Committed
Burch, Susan

Published by The University of North Carolina Press

Burch, Susan.
Committed: Remembering Native Kinship in and beyond Institutions.

For additional information about this book
https://muse.jhu.edu/book/82220

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=2816135
Chapter 4: Familiar

On November 6, 1917, Menominee members Peter Clafflin, Seymour Wauketch, Agnes Caldwell, Susan Wishecoby, and Christine Amour sat close to one another under the watchful gaze of their BIA escorts as the train they rode gathered speed. Earlier on that gray and overcast day, the agency representatives had shown up at their homes on the Menominee Reservation in Wisconsin, authorized to transport the five men and women to the Indian Asylum in South Dakota.¹ Sources about what happened in the wake of this dislocation remain uneven and fragmented.

Following typical procedures, staff separated the group at the Canton Asylum. Likely, Caldwell, Wishecoby, and Amour were assigned to the first-floor dormitory rooms in the newly opened Hospital Building; empty beds in the second-floor men’s wards would have awaited Clafflin and Wauketch.² Later, administrators transferred Amour to the Main Building. Eventually, Caldwell also would be moved there. It appears that the men rarely left the hospital wing. Across their decades on the inside, these individuals regularly would hear the clicking sounds of keys locking them into rooms and hallways, look through barred windows to the world outside, and inhale air saturated by years and lives inside the brick-and-mortar walls around them.

The experiences of these Menominee men and women also fit broader patterns. Each person institutionalized at Canton daily encountered its foundational form: involuntary containment and surveillance.³ By design, detention penetrated every level of the institution.⁴ Padlocked wards, secured windows, walls, and fences held people within its grounds. On a routine basis, straightjackets, shackles, and iron beds, as well as ward attendants, subdued numerous individuals.⁵ From the moment Caldwell, Wishecoby, Amour, Clafflin, Wauketch, and others on their wards arose, a small fleet of employees oversaw them: bathing and toileting, eating and working, wailing and waiting, averting gazes and staring back. At night, watchmen and other staff patrolled the buildings. Institutional confinement and surveillance touched every moment of every day. Involuntary servitude, a worn and
recognizable routine within Canton, buttressed the process and experience of institutionalization.

Early into her detention, Elizabeth Faribault was assigned to work details. Initially, she assisted the matron in the laundry. After stripping soiled bed-sheets and gathering clothes, towels, and other linens from the wards, the Sisseton woman would spend hours in the basement of the Main Building, loading washers and folding sheets, dampness and the fused smell of detergent and coal residue clinging to her own clothing. Her performance in this role likely contributed to the superintendent’s decision to increase Faribault’s workload in the 1920s. As Superintendent Hummer’s parents moved to Canton to be with their son and family, the administrator sought additional domestic service at his home from institutionalized women. Faribault was among those selected. Her predecessors had described a daily regimen of picking up discarded clothing, scrubbing the bathrooms, making the beds, and sweeping the wood floors. Verbal attacks and intimidation by members of the Hummer family sometimes accompanied this work. Faribault resented the assignment, arguing with Commissioner Burke in 1922 that she should be discharged from the Asylum. Her grievances went unheeded. Faribault labored in the superintendent’s cottage for four more years, up until she gave birth to her daughter, Cora Winona. Less than eight weeks later, Faribault was recorded as working again. A monthly update noted that she “assists with work on [the] ward.” The tasks would have been familiar—hours of removing dirty linens from the dorm rooms, cleaning bathrooms, and mopping floors.

Elsewhere on the grounds, Willie Dayea also had compulsory work. The Diné man from Lupton, Arizona, apparently plowed the surrounding fields during the warmer seasons. In addition to driving the tractor, he may have overseen others doing harvesting work. Asylum employees apparently trusted the young man as a laborer, describing him as “a good worker and needs no supervision.” During Dayea’s thirteen-year incarceration, the Asylum significantly expanded its acreage, which created additional demands for farm hands. References to his “fine work” and “good natured” demeanor suggest that his efforts notably helped the staff and the institution. It was taxing, ongoing labor. In 1925 alone, for example, Dayea and other institutionalized men, along with paid employees, enabled the Asylum to cultivate ten acres of potatoes, ten acres of oats, and twenty-five acres each of corn and alfalfa, in...
addition to pasturing hogs and cows. When indoors, Dayea contributed to Asylum workings as well, sometimes assisting with menial tasks. On a daily basis, he would have observed other institutionalized people similarly working on behalf of Canton, bathing and feeding especially frail members, preparing the meals he and others ate, washing dishes, and mopping the floors.

