Chapter 1: Many Stories, Many Paths

Our situation in the United States, as well as throughout the Western Hemisphere, is unique, for we are First Nations people, indigenous; we aren’t so much a political minority as we are displaced persons.
—Paula Gunn Allen (Laguna Pueblo, Sioux, and Lebanese), Off the Reservation

Over the time we have been here, we have built cultural ways on and about this land. We have our own respected versions of how we came to be. These origin stories—that we emerged or fell from the sky or were brought forth—connect us to this land and establish our realities, our belief systems.
—Henrietta Mann (Northern Cheyenne)

In 2013, Bois Forte Chippewa historian Kay Davis traveled to Canton, South Dakota, to join in an honoring ceremony. Her destination was the former grounds of the Canton Asylum for Insane Indians. Davis brought with her a handmade map. The names of every Native nation and each of their individual members stolen away to the Indian Asylum filled the white spaces along the western and northern edges, creating a framework, archive, and collective story. Below the printed text appeared the common outlines of individual states. Colored strands stretched between the lists of affiliated Indigenous people and their reservations’ geographic locations, transmitting the stories of people taken away and those to whom they belonged.

Focusing on the institutionalized people as members of Indigenous nations, Davis’s map bore witness to the rippling, damaging impact of the Canton Asylum. At the same time, the collective names, strings, and homelands offered a counterstory, inverting settler boundaries and conquest with Indigenous centers and borders. Ancestors threaded in short and long lines to their kin, a tapestry stitched by trauma, defiance, and imagination. For Davis and others attending the ceremony, historic and contemporary threads held them to one another.¹

Finding family members and their histories has united many people at the honoring ceremony. For Kay Davis, excavation and imagination became a practice in her adolescence. She was sixteen when her mother
Bois Forte Chippewa Tribal Historian Kay Davis made this map sometime between 2010 and 2014 to emphasize kinship ties and Indigenous identities of the people stolen away to the federal institution in Canton, South Dakota. Names of Native nations and their members institutionalized at the Indian Asylum frame the left side and top. Pins and colored string connect the tribal information to geographic locations of reservations on a standard map of the continental United States. Photograph by Jill Betancourt. Courtesy of Kristi Foreman.

finally admitted what others had long asserted: that she was Native American, born in an Indian Hospital to a father who was an enrolled member of the Bois Forte Band of Chippewa and a mother who was non-Native. Seeking to better understand her own identity and those of her Indigenous community, Davis eventually took a job in the Bureau of Indian Affairs, specializing in genealogical work.\(^2\) Searching for a more complete account of her Bois Forte Band’s story ultimately drew her to the Canton Asylum. One of their members, Tom Floodwood, was forcibly taken to Canton on May 13, 1923. He died there four months later, on September 26.\(^3\) Drawing on her genealogical expertise, Davis began writing short life stories for each known person confined at the Indian Asylum. In contrast to the U.S. government documents and most historical studies about the institution, Davis organized
her biographical project by Native nations. “For me, it is the people who went there and their Tribal affiliation,” she explained. Placing individuals within their Indigenous communities and emphasizing their kin connections to others, Kay Davis offered a different tale. The process, she pointed out, intentionally countered some of the corrosive effect of settler conquest. As in her own experience, much of these ancestors’ history has been lost to descendants, weakening the ties to American Indian community and identity. Conducting genealogical research and sharing her findings has nourished some of those roots. Davis’s project embodies what Indigenous scholars, artists, and activists call “re-storying”: “retelling and imagining of stories that restores and continues cultural memories.”

In this 2016 soft-focus portrait of Kay Davis, the eighty-year-old historian looks thoughtfully at the camera, an art piece hanging on the wall behind her. A commitment to family and Native self-determination propelled Davis’s research on people detained at Canton Asylum. Courtesy of Kristi Foreman.
Reading Davis’s threaded map evokes re-storying. Scanning from the outer edges and across the chart, people’s histories of forced dislocations and a path to institutionalization emerge. Tracing from the various hubs outward, stories before and long after the Asylum’s establishment rise up. The beginnings and ends of the strings emphasize peoples’ relations to places, to homes, and to Indigenous worlds. Confinement and sustained exile pull at the threads, as do refusals by kin to fully let go. Uneven and incomplete, haunted and haunting questions swirl around what is remembered and imagined about the people incarcerated at Canton Asylum.

