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American Indian-U.S. Histories

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Disorderly Pasts: Kinship, Diagnoses, and Remembering in American Indian-U.S. Histories

Abstract

“Disorderly Pasts” centers on life stories from South Dakota’s Canton Asylum, a federal psychiatric hospital for American Indians. Between 1902 and 1933, the Asylum detained nearly four hundred Indigenous men, women, and children from more than fifty Native nations. Focusing especially on the experiences of Menominee people collectively stolen from their homes in Wisconsin to Canton in November 1917, this article exposes contested understandings of kin, diagnoses, and remembering. Complex relationships between the three concepts also emerge: medical diagnoses were used to undermine Indigenous kinship, and they complicate remembering. At the same time, remembering—recalling and repopulating the past—offers a way to challenge pathological diagnoses and affirm Native self-determination.

Motivated by disorder, the desire to “disrupt the systematic functioning or neat arrangement of” historical work, this project unsettles the projected objectivity and commonsense logic of U.S. medical diagnoses and institutionalization. It brings to light the violent entanglement of settler colonialism, racism, ableism, and patriarchy and their impact on Native sovereignty, Indigenous kinship, and remembering. Collaborating with relatives of those incarcerated at Canton, and drawing on decolonizing and disability studies methodologies, this work seeks to generate meaningful historical knowledge and new theoretical strategies and perspectives.

As snowstorms pummeled Keshena, Wisconsin, in November 1917, tensions were running high on the Menominee reservation. In the face of gross mismanagement and hostility towards their culture and authority, Menominee leaders had launched repeated campaigns to remove the Bureau of Indian Affairs’ Keshena superintendent and one of his assistants. They also clashed with the agency doctor.¹ At the time, one U.S. inspector observed that the “antagonism and cross-purpose has reached the acute stage that may possibly lead to personal violence or probable tragedy.”² For Menominee people, violence and tragedy had long defined relations with settlers. Still, one can only wonder about the extent to which this community of barely more than 1,700 members anticipated

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the U.S. intervention during the second week of November: a collective dislocation of five members from Menominee Nation land to the Canton Asylum, a U.S. federal psychiatric facility in South Dakota specifically created in 1902 for American Indians.³ Grey and overcast, the week started out like most others: many people tended to children and cooking; others headed to the nearby mill or rose to work on farms or in day labor; some ran errands, shared news with neighbors, argued with and consoled one another. By the end of Tuesday, November 6, representatives of the Bureau of Indian Affairs (BIA) had shown up at several homes, taking away two men and three women who were then loaded on to trains headed to Canton, South Dakota. According to BIA documents, the men referred to as Peter Clafflin and Seymour Wauketch were brothers-in-law. The woman described in documents as Agnes Caldwell, a married mother of two young children, lived with her elderly parents in their home; teenager Christine Amour had attended the Government School with her sister in nearby Shawano; the twenty-two-year-old listed as Susan Wishecoby, daughter of John and Margaret, had grown up surrounded by extended family.⁴ All were, according to Menominee custom, related.

No available sources recount the dislocation from Keshena to the Indian Asylum. Most likely they traveled the nearly five hundred miles on the "Milwaukee Road," the Chicago, Milwaukee, St Paul & Pacific line, which ran across Wisconsin and directly through Canton.⁵ Traversing winter-blown prairies in southwestern Minnesota before arriving in South Dakota on Thursday, November 8, these Menominee men and women would cross a threshold that marked a decidedly different national context. Tall wire fencing circled the federal asylum grounds. In the distance, the main building and newly constructed two-story hospital expressed U.S. ideals of order and power through their expansive brick and concrete structures.⁶ White staff would have met the group as they entered the main hall, eyes traveling up and down the travelers. Medical records shed scarce light on the admissions procedures at Canton, but likely Dr. H. R. Hummer, the asylum superintendent and sole physician, would have conducted a brief physical and psychological examination of each man and woman. No institutional materials disclose how these interactions unfolded. Like other more traditional and older members, Peter Clafflin communicated exclusively in Menominee. The women, in contrast, knew English, but for many reasons may not have spoken initially with asylum employees. Few U.S. documents apparently accompanied the group. Precious little is known about this moment in the lives of these five Menominee people. Sources about what followed remain uneven and fragmented.

The story of what happened to these Menominee people and to their relatives in November 1917 (and the many months before and after it) exposes contested understandings of kin, diagnoses, and remembering. Complex relationships between the three concepts also emerge: medical diagnoses were used to undermine Indigenous kinship, and they complicate remembering.⁷ At the same time, remembering—recalling and repopulating the past—offers a way to challenge pathological diagnoses and affirm Native self-determination. The overlaps of Native American, broad U.S., and disability history provide the basis for this historical study. Disability history generally describes a subfield that approaches disability as a social and cultural category, a lived experience, and a central component of an analytical frame. Increasingly, disability historians

actively consider interlocking relationships between disability and other social identities.⁸ These factors influence how researchers grapple with U.S. historian William Cronon's insight that: "In the beginning was the story. Or rather: many stories, of many places, in many voices, pointing toward many ends."⁹

Engaging with the many stories told by people incarcerated at the Canton Asylum, their relatives, and Native community leaders and activists, reveals a more disorderly past. In particular, their stories vividly reveal the power of relationships and the asylum's long reach. What follows is a study motivated by *disorder*, the desire to "disrupt the systematic functioning or neat arrangement of" historical work.¹⁰ This particular disorderly reflection brings to light the violent entanglement of settler colonialism, racism, ableism, and patriarchy and their impact on Native sovereignty, Indigenous kinship, and remembering.¹¹

Two key concepts—sovereignty and ableism—warrant some explanation. First, by *sovereignty*, I mean Native peoples' inherent authority to self-govern, to manage resources, to determine membership, and to pursue lifeways without interference. Sovereignty involves a living process and a story of peoplehood, as well. Affirmation of Native self-determination and the ability to flourish and continue into the future are central to experiencing sovereignty.¹²

Sovereignty issues impact both the big picture and small spaces of this story. This essay's historical framework, for example, resists a view of time and place dictated by a singular institution's material opening and closing. The experiences of the five Menominee people stolen from their homes to Canton Asylum in November 1917, and all of the other lives shaped by this institution, exist within a much broader context of forced dislocation of First Nations people in North America. Euro-American campaigns of Native elimination intensified across the eighteenth and nineteenth centuries.¹³ Individually and collectively, reservations and allotment policies, church missions, the military, prisons, and boarding schools contributed to the larger effort by the United States to eradicate, suppress, and control American Indian communities and their distinct identities. Canton Asylum, and the process of U.S. federal psychiatric institutionalization, represents an understudied manifestation of settler colonialism's violence against Native self-determination.

Ableism also figures prominently in this story. A system that discriminates against those who are or are perceived to be disabled and privileges those who are or are perceived to be nondisabled, ableism can take many forms, including social relations, institutions, and practices; its expressions include prejudices, discrimination, violence, and stereotyping. As I hope to illustrate, *ableism* is an active force in this story, a force that also served and serves settler colonialism. One way that happened was by imposing settler forms of medicine and knowledge practices. To illustrate: beliefs in superiority and practices of domination— inherent aspects of settler colonialism—regularly invoke ableism. Culturally specific concepts of normality, fitness, and competency, for example, undergird the criteria by which settlers have judged Indigenous people and nations. Historically, settlers have interpreted Native people's unwillingness or inability to conform to colonial values, such as individuality, heterosexuality, and materialism, as indications of inherent deficiencies or defects.¹⁴ As Indigenous studies scholar Sean Kicummah Teuton (Cherokee Nation) explains, "European thinkers were swiftly led to target non-Europeans and especially communally defined tribal peoples as innately intellectually inferior. Rather abruptly race

became inextricably tied to mental defect and defect to the social exclusion of disability.”¹⁵ This is a self-affirming cycle: ableist rationales ultimately reinforce settler colonial aspirations and actions.

Applying a disorderly analysis specifically unsettles the projected objectivity and commonsense logic of U.S. medical diagnoses and institutionalization. As writer Pemina Yellow Bird (Mandan/Hidatsa/Arikara) points out in her thoughtful critique of the Canton Asylum in Native history: “First, and most importantly, Native peoples generally do not have a notion of ‘insane’ or ‘mentally ill’ in our cultures. Indeed, I have been unable to locate a Native Nation whose indigenous language has a word for that condition.”¹⁶ Critically questioning U.S. medical interventions and sources also makes clear that there are *many* systems of medicine present in this account, including numerous, distinct Indigenous practices and knowledge systems used across generations to the present day.¹⁷ Their presence complicates the narrow stories told in asylum records and other BIA documents, disrupting the “neat arrangement” of settler categories, order, and practices as normal, natural, and invisible.¹⁸

Disorderly readings of sources anchored in settler colonialism and ableism also generate different terms for understanding this story. Names such as “Indian Asylum” and “Canton Asylum” come from the incarcerated people around whom this work has grown. In recognition of the ways the English language is directly connected to histories of domination and cultural eradication, the grammar or spelling of texts created by any of the Native writers intentionally has not been edited.¹⁹ Similarly, guidance from Native elders and tribal historians, as well as from family members inform how people incarcerated at Canton are referenced. Specifically, actual Menominee names do not appear in this work as a way to honor these ancestors and their descendants. Simply replicating the names BIA officials applied to these people, however, can reinforce settler colonial frameworks. Including qualifications, such as “the person described in BIA documents as,” makes more evident that identities may be claimed, imposed, and contested.²⁰ I also use the terms “incarcerated people” or “people” rather than “patient.”²¹ This intentionally challenges the anti-Native medical, ableist framing that govern most archival sources and scholarly interpretations.

