

MENNONITES, COMMUNITY AND DISEASE: MENNONITE DIASPORA AND  
RESPONSES TO THE 1918-1920 INFLUENZA PANDEMIC IN HANOVER,  
MANITOBA

By

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## ABSTRACT

In the fall of 1918, the First World War was drawing to a close. In the midst of Canada's first major foray into war since Confederation, another threat became more obvious; influenza. Spanish influenza affected millions of people worldwide from 1918 to 1920 and the Canadian population was not immune to such an outbreak. This thesis uses a Mennonite population and locale, the RM of Hanover, Manitoba, as the focus for a study of influenza. In Hanover, the influenza death rate in 1918 was 13.5 deaths per 1000; more than double the national Canadian average of 6.1. This thesis examines how structures of healthcare networks in rural communities and tensions between provincial and federal authorities, and the Mennonite population at the end of the First World War contributed to the higher death rate amongst this ethnic group. The experience of influenza in Hanover, was a shared experience of influenza amongst a North American Mennonite diaspora.

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## INTRODUCTION

In the fall of 1918, Aganetha “Agnes” Fast, a young Mennonite woman, returned to Steinbach, Manitoba, after some time studying nursing in Minneapolis. One of few young women to receive some level of formal training, she returned home in order to help her community deal with the scourge of influenza, which simultaneously was affecting most of the world. Answering the call to come and nurse in Steinbach, Agnes worked tirelessly from early in November in the hospital until January 1919 when she herself fell ill with the flu. She was in Winnipeg when the epidemic broke out, and went to nurse when the district school in Steinbach, the Kornelsen School, was closed and turned into a hospital.<sup>1</sup> Agnes Fast, when recalling the 1918 epidemic while working in the hospital remembered that, “time slipped by very quickly. I recall instances when I wondered why the electric lights had been left on, only to realize that night had turned to day and I [was] still working from the previous day.”<sup>2</sup>

The influenza outbreak of 1918 is commonly cited as having killed more people globally than the First World War. Recent estimates by Johnson and Mueller of global mortality during the influenza pandemic of 1918-1920 place the number of worldwide deaths at approximately 50 million, a number which they feel to be conservative, yet 20 million more than what Patterson and Pyle had earlier thought to be their conservative estimate.<sup>3</sup> The morbidity statistics (that is, those who became infected and sick) for this

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<sup>1</sup> Royden Loewen, *Family, Church, and Market: A Mennonite Community in the Old and the New Worlds, 1850-1930*, (Toronto: University of Toronto Press, 1993), 228.

<sup>2</sup> Nettie Neufeld, “Aganetha ‘Agnes’ Fast (1883-1977): Florence Nightingale of Steinbach,” *Preservings* no. 10 (1997): 39.

<sup>3</sup> Niall Johnson and Juergen Mueller, “Updating the Accounts: Global Mortality of the 1918-1920 ‘Spanish’ Influenza Pandemic,” *Bulletin of the History of Medicine* Vol. 76 No. 1 (2002): 105–15; David Patterson and Gerald F. Pyle, “The Geography and Mortality of the 1918 Influenza Pandemic,”

pandemic are much higher, although harder to measure. The consensus is that the pandemic of 1918-1920 killed between two to five percent of those afflicted. In Canada, the average mortality rate was approximately 6.1 per 1,000 population.<sup>4</sup> Mortality statistics amongst aboriginal populations in Manitoba reached over 100 deaths per 1,000 at Norway House, while the average death rate for aboriginal Canadians was 37.7 deaths per 1,000.<sup>5</sup> Mortality statistics within Winnipeg ranged from 4.0 to 6.4 deaths per 1,000 in various neighbourhoods.<sup>6</sup>

Pandemic influenza marked the world. In his 1976 study, historian Alfred Crosby referred to influenza as the “forgotten” pandemic. However, the pandemic is no longer forgotten, with a large amount of scholarship having been published on the disease in recent years, some as a way to examine more current health crises such as SARS and the 2009 H1N1 pandemic.<sup>7</sup> Moreover, the disease continued to exist within community and family memory. In this project, the history of the pandemic will be examined through the lens of a community study. In order to contribute to the literature on influenza and to the literature on Manitoba Mennonite history, this project studies a Mennonite Rural

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*Bulletin of the History of Medicine* Vol. 65 No. 1 (1991): 4–21.

<sup>4</sup> Karen Slonim, “Beyond Biology: Understanding the Social Impact of Infectious Disease in Two Aboriginal Communities,” in *Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-20*, (Vancouver: UBC Press, 2012), 119.

<sup>5</sup> Slonim, “Beyond Biology,” 119.

<sup>6</sup> Esyllt Jones, “Spectral Influenza: Winnipeg’s Hamilton Family, Interwar Spiritualism, and Pandemic Disease,” in *Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-20*, (Vancouver: UBC Press, 2012), 197.

<sup>7</sup> Heather Macdougall, “Toronto’s Health Department in Action: Influenza in 1918 and SARS in 2003,” *Journal of the History of Medicine & Allied Sciences* Vol. 62 No. 1 (2007): 56–89; Susan Craddock and Tamara Giles-Vernick, Editors, *Influenza and Public Health: Learning from Past Pandemics* (London: Routledge, 2010).

<sup>8</sup> Alfred Crosby, *America’s Forgotten Pandemic: The Influenza of 1918*, (Cambridge: Cambridge University Press, 2003), 227; Sandra Tomkins, “The Failure of Expertise: Public Health Policy in Britain during the 1918-1919 Influenza Epidemic,” *Social History of Medicine* 5, no. 3 (1992): 446.

<sup>9</sup> Adolf Ens, *Subjects or Citizens?: The Mennonite Experience in Canada, 1870-1925* (Ottawa: University

Municipality, that of Hanover, Manitoba, located within what was the Mennonite East Reserve. Mennonites in 1918 lived relatively isolated lives from those of the general population, and their faith and reluctance to accept the encroaching powers of the state meant that Mennonites had limited access to professional medical and nursing care, and held guarded attitudes towards public health regulations.

When influenza broke out within the community in the fall of 1918, Mennonites in the East Reserve were already aware of the disease and its spread. Prior knowledge of the imminent arrival of the disease did not better prepare the community for its arrival, however. Influenza spread rapidly and affected people of all ages and ethnicities. The supposed lack of discrimination with which influenza chose its victims suggests that all were as vulnerable as the next.<sup>8</sup> However, mortality statistics varied across boundary lines of ethnicity and race. For example, mortality was close to twenty times greater in some aboriginal communities than among non-Aboriginal Canadians. Further complicating the idea that influenza affected social groups equally, this study finds that amongst Mennonite populations in rural Manitoba, the influenza mortality rate was almost double that of the Canadian average. This thesis is concerned with elucidating how Mennonites viewed and dealt with the disease, while also providing an analysis of tensions between provincial and federal authorities and the Mennonite community. This local study also provides a broader overview of how rural communities in Canada faced the epidemic, living in relative isolation from the health services available in urban contexts.

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<sup>8</sup> Alfred Crosby, *America's Forgotten Pandemic: The Influenza of 1918*, (Cambridge: Cambridge University Press, 2003), 227; Sandra Tomkins, "The Failure of Expertise: Public Health Policy in Britain during the 1918-1919 Influenza Epidemic," *Social History of Medicine* 5, no. 3 (1992): 446.

Mennonites in Hanover suffered higher mortality rates from influenza; higher than their non-Mennonites neighbours living in the same community. By using a series of sources, it is possible to understand what factors contributed to this increased mortality rate and see how government policies during the war affected Mennonites and the dissemination of public health services. Sources for this study include: a local newspaper, *The Steinbach Post*; certificates of death; Minutes of the Bergthaler Church Brotherhood; diaries; the 1916 and 1921 census; Half-yearly school returns; and, the minutes from the Provincial Board of Health as well as those from the municipality of Hanover. Together, these sources help to provide an understanding of influenza and its impact within the community. These sources demonstrate a range of official, lay and medical responses to the pandemic. Unfortunately, these sources also have their limits. According to wartime censorship laws, the *Steinbach Post* was published only in English during the pandemic, limiting the number of people who read or would have otherwise written in to the paper. Using a community newspaper to track the epidemic and the implementation of networks of care within the community can be quite useful; the *Post* included letters from broader North American community. However, some Mennonites were hesitant to write in English and kept their letters quite short while others did not write to the paper as they could not write in English. Censorship laws prohibited the publication of periodicals in German unless they were in purely religious church periodicals as well as preventing the publication of any letters that negatively discussed Canadian involvement in the war.<sup>9</sup>

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<sup>9</sup> Adolf Ens, *Subjects or Citizens?: The Mennonite Experience in Canada, 1870-1925* (Ottawa: University of Ottawa Press, 1994), 170-183.

The fact that some diaries are written in gothic script, making them difficult to read and quite often almost impossible, presents a further challenge for the researcher. Other diaries used have been previously translated from German and therefore may reflect the biases of the translator. The Brotherhood minutes record no meetings during the pandemic, while death certificates only provide limited information, as will be further discussed in Chapter Three.

Chapter One of this work will explore the history of the 1918 influenza pandemic from a global to a local environment, exploring previous work in the field in both the Canadian and international context. The chapter connects the historiography of influenza to Mennonite history, especially the history of health care in Canadian Mennonite communities. The history of influenza in Canada has not paid much attention to ethnicity; a problem this thesis addresses. Finally, the first chapter will highlight that fact that over the past few decades, the rural environment has received little attention from influenza scholars. This thesis shows that, although records for rural communities are not always easily available or easy to access, it remains possible to write a rural history of influenza.

Chapter Two seeks to explain the relationship between the Mennonite community and the provincial and municipal governments at the time of the epidemic. It will explore the role that ethnic tensions and censorship during the First World War had on the deployment of health care workers and the implementation of public health measures in the Mennonite community. Policies including the registration for exemption from military service, as well as the censorship laws that were put in place around early October 1918 which prevented the dissemination of any German-language Canadian newspapers and those imported from other Mennonite locales, are just some examples of

causes of tension. Mennonites, historically, lived in community groups, relatively separate from the general population, had their own school system, and wanted more control at the general level. A study of Mennonites during this epidemic event examines the role that ethno-religious identity played in the deployment of public health measures. Canada as a whole, and the province of Manitoba, did not deal with the disease very differently from other areas of North America or Europe. In most cases, quarantine was invoked, public health posters were ordered and schools and places of public gathering were closed. However, public health measures were a point of contention in Hanover. Such measures were received amongst Mennonites in Hanover with some ambivalence and certain measures were not implemented or implemented inconsistently.

In Chapter Three, the relationships between influenza, communities and families locally, and interaction within the North American Mennonite diaspora will be examined. By examining deaths reported in Manitoba and in other Mennonite communities through the *Steinbach Post* and death certificates from the municipality, it is possible to examine community ties with areas outside of Hanover during the epidemic, as well as how the influenza pandemic impacted the lives of the members of the community. Letters in the local *Steinbach Post*, written both to wider audiences and to specific individuals show the role that religion and the Mennonite faith played in the epidemic and in the acceptance of death.

This chapter will include a study of the death rates due to influenza in the community. Unfortunately there is no census for the population of Hanover in 1918 and 1919 when the epidemic was most prevalent. The census of 1916 and 1921 help to provide a picture of the Mennonite family, community and, provide the statistical data for

the calculation of death rates from the disease. Census data provides some information about the community itself and shows that Mennonites in Hanover were mainly farmers. Very few Mennonites in the community were listed as labourers for non-Mennonite families, whereas many families had non-Mennonite labourers.<sup>10</sup> Mennonites worked as labourers for other Mennonites, but rarely outside of that realm. This suggests that most Mennonite families worked within their own ethnic 'enclave' for other families and that Mennonites were doing well enough financially to hire outside help when needed.

Finally, this chapter will also examine how death certificates can be used as a way of creating an understanding of health and death, especially during the epidemic in Mennonite communities. How death certificates were filled out and the presence of an attending physician, undertaker and informant demonstrate the practices surrounding deaths of Mennonites and therefore how the influenza pandemic influenced these practices. The writers of the certificates, differences between times of death, and reports of death and burial all contribute to further understanding health and death within a community.

This thesis, therefore, is a study of the influenza pandemic of 1918-1919 in rural communities but also considers the historical barriers to health in rural areas more generally and amongst Mennonites more specifically.

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<sup>10</sup> Census of the Prairie Provinces, 1916. Provencher District 9, Sub-districts 13 and 14, Ottawa, Ontario, Canada: Library and Archives Canada. <http://www.collectionscanada.gc.ca/microform-digitization/006003-110.02-e.php?&q2=22&interval=50&sk=0&PHPSESSID=rgi7t06a60or2jdheocn6v65f4>, Series RG31-C-1. Statistics Canada Fonds. Microfilm; Census of the Prairie Provinces, 1916. Springfield District 12, Sub-districts 4 and 5, Ottawa, Ontario, Canada: Library and Archives Canada. <http://www.collectionscanada.gc.ca/microform-digitization/006003-110.02-e.php?&q2=22&interval=50&sk=0&PHPSESSID=rgi7t06a60or2jdheocn6v65f4>, Series RG31-C-1. Statistics Canada Fonds. Microfilm.



## CHAPTER ONE

### **Bridging the Gap: Influenza and Early Mennonite Health Infrastructure**

The outbreak of influenza in the Rural Municipality of Hanover, initially settled by Mennonites, began at the end of September and early October 1918, a few days after the outbreak in Winnipeg, some sixty kilometers away. The epidemic continued until the end of March 1919 affecting a large portion of the Mennonite population.<sup>1</sup> One Mennonite family in Hanover, Manitoba, the family of Susanna Reimer, daughter of Johann R. Reimer who had passed away a few months prior, all fell ill during the same week in October, greatly influencing their daily lives. During the week or two where all fell ill, family members took turns trying to get up in the morning to complete the most essential chores – including feeding farm animals, cleaning and, cooking – that needed to be accomplished on the farm that day, and would trade off with another member when they felt too weak to continue.<sup>2</sup> None of the members of Susanna's immediate family, her mother, brothers or sisters succumbed to the disease although they attended the funerals of some cousins. The eldest girls, namely Margaretha, Aganetha and Susanna, often visited family when possible to lend a hand. When the family was ill, Susanna noted her feelings and how she would stay in bed. No indication was given in her diary of having medical assistance or taking any medicine.<sup>3</sup>

This chapter situates influenza in Hanover within the Canadian and global context, while describing the Mennonites' medical practices and views of disease in the

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<sup>1</sup> Mennonite Heritage Centre Archives (MHCA). Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. Rural Municipality (RM) of Hanover Records.

<sup>2</sup> Diane Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, David Schellenberg and Diane Hiebert, translators, (Kelowna: Rosetta Projects, 2008), 8.

<sup>3</sup> Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, 38.

context of ethnicity and community. Influenza has often been recognized as a usually benign illness, especially among the young adult population, while it could be fatal to more at risk groups such as the elderly, infants, and pregnant women.<sup>4</sup> Very rarely has a disease been as disastrous and deadly to the worldwide population as influenza was in 1918-1919.<sup>5</sup> Symptoms of the disease made it difficult for physicians to diagnose, as they differed between individuals, and influenza often presented as a common cold. Those who survived influenza were often sick for a week or two before recuperating. A smaller portion of those who died during the epidemic did so within forty eight hours of falling ill. Others who died of influenza fell into the category of those who developed respiratory complications such as pneumonia and bronchitis. The combination of influenza and pneumonia and bronchitis was the most deadly.<sup>6</sup> The lungs were compromised, making breathing difficult. A bluish complexion hallmark of cyanosis was seen in many of the victims of the epidemic suffering from respiratory complications. The common symptoms of the disease varied but included any combination of mild symptoms such as fever, headache, pain in the lower back, sore throat, congestion and coughing. These symptoms, however, could rapidly increase in severity. In some cases, the nervous system was affected and palsy and partial paralysis occurred.<sup>7</sup>

The influenza virus was not isolated until the 1930s, therefore masking in uncertainty the aetiology of the disease in 1918. Prior to the 1890s, miasma, or bad air, was often understood as the cause of influenza. The miasmatic theory of disease could

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<sup>4</sup> Mark Honigsbaum, *A History of the Great Influenza Pandemics: Death, Panic and Hysteria, 1830-1920* (London: I.B. Tauris, 2014), 181.

<sup>5</sup> Esyllt Jones, *Influenza 1918: Disease, Death, and Struggle in Winnipeg*, (Toronto: University of Toronto Press, 2007), 13.

<sup>6</sup> Jones, *Influenza 1918*, 14-15.

<sup>7</sup> Jones, *Influenza 1918*, 14-15.

explain how the disease suddenly appeared in various locales at the same time. The infectious nature of the disease was only starting to be examined. The disease appeared to be airborne. In 1890, Richard Pfeiffer identified what he thought of as the organism that was the exciting factor (the organism that could cause the disease to emerge if the right conditions were met) in influenza infection.<sup>8</sup> *Pfeiffer's bacillus*, as it became known, was found in the throat and lungs of victims of influenza. The discovery of *Pfeiffer's bacillus* gave more weight to the emerging view of flu as an infectious disease, caused by micro-organisms. Subsequent experiments confirmed the presence of the bacteria in cases of flu. While searching for *Pfeiffer's bacillus*, other countless bacteria and the influenza virus itself were present in the samples as was the bacillus. Further research isolating and identifying *Pfeiffer's bacillus*, which was difficult to stain, appear to corroborate Pfeiffer's claim.<sup>9</sup>

Today, we know that influenza is a viral and not a bacterial infection. However, Pfeiffer's research and the belief in a bacterial causal agent for influenza informed medical and public health initiatives. Although the actual causal agent of influenza, its viral strain, was not identified until 1933 when three strains of influenza were identified, as Mark Honigsbaum has observed, Pfeiffer's putative identification of the influenza bacillus gave the disease a visual identity personified for example in cartoon images.<sup>10</sup> Influenza was identified through often menacing visual metaphors, creating an image of influenza as infectious.<sup>11</sup>

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<sup>8</sup> Honigsbaum, *A History of the Great Influenza Pandemics*, 69.

<sup>9</sup> Honigsbaum, *A History of the Great Influenza Pandemics*, 69-71; Jones, *Influenza 1918*, 15.

<sup>10</sup> Honigsbaum, *A History of the Great Influenza Pandemics*, 72.

<sup>11</sup> Honigsbaum, *A History of the Great Influenza Pandemics*, 69-71; Jones, *Influenza 1918*, 15.

During the 1918-19 pandemic, physicians and nurses were unable to stem the spread of influenza, or cure the ailing. Complications such as bronchitis and pneumonia were quite often fatal in a pre-antibiotic era. No effective influenza treatment existed and medical practitioners tried to stem the disease by relieving symptoms. In order to relieve pain, some doctors administered heroin, morphine, or codeine. Milder pain was treated with the “little white pill:” aspirin.<sup>12</sup> More traditional methods of treatment included administering enemas to relieve abdominal pain, blood-letting or venesection to deal with toxæmia, and saline and glucose-saline injection.<sup>13</sup>

Managing the disease was difficult in the age before antibiotics and with little knowledge of the disease itself. The effects of the disease further strained already overworked families dealing with the demands of wartime employment, especially as multiple members of a household tended to get influenza at the same time. Influenza left families broken, orphaned children, and widows and widowers in its wake.<sup>14</sup> In the midst of the end of the war, already having suffered numerous male casualties, even more young men were dying of influenza. Influenza tested societal bonds and strained relationships.<sup>15</sup>

The early historiography of the disease was mainly written in the few years after the fact by physicians who had lived through the epidemic. Since, influenza has been examined by scholars in a variety of fields as the study of the epidemic regained

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<sup>12</sup> Nettie Neufeld, “Aganetha “Agnes” Fast (1883-1977): ‘Florence Nightingale of Steinbach,’” *Preservings* No. 2 (1997): 39.

<sup>13</sup> Jones, *Influenza 1918*, 15.

<sup>14</sup> Howard Phillips, “Second Opinion: The Recent Wave of ‘Spanish’ Flu Historiography,” *Social History of Medicine* Vol. 27, no.4 (2014): 798.