Elizabeth Faribault and Willie Dayea were among many institutionalized people who regularly labored on behalf of the Indian Asylum. According to the superintendent, “a very large percentage” (often 25–30 percent) of the people detained at Canton were assigned work details. The federal asylum mirrored many other carceral institutions in this practice. Long before the Indian Asylum was established, medical professionals had considered labor a critical form of therapy and administration. In this context, it is unsurprising that more than seventy-five of the nearly four hundred people confined at the Indian Asylum had direct references to their labor as part of the medical assessments: “assists farmer,” “polishes floors,” “cleans wards,” “general housework,” “assists in kitchen,” “helps with untidy patients,” “a good worker.” Canton’s superintendent understood assigned work as an effective way to keep his charges busy and manageable. Like other institutional administrators, he cast involuntary labor as a sign of efficiency, economy, and scientific management. Asylum reports to BIA officials claimed that the people detained at Canton had annually produced hundreds of fabric items, including clothing, dining linens, towels, and bedding. The vast quantities of vegetables grown, herds milked, and living areas cleaned by those from the locked wards materially reduced Asylum expenses. For Faribault, Dayea, and numerous other institutionalized people, laboring was a required and often unpaid part of their daily lives.

Some assigned tasks amplified vulnerability, particularly when the work occurred in unsanitary or physically isolated spaces. For Elizabeth Faribault and countless other people, precarious jobs were customary, damaging, and unending. Incarcerated indefinitely, Willie Dayea and many others were motivated to serve the institution as a way to survive. According to archival sources, “good workers” like Dayea typically received additional food rations, time away from the padlocked dormitories, access to more people and spaces, comparatively less surveillance, and sometimes comparatively greater status and influence. Although coerced labor marked people’s lives in varied ways, everyone detained in the locked wards shared experiences of persistent harm.

As her descendants tell it, thirty-six-year-old Emma Gregory (Cowetas and Wind Clan of the Creek Nation) was forcibly removed from her mother’s
home in Kellyville on Creek Nation land to the Canton Asylum in 1905.23 Most likely, Gregory spent her first four years primarily in one of the large and crowded dormitory rooms filled with rows of iron bedsteads and other women.24 Mundane, hourless time pulled on her, as it did every confined person at the Indian Asylum. According to institutional reports, this mother of three “held her own” and was “unchanged” for several years. When she challenged staff, Gregory was labeled “combative.” At other times, she was described as “a frail little woman weighing only 76 pounds and easily managed.”25 The nighttime sounds of coughing and fevered thrashing of roommates would be as commonplace to Emma Gregory as the sight of soot dust from the heaters that layered on her clothing and sheets. One might imagine many reasons for the “periods of depression and excitement” staff claimed Gregory experienced during her detention.26

