UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

MEDICINE WORSE THAN THE MALADY:

INDIAN HEALTH, COLONIZATION, AND THE WIND RIVER RESERVATION

1800 – 1928

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

DOCTOR OF PHILOSOPY

By

JULIE STIDOLPH
Norman, Oklahoma
2014

Downloaded from SHAREOK. Persistent Handle URL: https://hdl.handle.net/11244/10380

MEDICINE WORSE THAN THE MALADY:
INDIAN HEALTH, COLONIZATION, AND THE WIND RIVER RESERVATION,
1800 – 1930

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF HISTORY

BY

Dr. Fay Yarbrough, Chair

Dr. Warren Metcalf

Dr. David Wrobel

Dr. Sarah Tracy

Dr. William Bauer

©Copyright by JULIE STIDOLPH 2014
All Right Reserved.

To Ed and Teri, whose lives have always been a reminder of what matters most.

Acknowledgements

While much of the process of researching and writing history seems to be a solitary endeavor, this work simply would not have been possible without the support of many individuals and organizations.

I am grateful to the History Department at the University of Oklahoma, not only for the funding and experience I received as a Graduate Assistant, but especially for the warm welcome from the faculty and staff, which was the first thing that impressed me when I visited Oklahoma. I am particularly thankful for the generosity of Cliff Hudson, who not only provided financial support through the Hudson Fellowship, but also took a personal interest in my work and career, as he does with all fellowship recipients. The opportunity to work on an oral history project in the Women's and Gender Studies Department brought financial resources and valuable academic experience. But even more, the people and the perspectives I came into contact with there have left an indelible mark on me for which I am grateful. The Society of the Colonial Dames of America, the Alice Mary Robertson Award from the Women and Gender Studies Department at the University of Oklahoma, the Robberson Research Grant from the Graduate College at the University of Oklahoma, the Arrell M. Gibson Scholarship/E.E. Dale Award and the Anne Hodges and Wayne Morgan Fellowship from the History Department at the University of Wyoming, and the Annaley Naegel Redd Student Award in Women's History from Brigham Young University all made it possible for me to travel to archives across the country for research.

This academic journey has brought me into contact with some truly inspirational people and scholars, who I am indebted to for their encouragement and guidance. First, I must thank William Bauer, whose unflagging support, patience, enthusiasm, and rigorous standards first encouraged me to consider an academic career and continue to encourage me still. My advisor, Fay Yarbrough, provided a critical and discerning eye to this work and has also been an invaluable support and encouragement. I would like to thank my committee members, Warren Metcalf, David Wrobel, and Sarah Tracy, for lending their expertise to my dissertation by providing suggestions and comments that I know will continue to shape the trajectory of this project. Martha Skeeters provided advice, adventure, and encouragement that will shape me long after leaving OU. Finally, I am grateful to Robert Griswold, Catherine Kelly, Terry Rugeley, Joshua Piker, David Chappell, Raphael Folsom, Jill Irvine, and Kathleen Brosnan for the myriad ways they impacted my intellectual development and professional growth.

The best part of graduate work has been the bonds formed between fellow travelers who understand the unique challenges and rewards of the particular academic stage during which our paths crossed. I am forever grateful to have been assigned an office with Kathleen Sheppard. That fortunate circumstance led to a close friendship, a source of unfailing encouragement, and, perhaps most importantly, a running partner. I truly could not have made it without our long runs, conversations, and phone calls. Brandi Hilton-Hagemann started this journey with me at the University of Wyoming and has always been a source of encouragement, friendship, and fun. Margaret Heuttle was a fantastic roommate, a great cook, and remains a dear friend. Matt Pearce has been an inspiring colleague, a listening ear, and a great neighbor. Emily Wardrop has been a

constant source of enthusiasm whose passion for teaching is a constant reminder of the reason why I came to this profession in the first place. Thank you also to Jeff Fortney, Rowan Steineker Fortney, Doug Miller, Bryan Rindfleisch, Dustin Mack, Eric Moore, Dave Beyreis, Michele Stephens, and Matt Bahar for the invaluable and intangible ways you provided support and examples of excellence.

Finally, there are my wonderful friends and family who were with me long before I took on this endeavor of grad school, and will be with me long after. I am grateful for all the ways they reminded me there was life outside of academia, kept me grounded, and believed in me. I would particularly like to thank Regina Gaudard, Mindy Buell, and Amanda Herron. Words are simply not enough to thank my extended, but very involved, family. They have meant everything to me. Thank you Aaron and Reid, for always keeping me on my toes. Thank you Mom and Dad for all the ways you have contributed to raising a daughter who is not afraid of taking on big challenges. So much of that is because of your love, support, and examples. Finally, thank you David for walking with me on this part of our journey and for all the ways you have encouraged me.

Table of Contents

Introduction 1

1. Colonization and the Drudge Myth among the Shoshone and Arapaho 32
2. Shoshone and Arapaho Women, Communities, and Healing 55
3. The Doolittle Report and the Idea of Ill Indians 85
4. Creating Illness on the Wind River Reservation 127
5. The Drudge and Federal Indian Health Care 180
6. Sustaining Women's Roles and Health on the Wind River Reservation 230

Conclusion 250

Bibliography 254

List of Tables

Average attendance at Government Boarding School, 1883-1900 170

Numbers of houses, tipis or tents on the Wind River Reservation, 1913-1920 239

Abstract

At the turn of the century Native Americans represented a wide variety of cultures, economic situations, regions, and historical experiences. Yet unusually high rates of tuberculosis, trachoma, and infant mortality were a troubling and pervasive common thread that ran throughout Indian country. Despite widespread concern among Progressive era reformers and government officials, federal ideas of medical treatment often clashed with Native ideas. This dissertation uses the Wind River Reservation in Wyoming as a case study to uncover the ways discourses about Native American women and Native American health became particularly important to the federal government as it shifted from one phase in the colonial process to another. Colonization first obscured and then undermined the reality of Shoshone and Arapaho women's roles in their communities and the dynamic and effective healing practices they helped maintain. Nevertheless, the historical record, including memories of Native peoples, shows an active rejection of these discourses and the government programs based upon them.

Introduction

The smell of ether was everywhere. There was noise coming down the hallways of the government hospital on the Wind River Reservation in Wyoming and through the bandages over his eyes he could see "people running back and forth." Val Norman, a Shoshone Indian, was just a young boy, yet the chaotic scene left such an impression on him that he could still recall even the smell roughly seventy years later. He had been a student at the reservation boarding school when a government doctor "came in and gathered the whole student body from down at the school and put them in the hospital." He remembered the staff placing about one hundred students into wards and each day a few more students disappeared behind the operating room doors. They underwent surgery on their eyes, likely in an effort to halt the effects of the debilitating eye infection trachoma. However, Norman said that the government doctors operated on children's eyes "whether they needed it or not." Whether out of carelessness or unavoidable ignorance due to the state of medical knowledge at the time, the doctor performing one of the surgeries neglected to take into account one of the girl's weak heart. The ether used as an anesthetic killed her. Upon hearing the news, the mother brought her rage and grief to the hospital. "You could hear that woman, that lady, that girl's mother—shouting her head off. She came in over there with what they call a riding whip and that's what she worked that doctor over with."[1]

[1] Oral history taken at the home of Val Norman outside Ft. Washakie, Wyoming, original collection date 2 Feb. 1991, Box 1, Warm Valley Historical Project Records, Collection number 11457 [Hereafter WVHP], American Heritage Center, University of Wyoming, Laramie Wyoming [Hereafter AHC].

By the early twentieth century, significant and chronic disparities between the health of Native Americans and the white population were alarmingly obvious. At the turn of the century, Native Americans represented a wide variety of cultures, economic situations, regions, and historical experiences. Yet unusually high rates of tuberculosis, trachoma, and infant mortality were a troubling and pervasive thread of commonality that ran throughout Indian country. Despite widespread concern among Progressive era reformers and government officials, as Val Norman's memories dramatically illustrate, federal ideas of medical treatment often clashed with Native ideas. The consequences of these misunderstandings were as tragic as they were far-reaching. While it is common for populations to go through cycles of disease, the persistence of health disparities which emerged among Indian populations around the turn of the century is significant in that this imbalance continues today, even though the primary causes of ill health have shifted over time.

