Women of the St. Louis Red Cross Motor Corps during the 1918 influenza epidemic. Courtesy of the Library of Congress, Prints and Photographs Division, Washington, D.C.
Women as Casualties of World War I and Spanish Influenza: 
A Kansas Study 

by Marilyn Irvin Holt 

On November 7, 1918, four days before the Armistice ended World War I, an Abilene newspaper announced that Miss Grace Hershey had died on her way to Europe. She had been “buried at sea.” Thirty-one-year-old Grace, a stenographer for a real estate loan and insurance company, had volunteered to serve as an American Red Cross worker overseas. Periodically, the Red Cross issued national appeals for additional workers, familiarizing Americans with the organization’s canteens and “hospital huts” (for convalescent patients) in Great Britain and France and with its work for Belgian relief. Less well known were Red Cross activities in Italy, Serbia, Russia, and Switzerland. Nevertheless, Hershey was on her way to Switzerland, where the Red Cross provided help to thousands of war refugees pouring into the country and where it had a base for sending aid to American soldiers in German and Austrian prisoner-of-war camps. The fact that Grace never made it to her destination, dying of influenza, as at least four thousand soldiers did in transit to Europe during the last two months of the war, did not diminish her willingness to serve. “She gave her life for Humanity in the World War,” was the inscription on her memorial headstone. In death, Grace Hershey and other Kansas women were recognized by the Red Cross, the U.S. military, and their local communities as casualties of war, giving their lives in service to their country.\(^1\) 

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From the distance of one hundred years, determining which women should be afforded the recognition of having died while serving their country seems straightforward. They were members of the military, or they were affiliated with one of the many aid organizations supporting troops at home and abroad. Relief organizations recorded ambulance drivers, librarians, dietitians, canteen works, stenographers, and telephone operators on rolls of honor—whether a death was due to accident, enemy action, or disease. The Young Men’s Christian Association (YMCA), as one example, reported the overseas deaths of twenty-four women, two of whom were “killed in action” during enemy attacks. Civilian workers in Europe, as well as military nurses with the American Expeditionary Forces (AEF), were often given military funerals, received citations and awards such as the Distinguished Service Cross and the French Croix de Guerre, and were buried alongside soldiers killed in battle. Of the 6,012 gravesites at the Oise-Aisne American Cemetery in France, for instance, there are headstones for seven U.S. military nurses, three civilian female YMCA workers, and three civilian women who worked for the American Red Cross.\(^2\)

The home front reflected a similar attitude toward honoring women. The folks at home paid their respects not only to those who died far away in Europe but also to those who succumbed on what was a second war front, the battle against Spanish influenza. It was not uncommon for servicewomen in the United States to receive funerals with flag-draped coffins, buglers sounding “Taps,” rifle volleys, and military escorts. The New York Times, for instance, reported a nurse’s funeral with the headline “Nurse Who Died on Duty Buried Like a General,” and in just one issue of The Trained Nurse and Hospital Review, military funerals were reported in Connecticut, Maryland, New York, Ohio, and Pennsylvania.\(^3\) Kansas was a micro-cosmos of a national impulse to honor women who lost their lives in the fight against influenza and to declare them war heroes.

This article focuses on the Kansas women who were recognized by the military; the Kansas State Nurses’ Association; local communities; and the American Red Cross, which was the only relief agency to have Kansas fatalities.\(^4\) The Kansas women considered here did not die as a result of injuries sustained on the front lines of battle. All died from influenza or its complications. Did that put them on an equal footing with men who served and died during the war? Of the more than 69,000 Kansas males in military service, 784 were killed in action or later died from their wounds, and 1,285 were the victims of influenza. These soldiers were counted as war casualties, and there was no doubt within relief organizations, the military, and Kansas communities that women should be accorded the same distinction of having died while serving their country. During the funeral of army nurse Mary L. Bair, for instance, the stores in her hometown of Holton, Kansas, “were closed to show the same respect for Miss Bair’s sacrifice of her life in her country’s service as for that of the men who have died in the army.” Six months later, Edith Berdena Hokanson, a navy nurse from Marquette, Kansas, was “given a military funeral, the first of its kind ever observed in Marquette. The band, flag-bearer, State Guards, including returned soldiers and sailor pall bearers, led the funeral procession to and from the church.” She was the “first one of our enlisted folks to die in service,” said a local newspaper. Bair, a twenty-nine-year-old nurse at Fort Riley, Kansas, died of influenza, as did the twenty-seven-year-old Hokanson, who was stationed at the Great Lakes Naval Training Station in.

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2. Young Men’s Christian Association, Summary of World War Work of the American YMCA (International Committee of the YMCA, 1920), 148; Gavin, “Appendix B: YMCA.” The YMCA workers listed as killed in action were Marion G. Crandell from Iowa, who died when German artillery collapsed a hostel where she was on duty as a canteen worker, and Winona Caroline Martin from New York State, who died when a Paris hospital, where she was recovering from scarlet fever, was bombed. On behalf of each, there are claims that one or the other was the first American woman killed overseas; Martin died on March 11, 1918, and Crandell on March 27, 1918. See Iowa Historical Society, Iowa Historical Markers, Waymarking, http://www.waymarking.com/waymarks/WM1V1X_Marion_G_Crandall_Davenport_Iowa; “In Memory of Miss Martin,” New York Times, March 31, 1918; Winona Caroline Martin in “The Classes,” Vassar Quarterly 4 (November 1918): 64. The Oise-Aisne American Cemetery is one of seven American World War I cemeteries in Europe. See American Battle Monuments Commission, https://www.abmc.gov.