In May 1909, staff locked Emma Gregory in an isolation room on the women’s ward. Superintendent Hummer believed that she had contracted pulmonary tuberculosis.27 Public health campaigns at the time emphasized hygienic measures to reduce the spread of tuberculosis, but Canton’s practices and the environmental conditions surrounding Emma Gregory and many others magnified the likely transmission of this and other infectious diseases.28 Although standard tests for tuberculosis had been developed years earlier, medical staff at Canton had never administered them.29 While Gregory was removed to solitary confinement, another institutionalized woman in the last stages of pulmonary tuberculosis was housed with others who had not yet acquired the contagion.30 Two staff physicians, John Turner and L. M. Hardin, disagreed with Dr. Hummer’s diagnosis of Gregory, claiming that she had not shown common tubercular symptoms.31 No subsequent explanations or challenges accompany Hummer’s decision to keep the woman in the dark isolation room. The result was both devastating and familiar for Gregory, as it was for other incarcerated people.32 Eleven months later the Creek woman was still locked in the “single room without a ray of sunshine.”33 When she tried to escape its confines, staff blocked her, relocking the door.34 Down the hallway, others would have heard her pounding and yelling. More often than not, Gregory’s acts of adaptation, struggle, and resistance—and those of everyone around her—went unrecorded. Later, a medical inspector opined to the BIA that “a mistake in judgement was made” by denying Gregory time outdoors in the warmth and sunshine.35 As was usual, Washington did not intervene. Extended solitary confinement for three years would have undermined the petite woman’s health and well-being even if the forty-five-year-old had not contracted a serious lung infection.36 As her great-great-granddaughter views
it, institutionally induced exposure to tuberculosis and the traumatic effects
of isolation served as a punishment alongside other government practices of
Indigenous erasure that Emma Gregory suffered.37

“The atmosphere awfully bad,” James Herman, a member of Rosebud Sioux
Tribe, wrote during 1914, his second year of confinement.38 For the Lakota
father of seven, the fundamental act of inhaling air inside the Canton Asy-
lum was an experience of deterioration. Herman detailed many instances of
attendants refusing to flush the toilets, prompting him to intervene. “I have
gotten up on the cold floor & gone in & flushed them because the smell
was non endurable.”39 Like everyone else in the locked wards, he also would
have been regularly accosted by the distinct smell of formaldehyde and
molasses—used to catch flies—that wafted down the corridors.40 Poor ven-
tilation and coal soot from radiators floated in the stale air and coated the
linens in his dormitory, while the steam heaters cooked molecules of sweat,
food stains, tobacco smoke, and human breath.41 The fifty-three-year-old’s
account resembled others in detailing the dehumanizing effects of their
circumstances—indefinite detention and separation from loved ones, in-
adequate food, dirty clothing and filthy rooms, people left unclothed, and
others handcuffed for weeks and months.

As James Herman intimately knew, the implicit violence of daily life at
Canton Asylum sometimes erupted into overt violence. Over his years of
detention, he witnessed multiple accounts of physical abuses: employees
tossing men from beds, extinguishing all the lights so people could not lo-
cate bathrooms, and knowingly leaving incapacitated individuals overnight
in beds filthy with their own urine and feces.42 Some men understood atten-
dants denying them access to toilets at night as an expression of domination
over all the Indigenous adults and children detained at Canton.43 According
to Herman, staff members regularly menaced men on his ward. The Sicangu
Lakota man from Rosebud detailed how Martin Van Winkle and others on
night duty randomly woke individuals up, screaming and shaking them, or
forced other incarcerated people to beat elderly men with broomsticks.44 Fol-
lowing such incidents, the male attendants would slip back to their quarters,
laughing at their prank. On one occasion, Herman witnessed a friend who
had become sick in the evening and was laid down on another man’s bed.
His hallmate “hollered & cried all night keeping the other patients awake on
account of his anguish and pains.”45 Attendants argued with one another
about how to respond to the man’s agony, but they provided little interven-
tion. In the morning, a shot of medicine was administered, but, according
Sections from James Herman’s ten-page handwritten statement detailing repeated incidents of staff abuse at Canton Asylum, ca. 1915. Photographed by Susan Burch and used with permission from Michael Herman and Douglas Herman and the concurrence of the Rosebud Sioux Tribe Tribal Historic Preservation Office.

to Herman and several staff members, it was too late. James Herman and others watched, powerless, as the man died before their eyes.46

Herman’s wrenching account was unique only in that it was preserved and transported beyond the Asylum walls.47 Overt violence and the threat of violence permeated life within Canton.48 Medical files and Asylum reports
to the BIA provide a fragmented mosaic of attacks. Filtered through staff reports, acts of intimidation—like shoving or charging at someone—usually escaped notice or may have seemed, comparatively speaking, insignificant or expected by institutionalized people. Incidents of staff mistreatment, like the harassment Herman referenced, appear regularly but marginally in institutional sources. Altercations that involved lasting physical damage or death appear as a well-worn path across the archives.49 James Herman and many people in the locked wards understood that assaults could erupt at any time, from many directions and from many people—including those detained nearby or those hired to oversee them. Targeted harassment repeatedly escalated into more aggressive violations. A population and location repeatedly singled out were the women locked in the Main Building.