These descriptions are offered not as a directive—“we must call these experiences in this way”—but as an invitation. Reflecting critically on the ways that our own situated knowledge shapes how we interpret and “make” history remains a fundamental component of our work as scholars and educators. From this disorderly place then, I return to the three entwined concepts—kin, diagnosis, and remembering— as a way to illustrate the possibilities of drawing collectively on Native American, disability, and U.S. social history.

Kin/Kinship

In a letter to the BIA Commissioner, Agnes Caldwell explained in 1919 that she was writing to “kindly ask you if I could please going home . . . I like to go home to taeke care of my old folks they are to old to work I do the work when I an at home they wamet me to go home I would be glad to see my children and my old folks.”²² Like other institutionalized people at Canton, Agnes Caldwell understood that relationships defined worlds. She was a member of Menominee Nation’s Bear clan, and across her lifetime also identified as a

daughter, sister, wife, and mother. Her petitions consistently emphasized kin relations as a primary justification for her return to Menominee land. Caldwell assumed others would recognize her family and family obligations. "You must know my pa . . . Moses Little Bear," she wrote. "I am his daughter."²³ "Please let me go," she repeated.

Among the thousands of pages of materials about Canton's community in the U.S. National Archives are numerous letters by Agnes Caldwell, as well as other institutionalized men and women. Correspondence from their loved ones and allies "on the outside" appear frequently, as well. These documents and oral history testimony from relatives tied to Canton vividly show how ableism and related medical diagnoses feed efforts to dispossess Native people. "Justifications" for institutionalizing Indigenous people, for example, emerge from larger efforts to dismantle Native autonomy. These forms of medical diagnoses ultimately impact not only individuals marked with labels like "mentally ill" but those in relationship with them.

In U.S. disability history scholars often emphasize individual perspectives, reflecting U.S. cultural values even as they seek to challenge ableism and the negative impact of the white U.S. medical model. But this approach, while deeply valuable in many ways, also obscures other lived experiences and possibilities for understanding kin roles, systems, experiences, and resources for resistance and sustainability. Most studies of institutionalized people, including many enriching works rooted in disability studies, typically highlight individual stories even as they sometimes reference community.²⁴ Conspicuously few explicitly acknowledge familial connections (in the Euro-American sense); virtually none consider Native kinship relationships.

Acknowledging Indigenous extended family connections—rather than exclusively individual experiences of institutionalization (and ableist medical labeling of individuals)—reveals significant patterns of oppression. In their many historical works, Brenda Child (Red Lake Nation), Steven Mintz, Susan Kellogg, and Anne Hyde have pointedly shown that traditional Indigenous kinship, gender roles, and domestic life differ significantly from settler-colonial customs and have long been a central target of imperialist campaigns.²⁵ Native American studies scholar Beth Piatote (Nez Perce) further notes that: "Indian wars are wars on Indian families. During assimilation period the Indian family home relations served as the locus of settler-national efforts to diminish or eliminate the tribal-national polity. Policies such as child removal, compulsory boarding school, marriage regulation, and land allotment shattered Indian families and homeland alike."²⁶ Both land and people bore its effects. Historians Paul Kelton and Russell Thornton have argued that European colonization and domination in North America contributed directly to the decimation of Native populations. According to Thornton, fewer than 237,200 Native Americans were living in the United States by 1900.²⁷ Dislocations, intentional disruption and alienation, and repeated thefts of land, of people, of cultural artifacts crossed generations with cumulative impact.²⁸ These and other forms of violence fray the meanings of national and kinship connections.

Attention to kinship simultaneously reveals opportunities for collective *survival*—a process, according to Anishinaabe literary critic-author Gerald Vizenor—rooted in resistance, transformation, and survival.²⁹ As scholars Daniel Heath Justice (Cherokee Nation), Jay Miller, Margaret Jacobs, and

others have argued, kin relations remain vital in Native societies.³⁰ Mutual support, generosity and sharing, a belief and practice of interdependence—defining qualities of many Indigenous nations—stem directly from kinship.³¹ Affinity, relationship, and collective experience drive its meaning. Affirming interdependence and belonging, kin relations nourish survivance.

Broad patterns emerge when reading Canton Asylum documents through a lens of Native kin relations. Relatives' letters, in addition to U.S. institutional documents from the asylum administrator and BIA, expose cultural-political battles over authority and where incarcerated individuals actually belonged. Typically, spouses, parents, siblings, and adult children of institutionalized people petitioned the BIA and Canton's administrator, insisting that *they* knew their kin best and that they were well or well enough to be returned home.³² In most of these instances, kin made direct connections between their loved one's well-being and their family's. Ending pathologized dislocation—returning members to their rightful place (physically among their people and physically and metaphysically to an Indigenous world) was essential for wellness. This Menominee concept of wellness drew inextricable links between individual incarcerated members, their kin community, and the broader natural and supernatural worlds.³³

The man described in U.S. texts as George Caldwell (Menominee Nation), for instance, had complained that his wife Agnes had been held at Canton “long enough.”³⁴ Rose Bear (Menominee Nation), Agnes Caldwell's mother, sent numerous letters to her daughter, insisting that she needed to return to Keshena.³⁵ Agnes's sister Josephine Johnson (Menominee Nation) directly petitioned the BIA, claiming that Agnes Caldwell was needed to take care of their mother.³⁶ In these exchanges, Agnes Caldwell's kin detailed how institutionalization undermined the family's well-being; they maintained that *they* understood best how to restore wellness.

So did Agnes Caldwell. As family correspondence described illness sweeping through her house and community in late 1919 and early 1920, Caldwell's insinuations intensified. Noting that her mother and husband could no longer provide full care for other family members, she pleaded with U.S. authorities to be allowed to look after her siblings, parents, and children. “We all want to see are children”³⁷ she told the Commissioner, “We all want to see are folks.”³⁸ For Agnes Caldwell, fulfilling her kinship roles, taking care of her elderly parents and sick children, overruled US-federal power and its medical labels. In Caldwell's accounting, institutionalization undermined her health. “I am lonesome. . . . so sad . . . need to go home.”³⁹

Caldwell's self-assessment, like many others from Canton, challenged the BIA's oppressive view of American Indian community and extended family. They affirmed that they belonged “at home.” Repeatedly in words and actions they demonstrated that they would never forget their Indigenous homes or their relatives who waited for them there.

Considering the context of the various First Nation communities represented at Canton, the reality of kinship becomes more vast, profound, and immediate.⁴⁰ As Native American historian Margaret Jacobs explains:

Indigenous communities defined family broadly and designated many caregivers beyond the biological mother and father, particularly grandparents. In many

matrilineal Indigenous cultures, a mother's brother played the fatherly role to his nephews and nieces, and a child might consider all his or her maternal aunts as mothers.⁴¹

This bears direct resonance with the people stolen from Keshena. Since their origins, Menominee people have placed strong value on the relationship between a mother's brother and his nieces and nephews. When faced with challenges, for example, nephews typically turned to their uncles for advice and support. Not surprisingly, white U.S. medical reports do not document these relationships or their lived expression. But the reality that Peter Clafflin and Edward Wauketch shared this cultural affinity holds meaning—even if we do not know their specific experiences of this. As but one example: asylum reports detail that Peter Clafflin “helps with untidy patients.” In the male-segregated ward, would he have given care to nephew Edward? Or to another Menominee child incarcerated at Canton, referred to as Earl Mahkitmass?⁴² In a similar way, close and mutually deferential relationships between Menominee brothers and sisters contributed to marriage selections and other fundamental aspects of daily life.⁴³ We are left only with speculation about whether and how this tradition was born out in the life of the woman referred to as Mary Clafflin Wauketch and her brother Peter Clafflin. Or how the presence of multiple generations of kin shaped each member's incarcerated life.

That more than fifty Indigenous nations had members stolen away to Canton amplifies this story's complexity.⁴⁴ So, too, does the sizable presence of certain nationalities. During its thirty-two-year existence, from 1902–1934, the Indian Asylum detained nearly four hundred people. More than one-fourth (at least 105 people) were members of the Great Sioux Nation (including Lakota, Dakota, and Nakota peoples).⁴⁵ During the same period the BIA incarcerated seventeen Menominee people from Keshena. More often than not, multiple members of Indigenous nations concurrently inhabited the asylum wards.