As the tribal historian’s graphic representation illustrates, there are many centers to the lived stories of institutionalization at Canton. The constellation of pins, strands, Native names, and places contain beginnings of stories that continue to unfurl to this day. European colonial conquest in the Americas since the 1500s offers another center that includes Indigenous peoples’ forced dislocations across the nineteenth century—brought about by war, hunger, profit, love, hope, epidemics, and genocide. Christian missions, boarding schools, prisons, orphanages, and insane asylums punctuate this account. Broken treaties, wardship, and other attacks on Native self-determination pierce like barbed knots at every turn.

Sharing her map with others gathered at the site of the former Asylum, Davis invited them to grapple with the impact of the disparate stories and storytellers. The histories symbolically represented in the map and in white settler progress-centered accounts of Canton Asylum are uneven in detail and power, restlessly cohabiting a world of multiple centers, nations, and consequences. Questions posed between descendants, focused exchanges, and pondering silences underscored the ramifications of the stories: Which accounts are known in fragments or wide swaths, and which ones have been stolen, lost, or hidden? Where and from whom do the details come? Re-storying fills the hours spent between Davis and people whose kin are tied to Canton Asylum. Her map is an urgent call for more stories.

One white string in Kay Davis’s creation arcs outward from the reservation in Sisseton, South Dakota. According to descendants of Elizabeth Faribault, multiple removals simultaneously mark ruptures and starting points in their family history. As one relative explained, Elizabeth’s parents were members of the Sisseton (“people of the marsh”) and Wahpeton (“people of Lake Traverse”) Band of Dakota Nation. For generations, their home had been in what today is Minnesota. Born in 1882, Elizabeth was the firstborn child...
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of Zihkanakoyake (also called Henry Alexis in U.S. documents) and Manzakoyakesuim (also known as Mary Alexis). Like many Dakota people in the late nineteenth century, Zihkanakoyake and Manzakoyakesuim crossed Minnesota and South and North Dakota as part of an exodus forced by the U.S. government. Wars and treaties contributed to further splintering. Some of Elizabeth’s extended Alexis family fled to Canada; those who returned had to relocate to reservations in South and North Dakota. Zihkanakoyake and Manzakoyakesuim were among those who were displaced to Spirit Lake. Later, Manzakyakesium moved with her children to Lake Traverse.

Little is known about Elizabeth’s early years. She clearly grew up among other Dakota people, absorbing daily lessons from elders and other kin. Her immediate relatives communicated exclusively in the Dakota language and appear to have held tightly to Sisseton-Wahpeton lifeways. Her family’s aversion to Euro-American cultural assimilation was typical. The local U.S. Indian agent in the late 1870s, J. G. Hamilton, for example, had expressed alarm by how tenaciously women maintained Dakota culture and identity. In this context, one can imagine some of the contours of daily life: helping and arguing with younger siblings; learning to cook, sew, garden; spending time with elders and with peers; listening to stories; yearning, struggling, belonging, and coming of age. The children of Zihkanakoyake and Manzakoyakesuim almost certainly were known by Dakota names, which meant that Elizabeth had multiple names across her childhood and young adulthood. These ways of identifying Elizabeth and her siblings were never recorded or preserved by U.S. officials.

At the turn of the twentieth century, seventeen-year-old Elizabeth was listed in U.S. rolls as the wife of Jesse Faribault, a member of a prominent Sisseton family. Like many relatives in his generation, Jesse spent most of his life on the Sisseton Reservation, often working as a farm laborer. Both Jesse and Elizabeth came of age at a time of considerable transformation among the Sisseton Band. Increasing land thefts by white settlers, unsuccessful military and political battles with the U.S. government, and the cumulative effect of disease, starvation, and displacement exacted heavy tolls on Dakota people.

The first reservation partitioned under the General Allotment Act of 1867, Lake Traverse (Sisseton)—where the Faribaults lived—was known for its resistance to U.S. assimilation. Missionaries and educational reformers had campaigned since the 1870s to place American Indian children in schools away from their home communities as an intentional effort to eradicate Native cultures. Defying the mounting pressure to submit to boarding schools, Sisseton relatives often kept children, especially girls, at home.
Neither Jesse nor Elizabeth had attended boarding or day schools, although most of their younger siblings had. U.S. census rolls and anecdotal evidence suggest that the couple primarily spoke Dakota. Tied closely to their Sisseton community, the Faribaults would not have needed to learn much written or spoken English.  