4. There may be other women who have yet to be identified. For example, Clara B. Organ, reportedly an army nurse from Osage City, Kansas, who died in France, cannot be verified as serving in France as a nurse, but there is a similarity in name, occupation, and overseas assignment to Clara M. Orgren, a 1913 graduate of St. Luke’s Hospital Nursing School in Denver, who died at AEF Base Hospital No. 29 in England. For the latter, see “Nursing News and Announcements,” American Journal of Nursing 19, no. 3 (December 1918): 246; and “American Red Cross Nurses Who Died in War Service as a Result of Disability Contracted Therein,” in Lavinia L. Dock, Sarah Elizabeth Pickett, Clara D. Noyes, Fannie F. Clement, Elizabeth G. Fox, and Anna R. van Meter, History of American Red Cross Nursing (New York: Macmillan, 1922), 1484.
Illinois. Both were later memorialized when the American Legion posts in their hometowns were named for them.5

Influenza casualties among women consisted of four distinct groups—the military nurse, the civilian relief worker, the civilian nurse, and the Red Cross nurse. This last group consisted of civilian Red Cross nurses, not those who enlisted in the U.S. Army or Navy and were, therefore, technically military nurses. Some Red Cross officials worried that such nurses lost their Red Cross identity when they entered the service and had to wear army or navy uniforms and conform to military regulations, but they need not have worried.6 Families and communities generally continued to think of Red Cross nurses in terms of their affiliation with the organization. Their military role was considered necessary but temporary.

Women in these four separate groups were recognized by different organizations. Sometimes a woman might appear on more than one roll of honor, but usually a name appeared on one list and not others. The Kansas State Nurses’ Association is a case in point. It noted twenty nurses who “made the supreme sacrifice in the discharge of their professional duties in the service of their country.” None were military nurses. Rather, the association’s list was made up of civilians, two of whom—Eva McElwain and Mary Julene Lamb—also appeared on Red Cross rolls of honor. The association may have believed that the military nurses would be honored elsewhere and therefore focused on civilians who might otherwise not receive recognition beyond their local communities and hometowns.7


Of the twenty women named by the nurses’ association, biographical information is largely lacking, but for those few who have been identified beyond a name, two connections are apparent. The first and most obvious is that all were trained, accredited nurses. The second common thread is that the women fit into the twenty-to-forty-year-old age bracket known to have the highest mortality rates among those afflicted with influenza and/or its complications. As individuals, however, the women’s stories varied. Grace Olive Black from South Haven, for example, did not remain in Kansas after completing her training at Mercy Hospital, Arkansas City. She was head nurse at the hospital in Fairfax, Oklahoma, when she died at the age of twenty-four. Inez Hopkins was twenty-five, and, said a Wichita newspaper, her death was one of the “saddest cases” because she had been among the “most active nurses” working at the city’s “Flu Hospital.” Unlike these two women, Mildred Monroe Kerr was older—thirty-eight years of age—and a widow. She took up nursing after the death of her husband, but only five months after passing her state examinations, she died at the Stafford, Kansas, hospital, where she had trained and then returned to work. Also named by the state nurses’ association was twenty-three-year-old Elizabeth Dickson, a member of the Topeka Public Health Nursing Association. Dickson hoped to be a U.S. Army nurse like her sister Alice, but she was rejected because of an unspecified vision problem. Later, when the military urgently asked for additional help during the influenza crisis, Dickson was “so eager to serve her country in some way that she seized the chance to be of service at Fort Riley,” where she died in October 1918. Although she was a civilian nurse, she received a military-style funeral. The
Despite her lack of affiliation with any relief organization, the military, or state nursing organization, Lucy Catherine McLinden appears on Marion County’s “World War Roll of Honor.” When influenza hit the University of Kansas in October 1918, faculty and students, such as McLinden, stepped in as volunteers at the school’s “Influenza Hospital” located in the Students’ Army Training Corps barracks, seen here. McLinden, along with thirty-one others, succumbed to the disease, and was later honored by Marion County residents as having died in the line of duty. Courtesy of the University Archives, Spencer Research Library, University of Kansas Libraries, Lawrence.

Topeka Daily Capital reported, “She was buried in a United States Army military casket, which was draped with the American flag, and her grave was draped with the colors. She received all military honors given to a soldier who has died in defense of his country.”

Nursing organizations, like the Kansas state association, tended to portray their members as “playing a significant role in warfare.” They framed the deaths of colleagues as having a greater purpose “in pursuit of the Allied cause.” The same could be said of communities that chose to recognize local women when others did not. Lucy Catherine McLinden was one such woman. She was not affiliated with any relief organization, the military, or a state nursing organization. Yet her name appears on the association’s list also included Margaret Borgan McAuliffe, a recent nursing school graduate, newly married and living in Washington, D.C.; it is unclear whether she was working at the time of her death or was included by the association because she was a victim of influenza and a nurse. See “Margaret Borgan McAuliffe,” Topeka Daily Capital, December 18, 1918, and “Margaret Borgan McAuliffe, Formerly Miss Margaret Borgan of Junction City,” Junction City Weekly Union, December 19, 1918. The
Marion County’s “World War Roll of Honor.” McLinden was a casualty of influenza, dying as she tried to aid others stricken at the University of Kansas. When influenza hit the university in October 1918, not enough doctors or nurses could be found to meet the crisis. Faculty and students, such as McLinden, stepped in as volunteers at the school’s “Influenza Hospital” located in the Students’ Army Training Corps barracks. At least 850 cases were admitted, although one source gave the number at closer to 1,000. There were thirty-two deaths, including McLinden’s. To the residents of Marion County, the young woman died in the line of duty, but to professional nursing organizations, which made a concerted effort to draw distinctions between women who were trained experts and those who were not, Lucy McLinden was one of many nonmedical volunteers who had succumbed to the disease. From this viewpoint, there was a difference between dying for one’s country and simply dying.9

