

Mennonites, Community, and Disease: The Impact of the 1918-1919 Influenza Pandemic on a Mennonite Community in Manitoba

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Abstract: In the fall of 1918, just as World War I was drawing to a close, an influenza pandemic commonly known as the “Spanish Flu” opened a new battlefield. The pandemic resulted in the deaths of millions of people worldwide from 1918 to 1919. But even though virtually every country was affected, mortality rates differed widely according to age, sex, ethnicity, and religion. The Mennonite community in the Rural Municipality of Hanover, Manitoba, for example, experienced death rates that were significantly higher than that of their non-Mennonite neighbors, and more than twice the national average in Canada. This thesis examines the context surrounding the experience of the influenza epidemic in this rural community and argues that higher death rates among Mennonites were a result of a distinctive model of settlement patterns, a suspicion of governmental interventions, the failure of public health institutions, and strong traditions of communal and family networks of care.

On November 4, 1918, a 2-month-old infant from the Mennonite village of Chortitz, in the Rural Municipality of Hanover, Manitoba, died of influenza. Although the child’s death was the first in the area to be explicitly attributed to the disease,¹ the community newspaper, the *Steinbach Post*, had been reporting on the growing epidemic for several weeks. Most early reports were of ill family members in other parts of North America, but by late October local reports of disease were rapidly increasing.²

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

2. “Locals” and “Correspondence,” *Steinbach Post*, Sept. 1918-June 1919.

Scarcely a month earlier, on September 30, a westward troop train had dropped off more than a dozen infected members of the Canadian Siberian Expeditionary Force in Winnipeg.³ From there, influenza had begun to spread rapidly to rural communities, including the Mennonite hamlets and villages some fifty miles south of Winnipeg clustered between the towns of Hespeler (now Nivensville) and Steinbach that made up the Rural Municipality of Hanover. By the time the epidemic subsided at the end of March 1919 at least forty-two Mennonites in Hanover had died of influenza, though the total number was likely higher since the cause of death was not always easy to determine.^{4 5}

More significant than the total numbers who succumbed to the disease, however, is the mortality rate from influenza. Whereas the Canadian national average of deaths attributed to the influenza epidemic of 1918-1919 was 6.1 per 1,000⁶ and 8.6 per 1,000 for the non-Mennonite population of Hanover, among Mennonites in Hanover the mortality rate was 13.5 per 1,000. This essay tells the story of that rural Mennonite community's experience during the Spanish Influenza pandemic and attempts to explain why the mortality rates there were more than twice the national average.

CONTEXT: THE INFLUENZA PANDEMIC OF 1918-1920

Although influenza has always had life threatening consequences for certain risk groups such as the elderly, infants, or pregnant women, it is generally recognized as a benign illness, especially among the young adult population.⁷ Very rarely has a disease been as disastrous and deadly to the worldwide population—including people ages 20 to 40—as the

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

4. 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. The records suggest that only six non-Mennonite deaths were related to influenza during the same period of time.

5. Mennonite Heritage Centre Archives, Winnipeg. Official Notice of Death, Dec. 1917-Dec. 1920, Rural Municipality of Hanover, Microfilm 706, Box #4.

6. 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*, ed. Magda Fahrni and Elyllt Jones (Vancouver: University of British Columbia Press, 2012), 98.

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

influenza pandemic of 1918-1919, commonly known as the “Spanish Flu.”⁸ Estimates of global mortality during the influenza pandemic of 1918-1920 place the number of worldwide deaths at approximately 50 million, a number that many historians regard as conservative.^{9 10}

Historians of the influenza pandemic of 1918-1919 have long debated where the outbreak originated. Although some scholars have suggested that the origin for the disease could be traced to Kansas,¹¹ others have argued that the first wave originated in Asia in 1917 and 1918.¹² An initial, less severe, wave may have gone unnoticed since its early symptoms were similar to pneumonic plague.¹³ Christopher Langford has argued that the low death rate in 1918 in China was due to the fact that its citizens had developed some prior immunity to the disease.¹⁴ The origin of the pandemic in China could explain the general spread of influenza traveling from East to West, following most historic epidemic disease patterns. Regardless of the origin of the disease, the first wave rapidly ravaged Europe, Australia, Asia, and parts of Africa in the spring and summer of 1918 and by the fall of 1918 influenza was present in most countries.^{15 16}

Wartime conditions—including thousands of young men concentrated in training camps, troop ships, and trenches—clearly contributed to the

8. Esvyllt Jones, *Influenza 1918: Disease, Death, and Struggle in Winnipeg*, (Toronto: University of Toronto Press, 2007), 13.

9. Niall Johnson and Juergen Mueller, “Updating the Accounts: Global Mortality of the 1918-1920 ‘Spanish’ Influenza Pandemic,” *Bulletin of the History of Medicine* 76:1 (2002), 105-115; David Patterson and Gerald F. Pyle, “The Geography and Mortality of the 1918 Influenza Pandemic,” *Bulletin of the History of Medicine* 65:1 (1991), 4-21. World War I, by contrast, claimed an estimated sixteen million lives.

10. Numerous studies of influenza exist. See, *The Spanish Influenza Pandemic of 1918-19: New Perspectives*, ed. Howard Phillips and David Killingray (London: Routledge, 2003); Mark Honigsbaum, *A History of the Great Influenza Pandemics; Influenza and Public Health: Learning from Past Pandemics*, ed. Tamara Giles-Vernick and Susan Craddock (London: Routledge, 2010); Debra Blakely, “Social Construction of Three Influenza Pandemics in the New York Times,” *Journalism & Mass Communication Quarterly* 80:4 (2003), 884-902; Geoffrey W. Rice, *Black Nov.: The 1918 Influenza Pandemic in New Zealand*, (Christchurch: Canterbury University Press, 2005).

11. Alfred Crosby, *America’s Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 2003); Byerly, *Fever of War*.

12. Humphries, “Paths of Infection,” 58.

13. *Ibid.*, 64-65.

14. *Ibid.*, 71.

15. Niall Johnson and Juergen Mueller, “Updating the Accounts: Global Mortality of the 1918-1920 ‘Spanish’ Influenza Pandemic,” *Bulletin of the History of Medicine* 76:1 (2002), 110-114.

16. Esvyllt Jones, *Influenza 1918*, 13.

rapid spread of the disease. Influenza spread rapidly through the Western front in France in May 1918, and then through Germany, Austria, and the Slavic nations to the east. The misnomer "Spanish flu" stems from the pandemic's spread from France to Spain in November 1918. As a neutral country in World War I, Spain had not imposed wartime censorship, which meant that its newspapers were among the first to freely report the epidemic's effects. The resulting news stories created a false impression that the disease had originated in Spain and that Spain was especially hard hit.