In the first fifteen years of marriage, Elizabeth and Jesse had six children, two of whom died in infancy. The couple lived in a three-bedroom home on the Sisseton Reservation. During the day, Elizabeth managed the house and mothered their young children. Meantime, Jesse worked their fields, described by one observer as “one of the nicest forty acres of wheat this part of the country and a nice garden, consisting of corn, potatoes, beans and other garden truck too many to mention.”

The Faribaults lived in a world where the battles between Sisseton members and the U.S. government could swiftly shift from national to personal, distant to everyday, quiet to loud. In the 1880s, the U.S. government began criminalizing features of American Indian cultures. By 1913, the United States, through its Indian agent at Sisseton, abolished the tribal government. The BIA superintendent there, Eugene D. Mossman, sought to limit dancing, communalism, and other distinctive qualities of Dakota life. Tensions had long simmered between BIA agents and Sisseton members. Contests over authority, citizenship, and land sometimes erupted into open conflict. For example, in 1914, representatives of the Sisseton-Wahpeton Bands went to Washington, D.C., to challenge U.S. theft of their land and treaty violations.

Archival documents detail that Elizabeth Faribault also directly challenged BIA representatives, engaging in yelling matches and disrupting their work on the reservation. The clerk in charge asserted that Faribault’s pattern of behavior indicated mental disorder; the only solution, he insisted, was to remove her to a government medical facility. Describing the larger battles over sovereignty between American Indians and white settlers in the twentieth century as “a quieter kind” than the bloody wars decades earlier, Ojibwe anthropologist and novelist David Treuer identified new weapons in the U.S. arsenal: “Instead of guns the combatants carried petitions; instead of scalps, people held aloft legal briefs.”

One should add pathological diagnoses and treatments to this inventory.

When reservation and school doctors, Asylum superintendents, and rank-and-file BIA agents claimed that Elizabeth Faribault and others were insane and needed to be institutionalized, their knowledge, actions, and interactions
drew upon Western medicine’s imperial framework. As Indigenous studies scholar Sean Kicummah Teuton (Cherokee Nation) has explained, “Since early settler colonial history . . . European thinkers were swiftly led to target non-Europeans and especially communally defined tribal peoples as innately intellectually inferior. Rather abruptly race became inextricably tied to mental deficiency.” In this context, diagnosis and pathology authorized the underlying settler ableist beliefs in hierarchies of peoples and societies based on productivity, ambition, capacity, and competency. Across Europe, North America, and other continents, colonizers applied ableist ideas of Native people as deficient as they built governments and military outposts, pursued missionary work and schools, and refined medical techniques and erected hospitals. This transatlantic system of political-medical power surrounded and trapped Elizabeth Faribault as it did many others.

The Sisseton woman and her kin understood that the reach of Western medicine stretched beyond singular diagnoses. The Faribault family’s campaigns for her return drew on politicians, local white neighbors, missionaries, and others whose cultural standing might counter Canton’s administrator and the broader federal asylum system that employed him. In one appeal to the commissioner of Indian Affairs in 1922, Elizabeth asserted that she wanted to be reunited with her family, but Dr. Harry Hummer, the Asylum’s superintendent, blocked the way. The letter, like her advocates’ other efforts, implicitly underscored the reality of settler approaches to medicine inside Canton and similar institutions: the power of superintendents was left virtually unchecked. Hummer’s responses—like those of all asylum superintendents—illustrated this power. The growing number of petitions, in the doctor’s estimation, served as evidence of inherent defects in Faribault as well as in her advocates. He insisted that she should not be discharged. His opinion prevailed in each of the numerous petitions for Elizabeth’s release. This was typical of psychiatric institutions across the United States; in virtually every instance when superintendents suggested a person remain or be allowed to leave, their recommendation held sway. This was always true for Elizabeth Faribault and H. R. Hummer. And it was true across the history of Canton Asylum: the BIA commissioners overwhelmingly followed the Asylum superintendents’ lead.

For the Faribault family, as with many others whose members were institutionalized at Canton, settler applications of Western medicine were an incursion into their lives. Broad categories such as “mental illness” or “insanity,”
as well as an ever-expanding array of specific pathologies and diagnoses, had no full cultural equivalent in any of the American Indian communities directly touched by the Canton Asylum. “Native peoples generally do not have a notion of ‘insane’ or ‘mentally ill’ in our cultures,” writer Pemina Yellow Bird has explained. “Indeed, I have been unable to locate a Native nation whose Indigenous language has a word for that condition.” Recognizing and adapting to this dissonance, kin sometimes challenged or dismissed such diagnoses, as when Jesse Faribault insisted that his wife was “only drunk” at the time she argued with the BIA agent.