After the United States declared war on April 6, 1917, Kansas women became part of the war effort. Groups met informally or as affiliates of such well-known organizations as the General Federation of Women’s Clubs, the Young Women’s Christian Association, and the American Red Cross. The first Kansas Red Cross chapter was organized in Topeka in 1906, but it was not until the declaration of war that a concerted effort was made to establish more chapters statewide. Within four months of America’s entry into the war, thirty-seven new chapters were created. Whether aligned with the Red Cross or other national organizations, women rolled bandages and knitted scarves and gloves. They attended first aid classes and took instruction in food preservation and nutrition. Kansas women raised money for Liberty Bonds, and they volunteered for overseas duties with the YMCA, Salvation Army, and Red Cross. They also enlisted in the U.S. Army, Navy, and Marines, where they worked as telephone and telegraph operators, typists, stenographers, accountants, and mechanics. They were subject to military regulations, but they were considered to be civilian employees, despite the fact that their jobs sometimes put them near the front lines.10

Women also enlisted as nurses, but their status was not that of a civilian employee, as it had been during the Spanish-American War, when the army created a nurse corps to separate women with nursing skills from those with only good intentions. The corps was not intended to last beyond the war, but in 1901, a permanent U.S. Army Nurse Corps was established. Seven years later, the U.S. Navy Nurse Corps was formed. Women now had the opportunity to become recognized members of the military. When the United States entered World War I, the Army Nurse Corps had 403 women on active duty; approximately half were assigned to Hawaii, Guam, and the Philippines. Another 170 nurse reservists were activated in 1916 when the U.S. Army launched the Punitive Expedition against Pancho Villa’s forces along the U.S.-Mexican border. The Navy Nurse Corps had 160 women on active duty in 1917. The combined army-navy nurse contingent was hardly enough to meet the needs overseas and at U.S. installations, particularly when new training camps and troop embarkation points were added to the mix. Women responded to recruitment appeals, directly applying to join the Army or Navy Nurse Corps. More volunteered when the U.S. War Department turned to the Red Cross. Prior to April 1917, the Red Cross already had a working relationship with the Allied forces, organizing overseas ambulance companies and hospital units. The Red Cross also helped establish six American-staffed base hospitals in France in advance of U.S. troops’ arrival. Another forty-four Red Cross–supported hospitals were added after the AEF landed. The start-up of Base Hospital No. 28, sent to Limoges, France, was completely funded by the Red Cross chapter of Kansas City, Missouri, and one hundred nurses from the area were prepared to

author was unable to find information for any others noted by the organization: Alma Murphy, Ella Schrader, Hazel Everett, Carlie Everett, Myrtle Swanson, Mrs. David Mumford, Julia M. Tyler, Tracy Verhague, Jessie Dicks, Alberta Beighner, Mrs. Vera Scott Simmons, Mrs. Maude Marie Wilson, Ella Bair (possibly a relative of Mary L. Bair of Holton, but her obituary mentions only one sister, Sadie), and Mrs. Winnie Sawyer (a woman by this name was located in Newton, but she was not a nurse).


Lottie R. Hollenbeck was a member of Base Hospital No. 28, but the army reassigned her and four other nurses to Fort Riley. Born in Paola, Hollenbeck moved at the age of four with her parents to Comanche County, where, as a young woman, she taught school before deciding on a nursing career. She moved to Kansas City for nurse training, and prior to the war, she worked for individual clients as a “private” nurse. When she was sent to Fort Riley, she may have expected to join base hospital staff in France at a later date, but she died in January 1918 of pneumonia “after two day’s illness.” Since pneumonia was one complication of Spanish influenza, and since the virus could kill quickly, Lottie Hollenbeck’s death may have been one of the first caused by influenza at Fort Riley. It is possible that she came into contact with recruits who had “carried the virus with them” from Haskell County, Kansas, where Dr. Loring Miner reported in January and February 1918 “influenza cases of unusual severity.” Of Hollenbeck’s death, the American Journal of Nursing said, “Those who have known and loved her for many years feel that the nursing profession has lost a wonderful character.”

The close relationship between the military and the Red Cross made the organization an important recruiting tool. It could reach nurses working in city and county hospitals, in private service, and in public health programs. When the military asked for its help, the Red Cross quickly responded, announcing in June 1917 that more than seven hundred nurses were in or en route to France and that nearly twelve thousand Red Cross nurses nationwide had volunteered for military duty. By the war’s end, the organization stated that over 80 percent of nurses serving in the army and over 60 percent in the navy “were mobilized by the Red Cross.”

When Red Cross nurses joined the army or navy, they were designated as reservists. Officially, they were no longer Red Cross nurses. This policy was defined by Jane A. Delano during the U.S. Army’s Punitive Expedition in 1916. Delano, who had served as superintendent of the Army Nurse Corps from 1909 to 1912, was chairwoman of the American Red Cross Nursing service in 1916. She was in a unique position to understand both the military perspective and that of the Red Cross. As a result, Red Cross nurses became the backbone of the reserve corps. The policy stated,

The enrolled nurses of the American National Red Cross Nursing Service will constitute the reserve of the Army Nurse Corps, and in time of war or other emergency may with their own consent be assigned to active duty in the Military Establishment... When called into active service they will be subject to all the established rules and regulations of the government of the Nurse Corps, and will receive the pay and allowance of nurses on the regular list. A reserve nurse will not be relieved from active service except by order of the Surgeon General.

