

## INTRODUCTION

At the end of World War I in 1918, after four years of unimaginable man-made destruction and millions of deaths, when people believed they could safely begin to rebuild their lives, a swiftly killing virus travelled the planet, affecting as many as one in three people. It is estimated that 50 to 100 million perished in what is considered the most lethal pandemic in recorded history, the so-called “Spanish” influenza. The virus was exceptionally severe, claiming many more people than influenza usually did.<sup>1</sup> A frightening, new aspect of the sickness was that half the deaths were in young adults, aged between 20 and 40.<sup>2</sup> Historian Alfred W. Crosby wrote: “Nothing else—no infection, no war, no famine—has ever killed so many in as short a period.”<sup>3</sup>

The pandemic death rate was not uniform. Researchers have found “wide variations from country to country.” Two extreme examples often cited are Western Samoa, where between 20 and 30 per cent perished, and some villages of Alaska, where up to 60 per cent of people died.<sup>4</sup> But nowhere on earth was the flu more deadly than in two tiny settlements located on the northeastern coast of North America, in northern Labrador: the isolated Inuit villages of Okak and Hebron have the unwanted distinction of experiencing a combined mortality rate of 71 per cent, ranking among the highest in 1918. In March 1919, the superintendent of the Moravian Mission, established on the coast in the eighteenth century, reported to his Mission Board in England that 207 people had perished in a population of 263 in Okak

district. (Another Okak death attributed to influenza occurred in April 1919.) A later report from Hebron said 140 people in that district had died in a population of 222.<sup>5</sup> If the same percentage of deaths had occurred in Canada, nearly six million people would have died in a population of over eight million, instead of 50,000.<sup>6</sup> In nearby Newfoundland, where the population was about 250,000, 175,000 would have died instead of 901.<sup>7</sup> Severe flu affected another part of Labrador, well south of Okak and Hebron. In the settlements of Sandwich Bay, people were overwhelmed by sickness and death. Sixty-nine died in a population of 320,<sup>8</sup> a mortality rate of just over 21 per cent, similar to that of Western Samoa.

For 100 years, scientists have been trying to understand the Spanish flu. Its origin and unusual severity “are two of the foremost biomedical mysteries of the past century.”<sup>9</sup> The geographic origin is still not proven. One thing known, for certain, is that it was not Spain. It seems the flu got its name because Spain was neutral during the war, and stories about flu were appearing in its uncensored newspapers before the pandemic became a story worldwide.<sup>10</sup> A study by Mark Osborne Humphries in 2014 argues that the virus was first in China in the winter of 1917–18. Humphries shows that the flu may have been in military camps in the United States as early as December 1917.<sup>11</sup>

The influenza is described as manifesting in three waves. The first wave in early 1918 was less deadly than the second wave in mid-to-late 1918. The third wave occurred in the first months of 1919. The first wave was not alarming and had a death rate typical of ordinary seasonal flu.<sup>12</sup> When the second wave broke out, it was not immediately recognized as influenza because it was sickening and killing people so quickly; reliable records were not kept everywhere, but the whirlwind progress of the disease was documented at Camp Devens, a military base in Massachusetts where 45,000 men were either training or in preparation to be sent to France. A camp doctor mistakenly diagnosed the first case in early September 1918 as cerebrospinal meningitis.<sup>13</sup> Alfred W. Crosby says a dozen more cases were seen the next day and by 12 September the correct diagnosis of flu was made. Within three weeks, more than 12,000 cases were reported at the base;<sup>14</sup> at the end of October, more than 17,000 men at Camp Devens were sick, 787 men had died of either flu or pneumonia, and the virus was killing people all over the world.<sup>15</sup>

This was a new strain of flu, not the familiar ailment that kept the patient in bed for a few days, but a virus that attacked suddenly and violently. Symptoms included inflamed nose, throat, and pharynx, headaches, body aches, fever, exhaustion, cough, chills, nausea, vomiting, and delirium. Some sufferers described terrific, agonizing pain. In advanced cases, as the body's cells were deprived of oxygen, the skin would discolour, turning bluish, and then darker. Victims might hemorrhage from the nose, mouth, or eyes. It was so unlike ordinary influenza that it confounded doctors everywhere, who mistook it for malaria, typhoid, or cholera.<sup>16</sup>

As healthy young people died in shocking numbers, doctors soon acknowledged that this strain was especially dangerous to those in the prime of life.<sup>17</sup> Seasonal flu does not work that way; some deaths are expected among the very young, the elderly, and anyone with health complications, but fewer deaths occur in healthy adults. Pandemic flu is caused when a new virus emerges from a “reassortment” of the virus, which occurs when multiple viruses infect the same host (human, bird, or other animal) and mix genes in new combinations.<sup>18</sup> This occurred three times in the twentieth century — Spanish flu in 1918, Asian flu in 1957, and Hong Kong flu in 1968 — each causing death among not just the vulnerable, but also the healthy population, and in the case of Spanish flu, a disproportionate number of young adults.<sup>19</sup>