Explicitly and implicitly, Faribault’s family drew on an understanding of well-being rather than a settler notion of normalcy. Although tribal systems of medicine and spirituality vary widely, common qualities of well-being are shared by many Native nations, including Dakota people: harmony between body, mind, and spirit as well as between people and the broader natural and supernatural worlds. Describing the connections among these factors for American Indian peoples, scholar and poet Paula Gunn Allen includes “active respect for these Natural Powers” and mythologies based “on a ritual comprehension of universal orderliness and balance; and on the belief that a person’s every action, thought, relationship, and feeling contributes to the greater good of the Universe or its suffering. Human beings are required to live in such a way that balance is maintained and furthered, and disorder (also perceived as disease) is kept within bounds.”

For the Alexis and Faribault families, as with other people institutionalized at the Indian Asylum and their kin, displacement to Canton, South Dakota, was a violation of home and homeland—and therefore well-being. In this context, the story of Western medical interventions includes pathological diagnoses but concentrates primarily on their associated treatment: institutionalization. Across the archive, letters from relatives consistently opposed medicalized forced removals, citing their negative impact on whole families and communities inside and outside the Asylum. Institutionalization eviscerated Native ways of being, separating individuals from their families and communities and restricting access to the physical and spiritual worlds that nourished them. “I am having a hard time last three years with children and also she want to come back now,” a distraught Jesse Faribault explained to Commissioner Sells in 1918. “She like to see her children and also the children want to have they mother come back.” Also writing to the BIA, Elizabeth’s mother, Mary Alexis, explained, “I have a daughter name Elizabeth Fairbault who was sent to Canton Insane Institution, Canton, S.D.” She added, “I am a woman of 66 years and I need her at home to help me out,
so if you please help me get her back as soon as possible.” Her daughter agreed. In one of her own written petitions to BIA commissioners, Elizabeth lamented, “I’ve often wished I was home and taking care of my mother and also my children.”

Many other families of Canton detainees expressed similar frustration and despair over their forced separation. Wellness required ending pathologized dislocation and returning members to their rightful place—physically among their people and physically and metaphysically to an Indigenous world. When Jesse Faribault, Mary Alexis, and Elizabeth Faribault made direct connections between their loved one’s well-being and their own, they insisted on an understanding of medicine anchored to Native self-determination and kinship. Their advocacy efforts, like those of many families directly disrupted by incarceration at Canton Asylum, were not merely for the individual institutionalized but on behalf of the family, broader kin community, and tribes as well.

In these accounts, spouses, parents, siblings, and adult children of institutionalized people insisted that they knew their kin best and that their relatives should be sent home. For years, Jesse repeatedly insisted that Elizabeth could manage and be supported well by her kin, noting that a reunion with her children “would help her” and underscoring the urgent action needed: his wife’s immediate return to them. In a similar 1926 petition on Elizabeth’s behalf, her mother described a second visit with her daughter, asserting that Elizabeth had “acted and talked all right” and should be brought back to the family. Other relatives of incarcerated people also assured U.S. officials that they could and should take care of their kin.

On Kay Davis’s map, a black thread and pin anchor to the reservation in Oklahoma where Caddo people had been removed to in the nineteenth century. One Caddo Nation member from Anadarko, Amelia Moss, was born in 1917, the second child of Ruby Moss (Yun-nin). As a toddler, Amelia, along with her mother and brother, lived with her maternal grandmother, Nin-Hoon, and grandfather, Tom Reynolds. According to the agency physician on the reservation, by 1922, the child commonly experienced seizures. He added, “She does not talk, is destructive, bites and fights.” In one report to the Department of Interior, Dr. W. C. Barton also suggested that five-year-old Amelia had attempted to run away, requiring others to supervise her. Such reports included no family observations or explanations of how they interpreted their young kin. The doctor concluded that Amelia needed to be placed in an institution where “proper care can be given her if there is such
In his own exchange with other BIA officials, reservation superintendent J. A. Buntin described the little girl as “an imbecile, subject to epileptic spasms,” while also conceding that she “cannot be classed as insane.” He sought guidance from Washington officials, wondering aloud whether a federal psychiatric institution should be considered appropriate under the circumstances. Canton’s administrator smoothed the waters. “This institution is for the care of insane Indians,” Superintendent Hummer wrote Buntin. “Our broadest definition of insanity is that it is a mal-adjustment. Certainly, an imbecile is mal-adjusted, ergo, insane.” Dismissing concerns about the sweeping pathological interpretation, Hummer quickly turned to the opportunity his definition afforded. “Without quibbling over words or terms, I have a vacancy here for a female patient and shall be glad to relieve you of the burden of caring for this child, if you wish it.” Buntin quickly accepted the offer. On May 31, 1922, the Indian Asylum matron removed the Caddo girl to Canton.