In Canada it appears that the disease spread through the country from east to west as soldiers from the Canadian Siberian Expeditionary Force traveled west by railway, headed to the Soviet Union to oppose the Red Army.¹⁷ Throughout the journey, soldiers with influenza were left behind in urban hospitals along the way.¹⁸ The highly contagious nature of the disease meant that it rapidly spread among the population, first in cities with railway stations and later to outlying areas.

In many places the course of the pandemic unfolded in three waves: its initial appearance in the spring of 1918; a second wave from August until December of 1918 that was characterized by a higher death rate and morbidity;¹⁹ and then a third spike in the winter and spring of 1919.²⁰

Symptoms of the disease made it difficult for physicians to diagnose, since they differed among individuals, and influenza often presented as a common cold. The common symptoms of the disease included a combination of fever, headache, pain in the lower back, sore throat, congestion, and coughing. These symptoms, however, could rapidly increase in severity, usually focused on the respiratory system in which the lungs were compromised, making breathing difficult. Victims were in greatest danger when influenza led to pneumonia and bronchitis.²¹ In the

17. Humphries, *The Last Plague*, 102.

18. *Ibid.*, 102-103.

19. Mark Osborne Humphries, "Paths of Infection: The First World War and the Origins of the 1918 Influenza Pandemic," *War in History* 21:1 (year?), 56.

20. Howard Phillips, "The Re-appearing Shadow of 1918: Trends in the Historiography of the 1918-19 Influenza Pandemic," *Canadian Bulletin of Medical History* 21:1 (2004), 123; Esyllt Jones and Magda Fahrni, "Introduction," in *Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-20* ed. Esyllt Jones and Magda Fahrni (Vancouver: University of British Columbia Press, 2012), 1. Historians have recently extended this last wave into 1920 and beyond in light of an increase in cases of encephalitis lethargica, which correlated with the pandemic.—Phillips, "Second Opinion," 798.

21. Jones, *Influenza 1918*, 14-15.

absence of tests, a bluish complexion—the hallmark of cyanosis—was regarded as a distinctive marker among the victims suffering from respiratory complications. In some cases, the nervous system was affected, and palsy and partial paralysis occurred.²² Those who survived influenza were often sick for a week or two before recuperating.

Managing the disease was difficult in the age before antibiotics and with little understanding of the disease itself. The influenza virus was not isolated until the 1930s, which meant that the etiology of the disease was unknown in 1918. Prior to the 1890s, influenza was often attributed to miasma, or bad air. Since influenza appeared to be airborne, the miasmatic theory of disease could explain how the disease suddenly appeared in various locales at the same time.

In 1890, Richard Pfeiffer identified a bacterium that he thought triggered an influenza infection.²³ *Pfeiffer's bacillus*, as it became known, frequently appeared in the throat and lungs of victims of influenza. The discovery of *Pfeiffer's bacillus* gave more weight to the emerging view of influenza as an infectious disease, caused by micro-organisms. Subsequent experiments that isolated and identified *Pfeiffer's bacillus* further confirmed the presence of the bacteria in cases of flu and appeared to corroborate Pfeiffer's claim.²⁴ Yet even while searching for *Pfeiffer's bacillus*, numerous other bacteria and the influenza virus itself were also present in the samples.

Today, we know that influenza is not a bacterial infection but a viral disease caused by the H1N1 influenza A virus. But without a true understanding of the source of the disease or the mechanism for its spread, physicians and nurses during the 1918-1919 pandemic were unable to stem the spread of influenza, or cure the ailing. In order to relieve pain, some doctors administered heroin, morphine, or codeine. Milder pain was treated with the "little white pill," or aspirin.²⁵ More traditional methods of treatment included enemas to relieve abdominal pain, blood-letting or venesection to deal with toxæmia, and saline and glucose-saline injections.²⁶

22. Ibid.

23. Honigsbaum, *A History of the Great Influenza Pandemics*, 69.

24. Ibid., 69-71; Jones, *Influenza 1918*, 15.

25. Nettie Neufeld, "Aganetha 'Agnes' Fast (1883-1977), 'Florence Nightingale' of Steinbach," *Preservings* 2 (1997), 39.

26. Jones, *Influenza 1918*, 15.

Morbidity statistics--that is, the number of those who became infected and sick from the virus—are hard to establish since no tests existed at the time to determine how many people had been exposed. And mortality rates are also in dispute among historians of the pandemic; estimates range from 20 million to 100 million. The quality of medical records varied enormously from country to country, and coroners were not always clear if the cause of the death was to be attributed primarily to influenza or if the disease only exacerbated existing illnesses. The general consensus among historians is that the pandemic of 1918-1919 killed between 2 to 5 percent of those afflicted. In Canada, the average mortality rate was approximately 6.1 per 1,000 population;²⁷ in the United States, 5 per 1,000 population.

Yet hidden within these aggregate numbers are widespread variations in mortality rates, depending on age, gender, pre-existing health circumstances. In contrast to other outbreaks, for example, the influenza pandemic killed a significantly higher number of young adults. In Canada, the average death rate among aboriginal groups was 37.7 deaths per 1,000,²⁸ and in some more isolated locales such as Northern Manitoba, the aboriginal communities experienced death rates of 100 deaths per 1,000.^{29,30}

When influenza broke out within the Hanover, Manitoba, community in the fall of 1918, Mennonites in the East Reserve were already aware of the disease and its spread. However, prior knowledge of the imminent arrival of the disease did not better prepare the community for its arrival. Between 1918 and 1919, at least forty-two Mennonites succumbed to the disease, dying at a rate of more than twice the national average and significantly higher than that of their non-Mennonite neighbors.

MENNONITES IN THE EASTERN RESERVE, MANITOBA

Mennonites first settled the East Reserve in 1874, arriving as immigrants from South Russia, where they had maintained their religious

27. 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: University of British Columbia Press, 2012), 119.

28. Slonim, "Beyond Biology," 119.

29. 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.

30. Ann Herring, "'There Were Young People,'" 88-90.

and ethnic identity for nearly a century in relative isolation. They left Russia in the 1870s after the Czarist government introduced new requirements that their schools be taught in Russian and that they participate in universal military service.³¹ Historians have argued that growing landlessness and the shift to a more capitalistic agrarian economy also played a role in the decision to leave.³² Along with several other smaller groups, the largest group of Mennonite immigrants to settle in Manitoba was the Kleine Gemeinde—a conservative Mennonite denomination that formed in 1812.³³

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. In 1873 the Canadian government granted Mennonites several concessions—known as the *Privilegium*—that granted the immigrants exemption from military service as well as the right to administer their own schools in German.³⁴ As Mennonite historian Royden Loewen has noted, “like the other sixteen thousand Mennonite migrants, the Kleine Gemeinde migrants settled in ‘ethnic enclaves.’”³⁵

The Mennonites who immigrated to Manitoba in the 1874 were a more conservative demographic than those who settled in the United States, and they continued to live separately from their Canadian neighbors, 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.³⁶

31. Royden Loewen, *Family, Church and Market: A Mennonite Community in the Old and the New Worlds, 1850-1930* (Toronto: University of Toronto Press, 1993), 16.