Nellie Kampeska and Christine Amour shared the double bedroom on the second floor of the Main Building in the women’s ward. Located next to the stairway and with windows facing the yard, the room was especially accessible to predators. In early 1919, engineer Chad Endicott was observed verbally harassing and exposing himself to Kampeska while she was in the bedroom. It appears that Amour was present and directly harassed as well. According to Kampeska, the man had been entering the women’s ward for months, approaching her in the sewing room and bathroom, offering candy, alcohol, cigarettes, and promises to help her escape if she would have sex with him. Endicott sought out additional secluded places to corner the Sisseton teenager, including the basement, hedged areas on the grounds, and bathrooms.50 Threats followed in the wake of her refusals.51 Another employee, Walter Shephard, also regularly tried to coerce her into sexual relations, following similar strategies to Endicott.52 After her unsuccessful attempt to escape the Asylum, Nellie Kampeska penned a long affidavit attesting to the men’s actions as well as to other staff members’ complicity. A few months after Kampeska’s July 1919 discharge from the Indian Asylum, night watchmen Louis Hewling and William Juel began entering the second-story women’s ward. Using the keys issued to them, the men regularly unlocked and entered the double bedroom, sexually assaulting Christine Amour and her new roommate, Agnes Caldwell.53

Sexualized violence permeated life on the inside of Canton Asylum for Kampeska, Amour, Caldwell, and others.54 Scant documentation remains to shed light on what happened to the women who were directly targeted, often by staff members. It is likely that many of the institutionalized people recognized that sexual assaults generally were suppressed, downplayed,
or actively ignored by BIA administrators, as well as by Canton’s staff and superintendents. Responding to Nellie Kampeska’s testimony, for example, Dr. Hummer informed Washington that she was an unreliable source. Describing the nineteen-year-old as a “pathological liar” and possible “nym-phomaniac,” he implied that she had fabricated or invited Endicott’s attacks. He similarly blamed Agnes Caldwell for the assaults against her by Juel and Hewling, asserting that she was “over-sexed.” Consistently, the harassing employees were encouraged to quit their jobs. Across the Asylum’s archival record, sources confirming employees’ voluntary departures sit alongside letters referencing their sexual exploitation of institutionalized people. The BIA regularly affirmed resignations over structural or systemic changes. “In view of the fact that all of the employees indicated . . . have left the institution,” Assistant Commissioner E. B. Merritt wrote to Superintendent Hummer in 1919, “it is doubtful that anything further should be done.” No charges were brought against Endicott, Hewling, Juel, or any other staff member accused of violating people confined at the Indian Asylum.

In this context, it is not unexpected that we have no direct testimony from Agnes Caldwell from this time period, despite her prolific correspondence in prior years. Neither are there written accounts from Christine Amour or most other survivors of sexual violence. Many factors, including fear of retribution and language barriers, discouraged people from lodging complaints, and there is every reason to believe that many more such abuses occurred at the Indian Asylum than were reported. We know little about most of the people Canton detained during their time on the inside, a particular kind of patterned violence, unfurling, incremental, and buried. Agnes Caldwell, Elizabeth Faribault, James Herman, Nellie Kampeska, and others in the locked wards came to recognize that institutionalization’s persistent harms would not change. Dozens of individuals, including Herman, Kampeska, and Faribault, broke out, fleeing toward their homes. Like the majority of escapees, they were captured. Many also testified in letters to loved ones, formal petitions, and other declarations that challenged white administrators’ fraudulent claims that Canton and its staff were safe and nurturing. Kampeska, Faribault, Herman, Caldwell, and numerous incarcerated people sought redress for wrongs against themselves and others on the inside. By so doing, they insisted on the humanity and dignity of the people similarly detained around them. Institutionalized peoples’ accounts repeatedly tell of malnourished and undernourished people; of people writhing in physical pain as employees watched; of anguish, terror, and the harm of solitary confinement; of sexual violence and abductions; and of tuberculosis.
coiling children and adults. In a context of persistent harm, it is unsurprising that death was deeply familiar too.

