serious conditions.”**
- **He recommended specific safety measures for BIA boarding schools to ensure sanitary facilities were available for Indian students and required regular reporting on the reservation health situation, “regulating temperature, avoiding overcrowding, enforcing isolation or quarantine, and encouraged all to cease all activities not urgently required.”**
- **Unfortunately, the Fort Hall agency was ill-equipped to handle the virus and these BIA demands, due to limited medical funding for Indians**



FORT HALL BOARDING SCHOOL

- **School Plant was considered sanitary and safe, with its own hospital for the students and staff**
- **Once school kids began to get sick, the school was closed**
- **Unfortunately, although the students at the Fort Hall Schools were less infected, the outlying Indian camps were greatly affected by the flu virus.**
- **Deaths that occurred at the Fort Hall School was lower compared to these of the Agency (referring to the population at outlying Indian camps).**
- **The rationale offered by Dr. Wheeler for these differences was that “the patients of the school have the best of care and timely medical attention while the camp patient is frequently his own victim of uncomfortable shelter and improvident manner of living, both of which are the twin birds of prey in illness.”**



HOUSING TYPES & HEALTH



- **Seven different types of Indian dwellings were described, including the Wickeyup [sic], Moon-house, Tepee, Tent, Cabin, Frame, and Cottage.**
- **It revealed 50 tepees were in use, 250 tents, 65 cabins, 40 frame structures and five cottages.**
- **Log cabins which were more permanent, were only used seasonally. Most Indians stayed in tents, tipis, or cabins with a few who still lived in wickiups.**

“many of the lung-associated ailments (of Indians) came as a result of the close confinement in school dormitories and in the new frame houses being furnished for Indian families.

This was due to a lack of ventilation in the homes, because the Indian home builders were given only one-half a window (due to lack of BIA funding) which was set in a solid frame and could not be raised or lowered.

Example of BIA Mitigation:

BIA Superintendent Notice to Indians at Western Shoshone Agency, Nevada

Amelia Frost standing in front of the Fort Hall Agency Building



NOTICE.

Owing to ~~suspected~~ cases of Spanish Influenza on the reservation every one is cautioned to take every care that they do not expose themselves or their neighbors.

And to observe the following rules:

Do not collect in a crowd any place.

Women and children remain at home. Stay in the open air and sunshine.

Keep the home aired out.

Have plenty of fresh air when you sleep.

In case of storm keep dry and do not expose yourselves.

Do not mingle with others more than is necessary.

Do not go near where any one is sick or where a white flag is flying.

Do not go to the store unless it is necessary. If you have to go to the store or office your wants will be attended to on the porches.

If you get sick go to bed, in a tent is best, and notify the doctor at once. Lie down flat on your back and stay there.

Only one person in the family should go near the sick person.

Every one help the Superintendent and Doctor all they can by following these instructions and they will do all they can for you.

H D Lawshe

Superintendent.

VACCINATION HISTORY



- **The BIA had a vaccination program, but it was not always voluntary on the part of the Indians.**
- **The BIA required medical assessments be completed for all Indian children before they were allowed into boarding schools. At that time, they vaccinated all students for smallpox**
- **In 1901, Indian Agent Caldwell would not allow any Indian resident of the Reservation to receive their payment of \$34.50 that each individual Indian was due from a \$10,000 land payment to the Tribe, unless they received the smallpox vaccination.**
- **Although many Indians protested, when tribal leader Jim Ballard offered support for the vaccination, eventually all but one individual received a smallpox vaccination.**
- **Local school vaccinations continued into 1970s, without parental consent**

RESERVATION QUARANTINES

- **Fort Hall reservation Indians endured various infectious diseases, for which they were forced to quarantine. Sometimes the entire population of the reservation was quarantined.**
- **1912, an Indian mother went to a town doctor to treat her baby who had a skin condition. The town physician was horrified to diagnose the child with smallpox, and immediately quarantined the entire reservation, warning “any Indian leaving the reserve would be placed under arrest.”**
- **The BIA encouraged all Indians to both quarantine at the various Indian camps, and avoid visiting people, and going into the Agency and town. When necessary, isolation of victims of the influenza at home, in their home dwellings.**



REPORTS OF INDIAN VICTIMS

- **Between October 1, 1918 and March 31, 1919, the Office of Indian Affairs estimated that about 24% of the reservation populations contracted influenza.**
 - **From this group, 9% of the victims died, which was four times higher than mortality rates in urban communities.**
- **Another report indicated Idaho had a mortality rate of 11.5% among Native Americans.**
- **However, we have an idea of how the waves of influenza struck in 1918 and 1919 but not for 1920. *It is likely the infection and mortality rates are much higher.***
- **Tara A. Rowe. "Pocatello and the 1918 Spanish Flu." *Idaho State Journal*, April 10, 2020. This is an opinion column written to compare the 2020 COVID-19 pandemic with the 1918 Influenza pandemic.**

BIA STATISTICS

- **The statistics provided by the BIA reveals conflicting and startling conclusions.**
 - **Three years of sickness = 50 deaths**
- **In 1918, there were 114 total cases of influenza, with 47 men and 85 women, and 22 school kids. The deaths from influenza in 1918 = nine patients.**
- **Since the virus struck Fort Hall at the end of the year, the 1919 data is more revealing. In 1919, a total of 174 total influenza cases was reported, which breaks down to 88 men, 74 women, and 12 school children who were victims of the influenza. The number of resulting deaths in 1919 was 35 individuals. Remember – conflicting numbers**
- **1920 had 132 cases, with 73 men, 59 women, and 7 school aged kids. There were 12 deaths.**

