

"The Simplest Rules of Motherhood": Settler Colonialism and the
Regulation of American Indian Reproduction, 1910-1976

by

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ABSTRACT

This project explores the federal government's efforts to intervene in American Indian women's sexual and reproductive lives from the early twentieth century through the 1970s. I argue that U.S. settler society's evolving attempts to address "the Indian problem" required that the state discipline Indigenous women's sexuality and regulate their reproductive practices. The study examines the Indian Service's (later Bureau of Indian Affairs) early twentieth-century pronatal initiatives; the Bureau's campaign against midwives and promotion of hospital childbirth; the gendered policing of venereal disease on reservations; government social workers' solutions for solving the "problem" of Indian illegitimacy; and the politics surrounding the reproductive technologies of birth control, abortion, and sterilization. Using government records, ethnographies, oral history collections, personal narratives and life histories, and Native feminist theory, this dissertation documents a history of colonial gendered violence, as well as Indigenous women's activism in protest of such violence and in pursuit of reproductive autonomy.

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TABLE OF CONTENTS

CHAPTER	Page
1 INTRODUCTION	1
2 "FOR THE RESCUE OF A RACE": TRANSFORMING MOTHERS AND SAVING BABIES, 1912-1918	20
The Need to Save Babies	24
Saving Babies Through Mothers	27
The Save the Babies Campaign: Home Visits and Baby Shows.....	41
The Save the Babies Campaign: Hospital Childbirth	49
Conclusion.....	66
3 THE POLITICS OF CHILDBIRTH ON THE CROW RESERVATION	69
The Crow Reservation	72
Reproduction and Crow Politics.....	80
Crow Women and Midwifery in the 1930s.....	90
Conclusion.....	102
4 POLICING VENEREAL DISEASE ON THE CROW RESERVATION	104
“The Crow Menace”	107
The Campaign “to Eradicate Syphili”	115
“These Indians Being Wards of the Gov’t”	119
Policing Venereal Disease Among Crow Women.....	135
Conclusion.....	144

CHAPTER	Page
5	MOTHERHOOD WITHOUT MARRIAGE: SOCIAL WORKERS AND THE "MENACE" OF ILLEGITIMACY AND BROKEN HOMES ON THE RESERVATION147
	The Unmarried Mother Problem150
	A Moral and Cultural Problem158
	An Economic Problem: Who Will Pay?163
	An Economic Problem: Mothers in the Workforce184
	Feeble-mindedness: The Moral and Economic Catch-All.....194
	Conclusion.....202
6	FEDERAL INDIAN POLICY AND AMERICAN INDIAN WOMEN IN THE TERMINATION ERA206
	American Indian Women in Postwar Social Science Discourse208
	Social Scientists and Midcentury Federal Indian Policy218
	Indian Health Service and Contract Hospitals228
	American Indian Mothers and Federal Termination Policies.....233
	Conclusion.....243
7	EPILOGUE: RESTRICTIVE REPRODUCTIVE POLICIES AND THE FIGHT FOR REPRODUCTIVE JUSTICE IN THE 1960S, 1970S, AND BEYOND 246
	Federal Family Planning Policies in the 1960s and 1970s247
	Toward Reproductive Justice254
	The Struggle Continues.....265
	REFERENCES..... 271

CHAPTER 1

INTRODUCTION

In 1916, Commissioner of Indian Affairs Cato Sells sent a letter to “every Indian Service employee,” encouraging superintendents, physicians, field matrons, and teachers to do everything in their power to “Save the Babies.” Sells presented the Progressive-Era pronatal campaign, a response to the health crisis plaguing many Indian reservations, as the cornerstone of early twentieth-century federal Indian policy. “There is something fundamental here,” Sells intoned, “We can not [sic] solve the Indian problem without Indians.”¹ With these words, Sells underscored the urgency of the government’s campaign to promote healthier Indian babies, a campaign that hinged on altering Native women’s social and biological reproductive practices. Sells’s call to action highlights the centrality of Indigenous women’s reproductive lives in twentieth-century federal Indian policy, a point he made explicitly when he proclaimed, “We must begin at the right place—not only with the infant at its mother’s breast, but with the unborn generation” in the mother’s womb.²

“The Indian problem” to which Sells referred was not new to the U.S. government in the first decades of the twentieth century, and it would not be solved in the decades that followed the Indian Service’s pronatal campaign. The phrase was actually a misnomer. “The colonial problem” is perhaps more appropriate, as the concerns of policymakers, social reformers, and government bureaucrats had less to do with Native Americans themselves than with U.S. settler society’s objectives regarding land and political power in the American West. This study builds on the work of scholars who

¹ Commissioner of Indian Affairs [Hereafter CIA], *Annual Report*, 1916, 5.

² *Ibid.*

understand American westward expansion as a concerted effort on the part of white settlers and the federal government to acquire Indigenous land and to establish a white dominion in the region.³

For much of the nineteenth century, as settlers, missionaries, and soldiers moved into Indigenous homelands, “the Indian problem” referred to Indigenous groups’ continued presence on desired land. The preferred solution to this incarnation of the problem was violence. Through a series of “Indian wars” in the latter half of the century, the U.S. military battled to exterminate or subjugate Indigenous groups, relegating militarily defeated tribes to clearly delineated reservations. Policymakers presented the reservation system that developed in earnest following the Civil War as an “alternative to extinction,” but they understood the system as a temporary solution.⁴ In these decades, policymakers and social reformers envisioned yet another solution: cultural assimilation. They optimistically predicted that once government employees convinced Native Americans to reject their cultural beliefs and practices, adopt Western attitudes and behaviors, and convert to Christianity, American Indians would be transformed into American citizens, perhaps within a single generation.⁵

The transfer of land from Native to white hands continued after the turn of the century, but by this time U.S. settler society was transitioning from appropriating space to

³ Margaret Jacobs recently called on western women’s historians to “com[e] to grips” with the nation’s settler colonial history, and she has modeled this settler colonial framework in her own scholarship. See Jacobs, “Getting Out of a Rut: Decolonizing Western Women’s History,” *Pacific Historical Review* 79, No. 4 (2010): 585-604; and *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940* (Lincoln: University of Nebraska Press, 2009).

⁴ Robert Trembert, *Alternative to Extinction: Federal Indian Policy and the Beginnings of the Reservation System, 1846-1851* (Philadelphia: Temple University Press, 1975).

⁵ See Frederick Hoxie, *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920* (Lincoln: University of Nebraska Press, 1984).

controlling colonized spaces—and the Indigenous groups who continued to inhabit such spaces. Assimilation remained policymakers’ primary solution to “the Indian problem” for much of the twentieth century. Nineteenth-century assimilationist objectives continued through the century’s first decades, permeating almost all aspects of federal Indian policy, including the pronatal campaign that Sells championed in the 1910s. Commissioner of Indian Affairs John Collier challenged many of the assumptions undergirding the government’s assimilation agenda in the 1930s and early 1940s, but government employees never abandoned their assimilationist mission altogether. Following World War II, policymakers came to view the federal government’s continued legal and financial obligations to its Indigenous “wards” as an increasingly urgent problem and once again presented coerced assimilation, this time through the forced immersion of Native Americans into mainstream society, as the solution. Although ultimately unsuccessful in their attempt to solve “the Indian problem” by eliminating Indianness, these officials established a terminationist ethos that influenced federal Indian policy through the 1960s.

In the United States and elsewhere, the ultimate objective of settler societies was the acquisition of land for permanent occupation. In the twentieth century, U.S. settler society desired Indigenous land for increased settlement and also for the natural resources the land contained. Furthermore, reservation lands remained a critical base of Indigenous political power and cultural and spiritual well-being, and successive generations of policymakers and government bureaucrats enacted and implemented policies intended to sever Indigenous peoples’ physical and emotional connections to their land. In this sense, settler colonialism differed from “classic” or extractive colonial models, which

were primarily characterized by the exploitation of natural resources and local labor forces.⁶

Yet Margaret Jacobs has persuasively argued that the “distinction between extractive and settler colonies should not be seen as a strict dichotomy but as a continuum,” as “many imperial enterprises have combined elements of resource extraction, forced labor, and the appropriation of land.”⁷ In the American West, a vibrant fur trade and a succession of gold rushes preceded, then often overlapped with, sustained settlement. Although enslaved and immigrant populations served as the nation’s primary labor force through much of the nineteenth century, scholars have recently begun to emphasize the extent to which twentieth-century federal Indian policy served to create and maintain an Indigenous laboring class.⁸ Furthermore, in both classic and extractive colonial settings, colonizers carried out moralizing projects that coexisted with and often furthered broader colonial objectives.

As scholars have embraced colonialism as a framework for interpreting the history of the American West, they have engaged global historiographies of colonialism. Gender historians, in particular, have drawn inspiration from scholars around the globe working in the field of gender and colonialism. Much of this recent scholarship owes an implicit and often explicit debt to Ann Laura Stoler, an anthropologist of early twentieth-century Dutch colonial Indonesia, who has called on scholars of colonialism to direct

⁶ Patrick Wolfe, “Settler Colonialism and the Elimination of the Native,” *Journal of Genocide Research* 8, No. 4 (2006): 387-409.

⁷ Jacobs, *White Mother to a Dark Race*, 3.

⁸ See Colleen O’Neill, *Working the Navajo Way: Labor and Culture in the Twentieth Century* (Lawrence: University Press of Kansas, 2005); K. Tsianina Lomawaima, “Domesticity in the Federal Indian Schools,” *American Ethnologist* 20, No. 2 (1993): 227-240; and Carol Williams, ed., *Indigenous Women and Work: From Labor to Activism* (Urbana: University of Illinois Press, 2012).

their attention to “the intimacies of empire,” the ways in which ostensibly private domains such as sex, marriage, and childrearing have shaped colonial power structures.⁹ Cathleen Cahill’s *Federal Fathers and Mothers*, published in 2011, is a model application of the theoretical framework of intimate colonialism to U.S. federal Indian policy. Adopting Stoler’s premise that “intimate familial and sexual relationships were key aspects of larger imperial projects,” Cahill argues that policymakers and Indian Service employees “sought to transform Native peoples’ intimate, familial ties by creating new sets of relationships between the nation’s Indian ‘wards’ and government employees,” the latter of whom were intended, as Cahill’s title indicates, to serve as surrogate parental figures and model “civilized” behavior.¹⁰ Similarly, Rose Stremmlau adds a critical layer to scholarly understandings of the allotment of Indian land by demonstrating that allotment “was an attack on not just the land bases but also the intimate lives of American Indian people”; through federal land policies, federal officials and social reformers attempted to transform Indigenous families.¹¹

Despite this scholarly interest in colonial intimacies, however, the subject of biological reproduction in the American West remains understudied. Drawing inspiration from studies of biological reproduction in other colonial contexts, this study extends the usual focus on social reproduction to biological reproduction, understood as the labor of

⁹ See Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995); and Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002).

¹⁰ Cathleen Cahill, *Federal Fathers and Mothers: A Social History of the United States Indian Service, 1869-1933* (Chapel Hill: University of North Carolina Press, 2011), 6.

¹¹ Rose Stremmlau, *Sustaining the Cherokee Family: Kinship and the Allotment of an Indigenous Nation* (Chapel Hill: University of North Carolina Press, 2011), 18.

conceiving, carrying, and delivering a child, as well as early infant care.¹² I argue that U.S. settler society's evolving efforts to solve "the Indian problem" hinged on the regulation of Indigenous women's biological reproduction. Furthermore, following Lynn Thomas, I contend that reproduction became a contentious site of colonial intervention because so many people—male and female, white and Native, young and old—displayed an investment in Indigenous women's reproductive practices and also because reproduction has been so closely linked to Indigenous women's sexuality.¹³

Native women's reproductive practices had long been a source of fascination for Euro-American colonizers, who used their perception of Indigenous reproduction to serve a number of purposes. In fact, biological reproduction occupied a central position in eighteenth- and nineteenth-century Euro-Americans' understandings of racial difference. Patricia Jasen has demonstrated, for example, that eighteenth-century observers proffered a "myth of painless childbirth" that distinguished Native women from European women. In tautological fashion, these observers then associated painful childbirth with "a higher level of human development."¹⁴

In the latter half of the nineteenth century, American medical authorities launched a campaign to criminalize abortion, which rested in large part on perceptions of race and biological reproduction. Anti-abortion physicians feared that married, middle-class

¹² Two monographs in particular have helped shape my thinking on this subject. See Lynn Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya* (Berkeley: University of California Press, 2003); and Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002). Sociologist Barbara Anne Gurr's *Reproductive Justice: The Politics of Health Care for Native American Women*, published earlier this year, makes an important contribution to the study of Indigenous women, settler colonialism, and reproductive politics. Gurr's focus is primarily on contemporary rather than historical circumstances. See Gurr, *Reproductive Justice* (New Brunswick, NJ: Rutgers University Press, 2015).

¹³ Thomas, *Politics of the Womb*, intro.

¹⁴ Patricia Jasen, "Race, Culture, and the Colonization of Childbirth in Northern Canada," *Social History of Medicine* 10, No. 3 (1997), 388.

Anglo-Saxon women were aborting their fetuses, while less desirable races were not.¹⁵ In their effort to convince citizens and policymakers of the urgent need for anti-abortion laws, many physicians incorporated reproductive practices into a discourse of “civilization” versus “barbarism” that was familiar to Euro-American settlers throughout the American West. One prominent anti-abortion physician, for example, conflated abortion and infanticide and pointed to the high rates of these practices in ‘barbarous’ societies throughout the world—and at home, as he specifically highlighted the prevalence of the practice among “several savage people of North America.”¹⁶ Anti-abortionists simultaneously stigmatized Indigenous women and pressured white women against terminating pregnancies. This formulation proved useful for government employees working on nineteenth-century Indian reservations. Bureaucrats used Indigenous women’s “primitive” reproductive practices, such as the superintendent of the Crow Reservation’s contention that Crow women were “fearfully addicted to abortions,” to underscore the urgency of the government’s assimilationist agenda.”¹⁷

“The Simplest Rules of Motherhood” begins in the early twentieth century. At the turn of the century, Euro-Americans’ interest in Indigenous reproduction remained largely theoretical, and federal interventions in Indian women’s reproductive lives remained indirect. Almost all Native women continued to give birth much as their mothers and grandmothers had before them—at home or in a site constructed specifically for childbirth, typically with the assistance of other women. In the 1910s, however, the

¹⁵ Nicola Beisel and Tamara Kay, “Abortion, Race, and Gender in Nineteenth-Century America,” *American Sociological Review* 69, No. 4 (2004): 498-518.

¹⁶ Quoted in *Ibid.*, 507.

¹⁷ Quoted in Crow, *Annual Report*, 1915, Superintendents’ Annual Narrative and Statistical Reports from Field Jurisdictions of the Bureau of Indian Affairs, 1907-1938, RG75, FILM 3748, Labriola American Indian Center, Arizona State University.

Indian Service embarked on its first systematic attempt to “medicalize” Indigenous reproduction—to bring Native women’s biological reproduction under the purview of government-employed medical officers. The Indian Service’s push for hospital childbirth was one facet of Sells’s Save the Babies campaign. The commissioner instructed physicians to prepare reservation hospitals for maternity patients, and he instructed field matrons, whose responsibilities included regular visits to Indian women’s homes to provide instruction in childcare and the arts of domesticity, to persuade parturient Indian women to accept prenatal care and enter the hospital for their confinement. The Save the Babies campaign lasted only five years, but the prenatal programming targeting biological mothers facilitated later federal intrusions in Indigenous women’s lives, and the campaign was only the beginning of an ongoing effort to alter the location and social dynamics surrounding Indigenous biological reproduction.

The Indian Service’s prenatal campaign paralleled other Progressive-Era well-baby, or “better baby,” campaigns sponsored by white women’s organizations and municipal health departments off the reservation, and the campaign’s emphasis on physician-assisted childbirth reflected the American medical community’s anti-midwife sentiment in the first decades of the twentieth century.¹⁸ The campaign also reflected—and, Sells and other bureaucrats hoped, furthered—the government’s assimilationist agenda by marginalizing extended female kin and attempting to transform biological mothers through their love for their children. But the means and ends of the federal assimilation campaign in the 1910s were not what they had been a generation earlier.

The Indian Service’s failure to achieve the rapid transformation for which policymakers

¹⁸ See Richard Meckel, *“Save the Babies”: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore: Johns Hopkins University Press, 1990); and Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, CT: Greenwood Press, 1978).

and social reformers had hoped stripped policymakers of their earlier optimism. Coupled with the rise of scientific racism and the hardening of racial ideologies in the Progressive Era, the slow pace of change produced pessimism in policymakers and government employees alike. As Frederick Hoxie has argued, by 1920 something of a federal ceiling had been placed on Indian advancement, policymakers concluding that Indians were capable of only a second-class citizenship.¹⁹

Through Progressive pronatal initiatives, government employees scrutinized Indigenous women, buttressing old tropes and creating new “knowledge” about Indian women as mothers. Early twentieth-century Euro-Americans displayed ambivalence toward Native women, as demonstrated by Sells’s assertion that Indigenous mothers lacked “the simplest rules of motherhood.” On the one hand, the assertion evoked optimism because rules can be taught, and in this sense Sells reflected both the logic of assimilation and Progressive Americans’ faith in the tenets of scientific motherhood. On the other hand, Sells deliberately underscored the depths of maternal deficiency, and, in light of his faith in the white field matron’s “motherly solicitude,” he seemed to suggest that Indigenous women’s perceived maternal deficiencies were at least in part racial in nature.²⁰

Euro-American ambivalence toward Indian women was not new in this period, although the Indian Service’s expanding bureaucratic capacity in the Progressive Era facilitated increased interventions in response to negative evaluations. Nineteenth-century Euro-American observers characterized Indigenous women as sexually promiscuous, sexually exploited by their male counterparts, too powerful within their

¹⁹ See Hoxie, *A Final Promise*; Cahill, *Federal Fathers and Mothers*, chs. 8 and 9.

²⁰ CIA, *Annual Report*, 1916, 6.

communities, and overburdened “drudges,” who toiled day in and day out while Native men sat idle.²¹ At times, social reformers and policymakers espoused these contradictory characterizations in the same breath, and their perceptions of Native women had more to do with evolving colonial objectives than with Native women’s daily reality.

These tropes lingered into the twentieth century and informed federal efforts to discipline Indigenous women’s sexual and reproductive practices and also to transform Indian women into the white middle-class ideal of “civilized” domesticity and motherhood. Indigenous women faced contradictory pressures throughout the early twentieth century as well, however, due in large part to competing policy objectives and to the destabilizing effects of colonialism. Reservation poverty made middle-class ideals untenable for many Indigenous women and their families and made the extended family units Euro-Americans disparaged even more crucial for survival. Furthermore, government employees championed the virtues of the housewife and mother while simultaneously pushing young Indigenous women into wage work, most notably as domestic servants in white homes.²²

Much of this study focuses on the 1930s and early 1940s, the period roughly coinciding with John Collier’s years as commissioner of Indian affairs. Scholars generally view Collier’s administration as a decisive shift in federal Indian policy. In appointing Collier, a vocal critic of the Indian Service, President Franklin Roosevelt signaled his desire for reform. Collier challenged many of the assumptions behind the government’s assimilation agenda. He reversed the allotment of tribal land, championed

²¹ Stremmlau, *Sustaining the Cherokee Family*, ch. 3.

²² See Margaret Jacobs, “Diverted Mothering among American Indian Domestic Servants, 1920-1940,” in *Indigenous Women and Work*, edited by Carol Williams (Urbana: University of Illinois Press, 2012): 179-193.

increased (although far from total) tribal autonomy, and advocated greater respect for Native cultures.²³ Yet many of Collier's reforms were contested and uneven, and reservation employees and Native Americans alike experienced Collier's administration as a period of flux.²⁴

Scholars generally have not incorporated gender into their analyses of the Collier years, but the few important exceptions, such as Marsha Weisiger's *Dreaming of Sheep in Navajo Country*, affirm the need for such studies.²⁵ Placing Indigenous women and specifically gender and reproductive politics at the center of the analysis, this study demonstrates that the Collier years reflect notable continuity with regard to policies such as the Indian Service's efforts to eliminate Indigenous midwifery. In addition, Collier's policies and reforms affected Native men and women differently.

Collier's vision of tribal autonomy was patriarchal, privileging male-dominated tribal governments and tribal councils. The ongoing colonial effort to impose patriarchal social relationships and structures of governance, coupled with the Indian Service's ongoing anti-midwife campaign and Indian women's increasing use of government hospitals for childbirth, destabilized local gendered power structures and pushed reproductive issues that in many Native societies would traditionally have been navigated through female networks into the male-centric political sphere.²⁶ Collier also

²³ Kenneth Philp's professional biography of John Collier remains a highly-regarded interpretation of Collier's years as commissioner of Indian affairs. See Philp, *John Collier's Crusade for Indian Reform, 1920-1954* (Tucson: University of Arizona Press, 1977).

²⁴ See Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque: University of New Mexico Press, 2001), ch. 2.

²⁵ Marsha Weisiger, *Dreaming of Sheep in Navajo Country* (Seattle: University of Washington Press, 2011).

²⁶ While reproduction was a female-dominated process in most Native cultures, this gender division was not universal. Hopi women, for example, frequently chose a male relative to assist their deliveries. See

accelerated the introduction of trained social workers to Indian reservations. Social workers first defined and then prioritized “problems” related to “sexual delinquency,” “illegitimacy,” and “feeblemindedness.” In doing so, they introduced a new language to policy and social science discourses on Indigenous women, and they facilitated—and carried out—further intrusions into Indigenous women’s daily lives.

The chapters on the 1930s and early 1940s also reveal the extent to which the history this study documents is one of colonial reproductive violence. Scholars and activists have produced critical studies of the widespread sterilization abuse that occurred in government and contract hospitals in the late 1960s and especially 1970s.²⁷ As these studies demonstrate, the sterilization of Indigenous women was often coercive, and at times physicians sterilized Native women without their knowledge. In conceptualizing a study that begins with a federal pronatal campaign in the 1910s and concludes with the federally-subsidized sterilization of Indigenous women in the 1970s, I originally intended to explore the policy developments in the intervening sixty years that might help explain these two seemingly disparate campaigns. In fact, this study’s primary argument on the subject of colonial reproductive violence involves continuity.

I have found evidence of the coercive sterilization of Indigenous women at least as early as 1930, and I argue that such sterilizations occurred due to the power of

Helen Sekaquaptewa as told to Louise Udall, *Me and Mine: The Life Story of Helen Sekaquaptewa* (Tucson: University of Arizona Press, 1969).

²⁷ Some of the best studies of sterilization abuse in the 1970s include Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge: South End Press, 2005), ch. 4; Jane Lawrence, “The Indian Health Service and the Sterilization of Native American Women,” *The American Indian Quarterly* 24, No. 3 (2000): 400-419; Sally Torpy, “Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s,” *American Indian Culture and Research Journal* 24, No. 2 (2000): 1-22; Myla Vicenti Carpio, “The Lost Generation: American Indian Women and Sterilization Abuse,” *Social Justice* 31, No. 4 (2004): 40-53; and Rebecca Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick, NJ: Rutgers University Press, 2009).

negative tropes of Indian women, colonial power dynamics, and reservation poverty, which in itself stemmed in large part from colonial policies and processes. Scholars have largely omitted Indigenous women in studies of eugenic sterilization in the early twentieth century. Nevertheless, the sterilization of Indigenous women in the early 1930s coincided with the wave of eugenic sterilization statutes passed at the state level in the 1920s and the Supreme Court's ruling on the constitutionality of eugenic sterilization in *Buck v. Bell* in 1927.²⁸ The coercive sterilization of Indigenous women was part of a broader assault on Native women's reproductive autonomy, which also included the enforcement of criminal abortion laws on reservations and the marginalization of medicine women and herbalists with contraceptive knowledge.

The coercive sterilization of Indigenous women and other restrictive reproductive policies continued following World War II, even as the direction of federal Indian policy once again shifted. Postwar policymakers rejected Collier's reforms and enacted a number of policies intended to solve "the Indian problem" once and for all by eliminating Indianness. Stripped of their predecessors' optimism, policymakers once again promoted the forced assimilation of Indigenous peoples, this time through the termination of some tribes' legal status and through the relocation of Native individuals and families from reservations to urban centers.²⁹ The postwar terminationist ethos altered the way many Native Americans received health services. Following the Indian Transfer Act of 1954, the Public Health Service (PHS) rather than the BIA bore the responsibility for Indian

²⁸ For a discussion of state eugenic statutes and the Supreme Court's *Buck v. Bell* decision, see Randall Hansen and Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (New York: Cambridge University Press, 2013), chs. 5 and 6.

²⁹ See Charles Wilkinson, *Blood Struggle: The Rise of Modern Indian Nations* (New York: Norton, 2005); and Donald Fixico, *Termination and Relocation: Federal Indian Policy, 1945-1960* (Albuquerque: University of New Mexico Press, 1986).

health care. In the short term, budgetary cuts and jurisdictional confusion limited Indigenous women's access to reproductive health services on which many of them had come to rely, although scholars generally agree that the transfer to PHS was advantageous for Indian health care in the long term.³⁰ Despite the persistent problem of access, the number of Indian women who gave birth in hospitals continued to grow in the postwar period. At least in some regions, PHS medical officers and physicians at contract hospitals coercively sterilized Indigenous women, much as their BIA predecessors had before them. Indeed, by literally eliminating Indians, this form of state reproductive violence served policymakers' terminationist objectives.

This study closes with a brief analysis of the reproduction-related policies targeting Indigenous women in the late 1960s and 1970s. The coercive sterilization of Indigenous women increased in the 1960s, a consequence of the prevailing terminationist ethos and related policies, a backlash against decades of an expanding welfare state, growing concerns about global overpopulation, and also likely a response to increasingly visible Native political activism. In the 1970s, the coercive sterilization of Native women exploded, both in numbers and in documentation in government and Native sources. By this time, many Americans had come to view sterilization as a legitimate form of birth control, and increased legitimacy ironically facilitated coercive uses of the technology. Furthermore, the federal government's growing commitment to family planning eventually resulted in the virtual subsidization of sterilization operations for Indigenous women receiving government health care.³¹ As in the decades prior to World War II, it is

³⁰ David Dejong is among the scholars who have made this argument. See Dejong, *Plagues, Politics, and Policy: A Chronicle of the Indian Health Service, 1955-2008* (Lanham, MD: Lexington Books, 2011).

³¹ See Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005); and Donald Critchlow, *Intended*

difficult to quantify coercive sterilizations, but reasonable estimates suggest that between the mid-1960s and mid-1970s, medical officers sterilized between twenty-five and forty-two percent of Native American women of childbearing age.³²

Physicians offered both social and economic rationales to explain their sterilization practices in the 1970s. They displayed paternalism in arguing that they were in fact helping women in impoverished communities limit their family size, even if the women themselves could not understand this; they expressed negative stereotypes about Native women and Native families; and they believed that their actions were necessary to reduce the financial burden on the federal government and on white taxpayers, including themselves.³³ As this study demonstrates, these explanations reflect attitudes and practices displayed by federal employees and health workers throughout much of the twentieth century. When the federal government began pouring money into family planning in the late 1960s and 1970s, these long-held attitudes and practices received official sanction and financial support. Also paralleling earlier tactics, physicians, social workers, and other government employees used their position as state agents to delineate the parameters of consent for Native women seeking reproductive health services by limiting women's access to safe, short-term birth control methods or by making explicit or implicit threats regarding future financial assistance for their families.

Indigenous women protested against inadequate reservation health services and colonial reproductive violence in the decades preceding World War II, but their concerns

Consequences: Birth Control, Abortion, and the Federal Government in Modern America (Oxford: Oxford University Press, 1999).

³² D. Marie Ralstin-Lewis, "The Continuing Struggle Against Genocide: Indigenous Women's Reproductive Rights," *Wicazo Sa Review* 20, No. 1 (2005), 71-72.

³³ Lawrence, "The Indian Health Service," 410.

were generally litigated locally. Following the war, Indigenous women’s local actions gained a national platform. Through a variety of forums, Native women organized around issues of social and biological reproduction. They protested the history of colonial reproductive violence covered in this study as well as the tangled web of policies they encountered in the 1970s, which were consistent only in their objective of depriving Native communities—and Native women specifically—of their ability to exercise reproductive autonomy. Female Indigenous activists articulated a broad-based reproductive rights agenda they labeled “reproductive justice,” and they contended that reproduction was inextricably linked to Indigenous peoples’ broader political struggles for sovereignty and self-determination. For these women, the struggle for bodily autonomy and recognition of maternal rights was a decolonization project.³⁴ This decolonization campaign is ongoing.

This study has required the use of a wide variety of sources. In researching this policy history, I examined a two-way stream of Bureau of Indian Affairs records: the policy directives Indian Service officials sent to reservations and the reports and correspondence of employees charged with implementing policy, particularly social workers and field nurses. I also examined reservation hospital records, which consisted of both correspondence and quantitative reports. While in many ways illuminating, not surprisingly government sources have some serious limitations on the topic of colonial violence, so I attempted to read these archive sources “along the grain” as well as against

³⁴ See Meg Devlin O’Sullivan, “‘We Worry About Survival’: American Indian Women, Sovereignty, and the Right to Bear and Raise Children in the 1970s” (PhD Diss: University of North Carolina-Chapel Hill, 2007).

it.³⁵ For example, while government sources affirmed that Indigenous women were sterilized in the 1930s, it has been impossible for me to determine numbers with any precision. These sources do, however, reveal a good deal about the process by which government employees shaped Indigenous women's reproductive choices. Throughout the study, I use pseudonyms for Indigenous women who are discussed in government records but who have not left a public record of their experiences. When this is the case, I use quotation marks when introducing a pseudonym and dispense with them for subsequent references. Early- and mid-century anthropological studies served as another source base, albeit a somewhat complicated one. I have used such studies for the ethnographical information they provide on Native cultures, while simultaneously analyzing the politics surrounding social science researchers' production of "knowledge" about Indigenous women.

As importantly, I have examined Indigenous women's memoirs, autobiographies, and life histories, as well as their interviews as recorded in ethnographers' field notes. Three oral history collections have provided critical insight into Native women's experiences throughout the twentieth century: the Voices of Feminism Oral History Project at Smith College in Northampton, Massachusetts, and the New Deal in Montana/Fort Peck Dam Oral History Project and the Native American Educators Oral History Project, both at the Montana State Historical Society. As research progressed, I at times felt inundated with unexpected pieces, sometimes just scraps, of evidence of colonial reproductive violence. For example, buried among Margaret Mead's twenty-five "case histories" of "delinquent" Omaha girls and women is a tragic if frustratingly vague

³⁵ Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton, NJ: Princeton University Press, 2010).

description of one woman's story, which might not have stood out to me had I not been knee-deep in this research. Mead notes that the woman in question was married and had "four children, all but one died." She "then had an operation and was told she could never have any more children." After hearing this news, Mead reported, the woman "went completely to pieces," and her marriage quickly dissolved.³⁶ Finally, the few times I have spoken publicly about this research, Indigenous women have approached me to share how this history has affected their own families and close friends. While these private conversations are not cited in this study, they have informed my thinking on this painful topic and have served as critical reminders of the continued salience of this hidden history in Native families and communities.

"The Simplest Rules of Motherhood" is a policy history consisting of five chapters. Chapter One explores the Indian Service's pronatal initiatives targeting Indigenous biological mothers in the 1910s. Chapters Two and Three examine the implementation of federal policy on the Crow Reservation in southern Montana. Crow men and women's active political engagement and relatively voluminous personal testimonies facilitated an exploration of how federal policies were experienced, rather than strictly how policymakers and bureaucrats hoped they would operate. Chapter Two examines the politics surrounding biological reproduction on the reservation in the 1930s, a decade in which approximately half of Crow women gave birth at the Crow Indian Hospital and half gave birth at home with the assistance of trusted women. Chapter Three analyzes the gendered policing of venereal disease on the Crow Reservation in the same period, shifting the focus from policies and politics surrounding biological

³⁶ Margaret Mead, *The Changing Culture of an Indian Tribe* (New York: Columbia University Press, 1932), 273.

reproduction to the disciplining of Crow women's sexuality. Chapter Four examines reports made by government social workers in the 1930s and 1940s to demonstrate how these trained professionals first defined and then attempted to solve the "problem" of unwed Indian motherhood and "illegitimacy." Chapter Five considers how postwar policymakers' desire to "get out of the Indian business" shaped policymakers' and bureaucrats' attitudes toward Indigenous reproduction and limited Indigenous women's access to reproductive health services. The study concludes with an epilogue that addresses the reproductive violence Native women experienced in the late 1960s and 1970s and Indigenous women's political activism in pursuit of reproductive justice in these decades and beyond.

CHAPTER 2

"FOR THE RESCUE OF A RACE": TRANSFORMING MOTHERS AND SAVING BABIES, 1912-1918

Although each of Little Woman's childbirth experiences had been difficult, she feared this delivery, in January 1923, would prove too much to bear. Hours into the painful process and with no end in sight, she became convinced she "absolutely couldn't" give birth to her seventh child. Thankfully, Little Woman did not experience this challenging labor alone. Rather, as had been the case with the deliveries of her first six children, she was attended by her mother Pretty Shield, a respected Crow elder who had herself given birth five times and had assisted in each of her daughters' pregnancies and whose knowledge and expertise pertaining to childbirth had earned her the distinction of "midwife" within her community. When Pretty Shield determined that this particular delivery posed challenges she could not overcome alone, she called on another female midwife, a trusted older neighbor. The second midwife performed rituals to speed the delivery. After Little Woman gave birth to a daughter, the midwife performed postpartum rituals before leaving the infant and the exhausted, yet joyful, mother to Pretty Shield's care.¹

When Little Woman's daughter Alma narrated this account of her 1923 birth decades later, piecing together an event of which she lacked direct memory, she foregrounded her grandmother's presence and the generational connection it represented: "She was with me when I was born."² In the days following Alma's birth, Pretty Shield

¹ Alma Hogan Snell with Becky Matthews, *Grandmother's Grandchild: My Crow Indian Life* (Lincoln: University of Nebraska Press, 2000), 27.

² *Ibid.*

likely performed rituals intended to strengthen the bond between her and her granddaughter, and Alma spent as much time in her first months with Pretty Shield as with Little Woman.³ Crow grandmothers often cared for their infant grandchildren, but Alma indicates that her relationship with Pretty Shield was somewhat special, as she “became what the Crows call *káalisbaapite*—a ‘grandmother’s grandchild.’”⁴ The term connotes a deep generational bond; as Alma explains, “I was always with my grandma, and I learned from her. I learned how to do things in the old ways.”⁵ When Little Woman died shortly before Alma’s second birthday, Pretty Shield assumed responsibility for Alma as well as for her older siblings.⁶

Alma’s description of the central role played by her maternal grandmother in the family’s biological and social reproduction is not uncommon among the memoirs and autobiographies of twentieth-century Crow and other Indigenous women. Alma’s female relatives and their contemporaries traditionally navigated reproductive matters within extensive female networks, consisting of maternal and paternal relatives, clan members, and adopted kin.⁷ That Little Woman gave birth to Alma in these circumstances in the early 1920s speaks to the durability of these networks and relationships. They persisted through decades of federal policy designed to diminish their significance.

³ Agnes Deernose, another Crow woman, describes Crow grandmothers’ involvement in their grandchildren’s first days and months in more detail than Snell. See Fred W. Voget, *They Call Me Agnes: A Crow Narrative Based on the Life of Agnes Yellowtail Deernose* (Norman, OK: University of Oklahoma Press, 1995), 38-46.

⁴ Snell, *Grandmother’s Grandchild*, 34.

⁵ *Ibid.*

⁶ *Ibid.*, 12.

⁷ See, for example, Lillian Bullshows Hogan, *The Woman Who Loved Mankind: The Life of a Twentieth-Century Crow Elder*, ed. Barbara Loeb and Mardell Hogan Plainfeather (Lincoln: University of Nebraska Press, 2012); Voget, *They Call Me Agnes*.

This chapter focuses on federal policies targeting Indian women in the decade preceding Alma's birth and specifically on a five-year pronatal campaign the Indian Service called "Save the Babies."⁸ As the name suggests, the Indian Service initiated the campaign in response to the tragic infant mortality rates plaguing many Indian reservations. Faced with inescapable evidence of the poor health outcomes for Indian infants and children, policymakers and Indian Service officials understood the pronatal campaign as a moral and medical necessity. As Commissioner of Indian Affairs Cato Sells explained, the Indian Service embarked on a campaign "for the rescue of a race."⁹ To save babies, Indian Service programs targeted biological Indian mothers and mothers-to-be, as Sells and others reasoned that better mothers would produce "better babies."¹⁰

This almost exclusive focus on biological mothers cannot be explained by medical or moral motivations and objectives. Instead, this focus underscores the campaign's assimilationist foundation, and this chapter approaches the Save the Babies campaign as one component of a broader federal assimilation agenda centered on the transformation of intimate relationships and familial structures.¹¹ Attributing high infant

⁸ Lisa Emmerich has produced important work on the Save the Babies campaign, which provides a solid foundation for my analysis. See Emmerich, "'Save the Babies!': American Indian Women, Assimilation Policy, and Scientific Motherhood, 1912-1918," in *Writing the Range: Race, Class, and Culture in the Women's West*, edited by Elizabeth Jameson and Susan Armitage (Norman: University of Oklahoma Press, 1997); and Emmerich, "'To Respect and Love and Seek the Ways of White Women': Field Matrons, the Office of Indian Affairs, and Civilization Policy, 1890-1938" (PhD Diss., University of Maryland-College Park, 1987).

⁹ Commissioner of Indian Affairs [Hereafter CIA], *Annual Report*, 1916, 7.

¹⁰ Ibid.

¹¹ For recent scholarship on intimate colonialism, see Ann Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002); 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: University of Nebraska Press, 2009); and Cathleen Cahill, *Federal Fathers and Mothers: A Social History of the United States Indian Service, 1869-1933* (Chapel Hill: University of North Carolina Press, 2011).

mortality to maternal deficiency, government employees visited Indian women's homes to provide instruction in proper childcare methods and the domestic arts and sponsored baby shows that monitored the extent to which women followed their instructions. In targeting biological mothers, government employees marginalized the older female kin who often provided daily childcare, instead privileging a nuclear family model in which the biological mother bore the primary responsibility for tending to her home, husband, and children. Indian women who deviated from their prescribed maternal role in the nuclear unit were often deemed apathetic, or even negligent, mothers.

The third component of the campaign, alongside home visits and baby shows, was the promotion of hospital childbirth. The Save the Babies campaign marked the Indian Service's first systematic attempt to medicalize pregnancy and childbirth on Indian reservations and more specifically to bring Indian women's biological reproduction under the purview of government medical officers. In advocating hospital childbirth, Indian Service employees disparaged Indian midwifery, a practice that had served as a source of prestige and authority for older women in many Native societies. In touting the superiority of overwhelmingly male physicians at government hospitals, the Indian Service challenged the social and political structures surrounding reproduction on many reservations. As with the Save the Babies campaign more generally, Indian Service employees and officials advocated hospital childbirth as a means of implementing multiple federal objectives.

Although this chapter's primary objective is to outline federal discourse and policy, local conditions inevitably influenced how Indian women perceived and experienced reservation employees' efforts. The next chapter more fully addresses these

latter questions through a case study of the Crow Reservation in Montana. To provide a foundation for this examination of local implementation, this chapter likewise foregrounds Crow women's perspectives and experiences.

The Need to Save Babies

Although evidence suggests that many Indigenous groups remained in relatively good health through the middle of the nineteenth century, their confinement on reservations following the Civil War, ironically viewed by government officials and reformers as an “alternative to extinction,” resulted in a drastic deterioration in Indian health.¹² On some reservations, the situation reached crisis levels by the turn of the twentieth century, as communities struggled to adjust to degraded, unfamiliar living conditions and Native healers encountered ailments about which they had no prior knowledge. In the first decades of the twentieth century, social reformers called attention to three specific health challenges on reservations: tuberculosis, trachoma, and infant mortality.¹³ To overcome these challenges, and to counter the criticism of its oversight often implicit in social reformers' complaints, the Indian Service waged repeated campaigns against tuberculosis and trachoma. The Save the Babies campaign, however, occupied an at least symbolically central position in Progressive-Era federal Indian policy. Late-nineteenth-century reformers dedicated unprecedented attention to maternal and infant mortality and morbidity, and the publicity they gave to shortcomings

¹² See David Shumway Jones, *Rationalizing Epidemics: Meanings and Uses of American Indian Mortality Since 1600* (Cambridge, MA: Harvard University Press, 2004); Robert Trennert, *Alternative to Extinction: Federal Indian Policy and the Beginnings of the Reservation System, 1846-51* (Philadelphia: Temple University Press, 1975).

¹³ Diane T. Putney, “Fighting the Scourge: American Indian Morbidity and Federal Indian Policy, 1897-1928” (Ph.D. Diss., Marquette University, 1980).

in the nation's provision of maternal and infant health care sparked a public outcry by the turn of the century. States began establishing child hygiene bureaus; reformers founded the American Association for the Study and Prevention of Infant Mortality; and, in 1912, intensive lobbying by women's clubs and their allies culminated in the founding of the U.S. Children's Bureau.¹⁴

Consistent with the Progressive quest for order and faith in scientific objectivity, the Children's Bureau, municipal health departments, and social reform organizations worked to determine the nature and scope of the problem by documenting and interpreting data on infant mortality. Infant mortality rates appeared to provide a "scientific" measure of overall health and thus facilitated comparisons. Global comparisons yielded results Americans found troubling; the Children's Bureau's first investigation determined, for example, that the country lagged behind most other industrialized nations in infant mortality—ranking eleventh out of twenty—and even worse in maternal mortality.¹⁵ Officials also increasingly separated domestic infant mortality data by region and race, inviting comparisons across demographic groups.¹⁶ Early-twentieth-century field studies on Indian reservations revealed a startling reality; in 1916, Commissioner Sells reported that "approximately three-fifths of the Indian infants die before the age of 5 years."¹⁷

¹⁴ See Richard Wertz and Dorothy Wertz, *Lying In: A History of Childbirth in America* (New York: Free Press, 1977), ch. 5; Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994), ch. 3.

¹⁵ Wertz, *Lying In*, 155.

¹⁶ See Natalia Molina, *Fit To Be Citizens?: Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006), ch. 3.

¹⁷ CIA, *Annual Report*, 1916, 5. Statistics regarding infant mortality, both within and outside the Indian Service, remained hopelessly unreliable in the early twentieth century. By all accounts, however, infant

High infant mortality made the health crisis on Indian reservations impossible to ignore and seemed to portend the rapid fulfillment of Americans' longstanding trope of the "vanishing Indian."¹⁸ As Indian Service employees, Indian Service critics, social reformers, and medical authorities spoke publicly about the poor health outcomes facing Indian mothers and infants, society's moral imperative to improve the health and well-being of its youth intersected with its moral obligations to the nation's Indigenous wards. As Commissioner Sells frequently reminded his contemporaries, Euro-American society could not culturally and morally uplift the "Indian race" if there were no Indians left to uplift: "We can not solve the Indian problem without Indians."¹⁹ When President William Taft appealed to Congress for additional funding to address the poor health conditions on many Indian reservations, he hinted at a moral failure on the part of white Americans. After highlighting the disparity between white and Indian infant mortality rates, Taft proclaimed, "As guardians of the welfare of the Indians, it is our immediate duty to give to the race a fair chance for an unmamed [sic] birth, healthy childhood, and a physically efficient maturity."²⁰

Indian Service officials and employees attributed high infant mortality among Indians to three primary culprits: insanitary homes, maternal ignorance, and the persistent authority of Indian midwives. Commissioner Sells argued that overcoming these three

mortality rates among non-white populations far exceeded infant mortality rates among white Americans in the early twentieth century. In 1915, for example, the National Center for Health Statistics estimated the infant mortality rate (understood as deaths within the first year per 1,000 live births) to be 92.8 for whites and 149.7 for non-whites. See Richard Meckel, *"Save the Babies": American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore: Johns Hopkins University Press, 1990), Appendix B.

¹⁸ See Philip J. Deloria, *Playing Indian* (New Haven, CT: Yale University Press, 1998).

¹⁹ Ibid.

²⁰ Quoted in CIA, *Annual Report*, 1912, 19.

culprits required an expansive campaign. The campaign began in “[o]ur Indian schools,” where he advocated “added emphasis given to such subjects as home nursing, child welfare, and motherhood, the sanitation, arrangement, and management of the home, and that nothing reasonable shall be spared to fit every Indian girl for intelligent housekeeping and for attractive home-making.”²¹ Outside the schools, as Sells instructed a reservation superintendent, the campaign “involves sanitation and ventilation of the homes; cleanliness not only of houses and surroundings but of the person and proper food for the child.” Moreover, it “requires the instilling of respect for the physician, the nurse, the field matron, and the hospital, and with it the elimination of the medicine man.”²² Sells intended to enlist “every Indian Bureau employee” in the noble cause, as “everyone can do something by instruction or example . . . by personal hygiene, cleanliness and sobriety.” Specifically, Sells emphasized the role to be played by “the physician with his science, the nurse with her trained skill, [and] the field matron with her motherly solicitude.”²³

Saving Babies Through Mothers

As a whole, the Save the Babies campaign blended old and new federal policy objectives. One important continuity was the government’s conviction that the problem of infant mortality should be solved within nuclear family units. Euro-Americans’ belief that the nuclear family represented the most “civilized” familial structure preceded the nation’s birth. For example, by the turn of the eighteenth century, missionaries and

²¹ CIA, *Annual Report*, 1916, 7.

²² CIA, *Annual Report*, 1917, 18.

²³ CIA, *Annual Report*, 1916, 6.

British colonial officials were working to impose a nuclear family structure among Cherokees in southeastern colonies.²⁴ When, a century later, U.S. policymakers and social reformers embarked on a coordinated campaign to transform Indians into American citizens, what Rose Stremmler labels a “scathing critique” of Indian families undergirded their assimilation efforts.²⁵ Stremmler argues that the privatization of Indian land—a cornerstone of late-nineteenth century assimilation policy—was in fact “the means to the end of remaking Indian families into the idealized, nuclear type embraced by Anglo-Americans at the time.”²⁶ Proponents of allotment tended to focus on the policy’s potential for transforming Indian men; private property ownership would eradicate Indian men’s shortcomings, namely, an insufficient work ethic and a lack of independence, in large part by buttressing their authority within the patriarchal nuclear family.²⁷

Just three years after Congress passed the General Allotment Act in 1887, the Indian Service created a new field position: the field matron. After allotment physically separated Indian families into nuclear households, policymakers and reformers reasoned, field matrons supplemented this transformation by teaching Indian wives and mothers the domestic duties and gendered practices that assimilation required. Over two decades later, the field matron remained central to the Indian Service’s pronatal campaign, as did many of the assumptions that had led to the establishment of the field matron program.

²⁴ Theda Perdue, *Cherokee Women: Gender and Culture Change, 1700-1835* (Lincoln: University of Nebraska Press, 1998).

²⁵ Rose Stremmler, *Sustaining the Cherokee Family: Kinship and the Allotment of an Indigenous Nation* (Chapel Hill: University of North Carolina Press, 2011), 75.

²⁶ *Ibid.*, 70.

²⁷ *Ibid.*, 84.

As Lisa Emmerich has argued, the Indian Service hoped to mobilize Indian mothers as “allies” in the federal campaign to save their babies.²⁸ This strategy made perfect sense to Progressive-Era Indian Service officials and employees, who understood the field matron’s primary task to be “to bring [Indian women] to civilization through their role as mothers.”²⁹ At the start of the program, Indian Service employee Emily Cook explained that although the Indian woman was “personally conservative,” “she loves her children and will do for their sake what she will not do for herself.”³⁰

This view gained currency with increasing awareness of the poor health outcomes among Native children, but it was also supported by broader cultural developments. As Molly Ladd-Taylor argues, “Motherhood was a central organizing principle of Progressive-era politics.” In the first decades of the twentieth century, motherhood became “inextricably tied to state-building and public policy” and occupied a central position in both male and female political rhetoric.³¹ Indian Service officials’ decision to frame the Save the Babies campaign in a way that specifically targeted Indian mothers reflected Euro-American cultural assumptions, a continuation of institutional objectives (and perhaps an overly generous assessment of the success of earlier, similar endeavors), and a new means of achieving “the wholesale redefinition of native family life.”³²

Native peoples valued motherhood as well, and to an even greater extent than in contemporary Euro-American society, a woman’s status as a mother connoted varying

²⁸ Emmerich, ““Save the Babies!,”” 395.

²⁹ Emmerich, ““To Respect and Love and Seek the Ways of White Women,”” 77.

³⁰ Ibid.

³¹ Ladd-Taylor, *Mother-Work*, 43.

³² Emmerich, ““Save the Babies!,”” 395.

levels of cultural and political authority. Menstruation (indicative of a woman's capacity for biological reproduction), pregnancy, childbirth, and motherhood reflected Indian women's power as the givers of life. As Agnes Deernose, a Crow woman, explained to ethnologist Fred W. Voget, women's association with "reproduction, nurturance, growth, and population increase" ensured their central role in Crow ceremonial life.³³ Theda Perdue likewise found that motherhood was not a "trite sentimentality" among Cherokees; rather, Cherokee women "invoked motherhood as the source of their power and used their status as mothers to make public appeals."³⁴ Furthermore, the respect accorded to mothers was not limited to matrilineal societies like the Crow and Cherokee. Although Euro-Americans disapproved of the gendered division of labor common to most Indigenous groups, Native societies recognized that women's biological and social reproductive labor was crucial to the perpetuation and survival of their communities.

Yet these similarities obscure critical differences between Euro-American and Native understandings of mothers and motherhood. For most middle-class Euro-Americans, the term "mother" referred to an immediate biological relationship, whereas in many Native societies, "mother" signified a social, rather than exclusively biological, relationship, and children had many "mothers." Cherokee and Crow children, for example, referred to some female relatives and female clan members as "mothers."³⁵ Left Handed, a Navajo, reported a similar manner of reckoning within his community: "Mother" refers to a great many other women besides one's real mother." "In fact," as the editor of Left Handed's autobiography explained, "wishing to distinguish his mother

³³ Voget, *They Call Me Agnes*, 26.

³⁴ Perdue, *Cherokee Women*, 55.

³⁵ Perdue, *Cherokee Women*, 47; Voget, *They Call Me Agnes*, 83.

from among all these other women, who stand in different relationships to him and are also called mother, a Navaho must state explicitly, ‘my real mother,’ or use some such . . . phrase as, ‘she who gave me birth.’”³⁶ Many Native cultures relied on a childrearing system that I call *flexible mothering*. While the system varied in both theory and practice among different communities, flexible mothering was not bound by nuclear structures and instead incorporated communal childrearing practices, informal adoption procedures, and kin networks capable of mitigating the potentially disruptive effects of hardship and loss.

In her widely-acclaimed fictionalized depiction of nineteenth-century Lakota society, Native anthropologist Ella Cara Deloria notes that within the camp circle, “all adults were responsible for the safety and happiness of their collective children.”³⁷ Throughout the novel, however, Deloria makes clear that within this communal childrearing environment, grandmothers played a special role. As a young girl, Waterlily, Deloria’s central character, spends as much time in her grandmother’s home as her mother’s, and at various points throughout Waterlily’s childhood, such as during her mother’s pregnancy, Waterlily’s grandmother “took sole charge” of her granddaughter.³⁸ Waterlily’s experience was not unique, either within her tribe or among Native societies. By taking a central role in childcare, older women enabled young, able-bodied women to perform vital domestic, agricultural, and reproductive labor. Thomas Leforge, a white man who had joined the Crow as a child in the 1860s and spent the majority of his life

³⁶ Walter Dyk, ed., *Left Handed, Son of Old Man Hat: A Navajo Autobiography* (Lincoln: University of Nebraska Press, 1967), xii.

³⁷ Ella Cara Deloria, *Waterlily* (Lincoln: University of Nebraska Press, 1988), 20.

³⁸ *Ibid.*, 60.

among the tribe, emphasized the practical benefits of Crow grandparents' custom of raising firstborn children: "This old-time practice was good for the young parents, it was good for the elderly foster-parents, it was good for the tribe, as it left physically capable young couples free from the worries of providing for their children and thus enabled them to go on producing others."³⁹

Maternal or paternal aunts and female clan members likewise fulfilled maternal roles, either through daily childcare or adoption. In many Native cultures, children interacted with these women in the same ways that they interacted with their biological mothers, and Agnes Deernose recalled that she "learned more from my mother's sister than from my own mother."⁴⁰ When Deernose gave birth to her first and only biological child in 1925, she had recently left her first husband and her son's father, and her family agreed that it was best for Agnes' sister to assume primary responsibility for raising the child. This arrangement did not mean that Deernose did not perform social reproductive labor, however. Not only did she see her son regularly; she, along with her second husband and mother, raised three adopted children—her maternal uncle's two daughters and Deernose's first grandson.⁴¹ When Alma Snell, who was raised by her grandmother Pretty Shield, became pregnant as the result of a rape, her sister assumed the care of her baby, although Snell regularly spent time with her child.⁴² In other cases, childless

³⁹ Thomas Leforge, *Memoirs of a White Crow Indian* (New York: The Century Co., 1928), 165.

⁴⁰ Voget, *They Call Me Agnes*, 83. See also Perdue, *Cherokee Women*, 47; Deloria, *Waterlily*, 80.

⁴¹ Voget, *They Call Me Agnes*, 144.