In March 1912, after three years in solitary confinement, Emma Gregory died. According to Asylum medical reports, the forty-five-year-old’s untimely death was the result of pulmonary tuberculosis. It is unknown whether or when her brother and guardian, James Self, was notified. She was buried in an unmarked grave in the southeast section of the Asylum cemetery, next to a Diné woman whose cause of death similarly was listed as pulmonary tuberculosis. Long rows on either side of the women held dozens of people who had perished on the inside of Canton before Gregory—and would hold many dozens more who met similar ends after her.

Emma Gregory’s Asylum medical files and those of other individuals obscure a collective truth of institutionalization: death hemmed its daily edges. A practical reality that at least some people would not outlive their confinement motivated the creation of the cemetery where Gregory was buried. News of the Creek woman’s passing closely resembled that of others across the historical record of Canton. Crosshatching stories of individual deaths, perfunctory notifications to the BIA, and annual mortality statistics closely followed the Indian Asylum’s opening in 1902 and continued unabated until its closure in 1934. In total, nearly half of the people forcibly removed to the Asylum—at least 189 individuals—died there. Emma Gregory was among the 123 people listed as buried in Canton’s graveyard. More recent archaeological research suggests that at least six more individuals, as yet unidentified, are also interred there.

As with Emma Gregory, staff doctors primarily attributed deaths to tuberculosis. Superintendent Hummer, who subscribed to the popular and erroneous settler belief that American Indians were inherently susceptible to contagious diseases, interpreted Canton’s high mortality statistics as the result of the “scourge of the human race, and more especially of the Indian race.” To him, the predictable outcome was rooted in racial pathology: “The result is that these patients must inevitably succumb.” Various medical observers at Canton and public health officials across the United States at the time offered a different interpretation, emphasizing that conditions in carceral institutions fueled the bacteria’s deadly reach. Mortality rates inside and immediately outside the Asylum reflected stark environmental differences. Fewer than 3 percent of townspeople in Canton, South Dakota, died from tuberculosis at the same time the contagious disease was the listed cause for one-third of the fatalities inside the Indian Asylum. Like Gregory,
most of the individuals who died at Canton were young. The average age of death at the Indian Asylum was forty-two years old. The typical age when nonincarcerated people in the town of Canton died in this era was sixty-four years old. In short, institutionalization itself was lethal.

Only faint details convey how people detained at Canton Asylum experienced death and dying—their own or those around them. The frequent loss of life directly and indirectly touched everyone there, albeit in uneven ways. For sisters Susan and Jane Burch, death and kinship intersected their daily lives. Regular staff updates describe a grief-stricken Jane crying frequently and pounding her arms on her head. The goiter on her neck, which slowly restricted her ability to breathe, concerned both sisters. Months into their shared detention, Susan began to experience irregular fevers and headaches. Her coughs resembled those of others who had contracted pulmonary and intestinal tuberculosis. She, too, was often found sobbing, sometimes unable to leave her bed. Mostly confined indoors, the Burch women spent their days in each other’s close company. Feeding one another became its own ritual. “Takes care of her sister” appears in both women’s medical files. So do details of their decline. Less than a year into their detention, the Southern Ute women each had withered to less than ninety pounds. One was described as “thin and pale. Losing weight. . . . Seldom complains.” The younger sister died first, in August 1913. She was returned to Colorado for burial. The elder sister survived another three years. No other details about the thirty-five-year-old’s life or death are available, except that on March 1, 1916, she was buried in the Asylum cemetery, in the same row as Emma Gregory.