Regulations required that women be single and between the ages of twenty-five and thirty-five. The women had to be nursing school graduates. This requirement was insisted upon by professional nurses, who believed that the inclusion of student nurses and aides diminished the professional standards and training requirements they had struggled to establish. Along those same lines, the military required that nurses be state licensed. This was a problem for some would-be recruits, since not all states licensed nurses. Kansas, however, began doing so in 1913 when the Board for the Examination of Kansas History: A Journal of the Central Plains


13. Dock et al., History of American Red Cross Nurses, 315–16; American Red Cross, The Work of the American Red Cross During the War, 32.

14. Jane A. Delano died in France in April 1919 while still working with the Red Cross. See Gavin, “Appendix B: For the Record.”

of Trained Nurses was established. By 1918 Kansas had 1,061 registered nurses. Red Cross nurses joining the military passed “entirely beyond the Red Cross jurisdiction. As members of military units, they are paid by the government, wear Army or Navy nursing uniforms and are under the medical orders of the medical staffs of the surgeons general.” Their pay was fifty dollars a month if serving in the United States and sixty dollars if serving overseas. Although nurses served without military rank, and would do so until ranks and pay grades were introduced in 1920, their pay during the war was on a par with the fifty dollars a month paid to a man in the army’s medical department with the rank of sergeant first class. Subsequently, nurses’ domestic and overseas pay was increased to sixty and seventy dollars, respectively, by the 1918 Army Appropriation Bill. An allowance for purchasing uniforms was often provided by the Red Cross. On average, the national organization estimated that it spent $180 per woman. The monthly government salary, along with the clothing allowance, was “not so great a reduction in income” for a woman who had been a private-duty nurse for well-to-do clients, said the Red Cross. And if a woman had been a poorly paid school nurse, the Red Cross argued that she gained “a decided advantage” in increased wages.  

In July 1917, the Red Cross confidently declared, “Our estimates as to the nursing needs of the Army and Navy have been carefully calculated, and the Red Cross Nursing Service is prepared to announce that it is organized to meet the demands of the present and immediate future.” There was less optimism a few months later. In February 1918, William E. Gorgas, surgeon general of the army, stated that five thousand nurses were needed to augment those already serving on stateside military bases. To attract more women, the military changed its requirements. Married women could serve. The age range was expanded to include women between the ages of twenty-one and forty-five, and the state license requirement was waived.

The need remained acute, however, and Gorgas asked the Red Cross for more assistance “in obtaining for the Army Nurse Corps the number of nurses required.” Clara Dutton Noyes, a graduate of Johns Hopkins Training School for Nurses and head of the Red Cross Bureau of Nursing, was willing to cooperate, but she also anticipated problems. She was not confident that women could be persuaded to “relinquish their civilian affiliations.” And there was concern that nurses joining the service would siphon women away from their positions in hospitals, as county health nurses, as school and industrial nurses, and in visiting nurse programs. (The Kansas Medical Society voiced the same worry when it noted that with so many physicians entering the military, it was “becoming increasingly difficult for those who have the civilian population under their care to give them proper attention.”) What if the war went on for another two years, or longer? Dora E. Thompson, who became superintendent of the Army Nurse Corps in 1914, estimated that twenty-four thousand nurses would be needed by the end of 1918. There was no way to guess the number if the war lasted longer. Noyes encouraged Red Cross nurses to enlist, and she promoted the enrollment of more women in nursing schools. This was the only way to produce the cadre of nurses that would surely be needed in coming years.  

Anticipating future needs, the U.S. Army established its own nurse training program in May 1918, offering tuition-free instruction at several army hospitals. At the same time, states were asked to launch enrollment campaigns for their respective in-state training schools. In Kansas, the responsibility was assumed by the Kansas Council of Defense Women’s Committee, working with the American Red Cross and the Nursing Committee of the National Council of Defense. The committee announced that “numerous letters from young women in Kansas desirous of taking necessary training to become nurses are being received daily.” To qualify, women had to be between the ages of nineteen and thirty-five, have a high school diploma, and preferably have at least some college course work. The council hoped to enroll at least seven hundred in nursing programs. 

Members of the Kansas State Nurses’ Association discussed school enrollments at their annual meeting in 1918. It was encouraging to note that training schools in the state boasted a collective enrollment of 525, but within the broader national context, the group was forced to agree with an article by S. S. Goldwater, superintendent of New York’s Mount Sinai Hospital and a member of the National Council of Defense’s committee monitoring public health programs and hospitals. “The truth of the matter is,” wrote Goldwater, “that the country cannot spare the number of graduate nurses that the army requires, nor can the training schools produce new graduates in sufficient number to satisfy the need of both the military and civil populations.” More immediately worrisome to the Kansas nursing profession was a Red Cross quota system that asked each state to supply a specified number of Red Cross nurses. How Kansas could meet its quota of 445 when there were only 131 Red Cross nurses in the state was a mystery. In Reno County, for instance, there were only two Red Cross nurses, while thirty-five of the county’s nurses had left for military service. Added to the fact of military enlistments, many of the state’s licensed nurses were working in other states, while others chose to stay in their current positions. As expected, the state fell short of its quota, but it made a good showing with 392. Although the state nurses’ association agreed that it was a woman’s patriotic duty to use her training for her country, it also understood that enlistment was a private, individual choice. After all, military service at home or overseas was “not an adventure or a pastime. It is war.”