⁴² Snell, *Grandmother's Grandchild*, 138-139.

relatives might request that a child come to live with them.⁴³ Crow women emphasize that separations of this sort were not “very real,” as families and clans gathered together often.⁴⁴ As Deernose explains, “Crows like to share children. They don’t think of adoption as giving a child up.”⁴⁵

The memoirs, autobiographies, and collaborative narratives of Indian women highlight the continuity of flexible mothering within their communities. The examples cited here all occurred in the early twentieth century, around the time of the Indian Service’s pronatal campaign. The women do not describe lost customs and practices; rather, they often use present tense and sometimes explicitly underscore continuity with phrases like “even to this day.”⁴⁶ Historians have affirmed the persistence of flexible mothering practices among Indigenous people. Although policymakers and reformers intended allotment to promote nuclear families, and although the federal commission charged with implementing allotment among the Cherokees in the early twentieth century deliberately “marginalized elders,” Rose Stremmlau concludes that grandmothers remained “primary caregivers to their grandchildren” after tribal land had been allotted.⁴⁷

Despite the continued prevalence of flexible mothering practices on early twentieth-century Indian reservations, they are rarely acknowledged in Indian Service campaign rhetoric. In part, this omission may have stemmed from ignorance, as the kinship patterns and practices that were so familiar to Indian communities were not

⁴³ Hogan, *The Woman Who Loved Mankind*, 10. See also Frank Linderman, *Pretty Shield, Medicine Woman of the Crows* (New York: John Day Co., 1932), 20-21.

⁴⁴ Linderman, *Pretty Shield*, 21.

⁴⁵ Voget, *They Call Me Agnes*, 69.

⁴⁶ See, for example, Beverly Hungry Wolf, *The Ways of My Grandmothers* (New York: Harper, 1980), 195.

⁴⁷ Stremmlau, *Sustaining the Cherokee Family*, 136, 222.

always visible to non-Native observers. The Crow Reservation, for example, spanned fifty by eighty miles and included six districts, hindering consistent oversight.⁴⁸ Even following the Crow Act of 1920, which divided communal tribal land into individual allotments, Crows continued to live in multigenerational households or to cluster dwellings to form a “multigenerational compound.”⁴⁹ Under these circumstances, outsiders were ill-equipped to discern who raised whom and which family members handled which domestic duties. Furthermore, language could prove more deceptive than illuminating: a young Deernose used the same word—*masaka*—to refer to her mother’s sisters as to her biological mother.⁵⁰

Nevertheless, there is evidence that some reservation employees recognized the communal nature of Native childrearing. For example, responding to a 1926 Indian Service inquiry regarding how Indian communities cared for children coming from “broken homes,” the subagent of one of the six districts of the Crow Reservation explained that “Caring for these children seems to be the least of their troubles. The custom of adopting the children from all classes of homes out to relatives or others seems to be universal. And it seems that there is no difference between the care of an own [sic] child and an adopted child.”⁵¹ At times, it seems possible that reservation employees considered these on-the-ground realities when implementing the Save the Babies

⁴⁸ Inspection Report, Crow Reservation, 5 Sept 1929, Records of the Bureau of Indian Affairs: Central Classified Files, 1907-1939, FILM 9730, Reel 3, Labriola American Indian Center [Hereafter Labriola], Arizona State University [Hereafter ASU].

⁴⁹ Frederick Hoxie, *Parading Through History: The Making of the Crow Nation in America, 1805-1935* (Cambridge: Cambridge University Press, 1995), 299.

⁵⁰ Voget, *They Call Me Agnes*, 83.

⁵¹ District Replies, Statistical Data for General Superintendent’s Circular No. 5, Nov 1926, Crow Agency Correspondence Files, RG75, Box 10, Folder 052, National Records and Archives Administration [Hereafter NARA], Broomfield, Colorado.

campaign. A decade prior to the above questionnaire, Dr. H. L. Oberlander, physician at the Crow Agency, reported that the field matron visited Indian homes and interpreted Indian Service pronatal literature, “and then each mother and prospective mother and members of the family also were appealed [sic] to the importance of carrying out the instructions for the care of the baby.”⁵² Within the same report, however, two other Indian Service physicians exemplified the Bureau’s focus on biological mothers, noting that the field matrons “instruct the mothers as to the proper care and feeding of their babies” and present them with “reading material” on these topics.⁵³

During the Progressive Era, the growing bureaucracy intensified earlier Indian Service efforts to make Native communities legible to the federal government.⁵⁴ For policymakers and Indian officials, the family was the most fundamental unit within the social structure, and the most legible family unit was the nuclear family. As a result, they saw little benefit in investigating alternate models. Although it is impossible to know for sure, it is plausible that Dr. Oberlander’s reference to “members of the family” referred exclusively to biological fathers, brothers, and sisters. To confirm the Crows’ tendency to live in multigenerational homes throughout the 1920s, Frederick Hoxie had to read against the grain of Indian Service records. The Crow superintendent reported that “there were from 423 to 460 ‘families’ under his jurisdiction,” and that these families lived in

⁵² Crow, *Annual Report*, 1916, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

⁵³ Ibid.

⁵⁴ My understanding of state legibility owes much to the work of James Scott. See especially Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven, CT: Yale University Press, 1998).

“305 to 350 ‘houses,’” up to a quarter of which were tents.⁵⁵ Confronted with the unremarked upon discrepancy that implied at least one hundred Crow families did not have homes, Hoxie concluded that “a great many Crows shared dwellings with people outside the nuclear unit.” Because the Indian Service defined “a family as a conjugal unit or a single adult and the related children, if any,” census takers had no choice but “to count several families in a single dwelling.”⁵⁶

Indian Service records appear to document progress in frequently-espoused policy objectives, namely, privileging the nuclear family as a system of relatedness and the adoption of permanent, “civilized” homes, even as they mask more complicated lived experiences. Rose Stremlau characterizes the Dawes commissioners’ task of producing a Cherokee tribal roll to facilitate allotment as “the bureaucratic reinvention of Cherokee family life”; it is “a story . . . about making Cherokee people something on paper that they were not, in their daily reality, and then working to make the reality match the records on file.”⁵⁷ Commissioners used Euro-American categories and exerted their authority to define family, segregating onto separate cards people who resisted segregation in their daily lives.

The Indian Service’s Save the Babies rhetoric and programs a decade later present a similar bureaucratic reinvention. Official campaign rhetoric assumed a nuclear family unit, and, at least in theory, Indian Service pronatal efforts targeted Indian mothers as individuals. The nuclear family unit also implied specific gender roles; the independent male head of household provided for and wielded authority over his dependents, while

⁵⁵ Hoxie, *Parading Through History*, 299.

⁵⁶ *Ibid.*

⁵⁷ Stremlau, *Sustaining the Cherokee Family*, 128.

his wife tended to the home and children. As many scholars have shown, Indian Service officials and employees understood that appropriate gender roles had to be learned, and they dedicated themselves to imparting these lessons.⁵⁸ In the midst of the Save the Babies campaign, Indian Service officials and employees emphasized the urgent need to instill a sense of maternal responsibility in Indian mothers. Commissioner Sells urged the superintendent of Fort Totten School in North Dakota to launch “a vigorous campaign . . . with the object of increasing the interest of the Indian mothers in the proper care of their children.”⁵⁹ The superintendent of the Pine Ridge Reservation in South Dakota instructed his employees “to hold three special meetings for mothers and to do all else that was possible to impress upon the Indian mothers the importance of the care of their children.”⁶⁰

Ironically, even as Sells expressed his desire to “overcome” Indians’ “distinctly barbaric” “habit” of treating wives and mothers as “the burden bearer[s],” the Save the Babies campaign and related Progressive initiatives functioned to assign responsibilities to them that were usually shared among kin.⁶¹ As Sells’s and the Pine Ridge superintendent’s comments on maternal responsibility suggest, consolidated responsibility for Indian women (even if only on paper) easily translated into

⁵⁸ See, for example, K. Tsianina Lomawaima, *They Called It Prairie Light: The Story of Chilocco Indian School* (Lincoln: University of Nebraska Press, 1994); David Wallace Adams, *Education for Extinction: American Indians and the Boarding School Experience, 1875-1928* (Lawrence, KS: University Press of Kansas, 1995); Cahill, *Federal Fathers and Mothers*.

⁵⁹ Cato Sells to C. M. Ziebach, 9 June 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

⁶⁰ Pine Ridge, *Annual Report*, 1916, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

⁶¹ CIA, *Annual Report*, 1916, 7. The Euro-American trope of the Indian woman as drudge or “burden bearer” had a long history. See David Smits, “The ‘Squaw Drudge’: A Prime Index of Savagism,” *Ethnohistory* 29, No. 4 (1982): 281-306.

consolidated blame of them. The two men's decision to frame their task as a matter of arousing "interest" in a recognition of "the importance of" the proper care rather than simply providing education and instruction in childcare techniques implies a perception of maternal deficiency shared by other Indian Service personnel. At its most extreme, this perception led Euro-American federal employees to conclude that Indian mothers did not love their children.⁶² Because Indian Service employees scrutinized biological mothers and not other females who may have played a significant role in raising their children, they sometimes observed flexible mothering practices but perceived maternal negligence. This perception of maternal negligence, in turn, influenced the way reservation employees interpreted Indian mothers' receptiveness to their practical instructions. Regarding nutrition, for example, Colorado River physician Anna Israel-Nettle asserted that Indian mothers could provide adequate meals for their families, but they did not "owing to laziness" and because "they are too indolent to take the trouble."⁶³

The rhetoric surrounding the Save the Babies campaign reflects a convergence of developments both within and beyond the Indian Service. Notions of cultural superiority had long informed federal policies intended to assimilate American Indians. In the Progressive Era, the rise of ideologies laden with scientific racism caused policymakers to reassess—although not abandon—their assimilation agenda to reflect Euro-Americans' increasing pessimism regarding an inferior race's potential for improvement.⁶⁴ In these same years, physicians and public health officials outside of the Indian Service became

⁶² Stremlau, *Sustaining the Cherokee Family*, 81.

⁶³ "Special Report on Health 1913-1914," Colorado River, p. 33, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

⁶⁴ See Frederick Hoxie, *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920* (Lincoln: University of Nebraska Press, 1984).

increasingly vocal about the dangers of maternal ignorance, which they identified as the primary culprit in child mortality and morbidity. Rima Apple characterizes these medical authorities' accusations as "unambiguous and explicit."⁶⁵ When, in the foreword to the 1916 pamphlet Indian Service employees distributed and interpreted to Indian mothers, Commissioner Sells declared, "it is because so many Indian mothers follow the wrong ideas in caring for their children that so many of them die," he in fact echoed a sentiment regularly voiced outside the Bureau.⁶⁶

Sells similarly echoed his peers when he urged his employees that "The simplest rules of motherhood applied under intelligent and friendly direction would save most of the Indian babies who annually fill untimely graves."⁶⁷ As Rebecca Plant has argued, Progressive experts "concentrated primarily on maternal practices (what mothers actually did)."⁶⁸ This implied that maternal deficiencies could be corrected through education, a philosophy that aligned with the Indian Service's assimilation agenda. The problem, Indian Service employees reported, was that Indian women often seemed particularly slow to learn these "simplest rules." On the Fort Berthold Reservation in western North Dakota, the superintendent's 1914 report lamented that despite the field matron's efforts,

⁶⁵ Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, NJ: Rutgers University Press, 2006), 39.

⁶⁶ Quoted in Emmerich, "'Save the Babies!'" 402.

⁶⁷ CIA, *Annual Report*, 1916, 6.

⁶⁸ Rebecca Jo Plant, *Mom: The Transformation of Motherhood in Modern America* (Chicago: University of Chicago Press, 2010).

her home visits were likely to prove ineffective because “unless the average woman of the reservation is repeatedly prompted no good results are obtained.”⁶⁹

Medical experts, on whose advice the Indian Service increasingly relied, often affirmed employees’ observations. L. Webster Fox, a seventy-one-year-old ophthalmologist at the University of Pennsylvania, became intensely interested in the trachoma problem plaguing Indian reservations in the early 1920s, and for a time became a close adviser to Sells’s successor. Fox shared his conclusions based on visits to Indian reservations with readers of the *Journal of the American Medical Association*: “It is extremely difficult to teach these ignorant Indian mothers that the bottom hem of their skirts is not the proper thing with which to wipe their noses and their babies’ eyes. The urging of health journals, such as *Hygeia*, on them would be ridiculous, and even the talks to the youngsters accomplish very little.”⁷⁰ Fox believed that the tactics typically used by medical authorities in addressing problems relating to infant and child welfare were ineffective with Indian mothers. Whether relayed by Indian Service personnel or outside observers, skepticism regarding the speed or extent to which Indian mothers benefitted from instruction perpetuated policymakers’ and Indian Service personnel’s increasing doubt about Indians’ capacity for advancement.

Although early twentieth-century health-related mother-blaming targeted white middle-class mothers alongside poor and non-white mothers, white women benefitted from a competing cultural belief about white middle-class women as mothers that persisted throughout the century’s first decades. Turn-of-the-century maternalism held

⁶⁹ Fort Berthold, Inspection Report, 14-15 Oct. 1915, p. 11, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

⁷⁰ L. Webster Fox, “The Trachoma Problem Among the North American Indians,” *Journal of the American Medical Association* 86, No. 6 (Feb. 6, 1926), 406.

that middle-class white women had an innate capacity for nurturing and mothering that buttressed their authority within the family and within civic life.⁷¹ As Margaret Jacobs demonstrates, the power of maternalism as an ideology meant that in practice, even middle-class white women who were not biological mothers themselves served humanitarian and nation-building goals by “acting in a motherly manner toward other women they deemed in need of rescue and uplift.”⁷² Thus, Rebecca Plant contends that at least until World War I, “mother-blaming” most often reinforced white middle-class women’s cultural authority while undercutting that of poor or nonwhite women.⁷³ When Sells called on “the field matron with her motherly solicitude,” he demonstrated his faith in these field workers’ ability to occupy a maternal role in relation to Indian women and their children.⁷⁴ The persistence of maternalism within Euro-American culture provided some protection for middle-class white women in the face of medical criticism; white women as a group could not be labeled “bad mothers.” As the targets of maternalist uplift, Indigenous mothers had no such protection.

The Save the Babies Campaign: Home Visits and Baby Shows

The field matron program resulted in a somewhat unusual development in turn-of-the-century government bureaus: the hiring of a significant number of white women.⁷⁵

⁷¹ Plant, *Mom*, 7.

⁷² Jacobs, *White Mother to a Dark Race*, 89.

⁷³ Plant, *Mom*, 14.

⁷⁴ CIA, *Annual Report*, 1916, 6.

⁷⁵ Cahill, *Federal Fathers and Mothers*, 6. Commissioner of Indian Affairs Robert Valentine reported that the Indian Service employed 78 field matrons in 1912 at the start of the Save the Babies campaign. See

When the Indian Service embarked on the Save the Babies campaign in the 1910s, Commissioners Valentine and Sells looked to this female labor force to implement many of the campaign's central features. Since the program's inception, the field matron had been expected to be a jack-of-all-trades. When Commissioner Thomas Morgan first enumerated the field matron's responsibilities in 1891, the job description included providing instruction in the beautification of the home, home sanitation, basic nursing skills, and domestic tasks such as sewing and gardening. Morgan directed field matrons to facilitate cultural, moral, and spiritual uplift, both through instruction and by example. Finally, Morgan emphasized that this job description was not exhaustive and called on individuals in the field to provide aid whenever an opportunity presented itself.⁷⁶

Although the field matron's duties were varied and wide-ranging, the creation of a bureaucratic position charged with transforming Indian homes reflects entrenched ideas about domesticity that in many ways characterized late-nineteenth-century Euro-American culture. As Cathleen Cahill reminds us, social reformers concerned with Indian affairs in this period "had come of age during the heyday of Americans' celebration of the home as the keystone of their political, economic, and social order," a celebration buttressed by the romanticization of such ideas in novels, song, and plays and by their enshrinement in the law.⁷⁷

CIA, *Annual Report*, 1912, 27. Although the Indian Service occasionally hired Native field matrons, Lisa Emmerich notes that this was not generally the Bureau's policy. See Emmerich, "'Save the Babies!'" 117.

⁷⁶ Emmerich, "'To Love and Respect and Seek the Ways of White Women,'" 47-49. Commissioner Robert Valentine provided a similarly wide-ranging job description almost two decades later. See CIA, *Annual Report*, 1909, 7.

⁷⁷ Cahill, *Federal Fathers and Mothers*, 35-36.

In the 1910s, Indian Service officials and employees relied on field matrons' regular visits to Indian women's homes—an established practice on many reservations—to counter the maternal ignorance and unsanitary living conditions to which Indian Service personnel attributed Indian infant mortality. In many respects, field matrons' reports and officials' and other employees' discussions of field matrons' work highlight the continuity of field matrons' efforts prior to and during the campaign. Commissioner Sells declared that the “campaign for better babies” required an intensive educational curriculum for Indian mothers and future mothers, and he presented “attractive home-making” as a critical component of this curriculum. Sells did not see improving the health outcomes of Indian infants as separable from Indian women's acceptance of the “higher ideals of life,” which included what he understood as an appropriate domestic gender order.⁷⁸ Similarly, at the height of the pronatal campaign, a physician on the Crow Reservation's health report assured the Indian Office that the field matron in his district was making “all efforts . . . to create a greater love for and interest in the home.”⁷⁹

For two decades, Indian Service field matrons had preached the beautification of the home and the importance of home sanitation in the same breath, but Lisa Emmerich argues that as individual field matrons responded to the needs of the communities they served, most gradually prioritized health work above domestic work.⁸⁰ After the turn of the century, as Indian officials and employees gained a better understanding of germ theory and as it became clear that the health crisis on many Indian reservations had

⁷⁸ CIA, *Annual Report*, 1916, 7.

⁷⁹ Crow, *Annual Report*, 1916, Superintendents' Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

⁸⁰ Emmerich, “To Respect and Love and Seek the Ways of White Women,” 185.

deepened, this informal shift became institutionalized. The year before he announced his Bureau's pronatal campaign, Commissioner Valentine moved the field matron program from the Industrial Division to the Medical Division of the Indian Service.⁸¹ When Valentine resigned, Cato Sells continued the pronatal campaign, picking up where his predecessor left off. Sells contended that sanitation was "the most pressing feature" of the Save the Babies campaign, advising a reservation superintendent, "Let sanitation be our watchword. In our nation-wide health campaign, let us make sanitation the first consideration."⁸² Calling on Indian Service employees to do their part in the Indian Service campaign "for the rescue of a race," Sells urged field matrons to bring sanitation knowledge and techniques into "every home of an Indian mother" and eradicate the "intolerable conditions . . . creating an atmosphere of death instead of life."⁸³ Ironically, because efforts to combat infant mortality increased the urgency of field matrons' regular visits to Indian homes and justified heightened scrutiny of Indian mothers, the Save the Babies campaign expanded field matrons' capacity to perform the non-medical component of their work. As Emmerich concludes, Indian Service pronatalism "helped to reaffirm the importance of the tenets upon which the field matron program had been founded."⁸⁴

The emphasis on home visits demonstrates the persistent conviction that the problems facing Indian communities were more individual than structural and thus could be solved through intimate interpersonal interactions. The high infant mortality rates on

⁸¹ *Ibid.*, 256.

⁸² CIA, *Annual Report*, 1917, 19.

⁸³ CIA, *Annual Report*, 1916, 6.

⁸⁴ Emmerich, "To Respect and Love and Seek the Ways of White Women," 271.

Indian reservations would be solved through regular exchanges between white field matrons and Indian mothers. Ideally, these exchanges would produce trusting relationships in which field matrons would bring about change through the art of persuasion. Reporting on the implementation of the Save the Babies campaign on the Crow Reservation, Supervisor L. F. Michael praised the field matrons' diligence: "Home cleanliness and personal hygiene of the family is preached constantly and many are responding splendidly." Michael acknowledged that some Crow "have taken exception to the cleaning up and keeping clean," but he expressed confidence that "constant work, with kindness and firmness will overcome this attitude."⁸⁵ Other reports betrayed the varying levels of coercion implicit in these visits. The superintendent of the Cheyenne and Arapahoe Reservation in Oklahoma, for example, reported that the visits "are understood to be in the nature of inspection; and where conditions are unsatisfactory the attention of the family is called to them."⁸⁶ According to this superintendent, the system worked well, as "All Indians know that their homes are under constant inspection as to cleanliness and have come to take pride in passing inspection."⁸⁷ In some cases, Indian Service employees explicitly argued that these interpersonal exchanges demanded coercion. Dr. Oberlander explained that "it was sometimes necessary to use the police" to enforce field matrons' and other health workers' sanitary instructions.⁸⁸ Dr. Anna

⁸⁵ Crow, Inspection Report, L. F. Michael, 23 Aug 1916, p. 2, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 3, Labriola, ASU.

⁸⁶ Cheyenne and Arapahoe, *Annual Report*, 1916, p. 6, Superintendents' Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

⁸⁷ *Ibid.*, 4.

⁸⁸ Crow, *Annual Report*, 1916, Superintendents' Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

Israel-Nettle, long-time physician on the Colorado River Reservation in Arizona, was even more direct, arguing that “THE INDIANS MUST BE COMPELLED BY FORCE TO BE SOMEWHAT SANITARY . . . Moral suasion will do these Indians no good. THEY MUST BE MADE TO DO.”⁸⁹

Not surprisingly, some Indian women resisted field matrons’ efforts to enter their homes and scrutinize their domestic practices.⁹⁰ Sells hoped that a campaign explicitly dedicated to saving mothers’ babies would help eradicate this resistance. Specifically, Sells urged employees that “baby shows” could serve as a means of “extending our work into every home of the reservation.”⁹¹ Recognizing that field matrons’ central role in the Save the Babies campaign would likely raise the field matron program’s status within the Bureau, Elsie Newton, supervisor of the field matrons, began urging Sells to broaden the Indian Service’s pronatal efforts in 1913, and in 1914, she persuaded him that baby shows offered an additional venue in which employees could inspect, instruct, and gain the confidence of Indian mothers.⁹² Newton’s inspiration for these “better baby” contests came from the “baby health shows” white middle-class women organized for themselves and others in this period.⁹³

On many reservations, one or more field matrons organized the event and worked to arouse interest and encourage attendance in the days and weeks preceding it. Sells was

⁸⁹ “Special Report on Health 1913-1914,” Colorado River, p. 32, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

⁹⁰ For a discussion of the varied reactions field matrons encountered in the field, see Emmerich, “To Respect and Love and Seek the Ways of White Women,” 142-45.

⁹¹ CIA, *Annual Report*, 1917, 18.

⁹² Emmerich, “To Respect and Love and Seek the Ways of White Women,” 275-76.

⁹³ See Meckel, *Save the Babies*, ch. 4.

adamant that reservation baby shows, like the contemporary baby shows on which the Indian Service modeled these contests, carry the weight of scientific authority.⁹⁴ He advocated “standard score cards,” “suitable certificates” issued from Washington, D.C. for the highest-scoring babies (or more accurately, the babies’ mothers), and a visible role for Indian Service physicians.⁹⁵ Not only did physicians “act as Judges” and grade the babies; they also, as the superintendent at Pine Ridge Agency reported, “instruct the mothers not alone as to saving the babies, but having better babies.”⁹⁶

As Lisa Emmerich has demonstrated, baby shows quickly became the most visible component of the Indian Service’s pronatal initiatives.⁹⁷ Baby shows also exemplified and facilitated Indian Service employees’ targeting of Indian mothers, as officials and employees were nearly unanimous in their assumption that it would be biological mothers who showcased Indian babies at these events. At baby shows, as the Pine Ridge superintendent’s report suggests, physicians and field matrons provided child care instruction in an attempt to combat maternal ignorance. When reservation employees reported on baby shows, they praised Indian mothers more frequently and liberally than they did when reporting on any other component of the Save the Babies program. The nature of their praise, however, underscored many employees’ conviction that the first step in combating maternal ignorance was instilling the sense of maternal responsibility that many Indian mothers seemed to lack. In 1917, Sells proclaimed that

⁹⁴ For a discussion of baby shows among other groups during this period, see Laura L. Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938* (Chapel Hill: University of North Carolina Press, 2007).

⁹⁵ CIA, *Annual Report*, 1917, 17.

⁹⁶ Pine Ridge, *Annual Report*, 1918, 4.

⁹⁷ Emmerich, ““Save the Babies!””

“great interest was manifested by the Indian mothers” in reservation baby contests, and superintendents followed his lead in evaluating success on the basis of mothers’ interest in the competition.⁹⁸

Through baby shows, Indian mothers learned (or at least Indian Service personnel intended for them to learn) that not only were they solely responsible for their children’s health, welfare, and appearance, but they personally would be judged along these lines. Thus, employees praised Indian women when they appeared to demonstrate pride in their child’s baby show “performance.” The superintendent on the Blackfeet Reservation proclaimed, for example, that “a considerable number of entries [in a recent baby show] testified to the fact that the average Indian mother is as proud of her offspring as is a white mother, and as willing to exhibit it.”⁹⁹ Similarly, Indian mothers earned praise when they approached baby contests with what Indian Service personnel interpreted as a competitive spirit. Sells informed a reservation school superintendent in Minnesota that as a result of baby shows, employees on many reservations observed “much wholesome rivalry developing among the mothers to possess the best baby.”¹⁰⁰ The Indian Service did not leave this sense of maternal competition to chance. Rather, baby shows were designed to instill it. In addition to certificates, mothers of the highest-scoring babies received prizes such as “washtubs, washboards, clothes baskets, tablecloths, and cutlery,” prizes that reinforced field matrons’ lessons in appropriate domesticity. Sells also

⁹⁸ CIA, *Annual Report*, 1917, 17; Cheyenne and Arapaho, *Annual Report*, 1917, p. 4, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

⁹⁹ Blackfeet, *Annual Report*, 1917, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

¹⁰⁰ Cato Sells to C. F. Mayer, 8 May 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

mentioned cash prizes, a reward that no doubt appeared particularly attractive to many women in the midst of the impoverishment plaguing many reservations.¹⁰¹

The Save the Babies Campaign: Hospital Childbirth

For Commissioner Sells, “the campaign for better babies” demanded a transformation in Indian women’s housekeeping and childrearing practices *and* a transformation in the way Indian women experienced pregnancy and childbirth. Sells presented hospital childbirth as a critical component of the Indian Service’s pronatal campaign. In 1916, he instructed Indian Service employees that “Every Indian hospital bed not necessarily occupied with those suffering from disease or injury should be available for the mother in childbirth.”¹⁰² Sells regularly repeated this refrain in his correspondence and reports, declaring the following year that he was “particularly anxious that our hospitals shall be used for mothers in childbirth.”¹⁰³ Sells’ emphasis on hospital childbirth reflects his conviction that by altering the location and circumstances in which Indian women gave birth, the Indian Service could tackle the three culprits behind the infant mortality crisis—insanitary homes, maternal ignorance, and the continued authority of Indian midwives.

As a solution to the poor health outcomes for Indian babies, Sells’s advocacy of hospital childbirth shared many of the limitations characteristic of the Save the Babies campaign and other early twentieth-century Indian Service health initiatives. In advocating changes to behavior—in this case, a change in the location where Indian

¹⁰¹ Emmerich, ““Save the Babies!,”” 394; CIA, *Annual Report*, 1919, 28.

¹⁰² CIA, *Annual Report*, 1916, 5.

¹⁰³ CIA, *Annual Report*, 1917, 18.

women gave birth—the Indian Service sidestepped uncomfortable questions about the causes of the now highly visible problem of Native infant mortality. The Bureau, did this, moreover, in a decade in which national investigations into infant mortality exposed the sharp correlation between poverty and high infant mortality rates.¹⁰⁴ At the same time, the Indian Service was not alone in contending—or at least hoping—that hospital childbirth would produce better health outcomes. Historian Molly Ladd-Taylor argues that the turn-of-the-century infant and maternal health movement “set the stage for the medicalization of childbirth.”¹⁰⁵ Middle- and upper-class women, fearful of the constant threat of their own or their infants’ deaths, first called on physicians to attend their births and then embraced the care of a physician or even a specialist in the hospital setting.¹⁰⁶ In the midst of calls to improve infant and maternal health, physicians positioned themselves as experts and worked to expand their authority over childbearing and eventually childrearing.¹⁰⁷

As a practical matter, the Indian Service’s push for hospital childbirth would scarcely have been possible prior to the 1910s. At the turn of the twentieth century, the Indian Service operated only five reservation hospitals. Faced with statistics attesting to the severity of reservation health problems and increasing charges of the Bureau’s neglect, the Indian Service began expanding reservation health services. The inclusion of hospital birth in the Indian Service’s Save the Babies campaign both reflected and fueled

¹⁰⁴ Ladd-Taylor, *Mother-Work*, 87.

¹⁰⁵ *Ibid.*, 19.

¹⁰⁶ *Ibid.* See also Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986), ch. 7.

¹⁰⁷ See Apple, *Perfect Motherhood*, ch. 2.

a surge in hospital construction.¹⁰⁸ By 1911, the Indian Service operated fifty hospitals, and by 1918, that number had grown to eighty-seven. The number of physicians employed by the Indian Service doubled between 1900 and 1918.¹⁰⁹ The Crow Indian Hospital, on which the next chapter focuses, was a product of this period of extensive hospital construction. Prior to 1907, Crow leader Robert Yellowtail explained, “the Crow Indians did not know what a hospital was,” but in that year, the Indian Service funded the construction of a one-room hospital on the reservation.¹¹⁰ In some cases, Native communities played an active role in expanding reservation health services. Throughout the Save the Babies campaign, Indian leaders on reservations without a hospital regularly emphasized their community’s need for reservation hospital services.¹¹¹ Similarly, Crow leaders requested an expansion of the Crow Indian Hospital, which Commissioner Sells approved.¹¹²

The early twentieth-century push for hospital childbirth, both within and outside the Indian Service, was closely related to sanitation concerns. In the final decades of the nineteenth century, a series of medical and scientific breakthroughs revolutionized the

¹⁰⁸ After Walter G. West inspected the Fort Belknap Reservation in 1918, for example, he recommended that the Indian Service establish a hospital on the reservation, arguing that “many lives would be saved each year through such an Agency and that the infantile mortality would be reduced by half.” See Fort Belknap, Inspection Report, 12 July 1918, p. 24, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

¹⁰⁹ David Dejong, *“If You Knew the Conditions”: A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, MD: Lexington Books, 2008), 12.

¹¹⁰ Crow, *Annual Report*, 1935, p. 30, Crow Agency Correspondence Files, RG75, Box 8, Folder 051 Statistics Annual Report 1935, NARA, Broomfield, CO.

¹¹¹ See, for example, Fort Belknap, Inspection Report, 15 Apr 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

¹¹² Crow, *Annual Report*, 1935, p. 30, Crow Agency Correspondence Files, RG75, Box 8, Folder 051 Statistics Annual Report 1935, NARA, Broomfield, CO.

American medical community's understanding of disease and disease transmission, and as medical practitioners sought to apply their new knowledge of germ transmission to childbirth, they found home deliveries more difficult to manage and advocated the hospital setting on sanitary grounds.¹¹³ As knowledge of germ theory spread to the public, hospitals attempted to capitalize on this new awareness; "the hospital began to picture itself," Richard Wertz and Dorothy Wertz explain, "as a superclean, germ-free place, safer than the home."¹¹⁴ Indian Service officials and employees drew on this scientific language of germ transmission and sanitation, but they rarely foregrounded the sanitary conditions of government hospitals. The Bureau's own inspection reports testified to the gulf between reservation hospitals and the pristine, sterile image publicized by some urban hospitals. In the worst cases, inspectors railed against the "dirty and neglected condition" they found at reservation hospitals.¹¹⁵ More typically, inspectors lamented hospital structures that seemed to foster rather than prevent germ transmission, such as an inability physically to separate maternity patients from patients with communicable diseases.¹¹⁶ In large part, these deficiencies resulted from inadequate funding.

In advocating hospital childbirth, Indian Service officials and employees tended to focus on the insanitary conditions of Indian homes, and on this point, as this chapter has demonstrated, Indian Service employees were well-versed. By mid-decade, Indian

¹¹³ Leavitt, *Brought to Bed*, 173.

¹¹⁴ Wertz, *Lying In*, 155.

¹¹⁵ Ute Mountain, Inspection Report, 31 Aug 1922, p. 1, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 3, Labriola, ASU.

¹¹⁶ Mescalero Agency, Report of Health Conditions, Elinor Gregg, 13 March 1925, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

Service employees presented negative evaluations of Indian homes in support of hospital childbirth, reasoning that even inadequate hospitals were preferable to the alternative. In a typical example, following a visit to the Flathead Reservation in Montana, the medical inspector noted, “The majority of the homes are such as to warrant that the expectant mother come to the hospital during her confinement.”¹¹⁷ Sells echoed this sentiment in his 1917 annual report, praising the Indian Service policy “of bringing every possible case of confinement to the agency hospitals for the lying-in period” and asserting that the initiative “has given to many Indian children a start in life that would have been impossible had their birth been consummated under the old unhygienic environments.”¹¹⁸

Policymakers and Indian Service officials realized, however, that the hospital posed advantages beyond sanitation. Like their Progressive counterparts invested in the Americanization of immigrants, Indian Service officials recognized the hospital’s potential as both a means and marker of assimilation. For decades, policymakers had presented the acceptance of Western medicine as a critical step in the assimilation process. While they seldom dwelt on how the shift to the reservation had contributed to this marked deterioration, policymakers hoped that if Indians came to see Western medicine as the solution to their communities’ pressing health concerns, they would also be more amenable to other aspects of Western culture.¹¹⁹ Particularly after the turn of the century, policymakers and Indian Service officials recognized that the poor health

¹¹⁷ Flathead, Inspection Report, 14 July 1916, p. 1, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

¹¹⁸ CIA, *Annual Report*, 1917, 18.

¹¹⁹ See Robert Trennert, *White Man’s Medicine: Government Doctors and the Navajo, 1863-1955* (Albuquerque: University of New Mexico Press, 1998); Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque: University of New Mexico Press, 2001).

conditions on Indian reservations actually hindered their non-medical assimilation efforts. A series of investigations concluded that “from the standpoint of public health,” the prevalence of disease on Indian reservations made them “a menace to the neighboring white communities.”¹²⁰ Neighboring whites responded by characterizing Indians as dirty and diseased, which in turn served to reify reservation boundaries. White communities opposed the admission of Indian children to public schools and Indians’ inclusion in community activities “necessary to their advancement.”¹²¹ Indians’ eventual incorporation into the body politic, policymakers concluded, hinged on their acceptance of Western medicine.

Paralleling Progressive-Era Americanization programs among immigrant groups, Commissioner Sells and other Indian Service personnel regarded women’s acceptance of Western medicine as especially critical. Natalia Molina suggests that Los Angeles public health officials viewed Mexican women as “malleable and influential within their families,” and Indian Service officials shared this perception with regard to Native women.¹²² In his 1916 annual report, Sells presented Indian women as both the primary obstacle to and the best measure of progress, declaring, “The antipathy of the Indian woman to the white man’s hospital is fast being overcome.”¹²³ In this case, Sells referred to hospital use more generally, but reservation superintendents and health workers frequently presented hospital maternity cases as barometers of a particular tribe’s

¹²⁰ Lewis Meriam, et al, *The Problem of Indian Administration* (Baltimore: Johns Hopkins Press, 1928), 111. See also Ales Hrdlicka, *Tuberculosis Among Certain Indian Tribes of the United States* (Washington, D.C.: Government Printing Office, 1909).

¹²¹ Meriam, *The Problem of Indian Administration*, 112.

¹²² Molina, *Fit To Be Citizens?*, 10.

¹²³ CIA, *Annual Report*, 1916, 3.

progress in accepting Western medicine. Although not always the case, on many reservations the rates of hospital childbirth outpaced the rates of hospital use for illness and surgery, a pattern that perhaps reflects the Indian Service's more coordinated efforts to promote the former practice. While a woman's decision to give birth in the hospital was itself a much-celebrated success, officials and health workers hoped that the experience would foster an appreciation of medical supervision, and the new mother would continue to seek the physician's advice and treatment.¹²⁴ On a symbolic level, a child's birth in a modern medical environment, rather than on a dirt floor, seemed to promise a modern rather than "backward" future.

In the first decades of the twentieth century, medical practitioners increasingly understood the hospital as an ideal educational venue and a woman's confinement period as a valuable "teaching moment."¹²⁵ As members of the American medical community worked to enhance their professional standing and to accelerate specialization, they recognized that increased authority over pregnancy and childbirth could yield significant returns. As Progressive physicians and patients embraced the tenets of scientific authority and expertise, they produced new understandings of the relationship between doctor and patient, including the growing ideal of "the mother dependent on the physician." The notion that expectant and new mothers should defer to the expertise of the authoritative physician only gained strength in the interwar period.¹²⁶ Because the institution itself served to reaffirm the physician's authority, a primary lesson hospital staff imparted

¹²⁴ Apple, *Perfect Motherhood*, 61.

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*, 36, 57.

during a women's confinement was the hierarchical relationship between the physician and the new mother.¹²⁷ Indian Service employees regularly echoed these ideals. For example, when Peter Paquette, superintendent of the Navajo Agency, wrote to inform Commissioner Sells of his medical staff's progress in implementing Save the Babies initiatives, he emphasized his commitment to persuading Indian women to give birth in the hospital, where they would be "under the personal direction of the Physician."¹²⁸

Both within and outside the Indian Service, the hospital's educational potential extended beyond interpersonal hierarchies. As the cultural celebration of "Mother Love," which held that mothers benefitted from innate maternal knowledge, waned following the turn of the century, many Americans began to view the well-educated, scientifically-trained medical practitioner as the appropriate authority on motherhood.¹²⁹ That this level of expertise remained more an ideal than a reality during these years did not negate the idea's growing power.¹³⁰ Women's confinement period presented physicians and specialists with an ideal occasion to provide education in the proper care of themselves and their children and thus to combat the maternal ignorance that they believed to be largely responsible for infant mortality. Within the Indian Service, as this chapter demonstrates, combatting maternal ignorance was at the core of the Bureau's pronatal initiatives, but superintendents and physicians expressed skepticism that instruction relayed to parturient and new mothers in their homes would achieve lasting results. They

¹²⁷ Ibid., 61.

¹²⁸ Peter Paquette to Cato Sells, 24 April 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

¹²⁹ See Plant, *Mom*.

¹³⁰ See Charlotte Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge, MA: Harvard University Press, 1995).

feared that owing to ignorance, distractions, or competing advice from family and friends, Indian women frequently disregarded the physician's instructions the moment he walked out the door, especially on reservations where long distances and a highly-mobile population prohibited regular follow-up visits. As a result, Navajo superintendent Peter Paquette contended that "practical work can only be done in placing the mother in a hospital before confinement and keeping her there a sufficient length of time thereafter."¹³¹

Indian Service officials and employees also presented hospital childbirth as evidence of progress, because in choosing to give birth in a government hospital with the assistance of a state-employed medical professional, an Indian woman apparently rejected other alternatives. From their earliest efforts to provide federally-funded medical services on reservations, policymakers and Indian Service officials intended for government hospitals and state-employed medical practitioners to facilitate the eradication of Native healers, particularly the Indian "medicine man." When in 1916 Commissioner Sells celebrated Indian women's waning opposition to the "white man's hospital," he went on to declare that "the medicine man will soon be only a memory."¹³² Sells's prediction betrays his propensity for premature optimism, as the reports he received from the field often lamented medicine men's continued influence and championed increased vigilance in combating the problem. Following an inspection of the Flathead Reservation, for example, Dr. L. F. Michael recommended that the reservation superintendent wage "an active campaign against the pernicious practice of

¹³¹ Peter Paquette to Cato Sells, 9 Aug 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 5, Labriola, ASU.

¹³² CIA, *Annual Report*, 1916, 3.

the medicine man,” and Superintendent Fred C. Morgan affirmed that “every effort will be put forth to combat this evil.”¹³³

Superintendents and health workers blamed medicine men for individual instances of illness and death, as well as a Native community’s poor health more generally, and they often attributed Indians’ unwillingness to utilize hospital services to the medicine man’s power. Furthermore, the Indian Service’s official regulations regarding medicine men, adopted in 1904 and sporadically circulated throughout the Save the Babies campaign, reveals that lawmakers were as concerned with the dangers medicine men posed to the government’s assimilation agenda as they were with the dangers Native healers posed to Indian health. The regulations stated that a medicine man “shall be adjudged guilty of an Indian offense” when “the influence of a so-called ‘medicine man’ operates as a hindrance to the civilization of the tribe, or that said ‘medicine man’ resorts to any a[r]tifice or device to keep the Indians under his influence, or shall adopt any m[ea]ns to prevent the Indians from abandoning their heathenish rit[e]s and customs.”¹³⁴ Because many Native cultures viewed health and healing from a holistic perspective, Indians often looked to medicine men as spiritual leaders as well as healers. Thus, Indian Service efforts to eradicate Indian medicine men dovetailed with Indian Service efforts to promote the acceptance of Christianity and the rejection of Indian religions. When Indian Service officials accused medicine men of relying on

¹³³ Flathead, Inspection Report, 14 Feb 1916, p. 3; Fred C. Morgan to Cato Sells, 12 May 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

¹³⁴ Quoted in Fred C. Morgan to Field Employees, Flathead, 10 Mar 1916, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

“local superstitions,” they presented the medicine man as a symbol of Indians’ continued backwardness.¹³⁵

Indian Service employees knew that on most reservations medicine men had little to do with childbirth. In most early twentieth-century Native communities, the biological event of childbirth took place within the context of gendered and generational support networks. Although not the case in every Indigenous society or for every individual, many Native women looked to their mothers, older female kin, or female neighbors to guide them through the rituals associated with pregnancy, childbirth, and postnatal care.¹³⁶ Like Pretty Shield, some women gained enough experience and knowledge through birthing their own children and observing and assisting other deliveries that their community came to view them as experts in midwifery. Reflecting the gendered assumptions of officials and employees, Indian Service documents seldom acknowledged that on many reservations, women were as likely to possess broad healing knowledge and spiritual authority as men. Pretty Shield, for example, was a medicine woman as well as a midwife.¹³⁷ Yet, if the Indian Service effectively ignored medicine women, it did not ignore midwives. In their reports and correspondence, Indian Service officials and employees closely associated “medicine men” and “midwives,” and they made the same allegations about midwives that they made about medicine men: they imperiled women

¹³⁵ M. C. Guthrie, “The Health of the American Indian,” *Public Health Reports* 44, No. 16 (April 19, 1929), 947.

¹³⁶ The Hopi serve as an example of an exception to this rule. In Hopi society, women typically turned to a male relative for assistance in childbirth. See Helen Sekaquaptewa, as told to Louise Udall, *Me and Mine: The Life Story of Helen Sekaquaptewa* (Tucson: University of Arizona Press, 1969).

¹³⁷ For an example of a twentieth-century medicine woman who did not also practice midwifery, see David Jones, *Sanapia: Comanche Medicine Woman* (New York: Holt, Rinehart, and Winston, 1972).

and infants' health, hindered the Bureau's civilization agenda, and served as a continued marker of primitive culture.

These complaints also intersected with broader cultural trends, as the Indian Service's condemnation of Indian midwives joined a chorus of early twentieth-century voices decrying "the midwife problem."¹³⁸ As the professionalizing American medical community pursued reforms in medical training and education, they endeavored to reduce competition from midwives by presenting pregnancy and childbirth as biological events that required intensive medical management by scientifically-trained professionals.¹³⁹ In the pages of the *Journal of the American Medical Association*, leading medical authorities pitted "trained physicians" against "ignorant midwives" and suggested that much of the nation's maternal and infant mortality could be attributed to this ignorance.¹⁴⁰ In these same years, some members of the American medical community launched—or, more accurately, re-launched—an antiabortion campaign, this time intended to eliminate the continued practice of illegal abortion, and antiabortionist medical authorities contended that midwives bore particular responsibility for the unauthorized termination of pregnancies. Not only did midwives not have the necessary education and training to assist women through childbirth; they were also often immoral and virtually always dangerous.¹⁴¹

For many medical professionals, and for many middle- and upper-class Americans, the "midwife problem" had a specific geography: rural and urban immigrant

¹³⁸ Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 90.

¹³⁹ See Judy Barrett Litoff, *American Midwives, 1860 to Present* (Westport, CT: Greenwood Press, 1978).

¹⁴⁰ Quoted in Litoff, *American Midwives*, 69.

¹⁴¹ Reagan, *When Abortion Was a Crime*, 80-91.

communities and African-American communities in the South. Few of these medical professionals and observers located the midwife problem on Indian reservations. Observers' tendency to leave Indian reservations off their conceptual maps resulted from the segregated position of reservations within the nation's physical and cultural landscape and the relative isolation of Indian Service health employees from their colleagues outside the Service. Nonetheless, Indian Service personnel were well aware that midwives or trusted older women continued to perform the vast majority of obstetric work on reservations, and the "problem" of midwifery on Indian reservations had much in common with medical professionals' and middle- and upper-class Americans' understanding of the problem in more frequently-cited locations. From the perspective of an increasing percentage of white Americans, the twentieth-century midwife was the "other"; she was "backward" and, either explicitly or implicitly, un-American, characterized as "a remnant of barbaric times, a blot on our civilization, which ought to be wiped out as soon as possible."¹⁴²

The ubiquity of Indigenous midwives in Indian Service documents highlights the government's intense scrutiny of Native women's biological reproduction in this period. Because both the Indian Service and Native communities ascribed material and symbolic weight to reproduction, the Indian Service's campaign to eradicate the Indian midwife often sparked a political struggle. In many Native cultures, the gender-exclusivity surrounding biological reproduction solidified older women's authoritative position, an authority that women on some reservations staunchly resisted conceding. In successive annual reports in the late 1910s, the superintendent of the Cheyenne and Arapahoe

¹⁴² Quoted in Litoff, *American Midwives*, 29.

Reservation in Oklahoma lamented that despite some success in persuading the Indians to utilize other hospital services, reservation employees remained unable to persuade Indian women to use the hospital for childbirth. The superintendent presented “the old women of the tribe,” who regarded “midwifery as their inalienable prerogative,” as the primary obstacle. In keeping with the assumptions undergirding the Indian Service’s campaign to combat infant mortality and the broader Progressive-Era disdain for midwives, the superintendent indicted these midwives as “incidentally, being responsible for deaths without number, among the children.”¹⁴³

In their attempt to diminish midwives’ authority, government employees hoped to disrupt the gendered networks through which many Indian women navigated pregnancy and childbirth, and hospital childbirth facilitated the Indian Service’s attempt to target biological mothers as individuals. Although not referring to childbirth specifically, Carolyn Neithammer, biographer of Navajo leader Annie Wauneka, explains that within the government hospital, the “patient was taken out of the bosom of the family.” “Not only was the hospital filled with strangers,” Neithammer continues, “but the patients became strangers to themselves and each other as their familiar clothing was put away and they had to wear hospital gowns or pajamas and eat unfamiliar foods.” Physicians regularly came and went, “pressing and poking” patients during each appearance.¹⁴⁴ For Indian women anticipating delivery or in the throes of labor, the hospital staff’s poking and prodding was necessarily of an intimate and sensitive nature. To a large degree,

¹⁴³ Cheyenne and Arapahoe, *Annual Report*, 1919, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU. The report for 1918 included nearly identical comments.

¹⁴⁴ Carolyn Neithammer, *I’ll Go and Do More: Annie Dodge Wauneka, Navajo Leader and Activist* (Lincoln: University of Nebraska Press, 2001), 88.

Commissioner Sells' belief that the hospital presented an ideal educational environment, and thus his emphasis on "the necessity of bringing every possible case of confinement to the agency hospitals for the lying-in period," stemmed from his recognition that circumstances rendered Indian women peculiarly vulnerable to Indian Service authority.¹⁴⁵

Although some Indian women had begun requesting or accepting a physician's attendance at home births before the Save the Babies campaign, that assistance did not preclude the active involvement of other attendees. "As long as it remained in the home," Richard Wertz and Dorothy Wertz have argued, "birth remained to large extent the province of women."¹⁴⁶ The hospital setting clarified the physician's authoritative role. Indian Service hospitals endeavored to reinforce this authority by restricting the presence of family and friends during a woman's confinement or other periods of extended hospital care, although they often discovered that patients staunchly resisted these measures. In some cases, the patient presented her use of the hospital as contingent on the presence of selected visitors.¹⁴⁷

When an Indian woman entered an Indian Service hospital for her confinement period, she may have been forty or fifty miles from her home, but she remained on her reservation, and her time away from home typically did not extend beyond a month or so. In contrast, when an Indian child entered an off-reservation boarding school, he or she

¹⁴⁵ CIA, *Annual Report*, 1917, 18.

¹⁴⁶ Wertz, *Lying-In*, 6.

¹⁴⁷ For example, following the Save the Babies campaign, Indian Service personnel regularly commented on their difficulty restricting visitors at the Crow Indian Hospital. See Asbury to Commissioner of Indian Affairs, March 27, 1931, Folder 150 Trowbridge Report Inspection and Investigation, Box 16; Crow, Inspection Report, November 3, 1939, Folder 150 Inspections and Investigations—Health, Box 17, both Crow Agency Correspondence Files, National Archives, Broomfield, CO.

could be thousands of miles from home and often remained away for years at a time. These are, without question, significant differences. Both experiences, however, at least theoretically functioned to destabilize community and familial bonds, as Indian Service employees stepped in to fulfill the educational and nurturing roles that would otherwise be fulfilled within kin networks. Boarding school administrators and staff intended for their performance of these roles to produce a shift in Indian students' loyalty and a negative assessment of their families—their former educators. Similarly, when Indian Service employees reported their progress in promoting hospital childbirth in the decades following the Save the Babies campaign, many, such as Ruth E. Murphy, field nurse on the Flathead Reservation, rejoiced that the women on the reservation now distrusted the “old Indian midwives” and knew to “expect doctors and hospital care.”¹⁴⁸

Hospital childbirth, and particularly the rejection of Indian midwives and other female birthing assistants, also furthered a long-standing federal objective that was central to the Indian Service's early twentieth-century assimilation agenda: the consolidation of patriarchal authority in Indigenous families and communities. Theda Perdue finds that in the decades preceding removal, Cherokee society's attempts to accommodate “civilization” resulted in Cherokee men's intrusion into the previously female realm of biological reproduction. In 1826, for example, the Cherokee council, “composed exclusively of men,” prohibited infanticide and asserted its authority to penalize women found guilty of this crime.¹⁴⁹ Policymakers and reformers looked favorably upon Indian men's efforts to buttress their political authority because,

¹⁴⁸ Ruth E. Murphy to L. W. Shotwell, 23 Sept 1935, Records of the BIA: Central Classified Files, 1907-1938, FILM 9730, Reel 4, Labriola, ASU.

¹⁴⁹ Perdue, *Cherokee Women*, 148.

persistent characterizations of Indian women as “drudges” and “burden bearers” aside, many Euro-Americans feared that Indian women’s influence, particularly in matrilineal societies, emasculated Indian men and contributed to what they perceived as Indian men’s fundamental laziness. Rose Stremlau explains that Indian men “were the ‘welfare kings’ of the 1880s.” She argues that policymakers expected that the land reform policies they adopted in that decade to create “male-dominant” families, in large part because privatization provided incentives for husbands closely to monitor their wives’ sexuality and reproduction.¹⁵⁰

Although the Save the Babies campaign targeted biological mothers as a rule, Commissioner Sells instructed field matrons that in anticipation of and following an infant’s birth, “the importance of the provision which the husband should make for the health and comfort of the mother and child should be early and urgently impressed upon him.”¹⁵¹ The husband, not the woman’s mother or female relatives, should bear responsibility for his wife’s and child’s “health and comfort,” and this responsibility stemmed from the husband’s prescribed role of provider. During and following the Progressive-Era pronatal campaign, Indian Service officials argued that Indian Service physicians, the vast majority of whom were male, should assume responsibility for pregnancy and particularly childbirth. As the next chapter will demonstrate, although Indian Service physicians were white rather than Indian men, this shift contributed to Indian men’s increased influence by marginalizing older women from a process that enabled them to exert authority within their communities.

¹⁵⁰ Stremlau, *Sustaining the Cherokee Family*, 79-86.

¹⁵¹ CIA, *Annual Report*, 1916, 6.

Conclusion

When Commissioner Sells embraced the pronatal campaign initiated by his predecessor, he envisioned an expansive, multi-faceted effort to combat infant mortality on Indian reservations, and the campaign's rhetoric and strategies reflected a convergence of Progressive-Era trends within and outside the Indian Service. The Save the Babies campaign must be understood as double-edged. On the one hand, Indian Service officials and employees embarked on the campaign in response to an increasingly unavoidable awareness of the poor health outcomes facing Indian mothers and infants. Without question, Indian communities shared these concerns, as infant morbidity and mortality was a painful reality for many Indian families. Whether advocating better sanitation techniques or hospital childbirth, Indian Service personnel drew from their understanding of current scientific knowledge. Furthermore, Indian communities were often more likely to welcome Indian Service health efforts than non-medical federal programs, and as the next chapter demonstrates, in the decades following the campaign, many Indian women embraced hospital childbirth.¹⁵²

At the same time, the campaign, like early twentieth-century federal-Indian policy more broadly, was rooted in federal paternalism and laden with implicit, and sometimes explicit, blame. As Commissioner Sells reminded his colleagues, the “campaign for better babies” could not produce “good results” unless “the Indian parents exchange indolence for industry.”¹⁵³ More typically, Indian parents did not share this blame equally. Sidestepping structural factors and defining the problem of high infant mortality

¹⁵² See Katherine Osburn, *Southern Ute Women: Autonomy and Assimilation on the Reservation, 1887-1934* (Albuquerque: University of New Mexico Press, 1998).