32. James Urry, *None But Saints: The Transformation of Mennonite Life in Russia, 1789-1889* (Winnipeg, Man: Hyperion, 1989).

33. Loewen, *Family, Church and Market*, 10, 70. Mennonites in Hanover belonged to one of four main groups, the most influential and populous of which were the Kleine Gemeinde and the Berghaler. While all groups had their own 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.—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, Man.: Derksen Printers, Ltd., 1971), 16-17; Amy Shaw, *Crisis of Conscience*, 45.

34. 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, 288.

35. Loewen, *Family, Church and Market*, 69.

36. Royden Loewen, *Blumenort: A Mennonite Community in Transition, 1874-1982* (Steinbach, Man.: Blumenort Historical Society, 1983), 63, 262.

In the early years of settlement, Mennonites replicated the settlement patterns familiar to them in South Russia. These included not only the names of their villages (e.g., Chortitz, Blumenfeld, Rosenort, Heuboden, and Lichtenau), but also a distinct settlement pattern of the "street village." In contrast to the isolated prairie homesteads of other groups, these Mennonite villages consisted of about ten to thirty families who built their homes or house-barns along a street, while equally dividing up the pasture land at the outskirts of the settlement. According to historian Marlene Epp, the proximity of homes in street villages helped to alleviate the reality of isolation on prairie and to create and maintain an ethnic identity.³⁷

Although other migrants also settled in the East Reserve, Mennonites were a dominant presence. In 1880, the East Reserve became the municipality of Hespeler, then the municipalities of Hespeler and Hanover in 1881, which merged in 1890 to become the Rural Municipality of Hanover.

TENSIONS WITH THE GOVERNMENT

In general, the Mennonites who settled in the East Reserve thrived, successfully replicating the distinct ethnic and religious culture they had established in South Russia. But in the early decades of the twentieth century, they once again faced pressure from the government to assimilate into the broader culture.

In 1916 the Manitoba provincial government challenged the provision of the 1873 *Privilegium* that guaranteed Mennonites the right to use German as the language of instruction in the local schools.³⁸ The new provincial policy made English the only language of instruction in public schools, introduced compulsory school attendance, and asserted greater control over the curriculum. As a response to these reforms, some Mennonites in Hanover created their own German-speaking private schools, which the provincial government forbade.³⁹ Faced with fines and even imprisonment, some Mennonites began to make plans to emigrate once again.

37. Marlene Epp, "The Transnational Labour," 206; Marlene Epp, *Mennonite Women in Canada*, 38.

38. Ens, *Subjects or Citizens?*, 183-184; Shaw, *Crisis of Conscience*, 20-21.

39. Ens, *Subjects or Citizens?*, 110-114, 120-124.

At the same time, Mennonites increasingly worried that the government would void other aspects of the 1873 *Privilegium*, especially the promise that “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.”⁴⁰

When Britain declared war on August 4, 1914, Canada, as a part of the British Empire, followed suit. The war effort soon affected all sectors of society as the country mobilized for war. Factories needed labor to continue war production and farms demanded attention for agricultural production.⁴¹ On the home front, the loss of men in the labor force opened up debates about women’s right to vote, and women’s work outside of the home. Volunteer nursing organizations recruited many young nurses to care for the wounded.⁴²

Problems between the Mennonite communities and the government soon arose; in January 1916, the authorities used the War Measures Act of 1914 to require all males from ages 16 to 65 to register, a means to account for the potential manpower of the country.⁴³ The fact that registration cards were to be filled out by under the War Measures Act worried Mennonites, and some refused to fill out the cards.⁴⁴ In response to their concerns, government officials informed Mennonites that their previous agreement would be honored 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.⁴⁵ While this was indeed a compromise, the actions created tensions and uncertainties among Mennonites, who worried that their exemption was at risk.

By early 1917, when it became clear that voluntary enlistment was not sufficient, the administration of Prime Minister Robert Borden drew up the Military Service Bill calling for mass conscription of all British male

40. *Ibid.*, 172.

41. Amy Shaw, *Crisis of Conscience: Conscientious Objection in Canada during the First World War* (Vancouver: University of British Columbia Press, 2009), 41-42.

42. Terry Wilde, “Freshettes, Farmerettes, and Feminine Fortitude at the University of Toronto during the First World War,” in *A Sisterhood of Suffering and Service: Women and Girls of Canada and Newfoundland during the First World War*, ed. Sarah Glassford and Amy Shaw (Vancouver: University of British Columbia Press, 2012), 88-90.

43. Ens, *Subjects or Citizens?*, 173-174; Shaw, *Crisis of Conscience*, 42.

44. Shaw, *Crisis of Conscience*, 43.

45. Ens, *Subjects or Citizens?*, 173-174.

subjects between the ages of 20 to 45.⁴⁶ The bill, which provided for no exemptions to military service,⁴⁷ was passed on June 11 and signed into law on August 29, 1917.⁴⁸

Mennonite exemption from military conscription quickly fostered resentment among the general population: Why could these German-speakers avoid military service while everyone else in Canada was required to abide by the law?⁴⁹ In response, some Mennonites voluntarily enlisted, though they risked losing their church membership by doing so.⁵⁰ Mennonite leaders sent letters to the federal government thanking officials for their continued adherence to the military clause of the *Privilegium* and assuring them of their cooperation and their loyalty to Canada.⁵¹ And in the early years of the war, some Mennonite groups, notably the Kleine Gemeinde, raised funds for the Red Cross through their private schools.⁵² By the end of World War I, however, trust in the Canadian state among Mennonites had been undermined by the schools controversy and the crisis over conscription.

That the nation was at war against Germany fueled further hostility toward Mennonites throughout the country, given widespread assumptions that the German-speaking immigrants were sympathizers with the enemy. In 1915 an Order in Council created the Chief Censor's Office as a means of preventing the press from leaking sensitive information during the war.⁵³ Lieutenant-Colonel Ernest J. Chambers, the chief press censor, had the authority to prohibit the publication of any sources that criticized military efforts or policies or that would stir disaffection or hinder the eventual success of the war.^{54 55}

46. *Ibid.*, 171-173.

47. Shaw, *Crisis of Conscience*, 26-27.

48. *Ibid.*, 27-28.

49. *Ibid.*, 46.

50. *Ibid.*, 47.

51. *Ibid.*, 46; Ens, *Subjects or Citizens?*, 173.

52. Ens, *Subjects or Citizens?*, 173-175. The funds were to be used by the government specifically for relief work and not to support the war.

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

54. *Ibid.*, 66-67.

55. 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).