<sup>15</sup> Jones, *Influenza 1918*, 7.

momentum during public health crises and other influenza scares.<sup>16</sup> There has been a longstanding trend in the historical study of the pandemic to analyze it in three waves -- that is to say, the spring of 1918, the fall of 1918 and the winter and spring of 1919. Recently, historians have extended this last wave into 1920 and beyond. The second wave from August until December of 1918 was characterized by a higher death rate and morbidity.<sup>17</sup> It is during the second wave that influenza first appeared in Canada. The third wave's extension into 1920 has been associated with an increase in cases of encephalitis lethargica which correlated with the pandemic.<sup>18</sup>

The first wave of the disease and its origin in the spring of 1918 remain subject of debate. The most accepted point of origin for the disease remains Kansas, although the first wave rapidly ravaged Europe, Australia, Asia and parts of Africa in the spring and summer of 1918.<sup>19</sup> However, scholars such as Mark Humphries have challenged this theory. He argues that the first wave of the disease can be traced back to Asia in 1917 and 1918.<sup>20</sup> This less severe wave may have gone unnoticed had it not been for the more severe second wave of the epidemic.<sup>21</sup> Humphries posits that the disease first appeared in China and that the 1917 outbreak in that region was not identified due to the fact that its early symptoms were similar to pneumonic plague. China had suffered a recent plague epidemic in 1911. In 1917-18, when Western and Chinese officials travelled to various

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<sup>16</sup> Howard Phillips, "The Re-appearing Shadow of 1918: Trends in the Historiography of the 1918-19 Influenza Pandemic," *Canadian Bulletin of Medical History* Vol. 21 no.1(2004): 123; Esyllt Jones and Magda Fahrni, Eds., "Introduction," in *Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-20*, (Vancouver: UBC Press, 2012), 1.

<sup>17</sup> Mark Osborne Humphries, "Paths of Infection: The First World War and the Origins of the 1918 Influenza Pandemic," *War in History* Vol. 21 (1): 56.

<sup>18</sup> Phillips, "Second Opinion," 798.

<sup>19</sup> Esyllt Jones, *Influenza 1918*, 13.

<sup>20</sup> Humphries, "Paths of Infection," 58.

<sup>21</sup> Humphries, "Paths of Infection," 64-65.

areas of the country where cases were reported, diagnosis was difficult to ascertain and the bacteria responsible for pneumonic plague was not always easily identified amongst the deceased. The death toll also appeared to be relatively low for pneumonic plague. However the cause of the sickness was not identified until the following year when outbreaks of an illness with the same pattern of contagion and symptoms occurred. Western and Chinese physicians then knew that it had been “Spanish Influenza.”<sup>22</sup> Humphries further substantiates his conclusion by looking at Christopher Langford’s work, which argues that the low death rate in 1918 in China, a populous area compared to other port cities, was due to the fact that the citizens must have developed some prior immunity to the disease.<sup>23</sup> The origin of the pandemic in China could explain the spread of influenza traveling from East to West, following most historic epidemic disease patterns, rather than the previous idea that the disease travelled West to East. Thus, the origin of the disease remains contested as some historians identify the presence of the disease in China through its importation from Europe, whereas Humphries suggests that it occurred first in China, was disseminated through the Chinese labourers participating in the fight on the Western Front and then spread from there back to China.<sup>24</sup> Despite the uncertain origin of the disease itself, by the fall of 1918, influenza was present in most countries.<sup>25</sup>

While the war and the influenza pandemic have become linked in recent scholarship, influenza must also be studied on the home front, as an agent that has both

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<sup>22</sup> Humphries, “Paths of Infection,” 69.

<sup>23</sup> Humphries, “Paths of Infection,” 71.

<sup>24</sup> Humphries, “Paths of Infection,” 71.

<sup>25</sup> Niall Johnson and Juergen Mueller, “Updating the Accounts: Global Mortality of the 1918-1920 “Spanish” Influenza Pandemic,” *Bulletin of the History of Medicine* Vol. 76, no.1 (2002), 110-114.

exposed and created social dynamics and boundaries. Charles Rosenberg noted that epidemics can be used to examine society at a cross-section in time.<sup>26</sup> Other studies of epidemics and of influenza have more recently argued for influenza itself as an actor. Influenza shaped society in some ways while exposing the tensions within society that already existed.<sup>27</sup>

The international historiography of influenza is well-developed with numerous books and articles published.<sup>28</sup> The field has been shaped by Howard Phillips's interpretation, which reveals the interdisciplinarity of recent influenza studies and the strong link of what he calls the "second wave" of influenza historiography with twentieth and twenty-first century outbreaks of disease. This second wave has also been strongly influenced by cultural and social historical approaches.

The pandemic has, in the last thirty years, attracted ever more scholarly research.<sup>29</sup> Although many of these studies have been focused on understanding past outbreaks as a way of managing and preventing future pandemics, scholarship has been multi-layered and has involved studies of influenza through cultural, social, medical, and anthropological perspectives..<sup>30</sup> Newer scholarship continues to challenge the idea of a universal experience of disease by analyzing divergent deaths rates and through the study

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<sup>26</sup> Charles Rosenberg, "What is an Epidemic? AIDS in Historical Perspective," in *Explaining Epidemics and Other Studies in the History of Medicine*, ed. Charles Rosenberg (Cambridge: Cambridge University Press, 1992), 279.

<sup>27</sup> Jones, *Influenza 1918*, 7.

<sup>28</sup> Phillips, "Second Opinion," 792.

<sup>29</sup> Numerous studies of influenza exist. See, Howard Phillips and David Killingray, Eds. *The Spanish Influenza Pandemic of 1918-19: New Perspectives* (London: Routledge, 2003); Mark Honigsbaum, *A History of the Great Influenza Pandemics*; Tamara Giles-Vernick and Susan Craddock, Eds. *Influenza and Public Health: Learning from Past Pandemics* (London: Routledge, 2010); Debra Blakely, "Social Construction of Three Influenza Pandemics in the New York Times," *Journalism & Mass Communication Quarterly* Vol. 80 No. 4 (2003): 884–902; Geoffrey W. Rice, *Black November: The 1918 Influenza Pandemic in New Zealand*, (Christchurch: Canterbury University Press, 2005).

<sup>30</sup> See, Giles-Vernick and Craddock, Eds. *Influenza and Public Health*; Ann Herring and Alan Swedlund, Eds. *Plagues and Epidemics: Infected Spaces Past and Present* (London: Bloomsbury Academic, 2010).

of social determinants of health.<sup>31</sup> The experience of the epidemic differed according to country, by city or village, by wealth and numerous other factors. The experience of influenza therefore remains fragmented and local, even on the international scale.

Recently, cultural and social studies of the pandemic have risen to prominence, including studies of gender, race, and memory.<sup>32</sup> Mark Honigsbaum has recently argued that an emotionological study of influenza, an approach that “relates emotional expressions and displays to then cultural and political discourses in an attempt to understand the meanings and functions they had for individuals at the time,”<sup>33</sup> in the nineteenth and twentieth centuries has the potential to generate interesting insights into the role of the media in creating a popular response to the pandemic.<sup>34</sup> These varied social and cultural approaches to studies of influenza are mirrored in Canada.

In Canada, as Eyllt Jones and Magda Fahrni have noted, a large number of scholars who write about the influenza pandemic would not consider themselves as historians of medicine.<sup>35</sup> These studies of influenza have come about through social and cultural histories of Canada, fitting the pandemic and understanding its place within Canadian society through the lenses of gender, ethnicity, class, and labour.<sup>36</sup> The

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<sup>31</sup> Jones and Magda, Eds., “Introduction,” 9-10; Mary-ellen Kelm, “British Columbia First Nations and the Influenza Pandemic of 1918-19,” *BC Studies*, No. 122 (1999): 23-48; Ann Herring, “‘There Were Young People and Old People and Babies Dying Every Week’: The 1918-1919 Influenza Pandemic at Norway House,” *Ethnohistory* Vol. 40, no. 1 (1994): 73-105.

<sup>32</sup> See, Mark Honigsbaum, *A History of the Great Influenza Pandemics*; Nancy Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (Oxford: Oxford University Press, 2012); Phillips and Killingray, Eds. *The Spanish Influenza Pandemic of 1918-19*.

<sup>33</sup> Mark Honigsbaum, “Regulating the 1918-19 Pandemic: Flu, Stoicism and the Northcliffe Press,” *Medical History* Vol. 57, no. 2 (2013): 167.

<sup>34</sup> See, Mark Honigsbaum, *A History of the Great Influenza Pandemics*.

<sup>35</sup> Eyllt Jones and Magda Fahrni, Eds., “Introduction,” 10.

<sup>36</sup> Eyllt Jones and Magda Fahrni, Eds., “Introduction,” 9. For studies of influenza within the wartime context see, Mark Osborne Humphries, “Paths of Infection: 56; Carol Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005). For more

scholarship on the pandemic has remained mostly local in focus. Very few studies have examined the response of specific ethnic groups in Canada to influenza aside from some of Esyllt Jones' work on Winnipeg, and some other works on aboriginal peoples.<sup>37</sup> This study fits into local approaches to the epidemic, as it is an examination of illness, community, and ethnicity. Going further, this study situates Mennonite experience of flu within a larger diaspora.

On Mennonites, most noteworthy are Royden Loewen and Marlene Epp's various works on the Mennonite diaspora and 'transplantation.'<sup>38</sup> Also noteworthy are Amy Shaw and Adolf Ens' individual works on Mennonites during in World War I.<sup>39</sup> The historiography of Mennonites is limited in that it offers only brief insights into the medical practices of this immigrant group. These works, along with general studies of Mennonite migration and life in early twentieth-century Canada provide the basis for this examination of Mennonite experiences of the 1918-19 pandemic. This project, merges together various historiographical fields including the history of medicine, public health, women, Mennonites, ethnicity, and rural experience of disease.

Early histories of the pandemic in Canada were popular historical accounts, often of an anecdotal nature, examining the impact of the disease and seeing its spread throughout Canada as related to the demobilization of Canadian troops returning from

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on the social and cultural histories of labour and gender as it applies to influenza see, Esyllt Jones, *Influenza 1918*; Honigsbaum, *A History of the Great Influenza Pandemics*; Bristow, *American Pandemic*.

<sup>37</sup> See, Esyllt Jones, *Influenza 1918*; Mary-Ellen Kelm, "British Columbia First Nations and the Influenza Pandemic of 1918-19,"; Ann Herring, "There Were Young People and Old People and Babies Dying Every Week."

<sup>38</sup> Marlene Epp, "The Transnational Labour of Mennonite Midwives in Siberia, Canada and Paraguay," *Journal of Mennonite Studies* Vol. 30 (2012): 205.

<sup>39</sup> Adolf Ens, *Subjects or Citizens?: The Mennonite Experience in Canada, 1870-1925* (Ottawa: University of Ottawa Press, 1994); Amy Shaw, *Crisis of Conscience: Conscientious Objection in Canada during the First World War* (Vancouver: UBC Press, 2009).

overseas.<sup>40</sup> These popular histories were widely read and, in Canada, the most relevant work of popular history remains Eileen Pettigrew's *The Silent Enemy* (1983). This first monograph-length study revolved around an anecdotal history, emphasizing the stories of suffering and survival, providing a narrative of the experience of the flu in Canada. Published contemporaneously with Pettigrew's work was that Janice McGinnis who examined the impact of the disease within the country as a whole.<sup>41</sup> Although McGinnis and Pettigrew's work encompassed all of Canada, until recently, subsequent studies of influenza have focused on the local experience of disease rather than the national with the exception of Mark Humphries's work.<sup>42</sup> These local studies have focused on the social and public health side of the disease, and less on the epidemiological. They are also largely urban in focus.

Anthropologist Ann Herring and historian Mary-ellen Kelm have both examined the outcome of the epidemic within aboriginal communities, mainly in Western Canada.<sup>43</sup> They concluded that mortality rates within aboriginal communities were over double the national average of 6.0 deaths per thousand and in some more isolated locales such as Northern Manitoba, the death rate was over 100 deaths per thousand.<sup>44</sup> The relative isolation in which studied aboriginal groups lived, and the lack of access to healthcare contributed to the disparity between the aboriginal experience and the more general population. Most other studies of influenza in Canada have focused on the social

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<sup>40</sup> Janice McGinnis, "The Impact of Epidemic Influenza, Canada, 1918-1919," *Canadian Historical Association Historical Papers* (January 1977): 120-41.

<sup>41</sup> Janice McGinnis, "The Impact of Epidemic Influenza, Canada," 120-41.

<sup>42</sup> See, Mark Osborne Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto Press, 2013).

<sup>43</sup> Mary-ellen Kelm, "British Columbia First Nations and the Influenza Pandemic of 1918-19," 23-48; Ann Herring, "There Were Young People and Old People and Babies Dying Every Week," 73-105.

<sup>44</sup> Ann Herring, "There Were Young People," 88-90.

impact of the disease in urban settings rather than the rural, with Maureen Lux's work being the exception. Her essay, published contemporaneously with both Herring and Kelm's earlier works, looks at the experience of influenza in Saskatchewan, within rural communities as well as cities.<sup>45</sup>

Urban studies of influenza have created a better understanding of the way influenza exacerbated and created social conflict, as well as disrupting the urban labour force. Notably, Eysyllt Jones' *Influenza 1918* examines the influenza epidemic in part through the lens of the labour movement in Winnipeg. The social and economic aspects of influenza's impact are the focus of the study.<sup>46</sup> This study of Winnipeg examines the effect of influenza on the families and the working-class from the disease's arrival at the end of September 1918 and its aftermath and impact on the Winnipeg General Strike of 1919.

Along with urban studies of the disease as a social actor and way of understanding social conflict, other urban studies retained a demographic approach. Ann Herring and Ellen Korol moved their studies of demographics of influenza deaths into a more urban setting.<sup>47</sup> Their study of Hamilton, Ontario demonstrated that although influenza could affect everyone and was seen as an equal opportunity virus, location, and therefore class and economic status contributed to the higher death rates in some neighbourhoods of Hamilton.<sup>48</sup>

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<sup>45</sup> Maureen Lux, "The Bitter Flats": The 1918 Influenza Epidemic in Saskatchewan," *Saskatchewan History* Vol. 49 No. 1 (1997): 3-13.

<sup>46</sup> See, Jones, *Influenza 1918*.

<sup>47</sup> Ann Herring and Ellen Korol, "The North-South Divide: Social Inequality and Mortality from the 1918 Influenza Pandemic in Hamilton, Ontario," In *Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-20*, Edited by Magda Fahrni and Eysyllt Jones, (Vancouver: UBC Press, 2012), 97-112.

<sup>48</sup> Herring and Korol, "The North-South Divide," 97-112.

Other recent works have used influenza to examine how people communicated with government officials in the form of public letter writing, as Magda Fahrni demonstrated in her study of influenza in Montreal. Her study, as that of Jones', mentioned earlier, seeks to understand popular reactions to the epidemic. Using public letter writing to health officials, Fahrni seeks to better understand how "ordinary citizens" as she puts it, perceived public health efforts in Montreal.<sup>49</sup> Fahrni argues that citizens in Montreal were aware of the outbreak within days of its first reported cases and wrote letters of concern to civic authorities and the board of health with suggestions about how to manage the epidemic as well as which preventative measures should be taken. These letters demonstrate citizen concern over the epidemic and how citizens employed a mix of a miasmatic theory of disease and the germ theory within their suggested disease control measures. These letter writers, according to Fahrni, used the epidemic as a way of raising concerns over the cleanliness of the city and regulate urban lives.<sup>50</sup>

The impact of influenza on public health continues to be an important lens through which to view the pandemic. Jane Jenkins has argued that influenza provided the impetus for the establishment of a stronger department of health in New Brunswick. The department had been implemented shortly before the outbreak of the epidemic but only during the pandemic did it manage to obtain legitimacy, Jenkins argues.<sup>51</sup> Similar to Jenkins, Heather MacDougall has also looked at the influenza pandemic through the lens of public health. MacDougall's study of influenza in Toronto uses a comparative

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<sup>49</sup> Magda Fahrni, "'Respectfully Submitted': Citizens and Public Letter Writing during Montreal's Influenza Epidemic, 1918-20," In *Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-20*, Edited by Magda Fahrni and Esyllt Jones, (Vancouver: UBC Press, 2012), 70-94.

<sup>50</sup> Fahrni, "'Respectfully Submitted'," 83, 87.

<sup>51</sup> Jane Jenkins, "Baptism of Fire: New Brunswick's Public Health Movement and the 1918 Influenza Epidemic," *Canadian Bulletin of Medical History* Vol. 24 No. 2 (2007): 317-42.

approach, focusing on the pandemic of 1918 and the 2003 outbreak of SARS. Work such as this demonstrates that over the past twenty years scholars in Canada have demonstrated renewed interest in influenza in the context of public fear about epidemic disease outbreaks, and the possibility of another global influenza pandemic.<sup>52</sup> The rise of diseases such as SARS, avian flu, and the most recent swine flu (H1N1) outbreak of 2009 have created further impetus for the study of the management of epidemics in the past because the influenza pandemic of 1918-1919 is the most recent great pandemic that can be examined.

Mark Osborne Humphries' work on influenza and the rise of public health in Canada creates a better understanding of the national crisis of influenza and the effort to stem the spread of the disease.<sup>53</sup> The study, however, though focused on Canada and public health, spends significant time analyzing the impact of influenza and containment measures within the Canadian military. Humphries' work, through looking at the national history of the pandemic, breaks the trend of local histories of the pandemic. He clearly demonstrates how the failure of public health measures such as quarantine during the pandemic and the focus that had been placed on the "Other" as the source of disease led to a reexamination, reorganization, and reconceptualization of public health departments at the national and provincial levels.<sup>54</sup>

Humphries' work, like that of Alfred Crosby's *America's Forgotten Pandemic: The influenza of 1918* and Carol Byerly's *Fever of War*, works relating to the United States, focuses on the interaction between public health officials and the military

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<sup>52</sup> Heather Macdougall, "Toronto's Health Department in Action: Influenza in 1918 and SARS in 2003," *Journal of the History of Medicine & Allied Sciences* Vol. 62 No. 1 (2007): 56-89.

<sup>53</sup> See, Humphries, *The Last Plague*.

<sup>54</sup> Humphries, *The Last Plague*, 8.

responses to the disease.<sup>55</sup> Humphries examines the link between the war and the dissemination of influenza within Canada and presents a compelling argument about how the influenza pandemic spread in Canada. Rather than accepting the earlier view that influenza was spread through the *demobilization* of Canadian troops, Humphries argues that the disease spread through the country from American soldiers to the eastern provinces of the country and from there spread west as Canadian soldiers embarked by railway on the Canadian Siberian Expeditionary Force headed to the Soviet Union to oppose the Red Army.<sup>56</sup> As the trip was underway, soldiers with influenza were left in cities along the way in hospitals.<sup>57</sup> The highly contagious nature of the disease meant that it rapidly spread amongst the population, first in cities with railway stations and later to outlying areas. The impact of influenza within military service is examined as a way of furthering an understanding of how public health as a national and provincial initiative was cemented and created by the outbreak.

The study of influenza amongst immigrant and ethnic groups, including Mennonites, in Canada is sparse. The historiography on Mennonites and medicine is similarly limited, most being concerned with midwifery, mental health, and women healers. Such studies have looked at the role that Mennonites have played in the establishment of mental health and healthcare institutions, such as Erika Dyck's work on mental health institutions in Rosthern, Saskatchewan.<sup>58</sup> Other histories of health in Mennonite communities have examined the role of physicians and mainly lay physicians

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<sup>55</sup> Alfred Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 2003); Byerly, *Fever of War*.

<sup>56</sup> Humphries, *The Last Plague*, 102.

<sup>57</sup> Humphries, *The Last Plague*, 102-103.

<sup>58</sup> Erika Dyck, "Mennonites, Healthcare Institutions, and Modernity: The Mennonite Youth Farm in Rosthern, Saskatchewan," *Journal of Mennonite Studies* Vol. 29 (2011): 91-104.

in childbirth practices amongst Mennonites. Hans Werner and Jenifer Waito have examined child-birthing practices in Mennonite communities whereby the midwife would often also play the role of lay physician when the children fell ill, since she was the one who already had a connection with the family after attending the birth of the child.<sup>59</sup> Recognition of the tensions between formal and informally trained caregivers can be used to help understand the structure of healthcare networks in Hanover at the time of the epidemic.