DEADLY AND LETHAL IMPLICATIONS

- **The health situation on the Fort Hall Reservation was already poor and the Indian residents were highly vulnerable to infection from the influenza virus.**
- **The BIA realized the implications of this deadly disease and its lethal impact to the local Tribal community.**
- **Dr Wheeler reported in 1920, that**
 - **“influenza has stuck Fort Hall 13 of 14 years, had infected over a thousand patients, and had 100 deaths (9% death rate).**
 - **But this [1918 Influenza] has been four times greater than all of the other epidemics combined, due largely to its frequent return, and the scourge of 1919 when 35 perished. Its fatality has been equal to a 103 while all of the other epidemics contributed only 22.**
 - **This explanation exhibits the fact that Influenza is now more to be dreaded than tuberculosis.”**
- **BIA records from 1915 to 1920 do not differentiate between the “Spanish flu” versus the non-lethal flu virus, so this also makes it difficult to discern how many waves of the Spanish flu occurred in Fort Hall.**

Section Two.

Health.

SUMMARY OF EPIDEMICS.
Epidemics of the Fort Hall School and
Reservation occurring since June 30, 1906.

Fiscal year	Name of Epidemic	No. of School Patients			Prevalence on Reservation			No. Death on Res.	
		M.	F.	Total	M.	F.	Total	M.	F.
1907		0	0	0	0	0	0	0	0
1908	Influenza	27	48	75	21	26	47	1	2
	Measles	25	27	52	19	7	26	2	0
1909	Influenza	9	9	18	29	24	53	5	7
	Chickenpox	15	9	24	2	0	2	0	0
	Mumps	74	57	131	11	7	18	0	0
1910	Influenza	21	23	44	33	20	53	2	2
	Dysentery	0	0	0	15	5	20	1	0
1911	Influenza	9	12	21	17	15	32	3	4
	Chickenpox	7	4	11	0	1	1	0	0
	Measles	0	0	0	6	9	15	1	0
1912	Influenza	15	25	37	20	13	37	3	1
	Smallpox	0	0	0	14	4	18	0	0
	Whoopingcough	0	0	0	13	12	25	3	0
1913	Influenza	12	25	37	20	13	33	2	3
1914	Influenza	12	26	28	26	30	56	1	2
1915	Influenza	16	5	21	26	28	54	0	2
	Chickenpox	13	7	20	1	3	4	0	0
1916	Influenza	47	34	81	52	26	78	2	6
1917	Influenza	11	16	27	31	26	57	2	3
	Measles	39	50	89*	33	36	69	6	8
1918	Influenza	15	14	29	38	47	85	3	0
	Ger. Measles	16	21	37	6	2	8	0	0
1919	Influenza	5	7	12	28	74	162	12	17
1920	Influenza	3	4	7	73	59	132	6	6
	Mumps	12	9	21	1	1	2	0	0
	Dysentery	0	0	0	15	14	29	0	0
	Total	400	430	830	534	450	984	61	63

* Death at school from measles

SUMMARY EPITOMIZED.

Name Occurrence.	Times	Number cases			Number deaths		
		M	F	Total	M	F	Total
Influenza	13	597	595	1192	48	55	103
Measles	3	122	129	251	10	8	18
Mumps	2	98	74	172	0	0	0
Ger. Measles	1	22	23	45	0	0	0
Dysentery	2	30	19	49	1	0	1
Smallpox	1	14	4	18	0	0	0
Chickenpox	3	38	24	62	0	0	0
Whoopingcough	1	13	12	25	3	0	3
Total		934	880	1814	62	63	125



TRIBAL DECLINE

- **Due to the increasing deaths versus the birth rate, the BIA offered significant concerns about “The Tribal Decline” in the years 1918 to 1920.**
- **Their concern led to regular annual tabulations of death and birth rates for 15 years, to track the fluctuations of the numbers of tribal members.**
- **Concerns were expressed about the possible extinction of the Shoshone and Bannock people, unless more effective efforts were made to improve the health of the Indians.**
- **Rate of death was overwhelming that they could not keep up with proper burials**
- **Reports of numerous unmarked, undated graves, usually in the older sections of tribal cemeteries.**
 - **Report of sections of graves of influenza victims in tribal cemeteries**
 - **Suggests high rate of children mortalities**
 - **Child mortality is difficult to verify**
 - **Winter time deaths**
- **Uncertainties:**
 - **due to underreporting to officials**
 - **often children not named at time of birth**

HISTORICAL CONCLUSIONS:

- **The medical uncertainty in the early twentieth century, especially in Indian country, made it difficult to distinguish the more lethal Spanish flu virus from the more common form of influenza.**
- **Another alternative to explain the death rate is whether or not the more lethal influenza form was the cause of death or if it was a secondary bacteria pneumonia, or other underlying health conditions.**
- **Inconsistent definitions of cause of death is also a major problem. Reviewing the death rates over the year, the bloated category of “tubercules” seems to catch many individuals.**
- **This is highly likely due to the lack of adequate medical care available to the Fort Hall Indians.**
- **In the end, efforts to civilize Indians, combined with little effective treatment and no vaccinations to ward off this pandemic -- **the disease simply ran its course.****

QUESTIONS AND DISCUSSION

- **What lessons can we learn from our past?**
- **What is the difference between 1918-1920 pandemic and the 2020-2022 pandemic?**
- **What medical treatment was available for influenza back in 1918?**
- **How has Fort Hall Indian health care changed in the past 100 years?**
- **Were there vaccines available in 1918?**
- **What traditional medicines were available in 1918?**
- **How has Indian housing affected infections in 1918?**
- **What “choice” did Indians have in getting vaccinations prior to 1920? In 2020?**
- **What safety measures was offered to Indians in 1918?**
- **Which pandemic was more deadly to the Fort Hall Indians?**
- **How can we incorporate new technology into current tribal society and values?**