It is the argument of this dissertation that Indian women and Indian health were central to justifications for the United States colonization process. National discourse about Native American women and Native American health became particularly important as the federal government shifted from one phase in the colonial process to another. However, the disconnect between discourse and truth as they related to Native women's roles and health among Native Americans shows that *ideas* about Indian women and Indian health were far more influential than the actual reality. Colonization first obscured and then undermined the reality of Native women's roles in their communities and the existence of thriving populations of Native peoples who effectively managed their own health. Although Native women's healing practices and

their role as leaders in their communities showed a remarkable resiliency through the later decades of the nineteenth century, the undermining of Native health and the resultant health crisis in Indian Country brought about a convergence of false discourses about Native women and Indian health in the early twentieth century that saw Indian women as the greatest threat to the health of their communities. Nevertheless, the historical record, including memories of Native peoples, shows an active rejection of these discourses and the government programs based upon them.

While Native American history is the broadest umbrella under which this dissertation fits, multiple subfields are also critical to my interpretation. Perspectives from the history of the Shoshone and Arapaho, federal Indian policy, Native American health, colonialism, race, and gender run throughout the analysis. After a discussion of how this dissertation draws upon in each of these and how my approach relates to them, I will provide a brief overview of the dissertation.

Although significant and chronic health problems among Indians and the federally-directed assimilation campaign are stories of national scope, the Northern Arapaho and Eastern Shoshone of the Wind River Reservation act as a case study for to account for the nuanced interplay of federal policy and Native choices. To date, most studies of Indian government policy and health care either focus on a particular tribe, with little attention to dynamics beyond the tribe, or they take a macro or federal approach with cursory attention to local circumstances. As a result, they cannot account for the intricacies of individual perception and agency that inevitably alter federal policy between the time it is designed to the time it is actually implemented. Perhaps most problematic, policy studies which remain focused on the federal level tend to over-

emphasize the power of the federal government in relation to Native American choices and influence.

While federal policies and the ideas and ideals that motivated them helped shape the structure of the bureaucracy of the Office of Indian Affairs, and thus to a certain extent, its operations, federal employees rarely implemented or embodied the ideals of federal policy exactly as it was designed. Local circumstances and the actions and choices of Native peoples and individual government employees created a power dynamic much more fluid than that of a monolithic government bureaucracy enforcing its will on subjected Native peoples.[2] This dissertation actively seeks examples of the ways Native peoples, federal employees, and even the environment, complicated, complemented, or resisted federal power and the ideas about Indians that federal policies were based upon by maintaining a local focus on the Wind River Reservation along with a national focus on the creation of federal policy. This dual focus on federal policy and local circumstances is also augmented by evidence from tribes across the country in order to demonstrate the parallels between circumstances and interactions on the Wind River Reservation and other tribes.[3]

---

[2] Cathleen Cahill's study on employees in the United States Indian Service (many of which were Native themselves) is a particularly effective study of the complicated power dynamics involved in the implementation of federal policy. 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).

[3] For histories of Indian health care, see Francis Paul Prucha, *American Indian Policy in Crisis: Christian Reformers and the Indian, 1865-1900* (Norman: University of Oklahoma Press, 1976); Clifford E. Trafzer, *Death Stalks the Yakama: Epidemiological Transitions and Mortality on the Yakama Indian Reservation, 1888-1964* (East Lansing: Michigan State University Press, 1997); Robert Trennert, *White Man's Medicine: Government Doctors and the Navajo, 1862-1995* (Albuquerque: University of New Mexico Press, 1998); David H. DeJong, *"If You Knew the Conditions:" A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, Lexington Books, 2008); David DeJong, *Plagues, Politics, and Policy: A Chronicle of the Indian Health Service, 1955-2008* (Lanham: Lexington Books, 2011).

This dissertation extends the thin historiography of the Wind River Reservation using a cross-disciplinary approach to the past that incorporates anthropological studies, historical documents, and oral histories. The earliest academic studies involving the Shoshone and Arapaho come from anthropologists, most notably Alfred L. Kroeber, George A. Dorsey, Robert Lowie and Demitri Shimkin.[4] The first historical studies of the Wind River Reservation are the works of Virginia Cole Trenholm.[5] Trained as a journalist, rather than a historian, Trenholm's work on the Shoshone is primarily valuable as a chronological synthesis of their interactions with whites. Based on documents from explorers, trappers, mountain men, emigrants, Indian agents, Mormon leaders, military personnel, and traders, *The Shoshonis* focuses primarily on the life of Chief Washakie and casts the Shoshone as peaceful and willing to aid white settlement.

---

[4] A.L. Kroeber, *The Arapaho,* (New York: American Museum of Natural History, 1902-1097); George Dorsey, *The Arapaho Sun Dance: The Ceremony of the Offerings Lodge* (Chicago: Field Columbian Museum, 1903); George A Dorsey and A.L. Kroeber, *Traditions of the Arapaho* (Chicago: Field Columbian Museum, 1903); Demitri B. Shimkin, *Wind River Shoshone Ethnogeography* (Berkeley, University of California Press: 1947); Demitri B. Shimkin, *Childhood and Development Among the Wind River Shoshone,* (Berkeley, University of California Press: 1947); Demitri B. Shimkin, *The Wind River Shoshone Sun Dance* (Washington, U.S. Government Printing Office: 1953); Robert Lowie, *Dances and Societies of the Plains Shoshone* (New York: The Trustees, 1915); Robert Lowie, *Sun Dance of the Shoshoni, Ute, and Hidatsa* (New York: AMS Press, 1919); Robert Lowie, *Notes on Shoshonean Ethnogeography* (New York: American Museum Press, 1924); Until the early 1930s, scholars who studied the Native American past were divided between two discrete disciplines, each with distinct methodologies. On the one hand were historians who studied written records, and on the other were the fields of anthropology and archeology which searched for clues to the past through myriad sources and methodologies, none of which featured the consideration of written documents. This dichotomy contained an implicit racial distinction because historians' traditional set of sources limited their search for change over time to those cultures who chronicled their past through writing. As it related to the Americas, this meant that narratives of progress and change could only be located with the records of Euro-Americans. In contrast, the confinement of the study of Indians to anthropology led to the treatment of them as ahistorical subjects. For more information on the early division between anthropology and See Melissa L. Meyer and Kerwin Lee Klein, "Native American Studies and the End of Ethnohistory," 183, in *Studying Native America,* Russell Thornton, ed., (Madison: University of Wisconsin Press, 1998); Steven Conn, *History's Shadow: Native Americans and Historical Consciousness in the Nineteenth Century* (Chicago, University of Chicago Press: 2004).

[5] Virginia C. Trenholm and Maurine Carley, *The Shoshonis: Sentinels of the Rockies* (Norman: University of Oklahoma Press, 1964). *The Shoshonis* was the first historical study of the Eastern Shoshone in Wyoming and reflects the period of "New Indian History" that began to produce works focused primarily on Indians.

Trenholm's second book about the Arapaho reflected the growing awareness that Native history could no longer be based solely on the archival record.[6] Nevertheless, despite using ethnographic information and even oral histories, these sources are typically isolated in separate chapters, rather than used to critically assess or inform her interpretation of other records. Thus, Trenholm's book still reflects a distinct separation between the disciplines of anthropology and history. Like her book on the Shoshone, *The Arapahoes* reads like a chronological rendering of Euro-Americans' interactions with the Arapaho, such as traders, military men, and missionaries, although records from government officials and programs are notably absent. In the chapters based on historical documents, Trenholm unquestioningly adopts the perspectives of nineteenth-century explorers and pioneers who left their impressions of the Arapaho, and in doing so particularly perpetuates the image of the Arapaho as "noble savages."

In contrast to Trenholm's work, this dissertation brings anthropological studies and historical documents into close conversation, using each type of record to interrogate and add nuance to the other. An understanding of the historical context in which anthropologists worked helps bring an awareness of biases that may be present in

[6] Virginia Cole Trenholm, *The Arapahoes, Our People* (Norman, University of Oklahoma Press: 1970). The convergence of the fields of anthropology and history began in the 1930s when anthropologists began to question how European contact impacted Native cultures, a research focus that necessitated investigating both change over time and archival materials. Then, the establishment of the Indian Claims Commission in 1946 generated an even stronger imperative to employ multiple sources of evidence to strengthen claims of Indian occupancy of particular lands, tribal identities, and violated treaties. The practice of combining multiple methodologies to understanding the past (or, more feasibly, the combination of research in one methodology with the secondary sources of another) was novel enough in the study of Indigenous peoples to warrant the establishment of a new journal and professional society in 1954: Ethnohistory. For more information on the early emergence of the field of Ethnohistory, see Bruce Trigger, "Ethnohistory: Problems and Prospects," *Ethnohistory* 29 (Winter 1982): 253-67.

their studies.[7] Also, anthropological studies are crucial in providing a glimpse of Native culture and worldviews that add critical depth and meaning to the rendering of history preserved in historical documents. I try to negate the bias towards a Western perspective in my sources by searching for and paying particularly close attention to the actual words or actions of Native peoples; in other words, by searching for "Native voice." Furthermore, I also try to critically assess Indians in history as individuals with complicated personal motivations, flaws, and biases of their own.