Additionally, many Native nations, including Siouan and Menominee, have significantly valued—and still value—inter- and intratribal adoptions. As historian Marilyn Holt explains:

Adoption crossed age and gender lines. Non-Indians were sometimes adopted into a tribe, and marriage was not a necessary prerequisite for non-Indian adoption into a tribe, claim, or band. Indian children with living parents could be adopted, with parental consent, into another family.⁴⁶

In Menominee tradition, ceremonial adoptions extend kin connections, fortifying the tight-knit community. For example, “Following the death of a relative, family members might choose to adopt one of the deceased's friends. That person was granted certain kinship rights and obligations to the bereaved family while still maintaining his or her own name, residence, and kin relations.”⁴⁷

This reality offers a different understanding of life “on the inside” of Canton. While their individual life stories varied, many if not all of the Native men, women, and children likely knew at least one other person as kin or recognized familial connections among them. This of course does not mean that every incarcerated person could or did adhere to their Nation's cultural norms for expressing or understanding kinship. Still, it matters that such specific Indigenous

connections were present at Canton even as institutional sources rendered them invisible or as BIA representatives actively sought to erase them.

Other stories of kin remain shadowed as well. Births of children “on the inside” present a particularly troubling under-story at the Indian Asylum. According to their advocates, psychiatric asylums were expected to provide “care and treatment” for inhabitants. Sex segregated wards and close surveillance were intentional policies, in part to prohibit “inappropriate” sexual relations. Some eugenic advocates in the early 1900s described the policy as institutional sterilization.⁴⁸ Childbirths directly challenged these non-Native expectations, threatening the status of institutions, including the Canton Asylum and BIA, and their non-Native representatives.

Official asylum correspondence and population rosters suggest that at least seven incarcerated women became pregnant while at Canton. The actual number of pregnancies and births of live children remains unknown. For many reasons, these kinds of details rarely appear in existing sources. It is important to note that these “breaches” of eugenic principles and non-Native expectations of the asylum ultimately did not undermine Superintendent Hummer’s authority. In fact, his framing of these situations (and it is important to note that *he* did the framing) amplified the pathological qualities of the institutionalized mothers.

One of these mothers was Agnes Caldwell. In March 1921, four years after her incarceration began, Agnes Caldwell gave birth to a daughter, whom she named Delores. Delores stayed at Canton, although no documents remain that detail the initial months of her short life. A memo to the BIA on October 31, 1921, records that the baby had died of bronco-pneumonia and would be buried at the Canton cemetery the next day. No letters or other expressions from her mother appear in the asylum and Keshena Agency records from this time. In Agnes Caldwell’s life story, the only known materials are a brief report from Hummer and a summary of an interview with Caldwell made by a female staff member at Hummer’s request. In his report, Hummer drew attention to the fallibility of the mother and to his non-Native female staff. He questioned Caldwell’s reliability as a source in the matter of her pregnancy. According to the superintendent, Caldwell initially claimed that former employee Louis Hewling (who had been identified as sexually harassing her previously) was the child’s father. But, as Hummer argued to the BIA, this particular man had left Canton before she likely became pregnant. Instead, the administrator contended, an incarcerated Native man who was released before Delores’ birth was the likely father.⁴⁹ Hummer continued, complaining that staff understood that they were responsible for the people under their supervision: Thus their negligence, not his, resulted in Caldwell’s pregnancy and birth. We have no direct testimony from Agnes Caldwell or the other mothers about these experiences. Their silence haunts this chapter of history.

Placing Agnes Caldwell’s experiences alongside others, including Clafflin and Wauketch relatives, ultimately tells a different story: of U.S. federal psychiatric institutionalization as an attack on tribal autonomy and Native kin. It also tells a story of struggle and resilience: of people tending to, protecting, and supporting others in their wards. For example, brief, seemingly isolated observations by asylum staff and visitors cumulatively suggest expressions of survivance. Anecdotes of Native women sitting together in circles, possibly singing, appear

across the three decades Canton was open.⁵⁰ Incarcerated people created traditional dolls, belts, and beadwork, most of which were sold by the institution, although some were clearly given as gifts to other members at Canton.⁵¹ Affinity, relationship, and collective experience are present in all of these moments, even if historians are unable to fully access them. For the people impacted by institutionalization inside and outside of Canton, kinship was and is a fundamental source for survivance.

Diagnoses

Kinship's pivotal role in Native life and self-determination in turn presents a different lens through which to understand diagnoses. As a primary mechanism of ableism, medical diagnoses pathologized Native kinship. BIA documents attest to this. Drawing on heteropatriarchal concepts of family, agency officials and the asylum superintendent assigned specific roles to Indigenous people: references to mothers and daughters, siblings, and spouses appear regularly in medical records and officials' correspondence.⁵² U.S. authorities consistently pathologized their constructed forms of Native families. These perceived familial connections contributed at least in part to their institutionalizations. Sometimes relatives were removed to Canton at the same time, sometimes within 1–2 years of a relative's initial incarceration.

To return to the opening story: the BIA removed multiple members of the Clafflin-Wauketch extended family to the Indian Asylum: in January 1909, just two months later, BIA agents dislocated an elder, Charles Clafflin, to Canton. His young adult grandson, Edward, was taken in April 1917; Charles Clafflin's adult son, Peter, and his son-in-law Seymour Wauketch in November 1917; his daughter Mary (Edward's mother and Seymour's spouse) was removed to the South Dakota institution in January 1918.⁵³ Part of the "rationale" for each being institutionalized was that they came from a family with presumed inherent mental defects.⁵⁴ Asylum and Keshena Agency files suggest that Seymour Wauketch may have been placed at Canton as a "benevolent" act—to keep him with his son, Edward.⁵⁵ The absence of formal white U.S. medical diagnoses for Seymour Wauketch and Peter Clafflin, while certainly not unique at Canton, takes on added potential meaning in the light of settler colonialism, ableism, and Native kinship.

The same BIA authorities also applied the malleable and racist eugenic medical formula to Agnes Caldwell and her kin. Among the reasons BIA officials justified the young mother's incarceration in 1917 was that she, her children, and her spouse, lived with her parents. That Agnes Caldwell had "always been dependent upon . . . her parents for their support" especially troubled the white agents. They described her as "filthy in her habits an utterly incapable of being taught to live right and independent of her mother."⁵⁶ Implicitly, they pathologized Caldwell's extended family. The elderly parents, according to this framework, had failed to raise an "independent" daughter and were decreasingly capable of managing her or young children. The agency physician described Agnes Caldwell's spouse, George, as "worthless and contributes very little if any thing to support of the family."⁵⁷ Emphasizing possible additional children from the marriage as a "helpless strain of Indian," he also marked the Caldwell's living son and daughter as inherently flawed.⁵⁸ The white U.S. medical model

discredited traditional Menominee kinship customs, including multiple generations living together and elders' central role in childrearing and reciprocal caregiving. The BIA Commissioner complied with the physician's "expert" recommendation to institutionalize the young mother as way to reduce the "burden" the household faced.⁵⁹

H. R. Hummer similarly invoked eugenic concerns about the broader Bear and Caldwell relatives to support his decision to detain Agnes Caldwell at Canton ultimately for seventeen years. Referring to one note from George Caldwell from October 1919, for example, the Canton administrator suggested to the BIA that Agnes Caldwell's spouse likely "was not mentally alert" and thus his wife should remain at Canton. Hummer pointedly added that, "Another potent argument against her discharge is that she is well within the child-bearing age and any offspring *must* be defective."⁶⁰ He added examples in a letter shortly thereafter, insisting that Agnes Caldwell would only produce "feeble-minded, epileptic or idiotic children, if she were permitted to be at large."⁶¹ Emphasizing Agnes Caldwell's eugenic threat to broader society, Hummer repeatedly described her as "over-sexed. Mentally she is deficient."⁶² Discounting her kin's claims, he insisted that Mrs. Caldwell was "mentally unable to [return home and take care of her family] and the great danger of increasing the number of defective offspring should outweigh her wishes [to return home]."⁶³ Institutionalization, Hummer argued, was best for Agnes, George, their family, and society at large.

Considering the compounded impact of ableism and settler colonialism, however, offers a different story of Hummer's interpretations and the broader racist medical system from which he drew. At the Indian Asylum in Canton, diagnoses served many purposes. The asylum superintendent's invocation of white U.S. medical ideas about mental health and competency enhanced his own authority and role as a medical expert. His position as the sole physician at Canton and its chief administrator—his job and his status—rested in large part on the BIA's belief that he possessed medical expertise, that asylum policies were effective, and that the project of institutionalizing Native people was a worthy investment. As American Indian studies scholar Sean Kicummah Teuton (Cherokee Nation) explains, the white U.S. medical framework served as an effective tool of conquest: "On this belief, settler-colonial governments composed policies that argued either that Indigenous people were too defective to be repaired and thus should be displaced beyond the reach of civilization, or that they were indeed within repair and that state-sponsored programs, from eugenics to medicine to education, could meet this challenge."⁶⁴

This imperial, ableist process directly and necessarily disempowered and—I use this term intentionally—*invalidated* Agnes Caldwell and her kin as legitimate sources of knowledge.⁶⁵ Hummer, with the force of the U.S. government behind him, sought to invalidate Menominee kin relations as well. His maneuvers also dismissed the collateral impact on kin back in Menominee Nation and mothers' authority in Menominee culture. Additionally, the superintendent diverted attention from his role in Caldwell's pregnancy while under his supervision.