¹⁵³ CIA, *Annual Report*, 1916, 7.

as one of individual knowledge and behavior, superintendents, field matrons, and health workers directed their energies at Indian mothers, referring to fathers only sporadically and largely disregarding other female kin's involvement in childrearing. If saving babies was the object of the Indian Service's pronatal campaign, the means to that end hinged on transforming mothers and the social relationships in which they were enmeshed.

Commissioner Sells and others believed that the problem of high infant mortality demanded heightened scrutiny of Indian mothers. Although reservation employees' reports sometimes included praise or at least acknowledgement of progress, when they assessed Indian women as housekeepers and mothers, they often found them lacking in ability, interest, and knowledge. The question of blame was exacerbated when the implementation of campaign initiatives fell on the shoulders of individuals like Dr. Anna Israel-Nettles, who viciously conflated health-related measures, such as home sanitation, with non-medical issues, such as morality. At the peak of the Save the Babies campaign, Commissioner Sells called on Indian Service employees to dedicate themselves to "the rescue of the race," and he relied on field matrons to mobilize Indian mothers in this federal effort to save the babies.¹⁵⁴ Within the context of the pronatal campaign, Sells used the language of "rescue" to underscore the campaign's moral mission to save lives. The assessments of Indian mothers scattered throughout reservation employees' reports on the Save the Babies campaign did not exist in a vacuum, however. Rather, they lent weight to another "rhetoric of rescue," which, as Margaret Jacobs demonstrates, rested on the belief that children needed to be "rescued" from their homes.¹⁵⁵ Policymakers and social reformers believed that employees' reports of inadequate living conditions and

¹⁵⁴ CIA, *Annual Report*, 1916, 7.

¹⁵⁵ Jacobs, *White Mother to a Dark Race*, 45.

maternal ignorance and Indian communities' continued reliance on dangerous and backward healers demonstrated the necessity of removing Indian children from their families and placing them in government boarding schools. The criticism directed at Indian mothers resulted in long-term negative consequences for Indian women, as the campaign buttressed tropes of maternal negligence and incompetence that did not wane following the campaign's termination.

CHAPTER 3

THE POLITICS OF CHILDBIRTH ON THE CROW RESERVATION

In the late 1920s or very early 1930s, Montana writer, politician, and amateur ethnographer Frank B. Linderman spent one month with Pretty Shield, a respected Crow elder and medicine woman in her mid-seventies. Having already published the life history of Plenty-Coups, Pretty Shield's contemporary and "the last legitimate [Crow] chieftain," Linderman asked Pretty Shield to tell him "a woman's story."¹ As in his life history of Plenty-Coups, Linderman understood his endeavor as an urgent attempt to provide a "genuine record" of Crow life-ways that he believed were rapidly disappearing.² Linderman suggested that Pretty Shield, like "the old men" he had interviewed previously, shared his interest in recording her early life rather than the more recent past. Of life on the reservation after the disappearance of the buffalo, the female elder lamented, "There is nothing to tell, because we did nothing . . . We stayed in one place, and grew lazy."³ As a result, Pretty Shield's narrative does not extend much farther than her marriage at the age of sixteen and the birth of her first child in the 1870s. Although Pretty Shield often struggled to follow her interviewer's request to focus on "women's things," she had no such trouble when she recalled her first child's birth. She

¹ Frank B. Linderman, *Plenty-Coups: Chief of the Crows* (Lincoln: University of Nebraska Press, 2002 [1930]), xxvii; Frank B. Linderman, *Pretty-Shield, Medicine Woman of the Crows* (New York: John Day Co., 1972 [1932]), 16.

² Linderman, *Plenty-Coups*, xxviii.

³ Linderman, *Pretty-Shield*, 10. Linderman suggests that Pretty Shield made these comments "when pressed for stories of her middle life," but throughout the text, Linderman regularly redirects Pretty Shield to stories of her girlhood and adolescence.

experienced her labor and delivery in the company of her mother and a trusted female midwife.⁴

Pretty Shield prefaced her childbirth story by emphasizing that “everything was so different when I was young.”⁵ Four years after Linderman published Pretty Shield’s story, Robert Yellowtail, superintendent of the Crow Reservation and himself a Crow man, echoed Pretty Shield’s emphasis on change in Crow women’s childbirth practices, although Yellowtail’s tone was one of celebration rather than wistfulness. In his second annual report as superintendent, Yellowtail proclaimed, “We have . . . established, through the ability of various physicians” that childbirth in a government hospital under the supervision of trained physicians was far preferable to “the old method,” in which “the mother was delivered in the Crow Camp where she was attended by women with no training and only trusted to good luck and nature to make a safe and proper delivery.” While Pretty Shield relished the relative ease and simplicity surrounding her first childbirth experience, Yellowtail touted government physicians’ obstetric feats, including “the dangerous Caesarian section.”⁶

In these very different but roughly contemporaneous texts, two men—one a white ethnographer, the other a Crow government employee—discussed reproductive processes that in Pretty Shield’s early adulthood had been understood to be the province of women. Furthermore, both men, and perhaps Pretty Shield herself, positioned the circumstances in which Pretty Shield gave birth as a relic of the past. In doing so, they overstated the

⁴ Ibid., ch. 11.

⁵ Ibid., 145.

⁶ Crow, *Annual Report*, 1936, Superintendents’ Annual Narrative and Statistical Reports from Field Jurisdictions of the Bureau of Indian Affairs, 1907-1938, RG75, FILM 3748, Labriola American Indian Center [Hereafter Labriola], Arizona State University [Hereafter ASU].

gulf between “old” and “new” methods. They obscured the fact that in the years preceding her interview with Linderman, Pretty Shield had continued to work as a midwife on the reservation, and that she was not alone in doing so; at the start of the decade, approximately half of Crow women gave birth at home with the assistance of other women.⁷

This chapter draws on historian Lynn Thomas’s analytical concept of the “politics of the womb” to explore the debates in which Yellowtail, Linderman, Pretty Shield, and many others engaged, as well as the shifting policies and practices that served as the backdrop for such conversations. In her study of twentieth-century Kenya, Thomas develops the politics of the womb through an analysis of “critical events,” which, following Vreena Das, she defines as “those that rework ‘traditional categories,’ prompting ‘new modes of action’ to come into being” and that “leave their mark on a variety of institutions.”⁸ This chapter focuses on the Crow Reservation in southern Montana and approaches the 1930s and early 1940s as a “critical moment” that operated much like the events at the heart of Thomas’s study.

In the midst of a decisive shift in federal Indian policy, the decade and a half was a highly-charged political and cultural moment on the reservation. It was also a moment in which Crow women’s attitudes and practices regarding biological reproduction were in flux. In this context, the politics surrounding pregnancy and childbirth became particularly visible, as differently positioned parties—Euro-American government

⁷ Alma Hogan Snell notes, for example, that Pretty Shield acted as a midwife when she was born in 1923. See Snell with Becky Matthews, *Grandmother’s Grandchild: My Crow Indian Life* (Lincoln: University of Nebraska Press, 2000), ch. 1.

⁸ Lynn Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya* (Berkeley: University of California Press, 2003), 6.

employees and health workers, social scientists, Crow men, young Crow women, midwives and former midwives—debated the appropriate location and social setting for childbirth. In discussing, implementing, and responding to policies pertaining to control of reproduction and authority in reproductive matters, invested parties addressed questions of women’s status, the purpose and scope of colonial governance, and the nature and import of various social relationships.

The Crow Reservation

This chapter focuses on a single reservation as a case study. A case study is necessary because local circumstances mattered in the implementation of federal policy. For example, the Crow Reservation was distinguished in this period by the fact that a Crow man served as superintendent of the reservation. Yet developments on the Crow Reservation mirrored trends on reservations throughout the West. As a Native society occupying land desired by an expanding and politically and economically powerful nation, Crows shared historical and contemporary experiences with other Indigenous peoples due to their shared status as targets of U.S. settler society’s ongoing efforts to displace them.⁹ Furthermore, because the Indian Service conceptualized policy at the national level, there were patterns in the way employees, many of whom spent their careers moving from reservation to reservation, implemented these policies.

In 1851, Crow leaders signed the first Fort Laramie Treaty, in which the U.S. government recognized the tribe’s right to 33 million acres in present-day Montana and Wyoming. In addition, the government pledged to provide Crows with \$50,000 worth of

⁹ See Patrick Wolfe, “Settler Colonialism and the Elimination of the Native,” *Journal of Genocide Research* 8, No. 4 (2006): 387-409.

supplies annually, a pledge U.S. officials almost immediately ignored. Throughout the 1860s and 1870s, Crow warriors fought alongside the U.S. military in a series of battles against the Sioux, their primary rivals in the region. As scholar Jonathan Lear explains, the government treated the Crow “as an ally” in return for this valuable assistance, but this military alliance “did not stop the United States from repeatedly revising treaties at will and from encroaching on Crow lands.”¹⁰ In a second Fort Laramie Treaty in 1867, the U.S. only recognized eight million acres of land, and by 1882, the U.S. recognized only two million acres in what would soon be the state of Montana as Crow land.¹¹ The dispersed group relocated to the tribe’s newly-bounded reservation in the early 1880s. Crows struggled to survive within these new geographic constraints at the same moment that the buffalo almost completely disappeared from the region, effectively stripping them of their traditional livelihoods.¹² Within two decades, nearly one-third of the reservation population perished.¹³ Survivors endured “massive disorientation.”¹⁴

Like other Indigenous groups, Crows were targets of the federal government’s multi-faceted assimilation campaign. Government employees recruited Crow children to attend off-reservation boarding schools, where students received Western educations and spent years away from their families and communities.¹⁵ Other Crow children attended a

¹⁰ Jonathan Lear, *Radical Hope: Ethics in the Face of Cultural Devastation* (Cambridge, MA: Harvard University Press, 2006), 136.

¹¹ *Ibid.*, 26.

¹² Frederick Hoxie, *Parading Through History: The Making of the Crow Nation in America, 1805-1935* (Cambridge: Cambridge University Press, 1995), 9.

¹³ *Ibid.*, 133.

¹⁴ Lear, *Radical Hope*, 27.

¹⁵ There is a large body of scholarship on Indian boarding schools. Two key works are David Wallace Adams, *Education for Extinction: American Indians and the Boarding School Experience, 1875-1928*

boarding school on the reservation until it closed in 1920. Former students reported that superintendents used police power to “force” children’s attendance, and the school staff mistreated students. Although administrators initially allowed students to return home on the weekends, they eventually stopped this practice.¹⁶ The federal government also promoted the allotment of tribal land. Crow land was allotted in waves, beginning in the 1880s and culminating in the Crow Act of 1920.¹⁷ From the perspective of policymakers and social reformers, allotment had the potential to accomplish multiple federal objectives. It supposedly encouraged economic self-sufficiency and a capitalist orientation; facilitated the transfer of “excess” Crow land to white management and ownership; and allowed for the physical separation of large households into nuclear family units.¹⁸

Government employees also carried out initiatives intended to transform Crow women specifically. As Frederick Hoxie has argued, “In the reservation setting, Crow women were expected to conform to Anglo-American standards of behavior.”¹⁹ This meant decreased sexual freedom, decreased economic and political standing, and decreased autonomy within the home. As Chapter One demonstrated, this also meant increased expectations regarding daily domestic and maternal responsibilities. Field

(Lawrence: University Press of Kansas, 1995); and K. Tsianina Lomawaima, *They Called it Prairie Light: The Story of Chilocco Indian School* (Lincoln: University of Nebraska Press, 1994).

¹⁶ Lillian Bullshows Hogan with Barbara Loeb and Mardell Hogan Plainfeather, *The Woman Who Loved Mankind: The Life of a Twentieth-Century Crow Elder* (Lincoln: University of Nebraska Press, 2012), ch. 6.

¹⁷ For a discussion of the Crow Act of 1920, see Hoxie, *Parading Through History*, 295.

¹⁸ Recent histories of allotment include Rose Stremmlau, *Sustaining the Cherokee Family: Kinship and the Allotment of an Indigenous Nation* (Chapel Hill: University of North Carolina Press, 2011); and Kristin T. Ruppel, *Unearthing Indian Land: Living with the Legacies of Allotment* (Tucson: University of Arizona Press, 2008).

¹⁹ Hoxie, *Parading Through History*, 192.

matrons visited Crow women's homes to teach women the arts of domesticity and the science of motherhood, and the Progressive-Era Save the Babies campaign intensified this effort. At the start of the century, Janette Woodruff was the sole field matron assigned to the Crow Reservation. By 1916, at the height of the campaign, three field matrons carried out the campaign's programs.²⁰

By the 1930s, developments on the Crow Reservation exposed the limitations of the state's power to remake Crow society. Despite successive superintendents' attempts to repress cultural expression, the Crows maintained many of the social and cultural practices the government aimed to eradicate. Throughout the first decades of the century, Crows continued to speak their tribal language and to practice traditional ceremonies and rituals.²¹ Perhaps most importantly, clans continued to be organized along matrilineal lines; kinship networks remained at the center of the reservation social structure; and many Crows continued to privilege the extended family over the nuclear family unit.²²

Crows adapted to reservation life by reconfiguring their political relationship to the federal government as well as their internal political structure. The twenty-six bands constituting the Crow "tribe" had maintained a great deal of autonomy prior to their confinement on the new reservation. While these decentralized bands influenced reservation settlement patterns, Crows gradually shifted toward a more unified political system in the early twentieth century in order to present a strong political voice to Indian

²⁰ Janette Woodruff, *Indian Oasis* (Caldwell, ID: Caxton Printers, 1939); Inspection Report, Crow Reservation, 30 Oct 1911, Records of the BIA Central Classified Files, 1907-1939, FILM 9730, Reel 3, Labriola, ASU; Crow, *Annual Report*, 1916, Superintendents' Annual Report, 1907-1938, RG75, FILM 3748, Labriola, ASU.

²¹ Hoxie, *Parading Through History*, 306.

²² See Robert Lowie, *The Crow Indians* (Lincoln: University of Nebraska Press, 1983 [1935]).

Service officials and policymakers.²³ Furthermore, the policy of removing Indian children from their homes and placing them in government boarding schools produced a generation of young, educated leaders, who returned to their reservation eager to have a say in the political and economic issues facing their communities. This new generation of predominantly male leaders formally called for the removal of a series of superintendents in the 1910s and 1920s before they finally achieved success in ousting a dissatisfactory superintendent and securing Yellowtail's appointment in the early 1930s.²⁴

The appointment of John Collier, a social reformer and vocal critic of the Indian Service, as commissioner of Indian affairs in 1933 seemed to portend notable change in federal Indian policy, as Collier advocated greater respect for Native cultures and promised increased political autonomy for Native groups. Collier rejected many of the assumptions undergirding the government's assimilationist agenda, and he championed the Indian Reorganization Act of 1934, which effectively reversed land policies that had been in place since the late 1880s. Scholars generally agree that Collier's attitudes and policies represent a significant shift in federal Indian policy, although in the short term, progress was limited by the unwillingness of reservation employees, many of whom remained committed to assimilationist ideals, to accept Collier's vision.²⁵

The impact of Collier's administration was magnified on the Crow Reservation, due in part to the established foundation for political and cultural expression and in part to Collier's historic appointment of a Crow man as superintendent on his own

²³ Hoxie, *Parading Through History*, 123.

²⁴ Frederick Hoxie describes young leaders' attempt to remove Evan Estep in the 1910s and Calvin Asbury in the 1920s. See *Parading Through History*, 260, 317.

²⁵ See Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque: University of New Mexico Press, 2001), ch. 2.

reservation. Robert Yellowtail was one of the young, educated leaders who obtained a central position in tribal politics in the early twentieth century. As a child, he attended an Indian boarding school in Riverside, California. He returned to his reservation in the early 1910s and immediately involved himself in a decade-long struggle to protect Crow unallotted lands from continued encroachment by white settlers. Throughout the 1910s and 1920s, Yellowtail joined other Crow leaders in successive delegations to Washington, D.C., and he spearheaded local political opposition to superintendents he did not believe served Crow interests. In the early 1930s, he and other young Crow leaders once again waged a campaign to remove a sitting superintendent, this time career Indian Service administrator James Hyde. As the recently-appointed commissioner, Collier viewed the campaign as an opportunity to put his commitment to tribal autonomy into practice. He approved Hyde's transfer and appointed Yellowtail as superintendent of the Crow Reservation.²⁶

Much to Collier's disappointment, the Crows voted against his Indian Reorganization Act, which established guidelines for tribal governments and constitutions, but throughout the decade, political authority was centralized within the Crow Tribal Council. Frederick Hoxie has noted that in the 1920s, the council "became a vehicle for the defense of cultural values and the formation of a distinctive group consensus," as it effectively replaced the Business Committee.²⁷ In many ways, the Tribal Council was a remarkably democratic political body, but in the 1930s, the council

²⁶ See Hoxie, *Parading Through History*, chs. 8 and 11. Prior to this, a handful of Indians had served as superintendents on reservations that were not their own. See Beth Piatote, "The Indian/Agent Aporia," *American Indian Quarterly* 37, No. 3 (2013): 45-62.

²⁷ Hoxie, *Parading Through History*, 324.

was dominated by Crow men and served to magnify male power on the reservation. Although council meetings were open to all tribal members, Crow women were less likely than men to attend them, and they rarely spoke when they did attend.²⁸ Native women have charged that sexism in tribal politics increased following the Indian Reorganization Act, as male leaders “attempted to define ‘traditional’ leadership as the exclusive domain of men.”²⁹

Following a decade of superintendent Calvin Asbury’s rigid restrictions on Crow cultural expression, the 1930s also witnessed a cultural resurgence. Decades later, Mae Takes Gun Childs described Asbury as “very strict and very mean with the Crows most of the time.” She recalled that “he was known . . . as a mean uncaring man who tried to force the Crows to give up some of the cultural events” and who did not hesitate to use police power to enforce his instructions.³⁰ Lillian Bullshows Hogan described reservation life under Superintendent Asbury similarly: “The Crows gave him a real bad Indian name because they didn’t like him . . . but we all knew he was the boss and everything he said was it.”³¹ Both women remembered Yellowtail’s appointment as a decisive turning point in reservation life—to the extent that they skipped over Hyde’s

²⁸ See Notecard on Crow Council (Pryor 7/17/39), Fred W. Voget Papers, MSS 318, Series 2, Box 9, Folder 18, Mansfield Library, University of Montana-Missoula.

²⁹ Elizabeth Castle, “Black and Native American Women’s Activism in the Black Panther Party and the American Indian Movement” (PhD Diss: University of Cambridge, 2000), 80. This is despite the fact that, as Collier regularly emphasized, in some ways the IRA extended Native women’s rights by Western standards. For example, IRA tribal constitutions guaranteed Native women the right to vote and hold office. See Alison Bernstein, “A Mixed Record: The Political Enfranchisement of American Indian Women During the Indian New Deal,” *Journal of the West* 23, No. 3 (1984): 13-20.

³⁰ Mae Takes Gun Childs, 10 May 1989, New Deal in Montana/Fort Peck Dam Oral History Project, Montana Historical Society, Helena, Montana.

³¹ Effie Lillian Bullshows Hogan, 22 May 1989, New Deal in Montana/Fort Peck Dam Oral History Project, Montana Historical Society, Helena, Montana.

short-lived superintendency altogether in their recollections, conflating the attitudes and practices of both of Yellowtail's predecessors. After "Robbie took over," Childs recalled, "then the people could do as they pleased, they could have dances and celebrations, tobacco dances or anything else. They weren't afraid anymore."³² While Yellowtail was superintendent, Crows revived their annual fair, which had waned in the late 1910s, and a group of Crow men, including Hogan's brother and Yellowtail's brother, reintroduced the Sun Dance to the reservation.³³

Whites who lived among the Crows observed a sharp increase in Crow political and cultural consciousness in the 1930s, a development that few viewed favorably. In 1939, William Petzoldt, a Baptist missionary who had lived on the reservation for more than three decades and who led the church that Yellowtail attended, expressed his "violent disagreement [sic]" with the Crows' renewal of "old customs," customs he had hoped had "died out" under previous superintendents. Whereas Childs and Hogan had credited Yellowtail for the changes they praised, Petzoldt blamed Collier for the developments he lamented. He explained that his opposition to "present Collier policy" stemmed in part from "the disturbance created in the mind of the Indian in telling him to recreate the days of old, which are def[initely] gone forever."³⁴ Chester Bentley, another Baptist missionary who lived and worked on the reservation, echoed these sentiments. Bentley contended that Collier's policies represented "a step backward," serving only to create "a chaotic state of affairs where the mind and purpose of the Indian is concerned."

³² Takes Gun Childs, 4.

³³ Rodney Frey, *The World of the Crow Indians: As Driftwood Lodges* (Norman: University of Oklahoma Press, 1987), ch. 2; Hoxie, *Parading Through History*, ch. 11.

³⁴ Interview Notes, Petzoldt 7/8/39, Field Interview Notebook, Crow, 7/8/39-7/20/39, Fred Voget Papers, MSS 318, Series 3, Box 13, Folder 7, Mansfield Library, University of Montana-Missoula.

Specifically, Bentley lamented the change he believed he witnessed in Crow attitudes. He explained that “10 years ago the Indian was more ‘submissive,’ whereas today the Indian was rather haughty, proud, conceited.”³⁵

Thus, the Crow women Takes Gun Childs and Hogan and the white Baptist missionaries could agree that the 1930s was a decade of profound political change on the reservation and that political change was closely related to Crow cultural expression, even if they viewed these developments from very different perspectives. Government employees’ efforts to intervene in Crow women’s reproduction, on the other hand, remained consistent with previous decades. Crow men and women’s attitudes toward these policies and toward biological reproduction—a cultural and political matter—more generally were shaped by the reservation’s spirited atmosphere in the 1930s.

Reproduction and Crow Politics

Although Commissioner of Indian Affairs Cato Sells announced the end of the Save the Babies campaign in 1918, government employees continued to promote hospital childbirth on reservations for medical and assimilationist reasons. In the 1920s, the responsibility for persuading Indian women to give birth in government hospitals shifted from field matrons to field nurses. Reflecting the Indian Service’s increased commitment to professionalism and expertise, administrators began phasing out the field matron program and replacing field matrons with trained public health nurses. In practice,

³⁵ Notecard: “Bentley (Missionary—Baptist); Crow; 7/10/39,” Fred W. Voget Papers, MSS 318 Series 2, Box 11, Folder 19, Mansfield Library, University of Montana-Missoula. Emphasis in original. For more on William Petzoldt and Chester Bentley, see Becky Matthews, “Changing Lives: Baptist Women, Benevolence, and Community on the Crow Reservation, 1904-60,” *Montana: The Magazine of Western History* 61, No. 2 (Summer 2011): 3-29. Petzoldt and Bentley’s response to Collier was typical among missionaries on Indian reservations. See Christin Hancock, “Sovereign Bodies: Women, Health Care, and Federal Indian Policy, 1890-1986” (PhD Diss: Brown University, 2006), ch. 1.

however, the two programs exhibited notable continuity. Supervisor of Nursing Elinor Gregg's 1926 "Plan of Work for Field Nurses" acknowledged that field nurses' responsibilities necessarily extended beyond health; her program included "activities which are, strictly speaking, along lines of home economics" and "social services." Gregg emphasized field nurses' duties with regard to maternal and infant welfare. She instructed her employees to make regular visits to the homes of parturient women and to use such occasions to "Urge hospital care for delivery." With regard to method, Gregg recommended the "friendly visit," the field matron's preferred tactic.³⁶

By the 1930s, government employees on the Crow Reservation had made notable progress in their effort to promote hospital childbirth. At the start of the decade, approximately half of Crow women gave birth in the Crow Indian Hospital.³⁷ The increase in hospital deliveries paralleled a trend throughout Indian Country. Historian David Dejong contends that by 1940, "80% of all Indian babies were born in Indian Service operated or contracted hospitals."³⁸ Given the high rates of infant mortality that continued to plague the Crow Reservation, some women found field workers' promises of better maternal and infant health outcomes persuasive. For example, Effie Hoover, a female Baptist missionary who joined government employees in encouraging hospital childbirth, related the case of one "outstanding" Crow woman who, following the deaths

³⁶ Ibid. Female Baptist missionaries supplemented government field workers efforts. They either provided prenatal services or encouraged Crow women to seek them, and they encouraged women to give birth in the hospital. See Matthews, "Changing Lives."

³⁷ Crow, *Annual Report*, 1928, Crow Agency Correspondence Files, RG75, Box 7, Folder 051 Statistics Annual Report 1930, NARA, Broomfield, CO.

³⁸ Dejong, "*If You Knew the Conditions*," 119. This percentage far outpaces those of most other groups. According to Dejong, 10% of "comparable non-Indian economic groups" used the hospital for childbirth in 1940, and about half of all American women did.

of two infant daughters, chose to give birth to her third daughter in the government hospital “so the little one might have the best start possible.”³⁹ In this case, mother and infant experienced a safe childbirth, but tragically, the infant succumbed to pneumonia within six months. Convinced that government field workers had neglected her ill child, the death of her daughter caused the devastated mother to question the faith she had placed in government health workers.⁴⁰

Female field workers’ efforts to persuade Crow and other Native women to give birth at the hospital did not rely solely on promises of better health outcomes. Personal relationships notwithstanding, female Indian Service employees were agents within the U.S. colonial apparatus. They were, as Crow Senior Physician Charles Nagel described himself and his colleagues, “the living part of the governmental machine.”⁴¹ With the authority of the state behind field workers, Native women had reason to fear various forms of disciplinary action. Field nurses like Anna Perry practiced intrusive repetition, and Perry’s own reports indicate that the “friendly visits” that Gregg advocated were often characterized more by tension than intimacy. Perry lamented that Crow women viewed her with suspicion, but the distrust appears to have been mutual. In September 1940, Perry received word from an undisclosed source that two young women in her district were pregnant. She made contact with the two women to inquire about their pregnancies and found that one of the women already “look[ed] the part.” Nevertheless, the women evaded Perry’s prenatal and hospital instructions by simply “deny[ing] the

³⁹ Matthews, “Changing Lives,” 17-18.

⁴⁰ Ibid.

⁴¹ Charles Nagel, “What Price Service?,” nd, Crow Agency Correspondence Files, RG75, Box 51, Folder 701 Rules and Regulations--Health, NARA, Broomfield, CO.

charge.”⁴² Over the next two years, Perry regularly commented on Crow women’s tendency to make false promises, pledging to visit the clinic for prenatal care and the hospital for delivery but failing to follow through on their commitments. Her experiences were not unusual; a field nurse stationed at the Ponca Subagency in Oklahoma encountered false promises so frequently that she concluded the women in her district “say they will go [to the hospital for childbirth] just to be agreeable or to avoid an argument.”⁴³

The way some field nurses responded to Indigenous women’s resistance gave the latter reason to view the nurses as patronizing rather than trustworthy. The Ponca field nurse’s hypothesis that Indian women made false promises regarding hospital childbirth “to avoid an argument” suggests that she found it reasonable that the women might expect an argument or worse if they refused to follow the field nurse’s “advice.” Perry’s responses to women who did not yield to her persuasion further support these women’s assumption. In June 1942, a young Crow woman gave birth at home despite Perry’s efforts to make arrangements for her hospitalization and left the hospital against the physician’s advice after Perry accompanied her there five days following her delivery. Although the woman had visited the clinic for prenatal care and accepted Perry’s visits throughout her pregnancy, and she consented to bottle feed her baby and eventually to take him to the hospital as Perry encouraged, Perry’s frustration with the new mother, who she contended “has always been a problem,” is palpable throughout her report.⁴⁴

⁴² Field Nurse Report, Crow, Sept 1940, Box 27 1941 Blackfeet--Klamath, Reports of Field Nurses 1931-43, RG75, NARA, Washington, D.C.

⁴³ Field Nurse Report, Ponca Subagency, November 1932, Box 3 1931-1933 Klamath—Rosebud, Reports of Field Nurses 1931-43, RG75, NARA, Washington, D.C.

⁴⁴ Field Nurse Report, Crow, June 1942, Box 30 1942 Blackfeet--Klamath, Reports of Field Nurses 1931-43, RG75, NARA, Washington, D.C.

The promotion of government childbirth also continued to include a multi-faceted anti-midwife campaign. Government employees publicly disparaged Indigenous midwives in an attempt to make younger women question the trust they placed in them. In addition, decades later former midwives recalled that the government used police power to force them to stop their practice. Elder Indigenous women used the words “soldiers” and “police” interchangeably when they reported that in the decades prior to World War II, even as many non-Native women continued to deliver babies at home, government agents threatened Native midwives with arrest. Activist Charon Asetoyer contends that these women were “told that they would be arrested because they were passing on that knowledge.”⁴⁵ The former midwives suggested that they slowed or ceased their practice due to fear. In the 1940s, government employees on some reservations noted with approval that midwifery seemed to be decreasing because older women feared the legal repercussions they would face if anything went wrong.

Government policies undermined midwives’ influence in more subtle ways as well. At boarding schools, Crow and other Indigenous girls received lessons in the superiority of Western medicine and the inferiority of the traditional healing practices of their communities. Boarding school also disrupted young women’s participation in reproduction-related customs and the transmission of reproduction-related knowledge. As Irene Stewart, a Navajo woman, explained, “My attempt to live the traditional Navajo way of life was chopped up with school life. The customary puberty ceremony was not

⁴⁵ Charon Asetoyer, Interview by Joyce Follett, 1-2 Sept 2005, Sophia Smith Collection Voices of Feminism Oral History Project, 56.

made for me because I was in school at that age.”⁴⁶ Like Stewart, Alma Hogan Snell spent years away from the Crow Reservation, geographically separated from her extended kin network, while she attended Flandreau Indian School in South Dakota. But Snell’s grandmother was Pretty Shield, a well-respected Crow midwife. When Pretty Shield had given birth in the second half of the nineteenth century, her mother had acted as a midwife. When Pretty Shield’s daughter Little Woman delivered her babies, including Snell, in the first decades of the twentieth century, Pretty Shield acted as midwife. Pretty Shield and Snell enjoyed a close relationship, and it is entirely possible that Pretty Shield might have performed midwifery services when it was Snell’s turn to give birth. As it happened, Pretty Shield passed away shortly before Snell’s first pregnancy, and Snell gave birth at the Crow Indian Hospital.⁴⁷ In some cases, as women like Pretty Shield passed away, their knowledge was not passed down to younger generations of women, leaving Indigenous women with fewer options for childbirth attendants.

As superintendent, Robert Yellowtail lent his voice to the government’s campaign against Indigenous midwives. He pulled no punches in explaining the inferiority of the “old method” of “Camp” births under the supervision of “women with no training.”⁴⁸ In his capacity as superintendent, Yellowtail’s insistence on the inferiority of home births and midwives is unremarkable, but as a Crow man, Yellowtail’s arguments reflect a notable change in political authority on the reservation. Pregnancy and childbirth,

⁴⁶ Irene Stewart, edited by Doris Ostrander Dawdy, *A Voice in Her Tribe: A Navajo Woman’s Own Story* (Socorro, NM: Ballena Press, 1980), 19.

⁴⁷ Snell, *Grandmother’s Grandchild*, chs. 1 and 8.

⁴⁸ Crow, *Annual Report*, 1936, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

processes previously navigated within female networks, had been forced into the male-centric political sphere.

Like many Native cultures, Crows had long adhered to a gendered division of labor that they deemed necessary to the harmony within and even survival of the tribe. Among Crow women's most critical responsibilities was the social and biological reproduction of their families and, by extension, the tribe. Through their role as life-givers, Crow women earned respect which often translated into ceremonial roles and informal political influence. The respect granted to women's reproductive labor was reflected in the matrilineal nature of Crow society; women gave birth to children, and it was the woman who determined the children's identity and inheritance.⁴⁹ As the practice of midwifery suggests, Crows recognized a generational hierarchy within this gendered division of labor. By the time ethnographer Frank Linderman interviewed Pretty Shield in the early 1930s, the Crow elder had given birth to five children, acted as a midwife for her own daughters, and assisted in the birth of countless Crow babies. From the perspective of many on the reservation, Pretty Shield was an expert in the life-giving process of biological reproduction, and her knowledge and service demanded respect.⁵⁰

Yellowtail's comments undermined Pretty Shield and other Crow midwives' status and obscured their continued influence. Although he insisted that the women assisting home births had "no training," some Crow women, such as Pretty Shield, likely had more experience with childbirth than many of the physicians at the Crow Indian

⁴⁹ Voget, *They Call Me Agnes*, 26; Snell, *Grandmother's Grandchild*, 100.

⁵⁰ See Linderman, *Pretty-Shield*. Charles Eastman, Dakota, recognized as a child that his grandmother, a knowledgeable and experienced midwife, was held in similarly high regard in his community. See Eastman, *Indian Boyhood* (New York: McClure, Phillips, & Co., 1902), 21.

Hospital in the 1930s.⁵¹ Crow women's training consisted of an informal apprentice system. Typically, a woman only assisted deliveries after she had given birth herself; she then assisted other midwives before overseeing deliveries on her own. A Crow woman only earned the reputation of "midwife" after she had gained the trust of other women.⁵² As Yellowtail's younger sister Agnes Deernose explained, when it came to pregnancy and childbirth, women looked to older women because they "knew what to do."⁵³

Furthermore, Yellowtail's optimism regarding Crow women's faith in the new method of childbirth and his confidence in occupying a public role in these decisions did not necessarily align with the circumstances of his personal life. When his wife Lillian Bullshows Hogan had given birth a few years before his appointment as superintendent, she had taken control of childbirth preparations and informed her husband that she would not go to the hospital and would instead move closer to her mother's residence, so her mother could assist her during and following childbirth. Hogan recalled that Yellowtail deferred to her judgment, replying, "I'll do your way. We'll go over there, live there."⁵⁴

Nevertheless, although Yellowtail may have overstated the transformation he celebrated, he did not imagine it. Hospital childbirth altered the gendered dynamics surrounding childbirth. One of anthropologist Robert Lowie's male informants noted that traditionally, "all obstetricians were . . . women . . . Indeed, no males, not even boys"

⁵¹ Charlotte Borst has found that immigrant midwives in Wisconsin in the first decades of the twentieth century often delivered far more babies than trained physicians in the area. See Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge, MA: Harvard University Press, 1995).

⁵² Among the Crow, Pretty Shield serves as a good example of this type of training. See Linderman, *Pretty-Shield*. Women in other Native societies emphasize that many midwives assist in dozens or even "hundreds" of deliveries over the course of their lives. Also see Steve Wall, ed., *Wisdom's Daughters: Conversations with Women Elders of Native America* (New York: HarperCollins, 1993), 132.

⁵³ Voget, *They Call Me Agnes*, 35.

⁵⁴ *Ibid.*, 234.

were allowed to witness a delivery. Although the informant suggested that this had begun to change “in recent times,” hospital deliveries accelerated and formalized the transition to male-supervised childbirth.⁵⁵

Throughout the 1930s, the Crow Indian Hospital and its staff occupied a central position in reservation politics, as tribal leaders displayed a determination to ensure that the government hospital served their needs and interests. To the frustration of reservation medical staff and Indian Service officials in Washington, D.C., Crows regularly submitted complaints when they believed a member of the hospital staff treated them unfairly, and the Crow Tribal Council demanded that physicians attend council meetings to address the complaints. As Crow women began giving birth at the hospital, the circumstances surrounding their reproductive experiences became subjects of debate within the male-dominated Tribal Council. When a Crow woman had a complaint about her experience at the hospital, she could turn to the council. At mid-decade, for example, one woman alleged that the senior physician had treated her roughly during her delivery, employing excessively interventionist techniques. Tragically, her infant did not survive, a death the devastated mother and father blamed on the physician’s use of forceps.⁵⁶ Another woman complained that the hospital staff had disregarded her maternal rights by separating her from her infant overnight, despite the fact that she was still breastfeeding.

⁵⁵ Lowie, *The Crow Indians*, 33.

⁵⁶ Physicians had been using forceps in difficult deliveries since the late eighteenth century, although appropriate use remained the subject of medical debate. See Leavitt, *Brought to Bed*, ch. 2. Richard Wertz and Dorothy Wertz have argued that by the 1920s, most physicians believed that “normal” deliveries were rare and routinely intervened in various ways in labor and delivery, but they also suggest that physicians may have been quicker to intervene when delivering women “not in a social position to complain.” See Wertz, *Lying In*, ch. 5.

In both cases, the women's husbands introduced the complaints on their wives' behalf, although in the latter case the woman also appealed directly to the council.⁵⁷

Although this process of registering positions and complaints resembles Euro-American expectations of men's political prominence and the husband's authoritative position, it is not clear that it was entirely a Western imposition. Alma Hogan Snell describes a somewhat similar process of indirect political influence prior to the establishment of the reservation, when largely autonomous bands were governed by a council of warriors. Snell explains, "If a woman wanted her views put before the council, she approached the gathering. She would say, 'I wish to speak to'—a certain man, maybe her father or her husband or her clan uncle. The man would say, 'I will speak to her private,' or 'Say on.' If he said, 'Say on,' she would be speaking to the man but the council would hear her words. In that way she made her views known to the council."⁵⁸

What does appear to be new, however, was the idea that the Tribal Council was an appropriate venue for topics related to reproduction. Following the council meeting, the Crow Health Council, a group that Nagel had recently created, invited the physician to address the allegations that he had authorized and enforced the overnight separation of a mother and her nursing infant. In his response, Nagel questioned the mother's breastfeeding practices, noting that "No woman should nurse her baby in the middle of the nite [sic]." The question of breastfeeding prompted a discussion of the merits of Crow women's breastfeeding habits more generally—a discussion in which only Crow men and the white physician participated, and in which Nagel informed the male council

⁵⁷ Meeting Minutes, Crow Tribal Council, 6 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Reel 3, Labriola, ASU.

⁵⁸ Snell, *Grandmother's Grandchild*, 4.

members that he believed Crow and other Native women breastfed incorrectly, because they did not abide by a defined schedule.⁵⁹ The circumstances surrounding these men's conversation, much like those surrounding Yellowtail's disparagement of midwives and Crow women's submission of complaints to the Tribal Council, highlight men's increased role in reproductive matters on the reservation.

Crow Women and Midwifery in the 1930s

By the 1930s, the Crow Indian Hospital was not an abstraction for most Crow women. Reservation employees noted in the late 1920s that more than ninety percent of Crows accepted hospital care in at least some situations.⁶⁰ Many Crow women took ill children to the hospital or even sought medical care themselves. For some Crow women, such as Robert Yellowtail's sister-in-law Susie Yellowtail and his cousin Alma Hogan Snell, the hospital was also a place of employment. While Susie Yellowtail briefly worked at the hospital as a nurse, the hospital more typically employed Crow women as attendants or cooks. Crow women also experienced the hospital as a politicized site, as the institution was a subject of regular conversation between kin, among members of the Crow Indian Women's Club, and in Tribal Council meetings.

Crow women's increased familiarity with the government hospital represented real progress in the Indian Service's decades-long campaign to persuade the Crows to accept Western medicine. Crows were less likely to express ideas that had been prevalent when the hospital was first established in 1907, such as that the building was "a

⁵⁹ Minutes, Crow Health Council Meeting, Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁶⁰ District Replies, Statistical Data for General Superintendent's Circular No. 5, Nov 1926, Crow Agency Correspondence Files, RG75, Box 10, Folder 052, NARA, Broomfield, CO.

strange place from which you might not come out alive.”⁶¹ Rather, by the 1930s many Crows approached government health services much as they approached other aspects of the government’s “civilization” agenda: selectively. As indicated above, some Crow women, like other Indigenous women, opted to deliver their babies at the hospital. These women agitated to ensure the hospital met their needs as a location for childbirth. In 1930, for example, a “committee of [Crow] women” presented their concerns regarding the “lack of isolation facilities” for maternity patients at the hospital to Assistant Supervisor of Nurses Mabel Morgan when she visited the reservation. They complained that the placement of tuberculosis and obstetrical cases “in juxtaposition” was unacceptable, and Morgan indicated her agreement in her final report.⁶² Crow women also refused to allow the hospital to disrupt their social networks. When possible, Crow women as well as Crow men simply disregarded the hospital employees’ requests to limit the presence of visitors.⁶³ When one or more employees remained firm on this hospital policy, Crows registered their dissatisfaction through the Tribal Council.⁶⁴

At the start of the decade, about half of Crow women made a different choice: they did not give birth in the hospital and instead gave birth at home with the assistance

⁶¹ Voget, *They Call Me Agnes*, 35.

⁶² Mabel Morgan, Inspection Report, 12 Dec 1930, Crow Agency Correspondence Files, RG75, Box 16, Folder 150 Inspections and Investigations 1927-1930, NARA, Broomfield, CO.

⁶³ Superintendent Calvin Asbury advocated restricting the presence of relatives in the hospital, but he lamented that the practice was “one of the most difficult things to control.” See Charles Asbury to Charles Rhoads, 27 Mar 1931, Crow Agency Correspondence Files, RG75, Box 16, Folder 150 Trowbridge Report Inspection and Investigation, NARA, Broomfield, CO.

⁶⁴ When a head nurse at the Crow Indian Hospital established rules “forbidding relatives to visit members of their families” in 1940, the Tribal Council responded with what Superintendent Yellowtail characterized as an “uprising . . . against the Hospital force.” See J. G. Townsend to Robert Yellowtail, 23 Sept 1940, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigations Health; and Robert Yellowtail to John Collier, 18 Oct 1940, Crow Agency Correspondence Files, RG75, Box 51, Folder Health and Social Relations 1940-1941, NARA, Broomfield, CO.

of trusted women. Logistical considerations likely influenced many women's reproductive decisions. The reservation had a single hospital to meet the needs of almost two thousand Crows, dispersed throughout six districts. Josephine Russell, a Crow woman, noted that women might have had to travel "twenty-five, thirty miles before they could reach the hospital," and many Crow families did not have automobiles.⁶⁵ Field nurse Anna Perry's regular complaints about the distance between Crow Agency and her jurisdiction at Pryor, as well as the poor quality of roads connecting the two locations, suggest obstacles the women in her district would have faced in arranging a hospital childbirth. To minimize these obstacles, Perry and other field nurses encouraged women to make their hospital journey several days before their anticipated delivery date and in some cases provided transportation themselves. For some Crow and other Indigenous women, however, such solutions were untenable, as they were unwilling to leave their families for an indefinite period of time.

In many cases, however, Crow women's home deliveries and reliance on midwives were much more than a simple matter of logistics. Their decisions were rooted in a Crow "culture of childbirth" that government employees including Yellowtail typically ignored or disparaged in universal terms.⁶⁶ The Crow culture of childbirth was gendered, and many Crows, including Yellowtail's former wife, continued to believe that

⁶⁵ Josephine Pease Russell, 24-25 Feb 1989, Native American Educators Oral History Project, Montana Historical Society Archives, Helena, Montana.

⁶⁶ Patricia Jasen has helped shape my understanding of childbirth cultures. See Jasen, "Race, Culture, and the Colonization of Childbirth in Northern Canada," *Social History of Medicine* 10, No. 3 (1997): 383-400.

childbirth should be a woman's affair. They did not allow men, even their husbands, to be present for their labor and delivery.⁶⁷

The culture also had a generational structure; it provided a foundation for intergenerational bonds, including that between older female kin and the newborn child. As noted in Chapter One, Alma Hogan Snell, who characterized herself as a "grandmother's grandchild," began the story of her birth by emphasizing her grandmother's presence: "She was with me when I was born."⁶⁸ After delivery, the older women cleaned and cared for the infant and performed rituals to ensure the child's future well-being.⁶⁹ Ethnographer Fred Voget's female informants explained that the maternal grandmother often cut the umbilical cord, and the paternal grandmother pierced a female infant's ears shortly after birth.⁷⁰ Often, the maternal or paternal grandmother kept her new grandchild in her bed for days if not months following birth, relinquishing the child to his or her mother only for nursing.⁷¹

Because midwifery brought older Indigenous women respect within their families and communities, many had a vested interest in maintaining their central role in childbirth. Since the 1910s, the Indian Service's effort to persuade Native women to give birth in hospitals had in large part been a struggle to wrest control away from their older female kin. In the midst of the Save the Babies campaign, reservation employees who

⁶⁷ See Hogan, *The Woman Who Loved Mankind*, 234; Notecard: Yellow-woman, R. Crow, Fred W. Voget Papers, MSS 318, Series 2, Box 7, Folder 13, Mansfield Library, University of Montana-Missoula.

⁶⁸ Snell, *Grandmother's Grandchild*, 27.

⁶⁹ Voget, *They Call Me Agnes*, 36; Theda Perdue, *Cherokee Women: Gender and Culture Change, 1700-1835* (Lincoln: University of Nebraska Press, 1998), 32.

⁷⁰ Voget, *They Call Me Agnes*, 36-38.

⁷¹ Notecard on Yellow-woman, Fred W. Voget Papers, MSS 318, Series 2, Box 7, Folder 13, Mansfield Library, University of Montana-Missoula.

lamented their lack of progress in getting maternity cases to the hospital attributed their failure to older women's conviction that midwifery was "their inalienable prerogative."⁷²

A decade later, a physician at the Crow Indian Hospital observed that "the influence extended by . . . Indian Mid Wives" explained some Crow women's continued reluctance to enter the hospital for confinement.⁷³ Over the next two decades, field workers complained that mothers and grandmothers believed themselves to be "veterans" in reproductive matters and persuaded pregnant women to disregard government employee's advice regarding hospital confinement and new mothers to disregard advice regarding childcare.⁷⁴

Crow and other Indigenous women also appreciated the intimacy and relative comfort of a home birth. As Anna Moore Shaw, a Pima woman, explained, "Like most Indian women of the time, I was much too modest to have my babies delivered by a doctor in a hospital."⁷⁵ From the perspective of Crow women who opted for midwife-assisted home births, the "old method" Yellowtail disparaged and the "crude" and "primitive" practices other government agents derided included a number of strategies older women employed to increase the laboring woman's comfort.⁷⁶ Typically, midwives or birthing assistants lined the ground with a buffalo robe or hay to provide a soft foundation, and they planted two stakes or hung a rope for the laboring woman to

⁷² Cheyenne and Arapaho, *Annual Report*, 1919, Superintendents' Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

⁷³ Crow, *Annual Report*, 1928, Crow Agency Correspondence Files, RG75, Box 7, Folder 051 Statistics—Annual Report 1928, NARA, Broomfield, CO.

⁷⁴ For an example of this type of complaint by a field worker on the Crow Reservation, see Perry, Monthly Report, Crow, Jun 1942, Reports of Field Nurses 1931-43, RG75, Box 27, NARA, Washington, D.C.

⁷⁵ Anna Moore Shaw, *A Pima Past* (Tucson: University of Arizona Press, 1974), 154.

⁷⁶ Meriam, *The Problem of Indian Administration*, 10.

grasp during labor pains. They instructed the laboring woman to kneel or squat rather than lie down so that they could utilize rather than fight gravity.⁷⁷ Indigenous midwives also had recourse to rituals to ease difficult deliveries. These included manipulation and massage techniques, as well as chants and recitations.⁷⁸ Among the Crow, many midwives employed herbs such as sage as incense or used bear root to facilitate a delivery. When a midwife did not have this knowledge, she called on a medicine woman who did.⁷⁹

Some Crow women found the circumstances surrounding a home birth far preferable to the circumstances surrounding a hospital birth. Indigenous women who experienced a home birth and a hospital birth emphasized the relative ease of squatting or kneeling, so that the baby was in a “natural position,” versus attempting to push out a baby lying flat with one’s legs in the air.⁸⁰ More generally, as Carolyn Niethammer has noted, the government hospital was “filled with strangers,” and patients spent a good deal of their time by themselves.”⁸¹ The medical staff at the Crow Indian Hospital regularly

⁷⁷ For Crow women’s descriptions of labor and delivery, see Linderman, *Pretty Shield*, 146; and Voget, *They Call Me Agnes*, 120. Women in other Native groups engaged in similar practices. See Perdue, *Cherokee Women*, 32; and Sister M. Inez Hilger, “Arapaho Child Life and its Cultural Background,” *Smithsonian Institution Bureau of American Ethnology*, Bulletin 148, 81st Congress, 2nd Session, House Document No. 626 (Washington, D.C.: Government Printing Office: 1952), 16-19.

⁷⁸ See Mary S. Melcher, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona* (Tucson: University of Arizona Press, 2012), 26; Perdue, *Cherokee Women*, 32.

⁷⁹ Notecard: “336 Ball (f); R. Crow,” Fred W. Voget Papers, MSS 318, Series 2, Box 10, Folder 21, Mansfield Library, University of Montana-Missoula; Voget, *They Call Me Agnes*, 26; Alma Hogan Snell, *A Taste of Heritage: Crow Indian Recipes and Herbal Medicines* (New York: Bison Books, 2006).

⁸⁰ See Wall, *Wisdom’s Daughters*, 91-92. When Maori women were interviewed about their experiences giving birth in New Zealand hospitals in the 1930s, they repeatedly made this point. See Helen Mountani Harte, “Home Births to Hospital Births: Interviews with Maori Women Who had their Babies in the 1930s,” *Health and History* 3, No. 1 (2001): 87-108.

⁸¹ Carolyn Niethammer, *I’ll Go and Do More: Annie Dodge Wauneka, Navajo Leader and Activist* (Lincoln: University of Nebraska Press, 2001), 88-89.

complained that the hospital was overcrowded and understaffed, leading to charges of neglect by Crow patients.⁸² Agnes Deernose, Robert Yellowtail's younger sister, entered the hospital for confinement, but she "got scared and came back home" before the onset of labor. Deernose's fears stemmed less from associations of the hospital as a "sick people's lodge," and more from her sense of loneliness and alienation in the sterile medical setting. She gave birth with the assistance of two trusted female kin.⁸³

When Susie Walking Bear Yellowtail, Robert Yellowtail's sister-in-law, chose to give birth at home, her decision stemmed from a different set of fears. Like the power struggles between some reservation employees and elder Native midwives, Yellowtail's experiences underscore the explicitly political struggle that sometimes surrounded childbirth. Susie Yellowtail was one of the first Native American registered nurses. She graduated from the Boston City Hospital School of Nursing in 1923, and at the end of the decade she returned to her reservation and spent three years working as a nurse at the Crow Indian Hospital.⁸⁴ When she prepared for childbirth in early 1934, however, she staunchly refused to give birth in the hospital in which she had worked. Yellowtail was not opposed to Western medicine or even medicalized childbirth. In fact, she requested that a government physician attend her home birth, a request Senior Physician Charles Nagel unequivocally refused. Nagel condemned Yellowtail's "selfish" request,

⁸² See, for example, J.D. Murphy to James Hyde, 22 Sept 1933, Crow Agency Correspondence Files, RG75, Box 17, Folder 155 Complaints 1928-1943, NARA, Broomfield, CO; Crow, *Annual Report*, 1931, Crow Agency Correspondence Files, RG75, Box 7, Folder 051 Statistics Annual Report 1931, NARA, Broomfield, CO.

⁸³ Voget, *They Call Me Agnes*, 119-120.

⁸⁴ For more on the life of Susie Walking Bear Yellowtail, see Therese Hinkell, *Nurse of the Twentieth Century: Susie Walking Bear Yellowtail, First Native American Registered Nurse* (Shelburne, MA: Therese Hinkell, R.N., 2000); Marina Brown Weatherly, "Susie Walking Bear Yellowtail: A Life Story," *The North Dakota Quarterly* 67 (2000): 229-241.

proclaiming, “You have been offered the services of the Hospital . . . You are therefore not entitled to receive the courtesy of the Field Service.” He informed Yellowtail that he was ordering Indian Service health workers “not to render you assistance.”⁸⁵

The cause of Yellowtail’s opposition to a hospital delivery and also of Nagel’s animosity was likely the circumstances surrounding Yellowtail’s recent employment at the reservation hospital. Her experience working with white doctors at the hospital was largely negative. Like many other Crows, she contended that the white medical staff mistreated Crow patients. More specifically, she alleged that government physicians sterilized Crow women without their consent.⁸⁶ Hospital records make clear that physicians performed at least a few hysterectomies during Yellowtail’s employment.⁸⁷ Because the hysterectomies were recorded in quantitative rather than narrative reports, the rationales for the hysterectomies and the context in which they occurred are obscured in these government sources.

The timing of Susie Yellowtail’s allegations and of references to sterilizations in government records roughly coincides with the wave of eugenic laws passed at the state level in the 1920s and the Supreme Court’s ruling on the constitutionality of eugenic sterilization in 1927. Western states were among the most likely to pass such statutes,

⁸⁵ See Charles Nagel to Susie Yellowtail, 31 July 1934, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-1934, NARA, Broomfield, CO.

⁸⁶ Vern L. Bullough et al., “Susie Yellowtail, 1903-1981,” reprinted in *Nurse of the Twentieth Century*, 72.

⁸⁷ The hospital monthly reports I have been able to examine are incomplete, so it is impossible to determine numbers with any precision. Recorded hysterectomies can be found in Monthly Reports, Crow Indian Hospital, Crow Agency Correspondence Files, RG75, Box 53, Folder 722.2 Hospital Reports Monthly, NARA, Broomfield, CO.

and Montana passed a sterilization statute in 1923.⁸⁸ With a few exceptions, most scholarship on eugenic sterilization in the first half of the twentieth century either ignores Indigenous women entirely or explicitly argues that Native women “fell outside of early twentieth-century eugenic campaigns.”⁸⁹ To the contrary, although lawmakers in most states did not address Native Americans in the discussions leading up to the passage of the laws, eugenic statutes were written in a manner that allowed Indian women to be targeted in their implementation.⁹⁰

In addition to references to moral degeneracy and sexual deviancy, many state laws authorized the sterilization of individuals who were, in the words of one 1929 statute, “likely to become . . . wards of the state.”⁹¹ This phrase theoretically included the biological reproduction of all Indigenous women, and in fact government employees used dependency on the government in various forms as arguments in favor of the sterilization of individual women. Lawmakers also often specified that they intended for sterilization laws to be pursued aggressively and expansively. The above statute, for example,

⁸⁸ For a discussion of early twentieth-century eugenics, see Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001); and Randall Hansen and Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (Cambridge: Cambridge University Press, 2013).

