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1918-1920

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Abstract

A little over a century ago in 1918, the Spanish influenza ravaged the world. As death tolls loomed during each of its three waves, nations across the globe turned to measures such as mask mandates and sanitation enforcement in an attempt to control the pandemic. While the impact of this devastating event in the U.S. and Europe has been widely researched, less is known about the experience throughout Latin America. My project focuses on the public health response to this crisis in Mexico, where over five hundred thousand individuals died of the “gripe española.” In particular, I am asking how the unique post-war context of the nation at that time dictated both federal and public response to the outbreak of the influenza. While the Spanish flu spread through a rebuilding Europe, it arrived across the Atlantic in the midst of the Mexican Revolution. This study is based on archival government documentation and press publications from the period of study. My research methodology focuses on analysis of the work of the CSS (Consejo Superior de Salubridad), which was formed in 1917 to respond to the health crisis. I find that destroyed infrastructure and a fractured economy limited the pandemic response from the Mexican government, and its indiscriminate tragedy did not necessarily serve as a unifying force for a nation divided over the Mexican Revolution.

Keywords: Mexican Revolution, Pandemic, Spanish Flu, Latin America, Mexico

Introduction

In the year 1918, the Spanish flu spread across the world on the heels of the First World War. The illness, which is believed to have originated in the United States, quickly reached Mexico in October of the same year and passed into a country that had been devastated for almost a decade by civil war and political turmoil. Its impact was sudden and deadly, with over 500,000 lost to the pandemic in Mexico alone (Mojica 2021). Globally, the U.S. Center for Disease Control (CDC) estimates around 500 million people contracted the H1N1 virus, causing the death of over 50 million people (2019). The history of the pandemic, although widely researched in nations with a greater percentage of casualties, has not been extensively explored in Mexico, let alone in the revolutionary context that took center stage in the country during the eight years leading up to its arrival at the border.

In 1910, the Mexican Revolution began as citizens rose up against the unequal distribution of land and political corruption that had kept wealthy landowners powerful since the beginning of Spanish rule (National Endowment for the Humanities 2012). Conflict began with Francisco I. Madero's challenge to the Porfiriato, the 34-year regime of Don Porfirio Díaz that held Mexico in dictatorship. Although Díaz stepped down in 1911, allowing Madero to become president, Madero and his vice president, José María Piño Suárez, were assassinated in 1913, plunging the country into a protracted civil war. By 1917, a new constitution had been promulgated and its chief architect, Venustiano Carranza, had established himself as president.

This new guiding document addressed many of the grievances that had started the Revolution; it divided large tracts of hacienda land, which had been passed down through generations of the elite, into communally-owned ejidos and stated that laborers could organize, strike, and receive compensation for workplace accidents. Yet violence continued in both Mexico's northern and southern provinces as Carranza struggled to extend his authority throughout the country. Destruction, famine, and illness became all too common throughout these tumultuous years. Even before the Revolution began, Mexico had been hit by six outbreaks of cholera, bubonic plague, yellow fever, smallpox, typhus and recurrent fever, which were largely addressed through isolationist policies under the Porfirio regime (Rancaño 2020). Severe grain shortages were also reported in several states during the Carranza presidency in February of 1918 (Cumberland 1983). When the Spanish flu (also known as *gripe española*) arrived, the Mexican Revolution was in its final stages and a weakened federal government was focused on remedying the rampant political and social instability by hampering armed conflict and rebellion (Mojica 2021).

The 1918 outbreak of the Spanish flu was both an opportunity for the post-revolutionary government to display its newfound stability and a catastrophe that threatened to worsen the already dire situation at hand. By examining primary source material such as newspapers and health department advisories from the first months of this epidemic in Mexico, this paper seeks to demonstrate that the Revolution primarily limited the federal pandemic response in Mexico through its isolation of states and detrimental impact on the economy of the nation. As we will see, these two factors made federal authorities unwilling to completely stop the spread of Spanish flu via trade routes and drained budgetary resources that were

needed to import basic medical supplies into the areas of greatest need. While prior research suggests that the pandemic was utilized by the federal government to further the values of the Revolution, my own findings suggest that they instead responded to the outbreak of Spanish flu with the forced hand of restricted resources and made decisions to stabilize the nation that did not promote post-war unity among Mexico's dispersed provinces. The overlap between the post-revolutionary period and outbreak of the Spanish flu in Mexico makes this event important, with the potential to contribute to the study of interactions between political and public health crises.