18. “Report of the Army School of Nursing,” American Journal of Nursing 19 (February 1919): 396; “The Army Nursing School,” Trained Nurse and Hospital Review 61 (August 1918): 93; “History of the Army School of Nursing,” U.S. Army Medical Department, Office of Medical History, http://history.amedd.army.mil/ancreviews/uniformpres_files/history.html; “Campaign Soon to Be Put on for Recruiting of Student Nurses,” Topeka Daily Capital, July 14, 1918. In 1923, the army consolidated its nurse training program into one at Walter Reed General Hospital, where it continued until the school was discontinued in 1931. For a history of the school, see Marlette Conde, The Lamp and the Caduceus: The Story of the Army School of Nursing (Army School of Nursing Association, 1975).

Adventure was one consideration for enlistment, but perhaps a minor one when compared to other factors that motivated women to volunteer. Some enlisted because they wished to represent their families in service when there was no male to do so or because other family members were already serving in some capacity. Army nurse Lula Mildred Parsons, for example, had a brother serving “somewhere in France with the American Expeditionary Forces” when she died of influenza at Camp Stuart, Virginia.20

Women were not only asked but expected to participate in the war effort. This was the era in which women pushed for full voting rights (a goal achieved in 1920) and the period in which the New Woman movement emerged. Young women were coming of age at a moment in time when new social attitudes were eclipsing Victorian standards, altering women’s expectations. More women were attending college or training for skilled employment as office secretaries, typists, and bookkeepers. When they volunteered their skills, they were not only proving themselves capable but demonstrating their loyalty to a country at war. This impulse to take some action was reinforced by the country’s patriotic fervor.21

Women also encouraged, pressured, and cajoled one another. Writing from Europe, an American nurse proclaimed, “Now that our country is at war fighting for democracy against tyrannical Germany, we need all who can give their services. Men gladly give up their lives without question because they know it is their duty and no American man hesitates. The nurses are needed to help care for our own boys, and everyone who has any knowledge or training in nursing should do ‘her bit’ in winning the war.”22

Time and again, women demonstrated a willingness to support the war effort. The dilemma for nurses was often deciding where their abilities were most needed. On the one hand, the Red Cross made an admirable case for

20. “Funeral of Miss Lula Parsons to Be Held Sunday,” Leavenworth Times, October 12, 1918.
military enlistment. On the other, women working in hospitals or in public health programs wondered what would happen to the civilian population if they left those positions. Within this framework, it is understandable that Kansas Red Cross chapters felt a sense of accomplishment when the state was able to come close to the quota set by national headquarters.

Not all nurses in Kansas were affiliated with the Red Cross, but three of the state’s Red Cross nurses were recognized by the organization as home-front war casualties. Thirty-year-old Eva Belle McElwain, who worked at Hutchinson’s Stewart Hospital after graduating from its nurse training program in 1909, died in October 1918, when influenza was so prevalent that the town of Hutchinson set up an “isolation hospital” in the local Elks’ Club to handle the overflow of cases from Stewart Hospital. Although she was not yet technically a Red Cross nurse—McElwain had been accepted and was to report for assignment on December 1, 1918—the organization considered her one of its own. She was, said her hometown newspaper, “of a kind genial disposition,” spending the last years of her life “ministering to the needs of others.” About fifty miles away in Wichita, the epidemic prompted elected officials, prominent businessmen, and the local Red Cross chapter to hastily convert an unused building into a one-hundred-bed “Flu Hospital.” The Red Cross “issued a call for all nurses in the community to volunteer their services.” Two of those answering the call and later dying from influenza were Red Cross nurses twenty-year-old Le Noir Maxine Carney from Marion and thirty-year-old Mary Julene Lamb, the hospital’s head nurse.23

The Wichita Flu Hospital was established during what would later be regarded as the second wave of the influenza epidemic. Although cases were reported in Kansas as early as January and February of 1918, the first major wave arrived in the spring of that year and then seemed to disappear. In August, however, Spanish influenza reappeared. It was first reported in Europe, West Africa, and port cities along America’s Eastern Seaboard. The Public Health Office of Massachusetts was the first state agency in the country to ask the American Red Cross for help. Soon after, the organization was receiving reports from local chapters and state health officials across the country. A national emergency was in the making. Following a request from Rupert Blue, surgeon general of the U.S. Public Health Service, the Red Cross created a National Committee on Influenza, with officials appointed in each state to work with local health officers and the U.S. Public Health Service. As the number of cases rose, there was no question that the country was facing an epidemic. In late October 1918, the Red Cross noted, “In perhaps no other epidemic have so many nurses been subject to infection. Hundreds have fallen ill.” At a time when more nurses were needed, the organization sidestepped the real possibility of putting one’s life in mortal jeopardy.24

While the Red Cross worked with public health officials, the military faced the daunting prospect of dealing with the epidemic among its troops. Early in the war, the


army estimated that one nurse for every ten hospital beds was a workable ratio, but by February 1918, the actual ratio was one nurse for every fifteen. This, said the U.S. Army surgeon general’s office, offered a “scant margin of safety” if there should be serious outbreaks of typhoid, typhus or malaria, as had occurred in the past. Influenza was not mentioned, but as it began to spread through posts, training camps, and embarkation points, medical staffs were overwhelmed. Between September and November 1918, Camp Funston in combination with Fort Riley reported over 15,000 cases, leading to the military’s call for more nurses. The epidemic forced the military to bend its policies. In several AEF hospitals, civilian nurses’ aides took over much of the day-to-day procedure in wards and recovery units, freeing military nurses for the operating rooms and worst-case patients. In the United States, the military temporarily allowed civilian nurses to volunteer their services without enlisting, and for the first time, the army admitted African American nursing school graduates.