⁸⁹ Meg Devlin O’Sullivan, “‘We Worry about Survival’: American Indian Women, Sovereignty, and the Right to Bear and Raise Children in the 1970s” (PhD Diss: University of North Carolina at Chapel Hill, 2007), 71. Excellent studies of eugenics that largely omit American Indian women include Kline, *Building a Better Race* and Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005).

⁹⁰ Vermont was relatively unique in that lawmakers explicitly discussed Native Americans in the formulation of the state’s eugenic statute. See Nancy L. Gallagher, *Breeding Better Vermonters: The Eugenics Project in the Green Mountain State* (Hanover, NH: University Press of New England, 1999).

⁹¹ Quoted in Donald V. Bennett to Area Medical Director, Aberdeen, South Dakota, 17 Sept 1959, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS—INDIAN (1959-60) #4, NARA, Baltimore, MD. Bennett quotes Michigan’s eugenic statute.

concludes, “The provisions of this act are to be liberally construed to accomplish this purpose.”⁹²

Government employees on the Crow Reservation and throughout Indian Country drew on these state eugenic statutes in recommending the sterilization of Indigenous women. More than most states, Montana’s sterilization statute set a relatively high bar for patient consent, but as Chapter Four will demonstrate, reservation employees relied on colonial power dynamics to delineate the parameters of consent. Furthermore, Susie Yellowtail alleged that at times physicians disregarded consent altogether and sterilized Crow women “without their being aware of it.”⁹³ Her allegations resemble the “Mississippi appendectomies” black women in the South reported in the 1950s; women entered the hospital for childbirth or an unrelated surgery and received a hysterectomy.⁹⁴

Montana’s statute also stated that eugenic sterilization required that the individual in question be an inmate of a state institution, typically the Montana State Training School (often referred to as the School for the Feebleminded) in Boulder and the Montana State Mental Hospital in Warm Springs. Both were about a four-hour drive from Crow Agency, and government employees and occasionally tribal judges or law enforcement sent Crow girls and young women to these institutions, which suggests that Crow women may have been included in the more than 250 sterilizations legally

⁹² Ibid.

⁹³ Constance Yellowtail Jackson, “Susie Walking Bear Yellowtail, 1903-1981,” in Hinkell, *Nurse of the Twentieth Century*, 85.

⁹⁴ For a discussion of “Mississippi appendectomies,” see Rebecca Klutchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick, NJ: Rutgers University Press, 2009), ch. 3. In any given month, Crow women entered the reservation hospital for operations such as Caesarian sections, tonsillectomies, appendectomies, and for care following a miscarriage.

performed on inmates of these institutions.⁹⁵ This leaves the hysterectomies performed at the Crow Indian Hospital unexplained, however. It is not clear whether the operations were blatantly illegal; or Indian Service employees and/or state authorities characterized government hospitals as acceptable state institutions; or the hospital staff offered non-eugenic grounds for hysterectomies that I have not located.

For Susie Yellowtail's part, her biographer and descendants contend that Yellowtail's knowledge of the "non-consent sterilizations" white doctors performed on Crow women transformed her into a political activist.⁹⁶ They insist that she was vocal about these accusations in the 1930s, although she was unable to get anyone with power to listen to her.⁹⁷ What she was able to do at the time, however, was refuse to give birth in the hospital herself and to assist other women who made the same choice. She worked as a midwife in southern Montana from the 1930s through the 1950s.⁹⁸

Yellowtail's preference for home birth and her midwifery career complicate any simple dichotomy between "old" and "new" childbirth methods. On the one hand, the reservation witnessed a resurgence of Crow cultural expressions in the 1930s, which Baptist missionary William Petzoldt implied included the "rehabilitat[ion]" of Crow

⁹⁵ For sources on the sterilization of inmates of Montana state institutions, see Kayla Blackman, "The Right to Procreate: The Montana State Board of Eugenics and Body Politics," *Montana Women's History Matters*, <http://montanawomenshistory.org/the-right-to-procreate-the-montana-state-board-of-eugenics-and-body-politics/#more-2522>; Hansen and King, *Sterilized by the State*, 77. Reservation employees also sent Crow girls and young women to the House of the Good Shepherd in Helena, a Catholic institution. While it was not unheard of for Catholic institutions to accept and arrange coercive sterilizations, as a rule the Catholic Church opposed eugenic sterilization, so it is unlikely Crow women were targeted for sterilizations while they resided in this institution.

⁹⁶ Betsy Cohen, "Stars in the Big Sky: A Collection of Montana's Remarkable, Forgotten Women" (PhD Diss: University of Montana-Missoula, 1998), 24.

⁹⁷ Jackson, "Susie Walking Bear Yellowtail," 80.

⁹⁸ Bullough, "Susie Yellowtail," 71.

medicine men.⁹⁹ Susie Yellowtail and her husband Tom played central roles in these developments. According to Yellowtail's biographer, throughout the Depression and war years "the Yellowtails belonged to a group nicknamed 'The Crazy Bunch' who were trying to resurrect old songs, hand games, and other customs of the pre-reservation Crow."¹⁰⁰ Both embraced the "Sun Dance renaissance" on the reservation; Tom was among the earliest dancers and eventually became a prominent Sun Dance leader and medicine man. In this sense, Yellowtail's commitment to midwifery can be seen as part of her broader effort to "relearn traditional Crow life-ways" following the years she spent away from the reservation.¹⁰¹ But, on the other hand, Yellowtail had also received the type of medical training that government employees, including Robert Yellowtail, viewed as necessary for a proper delivery. As a nurse-midwife, she used her medical training to allow Crow women to give birth in the location and social and cultural context of their choice.

Conclusion

Begun in earnest through the Progressive-Era Save the Babies campaign, the federal government's effort to persuade Indigenous women to give birth in government hospitals continued more than a decade after the campaign's official termination. As growing numbers of Crow women chose to utilize hospital maternity services, they, like other Crows, agitated with varying degrees of success to make the government hospital

⁹⁹ Interview Notes, Petzold 7/8/39, Field Interview Notebook, Crow, 7/8/39-7/20/39, Fred Voget Papers, MSS 318, Series 3, Box 13, Folder 7, Mansfield Library, University of Montana-Missoula.

¹⁰⁰ Weatherly, "Susie Walking Bear Yellowtail," 231.

¹⁰¹ *Ibid.*

an institution that served their particular needs. The Crow Indian Hospital was a cornerstone of tribal politics in the 1930s and early 1940s, as it represented the federal government's obligations to Crow men, women, and children and the health and survival of the community, and it served as an early site of battles for increased self-determination. Crow women's use of the hospital brought their hospital experiences, including experiences surrounding childbirth, into the political sphere. As Susie Yellowtail's story demonstrates, and as the next chapter will explore more fully, the hospital also served as a site in which individuals were deprived of bodily autonomy and isolated from social networks.

The 1930s and early 1940s also witnessed a continuation of the federal campaign to eradicate the influence of Indigenous midwives. The promotion of hospital childbirth furthered ongoing efforts to marginalize older Indigenous women, with the assumption that their authority would be replaced by that of male physicians and husbands. As the involvement of Robert Yellowtail and other male Crow leaders suggests, this carried broader implications for tribal politics, as it destabilized gendered and generational power structures on the reservation. Nevertheless, Crow midwifery, although under increased constraints, continued in various forms throughout the Depression and World War II years, revealing the politics in play when observers obscured this reality.

In the "critical moment" examined in this chapter—the Crow Reservation in the 1930s and early 1940s—Crow and Euro-American men and women negotiated reproductive politics alongside other highly-charged political issues regarding colonial health policy. The next chapter continues this case study of the Crow Reservation. It

further explores the colonial, gendered, and generational politics on the reservation by shifting the focus from Crow women's reproductive practices to their sexual practices.

CHAPTER 4

POLICING VENEREAL DISEASE ON THE CROW RESERVATION

In the fall of 1932, Superintendent James Hyde arranged for the incarceration of four “incorrigible” young Crow women “as prisoners” in the Crow Indian Hospital.¹ “Julie” had been found by a Crow policeman “in a drunken stupor.” Hyde alleged that the other three had committed infractions of a sexual nature: “Mary” had been cohabitating with a Crow man outside of a legal marriage, and “Hannah” and “Rachel” had both had “affairs,” the former with a married man.² Each woman flouted Euro-American expectations that sexuality be restricted to legal, monogamous, preferably Christian marriages. As superintendent, Hyde bore primary responsibility for maintaining “law and order” on the reservation; he believed the young women’s moral infractions raised reasonable suspicions of venereal disease and warranted at least short-term detainment. The women remained under observation in the hospital for anywhere between a few days and three weeks, during which time the hospital staff determined whether the women were infected with a venereal disease and administered any necessary treatment.

The brief incarceration of these four young women reveals a good deal about Indian Service efforts to eradicate venereal disease on Indian reservations in the 1930s. The motivations behind such detentions hint at the intersection of gender, sexuality, and the policing of venereal disease and at the relationship between female sexual morality

¹ Charles Rhoads to James Hyde, 8 Feb 1933, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigation 1931-1937, National Records and Archives Administration [Hereafter NARA], Broomfield, Colorado.

² James Hyde to Charles Rhoads, 13 Feb 1933, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigation 1931-1937, NARA, Broomfield, CO.

and “law and order.” Hyde did not mention similar efforts to detain the three women’s male partners. Coercive policing of venereal disease disciplined female sexuality that non-Native government employees perceived as deviant, buttressing an ongoing federal effort to channel Native sexuality and reproduction into monogamous, nuclear family units. Indian Service employees often incorporated venereal disease into their characterizations of Indigenous women as a group, which in turn helped shape local and institutional policy and practice.

In the decades prior to World War II, venereal disease posed a number of problems with no easy solutions. Syphilis, for example, was (and remains) a highly contagious disease—and also a painful, often debilitating, and sometimes fatal one. In the 1930s, despite medical and technological advancements, detection remained less reliable than physicians would have liked, and treatment was unpleasant, inconsistent, and sometimes laden with disagreeable side effects. Within the Indian Service, superintendents and reservation health workers concluded that due to grave public health concerns and Indians’ wardship status varying levels of coercion to control venereal disease were both necessary and justified. They advocated mandatory examinations, through deception if necessary; depended on police power to enforce weekly treatment programs; and arranged for at least short-term detention of non-compliant sufferers.

Throughout the decade, venereal disease campaigns provoked sometimes contentious debates on the reservation, and such debates were not drawn strictly along racial lines. Crows’ perspectives on venereal disease and their experiences with and attitudes toward Indian Service control efforts also hinged on factors such as gender and age, as well as attitudes toward assimilation and position within the tribal political

structure. Occurring in tandem with the debates regarding midwifery and hospital childbirth described in Chapter Two, reservation-level venereal disease campaigns in the 1930s became a terrain on which Indian Service officials, reservation employees, and Crows debated pressing concerns regarding reservation health policy and reservation politics. To an even greater extent than contemporary discussions surrounding reproduction, however, men—both Crow and white—dominate the historical record surrounding venereal disease campaigns. Middle-aged and older Crow women make occasional appearances, but the perspectives of young Crow women—the group most likely to be the target of disciplinary efforts—are obscured altogether.

It is difficult to discern how frequently Hyde or other Crow superintendents employed coercive methods, particularly given the incomplete nature of surviving hospital records. Hyde informed Commissioner of Indian Affairs Charles Rhoads of his actions only after a reservation inspection report prompted the commissioner to make a specific inquiry. Rhoads emphasized that government hospitals were not to be used as jailhouses and suggested that Hyde's actions constituted a violation of Indian Service policy.³ Thus, the incarceration of Crow women in the Crow Indian Hospital highlights a discrepancy between institutional policy and on-the-ground practice. Although at times difficult to recover, such discrepancies were likely quite common when they involved venereal disease control. Venereal disease provoked public health concerns, gendered moral anxieties, and fears regarding child welfare, all of which encouraged policymakers, medical professionals, Indian Service officials, and reservation employees to debate the

³ Rhoads to Hyde, 8 Feb 1933, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigation 1931-1937, NARA, Broomfield, CO.

appropriate degree and nature of coercion in their efforts to police venereal disease among the government's "wards."

Discrepancies between official rhetoric and local practice and omissions in government records are a few of the methodological challenges in writing about venereal disease, but the subject also presents ethical challenges. Hyde served as superintendent of the Crow Reservation at a time when medical professionals were attempting to strip venereal disease of its moral connotations.⁴ But as his behavior indicates, stigma remained, as it does to some degree to this day. Scholarship on venereal disease can help to eradicate such stigma by complicating sensationalist perceptions and exposing the harmful consequences of stigmatization, but such scholarship can also obscure the fact that the history of venereal disease is in large part a history of human suffering. In exploring Indian Service campaigns to control venereal disease on the Crow Reservation in the first half of the twentieth century, I utilize sources that often did not respect sufferers' privacy and that were at times highly voyeuristic. In narrating this history, I have generally omitted graphic descriptions and representations and instead focused on patterns that illuminate the assumptions behind and consequences of Indian Service venereal disease control programs.

"The Crow Menace"

Around the turn of the twentieth century, various sectors of American society—predominantly middle-class Euro-American social reformers, social workers, and social scientists—concluded that venereal disease, specifically syphilis and gonorrhea, posed a threat to the nation's families and communities. While they recognized that venereal

⁴ See Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985), ch. 4.

disease threatened middle-class families, they associated the diseases with sexual immorality, even deviance, and as a result, they viewed the problem as rooted in other groups—namely, the working class and immigrant populations.⁵ As Laura Briggs has argued, Euro-Americans also associated venereal disease with colonized populations in tropical locations such as Puerto Rico and the Philippines.⁶ Within the Indian Service, officials sounded alarm bells regarding the prevalence of venereal disease on Indian reservations in the West.

In the late nineteenth and early twentieth centuries, both Euro-Americans and Crows debated the source of venereal diseases such as syphilis on the reservation. Had Euro-Americans introduced the disease to Crows, or vice versa?⁷ Some non-Native observers adamantly argued that white Americans could be blamed for bringing venereal disease to the Crow Reservation. In 1892, A. B. Holder, former physician on the reservation, published an article in a medical journal in which he contended that “*the venereal diseases were introduced among Indian tribes by the white race*” and that those tribes who “*opened their arms to receive the white man,*” such as the Crow, had been hit the hardest.⁸ Almost three decades later, W. A. Russell, a Montana physician who was not affiliated with the Indian Service but claimed an intimate knowledge of reservation conditions, argued that Crow men had first acquired syphilis on a diplomatic trip to

⁵ Brandt, *No Magic Bullet*, 23.

⁶ Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism* (Berkeley: University of California Press, 2002), 40.

⁷ This broad debate about the origins of syphilis dates to the early sixteenth century and remains inconclusive. See John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, CT: Praeger, 2008), ch. 1. With regard to gonorrhea, there is a general consensus that Euro-Americans introduced the disease to Native Americans. See Eric Stone, *Medicine Among the American Indians* (New York: Harper Publishing Company, 1962).

⁸ A. B. Holder, “Gynecic Notes Taken Among the American Indians,” *American Journal of Obstetrics and Diseases of Women and Children* 26 (1892): 51, 58. Italics in original.

Washington, D.C. Russell also blamed soldiers who had been stationed at Fort Custer, although he pointedly noted that this had been a “negro” regiment.⁹

Regardless of the original source of the disease, the result was the same: Holder and Russell concurred that the Crow Reservation was riddled with venereal disease. The reservation system segregated a nonwhite population within defined boundaries, encouraging non-Native observers to use universal language ascribing (usually negative) characteristics to an entire group. Holder’s “intimate acquaintance” with Crows allowed him to proclaim with “great certainty” that of the “two thousand five hundred Crow Indians” living on the reservation, no fewer than “four-fifths . . . suffer or have suffered” from a venereal disease.¹⁰ Not all of Holder’s Indian Service informants believed venereal disease to be a problem on their reservations, but those who did made similarly sweeping claims. The physician at the Fort Berthold Reservation in nearby Dakota reported that “Every living Indian on reservation and generations unborn [are] affected.” In Indian Territory, soon to become the state of Oklahoma, the agent on the Kaw Reservation simply noted that “[a]ll are diseased,” and the agent on the Quapaw Reservation declared Indians there “[a]lmost to a soul affected with syphilis.”¹¹ The assured tone of Holder and his peers is somewhat remarkable for an era in which venereal disease diagnosis relied primarily on the physical appearance of the afflicted, and the article included no discussion of how the medical officers came to their conclusions.¹²

⁹ W. A. Russell, “The Crow Menace,” 1919, Records of the Bureau of Indian Affairs: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola American Indian Center [Hereafter Labriola], Arizona State University [Hereafter ASU].

¹⁰ Holder, “Gynecic Notes,” 48.

¹¹ Quoted in Holder, “Gynecic Notes,” 49-51.

¹² In 1906, German scientist August von Wassermann developed a seriological test that facilitated the diagnosis of syphilis. Indian Service physicians began administering Wassermann examinations in the

For his part, Russell titled his 1919 talk “The Crow Menace” and published it in the *Hardin Tribune*; after establishing that syphilis was not indigenous to the Crow, he went on to warn his predominantly white audience of the dangers the disease-ridden reservation posed to neighboring white communities.¹³

Employing circular logic, Holder asserted a near perfect correlation between a given tribe’s commitment to a white standard of chastity and the prevalence of venereal disease among the tribe. Holder and his colleagues measured a tribe’s chastity through its women. Once again, universal language carried the day, allowing Holder confidently and without qualification to conclude that “the Crow woman is debauched and diseased.”¹⁴ In making such sweeping claims, Holder and other late nineteenth-century Americans drew on long-standing Euro-American tropes of Indigenous women. From colonial America through the Lewis and Clark expedition and beyond, a combination of sensationalism, self-serving rationalization, and insufficient or outright inaccurate understandings of Native social, economic, and cultural practices encouraged Euro-American observers to perceive Indigenous women as shamelessly promiscuous and consequently as sources of rather than sufferers from venereal disease.¹⁵

1910s. For a discussion of the diagnosis of syphilis before and after the Wassermann test, see Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838-1939* (Toronto: University of Toronto Press, 1987), ch. 2.

¹³ Russell, “The Crow Menace,” 1919, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola, ASU.

¹⁴ Holder, “Gynecic Notes,” 49.

¹⁵ See, for example, Kirsten Fischer, *Suspect Relations: Sex, Race, and Resistance in Colonial North Carolina* (Ithaca: Cornell University Press, 2002), ch. 2; Kathleen Brown, *Good Wives, Nasty Wenches, and Anxious Patriarchs: Gender, Race, and Power in Colonial Virginia* (Chapel Hill: University of North Carolina Press, 1996), ch. 2; Thomas Lowry, *Venereal Disease and the Lewis and Clark Expedition* (Lincoln: University of Nebraska Press, 2004).

Holder proclaimed that the Crows were “[a]bsolutely without chastity,” and Indian Service employees on the reservation in the early twentieth century generally agreed with his assessment. Superintendent Evan Estep characterized the Crow as “notoriously unchaste”; Supervisor of Schools Elsie Newton labeled them “unusually immoral.”¹⁶ Unlike Holder, neither Estep nor Newton had much sympathy for the notion that whites had acted as a corrupting force upon the Crow, although both acknowledged that they regularly heard this argument. From their perspective in the 1910s, the Crows’ sexual moral code (or lack thereof) appeared rooted in “former times” and served as a significant difference between Crows and white Americans.¹⁷

Estep and Newton were less certain about whether prevailing social conditions on the reservation should be blamed on Crow men or Crow women, and they effectively blended Victorian understandings of “fallen women” with emerging Progressive concerns regarding “problem girls.”¹⁸ Estep offered scathing criticism of Crow men, arguing that “these young gallants” glorified sexual conquest and moved rapidly from one young “wife” to the next.¹⁹ It was not just young men, however. By virtue of cultural attitudes and environmental conditions, “the influence of the whole tribe” contributed to Crow women’s debasement.²⁰

¹⁶ Crow, *Annual Report*, 1915, Superintendents’ Annual Narrative and Statistical Reports from Field Jurisdictions of the Bureau of Indian Affairs, 1907-1938, RG75, FILM 3748, Labriola, ASU; Elsie Newton, Inspection Report, 21 Oct 1914, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola, ASU.

¹⁷ Newton, Inspection Report, 21 Oct 1914, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola, ASU.

¹⁸ See Regina Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Benevolence, 1890-1945* (New Haven: Yale University Press, 1993).

¹⁹ Evan Estep to Cato Sells, 30 June 1915, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola, ASU.

²⁰ Crow, *Annual Report*, 1915, Superintendents’ Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

Estep's contemporaries in social reform and social science circles devoted considerable energy to discerning the conditions that produced sexual immorality in young women, and their conclusions supported Estep's nod toward environmental factors. Middle-class Progressives attributed much of the blame to working-class familial and domestic arrangements. Working-class women bore more children than their middle-class counterparts, which middle-class observers argued led to both neglect and overcrowded living conditions. Furthermore, the tendency of already large nuclear families to share domestic spaces with extended family members precluded privacy and modesty and produced "confused family groupings."²¹ Thus, the familial and domestic arrangements common in many Native cultures shared many of the characteristics to which middle-class Progressives attributed American women's moral decline.

Once again, regardless of who or what bore the bulk of the blame, the result was the same. In Estep and Newton's framing, once corrupted, the Crow woman's chastity was lost, and the discourse regarding "problem" Crow girls and women prevailed. After asserting the poor moral conditions on the reservation and providing anecdotal and police evidence to support her claims, Newton "wish[ed] to call attention" to the active role Crow women played as willing participants or even "instigators" in the depraved circumstances she described.²² Estep concluded a related commentary on Crow sexual immorality in his 1915 annual report by indicting Crow women. In a vague reference to either prostitution or just sexual promiscuity, Estep contended that Crow women perform

²¹ Mary Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995), 106-107.

²² Newton, Inspection Report, 21 Oct 1914, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola, ASU.

“all this class of work.” With no mention of the grave health problems, perhaps most notably tuberculosis, facing the Crows since their reservation confinement, Estep cited the gradual decline of the reservation population as evidence that Crow women’s promiscuity and resulting diseased condition were leading Crow Indians “on the road . . . to extinction and oblivion.”²³ Perhaps more to the point, the ongoing policy discussion in which Estep, Newton, and various Indian Service officials engaged centered on what should be done with promiscuous Crow women.

Crow women understood the social and moral conditions on the reservation somewhat differently. Pretty Shield, a respected female elder, had been the second wife in a polygamous marriage, a marriage that Estep and other government employees would certainly have deemed immoral. From Pretty Shield’s perspective, her own courtship and marriage were far preferable to the social experiences of her grandchildren. Pretty Shield feared that increasing exposure to white ways—namely, immodest dress, alcohol, and looser sexual norms—corrupted young Crows.²⁴ Although Estep and Newton accused Crow parents, and especially mothers, of negligence and apathy regarding their daughters’ sexual morality, Crow women born in the first decades of the twentieth century recall that their parents and other kin “kept a close watch” on them throughout their adolescence.²⁵ Such recollections suggest the continued importance of familial networks in regulating individual behavior and community norms. For example, Agnes

²³ Crow, *Annual Report*, 1915, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

²⁴ Frank B. Linderman, *Pretty-Shield, Medicine Woman of the Crows* (New York: John Day Co., 1972).

²⁵ Fred W. Voget, *They Call Me Agnes: A Crow Narrative Based on the Life of Agnes Yellowtail Deernose* (Norman: University of Oklahoma Press, 1995), 114. See also Alma Hogan Snell with Becky Matthews, *Grandmother’s Grandchild: My Crow Indian Life* (Lincoln: University of Nebraska Press, 2000).

Deernose, a teenager in the 1920s, recalls that a young woman's promiscuity "would shame her brothers."²⁶

Many Crows also recognized that a young woman's kin served as her only real protection from sexual violence. Scholars and activists have argued that rape was uncommon in most Indigenous societies prior to Euro-American contact, so Native women in the early twentieth century generally understood sexual violence on reservations to be a Western imposition.²⁷ Crow and other Indigenous women feared sexual violence at the hands of white men, who lived on or in proximity to the reservation, and also at the hands of Crow and other Indigenous men, who had been corrupted by Euro-American patriarchal norms, alcohol, and the trauma of various manifestations of colonial violence. For his part, Estep contended that rape (of Crow women by Crow men) was prevalent on the reservation, but, ironically, its prevalence seemed to preclude his desire or ability to offer protection to female victims. In presenting rape as traditional and socially sanctioned and implying that Indian women's chastity was easily lost, Estep and many of his peers contributed to the notion that Indian women were "rapable," a notion that female Indigenous scholars argue has been "codified" through federal policy.²⁸

The Campaign "to Eradicate Syphilis"

²⁶ Voget, *They Call Me Agnes*, 116.

²⁷ See Sarah Deer, "Toward an Indigenous Jurisprudence of Rape," *The Kansas Journal of Law and Public Policy* 14 (2004): 121-154.

²⁸ Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge, MA: South End Press, 2005), 31. Also see Sarah Deer, "Decolonizing Rape Law: A Native Feminist Synthesis of Safety and Sovereignty," *Wicazo Sa Review* 24, No. 2 (2009): 149-167. Alma Hogan Snell's experiences following her rape in the 1940s serves to illustrate this point. See Snell, *Grandmother's Grandchild*, ch. 8.

As young American men, including many Native men, mobilized for World War I in Estep's last year on the Crow Reservation, military and civilian leaders discovered that venereal disease was not only an individual, familial, and community problem; the scourge threatened national security. They urged state legislatures and municipal authorities to establish measures authorizing unprecedented force in the detection and treatment of venereal disease.²⁹ Local and state leaders responded with a surge of highly-gendered venereal disease statutes, many of which resulted in the mass incarceration of women but not of men.³⁰ Wartime measures reflected and codified a long-standing notion that women could be divided into two categories: "good," "pure," and "innocent" on the one hand, or "bad," "impure," and "sensual" on the other.³¹ Proponents argued that venereal disease statutes protected the former, while subduing the prostitute or promiscuous woman.³² Without question, the gendered assumptions informing wartime discourse and legislation had negative implications for Native women. Many non-Native observers, including a good number of Indian Service employees, believed Indigenous women's default position to be sexually immoral and promiscuous and viewed an individual Indian woman's claim to "pure womanhood" as contingent at best.

The hysteria surrounding venereal disease waned following the cessation of hostilities, but the legal mechanisms established during and immediately following the war remained in place in their original or revised form. Nationwide, the 1920s brought a lull in both public attention to and federal funding for venereal disease control, and this

²⁹ See Brandt, *No Magic Bullet*, ch. 2.

³⁰ Ibid. See also Odem, *Delinquent Daughters*, 121-127.

³¹ Brandt, *No Magic Bullet*, 31.

³² Ibid., 67.

lull apparently extended to the Crow Reservation. Despite Estep's and Russell's expressions of urgency the previous decade, physicians on the Crow Reservation did not view venereal disease as "a serious problem."³³ Concerned Americans, including future Commissioner of Indian Affairs John Collier, lamented that health workers on other reservations appeared equally complacent; Collier heaped criticism on the Indian Service, accusing the Bureau of neglecting reservation health problems out of apathy and a woefully inadequate budget.³⁴ By the early 1930s, however, Superintendent Calvin Asbury was warning his superiors of the "apparent prevalence" of venereal disease on the reservation.³⁵ Because at this point Asbury and the reservation's medical employees relied only on rumor and the number of reported cases (which remained relatively low), it is difficult to determine whether and to what extent venereal disease rates rose in the 1920s and early 1930s, particularly given their predecessor's pronouncements in the 1910s. As of 1928, Lewis Meriam's survey team concluded that "[n]o accurate facts are available to substantiate" assertions regarding the prevalence of venereal disease on Indian reservations.³⁶ If, however, venereal disease rates did indeed increase in this period, it bears noting that the rise roughly coincided with the encroachment of white settlers in all reservation districts in the 1910s and 1920s.³⁷

³³ Crow, *Annual Report*, 1929, Crow Agency Correspondence Files, RG75, Box 7, Folder 051 Statistics Annual Report 1929, NARA, Broomfield, CO.

³⁴ See Kenneth R. Philp, *John Collier's Crusade for Indian Reform, 1920-1954* (Tucson: University of Arizona Press, 1977), ch. 2.

³⁵ Asbury referenced a recent conversation with the District Medical Director on the subject in Asbury to Charles Buren, 16 Oct 1931, Crow Agency Correspondence Files, RG75, Box 54, Folder 732 Diseases and Injuries Treatment, NARA, Broomfield, CO.

³⁶ Meriam, *The Problem of Indian Administration*, 216.

³⁷ The Crow Act of 1920 was a compromise measure spearheaded by Yellowtail in an attempt to slow the encroachment of white settlers on Crow lands, but Frederick Hoxie has noted that, while the Crows earned some critical concessions in the act, white settlement continued unabated. See Hoxie, *Parading Through*

In the early 1930s, government employees on the Crow Reservation embarked on a series of campaigns against venereal disease that proceeded in fits and starts for the remainder of the decade. This renewed attention to venereal disease paralleled national trends. Physicians and public health officials argued that disinterest and complacency had only exacerbated the problem, and when Thomas Parran became Surgeon General in 1936, he rededicated the nation to the eradication of venereal disease.³⁸

Although limited by insufficient manpower and resources, field employees on the reservation generally administered Wassermann tests to Crow men applying for New Deal jobs programs, and they attempted to test parturient Crow women. At various points throughout the decade, the Senior Physician or his staff administered routine Wassermann examinations on all incoming hospital patients.³⁹ To better assess the scope of the problem and to encourage regular treatment, superintendents and physicians frequently proposed and sometimes attempted to carry out house-to-house surveys to collect blood samples.⁴⁰ Employees instructed known sufferers to seek treatment at field stations in each district, although stations remained inadequately funded and equipped throughout the decade.⁴¹

History: The Making of the Crow Nation in America, 1805-1935 (Cambridge: Cambridge University Press, 1995), ch. 8.

³⁸ See Brandt, *No Magic Bullet*, ch. 4.

³⁹ Physicians administered Wassermann tests on hospital patients fairly regularly from 1934 to 1936. In 1939, the Senior Physician reported that he had begun taking routine Wassermann tests earlier that year, which suggests there had been a lull in the intervening years.

⁴⁰ I have found documentation regarding at least three surveys proposed between 1933 and 1936.

⁴¹ In 1936, the District Medical Director reported that the “hovels designated field dispensaries” posed major challenges for physicians attempting to administer venereal disease treatments. See Lynn Fullerton, Inspection Report, 31 Oct 1936, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

Prior to the advent of penicillin in the early 1940s, the prescribed treatment process was, in Dr. J. M. Murphy's understated assessment, "rather disagreeable," generally consisting of weekly injections of Neo-Arsphenamine and weekly intramuscular injections of bismuth salicylate.⁴² The bismuth injections were necessary to offset potential toxic reactions from the Neo-Arsphenamine, but American medical officers generally agreed that the dual treatment regimen, if administered consistently and for an appropriate duration, rendered most patients non-infectious.⁴³ Physicians on the Crow Reservation expected sufferers to submit to such injections for three years before they could be considered cured.⁴⁴ It is not clear why these physicians determined that the year of treatment prescribed by leading medical officers off the reservation was not sufficient for their Crow patients.

Health employees also took measures to educate reservation Indians on syphilis and gonorrhea, how to avoid them, and the urgency of aggressive treatment, but health workers on the Crow Reservation placed far less emphasis on education than did their colleagues working to control venereal disease among mainstream Americans. In 1933, Dr. Byron Lord requested Public Health Service films on venereal disease, which he hoped to show on the reservation, but such educational measures were quite rare, even after Surgeon General Parran made public education one of the five pillars of his national

⁴² Murphy to Hyde, 21 Oct 1933, Crow Agency Correspondence Files, RG75, Box 54, Folder 732 Diseases and Injuries Treatment; J. M. Murphy to Byron Lord and Bernard Neary, 4 Oct 1933, Crow Agency Correspondence Files, RG75, Box 54, Folder 732 Diseases and Injuries Treatment, NARA, Broomfield, CO.

⁴³ Brandt, *No Magic Bullet*, 130-31.

⁴⁴ Charles Nagel to Enrolled Members of the Crow Tribe Residing on the Reservation, 18 Jan 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

venereal disease campaign.⁴⁵ Instead, more blatantly coercive measures often dominated reservation campaigns. Many Indians were not satisfied with the government's educational measures and demanded that reservation employees provide them and their communities with more education regarding venereal disease.⁴⁶

“These Indians Being Wards of the Government”

Aided by the Progressive faith in professional expertise and the grave situation exposed by World War I, physicians had usurped social reformers' position as the primary authority on the nation's venereal disease problem by the 1930s. They argued that venereal disease was first and foremost a public health issue and urged laymen to view these diseases through a medical rather than a moral lens.⁴⁷ Even among medical professionals, however, the shift in perspective was uneven and incomplete. Within and outside the Indian Service, venereal disease evoked both public health concerns and the looming specter of illicit sex, a combination that foregrounded tensions between the “common good” and individual civil liberties. These tensions were particularly fraught on Indian reservations, where predominantly white federal employees worked among a nonwhite population legally classified as “wards” of the U.S. government.

In formulating and implementing venereal disease control efforts on the Crow Reservation, Indian Service administrators built on a number of colonial assumptions, including the notion that American Indians as a population warranted extensive study and

⁴⁵ See Lord to U.S. Public Health Service, 12 May 1933, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-34, NARA, Broomfield, CO.

⁴⁶ See, for example, Field Nurse Monthly Report, Fort Berthold, Apr 1934, Reports of Field Nurses 1931-43, RG75, Box 6; Field Nurse Monthly Report, Rosebud, Nov 1941, Reports of Field Nurses 1931-43, RG75, Box 29, NARA, Washington, D.C.

⁴⁷ See Brandt, *No Magic Bullet*, ch. 4.

that federal Indian health policy served at least in part to further Euro-American knowledge. As L. Webster Fox, an ophthalmologist who was a driving force behind an Indian Service health campaign in the 1920s, explained to his medical colleagues, Indians provided the medical community with “a permanent population wholly under the domain of the federal government whose life and habits permit of continuous surveillance.” “When the governmental agencies take an interest in the citizens of any of the sovereign states,” he continued, “the question is raised as to their authority to do so; yet here is an entire people, over whom the federal government has unhampered authority.”⁴⁸ For his part, Fox took advantage of the government’s “unhampered authority” and the possibility of “continuous surveillance” to advocate experimental and quite radical methods for treating trachoma, a serious eye infection, which historians have argued often did Native patients more harm than good.⁴⁹

Colonized spaces had long been sites of medical experimentation. Laura Briggs emphasizes that European colonies provided the motivation, raw materials, and subjects that facilitated venereal disease research and contributed to early medical breakthroughs. After the War of 1898, U.S. scientists and physicians took up similar research in the nation’s newly-acquired tropical colonies.⁵⁰ Marginalized populations functioned as the subjects of venereal disease research on the mainland as well, with the Public Health Service’s “Tuskegee Study” as only the most famous example. Convinced that African Americans were a “syphilis-soaked race,” the PHS carried out a forty-year study on the

⁴⁸ L. Webster Fox, “The Trachoma Problem Among the North American Indians,” *JAMA* 86, No. 6 (Feb. 6, 1926), 404.

⁴⁹ See Robert Trennert, *White Man’s Medicine: Government Doctors and the Navajo, 1863-1955* (Albuquerque: University of New Mexico Press, 1998), 136.

⁵⁰ Briggs, *Reproducing Empire*, ch. 1. I use War of 1898 rather than Spanish-American War because the latter erases many of the war’s key participants and thus I believe misrepresents the conflict.

effects of syphilis in more than 300 black men. PHS officers offered incentives to appeal to the study's poor and illiterate subjects, including hot meals, free aspirin, and the promise of a burial stipend. They did not, however, provide treatment for the sufferers, and they deliberately prevented the patients from receiving treatment elsewhere. As testimony by survivors in the early 1970s made abundantly clear, the men had little understanding of the nature or purpose of the study, and in some cases had never been informed that they had syphilis.⁵¹

In 1932, the year the PHS began its Tuskegee Study, Superintendent Hyde embarked on a "social study" on the Crow Reservation. Motivated by his "particular interes[t] in the moral situation that seems to exist at Crow," Hyde intended to record the marriage and divorce history of each man and woman on the reservation.⁵² Just what Hyde planned to do with this information was unclear, but by the end of the year Hyde and District Medical Director O. M. Spencer envisioned an expanded study. Inspired by a recent report of a venereal survey among southern blacks, Spencer suggested that reservation employees collect blood samples in addition to marital histories.⁵³ Neither Hyde nor Spencer believed Crows should be informed that they were being tested for syphilis. Rather, Spencer advocated deceit: he proposed that blood samples also be tested for tuberculosis, if only so that employees could explain the necessity of bloodwork.

⁵¹ See James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1993).

⁵² O. M. Spencer to James Hyde, 21 Nov 1933, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-34, NARA, Broomfield, CO.

⁵³ O. M. Spencer to Charles Rhoads, 17 Feb 1933, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

This, Spencer argued, “in my opinion will be more easy to put over than if it is known that we also wanted to do a Wasserman on these blood samples.”⁵⁴

Although Hyde predicted that a reservation-wide venereal survey would “produce some rather alarming and disquieting results,” neither he nor his superiors addressed the question of treatment in the planning stages of the survey.⁵⁵ Presumably, Hyde and Spencer expected that once an individual became aware of his or her infection, he or she would obtain treatment at reservation health facilities, preferably voluntarily and by force if necessary. Instead, the men focused on the information the survey would provide. Spencer believed that a venereal survey among the Crow would provide a foundation for “a comparative survey among the Indians and the negroes in the South as to the venereal disease rate and the social conditions.”⁵⁶ In the end, Hyde and Spencer’s vision did not materialize. Hyde began compiling index cards with marital histories—Spencer characterized the early responses as “interesting”—but budgetary constraints and the Crows’ growing dissatisfaction with Hyde, culminating in his swift transfer, prevented federal employees from carrying out the venereal disease component of Hyde’s study.⁵⁷ As a rule, distance, cost, and Crow reticence and at times outright resistance limited government employees’ ability to obtain the type of knowledge they intended venereal surveys to produce.

⁵⁴ O. M. Spencer to James Hyde, 22 Dec 1932, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-34, NARA, Broomfield, CO.

⁵⁵ James Hyde to L. H. Labbit, 16 Feb 1932, Crow Agency Correspondence Files, RG75, Box 54, Folder 732 Diseases and Injuries Treatment, NARA, Broomfield, CO.

⁵⁶ Spencer to Rhoads, 17 Feb 1933, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁵⁷ *Ibid.* For a discussion of the politics surrounding Hyde’s transfer, see Hoxie, *Parading Through History*, 325-329.

Colonial assumptions also influenced government employees' ideas regarding the appropriate use of force and coercion in the policing of venereal disease on Indian reservations. Since the late nineteenth century, public health officials had worked to convince state and local leaders that because communicable diseases posed a threat to public health, public health officials required the authority to take necessary measures to control their spread, most often in the form of quarantine. During and immediately following World War I, states and municipalities took aim at venereal disease specifically, passing laws and ordinances granting law enforcement agencies and other authorities expanded leeway in their efforts to detect and treat these diseases. When Indian Service employees debated their authority to compel resistant Indians to submit to examination and treatment, they often referred to their state's venereal disease statutes. But state laws varied tremendously. Montana's Venereal Disease Control Act of 1921, for example, was relatively weak. Montana was one of a handful of states with no compulsory premarital or prenatal venereal disease examinations, and the statute explicitly prohibited compulsory treatment. As a result, federal employees on the Crow Reservation seldom deemed state law sufficient justification for their efforts.

At any rate, the extent to which Indian reservations came under state jurisdiction in health matters was often the subject of debate among Indian Service personnel, not to mention politicians and state public health officials. In a 1936 inspection report, District Medical Director Spencer's successor Lynn Fullerton urged that the reservation medical staff report all Indians who tested positively for syphilis to the State Board of Health and notify the Board of any individuals not obtaining recommended treatment. Fullerton

argued that such procedures were “only compliance with the State law.”⁵⁸ Hyde’s successor Robert Yellowtail disagreed. Although Yellowtail was critical of individual physicians and nurses at the Crow Indian Hospital throughout his decade as superintendent, he generally supported Indian Service health initiatives, including those surrounding venereal disease. He agreed that “stern measures” should be taken “to stamp out syphilis [sic] on this reservation,” but, citing a letter from Montana’s Attorney General, he argued that the Secretary of the Interior, not the states, wielded authority in policing venereal disease on Indian reservations and that consequently Yellowtail, not state health officials, should have the power to compel treatment.⁵⁹

The Office of Indian Affairs received so many inquiries regarding the appropriate degree of coercion reservation employees were authorized to employ in the fight against venereal disease that Commissioner John Collier issued a circular in 1934 to clarify the matter. Citing a 1914 federal statute, Collier informed reservation employees that when persuasion proved inadequate, they could use police power to enforce the quarantine of an Indian suffering from a contagious or infectious disease, including a venereal disease, pending necessary treatment. The circular did not directly address government employees’ authority to compel an individual to submit to an examination.⁶⁰ The Indian Office’s 1935 Law and Order Regulations included “giving venereal disease to another” among the sexual crimes for which an Indian could be found guilty by a Court of Indian Offenses. According to the regulations, the reservation’s Court of Indian Offenses could

⁵⁸ Lynn Fullerton, Inspection Report, 31 Oct 1936, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 3, Labriola, ASU.

⁵⁹ Robert Yellowtail to John Collier, 7 Dec 1936, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 3, Labriola, ASU.

⁶⁰ Memorandum for Health Division, 9 Apr 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 3, Labriola, ASU.

sentence the guilty party to up to three months of labor and also compel the party to submit to examination and treatment.⁶¹

The 1934 circular and 1935 Law and Order Regulations granted Indian Service employees a good deal of authority, but fuzziness remained, resulting in variation in their implementation from reservation to reservation. Indian Service employees were accustomed to taking a variety of actions with relative impunity, particularly with regard to matters, such as education and health, that they believed to be for the Indians' "own good." For example, surveying the home conditions that he believed contributed to the Crows' poor health, Superintendent Hyde argued that "progress by teaching is by the nature of things too slow to make much of an inroad." Hyde posited that a "semi-dictatorship" would actually benefit reservation Indians.⁶²

Reservation employees quickly became convinced of the need to use police force to compel treatment. At the start of the decade, Commissioner Charles Rhoads encouraged Calvin Asbury, Hyde's predecessor, to use police power sparingly, "only in unusual cases," so that the Indians did not "become too resentful."⁶³ Asbury indicated his agreement, expressing confidence that the threat of police power would be sufficient and police enforcement only a last resort.⁶⁴ This threat was undoubtedly buttressed by the

⁶¹ Law and Order Regulations, 27 Nov 1935, Crow Agency Correspondence Files, RG75, Box 23, Folder 170 Law and Order Regulations 1938, NARA, Broomfield, CO.

⁶² James Hyde, Questionnaire, n.d., Crow Agency Correspondence Files, RG75, Box 18, Folder 150 Report to the Committee on Indian Affairs, NARA, Broomfield, CO.

⁶³ Charles Rhoads to Calvin Asbury, 20 Nov 1931, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigation 1931-1937, NARA, Broomfield, CO.

⁶⁴ Calvin Asbury to Charles Rhoads, 23 Nov 1931, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigation 1931-1937, NARA, Broomfield, CO.

fact that, according to Crow women's recollections decades later, police were a regular presence in Crows' lives while Asbury was superintendent.⁶⁵

Two years after Rhoads' plea for moderation, the method of last resort had become the rule rather than the exception. Hyde and the reservation physicians contended that the success of weekly venereal disease clinics depended almost entirely on the policemen who ensured infected individuals' regular attendance. When budgetary constraints resulted in a reduction of the reservation police force in 1933, Hyde and Senior Physician J. M. Murphy warned that the reduction in the police force signaled the end of the reservation's venereal disease campaign. Hyde lamented that without police enforcement, clinic attendance was "more or less voluntary"; as a result, Murphy explained, weekly treatments had dropped from fifty to a small handful. "The tribesmen," Murphy complained, "seem to sense the fact that our hands are tied in this matter and . . . they have deliberately absented themselves from the clinics."⁶⁶ Throughout the decade, tribal policemen's role in enforcing treatment waxed and waned, although it does not appear that the use of police power again reached 1932 and early 1933 levels.

Reservation employees often attributed an Indian's unwillingness to visit the clinic regularly for treatment to defiance, ignorance, or laziness, but undoubtedly the nature of the treatment dissuaded some Crows from following physicians' instructions, just as it did many non-Native sufferers. In addition to multiple years of unpleasant

⁶⁵ Mae Takes Gun Childs, 10 May 1989, New Deal in Montana/Fort Peck Dam Oral History Project, Montana Historical Society Archives, Helena, Montana. Also see Effie Hogan, 22 May 1989, New Deal in Montana/ Fort Peck Dam Oral History Project, Montana Historical Society Archives, Helena, Montana.

⁶⁶ Hyde, Questionnaire, n.d., Crow Agency Correspondence Files, RG75, Box 18, Folder 150 Report to the Committee on Indian Affairs; J. M. Murphy to James Hyde, 21 Oct 1933, Crow Agency Correspondence Files, RG75, Box 54, Folder 732 Diseases and Injuries Treatment, NARA, Broomfield, CO.

weekly treatment, Dr. Charles Nagel also prescribed a lifetime of surveillance. “Recovered” patients still required biannual blood tests and annual spinal fluid tests.⁶⁷ Weekly injections prompted adverse reactions in some patients that deterred return visits. The annual spinal tap was an equally trying experience—a painful process with disagreeable side effects, such as chronic headaches, and the risk of severe complications, including paralysis or even death.⁶⁸ Physicians often found that Indians accepted treatment when symptoms were “acute” but resisted when symptoms were less severe, as they did not see the need for ongoing invasive procedures.⁶⁹

Opposition to Indian Service treatment programs did not necessarily mean ignorance of or lack of concern regarding venereal diseases, as Crows had recourse to alternate avenues of treatment. Due to unpleasant experiences at the Crow Indian Hospital, a lack of confidence in the hospital staff, or a desire for privacy, Crows, particularly those who were willing and able to pay for medical care themselves, sometimes bypassed the government hospital and obtained the services of a private physician in Hardin or other nearby towns.⁷⁰ Lewis Meriam and his survey staff suggested that this frequently occurred on other reservations as well. Crows may have also had recourse to Indigenous treatment methods. Ethnologist Fred Voget’s informants in the 1930s explained that a venereal disease—likely syphilis—had been introduced to

⁶⁷ Charles Nagel to Enrolled Members of the Crow Tribe Residing on the Reservation, 18 Jan 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

⁶⁸ For a discussion of spinal taps and testing spinal fluid for syphilis, see Jones, *Bad Blood*, 94-95, 122-130.

⁶⁹ Lewis Meriam, et al., *The Problem of Indian Administration* (Baltimore, MD: Johns Hopkins University Press, 1928), 217.

⁷⁰ For example, Dr. L. H. Labbit, who ran a private practice in Hardin, Montana, occasionally treated Crow Indians for venereal disease. See Labbit to James Hyde, 26 Dec 1932, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-34, NARA, Broomfield, CO.

the reservation generations earlier, and “specialists” had devised a medicinal “cure.”⁷¹ A female interviewee described the application of a poultice made from leaves of a plant she referred to as “something-that-works-on-that-thing-that-eats.” She, like anthropologist Robert Lowie’s informants a decade earlier, emphasized the importance of heat in the treatment process. Whether via heated lard or hot stones, Crow healers treated venereal infections in part by applying heat to a patient’s groin area.⁷² Such treatments may have been reasonably effective in alleviating a patient’s symptoms and limiting the spread of infections; physicians now believe that exposure to heat may have “some curing effect on venereal diseases.”⁷³

As suggested by Superintendent Asbury’s warning of the “apparent prevalence” of venereal disease at the start of the decade, Indian Service estimates of venereal disease rates on the Crow Reservation remained uncertain, informed to a large degree by rumor and non-Native perception. Reservation employees administered Wassermann tests on certain groups as a matter of course, but these limited findings often compounded rather than clarified confusion. For example, hospital records from 1934 and 1935 indicate that physicians administered Wassermann tests on 681 incoming hospital patients, with just over seven percent showing a positive reaction for syphilis.⁷⁴ If this rate was in fact

⁷¹ Notecard on Old Dwarf, Fred W. Voget Papers, MSS 318, Series 2, Box 7, Folder 26, Mansfield Library, University of Montana-Missoula.

⁷² Notecard on Ball (female), Fred W. Voget Papers, MSS 318, Series 2, Box 10, Folder 21, Mansfield Library, University of Montana-Missoula; Robert Lowie, “The Religion of the Crow Indians,” *Anthropological Papers of The American Museum of Natural History* 25, Part 2 (New York: American Museum of Natural History Trustees, 1922), 376. While it is unclear to which plant Voget’s informant referred, Native American tribes are known to have utilized a variety of herbal and plant-based treatments, including yerba mansa, Echinacea, pinon, and milkweed.

⁷³ See Nancy Shoemaker, *American Indian Population Recovery in the Twentieth Century* (Albuquerque: University of New Mexico Press, 1999), 54.

⁷⁴ Crow, *Annual Report*, 1935, Crow Agency Correspondence Files, RG75, Box 8, Folder 051 Statistics Annual Report 1935, NARA, Broomfield, CO.

representative of the reservation as a whole, the rate of syphilis on the Crow Reservation was roughly in keeping with national trends. Public health officials in the 1930s estimated approximately one in ten Americans suffered from syphilis.⁷⁵ The following fall, however, the Senior Physician reported that routine tests revealed “an alarmingly high number of positive Wassermans, about twenty five per cent.”⁷⁶ The Wassermann test was invaluable for the detection of venereal disease, but contemporary researchers warn that the exam was “so overly sensitive” in this period that it likely “turned up as much as 25 percent false positives,” potentially leading to inflated rates, particularly on reservations where Indians resisted repeat examinations.⁷⁷

Continued uncertainty, combined with Euro-American concerns about a disease-filled reservation, convinced a succession of variously-positioned reservation employees of the urgent need for a survey similar to Hyde’s proposal. At mid-decade, Dr. Nagel renewed earlier Indian Service efforts to conduct a reservation-wide campaign for the detection of syphilis. Nagel argued in a circular to enrolled tribal members that survey results would “EITHER SUPPORT OR DENY THE EVIL STORY THAT NEARLY ALL MEMBERS OF THIS TRIBE ARE AFFECTED WITH A SERIOUS SOCIAL DISEASE.”⁷⁸

⁷⁵ Brandt, *No Magic Bullet*, 129.

⁷⁶ Lynn Fullerton, Inspection Report, 31 Oct 1936, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

⁷⁷ Brandt, *No Magic Bullet*, 152.

⁷⁸ Nagel to Enrolled Members of the Crow Tribe Residing on the Reservation, 18 Jan 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO. Capitalization in original.

Nagel's venereal disease survey proved controversial and quickly became a lightning rod in reservation politics. The survey's specific methods aside, some Crows resented and challenged Nagel's motivations for undertaking the survey. Nagel revealed many of his assumptions in the circular, a document one Indian Service administrator characterized as "exceedingly tactless," and Crow leaders' responses suggest a widespread perception that Nagel expressed such assumptions regularly.⁷⁹ At a Tribal Council meeting less than a month after Nagel distributed his circular, Barney Old Coyote condemned the physician and his survey. Old Coyote complained that Nagel "claims that every member of the Crow tribe has had that disease."⁸⁰ Even those defending Nagel and his survey expressed frustration with the physician's bold pronouncements. Max Big Man, chairman of the reservation health council Nagel had organized, argued that "Doctors should . . . avoid such rash statements as was made that ninty [sic] per-cent of the Crows are afflicted with a certain disease when perhaps the per-cent affected is only twenty per cent." For Big Man, sensationalist claims not only resulted in bruised egos and defensive responses; they also encouraged discrimination against Crows.⁸¹

Nagel's proposed methods for carrying out the survey were also controversial. By the end of the decade, as part of Surgeon General Parran's nationwide campaign to eradicate venereal diseases, the Public Health Service coordinated with local health departments to establish mobile venereal disease clinics; health officials notified local

⁷⁹ W. V. W., "Memorandum," 4 Mar 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁸⁰ Minutes, Tribal Council Meeting, 6 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁸¹ Minutes, Crow Health Council Meeting, 25 Jan 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

residents of the available services and urged them to visit the nearest clinic for examination and, if necessary, treatment.⁸² Nagel deemed this model inadequate for the Crow Reservation. After all, the Crows already had access to free examinations at the Crow Indian Hospital and district field stations, and many had failed to take advantage of the opportunity. Instead, Nagel, like Hyde before him, advocated a house-to-house campaign. He explained to tribal members that a doctor and nurse would visit their homes and take a blood sample from each member of the household.