Research on the second-wave virus and why it was so deadly shows how far scientific methods have advanced. In 1995, painstaking work began on archived autopsy materials taken from 78 American soldiers, and later, on samples exhumed from one Alaskan Inuk woman, all victims of the pandemic.<sup>20</sup> In 2005, scientists published their breakthrough findings. From the “highly degraded fragments of viral RNA (ribonucleic acid),” they were able to reconstruct and identify the complete 1918 virus, confirming its connection to viruses that have arisen since.<sup>21</sup> With the virus identified, subsequent researchers were able to track it by doing statistical analyses of hospital case and death records, and by examining results of blood samples taken from patients many years earlier.<sup>22</sup> It had been previously thought that nobody had immunological protection from new viruses, but researchers saw evidence that the death rate for influenza depends on which strain of the virus a person is exposed to during her or his first infection in childhood.

In 1918, the death rate was higher in populations that had not been exposed to earlier, related flu strains that would have given them some protection.<sup>23</sup> Building on this work, “researchers can now predict with reasonable precision whether a person will have immunity against new influenza strains based on their birth year, which indicates the seasonal flu virus that was most likely to have caused their first flu infection in childhood.”<sup>24</sup>

Acquiring immunity by exposure to viruses happens easily in urban environments, but this was not the case in northern Labrador where winter ice conditions sealed the coast off from outside contact for about eight months of the year. Geographic isolation was examined in a 2009 study on 1918 flu transmission worldwide. This study concluded that the pandemic “was remarkable for high mortality, *which was most marked in remote or isolated populations*, at least in part because prior immunity was lacking in places that had not been recently affected by any form of influenza.”<sup>25</sup> Variations were shown from country to country, with poverty, malnutrition, and overcrowding being important contributors to the mortality rate, but the study pointed out that “isolated populations without recent exposure to seasonal influenza seem more susceptible to new pandemic viruses.”<sup>26</sup> Humphries and others have noted that populations exposed to the first wave experienced lower mortality rates when infected by the second wave.<sup>27</sup> As coastal shipping did not open until July 1918, the people of the north Labrador coast were not exposed to the first wave of the virus and whatever beneficial immunity it may have provided.

The combined efforts of epidemiologists, virologists, and social scientists around the world have shed light on the origins, spread, and severity of Spanish flu, but even with this knowledge, complacency about influenza remains. Jeffery Taubenberger and David Morens, in their 2006 article “1918 Influenza: The Mother of All Pandemics,” give a sobering warning that even with all the antiviral and antibacterial drugs, vaccines, and knowledge at our disposal, “the return of a pandemic virus equivalent in pathogenicity to the virus of 1918 would likely kill >100 million people worldwide.”<sup>28</sup> John M. Barry, a renowned historian of the pandemic, agrees that we are “as vulnerable — or more vulnerable — to another pandemic as we were in 1918.”<sup>29</sup>

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How flu reached Labrador and who was affected is a multi-faceted story having to do with shipping routes and a geographic and political context specific to the place. Within days of influenza arriving on the Moravian missionary supply ship, *Harmony*, the Inuit inhabitants of Hebron and Okak began to show signs of illness; within a month, they had come close to being completely wiped out. Among the first flu deaths in Labrador were probably men in the Sandwich Bay settlement of Cartwright who met the freight ship, *Sagona*, and helped unload it. From Cartwright, flu travelled on the *Sagona* a short distance north to Rigolet, and from there was distributed around the Upper Lake Melville region. There were deaths, but not as many as in Sandwich Bay or on the north coast.

Not all of Labrador was affected by the deadly second-wave flu in the autumn of 1918. The fishing communities on the south coast of Labrador, places such as Henley Harbour, Red Bay, and West St. Modeste, had experienced first-wave outbreaks in the late winter of 1917 and the early summer of 1918. Dr. Wilfred Grenfell, founder of the International Grenfell Association (IGA) medical mission, briefly referred to influenza when he wrote his autumn 1918 report of the summer's activities, sailing in the hospital ship *Strathcona* to numerous Labrador ports, but he was much more concerned



The Moravian mission station at Hebron was established in 1830 and closed in 1959.  
(Moravian Mission collection, *Them Days* Archives.)

about tuberculosis than the normal occurrence of influenza.<sup>30</sup> Grenfell sailed back to the *Strathcona*'s home port of St. Anthony, Newfoundland, at the end of the summer and was not in Labrador again until the summer of 1919. In the middle of October 1918, while other mission doctors and nurses were preparing reports for publication, it was noted that the St. Anthony hospital had "many bad cases of influenza" and "thirty-three children were ill in bed at one time" in the orphanage; no dates were given and no deaths were mentioned.<sup>31</sup>