Over the next decade, reservation and Asylum representatives continued to debate where Amelia Moss should be institutionalized. BIA officials, and possibly family members, proposed that she be relocated closer to her home at the state-operated Oklahoma Institute for the Feeble Minded in Enid. Diagnostic claims and related institutional expectations circled in an eddy of bureaucratic inertia; reports and correspondence filled folders over the next several decades. Both quiet and conspicuous was the underlying assumption by federal representatives that Moss would not leave the locked wards. According to hospital records, she remained incarcerated in a psychiatric facility for the remainder of her days.

Shadows cover most of Amelia Moss’s life within institutional walls. Among the few government sources referencing her, none describe how she looked, what she may have liked, or meaningful events or relationships she may have experienced. Canton staff described her as “a mute.” Other institutional reports note that she “mumbles to herself,” probably in Caddo. Still other behaviors drew ire from Asylum employees. According to one, Amelia “made a habit of eating various foreign bodies, wood, paper, etc.” Almost certainly, this required physical interventions that staff resented. Amelia resented it too. She was known for biting and kicking, sometimes effectively holding staff members at bay. Her fierce resistance often thwarted medical examinations throughout the years she was detained.

Knowledge of Amelia Moss’s experiences generally remain beyond the historian’s reach as well. As younger generations in the Caddo member’s family recognize, she and others locked inside Canton still had lives and stories.
The walls, policies, and beliefs that made incarceration possible winnow down the moments and stories that were preserved. Relatives of Amelia Moss now know of her primarily through fragmented, uneven, and contradictory archival and oral accounts. Searches for more information have mostly yielded echoing questions. Institutional barriers have collectively limited who is able to remember these people, to re-story their histories. 

As a response to institutional barriers, Davis’s map is an act of refusal. Conspicuously unmarked on her paper-and-thread rendering is Canton Asylum itself. For the Bois Forte Chippewa researcher, prominent historical accounts of the Indian Asylum have for too long eclipsed Native people’s lived experiences. That settler story follows a familiar plot, a linear tale of exceptionalism, pioneers, and progress. It begins like this: In 1897, Peter Couchman, an Indian agent at South Dakota’s Cheyenne River Reservation, proposed the creation of an Indian asylum to a receptive member of the state’s congressional delegation, Senator Richard R. Pettigrew. In his petition to Congress, Pettigrew, chairman of the Senate Committee on Indian Affairs, insisted that the federal government must “rescue . . . the demented Indian” from uncaring and incapable Indigenous kin and tribes. “While these conditions exist,” the senator continued, “there is little hope that insanity can be cured or its victims made comfortable.” Pettigrew reminded his colleagues that a unique federal jurisdiction applied to Native Americans as “wards” of the U.S. government, and thus medically managed and federally supervised care was the only option.

The proposal for the U.S. Government Asylum for Insane Indians in Canton, South Dakota, initially faced opposition from multiple quarters. The superintendent of St. Elizabeths Hospital—the original federal psychiatric institution—derided the Republican senator’s proposal, describing it as a “pet project” intended solely to bring revenue to Pettigrew’s home state while unnecessarily increasing the federal government’s costs to oversee Native people. Others, however, saw opportunity in Pettigrew’s idea, which would expand the reach of the Indian Service and the field of psychiatry. Former congressman and mayor of Canton Oscar Gifford supported the cause, as did the local residents of Canton. Ultimately, the Indian Asylum advocates prevailed. In what was obvious at the time and since, the appointment of Gifford as the first superintendent reflected the Asylum’s political and economic underpinnings. Gifford selected the location of Canton (where he had practiced law) and oversaw the construction of the Asylum. In December
1902, the proponents’ dream was realized in brick and mortar as Canton Asylum for Insane Indians began to fill its wards. The townspeople of Canton celebrated the news. As one local newspaper explained, “The asylum will make our city famous as the location of the only institution of its character in the whole world.”