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One group went to Camp Grant in Illinois and another to Camp Sherman in Ohio, where they lived in segregated housing but cared for both white and African American soldiers. And while the military continued to accept only women with nursing school degrees for enlistment, it dropped the restrictions on using student nurses and nominally trained aides for such chores as feeding patients, taking temperatures, and changing linens. A Native American woman working for the Bureau of Indian Affairs in Washington wrote to a friend at Haskell Institute (now Haskell Indian Nations University) in Lawrence, Kansas, that she and other women from the Indian Bureau had volunteered for several days at Camp Humphreys, Virginia. “Really, they are certainly ‘hard up’ for nurses—even me [original emphasis] can volunteer as a nurse in a camp or in Washington,” she wrote.\(^{26}\)


Although epidemics had occurred in the past, this influenza outbreak was more deadly and spread more quickly, with the highest mortality rates in adults between the ages of twenty and forty. Public health officials regarded it as national epidemic and offered suggestions for treatment, as this cartoon published by the Topeka Health Service of Shawnee County illustrates. In a time before antibiotics, the recommended treatments included keeping warm, staying hydrated and well fed, and being exposed to fresh air. All were meant to combat and prevent the further spread of the influenza.

Epidemics had occurred in the past; the last within memory was the 1889–1890 pandemic of “Russian flu.” Familiarity with influenza outbreaks may explain the rather unconcerned tone of an article in the *Journal of the Kansas Medical Society* that observed, “It seems to be the same old influenza which the newspapers have attempted to camouflage under a new name. . . . It has been a more or less frequent visitor to the inhabited portions of the globe since before the Christian era.” This was not, however, the influenza encountered in previous years. It was more deadly and spread more quickly, and the highest mortality rates were not among the elderly or the very young but in adults between the ages of twenty and forty. One month after the *Journal* brushed aside this round of influenza as something that occasionally recurred, it announced that public health officials regarded it as a national epidemic and “the most important subject of discussion” at an upcoming meeting of the American Public Health Association, which also would consider the use of “experimental” vaccines.” In a time before antibiotics, the standard recommended treatments were to keep patients warm, hydrated, well fed, and exposed to fresh air. Medical practitioners also resorted to a number of home remedies such as doses of honey, whiskey, lemon, and/or aspirin.27

27. “Influenza,” *Journal of the Kansas Medical Society* 18 (October 1918): 249; “Influenza Symposium at A.P.H.A. Meeting” and “Vaccines
The second influenza wave began in September 1918 and lasted through December. In the winter months of 1919, the number of cases and deaths declined, only to rise again during the third wave that arrived in the spring of that year. There were fewer cases, however. When they continued to drop, public health officials concluded that the epidemic was over, although a small number of cases occurred in early 1920. As the epidemic slowed and then disappeared, some in the medical community questioned whether the three major waves had actually been caused by the same virus, since the second onslaught seemed more virulent than the first and third waves. Also of concern to epidemiologists at the time, and still today, was the place of origin. Many have accepted as fact that Camp Funston at Fort Riley was the starting point, but studies beginning in the 1920s identified three possible sites: China, out of which came Chinese laborers who worked behind French and British lines in Europe; Great Britain and France, where soldiers and civilian personnel from Allied countries were massed together in environments conducive to the spread of disease; and Haskell County, Kansas, where men infected with the virus then took it with them to Camp Funston. The question of whether and when the virus had mutated, creating a deadlier strain, and debates over its point of origin were useful in learning more about the virus and possibly finding a vaccine to combat future outbreaks. In the midst of the pandemic, however, the death toll was staggering. When it ended, at least 50 million people had died worldwide. In the United States, the number was about 675,000.  

The U.S. War Department conservatively estimated that 26 percent of the army, more than one million men, were sickened by influenza. At least thirty thousand died before reaching France, and during the last two months of the war, over two thousand soldiers died within days of reaching Europe. Of the approximately twenty-two thousand U.S. women serving as army and navy nurses, there is surprisingly no exact count for those who died at home or overseas. While it is known that no American nurse died as a result of enemy shelling, air raids, or gas attacks, the number to die from disease, not just influenza, or by accident is unsure. One source states that the number of stateside deaths was 127, with “an untold number” dying in Europe. Another gives the total at home and abroad at about three hundred, while a third states that 134 died in the United States and 101 overseas. Among the navy’s fourteen hundred nurses, an official report in 1919 stated that thirty-six had died, all from influenza, but a much more recent count puts the number at fifty-one. The differences may lie in whether the sources counted women both in the United States and overseas or just in America. Exact numbers may be elusive, but they nevertheless demonstrate a clear reality. Military nurses were hailed as sacrificing their lives for their country when they were literally on the front lines fighting the epidemic. Kansas lost ten women who served as military nurses. All were stationed in the United States, which is consistent with a 2011 study that found that the influenza mortality rates for U.S. Army nurses in the States were two times higher than those for nurses in Europe. The reason was straightforward. Influenza was more widespread at military installations in the United States than among AEF troops in Europe, meaning that nurses stationed stateside dealt with a higher percentage of cases than did their overseas counterparts.  