The historiography of Mennonites in Canada has begun to grow in the last thirty years as well though most of the scholarship has been written from within the Mennonite community. The historiography of Mennonites has examined political conflicts during the two world wars such as the issues of conscription, censorship, schooling, and Victory bond drives. This historiography has also focused on Mennonite migrants well into the 1950s and gendered histories of Mennonites in Canada.<sup>60</sup> These histories of Mennonites in North America have positioned Mennonites as part of a global diaspora and a “transnational” people.<sup>61</sup>

Mennonites of the Bergthaler and *Kleine Gemeinde* congregations first emigrated from Russia in the 1870s, arriving in various regions of North America, including Manitoba. Mennonites have faced an identity crisis for generations. The identification of Mennonite as an ethnic, religious or ethno-religious group has often been debated. In

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<sup>59</sup> Hans Werner and Jenifer Waito. “‘One of Our Own’: Ethnicity Politics and the Medicalization of Childbirth in Manitoba,” *Manitoba History* No. 58 (June 2008): 2–10.

<sup>60</sup> See, Marlene Epp, “The Transnational Labour of Mennonite Midwives,” 203-216; Marlene Epp, “Catching Babies and Delivering the Dead: Midwives and Undertakers in Mennonite Settlement Communities,” In *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada*, Myra Rutherdale, Ed. (Montreal: McGill-Queen’s University Press, 2010), 61-83.

<sup>61</sup> Royden Loewen, *Village Among Nations: “Canadian” Mennonites in a Transnational World, 1916-2006*, (Toronto: University of Toronto Press, 2013), 5; Marlene Epp, “The Transnational Labour of Mennonite Midwives,” 203-216.

Manitoba (and such is the case for most of the Mennonite migrants of the 1870s and subsequent years) Mennonites are identified as an ethno-religious group. The culture of the Mennonites, tied into their religious beliefs, created an ethnic group. As Mennonite historian Royden Loewen has noted, Mennonites settled together in relative isolation from the rest of the world. “Ethnicity for Canadian Mennonites is a cultural construction, established by time, tempered by space, and conditioned by social interaction. It intersects dialectically with religious teachings that are themselves in flux.”<sup>62</sup> They settled together and therefore further cemented an ethnic identity, which is in flux though the group itself continues to share religion, shared experience of migration, in the case of the Manitoba Mennonites, and cultural practices.<sup>63</sup> In this sense, Manitoba Mennonites are considered an ethno-religious group through shared cultural practices, ancestry, religion and settlement.

Traditionally, Mennonites hold Anabaptist beliefs that focus on believers’ baptism, non-resistance, and separation from the rest of the world.<sup>64</sup> Manitoba Mennonites first settled the East Reserve in 1874, establishing multiple street-villages mirroring those they had in Russia. The *Kleine Gemeinde*, a conservative Mennonite denomination that was formed in 1812 in Russia migrated with most of their congregation. They constituted a minority in New Russia as their name, meaning little church, shows and remained so in Manitoba despite the majority of the congregation

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<sup>62</sup> Royden Loewen, “The Politics of Peoplehood: Ethnicity and Religion Among Canada’s Mennonites,” in *Christianity and Ethnicity in Canada*, Ed. Paul Bramadat and David Seljak (Toronto: University of Toronto Press, 2008) 332.

<sup>63</sup> Royden Loewen, *Family, Church and Market: A Mennonite Community in the Old and the New Worlds, 1850-1930* (Toronto: University of Toronto Press, 1993), 69.

<sup>64</sup> Loewen, *Family, Church and Market*, 10. Marlene Epp, *Mennonite Women in Canada: A History* (Winnipeg: University of Manitoba Press, 2008), 9.

immigrating.<sup>65</sup> The larger of the two groups, the Bergthaler Mennonites, represented the majority Mennonite church in Manitoba. The move to Manitoba came after the Czarist government in New Russia had implemented multiple administrative changes to help with the Russification of foreign groups, including the creation of universal military service.<sup>66</sup> Historians have argued that the economic situation in Russia, and the change to a more capitalistic agrarian economy also played a role in the decision to leave.

These Mennonites settled in Manitoba and the United States for the most part. In Manitoba, the East Reserve consisted of land that had been set aside by the Canadian government in order to populate the west and to attract immigrants who were able to farm the land. The East Reserve became the municipality of Hespeler in 1880, then the municipalities of Hespeler and Hanover in 1881, and were finally merged to become the RM of Hanover in 1890. It is the latter boundary that this study uses as its delineation (Fig. 1).<sup>67</sup> The Mennonites of Hanover in 1918, for the most part, participated in the 1870s migration or were their children who were the first generation of Canadian-born Mennonites in the region. The Mennonites who immigrated to Manitoba in the 1874 were a more conservative demographic than those who settled in the United States and by the receipt of the 1873 *Privilegium* were also of the more conservative Mennonite groups.<sup>68</sup>

The *Privilegium* granted the 1870s Mennonite migrants exemption from military service, an exemption that was not promised for migrants to the United States, as well as

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<sup>65</sup> Loewen, *Family, Church and Market*, 10, 70.

<sup>66</sup> Loewen, *Family, Church and Market*, 16.

<sup>67</sup> Lydia Penner, *Hanover: One Hundred Years*, (Steinbach: R.M. of Hanover, 1982), 10-11.

<sup>68</sup> Frank Epp, *Mennonites in Canada, 1786-1920: The History of a Separate People* (Toronto: Macmillan of Canada, 1974). 288.

the right to administer their own schools.<sup>69</sup> Mennonites continued to live separately from the Canadian population, though by 1910, they faced the encroachment of other ethnic groups and sets of practices. This created a problem for Mennonites. They straddled the line between their old ways and traditions and ‘Englishness’ and modernity.

Mennonites in the early years of settlement established street village settlement patterns. According to Marlene Epp, transplantation to the prairies of village names and plans helped to alleviate the reality of isolation on homesteads and created and maintained an ethnic identity.<sup>70</sup> These villages were constituted of about ten to thirty families who combined their land and built their homes and often house-barns on one side of a street, while the rest of the pasture land was divided up equally.<sup>71</sup> Street villages therefore made walking to neighbours’ homes in the early years much easier as the homes were quite close together in each village.<sup>72</sup> By 1910, however, this village pattern in the East Reserve had been largely abandoned, although the strong communal aspect it created remained. Mennonites in Hanover belonged to one of four main groups, the most influential and populous of which were the *Kleine Gemeinde* and the Bergthaler.<sup>73</sup> The other two Mennonite groups, had their beginnings after the migration to Manitoba and were considered to be more open to accepting the English language and had a different stance on the public school issue. These two groups, the Holdeman and the Bruderthaler

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<sup>69</sup> Frank Epp, *Mennonites in Canada*, 288; Adolf Ens, *Subjects or Citizens?: The Mennonite Experience in Canada, 1870-1925* (Ottawa: University of Ottawa Press, 1994), 172.

<sup>70</sup> Marlene Epp, “The Transnational Labour,” 206.

<sup>71</sup> Royden Loewen, *Blumenort: A Mennonite Community in Transition, 1874-1982* (Steinbach: Blumenort Historical Society, 1983), 63, 262.

<sup>72</sup> Marlene Epp, *Mennonite Women in Canada*, 38.

<sup>73</sup> Lydia Penner, *Hanover: One Hundred Years*, 21; Abe Warkentin, *Reflections on Our Heritage: A History of Steinbach and the R.M. of Hanover from 1874*, (Steinbach: Derksen Printers, Ltd., 1971), 16-17; Amy Shaw, *Crisis of Conscience*, 45.



Mennonites, were not as populous at the time of the epidemic and therefore are not considered as separate subgroups of the Mennonite faith. Identifying all members of each church, proves challenging. Therefore, while all groups had their differences, for the purposes of this study, they are viewed as one entity unless otherwise stated. This is to say that “Mennonites” include all Mennonites of Russian-German descent.

Medical services in Hanover were very limited in the municipality’s first fifty years. When the Mennonites, mainly from the *Kleine Gemeinde* church and a few families from the Bertgthaler church settled in Hanover in 1874, they had brought with them knowledge in medicine from their experience in Russia and Ukraine. While the early Mennonite communities had no formally trained medical professionals, they had many lay practitioners in the form of midwives and *traechtmoaka*, a “person who sets things right.”<sup>74</sup> These practitioners were recognized for their ability to set bones, manipulate knotted muscles, and relieve pain. They often had some knowledge of Mennonite folk remedies.

Some of the most established “Doctors” within the municipality were “Dr.” John Peters of Grunthal and “Dr.” Peter P. Friesen, both of whom were noted bone-setters. Dr. Peters had moved to Grunthal in the 1870s during the first round of Mennonite immigration. Dr. Peters was known throughout Hanover for his skills as bone-setter. He was also a descendent of reputed bone-setters in Russia.<sup>75</sup> He settled in the village of Grunthal and was known to be discriminatory towards non-Mennonites. His fee for those who spoke Low German was fifty cents and was doubled for patients who could only speak English. Dr. Peters continued to practice well into the 1920s when he emigrated to

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<sup>74</sup> Warkentin, *Reflections on Our Heritage*, 214.

<sup>75</sup> Warkentin, *Reflections on Our Heritage*, 215-218.

Paraguay where he continued his practice.<sup>76</sup> His nephew, “Dr.” Friesen also had a reputation as a bone-setter for the community.<sup>77</sup> These bone-setters were the closest consistent access the community had to any type of formal medical professionals.

For most small body ailments, lay midwives fulfilled the community’s needs. Midwives were frequently consulted on mundane matters of health, having learned about many folk remedies and herbs. Some of these midwives were almost better known for their knowledge of herbs than as birthing attendants. Mrs. Reichel, a midwife, was also a very well respected ‘doctor’ with a very strong knowledge of herbs.<sup>78</sup> Most districts in Hanover had at least one midwife that could attend births and the ill.<sup>79</sup>

Even with the presence of midwives and bone-setters in the early years of settlement, healthcare in Hanover was dependent on community. As Frank Epp noted, “Like other social and practical problems, medical problems were abated by genuine neighbourliness and community spirit. Every cluster of neighbours boasted a midwife and a bone-setter ready, willing, and able to attend to those medical needs which tea could not cure.”<sup>80</sup> Community care remained a hallmark when dealing with illness. Rural communities often relied on neighbours and lay practitioners for help as trained professionals were most often found in larger centres.<sup>81</sup> In Bergfeld, a small village near Grunthal, medical help, in severe cases, came from physicians in the neighbouring French village of St. Pierre. Mennonites reserved their calls for medical help from St. Pierre for extreme cases where traditional folk remedies and herbal concoctions were not

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<sup>76</sup> Warkentin, *Reflections on Our Heritage*, 215-216.

<sup>77</sup> Warkentin, *Reflections on Our Heritage*, 217.

<sup>78</sup> Gerald Wright, *Steinbach: Is there any place like it?* (Steinbach, Derksen Printers Ltd., 1991), 139.

<sup>79</sup> Wright, *Steinbach*, 139.

<sup>80</sup> Frank Epp, *Mennonites in Canada*, 87.

<sup>81</sup> Grunthal History Book Committee, *Grunthal History* (Steinbach: Derksen Printers Ltd., 1974), 47.

sufficient.<sup>82</sup> Having no physicians within the municipality, therefore, was seen as acceptable as serious health problems could be seen by neighbouring physicians when needed. Grunthal had help from St. Pierre; Steinbach had Dr. J.A. Bélanger from Ste. Anne to help out. Thus, although the community maintained a level of isolation, Mennonite health care did exist in close proximity with the ‘English’ world.<sup>83</sup>

Health services amongst the Hanover Mennonites closely resembled those in Russia prior to their migration.<sup>84</sup> Medical care within Hanover underwent very few changes from the 1870s until the early 1920s. In Hanover, no hospital existed; the first to be built was a maternity home in 1928.<sup>85</sup> One important change was the more consistent appointment of a government health officer within the municipality. Beginning in 1893, provincial authorities insisted that the municipality hire someone to deal with health related issues as a part of the *Public Health Act*. Every municipality was to hire a licensed medical practitioner as a health officer or another suitably trained professional should a physician not be available.<sup>86</sup>

In 1893, a doctor in Ste. Anne was appointed to immunize the children of the municipality. A local man from Steinbach had been hired in 1909 to vaccinate the children.<sup>87</sup> Vaccinations were done within the community and, in the early twentieth century, Mennonites had begun to accept some level of preemptive treatment and medical

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<sup>82</sup> Grunthal History Book Committee, *Grunthal History* (Steinbach: Derksen Printers Ltd., 1974), 47.

<sup>83</sup> Loewen, *Family, Church, and Market*, 80-81.

<sup>84</sup> Penner, *Hanover: 100 Years*, 145.

<sup>85</sup> Loewen, *Family, Church and Market*, 228.

<sup>86</sup> Province of Manitoba, *Acts of the Legislature of the Province of Manitoba: Passed in the session held in the 56<sup>th</sup> year of the Reign of Her Majesty Queen Victoria* (Winnipeg: Queen’s Printer, 1893), 60-61; Penner, *Hanover: 100 Years*, 145.

<sup>87</sup> Penner, *Hanover: 100 Years*, 145.

care. However, most health issues, including infectious disease, were dealt with by midwives and lay practitioners.<sup>88</sup>

In 1894, a Ste. Anne physician offered his services as health officer though his fee was too steep for the municipality to accept. However, in 1895, when Dr. Demers offered his services once more, the municipality stated that they did not need his services and that the fee was too much for them to take on.<sup>89</sup> However, the municipality, in order to meet the requirements of the *Public Health Act* hired him eventually. The municipality continued to hire health officers on a contract basis from various locales over the years. When no local physician was in residence, the appointment was given to doctors in Ste. Anne and St. Pierre.<sup>90</sup> The position suffered a high degree of turnover and fell to the Secretary-Treasurer of the municipality when no licensed practitioner could be found to fill the position.<sup>91</sup> Health officers investigated cases of deaths, infectious diseases, and completed death certificates. The municipality paid the health officer's salary and any drugs needed to treat disease were purchased at an added cost to the municipality.<sup>92</sup>

No resident physician could be found in Hanover until Dr. Alexander Schilstra settled in Steinbach in 1910 after having practiced in Winnipeg and Gretna.<sup>93</sup> He had obtained his medical training at the University of Ann Arbor in Michigan and at Trinity

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<sup>88</sup> Glen Klassen, "Child survival in the Mennonite East Reserve Before the Age of Antibiotics," *Preservings* Vol. 32 no.1 (2012): 25; Warkentin, *Reflections on Our Heritage*, 218; Marlene Epp, "Catching Babies and Delivering the Dead," 61-63; Frank Epp, *Mennonites in Canada*, 87.

<sup>89</sup> Penner, *Hanover: 100 Years*, 145.

<sup>90</sup> Penner, *Hanover: 100 Years*, 145.

<sup>91</sup> The 11th. General Council Meeting, Nov. 4<sup>th</sup>, 1918. General Council Meeting of the Rural Municipality of Hanover Minutes Books. 4 November 1918, Rural Municipality of Hanover Council Office, Steinbach, Manitoba. p. 2; The 12th. General Council Meeting, Dec. 3rd, 1918. General Council Meeting of the Rural Municipality of Hanover Minutes Books. 3 December 1918. Rural Municipality of Hanover Council Office. Steinbach, Manitoba. p. 2.

<sup>92</sup> Penner, *Hanover: 100 Years*, 145.

<sup>93</sup> Klassen, "Child survival in the Mennonite East Reserve," 25; Warkentin, *Reflections on Our Heritage*, 223-224.

College in Toronto where he graduated in 1900.<sup>94</sup> His wife, Anna Schilstra, was a physician. She received her education at the Ontario Medical College for Women and completed her studies in 1899. After setting up his practice in Steinbach, Dr. Schilstra's wife fell ill and they moved to British Columbia and a better climate in 1911.<sup>95</sup> When the war broke out, he enlisted. The couple returned to Steinbach after the influenza epidemic where he opened his private practice with his wife and served as health officer, on and off for nearly eighteen years.<sup>96</sup>

Thus, at the time of the influenza outbreak, there was little mainstream professional health infrastructure within the Rural Municipality of Hanover, and formal health care had not evolved much in the years leading up to the pandemic. Residents of Hanover had no access to hospital or nursing care. When the epidemic began in late September in Winnipeg and October in Hanover, Mennonites, like the rest of Canada, could do little to stop its spread. The disease ravaged the Mennonite population whose official health infrastructure was not yet organized.

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<sup>94</sup> Warkentin, *Reflections on Our Heritage*, 223-224.

<sup>95</sup> Warkentin, *Reflections on Our Heritage*, 224.

<sup>96</sup> Warkentin, *Reflections on Our Heritage*, 224.

## CHAPTER TWO

### Public Health, the State and, the Mennonites

On 16 October 1918, the *Steinbach Post* published two public health notices concerning the prevention and management of influenza; almost simultaneous with the appearance of the first cases of the disease in the Rural Municipality of Hanover (hereafter Hanover).<sup>1</sup> These notices were a part of a very select number of advertisements and advice columns provided through the *Post* concerning ways to cope with influenza. Methods of managing the disease are difficult to discern in the community, especially when anti-German sentiment and wartime measures also created tensions between German-speaking Mennonites and federal, provincial governments and the public. Continued anti-German sentiment alienated Mennonites and further reinforced the perceived need for a separate and cohesive community enclave as a way to stave off intrusion of ‘outside’ world.<sup>2</sup> Difficult relations between the government and Mennonites affected the deployment of health care services and how Mennonites viewed the disease. Government regulations created hesitancy and wariness amongst the Mennonites in matters related to public health. Government press censorship, conflict over education and schooling, the appointment of health officers and bans on meetings and church services all created tension, and arguably contributed to the distinctly higher mortality rate amongst the Mennonites of Hanover.

By the time of the influenza pandemic, other immigrant groups had settled in the municipality of Hanover. Thus, it is possible to compare Mennonite deaths resulting

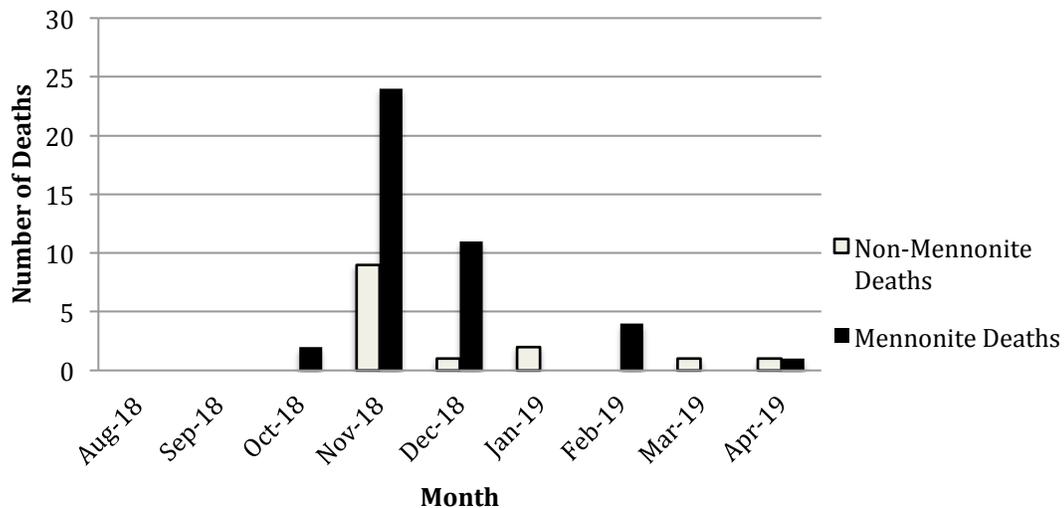
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<sup>1</sup> “What to do if you have influenza,” *Steinbach Post* (hereafter SP), 16 October 1918, 2-3.; “How to keep from getting influenza,” *Steinbach Post*, 16 October 1918, 3.

<sup>2</sup> Frank Epp, *Mennonites in Canada, 1786-1920: The History of a Separate People* (Toronto: Macmillan Company Ltd., 1974), 288.

from influenza to those of non-Mennonites in Hanover. Figure 2 illustrates that Mennonites were more likely to die from influenza than non-Mennonites. This graph was compiled by examining causes of deaths listed on all deaths certificates for 1918 and 1919 for the RM of Hanover. In order to identify those who were Mennonites versus non-Mennonites, a search for all names in the census of 1916 and 1921 was completed. All names were checked with the religion listed for that person, or for their parents in cases of deaths of those that were not listed in the 1916 census. Once names were compiled, deaths were organized by date, sex, and age.