Inherent in this process (and part of its purpose) was the use of such diagnoses to discredit *challenges* to this culturally specific medical rationale, the authority of Canton's Superintendent Hummer, the BIA, and the U.S. government.⁶⁶ For instance, H. R. Hummer pathologized the frequency of Agnes Caldwell's

written petitions, drawing a direct line between her “numerous requests” with his diagnosis of her as “feeble-minded” and overly driven by desires, particularly sexual desires.⁶⁷ In a similar maneuver, he implied that Susan Wishecoby’s self-advocacy was a sign of “irritability” and “irascible nature probably being permanent.”⁶⁸ Such “permanent” flaws, Hummer suggested, could endanger society across generations if Wishecoby were released and subsequently had children.⁶⁹

Menominee and other Native people resisted these pathological labels and the related “treatments” white U.S. medical experts claimed were necessary. Numerous affidavits and letters from Canton’s incarcerated members directly countered the white U.S. dominant story of care, sanctuary, and benevolence that asylum administrators and BIA officials typically conveyed.⁷⁰ They specifically challenged H. R. Hummer’s depiction that Canton Asylum resembled a safe and loving (white) household. “By rights they call this an Indian Asylum and then why don’t the Indians have it more like their home,” Susan Wishecoby wrote in 1921. “If I would of known I was coming to an Asylum I wouldn’t of come at all . . .”⁷¹

Across the years, Susan Wishecoby and others bore witness to the traumatizing and killing conditions of the asylum. Often, these testimonies included experiences of other incarcerated people. By documenting abuses, these Indigenous adults simultaneously advocated for others in the locked wards who usually had more limited personal resources (such as facility in English, known advocates on the outside, or less antagonistic relations with staff). Testimonies to acts of violence against others detained at Canton themselves contain multiple stories: stories of terror and trauma, of measures of protection and concern, of vulnerability, of outrage, of straining against power, of bearing witness and affirming lived realities. They also can be read as forms of collective action and of claiming certain autonomy and authority. Those writing letters sought redress for wrongs against others on the inside, and by so doing, they insisted on the humanity and dignity of the people who lived, struggled, and often died around them.⁷²

In some instances, Native members critiqued the asylum and its employees as the real “problem.” A 1915 written statement, for example, described an attendant who “swears that he wont have anything to do with the ‘Indian sons of bitches.’” The author continued, “I can testify that he does them no good.”⁷³ For this incarcerated observer, staff hostility and incompetence created a dangerously harmful environment: “The atmosphere awfully bad & finally when the night man return he starts to cursing and swearing. . . . no matter how cold he will throw open every window and do anything other than flush the toilets.” He sought some means to counter this dehumanizing situation: “I have gotten up and the cold floor & gone in & flushed them because the smell was non endurable.”⁷⁴

Susan Wishecoby similarly drew attention to staff abuses. In a 1925 letter to Superintendent Hummer, she explained that staff “make most of the trouble for you” and that “I wish you would please learn them to rest us like human beings not like beast to be teasing all the time.”⁷⁵ Wishecoby and other Native people confronted and challenged white administrators’ fraudulent claims of Canton and its staff as safe and nurturing. Their stories told of malnourished and undernourished people, of people writhing in physical pain as employees watched, of

anguish, terror, and the harm of solitary confinement, of sexual violence, abductions, of tuberculosis killing children and adults.⁷⁶

Agnes Caldwell, too, identified repeated abuses, if more obliquely. In 1920, she recounted to female staff that two male attendants—Louis Hewling and William Juel—had unlocked and entered the dormitory room she shared with Christine Amour.⁷⁷ Superintendent Hummer and others accurately assumed that the men had had sexual relations with these incarcerated women. Caldwell and Amour expressed fear when the asylum administrator sought to conduct physical exams on them in the wake of this revelation. At the time, Hummer demanded the men's resignations but primarily blamed the women for their (perceived) inherent moral deficiencies.⁷⁸ The Menominee women were moved to a new room and placed under heightened surveillance. Later testimony to another female employee by Caldwell confirmed that the men had sought—and had—sexual relations with her and Amour.⁷⁹ The absence of direct documentation from Caldwell herself—or from Amour—seems telling, particularly since Agnes Caldwell regularly penned letters to the BIA and to her relatives in Keshena. Many complex factors may have contributed to this silence: the violence of institutionalization, staff and administrative censorship, fear of retaliation, and a desire to shield kin on the inside and outside from more trauma.⁸⁰

The malleability and impact of medical diagnoses continued—and continues—to shape this history. In 1933, Dr. Samuel Silk of St. Elizabeths Hospital in Washington, DC, (the other U.S. federal psychiatric facility) re-inspected Canton. As was common procedure, he interviewed numerous incarcerated people as well as staff. This time, however, Silk's conclusions buttressed the BIA's growing desire to close the facility. Silk's report affirmed what Native people already lived and knew but added institutional authority to the critique: the Indian Asylum was, according to Silk, a violent and aberrant facility, "a place of padlocks and chamber pots."⁸¹ This assessment contributed to Canton's forced closure in December 1933.

An important but often overlooked part of his exposé, however, was Silk's rediagnosis of twenty incarcerated people, including, specifically, Agnes Caldwell, and several other Menominee people. According to Silk, a central "problem" was that Canton incarcerated "sane Indians." To illustrate his point, the psychiatrist drew from Caldwell's asylum medical files. Since her initial intake form in 1917, these reports described her as "Usually quiet and well behaved. Very neat and tidy, no mannerisms, correctly oriented, memory fair, education limited, judgment un-developed, no delusions or hallucinations, but is over-sexed. Mentally she is deficient."⁸² Silk claimed that Caldwell had "no psychosis."⁸³

Thus, as part of the process of closing (and rationalizing the closing of) Canton Asylum, Agnes Caldwell, Peter Claflin, and Earl Mahkimetass were given *new* white U.S. medical diagnoses by Agency doctors: mentally deficient but not insane. This new pathological label served multiple purposes: it *partially* buffered the federal Indian agency from accusations that Canton Asylum had wrongfully incarcerated people by asserting "something" was medically troublesome about these Menominee people. It simultaneously enhanced the authority of non-Native medical evaluators from Saint Elizabeths Hospital.⁸⁴

Additionally, it continued the process of pathologizing Native people and relationships, affirming settler social-political order and authority.

Settler and ableist forces bearing down on Native presence also restrict scholars' access to that experience. Limited English literacy, among other significant factors, constricted opportunities for many institutionalized Indigenous people to express ideas in ways that U.S. historians today can access and understand. Still—and perhaps because of this—it is particularly important to consider them as valid sources worthy of critical consideration.

This specifically includes the people deemed “incompetent” by U.S. officials. Agnes Caldwell, for example, regularly claimed authority as the expert of her life. In frequent letters to H. R. Hummer and to the BIA Commissioner she repeatedly asserted, “I am cure now,” emphasizing that she was in “good health.” During Samuel Silk’s 1933 inspection, Caldwell used the opportunity to tell him directly that she “well and could take care of herself.”⁸⁵ She insisted on the legitimacy of her desires: “I want to go home.”

Susan Wishecoby similarly self-advocated through letters, challenging white U.S. medical diagnoses applied to her and the resulting “treatment” at Canton. According to Wishecoby, accusations of being “wild” was “the reason I had to come out here.” But, she countered, “I know better than to ever get wild.” “My parents can say the same,” she added, “I never left their side when I was at home until now.”⁸⁶ She continued, drawing attention to her capacity to work and be useful and to “do my best in everything.” Using her own terms (such as “wild,” “well,” and “useful”) Wishecoby, and also her parents, resisted BIA agents’ and H. R. Hummer’s claims that she was mentally ill and in need of continued institutionalization. “The reason I am doing this,” she explained in one letter, “is to show you that I am well.”⁸⁷

Responding to these stories as valid and vital sources uncovers ways that asylum detainment tore at Native people’s worlds across institutional, geographic, national, and generational boundaries. This disorderly interpretation lays bare that medical diagnoses and institutionalization impacted not only pathologically labeled Native individuals but their extended families and nations as well. Simultaneously, these primary sources show that even within the confines of structural domination, Indigenous people actively continued (and continue) to shape and adapt their lifeways.

Remembering

Since the 1980s, when Lakota journalist-activist Harold Iron Shield initiated a campaign to remember those held at the Indian Asylum, descendants have gathered annually to participate in honoring ceremonies. They come to Canton, South Dakota, by trains, cars, and planes. Many come in small and large groups; others arrive alone. Most if not all claim one another as kin.