This approach follows the model of another historian of the Wind River Reservation, Loretta Fowler. Her award-winning book about the adaptations of Arapaho political organizations to reservation life is a classic representation of the fruitfulness of pursuing a multi-disciplinary approach to Native history.[8] Fowler uses this method to provide an analysis of "the meaning that the Arapahoe attribute to events and relationships through time," rather than an interpretation based solely on the white Euro-American perspectives so heavily represented in the written record.[9] In Fowler's

---

[7] It took the revisionist history spurred by the decolonization rhetoric of the Vietnam War era and the American Indian Movement of the 1960s and 1970s for historians to fully grasp the utility of using anthropological evidence to produce histories tainted as little as possible by the colonial biases of the written record. Native American histories during this era reflected the belief that a cross-disciplinary approach provided a way of looking at facts "from all sides." Documents supplied the Euro-American perspective, while anthropology supplied the Indian perspective. But by the 1980s, the confidence in the promise of an unbiased telling of the past through "ethnohistory" began to erode. As early as the 1960s, scholars acknowledged that the very criteria of what is "true" or not are rooted in culturally-defined standards. Therefore, non-European cultures often had different criteria of truth and falsehood. However, until the 1980s the distinction only served to relegate Indigenous perceptions of their own history as "folk history." For more information on this shift in field of ethnohistory, see William Sturtevant, "Anthropology, History and Ethnohistory," *Ethnohistory* 13 (Winter 1966); Trigger, "Ethnohistory: Problems and Prospects," 253-67.

[8] Loretta Fowler, *Arapahoe Politics, 1851-1978: Symbols in Crises of Authority* (Lincoln: University of Nebraska Press, 1982). Her study demonstrates how the Arapaho consciously manipulated the meaning of symbols over time in order to maintain the age-based hierarchical political structure of their society in the face of American domination. The ritual and spiritual authority of elders legitimized the roles and decisions of younger leaders who acted as mediators between the Arapaho community and the U.S. government.

[9] Ibid, xvii.

rendering, the Arapaho are a success story of adaptation in the face of rapid social change, an analysis my dissertation reinforces.

Henry Stamm's book, *People of the Wind River*, is the most recently published historical treatment of the Wind River Reservation. His study draws mainly on government documents and foregrounds the actions of government officials and local settlers.[10] As a result, the Shoshone are only vague, shadowy figures, emerging periodically in the narrative as undifferentiated group, or as represented by influential leaders, particularly Washakie. Although my work also focuses on government policy, in contrast to Stamm, I approach government policy and personnel with an analytical view that examines the ways national, regional, local, and Native perspectives interacted on the Wind River Reservation. This method allows for a more complicated dynamic of power on the Wind River Reservation than the story of monolithic government influence over the ever-weakening Shoshone and Arapaho.

I will consider Indian history and federal Indian policy, within the context of larger trends in American history. Despite the merit of any illumination of the history of peoples traditionally neglected as subjects of academic historical study, writing American Indian history as if it occurred in a vacuum effectively maintains the marginalization of Native American peoples and their experiences. Two studies of the

[10] Henry Stamm, *People of the Wind River: The Eastern Shoshones, 1825-1900* (Norman, University of Oklahoma Press: 1999). If taken as Native American history, this book stands outside of the trend that culminated in the 1990s which sought to position Native peoples as the main protagonists in historical narratives and which looked for signs of adaptation and persistence to counterbalance older narratives of declension. With the growth and influence of Native Studies programs, scholars critiqued roles given to Native Americans that centered on their image as passive victims, wherein history "happened to" Native Americans. Scholars began seeking narratives that illustrated Indigenous adaption, resistance, persistence, and syncretism. In contrast to these movements in the field, Stamm's book presents a clear narrative of declension. It focuses on the years from 1868 to 1885, beginning with the government's creation of the reservation for the Shoshone and ending with the last Shoshone buffalo hunt. Although he includes a very brief chapter about Shoshone and Arapaho attempts to adjust to reservation life, the book closes with a clear focus on decline with an epilogue titled, "The Nadir, 1885-1900."

assimilation era that highlight the usefulness of locating policy history within a larger American context are Fredrick Hoxie's *A Final Promise* and Tom Holm's *The Great Confusion in Indian Affairs*.[11] Both of these studies bring nuance to the often undifferentiated assimilation era in Indian history by recognizing that policy decisions did not come solely from high-ranking bureaucratic officials in the Office of Indian Affairs. Policy was also the reflection of nation-wide political debates and social and cultural discourses.

Hoxie's work is a reminder to view attitudes and actions of both Indian and non-Indian society "as expressions of a complex culture confronting an alien people in a rapidly changing environment."[12] Considering federal Indian policy within the context of the growing political power of Western states and intellectual debates about the ability of races or cultures to evolve around the turn of the twentieth century, Hoxie finds that the assimilation campaign consisted of two distinct phases. In the first phase, the idea that Indians could and should be incorporated into a homogenous American society motivated government policies designed with the goal of complete assimilation in mind. By the 1920s, Hoxie argues, government policies redefined the goal of assimilation to be the preparation of Indians to assume their place on the periphery of American society, functioning as a dependent labor force, rather than full incorporation. However, my research shows that in relation to Indian health and Indian women, the same national debates of race led to very different approaches to policy than Hoxie sees occurring more broadly. When considering Native American health, this study show

[11] Fredrick Hoxie, *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920* (Lincoln: University of Nebraska Press, 1984); Tom Holm, *The Great Confusion in Indian Affairs: Native Americans & Whites in the Progressive Era* (Austin: University of Texas Press: 2005).
[12] Hoxie, *A Final Promise,* xxii.

that around the turn of the century federal policy actually increased its emphasis on the need for full assimilation of Indian women in particular.

Whereas Hoxie argues that Native culture survived because the government shifted its policy away from total assimilation, Holm instead positions Native peoples as the main agents of change. In Holm's reading, it is the persistence of Native traditions that forces the government to reassess its policies. He positions the assimilation era as a confused interlude that took place after the widespread realization that Indians were not going to vanish, and before John Collier's administration delivered a coherent plan of structural accommodation of Indians based on the philosophy of cultural pluralism. Using a combination of Hoxie and Holm's approaches to this era, I treat the relationship between the federal government and Native peoples as a dynamic equilibrium in which both groups significantly impacts each other.

Although their framework for describing change is different, both Hoxie and Holm see the assimilation era in the Bureau of Indian Affairs as a reflection of shifting social, cultural, political, and economic changes occurring in the United States during the Progressive era. Whereas Hoxie sees two discrete phases during this period, Holm does not make such neat distinctions. Rather he argues that the consensus among government bureaucrats that the government should work to assimilate Indians was disrupted by citizens' anxieties in the late nineteenth century over urbanization and modernization, early questioning of the idea that Indians were inherently racially inferior, and the persistence of Native cultures.[13] Like Holm and Hoxie, my research

[13] Holm argues that the OIA's confused policy during the Progressive Era was a reflection of what historian Robert Weibe's characterization in American society as a whole as a "search for order." Robert H. Weibe, *A Search for Order, 1877-1920* (New York: Hill and Wang, 1967).

shows that shifts in the OIA's policies were a reflection of shifting national discourse about race during the Progressive era.[14]

This study begins prior to the establishment of the Wind River Reservation for the Eastern Shoshone in 1868. In what was meant to be a temporary arrangement, the government relocated the Northern Arapaho to the Wind River Reservation in 1878, which they share with the Shoshone to the present day. My study ends just prior to the tenure of John Collier as Commissioner of Indian Affairs. The hallmark of his administration, which began in 1932, was a new cultural-preservation ethic that signaled the end of the federal government's active promotion of cultural assimilation for Native American peoples.[15]

This dissertation draws on and adds to a large body of work on race, science, and colonialism.[16] Warwick Anderson's study of medical practices during the United States' colonization of the Philippines shows how health care is important to

---

[14] The Native American reform movement of the Progressive Era was only one of many movements characterized by concern for the health of minority populations (particularly women and children) such as inner-city immigrants and poor African Americans in the South. Historians have shown that the American public's anxieties over immigration were often closely connected to anxieties over health. For information on Progressive Era reform efforts directed at minority populations, see Allen F. Davis, *Spearheads for Reform: The Social Settlements and the Progressive Movement* (New York: Oxford University Press, 1967); Noralee Frankel and Nancy S. Dye, *Gender, Class, Race, and Reform in the Progressive Era* (Lexington: University of Kentucky Press, 1991); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkley: University of California Press, 2001); William Deverell, *Whitewashed Adobe: The Rise of Los Angeles and the Remaking of its Mexican Past* (Berkeley: University of California Press, 2004); Maureen Flanagan, *America Reformed: Progressives and Progressivism, 1890s-1920s* (New York: Oxford University Press, 2007); Erika Lee and Judy Yung, *Angel Island: Immigrant Gateway to America* (Oxford: Oxford University Press, 2010).