Of the ten Kansas nurses, Edith Berdena Hokanson from Marquette was the only military nurse representing the navy. Considering her Swedish Lutheran heritage, it is understandable that Hokanson chose to take her nurse’s training at Chicago’s Augustana Hospital, which had...
been established by Swedish Lutherans in 1881. After graduation, she became a surgical supervisor at Kings Daughters’ Hospital in Perry, Iowa; moved on to Lutheran Hospital in Des Moines; and at the time of her enlistment was working at Swedish Hospital in Seattle, Washington. In the fall of 1918, she and her younger sister Alma (who lived to the age of eighty-two) joined the Navy Nurse Reserve Force. Both were assigned to the Great Lakes Naval Training Station. At the time of their arrival, the installation’s hospital had been expanded from one large brick building to fifty additional units, and new dormitories had been added for the increasing number of nurses assigned to the facility. Seven nurses became influenza fatalities at Great Lakes; Hokanson died in March 1919, during the epidemic’s third wave. Her headstone in the Freemount Lutheran Church Cemetery, McPherson County, Kansas, bears the inscription “Nurse U.S.N.R.F.” (U.S. Naval Reserve Force).30

Edith Hokanson was one of five Kansas military women to die from influenza at installations outside Kansas. Twenty-six-year-old Edith Bradfield was the first to succumb, in May 1918. Stationed at Fort Sill, Oklahoma, where field artillery units were trained and an aviation school was established, Bradfield was a Red Cross nurse who responded to the organization’s Department of Nursing call for more military enlistments. In its June 1918 issue, *The Trained Nurse and Hospital Review* reported Bradfield’s assignment to Fort Sill, along with eight other nurses, but by the time this information was in print, Bradfield was dead. Also serving outside Kansas was thirty-one-year-old Alma M. Erickson. Born in Colorado but a longtime resident of Kansas at the time of her assignment to Fort Logan, Colorado, Erickson was a graduate of the Grant Hospital School of Nursing in Chicago. While at Fort Logan, a processing station for new recruits and Reserve Officers Training Corps officers, she received orders for U.S. Army General Hospital No. 21 (later Fitzsimons Army Medical Center), which was under construction outside Denver and was expected to be operational by the fall of 1918. Although Fort Logan had a relative low incidence of influenza cases when compared to other posts, there were deaths, including that of Erickson, who was later memorialized on the Colorado Freedom Memorial as a Colorado native who died in World War I service.31

Ruth B. Farney, from Leavenworth, Kansas, was a Red Cross nurse who joined the army as a reservist. She was assigned to Fort Sam Houston, Texas, where the influenza outbreak reportedly “taxed the personnel to the utmost, and it was not long before… doctors, nurses, and detachment [were] on sick list.” Farney died in October 1918, as did Lula Mildred Parsons, also from Leavenworth County. Parsons had traveled out of state for her training, first graduating from Western Maryland Hospital and then doing postgraduate work at Bellevue Hospital in New York City. Like Farney, she was a Red Cross nurse who joined the Army Nurse Corps Reserves. She was sent to Camp Stuart, Virginia, near Newport News, an embarkation point for troops headed overseas. In September 1918, “a severe epidemic of influenza” struck, exacerbated by the continued arrival of troops infected with the virus. As just one example, 239 men from the 328th Labor Battalion arrived on September 29 with over half the battalion already sick. “Within less than a day after their arrival in Virginia,” said a report, “almost three-quarters of the battalion was suffering from influenza.” Over one thousand cases were reported at Camp Stuart in September. By the end of October, when Parsons died, there were almost forty-five hundred cases, and more than half of the enlisted and civilian personnel were afflicted and “absent from duty.”32

Recalling Fort Riley and the epidemic, Jessie Lee Brown Foveaux, a civilian working in the quartermaster laundry,
Of the approximately twenty-two thousand women serving as army and navy nurses, there is no exact count for those that died at home or overseas, though it is clear that military nurses were hailed as sacrificing their lives for their country while fighting the epidemic. Influenza was more widespread at military installations in the U.S. than among AEF troops in Europe, placing nurses stateside at more risk of contracting the disease than their counterparts overseas. At Camp Funston, women were housed in the Nurses Home, seen here; five Kansas nurses—Lottie R. Hollenbeck, Mary L. Blair, Etta A. Coover, Florence E. Chandler, and Alberta I. Weigner—never left, dying while aiding those suffering from influenza.

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said, “We lost lots of them [civilian workers and soldiers]… We’d be working with someone one day, and they’d go home because they didn’t feel good, and by the next day they were gone… The soldiers were going fast. They were piling them up in a warehouse until they could get coffins for them.” Elizabeth Harding, assigned to Fort Riley as its first chief nurse in 1917, wrote that when she left in October 1918 for a new assignment in the Office of the Army Surgeon General, “there were over 5,000 patients… Several of the nurses died, I am not certain, but it seems to me at least sixteen.” Not all were Kansans. Army nurse Amy Leona Bishop, for instance, was from Wisconsin. And it is unclear whether Harding included in her count volunteer nurses such as Elizabeth Dickson. Of those who were military nurses, however, five Kansans have been identified. They are Lottie R. Hollenbeck, who intended to go to Base Hospital No. 28 in France; Mary L. Bair of Holton, Kansas; Etta A. Coover; Florence Ethel Chandler; and Alberta Inez Weigner.33

Etta A. Coover, who wished to “answer her Country’s Call, and do her best in helping to win the war,” was a thirty-one-year-old Red Cross nurse from Colby, Kansas. She studied nursing in Seattle, Washington, probably at the city’s Methodist-run General Hospital, and then returned to Colby. After enlisting in the army, she was assigned to Fort Riley, where she died in mid-October 1918. She was reportedly ill for three weeks, but despite this, her obituary noted, “the night before she yielded to the grip of the disease, she ministered to 248 of our boys


Florence Ethel Chandler, pictured here in 1912, graduated from the Normal School at Emporia and taught for one year before enrolling in nursing school in Kansas City. She became a Red Cross nurse after graduation, enlisted in the army, and was assigned to Fort Riley in September 1918. Only one month later, Chandler died from influenza. Her death announcement in the Emporia Weekly Gazette specifically referenced her service with the title “A Red Cross Nurse Dead.”

in camp, and not until she was compelled to, did she leave her post of duty.” When an American Legion post was established in her hometown, the organizers planned to name it for Etta A. Coover, but for reasons not given, “her family objected to the use of her name.”