In his appeal to tribal members, Nagel emphasized, “WE DO NOT DESIRE TO USE FORCE, BUT ASK ONLY WILLING AND CONSCIENTIOUS COOPERATION.”⁸³ Members of the all-male Crow Health Council repeatedly stressed to Nagel that the council’s support of the circular and the survey it described was predicated on the absence of coercion. Following a late January meeting, the council secretary reported that “Nothing is understood to be a compulsory movement by the authorities.” The question of compulsion apparently provoked some pointed discussion, in which council members asked Nagel to clarify his use of the term “arrest” with regard to treatment.⁸⁴ The following week, council member George Hogan motioned that the council approve the survey on the condition that “all members of the Crow Tribe approached, by the surveying party, or the Medical Staff of this reservation, shall be

⁸² James Jones describes mobile venereal disease clinics in rural Alabama. See Jones, *Bad Blood*, 162.

⁸³ Nagel to Enrolled Members of the Crow Tribe Residing on the Reservation, 18 Jan 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO. Capitalization and underlining in original.

⁸⁴ Minutes, Crow Health Council Meeting, 25 Jan 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

requested and the approval given by the Indian or Indians visited before any check is made of any disease.”⁸⁵

Nagel’s critics remained unpersuaded by the doctor’s emphasis on cooperation. Superintendent Yellowtail, himself a supporter of the campaign, attempted to summarize the disgruntled group’s position: in being “given no choice in the matter,” Crows “were being treated like so many slaves,--or dogs, as they put it.”⁸⁶ Barney Old Coyote argued that Nagel’s desire to test “the whole tribe for this disease syphilis” was rooted in the senior physician’s belief that all Crows were afflicted with the disease. In short, he planned to test reservation Indians because they were Crow. In response, Old Coyote countered that examinations should be voluntary and based on need: “I wish to say that some of you Indians that are well and healthy should not have the blood test, but if an Indian has this disease go to him and get your blood examined.”⁸⁷ Holds Enemy, another Crow man, expressed similar outrage over Nagel’s attempt to make each tribal member submit to a blood test. The sixty-three-year old alluded to deeply-held beliefs regarding the power of blood that encouraged him to resist having “any blood taken away from me and sent away.” Holds Enemy chose to call Nagel’s bluff, publicly declaring that he would not permit Nagel to take his blood.⁸⁸ In presenting their arguments to fellow Tribal Council members, the survey’s detractors focused on compulsory examination

⁸⁵ Minutes, Crow Health Council Meeting, 1 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁸⁶ Robert Yellowtail to John Collier, 12 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁸⁷ Minutes, Tribal Council Meeting, 6 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁸⁸ Ibid.

rather than compulsory treatment, but Nagel's responses to his critics' charges indicate that he encountered opposition on both fronts.

Nagel dismissed these men's allegations. In a letter to Commissioner Collier, he argued that "several members of the Tribe" had spread "mis-information" regarding his survey—namely, that government employees would "use Force and Duress" in carrying out examinations and then would "use force to those who were found so infected." To the contrary, Nagel informed the commissioner, neither he nor Superintendent Yellowtail had "in any manner or way indicated that we intended this to be anything but a complete survey and a conservative method of advising those so ill that treatment would be to their immediate benefit."⁸⁹ Nevertheless, suspicions of coercion were not without foundation. In addition to individual and collective past experiences that had bred distrust of government health programs and practitioners, concerned Crows could point to Nagel's own words. Nagel's circular employed authoritative language, such as "MUST" and "ORDERS," and referred without explanation to statutes to invoke the legal power of the U.S. government.⁹⁰ For his part, Superintendent Yellowtail regularly stated his conviction that the dangers venereal diseases posed to the reservation unquestionably "justif[ied] action by the Government."⁹¹

⁸⁹ Charles Nagel to John Collier, 25 Mar 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

⁹⁰ Nagel to Enrolled Members of the Crow Tribe Residing on the Reservation, 18 Jan 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

⁹¹ Yellowtail to Collier, 12 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

In the end, Nagel's "crusade against venereal diseases" ensured that the physician's days on the reservation were numbered.⁹² Appealing to fellow Tribal Council members, Holds Enemy concluded his indictment of Nagel's proposed survey by declaring, "I myself wish to see the Crow tribe let Mr. Nagle [sic] go."⁹³ Shortly thereafter, Holds Enemy's peers demonstrated their overwhelming agreement, voting 141 to fourteen in favor of Nagel's removal.⁹⁴ The testimony of a Crow mother who alleged that Nagel had forcibly separated her from her nursing infant during an overnight hospital stay, described in Chapter Two, further galvanized the council against the physician.

Nagel was not without his supporters. Delegates to the Crow Health Council shared Superintendent Yellowtail's concern that "there are members of this tribe [who] are diseased and . . . they are a menace to the other members of the Crow Tribe."⁹⁵ Immediately following tribal council members' vote in favor of Nagel's removal, Kitty Deernose, one of the few women who spoke publicly about Nagel's venereal disease control efforts, defended Nagel and his proposed survey. Emphasizing the need to consider "the good of the people," Deernose warned that some individuals could have syphilis and not know it; the blood test would provide them with this critical information. "Before making a decision," she concluded, "get the doctor's report."⁹⁶

⁹² Quote from Ibid.

⁹³ Minutes, Tribal Council Meeting, 6 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁹⁴ Ibid.

⁹⁵ Minutes, Crow Health Council Meeting, 1 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU.

⁹⁶ Minutes, Tribal Council Meeting, 6 Feb 1935, Records of the BIA: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 1, Reel 27, Labriola, ASU. Other women, including members of the Crow Indian Women's Club, expressed support for Nagel in the days following the Tribal Council meeting, but they did not mention venereal disease.

Nagel's venereal disease campaign was not the only topic council members discussed leading up to the final vote, nor was it Crows' only cause for dissatisfaction with their physician. But Nagel's approach to policing venereal disease seemed to offer a microcosm of broader frustrations. Nagel's vocal critics successfully persuaded an overwhelming majority of tribal council participants that the white government-employed physician's approach to Crow health was high-handed, patronizing, and self-serving, and that he enacted policies with little regard to individual and tribal autonomy or to the Crows' best interests. The contentious political climate lingered following the tribal council's vote, preventing implementation of the planned campaign and culminating in Nagel's resignation.

Policing Venereal Disease Among Crow Women

Discrepancies between institutional policy and on-the-ground practices appear to have been particularly notable in the policing of venereal disease among Indigenous women. If much of the formal rhetoric surrounding venereal disease campaigns was gender-neutral, implementation of these campaigns on the Crow Reservation was decidedly less so. As a practical matter, field workers on the Crow Reservation specifically targeted women. After all, female field matrons and field nurses day-to-day tasks were already directed at women and children; they often had more knowledge of women's whereabouts than men's, and they hoped that their more regular contact with women would enhance their persuasive powers.

Hyde's authorization of the incarceration of young Crow women at the reservation hospital represents one discrepancy between policy and practice that singled

out women. Asked by Commissioner Rhoads whether it was his “custom to incarcerate . . . incorrigible girls and young women at the Crow Agency Hospital,” Hyde did not deny the charge. Rather, Hyde argued that although the young women had been accused of moral infractions, he and the hospital staff had a medical rationale for the women’s confinement. He explained, for example, that after hearing reports of Hannah’s affair with a married man, Hyde desired “to have her placed under observation with a view to . . . discern whether she was infected with a social disease.”⁹⁷ Presumably, if Hannah tested negatively for syphilis, she would be released, and if she tested positively, her confinement would ensure that she received regular treatment. It appears, however, that the hospital staff did not prioritize the administration of Wassermann tests on each young woman. One young woman remained under “observation” for days with no formal examination, highlighting the fact that such detentions also served to get misbehaving women off the streets.⁹⁸ Hyde’s actions and his explanation resemble measures civilian and military leaders had embraced a decade and a half earlier, as the nation waged war against the Axis powers abroad and venereal disease at home.⁹⁹ Under this model, women who committed any number of moral infractions, particularly but not exclusively of a sexual nature, were suspected of venereal disease and could be detained on at least a short-term basis.¹⁰⁰ Despite the Indian Office’s disapproval of this practice, it appears that it continued, even following Hyde’s removal.¹⁰¹

⁹⁷ Hyde to Rhoads, 13 Feb 1933, Crow Agency Correspondence Files, RG75, Box 17, Folder 150 Inspections and Investigation 1931-1937, NARA, Broomfield, CO.

⁹⁸ Ibid.

⁹⁹ In fact, some of the medical staff on the Crow Reservation, including Charles Nagel, had previously been employed by the military.

¹⁰⁰ See Brandt, *No Magic Bullet*, ch. 2.

In explaining his decision to detain Hannah at the hospital, Hyde cited the possibility of a venereal infection, but he also alluded to the possibility of pregnancy, another condition he believed warranted surveillance. In fact, government employees' scrutiny of Indigenous women's reproductive capacity dates to at least the late nineteenth century. As discussed in Chapter One, the Indian Office established the field matron program in the early 1890s, which sent white women into Native homes to "uplift" Indian women via the tenets of "civilized" motherhood.¹⁰² In the Progressive Era, government employees implemented pronatal initiatives that targeted Indigenous biological mothers. Superintendents, physicians, and field workers called on mothers to join the federal effort to save their babies by altering the way they raised them.¹⁰³ The double-edged campaign provided some mothers with welcome nutritional and medical assistance, while implicitly and sometimes explicitly blaming Indigenous mothers as a group for reservation infant mortality rates. Progressive-Era Indian Service employees also began urging Native women to accept government medical care throughout their pregnancies and to give birth in reservation hospitals, extending the state's involvement in the reproductive process.

Medical practitioners recognized that venereal disease could threaten a woman's reproductive capacity, as some infections led to sterility. As Allan Brandt explains, "venereal disease often made it impossible for a woman to fulfill what Progressive

¹⁰¹ Robert Yellowtail makes a similar but vague reference in one of his first annual reports as superintendent. See Crow, *Annual Report*, 1935, Crow Agency Correspondence Files, RG75, Box 8, Folder 051 Statistics Annual Report 1935, NARA, Broomfield, CO.

¹⁰² See Lisa Emmerich, "'To Respect and Love and Seek the Ways of White Women': Field Matrons, the Office of Indian Affairs, and Civilization Policy, 1890-1938" (PhD Diss., University of Maryland-College Park, 1987).

¹⁰³ See Lisa Emmerich, "'Save the Babies!': American Indian Women, Assimilation Policy, and Scientific Motherhood, 1912-1918," in *Writing the Range: Race, Class, and Culture in the Women's West*, edited by Elizabeth Jameson and Susan Armitage (Norman: University of Oklahoma Press, 1997).

physicians saw to be her primary domestic responsibility, motherhood.”¹⁰⁴ Such fears fueled Progressive-era measures to protect innocent mothers and children, and Brandt suggests that they demonstrate the way venereal disease “functioned metaphorically to define gender roles.”¹⁰⁵ Attitudes toward female sterility also underscored the dual categories of womanhood, divided along both racial and socioeconomic lines.

Government employees displayed considerable ambivalence regarding sterility in Native women. Some field workers expressed sympathy for individual women who were unable to conceive or successfully carry a pregnancy to term as a result, employees believed, of their disease histories.¹⁰⁶ In contrast, Superintendent Estep believed female sterility to be both widespread and a significant problem on the Crow Reservation, but Estep’s attitude was one of scorn (and a broad attribution of blame) rather than sympathy.¹⁰⁷

Reservation employees believed venereal disease signified a number of maternal failures, perhaps most immediately in those instances when a pregnant woman suffering from syphilis infected an infant at birth. Early twentieth-century physicians increasingly called attention to a condition known as congenital syphilis. Often, congenital syphilis was fatal, with the infected infant dying either immediately following birth or within the first year of life. In other cases, the child survived with a range of physical, and sometimes mental, impairments. One frustrating aspect of congenital syphilis was that an

¹⁰⁴ Brandt, *No Magic Bullet*, 16.

¹⁰⁵ *Ibid.*

¹⁰⁶ For a typical example, see Field Nurse Monthly Report, Kiowa, Dec 1934, Reports of Field Nurses 1931-43, RG75, Box 6, NARA, Washington, D.C.

¹⁰⁷ Crow, *Annual Report*, 1915, Superintendents’ Annual Reports, 1907-1938, RG75, FILM 3748, Labriola, ASU.

infant could present syphilitic symptoms immediately, or he or she could show no indications of the disease until years later.¹⁰⁸

Associations between infant mortality and venereal disease were so strong that employees sometimes expressed surprise when a mother's negative test results indicated that an infant's death could not be attributed to a congenital infection.¹⁰⁹ Once again, some employees sympathized with individual women who mourned the loss of one or more children, although they rarely depicted Indian women as sufferers who had been innocently infected by their husbands and in turn innocently passed on their condition to their innocent children. Others expressed outrage. Nagel, for example, condemned one young married Crow woman who, he contended, "practiced coitus, during a very disgusting [sic] and revolting period" and wound up with an infant showing "every evidence of Congenital Syphilis" as a result.¹¹⁰

Observing such disruptions in the reproductive process, many Indian Service personnel concluded with Florence McClintock, a field nurse who worked in California, that venereal disease "is not a medical problem alone . . . It is an Infant and Maternity problem."¹¹¹ As such, the Indian Service hoped that reservation employees' ongoing efforts to medicalize Indian women's biological reproduction would facilitate reservation-level initiatives to control venereal disease. In her 1926 "Plan of Work for Field Nurses," Supervisor of Nursing Elinor Gregg instructed nurses to make regular

¹⁰⁸ Cassel, *The Secret Plague*, 16.

¹⁰⁹ See, for example, Field Nurse Monthly Report, Potawatomi, Dec 1934, Reports of Field Nurses 1931-43, RG75, Box 6, NARA, Washington, D.C.

¹¹⁰ Charles Nagel to J. G. Townsend, 8 Apr 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder Health and Social Relations 1935, NARA, Broomfield, CO.

¹¹¹ Field Matron Monthly Report, Sacramento, 7 Jul 1934, Reports of Field Matrons 1931-43, RG75, Box 7, NARA, Washington, D.C.

“prenatal nursing visits” to the pregnant women in their jurisdiction, during which they monitored the pregnancy’s progress, provided hygiene and nutritional instruction, and worked to correct any perceived deficiencies in the home environment prior to the infant’s arrival. Gregg also presented prenatal visits as opportunities for field nurses to “Urge hospital care for delivery,” noting that nurses should assist in home deliveries only after emphasizing the superiority of the hospital and only if absolutely necessary.¹¹² After birth, field nurses ideally made regular, even daily, “post partum visits” to monitor the newborn’s progress and provide the mother and infant with whatever general nursing care the mother (or other household members) would permit.¹¹³

As reservation employees dedicated increased attention to venereal disease in the 1930s, venereal disease programming became incorporated into prenatal and postnatal visits and hospital deliveries and provided an urgency and additional rationale for such medicalization. Field nurses on the Crow Reservation used prenatal visits to encourage parturient women to visit their district clinics for a physical examination which included a Wassermann test and then made follow-up visits to ensure that women with syphilitic reactions obtained regular treatment.¹¹⁴ Hospital deliveries allowed the medical staff to examine newborns for syphilitic symptoms, but also to employ preventative measures,

¹¹² Plan of Work for Field Nurses, 8 Oct 1930, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1928-1931, NARA, Broomfield, CO.

¹¹³ Ibid.

¹¹⁴ Inspection Report, Field Supervising Nurse, 26 Feb 1936, Crow Agency Correspondence Files, RG75, Box 11, Folder 055 Supervising Nurses Reports; Inspection Report, Field Supervising Nurse, 24 May 1936, Crow Agency Correspondence Files, RG75, Box 11, Folder 055 Supervising Nurses Reports, NARA, Broomfield, CO. Prenatal venereal disease testing became a critical component of the national campaign to control venereal disease in the late 1930s. In 1938, a handful of states passed mandatory prenatal examination legislation, and by 1944, thirty states had passed such legislation. See Aneta Bowden and George Gould, *Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Diseases* (Washington, D.C.: The American Social Hygiene Association and United States Public Health Service, 1944).

such as applying a silver nitrate solution to the infant's eyes to prevent blindness caused by a mother's gonorrheal infection.¹¹⁵ When a pregnant woman refused hospital childbirth and was unable or unwilling to obtain medical assistance at a home delivery, field nurses often performed these tasks in the woman's home postpartum.

Indigenous women may have experienced the Indian Service's targeted efforts to police venereal disease in pregnant women as double-edged. Government employees used the relative intimacy and regularity of prenatal and postnatal visits as an opportunity to educate Native women regarding venereal disease and its dangers, a minimal component of the reservation's venereal disease program as a whole. In addition, the women's pregnant condition may have increased their motivation to undergo the unpleasant processes of providing a blood sample and/or receiving weekly injections. Field workers suggested, sometimes sympathetically and sometimes callously, that this was particularly true for women who had personally experienced the loss of an infant or who had observed such a loss among loved ones. In late 1933, a field nurse on the Crow Reservation, submitted an enthusiastic report: the pregnant women in her two districts were "cooperating very well." Smith explained that most of the women consented to a seriological examination, and many even displayed "interest in the report on Wasserman."¹¹⁶

At the same time, pregnancy raised the stakes surrounding an individual woman's unwillingness to consent to examination and especially treatment. Despite Smith's optimism, her colleague Mary V. Darmody was only "partially successful" in persuading

¹¹⁵ Brandt, *No Magic Bullet*, 15.

¹¹⁶ Field Nurse Monthly Report, Crow, Dec 1933, Reports of Field Nurses 1931-43, RG75, Box 1, NARA, Washington, D.C.

syphilitic prenatals to begin or continue treatment.¹¹⁷ From the perspective of many of Darmody's peers, pregnant women's resistance made respect for an Indian woman's bodily autonomy and protection of her unborn child's welfare irreconcilable. Even as many in the Indian Service advocated greater coercion in government health services based on Indians' wardship status, reservation employees argued that pregnancy justified government action still further. In a typical example, one field nurse first acknowledged that "Of course it is more desirable to educate the patient to come in of his own accord by knowledge of his condition and the desire to improve it." Then, abruptly switching from male pronouns, she continued, "but we have two women now who are pregnant and one is positively luetic [syphilitic], the other has a luetic husband." According to the field nurse, the former refused to consent to treatment and the latter to a Wassermann test. "In these cases," she concluded, "there is not time to spend on tactfull [sic] destruction of their resistance, they should be treated now."¹¹⁸

Many federal employees also believed that venereal disease could signify Indigenous mothers' deficiencies as social reproducers, signaling an inability to raise their children properly. Both medical and lay observers associated venereal disease with sexual promiscuity, as well as with the related and seemingly growing "problem" of illegitimacy discussed in Chapter Four. Given such associations, descriptions of individual Indian women often took a formulaic form: The woman is promiscuous, showing a four-plus Wasserman reaction; she more than likely has one or more illegitimate children, and she may be feeble-minded or at least of a "low mental

¹¹⁷ Inspection Report, Field Supervising Nurse, 26 Feb 1936, Crow Agency Correspondence Files, RG75, Box 11, Folder 055 Supervising Nurses Reports, NARA, Broomfield, CO.

¹¹⁸ Field Nurse Monthly Report, Ponca, 31 Aug 1933, Reports of Field Nurses 1931-43, RG75, Box 3, NARA, Washington, D.C.

grade.”¹¹⁹ Most government employees took for granted that a “promiscuous” mother—a woman who flouted Euro-American sexual norms and thus seemingly bore more resemblance to a prostitute than to the innocent wife and mother venereal disease statutes had been designed to protect—could not provide the warm, loving, and moral home Euro-American observers desired.

If a woman’s “promiscuity” resulted in a venereal infection, doctors and other government workers argued that the mother presented an even more immediate danger to her children and sometimes advocated varying forms of separation. Concerned about so-called “innocent infections,” physicians tried to prevent mothers and other family members with visible indications of syphilis from contact with children. Although unusual, an individual with exposed syphilitic lesions can theoretically transmit the disease through skin-to-skin contact. In an unfortunate but not uncommon irony, a mother’s attempt to maintain contact with her child could be interpreted as lack of maternal responsibility.¹²⁰

Even in the absence of visible or potentially infectious symptoms, a venereal disease diagnosis (or even rumor) could factor into Indian Service employees’ recommendations for a more permanent separation, in which children were removed from their homes and placed in foster homes or other institutions. In recommending removal, social workers or other government employees typically cited a laundry list of maternal deficiencies, such as promiscuity, poor housekeeping skills, and a sub-normal mental

¹¹⁹ Quote from Charles Nagel to J. G. Townsend, 8 Apr 1935, Crow Agency Correspondence Files, RG75, Box 51, Folder 055 Health and Social Relations 1935, NARA, Broomfield, CO.

¹²⁰ For one example of this type of temporary separation, see Mac Benjamin to J. G. Robert Yellowtail, 19 Feb 1938, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

capacity. Venereal disease was often included on such lists, presented as empirical “evidence” of such inherently subjective criteria. In such cases, Indian women were portrayed as carriers of venereal disease, but they were rarely presented as sufferers.

Conclusion

In the first decades of the twentieth century, physicians and many laymen recognized venereal disease as a threat to national health. To a large degree, venereal disease remained an affliction of the “other,” but many Americans also recognized that the scourge threatened all families and communities. Euro-Americans dubbed African Americans as a “syphilis-soaked race,” and, for those who were paying attention, an Indian reservation’s borders seemed to demarcate a “syphilis-soaked” region and population.¹²¹ But a reservation’s borders could also appear alarmingly porous. The Crow Reservation, for example, witnessed an influx of white settlement in the early twentieth century and the growth of nearby white communities, and many neighboring whites viewed the “diseased” Crows as a menace and a threat.

Indian Service officials and employees viewed venereal and other contagious diseases as a barrier to Indian assimilation. As Crow leaders such as Max Big Man recognized, their white neighbors’ exaggerated perception of a syphilis-ridden reservation buttressed Euro-Americans’ prejudice and fueled discrimination. Many Euro-American observers also believed that syphilis-ridden reservations served as markers of sexual immorality. For some, this highlighted the social and cultural distance between Indians and their white neighbors. Even for those more critical of white sexual mores, the

¹²¹ Jones, *Bad Blood*, ch. 2.

perception of syphilis-ridden reservations underscored the distance between reservation Indians and the assimilationist ideal.

Late nineteenth-century Indian Service physician A. B. Holder's bold and expansive assessment of Crow women—"The Crow woman is debauched and diseased"—had staying power. The blanket characterization also had tangible implications for non-Native observers' attitudes toward Crow women's biological reproduction and their capacity for motherhood. Although the Indian Service's assimilationist zeal waned in the 1930s, Indian Service policy for much of the century's first decades was ostensibly intended to transform Indian women into middle-class housewives. As scholars have demonstrated, this frequently espoused mission coexisted uneasily with practices and policies that undermined it, such as the pressure boarding schools and reservation employees placed on young Indian women to work for wages, typically as domestic servants in white homes.¹²² Indian Service efforts to control venereal disease further demonstrate the contradictory pressures Indian women faced; reservation employees' tendency to associate Indian women with the class of women that served as carriers and even sources of, rather than sufferers from, venereal disease exposes the perpetual elusiveness of the ideal of civilized womanhood. The next chapter further explores such contradictory pressures by exploring the "problem" of "illegitimacy" on Indian reservations

¹²² See K. Tsianina Lomawaima, "Domesticity in the Federal Indian Schools," *American Ethnologist* 20, No. 2 (1993): 227-240; Margaret Jacobs, "Diverted Mothering among American Indian Domestic Servants, 1920-1940," in *Indigenous Women and Work*, edited by Carol Williams (Urbana: University of Illinois Press, 2012): 179-193.

CHAPTER 5

MOTHERHOOD WITHOUT MARRIAGE: SOCIAL WORKERS AND THE "MENACE" OF ILLEGITIMACY AND BROKEN HOMES ON THE RESERVATION

In 1933, President Franklin Roosevelt appointed John Collier Commissioner of Indian Affairs, a decision that portended a shift in the U.S. government's approach to federal-Indian relations. Collier's early twentieth-century predecessor, Cato Sells, had lamented the impoverished economic conditions and grave health and social problems that plagued many Indian reservations. Two decades later, Collier and other Indian Service officials could see few signs of improvement, and many feared that the situation worsened. Like other New Dealers, Collier argued that current policy could not adequately address the problems at hand. A vocal critic of the Indian Service prior to his appointment as commissioner, Collier also argued that government policy and the Indian Bureau itself bore much of the blame for reservation conditions.¹

Collier and other Indian Service officials challenged some of the fundamental premises of federal Indian policy. Assistant Commissioner Robert Lansdale criticized the Bureau's universal application of policies, explaining that he had "little faith in our making any large accomplishments . . . through mass programs." "[T]he Indian business," Lansdale argued, "has been subjected to too many schemes for universal salvation."² From the early 1930s to the late 1940s, a consensus emerged among policymakers and Indian Service officials that the solution to the deficiencies of former federal policies—the solution to the "Indian problem" as it existed in these decades—

¹ Kenneth Philp, *John Collier's Crusade for Indian Reform, 1920-1954* (Tucson: University of Arizona Press, 1977).

² Robert Lansdale, "The Place of the Social Worker in the Indian Service Program," *Hospital Social Service* 27 (1933), 99.

could be found within the modern profession of social work. In 1928, Lewis Meriam and his staff's extensive report on the Indian Bureau had emphasized the need for trained social workers in the Indian Service.³ Roosevelt's appointment of Collier represented a step in this direction, as Collier had extensive experience working as a social worker in New York City.⁴ Lansdale advocated that the Indian Service shift its focus from "mass programs" to individuals and urged that the government's primary "function . . . [be] assisting the individual to adjust to his community and its various relationships."⁵ For this, the Indian Service required trained social workers and their scientific casework methods.⁶

The Indian Service began assigning social workers to Indian reservations immediately following social work's "heyday of professionalization."⁷ Social workers, like field nurses, represented a more professional, scientific incarnation of field matrons, who were being phased out of the Indian Service.⁸ On reservations, a social worker's responsibilities included coordinating relief, cooperating with the Indian Service medical staff regarding reservation health care, working with the teachers at local schools to address student-related concerns, and monitoring, assisting, or intervening in any number

³ Lewis Meriam, et al., *The Problem of Indian Administration* (Baltimore, MD: Johns Hopkins University Press, 1928), 590-91.

⁴ Philp, *John Collier's Crusade*, ch. 1.

⁵ Lansdale, "The Place of the Social Worker," 99.

⁶ Ibid. For more on social work and casework, see Karen Tice, *Tales of Wayward Girls and Immoral Women: Case Records and the Professionalization of Social Work* (Urbana: University of Illinois Press, 1998); Regina Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Benevolence, 1890-1945* (New Haven: Yale University Press, 1993), ch 2.

⁷ Kunzel, *Fallen Women, Problem Girls*, 37.

⁸ See Lisa Emmerich, "'To Respect and Love and Seek the Ways of White Women': Field Matrons, the Office of Indian Affairs, and Civilization Policy, 1890-1938" (PhD Diss., University of Maryland-College Park, 1987).

of problems pertaining to “family” or “child welfare.” But many social workers—and their superiors—viewed unmarried mothers as their “most essential work.”⁹ In focusing on Indian illegitimacy, social workers drew from both federal Indian policy, which had long been concerned with Indians’ disregard for legal, monogamous marriage, and professional trends, as the professionalization of social work occurred in large part through social workers’ proclaimed expertise on the subject of sexual delinquency and illegitimacy.¹⁰

This chapter explores social workers’ efforts to define the “problems” of unwed motherhood and broken homes on Indian reservations in the 1930s and 1940s and how they approached these problems.¹¹ As commissioner, Collier disavowed much of the federal government’s assimilation program and advocated greater respect for Native cultures. For decades, the Indian Service’s civilization program had centered on “moral uplift,” which demanded that Indians confine their sexuality and reproduction into nuclear family units. As this chapter demonstrates, these moral imperatives did not disappear in the 1930s, but as the Great Depression transformed American politics and the U.S. economy, social workers and other government employees cloaked moral concerns surrounding illegitimacy and informal marital unions in a discourse of economic rationality. Economic imperatives justified governmental scrutiny of Indian women’s sexual and reproductive practices, and the gradual expansion of the national

⁹ Monthly Report, Pine Ridge, Jan 1935, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 4, National Archives and Records Administration [Hereafter NARA], Washington, D.C.

¹⁰ Kunzel, *Fallen Women, Problem Girls*, ch. 2.

¹¹ This chapter primarily utilizes Bureau of Indian Affairs social workers’ reports from 1932 to 1948. I have focused specifically on the following eight reservations for which relatively complete records remained over this sixteen-year period: Mission Indian, Red Lake, Consolidated Chippewa, Pine Ridge, Lac du Flambeau, Tulalip, Omaha, and Shoshone. I have supplemented these records with government records from the Crow Reservation.

welfare state and Indian communities' increasing dependence on wage labor created the conditions for various forms of federal intervention. The economic conditions on many reservations and the tangled web of federal policies in the 1930s and 1940s combined to constrain Indian women's maternal choices.

The Unmarried Mother Problem

The Indian Service began to experiment with social work methods in the early 1930s, when Congress appropriated funds for the appointment of social workers on the Lac du Flambeau Reservation in Wisconsin and the Consolidated Chippewa and Red Lake Reservations in Minnesota.¹² Appointments on other reservations quickly followed. As the Indian Service closed boarding schools and students returned to their communities, the Indian Service assigned social workers to reservations to monitor the home conditions to which students returned and students' re-adjustment to their home environment.¹³ Congress did not appropriate nearly enough funding for the Indian Service to assign one or more social workers to each reservation, so in some cases the Indian Office appointed one social worker to a district, and his or her primary responsibility was to act as a liaison between county, state, and federal departments and private agencies.¹⁴

Following the Johnson O'Malley Act of 1934, which authorized the Secretary of the Interior to contract with states for services to Native Americans, the Indian Service also

¹² Lansdale, "The Place of the Social Worker," 100.

¹³ Mae Bratton, "The Role of the Social Worker," Paper delivered at National Conference of Social Work, 28 May 1936, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁴ Paul Fickinger to Warren O'Harra, 9 Sept 1946, Crow Agency Correspondence Files, RG75, Box 52, Folder 720A Direct Relief 1947-1948, NARA, Broomfield, Colorado.

pursued cooperative agreements with counties and states. Under such agreements, the federal government assumed a portion of a county or state social worker's salary in exchange for their service on Indian reservations.¹⁵ Many social workers who fulfilled this dual function understood their general public welfare work and their welfare work on reservations somewhat differently. As Kermit Wiltse, a child welfare worker employed by the North Dakota Public Welfare Board and assigned to work on the Fort Totten Reservation, explained, "[A]s every one in the Indian service knows, every Indian family on the reservation is a 'case.'" He continued, "Unlike a social agency working among white families where a case comes up only by petition of the client himself or referral from a definite agency, here the service must be carried into the families whether requested or not."¹⁶ Like the field matrons and other field workers who preceded them, social workers could provide welcome assistance, but they also brought undesired scrutiny and interference.

The introduction of professional social workers helped focus the Indian Service's attention on what social workers identified as the "unmarried mother problem."¹⁷ Throughout the decade, policymakers and reservation employees proclaimed that illegitimacy was a growing problem. In 1934, Laura Dester, one of the earliest trained social workers assigned to an Indian reservation, reported that the "problem of illegitimacy" was "becomming [sic] a vital one" among the Shoshone living in the Great

¹⁵ For a discussion of the Johnson O'Malley Act, see David Dejong, *If You Knew the Conditions: A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, MD: Lexington Books, 2008), ch. 4.

¹⁶ Monthly Report, Fort Totten, Apr 1938, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁷ Annual Report, Pine Ridge, 1 Jul 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

Basin region.¹⁸ At the end of the decade, Mary Kirkland, social worker at the Red Lake Reservation in Minnesota, repeatedly declared that illegitimacy had become “the greatest social and economic problem on the Reservation.”¹⁹ In their attention to the “unmarried mother problem,” as in government employees’ approach to “the Indian problem” more broadly, social workers often presented the unwed mother and her illegitimate children as the dilemma to be solved and failed adequately to address the very real challenges Native women faced on a daily basis.

Indian Service officials and employees rigorously debated the causes of Indian illegitimacy. For some, illegitimacy was simply evidence of lingering primitivism, of Indians' customary disregard for marriage and lack of sexual restraint. As Supervisor of Social Work John Brenton explained, too simplistically but not entirely inaccurately, “The Indian never placed a premium upon illegitimacy.” As a result, Brenton suggested, illegitimacy represented Indians’ failure to assimilate to “White social standards.”²⁰ Reservation employees also associated cultural rituals, such as the Sun Dance, with sexual delinquency and thus illegitimacy.²¹

¹⁸ Monthly Report, Shoshone, Jan 1934, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

¹⁹ Annual Report, Red Lake, Nov 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5; Annual Report, Red Lake, 1939, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 6, both NARA, Washington, D.C. This sense of growing urgency did not wane following the 1940s; Margaret Jacobs argues that by 1960, BIA “officials claim[ed]—largely with no statistical evidence—that Indian unwed motherhood had reached epidemic proportions.” My research suggests social workers on some reservations began making these claims decades earlier. See Jacobs, “Remembering the ‘Forgotten Child’: The American Indian Child Welfare Crisis of the 1960s and 1970s,” *American Indian Quarterly* 37, No. 1-2 (2013), 144.

²⁰ John Brenton, “Report of Relief Conditions on Montana Reservations,” 1949, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

²¹ Monthly Report, Shoshone, Jan 1934, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

Native custom did not provide a complete explanation for the problem, however, because it could not account for the apparent increase of illegitimacy on reservations. Building on arguments presented in the Meriam Report, some government employees argued that federal policy encouraged both illegitimacy and broken homes. Lewis Meriam and his staff contended that the government's policy of removing children from their homes and placing them in distant boarding schools contributed to juvenile delinquency, and, as historian Regina Kunzel has demonstrated, many social workers understood female delinquency and sexual promiscuity to be virtually interchangeable.²² The report suggested that by removing children from their homes, the government signaled to Indian parents that they could bear children without assuming the responsibility for raising them. The removal of a couple's children loosened their marital bonds. As Meriam and his staff explained, "Normally husband and wife have a strong bond in their common responsibility for children. To take away this responsibility is to encourage a series of unions with all the bad social consequences that accompany impermanence of marital relations."²³ As will be demonstrated more fully below, social workers and other Indian Service employees feared that various forms of public assistance encouraged illegitimacy and broken homes.

Some explanations sidestepped the question of blame by framing illegitimacy and other social and familial dysfunctions as an unfortunate but predictable consequence of Indigenous peoples' rapid transition from one evolutionary phase to the next. Employing the professional vocabulary of the day, social workers on many Indian reservations interpreted juvenile delinquency, unwed motherhood, and broken homes as a sign of

²² Meriam, *The Problem of Indian Administration*, 573-576; Kunzel, *Fallen Women, Problem Girls*, ch. 2.

²³ Meriam, *The Problem of Indian Administration*, 576.

Indians' mal-adjustment to white society. Social workers offered a generational explanation; they focused on the youth they believed to be caught between two cultures, attracted to the worst aspects of modern American culture and unmoored from their communities' traditional standards. Unsettled by what she interpreted as the low moral standards among Omaha Indians in Nebraska, Mae Bratton attributed the tribe's "low moral ebb" to a "period of cultural transition" in which Omaha youth "seem to have lost much of the stamina and integrity of their forefathers." Bratton explained, "There is always an effort to revive in the memory of this generation the fine, noble folkways and mores of their forefathers and to distinguish between authentic customs and those which have been assumed merely for convenience of the rationalization of the present generation."²⁴ Similarly, while critical of Indians' "old practice" of what he called "common law marriage," a male social worker on the White Earth Reservation in Minnesota acknowledged that the community's "elders" respected these unions. "The younger generation," however, did not hold common law marriage "in as high regard . . . and as a result, there are many unstable homes on the reservation."²⁵

Native parents and community leaders shared some of the social workers' concerns. On the Crow Reservation in Montana, elders like Pretty Shield feared that Crow youth were being corrupted by American culture while losing touch with their tribal customs. Like many immigrant and even native-born parents and grandparents, Pretty Shield lamented Crow youth's embrace of American sexual mores and feared that

²⁴ Quarterly Report, Omaha, 5 Feb 1934, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C. It is not clear whether Bratton was familiar with Margaret Mead's 1932 study of the Omahas (referred to by the pseudonym of the Antlers in her published work), but Mead offered a rather similar interpretation of delinquency on the reservation. See Mead, *The Changing Culture of an Indian Tribe* (New York: Columbia University Press, 1932).

²⁵ Quarterly Report, White Earth, 31 Mar 1939, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

young Crow women on the reservation had less supervision and protection than she had had in a world less altered by the presence of whites.²⁶ One of ethnographer Fred Voget's male informants believed that illegitimacy had been rare "in the old days," but that by the late 1930s there were many "illegitment [sic] children" on the reservation.²⁷ He believed that the blame for this situation rested with the U.S. government, as the criminalization of abortion had limited Crow women's reproductive options, and other Crow informants agreed that Crow women had practiced abortion traditionally.

Prior to sustained contact, "illegitimacy" had not been a meaningful concept in Crows' matrilineal society, but the informant's comments suggest that by the 1930s at least some Crows had adopted an understanding of illegitimacy that resembled white standards. This resulted at least in part from the rising influence of Christianity on the reservation. Agnes Deernose, raised in a Christian Crow family, recalled that "to have an illegitimate child was one of the worst things a girl could do," and parents encouraged their girls "to marry early . . . [so] they wouldn't get in trouble this way and bring shame on their brothers."²⁸ When Deernose, a teenager in the 1920s, began to menstruate, both parents warned her against pregnancy, and she dropped out of school at age sixteen "because my folks forced me to get married."²⁹

²⁶ Frank B. Linderman, *Pretty-Shield, Medicine Woman of the Crows* (New York: John Day Co., 1972). For a discussion of changing sexual norms among youth in non-Native communities, see Mary Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995).

²⁷ Notecard on "Old-Dwarf Mt. Crow 7/18/39," Fred W. Voget Papers, MSS 318, Series 2, Box 7, Folder 8, Maureen and Mike Mansfield Library, University of Montana-Missoula.

²⁸ Fred W. Voget, *They Call Me Agnes: A Crow Narrative Based on the Life of Agnes Yellowtail Deernose* (Norman: University of Oklahoma Press, 1995), 84, 53-54.

²⁹ *Ibid.*, 53-54.

A variety of forces spurred Crow elders' concerns. In addition to aligning with Christian teachings, stable marital unions also connoted social status, as Crow women had traditionally acquired their social position and social prestige through their husbands.³⁰ Parents also hoped marital unions could provide their daughters with stability and protection amidst great change and uncertainty. The Depression stretched the already limited resources of many Native communities even further. In addition to the social disruptions resulting from decades of federal policy, the Depression and World War II increased many Indians' dependence on wage labor and spurred geographic mobility.³¹ In some cases, such developments prevented extended families and communities from caring for children born out of wedlock or following the parents' separation. More typically, local childcare practices remained in place, but, constrained by social and economic circumstances, families and communities requested the assistance of the state, which in turn made Native familial patterns increasingly visible to the federal government.

The vocabulary government employees used to discuss illegitimacy and broken homes differed from that typically used within Indigenous communities, even among Natives concerned with sexual delinquency and unwed motherhood. Government social workers not only spoke of the "problem" of illegitimacy; they frequently described individual Indigenous women—and unmarried mothers as a group—as "problems."³² In

³⁰ Fred Voget, "The Status of American Indian Women: A Comparison of Crow and Iroquois Women," n.d., Fred W. Voget Papers, MSS 318, Series 5, Box 17, Folder 9, Mansfield Library, University of Montana-Missoula.

³¹ See Colleen O'Neill, *Working the Navajo Way: Labor and Culture in the Twentieth Century* (Lawrence: University Press of Kansas, 2005).

³² For a typical example, see Quarterly Report, Pine Ridge, Sept 1935, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

doing so, social workers employed contemporary professional parlance. From the 1910s through the 1940s, social workers attempted to position their field as the authority on illegitimacy, displacing the benevolent female reformers who had been the foremost authorities on the issue a generation earlier. In the process, social workers redefined unwed motherhood and unmarried mothers; rather than passive victims of male lust and predation, social workers portrayed unwed mothers as “problem girls,” imbued with agency and often dangerous.³³

This language acquired an additional dimension on Indian reservations, where social workers represented one component of the federal government’s evolving effort to solve the “Indian problem.” Originally, the “Indian problem” had signified the Indigenous presence on land desired by a nation expanding westward. Decades into the twentieth century, Indians remained on western land, but white Americans had successfully reduced and segregated the Indigenous presence. In these decades, the “Indian problem” signified the liminal space Indians occupied in the body politic: non-Native Americans were pessimistic about Indians’ capacity for complete assimilation, yet they viewed a perpetual reservation system unfavorably.³⁴ As long as Indians remained in a liminal space—physically or conceptually—policymakers viewed circumstances on Indian reservations, and even Indians themselves, as problems demanding government solutions.

A Moral and Cultural Problem

³³ Kunzel, *Fallen Women, Problem Girls*, ch. 2.

³⁴ See Frederick Hoxie, *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920* (Lincoln: University of Nebraska Press, 1984).

Late nineteenth-century policymakers and social reformers who promoted cultural assimilation believed that Indians required “moral uplift,” and Indian Service bureaucrats underscored the urgency of the government’s mission by characterizing entire tribes as sexually immoral. As explained in Chapter Three, Indian Service employees typically measured a given tribe’s sexual morality through its women. The physician on the Crow Reservation reported, for example, “The Crow woman is debauched,” and his colleague on the Round Valley Reservation in California echoed, “Our Indian women know not what chastity is.”³⁵ Indian Service officials and employees remained concerned with—and sometimes apparently fascinated by—Indians’ sexual practices following the turn of the century. Progressive assimilationists charged that Indian women’s sexual promiscuity exposed the distance between Indians’ current state and the “civilized” middle-class ideal and also hindered further progress.³⁶

By the 1930s, many Euro-Americans both within and outside the Indian Service took the trope of the promiscuous Indian woman for granted, but the appointment of John Collier presented a possibility for some change. Prior to his appointment as commissioner, John Collier had defended the Pueblos when Commissioner Charles Burke attempted to restrict Indian dances. Burke and his supporters argued that the Pueblos were a sexually immoral tribe and that Pueblo secret dances functioned as

³⁵ A. B. Holder, “Gynecic Notes Taken Among the American Indians,” *American Journal of Obstetrics and Diseases of Women and Children* 26 (1892), 50, 59.

³⁶ See, for example, Crow, *Annual Report*, 1915, Superintendents’ Annual Narrative and Statistical Reports from Field Jurisdictions of the Bureau of Indian Affairs, 1907-1938, RG75, FILM 3748, Labriola American Indian Center [Hereafter Labriola], Arizona State University [Hereafter ASU]; Elsie Newton, Inspection Report, 21 Oct 1914, Records of the Bureau of Indian Affairs: Central Classified Files, 1907-1939, FILM 9730, Series C, Part 2, Reel 8, Labriola, ASU.

celebrations of this immorality.³⁷ Collier rejected both allegations, referring to the Pueblos as “‘sexually the purest, sweetest people’ he had ever known,” and declaring that he would not hesitate to allow his own sons to participate in the ceremonies if the Pueblos permitted non-Pueblo participation.³⁸ As commissioner, Collier espoused a “cross-cultural vision” and encouraged government employees to show respect for Native cultures.³⁹ Collier’s pronouncements produced only limited short-term results because they depended on the cooperation of sometimes resistant reservation employees, but they represented a significant “transition” nonetheless.⁴⁰

Social workers also played a role in this transition. As a profession, social workers touted science and scientific methods; they generally distanced themselves from the moralizing they associated with evangelical women and other predecessors in the field of unwed motherhood.⁴¹ Social workers required a secular explanation for illegitimacy, and by the 1930s, they had begun to understand the unmarried mother as a “sex delinquent.”⁴² Regina Kunzel has observed that by this decade, “some social workers were using the terms *illegitimacy* and *delinquency* interchangeably.”⁴³ Despite the growing emphasis on scientific language and explanations, however, sexual delinquency and illegitimacy were very much about morality. On Indian reservations, the discourse of “illegitimacy” sometimes operated in much the same way Victorian

³⁷ Philp, *John Collier’s Crusade*, ch. 3.

³⁸ Quoted in Philp, *John Collier’s Crusade*, 58.

³⁹ See Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque: University of New Mexico Press, 2001), 27.

⁴⁰ *Ibid.*, 27, 36-37.

⁴¹ Kunzel, *Fallen Women, Problem Girls*, ch. 1.

⁴² *Ibid.*, 54.

⁴³ *Ibid.*, 56.

discourses of “chastity” and “sexual purity” had decades earlier. Illegitimacy could serve as a short-hand for Indian women’s collective or individual promiscuity, as when social workers meticulously noted the illegitimate status of a woman’s children or the number of illegitimate children in a household, and when they asserted that out-of-wedlock pregnancies had reached near epidemic proportions on a reservation.

At the start of the decade, social worker Dorothy Deane spent five weeks on the Lac du Flambeau Reservation in Wisconsin. The Indian Service had instructed Deane to conduct a survey of the economic and social conditions of the homes of children enrolled at the Lac du Flambeau boarding school, which the Indian Service contemplated closing. One of the earliest Indian Service social workers, Deane’s assessment of reservation conditions did not reflect the social work profession’s emphasis on secular rationality, more closely resembling a competing discourse articulated by moral reformers. She concluded that an “appalling moral situation” prevailed on the reservation. Specifically, Deane emphasized the prevalence of broken homes and children born out of wedlock, citing both statistics and the testimony of a local minister to demonstrate local Indians’ tendency to cohabit, fornicate, and procreate promiscuously. Deane also noted that some of the parents consumed alcohol excessively, and she vaguely referenced “other reasons” for characterizing homes as immoral, but her primary focus remained sexual norms and familial structures.⁴⁴

From Deane’s perspective, the moral conditions existing on the Lac du Flambeau Reservation posed graver concerns than the economic conditions reservation Indians

⁴⁴ Dorothy Deane, “Survey of Economic and Social Conditions of Indian Parents at the Lac du Flambeau Boarding School,” 15 Aug 1931, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

faced. Deane argued that the “immoral” conditions present in many homes “would prove a greater menace to the child’s future than could a merely pauperized home.” Deane noted that if the government opened a day school immediately and all the boarding school children returned home, many of the children would be hungry. She speculated, however, that “They would probably live through this, but they would be in the midst of a much more subtle and deadly influence than mere physical discomfort.”⁴⁵ Even in the face of clear economic hardship, Deane chose to emphasize the social and moral concerns associated with illegitimacy and broken homes rather than the economic aspects that many of her peers would emphasize throughout the decade.

Social workers and other government employees agreed that, as a general rule, a legal, Christian marriage was the most desirable response to an out-of-wedlock pregnancy. Often, employees had to persuade Indian couples who already considered themselves man and wife to obtain a license and visit a pastor. In 1942, a field nurse on the Carson Indian Agency in California proudly reported that as a result of her efforts, “Two pregnant girls have become respectable wives.”⁴⁶ When kin was divided over the most appropriate action for an unmarried mother and father, government employees generally allied with those advocating marriage. In many cases, they allied with parents working to persuade their daughter or her partner to marry. The superintendent of the Klamath Reservation in Oregon supported one Klamath father’s efforts to secure marriage for his fifteen-year-old pregnant daughter. He approvingly described the grandfather-to-be as “a very intelligent man [who] would like to uphold the standards of

⁴⁵ Ibid.

⁴⁶ Monthly Report, Carson, Feb 1942, Reports of Field Nurses 1931-43, RG75, Box 30, NARA, Washington, D.C.

moral [sic] in matrimony and married life.”⁴⁷ From the perspective of government employees and some Indians, marriage had a legitimizing effect on an out-of-wedlock pregnancy.

But as anthropologist Ruth Landes emphasized in her study of Ojibwa women, individual “delinquent girls” who became pregnant out of wedlock responded to their situations in a variety of ways, and many eschewed marriage to the father.⁴⁸ This was in large part because, even in Native societies in which anthropologists reported some shame associated with illegitimacy in the 1930s, unwed motherhood carried few long-term social consequences. The mother’s kin generally welcomed the child, and the mother’s sexual history did not bar her from occupying a “respectable” position in her community.⁴⁹

Unwed mothers who had no intention of marrying could provoke a field worker’s ire. In the early 1940s, Phoebe Sheppard, a field nurse on the Cheyenne River Reservation in South Dakota, reported the case of “Eve,” a thirty-three year-old Sioux woman who had recently given birth to a premature illegitimate child—“her second offense.” Eve did not wish to marry the man who had impregnated her. Rather, she believed the infant’s father had taken advantage of her, and she wished to see him punished. Sheppard refused Eve’s request for assistance in this matter and instead offered an unsolicited lesson in sexual propriety: “I told her she is old enough to know what she is doing, to keep her skirts down until she gets married is my advise [sic] to

⁴⁷ B. G. Courtwright to Robert Yellowtail, 28 June 1944, Crow Agency Correspondence Files, RG75, Box 1, Folder 005 1941-1944 Letters to and From Misc Government Employees, NARA, Broomfield, CO.

⁴⁸ Ruth Landes, *The Ojibwa Woman* (New York: Columbia University Press, 1938), 45-46.

⁴⁹ *Ibid.* See also Mead, *The Changing Culture of an Indian Tribe*, 187-188.

her.”⁵⁰ From Sheppard’s perspective, Eve’s sexual history, resulting in two out-of-wedlock pregnancies, demonstrated that she was a sexual actor, not a victim, and her sexual choices weakened her entitlement to protection.⁵¹ Many social workers attempted to distance themselves from the blatant moralizing Sheppard displayed, but as will be demonstrated below, they often used similar measures in assessing women’s deservedness, and their proposed solutions for the problem of unwed motherhood often dovetailed with the broader project of “moral uplift.”

An Economic Problem: Who Will Pay?

When she reported the social and economic conditions on the Lac du Flambeau Reservation, Dorothy Deane had been certain that immoral homes posed a greater threat to the reservation’s future than poverty and even hunger. Deane’s hierarchy of threats to Indian communities was somewhat unusual among government social workers in the 1930s and 1940s. As Commissioner Collier touted a less explicitly assimilationist vision, and as the Indian Service, Indian communities, and the nation as a whole suffered through an unprecedented economic depression, government employees emphasized the economic consequences of reservation problems. Policymakers’ and Indian Service personnel’s anxieties regarding what they understood to be Indians’ sexual immorality, apparently evidenced by illegitimacy and broken homes, did not disappear. Rather, government officials and employees expressed these concerns in economic terms.

⁵⁰ Monthly Report, Cheyenne River, Mar 1942, Reports of Field Nurses 1931-43, RG75, Box 30, NARA, Washington, D.C.

⁵¹ Eve’s refusal to accept government health services during pregnancy further aggravated Sheppard.

Social workers emphasized the “economic phase” of the problem of illegitimacy.⁵² Most unwed Indian mothers, living on impoverished reservations, could not support themselves and their children, and many social workers viewed unwed mothers as an economic burden—on their families and communities, on federal resources, and on white taxpayers. Broken homes, resulting in female-headed households or children raised outside the nuclear family unit, presented a similar burden. In the mid-1920s, Indian Service employees on the Crow Reservation in Montana had overwhelmingly agreed that broken homes posed few negative consequences for Crow children and seldom caused any disruption in their care. As field physician R. C. Holgate explained, “Caring for these children seems to be the least of their troubles.” Holgate continued, “The custom of adopting the children from all classes of homes out to relatives or others seems to be universal,” and he emphasized that Crows recognized little distinction between biological and non-biological children.⁵³ The rich memoirs of twentieth-century Crow women suggest that Holgate characterized Crow childrearing practices accurately. The experiences of Agnes Deernose and Alma Hogan Snell, for example, demonstrate that shared childcare responsibilities did not occur only as a response to parental death or separation and that flexible childrearing practices continued long after Holgate identified them.⁵⁴

⁵² Annual Report, Red Lake, 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

⁵³ District Replies, Statistical Data for General Superintendent’s Circular No. 5, Nov 1926, Crow Agency Correspondence Files, RG75, Box 10, Folder 052, NARA, Broomfield, CO.

⁵⁴ See Voget, *They Called Me Agnes*, ch. 4; and Alma Hogan Snell with Becky Matthews, *Grandmother’s Grandchild: My Crow Indian Life* (Lincoln: University of Nebraska Press, 2000).

Government employees made similar observations on other reservations in the following decades. A male social worker on the Consolidated Chippewa Agency in Minnesota noted that most young women who became pregnant out of wedlock “remained in their own homes after the birth of the child, and the offspring was accepted as another member of the family group.”⁵⁵ Esther Adamson, his colleague on the Mission Indian Reservation in California, expressed some sympathy for the “Indian method” of handling out-of-wedlock pregnancies, in which the unwed mother’s family assisted in caring for the illegitimate child. Adamson preferred this method to “the white way,” by which she meant that a young unwed pregnant woman entered an institution such as the Salvation Army Home, where she gave birth to her baby.⁵⁶ In the 1930s and early 1940s, social workers in maternity homes encouraged most unwed mothers to put their illegitimate babies up for adoption.⁵⁷ Adamson argued that the “Indian way of treatment for this situation . . . is much more natural and provides for the child in his own environment with the least stigma.”⁵⁸

Without question, social workers continued to privilege the nuclear family model. Although Adamson spoke favorably of the active role played by a woman’s kin in the event of an out-of-wedlock pregnancy, she also lamented, “There has been altogether too much passing around of babies among our Indian homes and confusion of children’s

⁵⁵ Annual Report, White Earth, 1 Jul 1939, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁵⁶ Quarterly Report, Mission, 5 Apr 1939, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁵⁷ Kunzel, *Fallen Women, Problem Girls*, ch. 3.