[15] For more information on the history of the Eastern Shoshone and Northern Arapaho, see Trenholm, *The Shoshonis*; Loretta Fowler, *Arapaho Politics, 1851-1978: Symbols in Crises of Authority* (Lincoln: University of Nebraska Press, 1982); Trenhom, *The Arapahoes: Our People*; and Stamm, *People of the Wind River*.

[16] For an earlier study of race, science, and colonialism as they relate to Native American history, see Reginald Horsman, *Race and Manifest Destiny: The Origins of American Racial Anglo-Saxonism* (Cambridge: Harvard University Press, 1981). Horsman's work highlights the close connection between ideas of race and the expansion of the United State in the mid-nineteenth century, culminating with the Mexican American War. In doing so, he adeptly illustrates how intellectual trends not only shape society, but are also a reflection of it.

understanding the process of colonization because it provides a uniquely intimate glimpse of a nexus where state power and individual power meet.[17] Because health care is closely wrapped up in politics, studying it provides insight into changes in not only medical knowledge but also broader power dynamics. In my study, government health care for Native Americans is a reflection of attitudes of colonialism, racialized science, and political necessity.

This dissertation shows striking similarities between the impact of colonization on health and health care in the Philippines and among Native Americans. Much like Anderson describes in the Philippines, colonizing authorities first destabilized traditional forms of healing and health care and disrupted indigenous people's ability to maintain healthy populations. Then, with the memory of a once-healthy population erased, the government used its power to enforce American ideas of sanitation, hygiene, health, and health care, all in the name of uplift, and all of which in turn contributed further to the colonizing process. Although the federal government routinely presented western medicine as a beneficent provision to their Indian wards, the continued presence of disease, death, and resistance unsettled this picture. Nevertheless, American medicine was routinely upheld as both a marker of and a path towards civilization and modernity for non-white groups, and hygiene education became intrinsic to the civilizing process. Also, as in the case of American colonization of the Philippines, the process of colonization of the American West not only undermined the health of Native people and their ability to maintain their own health, it also had the effect of obscuring even the memory of a once-healthful and thriving

[17] Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).

population. Although Anderson positions the colonization of the Philippines as the precursor to urban health services in America that targeted immigrants and minorities, my study shows that government concern with American Indian bodies had an impact on the public discourse about citizenship, health, and race both before and during the American colonization of the Philippines.

The study of Native health is particularly important because the problem of endemic ill-health among Native Americans is a common stereotype many people reach for when describing and attempting to understand Native Americans, both in the past and in the present. In the broad collective narrative of Native American history that exists within textbooks, academic monographs, and the general public's mind, disease is one of the very first actors to enter the stage. For instance, Elliott West, a preeminent historian of the American West, writes that the United States was "grimly blessed" by the global disease environment created by European expansion because "contact diseases, allies of the invaders from the beginning, kept at it all the way to the Pacific, easing the path of conquest. . ."[18] After its big, dramatic entrance of "virgin soil epidemics" and massive depopulation, general lack of well-being becomes a nearly undifferentiated part of the backdrop and lingers on stage until it makes another dramatic contribution to the scene of unmistakable health disparities that exist in Indian Country today.[19]

---

[18] Elliott West, *The Essential West: Collected Essays* (University of Oklahoma Press: Norman, 2012), 35.
[19] For some of the most influential works on epidemics in Native America, see Alfred Crosby, *The Columbian Exchange: Biological and Cultural Consequences of 1492* (New York, Cambridge University Press: 1972); Alfred Crosby, *Ecological Imperialism: The Biological Expansion of Europe 900-1900* (New York, Cambridge University Press, 1986); Alfred Crosby, *Germs, Seeds, and Animals: Studies in Ecological History* (Armonk, M.E. Sharpe: 1994); Alfred Crosby, "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America," *William and Mary Quarterly,* 3rd ser., 33 (April 1976), 289-99; William McNeill, *Plagues and Peoples* (Garden City, Anchor Press: 1976); Sheldon Watts, *Epidemics and History:*

Although a medical practitioner would neither be content nor effective in only understanding symptoms of an illness without understanding its root cause, without questioning the long-standing health disparities between Native and non-Native peoples, few Native American historians have undertaken an investigation of the historical development of this situation. Efforts to mitigate the threats to wellbeing that childbearing, illness, and injury pose are a common human endeavor. Yet, without searching out and understanding the history of health and healing among indigenous people, historians fail to explore this fundamental element of their humanity.

Given the fascination with virgin soil epidemics, it perhaps may come as no surprise that the disciplines of anthropology and archaeology have generated the most robust discussions of the history of Native American health in debates over the extent to which European diseases affected pre-contact North American Indigenous populations.[20] Although the fields of policy history, frontier history, and education history (just to name a few) have rejected victimization narratives in Native American history, the descriptions of victimization of Native peoples by disease has provoked far fewer questions. In discussions of Native American health, disease tends to remain the principal actor and creator of change, with the actions of Native peoples only cursorily

---

Disease, Power, and Imperialism (New Haven, Yale University Press: 1997); Jared Diamond, *Guns, Germs, and Steel: The Fates of Human Societies,* (New York, W.W. Norton & Co.: 2005).

[20] Some examples of shifting perspectives on the debate over demography in the Americas prior to 1942, see James Mooney, "Population," *Handbook of American Indian North of Mexico,* vol. 2, F.W. Hodge, ed. (Washington: Bureau of American Ethnology Bulletin 30, 1910), 286-287; H.J. Spinden "The Population of Ancient America," *The Geographical Review* 28 (1928): 641-661; A.L. Kroeber, "Cultural and Natural Areas of Native North America," *University of California Publications in American Archeology and Ethnology* 38 (Berkley, 1939): 1-242; W. Borah, "America as Model: The Demographic Impact of European Expansion up on the Non-European World," *35th Congreso Internacional de Americanistas Act y Memorias,* Vol. 3, (1964): 379-387; Henry Dobyns, "Estimating Aboriginal American Population: An Appraisal of Techniques with a New Hemispheric Estimate, *Current Anthropology* 7: 4 (1966): 395-416; D.H. Ubelaker, "North American Indian Population Size, A.C. 1500-1985," *American Journal of Physical Anthropology* 77: 3(1988): 289-294.

explored and relegated to hopeless, ineffectual reactions. Just as partial truths make the best lies, this narrative of the history of Indian health is particularly deceptive because it is not entirely false. As Native American historians of the contact and early colonial era in the Americas have shown, imported European diseases did indeed make a sizable impact on Indigenous populations.[21] However, what is lost when historians misapply these studies to various groups is the fact that diseases did not sweep across the continent with tribes consecutively tumbling one after another like demographic dominoes. Nor was the ultimate result a uniformly weakened and debilitated Native population across the continent. The first error in this picture is the assumption that that the pre-Columbian world was pristine and disease-free. Prior to 1492, populations of the New World went through cycles of demographic stability and instability caused by a variety of factors, including changes in population density and subsistence, along with disease.[22]

Even more problematic than the casual use of the lack of biological resistance explanation is the persistent idea that Native peoples did not know how to treat these new foreign diseases. This misconception is directly related to the old fallacy that Indians enjoyed a utopian existence of ease and freedom until the white people confined them on Reservations. Just as biological resistance to disease accrued over time, so too did knowledge and treatment strategies. The idea that mortality rates soared in the late

---

[21] See Paul Kelton, *Epidemics & Enslavement: Biological Catastrophe in the Native Southeast 1492-1751* (Lincoln: University of Nebraska Press, 2007); William Cronan, *Changes in the Land: Indians, Colonists, and the Ecology of New England*, (New York: Hill & Wang, 1983); Richard White, *The Roots of Dependency: Subsistence, Environment, and Social Change Among the Choctaws, Pawnees, and Navajos* (Lincoln: University of Nebraska Press, 1983).

[22] Douglas H. Ubelaker and John W. Verano, "Conclusion," in John W. Verano and Douglas H. Ubelaker, eds. *Disease and Demography in the Americas* (Washington: Smithsonian Institution Press, 1992), 279 – 282.

nineteenth and early twentieth centuries due to Native peoples' lack of knowledge in combating new diseases not only denies the fact that they had been exposed to these diseases for centuries, it also falsely denies cultural change among Indians independent of non-Native actions. I argue that Native knowledge of disease had evolved to include understandings of and adaptations to European diseases long before their confinement to reservations.