Wartime censorship severely impacted Mennonites, further undermining relations with the state, and, as we shall see, significantly hampered the ability of public health officials to communicate with German-speaking immigrants. Publications in German outside of Canada, including those from other Mennonite centers in the United States, were restricted or banned. Anyone owning a copy of German-language periodicals could be severely fined.⁵⁶

Censorship was a problem for Canadian Mennonite papers as well, particularly around the issue of Mennonite participation in the Victory Bond drive.⁵⁷ Since the Victory Bond campaign was specifically intended to support the war, Mennonites felt uneasy purchasing these bonds, preferring instead to support the Red Cross. When Jacob Friesen, editor of *The Steinbach Post*, the primary source of community information among Mennonites, refused to place a paid advertisement for Victory bonds in the paper, he was confronted by the chief press censor, who noted that the *Post* made no mention of the war and continued publication in German.⁵⁸ By the fall of 1918, under pressure from the Great War Veterans' Association, the federal government allowed the press censor to prevent the publication of all periodicals in German and other enemy languages and banned these languages from use at public meetings.⁵⁹

In October 1918 *The Post* was left with two options—either face suspension of the paper outright or attempt to pass through the censors by switching its language of publication to English.⁶⁰ Although the censorship law barring the publication of the paper in German became effective on October 1, 1918, the *Post* published its next two issues in German before switching to English on October 16, 1918. Subsequent issues also included announcements and advertisements for the purchase of the Victory loan campaign.⁶¹

56. Ens, *Subjects or Citizens?*, 185; Keshen, *Propaganda and Censorship*, 67-68. In order to pass censorship, the Canadian issues of the German-language *Christliche Bundebote*, published in Elkhart, Ind., were reprinted in English under the title of *The Mennonite*.—*Ibid.*, 185-186.

57. *Ibid.*, 186.

58. *Ibid.*, 184, 186-188.

59. Keshen, *Propaganda and Censorship*, 68.

60. Ens, *Subjects of Citizens?*, 186.

61. *Ibid.*, 188; "Victory Loan Advertisement," *Steinbach Post*, Nov. 13, 1918, 3. 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 every Citizen of German birth or descent to help maintain the freedom he has found in Canada, by buying Victory Bonds," asking

Changing the language of a community paper to English greatly limited journalistic content and letters to the editor. It also significantly affected the diffusion of public health information when the flu epidemic began, since only approximately one-third of the readers were able to read English.

THE INFLUENZA PANDEMIC IN HANOVER

The Spread of the Disease

On October 16, 1918, almost simultaneous with the appearance of the first cases of the disease in the Rural Municipality of Hanover, the *Steinbach Post* published two public health notices in English concerning the prevention and management of influenza.⁶² The epidemic then began in earnest in early November with a number of community members being placed on a sick list maintained by the health officer who was responsible for reporting all cases and suspected cases of influenza.⁶³

From the first notice of its appearance in the community newspaper, influenza was a regular topic of discussion—from the end of October until early January at least one mention of influenza cases within Hanover appeared in the local news section of the *Steinbach Post*. Most of these references stated the names of the victims and whether they were ill or had died. At times, family members would report on the health of their families and of the movements of community members who had gone to other villages to help sick relatives. Thus, for example, 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,”⁶⁴ and that Mrs. Peter S. Rempel 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.”⁶⁵

Mennonites, other German speakers, and their relatives to buy these bonds to support the war.—Ibid.

62. “What to do if you have influenza,” *Steinbach Post*, Oct. 16, 1918, 2-3; “How to keep from getting influenza,” *Steinbach Post*, Oct. 16, 1918, 3; see also “Locals,” *Steinbach Post*, Oct. 23, 1918, 4; “Correspondence,” *Steinbach Post*, Oct. 23, 1918, 3; “Locals,” *Steinbach Post*, Oct. 30, 1918, 4.

63. Provincial Archives of Manitoba. A0010 GR1548. Minute Books—Provincial Board of Health. “Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell,” Oct. 11, 1918. This sick list was occasionally published in the *Steinbach Post* on occasion.—e.g., “Locals,” *Steinbach Post*, Nov. 6, 1918.

64. “Locals,” *Steinbach Post*, Oct. 30, 1918, 4; “Locals,” *Steinbach Post*, Nov. 6, 1918, 4.

65. “Locals,” *Steinbach Post*, Nov. 6, 1918, 4.

Deaths began to be recorded in mid-November as the epidemic reached its peak. 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.⁶⁶ On November 13, for example, the *Post* reported that a "Mr. Peter Kehler of Blumengard died on the 8th, his death resulting from Spanish Flu."⁶⁷

By the third week of November, most community members had fallen ill or were helping other families who were ill.⁶⁸ 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. . . ."⁶⁹

During one week the entire family of Susanna Reimer, daughter of Johann R. Reimer, who had passed away a few months prior, all fell ill. Family members took turns trying to get up in the morning to complete the most essential chores on the farm that day, trading off with other members when they felt too weak to continue.⁷⁰ None of Susanna Reimer's immediate family succumbed to the disease although they attended the funerals of some cousins. The eldest girls, Margaretha, Aganetha and Susanna, often visited family when possible to lend a hand. No indication was given in her diary of having medical assistance or taking any medicine.⁷¹

Medical Resources in Hanover

Medical services in Hanover were very limited in the municipality's first fifty years, closely resembling the traditional forms of health care Mennonites had known during their sojourn in Russia.⁷² With the passage of the Public Health Act in 1893, provincial authorities in Manitoba insisted that every municipality hire a licensed medical practitioner as a

66. In the Nov. 27 issue of the *Post*, all but two articles of local news were concerned with cases of influenza.

67. "Locals," *Steinbach Post*, Nov. 6, 1918, 4; "Locals," *Steinbach Post*, Nov. 13, 1918.

68. "Locals," *Steinbach Post*, Nov. 20, 1918, 2; "Locals," Nov. 13, 1918, 4.

69. "Locals," *Steinbach Post*, Nov. 18, 1918, 4.

70. Diane Hiebert, *Susanna Reimer's Journals, 1918-1938*, trans. David Schellenberg and Diane (Kelowna, B.C.: Rosetta Projects, 2008), 8.

71. *Ibid.*, 38.

72. Penner, *Hanover: 100 Years*, 145.

health officer, or another suitably trained professional if a physician was not available.⁷³ In 1893, a doctor in Ste. Anne was appointed to immunize the children of the municipality. In 1909, this task was assigned to a local man from Steinbach.⁷⁴ By the early twentieth century, Mennonites had begun to accept some level of preemptive treatment and medical care. However, most health issues, including infectious disease, were dealt with by midwives and lay practitioners.⁷⁵ The municipality continued to hire health officers on a contract basis from various locales over the years,⁷⁶ but the position suffered a high degree of turnover and reverted to the secretary-treasurer of the municipality when no licensed practitioner could be found to fill the position.⁷⁷ Health officers investigated cases of deaths and infectious diseases, and completed death certificates. The municipality paid the health officer's salary as well as the cost of any drugs needed to treat disease.⁷⁸ 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.