**Fig. 2. Influenza Deaths in Hanover, Manitoba.** Number of influenza deaths amongst Mennonites and non-Mennonites in Hanover, Manitoba, from August 1918 until the end of April 1919.



All deaths recorded as influenza deaths included causes of death such as bronchitis or bronchopneumonia with influenza, influenza, flu, *Grippa* and inflammation of the lungs with flu. Any of these combinations were counted as flu deaths as were deaths listed solely as bronchopneumonia as those deaths were attributed to influenza in the newspaper. Cases of respiratory illness were also counted as cases of flu even when lacking a contributory or secondary cause (Fig. 3). In Hanover, there were a total of 42

cases of influenza or influenza related deaths recorded from October 1918 to April 1919 amongst Mennonites.

**Fig. 3. Death Certificate from the RM of Hanover.**

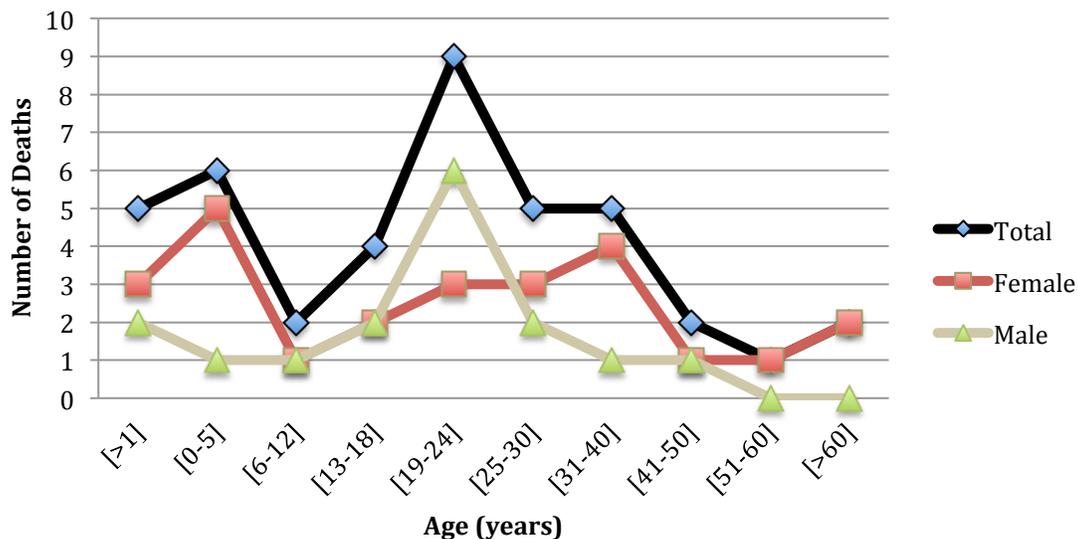
The cause of death in this case does not explicitly state influenza. Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives, Winnipeg, MB.

The global tendency for influenza to disproportionately affect the young adult population, the very young, and the elderly was observed in Hanover (Fig. 4).<sup>3</sup> When examining the number of deaths amongst Mennonites based on sex, a few major trends stand out. First, the population of males who died of influenza clearly demonstrate the marked “W” mortality curve that has come to be expected from such studies of influenza.

<sup>3</sup> This trend in influenza deaths has been well recorded by historians. See Janice McGinnis, “The Impact of Epidemic Influenza in Canada, 1918-1919,” *Historical Papers* Vol. 12, no. 1 (1977): 125; Niall Johnson and Juergen Mueller, “Updating the accounts: Global Mortality of the 1918-1920 ‘Spanish’ Influenza Pandemic,” *Bulletin of the History of Medicine* Vol. 76, no. 1(2002): 3-4; Ann Herring, “‘There Were Young People and Old People and Babies Dying Every Week’: The 1918-1919 Influenza Pandemic at Norway House,” *Ethnohistory* Vol. 41, no. 1(1994): 96.

The “W” shape of the mortality curve shows that the elderly and the young were vulnerable to the disease, explaining the two elevated numbers at either end; at the same time there is a distinct peak in the number of young adults who succumbed to the disease as well. This represents the middle peak of the “W” curve. This peak is commonly associated with the pandemic as it affected the young adult population more so than other epidemics of influenza or other diseases. Secondly, deaths of females markedly lack the expected “W” curve of epidemics whereby those who are afflicted were the young and the elderly (Fig. 4). Lastly, out of the young adults who were most affected by the epidemic, young men appeared to be more vulnerable to the disease than young women and make up a significantly lesser number of deaths outside of the young adult (13-30) range.

**Fig. 4. Influenza Deaths by Age Amongst Mennonites in Hanover, MB.** Mennonite influenza deaths by sex and age in the Rural Municipality of Hanover from August 1918 until the end of April 1919.



The death rate per 1,000 population from influenza amongst Mennonites was calculated by using the 1916 and 1921 censuses to identify all Mennonites within the RM

of Hanover. The population estimate for 1918 was calculated by interpolation, with the assumption that the population grew at a constant rate throughout the years. The number of Mennonites in Hanover in 1918 was approximately 3,101. In Hanover, non-Mennonite deaths related to influenza only numbered six while there were 42 flu-related deaths among Mennonites.<sup>4</sup> The mortality rate from influenza was 13.5 per 1,000 for Mennonites in Hanover. This rate was over double the Canadian national average of 6.1 per 1,000.<sup>5</sup> In comparison, the mortality rate from influenza for the non-Mennonite population of Hanover, using the same population estimate, was 8.6 per 1,000. The higher number of deaths within the RM of Hanover over the national average can be attributed to lack of access to formal health care services among Mennonites within rural areas.

In agreement with the preliminary work of Glen Klassen and Kimberly Penner, it appears that Mennonites were more vulnerable to succumbing to the disease.<sup>6</sup> Klassen and Penner examined excess deaths within multiple rural populations and municipalities. The excess death rate, calculated using counts of death available through vital statistics do not include an analysis of the cause of death. This approach showed that Mennonites had a higher mortality rate than French Canadians. In predominantly French Canadian municipalities, the excess death rate was much lower, ranging between 0 and 3 per 1,000. These communities appeared to have somehow escaped the epidemic while the excess

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<sup>4</sup> Mennonite Heritage Centre Archives, Winnipeg, Official Notice of Death, December 1917- December 1920, Rural Municipality of Hanover, Microfilm 706, Box #4.

<sup>5</sup> Ann Herring and Ellen Korol, "The North-South Divide: Social Inequality and Mortality from the 1918 Influenza Pandemic in Hamilton, Ontario," in Magda Fahrni and Esyllt Jones, Eds. *Epidemic Encounters: Influenza, Society and Culture in Canada, 1918-20* (Vancouver: UBC Press, 2012), 98.

<sup>6</sup> See Glen Klassen and Kimberly Penner, "Influenza Pandemic Deaths among Manitoba Mennonites in 1918-19," *Preservings* Vol. 28 (2008):24-29.

death rate in other rural locales were slightly higher than the average death rate in Winnipeg and Canada as a whole at approximately 7 deaths per 1,000. However, morbidity statistics are incredibly hard to assess in the case of influenza and so this study must take mortality rates and accounts of death as the most reliable sources of data. Without accurate morbidity statistics, it is impossible to determine whether Mennonites contracted the flu more than the rest of the population, or whether they were more prone to dying from the disease, while non-Mennonites recovered more easily.

Further, these mortality statistics do not include deaths that were an indirect cause of influenza. Howard Phillips has recently argued that influenza mortality should not include only those who died of influenza but also of its longer-term effects. In this sense he argues:

Babies not born because their pregnant mothers had died, those not conceived because of the death of potential mothers and infants who died for want of a nurturing mother taken off by the flu must be considered as influenza pandemic-linked deaths or non-births too, as must those of short-term flu survivors who succumbed within a few years.<sup>7</sup>

The deaths of infants and potential mothers do not make it onto the death certificates. A number of stillborn babies and infants dying of general debility were recorded for the years of the pandemic.<sup>8</sup> Were these deaths related to the flu pandemic and mothers not being able to carry their children to term due to having the disease? Death certificates do not list a secondary cause of death for stillborn infants. No note was made on the record as to the state of the mother's health at the time of the miscarriage or stillbirth.

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<sup>7</sup> Howard Phillips, "Second Opinion: The Recent Wave of 'Spanish' Flu Historiography," *Social History of Medicine* Vol. 27, no.4 (2014): 798.

<sup>8</sup> Penner, *Hanover: One Hundred Years*, 132; Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives.

Accepting the above conceptual complexities, what were the contributing factors to the higher death rate amongst Mennonites? This thesis will demonstrate that high death rates from influenza amongst Mennonites stemmed from a mixed acceptance of public health regulations, and inadequate deployment of health care services and health information. Government policies, both federal and provincial, including conscription, the issue of German language in private and public schools and, issues of wartime censorship undermined the relationship between Mennonites and the state. This affected how they responded to the epidemic and their attitudes towards state intervention in matters of health.

First of all, federal military conscription undermined relationships between Mennonites and the state, and affected the way that Mennonites responded to the epidemic. By the fall of 1918, the war was coming to an end; however, over the previous months, there had been an increase in war production and in military recruiting. On the home front, Canadian families had suffered the loss of brothers, fathers, and husbands overseas and also young women working within the nursing fields. When Britain declared itself at war, as a part of the British Empire, Canada was also at war. This was the newly formed Canadian Expeditionary Force's first major foray into war. As propaganda supporting voluntary service increased, the war effort affected all sectors of society. Factories needed labour to continue war production and farms demanded attention for agricultural production.<sup>9</sup> On the home front, wartime mobilization and the loss of male members of the labour force to overseas combat opened up debates about women's right to vote, and women's work outside of the home. Volunteer nursing

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<sup>9</sup> Amy Shaw, *Crisis of Conscience: Conscientious Objection in Canada during the First World War*, (Vancouver: UBC Press, 2009), 41-42.

organizations recruited many young nurses to care for the wounded.<sup>10</sup> However, by 1916, voluntary enlistment was not working as the number of recruits decreased.<sup>11</sup> Prime Minister Borden saw no alternative other than conscription.<sup>12</sup> Upon his return from a trip to Britain, where he met with the British prime minister, Borden decided that conscription was necessary as more men were needed for the military. His administration drew up the *Military Service Bill*, which called for conscription, and debate ensued over the clauses of exemptions to military service.<sup>13</sup> The Bill passed on 11 June 1917 and on 29 August 1917, the *Military Service Act* was signed into law. The act meant that all British subjects between the ages of twenty to forty-five could be called upon to serve in the military. The *Military Service Act* was not enforced until Borden formed a coalition government and won the election in the fall of 1917.<sup>14</sup> Concern over conscription was felt throughout the country. While some Canadians were strong proponents of conscription, especially those with ties to the British Empire, other groups, including pacifists, farmers, French-Canadians, and a number of religious denominations (including Mennonites) opposed conscription.

Conscription followed upon the Manitoba school issue of 1916, which had made Mennonites unsure of their place within the Canadian population.<sup>15</sup> The provincial policy affected multiple groups as it made English the only language of instruction in schools

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<sup>10</sup> Terry Wilde, "Freshettes, Farmerettes, and Feminine Fortitude at the University of Toronto during the First World War," in Sarah Glassford and Amy Shaw, Eds., *A Sisterhood of Suffering and Service: Women and Girls of Canada and Newfoundland during the First World War* (Vancouver: UBC Press, 2012), 88-90.

<sup>11</sup> Adolf Ens, *Subjects or Citizens?: The Mennonite Experience in Canada, 1870-1925* (Ottawa: University of Ottawa Press, 1994), 171-173.

<sup>12</sup> Ens, *Subjects or Citizens?*, 172.

<sup>13</sup> Shaw, *Crisis of Conscience*, 26-27.

<sup>14</sup> Shaw, *Crisis of Conscience*, 27-28.

<sup>15</sup> Ens, *Subjects or Citizens?*, 183-184; Shaw, *Crisis of Conscience*, 20-21.

rather than having bilingual public schools. As a response to this, and also to changes in the curriculum of district schools, compulsory school attendance for the pupils, and the lack of Mennonite religious authority within the schools, some Mennonites reverted back to private schools.<sup>16</sup> Provincial policies on language and education, Mennonites felt, threatened their rights under the *Privilegium* and most importantly, undermined their religious practices as the German language had become so central to their faith.<sup>17</sup>

Thus, over the war years, Mennonites increasingly worried that the government would void certain aspects of the 1873 *Privilegium*, which clearly stated “an entire exemption from military service, as is provided by law and order-in-council, will be granted to the denomination of Christians called Mennonites.”<sup>18</sup> Thus, the *Privilegium* gave Mennonites the assurance that they would be exempted from military service. In the early years of the war, some Mennonite groups, notably the Kleine Gemeinde, began raising funds for the Red Cross through their private schools.<sup>19</sup> The funds were to be used by the government specifically for relief work and not to support the war.<sup>20</sup> Fundraising was a way of thanking the government for its continued adherence to the military clause of the *Privilegium*.<sup>21</sup> Problems between the Mennonite communities and the government arose, however, when the *War Measures Act* (1914) was used in 1916 to dedicate a week in January to register and account for the potential manpower of the country.<sup>22</sup> The fact that registration cards were to be filled out by all males from ages 16 to 65 under the *War*

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<sup>16</sup> Ens, *Subjects or Citizens?*, 120-124.

<sup>17</sup> Ens, *Subjects or Citizens?*, 110-114, 120-124.

<sup>18</sup> Ens, *Subjects or Citizens?*, 172.

<sup>19</sup> Ens, *Subjects or Citizens?*, 173.

<sup>20</sup> Ens, *Subjects or Citizens?*, 175.

<sup>21</sup> Shaw, *Crisis of Conscience*, 46.

<sup>22</sup> Ens, *Subjects or Citizens?*, 173-174; Shaw, *Crisis of Conscience*, 42.

*Measures Act* worried Mennonites. Some Mennonites refused to fill out the cards although direct disobedience to the state made many uncomfortable.<sup>23</sup> Doctrines of obedience to the state date far back into Mennonite history whereby, according to Amy Shaw, “the state was instituted by God in response to human sin in order to punish the evil and protect the good.”<sup>24</sup> Mennonites usually respected government authority even when there could be disagreement over policies.<sup>25</sup>

In order to deal with the registration issue, Mennonites were informed that their previous agreement would be honoured and they would be exempt from military service, although they would have to fill out the registration cards and write “Mennonite” on them and have them approved by a respected member of the parish, notably the pastor.<sup>26</sup> While this was a compromise, federal actions created tensions between the Mennonites and the government and created uncertainty regarding their continued rights. At the same time, military exemption from conscription fostered resentment amongst the general population: why were these German-speakers exempted from military service while those in Quebec and other parts of Canada were required to abide by the laws of conscription?<sup>27</sup> Although some Mennonites felt compelled to voluntarily enlist within the army, those few Mennonites also risked losing their Church membership by so doing.<sup>28</sup> Letters were sent to the federal government in order to assure the government of the cooperation of the

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<sup>23</sup> Shaw, *Crisis of Conscience*, 43.

<sup>24</sup> According to Amy Shaw, the confession of faith known as the Schleithem Confession of 1527 clearly lists the affirmation that God ordained the office of government. Shaw, *Crisis of Conscience*, 55.

<sup>25</sup> Shaw, *Crisis of Conscience*, 55.

<sup>26</sup> Ens, *Subjects or Citizens?*, 173-174.

<sup>27</sup> Shaw, *Crisis of Conscience*, 46.

<sup>28</sup> Shaw, *Crisis of Conscience*, 47.

Mennonites and their loyalty to Canada.<sup>29</sup> Nevertheless, by the end of World War I, trust in the Canadian state among Mennonites had been undermined by the conscription crisis.

With the ongoing war against a German enemy, hostility towards Mennonites was found throughout the country. Fears of the presence of German sympathizers, especially in cases of those communicating in enemy languages, played a major role in the tensions between government and Mennonites. In order to better control and be able to prevent correspondence that actively discouraged military support or was viewed as pro-German, the Chief Press Censor, Lieutenant-Colonel Ernest J. Chambers, solidified the censorship powers of the government by consolidating various orders-in-council from the beginning of the war in 1917.<sup>30</sup> Chambers was appointed Chief Press Censor in 1915 when the Chief Censor's Office was created through an Order in Council as the government identified there needed to be a better way of preventing the press from leaking sensitive information during the war.<sup>31</sup> With the approval of the Secretary of State, Chambers went beyond the *War Measures Act* in dealing with publications and implemented numerous Orders in Councils. Chambers had the authority to prohibit the publication of any sources that criticized military efforts, policies, would stir disaffection, or hinder the eventual success of the war.<sup>32</sup>

Wartime censorship severely impacted Mennonites, further undermining relations with the state, as well as hampering the ability of public health officials to communicate

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<sup>29</sup> Ens, *Subjects or Citizens?*, 173.

<sup>30</sup> Ens, *Subjects or Citizens?*, 184-187. For a more in-depth analysis of the various causes of tensions and the situation of Mennonites during the First World War see: Ens, *Subjects or Citizens?*; Shaw, *Crisis of Conscience*; Frank Epp, *Mennonites in Canada, 1786-1920: The History of a Separate People* (Toronto: Macmillan of Canada, 1974).

<sup>31</sup> Jeffrey Keshen, *Propaganda and Censorship During Canada's Great War*, (Edmonton: University of Alberta Press, 1996), 66.

<sup>32</sup> Keshen, *Propaganda and Censorship*, 66-67.

with a German-speaking immigrant group. Publications in German outside of Canada, including those from other Mennonite locales in the United States such as the paper of the General Conference Mennonite Church of North America, *Der Christliche Bundesbote*, faced restrictions and bans on importations. The paper was published in Indiana and was could no longer be imported into Canada through the postal service. Anyone owning a copy of the paper could be severely fined.<sup>33</sup> The main opposition to this paper was that it was published in German and so, in order to pass censorship, the Canadian issues were published in English under the title of *The Mennonite*.<sup>34</sup>

Censorship was a problem for Canadian Mennonite papers as well. The participation of Mennonite congregations in the Victory Bond drive was a central concern to the censors.<sup>35</sup> As the Victory Bond campaign funds were to be used specifically to support the war, Mennonites felt uneasy as this potentially countermanded their affirmation of pacifism. Some of the Bergthaler Mennonites in Manitoba were especially uncertain: they felt that it was necessary for them to support the government financially but asked that their contributions, left at the individual's discretion, be used solely for foodstuffs.<sup>36</sup> Other congregations refused to participate in the campaign and, as an alternative, gave donations to the Red Cross to be used specifically for relief purposes. When Jacob Friesen, editor of *The Steinbach Post*, refused to place a paid advertisement for Victory loans in the paper, he was confronted by the Chief Press Censor to explain his position.<sup>37</sup> Eventually this matter was allowed to pass; however, by September 1918, the

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<sup>33</sup> Ens, *Subjects or Citizens?*, 185; Keshen, *Propaganda and Censorship*, 67-68.

<sup>34</sup> Ens, *Subjects or Citizens?*, 185-186.

<sup>35</sup> Ens, *Subjects or Citizens?*, 186.

<sup>36</sup> Ens, *Subjects or Citizens?*, 184; Shaw, *Crisis of Conscience*, 47.

<sup>37</sup> Ens, *Subjects or Citizens?*, 186-188.

*Post* was facing the Press Censor again, given that it continued to forego any mention of the war and continued publication in German.<sup>38</sup> Canadian ethnic papers, a few weeks prior to the end of hostilities, faced severe censorship regulations. Under pressure from the Great War Veterans' Association, the federal government allowed the Press Censor to prevent the publication of papers in enemy languages including German, Bulgarian, Ukrainian, Hungarian, Turkish, Finnish, Ruthenian, Estonian, Croatian, and Livonian as well as banning these languages at public meetings. By April 1919, only those newspapers in the principal enemy languages continued to face bans on publications unless for solely religious, literary, or legal material.<sup>39</sup>

The *Post* was left with two options in October 1918 – either face suspension of the paper outright or attempt to pass through the censors by switching its language of publication to English. Although the *Post*, according to Ens, was considered one of the least offensive and dangerous enemy language papers, it faced serious criticism, partly due to previous issues brought to the attention of the press censor including the lack of Victory Bond advertisements in the paper.<sup>40</sup> Although the censorship law was effective 1 October 1918, barring the publication of the paper in German, the *Post* published its next two issues in German before switching to English on 16 October 1918. It included in the next issues announcements and advertisements for the purchase of the Victory loan campaign.<sup>41</sup> The paid advertisements for the Victory loan campaign in the *Post* specifically targeted the Mennonite population, playing on the number of privileges obtained by these German speakers in Canada. One advertisement read: “Canada expects

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<sup>38</sup> Ens, *Subjects or Citizens?*, 184.