⁵⁸ Quarterly Report, Mission, 5 Apr 1939, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

names and parentage.”⁵⁹ Social workers could and did use the non-nuclear nature of a family’s domestic arrangements as a factor in their decision to remove a child from his or her family and place the child in a foster home. But throughout the 1930s and into the 1940s, social workers often tolerated such arrangements in large part because they believed them to be the most economical option. In the mid-1920s, government employees working among the Crow demonstrated some awareness of the Crows’ childcare practices, but Indian Service health workers and farmers who reported such practices did so largely through observation and information relayed by the Crows themselves. In the years to follow, government employees, and particularly social workers, assumed a more active role in these processes. Social workers on many reservations found that securing financial support for unwed mothers and their families, whether through rations, welfare, or employment, was among their most pressing duties, and these financial imperatives shaped their responses to Indian illegitimacy and the dissolution of Indian marriages.

While Indian women sometimes viewed social workers and other government employees as adversaries and resented state agents’ intrusions into their private lives, they also recognized that government employees could assist them in carrying out their own agendas. Unmarried mothers and mothers-to-be who desired marriage requested social workers’ assistance in persuading the man in question to agree to a formal union. A social worker on the Red Lake Reservation in Minnesota demonstrated to what lengths some field workers would go to secure a legitimate marriage. When a young pregnant woman complained that the Indian man who had impregnated her promised to marry her

⁵⁹ Quarterly Report, Mission, 5 Apr 1936, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C. That this comment preceded Adamson’s more favorable comments suggests the possibility of some evolution in her understanding of Indian families.

but had since left the reservation, the social worker first made a trip to the reservation at which the man was enrolled and next to Minneapolis, where she had heard he was employed. When the man eluded her in both locations, the social worker contacted the placement officer for the Civilian Conservation Corps' Indian Division (CCC-ID), a New Deal jobs program, to determine if the man was employed anywhere in the district and to request that she be informed if he attempted to secure such employment.⁶⁰ While this social worker likely believed a legal marriage presented the most moral solution to the young woman's out of wedlock pregnancy, she was also motivated by economic factors. In the nuclear family model, the husband was expected to act as breadwinner. The man in question had previously worked as a cook in privately-owned restaurants and in a CCC-ID camp, experience that the social worker believed enabled him to support the young woman and her unborn child financially.

Women who did not desire marriage requested—and often received—assistance in securing financial support from the child's father. Most typically, government employees made arrangements for unmarried mothers to present their case before the local Indian Court. Clara Madsen, social worker on the Pine Ridge Reservation in South Dakota, appreciatively reported that in general the Indian Court cooperated with her efforts to secure support for pregnant unmarried young women, but social workers and their female clients also frequently found themselves frustrated by the limitations of this system.⁶¹ Frederick Hoxie has noted that although tribal courts were “viewed as instruments of law and order,” their limited jurisdiction ensured that tribal judges’

⁶⁰ Quarterly Report, Red Lake, 30 Sept 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

⁶¹ Monthly Report, Pine Ridge, Jan 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

primary focus was “the regulation of community social life.” Hoxie likens tribal courts to “meetings of elders and erring youngsters” and suggests that Crow tribal judges reconciled their need to be perceived as enforcers of law and order and their desire to meet their community’s expectations by imposing light sentences for crimes they viewed as relatively minor.⁶² Native feminists have highlighted a gendered aspect of tribal judicial systems, charging that male-dominated tribal governments have been reluctant to take Native men’s crimes against Native women seriously.⁶³ Social workers often found the Indian Court’s response to out-of-wedlock pregnancies inadequate. They contended that the male judges sympathized with alleged fathers rather than the accusing females, and they lamented the court’s weak enforcement powers.⁶⁴

Reservation poverty further limited the power of many tribal courts. As Clara Madsen explained, “When the father is able to pay, the Indian Court assesses him a five dollar per month payment.”⁶⁵ When a father was unable to pay, a common occurrence on the Pine Ridge Reservation in the 1930s, the unwed mother was left with few options. The 1935 Indian Service Law and Order Regulations indicated that any Indian who neglected “to furnish food, shelter, or care to those dependent upon him, including any dependent children born out of wedlock,” could be deemed guilty of an Indian offense and sentenced to three months’ labor “for the benefit of such dependents,” but the social

⁶² Frederick Hoxie, *Parading Through History: The Making of the Crow Nation in America, 1805-1935* (Cambridge: Cambridge University Press, 1995), 309-10.

⁶³ See Sarah Deer, “Toward an Indigenous Jurisprudence of Rape,” *The Kansas Journal of Law and Public Policy* 14 (2004): 121-154.

⁶⁴ For the history of Indian Courts, see Charles Wilkinson, *American Indians, Time, and the Law: Native Societies in a Modern Constitutional Democracy* (New Haven: Yale University Press, 1987).

⁶⁵ Annual Report, Pine Ridge, Jul 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

workers' reports in my sample seldom noted this form of punishment.⁶⁶ A social worker on the Red Lake Reservation in Minnesota lamented that the reservation Indian Court allowed an accused father to serve a ninety-day jail sentence in lieu of contributing to an illegitimate child's support.⁶⁷ In such cases, the man suffered a temporary penalty, but the woman and child received no financial assistance.

Government employees did not always grant unwed mothers the assistance they requested. At times, employees' moral judgments superseded their economic objectives. The field nurse on the Cheyenne River Reservation who advised an Indian woman to "keep her skirts down" believed that the woman's apparent promiscuity and two illegitimate pregnancies demonstrated that she did not deserve the nurse's assistance.⁶⁸ Social workers advised women on sexual propriety as well, but their reports rarely contained such blatant moralizing. Nevertheless, social workers almost always refused to assist unwed mothers seeking financial support from their children's fathers when the alleged father was a married man. In such cases, the social workers sympathized with the legally married woman and recognized that "to forcefully collect a stated sum of money from [the father] imposes a hardship on his family."⁶⁹ A social worker on the Consolidated Chippewa Agency explained that she started the process of securing economic support from an illegitimate child's father, but because he was a married man

⁶⁶ Law and Order Regulations, 27 Nov 1935, Crow Agency Correspondence Files, RG75, Box 23, Folder 170 Law and Order Regulations 1938, NARA, Broomfield, CO.

⁶⁷ Monthly Report, Red Lake, Jan 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

⁶⁸ Monthly Report, Cheyenne River, Mar 1942, Reports of Field Nurses 1931-43, RG75, Box 30, NARA, Washington, D.C.

⁶⁹ Annual Report, Red Lake, 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

she “did not complete the action as more harm would have been done . . . than good.”⁷⁰

In such cases, social workers proved willing to overlook adultery, which government employees often viewed as evidence of moral failing and an offense worthy of prosecution, due in large part to their assessments of the relative deservingness of Native women.

Their female Native clients often resented such distinctions, and they rejected social workers’ contentions that another woman’s needs should carry more weight than their own. In the late 1930s, an Indian woman on the Red Lake Reservation—with, according to the social worker, three illegitimate children and “a very difficult personality”—delivered a note to the social worker complaining “that the Agency never made any attempt to assist her and that while they collected support for other girls with illegitimate children, they refused to help her.” Exasperated, the social worker reported, “It seems to be impossible to make her understand that the fathers of her . . . children are married men.”⁷¹ More likely, the unwed mother did not accept the superiority of legal marriage that the social worker took for granted, nor did she see why the fathers’ marital status was more important than the support of her children.

Married women requested social workers’ economic assistance as well. Pregnant wives or wives with small children looked to government employees to help secure financial support from husbands who had deserted them or who otherwise failed to provide for their families. Increased mobility and Indian men’s increased reliance on wage labor off the reservation resulted in an “epidemic of desertions” on many

⁷⁰ Quarterly Report, Consolidated Chippewa, 31 Dec 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

⁷¹ Quarterly Report, Red Lake, 30 Dec 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

reservations, although in many cases such desertions were temporary or seasonal.⁷²

Because government employees believed broken homes posed both moral and economic threats, social workers' first priority was "to smoothe [sic] out family friction" and restore the marriage.⁷³ When this proved impossible, social workers looked to law enforcement and the courts to force men to support their families. Social workers and their female clients experienced many of the same frustrations in their attempts to secure support from deserting husbands through Indian Courts as they did in their attempts to secure support from fathers of children born out of wedlock. Specifically, social workers accused male Indian Court judges of displaying unwarranted sympathy for the male defendant.⁷⁴

But legal marriage presented other potential means of ensuring that a husband supported his wife and children because the Indian Service had expansive power in managing individual Indians' financial affairs.⁷⁵ Prior to the mid-1940s, no trained social workers worked on the Crow Reservation in Montana, so Crow women brought their complaints to reservation field workers or straight to the superintendent. In 1929, a very frustrated wife wrote to Superintendent Calvin Asbury, reporting that her husband had deserted her and their three children and had contributed nothing for their support during his absence. A couple generations earlier, a Crow woman facing a similar plight might have turned to extended kin to exert social pressure on an undependable spouse or to

⁷² Quarterly Report, Pine Ridge, 30 Sept 1941, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ See Thomas Bilosi, *Organizing the Lakota: The Political Economy of the New Deal on the Pine Ridge and Rosebud Reservations* (Tucson: University of Arizona Press, 1993), ch. 1.

male kin to fulfill the absent husband's responsibilities; in the late 1920s, the deserted wife turned to the state. The mother requested that Asbury "make him help support his children." She continued, "He surely has some money coming into the office at various times and can you not make arrangements to give it to me so I can at least have enough to keep my babies warm." Complaining that her previous requests to Asbury as well as to a field matron had produced no results, the woman concluded with a strong declaration of her rights and Asbury's responsibilities: "Now I am a ward of the Government and you are paid by that government to see that we have justice and to look after our affairs."⁷⁶

In this instance, Superintendent Asbury refused the woman's request, explaining that his office could not "get money out of a person who has none," but his response suggests that the aggrieved wife's assessment of the situation was not inaccurate.⁷⁷ When a Crow man the government had deemed incompetent leased his land, leasing payments went directly to Asbury's office, and Asbury "very often dr[e]w checks against [a] man's account to help support his wife or child."⁷⁸ This was not possible when a deserting husband had been classified as competent, leased his own land, and collected his own money, but in at least one such case Asbury advocated "withdraw[ing]" a deserting husband's "privilege of renting his own land," so that his income would have to pass through the Indian Office.⁷⁹

⁷⁶ Rose Plainfeather to Calvin Asbury, 12 Jan 1929, Crow Agency Correspondence Files, RG75, Box 55, Folder 745 Divorce, NARA, Broomfield, CO.

⁷⁷ Asbury to Plainfeather, 15 Jan 1929, Crow Agency Correspondence Files, RG75, Box 55, Folder 745 Divorce, NARA, Broomfield, CO.

⁷⁸ *Ibid.*

⁷⁹ Calvin Asbury to Chief Clerk, 18 Aug 1931, Crow Agency Correspondence Files, RG75, Box 55, Folder 747 Social Relations Support of Family, NARA, Broomfield, CO.

Yet social workers did not simply respond to female clients' requests. The Crow mother who wrote to Asbury recognized that her status as "a ward of the Government" and Asbury's position as an employee of that government signified a particular relationship. She chose to emphasize Asbury's obligations within that relationship, but as Asbury's actions to secure financial support for deserted wives and children demonstrate, wardship also meant that he and other government employees could intervene in an individual Indian's affairs with relative impunity. A similarly double-edged relationship existed in the field of social work. When social workers learned of an out of wedlock pregnancy, they responded proactively. They visited unwed pregnant women to assess their situations, and whenever possible, they encouraged marriage.⁸⁰

As critically, and increasingly throughout the 1930s, social workers pressured unmarried mothers to "have paternity established," a process that required an Indian Court hearing.⁸¹ Some women accepted and even desired this process, recognizing that a formal establishment of paternity was necessary if they hoped for legal assistance in securing financial support from their children's fathers. Others resisted; a social worker on the Consolidated Chippewa Reservation reported that one woman refused because the man in question was white and "she is afraid she will lose the case," and another refused because she wanted nothing further to do with the man and believed she and her family could support her child.⁸² Like marriage licenses, birth certificates, and social surveys, the establishment of a legal relationship between a child and his biological parents helped

⁸⁰ Annual Report, Red Lake, 1939, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁸¹ Quarterly Report, Consolidated Chippewa, 1 Oct 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

⁸² Ibid.

to make Indian families and communities legible to Indian Service employees, bureaucrats, and policymakers. Government employees also believed that legal paternity clarified crucial questions regarding land and inheritance.

The Social Security Act of 1935 provided Indian Service employees with a new reason to encourage women to establish paternity: the act required the legal establishment of paternity if a woman wished to receive public assistance through the Aid to Dependent Children (ADC) program. ADC effectively expanded the mothers' pension programs female social reformers and social workers had successfully achieved at the state level in the 1910s and 1920s. By the early 1930s, forty-six states had adopted mothers' aid programs, but the programs were generally funded by counties and municipalities rather than states, and most localities had no programs in operation.⁸³ Indian women rarely benefitted from Progressive-Era mothers' pension programs, but when the Social Security Act attached federal funding and regulations to these programs, Commissioner Collier consistently lobbied for Indians' access to these services.⁸⁴

The expansion of the national welfare state in the 1930s and its gradual extension to Indian reservations intensified debates among policymakers and citizenry regarding financial responsibility for Indian welfare. Social workers reported that their Indian clients faced discrimination when they attempted to benefit from New Deal public assistance programs, many of which were operated at the county level. In the midst of an economic depression, some financially-stretched county and state governments argued that services to Indians were the responsibility of the federal government. County

⁸³ Linda Gordon, *Pitied But Not Entitled: Single Mothers and the History of Welfare, 1890-1935* (New York: Free Press, 1994), ch. 7.

⁸⁴ Philp, *John Collier's Crusade*, ch. 6.

officials and local white residents argued that because Indian reservations already received federal funding, resources, and services, the county's share of New Deal relief to eligible Indian recipients presented an unwarranted "burden on white taxpayers."⁸⁵ Like other nonwhite Americans, Indians often received lower relief payments because non-Native citizens, local administrators, and even some Indian Service officials "assum[ed] that standards of relief [were] lower for Indian families than for whites."⁸⁶ In such cases, poverty served as a rationale for further discrimination. Indians also found themselves cut off from government assistance because they lacked birth certificates or other bureaucratic requirements.⁸⁷ Some social workers believed that county governments generally acted fairly in distributing public assistance but that Indians still encountered prejudice from individual county and state employees.⁸⁸ Indians were prohibited from receiving Social Security benefits in New Mexico and Arizona through the 1940s.⁸⁹

ADC provided much-needed assistance for individual Indian women and their families, but Indian women seeking to benefit from ADC faced significant challenges. As Linda Gordon has demonstrated, the Social Security Act created "a stratified system of provision." Legislators generally excluded Indian women, like white women, from the act's social insurance programs, rendering them eligible only for public assistance

⁸⁵ Annual Report, Red Lake, 1939, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁸⁶ State Advisory Committee Meeting on Indian Child Welfare, Wisconsin, 1936, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

⁸⁷ Monthly Report, Mission, Feb 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

⁸⁸ Questionnaire for Social Worker Positions, Five Civilized Tribes, 1946, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

⁸⁹ Questionnaire for Social Worker Positions, Navajo, 1946, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

programs like ADC. As Gordon explains, public assistance programs were inferior “both in payments and in reputation . . . not just comparatively second-rate but deeply stigmatized.”⁹⁰

Nevertheless, social workers reported greater difficulty in securing Indian women’s eligibility for this second tier of welfare provision than in securing assistance for their clients through the act’s other programs, such as Old Age Assistance.⁹¹ This difficulty stemmed from the intersection of policymakers’ assumptions in designing ADC and white Americans’ assumptions about Indian mothers and Indian families. The social reformers and social workers who had first promoted mothers’ pensions had chosen to emphasize the plight of the widowed mother—the figure most likely to be viewed as deserving of American taxpayers’ assistance.⁹² Two decades later, policymakers remained fearful of creating the conditions in which single mothers, even widows, could live comfortably outside of a nuclear family unit for any extended period of time. They designed programs intended to discourage single motherhood “by providing incentives for proper and stable families.”⁹³

In effect, policymakers designed ADC to assist “deserving” mothers who desired and would soon achieve the nuclear family model headed by a breadwinning husband. Indian Service employees had attempted to impose this nuclear family structure on Indian communities for decades with only limited success. While individual government

⁹⁰ Gordon, *Pitied But Not Entitled*, ch. 5.

⁹¹ Annual Report, Pine Ridge, 1942, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁹² Gordon, *Pitied But Not Entitled*, ch. 3.

⁹³ *Ibid.*, 7.

employees within and outside the Indian Service attested to individual Indian women's deservingness of aid, decades of scrutiny of Indian mothers had produced a catalogue of perceived deficiencies and a tendency to offer negative evaluations in universal terms. In the 1940s, John Brenton, Indian Service Supervisor of Social Work, demonstrated how the federal government's long-standing effort to transform Indian women into middle-class housewives had produced a sense of futility among government employees and white citizens alike. Brenton noted that the "failure of the Indian mother to acquire wisdom in her buying comes up for frequent public criticism," and critics used such perceived failures as justification for various forms of welfare discrimination.⁹⁴ Perceptions of Indian women's sexual deviancy and excess convinced some non-Native observers that Indian women were incapable of maintaining the "proper and stable" households ADC's creators and supporters desired.

In most cases, state and county governments required the legal establishment of paternity before granting aid. Such provisions, intended to confirm that the needy mother was morally deserving, excluded the children of Indian mothers who were unwilling or unable legally to establish the paternity of their children. Even when legal paternity was established, social workers complained that illegitimacy served as a barrier to public assistance. For example, Clara Madsen reported that "the Social Security Department is reluctant to accept applications for Aid to Dependent Children from unmarried mothers."⁹⁵ From the perspective of some state and county administrators, the presence

⁹⁴ Brenton, "Report of Relief Conditions on Montana Reservations," 1949, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

⁹⁵ Annual Report, Pine Ridge, 1942, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

of illegitimate children represented a mother's failure to achieve the "suitable home" provisions ADC required. In the late 1930s, a social worker in California described the "most critical situation" presented by "Violet," an Indian woman on the St. Ysabel Reservation, who "has had five children, each by a different man, and has never been married to any of them." Despite this evidence of extramarital sex and procreation, Violet successfully secured welfare assistance, but state aid also brought intensive scrutiny of her personal affairs. When county officials received reports that Violet was in a relationship with a married man who had left his wife, they stopped Violet's welfare payments with no further investigation.⁹⁶

According to Mary Kirkland, social worker on the Red Lake Reservation in Minnesota, a "suitable home" meant "a home that meets the standard set up by the Children's Bureau."⁹⁷ The female bureaucrats within the federal Children's Bureau were physically and socially far removed from Red Lake and other Indian reservations. As Linda Gordon has demonstrated, they promoted a conservative Euro-American familial model, even though most did not adhere to this rigid model in their private lives.⁹⁸ Kirkland also acknowledged that the phrase "suitable home" was open to interpretation, suggesting that the phrase's vagueness allowed a fair amount of local discretion.

⁹⁶Quarterly Report, Mission, 5 Apr 1939, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

⁹⁷Annual Report, Red Lake, 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

⁹⁸Gordon, *Pitied But Not Entitled*, ch. 6.

Kirkland reported that her conversation with child welfare workers led her to believe that few of the children on the reservation would be deemed eligible for ADC.⁹⁹

Some policymakers, state and local welfare officials, and Indian Service personnel feared that public assistance to Indian mothers and children addressed an economic dilemma but aggravated a moral one. The bureaucrats and legislators who designed the Social Security Act's social insurance and public assistance programs remained wary of social welfare provisions that might produce dependence in the citizenry as a whole or, ironically, independence in American women. They deliberately designed Social Security programs, including ADC, to avoid these outcomes.¹⁰⁰ Federal employees with experience in the Indian Service recognized, however, that not only could government programs and policies fail to achieve their desired outcomes; they could produce unintended consequences and at times the very outcomes the policies intended to avoid.

Even recent Indian Service hires observed this phenomenon, as some social workers raised concerns about the social effects of the Social Security Act's Old Age Assistance (OAA) program. Social workers and other Indian Service employees viewed OAA as yet another means of encouraging Indian families to operate as nuclear units. Government employees reasoned that if public assistance allowed older Indians to achieve financial independence, they could disentangle themselves from the economic and social familial networks that led them to reside with their younger relatives. Some social workers expressed optimism that the program would operate as they hoped; one

⁹⁹ Annual Report, Red Lake, 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁰⁰ Gordon, *Pitied But Not Entitled*, ch. 9.

reported in 1937, for example, that “our old people are . . . gradually, one by one . . . making arrangements to live more by themselves.”¹⁰¹ But social workers on other reservations drew more pessimistic conclusions. Mary Kirkland complained of the difficulty she encountered trying to explain to OAA recipients “that the money was for them and not for their families.” Accustomed to pooling resources, extended families on the Red Lake Reservation saw no reason to treat OAA payments differently. In fact, Kirkland suggested that OAA actively discouraged nuclear households; “upon receiving Old Age Assistance,” Kirkland reported, “[t]here are numerous cases where the children have moved in with the parents.”¹⁰²

Similarly, social workers feared that public assistance to Indian mothers encouraged the very outcomes Indian Service officials and employees hoped to avoid. Echoing social commentators outside the Indian Service, government social workers questioned “whether or not this new Aid to Dependent Children program is going to encourage broken homes.”¹⁰³ One year after President Roosevelt signed the Social Security Act, Gladys McIlveen, a social worker on a Washington reservation, reported that a series of recent ADC applications could all be linked to one young Indian man. McIlveen suspected that the man and women involved were deliberately manipulating the system; the man married and then divorced or deserted the women, some of whom were related to one another, and the women then applied for ADC. “The question,” McIlveen

¹⁰¹ Quarterly Report, Mission, 4 Jan 1938, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁰² Annual Report, Red Lake, 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁰³ Monthly Report, Tulalip, Sept 1936, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

declared,” is will he go on starting families for the State to care for and if so what should be done about it.”¹⁰⁴

Because sources of financial support were so scarce on Indian reservations, Indian Service employees and county welfare officials speculated that ADC—public assistance available only to single mothers—actually discouraged stable, nuclear homes. Reporting on relief conditions among Montana Indians in the late 1940s, Supervisor of Social Work John Brenton noted “the high incidence of broken homes” on Indian reservations and that broken homes represented a far greater proportion of the ADC caseload than in neighboring white communities. He suggested, however, that federal, state, and county welfare policies made marital separations a rational decision for many Indian families. If a father deserted his wife and children, Brenton explained, he “has reasonable assurance that his family will become eligible to ADC.” While Brenton remained critical of many aspects of Indian society, he acknowledged that government policy played a role in creating the conditions “[w]hite critics” interpreted as “evidence of White superiority.”¹⁰⁵

Furthermore, although some social workers reported that illegitimacy presented a barrier to their efforts to secure ADC payments for Indian children, Indian Service employees and state and county welfare administrators increasingly feared that ADC contributed to the problem of unwed motherhood on Indian reservations. A social worker on the Mission Indian Reservation in California helped “Diane,” a young unwed mother, secure government assistance for herself and her child. Diane, who had no interest in a relationship with her child’s father, lived with her mother and siblings. Because Diane’s

¹⁰⁴ Ibid.

¹⁰⁵ Brenton, “Report of Relief Conditions on Montana Reservations,” 1949, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

mother was a widow, the family received ADC payments for the support of Diane's siblings. The household's pooled resources thus included two ADC grants, and the social worker observed that Diane was "much better off financially than if she had married"—the Indian Service's first preference—"or than if she could work." At least in this case, the social worker warned, ADC "amounts to subsidizing illegitimacy," and she expressed concern about the "effect on the reservation situation" as other young women took note of Diane's situation and made similar calculations.¹⁰⁶

A decade later, John Brenton echoed the social worker's concerns and suggested that the situation she had observed was not uncommon. Brenton reported a "high incidence of unmarried parenthood" on Montana reservations, which he attributed to the "fact [that] the plains Indians were never condemnatory of the unmarried mother, nor applied against her the harsh penalties common to our society." He argued that public opinion on reservations was "not oversensitive to the demands of White social standards," and most families and community members condoned illicit cohabitation and out-of-wedlock pregnancies. In contrast, "White society" viewed illegitimacy as evidence of immorality, and Indian societies' apparent "laxity . . . serves as a barrier to the acceptance of the Indian in non-reservation communities." Thus, Brenton concluded, illegitimacy "negates the ultimate aim of the Indian Service," which by the late 1940s was the complete immersion of Indians—individually and collectively—into mainstream American society.¹⁰⁷

¹⁰⁶ Quarterly Report, Mission, 4 Jan 1938, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁰⁷ Brenton, "Report of Relief Conditions on Montana Reservations," 1949, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C. For more on the federal government's postwar policies and programs, see Donald Fixico, *Termination and Relocation: Federal Indian Policy, 1945-1960* (Albuquerque: University of New Mexico Press, 1986).

Brenton argued that because “[t]he Indian never placed a premium upon illegitimacy,” white Americans, those “who are more concerned in maintaining the conventional home,” bore the ultimate responsibility for Indian promiscuity and illegitimacy. The nation’s current welfare policy, Brenton charged, “penalizes conformity to our code and rewards its violation.” On impoverished reservations with high unemployment, government employees’ moralizing could not match the “powerful demands of economic interest.” As Brenton understood the situation, Indian women faced a choice: marry, bear “legitimate” children, and experience perpetual financial insecurity, or bear “illegitimate” children outside of marriage, establish legal paternity, and obtain “year-round security” through public assistance. Brenton concluded that non-Native observers should not be surprised that Indian women opted for the option that assured “good health and living standards,” nor that their families and communities supported such choices.¹⁰⁸ Brenton’s analysis, however, vastly overestimates the level of financial stability ADC provided. Not only was such public assistance relatively meager by design; Indian women faced discrimination in both access to and amounts of public assistance grants. As importantly, Brenton’s discussion highlights the extent to which morality informed social workers’ assessments of the economic issues illegitimacy presented.

An Economic Problem: Mothers in the Workforce

Indian mothers, whether unmarried, widowed, deserted, or with husbands unable to support them, had an additional means of supporting their children: they could work

¹⁰⁸ Brenton, “Report of Relief Conditions on Montana Reservations,” 1949, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

for wages. In the first decades of the twentieth century, most white middle-class women remained at home, outside the workforce. In the 1930s, depressed economic conditions pushed some of these women into the labor force, as their husbands found themselves unable to secure regular work and wages. Ironically, however, policymakers and business leaders actively discouraged women, especially married women, from working, because they feared working women would divert critical jobs and income from male heads of household. Increasing numbers of middle-class married women joined the labor force during and following World War II, but cultural ideals of the middle-class housewife were slow to adapt to this new reality. In contrast, poor women and many women of color worked for wages. For these women, work was an economic necessity, as their families depended on their labor.¹⁰⁹ Middle-class Americans' cultural ideals about female domesticity were applied to these women inconsistently at best, and many white middle-class Americans both expected and depended on the labor of immigrant and African-American women.

Indian women faced contradictory pressures within this race- and class-based economic landscape. Since the late nineteenth century, assimilationists who promised the transformation of the Indian into a full-fledged American citizen had taken for granted that the assimilated Indian woman's new role would be that of the civilized middle-class housewife. Through the 1930s, field matrons and other female government employees attempted to bring about this transformation through intimate exchanges with Indian women in their homes, and teachers and matrons at government boarding schools trained

¹⁰⁹ See Alice Kessler-Harris, *Out to Work: A History of America's Wage-Earning Women* (New York: Oxford University Press, 1982).

female students in housekeeping and domestic arts.¹¹⁰ Yet scholars have emphasized the distance between the domestic training Indian girls received at school and the economic and social conditions to which they returned, and some have argued that the primary function of this gendered instruction was to prepare young Indian women to perform domestic labor in white middle-class homes.¹¹¹ Indian Service personnel touted “outing” programs, in which students lived with white families for a summer or longer, as opportunities to expose Indian students to civilized domesticity, but they often operated as an apprenticeship in domestic service for Indian women.¹¹²

In fact, white middle- and upper-class families in urban centers complained of a shortage of domestic servants in the 1930s. As Margaret Jacobs has demonstrated through a case study of the San Francisco Bay Area, popular attitudes held that Indian women should fill these roles, and Indian Service policies functioned to fulfill these expectations.¹¹³ On some reservations, the social worker dedicated a significant portion of every week to coordinating employment for returned female students in nearby towns and cities. They found that demand often outpaced supply. In the mid-1930s, a social worker in Wisconsin complained that “[t]here are more housework positions than can be filled.”¹¹⁴ A colleague in California reported a similar situation. Due to a regional

¹¹⁰ See Emmerich, “To Love and Respect”; and K. Tsianina Lomawaima, *They Called It Prairie Light: The Story of Chilocco Indian School* (Lincoln: University of Nebraska Press, 1994).

¹¹¹ See K. Tsianina Lomawaima, “Domesticity in the Federal Indian Schools,” *American Ethnologist* 20, No. 2 (1993): 227-240.

¹¹² See Margaret Jacobs, “Diverted Mothering among American Indian Domestic Servants, 1920-1940,” in *Indigenous Women and Work*, edited by Carol Williams (Urbana: University of Illinois Press, 2012): 179-193.

¹¹³ *Ibid.*, 186.

¹¹⁴ Monthly Report, Tomah, WI, Dec 1936, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

shortage of “suitable domestic labor,” “a large number of women have called insisting on being furnished with girls to work even though none were available.”¹¹⁵

Tasked with recruiting young Indian women to perform this off-reservation labor, social workers and other government employees could easily exploit their positions to exert pressure on Indian women, particularly those who had recently returned from government boarding schools. But young Indian women also had reasons to seek temporary domestic employment off the reservation and to solicit the social worker’s assistance in doing so. Reservations offered limited employment opportunities for either men or women, and young women’s off-reservation employment—poorly paid as it was—contributed to their family’s survival. Urban centers also offered new social networks and leisure pursuits and a sense of adventure and independence.¹¹⁶

The modern leisure culture that appealed to young Indian women was a source of concern for Indian Service employees, many of whom remained invested in the moral improvement of the nation’s “wards.” One alarmed social worker advocated against sending “our Indian girls . . . to housework jobs in the city where so many temptations are given them.”¹¹⁷ More typically, the tension between moral ideals and economic imperatives remained unresolved. The city provided young Indian women, like other young American women, increased freedom to explore new romantic and sexual

¹¹⁵ Annual Report, Carson, 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹¹⁶ Margaret Jacobs, “Working on the Domestic Frontier: American Indian Servants in White Women’s Households in the San Francisco Bay Area, 1920-1940,” *Frontiers* 28, No. 1-2 (2007): 165-199. Also see Odem, *Delinquent Daughters*; and Ruth Alexander, *The “Girl Problem”: Female Sexual Delinquency in New York, 1900-1930* (Ithaca: Cornell University Press, 1995).

¹¹⁷ Annual Report, Kiowa, 1939, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 6, NARA, Washington, D.C.

relationships. Social workers and placement officers complained that Indian servants' extracurricular activities compromised their service to their employers: they ran away to cohabit with men; they became ill from venereal disease; and, perhaps worst of all, they became pregnant out of wedlock. Social workers regularly received reports from exasperated employers that their domestic servants displayed signs of pregnancy; Jacobs estimates that "at least one-quarter" of the nearly 100 Indian domestic servants in her sample experienced an out-of-wedlock pregnancy.¹¹⁸

Indian domestics who became pregnant often found themselves in a challenging bind: pregnancy and motherhood hindered their ability to meet employers' housekeeping and childcare expectations, and their employment compromised their ability to provide regular care for their biological children.¹¹⁹ An Indian domestic servant's pregnancy also created something of a conundrum for the government employees charged with supervising these women. On the one hand, Indian Service rhetoric championed a nuclear middle-class family model in which the mother's primary responsibility was tending to her home and children. On the other hand, Indian Service policies promoted young women's employment, and many government employees likely recognized that the preferred model was not always possible given the economic conditions on many reservations. Jacobs has found that in many cases, the latter imperative outweighed the former, and Indian Service employees pressured Indian mothers to place their children in boarding schools or give them up for adoption so they did not disrupt their labor.¹²⁰ Faced

¹¹⁸ Jacobs, "Diverted Mothering," 182.

¹¹⁹ Feminist scholars have referred to this phenomenon as "diverted mothering." See Rhacel Salazar Parreñas, *Servants of Globalization: Women, Migration, and Domestic Work* (Stanford, CA: Stanford University Press, 2001); Jacobs, "Diverted Mothering."

¹²⁰ Jacobs, "Diverted Mothering," 183-188.

with limited options and dependent on their wages, some Indian domestics followed this advice. Others relied on kin networks on the reservation to care for their children, a practice with strong precedent in many Native cultures. Still others chose to terminate their employment and return to their communities, where they and their children were generally welcomed by extended kin.

Indian mothers living on the reservation experienced some version of these opposing pressures. In visits to Indian women's homes and in group programming, social workers, field nurses, and field matrons (who remained on a few reservations through most of the 1930s), targeted Indian mothers as the individual responsible for maintaining her home and family. At the start of the 1930s, Collier's predecessor Charles Rhoads assigned extension agents to many reservations, and Collier placed additional emphasis on reservation extension work as part of his community development programming. Female extension workers promoted the ideal of the industrious wife and mother; they organized Indian women into clubs and provided instruction in childcare methods, home and yard improvement projects, household budgeting, and other skills.¹²¹ Skills like gardening and canning could help Indian women stretch limited resources, but they frequently were not enough, and many Indian families—extended and nuclear alike—required additional income. ADC filled or partially filled this gap for some families, but racial discrimination and cultural assumptions limited Indian mothers' access to this form of public assistance. Yet Indian mothers seeking employment on reservations faced extremely limited options. As a result, many turned to New Deal jobs programs.

¹²¹ Biolosi, *Organizing the Lakota*, ch. 5.

New Deal jobs programs for both Native and non-Native populations overwhelmingly privileged men.¹²² As Colleen O’Neill explains, “out of approximately 156 WPA [Works Progress Administration] projects on Indian Reservations, 11—7 percent—were designed to employ women.”¹²³ After decades of criticizing Indian mothers for their apparent unwillingness to spend their days at home, Indian Service officials and employees justified jobs programs that required additional absence in two ways. First, as O’Neill argues, the extension agents, social workers, and other reservation employees who implemented women’s relief work “folded those initiatives . . . into domestic training programs that were already part of the federal assimilationist curriculum.”¹²⁴ Indian women hired to work on WPA sewing projects, for example, sewed garments to be distributed as relief. In other words, they performed labor that was indistinguishable from the gender-appropriate training many had received in boarding schools and the voluntary home improvement programs organized by extension workers. That the Indian Service sometimes paid women in “materials for clothing and household equipment” rather than cash or check underscored the message that these women performed “charity” work, not wage work.¹²⁵

In addition, government employees justified relief work for women by emphasizing that they only selected the most “suitable” women for such programs. For

¹²² See Nancy E. Rose, *Put to Work: The WPA and Public Employment in the Great Depression* (New York: Monthly Review Press, 2009).

¹²³ Colleen O’Neill, “Charity or Industry?: American Indian Women and Work Relief in the New Deal Era,” in *Indigenous Women and Work*, edited by Carol Williams (Urbana: University of Illinois Press, 2012), 199. O’Neill adds that between 12 and 18 percent of WPA programs nationwide were designed to employ women.

¹²⁴ *Ibid.*, 195.

¹²⁵ Annual Report, Carson, 1938, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

example, a social worker in Oklahoma reported that “[t]he only women who have been given sewing are those having no men in the home who are able to work.” She specified that this criterion included “widows, deserted women, and women whose husbands are physically unable to work.” In exchange for assistance in securing employment, Indian mothers received regular reminders of the Indian Service’s commitment to the ideal of the male breadwinner: “The position of the man as the one responsible for the support of the family has been stressed whenever possible.”¹²⁶

This social worker apparently did not view unmarried mothers as appropriate beneficiaries of government jobs programs, and in this she was not unusual. But many social workers determined, however reluctantly, that it was necessary to help secure relief work for unwed mothers. Social workers feared that without wage work, unwed Indian mothers would be a financial burden on the federal government and their families, or they would promiscuously drift from one man to the next.¹²⁷ In addition to the WPA, unmarried mothers sometimes found work through reservation National Youth Administration (NYA) projects. In the summer of 1937, Mary Kirkland hired seven unmarried mothers for a NYA arts and sewing project on the Red Lake Reservation. Previously, the women had received regular rations from the federal government; Kirkland explained that they would be removed from the ration rolls after they received their first paycheck.¹²⁸ A year later, Kirkland reported that the unmarried mothers on the

¹²⁶ Monthly Report, Five Civilized Tribes, Dec 1933, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 4, NARA, Washington, D.C.

¹²⁷ Annual Report, Red Lake, 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹²⁸ Quarterly Report, Red Lake, Sept 30 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

reservation seemed less inclined to “loo[k] to the agency for assistance in the matter of caring for children.” She speculated that this “changed attitude” was a consequence of unmarried mothers’ employment on WPA or NYA projects, but she also hoped the trend signaled “a greater feeling of responsibility on the part of the parent.”¹²⁹

Despite Kirkland’s optimism, Indian mothers’ employment often created or exacerbated situations that provoked government employees’ criticism. Like many social workers, Kirkland struggled to reconcile her recognition of the economic necessity of women’s wage work with her preference for the nuclear model of home and family. A mother’s ability to work for wages often required the support of extended kin networks. As had long been common practice in many Native societies, older relatives provided day-to-day child care while the younger, able-bodied mother or parents performed productive labor, whether paid or unpaid. As urban centers and defense industries offered superior economic opportunities, these arrangements sometimes stretched for longer periods of time. In 1944, Eva Watt, an unmarried White Mountain Apache mother, left her four-year-old son with her mother and step-father and pursued “a series of wage-paying jobs” off the reservation. Although Watt returned to her reservation to visit her family as she was able, she did not return home permanently for more than two decades.¹³⁰

Watt made this “difficult decision” in response to her family’s grave economic situation and the reservation’s limited economic opportunities, and she did so to

¹²⁹ Annual Report, Red Lake, 1938, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹³⁰ Eva Tulene Watt with Keith Basso, *Don’t Let the Sun Step Over You: A White Mountain Apache Family Life, 1860-1975* (Tucson: University of Arizona Press, 2004), xxii.

contribute to her family's support.¹³¹ Social workers recognized the poverty plaguing many reservations in the 1930s and 1940s. In practice, many tacitly accepted arrangements similar to Watt's family, but there was no guarantee that government employees would understand a mother's decision in the same way as she and her family did. A social worker in Wisconsin, for example, spoke disparagingly of a mother who first bore "eight illegitimate children" and then proceeded to "giv[e]" some of them to an older family member.¹³² Government employees complained that non-nuclear childrearing practices caused confusion, although in most cases it seems such confusion posed a threat to bureaucratic imperatives rather than to the children or families in question.¹³³

Even mothers who worked for wages on the reservation—and lived with their biological children—raised concerns for social workers. Mary Kirkland, who observed favorable outcomes of relief work for some Indian mothers, also warned that wages could provide a level of autonomy that she perceived as threatening. She observed a "trend" in which some of the women employed on WPA had adopted the "attitude . . . that the money they earn on WPA projects is theirs to spend as they see fit," and their financial choices did not always align with government priorities. Even more worrisome, Kirkland suggested that a byproduct of these women's new sense of financial independence was

¹³¹ Ibid.

¹³² "A Study of the Boarding Home Program in Wisconsin," 1943, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 1, NARA, Washington, D.C.

¹³³ Quarterly Report, Mission, 5 Apr 1938, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

their growing conviction that their “personal lives are no affair of anyone other than themselves.”¹³⁴

Kirkland feared that wage work could exacerbate Indian women’s worst vices. New attitudes and the funds to secure liquor and transportation facilitated casual affairs, including those with married men; “these women,” Kirkland charged, “are contributing to the breakdown of family life.” Furthermore, Kirkland argued that as Indian women came to view themselves as “career women,” they neglected their maternal responsibilities. Tragically, Kirkland reported “a high death rate” among the babies of women employed on WPA projects, although it is not clear that the mortality rate for infants of working mothers outpaced that for infants of mothers who did not work. Like many government employees, Kirkland attributed this infant mortality to maternal behavior and made no mention of broader reservation conditions. The death rate, she argued, “no doubt can be traced to the fact that the mothers are employed,” and they left their small children in the hands of “untrained” caregivers.¹³⁵ The “untrained” caregivers Kirkland derided included older siblings, other female kin, and especially grandmothers. Kirkland’s anxieties highlight many government employees’ continued unease with Indian mothers in the workforce and underscore the scrutiny working mothers faced.

Feeble-mindedness: The Moral and Economic Catch-All

From the turn of the century through the 1930s, growing numbers of American social scientists, social workers, and health and welfare professionals embraced the

¹³⁴ Annual Report, Red Lake, 1938, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹³⁵ Ibid.

pseudo-science of eugenics, which held that the human species could be improved by promoting the reproduction of “desirable” physical and mental traits and discouraging the reproduction of traits deemed “undesirable.” Eugenacists invented a new vocabulary and a series of new diagnoses, the most influential of which was “feeble-mindedness.” An inherently vague term, feeble-mindedness connoted mental (and often physical) unfitness and tended to follow a geography of class, most frequently applied to working-class whites who their middle-class counterparts feared acted as agents of racial degeneracy. Psychologists Henry Goddard and Lewis Terman developed mental tests to increase the scientific authority of the diagnosis in the early twentieth century, but testing did little to disentangle social factors from ostensibly empirical measures of intelligence.¹³⁶

Psychologists and social workers viewed feeble-minded men and women as “moral degenerates,” and, as Regina Kunzel has demonstrated, they defined feeble-mindedness in women “almost exclusively in sexual terms.”¹³⁷ Promiscuity and illegitimacy signaled feeble-mindedness just as surely as the results of an IQ test.

Historians have also noted the racial dimensions of early twentieth-century intelligence testing. Lewis Terman, for example, located the IQs of Indians, as well as Mexicans and “negroes” in “the borderline range of 70 to 90.”¹³⁸ Although the nation’s leading eugenacists rarely commented on Indians specifically, Alexandra Stern notes that Paul Popenoe, a California eugenacist, believed that natural selection was “appropriately

¹³⁶ See Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, CA: University of California Press, 2001).

¹³⁷ Kunzel, *Fallen Women, Problem Girls*, 53.

¹³⁸ Alexandra Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley, CA: University of California Press, 2005), 53.

leading to the extinction of decadent races such as the American Indian.”¹³⁹ Indian Service officials and employees may not have agreed with Popenoe’s prediction nor with his confidence that the development would be a positive one, but by the 1930s, social workers and other government employees regularly employed eugenic language. In particular, reservation social workers found “feeble-mindedness,” a term associated with female sexual promiscuity and deviation from white middle-class standards, to be a useful category.

Americans concerned with the apparent prevalence of feeble-mindedness believed sterilization provided an attractive solution. States began passing sterilization laws in the 1910s, and by the end of the 1920s, thirty states had passed versions of these eugenics-inspired statutes.¹⁴⁰ Most statutes were theoretically gender-neutral, but in practice physicians were more likely to sterilize women than men.¹⁴¹ Social workers, concerned with both sexual delinquency and illegitimacy, argued that sterilization would “stem the tide of out-of-wedlock pregnancy.”¹⁴² Not surprisingly, social workers and other government employees on Indian reservations and working among Indians in urban centers likewise saw sterilization as an effective response to a range of social problems.

Government employees sometimes recommended sterilization for Indian women who they believed to be unwilling or unable to conform to appropriate moral standards. In 1932, Superintendent James Hyde reported one such case to his District Medical Director. Hyde explained that “Edith,” a 23-year-old Crow woman, was promiscuous

¹³⁹ *Ibid.*, 52.

¹⁴⁰ Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 82.

¹⁴¹ Kline, *Building a Better Race*.

¹⁴² Kunzel, *Fallen Women, Problem Girls*, 54.

and had given birth to two illegitimate children, one of whom died in infancy. Hyde was not convinced that Edith was “really feeble minded,” but the repeated offense of illegitimacy was enough for him to conclude that she was “subnormal.” Furthermore, Hyde observed that Edith would never live up to the standards of civilized domesticity: “She has none of the accomplishments of a housewife and is unable to cook or sew or carry on her other household duties.” Thus, her living child and any subsequent children would not be raised in a suitable environment and would be at risk of perpetuating the social dysfunctions Hyde identified. As Hyde’s report demonstrates, government employees could employ multiple moral discourses simultaneously. As an unmarried, sexually active woman, Edith posed a moral threat to her community, but Hyde also suggested that he advocated sterilization in an attempt to protect the young mother. “Due to her sub-normal mental development,” Hyde explained, “she is the prey of any man that comes along.”¹⁴³

As a means of regulating morality, sterilization had clear limitations. Sterilized women—whether “feebleminded,” “subnormal,” or otherwise—could choose to remain sexually active, they were still vulnerable to venereal disease, and they could still be victims of sexual violence. Rather, by eliminating the possibility of pregnancy, sterilization removed the most visible evidence of sexual immorality. As importantly, sterilization precluded the economic costs such sexual encounters could produce. In my sampling of social workers’ reports in the 1930s and early 1940s, social workers blended moral and economic arguments when advocating the sterilization of individual Indian women, and they appear to have been most likely to favor sterilization in the cases of

¹⁴³ James Hyde to O. M. Spencer, 24 Aug 1932, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-1934, NARA, Broomfield, CO.

unmarried mothers who could not rely on a breadwinning husband for financial support. Social workers regularly reported that young Indian women who had been deemed sexually delinquent and often feebleminded had been institutionalized “for the purpose of sterilization” and released following the operation.¹⁴⁴ The Indian Service often could not afford an extended period of institutionalization, and sterilization offered a cost-effective alternative.

Feeblemindedness followed a geography of class in part because middle-class observers interpreted impoverished conditions as symptoms of mental deficiency. An Indian woman who bore children out of wedlock without the means to support them financially signified not just promiscuity but also subnormal mentality. In advocating sterilization, government employees emphasized the financial burden unwed mothers and their illegitimate children posed. For example, after enumerating Edith’s moral failings, Hyde added that Edith’s mother assumed primary responsibility for the care of her grandchild, and that Edith was “dependent on the mother for her support.”¹⁴⁵ Such childcare arrangements were not unusual on the Crow Reservation, and although he did not do so, Hyde could have read Edith’s case as an example of Crow families’ resourcefulness in handling out-of-wedlock pregnancies.

Government employees were equally if not more concerned with the financial burden illegitimacy posed to the federal government. Mary Kirkland regularly lamented the difficulty of arranging for the sterilization of Red Lake Indians due to constraints

¹⁴⁴ See, for example, Quarterly Report, Consolidated Chippewa, 1 Oct 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁴⁵ Hyde to Spencer, 24 Aug 1932, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-1934, NARA, Broomfield, CO.

presented by state laws. Describing one case she believed to be urgent, Kirkland reported she “feels that the girl is feeble-minded, and that as she apparently has no sense of discretion [sic] will continue to have illegitimate children and expect and demand the Agency provide for their support.”¹⁴⁶ In a single sentence, Kirkland combined an appeal to scientific authority, a moral assessment, and an explanation of pressing economic imperatives to underscore the necessity that this young woman be institutionalized for the purpose of sterilization.

Indian Service employees also recognized that illegitimate pregnancies could interrupt young Indian women’s wage labor, and sterilization served as one possible means of avoiding this outcome. In her study of the San Francisco Bay Area, Margaret Jacobs found multiple examples of Indian domestic servants who refused to give up their illegitimate children and in turn “found themselves subjected to mental tests and committed to mental institutions.”¹⁴⁷ In a cynical twist, government employees viewed these women’s commitment to mothering their biological children as suspect and worthy of punishment. Private employers, outing matrons, and Indian Service bureaucrats succeeded in placing at least two of the women in Jacobs’s sample in the Sonoma Home for the Feeble-minded. As Wendy Kline has demonstrated, this California institution led the nation in involuntary sterilization of inmates in the first decades of the twentieth century.¹⁴⁸

¹⁴⁶ Annual Report, Red Lake, 1937, Welfare Branch, Social Workers’ Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁴⁷ Jacobs, “Diverted Mothering,” 187.

¹⁴⁸ Kline, *Building a Better Race*.

Yet, as Johanna Schoen reminds us, eugenic sterilization “did not function only as an assault on women’s reproductive autonomy.”¹⁴⁹ Sterilization, like other reproductive technologies, was not inherently “repressive or liberating”; rather, women have viewed the operation according to “the context in which the technology was embedded.”¹⁵⁰ Like other women faced with unplanned pregnancies, some Indian women in the 1930s and 1940s may have been open to sterilization as one of the few birth control options available to them. Of course, the inaccessibility of temporary means of preventing unwanted pregnancies stacked the odds in favor of more permanent measures. In the late 1930s, Crow Indians attributed what appeared to them a rise in illegitimate children in recent decades to the “simple reason” that Crow women had been warned of the legal ramifications of abortion. Federal law had cut off reproductive options that had previously been available to them.¹⁵¹

Superintendent Hyde emphasized that in recommending sterilization for Edith and in similar cases, he intended to “remain in strict conformity with State law on the subject,” and he and other Indian Service employees consistently documented their efforts to obtain the women’s “consent.” The Crow Reservation did not have a social worker in the early 1930s, so Hyde sent a field nurse to “talk with the mother and the girl [Edith] with a view to getting them to consent to an operation that would result in sterilization.”¹⁵² In such situations, Indian women with varying knowledge of English

¹⁴⁹ Schoen, *Choice and Coercion*, 76.

¹⁵⁰ *Ibid.*, 79.

¹⁵¹ Notecard on “Old-Dwarf Mt. Crow 7/18/39,” Fred W. Voget Papers, MSS 318, Series 2, Box 7, Folder 8, Maureen and Mike Mansfield Library, University of Montana-Missoula.

¹⁵² Hyde to Spencer, 24 Aug 1932, Crow Agency Correspondence Files, RG75, Box 50, Folder 700 Health and Social Relations 1932-1934, NARA, Broomfield, CO.

and of Western medicine depended on government workers accurately to describe the procedure they advocated. Furthermore, the social workers who increasingly assumed the task of visiting Indian women and, when they deemed advisable, encouraging sterilization were the same government agents who made decisions about relief eligibility and other matters that carried significant weight for Indian families. Mary Kirkland illustrates a social worker's ability to define the choices presented to Indian families. She observed that given the choice between the extended and sometimes indefinite institutionalization of their daughters and the prospect of their daughters' return following a "sterilization operation," parents typically desired the latter.¹⁵³ The economic conditions described in this chapter further constrained Indian women's choices; many had kin who depended on their labor, and they recognized that financial options for the support of their children were limited and often came with a price.

Finally, it is critical to acknowledge that the accounts of many twentieth-century Indian women challenge Indian Service employees' claims of their adherence to even this constrained version of consent. Decades later, the Department of Health, Education, and Welfare (HEW) accelerated programs that subsidized the sterilization of Medicaid recipients. Spurred by this financial incentive, the Indian Health Service (IHS), by this time a branch of the Public Health Service (PHS) within HEW, sterilized thousands of Indian women.¹⁵⁴ As Indian activists and scholars have documented, IHS and contract

¹⁵³ Annual Report, Red Lake, 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5, NARA, Washington, D.C.

¹⁵⁴ See Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge, MA: South End Press, 2005), ch. 4.

physicians performed some of these operations without the women's informed consent or in some cases even knowledge.¹⁵⁵

As this chapter has demonstrated, Indian Service employees had moral and economic motivations to encourage sterilization in the 1930s and 1940s as well, and Indian women accused government health workers of violating Indian women's reproductive autonomy in the same ways they would in the postwar period, even if, as the granddaughter of one early activist explains, they "had no one to report to" and struggled to make their voices heard.¹⁵⁶ About a year before Superintendent Hyde and the field nurse on the Crow Reservation initiated arrangements for Edith's sterilization, Susie Walking Bear Yellowtail, one of the first Indian women to become a registered nurse, left her position at the Crow Indian Hospital due to the "unethical medical practices" she witnessed by some of the physicians. Specifically, as discussed in Chapter Two, Yellowtail alleged that government physicians sterilized Crow women "without their being aware of it."¹⁵⁷ Following World War II, Yellowtail gained a national reputation for her health and welfare work, and she eventually reported her earlier observations on the Crow Reservation directly to the president, but there is little evidence that her accusations spurred tangible change in the intervening decades.¹⁵⁸

¹⁵⁵ See Myla Vicenti Carpio, "The Lost Generation: American Indian Women and Sterilization Abuse," *Social Justice* 31, No. 4 (2004): 40-53; Jane Lawrence, "The Indian Health Service and the Sterilization of American Indian Women," *American Indian Quarterly* 24, No. 3 (Summer 2000): 400-419; Sally Torpy, "Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s," *American Indian Culture and Research Journal* 24, No. 2 (2000): 1-22.

¹⁵⁶ Constance Yellowtail Jackson, "Susie Walking Bear Yellowtail, 1903-1981," *Nurse of the Twentieth Century: Susie Walking Bear Yellowtail, First Native American Registered Nurse*, edited by Therese Hinkell (Shelburne, MA: Therese Hinkell, R.N., 2000), 80.

¹⁵⁷ *Ibid.*, 85.