Continued institutionalization threaded across the Burch sisters’ story, as it did all of the people confined at Canton. At the individual and collective level, lived time on the inside unfolded across months, years, and generations. For many of its confined members, medicalized institutionalization also extended past the Indian Asylum’s gates. A web of other federal and state facilities ensnared these Native elders, children, and adults.

For O-Zoush-Quah and George Leo Cleveland Marlow, the autumn of 1933 began unremarkably. Both spent most of their days surrounded by other detained people in relentless hours of hallways, enclosed porches, dining halls, and dormitories. In early September, the elderly O-Zoush-Quah met briefly with Dr. Samuel Silk, a psychiatrist from St. Elizabeths Hospital in Washington, D.C., who had come to inspect the Asylum for a second time.
Standard interview questions were posed. Could she tell him about her family and home, how long she had been committed at Canton, and why? Twenty-five years had passed since her forced dislocation from her home on the Potawatomi Reservation in Kansas to the Indian Asylum. Language barriers and hovering staff, among many compounding factors, would have constricted the exchange between the Potawatomi healer and the visiting doctor. Consulting O-Zoush-Quah’s fragmented medical files would have yielded letters from her daughters repeatedly seeking her release. In one exchange prompted by her kin in 1930, the BIA superintendent at the Haskell Institute advocated that O-Zoush-Quah be transferred to a facility in Topeka, Kansas, so that her family could visit with her. Nearby in the folder would have been Superintendent Hummer’s recommendation (with BIA endorsement) against the transfer. Vague descriptions from staff reports—“does bead-work” and “needs supervision of some sort”—may have prompted additional questions for the woman. Dark eyes perhaps flashed back at the examiner. Silk’s schedule filled with other interviews, the St. Elizabeths representative concluded his meeting with O-Zoush-Quah and moved on.

George Leo Marlow was among the others Samuel Silk interviewed. To the stock questions, the Sisseton man likely offered few details about his family, whom he had not seen or communicated with directly for almost three decades. The lanky forty-eight-year-old usually gave brief answers to staffs’ inquiries, his head often turning back and forth as he spoke. Marlow’s medical file provided little insight into the man’s life. Ward attendants had described him as quiet and usually compliant. After Silk finished his brief assessment, Marlow returned to his daily regime: sitting by himself, sometimes watching and sometimes disregarding the others nearby, and looking at walls stained a yellowish hue from lives and years trapped inside.

O-Zoush-Quah and George Leo Marlow were among the many unnamed people Silk referenced in his subsequent report to the BIA. “Some of them never had any schooling, can neither read nor write,” the doctor noted by way of contrasting white settler society’s cultural norms with Indigenous ones. The inspector recommended that upward of half of Canton’s detained population could be discharged. He concluded that the others, to use the parlance of O-Zoush-Quah’s medical file, “needed supervision of some sort” in an institution. Joining colleagues from the federal psychiatric hospital in Washington, D.C., and an array of U.S. government agencies, Silk recommended that the people be relocated to St. Elizabeths Hospital. It is doubtful that O-Zoush-Quah, George Leo Marlow, or any of the others confined at
Canton Asylum were apprised of Silk’s report or the plans to bring about their collective dislocation to Washington.

In the 1930s, shifting economic, political, and cultural factors motivated national leaders and BIA representatives to reconsider maintaining the Indian Asylum. As the Great Depression unfolded and New Deal politicians claimed ascendancy, consolidation of federal power gained momentum. President Franklin Roosevelt’s new appointee to the Office of Indian Affairs, John Collier, increasingly asserted that the Indian Asylum belonged to the “horse and buggy era,” connecting images of a bygone past to its western location. “The physical plant is condemned as being hopelessly archaic, and the administration is condemned as sensationaly inefficient,” the new commissioner proclaimed shortly after Silk had returned from his inspection. Contrasting itself with Canton Asylum, St. Elizabeths Hospital administrators and staff in Washington argued that their institution modeled efficiency and modern medical practices. The contests between the two federal psychiatric facilities underscored broad and familiar settler ableist practices. Invoking rhetoric of medical progress and competent institutional management, Samuel Silk, St. Elizabeths, and the BIA bolstered their authority and status. Responsible government and good medical practice, the logic went, necessitated in this instance the closing of one institution—Canton Asylum—to maintain and strengthen the broader medical system, which included St. Elizabeths Hospital. Undergirding this process, settler ableism served to make continued institutionalization of diagnosed people seem essential and unquestionable.