<sup>39</sup> Keshen, *Propaganda and Censorship*, 68.

<sup>40</sup> Ens, *Subjects of Citizens?*, 186.

<sup>41</sup> Ens, *Subjects or Citizens?*, 188; “Victory Loan Advertisement,” *SP*, 13 November 1918, 3.

every Citizen of German birth or descent to help maintain the freedom he has found in Canada, by buying Victory Bonds,” asking Mennonites, other German speakers and their descendants to buy these bonds to support the war.<sup>42</sup> The publication of these advertisements and further articles referring to the war reveal that the editor of the *Post*, rather than suspend publication, accepted the regulations placed upon him in order to be able to keep informing at least some of the members of the community of local news.

Changing the language of a community paper to English, which could only be read or written by about one third of the population, limited journalistic content and letters to the Editor. Friesen never gave a direct reason for the change to English though he appealed to his readers to rally together to maintain a community:

Our readers will likely be surprised to see that their paper comes in the English language now without any explanations of the Editor. We trust our readers will stay with us although some will have a hard time reading the paper for two reasons first because they are not used to reading English and second on account of the poor English the Editor is able to produce, for this last cause the Editor asks his readers to excuse him, as he also has had practically no education in this language, but always tried very hard to master it. We ask our readers to study hard and make as good as they can, and keep on reading our paper, and so help us and themselves at the same time.<sup>43</sup>

Although this statement by Friesen shows both some resentment and resignation towards the censorship and government, they also indicate that Friesen, at least, believed that some level of English needed to be understood by the members of the community. By standing and rallying together, the *Post* continued its publication; however, its readership was somewhat diminished. Correspondence in the *Post* also decreased as the editor had

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<sup>42</sup> “Victory Loan Advertisement,” *SP*, 13 November 1918, 3.

<sup>43</sup> “Locals,” *SP*, 16 October 1918, 2.

to translate some of the letters coming to the paper into English as best he could.<sup>44</sup> Some readers tried to continue to provide content for the *Post* and encouraged others to do the same. Abraham Friesen emphasized the difficulty and the value that the *Post* has when the community wrote about the issues. In a long letter to the Editor and readers, he wrote:

It must be a hard task for the dear Editor to fill his or rather our paper without any support from us readers. It also loses of its value without any news from the different readers, therefore dear reader, we better pick up and push to keep it rolling over the tide, which I believe must be at the highest point pretty soon, oh, I wish the Post would appear in its own language again.<sup>45</sup>

Others also supported the *Post* and encouraged continued correspondence as much as possible. One author from Roland, Manitoba, explained that “I though it better to have a few lines appear in the *Post* from this district, to help out the publisher and our local paper, for I still find it of great value.”<sup>46</sup> Since the *Post* now had to be in English, it affected the diffusion of public health information when the flu epidemic began. Some readers and authors tried to continue writing despite this difficulty with the English language. One “Tante” Schmidt explained that “as I do not intend to for the sake of the editor, and cannot write English myself, so will try a borrowed hand.”<sup>47</sup> Only a third of the readers were able to understand the public health announcements. Although Mennonites felt compelled to follow government regulations as they had for the

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<sup>44</sup> Numerous letters to the Editor remarked on the limited number of people sending correspondence to the paper due to the language restriction. See, ‘Tante’ Schmidt, “‘Tante’ Schmidt to the *Post*,” *SP*, 13 November 1918, 6; “Correspondence – Kansas,” *SP*, 13 November 1918, 6; J.M. Loewen, “J.M. Loewen to the *Post* and readers,” *SP*, 20 November 1918, 7; Catherine Loewen “Catherine Loewen to the Editor and Readers,” *SP*, 11 December 1918, 2.

<sup>45</sup> Abr. R. Friesen, “Abr. Friesen to Editor and the whole Post family,” *SP*, 18 December 1918, 2.

<sup>46</sup> J.M. Loewen, “J.M. Loewen to the Editor and Readers,” *SP*, 20 November 1918, 3.

<sup>47</sup> Schmidt, “Schmidt to the Editor,” *SP*, 13 November 1918.

registration cards, some hesitancy to accept ‘English’ methods was felt, including in the area of health care.<sup>48</sup>

The existing provisions of *The Public Health Act* ensured that Mennonites had to follow state imposed management systems for the epidemic. On 11 October 1918, at a meeting of the Provincial Board of Health, a decision was made that influenza be considered as epidemic within Winnipeg and surrounding areas. The Board gave health officers the authority to close schools and public meeting areas, including some stores. The Board directed local health officers to take measures as soon as influenza was found within the community, and to limit public gatherings not deemed essential.<sup>49</sup> These were similar to flu control measures in various regions across the country, which included bans on public gatherings, such as church services, funeral services in some cases, school closures, and the closing of theatres and cinemas. Quarantine was tried in some locales though it was not very effective. Wearing of masks was strongly encouraged and regulated in some cities. Incoming trains, passengers, and their luggage were fumigated.<sup>50</sup>

Closure of schools, churches, and meeting places remained at the discretion of the municipality’s health officers. The closure in Hanover of some stores at an earlier than accustomed hour, was influenced by the decision in Winnipeg to do the same.<sup>51</sup> As far as can be discerned, in Hanover public health measures were followed when the order was

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<sup>48</sup> Ens, *Subjects or Citizens?*, 188.

<sup>49</sup> Provincial Archives of Manitoba, GR1548, Box 12, Province of Manitoba, Board of Health Minutes Books, 11 October 1918.

<sup>50</sup> Esyllt Jones, *Influenza 1918: Disease, Death, and Struggle in Winnipeg*, (Toronto: University of Toronto Press, 2007), 16-17.

<sup>51</sup> Provincial Archives of Manitoba (PAM). GR1548. Box 12. Province of Manitoba. Provincial Board of Health Minutes Books. “Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell.” 11 October 1918.

issued directly by a government official. However, the role of Health Officer changed hands multiple times over the course of the epidemic in Hanover. The position was not always held by a licensed physician, which contributed to the difficulty of enforcing any long-term ban on meetings and the closure of schools.<sup>52</sup>

The epidemic began in earnest in early November with a number of community members being placed on the sick list. The sick list was kept by the Health Officer who was responsible for reporting all cases and suspected cases of influenza in order to try and control the spread of the disease.<sup>53</sup> In the worst weeks of the epidemic for Hanover, namely the month of November, numerous cases of the flu were reported and yet there were no central resources for helping the ill. No dedicated hospital existed within the community. Dr. Hans Herschman from Steinbach, who had medical training, had been Health Officer until his resignation in June 1918.<sup>54</sup> Hanover therefore had no official Health Officer until the epidemic began, at which point it appointed one, as was required by the Provincial Board of Health.<sup>55</sup> The Municipality of Hanover appointed Dr. Belanger, a physician from the neighbouring village of Ste. Anne, to become the Health Officer for the municipality in November through to the end of December.<sup>56</sup> It is unclear from the records whether or not Dr. Belanger remained the Health Officer until the end of

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<sup>52</sup> The 11th. General Council Meeting, Nov. 4<sup>th</sup>, 1918. General Council Meeting of the RM of Hanover Minutes Books. 4 November 1918. Steinbach: RM of Hanover Council Office. p. 2; The 12th. General Council Meeting, Dec. 3rd, 1918. General Council Meeting of the RM of Hanover Minutes Books. 3 December 1918. Steinbach: RM of Hanover Council Office. p. 2; Abe Warkentin, *Reflections on Our Heritage: A History of Steinbach and the R.M. of Hanover from 1874* (Steinbach: Derksen Printers Ltd, 1971), 219-220.

<sup>53</sup> PAM. GR1548. Box 12. Province of Manitoba. Provincial Board of Health Minutes Books. "Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell." 11 October 1918.

<sup>54</sup> The Sixth General Council Meeting, June 2nd 1918. General Council Meeting of the Rural Municipality of Hanover Minutes Books. 2 June 1918. Steinbach: Rural Municipality of Hanover Council Office. p. 1.

<sup>55</sup> Provincial Archives of Manitoba. A0010 GR1548. Minute Books – Provincial Board of Health. "Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell," 11 October 1918.

<sup>56</sup> The 11th. General Council Meeting, Nov. 4<sup>th</sup>, 1918. General Council Meeting of the RM of Hanover Minutes Books. 4 November 1918, p. 2

December but at a meeting of the Municipality's Council in December, John D. Goossen was appointed Health Officer for the remainder of the year and into the month of January.<sup>57</sup>

While Dr. Belanger was appointed Health Officer for a part of the epidemic, there was no licensed doctor practising exclusively within the Hanover district at the time of the epidemic. The Health Officer appointed in the fall of 1918, John D. Goossen, was not a licensed medical practitioner but instead was a member of the Hanover Municipal council. As the Secretary Treasurer for Hanover, he was already responsible for filing and completing all vital statistics forms including certificates of death.<sup>58</sup> Goossen was also a real estate manager. He appears to have fallen into the role of Health Officer when one was needed. No provincial regulation existed that stated that a Health Officer needed to be a medical practitioner. While Goossen filled out many of the death certificates, he was not named Health Officer until a Council Meeting in early December although he was paid retroactively from July until December 1918.<sup>59</sup>

The appointment of Health Officers during the epidemic by municipalities was a means by which the Provincial Board of Health maintained some control and monitored the situation. In Hanover, however, the situation was very unstable. Untangling lines of authority is yet further complicated by the fact that Dr. Belanger may not have been acting as Health Officer for the entirety of his appointment, as a Dr. S. Kraminsky was appointed as Health Officer for a period of ten days from 14 November to 30 November.

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<sup>57</sup> The 12th. General Council Meeting, Dec. 3rd, 1918. General Council Meeting of the RM of Hanover Minutes Books. 3 December 1918, p. 2

<sup>58</sup> Warkentin, *Reflections on Our Heritage*, 65-66.

<sup>59</sup> The 12th. General Council Meeting, Dec. 3rd, 1918. General Council Meeting of the RM of Hanover Minutes Books. 3 December 1918, p. 2.

Kraminsky occupied the role of Health Officer for a very brief period of time and there is scant evidence has been found to understand why he had only been employed for less than two weeks. During his brief tenure, he was receiving a salary of ten dollars a day -- a high salary given that the salary for most other Health Officers in 1918 and 1919 varied between five and ten dollars a month, except for Dr. Belanger who was paid on a case by case basis.<sup>60</sup> Dr. Kraminsky was responsible for the health of the region of Hanover during the height of the epidemic. Unlike other Health Officers, Kraminsky additionally charged patients individually when completing his duties as Health Officer. This prompted the municipality to later reimburse all the patients from Kraminsky's salary, as it was the municipality's duty to pay for a Health Officer.<sup>61</sup> Perhaps this 'double dipping' had something to do with the municipality's decision to replace him.

The epidemic placed stress on a very limited health system, which had only begun to organize itself with health officers in the years prior to the epidemic. High turnover in the position of health officer prevented a consistent public health response. Examining the notice of deaths that were to be filed with the Province of Manitoba, the lack of physicians can be noted. Out of all influenza deaths of Mennonite members, of which there were 42 from September 1918 to May 1919, only ten of those who died listed a family physician. Another six who died of other causes had a family physician listed.<sup>62</sup> The physicians listed were from the neighbouring villages of Ste. Anne and Lorette. One physician, who resided in Hanover, was only listed as the family physician on the

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<sup>60</sup> The 11th. General Council Meeting, Nov. 4<sup>th</sup>, 1918. General Council Meeting of the RM of Hanover Minutes Books. 4 November 1918, p. 2

<sup>61</sup> Provincial Archives of Manitoba. A0010 GR1548. Minute Books – Provincial Board of Health. "Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell," 11 October 1918.

<sup>62</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

certificates during his brief time as health officer.<sup>63</sup> Even with a family physician listed, the physician would not often have been at the house at the time of death. The pressures of dealing with an epidemic and traveling amongst the various areas and farms of Hanover made it difficult for physicians to be with all those ill and attend their deaths, even in non-epidemic years.

The epidemic left health officers overworked and days would go by between the date of death stated by the family or person reporting the death and the investigation of the cause of death by the health officer or Secretary-Treasurer of the municipality. In many cases, two or three days passed between the date of death and when the death certificate was completed.<sup>64</sup> This discrepancy in dates could be accounted for by the possible closure of public offices on certain days. However this explanation does not explain all delays in investigating a death. In some cases, the health officer and his medical training, would be the determining factor concerning the prompt completion and filing of a notice of death. For example, John D. Goossen was responsible for investigating the deaths, the investigation would often take place the next day, especially when the death occurred in the afternoon. However, when a physician investigated the death, it would often be done that same day or the next day.<sup>65</sup> When only one Health officer was available, the certificates would be often be signed the next day as reporting

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<sup>63</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

<sup>64</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

<sup>65</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

and investigating the death meant that the health officer had to travel to the homes of the deceased.<sup>66</sup>

A lack of English language skills could be a problem for those diagnosing causes of deaths including influenza on death certificates, but the nature of the disease itself further complicated matters. Of those who died of influenza, the majority died from pneumonia or another respiratory complication arising from it. In some cases, victims of tuberculosis were further weakened by the influenza virus and died. The first recorded death from influenza occurred 4 November 1918 and yet the virus had reached Winnipeg, some sixty kilometers away, at the end of September. It is plausible that no flu deaths occurred until November as very little local news reports of ill community members appeared in the paper until the end of October. However, some earlier deaths, which had been attributed to “Inflammation of the Lungs” and lasted only three days, may have been caused by flu, as a list of those who died of the flu published in the *Post* suggests.<sup>67</sup> John D. Goossen, the Secretary-Treasurer for the municipality, recorded the first case of a flu death identified explicitly as such. He classified the cause of death as “*la grippe*.”<sup>68</sup> In parentheses, the English translation may be found. The translation carries with it the knowledge that death certificates, which were to be administered by the Province of Manitoba, had to be filled out, to the best of an individual’s knowledge, in English.

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<sup>66</sup> Lydia Penner, *Hanover: One Hundred Years*, (Steinbach: R.M. of Hanover, 1982), 145; MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

<sup>67</sup> Heinrich Rempel, “Deaths Reported in Hanover from Sept. 1, 1918 Until Jan. 17, 1919,” *SP*, 2-3; Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives.

<sup>68</sup> Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives.

On 8 November 1918, a young male died of what was diagnosed as “inflammation of the lungs (flu).” That same day, a woman in her thirties also died.<sup>69</sup> Her death was the first to be recorded as “Spanish Influenza” with no contributory cause listed.<sup>70</sup> It is unclear whether or not this woman suffered from any other disease or complication of the disease prior to having contracted influenza. Other causes of death were listed without the presence of influenza and were also related to respiratory complications. These causes included lobar pneumonia, consumption of lungs, bronchopneumonia, bronchitis, and tuberculosis.<sup>71</sup> Tuberculosis was present amongst the Hanover community prior to the flu pandemic and though all of the above mentioned causes of death are infections of the respiratory system, it is unclear to what extent patients who were diagnosed with consumption and/or tuberculosis were affected by influenza. Influenza presented itself with various symptoms and when unsure of the cause of death, influenza and bronchopneumonia usually appeared together on the death certificate.

The health officers did not always know how to separate the various afflictions to identify the cause of death and, given the prevalence of the epidemic, influenza was the more educated guess, especially for John Goossen, who had no medical training. The most consistent account of cause of death with no other explanatory causes occurred when he was signing and investigating the deaths. All deaths suspected of being influenza

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<sup>69</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

<sup>70</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

<sup>71</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

were labeled as “influenza and bronchopneumonia” during his time as health officer.<sup>72</sup>

The difficulty with diagnosing influenza was an unfortunate turn of events, but one that rallied the Mennonite community closer together. Ann Herring has argued that this difficulty in identifying deaths from influenza made it difficult to discern the impact of the epidemic as the very real possibility of underreporting of influenza is also at issue.<sup>73</sup> In the case of Mennonites, the difficulty with death certificates was that they tended to reflect what may have been expected to be seen in communities as they were not always investigated by those with medical training.

When physicians, such as Dr. Kraminsky or Dr. Bélanger, filled out the forms there were generally more details on the length of the illness and the possible respiratory complications.<sup>74</sup> A trained physician from outside of the Mennonite community completed these details. Undertakers and informants, those who reported the death to the health officer, played an important role in helping the diagnostic process. In some cases, the informant, who could also be the undertaker, was not at home at the time of death, though this was a rare occurrence and the health officer would provide the best diagnosis that he could with little information. Mennonites, while they had begun to accept some of the healthcare options and the licensing or training of physicians, generally lacked the expertise to give a more detailed medical diagnosis of cause of death.

According to public health notices printed in the *Post*, most important both to prevent and to manage the disease if someone had it was to remain isolated and to keep

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<sup>72</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

<sup>73</sup> D. Ann Herring, “There Were Young People and Old People and Babies Dying Every Week’: The 1918-1919 Influenza Pandemic at Norway House,” *Ethnohistory* Vol. 41, no. 1 (1994): 87-88.

<sup>74</sup> MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

away from crowds.<sup>75</sup> The various means of prevention advertised included avoiding people who suffered from cold symptoms such as fevers and coughs; maintain a steady room temperature between 65 and 72 degrees Fahrenheit, eating a simple nourishing diet and avoiding alcohol. While the last was not all that difficult for most Mennonites who did not drink, one point involved avoiding any visits to those afflicted or ill.<sup>76</sup> Public health officials and physicians prescribed measures to help the ailing and relieve symptoms of the flu. Given the limits of medical knowledge and treatment options, it is perhaps not surprising that these measures were similar to Mennonite home remedies for flu. During the early onset of the disease, bed rest and keeping a steady and dry room temperature were some of the most important measures advocated by public health officials.<sup>77</sup> Among Mennonites, methods for relieving symptoms ranged from prayer, using quinine, and even the newly available pain reliever aspirin.<sup>78</sup>

Within two weeks of the first reports of influenza in Winnipeg, the Board of Health issued a notice that restricted public meetings as well as the operating hours of stores at the discretion of local health officers. A few days later, the earlier closing time was extended to surrounding areas, including Hanover.<sup>79</sup> Storeowners closed their stores by seven each evening in order to prevent the gathering of too many people. The decision to close the stores was not welcomed by all owners.<sup>80</sup> The Reimer and Loewen

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<sup>75</sup> "What to do if you have Influenza," *SP*, 16 October 1918, 2-3.

<sup>76</sup> "How to keep from getting Influenza," *SP*, 16 October 1918, 2.

<sup>77</sup> "What to do if you have influenza," *SP*, 16 October 1918, 2-3.

<sup>78</sup> "Influenza: Some Interesting Facts About Its History, Prevention and Treatment," *SP*, 23 October 1918, 3.

<sup>79</sup> PAM. GR1548. Box 12. Province of Manitoba. Provincial Board of Health Minutes Books. "Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell." 11 October 1918.

<sup>80</sup> K.F. Barkman Hardware and K.B. Reimer and Company, "Notice," *SP*, 16 October 1918, 4; Maureen Lux, "The Bitter Flats": The 1918 Influenza Epidemic in Saskatchewan," *Saskatchewan History* Vol. 49 No. 1 (1997): 4.

stores published rather resentful notices in the *Post* informing readers of the change in operating hours and commenting “we are compelled, for certain reasons to close our Store at 7 o’clock at night after October 15<sup>th</sup>, 1918.”<sup>81</sup> By the end of the war on 11 November 1918, the stores were still maintaining reduced hours, with some stores closing at six each evening.<sup>82</sup> The stores maintained reduced hours until December. Local advertisements insisted by early December that soon businesses would be open for their regular hours. In the December 11 *Steinbach Post*, J.R. Friesen’s advertisement specifically referenced the flu, stating “now that the “FLU” epidemic is over, we are again in position to repair your cars and do the welding for you” while K. Reimer Sons Ltd. insisted that all was “business as usual.”<sup>83</sup>

The ban on public meetings in Winnipeg lasted seven weeks and was lifted on 27 November 1918.<sup>84</sup> It was expected that the ban would be lifted in other surrounding areas as well in the coming days and weeks. Church services also suffered disruptions during the epidemic. For a brief period of time starting on 17 November 1918 and continuing for two weeks, church services were cancelled in the municipality. Meetings of the Brotherhood of the Bergthaler Church appeared to be suspended during the outbreak of influenza. The final meeting of the Brotherhood prior to the outbreak of influenza occurred in October 1918 and no meeting took place again until June 1919.<sup>85</sup> However, Brotherhood meetings of other churches, namely the *Kleine Gemeinde*, occurred

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<sup>81</sup> K.F. Barkman Hardware and K.B. Reimer and Company, “Notice,” *SP*, 16 October 1918, 4.