Relation to Current Literature

The work in this paper builds upon the prior research of a few key scholars. While the 1918 Spanish flu outbreak in Mexico has not been extensively studied, the research of a small group of historians, particularly those publishing work in Spanish, precedes my own. Rather than focusing on the way the federal government used the pandemic to advance its own agenda, this paper takes a narrower direction, discussing how the Revolution limited the scope of aid strategies that were possible without looking as closely at members of the government and general public who utilized the situation to their own advantage.

Ryan M. Alexander's paper "The Spanish Flu and the Sanitary Dictatorship: Mexico's Response to the 1918 Influenza Pandemic" details the national response to the influenza epidemic in Mexico through the stories of the major players who sought to personally gain from the situation. These persons included entrepreneurs, charitable organizations, the federal government broadly, and additionally its secondary branches that sought to demonstrate

newfound stability through their response to this crisis. In this work, Alexander finds that this event created an environment where political authorities sought to create a response that was consistent with the values of intellectualism and more equally distributed power from the recent Revolution, calling it “one of the first constructive applications of revolutionary reform” (p. 463).

In contrast, Lourdes Márquez Morfín and América Molina del Villar focus much more directly on the demographic impact of the influenza during the first wave of the outbreak in their article titled “El otoño de 1918: las repercusiones de la pandemia de gripe en la ciudad de México (The Fall of 1918: Repercussions of the Flu Pandemic in Mexico City).” In addition, this paper describes the sanitary measures in detail as a topic of research that was widely overlooked at the time of its publication. Its conclusions define the severity of the pandemic in specific regions of Mexico and outline the medical beliefs that were recommended during this period, which provide a helpful baseline of information from which I have built my own scholarship.

Finally, Ernesto Aréchiga Córdoba’s paper “Educacion, propaganda, o ‘dictadura sanitaria’” on the “sanitary dictatorship” during this time period analyzes the impact of the public health strategies pursued in this scenario. This paper stresses the rise in importance of “education and health propaganda,” which are fundamental points of study for my own research. Similarly to the above two papers, Aréchiga Córdoba’s paper is widely based on newspaper articles and published propaganda. The thesis of this work approaches the topic as an examination of the authoritarian nature of the public health work of the Mexican government. My work builds upon the conclusions made here in discussing the limitations and

success of these approaches towards demonstrating a governing system that was truly more reliable than the pre-revolutionary administration.

Collectively, these works have supported the narrative that the government used the outbreak to their own advantage in order to build a “sanitary dictatorship.” My work, in contrast, discusses how the circumstances of the Revolution limited the federal response. Although it may be true that official actions furthered the ideals of the Revolution, rather than framing this as an intentional move towards the governing style of the coming decades, I argue that the fast spread of the Spanish flu in Mexico led to a more sporadic, ad hoc response than one driven by clear revolutionary principles. The indiscriminate nature of the epidemic could not be quarantined or easily sanitized away, and, as we will see, decisions that prioritized the stability of government over the lives of everyday citizens created new tensions in the post-Revolutionary landscape. As discussed above, newsprint makes up a substantial portion of available primary source documents from this time period. The evidence presented below relies greatly on publications such as *El Democrata* and *Excelsior* based in Mexico City, especially articles dated from October of 1918 and into 1919. Although the illness ravaged the country over the course of the following few years in multiple waves, the deadliest period occurred between October and December of 1918 (Alexander 2019) and therefore elicited the greatest response from the newly reformed Mexican government.