Throughout the month of November, the worst weeks of the epidemic for Hanover, numerous cases of the flu were reported, yet there were no central resources for helping the ill. The community had no hospital. Its health officer, Dr. Hans Herschman of Steinbach, had resigned in June shortly before the outbreak of the disease.⁷⁹ When the epidemic began,

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

74. Penner, *Hanover: 100 Years*, 145.

75. Glen Klassen, "Child Survival in the Mennonite East Reserve Before the Age of Antibiotics," *Preservings* 32:1 (2012), 25; Warkentin, *Reflections on Our Heritage*, 218; Marlene Epp, "Catching Babies and Delivering the Dead," 61-63; Frank Epp, *Mennonites in Canada*, 87.

76. Penner, *Hanover: 100 Years*, 145.

77. The 11th. General Council Meeting, Nov. 4th, 1918. General Council Meeting of the Rural Municipality of Hanover Minutes Books (Nov. 4, 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 (Dec. 3, 1918), Rural Municipality of Hanover Council Office, Steinbach, Manitoba, p. 2.

78. Penner, *Hanover: 100 Years*, 145.

79. The Sixth General Council Meeting, June 2nd 1918. General Council Meeting of the Rural Municipality of Hanover Minutes Books (June 2, 1918), Steinbach: Rural Municipality of Hanover Council Office, p. 1.

Hanover appointed a new health officer, as was required by the Provincial Board of Health.⁸⁰ Dr. Girard Bélanger, a physician from the neighboring village of Ste. Anne, briefly served the municipality from November through mid-December, but it also appears as if a Dr. S. Kraminsky was appointed as health officer from November 14 to 30.⁸¹ At some point in December, the municipality's Council appointed John D. Goossen as health officer for the remainder of the year and into the month of January.⁸² Goossen was not a licensed medical practitioner. As the secretary treasurer for Hanover, he was already responsible for filing and completing all vital statistics forms, including death certificates, in a position he apparently had been filling since July.⁸³

The appointment of health officers during the epidemic was a means by which the Provincial Board of Health maintained some control and monitored the situation. In Hanover, however, the limited health system made the situation very unstable. The death notices filed with the Province of Manitoba testifies to the lack of medical care. Out of forty-two deaths of Mennonites from September 1918 to May 1919 specifically attributed to influenza, only ten had listed a family physician. By contrast all six who died of other causes had a family physician listed.⁸⁴ The pressures of dealing with an epidemic and traveling among the various areas and farms of Hanover made it difficult for physicians to be with all those who were ill and to attend to their deaths, even in non-epidemic years.

At times several days would elapse between the date of death stated by the family or the person reporting the death and the subsequent

80. Provincial Archives of Manitoba. A0010 GR1548. Minute Books - Provincial Board of Health. "Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell," Oct. 11, 1918.

81. The 11th. General Council Meeting, Nov. 4, 1918. General Council Meeting of the RM of Hanover Minutes Books (Nov. 4, 1918), p. 2. During his brief tenure, he was receiving a salary of \$10 a day—a high salary given that the salary for most other health officers in 1918 and 1919 ranged between \$5 and \$10 a month, except for Dr. Belanger who was paid on a case by case basis.

82. The 12th. General Council Meeting, Dec. 3rd, 1918. General Council Meeting of the RM of Hanover Minutes Books (Dec. 3 1918), p. 2.

83. Warkentin, *Reflections on Our Heritage*, 65-66. 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.—The 12th. General Council Meeting, Dec. 3, 1918. General Council Meeting of the RM of Hanover Minutes Books (Dec. 3, 1918), p. 2.

84. MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

investigation of the cause of death by the health officer or secretary-treasurer of the municipality.⁸⁵ Language barriers may also have been an issue determining the precise cause of deaths. Those who died of influenza generally had symptoms of pneumonia or some other respiratory complications. In some cases, victims of tuberculosis were further weakened by the influenza virus and died. Some of the earlier deaths, which had been attributed to an "inflammation of the lungs" that lasted only three days, may have actually been caused by influenza.⁸⁶ On November 4, Goossen recorded the first official case of a flu death as "*grippa*," the German word for flu, with the English translation below it in parentheses.⁸⁷

On November 8, 1918, a young male died of what was diagnosed as "inflammation of the lungs (flu)." That same day, a woman in her 30s also died.⁸⁸ Her death was the first to be recorded as "Spanish Influenza" with no contributory cause listed. Other causes of death, also related to respiratory complications, were listed without reference to influenza, among them: lobar pneumonia; consumption of the lungs; bronchopneumonia; bronchitis; and tuberculosis.⁸⁹ During his time as health officer, Goossen labeled all deaths suspected of being influenza as "influenza and bronchopneumonia."⁹⁰ The difficulty in identifying deaths from influenza with certainty made the underreporting of influenza a very real possibility.⁹¹

When actual physicians such as Dr. Kraminsky or Dr. Bélanger were present, the forms generally included more details on the length of the illness and the possible respiratory complications.⁹² Undertakers and

85. MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

86. Heinrich Rempel, "Deaths Reported in Hanover from Sept. 1, 1918, until Jan. 17, 1919," *Steinbach Post*, 2-3; Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives.

87. Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives.

88. MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

89. *Ibid.*

90. *Ibid.*

91. D. Ann Herring, "'There Were Young People and Old People and Babies Dying Every Week': The 1918-1919 Influenza Pandemic at Norway House," *Ethnohistory* 41:1 (1994), 87-88.

92. MHCA. Official Notice of Deaths, 1918-1919. Box #4. Births, Marriages and Deaths. Microfilm 706. RM of Hanover Records.

informants—or the persons who reported the death to the health officer—also played an important role in helping with the diagnostic process.

According to public health notices printed in the *Post*, the most important factor in preventing and managing the disease was for those who were ill to remain isolated and for all residents to avoid crowds.⁹³ More specific instructions on prevention included avoiding people with cold symptoms such as fevers and coughs; maintaining a steady room temperature between 65 and 72 degrees Fahrenheit, eating a simple nourishing diet, abstaining from alcohol, and avoiding any visits to those afflicted or ill.⁹⁴

Counsel from public health officials and physicians to help those who were ill were not that different from Mennonite traditional home remedies. During the early onset of the disease, public health officials recommended bed rest and keeping a steady and dry room temperature.⁹⁵ Among Mennonites, methods for relieving symptoms included prayer, quinine, and even the newly available pain reliever aspirin.⁹⁶

Within two weeks of the first reports of influenza in Winnipeg, the Board of Health issued a notice that restricted public meetings and granted local health officers the authority to restrict the operating hours of stores. A few days later, stores in Hanover were ordered to close by 7 p.m. in order to prevent the gathering of too many people.⁹⁷ This ruling not welcomed by all owners.⁹⁸ The Reimer and Loewen stores published rather resentful notices in the *Post* informing readers of the change in operating hours, commenting “we are compelled, for certain reasons to close our Store at 7 o’clock at night after October 15th, 1918.”⁹⁹ The stores maintained reduced hours until December when, for example, on December 11, J.R. Friesen’s garage announced in the *Steinbach Post* that “now that the ‘FLU’ epidemic is over, we are again in position to repair

93. “What to do if you have Influenza,” *Steinbach Post*, Oct. 16, 1918, 2-3.