Once Europeans and Africans introduced new diseases to the continent, the spread and effects of those diseases varied enormously across place and time. As historian Paul Kelton's work ably demonstrates, extenuating circumstances such as warfare, raiding, trade patterns, and environmental change interacted with the introduction of new germs and within that complex confluence of circumstances populations responded differently. Some crumbled or were irreparably weakened; others adapted, survived, and even returned to their pre-Columbian population levels.[23]

Kelton's work is also significant because it demonstrates the unique and important contribution that comes from adding historical analysis to the questions of Native American demographics and epidemics. In searching for evidence of disease and depopulation, archeological and anthropological studies naturally tend to limit their focus to Indians and disease, and thereby obscure the actions and consequences of Europeans. These studies portray the ravages of disease among Indians as the unfortunate, but also the unavoidable and unbiased work of biology; a hidden hand working unseen and obeying only the laws of science. Kelton's work usefully puts

[23] Kelton, *Epidemics and* Enslavement; for archeological studies that also show variety in the impact of disease among tribes, see Alfred W. Crosby, "Summary on Population Size Before and after Contact," in Verano and Ubelaker, eds. *Disease and Demography in the Americas* , 277-278; Ann F. Ramenofsky, *Vectors of Death: The Archaeology of European Contact* (Albuquerque: University of New Mexico Press, 1987).

epidemiologic and demographic data into the context of European exploration and colonization using journals and accounts from Spanish explorers, French traders, and British colonial and missionary records. This argument places European colonialism, and therefore human rather than biological actors, as the prime antagonist in the story of Indigenous demographic collapse.

While Kelton's *Epidemics and Enslavement* is rare among Native American histories in that it focuses primarily on health, historians of the colonial era do frequently include health as an important part of their larger analysis. However, as historians' chronological focus moves forward in time, their critical attention to Native American health diminishes, and they extensively rely upon the general narrative of a uniformly weakened and debilitated Native population. Passing mentions of poor health are as ubiquitous as they are brief and unexamined in histories of Native Americans after the mid-nineteenth century.

Although a few historians have taken up the issue of Native American health in modern America in earnest, most focus on chronicling policy shifts and departmental wrangling at the highest levels of the Bureau of Indian Affairs bureaucracy; the levels where, not unexpectedly, Native voice is the quietest.[24] Maureen Lux's book, *Medicine That Walks,* is a powerful reminder that policy is not just a matter of political negotiation, rhetoric, and bureaucratic turnover.[25] She argues that the ultimate significance of government policy is the way such decisions impact the lives of individuals. Lux pays close attention to the ways Canadian government policies,

[24] Prucha, *American Indian Policy in Crisis*; Trennert, *White Man's Medicine*; DeJong, *"If You Knew the Conditions"*; DeJong, *Plagues, Politics, and Policy:*.
[25] Maureen Lux, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001).

particularly those rooted in an assimilationist agenda, contributed to hunger and poor health among Plains First Nations between 1880 and 1940. Her work also brings attention to the impact that racial rhetoric had on responses to the health needs of Native people. The Canadian government consistently refused to take responsibility for the health of Indians because policy makers believed that "death and disease were a transitional phase that Natives had no choice but to endure."[26] Like Kelton and Lux's work, my study begins with the assumption that there is nothing natural or organic about the way disease has impacted Native populations. Rather, I seek to highlight the ways health conditions are the result of both Native and non-Native human actions and choices.

Global trends in late nineteenth century medicine influenced the Office of Indian Affairs to emphasize the meticulous tabulation of mortality rates, illnesses, and births, also known as nosological reports.[27] The federal government was never able to exert as much control over Native peoples' lives as it anticipated, nor could it monitor Native peoples as closely as it expected. Nevertheless, the extent to which the federal government was involved with Native American populations, and the nosological reports generated from even fairly loose observation, make the health of Native American populations some of the most closely tracked in the West beginning in the late nineteenth century. However, the majority of historians focusing on Native America have neglected these documents, as they are understandably difficult to

[26] Ibid., 226.
[27] Gerald Jorland, Annick Opinel, and George Weisz, eds., *Body Counts: Medical Quantification in Historical and Sociological Perspective* (Montreol: McGill-Queen's University Press, 2005).

interpret and analyze.[28] When trying to construct a narrative, pages upon pages of charts consisting of numbers and medical diagnoses, many of which are no longer even used, do not lend themselves to easy historical interpretation. Although I have accessed many nosological reports about the Shoshone and Arapaho on the Wind River Reservation, and recognize their usefulness, my reliance on them for this dissertation is minimal. I have begun collaborating with a biomedical statistician to make better use of these materials, but the results of that analysis must, of necessity, wait until a later date.

In this dissertation, I do not treat diseases as objective, scientific facts, but rather as malleable social constructs defined by the value and meaning ascribed to bodily phenomena by patients, doctors, and societies.[29] This allows the freedom to sidestep debates over the accuracy of past diagnosis according to current medical knowledge and instead consider the meaning and treatment of disease according to the interpretation of the historical actors involved.

After explaining that I research Indian health and health care to someone, the nearly inevitable response is a question about alcoholism among Indians. Yet alcoholism as a disease is a historically recent social construction.[30] In the period of this study, the treatment of alcoholism as a disease was not widespread in the American

---

[28] The notable exception is Clifford Trafzer's use of death certificates and and statistical analysis to understand epidemiological transitions and mortality among the Yakama in the state of Washington. Trafzer, *Death Stalks the Yakama.*

[29] This approach follows medical historian David Jones' book that examines the way Euro-Americans perceived disease among Indians and how they accounted for the disparate burden of disease experience by Indians compare to other populations. David S. Jones, *Rationalizing Epidemics: Meanings and Uses of American Indian Mortality since 1600* (Cambridge: Harvard University Press, 2004). See also Charles E. Rosenberg, *No Other Gods: On Science and American Social Thought* (Baltimore: Johns Hopkins University Press, 1976).

[30] E.M. Jellinek, *The Disease Concept of Alcoholism*, (New Haven: Hillhouse Press, 1960).

medical establishment.[31] This offers one possible explanation for the reason why concerns about health as they relate to alcohol use are nearly completely absent in the government medical records I consult and in discussions of Indian health care that I found. Even the Shoshone and Arapaho do not bring up concerns with alcohol when they speak about their health care concerns. The silence on this issue during the late nineteenth and early twentieth century in contexts involving discussions of health raises interesting questions about the extent to which physicians working for the Indian Department were aware of and influenced by efforts to medicalize alcoholism, and how ideas about Indians and alcohol affected government approaches to treating alcoholism as a medical problem. Also, as Peter Mancall prudently points out, "from contact until the present day, there has been no single Native American response to liquor."[32] The silence in the documents from Shoshone and Arapaho voices about alcohol as a health concern leaves questions about their ideas and particular histories of alcohol use. Nevertheless, this dissertation remains focused on health care issues as defined in the

[31] Although efforts to promote alcoholism as a disease began during the late-nineteenth century, competition with institutions that treated alcoholism as a problem ultimately of religious and/or moral roots or a criminal act prevented the medicalization of alcoholism from gaining widespread currency until the post-Prohibition era. See Sarah W. Tracy, "Medicalizing Alcoholism One Hundred Years Ago," *Harvard Review of Psychiatry*, vol.15, no. 2 (March/April 2007), 86-91; Ron Roizen, "How Does the Nation's 'Alcohol Problem' Change from Era to Era?: Stalking the Social Logic of Problem-Definition Transformations since Repeal," in *Altering American Consciousness: The History of Alcohol and Drug use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst and Boston: University of Massachusetts Press, 2004), 61-87; Sarah W. Tracy, "Building a Boozatorium: State Medical Reform for Iowa's Inebriates, 1902-1920," in *Altering American Consciousness*, 124-164.

[32] Peter Mancall, "'I Was Addicted to Drinking Rum: Four Centuries of Alcohol Consumption in Indian Country," in *Altering American Consciousness: The History of Alcohol and Drug use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst and Boston: University of Massachusetts Press, 2004), 93. For further information on the history of alcohol among Indians, see Peter C. Mancall, *Deadly Medicine: Indians and Alcohol in Early America* (Ithaca: Cornell University Press, 1995); William E. Unrau, *White Man's Wicked Water: The Alcohol Trade and Prohibition in Indian Country, 1802-1982* (Lawrence: University Press of Kansas, 1996).

records examined and therefore, the absence of discussions of alcohol in those documents is reflected in the lack of subsequent examination in this work.