At this time, newsprint was an integral source of information for the residents inside the country. Newspapers — alongside word of mouth — were one of the only manners of disseminating important information to the general public. Most publications at the time were centered in urban areas and the capital was the central hub for national news, boasting the

largest number of publications (Lepidus 1928). The role of privately-owned newspapers was especially important during pandemics, when access to information about preventative measures and spread of the disease was most efficiently and verifiably spread through mediums such as this.

Evidence

Local Authority Takes Charge

At the time of the Mexican Revolution, the extreme centralization of authority in the nation during the dictatorship of Porfirio Díaz meant that revolt against this system came from the regional leaders across different areas of Mexico. Throughout the conflict, the instability of the federal government made their services unreliable for state governors and local bodies. The lasting regional isolation that came as a result of these factors, when combined with the quick and indiscriminate transmission pattern of the Spanish flu, encouraged a response to the crisis that relied heavily on the local authorities in each state.

One example of this response structure can be seen through the work of Dr. G. Cerqueda with the State of Oaxaca. As the Spanish flu came across the Mexican-American border in early October of 1918, the Consejo Superior de Salubridad (CSS) was quick to publish sanitary guidelines for combating the spread of the illness among citizens. Spanish flu spread from the northern border into the rest of Mexico and did not reach Oaxaca, a southern state, until mid-October. Rather than using the guidelines published by the closer Consejo Superior de Salubridad headquartered in Mexico City, however, correspondence from the Archivo General de Oaxaca shows that the Governor of the State, Juan Jiménez Mendez, received graphics from

Dr. G. Cerqueda, Delegado Sanitario (Health Delegate), in Tamaulipas, Mexico, where the virus had already taken hold (Mendez 1918). Although this office fell under the national Department of Health, Figure 1 shows that the name of this doctor in the regional office is displayed prominently as the source of this information, suggesting the name of a well-known local healthcare professional and the work they had done on the ground meant more to people in Oaxaca than the name of the national health institution they represented.

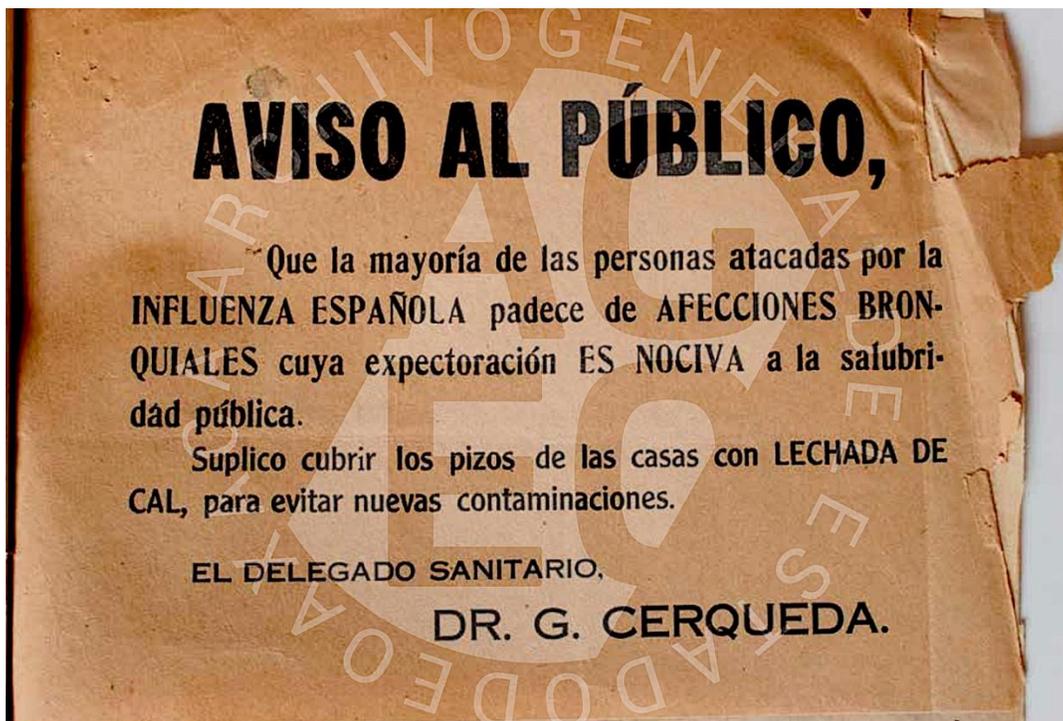


Figure 1, Source: Mendez, Juan Jiménez. Archivo General del Estado de Oaxaca, Mexico.