¹⁵⁸ Vern Bullough, et al., "Susie Yellowtail, 1903-1981, in *American Nursing: A Biographical Dictionary* (New York: Garland, 1988).

Conclusion

Indian women's memoirs demonstrate notable continuity with regard to Native attitudes towards family, including flexible childrearing practices, multigenerational domestic arrangements, and a sense of shared responsibility among extended kin.¹⁵⁹ This continuity is quite remarkable against a backdrop of concerted government attempts to disrupt these patterns.¹⁶⁰ In the 1930s, Commissioner Collier disavowed many assimilationist federal policies that functioned to destabilize Indian families, such as the removal of Indian children to off-reservation boarding schools, but the changes Collier promised proceeded slowly and unevenly at the local level. Furthermore, Collier and other policymakers remained committed to patriarchal political structures, and Indian Service social workers remained committed to helping individuals and families "adjust" to the nuclear unit they perceived as the societal norm.

Social workers defined illegitimacy and broken homes as an urgent problem, and social disruptions and limited economic resources strained Indian families' ability to care for extended kin and children born in or out of wedlock. Social workers and other government employees increasingly emphasized the economic aspects of the problem of illegitimacy and broken homes, a decision that was encouraged by Collier's rejection of assimilationist rhetoric as well as social workers' desire to distance themselves from their un-professionalized predecessors in work with unwed mothers. The nation's economic

¹⁵⁹ See Watt, *Don't Let the Sun Step Over You*; Voget, *They Called Me Agnes*; and Beverly Hungry Wolf, *The Ways of My Grandmothers* (New York: Morrow, 1980).

¹⁶⁰ See, for example, Rose Strelau, *Sustaining the Cherokee Family: Kinship and the Allotment of an Indigenous Nation* (Chapel Hill: University of North Carolina Press, 2011); and Cathleen Cahill, *Federal Fathers and Mothers: A Social History of the United States Indian Service, 1869-1933* (Chapel Hill: University of North Carolina Press, 2011).

climate in the midst of the Great Depression further foregrounded financial considerations, as did nearby white citizens' complaints about the financial burden Indian reservations posed for counties and states with limited resources.

In practice, social workers' attempted solutions for illegitimacy and broken homes dovetailed with many long-standing federal objectives with regard to Indian family life. Government employees almost always encouraged marriage and pressured fathers to provide for their children and families, and they rewarded mothers who met white middle-class standards of a "suitable home" through the distribution of ADC grants and other public assistance. At the same time, however, unstable economic conditions and Indian Service policy and practice in the 1930s and early 1940s exasperated the contradictory pressures facing Indian mothers. Even those who chose marriage or who undertook steps to secure financial support from their children's fathers were often unable financially to support their families. Familial economic need often pushed married and unmarried women into the labor force, but economic opportunities for women were extremely limited on many reservations, and government employees played a role in encouraging women to seek wage work off the reservation. To work for wages either on or off the reservation, Indian mothers often relied on extended kin for daily or long-term childrearing, a practice government employees had long discouraged and remained skeptical. Ironically, engaging in wage work to support their families could buttress tropes of the negligent Indian mother.

It was in this context that social workers and other government employees employed the eugenic language of "feeble-mindedness" to explain Indian women's sexual, maternal, or even financial choices that deviated from white middle-class

standards—or, more accurately, white middle-class ideals. Some employees presented sterilization as a partial solution to Indian women’s deficient morals and as a solution for the economic burdens their children posed, and the evidence suggests that in at least some cases Indian women had no say in their permanent sterilization. This form of negative eugenics drastically declined in the United States following World War II, but the government’s assessment of the moral and economic threats Indian women, families, and communities posed only intensified as policymakers spearheaded yet another shift in federal Indian policy in these years. In the decade and a half following World War II, the federal government endeavored to get out of the Indian business altogether.

CHAPTER 6

FEDERAL INDIAN POLICY AND AMERICAN INDIAN WOMEN IN THE TERMINATION ERA

In April 1959, in Phoenix, Arizona, “Susan,” a sixteen-year-old unmarried Tohono O’odham mother, gave birth in a hospital with which the federal government had contracted for Indian health services. Susan attended the local Indian boarding school, but the school staff reported that they had no knowledge of her pregnancy until the morning she went into labor. After being rushed in an ambulance to the nearest contract hospital, Susan gave birth to a healthy baby boy. The school superintendent alerted a Bureau of Indian Affairs (BIA) social worker to the unexpected delivery that very day. In the days immediately following her son’s birth, two unidentified school employees and a female BIA social worker visited Susan in the hospital, the latter announcing to hospital staff that the purpose of her visit was “to discuss the relinquishment of the child.” The social worker “interviewed the patient” and “had her sign papers” in which Susan ostensibly consented to the adoption of her child. As it turned out, the social worker “obtained the wrong relinquishment forms from the girl,” but it does not appear that this error delayed the adoption process. The social worker removed the infant from the hospital and placed him in a foster home shortly after Susan was transferred to another hospital for convalescent care.¹

Susan’s experiences in the days following her delivery resulted from the BIA’s recent decision to promote the adoption of Indian children. In 1958, the BIA collaborated with the Child Welfare League of America to establish the Indian Adoption Project

¹ William S. Baum to Arthur C. Miller, 1 May 1959, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS—INDIAN (1959-60) #4A, National Archives and Records Administration [Hereafter NARA], Baltimore, Maryland.

(IAP). Government and private hospitals provided a critical location in the BIA's effort to promote Indian adoption to white homes, and the IAP placed more Indigenous children for adoption in Susan's home state of Arizona than any other state.² In Arizona and elsewhere, government employees justified foster care and adoption policies and practices by pointing to the poverty plaguing many Indian reservations against a backdrop of national postwar posterity. The BIA's promotion of foster care and adoption was premised on a faith in the superiority of the nuclear family and reflects the conviction of many policymakers, social scientists, and non-Native citizens that Indian children would be better served in white rather than Native homes, raised by white rather than Native mothers and other relatives.

It is also notable that Susan was an unwed mother. As Rickie Solinger has demonstrated, social scientists and policymakers in postwar decades viewed unwed mothers as "deviants threatening to the social order," and they devised race-specific solutions to the problem of unwed motherhood.³ White unwed mothers were perceived as psychologically unwell but redeemable; thus, caseworkers argued, if a mother gave up her child for adoption, under coercion if necessary, both she and her infant could still achieve ideal gendered and domestic norms. Black unwed motherhood, on the other hand, was understood to be pathological, and black unwed mothers faced punitive

² Margaret Jacobs, *A Generation Removed: The Fostering and Adoption of Indigenous Children in the Postwar World* (Lincoln: University of Nebraska Press, 2014), 20.

³ Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 1992), 3.

measures to control their behavior, including discrimination in welfare services and coercive sterilization.⁴

This chapter demonstrates that Indian women—wed as well as unwed—were targets of both strategies, although the pressure Indian mothers faced to give up their children was not accompanied by promises of moral redemption as in the case of unwed white mothers. The widespread fostering and adoption of Indigenous children and the BIA’s ongoing restrictive reproductive policies and practices, most notably the coercive sterilization of Native women, both reflected and furthered the terminationist ethos that dominated postwar federal Indian policy. As policymakers committed themselves yet again to eliminating “the Indian problem” once and for all, Indigenous mothers found themselves simultaneously deprived of critical services and the target of federal policies and practices that compromised their maternal rights.

American Indian Women in Postwar Social Science Discourse

As previous chapters have demonstrated, John Collier ushered in notable changes in at least some aspects of federal Indian policy in the 1930s, even as his administration continued many policies and practices targeting Indigenous women. In addition to his faith in social work methods and trained social workers, Collier was committed to utilizing the field of anthropology in the administration of Indian affairs.⁵ In the midst of an economic depression, anthropologists found employment in various government

⁴ Ibid., ch 1. The race-specific solutions also resulted in part from the different “market value” for white versus black babies in this period. In addition to Solinger, see Laura Briggs, *Somebody’s Children: The Politics of Transracial and Transnational Adoption* (Durham, NC: Duke University Press, 2012).

⁵ Circular, “Anthropology and the Indian Service Program,” Jan 1935, Crow Agency Correspondence Files, RG75, Box 13, Folder 070 Indian Customs, National Archives and Records Administration [Hereafter NARA], Broomfield, Colorado.

agencies, including the Bureau of Indian Affairs Applied Anthropology Unit. Scholars agree that this alliance between anthropologists and Indian Service bureaucrats was limited in part by disagreements regarding the objectives of anthropological studies on Indian reservations. Throughout the decade, many anthropologists remained committed to “salvage ethnology,” which directed their attention to the Indigenous past and thus was of minimal interest to many government officials and reservation employees.⁶

But the decade also witnessed the emergence of anthropological studies of Indigenous “acculturation,” and anthropologists such as Ralph Linton emphasized the relevance of acculturation studies for policy formation, as the nation faced the reality that Indigenous groups were neither dying out nor becoming absorbed into mainstream culture.⁷ Margaret Mead’s *The Changing Culture of an Indian Tribe*, published in 1932, can be seen as one of the earliest examples of an acculturation study, although Mead and her employer Clark Wissler of the Museum of North American History in New York City emphasized that the study was not intended to inform policy.⁸ Mead spent just three months on the Omaha Reservation in Nebraska, and she was thoroughly disappointed by the “broken culture” she believed she encountered there. At a loss to explain the poor social and economic conditions she observed, Mead concluded that there was plenty of blame to go around. She criticized government policies and cultural attitudes that

⁶ See George W. Stocking, Jr., “Ideas and Institutions in American Anthropology: Thoughts Toward a History of the Interwar Years,” in *The Ethnographer’s Magic and Other Essays in the History of Anthropology* (Madison: University of Wisconsin Press, 1992): 114-177.

⁷ See Ralph Linton, ed., *Acculturation in Seven American Indian Tribes* (Gloucester, MA: Peter Smith, 1963 [1940]).

⁸ Margaret Mead, *The Changing Culture of an Indian Tribe* (New York: Columbia University Press, 1932).

perpetuated Indians' physical and conceptual segregation from mainstream American culture and institutions and cultivated Indian dependency and entitlement.⁹

Mead's study is also an example of another contemporary trend in American anthropology—namely, the scholarly interest in American Indian women. A holistic understanding of an Indigenous society and culture required fieldwork among its women. Since the earliest days of the discipline, some male anthropologists had welcomed female researchers with the expectation that female field workers might “gain access to ‘women’s spheres,’” but unprecedented numbers of female anthropologists conducted field work on Indian reservations in the 1930s through BIA programs.¹⁰ Ethnological interest in Indian women was not restricted to female researchers, however. On the Crow Reservation, for example, Frank B. Linderman and Fred Voget deliberately sought out female informants and interrogated them on topics they believed to be the province of women.¹¹

Mead envisioned her study as an examination of the experiences of Omaha women. Maureen Molloy notes, for example, that Mead titled her book *The Reservation Woman*, and that it was the publisher who made the change to the current title.¹² The Omaha woman was also the “central figure” on which the book focused, and the

⁹ Ibid. See also Maureen Molloy, *On Creating a Usable Culture: Margaret Mead and the Emergence of American Cosmopolitanism* (Honolulu: University of Hawaii Press, 2008), ch. 5.

¹⁰ Shirley Leckie and Nancy Parezo, *Their Own Frontier: Women Intellectuals Re-Visioning the American West* (Lincoln: University of Nebraska Press, 2008), 23.

¹¹ Frank B. Linderman, *Pretty-Shield, Medicine Woman of the Crows* (New York: John Day Co., 1972 [1932]); Frank Voget, *They Call Me Agnes: A Crow Narrative Based on the Life of Agnes Yellowtail Deernose* (Norman, OK: University of Oklahoma Press, 1995). Voget began conducting field work on the Crow Reservation, which he would later include in Agnes's narrative, in the late 1930s.

¹² Molloy, *On Creating a Usable Culture*, 96.

archetypal Omaha woman Mead presented was a delinquent.¹³ Much like the social workers described in Chapter 4, Mead dedicated particular attention to promiscuity and illegitimacy on the reservation, which she interpreted as both a symptom and a cause of Omaha mal-adjustment and degeneracy.

Mead's depiction of Omaha women was not entirely unsympathetic. She observed, for example, the strong intergenerational bonds among Omaha women and argued that, in contrast to Omaha men, "women are still Indian in positive terms, in a multitude of details which bind mother to daughter and both to grandmother."¹⁴ In Mead's framing, however, this solidarity and stability among Omaha women was double-edged at best. Mead contended that promiscuous women effectively passed on their sexual delinquency to their daughters, yet she simultaneously highlighted the frequency of delinquency among girls who were raised by their grandmothers.¹⁵ Furthermore, Mead viewed Omaha women's "cultural conservatism" as an obstacle to solutions to the current social and economic problems on the reservation and particularly to Mead's apparently preferred solution, namely, "the gradual amalgamation of the Antler into the white population through scattered residence and absorption into various industrial pursuits."¹⁶

If Mead's 1932 publication can be seen as an early example of a study of Indigenous acculturation, Mead herself is most frequently associated with the loosely-organized school of culture and personality studies, which was influential in American

¹³ Ibid., 15.

¹⁴ Mead, *The Changing Culture of an Indian Tribe*, 162.

¹⁵ Ibid., ch. 10.

¹⁶ Ibid., 219.

anthropology from the late 1920s through the early 1950s. John Gilkeson characterizes the culture and personality school as “an interdisciplinary collaboration between anthropologists (and other social scientists as well) and psychologists. It represented the application of psychological (and psychiatric) methods and viewpoints to anthropological material.”¹⁷ Rejecting earlier evolutionary paradigms and contemporary notions of biological determinism associated with eugenics, culture and personality scholars “defined culture as a form of ‘social inheritance’” and studied the reproduction of culture across generations with particular emphasis on culturally-specific child-rearing practices.¹⁸ Like Mead’s study of the Omaha, culture and personality studies often dedicated significant attention to women due to their role as biological and especially social reproducers.

In the early 1940s, these anthropological trends converged with federal Indian policy when the Office of Indian Affairs, in conjunction with the Committee on Human Development at the University of Chicago, sponsored The Indian Personality Project. Initiated by John Collier and coordinated by his wife, anthropologist Laura Thompson, the project consisted of anthropological studies of families and communities on five Native American reservations.¹⁹ The project’s focus on family and childrearing both reflected scholarly trends and represented long-standing concerns in the Indian Service. Researchers investigated Native cultures by studying the “personalities and life histories” of children, on whom they performed “a battery of psychological tests of both the

¹⁷ John Gilkeson, *Anthropologists and the Rediscovery of America* (Cambridge: Cambridge University Press, 2010), 119.

¹⁸ Joanne Meyerowitz, “‘How Common Culture Shapes the Separate Lives’: Sexuality, Race, and Mid-Twentieth-Century Social Constructionist Thought,” *The Journal of American History* 96, No. 4 (2010), 1061.

¹⁹ The Indian Personality Project sponsored studies of the Dakota, Papago, Zuni, Hopi, and Navajo tribes.

projective and the performance types.”²⁰ “The objective of this project,” as Gordon Macgregor, the lead anthropologist for the study of the Pine Ridge Reservation in South Dakota, explained, was to provide an integrated analysis of personality formation among each group “for implications in regard to Indian Service administration.”²¹

Macgregor’s analysis of personality formation on the Pine Ridge Reservation centered on Dakota families. Traditionally, he explained, nuclear families “merged with the extended family group with which it lived, hunted, and shared its food and social life.” The extended family, rather than what Macgregor called the “individual family,” was the most important familial unit in Dakota society. This would have come as no surprise to Indian Service administrators, who had long viewed Indigenous family structure as an obstacle to their assimilation. Macgregor reported, however, that due to economic imperatives and government policies, the nuclear family had “risen in importance” and displayed “greater independence” from extended kin networks.²² Macgregor’s own evidence, as well as Dakota sources over the following decades, suggest that the transformation Macgregor believed he witnessed may have been somewhat superficial, reflecting changes in living arrangements, for example, rather than changes in the nature of social and familial relationships.²³

²⁰ Gordon Macgregor, *Warriors Without Weapons: A Study of the Society and Personality Development of the Pine Ridge Sioux* (Chicago: University of Chicago Press, 1946), 9.

²¹ Ibid. Macgregor earned his PhD in anthropology from Harvard University in 1935. He spent most of his career as an applied anthropologist in government service. Commissioner Collier first hired Macgregor in 1936, and Macgregor remained with the BIA through 1949.

²² Macgregor, *Warriors Without Weapons*, 56. For a discussion of how policymakers attempted to buttress the nuclear family through land policy, see Rose Stremlau, *Sustaining the Cherokee Family: Kinship and the Allotment of an Indigenous Nation* (Chapel Hill: University of North Carolina Press, 2011).

²³ Macgregor, *Warriors Without Weapons*, 60-62. See also Mary Brave Bird with Richard Erdoes, *Lakota Woman* (New York: G. Weidenfeld, 1990).

For Macgregor, however, the increased independence and isolation of the nuclear household was significant for the way that it appeared to augment the biological mother's role within the family. Macgregor reported that Dakota children spent more time with their mothers than previously, and mothers shouldered more responsibility for their children's upbringing.²⁴ Yet Macgregor feared that the biological mother's increased prominence not only came at the expense of extended female kin, but also reflected her husband's declining status. Macgregor reported that traditionally, "Dakota culture was definitely oriented toward the life and pursuits of the men, and the women's life was almost completely supplementary to the men's activities."²⁵ His conclusion echoes Mead's conclusion following her brief stay among the Omaha, another Plains tribe, a decade earlier. Macgregor's assessment misinterprets "Dakota culture" in a way that Ella Cara Deloria, a Dakota woman and a trained anthropologist, suggested was typical among non-Natives who spent little time getting to know Indians as human beings. As Deloria explained, "Outsiders seeing women keep to themselves have frequently expressed a snap judgment that they were regarded as inferior to the noble male. The simple fact is that woman had her own place and man his; they were not the same and neither inferior nor superior."²⁶ Deloria depicted these complementary sex roles in her ethnographic novel *Waterlily*, which portrays ideal Dakota lifeways prior to sustained Euro-American contact.²⁷

²⁴ Macgregor, *Warriors Without Weapons*, 57.

²⁵ *Ibid.*, 118.

²⁶ Ella Cara Deloria, *Speaking of Indians* (Vermillion, SD: Dakota Press, 1979), 26.

²⁷ Ella Cara Deloria, *Waterlily* (Lincoln: University of Nebraska Press, 1988).

For nearly a century, policymakers had worked to shore up the authority that they believed the men in most Native cultures lacked in their families and communities through the imposition of patriarchal land and inheritance policies and political structures.²⁸ As feminist scholars have demonstrated, Indigenous women’s political power decreased rather than increased as a result of colonization.²⁹ Macgregor warned, however, that economic circumstances threatened the Indian Service’s effort. He and other white middle-class observers expected Indian men as “head of the family” to support their dependents financially, but most men on the reservation had been unable to achieve self-sufficiency as farmers or to obtain regular, year-round wage labor. As a result, many Pine Ridge families depended on government assistance—and on women’s wage work.³⁰

In emphasizing the necessity “for the mothers to earn wages to keep the family fed and clothed,” Macgregor overlooked the fact that many Dakota and other Indigenous women had fulfilled these functions long before they became wage earners.³¹ Macgregor characterized the relationships between Dakota men and women as plagued by mutual hostility, and he attributed these “hostile attitudes” to the reversal in “roles and status” within the home and family. Macgregor claimed that Dakota men were dissatisfied with their position in their families, and, accordingly, they “resent[ed]” and “antagoni[z]ed” their wives. In turn, Dakota women allegedly had little respect for their husbands and

²⁸ See Strelau, *Sustaining the Cherokee Family*.

²⁹ See Rayna Green, *Women in American Indian Society* (New York: Chelsea House Publishers, 1992); and Theda Perdue, *Cherokee Women: Gender and Culture Change, 1700-1835* (Lincoln: University of Nebraska Press, 1998).

³⁰ Macgregor, *Warriors Without Weapons*, 57.

³¹ *Ibid.* See Marla N. Powers, *Oglala Women: Myth, Ritual, and Reality* (Chicago: University of Chicago Press, 1986), ch. 5.

openly criticized and ridiculed them. Macgregor further argued that Dakota women's increased importance within the household contributed to many broken homes.³² In making this claim, Macgregor joined a long line of Euro-American observers who desired an explanation for some Indians' apparent disregard for the Western ideal of legal, lifelong, monogamous marriage. He also foreshadowed arguments Daniel Moynihan would make in a famous report two decades later, in which he attributed the very real social and economic problems facing African Americans to deviant familial models and characterized African American women as "matriarchs."

As Joanne Meyerowitz has argued, in their emphasis on "culture-specific child rearing practices," culture and personality scholars "placed a heavy burden on parenting, especially on mothers," and Macgregor's study reflects this trend.³³ At first glance, Macgregor seems to depict a more harmonious relationship between mothers and their children. He notes, for example, that "the observed mother-child relationships appear in general to be very pleasant and close to the idea of affection and respect."³⁴ In fact, in a few cases, Macgregor implied that the strength of the mother-child relationship was in itself a problem, as children appeared unable to adjust to adulthood and form their own independent families.³⁵ Psychologists and other social scientists directed similar

³² Macgregor, *Warriors Without Weapons*, 118-119. Ruth Landes characterized relationships between Ojibwa men and women as similarly antagonistic. See Landes, *The Ojibwa Woman* (Lincoln: University of Nebraska Press, 1997 [1938]).

³³ Meyerowitz, "How Common Culture Shapes the Separate Lives," 1077.

³⁴ Macgregor, *Warriors Without Weapons*, 58.

³⁵ *Ibid.*, 57-58.

criticism against white mothers in this period as well.³⁶ Macgregor devoted more attention, however, to those mothers whose relationships with their children he perceived as unsatisfactory. Although he recounted one instance of physical abuse, his primary examples of inadequate mothers were those he believed displayed “indifferen[ce] toward their children”; here, as earlier chapters have demonstrated, Macgregor drew on a well-established trope of apathetic Indian mothers.³⁷

Macgregor perceived maternal indifference when he or his staff observed children living with grandparents or other relatives, a circumstance that was out of step with the report’s conclusions about the rising importance and independence of the nuclear family. Macgregor acknowledged that it was not uncommon for Dakota children to live with extended kin “in the old days,” but he argued that the “frequency with which children are now voluntarily living away from their parents’ home without disapproval by the adults may be looked upon as symptomatic of cultural breakdown.”³⁸ On this point, Macgregor created rather than discerned a problem, as his own framing of the issue suggests that this was not a concern for Dakota adults. He also neglected to mention that with the increased isolation of nuclear families on allotments, it was less likely that Dakota children could live simultaneously with extended kin and their biological parents. Instead, they often traveled back and forth freely.

Like Mead, Macgregor was critical of Indians’ continued dependence on the government, which he believed deprived them of self-confidence and self-sufficiency.

³⁶ See Rebecca Jo Plan, *Mom: The Transformation of Motherhood in Modern America* (Chicago: University of Chicago Press, 2010).

³⁷ Macgregor, *Warriors Without Weapons*, 58.

³⁸ *Ibid.*

The study betrays the author's discomfort with Native Americans' wardship status. He argues that past government "methods for 'civilizing' the Indian" had produced a seemingly inescapable quagmire in which Indians both resented and clung to wardship. Yet Macgregor, who conducted fieldwork in 1942 and 1943 and whose study was published in 1946, understood "forced assimilation" as a relic of the past, a policy objective that had ended with Collier's appointment as commissioner in 1933.³⁹ Even as he wrote, however, some of Macgregor's contemporaries clamored to turn back the clock and espoused a more drastic assimilation agenda than their early twentieth-century predecessors. Congressional proponents of forced assimilation did not look to the results of the Indian Personality Project studies before forging ahead with their new agenda, and their primary motivations were economic. Nevertheless, they often framed their cause in a manner that dovetailed with many of Mead's and Macgregor's concerns; they presented themselves as working to liberate American Indians from the stranglehold of federal wardship and allow Native people to stand on their own feet.⁴⁰

Social Scientists and Midcentury Federal Indian Policy

Over the next decade and a half, policymakers enacted a number of policies intended to solve "the Indian problem" once and for all by eliminating Indianness. Scholars have emphasized that midcentury termination policies were in keeping with long-standing federal objectives. Charles Wilkinson observes, for example, that "[t]ermination offered full and final relief from the centuries-old weariness with the

³⁹ Macgregor, *Warriors Without Weapons*, 120-121.

⁴⁰ See Donald Fixico, *Termination and Relocation: Federal Indian Policy, 1945-1960* (Albuquerque: University of New Mexico Press, 1986), ch. 1.

refusal of Indians to abandon their political and cultural identity.”⁴¹ More immediately, however, policymakers conceptualized termination policies in response to the new directions Collier had forged in federal Indian policy during the 1930s and early 1940s. The backlash against Collier and his Indian New Deal began as early as 1943, when the Senate Committee on Indian Affairs released a report condemning current policies that lawmakers believed served to “keep the Indian an Indian” rather than “to make the Indian a citizen.” The report argued that Collier’s attempt to help the Indian “recapture his ancient, worn-out cultures” was not only futile; it was harmful, as it functioned to “segregate[e] the Indian from the general citizenry” and “condem[n] the Indian to perpetual wardship.” A year later, the House Select Committee on Indian Affairs echoed their colleagues’ conclusions and affirmed that the ultimate objective of federal Indian policy was assisting Indians as they joined “the white man’s community on the white man’s level and with the white man’s opportunity and status.”⁴²

Assimilationist arguments gained strength throughout and immediately following World War II. Thousands of Native American men left their reservations to join the war effort, and thousands of Indian men and women embraced employment opportunities in booming defense industries, even when doing so meant traveling thousands of miles from their reservations.⁴³ Policymakers used the experiences of Indian veterans and wartime wage workers to argue that Indians were prepared to integrate into mainstream society and that time was ripe for change. In 1947, a year after the publication of Macgregor’s

⁴¹ Wilkinson, *Blood Struggle*, 58.

⁴² Quoted in Theodore W. Taylor, *The Bureau of Indian Affairs: Public Policies Toward Indian Citizens* (Boulder, CO: Westview Press, 1984), 22-23.

⁴³ Fixico, *Termination and Relocation*, ch. 1.

study, Acting Commissioner William Zimmerman, facing pressure from policymakers, produced a report that identified tribes he believed were prepared to sever their trust status and recommended that responsibility for services and assistance for other identified tribes be transferred to the states.⁴⁴ The same year, President Harry Truman appointed a commission to recommend administrative changes to the executive branch of the federal government. When the commission issued its report two years later, it advocated “progressive measures to integrate the Indians into the rest of the population.”⁴⁵ In 1950, Truman appointed Dillon S. Myer as commissioner of Indian affairs. Myer had served as Director of the War Relocation Authority from 1942 until the WRA’s dissolution in 1946. In this capacity, Myer had supervised the internment and resettlement of Japanese immigrants and Japanese Americans. It was this wartime experience that likely convinced Truman that Myer would be uniquely suited to oversee the postwar assimilation of American Indians.⁴⁶

Midcentury federal Indian policy centered on three legislative and bureaucratic strategies for forcibly assimilating Native Americans into mainstream American society. First, House Concurrent Resolution 108 (HCR 108), passed by the House and Senate in August 1953, codified emerging termination policy. HCR 108 stated that the objective of federal Indian policy was “to make Indians . . . subject to the same laws and entitled to the same privileges and responsibilities as are applicable to other Americans”—and to do so “as rapidly as possible.”⁴⁷ Between 1954 and 1962, Congress passed twelve acts that

⁴⁴ Taylor, *The Bureau of Indian Affairs*, 23.

⁴⁵ Quoted in Taylor, *The Bureau of Indian Affairs*, 23.

⁴⁶ See Richard Drinnon, *Keeper of Concentration Camps: Dillon S. Myer and American Racism* (Berkeley: University of California Press, 1987).

⁴⁷ Quoted in Taylor, *The Bureau of Indian Affairs*, 24.

terminated the legal status of tribes ranging from the Catawba tribe of South Carolina to the Klamath tribe of Oregon.⁴⁸ Although motivated in large part by financial imperatives, policymakers and administrators presented termination as a rejection of past paternalism, exemplified by terms such as “wardship,” “subjugation,” and “pacify,” and the promotion of independence and colorblind citizenship.⁴⁹

Postwar termination policy reflected ideological shifts and spurred institutional changes that affected all Indians, not only those who were enrolled members of terminated tribes. Not only did all tribes live in fear of termination; individuals in non-terminated tribes were targets of the BIA’s second assimilationist strategy: the relocation program. Like termination, which aimed to sever a tribe’s legal status, policymakers intended for relocation to sever individual Indians’ ties to their tribes, reservations, and communities through complete immersion into mainstream society in urban centers. The government provided limited, short-term financial assistance and support services for individual Indians and sometimes families to relocate to a city, obtain housing, and secure employment. According to Myla Vicenti Carpio, “between 1945 and 1957, more than 100,000 Indians left their reservations.”⁵⁰ Relocation was technically a voluntary program, but as with so much of federal Indian policy, BIA employees established narrow parameters of choice. Through promotional literature and interpersonal interactions, government employees attempted to “sell” Indians on resettlement in urban

⁴⁸ See Roberta Ulrich, *American Indian Nations from Termination to Restoration, 1953-2006* (Lincoln: University of Nebraska Press, 2010). As Ulrich notes, the federal government restored the legal status of most but not all tribes in the following decades.

⁴⁹ Report, “Indian Health: A Problem and a Challenge,” Branch of Health, Bureau of Indian Affairs, 1955, Crow Agency Correspondence Files, RG75, Box 51, Folder 706 Health Recommendation, NARA, Broomfield, CO.

⁵⁰ Myla Vicenti Carpio, *Indigenous Albuquerque* (Lubbock, TX: Texas Tech University Press, 2011), 12.

centers. They touted the opportunities and comfort awaiting Indians in cities, and they contended that Native Americans could have no real future on the reservation.⁵¹ Vine Deloria, Jr. characterizes BIA employees' attempts at persuasion as nothing short of "harass[ment]."⁵² Wilma Mankiller, former chief of the Cherokees, has drawn parallels between postwar relocation and the forced removal the Cherokee endured in the nineteenth century, labeling her own family's migration "our Trail of Tears."⁵³

Commissioner Myer instructed government employees to target young Indian men for relocation, the demographic he believed would be most likely to succeed as wage earners. Male relocatees often made the initial journey to the city alone with the expectation that their wives and children would follow once they had secured a home and stable employment.⁵⁴ Ironically, the relocation program increased the likelihood, at least in the short term, of the female-headed households that government employees derided, particularly because economic security eluded the many Indian men who found themselves relegated to irregular, often seasonal labor. BIA employees targeted Indian men because they expected husbands and fathers to be breadwinners, but the superintendent of the Colorado River Agency in Arizona noted that relocating large families was difficult because the average male relocatee could not support a family on his wages.⁵⁵

⁵¹ J. J. McGahan to L. C. Lippert, 27 Jan 1955, Crow Agency Correspondence Files, RG75, Box 13, Folder 096 MRBI Survey 1952, NARA, Broomfield, CO.

⁵² Vine Deloria, Jr., *Custer Died For Your Sins: An Indian Manifesto* (New York: Macmillan Co., 1969), 157.

⁵³ Wilma Mankiller with Michael Wallis, *Mankiller: A Chief and Her People* (New York: St. Martin's Griffin, 1993), 68.

⁵⁴ Carpio, *Indigenous Albuquerque*, 11.

⁵⁵ Fixico, *Termination and Relocation*, 153.

The BIA provided some vocational training and economic assistance to Indian women as well, but the logistical and financial challenge of securing child care meant that mothers—whether married or unmarried—could rarely take advantage of this assistance unless they chose to leave their children with relatives on the reservation, a decision about which BIA administrators would have been at best ambivalent. The Colorado River superintendent contended that in addition to the obstacle of childcare, the stigma of illegitimacy made it “difficult, if not impossible” to secure employment for unwed mothers.⁵⁶ Regardless of their family situation, most relocatees found that city life failed to live up to the BIA’s promises. Between thirty and seventy-five percent of relocatees eventually returned to their reservations, although thousands remained.⁵⁷

Policymakers’ final terminationist strategy involved shifting federal obligations onto the states. In fact, the ultimate objective of the postwar termination agenda was for Indians to receive no “special privileges” from the federal government and to be subject to state control and eligible for state services to the same degree as non-Native citizens. The same month Congress passed HCR-108, it also passed Public Law 83-280 (PL-280). PL-280 granted six states partial criminal and civil jurisdiction over the Indian reservations within state borders. The law also transferred responsibility for the health and welfare of needy Indians to these states. PL-280 would later be expanded to include ten additional states. Following the passage of PL-280, Indians living in these states

⁵⁶ Quoted in Fixico, *Termination and Relocation*, 153.

⁵⁷ Wilkinson, *Blood Struggle*, 85.

received less federal support and endured the bureaucratic wrangling and neglect that arose from unclear and hotly contested jurisdictional issues.⁵⁸

Reflecting on these “detrimental” forced assimilation policies in the late 1960s, Vine Deloria, Jr. complained that anthropologists like Mead and Macgregor did not “c[o]me forward to support the tribes” and instead remained largely silent.⁵⁹ In fact, anthropologists and other social scientists did not remain entirely outside the political fray in the late 1940s and 1950s. In 1946, Congress passed the Indian Claims Act, which established a commission to arbitrate grievances Indigenous tribes filed against the U.S. government. Passed as termination was gaining strength in Congress, the act allowed for monetary compensation when the commission ruled in a tribe’s favor with the expectation that such matters would be settled once and for all. With a few notable exceptions, anthropologists who worked with the Indian Claims Commission did so on behalf of Indians rather than the Department of Justice.⁶⁰ In addition, Sol Tax first articulated his concept of “action anthropology” in 1951, and throughout the decade he worked with organizations trying to slow or stop termination and relocation.⁶¹ On the whole, however, early terminationists had minimal interest in anthropologists’ critical perspectives, and at any rate, the field of American anthropology shifted its focus to the

⁵⁸ Carole Goldberg-Ambrose, *Planting Tail Feathers: Tribal Survival and Public Law 280* (Los Angeles: American Indian Studies Center, University of California-Los Angeles, 1997).

⁵⁹ Deloria, *Custer Died for Your Sins*, 94.

⁶⁰ Omer Stewart, “Anthropologists as Expert Witnesses for Indians: Claims and Peyote Cases,” in *Anthropology and the American Indian* (San Francisco: Indian Historian Press, 1973).

⁶¹ George W. Stocking, Jr., “‘Do Good, Young Man’: Sol Tax and the World Mission of Liberal Democratic Anthropology,” in *Excluded Ancestors, Inventible Traditions: Essays Toward a More Inclusive History of Anthropology*, edited by Richard Handler (Madison: University of Wisconsin Press, 2000): 171-263.

international arena during and following World War II, diverting attention away from reservations and the nation's Indigenous population.⁶²

Nevertheless, culture and personality scholars did have some influence on the implementation of federal Indian policy. Philleo Nash, who served as Commissioner of Indian Affairs for five years in the 1960s, noted that although he could not point to any specific policy changes that resulted from Macgregor's study or the four other studies associated with the Indian Personality Project, he and other BIA officials and reservation employees certainly read them.⁶³ Nash also displayed his familiarity with Mead's 1932 study of Omaha society. Anthropologists influenced BIA bureaucrats just as they influenced American public opinion more broadly. By the early 1950s, for example, "the culture concept" dominated the social sciences and had also become "part of the vocabulary of educated Americans."⁶⁴ Many culture and personality scholars wrote not only for other academics but for an educated American audience, and perhaps no one worked to popularize culture and personality scholarship more than Margaret Mead. Mead's study of Omaha society and Omaha women is unusual among her monographs because although relatively well-received within the field, it did not gain popularity outside the academy until the book was reprinted in 1966.⁶⁵

In her foreword to this second edition, Mead espoused a strain of liberal colorblindness that had become a dominant racial ideology in the postwar decades. She demonstrates how easily such colorblindness dovetailed with the terminationist ethos that

⁶² Ibid.

⁶³ Philleo Nash, "Applied Anthropology and the Concept of 'Guided Acculturation,'" in *Anthropology and the American Indian* (San Francisco: Indian Historian Press, 1973).

⁶⁴ Gillkeson, *Anthropologists and the Rediscovery of America*, 12.

⁶⁵ Molloy, *On Creating a Useable Culture*, ch. 5.

lingered throughout the 1960s.⁶⁶ Eliding the fact that federal Indian policy involved a relationship between the federal government and Indigenous nations, Mead condemned “[r]acially based restitution” and the “massive, inappropriate technical assistance” the federal government provided to Native Americans as “an undifferentiated group.”⁶⁷ In 1966 as in 1932, Mead argued that the “Indian problem” was primarily one of government dependence.

As Mead’s second edition suggests, many postwar scientists, like white Americans more broadly, did not embrace the tenets of cultural relativism—the belief that cultures should be understood on their own terms—wholesale. Rather, they brought a number of biases and expectations to bear in their analyses of other cultures. Alice O’Conner has observed that social scientists in the postwar period were influenced by “the resurgence of middle-class domesticity in Cold War ideology and culture, which reinforced the patriarchal family as a psychological and cultural norm, and treated deviations from it as a source of lifelong afflictions in the young.”⁶⁸ Steeped in the pronatalist sentiment that followed World War II, they continued to view non-nuclear family models as deviant, but they believed such dysfunctions to be products of culture, and they understood culture to be more or less entrenched. As the welfare state expanded from the 1940s through the 1960s, and growing numbers of nonwhite Americans, including Indians, were added to state welfare rolls, white Americans became

⁶⁶ For a discussion of postwar colorblindness as a racial ideology, see Peggy Pascoe, *What Comes Naturally: Miscegenation Law and the Making of Race in America* (Oxford: Oxford University Press, 2009), ch. 9.

⁶⁷ Margaret Mead, *The Changing Culture of an Indian Tribe* (New York: Capricorn Books, 1966), x, xv.

⁶⁸ Alice O’Conner, *Poverty Knowledge: Social Science, Social Policy, and the Poor in Twentieth-Century U.S. History* (Princeton, NJ: Princeton University Press, 2001), 99.

increasingly alarmed that, as one North Dakota paper warned its readers, dysfunctional Indian families were costing them money.⁶⁹

In 1946, Macgregor's study of the Pine Ridge Reservation scrutinized families and specifically mothers and argued that as wives and mothers, Dakota women contributed to the maladjustment of their husbands and children and in turn hindered the cultural progress of the tribe. He explicitly eschewed economic solutions to reservation ills, arguing that the primary problems were psychological, social, and cultural.⁷⁰ In the following decades, other social scientists would make similar arguments with regard to nonwhite women and families, with anthropologist Oscar Lewis as perhaps the best known. In two highly-publicized studies of Mexican women and Puerto Rican women, Lewis articulated a "culture of poverty" thesis that would quickly be stripped of its national origins and applied to impoverished populations in the United States.⁷¹ Lewis focused on women as reproducers because he argued that the dysfunctional traits associated with the culture of poverty were transmitted through social and biological reproduction. Although influenced by Marxism, Lewis echoed Macgregor in his skepticism that the cultural problems he identified could be solved economically.⁷² In the BIA, social workers and other government employees "readily applied such social

⁶⁹ Dick Palmer, "Cold Weather Poses Severe Problem for North Dakota Indian Tribes," 18 Jan 1962, Newspaper Clipping, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 2, Folder PHS—INDIAN #5 1961, NARA, Baltimore, MD. For a discussion of the expansion of Aid to Dependent Children, see Winifred Bell, *Aid to Dependent Children* (New York: Columbia University Press, 1965).

⁷⁰ Macgregor, *Warriors Without Weapons*, ch. 15.

⁷¹ Oscar Lewis, *Five Families: Mexican Case Studies in the Culture of Poverty* (New York: Basic Books, 1959); Lewis, *La Vida: A Puerto Rican Family in the Culture of Poverty—San Juan and New York* (New York: Random House, 1966).

⁷² See Susan Rigdon, *The Culture Façade: Art, Science, and Politics in the Work of Oscar Lewis* (Urbana: University of Illinois Press, 1988).

science studies to Indians.”⁷³ These studies and slogans invited scrutiny of Indigenous mothers and interventions into Indigenous social and biological reproduction.

Indian Health Service and Contract Hospitals

Postwar policymakers lamented that the continuing health crisis on many reservations hindered the assimilation process. They viewed the Indian Transfer Act of 1954 as a necessary step toward the rapid assimilation they desired. The act transferred the responsibility for Indian health care and Indian health facilities from the BIA to the Public Health Service (PHS). The PHS established a Division of Indian Health, soon renamed the Indian Health Service, to accommodate its expanded obligations.⁷⁴ As David Dejong has argued, the transfer was entirely in line with federal policy goals in this decade; it represented “but one step toward the Congressional objective of divesting the Indian Service of all responsibility for American Indians and Alaska Natives.”⁷⁵ Glenn Emmons, Myer’s successor as commissioner of Indian affairs, observed that the legislation initiated “the biggest reduction of program responsibilities in the history of the Bureau.”⁷⁶

The transfer of health services and facilities from the BIA to the PHS brought some advantages to Indian health care, particularly in the long term, but from World War II through the Indian Health Service’s first years, the prevailing terminationist ethos compounded the already poor health situation facing many Native Americans. While

⁷³ Jacobs, *A Generation Removed*, 59.

⁷⁴ Public Law 568, 83rd Congress, 2d Session, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS (Indian) #1 1954-1955, NARA, Washington, D.C.

⁷⁵ David Dejong, *Plagues, Politics, and Policy: A Chronicle of the Indian Health Service, 1955-2008* (Lanham, MD: Lexington Books, 2011), 32.

⁷⁶ Quoted in Dejong, *Plagues, Politics, and Policy*, 35.

conducting his field work on the Pine Ridge Reservation in the early 1940s, Gordon Macgregor observed that the Dakota were in a “chronic state of apprehension” regarding health and welfare in their communities.⁷⁷ Although Collier had secured increased funding for reservation health services in the 1930s, the onset of war reversed many of these gains. For example, by the end of the war, the Navajo Reservation “had lost five government hospitals and dozens of physicians and nurses to wartime demands.”⁷⁸

Following the war, policymakers’ desire to minimize expenses for services that exclusively served Indians produced additional hospital closures. In early 1947, a District Medical Director informed Gordon Macgregor, who Collier had appointed as superintendent of the Tongue River Reservation in Montana two years earlier, that the hospital on his reservation would be closed immediately. The medical director presented the closure as an economic necessity: due to the “extreme shortage of funds,” it was “wholly uneconomical to operate the Tongue River Hospital.”⁷⁹ Reservation employees instructed the Northern Cheyennes that the Indian hospital on the nearby Crow Reservation would serve them as well. Many Northern Cheyenne men and women resented the BIA’s unilateral decision. They objected to the additional distance patients had to travel, and they alleged that Cheyenne patients did not receive adequate treatment at the Crow Indian Hospital.⁸⁰ Commissioner Myer accelerated hospital closures in the

⁷⁷ Macgregor, *Warriors Without Weapons*, 155.

⁷⁸ Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque: University of New Mexico Press, 2001), 51.

⁷⁹ Paul L. Fickinger to Gordon Macgregor, 8 Apr 1947, Crow Agency Correspondence Files, RG75, Box 53, Folder 722.2 Crow Indian Hospital 1944-1946, NARA, Broomfield, CO.

⁸⁰ Belle Highwalking with Katherine M. Weist, *Belle Highwalking: The Narrative of a Northern Cheyenne Woman* (Billings, MT: Montana Council for Indian Education, 1979), 27.

early 1950s. Myer contended that the BIA should operate hospitals or other health facilities only when it was not possible for Indians to receive care at state or local facilities. By mid-decade, Commissioners Myer and Emmons had closed eight more Indian hospitals.⁸¹

The PHS prioritized the integration of Indian and non-Indian health services whenever possible, but IHS continued to operate approximately fifty Indian hospitals.⁸² When government facilities were not available for Indian use, PHS contracted with private or community hospitals and state and local health departments for the provision of Indian health services. As became clear when the IHS faced intensive scrutiny in the 1970s, PHS provided contract hospitals with minimal guidance and less oversight. Following the Indian Health Facilities Act of 1957, PHS authorized the use of Indian health funds for the construction of joint-use community hospitals. The hospitals pledged to provide care to Indians, but following construction, they operated outside the federal government's purview.⁸³

Native Americans complained that they faced discrimination throughout the health care system. Echoing Crow complaints about Indian Service hospital staff in the early twentieth century, a Crow woman reported that the PHS administrators at the Crow Indian Hospital "come in with a superior attitude," showing no concern for "the wishes of the people."⁸⁴ Nevertheless, as a rule, Indians preferred Indian hospitals because they

⁸¹ Dejong, *Plagues, Politics, and Policy*, 30-31.

⁸² When the act went into effect on July 1, 1955, fifty-six Indian hospitals were transferred to PHS control. See David Dejong, *If You Knew the Conditions: A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, MD: Lexington Books, 2008), 136.

⁸³ Dejong, *Plagues, Politics, and Policy*, 40-42.

⁸⁴ Kay Voget Notes, Interview with Atalooa Hogan Harris, 8 June 1968, Fred W. Voget Papers, MSS 318, Series 2, Box 11, Folder 51, Mansfield Library, University of Montana-Missoula.

believed physicians and nurses at contract and public hospitals had little interest in treating Indian patients.⁸⁵ In the spring of 1961, representatives from at least twenty-eight tribes testified at a congressional subcommittee hearing on the possible closing of the Shawnee Indian Hospital in Oklahoma. The Indian witnesses—almost all male—“resent[ed] being told to utilize non-Indian hospitals and State welfare services.” They argued, “the Indian hospitals are our hospitals, so why should we be told to go somewhere else?” They also interpreted the threatened closure as political. A HEW bureaucrat surmised that the Indians were ultimately motivated by “the well-grounded fear . . . that the closing of Shawnee will mark the loss of another outpost of Indian rights, that the boundaries of their unique status will shrink once more under the relentless eroding action of the Federal bureaucracy.”⁸⁶

The most extreme form of discrimination postwar Indians faced was the denial of services, a practice exacerbated by the terminationist ethos that prevailed in the late 1940s and 1950s. Relocation and termination policies further complicated already complex jurisdictional questions regarding Indian health and welfare, and the transfer to PHS invited renewed debate regarding governmental obligation and Indian eligibility. HEW officials and PHS administrators increasingly contended that Indians were no longer entitled to health care on the basis of any existing treaties.⁸⁷ Therefore, PHS officials aimed to define eligibility narrowly. Members of terminated tribes lost all

⁸⁵ See Dejong, *Plagues, Politics, and Policy*, 65; Fixico, *Termination and Relocation*, 35.

⁸⁶ Sidney Edelman to General Counsel Files, 15 May 1961, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 2, Folder PHS—INDIAN #5 1961, NARA, Baltimore, MD.

⁸⁷ Gladys Harrison to General Counsel Files, 14 Sept 1954, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS (Indian) #1 1954-1955, NARA, Baltimore, MD.

federal health services upon termination, leaving many Indians without health care.⁸⁸ Because the PHS included residence on a reservation among the criteria for IHS health care, urban Indians, including the thousands who had moved to cities with government encouragement and assistance, found themselves either without access to health facilities or without the money to pay for health services.⁸⁹ Federal officials believed health services for non-reservation Indians fell to state and local governments, while state and local governments continued to believe that Indians were the federal government's responsibility. Urban Indians found themselves turned away from county hospitals and with no recourse to federal assistance unless they returned to their reservations, a difficult feat for Indians already facing economic hardship.⁹⁰

Thus, in the decade and a half following World War II, Native women faced economic and institutional obstacles in their efforts to secure health services for themselves and their families. After decades of government pressure to accept Western medicine and government health services, Indians on many reservations and in urban centers found such services even less accessible than they had previously. Similarly, over the course of the first half of the century, the hospital had replaced the home as the most common location for childbirth. Hospital closures and eligibility restrictions posed potential health dangers for women who had come to depend on government physicians and hospitals for childbirth. Belle Highwalking, a Northern Cheyenne woman, lamented

⁸⁸ See Sidney Edelman to Robert T. Hollinger, 28 Sept 1956, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS (Indian) #2 1956; Steven J. Cohen to Robert T. Hollinger, 27 Nov 1961, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 2, Folder PHS—INDIAN #5 1961, NARA, Baltimore, MD.

⁸⁹ Gladys Harrison to General Counsel Files, 14 Sept 1954, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS (Indian) #1 1954-1955, NARA, Baltimore, MD.

⁹⁰ See Carpio, *Indigenous Albuquerque*, 15-17.

that after the hospital on her reservation closed, the mothers who would have given birth there previously had to travel much further. As a result, “many babies,” including one of her own grandchildren, were “born on the way over to Crow Agency.”⁹¹

The growing numbers of Indigenous women who overcame these logistical obstacles and gave birth in IHS and contract hospitals throughout the termination era at times found their maternal rights ignored in these medical settings, much as Indigenous women who gave birth in Indian Service hospitals in the decades preceding World War II complained that reservation physicians and nurses often showed little respect for their rights as mothers. In part, this was due to racism and paternalism on the part of hospital employees, many of whom had little experience with or direct knowledge of Indians. But their experiences were also tied to policy and thus to the broader federal objectives of the period.

American Indian Mothers and Federal Termination Policies

After the shift to PHS, IHS hospitals provided a critical location in the BIA’s effort to promote the adoption of Indian children in the termination era. As Margaret Jacobs has argued, the placement of Indian children in white foster and adoptive homes “served both the assimilationist and bureaucratic imperatives” of the postwar period.⁹² The Indian Adoption Project, a collaboration between the BIA and the Child Welfare League of America, remained a relatively small-scale endeavor, but Jacobs argues that the project was influential, both in its coercive methods and as a result of the propaganda its leaders disseminated regarding Indian mothers and families. By the late 1960s, the

⁹¹ Highwalking, *Belle Highwalking*, 27.

⁹² Jacobs, *A Generation Removed*, 19.

alarming and disproportionate numbers of Indian children who had been removed from their families and communities represented “nothing less than an Indian child welfare crisis.”⁹³

First, the IAP had to persuade Indian mothers to give their children up for adoption.⁹⁴ In January 1959, HEW officials informed PHS area medical officers that the Division of Indian Health was committed to cooperating with the BIA to achieve this objective. HEW officials instructed PHS personnel to monitor pregnant Indian women closely, and if they suspected based on a patient’s “actions or words” that she might consider giving her child up for adoption, they should arrange a meeting between the woman and a BIA social worker. If the BIA social worker determined that the infant should be adopted, the PHS was responsible for providing the medical examination and securing the “social data” that was necessary for placement, and the BIA requested that these tasks be carried out quickly, within twenty-four hours after birth, in order to “expedite” hospital discharge and the adoption process. On the other hand, if the BIA social worker determined that the discharge date set by the medical officer outpaced “the course of the adoption process,” he or she could request that the hospital delay the infant’s discharge, and HEW officials encouraged medical officers to comply with such requests whenever possible.⁹⁵ HEW officials also specified which tasks, though often occurring in PHS hospitals, were to be carried out by BIA rather than PHS personnel. Most notably, the BIA social worker bore the responsibility for determining a new

⁹³ *Ibid.*, xxvi.

⁹⁴ *Ibid.*, 24.

⁹⁵ Division of Indian Health Operating Memorandum No. 59, Jan 1959, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS—INDIAN (1959-60) #4A, NARA, Baltimore, MD.

mother's marital status when necessary and for securing the mother's consent for relinquishing her child. HEW officials instructed PHS medical officers not to interfere in this process; if they detected a change in a woman's attitude, they should report their observations to the BIA social worker.⁹⁶

The BIA social workers charged with making these decisions specifically targeted the children of unwed mothers for adoption. Jacobs suggests that BIA and state service agency officials' concern regarding "the Indian unmarried mother" was relatively new in the late 1950s. She notes that by 1960 authorities reported, "with no statistical evidence, that Indian unwed motherhood had increased and had become a problem."⁹⁷ As I argue in Chapter Four, however, social workers assigned to Indian reservations in the 1930s had contended with similar urgency that Indian illegitimacy rates were rising and that unwed motherhood posed "the biggest social and economic problem" facing Indian communities.⁹⁸ The IAP's targeting of unwed mothers in the late 1950s and 1960s reflected these earlier Indian Service social workers' belief that unwed motherhood hindered Indians' moral and economic progress—and posed a financial burden for white taxpayers. In the postwar period, however, bureaucrats and social workers successfully created and disseminated "stock figures" of Native families, including "the unmarried Indian mother," that served as stand-ins for nearly all Native Americans.⁹⁹ Non-Natives' perception that all Indian mothers were unwed and all Indian children were illegitimate

⁹⁶ Ibid.

⁹⁷ Jacobs, *A Generation Removed*, 24.

⁹⁸ Annual Report, Red Lake, Nov 1937, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 5; Annual Report, Red Lake, 1939, Welfare Branch, Social Workers' Reports, 1932-42, 1934-48, RG75, Box 6, both NARA, Washington, D.C.

⁹⁹ Jacobs, *A Generation Removed*, ch 2.

contributed to the disproportionate number of Indian children in foster care and adoptive homes.