The land itself bears witness to the changes and continuities since the asylum was shut down in late 1933. The train depot has since closed, and the fencing around the asylum grounds has also been taken down. For a time, the property was used as a penitentiary, later as farm storage. Since 1946, it has been known as the “Hiawatha Golf Course.” Between the fourth and fifth holes of

this manicured space of (white) sport and leisure, is the asylum cemetery, symbolically cordoned off with now crumbling split rail fencing.⁸⁸

There are 120 *known* Native people buried in mostly unmarked graves in this cemetery. Most of the names inscribed on a historic marker reflect U.S. government references: English, Christianized names or English approximate translations of Indigenous names. Included on the stone marker is Seymour Wauketch (d. 1925), Charles Clafflin (d. 1914), and one other Menominee elder.⁸⁹ Agnes Caldwell's daughter, Delores, appears as "Baby Caldwell."

Some of the people who attend honoring ceremonies have immediate kin laid to rest in this cemetery. Some of the honoring ceremony attendees have no idea where their incarcerated ancestors were buried. Struggles over memory abound.

The location of most textual sources tied to the Canton Asylum contributes to this struggle. Agnes Caldwell's and Susan Wishecoby's letters, along with thousands of other materials about the other people incarcerated at Canton, are held, uncensored, at the National Archives. Technically, these materials are available to the full public. In reality, only those with the means to visit the various National Archives sites and navigate the archival system can access these records. Consequently, comparatively privileged, often non-Native researchers (like myself) can engage with these materials while relatives of Canton's incarcerated members often cannot.⁹⁰ The absence of privacy measures commonly applied to asylum medical records present significant complications, enabling researchers to share intimate information through their work that disregards Native values and sovereignty.⁹¹

The Archive's indexing labels also re-ascribe the ongoing battles over Native self-determination and white U.S. medical authority's power: most of the archival sources cited in this project are housed in the record group for the BIA, and specifically collected under the series title "Canton Asylum for Insane Indians."⁹² These letters are now dislocated from many of their intended recipients, and the subjects are *disordered*, marked especially by a pathological label: insane. This in turn has shaped the tellings of lived stories.

Examples abound. Various scholars, drawing on these materials, have reinscribed the white medical/pathological/racist labels onto these institutionalized people. Agnes Caldwell, for instance, has been cast (unquestionably) as cognitively disabled; her many letters become evidence of her inherent defects.⁹³ Two historical studies notably valorize Superintendent Hummer while chastising Caldwell for her pregnancy. In one work, the author explained, "Despite his best efforts, Hummer was unable to keep Caldwell from acting upon her diagnosed weakness for men."⁹⁴ Another quoted BIA records of Caldwell at length, drawing attention to judgments of her as "over sexed" and "feebleminded"⁹⁵; the absence of critique of these interpretations ultimately reinforced (intentionally or unintentionally) these stigmatizing, white U.S. medical depictions.

These are not exceptional. Almost all scholarly studies and media reports refer to the people detained at Canton as "patients." Colonial frameworks of "family," when noted, typically obscure lived realities of Native kinship. Almost none address Native sovereignty issues or systems of medicine. With rare exception they invoke the pathological diagnoses present in medical files.

And the long reach of these medical diagnoses also shape the tellings of life histories within American Indian communities. Some descendants of Canton's incarcerated members have shared wrenching confusion about their relatives: were they "whatever the BIA and Asylum superintendent said they were"? Others flatly reject the white U.S. medical diagnosis but live with the cross-generational trauma and wounds of this violent medical intervention. Through the course of learning into this story, I have also met people who, until recently, never knew they had kin confined to the Indian Asylum. Stigma, separation, and isolation—among other factors—contributed to the nearly full "erasure" of the person from their kinship homes and communities. Following their ancestors' acts of survivance, some of these men and women actively seek to honor their Canton relatives as an Indigenous process of restoration of well-being.

Reflecting on Native peoples' cross-generational remembering of the 1864 Sand Creek Massacre, U.S. historian Ari Kelman has written:

That these memories were preserved at all, shared behind locked doors, after nightfall, or whispered from grandparent to grandchild, no matter the risks, underscored the durability of traditional practices. For the descendants, recounting and documenting the massacre, tasks uplifting and unsettling, represented acts of courage, self-sacrifice, and tribal patriotism.⁹⁶

While what happened at the Canton Asylum was and is not the same as the massacre at Sand Creek, Kelman's description of survivance and the pivotal role of remembering the past shares important commonalities. Loss, grief, and wonderment ripples across generations. It fuels efforts to remember. This, in turn, offers an important call to others interested in lived and living stories of the past.

Stories from Menominee Nation, within the Indian Asylum, and across generations, offer a vital and different understanding typically found in individual-based asylum research. Native people's remembering directly challenge dominant US-institutional narratives that "justified" pathological labels and incarceration. Collectively, they invite us to consider more broadly and rigorously the relational and national-cultural aspects of diagnoses, of authority, of kinship, and of history itself.⁹⁷

The overarching thread of this story is *remembering*, a concept and experience with shifting relationships to past, present, and future—and a process of understanding and preserving this knowledge. Learning about the people incarcerated at Canton Asylum continues to offer hard and meaningful history lessons. It invites us to disorder our interpretations and methodologies, reconsidering the ways settler colonialism, ableism, and the white U.S. medical system link together and around these histories. Disorderly approaches remind us that sovereignty has been and remains central at every point. We are called to remember that relationships shape the story: from the types of sources and perspectives historians (in the broadest sense of the term) deem worth preserving and interpreting, to the ways these sources are shared and with whom. A perhaps obvious and vital point also shines through: that history is complex and messy.

Author Louise Erdrich (Turtle Mountain Chippewa) captures it this way: "The story comes around, pushing at our brains, and soon we are trying to ravel

back to the beginning, trying to put families into order and make sense of things. But we start with one person, and soon another and another follows, and still another, until we are lost in the connections.”⁹⁸

Endnotes

I wish to express my deep gratitude to the many people who provided support and guidance on this work, including the relatives of people incarcerated at Canton Asylum. I especially thank Menominee elder Napos (David Turney, Sr.). Generous grants from the National Endowment for the Humanities, the National Archives Regional Residency Fellowship, and Middlebury College provided time and resources for research, engagement, and writing. Address correspondence to Susan Burch, American Studies Program, Axinn Center at Starr Library 249, Middlebury College, Middlebury, VT 05753. Email: sburch@middlebury.edu.

1. David R. M. Beck, *The Struggle for Self-Determination: History of the Menominee Indians Since 1854* (Lincoln, 2005) 90. The doctor was likely Robert Needberne. See Joan Jensen, *Calling this Place Home: Women on the Wisconsin Frontier, 1850–1925* (Minneapolis, 2006) 469, fnnt 69.

2. Beck, *The Struggle for Self-Determination*, 90.

3. For general histories of Canton Asylum see Diane T. Putney, “The Canton Asylum For Insane Indians, 1902–1934,” *South Dakota History* 14, no. 1: (1984): 1–30; Scott Riney, “Power and Powerlessness: The People of the Canton Asylum For Insane Indians.” *South Dakota History* 27, no. 1/2 (Summer 1997 1997): 41–64; Michelle C. Saxman, “The Canton Asylum for Insane Indians (South Dakota).” CRM: [Bulletin] 22, no. 9 (1999): 40–42; Beck, “Table 3: Menominee population estimates and figures, 1852–2004,” in *The Struggle for Self-Determination*, 195.

4. These references and applied names come from BIA documents and underscore sovereignty battles between Menominee Nation and the United States. W. R. Babout to H. P. Marble, May 3, 1917, Keshena Agency, Series 722.1, Box 162, Record Group 75, Central Classified Files, 1907–1939, National Archives and Records Administration, Washington, DC (Hereafter RG 75, CCF 1907–39, NARA-DC); W. R. Babout to H. P. Marble, October 13, 1917, Keshena Agency, Series 722.1, Box 162 (RG 75, CCF 1907–39, NARA-DC); 1900 U.S. Census, Menominee Indian Reservation, Oconto, Wisconsin; Roll: 1817; Enumeration District: 198; FHL microfilm: 1241817; *Indian Census Rolls, 1885–1940* (1899), Roll: M595_173; Page: 10; Line: 14; Agency: Green Bay (National Archives Microfilm Publication M595, 692 rolls); *1910 U.S. Census, Menominee Indian Reservation, Shawano, Wisconsin*; Roll: T624_1738; Page: 29A; Enumeration District: 0163; FHL microfilm: 1375751.

5. See *Routes to Indian Agencies and Schools: With their Post Office and Telegraphic Addresses and Nearest Railroad Stations* (GPO, 1917) 4. Admittedly, details in this source primarily refer to 1920 rather than 1917 but likely are still accurate.

6. Riney, 44; Putney, 3–4.

7. The terms “American Indian,” “Native American,” and “First Nations” each hold different meanings and histories. Opinions about these broad terms vary, and I use all of them as a way to recognize the diverse perspectives and political positions of the people who have shaped this work. Whenever possible, I note a person’s specific tribal affiliation. I also refer to specific Indigenous nations’ medical framings as a way to acknowledge their distinct histories as sovereign nations and their medical histories as distinct, too. These distinctions hopefully encourage greater accuracy and critical reflection by drawing

attention to the often unchecked primacy in disability studies scholarship of a white U.S. and/or western medical model as *the* medical model or system of medicine.