<sup>82</sup> H.W. Reimers, “Notice,” *SP*, 13 November 1918, 4

<sup>83</sup> “Advertisement- War Bonds Taken,” *SP*, 11 December 1918, 5.

<sup>84</sup> PAM. GR1548. Box 12. Province of Manitoba. Provincial Board of Health Minutes Books. 23 November 1918; Ian Carr and Robert Beamish, *Manitoba Medicine: A Brief History* (Winnipeg, University of Manitoba Press, 1999), 82.

<sup>85</sup> MHCA. Bergthaler Mennonite Church Brotherhood Minutes, 1901-1934. Bergthaler Mennonite Church Minutes Books. 1893-1935. Vol. 727. 35 pgs.

periodically throughout the epidemic according to Susanna Reimer and Maria Reimer Unger's diary entries, suggesting that not all Mennonites adhered to public health closures.<sup>86</sup> Maria Reimer Unger was a midwife in the community of Blumenort who wrote about some of the travel and events around the epidemic while Susanna was the daughter of a midwife and had suffered from influenza herself.

School closures were also implemented in Hanover. In 1890, thirty-six schools were in operation in Hanover and a similar number were in operation in 1918. The school in Steinbach, the Kornelsen school, was closed due to the epidemic but only because the space was needed to treat victims of influenza whose families were too ill to care for them. The school was closed in November and reopened in January, once the epidemic waned, and when nurse Aganetha Fast decided to go to Winnipeg and work at the hospital there. Other schools were also closed during the epidemic. It was not only the Mennonite schools that were closed; half-yearly attendance records for fall 1918 demonstrate that most schools in the area were closed throughout all of November and were open for just a few days to a week in December. All schools within Hanover that can be found in the registers, including the schools in Hochstadt, Blumenhoff, and Steinbach were reopened by January as the epidemic presented fewer new cases.<sup>87</sup> In this regard, Mennonites followed the law.

Not only did flu disrupt the day-to-day operations of religious and social customs by the closing of public institutions and bans on public gatherings, it also inhibited health care networks. Starting on 6 January 1919, Steinbach was to receive a licensed dentist

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<sup>86</sup> Hiebert, Ed., *Susanna Reimer's Journals*, 38-42; Royden Loewen, *From the Inside Out: The Rural World of Mennonite Diarists, 1863 to 1929* (Winnipeg: University of Manitoba Press, 1999), 263-267.

<sup>87</sup> PAM, GR571, Province of Manitoba, Department of Education, Summative Half-Yearly Returns for School Districts. 1918-1919. Microfilm 698, 699.

once a week to extract teeth, place fillings, and plates. However, on the same day that the notice was published, 25 December, another notice was published informing the community that “Dr. Lyon Berkovitch wishes to announce to our readers that owing to sickness he will not be in Steinbach for some time.”<sup>88</sup>

Since there was no hospital in Hanover in 1918, in November, at the height of the epidemic, Aganetha “Agnes” Fast, a local woman from Steinbach who had been studying nursing in Minnesota, was placed in charge of the makeshift hospital in Steinbach. The Kornelsen School was turned into a hospital in order to provide care of the ill.<sup>89</sup> Agnes Fast rose to prominence and was known locally as the “Florence Nightingale of Steinbach.”<sup>90</sup> She, along with other young women from the Hanover region helped with all general nursing tasks at the makeshift hospital. While the district school was not the ideal location for a hospital, as it was not built with medical treatment in mind, it did allow for a more centralized system of care. The schoolhouse, a two-room building, enabled a better orientation for the organization of beds as in a hospital ward. The first floor encompassed all the beds for the sick, the basement was used as a kitchen and the steam heating system allowed for better ventilation than would have been possible in most homes. Managers for the hospital, chosen amongst the Hanover population in mid-November included Mr. C.P. Toews, Mr. P.H. Funk, and Mr. H. W. Reimer Jr.<sup>91</sup> They ensured that the makeshift hospital ran smoothly and that patients continued to have the necessary equipment and care.

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<sup>88</sup> “Notice!” *Steinbach Post*, 25 December 1918, 5; “Teeth Extracted Without Pain.” *Steinbach Post*, 25 December 1918, 2.

<sup>89</sup> Warkentin, *Reflections on Our Heritage*, 219; “Locals,” *SP*, 20 November 1918, 2.

<sup>90</sup> Nettie Neufeld, “Aganetha ‘Agnes’ Fast,” *Preservings* No. 10 Part Two (1997): 40.

<sup>91</sup> “Locals,” *SP*, 20 November 1918, 2.

Entire families were hospitalized to obtain better care when all were afflicted. Although there is no record to indicate when exactly the hospital opened, it was open in early November and served this purpose for a very limited time. Talks of moving the few remaining patients began in early December so that the school could reopen since only three patients remained there. It would reopen by the second week of December.<sup>92</sup> By January, the epidemic had begun to present fewer new cases and the number of deaths was rapidly dropping. Schools throughout the North American Mennonite diaspora had been closed due to the outbreak of flu. Schools in Gretna, in the West Reserve were closed in November, as were schools in locales in Alberta, Kansas, and Montana. In Swalwell, Alberta, the church house had been converted into a hospital in November, creating the problem of holding church services.<sup>93</sup>

Unless the case was very severe, very few Mennonites went to the hospital in Saint-Boniface or Winnipeg. There are reports of a few Mennonites who went to the hospital when sick but for the most part, they remained at home, with their families, maintaining the isolation to which they had become accustomed.<sup>94</sup> At the meeting of the municipal council in early February, the accounts to be paid included a payment to the Winnipeg General Hospital of forty-two dollars for one patient and another to the St. Boniface Hospital of \$26.25 for the care of another patient. It is unclear whether these were specifically for influenza care and only one of the two can be identified as

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<sup>92</sup> "Locals," *SP*, 4 December 1918, 2.

<sup>93</sup> PAM, GR571, Province of Manitoba, Department of Education, Summative Half-Yearly Returns for School Districts. 1918-1919. Microfilm 698, 699.; "Correspondence – Oklahoma," *Steinbach Post*, 13 November 1918, 6; "Correspondence – Kansas," *Steinbach Post*, 13 November 1918, 6; "Correspondence – Manitoba," *Steinbach Post*, 20 November 1918, 7.

<sup>94</sup> The Second General Council Meeting held on the 3<sup>rd</sup> February 1919. General Council Meeting of the Rural Municipality of Hanover Minutes Books. 3 February 1919, Steinbach: Rural Municipality of Hanover Council Office. p. 2.

Mennonite.<sup>95</sup> Another earlier account to be paid to the Winnipeg General Hospital in early November was also recorded although the patient in question was not Mennonite.<sup>96</sup>

There were not enough doctors to effectively serve the entire municipality. For physicians, whether Mennonite or not, working in rural areas was not a financially viable option for the most part. The great distance to be travelled between homes and the lack of means to pay for medical services hindered the establishment of medical practices.<sup>97</sup>

Hanover, during the epidemic, had multiple street villages, very few physicians available, and one health officer who had to travel quite some distance to attend to deaths. The lack of physicians during the epidemic was strongly felt and this was recorded in the newspaper. The epidemic created a need for physicians and the *Post* noted, “there is still a keen demand for a Doctor and for more volunteer attendants, who will go?”<sup>98</sup>

Physicians and volunteers were needed, even with the presence of Aganetha Fast and one makeshift hospital.

This plea for a doctor is interesting, given that the presence of physicians in the community, non-Mennonite physicians more specifically, had created tensions between lay and professional medical practitioners for years. Mennonites in the 1870s and in later years continued to rely on lay practitioners for their medical services.<sup>99</sup> Mennonite

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<sup>95</sup> The last name of the second patient is cut off. The Second General Council Meeting held on the 3<sup>rd</sup> February 1919. General Council Meeting of the Rural Municipality of Hanover Minutes Books. 3 February 1919. p. 2.

<sup>96</sup> The 11<sup>th</sup>. General Council Meeting, Nov. 4<sup>th</sup>, 1918. General Council Meeting of the RM of Hanover Minutes Books. 4 November 1918, p. 2

<sup>97</sup> Carr and Beamish, *Manitoba Medicine*, 82-83; Lux, “The Bitter Flats,” 7.

<sup>98</sup> “Locals,” *SP*, 4 December 1918, 4.

<sup>99</sup> Hans Werner and Jenifer Waito. “‘One of Our Own’: Ethnicity Politics and the Medicalization of Childbirth in Manitoba,” *Manitoba History* No. 58 (June 2008): 3-4; Marlene Epp, “Catching Babies and Delivering the Dead: midwives and Undertakers in Mennonite Settlement Communities,” in *Caregiving on the Periphery: Perspectives on Nursing and Midwifery in Canada*, Ed. Myra Rutherford (Montreal: McGill-Queen’s University Press, 2010), 61-83.

midwives occupied an important role within the largely patriarchal world of Hanover. Mennonite midwives were some of the most highly regarded members of the community.<sup>100</sup> Occupying the role of midwife, they were also consulted in all matters of mundane health issues and were often also the undertakers for the community.<sup>101</sup>

Midwives continued to occupy an important role in the community during the epidemic, as did other lay practitioners of medicine and some of the professionally trained medical practitioners. Hanover and Steinbach, especially, lacked physicians who could attend all those who were ill and the health officer for Hanover up until the spring of 1918, retired from his position prior to the epidemic.<sup>102</sup> Very few of Hanover's health officers had medical training. While there were non-Mennonite physicians in Hanover during the epidemic, they were few in number and generally did not attend the deaths of the Mennonite community members. Language played a significant barrier role although by 1918, many Mennonites understood and spoke English.

In 1917, thirteen midwives were registered during the year and in 1919, there were seventeen midwives registered.<sup>103</sup> These midwives were located in Steinbach, Grunthal, Kleefeld, Niverville, and Sarto although the midwives in Sarto were not Mennonites as it was a Ukrainian settlement, as their names show. Accounts of the work of Mennonite midwives can be found in Susanna Reimer's diary. Susanna's mother, Aganetha Reimer, was a well-respected midwife, caretaker, and undertaker living on a

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<sup>100</sup> Marlene Epp, "Catching Babies," 62-63.

<sup>101</sup> Marlene Epp, "Catching Babies," 71.

<sup>102</sup> The Sixth General Council Meeting, June 2nd 1918. General Council Meeting of the Rural Municipality of Hanover Minutes Books. 2 June 1918. Steinbach: Rural Municipality of Hanover Council Office. p. 1.

<sup>103</sup> MHCA. Register for Physicians' Midwives' and Undertakers 1917. Province of Manitoba. RM of Hanover. Records. Microfilm 703-705; MHCA. "Register for Physicians' Midwives' and Undertakers 1919." Province of Manitoba. RM of Hanover Records. Microfilm 703-705.

farm outside of Steinbach when the epidemic struck the municipality.<sup>104</sup> The eldest daughters, Aganetha and Margaretha would often times travel with her to visit the homes of community members. Susanna also accompanied her mother once in a while.<sup>105</sup> In one day, during the epidemic, Aganetha had been called out at three in the morning and then a short time later to a different household where she could not attend to the sick.<sup>106</sup> Even midwives were overwhelmed by the epidemic. Susanna remarked on how busy her mother was, having to go to Grunthal, Steinbach, and sometimes Blumenort to help out.<sup>107</sup> Midwives travelled to the homes of their patients and the dead. Most often, they tended to remain within their village community. Since Aganetha lived in the Blumenort district, as did Maria Unger Reimer, they tended to care for patients in nearby villages such as Bergthal, Steinbach, Blumenhof, Blumenort, and Chortitz. The last was located about halfway between Niverville and Steinbach. On rarer occasion, they would travel to further villages like Gruenthal. Aganetha was one of the undertakers for the community, bringing her daughters around when needed. She would tend to the bodies of those who succumbed to influenza and its complications and in the next day or even on the same day would go visiting those ill as well as healthy relatives.<sup>108</sup>

Hanover Mennonites were not passive in the face of the influenza epidemic. However, their response was shaped and to some extent limited by several factors. Untrained medical practitioners, lack of proper accommodation for victims of the disease, and difficulty in communicating public health information through the newspapers

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<sup>104</sup> Diane Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, David Schellenberg and Diane Hiebert, translators, (Kelowna: Rosetta Projects, 2008), 8.

<sup>105</sup> Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, 8, 38-39, 43.

<sup>106</sup> Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, 39.

<sup>107</sup> Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, 37-40.

<sup>108</sup> Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, 39-42.

aggravated the situation in Hanover over the course of the epidemic. The history of German ancestry, wartime anti-German sentiment from the general public, fear of excessive modernization, and the tensions between the state and the Mennonites concerning the *War Measures Act* all contributed to the difficulty and anxiety of Mennonites when dealing with public health authorities. When the epidemic began, Mennonites continued to rely on their established rural patterns of health care, following some of the requirements of the *Public Health Act* while refusing to systematically follow quarantines and isolation. Mennonites, while still relying on physicians from outside the Mennonite community, maintained a tight community connection, caring for relatives and family members. Midwives occupied an important role and an alternative to seeking medical advice from the 'English world.' While bans on public meetings were also put in place, they were not closely observed in the Mennonite community, as Mennonites were reluctant to give up their church services and community meetings, especially as health care was based in community networks.

## CHAPTER THREE

### NEWSPAPERS, COMMUNITY, DEATH, AND SPIRITUALITY

On 4 November 1918, a two-month old infant from the village of Chortitz, in the Rural Municipality (hereafter RM) of Hanover died of influenza. His death marked the first caused explicitly by the disease.<sup>1</sup> The epidemic, however, had been making the local news section of the community newspaper, the *Steinbach Post*, for a few weeks. Most early reports were of ill family members in other parts of North America, though some deaths and notices of illness were of the local population.<sup>2</sup> Local reports of disease increased as the epidemic began in earnest. First mention of anyone in Hanover ill with influenza was in late October; only a couple of weeks after a troop train headed west had dropped off some fifteen to twenty-three infected soldiers, part of the Canadian Siberian Expeditionary Force, in Winnipeg on 30 September.<sup>3</sup> Influenza then began to spread outwards to rural communities with news of the disease beginning to fill the Steinbach newspaper. This chapter will explore the ways in which print publication allowed for further sharing of news of the epidemic and its impact in the daily lives of Mennonites across geographic boundaries. For the Mennonites of the RM of Hanover, shared reports of the epidemic increased and tightened already existing kinship bonds. Mennonite responses to the epidemic through networks of care emphasized the importance of these bonds. The religious and cultural practices framing the response to influenza demarcate a

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<sup>1</sup> Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives. Winnipeg, Manitoba.

<sup>2</sup> "Locals" and "Correspondance," *Steinbach Post*, September 1918 – June 1919.

<sup>3</sup> Mark Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto Press, 2013), 103.

shared experience of disease amongst a diaspora. This chapter will first explore the epidemic through the community newspaper; the *Steinbach Post*, to examine the effects of the influenza pandemic on the maintenance of a Mennonite diaspora. Continuing with analysis of the newspaper and building off the previous chapter's look at health networks, an examination of kinship networks and funeral traditions will help to further discern the importance of these informal networks before moving into an analysis of influenza and spirituality as well as personal accounts of the disease within diaries.

Influenza's first appearance in the community, according to print media, occurred at end of October. However, the disease was most likely present in Hanover prior to this date as information related to its history and even correspondence about the epidemic in other areas were published in mid-October.<sup>4</sup> The epidemic then began in earnest in early November with a number of community members being placed on the sick list. The sick list was kept by the health officer who was responsible for reporting all cases and suspected cases of influenza in order to try and control the spread of the disease.<sup>5</sup> This sick list was occasionally published in the *Steinbach Post*.<sup>6</sup>

From its first appearance in the community newspaper, influenza was regularly discussed. From the end of October until early January there was at least one mention of influenza cases within Hanover in the local news section of the *Steinbach Post*. Most news items concerning influenza stated the name of the victim and whether they were ill or had died. The residence of the ailing would periodically be included. Family

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<sup>4</sup> "Locals," *Steinbach Post*, 23 October 1918, 4; "Correspondence," *Steinbach Post*, 23 October 1918, 3; "Locals," *Steinbach Post*, 30 October 1918, 4.

<sup>5</sup> Provincial Archives of Manitoba. A0010 GR1548. Minute Books – Provincial Board of Health. "Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell," 11 October 1918.

<sup>6</sup> "Locals," *Steinbach Post*, 6 November 1918.

members would often report on the health of their families and of the movements of community members that had gone to other villages to help sick relatives. When a reader of the *Post* was ill, the comments in the local news section would inform the community of the illness as they had for Mrs. Peter S. Rempel who had been “on the sick list, and so are many others, but most of the cases are very mild, and seem to be a mere cold.”<sup>7</sup> The severity of illness was recorded and there was assurance that most cases remained mild. The *Post* informed its readers in late October that “the people in Swalwell district are sick with the Spanish flu,” that “there are several members of the H.S. Rempel family on the sick list, but we learn that the[y] are recovering gradually.”<sup>8</sup> There were also some cases of death early on during the epidemic though they were not as prevalent and were from outside of Hanover.<sup>9</sup> Deaths began to be recorded in mid-November. Multiple deaths were recorded as the epidemic rose to its peak. The *Post* reported that a “Mr. Peter Kehler of Blumengard died on the 8<sup>th</sup>, his death resulting from Spanish Flu.”<sup>10</sup>

As the epidemic continued in Hanover, its local newspaper, *The Steinbach Post*, published information about the health of the community itself and even the wider Mennonite community beyond the borders of Hanover. The paper connected Mennonites across boundaries, creating a shared experience of influenza across the Mennonite diaspora. The Mennonite diaspora constituted multiple areas in North America. Mennonites used the *Post* as a means of communicating across an expanse territory, helping to maintain a community.

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<sup>7</sup> “Locals,” *Steinbach Post*, 6 November 1918, 4.

<sup>8</sup> “Locals,” *SP*, 30 October 1918, 4; “Locals,” *Steinbach Post*, 6 November 1918, 4.

<sup>9</sup> “Locals,” *Steinbach Post*, 6 November 1918, 4.

<sup>10</sup> “Locals,” *Steinbach Post*, 6 November 1918, 4; “Locals,” *Steinbach Post*, 13 November 1918.

The Mennonite diaspora, in a sense, represents an “imagined community” as Benedict Anderson has termed it. The Mennonite diaspora was imagined in that “all communities larger than primordial villages of face-to-face contact are imagined.”<sup>11</sup> However, the Mennonite diaspora, even in 1918, went beyond the imagined community of Anderson. Royden Loewen has argued that the Canadian Mennonite diaspora does not fit Anderson’s description in the sense it has no geographic boundaries.<sup>12</sup> Rather, the Mennonite diaspora, as far back as migrations can be traced and especially since the 1870s migration to the United States and Canada, has made Mennonites into its own transnational community that extended throughout the world. Mennonite diaspora, as illustrated by the *Post* was imagined but goes beyond the geographic boundaries, though malleable, of Anderson’s definition. Diasporic exchanges were tangible and between individuals with extended kinship ties. The *Post* acts as the vehicle by which this community was imagined. While the members of the community may not know one another, they are connected through their religion and the sharing of experiences within the newspaper itself. As important as the newspaper itself was, the settlement patterns and their transplantation, ideas of the agrarian lifestyle portrayed by the newspaper were as important in creating a shared experience across boundaries. The *Post* became a transnational paper prior to the epidemic. Its name reflected its origins within Steinbach and the East Reserve but by 1918, it had crossed beyond the boundaries of Manitoba and was quickly becoming a paper for an entire ethnic community.

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<sup>11</sup> Benedict Anderson, *Imagined Communities* (London: Verso, 2006), 6.