Jacobs demonstrates that BIA employees encouraged unwed pregnant women to give birth in distant maternity homes in the hope that the social workers' persuasive efforts would be more effective when a mother was removed from her social networks.¹⁰⁰ BIA officials expected IHS hospitals to serve similar functions. In some hospitals, PHS personnel likely met BIA expectations without comment, particularly considering that they had been explicitly instructed that formal adoption arrangements should be handled by the BIA social worker. One IHS medical officer's expression of moderate dissent, however, illuminates the potentially exploitative nature of practices that otherwise received little official comment.¹⁰¹

In the spring of 1959 Dr. William S. Baum, a Division of Indian Health medical officer in the Phoenix area, raised a number of legal questions regarding the interactions between BIA social workers and young unwed Indian mothers in PHS hospitals. Baum expressed concern about virtually every step of the process spelled out by the BIA and Child Welfare League for PHS hospitals. He questioned, for example, BIA social workers' practice of contacting mothers in the days immediately following delivery, as he and other medical officers did "not feel that the mother is always mentally capable of making such an important decision" at that time. Baum protested the pressure placed on PHS physicians to certify an infant's physical condition "without the benefit of a period of observation." Baum also implied that BIA social workers showed little concern for the

¹⁰⁰ Ibid., 28.

¹⁰¹ William S. Baum to Arthur C. Miller, 1 May 1959, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS—INDIAN (1959-60) #4A, NARA, Baltimore, MD.

legality or ethics of a minor consenting to relinquish custody of her child, and he suggested that this question was a pressing one for “Indian tribes where the extended family is so important.”¹⁰² In short, Baum suggested that the BIA’s promotion of the adoption of Indian children overshadowed legitimate medical, legal, and ethical considerations.

Baum supplemented his pointed questions with extensive descriptions of two unwed mothers who had recently given birth in area hospitals. On April 8, “Violet,” a sixteen-year-old Pima woman, entered the IHS hospital in Sacaton, Arizona, in the throes of labor, and her infant was born the following day. According to Baum, Violet reported that she had been in contact with Sylvia Kerr, a BIA social worker, prior to her confinement, and she had agreed to release her child for adoption. Mother and baby remained in the hospital five days later, at which point Violet “signed relinquishment papers.” Baum displayed discomfort with this part of the process. He noted, for example, that no witnesses were present when the mother relinquished custody, even though it was standard practice for a witness to sign the mother’s statement authorizing the release of her child. Furthermore, the BIA did not provide the IHS with a copy of the relinquishment papers, but Kerr expected the hospital to discharge the baby into her care with no questions asked. (It appears that the hospital staff complied.)

Developments following the separate discharges of Violet and the infant intensified Baum’s suspicions. On April 21, the medical social worker at the Phoenix Indian Hospital, where Baum worked, received a call from a foster parent who explained that Kerr had instructed him to make an appointment so that the infant he was caring for could receive necessary medical care before being transported to the East Coast for

¹⁰² Ibid.

adoption. Medical officers at the Phoenix Indian Hospital could not reach Kerr for any information on the child. They contacted another female BIA employee, who “stressed the importance of knowing that the child had no abnormalities that would hinder his immediate placement for adoption,” but emphasized that the hospital staff’s involvement should be strictly medical and the hospital should have no involvement in planning for adoption. Yet when the foster mother brought the child in for examination, she made clear that she had been under the “impression that [the IHS was] definitely involved in the plan for adoption.” The attending physician identified a minor medical concern, prescribed treatment, and indicated that he would like to see the child again to clear him for travel. The foster mother did not keep the appointment the physician had requested; presumably, the child had already been transported East.¹⁰³

The same month, Susan, introduced at the start of this chapter, gave birth to her son. Coming on the heels of Violet’s discharge, the circumstances surrounding the relinquishment of Susan’s child eventually provoked a stand-off between IHS officials and the BIA. The superintendent at the local boarding school Susan attended immediately alerted a social worker of her unexpected delivery, and Baum later learned that the school had previously “agreed to report all of its unmarried mothers to the BIA Welfare Worker as a matter of cooperation with their adoption plan.” After multiple visits, the BIA social worker succeeded in persuading Susan to sign relinquishment papers, but according to Baum, the contract hospital staff “refused to be involved in anyway [sic] in the relinquishment of the child for adoption,” so the social worker left the hospital to “secure her own Notary Public.”¹⁰⁴

¹⁰³ Ibid.

¹⁰⁴ Ibid.

As in Violet's case, the Phoenix Indian Hospital became involved in the developments surrounding Susan and her newborn son in the days following his birth. Less than a week after giving birth, Susan was transferred to the Phoenix Indian Hospital for convalescent care. Upon learning of the transfer, the BIA social worker informed the hospital staff that she had "obtained the wrong relinquishment forms from the girl" and therefore would need to interview her again at the Phoenix Indian Hospital. IHS medical officers refused; they impugned the social worker's method of obtaining the young mother's consent in the first place, and they indicated that they would not cooperate until they had received legal counsel from HEW attorneys. Writing to request such counsel on May 1, Baum explained that as the situation currently stood, the BIA social worker, although apparently lacking the proper paperwork, had placed the infant in a foster home. Baum expected that the social worker would make contact with Susan as soon as she returned to school to obtain her documented consent for what had already taken place.¹⁰⁵

The dominant theme in Baum's correspondence parallels a charge made by Indigenous women in the 1950s and later decades: BIA and state social workers had tremendous, often troubling, discretion and authority in their interactions with Indian mothers. Baum's concerns regarding the BIA's methods in carrying out aspects of the adoption process in PHS hospitals centered on questions of legal liability as well as the relative power between the two agencies. Baum complained that the BIA expected PHS to cooperate with their various policies and programs without question, but, as he argued became abundantly clear in Susan's case, BIA employees refused "to recognize her as a Public Health Service's [sic] patient and consequently, our responsibility." The

¹⁰⁵ Ibid.

imperatives of the BIA's adoption project, Baum suggested, were at times in opposition to medical ethics and sound medical care.¹⁰⁶ Baum believed BIA social workers elided medical officers' authority in IHS hospitals. The standoff was not without irony, as Native activists publicized similar charges regarding the alarming discretionary authority of government physicians a decade later. For Indian women, perhaps including Violet and Susan, BIA social workers' coercive methods in IHS and contract hospitals undermined their rights as mothers.

The BIA's promotion of adoption occurred in tandem with restrictive policies and practices targeting Indigenous biological reproduction, most notably the coercive sterilization of Indigenous women in IHS and contract hospitals. Throughout the 1950s and 1960s, IHS hospitals were generally expected to abide by state sterilization laws. As in other aspects of postwar Indian policy, the tangled jurisdictional web produced confusion, as IHS area offices often covered four or more states. When activists and the federal government investigated sterilization at IHS and contract hospitals in the 1970s, they concluded that the lack of centralized authority and standard guidelines contributed to the alarming prevalence of sterilization abuse at these institutions.¹⁰⁷ Many states still had versions of the eugenic statutes passed in the early twentieth century on the books. In 1959, for example, the Area Medical Director in Aberdeen, South Dakota, requested the status of sterilization statutes in each state under his jurisdiction. HEW officials complied, providing him with the language of sterilization statutes, such as Michigan's 1929 law, introduced in Chapter Two, that remained in effect. In addition to almost

¹⁰⁶ Ibid.

¹⁰⁷ See Elmer B. Staats, Comptroller General, *Report to Senator Abourezk*, "Investigation of Allegations Concerning Indian Health Service," General Accounting Office, 4 Nov 1976.

standard references to feeble-mindedness, moral degeneracy, and sexual perversion, this statute authorized the sterilization of individuals “likely to become a menace to society or wards of the state.”¹⁰⁸

Nevertheless, it is extremely difficult to provide reliable quantitative data for the coerced or involuntary sterilization of Indigenous women in this period. Federal agencies and hospitals did not keep adequate sterilization records, and because of patient privacy concerns and rights, more recent medical records are less accessible for scholars than early twentieth-century records. Rebecca Kluchin suggests that national sterilization rates likely declined in the 1950s, as hospitals tightened their sterilization policies “to support contemporary pronatalist sentiment.”¹⁰⁹ Yet as Johanna Schoen has demonstrated, at the very moment that policymakers and hospital boards sought to restrict white women’s access to contraceptive sterilization, women of color found themselves targets of coercive sterilization programs and policies.¹¹⁰ In the 1950s, southern African American women experienced what became known as “Mississippi appendectomies”; these women entered hospitals for other operations, and physicians performed hysterectomies without their knowledge. Kluchin interprets the motivations of the physicians, social workers, and members of state eugenics boards who promoted the forced sterilization of black women as both political and economic. These operations were especially common in localities with a visible civil rights movement, and proponents explicitly argued that sterilization would “reduc[e] the number of blacks

¹⁰⁸ Quoted in Donald V. Bennett to Area Medical Director, Aberdeen, South Dakota, 17 Sept 1959, HEW Correspondence Relating to Indians, 1955-1969, RG235, Box 1, Folder PHS—INDIAN (1959-60) #4, NARA, Baltimore, MD.

¹⁰⁹ Kluchin, *Fit To Be Tied*, 22.

¹¹⁰ Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005).

eligible to receive public assistance,” a practice many black activists argued constituted attempted genocide.¹¹¹

Kluchin argues that coercive sterilization practices “changed and spread in the late 1960s and early 1970s,” incorporating other nonwhite groups, namely American Indian and Latina women, as targets.¹¹² There is some truth to this chronology with regard to Indigenous women. Federal family planning programs implemented in the mid-1960s and especially the early 1970s increased the number of Native women sterilized by physicians. Nevertheless, in previous chapters I have demonstrated that since at least the early 1930s, government employees had used both subtle pressure and blatant coercion to secure the sterilization of Indian women. Furthermore, both ideological and budgetary imperatives put Indigenous women at risk for sterilization in government hospitals in the 1950s and early 1960s as well as in the later period.

In fact, Jane Lawrence suggests that forced sterilization was a “common occurrence” for Indian women during the 1960s.¹¹³ Similarly, Myla Vicenti Carpio heard reports of government and contract physicians sterilizing Indian without their informed consent or full knowledge more than a decade before the Government Accountability Office began investigating the practice in the mid-1970s.¹¹⁴ Native women have reported that either they or their family members were sterilized without their knowledge or

¹¹¹ Kluchin, *Fit To Be Tied*, 6-7. For more on the backlash against the expansion of public assistance to people of color in postwar decades, see Winifred Bell, *Aid to Dependent Children* (New York: Columbia University Press, 1965). For a discussion of black activists’ response to the coercive sterilization of African-American women, see Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003), ch 3.

¹¹² Kluchin, *Fit To Be Tied*, 7.

¹¹³ Lawrence, “The Indian Health Service,” 400.

¹¹⁴ Myla Vicenti Carpio, “Lost Generation: The Involuntary Sterilization of Indian Women” (MA Thesis: Arizona State University, 1995), 64.

consent during this period. Mary Brave Bird, for example, reported that physicians sterilized her mother “without her permission” but noted that this type of reproductive violence was so “common at the time . . . that it is hardly worth mentioning.”¹¹⁵ In the late 1960s, a Crow woman explained to Kay Voget, wife of ethnologist Fred Voget, that hysterectomies were relatively commonplace at the Crow Indian Hospital. “There are the usual number of hysterectomies,” she reported, but she implied that this number had been higher previously, when the hospital had been run by an IHS physician who “[t]he older women” referred to as “the butcher.”¹¹⁶ Involuntary sterilizations of Indian women proceeded steadily throughout the 1960s, although without the public attention and outrage that would develop in the next decade.

Conclusion

Beginning with Margaret Mead’s *The Changing Culture of an Indian Tribe* in 1932 and continuing through the postwar period, a number of well-respected anthropologists concluded that Indigenous women were holding back the progress of their families and tribes. Social scientists repeated tropes dating from the turn of the twentieth century of Native women as apathetic, negligent mothers and Progressive-era tropes of Native women as sexually delinquent. To these, they added concerns associated with anthropology’s new interest in psychology, such as Indigenous mother’s role in contributing to the maladjustment of her children. Mid-century social science placed a

¹¹⁵ Mary Brave Bird with Richard Erdoes, *Lakota Woman* (New York: G. Weidenfeld, 1990), 9.

¹¹⁶ Kay Voget Notes, Interview with Ramona Left Hand, 8 June 1968, Fred W. Voget Papers, Series 2, Box 11, Folder 51, Mansfield Library, University of Montana-Missoula.

heavy burden on biological mothers and continued to disparage non-nuclear familial models.

In the years following World War II, educated Americans largely embraced the “culture concept” advocated by social scientists associated with the school of culture and personality. “Culture” rather than “race” became the accepted framework for understanding human difference. Because Americans understood culture as an inherited trait, academics and non-academics alike often presented culture as rigid and inflexible. Any number of dysfunctions and pathologies, and even poverty itself, could be viewed as a cultural trait, inspiring a sense of pessimism regarding government solutions to reservation problems. In these same years, policymakers, also influenced by financial imperatives and stripped of the optimism of their predecessors, worked to absolve the federal government of its financial and moral obligations for Indian affairs. Proponents of termination often argued they were liberating Indians from dependence on the federal government and inspiring self-sufficiency, and they could present their cause as entirely in keeping with a postwar colorblind ethos which held that all Americans should be treated the same, regardless of race. Like postwar social scientists, many policymakers and government employees, including BIA social workers and IHS physicians, concluded that Indian women hindered progress and that their reproduction was a threat to white taxpayers, including themselves.

The widespread fostering and adoption of Indian children and the coercive sterilization of Native women reflected government bureaucrats’ and medical officers’ extreme pessimism regarding Indian women’s capacity as mothers. Joanne Meyerowitz has noted that the “boldest” culture and personality scholars suggested that social

scientists “could redesign the character of a culture by modifying the child rearing of its future generations.” “This prescription for change,” she argues, “lifted child rearing from the domain of parents and families . . . and into the realm of group identity, national politics, and international relations” and invited extensive interventions to “monitor mothers.”¹¹⁷ For too many Indian women, these developments manifested in the transfer or elimination of their mothering capacity.

The coercive elimination of procreative and childrearing labor also stemmed from policymakers’ financial and budgetary imperatives in the postwar period. In the postwar period, policymakers, social scientists, and other non-Indians presented reservation poverty as a moral and cultural failing and as justification for the removal of Indigenous children and the coercive limitation of the size of Indian families. In the midst of the terminationist fervor following World War II, the transfer of Indigenous children to white homes was in keeping with policymakers’ desire to solve “the Indian problem” by eliminating Indianness. The sterilization of Indigenous women went a step further by eliminating Indians themselves. As will be discussed in the epilogue that follows, both practices mirror actions included in the United Nations’ five-part definition of “genocide.”

¹¹⁷ Meyerowitz, “How Common Culture Shapes the Separate Lives,” 1084.

CHAPTER 7

EPILOGUE: RESTRICTIVE REPRODUCTIVE POLICIES AND THE FIGHT FOR REPRODUCTIVE JUSTICE IN THE 1960S, 1970S, AND BEYOND

In the spring of 1990, more than thirty Native women from at least eleven Northern Plains tribes descended on Pierre, South Dakota, for a three-day “collective decision-making process” in which they established a “Reproductive Justice Coalition” and established an agenda for future action. Among the women’s nineteen demands were the “right to all reproductive alternatives and the right to choose the size of our families”; the “right to stop coerced sterilization”; the “right to give birth and be attended to in the setting” they deemed “most appropriate”; and the “right to active involvement in the development and implementation of policies concerning reproductive issues.”¹

In formulating this expansive reproductive rights agenda, these and other female Indigenous activists responded to a long history of reproductive violence perpetrated by government agents against American Indian women, much of which has been documented in this study. Their demands also reflected a more immediate response to the Indian Health Service’s policies and practices surrounding the reproductive technologies of birth control, abortion, and sterilization since the late 1960s. The restrictive yet contradictory web of policies Indian women encountered in this period appear consistent only in their objective of depriving Native communities—and Native women specifically—of their ability to exercise reproductive autonomy. As a new generation of Indian activists emerged in the latter half of the twentieth century, many

¹ “Reproductive Justice Agenda,” Native American Women’s Health Education Resource Center, accessed Feb 20, 2015, <http://www.nativeshop.org/programs/reproductive-justice/repro-justice-agenda.html>.

Indian women therefore viewed biological reproduction as central to Native peoples' struggle for sovereignty and self-determination.

Federal Family Planning Policies in the 1960s and 1970s

The Indian Health Service began offering family planning services in 1965 as part of the Department of Health, Education, and Welfare's (HEW) expanded commitment to family planning. Advancements in artificial contraceptive technologies facilitated federal family planning programs, as physicians considered the newly-available birth control pill to be a relatively convenient, safe, and effective method of contraception.² Two postwar political movements—one in promotion of women's right to safe, legal birth control and one in promotion of population control—further encouraged HEW family planning programs. Population control advocates were concerned with both global overpopulation and an expanding domestic welfare state. By the mid-1960s, President Lyndon B. Johnson and his administration incorporated family planning into Great Society programs as an anti-poverty measure.³

The concept of artificial contraception was not new to many Indigenous women in the mid-1960s, however. Women in many Native societies had used various herbal or plant-based contraceptives for centuries, and in some cases use of herbal contraceptives may have increased in the twentieth century, as some Native women were reluctant or to expand or start families amid the social and economic disruptions on their reservations.⁴

² See Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana, IL: University of Illinois Press, 2002).

³ Donald Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York: Oxford University Press, 1999).

⁴ See Ann Hibner Koblitz, *Sex and Herbs and Birth Control: Women and Fertility Regulation Through the Ages* (Seattle, WA: Kovalevskaia Fund, 2014), ch 1. Alma Hogan Snell suggests that Assiniboine women

In the 1950s, white researchers recorded a wide variety of oral contraceptives in Indigenous societies, including the Mexican wild yam, which contains one of the primary active ingredients in commercial birth control pills. Native women in the Southwest continued to use herbal teas as contraceptives in the late 1970s.⁵

Whether they had access to Indigenous contraceptive methods or not, Native women were introduced to new contraceptive methods in government hospitals. Beginning in 1965, HEW officials instructed IHS physicians to inform Indigenous women of available contraceptive options—at this time, typically an intrauterine device (IUD), diaphragm, spermicides, or the pill—and to help them select the most appropriate method. While IHS family planning services were ostensibly voluntary and non-coercive, it is clear that some physicians strongly encouraged Indigenous women to utilize birth control by emphasizing their difficult financial circumstances.⁶ Physicians could also influence the contraceptive method a woman selected by, for example, privileging long-term over short-term methods. Native women's attitudes toward the artificial contraceptive methods they encountered in government hospitals varied. On some reservations, a generational divide emerged, as younger women embraced the pill and other contraceptive methods, but older women disapproved.⁷

used contraceptive “potions” in the late 1940s in response to the disruptive social changes she attributed to liquor consumption on the reservation. See Snell with Becky Matthews, *Grandmother's Grandchild: My Crow Indian Life* (Lincoln: University of Nebraska Press, 2000), 150-51.

⁵ Jane Lawrence, “The Indian Health Service and the Sterilization of Native American Women,” *American Indian Quarterly* 24, No. 3 (2000), 412-13.

⁶ See, for example, Joanne McCloskey, *Living Through the Generations: Continuity and Change in Navajo Women's Lives* (Tucson: University of Arizona Press, 2007), 128.

⁷ There is evidence of this generational divide, for example, among the Crow in Montana and the Navajo in New Mexico. See Kay Voget Notes, Interview with Ramona Left Hand, 8 June 1968, Fred W. Voget Papers, MSS 318, Series 2, Box 11, Folder 51, Mansfield Library, University of Montana-Missoula; and McCloskey, *Living Through the Generations*.

One reproductive health service that was largely unavailable to Indian women in IHS hospitals was abortion. Prior to 1973, abortion was illegal in many states, as it had been since anti-abortion physicians and activists succeeded in achieving its criminalization in the latter half of the nineteenth century.⁸ Along with oral contraceptives, women in many Native tribes had long practiced abortion to limit family size, particularly in times of scarcity.⁹ Euro-American observers often pointed to the practice to stigmatize Indigenous women—and as a justification for state intervention—but Native feminists have noted that abortions likely increased with colonization. Sarah Deer notes, for example, that “[p]riests and missionaries recorded that Native women chose to induce abortions . . . in communities where sexual violence had become commonplace.”¹⁰ The state’s capacity to police illegal abortions increased in the Progressive Era, and the practice may have declined more quickly or been pushed further underground than the use of oral contraceptives.¹¹ As Indian women converted to Christianity, some also came to view abortion as immoral.¹²

Reflecting the widespread pronatalist sentiment in the U.S. after World War II, the state exhibited renewed aggressiveness in suppressing abortion, but as Leslie Reagan has demonstrated, the postwar repression of abortion did not affect all women equally.

Ironically, white, middle-class women, the women most likely to be represented in Cold

⁸ See Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997).

⁹ Koblitz, *Sex and Herbs and Birth Control*, ch 1.

¹⁰ Sarah Deer, “Toward an Indigenous Jurisprudence of Rape,” *The Kansas Journal of Law and Public Policy* 14 (2004), 133.

¹¹ Notecard on “Old-Dwarf Mt. Crow 7/18/39,” Fred W. Voget Papers, MSS 318, Series 2, Box 7, Folder 8, Maureen and Mike Mansfield Library, University of Montana-Missoula.

¹² Snell, *Grandmother’s Grandchild*, 136.

War depictions of the happy American housewife, were also most likely to have the resources, insurance, and social networks that enabled them to obtain safe and legal abortions in hospitals. In contrast, poor women and women of color, including Native women, were less likely to obtain hospital abortions and more likely to suffer the worst effects of criminal abortion.¹³ The first federal forays into family planning in the 1960s did not include abortion, which the government still deemed too controversial.

This two-tiered system did not end following *Roe v. Wade* in 1973. Just three years later, Congress passed the Hyde Amendment, which eliminated public funding for abortion. The amendment hindered the ability of all women receiving government assistance for health care to obtain an abortion and disproportionately affected women of color. Indian women have charged that the amendment discriminates against them specifically, because an Indian woman's racial identification and tribal affiliation entitles her to health care through a federal agency. As Charon Asetoyer explains, "we're the only race of people in this country that are restricted purely—from abortion access and under the constrictions and restrictions of the Hyde Amendment—based on race."¹⁴

The relative inaccessibility of abortion can be interpreted in part as a strategy to encourage Indian women to accept more permanent birth control options. By the 1970s, the obstacles Indigenous women faced in accessing the reproductive technologies of artificial contraception and abortion were at least temporarily overshadowed by the coercive sterilization, typically via a hysterectomy or tubal ligation, of Native women in government and contract hospitals. In 1970, the IHS began receiving increased federal

¹³ Reagan, *When Abortion Was a Crime*, ch. 7.

¹⁴ Asetoyer, Interview by Joyce Follett, 49.

funding for sterilizations, which exacerbated the abuse that had long occurred in government hospitals.¹⁵ As this study has demonstrated, twentieth-century physicians put forth both social and economic rationales in recommending and justifying the sterilization of Native women. The federal government's near subsidization of sterilization in the 1970s provided official sanction and financial support for long-standing attitudes and practices.

In the 1970s, as in earlier decades, evidence suggests that physicians sterilized Native women coercively. In some cases, Native women entered the hospital for childbirth or an unrelated surgery and did not learn they had been sterilized until months or even years later. In one widely reported case in Montana, two young Native women entered a government hospital for appendectomies and received tubal ligations without their knowledge. The young women—and many other Native women who were sterilized in the twentieth century—were minors, in this case not yet sixteen years old.¹⁶

Perhaps more typically, Native women reported that health workers inadequately explained the procedure and its consequences and used the authority of the state to force consent. Marie Sanchez, Chief Tribal Judge on the Northern Cheyenne Reservation in Montana, found that physicians regularly “push[ed] hysterectomies on otherwise healthy patients,” and HEW circulated pamphlets promoting sterilization in Native communities.¹⁷ Many women reported that they had been under the false impression that

¹⁵ See Andrea Smith, *Conquest: Sexual Violence and American Indian Genocide* (Cambridge, MA: South End Press, 2005), ch. 4.

¹⁶ Lawrence, “The Indian Health Service,” 400.

¹⁷ Rebecca Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick, NJ: Rutgers University Press, 2009), 110; D. Marie Ralstin-Lewis, “The Continuing Struggle Against Genocide: Indigenous Women’s Reproductive Rights,” *Wicazo Sa Review* 20, No. 1 (2005), 78.

the surgery was reversible. Convinced that many Native women were not intelligent or capable enough to use the pill effectively, some physicians deliberately steered their patients away from short-term birth control methods and toward more permanent measures, or they made their willingness to perform an abortion contingent on the women's consent to a tubal ligation in the process. Both inside and outside hospitals, social workers played a role in the government sterilization campaign, by threatening the deprivation of welfare benefits or the removal of current or future children to "a faraway foster home."¹⁸

In 1976, the Government Accountability Office launched an investigation into allegations of sterilization abuse in government hospitals. The GAO Report stopped short of declaring that the IHS coercively sterilized Native women, but it did highlight a number of problems with the informed consent process. The report found that HEW failed to provide IHS hospitals with sterilization guidelines and that the IHS lacked standardized consent forms, resulting in some physicians' ignorance of proper protocol and tremendous variation from hospital to hospital. Many hospitals used inadequate consent forms, which did not adequately explain risks and alternative birth control methods and did not clarify that a woman's birth control decisions had no bearing on her qualification for government programs. IHS area offices also failed to follow HEW regulations regarding a moratorium on women under the age of twenty-one and a waiting period of seventy-two hours between consent and an operation.¹⁹ If only implicitly, the

¹⁸ Mary Brave Bird with Richard Erdoes, *Ohitika Woman* (New York: Grove Press, 1993), 192; Ralstin-Lewis, "The Continuing Struggle," 81.

¹⁹ Elmer B. Staats, Comptroller General, *Report to Senator James Abourezk: Investigation of Allegations Concerning Indian Health Service*, General Accounting Office, Nov 4, 1976 [Hereafter GAO Report]. See also Myla Vicenti Carpio, "Lost Generation: The Involuntary Sterilization of American Indian Women" (MA Thesis: Arizona State University, 1995), 48-50; and Lawrence, "The Indian Health Service," 407-09.

GAO Report revealed a reality that would not have surprised many Indigenous women: physicians and other medical staff enjoyed tremendous, often troubling, discretion and authority in government and contract hospitals. At the same time, investigators relied on government records rather than interviews with Native women, and the report's emphasis on bureaucratic missteps obscured the power dynamics that shaped Indigenous women's reproductive experiences.

As in the decades preceding World War II, quantifying the coercive sterilization of Native women quickly becomes a complicated endeavor. The GAO investigation covered four of the twelve geographic areas serviced by IHS and concluded that 3,406 Indigenous women of childbearing age had been sterilized between 1973 and 1976.²⁰ Indigenous activists conducted their own investigations, revealing much higher numbers. Connie Pinkerton-Uri, a Native American physician who worked to publicize the issue, determined that at least twenty-five percent of Indian women between the ages of fifteen and forty-four had been sterilized by IHS physicians. In some locations, the percentage climbed even higher. On the Northern Cheyenne Reservation, Marie Sanchez announced that physicians had sterilized twenty-six of fifty women.²¹ Lee Brightman, a male Lakota activist, estimated that forty percent of Indigenous women had been sterilized.²²

The startling numbers and percentages Indigenous activists discovered led many of them to conclude that the coercive sterilization of Native women constituted nothing

²⁰ GAO Report, 4.

²¹ Lawrence, "The Indian Health Service," 410.

²² Ralstin-Lewis, "The Continuing Struggle," 82.

less than genocide.²³ Indeed, the United Nations recognizes the imposition of “measures intended to prevent births” within a targeted racial group as a form of genocide, and the coercive sterilization of Indigenous women in government hospitals in the 1970s certainly appears to fit this definition. It further bears noting that the UN characterizes “[f]orcibly transferring children” of a targeted racial group “to another group” as a form of genocide. As Chapter Five demonstrated, state and federal agencies transferred Indigenous children from their homes to white foster and adoptive homes at what Margaret Jacobs has characterized as crisis levels in this period.²⁴

Toward Reproductive Justice

Scholars have suggested that the drastic increase in coercive sterilizations of Indigenous women in the late 1960s and 1970s was in part a response to the increasingly visible Native American activism in the postwar period.²⁵ Rebecca Kluchin has argued that alongside the civil rights movement, the Black Power movement, and the Chicano/a rights movement, the pan-Indian activism of the 1950s and especially the 1960s represented a threat to “white power and privilege.”²⁶ But sterilization abuse also fueled this Native activism. The struggle for bodily autonomy and a broad-based reproductive

²³ “W.A.R.N. Report II,” 1979, Liberty Hill Foundation Records, 20th Century Organizational Files, Box 10, Folder Women of All Red Nations ‘79/’80, Southern California Library for Social Studies and Research, Los Angeles, California [Hereafter WARN Report].

²⁴ For an overview of scholarly debates regarding the appropriateness of the term “genocide” for U.S.-Indigenous history, see Benjamin Madley, “Reexamining the American Genocide: Meaning, Historiography, and New Methods,” *American Historical Review* 120, No. 1 (2015): 98-139. Madley urges scholars to move beyond the polarizing factors surrounding the debate by analyzing case studies—particular locations and periods—rather than attempting to characterize huge swaths of history as fundamentally genocidal or not.

²⁵ See Kluchin, *Fit to Be Tied*; and Carpio, “Lost Generation.”

²⁶ Kluchin, *Fit to Be Tied*, 3.

rights agenda was at the core of Indigenous women's political activism in the self-determination era.

As this study suggests, Indigenous women had organized around their social and biological reproductive labor throughout the twentieth century. Traditionally, Native women's authority stemmed from the gendered division of labor in their societies, with biological reproduction serving as one critical realm of female control.²⁷ The Indian Service worked to destabilize these gendered power structures by shoring up men's authority within the home and political power within the community. Government employees' promotion of hospital childbirth, which included a sustained campaign against Indigenous midwives, challenged the gendered division of labor surrounding reproduction and pushed reproductive issues into the male-centric political sphere. Native men's power was magnified in the tribal governments and councils Commissioner John Collier championed, but women did occasionally appeal to the councils, often invoking their status as mothers to do so.²⁸ As the experiences of Susie Yellowtail, the Crow woman who began practicing midwifery after witnessing unethical sterilization practices while a nurse at the Crow Indian Hospital, suggest, and the frequent tensions between government employees and Indigenous midwives affirm, the continued practice of and demand for midwifery through the 1930s, 1940s, and in some locations beyond, can be viewed in part as a political act.

²⁷ See, for example, Rayna Green, *Women in American Indian Society* (New York: Chelsea House Publishers, 1992); Theda Perdue, *Cherokee Women: Gender and Culture Change, 1700-1835* (Lincoln: University of Nebraska Press, 1998).

²⁸ I cited examples of Crow women making such appeals in Chapter Two. See Meeting Minutes, Crow Tribal Council, 6 Feb 1935, Records of the Bureau of Indian Affairs: Central Classified Files, 1907-1939, FILM 9730, Reel 3, Labriola American Indian Center, Arizona State University.

During and following World War II, Native women became more active in formal tribal politics. By the mid-1950s, for example, Crow women regularly spoke at Tribal Council meetings, despite some grumbling from their male counterparts. Crow women also served on council committees, especially those related to education and health.²⁹ When Lyndon B. Johnson included Native Americans in his War on Poverty initiatives, such as Head Start, Native women played a critical role in implementing these programs in their communities. Daniel Cobb points to the Salt River Pima and Maricopa Reservation in Arizona as an example of a location where Native women used federal programs to “reasser[t] their presence in the political, economic, and social lives of their community.”³⁰ This trend occurred throughout Indian Country, including on the Crow Reservation. As Cobb explains, many women leveraged their positions in Head Start and reservation health programs to acquire a voice in tribal politics.³¹

In these same decades, Native Americans organized on a national level to protest termination and the constant threat of termination and to assert their demand for self-determination.³² In this context, Native women’s local actions gained a national

²⁹ See “Copy of Interview with Olive Verme, Crow Agency, 1956,” Fred W. Voget Papers, Series 2, Box 11, Folder 45, Mansfield Library, Missoula; “Copy of Interview with Josephine Russell, Lodge Grass, 1956,” Fred W. Voget Papers, MSS 318, Series 2, Box 11, Folder 46, Mansfield Library, Missoula. This trend occurred on other reservations as well. For examples of Navajo women in postwar politics, see Irene Stewart, edited by Doris Ostrander Dowdy, *A Voice in Her Tribe: A Navajo Woman’s Own Story* (Socorro, NM: Ballena Press, 1980); Carolyn Niethammer, *I’ll Go and Do More: Annie Dodge Wauneka, Navajo Leader and Activist* (Lincoln: University of Nebraska Press, 2001).

³⁰ Daniel Cobb, “Philosophy of an Indian War: Indian Community Action in the Johnson Administration’s War on Indian Poverty, 1964-1968,” *American Indian Research and Culture Journal* 22, No. 2 (1998): 71-102. Thomas Clarkin uses the same reservation to make a similar argument, although Clarkin perhaps overstates the change in women’s status by presenting it as a “transformation” rather than, as Cobb describes it, a “reassertion.” See Clarkin, *Federal Indian Policy in the Kennedy and Johnson Administrations, 1961-1969* (Albuquerque: University of New Mexico Press, 2001), 127.

³¹ Cobb, “Philosophy of an Indian War.”

³² See Daniel Cobb, *Native Activism in Cold War America: The Struggle for Sovereignty* (Lawrence: University Press of Kansas, 2008).

platform. Once again, Susie Yellowtail serves as an illustrative example. Yellowtail ceased her midwifery practice in 1960, and the following year President John F. Kennedy appointed her to the Department of Health, Education and Welfare's Council on Indian Health, where she remained through the Johnson and Nixon administrations. In the early 1960s, she founded the Native American Nurses Association (later renamed the American Indian Nurses Association).³³ A reverse trajectory occurred as well, as women who gained experience and knowledge in national organizations and protests carved out new roles for themselves on their reservations.³⁴

Native women's increased political activism in their communities and at the national level translated into broader awareness of and resistance to state reproductive violence, including the coercive sterilization of Indigenous women. Following her appointment to HEW's Council on Indian Health, Susie Yellowtail was finally able to report—directly to the president—the unethical sterilization practices she had observed on her reservation decades earlier.³⁵ As Yellowtail traveled throughout Indian Country, she discovered that these practices were not unique to the Crow Indian Hospital. The Native American Nurses Association she helped found was an organization of Native nurses whose professional experiences had alerted them to the sterilization abuse that occurred in government hospitals and the poor treatment Native patients received from IHS and contract health workers.³⁶

³³ See Therese Hinkell, ed., *Nurse of the Twentieth Century: Susie Walking Bear Yellowtail, First Native American Registered Nurse* (Shelburne, MA: Therese Hinkell, R.N., 2000).

³⁴ See, for example, Cobb, *Native Activism*, 195-197.

³⁵ Constance Yellowtail Jackson, "Susie Walking Bear Yellowtail, 1903-1981," in *Nurse of the Twentieth Century*, 85.

³⁶ Vern Bullough et al., "Susie Yellowtail, 1903-1981," reprinted in *Nurse of the Twentieth Century*, 72.

By the 1970s, two trends had converged to make sterilization abuse in IHS hospitals a highly-politicized and widely-publicized national issue: the increase in sterilizations resulting from the federal subsidization of the operation and the emergence of a more militant strand of Indian activism with established networks for disseminating information. When Connie Pinkerton-Uri, an IHS physician of Choctaw and Cherokee descent, began encountering sterilized female patients, many of whom did not fully understand the implications of the procedure, she lobbied lawmakers to investigate the issue but did not wait for them to act. Pinkerton-Uri conducted her own investigation of records of an IHS hospital in Oklahoma and found that of 132 Native women sterilized at the hospital, only thirty-two of these sterilizations had been labeled “therapeutic.”³⁷ Pinkerton-Uri also earned her law degree and founded Indian Women United for Justice to pursue legal restitution for Native women who had been coercively sterilized.³⁸

Other Indian women, by this time firmly entrenched in local and national leadership and activism, committed themselves to exposing and eliminating sterilization abuse. As noted above, Northern Cheyenne tribal judge Marie Sanchez conducted an investigation on her own reservation and was vocal in her conclusion that government sterilization estimates were far too low.³⁹ In the late 1970s, Indigenous women who had been active in the American Indian Movement (AIM), a militant activist organization, established Women of All Red Nations (WARN), which continued to coordinate closely

³⁷ See Sally Torpy, “Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s,” *American Indian Culture and Research Journal* 24, No. 2 (2000): 1-22.

³⁸ Meg Devlin O’Sullivan, “‘We Worry About Survival’: American Indian Women, Sovereignty, and the Right to Bear and Raise Children in the 1970s” (PhD Diss: University of North Carolina-Chapel Hill, 2007), ch 1.

³⁹ “Marie Sanchez: For the Women,” *Akwesasne Notes* 9, No. 5 (Dec 1977), 14.

with AIM leaders but also prioritized issues of particular importance to Indian women, including coercive sterilization.⁴⁰

The first political priority for most female Indigenous activists was tribal sovereignty and self-determination. Indian men and women alike understood Native women's reproductive autonomy as a critical component of sovereignty. In 1977, male chiefs, clan mothers, and young people from the Six Nations (also known as Haudenosaunee) came together in Loon Lake, New York, "to define sovereignty for Native peoples." The group identified "control of reproduction" as one of sovereignty's five "essential elements."⁴¹ The group's document, which was widely distributed in activist circles, noted that the recent publicity surrounding the sterilization of Native women had "driven home" the urgency of reproductive autonomy.⁴² The document concluded, "In terms of the children, in terms of guaranteeing the continuity of Our Peoples—the women must lead. The women must re-strengthen themselves."⁴³ Reflecting this sentiment, Indian women often organized on the basis of their status as mothers—either biological or metaphorical—and couched their activism in maternal language, reflecting a division of activist labor many Native men and women viewed as appropriate.⁴⁴

⁴⁰ For a discussion of WARN women and their priorities, see Dian Million, *Therapeutic Nations: Healing in an Age of Indigenous Human Rights* (Tucson: University of Arizona Press, 2013), ch 6.

⁴¹ Katsi Cook, Interview by Joyce Follett, 25-27 Oct 2005, Voices of Feminism Oral History Project, Sophia Smith Collection, Smith College, Northampton MA .

⁴² WARN Report, 3.

⁴³ Ibid.

⁴⁴ See Barbara Gurr, "Win Oye Ya: An Examination of American Indian Women's Responses of Resistance to Colonization" (MA Thesis: Southern Connecticut State University, 2004); and Elizabeth Castle, "Black and Native American Women's Activism in the Black Panther Party and the American Indian Movement" (PhD Diss: University of Cambridge, 2000), ch. 5.

Those at the Loon Lake conference favorably noted one “good, strong way” Native women were taking the lead in reclaiming control of their reproduction: the return to “natural childbirth” and Indigenous midwifery.⁴⁵ When Katsi Cook, a Mohawk activist, gave birth in 1975, she arranged for a home birth, although she had difficulty finding Native women who were willing and able to assist her because midwifery knowledge had not been passed down to the younger generations. Cook participated in the Loon Lake conference in 1977, and she recognized that “there needed to be a place for the woman’s voice in this construct of sovereignty.”⁴⁶ For Cook, reproduction provided this space, and she took up midwifery soon after the conference. She worked as an apprentice in spiritual midwifery, received clinical training at the University of New Mexico’s Women’s Health Training Program, and traveled throughout Indian Country to speak to older Native women about traditional childbirth practices. WARN’s founders asked Cook to speak at the organization’s first annual conferences, where she passionately called for a return to home births, Indigenous midwifery, and Native women’s recognition of their power as life-givers.⁴⁷ Cook emphasized the urgent need to train “new generations of Native American midwives,” a task she dedicated herself to in the following decades.⁴⁸

Cook and many other Indigenous women’s response upon learning of the sterilization abuse that occurred in IHS hospitals in the 1970s mirrors Susie Yellowtail’s decision to give birth at home and serve as a midwife for other women after witnessing

⁴⁵ WARN Report, 3.

⁴⁶ Cook, Interview by Follett, 65.

⁴⁷ WARN Report, 34-36.

⁴⁸ Cook, Interview by Follett, 67.

unethical sterilization practices at the Crow Indian Hospital forty years earlier. It also in some ways parallels contemporary trends in the women's health movement. In 1971, for example, the Boston Women's Health Collective published the first edition of *Our Bodies, Ourselves*, which encouraged women to learn about their bodies and reproductive processes in an effort to reclaim control from male medical "experts."⁴⁹ Cook, who was familiar with the Boston Collective, similarly lamented that Native women had become "ignorant in our everyday fertility issues."⁵⁰ For Cook, Indigenous midwifery allowed Native women to seize control from government physicians and also from Native men who she believed sometimes appropriated reproductive issues for their own agendas.⁵¹ Charon Asetoyer, who was also active in WARN's early years, emphasized that regardless of whether a woman chose to give birth in a hospital or at home, it was critical that reproductive decisions be "the business of women" rather than men.⁵² Asetoyer and Cook's insistence on women's autonomy in this realm reflects the increased conviction of Native women, many of whom identify as Native feminists, that gender and colonial oppression must be fought simultaneously and that the struggles are in fact interconnected.⁵³

Above all, however, Indian women emphasized the relationship between their reproductive autonomy and their peoples' struggle against U.S. colonialism. WARN, for

⁴⁹ Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon & Schuster, 1973 [1971]).

⁵⁰ Cook, Interview by Follett, 66.

⁵¹ *Ibid.*, 67, 79.

⁵² Asetoyer, Interview by Follett, 54.

⁵³ See Renya Ramirez, "Race, Tribal Nation, and Gender: A Native Feminist Approach to Belonging," *Meridians* 7, No. 2 (2007): 22-40.

example, asked Indian women to consider, “[H]ow is [sterilization] genocidal to Native people and how does it threaten the survival and sovereignty of our People?”⁵⁴ Both male and female activists viewed state reproductive violence as directly linked to U.S. settler society’s seemingly insatiable desire for Native land. President of United Native Americans Lee Brightman claimed that “the sterilization campaign is nothing but an insidious scheme to get Indians’ lands once and for all.”⁵⁵ Lorelei Decora Means and two other WARN co-founders attributed the coercive sterilization of Native women at least in part to “the government’s drive for energy resources” such as gas and oil on reservations. In fact, WARN women understood this as the same struggle; as one activist explained, “WARN sees the fight as having two parts: to stop the government’s drive for energy resources on the reservations, and to stop IHS hospitals from sterilizing Native women. The two are one fight: stop the genocide of Native American people.”⁵⁶ While many dismissed such charges as exaggerated or conspiratorial, Meg Devlin O’Sullivan has demonstrated that there did appear to be a connection between resource-rich tribes and particularly high sterilization rates.⁵⁷

Female Indian activists’ belief that reproduction was intimately connected to other pressing political struggles of the late twentieth century resulted in a reproductive rights platform that incorporated a broad social justice agenda. WARN leaders and other Indian women protested water pollution, uranium mining, and other forms of environmental

⁵⁴ WARN Report, 42.

⁵⁵ Quoted in Ralstin-Lewis, “The Continuing Struggle,” 83.

⁵⁶ Quoted in O’Sullivan, “We Worry About Survival,” 92-93. Also see Pat Bellanger, Lorelei Means, Vicki Howard, and Kris Melroe, “Interview: On the Edge of Exinction,” *off our backs* 9, No. 5 (May 1979): 8-9.

⁵⁷ O’Sullivan, “We Worry About Survival,” 93.

degradation on reservations, all in the name of protecting their reproductive health.⁵⁸ The contamination of a tribe's water source, these women argued, was a reproductive rights issue. WARN women also organized to provide nutritional education and substance abuse treatment to pregnant Native women. Access to this education and these services, women like Charon Asetoyer argued, was a reproductive rights issue.⁵⁹ Like other women of color, Indian women argued that "choice," a buzzword in the mainstream women's right movement, was an inadequate framework for a reproductive rights agenda. Poverty, reliance on public assistance, and dependence on government health care constrained the parameters of choice for many Native women.⁶⁰

Indigenous women coordinated with mainstream women's organizations on issues where they shared common ground. Both Asetoyer and Cook, for example, sat on the board of the National Women's Health Network. Meg Devlin O'Sullivan has argued that Indian women, along with other feminists of color, were instrumental in expanding the reproductive rights plank adopted at the International Women's Year conference in Houston, Texas, in 1977. O'Sullivan explains that they "successfully extended the terms of reproductive rights beyond abortion and birth control to include freedom from coerced sterilization."⁶¹ While many Native women did not approve of abortion for themselves, the women in their tribe, or even Native women more broadly, most reproductive health activists, like the women who made up the Reproductive Justice Coalition introduced at

⁵⁸ Katsi Cook's Mother's Milk Project serves as a good example of this type of activist work. See Cook, Interview by Follett, 84-90.

⁵⁹ Asetoyer, Interview by Follett.

⁶⁰ See Andrea Smith, "Beyond Pro-Choice versus Pro-Life: Women of Color and Reproductive Justice," *NWSA Journal* 17, No. 1 (2005): 119-140.

⁶¹ O'Sullivan, "We Worry About Survival," 89.

the start of this chapter, believed that access to safe and legal abortions was a necessary part of a broad reproductive justice agenda.⁶² Asetoyer, with other Native activists, pushed mainstream organizations to incorporate the fight against coercive sterilization into their reproductive rights platforms, but she remained frustrated by many white women's insistence on a narrow agenda, as well as by Indigenous women's "lack of visibility" in the movement.⁶³ For her part, Cook decided to resign from the board of the National Women's Health Network when she realized that her work with national organizations detracted from her work in her own community.⁶⁴

Native women also formed coalitions with women of color engaged in comparable political struggles. Like Native women, black and Latina feminists advocated an expansive reproductive justice agenda that privileged the struggle to end sterilization abuse and approached economic security and access to health care as critical reproductive rights issues.⁶⁵ In particular, Native women developed relationships with Latina activists. Native publications like *Akwesasne Notes* emphasized Latina women's similar history of state reproductive violence, and Asetoyer further argued that Chicanas, more than other women of color, understood Native issues due in part to a shared sense

⁶² Joanne McClosky reports that many Navajo women remained skeptical of abortion or reported that they would not choose to have an abortion themselves. See McClosky, *Living Through the Generations*. Scholars have also reported that Indian women tend to express relatively conservative views on abortion in surveys. See Margot Liberty et al., "Rural and Urban Omaha Indian Fertility," *Human Biology* 48, No. 1 (1976): 59-71; Liberty et al., "Rural and Urban Seminole Indian Fertility," *Human Biology* 48, No. 4 (1976): 741-55.

⁶³ *Ibid.*, 39-47.

⁶⁴ Cook, Interview by Follett, 67.

⁶⁵ See Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); and Jael Silliman et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge, MA: South End Press, 2004).

of indigeneity.⁶⁶ But Indigenous women also remained committed to separate organizations and projects to address issues and problems they believed to be products of Native Americans' unique history as targets of U.S. settler colonialism. Many Native activists viewed their struggle in defense of their reproductive health and maternal rights first and foremost as a project of decolonization.

The Struggle Continues

Following the release of the GAO Report in 1976 and sustained scrutiny from Native activists and communities, coercive sterilizations drastically decreased in IHS hospitals. Also in 1976, Congress passed the Indian Health Care Improvement Act, which was designed to give tribes more control over IHS facilities and services, a development many communities welcomed.⁶⁷ But the reproductive violence many Native women encountered in the 1970s—as well as the longer history of reproductive violence recounted in this study—left painful legacies.

Most immediately, victims of coercive sterilization often experienced psychological trauma, particularly given the value many Indigenous societies placed on women's social and reproductive labor. As Pat Bellanger, an Ojibwe activist in Minneapolis, explained, “**Being sterilized is a really tender and emotional issue.**” In fact, Bellanger noted, victims' reluctance to speak about such a painful event was one obstacle she faced in her efforts to discern the scope of the sterilization crisis; it was also an obstacle in securing the assistance many victims needed. Through her work with

⁶⁶ See “Killing Our Future: Sterilization and Experiments,” *Akwesasne Notes* 9, No. 1 (1977), 4; Asetoyer, Interview by Follett, 80. For the coercive sterilization of Latina women, see Elena Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin: University of Texas Press, 2008).

⁶⁷ Lawrence, “The Indian Health Service,” 414-15.

WARN, Bellanger arranged counseling services for known sterilization victims, many of whom were “really ripped apart because they’re no longer women in the way that they know.”⁶⁸ Jane Lawrence notes that sterilized women “had to deal with higher rates of marital problems, alcoholism, [and] drug abuse,” as well as feelings of “shame” and “guilt.”⁶⁹

Government sterilization policies also affected entire communities, both by threatening a tribe’s survival and by compounding a long-standing distrust of government services. Many Native women who had been forcibly sterilized refused to enter IHS hospitals for health care, and some women who had not been sterilized avoided government hospitals for fear that they, too, would be targeted.⁷⁰ As Mary Brave Bird recalled her childbirth experience in the 1970s, “I was determined not to go to the hospital . . . I wanted no white doctor to touch me. Always in my mind was how they had sterilized my sister and how they had let her baby die.”⁷¹ In fact, according to Charon Asetoyer, some of the women on her reservation suspected that government agents had pushed hospital childbirth in the 1940s and 1950s because “they wanted to sterilize them.”⁷² Native women’s distrust of hospital services fueled the resurgence in Indigenous midwifery in the 1970s and 1980s, but it also likely resulted in decreased reproductive health services for many women.

⁶⁸ WARN Report, 38. Bold in original.

⁶⁹ Lawrence, “The Indian Health Service,” 410.

⁷⁰ Lawrence, “The Indian Health Service,” 413-14; Mark Miller et al., “Native American Peoples on the Trail of Tears Once More,” *Akwesasne Notes* 11, No. 2 (1979), 18.

⁷¹ Brave Bird, *Lakota Woman*, 157.

⁷² Asetoyer, Interview by Follett, 56.

Furthermore, Jennifer Denetdale has argued that the sterilization abuse in IHS hospitals and the pressure IHS staff exerted on so many Navajo and other Native women to limit their family size likely influenced Native women's attitudes toward birth control and abortion.⁷³ Some Native women came to view all birth control methods as instruments in a genocidal plot against American Indians.⁷⁴ At the same time, however, following the public outcry against sterilization abuse in the 1970s, Native women wanting to terminate an unwanted pregnancy encountered increased difficulty in doing so. Two decades later, IHS physicians explained that the controversy surrounding the institution's past reproductive policies resulted in a cautious approach to restrictive reproductive procedures.⁷⁵ A study by the Native American Women's Health Education Research Center in 2002 found that only five percent of surveyed IHS service units performed abortions even in the limited circumstances allowed by the Hyde Amendment.⁷⁶

Finally, although the permanent sterilization of Indigenous women in the form of hysterectomies or tubal ligations waned in the 1980s, the government's effort to control Native women's reproduction continued. As Andrea Smith has demonstrated, physicians promoted "unsafe, long-acting hormonal contraceptives" in IHS hospitals, particularly for Native women with disabilities or who were struggling with alcoholism or drug abuse.⁷⁷

⁷³ Jennifer Denetdale, Review of *Living Through the Generations: Continuity and Change in Navajo Women's Lives*, by Joanne McClosky and *Weaving Women's Lives: Three Generations in a Navajo Family*, by Louise Lamphere, *American Indian Quarterly* 33, No. 2 (2009): 288-92.

⁷⁴ Brave Bird, *Ohitika Woman*, ch 5.

⁷⁵ Bill Donovan, "IHS Careful About Sterilizations," *Navajo Times* (5 Dec 1997), 2.

⁷⁶ Smith, *Conquest*, 96-97.

⁷⁷ *Ibid.*, 88.

For example, IHS physicians regularly used Depo-Provera, a long-acting injectable contraceptive, prior to the drug's FDA approval in 1992. Norplant, a contraceptive implant that prevents pregnancy for up to five years, has also been used in IHS hospitals. Native activists argue that both contraceptive methods can be dangerous and are known to produce extreme side effects, particularly when they are used, as Asetoyer argues has frequently been the case, on women who are "poor candidate[s]" for the drug, due to health conditions such as high blood pressure or depression.⁷⁸ Native women reported that, as with permanent sterilizations in the 1970s and earlier, physicians did not follow proper protocol for obtaining informed consent for these contraceptive methods.⁷⁹ Asetoyer and other Native women argue that long-acting contraceptives like Depo-Provera and Norplant, when used coercively, should not be seen as birth control but as sterilization.⁸⁰

American Indian women's struggle to end coercive sterilization in all forms, as well as their struggle for access to reproductive health services and for control over their reproductive lives, continues into the twenty-first century. As I began writing this epilogue, female Native activists, including women I have discussed above, were joining with non-Native activists at an annual conference on reproductive justice held in Norman, Oklahoma. Native women spoke out against the injustice they continued to face in the health care and criminal justice systems, and they celebrated Indigenous perspectives on life and the power of life-givers.⁸¹ The gravity of challenges Native women face in the

⁷⁸ Asetoyer, Interview by Follett, 34.

⁷⁹ Smith, *Conquest*, 92.

⁸⁰ Asetoyer, Interview by Follett, 47.

⁸¹ Program, "Red State Perspectives on Reproductive Justice," Fifth Annual Conference, 20-21 Feb 2015, <http://take-root.org/2015-conference-schedule/>.

twenty-first century does not diminish what Native activists have accomplished in recent decades, which in many cases is nothing short of extraordinary. When Susie Yellowtail protested the coercive sterilization of Crow women in the Crow Indian Hospital in the 1930s, she struggled to be heard by anyone with power. When Indigenous women, including Yellowtail, organized to fight the same practice decades later, they, along with Native men, forged a movement that built on domestic protests in the 1960s and 1970s and global anti-colonial struggles. As Native women respond to new and old challenges in the twenty-first century, they draw on kin, community, and pan-Indian networks, and their activism spans from local to national to international.

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