8. For examples of this form of disability history see Susan Burch and Michael Rembis, eds., *Disability Histories* (Champaign, 2014); Ellen Samuels, "Examining Millie and Christine McKoy: Where Enslavement and Enfreakment Meet," *Signs* (Autumn 2011): 53–81; Dea Boster, *African American Slavery and Disability: Bodies, Property and Power in the Antebellum South* (New York, 2013); Ellen Samuels, "Examining Millie and Christine McKoy: Where Enslavement and Enfreakment Meet," *Signs* 37, no. 1 (Autumn 2011): 53–81; Jennifer Barclay, "Mothering the 'Useless': Black Motherhood, Disability, and Slavery," *Women, Gender, and Families of Color* 2, no. 2 (Fall 2014): 115–140.

9. William Cronon, "A Place for Stories: Nature, History, and Narrative," *Journal of American History* (March 1992): 1347.

10. "Disorder," http://www.oxforddictionaries.com/us/definition/american_english/disorder; see also "Disorder," sv. <http://www.merriam-webster.com/dictionary/disorder>.

11. For expanded studies of settler colonialism, see for example Daiva Stasiulis and Nira Yuval-Davis, eds., *Unsettling Settler Societies: Articulations of Gender, Race, Ethnicity and Class* (London, 1995); Patrick Wolfe, *Settler Colonialism* (London, 1999); Margaret Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880–1940* (Lincoln, 2009).

12. For more on sovereignty see for example Amanda J. Cobb, "Understanding Tribal Sovereignty: Definitions, Conceptualizations, and Interpretations," *American Studies* 46, no. 3/4 (Fall-Winter 2005): 115–32. Examples of the wide-ranging issues and perspectives can be found in Joanne Barke, ed., *Sovereignty Matters: Locations of Contestation and Possibility in Indigenous Struggles for Self-determination* (Lincoln, 2005); Craig S. Womack, Daniel Heath Justice, Christopher B. Teuton, eds., *Reasoning Together: The Native Critics Collective* (Norman, 2008); and Padraig Kirwan, "Mind the Gap': Journeys in Indigenous Sovereignty and Nationhood," *Comparative American Studies* 13, no. 1–2 (June 2015): 42–57. Frederick E. Hoxie details why settler colonialism is a useful framework to historians in "Retrieving the Red Continent: settler colonialism and the history of American Indians in the U.S., Ethnic and Racial Studies," *Ethnic and Racial Studies* 31, no. 6 (2008): 1153–67.

13. This includes what Mark Levene has called "creeping genocide." Mark Levene, "The Chittagong Hill Tracts: A case study in the political economy of 'creeping' genocide," *Third World Quarterly* 20, no. 2 (1999): 339–69. See also Levene, *Genocide in the Age of the Nation State* (New York, 2005).

14. The damaging impact of settler colonialism on indigenous people's well-being also is centrally important. For a thoughtful critique of settler colonial racist and gendered categories, see Gregory D. Smithers, "The Pursuits of the Civilized Man: Race and the Meaning of Civilization in the United States and Australia, 1790s–1850s," *Journal of World History* 20, Number 2 (June 2009): 245–72; For twentieth century examples of settler colonialism and ableism, see C. Richard King, "The Good, the Bad, and the Mad: Making Up (abnormal) People in Indian Country, 1900–30," *European Journal of American Culture* 22, no.1 (2003): 38. Joy Porter's "Progressivism and Native American Self-Expression in the Late Nineteenth and Early Twentieth Century," details important forms of Native resistance. See Porter, "Progressivism and Native American Self-Expression in the Late Nineteenth and Early Twentieth Century," In *Native Diasporas: Indigenous Identities and Settler Colonialism in the Americas*, edited by Gregory D. Smithers and Brooke N. Newman (Lincoln, 2014), 359–92. Linda Tuhiwai Smith details both the crucial role of counter stories and the impact of settler colonialism on historical practices

in her excellent work, *Decolonizing Methodologies: Research and Indigenous Peoples* (London, 2005).

15. Sean Kicummah Teuton, "Disability in Indigenous North America: In Memory of William Sherman Fox," in *The World of the Indigenous Americas*, Robert Warrior, ed. (Hoboken, 2014), 574. See also Paul Kelton, "Avoiding the Smallpox Spirits: Colonial Epidemics and Southeastern Indian Survival," *Ethnohistory* 51, no.1 (2004) 45–71; Catherine M. Cameron, Paul Kelton, and Alan C. Swedlund, eds., *Beyond Germs: Native Depopulation in North America* (Tucson, 2015). A thoughtful study of American Indian stereotypes anchored in scientific racism can be found in Robert Berkhofer's *The White Man's Indian: Images of the American Indian from Columbus to the Present* (New York, 1979), 55–58.

16. Pemina Yellow Bird, "Wild Indians: Native Perspectives on the Hiawatha Asylum for Insane Indians." <http://www.power2u.org/downloads/NativePerspectivesPeminaYellowBird.pdf> (accessed December 17, 2014). She notes that language barriers present another complication: the (mostly first and second generation Norwegian immigrant) staff did not understand the languages that many of the people incarcerated at Canton used. English was not commonly or evenly shared across the communities at this institution, displaying an inherent limitation of diagnoses and the diagnostic process. Another thoughtful critique of settler colonialism, Indigenous resistance, and history is Paul Kelton's *Cherokee Medicine*.

17. Anthropologist James B. Waldram offers helpful critiques of non-Native cultural perceptions of Indigenous forms of medicine in his book, *Revenge Of The Windigo: The Construction Of The Mind And Mental Health Of North American Aboriginal Peoples* (Toronto, 2004). C. Richard King explains the settler criteria by which Native people at the turn of the twentieth century were assessed, which included "normality, fitness, sanity, adjustment, and propriety." King, "The Good, the Bad, and the Mad," 38.

18. For additional critiques of whiteness as an historical, racial category, see, for example, Nell Irvin Painter, *The History of White People* (New York, 2010); Michael Omi and Howard Winant, *Racial Formation in the United States* (New York, 2015).

19. Another way this work acknowledges Native self-determination is through references. Broad terms like "American Indian," "Native American," and "First Nations" are inherently limited because they group all Native nations together as if "Indian" was a singular identity. Recognizing that there is no consensus among historians or Native community members about the use of these terms, and the reality that each Native nation has its own distinctive identity, life worlds, and history, I have noted individual's specific tribal affiliation, when known.

20. I am grateful particularly to Menominee elder Napos for sharing his insights about this.

21. I especially thank Pemina Yellow Bird for our conversations about this.

22. Agnes Caldwell to BIA, December 11, 1919, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

23. Ibid.

24. See, for example, Michael A. Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890–1960* (Champaign, 2012); Benjamin Reis, "Letters from Asylumia: The Opal and the Cultural Work of the Lunatic Asylum." *American Literary History* 16, no. 1 (2004): 1–28; Peter McCandless, *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill, 1996); Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940* (Chapel Hill, 1995).

25. See, for example, Steven Mintz and Susan Kellogg, *Domestic Revolutions: A Social history of American Family Life* (New York, 1989); Brenda Child, *Boarding School Seasons: American Indian Families, 1900–1945* (Lincoln, 1998); Anne Hyde, *Empires, Nations, and Families: A History of the North American West, 1800–1860* (Lincoln, 2011).

26. Beth H. Piatote, *Domestic Subjects: Gender, Citizenship, and Law in Native American Literature* (New Haven, 2013) 173.

27. Russell Thornton, *American Indian Holocaust and Survival: A Population History Since 1492* (Norman, 1987), 42–43, 64. Estimates of Indigenous populations pre-and post-1492 remain highly contentious. See, for example, William M. Denevan, ed., *The Native Population of the Americas in 1492* (Madison, 1992); Russell Thornton, “Population History of Native North Americans,” In *A Population History of North America*, edited by Michael R. Haines, Richard H. Steckle (Cambridge, 2000) 9–50.

28. Paul Kelton, *Cherokee Medicine, Colonial Germs An Indigenous Nation’s Fight against Smallpox, 1518–1824* (Norman, 2015); Catherine M. Cameron, Paul Kelton, and Alan C. Swedlund, eds., *Beyond Germs: Native Depopulation in North America* (Tucson, 2015). See also Pemina Yellow Bird, “Wild Indians.” For a study of cross-generational trauma, resilience, and healing among Diné people, see Jessica R. Goodkind, Julia M Hess, Beverly Gorman, and Danielle Parker, “We’re Still in a Struggle’: Diné Resilience, Survival, Historical Trauma, and Healing,” *Qualitative Health Research* 22, no. 8 (2012): 1019–1036.

29. See, for example, Gerald Vizenor, *Manifest Manners: Narratives on Postindian Survivance* (Lincoln, 1999); Gerald Vizenor, “Aesthetics Of Survivance” *Literary Theory and Practice*, in *Survivance: Narratives of Native Presence*, edited by Gerald Vizenor (Lincoln, 2008).