(Translation: PUBLIC NOTICE, most people who contract the Spanish influenza suffer from bronchial diseases, whose phlegm is harmful to public health. I implore you to cover household floors with lime grout to avoid new contamination. HEALTH DELEGATE, DR. G. CERQUEDA)

At the same time, several federal offices outside of the capital in Mexico City were closed in early October as employees caught the Spanish flu. On October 6, 1918, *El Democrata*

published that five offices would be closing due to sickness among postal workers in these border communities (*Democrata* 1918, under “En Forma Alarmamente”). This step, although necessary for the safety of workers in these offices, reinforced dependence on local leaders as the crisis was unfolding in northern Mexico. Without these offices, communication between Mexico City and the northern region was limited at a time when the Spanish flu was just beginning to enter the country and was not established near the capital.

The events described above, which took place in northern and southern Mexico, emphasize the importance of local authority during Mexico’s Spanish flu outbreak. The emphasis on individual authority, as opposed to institutional authority, in locally published safety guidelines in Oaxaca, as well as the closure of federal offices across the country, reinforced a general policy of self-reliance. Both decisions were made with the aim of slowing the spread of the Spanish flu and furthered the regional power trends of the Revolution as a result, in addition to simply continuing them.

Funding of Services

The costly violence and destruction of the Mexican Revolution left budgets around the nation drained. Without resources, the federal government was faced with tough decisions surrounding the extent of their response to the Spanish flu outbreak in the country as they sought to mitigate damage without sending the nation spiraling into an economic crisis. Although the resulting support to the people of Mexico was extensive and mandated significant changes to the lifestyle of all citizens, outside of guidelines and informational material, aid from the government was insufficient and, at times, inefficient.

The Mexican government was in no way prepared for the arrival of the Spanish Flu at the border. On October 17th, *El Pueblo* published that Dr. José María Rodríguez, head of the CSS, had discussed the status of health in the country with the President the previous morning, informing him directly that it was impossible to get medicine to “cure” the illness in Mexico (*El Pueblo* 1918, under “Desapareció en Laredo”). This conversation took place after Spanish flu had already been in Mexico for several weeks, even reaching the southern state of Oaxaca by this point. Finally, on October 20th, *El Democrata* (1918, under “Doscientos mil pesos”) reported that a vote to increase the flu response budget by two hundred thousand pesos was approved in the Cámara de Diputados (Chamber of Deputies). Measures such as this, however, were not proactive and very often came into effect too late.

Due to the delay in the response of the Mexican government, groups of private citizens came together to clean up unsanitary conditions and purchase medicine for the poor across the nation. In Mexico City, one such group was known as the *Junta Privada de Beneficencia* (or Private Charitable Board) and was made up of local prominent players in banking, commerce, and industry. In early November of 1918 they met and agreed to raise funds in order to purchase medicine from the United States and distribute it among the poor, who were disproportionately affected by the Spanish flu due to malnutrition and unsanitary living conditions. By the time that these drugs arrived in Mexico City in mid-November, however, flu deaths had already declined in the city (*Excelsior* 1918, under “La influenza causa”).

Quick movement of the illness from region to region further weakened the government’s response, as well as the response of private health groups. Little could be accomplished without proactive preparation across the nation, which could not be centrally

coordinated fast enough with the lack of financial resources available to governing bodies in Mexico City. Even the travel of instructional resources and guidelines was slowed to the point of being minimally impactful at critical points along the timeline of infection in rural areas. Together, these limitations solidified constraints in the course of action taken by the Mexican government.