This story of opportunity drew many staff members and their families to the South Dakota town. Primarily a tale of settler immigration fueled by economic pressure and aspiration, more than two million Scandinavians came to the United States across the nineteenth and early twentieth centuries. Many understood themselves to be pioneers who would “tame” the American frontier. As author Kay Melchisedech Olson explains, “It was an emigration of rural folk with a strong family composition” closely bonded through “traditions, mores, and religious as well as secular values” rooted in their lives in Scandinavia. Historian Odd Lovoll adds that “footloose and land-hungry Norwegian peasants . . . wished to re-establish the conservative way of life they were accustomed to in rural Norway, but with a greatly improved social and economic status.” In 1868 alone, twenty-three families arrived in Lincoln County, Dakota Territory, via a wagon train. By the 1880s, those who settled the area began referring to Canton as “the gate city of Dakota.”

Within decades, nearly 80 percent of first- and second-generation Norwegian Americans, roughly one million people, claimed the upper Midwest region as their home. In Canton and elsewhere, strong connections to Norway sustained the sense of a cohesive community. The Lutheran Church, Norwegian newspapers and festivals, as well as Norwegian cultural organizations proliferated during the late nineteenth century and into the early twentieth century. Educational institutions also reflected the proud ethnic identity of Canton. For example, in 1884, the town celebrated the opening of Augustana Academy, a Norwegian-Lutheran-heritage school. For some Scandinavian Americans, the Canton Asylum provided economic opportunity near the place they claimed as their new home.

The local townspeople nicknamed the institution at the core of their economy the “Hiawatha Asylum,” which they had inscribed in iron above the seven-foot-high gateway and fence. The name alludes to Hiawatha, the Mohawk statesman who is credited with facilitating the creation of the Iroquois Confederacy. In white American literary and historical representations, Hiawatha embodied a tamed (and doomed) hero. Fusing multiple Indigenous stories, Henry Wadsworth Longfellow’s 1855 epic poem, *The Song of Hiawatha*, for example, imagines an eponymous hero skilled in medicine and art, hunting and farming, and writing and peacemaking. To many white settlers,
Hiawatha also symbolized American Indians as a “vanishing race.”

By the early twentieth century, this message was reinforced across virtually every popular cultural form—films, magazines, music, literature, and art. In this particular folktale of Canton, the violent sovereignty battles between white settlers and Indigenous nations disappear, vanishing with the figure of Hiawatha himself as pioneers replaced Native people and began a new history.

Contrasting sharply with a brightly lit future of the Canton Asylum, Superintendent Gifford detailed the plight of American Indians shortly after the institution opened. In a 1904 article entitled “Gain in Indian Insanity,” he offered a tale of progress evidenced by the expanding facility and an expanding field of psychiatry. It was “difficult to find Indians who are insane. At first we could not find more than a half dozen in the entire United States,” Gifford explained. “But we are beginning to hear from them now from the remotest districts.”

Reflecting on the Asylum’s first year and its promising years to come, he assured the reporter that there was “no doubt that all the 50 rooms will be taken up within another year.” As he viewed it, Native Americans’ “brooding over troubles and disappointment” expressed itself in various ways, but that “most of these manifestations would have been improbable or impossible in the former wild life of the Indians.”

Echoing the sentiments of early nineteenth-century race scientist Charles Caldwell, Gifford and his assistant superintendent, Dr. John F. Turner, claimed that it was “natural” for Native people to “brood” since they “cannot have” opportunities for Indigenous lifeways, including hunting, free movement, and practicing customs like dances. According to these experts, Indigenous “victims of misfortunes” suffered primarily from “domestic difficulties” that “have caused the insanity, specifically ‘worrying over family affairs.’”

In this common account, Native people were biologically tied to an inevitable path of erasure. Their mental incompetence would increase along the way, and white people would take care of their wards as a reflection of their benevolent superiority. Optimistically, Gifford noted, “additions will be necessary,” and “it is believed that the ratio of insanity will undoubtedly continue to grow.”