The two remaining Kansas women identified as army nurses at Fort Riley are Florence Ethel Chandler and Alberta Inez Weigner. Twenty-three-year-old Chandler graduated from the Normal School at Emporia and taught for one year before enrolling in nursing school in Kansas City. She became a Red Cross nurse after graduation and then enlisted in the army. She was assigned in late September 1918 to Fort Riley, where, said her obituary, “she was devoted to her work… She expressed joy at being able to do her bit when the boys needed so much help.” Chandler died from influenza in mid-October 1918. She did not work with Alberta Inez Weigner, who arrived at the fort in November 1918. Weigner, a resident of Sawyer, Kansas, graduated in 1917 from Wichita Hospital’s Nurse Training School, became a Red Cross nurse, and worked at Wichita’s Flu Hospital before “she heard the call of her country and offered her services.” After her army enlistment, she was assigned to the base hospital at Fort Riley, where she survived the second wave of influenza but died during the third, in January 1919. Of the twenty-seven-year-old Weigner, her hometown newspaper said, “News of her death caused not only great surprise but a profound shock in this community. Everybody who knew her regards her death as a personal bereavement. Her wide acquaintance and her amicable disposition made her a friend to all.” On her headstone is the inscription “Red Cross Nurse, Died in Service Fort Riley.”

The relationship between Red Cross nurses and the U.S. military was defined by a policy that stipulated that Red Cross nurses become reservists upon acceptance into the army or navy. As reservists, they served during a time of war and national emergency. They did not expect to make a career of the military. When the emergency ended, they would return to civilian life as Red Cross nurses. With that policy in mind, it is unsurprising that some families and home communities of Red Cross nurses thought of the women in terms of the Red Cross, not the military. This is evidenced by memorials that families and hometowns created in the wake of a death. Alberta Inez Weigner’s headstone noted that she was a Red Cross nurse, as did Lula M. Parsons’s, which said, “Died in Service as Red Cross Nurse in World’s War.” Death announcements and obituaries in local newspapers sometimes connected a woman to her Red Cross affiliation. Announcing the death of Florence Chandler, the Emporia Weekly Gazette began the story with “A Red Cross Nurse Dead,” while the announcement for Parsons read, “Red Cross Nurse, Dies in the East.” And it goes without saying that references to Grace Hershey, who was not a nurse but a Red Cross worker, identified her with the organization; her memorial stone bore the inscription “Died in the Service of the Red Cross.”

34. Etta Coover, Kansas Military Index, KSHS; “Etta Cover,” Colby Free Press, October 25, 1918, Thomas County Historical Society, Colby, KS; “From Our Archives: Stories of Forgotten Heroes,” Prairie Museum of Art and History, Colby, KS.


In times of armed conflict, American women have stepped forward. They did so during the Revolutionary War and through wars fought in the nineteenth and twentieth centuries, and they continue to do so today. During World War I, they called it doing their “bit.” The purpose of this study was first, to identify Kansas women who were honored as having died in service to their country, and second, to place them within the broader context of World War I and the battle waged at home against influenza. Within the larger scheme of things, Kansas was not unique among the states in its desire to recognize women at home and abroad. The attitudes of its citizens reflected a national impulse to publicly mourn and honor women who died in what they believed to be a greater cause. The same outlook can be found in Great Britain and its Commonwealth nations regarding military nurses who were buried with honors and remembered at home, sometimes with commemorative plaques placed on church walls or in town halls. The French, on the other hand, awarded citations to nurses and praised them, but the country rejected the idea of forming a military nurse corps and refused to acknowledge its civilian nurses as heroes. To do so was “demeaning to the real war heroes, the soldiers.”

When compared to the actions of its allies, America’s response to women’s deaths shows similarities, but it also appears more pronounced since the civilian nurse was not forgotten in rolls of honor. Two factors contributed to this view. The first was that, for Americans, the war in Europe began just months before influenza made its first strike. Influenza and war were intertwined, whereas in Britain and France the war in which tens of thousands had already died or been wounded was regarded as one thing to be pursued to its end. The epidemic was a separate event. Second, as newcomers to the war, Americans did not have the Allied experience of women being killed by enemy bombing; shelling; U-boat attacks; disease; or, in one famous British case, execution by German firing squad. Thus, the rising American death toll at home shocked the public as much as news of death in battle.

As the Kansas example illustrates, honor rolls were fashioned by the U.S. military, relief organizations, nursing associations, and local communities. The constant, however, was the inclusion of women who died in combat against influenza. In 1918, U.S. Army Chief of Staff Peyton C. March said that every American soldier who died from influenza before reaching Europe “has just as surely played his part as his comrade who died in France.” The same could be said of the women who volunteered their skills at a time when they were badly needed, and who lost their lives as a result.


39. Crosby, America’s Forgotten Pandemic, 125.