The Innu of Labrador are barely present in the written record of the pandemic. Record keeping in settled communities was spotty, but it was practically non-existent for the nomadic Innu. According to anecdotal accounts, the flu killed a large number of them, but no reliable evidence has yet been found to show that anyone died, or that flu was the cause; measles and either smallpox or chicken pox were also reported on parts of the coast that winter.<sup>32</sup> If they were away from the coast when flu-infected ships came north from Newfoundland, and in the critical weeks following, they would have avoided exposure. Accounts written by people in the worst-affected places do not mention Innu being there at the time.



Okak, c. 1900. The Moravian mission station was founded in 1776 and closed in 1919. (Kate Hettasch collection, *Them Days* Archives.)

In the pages following, Chapter 1 will introduce the reader to Labrador of 100 years ago, a vast land with a small population of Indigenous people and “settlers,” understood to mean people of mixed European and Inuit ancestry,<sup>33</sup> completely dependent on their own efforts to fish, hunt, and gather food. Dominant in their local influence were the resident missionaries, whether Moravian, Anglican, or Grenfell Mission, who played a large role in suggesting, or imposing, their version of civil society. Also influential were the traders, especially those who worked for the Hudson’s Bay Company. Less influential, and rarely present, were representatives of the government in Newfoundland, whose governor was assigned the “care and inspection” of the coast of Labrador, along with Anticosti Island and the Magdalen Islands, under the terms of the Treaty of Paris of 1763.<sup>34</sup> The government paid little attention to Labrador during the short cod-fishing season and none the rest of the time. The events that occurred during the pandemic were shaped also by Labrador’s isolation from the outside world for eight months of the year, when ice blocked all shipping, and with just one telegraph station, in southern Labrador, operating during the cold months.

As will be explained in Chapter 2, the Inuit of northern Labrador suffered influenza and other epidemic illness regularly. Published records of the Moravian Mission reveal repeated outbreaks of measles, smallpox, and typhoid, claiming alarming numbers of lives, and accompanied by a hopeless, helpless refrain from the resident missionaries that they were presiding over a people who were utterly doomed. This chapter will also briefly discuss how the Moravian missionaries were not unique in holding this view, one that Patrick Brantlinger calls “proleptic elegy,” the belief, both racist and sentimental, that regardless of what anyone might do, the “primitive” races were self-extinguishing.<sup>35</sup>

All this was happening when four years of world war were finally coming to an end. The pandemic and the last months of the war overlapped and blended, to the extent that people perceived them as one event. Chapter 3 will outline how the war affected the power balance in Labrador between the German and English members of the Moravian Mission, how the sudden interest by the Newfoundland government in the German presence on the coast required military patrol visits, and how the important decision to base

the Moravian supply ship, *Harmony*, in St. John's because of the war may have affected the transmission of flu to Labrador.

The central, inanimate characters in Chapters 4 through 7 are the ships that sailed from St. John's to Labrador ports, bearing virulent influenza infection. Influenza arrived and quickly spread around Sandwich Bay and into Lake Melville. Influenza reached the more northern settlements of Hebron and Okak a little later. By the time the ship departed Okak for its next port of call, Nain, three weeks after leaving St. John's, infection had played out among the crew. No other Inuit settlements were affected by the deadly flu. The recollections of survivors describe how swiftly people died, how the few adults well enough to work struggled to keep houses warm and supplied with water, and how they managed the disposal of dozens of bodies.

Chapter 8 describes events when the people in the influenza-free communities south of Okak finally learned that hundreds of their friends and relations had died. The first sketchy reports of the tragedy reached the outside world in late March 1919 and the Newfoundland government was told the gruesome truth, that the epidemic had claimed nearly all the occupants of two Inuit settlements. Chapter 9 will examine the ways the story of mass death on the Labrador coast was told and how the government responded, first to a direct request for help and then to the news of nearly 400 deaths in Labrador. In Chapter 10, the aftermath of the epidemic is evidenced by the diminution of the Moravian Mission's trading operations, the shifting of population from north to south, and efforts to build an orphanage in Sandwich Bay. Okak was abandoned. Inuit flu survivors were relocated to the more southern settlements, where they had fewer family connections and no hunting camps or fishing berths. A significant public health crisis and the loss of 30 per cent of the Inuit population of Labrador prompted no new policies or attention from the government, which was more interested in selling Labrador for a profit. The reflections of pandemic survivors, and even their descendants, testify to the fact that the ripple effects of the epidemic are still felt in the twenty-first century, especially among those with a connection to Okak and Hebron, where so many of their family members died.

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