94. “How to keep from getting Influenza,” *Steinbach Post*, Oct. 16, 1918, 2.

95. “What to do if you have influenza,” *Steinbach Post*, Oct. 16, 1918, 2-3.

96. “Influenza: Some Interesting Facts About Its History, Prevention and Treatment,” *Steinbach Post*, Oct. 23, 1918, 3.

97. PAM. GR1548. Box 12. Province of Manitoba. Provincial Board of Health Minutes Books. “Declaration of Influenza as Contagious and Infectious by Dr. Gordon Bell” (Oct. 11, 1918).

98. K. F. Barkman Hardware and K.B. Reimer and Company, “Notice,” *Steinbach Post*, Oct. 16, 1918, 4; Maureen Lux, “‘The Bitter Flats’: The 1918 Influenza Epidemic in Saskatchewan,” *Saskatchewan History* 49:1 (1997), 4.

99. K. F. Barkman Hardware and K.B. Reimer and Company, “Notice,” *Steinbach Post*, Oct. 16, 1918, 4.

your cars and do the welding for you"; and K. Reimer Sons Ltd. insisted that all was "business as usual."¹⁰⁰

Church services also suffered disruptions during the epidemic. For a brief period of time starting on November 17, 1918, and continuing for two weeks, church services were officially canceled in the Hanover municipality. However, according to the diaries of Susanna Reimer and Maria Reimer, meetings of the *Kleine Gemeinde* church occurred periodically throughout the epidemic.¹⁰¹

School closures were also implemented in Hanover. In 1918, Hanover had approximately thirty-six schools. The Kornelsen school in Steinbach, for example, closed from November to January, reopening once the epidemic waned. During that time, the school was to treat victims of influenza whose families were too ill to care for them.¹⁰²

Since there was no established hospital in Hanover, at the height of the epidemic in November, Aganetha "Agnes" Fast, a local woman from Steinbach, who had been studying nursing in Minnesota, was placed in charge of a makeshift hospital located in the Kornelsen School in Steinbach.¹⁰³ Fast quickly rose to prominence for the quality of her care, and became known locally as the "Florence Nightingale of Steinbach."¹⁰⁴ She, along with other young women from the Hanover region, helped with all general nursing tasks at the makeshift hospital. Unless the case was very severe, very few Mennonites went to the hospital in Saint-Boniface or Winnipeg.¹⁰⁵

100. "Advertisement- War Bonds Taken," *Steinbach Post*, Dec. 11, 1918, 5.

101. Hiebert, *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.

102. All schools within Hanover that can be found in the registers, including the Mennonite schools in Hochstadt, Blumenhoff, and Steinbach were reopened by January as the epidemic presented fewer new cases. — PAM, GR571, Province of Manitoba, Department of Education, Summative Half-Yearly Returns for School Districts. 1918-1919. Microfilm 698, 699.

103. Warkentin, *Reflections on Our Heritage*, 219; "Locals," *Steinbach Post*, Nov. 20, 1918, 2.

104. Nettie Neufeld, "Aganetha 'Agnes' Fast," *Preservings* 10, Part Two (1997), 40.

105. At the meeting of the municipal council in early February, the accounts to be paid included a payment to the Winnipeg General Hospital of \$42 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 Mennonite since the last name of the second patient is cut off. — The Second General Council Meeting held on Feb. 3, 1919. General Council Meeting of the Rural Municipality of Hanover Minutes Books (Feb. 3, 1919), p. 2.

Mortality Rates in Hanover

Based on census records from 1916 and 1921 it is possible to determine with reasonable accuracy the name, sex, age, and religion of all the inhabitants of the municipality of Hanover at the time of the influenza pandemic. This information can be correlated with the death certificates for 1918 and 1919, in order to analyze the impact of the influenza epidemic on specific cohorts of people.

Since morbidity statistics—that is, the number of people who contracted the influenza virus—are extremely hard to assess in the case of influenza, our analysis is limited to accounts of death and the mortality rates among various groups. Without accurate morbidity statistics, it is impossible to determine whether, for example, 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.

Furthermore, as noted above, these mortality statistics do not include deaths that were almost certainly an indirect cause of influenza. Howard Phillips has recently argued that influenza mortality should include not only those who died of influenza but also those who died 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.¹⁰⁶

A number of stillborn babies and infants dying of general debility in Hanover were recorded for the years of the pandemic.¹⁰⁷ Were these deaths related to the flu pandemic and mothers not being able to carry their children to term due to having the disease? No notes were made on the record as to the state of the mother's health at the time of the miscarriage or stillbirth. In any case, it seems certain that the number of deaths attributed explicitly to bronchopneumonia or influenza in 1918 and 1919 underrepresents the true impact of the pandemic.

106. Howard Phillips, "Second Opinion: The Recent Wave of 'Spanish' Flu Historiography," *Social History of Medicine* 27:4 (2014), 798.

107. Penner, *Hanover: One Hundred Years*, 132; Death Certificates 1918-1919. Rural Municipality of Hanover Records. Mennonite Heritage Archives.

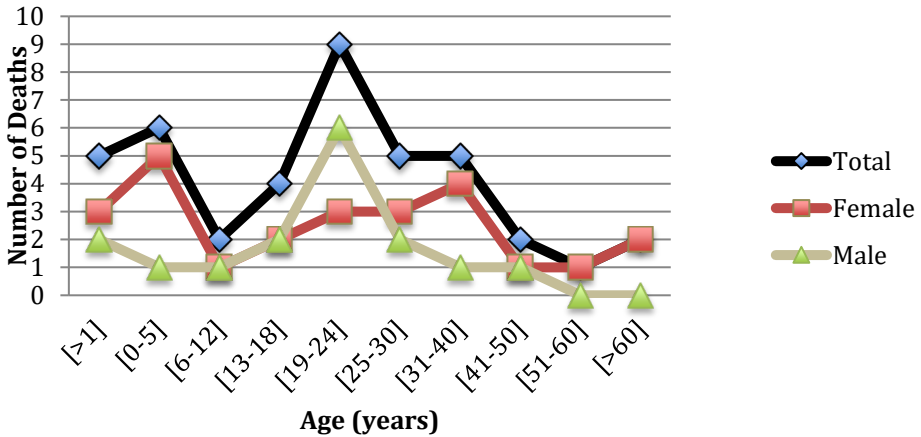


Fig. 1. Influenza Deaths by Sex and Age Among Mennonites (August 1918-April 1919)

In general, mortality patterns typical of the influenza pandemic elsewhere in the world were also evident in Hanover. As the graph in Figure 1 suggests, the epidemic disproportionately affected the very young, and the elderly, with the largest number of deaths among the young adult population.¹⁰⁸ Several trends also stand out when examining the number of deaths among Mennonites based on sex. The population of males who died of influenza clearly demonstrate the marked “W” mortality curve typical in other studies of influenza. And of the young adults who were most affected by the epidemic, young men appeared to be more vulnerable to the disease than young women who made up a significantly smaller number of deaths outside of the young adult (13-30) range.