Information relating to Shoshone and Arapaho healing and ideas about illness, health and death prior to 1900 are scant and fragmentary. Furthermore, there is an imbalance in both the number of sources between the groups and an inconsistency in the type of information those sources contain. For instance, through the memories of Wind River Arapaho in the late 1930s and early 1940s, and the detailed study of anthropologist Sister Inez Hilger that preserved them, information about Arapaho contraceptive, childbirth, and healing methods are unusually well-recorded.[33] Unfortunately, no similar study among the Shoshone exists. The uneven nature of sources between the two groups prior to the late nineteenth century is a reflection and reminder of their different historical experiences. In light of the vast winter counts that make up the whole of Native American history, it is only relatively recently that the Shoshone and Arapaho have come to share similar histories, experiences, and many aspects of their cultures.[34] The Shoshone's cultural roots belong in both the Great Basin and the Plains while the Arapaho are more aligned with the Plains Indian tradition. I write with the awareness that, particularly in the pre-reservation era, information about one group gleaned from a source cannot safely be assumed to stand in for a lack of similar records for the other group. Although the sources are not what I wish they were, this does not diminish my conviction that the topics and sources included in this dissertation are worth examining and being brought to light, particularly because of the

[33] Sister M. Inez Hilger, "Arapaho Child Life and its Cultural Background," *Smithsonian Institution Bureau of American Ethnology,* Bulletin 148 (Washington: United States Government Printing Office, 1952).
[34] Colin Calloway, *One Vast Winter Count: The Native American West before Lewis and Clark* (Lincoln: University of Nebraska Press, 2003).

frequently erroneous assumptions about Native culture and gender roles that came to be monolithically applied to all Indian peoples by the federal government in the creation of policy starting in the late nineteenth century. In the words of historian Ruth Rosen, "We can only learn the difficulties and dangers associated with the use of specific sources and then bravely and cautiously use what the past has left us."[35] Particularly for the Shoshone, the past has left us few clues to give insight into ideas about health, health care, and healing in the pre-Reservation era. Therefore, I have used caution to avoid presenting traditional Shoshone and Arapaho health care practices as interchangeable, even though this approach admittedly produces an uneven emphasis on Arapaho knowledge in this dissertation. Nevertheless, some important conclusions can still be drawn that stand true for both groups which undermine the federal government's monolithic perspective of Native women as degraded and Native healing practices as ineffective and even harmful.

There are two things which make the endeavor of understanding pre-reservation era health practices particularly difficult. First, a major component of traditional Arapaho healthcare was the belief that the greatest preventative measure to ward off ill health was to not speak of ill health or its treatment. When asked about health and health care, one unnamed Arapaho replied, "I really don't want to be discourteous, but I can't tell you anything more about our way of treating sicknesses. It might bring sickness upon some of these children, or even upon the people." Also, speaking or thinking about prenatal life or birth could lead to pregnancy, either of the individual

[35] Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900-1918* (Baltimore: Johns Hopkins University Press, 1982), xvi.

themselves, or of a near relative or friend.[36] The topic was therefore typically avoided. Apparently these types of taboos did not exist among the Shoshone. Unfortunately, few ethnographers were interested in these questions when it came to the Shoshone. Although taboos did not obscure this information for the Shoshone prior to the Reservation era, time and cultural change largely did. The other complication has to do with a desire to maintain reverence for spiritual topics. This manifests itself as reluctance among the Shoshone and Arapaho to discuss anything dealing with spiritual knowledge, both in general and personal terms. As healing practices were inseparably linked to spiritual matters, the fear of speaking about health and illness among the Arapaho, along with the cultural taboo that discouraged detailed discussion of spiritual matters means that, both of necessity and also out of respect, discussions about healing methods and rituals remained largely superficial. Rather than detailed discussions of healing ceremonies or treatments, I use information on healing practices to establish a general view of Shoshone and Arapaho healing practices and epistemologies of health and healing.

In 1991, historian Colin G. Calloway issued a call to "get beyond Sacajawea and begin to reconstruct the historical experiences of Native American women in Wyoming."[37] Almost two decades after Calloway wrote these words, the call remained unanswered. In studies of the Wind River Reservation and standard Indian policy studies, these two areas of historical significance for Native women have largely

[36] Hilger, "Arapaho Child Life and its Cultural Background," xii-xiii, 134, 146.
[37] Colin Calloway, "Indian History in Wyoming: Needs and Opportunities for Study," *Annals of Wyoming* 63 (1991): 127.

remained unexplored, except for a few notable and recent exceptions.[38] By unquestioningly relying on the perceptions of early explorers, white settlers, and government agents in the Wind River region, historians of the Wind River have presented a picture of Arapaho and Shoshone women that either denies their importance by simply ignoring them or by presenting a distorted picture of their roles.[39] For instance, in her book on the Shoshone, Virginia Trenholm reduces the relationship between fur trapper Jim Beckwourth and his Shoshone wife to the simplistic explanation that Beckwourth, a former slave "must have relished the idea of turning the tables" and having a "slave" of his own.[40]

Although much attention has been given to the life of Sacajawea, a Shoshone woman who assisted in Meriwether Lewis and William Clark's westward exploration,

---

[38] For examples of standard policy studies which overlook the role of Native women, see Robert F. Trennert, *Alternative to Extinction: Federal Indian Policy and the Beginnigns of the Reservation System, 1848-1851* (Philadelphia: Temple University Press, 1975); Wilcomb Washburn, *The Assault on Tribalism: The General Allotment Law (Dawes Act) of 1877* (Philadelphia: Lippincott, 1975); Francis Prucha, *The Great Father: The United States Government and the American Indians* (Lincoln: university of Nebraska, 1984). In focusing on the Arapaho, historian Loretta Fowler provides the most accurate picture of Arapaho women in historical studies of the Wind River Reservation to date. In describing equestrian Arapaho culture Fowler specifically and frequently mentions the esteemed roles of women. Her discussion of the value of women's roles in Arapaho society beyond that of their labor does much to deconstruct the drudge stereotype. In the twentieth century, by looking beyond obvious and traditionally recognized manifestations of authority such as politics, Fowler finds examples of women's influence in more subtle places such as social censure and community maintenance. Fowler, *Arapaho Politics*.

[39] Anthropologists Patricia Albers and Beatrice Medicine also recognized this trend among other Plains Indian historians and issued a call in the 1970s to revise scholarship on Plains Indian women. They aimed to critically reassess past portrayals, stereotypes, and omissions of Indian women in the historical record and to employ new methods and interpretations to correct the resulting misrepresentations. Albers noted that previous scholars regard Plains Indian women as inferior, and therefore their interpretations of society and change were almost exclusively as a result of the labor, power, and ideas of men. Patricia Albers and Beatrice Medicine, eds., *The Hidden Half: Studies of Plains Indian Women* (Washington, D.C.: University Press of America, 1983), v, 5-7.

[40] Trenholm, *The Shoshonis*, 67. As the record pertains to Shoshone women, Virginia Trenholm's books on the Shoshone and Arapaho perpetuate the biases of the white male authors whose documents she employs by unequivocally using their words as factual information. It is thus not surprising that the only identifiable Native American woman in Trenholm's book on the Shoshone is Sacajawea and her life is mentioned only insofar as it relates to European men such as her French-Canadian husband and the explorers she accompanied. Trenholm further perpetuated racist ideas about Native American women in discussions of their involvement in the fur trade.

the documents recording her experiences and the histories based on them largely focus on the services she provided to the expedition. The esteem in which the members of the expedition held Sacajawea and her subsequent nation-wide fame are indeed significant. However, studies extolling Sacajawea's value in aiding the expansion of American empire do little to advance the knowledge of her life as an Indian woman. For example, Grace Raymond Hebard's controversial biography of Sacajawea does more to promote the national historical significance of the state of Wyoming than it does to illuminate the experiences of Shoshone women.[41]

Like Calloway, Thomas Schilz and Jodye Lynn Dickson Schilz also address the importance of searching beyond stereotypes preserved and passed on in the written record to understand Native American women. By approaching the historical record with an understanding that "Plains Indian women enjoyed a much broader and more complex role in tribal society than most whites could have imagined given their ideas as to 'a woman's place,'" a number of possible and actual roles of Indian women is revealed.[42] Although admittedly nontraditional, American Indian women were not barred through social censure from engaging in roles typically assumed by men. Schilz and Schilz provide many examples of women who not only successfully occupied positions as warriors, shamans, and diplomats, but also held the esteem of members of their communities who supported and respected them.