The growing institutionalized population, from Gifford’s vantage point, was a positive indication, reflecting the great humanitarianism of white people taking care of the “Indian problem” and the “problem Indians.” This ideology continued into the next administration of the Indian Asylum. Across his tenure, Superintendent Hummer made clear that he sought to enlarge the facility so that it could achieve its “entire function” by “caring for all of the insane Indians in the United States.” His correspondence with many reservation superintendents served as public awareness and recruitment initiatives,
providing evidence that other BIA administrators wanted and needed the Asylum to hold more people.\textsuperscript{74}

During the Asylum’s formal existence, the account that staff, superintendents, BIA officials, and newspapers across the United States primarily told was one of progress.\textsuperscript{75} Pictures showcased the three-storied Main Building, its brick walls rising around the stone foundation and dormers.\textsuperscript{76} Other changes to the campus materially conveyed orderliness and advancement: a laundry was added in 1909 and enlarged in 1918; the superintendent’s house was built in 1915; and a dairy barn followed in the next year. In 1917, the two-story Hospital Building was erected, its brick-and-concrete facade intended to “harmonize in appearance” with the other structures on the campus.\textsuperscript{77} Amplifying the humanitarian-medical story, observers claimed that the addition was needed because of the “advanced age” of Canton’s institutionalized population “and the inevitable encroachment of physical ailments among them.” Advocates added, “The sick will be provided with the best that science means and experience can contribute.”\textsuperscript{78} Initially envisaged to hold fifty people, the Asylum from 1917 onward typically reported twice as many inhabitants—nearly one hundred institutionalized individuals. By the time the Indian Asylum closed in January 1934, nearly four hundred people from dozens of Native nations had been confined in its locked wards.

This version of history casts its white characters as exceptional, including original advocate Senator Pettigrew and Superintendents Gifford and Hummer. Local townspeople—the supporting cast—oversaw the Asylum’s day-to-day operations, often enduring cruel treatment at the hands of the temperamental Hummer. In this narrative, Canton Asylum appears as noble but mismanaged. Across the twentieth and twenty-first centuries, historical encyclopedias, exhibits, and most popular and scholarly publications have echoed this interpretation.\textsuperscript{79}

Near the very center of Davis’s map, red pins and string mark what today is known as the Prairie Band Potawatomi Nation Reservation. This is one beginning place of Seh-Tuk and his family. The fourth child of Wam-Te-Go-She-Quah and Me-Shan (also known as Mitchell), Seh-Tuk was born sometime between 1892 and 1895 on the Kansas reservation designated for Prairie Band Potawatomi people.\textsuperscript{80} He appears in U.S. government documents with many other names: Willie Mitchell, John S. Mitchell, and William John S. Mitchell. It is unknown whether Seh-Tuk attended school like some of his
siblings or what his earliest years were like. Anecdotal evidence suggests that the teenager may have encountered strong medicine, perhaps peyote, and that it profoundly affected him. \(^8^1\) In October 1921, physicians C. W. Reynolds and R. Robson examined the tall, slender man. No details remain about the exchange between them, only the doctors’ conclusion that the young Potawatomi member was “of unsound mind.”\(^8^2\) They recommended that he be removed to Canton Asylum.

Virtually all that is known about Seh-Tuk during the rest of his life comes from Asylum staff members. Apparently, he was among the many incarcerated people who provided unpaid labor for Canton, cleaning the floors and the stairway to the yard with a polishing machine.\(^8^3\) Employees and administrators encouraged this kind of work, but Seh-Tuk’s efforts afforded him only minimal benefits. Hospital workers wrote in his medical files that he still required supervision “because he wants to go home and tries to run away.”\(^8^4\) Details of his efforts to escape the Asylum remain elusive.

During Seh-Tuk’s twelve years of detention at Canton, his family sought different ways to bridge the distance. After months without news of his son, Me-Shan petitioned the BIA in March 1930, seeking to compel Canton Asylum officials to provide detailed monthly updates.\(^8^5\) Each year, Me-Shan also traveled three hundred miles from Kansas to Canton to visit Seh-Tuk, using his own meager funds to support the trips.\(^8^6\) Likely, the father and son were able to connect in person during the summer of 1933, just months before the Asylum closed and Seh-Tuk was relocated to another federal psychiatric facility, St. Elizabeths Hospital in Washington, D.C. It appears that the yearly reunions for Me-Shan and Seh-Tuk ended with this transfer east.