Perhaps most significantly, the evidence also strongly suggests that the mortality rate among Mennonites was significantly higher than among non-Mennonites. In Hanover, there were a total of forty-two cases of influenza or influenza-related deaths recorded from October 1918 to April

108. 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* 12:1 (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* 76:1 (2002), 3-4; Herring, “‘There Were Young People and Old People and Babies Dying Every Week,’” 96.

1919 among Mennonites, whereas deaths among non-Mennonites numbered only six. This calculates to a mortality rate from influenza of 13.5 per 1,000 for Mennonites, compared with 8.6 per 1,000 among non-Mennonites, and the Canadian national average of 6.1 per 1,000.¹⁰⁹

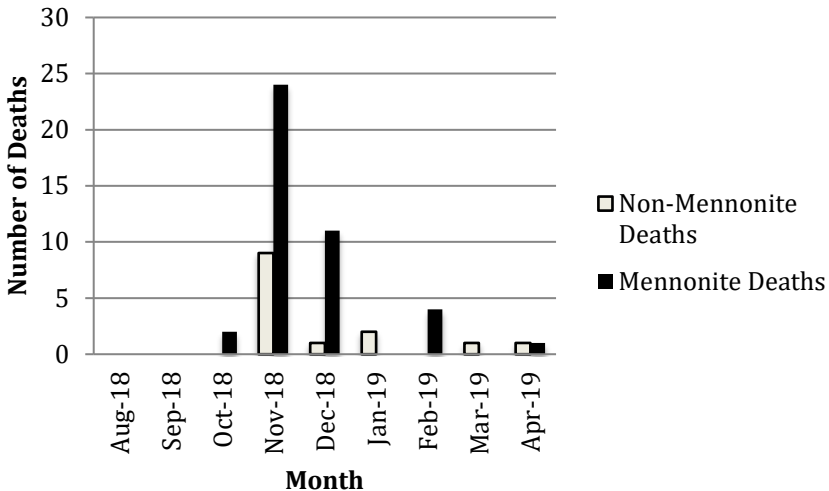


Fig. 2. Influenza Deaths in Hanover, Manitoba. Number of influenza deaths among Mennonites and non-Mennonites in Hanover, Manitoba (August 1918-April 1919).

These results seem to corroborate preliminary work by Glen Klassen and Kimberly Penner, who examined excess deaths in Manitoba within multiple rural populations and municipalities during the years of the influenza pandemic.¹¹⁰ The excess death rate, calculated using counts of death available through vital statistics, do not include an analysis of the

109. Herring and Korol, "The North-South Divide," 98. 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. 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.—Mennonite Heritage Centre Archives, Winnipeg, Official Notice of Death, Dec. 1917- Dec. 1920, Rural Municipality of Hanover, Microfilm 706, Box #4.

110. See Glen Klassen and Kimberly Penner, "Influenza Pandemic Deaths among Manitoba Mennonites in 1918-19," *Preservings* 28 (2008), 24-29.

cause of death. This approach showed that Mennonites had a much higher mortality rate in 1918-1919 than French Canadians and slightly higher than the average death rate than in Winnipeg and Canada as a whole.

WHY WERE MORTALITY RATES HIGHER AMONG MENNONITES?

Hanover Mennonites were not passive in the face of the influenza epidemic. However, their responses were shaped, and to some extent limited, by several factors unique to their community that likely contributed to mortality rates that were higher than those of the non-Mennonite residents of Hanover.

Untrained medical practitioners, lack of proper accommodation for victims of the disease, and difficulty in communicating public health information through the newspapers 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.

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.¹¹¹ 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 among

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

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 higher mortality rate among the Mennonites of Hanover.

Although it is impossible to isolate these factors with absolute certainty, Mennonites in Hanover were adversely affected in at least four specific ways.

Settlement Patterns

When Mennonites arrived in the East Reserve they attempted to recreate many of the familiar ways of life that had marked their experience in South Russia. Among these was a customary residential pattern of constructing homes close together along a road or intersection, encircled by farmland. Thus, although Mennonites lived in rural areas, their preference for the "street-village" model of housing meant that they lived in much closer proximity to each other than non-Mennonites who generally preferred traditional Canadian homesteading practices of more isolated farmsteads. Although these settlement patterns had begun to change around the time of the epidemic, they were still present. As a result, it is possible that the virus spread more easily.

History of Tensions with Government

Another factor in the higher death rates from influenza among Mennonites stemmed from their tenuous, and tension-filled, relationship with the provincial and federal governments. Just as World War I was unfolding, Mennonites came to realize that guarantees promised in the *Privilegium* could be revoked. With the new School Laws, Manitoba authorities forced Mennonite children to be educated in English with standardized provincial curricula; and they enforced their new laws with severe fines and prison sentences. At the same time, Mennonites, as German-speaking pacifists, found themselves on the wrong side of the public wave of patriotism, as Canada prepared to join the war effort. Although technically exempt from conscription, Mennonites men faced strong government pressure to register in early 1916 as part of the larger mobilization for war. Wartime censorship, which forced the *Steinbach Post* to publish only in English and abolished all public communication in German, further undermined the relationship between Mennonites and the state, and affected how Mennonites responded to the epidemic.

According to the provisions of The Public Health Act Mennonites were expected to follow all the state-imposed efforts to contain the epidemic.

On October 11, 1918, for example, at a meeting of the Provincial Board of Health, the board gave health officers the authority to close schools and public meeting areas, including some stores. The board also directed local health officers to take measures as soon as influenza appeared within a community, and to limit public gatherings not deemed essential.¹¹² This could include bans on public gatherings, such as church services or funeral services, school closures, and the closing of theaters and cinemas. The board strongly encouraged wearing masks and ordered incoming trains, passengers, and their luggage to be fumigated.¹¹³

Yet these official announcements—issued only in English—were not understood by many members of the German-speaking Mennonite community. Furthermore, the recent experience of tensions with the government made many Mennonites hesitant to obey orders simply because they were issued by government authorities. Both of these factors contributed to the frequent failure of Mennonites to abide by public health regulations and guidelines in order to stem the spread of the disease.

Poor Public Health Measures

The details of how the mandates from the Provincial Board of Health would be applied—the closure of schools, churches, business, and meeting places, for example—were largely left in the hands of the municipality's health officers. Yet as we have seen, that position in Hanover changed hands multiple times over the course of the epidemic in Hanover, and the position was not always held by a licensed physician. Goossen, who seems to have held the position at a crucial phase of the epidemic, sold real estate. All this contributed to the difficulty local authorities had in communicating a consistent policy—especially to a group committed to living separate from the world. And it made it nearly impossible for the health officers to enforce any long-term ban on meetings and the closure of schools.¹¹⁴

112. Provincial Archives of Manitoba, GR1548, Box 12, Province of Manitoba, Board of Health Minutes Books (Oct. 11, 1918).