When considering the impacts of colonization, I recognize that Native men and women did not always experience colonization in the same ways. This approach

---

[41] Grace Raymond Hebard, *Sacajawea: A Guide and Interpreter of the Lewis and Clark Expedition, with an Account of the Travels of Toussaint Charbonneau, and of Jean Baptiste, the Expedition Papoose* (Glendale: Arthur H. Clark Company, 1933).

[42] Jodye Lynn Dickson Schilz and Thomas Schilz, "Amazons, Witches and Country Wives: Plains Indian Women in Historical Perspective," *Annals of Wyoming* 59 (Seasons 1987): 50.

follows historian Carol Devens' important step away from presenting Native American history solely based upon men's experiences and actions and towards an understanding that gender affects how events are experienced and interpreted.[43] In a thorough examination of the Great Lakes region, Devens convincingly illustrates the point that Native American men and women did not share identical perceptions and reactions. Using the markedly divergent responses of Great Lakes Indians to Christianity, Devens reveals that men and women "supported different approaches to dealing with changes disrupting their world."[44]

My research also adds to a growing body of literature that argues for the need to take the role of gender in Native American policy history in the twentieth century seriously. Katherine Osburn's insightful work on Southern Ute women was path breaking because it first extended questions about the effect of colonization on Native American women's roles into the twentieth century with her study of assimilation policy on the Southern Ute Reservation in Colorado.[45] In contrast to Deven's work, Osburn does not find a difference between the way men and women adjusted to change and reacted to government policies. Similar to Fowler's study of Arapaho politics on the Wind River Reservation, Osburn sees patterns of both resistance and selective accommodation among Southern Ute women as they resisted patriarchal authority and government interference in sexual and marital choices, but participated in homemaking contests to get free food and prize money or went to government field matrons for medical care for themselves and their families. Southern Ute women were not passive

---

[43] Carol Devens, *Countering Colonization: Native American Women and Great Lakes Missions, 1630-1900* (Berkeley: University of California Press, 1992).
[44] Ibid, 4.
[45] Katherine Osburn, *Southern Ute Women: Autonomy and Assimilation on the Reservation, 188701934* (Albuquerque: University of New Mexico Press, 1998).

victims of government power, but actively worked to create change, particularly in their resistance to sending their children away to boarding schools. Nevertheless, my research shows that Osburn overlooked the power and abilities of Native women as health care providers, particularly when she gives government field matrons, field nurses, and home economics teachers the sole credit for lowering infant mortality rates on the Southern Ute Reservation through their instructions in housekeeping and sanitation practices. Because individual Indian women rarely achieved national notice, like Osburn's book, I use small case studies as a method of uncovering Native women's experience.

My research looks at federal Indian health care as a critical juncture of mutually reinforcing ideas about race, gender, and colonialism during the late nineteenth and early twentieth centuries. In doing so, I draw on Margaret Jacob's impressive approach to policy in her study on child removal in the United States and Australia.[46] Ideas about appropriate womanhood and domesticity, in conjunction with "a desire to build a homogenized nation founded on whiteness, Christianity, and modernity," led to images of Native women as unfit and their homes as inadequate which provided the justification for one of the most wrenching aspects of assimilation policies: child removal. While Jacob's work focuses almost exclusively on the creation and implementation of maternalist government policies, the purpose of my dissertation is to

[46] 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).

extend this analysis to understand the impact of racialized and gendered policies on Native American women.[47]

The dissertation I intended to write would have featured Shoshone and Arapaho women and would have chronicled how their healing knowledge and power in their communities changed over time. Although I knew that references to Native women would be scant, I believed that the story was present in the written documents. I suspected that other historians had simply overlooked Native women for more obvious, that is to say male, subjects due to their more frequent representation in the sources. However, I emerged from the archives with a far greater understanding of just how marginalized Native women's voices are, and just how gaping the voids.

As non-white, non-male subjects, Indian women are thus twice-marginalized in a written record historically dominated by white males. Therefore, considering Native women as historical, and not just anthropological, subjects requires a willingness to accept, seriously consider, and work with and around voids in the written record. Although this may require venturing further from documented evidence than some historians are willing to go, without these efforts, Native women's voices inevitably remain obscured. Camilla Townsend's book, *Malintzin's Choices: An Indian Woman in the Conquest of Mexico,* stands as a remarkable example of a refusal to accept a lack of written documents as a sentence of silence for Native women.[48] Malintzin was a Nahuatl woman who acted as an interpreter for Hernán Cortez during his conquest of Mexico. Despite her important role in Mexican history, and despite the popular

[47] For more works on gender in federal Indian policy, see Jane E. Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West 1860-1919* (Chapel Hill: University of North Carolina Press: 2006)*;* Cahill, *Federal Fathers and Mothers.*

[48] Camilla Townsend, *Malintzin's Choices: An Indian Woman in the Conquest of Mexico* (Albuquerque: University of New Mexico Press,: 2006).

discourse surrounding her, no historian focused solely on Malintzin before Townsend due to the lack of written documents. In her introduction, Townsend admits that a traditional biography of Malintzin has not been written simply because there is not enough evidence. In light of such circumstances, she wisely argues that her work is not a biography but rather, "a book about contexts."[49] Townsend calls upon her extensive knowledge of the Nahuatl language, Nahuatl and Mexican art, folk songs, and ethnographic knowledge, in addition to a critical assessment of Spanish sources, to understand Malintzin's world and therefore the milieu that constrained, informed, or empowered Maltinzin's choices.

While this dissertation fell short of achieving as much understanding of Shoshone and Arapaho women as I had hoped, Townsend's work remains an imperative to not turn away from considering the void. Instead of claiming to understand Shoshone and Arapaho women during the late nineteenth and early twentieth centuries, this work instead is a step toward understanding their context, their circumstances, and their choices. Also, in considering health and colonialism in Native American history, the lives of Indian women still take an important role. Their part in this story is of two-fold importance. First, Shoshone and Arapaho women held important positions of social and spiritual esteem in their communities, and women possessed vital healing knowledge that was unique from the healing practices of men. Second, converging discourses about health, scientific motherhood, and assimilation focused the attention of reformers and policy-makers specifically on the activities and bodies of Native women at the turn of the century.

---

[49] Ibid, 8.

In the first chapter, I provide a brief overview of the origins of the stereotype of Native women as drudges and particularly its origins in efforts to justify dispossessing Indians of their lands. I then trace the influence of this image of Native women to show its presence among those who encountered and lived with the Shoshone and Arapaho in the nineteenth century and also evaluate the veracity of these images. The next chapter describes Shoshone and Arapaho health care practices and women's roles and evaluates their effectiveness in relation to non-Native frontier medicine. Chapter three examines national discourse about Indian health and the regional concerns of the Shoshone and Arapaho after the Civil War. As seen in the 1867 Doolittle report, I will show that the idea, and not the reality, of Indian health was a key issue in the debates that surfaced as the U.S. government began to shift from the restriction to the assimilation phase of colonization. Chapter four focuses on the Wind River Reservation from 1880 to 1900 to examine the consequences of assimilation policy on health and healing practices for the Shoshone and Arapaho. In this chapter I argue that assimilation policy finally achieved what the United States government had long, but largely inaccurately, imagined until this point: an Indian population characterized by chronic ill health. Nevertheless, in the face of increasing illness, the Shoshone and Arapaho still did not abandon their health care practices in favor of government health care. The fifth chapter takes a national perspective to examine the ways that discourses about Indian women as drudges intersected with the stereotype of Indians as chronically diseased in order to explain the health crisis in Indian country and to justify continued assimilation policies around the turn of the century. The intersection of ideas about Indian health and Indian women resulted in the substitution of education measures that focused

particularly on Native women and girls for genuine, substantive health care, particularly seen in the creation of the field matron program. The final chapter concludes by showing evidence of the maintenance of Native women's roles, particularly as healers, among the Shoshone and Arapaho into the first two decades of the twentieth century, and the national influence of Native ideas of health on the changing nature of the field matron program.

As the shouts, cries, and sounds of a cracking whip traveled down the hallway and into Val Norman's memories, a Wind River mother dramatically illustrated the force of Native women's resistance in the face of government policies that specifically targeted the ways they kept their homes, raised their children, and cared for the health of their communities. Although previously unexplored in detail, the most astonishing part of this story is not the decades of deep cultural misunderstanding motivating federal assimilation efforts and misguided early federal Indian health care; nor is it the resulting threat of cultural and literal extinction that Native people faced. Instead we see the mother, who, in the face of decades-old forces long ago set in motion that would one day take her daughter's life, and despite the seeming futility and hopelessness of the situation, still goes to the hospital and leaves a lasting impression of her anger and power. The astonishing part of the story is the woman with the whip.