Alfonso XII and Railways

Not only did the post-war context limit budgetary resources across Mexico, but it also forced the hand of the government in prioritizing economic stability over the health of its citizens. Two cases demonstrate how the federal government prioritized economic well-being above public health concerns: the ship Alfonso XII and the handling of the Mexican railway system.

Early in October, word reached Mexico that the Spanish flu had infected individuals on the Spanish steamship Alfonso XII that was headed towards the port of Veracruz. Dr. Jose Maria Martinez of the CSS immediately sought reports verifying these rumors and heard back from the Mexican consul in Cuba that several passengers had been sick when the boat departed from Havana (*Democrata* 1918, under “La epidemia toma incremento”). As the steamboat was about to arrive, they were informed by Mexican authorities that the boat would be allowed to dock but that the sick could not set foot on land and would be quarantined on a nearby island. J. Gayón, a representative from the Spanish Transatlantic Company, then unexpectedly informed the authorities that the boat no longer planned to dock at any Mexican port (*Democrata* 1918, under “34 casos de influenza en México”). This incident sparked great debate in the press and

public about whether the health of citizens should be prioritized over the economic gains earned from the docking of these boats. In the end, the government continued to allow vessels carrying the sick to anchor in ports across Mexico, using quarantine and treatment to try and prevent the spread of the disease through these populations.

The expansive railway system in Mexico, championed by Porfirio Díaz during his dictatorship, was dealt with similarly during the spread of the Spanish flu. On October 9, President Carranza was forced to stop train and passenger traffic between Laredo, Texas, and Nuevo Laredo, Tamaulipas, as the virus spread across the border elsewhere. He did not, however, suspend traffic between Nuevo Laredo and Mexico City (*Democrata* 1918, under “La epidemia toma incremento”). Instead, railway cars were fumigated, and passengers suspected of infection were not permitted onboard. Furthermore, there was no restriction on freight trains in an attempt to support the economic agenda of the country. These cars were allowed free transit throughout the nation unless they came from an infected area, in which case sick passengers were not permitted to exit. In the important junction of Torreón, workers were refusing to travel from elsewhere to work on cargo trains by mid-October out of fear of contracting the Spanish flu and dying (*Democrata* 1918, under “La influenza ha continuado invadiendo a la República”). In the same vein, *El Democrata* published on October 11 that Dr. A. E. Gochicoa of the Delgado Sanitario in Tampico had written to the state Governor, asking that train traffic to the capital be suspended (*Democrata* 1918, under “34 casos de influenza en México”).

In each of these cases, protests from individuals at different stations in the population went unheard. These instances connect heavily to the previously discussed divide between

local and federal authority, as well as the impacts resulting from a lack of funding. Fear of an economic collapse due to the stoppage of this commerce was given priority by the federal Mexican government and its health institutions, which put all their faith in preventative techniques such as quarantine and fumigation. This point of difference in opinion on the correct course of action created a tension between government officials and many of the constituents that they represented as they sought to hold on to the shaky foundation of stability that had been laid by the 1917 Constitution.

Conclusion

The end of the Spanish flu outbreak in Mexico did not come at a definitive time. Instead, the wave that hit Mexico trailed off gradually as the country moved into the early months of 1919. The evidence above shows that the Revolution primarily limited the federal pandemic response in Mexico through its further isolation of states and limited financial resources to be used for basic medical aid. Fearing a detrimental impact on the economy of the nation, federal authorities were unwilling to completely stop commerce via train and boat that carried infected persons. While it is clear to see how these post-revolution realities created roadblocks for the Mexican government, it is difficult to predict how things would have gone differently in separate circumstances. Although it could be argued that the Carranza administration was successful in strengthening trust in the stability of the new government, many of their decisions created tensions that prevented post-war unity among members of the government and the public it served.

In the future, more research on the Revolutionary government's handling of the disaster should help us better understand the overall impact of the Spanish flu outbreak in Mexico in

1918. More sustained focus on the everyday experiences of citizens across Mexico and in the rural regions where the epidemic hit hardest is especially warranted. In particular, there is a need for future studies that focus on the individual lives of residents in regions along the northern border of Mexico during this time and the impacts of this event.

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