<sup>12</sup> Royden Loewen, *Village Among Nations: “Canadian” Mennonites in a Transnational World, 1916-2006* (Toronto: University of Toronto Press, 2013), 230.

The *Post* acted as a vehicle through which this imagined community was created. According to scholar Robin Sneath, newspapers can provide a “tangible space where they [imagined community] can visit, share news of hope, of loss and tragedy, and of the arbitrarily chosen facts of everyday monotony.”<sup>13</sup> While the members of the diasporic community may not have known one another, they were connected through their religion and the sharing of experiences in the newspaper. Mennonite newspapers modeled after the *Post* demonstrate these same qualities, with a large number of correspondences to keep track of a fairly mobile diaspora.<sup>14</sup> Members of this community shared news, took part in the good and the bad news of influenza, held discussions of faith and sometimes discussed the uncertain fate of Mennonite identity in Canada.

Some of the readers were from communities outside of Hanover and yet their illness was still recorded in the “Local News.” On 6 November 1918, the *Post* informed its readers that “We learn that our Reader Mr. A.P. Schultz Langham, Sask. And his brother-in-law Mr. G.S. Rempel are both sick with Spanish Flu. Mrs. Schultz is visiting with Relatives here in Steinbach at the present time.”<sup>15</sup> While the ailing was not in Hanover, the kinship ties had with someone visiting Hanover and some of its residents warrant entry into the section on local news rather than have it placed in another section or omitted entirely. Readers informed the paper of the health of their community and family members, creating and maintaining a wide network of information concerning the experience of the epidemic.

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<sup>13</sup> Robyn Sneath, “Imagining a Mennonite Community,” 217-218.

<sup>14</sup> Robyn Sneath, “Imagining a Mennonite Community: The *Mennonitische Post* and a People of Diaspora,” *Journal of Mennonite Studies* Vol. 22, no.1 (2004), 206-207.

<sup>15</sup> “Locals,” *Steinbach Post*, 6 November 1918, 4.

In that first week of November, numerous letters from various villages and settlements in the United States were published and shared news of the ill. A letter from Montana, dated 19 October was sent and published in the newspaper two weeks later. It continued to inform those in Hanover of the sickness. “We are all well at home,” the author wrote, “but there is lots of sickness in this part of the country nowadays and many are dying... There are quite a few dying in the Camps.”<sup>16</sup> The Camps referred to in this letter were military training facilities, some of which occupied the dual function of being detention camps for conscientious objectors like Mennonites. This letter, while also informing the readers of the *Post* about the epidemic and general health of the community, continued to inform readers of general day to day activities including farming chores and visitors to the village. The fear of the disease, however, remained in the closing of these letters to the Editor, which were also addressed to specific relatives.<sup>17</sup> A number of these letters were addressed to the Editor and the readers of the *Post* while others were addressed to various members of the community. One letter, from Texas, was addressed to Brother J.S. Friesen and his family.<sup>18</sup> Another letter, was addressed to the “Editor, relatives, friends and readers,” and yet another was addressed simply to all relatives and friends of the author.<sup>19</sup> Often, the authors of these letters would close by asking for news of their relatives in Manitoba.

Some members of this larger community network, such as Sarah Penner of Cherry Ridge, Montana, wrote letters to the *Post* as a way of communicating with her family in the Hanover region. Discussing the epidemic in her letter and the closing of churches and

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<sup>16</sup> “Montana,” *Steinbach Post*, 6 November 1918, 4.

<sup>17</sup> “Montana,” *Steinbach Post*, 6 November 1918, 4.

<sup>18</sup> 22 January

<sup>19</sup> H.W. Wiebe, “H.W. Wiebe to the relatives and readers,” *SP*, 5 March 1919, 6.

schools, she closed with the request that “I am to ask all our relatives and friends to write. I would like to know very much how my little nephews Willie and Jacie A. Neufeld are getting along and also the grandfolks Mr. and Mrs. P. Penner, Niverville, Man.”<sup>20</sup> While asking about news of relatives was not done solely during the epidemic and was part of most of the correspondence to the *Post*, asking about news and the health of others concerning the flu specifically was quite popular. Letters published in the paper in November especially, asked relatives for reassurance of their well-being.<sup>21</sup> Influenza affected many families in the RM of Hanover and appears to have tightened the bonds of kinship within the larger North American Mennonite community.

Notices about the epidemic appeared in the paper as early as the second week of October.<sup>22</sup> Once the epidemic was underway, letters from Saskatchewan, Alberta, Kansas, and Oklahoma were printed in the *Post* informing all its readers of the impact of the disease and asking about family.<sup>23</sup> These letters would inform readers of the general sickness, most often in Kansas and Oklahoma. The letters from Alberta originated mainly from the Swalwell district suggesting strong kinship ties with this community. By the end of November, it was reported that the epidemic was dying down in Swalwell and that there were very few new cases were being reported. Flu preoccupied most of the writers to the *Post*. A certain C. L. Toews wrote to the newspaper at the end of November. He expressed concern over his relatives writing that:

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<sup>20</sup> “Montana,” *Steinbach Post*, 6 November 1918, 4.

<sup>21</sup> “Montana,” *Steinbach Post*, 6 November 1918, 4; “Locals,” *Steinbach Post*, 20 November 1918, 2.

<sup>22</sup> “Locals,” *Steinbach Post*, 23 October 1918, 4; “Correspondance,” *Steinbach Post*, 23 October 1918, 3.

<sup>23</sup> “Letter to Editor,” *Steinbach Post*, 4 December 1918, 8; “Correspondance,” *Steinbach Post*, 11 December 1918, 2; “Correspondance,” *Steinbach Post*, 18 December 1918, 2; “Correspondance,” *Steinbach Post*, 1 January 1919, 3.

I hope the sick are recovered in Manitoba. Off and on we get news from there, and that it has struck the Steinbach people very hard, we heard already of a few deaths in Steinbach. I have not heard from my sister and brother-in-law of Kleefeld for a very long time. I suppose you are still kicking about? If you dont [sic] feel right, why dont [sic] you write?? I am very anxious to know weather [sic] or not the Flu has struck you also.<sup>24</sup>

Although C.L. Toews mentions hearing of a few deaths in Steinbach, only three deaths were recorded in that region for the duration of the epidemic. Yet, concern about the epidemic was apparent in letters to the paper, and in the announcements of deaths in the diaspora. Anxiety and worry were commonly expressed in letters about the epidemic as Toews letter demonstrates. Other letters continued to show concern over the epidemic. Another letter from Salwell closed by enquiring about the flu as they “were told that in Steinbach there was scarcely a place where there were no sick ones... are you folks at home well yet?”<sup>25</sup> By the last week of November, Hanover was dealing with the worst of the epidemic, especially in terms of deaths.<sup>26</sup>

Another letter, published months after Toews account, came from Littlefield, Texas and addressed the issue of health in Texas and Hanover. The authors, D.R. and Maria Loewen, wrote a note that was heavily focused on cases of influenza. They wrote:

I am to let you know that we are still among the living and the Lord be thanked. We are all fairly well, and are still here in the deserted Texas. We hope that you have sometimes been thinking of us as we have been doing quite often, especially of the time we stayed in our midst and how many have left for the better beyond in the mean time and are not among the living anymore. We have not been afflicted with the flu so far.<sup>27</sup>

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<sup>24</sup> “Letter to Editor,” *Steinbach Post*, 4 December 1918, 8.

<sup>25</sup> “Correspondence from Swalwell, Alberta,” *SP*, 20 November 1918, 2.

<sup>26</sup> The greatest number of influenza deaths were recorded in November. Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives. Winnipeg, Manitoba.

<sup>27</sup> D.R. Reimer and Maria Loewen, “D.R. Reimer and Maria Loewen to Brother J.S. Friesen and family,” *SP*, 22 January 1919, 2.

Some letters were quite short, only a few lines that discussed deaths in specific communities. A woman from Alberta, Catherine Loewen, wrote a short letter to the *Post*:

As the "Post" is written in English now I will to write a few lines too. We had some snow last week, which I think was the second or third snow storm since July the 28<sup>th</sup> 1918. My father had the flu too but is well now, he was in the hospital when he had it. We are having no school nor church here now because of the Influenza. I am to close now with best wishes to all.<sup>28</sup>

Even at the end of January, the flu continued to plague Mennonites across North America. Some Mennonites saw themselves as lucky that they had managed to avoid the worst of the epidemic. Martin Friesen was one of them. Residing in Rosenort, Manitoba, he listed a number of deaths in the community in January noting that only five of those listed had died of influenza and that "the flu is subsiding now. We at our place have not yet had the flu, but my wife seems to have a sore head at times, but we are able to tend to our work yet."<sup>29</sup>

A growing number of reports of flu deaths and of the prevalence of the epidemic in the municipality took over most of the "Local News" section of the *Post* in November. Reports of the flu were found in almost all articles in that section.<sup>30</sup> Almost everyone in the municipality knew someone who had the flu, had it themselves, or knew someone who had succumbed. The *Post* was so overwhelmed by the number of those ill that it published a notice explaining that "there is so much sickness at the present time, in Steinbach and surrounding district[s] that it would be impossible to mention them all, those who got sick first, are all improving at least here in Steinbach."<sup>31</sup> The disease

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<sup>28</sup> Catherine Loewen, "Catherine Loewen to Editor," *SP*, 11 December 1918, 2.

<sup>29</sup> Martin Friesen, "Martin Friesen to Editor," *SP*, 22 January 1919, 3.

<sup>30</sup> In the 27 November issue of the *Post*, all but two articles of local news were concerned with cases of influenza.

<sup>31</sup> "Locals," *SP*, 18 November 1918, 4.

affected entire households.<sup>32</sup> By the third week of November, most of the community had fallen ill or were helping other families that were ill.<sup>33</sup>

Tracking the epidemic through the network of the *Steinbach Post*, it is possible to see the progression of the epidemic in various Mennonite communities in North America. The district school in Steinbach, which had been closed in November to become a hospital, was reopened in early January and Agnes Fast left Steinbach to nurse in Winnipeg.<sup>34</sup> By the end of January, the severity of the epidemic decreased though cases would continue to appear for months afterwards. Mr. Peter I. Reimer and Mrs. Reimer were both reported to still be sick with the flu in mid-March.<sup>35</sup>

Over the course of the epidemic reduced store hours, as well as bans on public gatherings and religious services affected the way Mennonites viewed and responded to the epidemic. Mennonites dealt with these public health regulations as best they could and followed the guidelines laid out by public health officials so long as it did not affect their community networks of care. As seen in Chapter Two, networks of care involved both formal and informal health practitioners. Another important aspect of the network of care can be traced through the *Post* and involved a more on the ground immediate response. This informal network involved relatives and neighbours who played an essential role in maintaining the health and economic welfare of families and sick community members. The focus of this network was to relieve the burden of chores for the most part. Neighbours, families, and extended relatives all contributed to the

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<sup>32</sup> "Locals," *Steinbach Post*, 20 November 1918, 2.

<sup>33</sup> "Locals," *Steinbach Post*, 20 November 1918, 2; "Locals," 13 November 1918, 4.

<sup>34</sup> "Correspondence," *Steinbach Post*, 1 January 1919, 3; "Locals," *Steinbach Post*, 1 January 1919, 4.

<sup>35</sup> "Locals," *Steinbach Post*, 12 March 1919, 4.

community and helped with daily chores and routines difficult for the afflicted to cover.<sup>36</sup> One man, who has been remembered as “Uncle Abe,” travelled from farm to farm and tended to the livestock and other farm work, which that household had been unable to complete as they had fallen ill.<sup>37</sup> Other community members, such as Mr. and Mrs. George Dueck are remembered for their help with bringing food to the families and tending to the livestock. Mrs. Dueck would bake bread and send it off with her husband to give to the families who were ill and too weak to make their own.<sup>38</sup> Help from community members was a vital part of the way that Mennonites dealt with illness.

Neighbours and relatives took up the call to help attend to the sick, often ending up with the flu themselves.<sup>39</sup> This was the case for “Mrs. Martin Penner, sr. of Greenland is said to be sick with the flu after they tended to the sick at their sons Abr. M. Penner, where they are said to be improving now.”<sup>40</sup> Another case involved a young woman going to tend to the sick before she had recovered from her own bout with influenza. She had “received a call, we understand from her sister for aid, to which she responded at once and which seemed to much for her and she took sick for the second time resulting in death.”<sup>41</sup> Care of neighbours and family did not fall only to young women. Both men and women provided their services to their community. On 20 November 1918, the Editor of the *Post* explained in his paper why the issue contained less than the usual eight pages. Friesen explained the flu was the cause as “having it ourselves and after we got

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<sup>36</sup> Hiebert, Ed., *Susanna Reimer's Journals*, 12 November 1918, 38.

<sup>37</sup> Warkentin, *Reflections on Our Heritage*, 220.

<sup>38</sup> Warkentin, *Reflections on Our Heritage*, 221.

<sup>39</sup> *Steinbach Post*, “Locals,” 27 November 1918, 4; C.L. Toews, “Short Biography of the Deseaced Peter T. Vogt of Swalwell, Alberta,” *SP*, Vol. 5 No. 43 (4 December 1918): 1.

<sup>40</sup> “Locals,” *Steinbach Post*, 27 November 1918, 4.

<sup>41</sup> “Locals,” *Steinbach Post*, 11 December 1918, 4.

well we were kept busy to assist others, but will as soon as things are normal again, print eight pages.”<sup>42</sup> Midwives and single women tended to the ill most often although other community members helped as much as possible by tending to the farm when no one in the house was able of doing such chores.<sup>43</sup>

Some Mennonites, for whom help was unavailable for one reason or another, so as not to burden the community would go back to working the farm when they were not fully recovered, which led to some difficulty with ridding themselves of the flu. Mothers who fell ill and had no one within the household to care for their children relied on extended family to take the children in until they recovered.<sup>44</sup> This was the case for Aganetha Reimer’s grandchildren. Her son, John and his wife were ill and Aganetha and her other children brought her children back to the family farm to care for them.<sup>45</sup> There may have been more children that were ill at John’s family home as Susanna only wrote in her diary that the John Reimers’ were ill and they brought two of the children back to the farm.

Midwives and relatives also had the responsibility of preparing the body for burial. Susanna Reimer’s diary notes that her mother, a midwife, was still being called to dress the bodies of the victims of the epidemic as visits to the deceased at their homes were still occurring.<sup>46</sup> Within Mennonite households and communities in Manitoba, the home, until 1930, was the site of many life events that would later be done within specific sites as a church or even hospital. Homes were the site of communal events including the

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<sup>42</sup> “Locals,” *Steinbach Post*, 20 November 1918, 4.

<sup>43</sup> “Locals,” *Steinbach Post*, 11 December 1918, 4.

<sup>44</sup> Warkentin, *Reflections on Our Heritage*, 220; Diane Hiebert, Ed., *Susanna Reimer’s Journals*, 38-39.

<sup>45</sup> Hiebert, Ed., *Susanna Reimer’s Journals*, 39.

<sup>46</sup> Hiebert, Ed., *Susanna Reimer’s Journals*, 40.

death of community members. The homes “acted as the location of intense social activity where people worked and visited together with the family.”<sup>47</sup> The manner in which death certificates were filled out by various health officers and how they identified influenza on such documents reveals the way in which non-medically trained health officers saw the disease. The delay in getting an approved death certificate also delayed funeral proceedings and burials at a time when burials and the disposal of bodies was to be done as relatively quickly as possible.<sup>48</sup> Funerals continued to be held even though few were able to attend and sometimes, it would only be a burial.<sup>49</sup>

Attendance at funerals was not always very high as some relatives were unable to travel in time. Mr. and Mrs. Jacob B. Loewen had planned to attend the funeral of Mrs. Jacob Penner and travelled from Hillsboro, Kansas as quickly as possible and arrived too late even though “they had sent a telegram from home that they were coming but it did not reach its destination.”<sup>50</sup> The interconnected network provided by the *Post*, informed community members of some of the funerals that were occurring and so relatives came from the United States, to attend. The continued movement of Mennonites between villages to attend worship services most likely helped spread the disease.<sup>51</sup>

While it was the case for many in Canada and elsewhere to help out those that were ill, the constant travel back and forth between family members in various villages, between the East and West Reserve, and even between Mennonite colonies in the United

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<sup>47</sup> Roland Sawatzky, “Ideology, Space, and Social Control: The Russian-Mennonite Family in Historic Manitoban Domestic Architecture,” *Journal of Mennonite Studies* Vol. 26 (2008): 106.

<sup>48</sup> Esyllt Jones, *Influenza 1918: Disease, Death and Struggle in Winnipeg* (Winnipeg: University of Manitoba Press, 2003), 107-108.

<sup>49</sup> Warkentin, *Reflections on Our Heritage*, 220; Hiebert, Ed., *Susanna Reimer’s Journals*, 26 November 1918, 40.

<sup>50</sup> “Locals,” *SP*, 20 November 1919, 2.

<sup>51</sup> Worship services were not always held and some services were cancelled. “Locals,” *Steinbach Post*, 4 December 1918, 4.

States and Canada, created an interconnected network of health information that also had the potential to further spread the disease amongst certain communities. Unfortunately, others who travelled to attend funerals fell ill themselves and were unable to return home. The *Post* reported in March, “Mr. and Mrs. John Schartner who came here to attend the funeral of Miss Sarah Esaus are both laid up with the Flu at Abr. Esaus.”<sup>52</sup>

Death and illness amongst the Mennonites were viewed as signs from God and affected the way that Mennonites dealt with the disease. Disease and death, especially, were accepted as acts of God and solace for death of loved ones was found through God. This is reflected in records of deaths reported in the *Post* often, which often mentioned the Mennonite faith as a way of coping with death. For example, on 11 December 1918, Jacob B. Schmidt from Dalmeney, Saskatchewan who was staying in Steinbach for a time, wrote to the local newspaper about the death of his wife. In it, he demonstrated his continued faith in the Mennonite religion and God.

Our Saviour has, as is likely known by most of the readers, taken my beloved wife from our midst and has transferred her into a better home beyond, it seems almost unbearable for us, but knowing it being gods will I am but to say they will must be done. She crossed the Jordan of death happy in the Lord which is very comforting for us.<sup>53</sup>

Schmidt continued to attempt to find an explanation for the loss of his wife, reconciling her death as a part of God’s plan for all. The expression of Jacob Schmidt’s overt emotions within the newspaper remained unusual for Mennonites. Mennonites tended to view the disease as an act from God; whether it was a good or bad omen.

One young man from Swalwell, Alberta was reported as having been invaluable to family and neighbours during the epidemic. When flu afflicted his uncle’s family,

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<sup>52</sup> “Locals,” 5 March 1919, 4.

<sup>53</sup> Jacob Schmidt, “Correspondence,” *SP*, 11 December 1918, 4-5.

Peter Vogt went to them to help as best he could even though he was aware of the contagiousness of the disease. Vogt's dedication to caring for the sick was presented on the front page of the *Post*, which described his commitment and eventual death from the same disease. When his friend recounted the story of Pete's work during the epidemic, he recalled how Pete referred to his Mennonite faith to explain why he decided to help.

Pete didn't heed that but went right ahead and helped all he could help. The Lord had given him the feelings to do so and he followed them... This shows plainly that God's ways ain't are ways. The Lord knew that he [Pete] had done his share and took him away. When asked if he was not afraid of falling low, he always had the same answer: "What Divine Providence has in store for me, I will gladly take."<sup>54</sup>

Pete's reaction to contracting influenza after helping out his extended family when they were ill shows some of the comfort that Mennonites took in trusting their faith. Faith played an important role in both the dispersal of the epidemic and care provided to victims. As with many other religions, an emphasis amongst Mennonites was on helping out relatives and neighbours in need. In the case of Peter, his conviction that he was doing what the Lord was enabling him to feel as though he should. Faith also shaped the way Mennonites dealt with death and disease. Death was rationalized amongst Mennonites as God calling home those who had completed their tasks on Earth.<sup>55</sup> In Peter's case, his friend was aggrieved by his death but comforted with the belief that God had other plans.

In other cases, invoking the Lord was used as a way of stating that they had met the challenge of death and disease and that the next year will be better. One person writing to the *Post* stated that "now [that] this year is almost to an end and we look

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<sup>54</sup> C.L. Toews, "Short Biography of the Deseaced Peter T. Vogt of Swalwell, Alberta," *Steinbach Post*, Vol. 5 No. 43 (4 December 1918): 1.