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

114. The 11th. General Council Meeting, Nov. 4, 1918. General Council Meeting of the RM of Hanover Minutes Books. 4 Nov. 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 Dec. 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.

Community Traditions and Family Networks

But in all likelihood the most significant factor in the high mortality rates among Mennonites was their deep commitment to community and close networks of family ties. At a time when the safest public health precaution called for isolation and quarantine, for the Mennonites of the rural municipality of Hanover the influenza epidemic only heightened their impulse to come together through community and family networks of care. Indeed, Mennonites frequently ignored public health regulations and guidelines when they interfered with their community networks of care.

Networks of care often involved informal health practitioners, like relatives, neighbors, and even midwives who played an essential role in maintaining the health and economic welfare of families and sick community members. When a key family member was ill, the network responded by relieving the burden of chores.¹¹⁵ One man, remembered as "Uncle Abe," traveled from farm to farm and tended to the livestock and other farm work that the household had been unable to complete after falling ill.¹¹⁶ 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.¹¹⁷ Help from community members was a vital part of the way that Mennonites dealt with illness.

Yet in all likelihood these gestures of goodwill had the unintended effect of spreading the influenza virus. Indeed, neighbors and relatives who took up the call to help attend to the sick often ended up with the flu themselves,¹¹⁸ as in the case of a Penner couple from Greenland who were "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."¹¹⁹ 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

115. Hiebert, *Susanna Reimer's Journals*, Nov. 12, 1918, 38.

116. Warkentin, *Reflections on Our Heritage*, 220.

117. *Ibid.*, 221.

118. *Steinbach Post*, "Locals," Nov. 27, 1918, 4; C.L. Toews, "Short Biography of the Deceased Peter T. Vogt of Swalwell, Alberta," *Steinbach Post*, Vol. 5 No. 43 (Dec. 4, 1918), 1.

119. "Locals," *Steinbach Post*, Nov. 27, 1918, 4.

resulting in death.”¹²⁰ 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.¹²¹ 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.¹²² Midwives and single women tended to the ill most often, although other community members frequently helped as well.¹²³

In a related way, Mennonites in Hanover were more vulnerable than their neighbors to death from influenza because they refused to alter traditional mourning and burial practices, even when no funeral services were held and churches were closed. Throughout the epidemic Mennonites continued to congregate in homes to comfort the family and pay their respects to the deceased. Midwives and relatives also had the responsibility of preparing the body for burial.¹²⁴ 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.¹²⁵ The delay in getting an approved death certificate also delayed burials at a time when burials and the disposal of bodies needed to happen as quickly as possible.¹²⁶ Yet Mennonites continued to prepare bodies for burial after death in traditional ways, rather than bury the body as early as possible, as was advised, and home funerals and public burials continued.¹²⁷

Attendance at funerals by friends and relatives from other communities also contributed to the spread of the disease.¹²⁸ The *Post* in effect

120. “Locals,” *Steinbach Post*, Dec. 11, 1918, 4.

121. Warkentin, *Reflections on Our Heritage*, 220; Diane Hiebert, *Susanna Reimer’s Journals*, 38-39.

122. Hiebert, *Susanna Reimer’s Journals*, 39.

123. “Locals,” *Steinbach Post*, Dec. 11, 1918, 4.

124. Within Mennonite households and communities in Manitoba, the home was the site of many life events that would later take place in other sites such as churches, hospitals, community centers, or funeral homes. Mennonites homes were “the location of intense social activity where people worked and visited together with the family.”—Roland Sawatzky, “Ideology, Space, and Social Control: The Russian-Mennonite Family in Historic Manitoban Domestic Architecture,” *Journal of Mennonite Studies* Vol. 26 (2008), 106.

125. Hiebert, *Susanna Reimer’s Journals*, 40.

126. Jones, *Influenza 1918*, 107-108.

127. Warkentin, *Reflections on Our Heritage*, 220; Hiebert, *Susanna Reimer’s Journals*, Nov. 26, 1918, 40.

128. Worship services were not always held and some services were cancelled. “Locals,” *Steinbach Post*, Dec. 4, 1918, 4.

encouraged this attendance by informing community members of some of the funerals or burial services. Constant travel back and forth between family members in various villages, between the East and West Reserve, or even between Mennonite colonies in the United States and Canada, created an interconnected network that had the potential to further spread the disease among certain communities. In detailed diary entries, Susanna Reimer recounted the death of elder Peter Dueck, apparently of heart failure in early January 1919, a minister who had done much to attend to the sick.¹²⁹ Even though the epidemic was still quite prevalent, his funeral service filled the church with mourners. The family held not one, but two, funerals since Bernhard Dueck, a brother of the deceased who had been sick with the flu in Morris at the time of the first funeral, arrived nearly ten days after Peter's death.¹³⁰ In the meantime, Peter's body had remained above ground for that entire week. According to reports, the church was quite full even for the second funeral service.¹³¹ Not surprisingly, some of those who traveled to attend funerals fell ill themselves and were unable to return home. The *Post* reported in March that "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."¹³²

CONCLUSION

By the end of January, influenza had left almost as abruptly as it had appeared, though isolated cases continued in small numbers until the end of April 1919. But for four months—from October 1918, through the end of January 1919, the residents of the Rural Municipality of Hanover tallied staggering losses. The influenza pandemic profoundly disrupted their lives and left some fifty members of their community dead. As we have shown, a disproportionate number of the deceased were Mennonites—the mortality rate of Mennonites in Hanover during the epidemic was more than twice that of the national average in Canada. Although the precise reasons for this disparity cannot be established with absolute certainty, it is likely that the close residential proximity of Mennonite street-villages, a mistrust generated by longstanding tensions with provincial and federal governments, a lack of access to public health information, and deeply-

129. Hiebert, *Susanna Reimer's Journals*, Jan. 7, 1919, 45-46.

130. Hiebert, *Susanna Reimer's Journals*, Jan. 11, 1919, 47; and Jan. 21, 1919, 48; Loewen, *From the Inside Out*, 264; "Locals," *Steinbach Post*, Jan. 22, 1919, 4.

131. Hiebert, *Susanna Reimer's Journals*, Jan. 21, 1919, 48.

132. "Locals," March 5, 1919, 4.

established traditions of communal and family networks of care all contributed to the higher death rates.

In March of 1919, a few Mennonite businessmen in Steinbach pooled money to buy property in town that was to be used as a doctor's residence as well as a clinic.¹³³ Influenza had left its mark upon Mennonites and ushered in a greater acceptance of modern medicine, which members of the community now relied on, alongside lay healing.

133. Loewen, *Family, Church, and Market*, 229.