30. Daniel Heath Justice, “Go Away, Water! Kinship Criticism and the Decolonization Imperative,” in *Reasoning Together: The Native Critics Collective*, edited by Craig S. Womack, Daniel Heath Justice, and Christopher B. Teuton (Norman, 2008) 147–168; Jay Miller, “Kinship, Family Kindreds, and Community,” in *A Companion to American Indian History*, edited by Philip J. Deloria and Neal Salisbury (New York, 2008), 139–151; Margaret Jacobs, *A Generation Removed: The Fostering and Adoption of Indigenous Children in the Postwar World* (Lincoln, 2014). Mark Rifkin provides insights into the inherent limits of kinship frameworks within a settler context. See Rifkin, *When Did Indians Become Straight?: Kinship, the History of Sexuality, and Native Sovereignty* (Oxford, 2010).

31. Kin meaning “The group of persons who are related” . . . “one’s kindred, kinsfolk, or relatives, collectively.” “kin,” n.1. OED Online. September 2014. Oxford University Press. <http://www.oed.com.ezproxy.middlebury.edu/view/Entry/103433?redirectedFrom=kinfolk> (accessed November 26, 2014). On demographic histories see, for example, Russell Thornton, ed., *Studying Native America: Problems and Prospects* (Madison, 1998); Margaret Jacobs, *A Generation Removed: The Fostering and Adoption of Indigenous Children in the Postwar World* (Lincoln, 2014).

32. See, for example, Mrs. Ed I. Whiting Sr., letter to BIA petitioning for the discharge of her brother, referred to as James Herman, July 24, 1914, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC; BIA Commissioner to Mrs. Ed I Whiting Sr., August 25, 1914, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC; Charles Fisher to BIA, petitioning for the discharge of his wife, December 16, 1918, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC; Mary L. Davis to BIA, petitioning for the discharge of her mother, June 4, 1917, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

33. For more on the general concept of well-being in Indigenous communities, see Lynn Gamwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of*

Mental illness Before 1914 (Cornell, 1995) 13; Kim Nielsen, "The Spirit Will Choose the Body It Will Occupy: Indigenous North America, Pre-1492," In *A Disability History of the United States* (Boston, 2012), 1–11.

34. As referenced in another letter from H. R. Hummer to the BIA: October 21, 1919, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

35. For example, Agnes Caldwell to BIA, December 11, 1919, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

36. Josephine Johnson to BIA, October 10, 1928, Canton Asylum, Box 18, RG 75, CCF 1907–39, NARA-DC.

37. Agnes Caldwell to BIA, February 24, 1920, Canton Asylum, Box 15, RG 75, CCF 1907–39, NARA-DC.

38. Agnes Caldwell to BIA, November 10, 1919, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

39. Agnes Caldwell to Commissioner, November 10, 1920, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

40. Margaret Jacobs, *A Generation Removed*, Xxxiii; see also Alexander Lesser, "Caddoan Kinship Systems," *Nebraska History* 60 (1979): 260–71; Kathleen Ann Pickering, *Lakota Culture, World Economy* (Lincoln, 1996), 6.

41. Jacobs, *A Generation Removed*, Xxxiii.

42. Non-Native staff noted repeatedly that Peter Claflin and the child referenced as Earl Mahkmetass (Mahkitmass) did not speak English but did communicate; likely none had been in boarding or missionary schools. These three survivors were sent back to Keshena.

43. "Kinship," <http://www.mpm.edu/wirp/ICW-48.html>. See also David Beck, *Siege and Survival: History of the Menominee Indians, 1634–1856* (Lincoln, 2002).

44. Accounts vary on the number of Nations whose people were incarcerated at Canton. According to Steve Young, it was upwards of sixty-three; other authors have estimated closer to fifty. See, for example, Steve Young, "A Shameful Past: Indian Insane Asylum," *Argus Leader*, May 5, 2013 (<http://archive.argusleader.com/article/20130505/NEWS/305050033/A-shameful-past-Indian-insane-asylum>); Putney, 30; Todd Leahy, "The Canton Asylum: Indians, Psychiatrists, and Government Policy, 1899–1934," PhD Dissertation (Oklahoma State University, 2004), 75.

45. Ben Meader, "visualization 2," unpublished document. There were twenty-five identified Lakota people from Pine Ridge alone.

46. Marilyn Holt, *Indian Orphanages* (Lawrence, 2001): 23; See also Margaret D. Jacobs, "Diverted Mothering among American Indian Domestic Servants," In *Indigenous Women At Work: From Labor To Activism*, Carol Williams, editor (Urbana, 2012) 185, citing Holt, 23.

47. Milwaukee Public Museum, "Kinship," <http://www.mpm.edu/wirp/ICW-48.html>.

48. Comparatively little has been recovered and acknowledged about the pervasive forced sterilization of Native people, especially women, in the late 20th century. The extent to which eugenicists sterilized American Indians before the 1950s remains mostly unknown to scholars. Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (Summer, 2000): 400–19.

49. For many reasons, this assertion deserves skepticism. As Andrea Smith notes, "Historically, white colonizers who raped Indian women claimed that the real rapists were Indian men." Smith, *Conquest*, 26.

50. See, for example, "Oral History: A Conversation about the Hiawatha Indian Insane Asylum in Canton, SD: Manfred Hill, Charles Hill, Julian Holter, Lyle Hill." Interviewed by Donna Dexter, July 2013. Augustana College collection.

51. See, for example, Steve Young, "Hiawatha Remembered," *Argus Leader*, May 14, 2013.

52. Examples include a daughter and mother from Western Navajo Nation in Tuba City, Arizona; Sioux spouses from Crow Creek, South Dakota; Cherokee siblings from Union Agency, Muskogee, Oklahoma; Southern Ute siblings from Ignacio, Colorado (one had a daughter while at Canton); Chippewa siblings from Laona Agency, Wisconsin. Names of Native Nations come from the BIA documents. For more on the ways that "family" as a heteropatriarchal concept has served settler colonialism both ideologically and materially, see Scott Lauria Morgensen, *Spaces Between Us: Queer Settler Colonialism and Indigenous Decolonization* (Minneapolis, 2011); Lisa Kahaleole Hall, "Strategies of Erasure: U.S. Colonialism and Native Hawaiian Feminism," *American Quarterly* 60, no. 2 (June 2008) 273–28; Andrea Smith, "Queer Studies and Native Studies: The Heteronormativity of Settler Colonialism," in *Queer Indigenous Studies: Critical Interventions in Theory, Politics, and Literature*, edited by Qwo-Li Driskill, Chris Finley, Brian Joseph Gilley, and Scott Lauria Morgensen (Tucson, 2011). See also social theorist Patricia Hill Collins's "It's All In the Family: Intersections of Gender, Race, and Nation," *Hypatia* 13 (1998): 62–82.

53. H. R. Hummer to BIA, January 29, 1909, Canton Asylum, Box 13, RG 75, CCF 1907–39, NARA-DC; John Collier to WR Beyer, January 4, 1934, Canton Asylum, Box 18, RG 75, CCF 1907–39, NARA-DC; Ferdinand Shoemaker to BIA, December 10, 1913, Keshena Agency Series 722.10 (Insane Indians), Box 162, RG 75, CCF 1907–39, NARA-DC; HP Marble to Commissioner, February 5, 1917, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC.

54. See, for example, Superintendent Marble to BIA, February 5, 1917, Keshena Agency, Box 162, RG 75, CCF 1907–39, NARA-DC; WR Bebout to HP Marble, September 26, 1917, Keshena Agency, Box 163, RG 75, CCF 1907–39, NARA-DC. ; Ferdinand Shoemaker to BIA, December 10, 1913, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC.

55. See, for example, WR Babout to BIA, October 13, 1917, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC; WR Babout to HR Marble, May 7, 1917, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC; Ferninand Schoemaker (Physician expert) to Commissioner, 10 December 1913, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC. Agents claimed, too, that the family caring for Peter Clafflin wanted him sent to Canton and that this dislocation would benefit the reservation generally. WR Babout to HR Marble, May 3, 1917, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC.

56. WR Babout to BIA, October 13, 1917, Keshena Agency, Series 722.1, Box 162, RG 75, CCF 1907–39, NARA-DC.

57. *Ibid.*

58. *Ibid.*

59. Many scholars have drawn attention to the ways the U.S. government and colonial settlers have especially targeted Indigenous kinship structures. See, for example, Margaret Jacobs, *A Generation Removed: The Fostering and Adoption of Indigenous Children in the Postwar World* (Lincoln, 2014); Piatote, *Domestic Subjects*; Roxanne Dunbar-Ortiz, *An Indigenous Peoples' History Of The United States* (Boston, 2014).