<sup>55</sup> Toews, "Short Biography," *SP*, 4 December 1918: 1.

forward for the new one, what gain or loss there is in store for us we do not know but nevertheless the Lord doth wonderful things.”<sup>56</sup> There was the sense that the epidemic was brought by God but also, these passages show that Mennonites did fear the disease. Some, like Pete, clearly accepted that they were going to die and it was in God’s hands while others were more fearful of the disease. Abraham Penner of Montana, sought to share his experience with influenza to a wider community:

In the night of the 9 and 10 of December I found and accepted Jesus Christ as my savior, praise him for evermore! That night I was pretty low. I wanted to go and did not care for anything. I felt so glad and peaceful, and the angels seemed to want to take me but Jesus seemed to say: “not yet.” But I have a hard battle before me... I will cite two verses here which might be very helpful for the sick: James 5, 14.15.<sup>57</sup>

The passage referred to in this letter reads as follows:

Is any among you sick? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he have committed sins, they shall be forgiven him.<sup>58</sup>

Whether one died from influenza or not, the disease was seen as an act of God. The disease was dangerous and frightening though the epidemic was explained as in terms of God’s will. Penner cited this passage from the Bible in order to instill some hope for those sick as if they continued to pray to the Lord, they could be able to fight off the disease.

Influenza was feared by most. Its highly contagious nature and the speed with which victims succumbed instilled fear. In the Mennonite community, however, disease, and influenza particularly, at least during the epidemic became an episodic event that was

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<sup>56</sup> H.E. Friesen, “Correspondence,” *SP*, 1 January 1919, 3,6.

<sup>57</sup> Abraham Penner, “Correspondence,” *SP*, 15 January 1919, 3.

<sup>58</sup> James 5: 14-15, (King James Version).

a part of life that must be accepted. Mennonites continued to care for each other, travelled across national borders to attend funerals, worked the farms and cared for the sick as best they could.<sup>59</sup> In talking of the deceased, words of God's will and his plan were often evoked. Death was often tied to religion but rather than questioning their faith, the influenza epidemic and the death of community members appeared to be accepted as a part of life and their faith. This is not to say that influenza was not feared as a dangerous illness. Influenza was understood by Mennonites as infectious but the choice of who died from influenza was in the hands of God.

Disease within the Mennonite communities, be it flu or another ailment, were dealt with a level of stoicism and acceptance. Religion played a strong role in the understanding of death and illness. Ideas about death and disease, especially in epidemic times can be identified through personal writings.

During the epidemic, the need to help other community members was sorely felt and Mennonites as a whole closed ranks and helped each other out. However, the division between Mennonites and non-Mennonites remained quite distinct despite the occasional employment of a non-Mennonite physician within the community. Hanover had been open to settlement by other ethnic groups for nearly two decades before the epidemic struck and yet, Mennonites appeared more focused on the cases of influenza amongst their religious group than of other groups.<sup>60</sup> Mennonites maintained tight community ties with those that shared their faith and very few mentions of non-

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<sup>59</sup> Warkentin, *Reflections on Our Heritage*, 219-220; Hiebert, Ed., *Susanna Reimer's Journals*, 38.

<sup>60</sup> Hiebert, Ed., *Susanna Reimer's Journals, 1918-1938*, 38, 47.

Mennonites who were ill were included in the paper and no mention of aide between the two groups warranted discussion in the *Post*.<sup>61</sup>

These ties to their faith show the apparent stoicism and lack of written expression of the epidemic. Only in diaries does the impact of the epidemic, the fragility of life and of the church make very brief appearances. The choice of words to convey emotions towards the disease is not always easy to identify. These “emotives,” as William Reddy has called emotional utterances are not only descriptive or performative.<sup>62</sup> Performing or writing an emotion is not the same as feeling that emotion and embodying it. Reddy has argued that “Emotives are themselves instruments for directly changing, building, hiding, intensifying emotions.”<sup>63</sup> Emotives can be used to deepen the understanding of social tensions and everyday life.<sup>64</sup> In this sense, what is not said can convey emotion as much as what is uttered.

Diaries and letters, demarcate influenza and the pandemic as a fact of life and yet it appears omnipresent at the time. While the newspaper kept track of some of those ill and who had died, very few other articles about the pandemic and how to treat the disease were present.<sup>65</sup> Letters enquiring about the health of family and relatives often made mention of the epidemic although they tended to view the epidemic as omnipresent, the only signs of distress for the community involved the closure of the church and schools.<sup>66</sup> Mennonite diaries have been noted for their consistent lack of emotional language and

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<sup>61</sup> A few mentions of non-Mennonites were made. See, “Locals,” *SP*, 11 December 1918, 4; “Locals,” 18 December 1918, 4. Non-Mennonites were also included on the list of all deaths that occurred in Hanover. “Deaths reported in Hanover From Sept. 1, 1918 until Jan. 17, 1919,” 2-3.

<sup>62</sup> William Reddy, “Against Constructionism: The Historical Ethnography of Emotions,” *Current Anthropology* Vol. 38, no. 3(1997): 327-351

<sup>63</sup> Reddy, “Against Constructionism,” 331.

<sup>64</sup> Reddy, “Against Constructionism,” 332.

<sup>65</sup> Less than ten articles about the pandemic were published between 15 October and 30 May 1919.

<sup>66</sup> Hiebert, Ed., *Susanna Reimer’s Journals*, 39-40.

extraordinary events.<sup>67</sup> Most entries recorded day to day activities, the temperature, who came or went to visit for Vesper, and the daily routine on the farm.<sup>68</sup> Mentions of influenza were usually brief and concerned kin.

Mennonites appeared to maintain a certain level of acceptance in the face of the epidemic. Mennonites, while continuing to believe that God sent disease and death, and accepting that fact, still felt some anxiety and dread concerning influenza. The way in which influenza was framed in the newspaper showed it to be prevalent and almost omnipresent as discussed earlier. The same case can be said for Maria Reimer Unger's diary entries where influenza appears as an illness that has struck the community and where deaths are listed as a closing to her entries. Very little emotive language is used in her accounts. Her comments on deaths in the community and of kin were noted, often just before or after reports on the weather.<sup>69</sup> Maria wrote: "Also, we heard that A. Esaus' Sahra had died. The weather was pleasant"<sup>70</sup> and "Also we heard that the aunt, Mrs. Peter Kröker, and Mrs. Gerhard Brand, also the young The Peter Kröker, also Tina W. Brandt, are said to have died from the 'flu in Morris."<sup>71</sup> Kinship ties were very important. The lack of any emotional language in the diary does not mean that Maria did not feel any sense of loss, foreboding, sadness, or fear about the epidemic. Mennonites reserved such language for joyous occasions and exaltation when discussing their faith.

The presence of discussions of flu in Maria's diary indicates that it was, in her opinion, an event worth mentioning. Few deaths that were not attributed to flu made it

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<sup>67</sup> Royden Loewen, *From the Inside Out: The Rural World of Mennonite Diarists, 1863 to 1929* (Winnipeg: University of Manitoba Press, 1999), 11.

<sup>68</sup> Loewen, *From the Inside Out*, 11.

<sup>69</sup> Loewen, *From the Inside Out*, 263-267.

<sup>70</sup> Loewen, *From the Inside Out*, 266.

<sup>71</sup> Loewen, *From the Inside Out*, 263.

into her diary.<sup>72</sup> The influenza pandemic, therefore, was a part of daily reporting as was the weather and yet it also shows that the epidemic impacted the community and was seen as a noteworthy event as cases of any other disease did not make it into the diary. The epidemic was almost portrayed as an unfortunate event that warranted mention as it disrupted the flow of daily chores on farms and other work. It was an inescapable part of life within Maria's world. As a noted midwife, Maria's entries marked the deaths of members and rarely mentioned visits to those ill.

Similar to Maria's diary entries, Susanna Reimer's diary entries, while more detailed, displayed the characteristic lack of emotive language. Maria was a married midwife who also worked on her family farm. Susanna was an unwed woman in her mid-twenties who worked on her farm and, along with an older sister Margaretha, was charged with most household chores when her mother, another midwife was called to work. Susanna recorded events that continued to occur within the household and offered more reflection in her entries.

Of the epidemic, Susanna noted that they were "living in a sad time. Who knows what can happen after this."<sup>73</sup> Other references to the sickness discuss attending funerals and having her mother dress bodies for burial. One afternoon, "she [Susanna's mother] drove with Marg to P. Dueck, our Elder, to dress him for his funeral."<sup>74</sup> On another day her "Mama dressed Maria in the dress she'd wear in her coffin. In the afternoon we went to the funeral."<sup>75</sup> Susanna constantly tries to keep track of what was termed the

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<sup>72</sup> The exception being that of Bishop Peter Dueck who was the father of her son-in-law and died of heart failure. Loewen, *From the Inside Out*, 263.

<sup>73</sup> Hiebert, *Susanna Reimer's Journals*, 46.

<sup>74</sup> Hiebert, *Susanna Reimer's Journals*, 46.

<sup>75</sup> Hiebert, *Susanna Reimer's Journals*, 42.

“sickness.”<sup>76</sup> Susanna kept track of influenza amongst her circle of family, friends, and church members in Hanover.

An account of her bout with influenza warrants numerous entries in her journal.<sup>77</sup> She recorded, over the course of a week or so, her symptoms, and how ill or better she felt when she was dealing with influenza. The entries remain direct and centered on facts. She wrote that she “had a big headache and a sore throat,” that she had fever and when she felt a little bit better, she said as much.<sup>78</sup> Most interesting was Susanna’s need to discuss food when she was ill. At the end of October she wrote that she was feverish and “got up for lunch, but the food didn’t taste like anything to me.”<sup>79</sup> This language, invoking sense of taste in some way creates a window into which Susanna expressed her bout with flu. On another day, she explained that “this night I didn’t sleep; my throat was very sore. In the morning I finally went to sleep. When I woke up around three in the afternoon my throat had opened up. I still lay down for the whole rest of the day, but by the end of the day I could swallow a lot better.”<sup>80</sup> Her entire household was sick with flu. “We were all in bed all day except Sara; she got up. Aganetha is getting up in between too. I was very sick – my head was so heavy I didn’t know in from out. Johann came and got our cows from the meadow. The brothers are also very sick.”<sup>81</sup> Her bout with influenza lasted nearly two weeks.<sup>82</sup> Susanna’s accounts, without overtly expressing emotional language, do demonstrate the symptoms and experience of disease within a

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<sup>76</sup> The term “sickness” was used to refer to influenza in the *Steinbach Post* and correspondence as early as 27 October 1918. The term was explicitly associated with flu on 20 November 1918.

<sup>77</sup> Hiebert, *Susanna Reimer’s Journals*, 36-38.

<sup>78</sup> Hiebert, *Susanna Reimer’s Journals*, 36.

<sup>79</sup> Hiebert, *Susanna Reimer’s Journals*, 36.

<sup>80</sup> Hiebert, *Susanna Reimer’s Journals*, 37.

<sup>81</sup> Hiebert, *Susanna Reimer’s Journals*, 38.

<sup>82</sup> Hiebert, *Susanna Reimer’s Journals*, 36-38.

Mennonite farm family. The confusion and despair at not being well or able to complete her work are exemplified in her own words especially noting how “we are living in a sad time. Who knows what can happen after this.”<sup>83</sup>

While Susanna, like Maria, kept track of the influenza amongst a large group of community members, non-Mennonite deaths make very scant appearances. The few non-Mennonite deaths noted in her diary entries were stated directly with no added information. For example, she would often state the following: “The man named Reichel died today” rather than give out the full name of the deceased.<sup>84</sup> When the deaths were of relatives or other church members, she would often explain her link to them and included a short biographical sketch in her diary entry.<sup>85</sup> On 15 December 1918, Susanna went to the funeral of a Mrs. Jak. Plett, stating that “she lived to be 50 and a half years old. She leaves behind her husband, 11 children and 17 grandchildren; she was married for 33 years.”<sup>86</sup> When her cousin died, storekeeper Jakob W. Reimer, she also noted the state of his son’s health, which was not good, and that he had only been sick a few days.<sup>87</sup>

Prominent members of the community warranted much longer entries in Susanna’s dairy. After having cared for the members of his church for years and over the course of the epidemic, *Altester* Peter Dueck succumbed to heart failure in early January 1919. Of his death, one parishioner attested that he had done so much to attend to the sick and fell ill himself. “This past night our Elder Uncle Peter Dueck died; we think of a heart attack. He – who has served us so faithfully and was so full of love for all the other

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<sup>83</sup> Hiebert, *Susanna Reimer’s Journals*, 46.

<sup>84</sup> Hiebert, *Susanna Reimer’s Journals, 1918-1938*, 38.

<sup>85</sup> Hiebert, *Susanna Reimer’s Journals, 1918-1938*, 38, 45-46.

<sup>86</sup> Hiebert, *Susanna Reimer’s Journals*, 15 December 1918, 42.

<sup>87</sup> Hiebert, *Susanna Reimer’s Journals*, 38.

people of the church. Yes, he did enough for us, and we are not worthy of it. He has been separated from us now – for ever.”<sup>88</sup> His funeral service drew a full church even though the epidemic was still quite prevalent. Not one, but two funerals were held as Berhard Dueck had come to see his dead brother and arrived close to a week and a half after his death since he was sick with the flu in Morris at the time of the first funeral.<sup>89</sup> His body had remained above ground for that entire week. Churches had been reopened and the church was quite full even for the second funeral service<sup>90</sup>

Susanna and Maria’s diary entries present the epidemic and an extension of the networks of care practiced within this community while they continued to travel within Hanover to attend church services when they were held and visit relatives.

The religious focus of the epidemic could be found in memoirs of Mennonites. To one particular Mennonite, Isaak Dyck, the influenza pandemic was an act of God to punish Mennonites for their acquiescence to government intervention.<sup>91</sup> Dyck was born and raised in Blumenfeld on the West Reserve and was a leader in the Mennonite move to South America in the 1920s.<sup>92</sup> While he was not a member of the Hanover Mennonite community, his view of the disease summarizes the way that some Mennonites viewed the disease as linked with the education issues of 1916 and the *War Measures Act*. Dyck believed that the exemption from military service and the acquiescence to the public school and language issue were signs that Mennonites were straying from their faith and becoming attached to a nation-state. The influenza pandemic served as a message from

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<sup>88</sup> Hiebert, Ed., *Susanna Reimer’s Journals*, 7 January 1919, 45-46.

<sup>89</sup> Hiebert, Ed., *Susanna Reimer’s Journals*, 11 January 1919, 47; 21 January 1919, 48; Loewen, *From the Inside Out*, 264; “Locals,” *SP*, 22 January 1919, 4.

<sup>90</sup> Hiebert, Ed., *Susanna Reimer’s Journals*, 21 January 1919, 48.

<sup>91</sup> Loewen, *Village Among Nations*, 20.

<sup>92</sup> Loewen, *Village Among Nations*, 19.

God to the Mennonites so to erase and clear their sins. This was one of the reasons he cited for the Mennonite migration South America.<sup>93</sup>

Mennonites in Hanover were more vulnerable than their neighbours to death from influenza. The high death rate amongst Mennonites appears to have in part been due to the continuity of burial practices and traditions, even when no funeral services were occurring and churches were closed. Homes gave Mennonites a place to congregate and give their respects to the deceased. Mennonites shared their experience of the epidemic with relatives and other members of the Mennonite faith, even different branches of Mennonites, through publications of letters in the *Steinbach Post*. These letters served to inform the readers that they were all dealing with the same health crisis and helped to reassure or bring news of deaths to loved ones in far off locales. The spirituality associated with Mennonites and their experience with influenza was shared amongst a larger group. Mennonites in Hanover did not experience influenza as a secluded Mennonite locale. Their experience, as shown by diaries and newspapers was shared with a Mennonite diaspora.

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<sup>93</sup> Loewen, *Village Among Nations*, 20.

## CONCLUSION

Influenza struck the community of Hanover rapidly. Within days of its arrival the epidemic permeated the community. By the end of January, influenza had left almost as abruptly as it had appeared. Cases of influenza continued in small numbers until the end of April 1919. By March of 1919, most likely due to the influenza outbreak, a few Steinbach businessmen pooled money together to buy an office space in Steinbach that was to be used as a doctor's residence as well as a clinic.<sup>1</sup> Influenza had left its mark upon Mennonites and ushered in a greater acceptance of modern medicine and its practices to be utilized by members of the community, alongside lay healing.

This study has mapped out the response of a rural ethnic community to the influenza pandemic of 1918-1920. The experience of Mennonites in the Rural Municipality of Hanover was marked by a changing perception of formal medicine and an encroachment of state authority. The response to the epidemic was marked by state regulations imposed upon Mennonites, after a series of state policies related to education and wartime mobilization undermined its relationship with Mennonites. Consensus around language and school curriculum, censorship and exemption from military service was tested, contributing to a hesitancy towards the role of the government. Mennonites feared the state's interference with the role of faith.

Mennonites lived in rural districts, settled into 'street-villages', which meant that within that village, all Mennonites were living more closely together than in the traditional homesteading practices in Canada. Thus, although Mennonites lived in rural areas, they remained close to neighbours and the disease may have spread more easily

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<sup>1</sup> Loewen, *Family, Church, and Market*, 229.

than amongst their non-Mennonite counterparts within Hanover. Although these settlement patterns had begun to change around the time of the epidemic, they were still present, as were traditional medical practitioners. Midwives, lay doctors, and bone-setters were the primary caregivers within the community. Some young Mennonite women had begun to obtain formal nurses' training. The emphasis on community-based health care networks contributed to the refusal to abide by public health regulations and guidelines to stem the spread of the disease.

Throughout the years of the war, pressure from the state and Mennonite insistence that the state uphold the clauses of the *Privilegium* created an 'imagined community' that sought to close itself off; folding in on itself more and more. This had important implications for public health. Although Hanover appointed a health officer during the epidemic, the fact that it remained a very flexible position with high turnover greatly inhibited the implementation of public health measures among Mennonites during the pandemic. A lack of trained physicians, especially in the role of health officer meant that diagnosis was uncertain, even after death. Death certificates relied heavily on accounts of illness and symptoms from the informants.

This study has argued that Mennonites suffered higher death rates from influenza in part due to a lack of adherence to public health policies, and insufficient access to formal health care. At the same time, these issues also contributed to the maintenance and tightening of bonds within the Mennonite diaspora during the epidemic. Influenza touched the lives of almost all in the community and it created a shared experience of disease across boundaries. The *Steinbach Post* provided valuable information to the community in Hanover and to their readers residing outside the geographical boundary of

the municipality. The *Post* presented Mennonites with an ongoing list of influenza victims. Correspondence within the newspaper originated in various Mennonite settlements across North America and though the timing of the epidemic was not exactly the same in all places, many Mennonites encountered similar experiences. Public health measures in Hanover were the same as those in other locales. School and church closures were experienced in most Mennonite settlements. Having fewer church services did not mean that visitors were no longer coming to houses after services. Visits to homes continued to occur.

Information relating to the epidemic, diary entries, and especially correspondence in the newspaper clearly demarcated the shared experience of influenza amongst the Mennonite diaspora. This same experience extended community networks where relatives would cross the national border to help sick relatives and attend funerals. Discussion of the epidemic in any context beyond what public health measures were to be followed and who was ill almost always turned to discussions about God and the Mennonite faith. Mennonites, like other groups, tried to understand the epidemic and find ways to cope with death. In these moments of duress, they turned to their religion and shared their views on God's plan. Conceptions of disease amongst Mennonites were faith based. Disease was sent by God and only God knew why that was.

The influenza experience of the Mennonites of Hanover, Manitoba, therefore, is not just a study of the response of one ethnic group to a disease; it is also a story filled with tensions and compromise. Mennonites ignored public health regulations and guidelines when they would interfere with their community networks of care. These networks and the insufficient number of physicians meant that deaths were often ruled as

flu without a physician having previously seen the patient. Delays in recording these deaths caused subsequent delays in burials; Mennonites continued to prepare bodies for burial after death in traditional ways, rather than bury the body as early as possible, as was advised.

Influenza's history among Mennonites in Hanover, Manitoba was shaped by ethnicity, diaspora, and rural experiences of disease. Mennonites suffered higher death rates from disease, most likely due to their continued reliance on networks of community care, and their disobedience of public health regulations. In Hanover, disease was an act of God but it was within tight knit kinship groups that influenza unfolded.

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