News that the Indian Asylum might be shuttered prompted a former engineer there, Norman Ewing (Sioux), to contact the BIA. Telegramming Commissioner Collier in October 1933, Ewing asserted that he had “first hand knowledge from observation most brutal practices under Hummer.” Years prior, Ewing—the only Native employee at Canton at the time—had sought to expose the inhumane conditions at the Asylum, conveying James Herman’s written affidavit to U.S. government officials and adding his own testimony in person to BIA leadership in 1915. Administrators had responded by reassigning Ewing to a post at Fort Peck, Montana. Ewing nevertheless offered to assist the emerging effort to close the Asylum: “Can testify or send you copy of record abuses observed while employed there if same of value to administration.” Commissioner Collier and Interior Secretary Harold Ickes released Ewing’s testimony alongside details from earlier Asylum reports.
that described conditions as “sickening” and spotlighting transparently inhumane treatment, such as a child chained to a steam pipe.88

Not surprisingly, Superintendent Hummer and many of Canton’s townspeople opposed the unfavorable depictions and plans. Insisting that pretentious easterners were meddling in matters they did not understand or that officials were exceeding federal jurisdictions, they insisted that Asylum staff were dedicated and effective caregivers to otherwise helpless Native Americans. Although visits from relatives of institutionalized people had been discouraged, the Asylum’s closer proximity to many reservations was invoked as benefiting members of Indigenous nations within and outside of South Dakota. Legal brawls ensued over the next several months, as local representatives clashed with Washington about the future of the Indian Asylum.89 Ultimately, the federal government dismissed Dr. Hummer, replacing him temporarily with a physician and superintendent of the Pipestone Indian School in Minnesota who was directed to oversee Canton’s closing and to transfer the majority of the people held there to St. Elizabeths.90 Modern medical understandings and social and scientific efficiency, federal officials proclaimed, had promoted deeper insight, enhanced trustworthiness, and promised real solutions to the persistent threat of mental illness. The BIA returned seventeen people deemed not to have “sufficient mental derangement” to their homes.91 Celebrating what he claimed was true democracy, Commissioner Collier cast the decision to close Canton Asylum and relocate most of its institutionalized population by the end of 1933 as an indication of a “New Deal” for American Indians.92 The Washington Post described the seventy-one American Indians being sent to St. Elizabeths as being “freed.”93

O-Zoush-Quah, George Leo Marlow, and the many Native people around them, however, experienced a very different story, one both familiar and unsettling. News of the Indian Asylum’s closing glossed over the reality that institutionalization would continue for many people held in its locked wards. Some may not have been aware or understood that they were being transported to another psychiatric facility hundreds of miles away, but these realities became swiftly apparent. The locked quarters where they had lived for years hummed with activity on Wednesday, December 20, 1933. Attendants ordered individuals to pack their belongings and assist others in anticipation of the transfer. As evening approached, staff from St. Elizabeths Hospital escorted the Prairie Band Potawatomi woman and the Sisseton-Wahpeton man, along with sixty-seven others, out of the buildings. The group traveled the two miles to the train depot on foot, flanked by local onlookers.94 Some of the Native people, a young observer later recalled, expressed anguish
and disorientation as the serpentine line approached the seven Pullman cars awaiting them.95 At least one individual who resisted walking was carried onto the train.96 Women wrapped in blankets, bars on train windows, and fragmented exchanges with those being removed jumbled together in subsequent accounts of the night. Later, as the train hurtled eastward, people spent hours grouped together in isolated carriages under the guarded supervision of hospital staff—continued institutionalization in mobile form. We know nothing about the Indigenous group’s conversations, questions, or imaginings that filled the two days before they arrived in Washington and were consigned to the locked wards of another federal psychiatric hospital.97