60. H. R. Hummer to BIA, October 21, 1919. Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.
61. H. R. Hummer to BIA, November 8, 1920, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.
62. “Canton Asylum Abstract: Agnes Caldwell,” Canton Asylum, Box 3, RG 75, CCF 1907–39, NARA-DC; “Sane Indians Imprisoned at Canton Asylum,” Canton Asylum, Box 3, RG 75, CCF 1907–39, NARA-DC.
63. H. R. Hummer to BIA, December 30, 1918, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.
64. Teuton, “Disability In Indigenous North America, 574. See also Angela Gonzales, Judy Kertész And Gabrielle Tayac, “Eugenics as Indian Removal: Sociohistorical Processes and the De(con)struction of American Indians in the Southeast,” *The Public Historian* 29, no. 3 (Summer 2007): 53–67.
65. See, for example, Susan Burch, “Dislocated: The Canton Asylum for Insane Indians,” *Women, Gender, and Families of Color* 2, no. 2 (Fall 2014): 141–62.
66. Angela Gonzales, Judy Kertész, and Gabrielle Tayac critically explore ways that the US-federal medical frame, especially eugenic ideology, has contributed to additional forms of Indian forced removals. See Angela Gonzales, Judy Kertész, and Gabrielle Tayac, “Eugenics as Indian Removal.” See also King, “The Good, the Bad, and the Mad,” 37–47; Nadia Kanani, “Race And Madness: Locating The Experiences Of Racialized People With Psychiatric Histories In Canada And The United States,” *Critical Disability Discourses / Discours Critiques Dans Le Champ Du Handicap* 3 (2011).
67. See, for example, H. R. Hummer to BIA, November 20, 1920, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.
68. H. R. Hummer to BIA, July 25, 1925, Canton Asylum, Box 17, RG 75, CCF 1907–39, NARA-DC. In a letter used to support Wishecoy’s institutionalization, a Keshena physician had claimed that she was “one of those cases difficult to classify but for practical purposes would consider her under the classification of dementia praecox.” WR Bebout to HP Marble, September 26, 1917, Keshena Agency, Box 162, RG 75, CCF 1907–39, NARA-DC.
69. Although she appeared to be “cured” of “convulsive seizures,” Hummer cautioned, her perceived inherent flaws—epilepsy and Indigeneity—would certainly convey to her children if she were released. “If we are concerned only with treating this individual,” he conceded, “we should probably discharge her.” However, he warned the Commissioner, “If we are concerned also in treating the future generations and preventing the increase of the number of cases of mental disease, we should pause and give this matter deep consideration.” H. R. Hummer to BIA, July 25, 1925, Canton Asylum, Box 17, RG 75, CCF 1907–39, NARA-DC. After eight years of institutionalization, Wishecoy was discharged from Canton.
70. Explicitly labeling this medical form recognizes that the United States emerges out of longer histories of domination, as does whiteness. For examples of recent critical work on whiteness see Jacobs, *White Mother to a Dark Race*; Jasbir K. Puar, *Terrorist Assemblages: Homonationalism in Queer Times* (Durham: Duke University Press, 2007); Scott Lauria Morgensen, “Settler Homonationalism: Theorizing Settler Colonialism within Queer Modernities.” In “Sexuality, Nationality, Indigeneity,” ed., Daniel Heath Justice, Mark Rifkin, and Bethany Schneider, special issue of *GLQ: A Journal of Lesbian and Gay Studies* 16, no. 1–2: 105–31.
71. Susan Wishecoy to BIA August 12, 1921, Canton Asylum, Box 15, RG 75, CCF 1907–39, NARA-DC.

72. See, for example, "James Herman's Statement," 5; LF Michaels, "Report: Canton Asylum Matters, South Dakota," 12 June 1915, 8–10, Canton Asylum, Box 5, RG 75, CCF 1907–39, NARA-DC; J.F. Turner to M. K. Sniffen, January 3, 1910. Canton Asylum, Box 2, RG 75, CCF 1907–39, NARA-DC; Scott Riney offers an excellent critique of Canton Asylum in his article, "Power and Powerlessness." Original sources: Lorena Sinning, Report, 15 September 1930, Canton Indian Asylum, Program Mission Correspondence, 1914–1934, Box 6, RG 75, CCF 1907–39, NARA-Kansas City.

73. This affidavit was transported out of the Asylum with one of the only Native staff members, Norman Ewing. Ewing presented the documents to BIA officials as part of an unsuccessful campaign to remove Dr. Hummer as superintendent. "James Herman's Statement on Treatment of Patients at Canton Insane Asylum," Received June 17, 1915, page 9, Canton Asylum, Box 5, RG 75, CCF 1907–39, NARA-DC.

74. "James Herman's Statement," 8.

75. Susan Wishecoby to H. R. Hummer, June 14, 1925, Canton Asylum, Box 17, RG 75, CCF 1907–39, NARA-DC.

76. See, for example, "L. M. Hardin Affidavit," November 19, 1909, Canton Asylum, Box 5, RG 75, CCF 1907–39, NARA-DC; "Emma Gregory," Canton Asylum, Box 2, RG 75, CCF 1907–39, NARA-DC; BIA to J.A. Self, November 10, 1906, NARA-Fort Worth, RG 75, CCF 1907–1939, Miscellaneous Records Relating to Lunacy Cases, 1904–1908, Box 1; Joe Murphy, "Report of Charges Against the Superintendent," February 1, 1910, Canton Asylum, Box 2, RG 75, CCF 1907–39, NARA-DC; "Reply to Charges-II," Canton Asylum, Box 2, RG 75, CCF 1907–39, NARA-DC; "James Herman's Statement," 8.

77. As cited in H. R. Hummer to BIA, March 26, 1921, Canton Asylum, Box 7, RG 75, CCF 1907–39, NARA-DC.

78. H. R. Hummer to BIA March 20, 1920, Canton Asylum, Box 5, RG 75, CCF 1907–39, NARA-DC.

79. Indeed, across 1920 Agnes Caldwell increased her written requests to be released, and among the key reasons offered to deny them was Hummer's insistence that she had "a weakness for the male sex." H. R. Hummer to BIA, November 8, 1920, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

80. The ways that diagnosis within a white US medical model also facilitates rape and other violences also stands out.

81. Samuel Silk, "Survey of Asylum for Insane Indians, Canton, S.D.," (1929): 6. Native people were literally handcuffed to iron beds, the steam pipes, and other permanent features of the buildings. They were left in their own excrement, often for days and weeks.

82. "Sane Indians Imprisoned at Canton Asylum," (1933) Canton Asylum, Box 3, RG 75, CCF 1907–39, NARA-DC.

83. *Ibid.* See also John Collier to Superintendent Beyer, January 4, 1934, Canton Asylum, Box 18, RG 75, CCF 1907–39, NARA-DC.

84. Saint Elizabeths was viewed by some as a competitor to Canton Asylum, and vice versa. When the Indian Asylum was forcibly closed more than twenty people were discharged; nearly seventy of the remaining incarcerated members were transferred to the other federal psychiatric institution, St. Elizabeths Hospital, in Washington, DC. In the 1950s, with the rise of U.S. government "termination" policies, some of these survivors were deemed "improved" and returned to their reservations.

85. "Sane Indians Imprisoned at Canton Asylum," (1933).

86. Susan Wishecoby to BIA Commissioner, August 3, 1922, Canton Asylum, Box 16, RG 75, CCF 1907–39, NARA-DC.

87. Ibid. Susan Wishecoby also references “spells” that caused her trouble previously, but that she had not had any in over a year. Likely, she was responding to a white U.S. medical diagnosis of “epilepsy” that also appears in her medical records. See, for example, Susan Wishecoby to BIA Commissioner, January 3, 1923, Canton Asylum, Box 16, RG 75, CCF 1907–39, NARA-DC.

88. Daniel M. Cobb insightfully critiques memorialization and reclaiming in the past in “‘The Remembered/Forgotten’ on Native Ground,” In *Memory Matters: Proceedings from the 2010 Conference Hosted by the Humanities Center, Miami University of Ohio*, edited by Daniel M. Cobb and Helen Sheumaker (Albany, 2011), 19–27.

89. Christine Amour also died at Canton, in 1928, but apparently was not buried in the Asylum cemetery.

90. In an effort to decolonize my work and to honor Native sovereignty and families I have collaborated with tribal historians, Native elders, and with relatives of Canton’s institutionalized members, sharing the sources located during research. In deference to family members’ wishes, I do not share photos of any of the people detained at Canton for use in the public realm.

91. In many conversations with descendants, this point has been repeated.

92. It appears that many materials already were lost through poor record keeping but also through the general devaluing of the people who were incarcerated there (and of their families). References to letters and visits frequently appear in the “official” “valid” documents. Considerably fewer correspondences or messages from these most Native people remain.

93. In one letter from H. R. Hummer to the BIA, he specifically claimed that, “This woman is feeble-minded, as you will readily detect from reading her letter . . .” H. R. Hummer to BIA, October 21, 1919, Canton Asylum, Box 14, RG 75, CCF 1907–39, NARA-DC.

94. Leahy, “The Canton Asylum,” 104. This is repeated in Todd E. Leahy, *They Called It Madness: The Canton Asylum for Insane Indians, 1899–1934* (Baltimore, 2009) 95.

95. Kelli Sweet, “Controversial Care: The Canton Insane Asylum, 1902–1934,” Master’s Thesis. University of Nebraska (June 2000), 90–93.

96. Ari Kelman, *A Misplaced Massacre: Struggling Over the Memory of Sand Creek* (Cambridge, 2013) 119.

97. It also challenges us to consider how our own work contributes to Native sovereignty, and to communities for whom these stories are family history.

98. Louise Erdrich, *The Bingo Palace* (New York, 1994) 5.