Over the next seventeen years, Seh-Tuk would be repeatedly shuttled between various federal institutions. In 1942, he was among a group of twenty American Indian men formerly detained at Canton who were transferred out of St. Elizabeths.\(^8^7\) An executive decree directed them to be held during World War II in a federal prison-hospital in Fort Worth, Texas, colloquially known as the Narcotic Farm. For unknown reasons, he and the other Native men were moved in 1944 to the other Narcotic Farm in Lexington, Kentucky. Six years later, in 1950, Seh-Tuk was transferred back to St. Elizabeths. According to hospital records, the Potawatomi man was discharged from the Washington facility in 1961.\(^8^8\) It appears that he died not long after, in 1962. Seh-Tuk was buried among his people in the Mitchell family cemetery in Mayetta, Kansas.

In the account framed by Canton Asylum staff at the time and reiterated by most historians since, Seh-Tuk’s story essentially ends in 1933, exiting with
the haze of a train barreling eastward to Washington, D.C. But individually and collectively, the institutionalization of Seh-Tuk and others embodies a more complicated story of displacement.

Like Asylum archival materials about Seh-Tuk, most historical accounts of people involuntarily removed commonly end at or shortly after their subjects cross the threshold from “original place” to “removed space.” This includes Native people, institutionalized people, and people who have lived at the overlaps of both communities. There are practical reasons for this approach. For example, the phenomena of institutionalization reinforces the impression of finite dislocations and experiences. Through settler’s Western biomedical framework, pathological problems and treatments were located within individual people. For just one illustration, according to the government doctors who examined Seh-Tuk, he had an unsound mind and required sustained institutionalization. Communication differences and limited access to sources by and about institutionalized people present significant barriers to outsiders. Defining removal as essentially fixed (beginning with intervention and ending with transfer to new location), however, obscures some of the messy, human realities. Many Native Americans have been involuntarily removed—from ancestral lands and other places. Numerous institutionalized people across the range of Native and non-Native identities also have been involuntarily dislocated—to prisons, psychiatric facilities, boarding schools, reformatories, and the like. Seh-Tuk’s lived experiences of forced dislocations echo and rebound, inhabiting shifting places in a multitude of displacement stories.

The experiences of Seh-Tuk, Elizabeth Faribault, Amelia Moss, and other institutionalized people attest that histories of removals are more complicated than typically assumed. They do not have an easily defined beginning and ending. Across the brick-and-mortar life of Canton Asylum, many, if not all, of the people detained in the locked wards had immediate prior experiences of institutional dislocations. Their stories hold different centers, unfold in different directions, are cut short or bent back, double over, shape shift, fan outward, and cascade into the present day.

For Gary Mitchell, the late Prairie Band Potawatomi tribal historian, recollections of his grand-uncle Seh-Tuk carried power. His family’s stories have traveled across multiple removals, interlocking experiences of loss, healing, reckoning, and continuance. In Mitchell’s storytelling, Seh-Tuk’s life and the Prairie Band Potawatomi’s history remained intimately bound to wide-ranging locations of displacement from homelands, reservations, and boarding schools to prisons, other asylums, and elsewhere. They intersected
with particular ways to honor the dead, desires for privacy, and practices of well-being. Reflecting on his family’s and his tribe’s past, Gary Mitchell returned to the importance of re-storying. “It’s best to tell it: tell all the things that happened,” he explained, so that damaging histories will not be repeated. “That’s why it needs to be told.”

Hundreds of miles away, Kay Davis lingered at the grave site of fellow Bois Forte Chippewa Tribe member Tom Floodwood, hoping to close the distance that years, politics, and geography had placed between them. During the honoring ceremony at the Canton Asylum cemetery that Davis attended, organizer Lavanah Judah (Yankton Sioux) recounted that a number of her kin had been returned to family members after their deaths, some were interred at Canton, and a few remained achingly missing. Other relatives of people confined at Canton exchanged addresses and family histories, re-storying on the land their ancestors had forcibly inhabited decades earlier.


A place that marked their lives also holds many stories. Like stratigraphy, the layers contain speckled elements of culture and power: Indian Asylum. Warehouse. Canton. Cemetery. Home. Not home. Yankton Dakota ancestral land.

For Kay Davis, Lavanah Judah, and others directly and indirectly tied to those detained at the Indian Asylum, stories circle around one another. Across generations, contradicting and echoing, all the accounts carry meaning. Some point to the tribal lands marked by Davis’s map pins and to stories of each known member dislocated to the Canton Asylum, others to more cloudy locations and people. Stories like these—fragmented, detailed, settler, and Native—hold numerous forms of power, including the potential to erase whole communities from regional and national narratives, to justify conquest and colonialism. To survive.