Chapter 1
Colonization and the Drudge Myth among the Shoshone and Arapaho

On August 19, 1805, Meriwether Lewis devoted a lengthy journal entry to the behaviors and attitudes he observed among the Shoshone with whom his company was currently staying on their overland journey. In his observations, the seemingly oppressive relationship between Shoshone men and women particularly caught his attention. According to Lewis, "the man is the sole propryetor [sic] of his wives and daughters, and can barter or dispose of either as he thinks proper."[50] He noted that a Shoshone man could even "dispose of" his daughter in marriage while she was still an infant. She would remain with her family until she reached puberty at which point she would be "surrendered to her sovereign lord and husband."[51] Once joined with her "sovereign lord," Lewis claimed that Shoshone women received very little respect from their husbands. Shoshone men compelled Shoshone women to

> perform every species of drudgery. they collect the wild fruits and roots, attend to the horses or assist in that duty, cook, dress the skins and make all their apparel, collect wood and make their fires, arrange and form their lodges, and when they travel pack the horses and take charge of all the baggage; in short the man dose [sic] little else except attend his horses hunt and fish.[52]

According to Meriwether Lewis, the life of a Shoshone woman was all drudgery, while men enjoyed a life of ease and sport. Furthermore, he perceived that "the chastity of

---

[50] Reuben Gold Thwaites, ed. *Original Journals of the Lewis & Clark Expedition,* Vol. 2 (New York: Dodd, Mead & Company, 1904),370.
[51] Ibid, 371.
[52] Ibid.

their women is not held in high estimation." Not only were Shoshone women overworked, men even exploited their sexuality. However, the most intriguing aspect of this entry occurs when Lewis goes on to make a statement that seems to contradict the picture of Shoshone gender relations he initially provides. He wrote that "some of their women appear to be held more sacred than in any nation we have seen."[53] Despite his acknowledgement of an apparently puzzling contradiction, Lewis did not ponder further how a society that appeared to have dishonored and degraded women could also believe some of them to be sacred.

Lewis' characterization of the Shoshone culture as degrading to women was part of a larger conversation rooted in the language of colonialism that would have lasting effects well into the twentieth century. The earliest writings of European explorers and colonists portrayed Indian women as overworked and sexually degraded. While the interpretation of an alien culture is bound to be fraught with misunderstandings, this particular perception of gender had more importance than a simple misunderstanding. In this chapter, I will provide a brief overview of how the image of the Indian woman as oppressed and exploited by Indian men was instrumental in justifying the dispossession of Native Americans of their land from the earliest stages of colonization. Using the Shoshone and Arapaho as a case study, I will also argue that these images of Native women were incorrect. Under closer scrutiny, the drudge myth becomes untenable. The picture that emerges instead is one that shows the autonomy, and even authority, that Shoshone and Arapaho women exercised religiously, economically, socially, and politically in their families and communities. Although he did not dwell further on the contradiction that his own observations created, perhaps for a moment Meriwether

[53] Ibid, 371-372.

Lewis saw beyond the drudge image and his own ideals of femininity, and in doing so, perceived the reality of the important position Shoshone women occupied.

Meriwether Lewis was not the first outsider to misperceive Native women's status. European colonizers had long ago planted the seed for that stereotype during the exploration and colonization of North America.[54] The genesis of the misperception of Indian women as oppressed drudges is located in writings of early North American colonists seeking to justify their desire to remove American Indian inhabitants from the lands they wanted to colonize. In his article on the myth of the Indian woman drudge, historian David Smits shows how ethnocentric views created the image of American Indian women as overworked and exploited by their lazy male counterparts.[55] Economically, European explorers and settlers viewed Native Americans as inferior because they failed to put the land they occupied to "beneficial" use through European styles of agriculture, meaning agriculture for surplus and profit undertaken by male heads-of-household. Instead, colonists observed American Indian men primarily engaged in hunting and fishing, which they did not perceive as "true labor" and rather classified such engagements as leisure activity, while women engaged in a form of

[54] Lillian Ackerman and Laura Kelin, eds. *Women and Power in Native North America* (Norman: University of Oklahoma Press, 1995); Karen L. Anderson, *Chain Her by One Foot: the Subjugation of Women in Seventeenth-Century New France* (London, New York: Routledge, 1991); Juliana Barr, *Peace Came in the Form of a Woman: Indians and Spaniards in the Texas Borderlands* (Chapel Hill: University of North Carolina Press, 207); Gunlog Für, *A Nation of Women: Gender and Colonial Encounters Among the Delaware Indians* (Philadelphia: University of Pennsylvania Press, 2009); Carol Devens, *Countering Colonization: Native American Women and Great Lakes Missions, 1630-1900,* (Berkeley: University of California Press, 1992); Ramón Gutiérrez, *When Jesus Came, the Corn Mothers Went Away: Marriage, Sexuality, and Power in New Mexico, 1500-1846* (Stanford: Stanford University Press, 1991); Nancy Shoemaker, ed., *Negotiators of Change: Historical Perspectives on Native American Women* (New York: Routledge, 1995); David Smits, "The 'Squaw Drudge': A Prime Index of Savagism," *Ethnohistory* 29, no. 2 (Fall 1982): 281-306.

[55] Smits, "The 'Squaw Drudge': A Prime Index of Savagism".

farming that seemed as primitive as it was labor-intensive.[56] Furthermore, anthropologist Harold Driver points out that, in respect to Plains Indian tribes, most explorers only observed village life where women performed the bulk of their work. Conversely, men's labor involved hunting and warfare which took place apart from the village, outside of the view of travelers. Consequently, observers frequently omitted men's labor from the written record.[57] This further contributed to the image of overworked Indian women exploited by lazy Indian men. The perceived gender roles of Indian communities led to a long-lasting belief among Euro Americans that a "privileged" position granted to women was only found in civilized societies and therefore Indian gender relations were "the symbol of savagism, a contemptible and disentitled social condition."[58] For instance, fur trapper and explorer Benjamin Bonneville, who traveled among the Shoshone from 1832-33, commented on his perception of Shoshone women's motivations for participation in the fur trade. He wrote, "In the eyes of an Indian girl he [the trapper] combines all that is dashing and heroic in a warrior of her own race . . . with all that is gallant and glorious in the white man." But Bonneville claims that the trapper was an even more ideal mate than the "warriors of her own race," because she did not have to be "the drudge and slave of an Indian husband . . . there is no comparison, in the eyes of an aspiring belle of the wilderness, between a free trapper and an Indian brave."[59]

Euro-American colonizers interpreted Indian gender relations as another sign of Anglo Saxon superiority that contributed to the belief that it was the destiny of the

---

[56] Ibid, 284.
[57] Harold E. Driver, *Indians of North America* (Chicago: University of Chicago Press, 1961), 169.
[58] Smits, "The 'Squaw Drudge,'" 295, 292.
[59] Bonneville quoted in Washington Irving, *The Adventures of Captain Bonneville,* (New York: J.B. Miller & Company, 1885), 81-82.

superior Anglo Saxon race to continue the westward movement of civilization which had begun from the very dawn of time.

However, this march of Anglo Saxon destiny also involved the possibility of a redemptive element for the degraded races with which they came into contact. During the early decades of the Republic, Enlightenment and Christian ideals influenced American political leaders in their attitudes towards Indians and both contributed to the idea that the special character of the American people and institutions could bring hope and liberty to lesser races such as African slaves and Indians. Enlightenment thinking that promoted the idea that all humankind had potential for improvement dovetailed well with Orthodox Christian views that traced the root of all humans back to the same origin. Since all men are created equal, all had the same potential for growth and development, so the theory went. So while the nation paradoxically pursued policies that directly led to the dispossession of Native lands, education and assimilation were common rhetorical threads in both the trade and removal periods of the colonial and antebellum eras.

The idea that American Indians could be fully incorporated into American society was not only a moral obligation in the minds of American politicians; it also became a legal obligation represented in treaties that promised education and farming equipment from the earliest days of the nation. From 1790 to 1834, the Trade and Intercourse Acts, which regulated trade relationships between government-run trading posts and private white and Indian traders, largely defined federal Indian policy. Passed at the urging of President George Washington, the law set aside funds to purchase farm implements, spinning wheels, proper clothing, and domestic animals

meant to promote civilization among Indians through material culture.[60] Also, many treaties included stipulations that the government would provide teachers and instructors, and Congress even appropriated money in 1819 to be used at the President's discretion to educate Indians. By teaching and encouraging specific gender roles, attire, social organization, property ownership, and economic systems that signaled "civilization," the federal government and missionary societies believed they could hasten the transition of Native peoples from their condition, which Euro-Americans perceived of as degraded, to a more "evolved" state.

Even beyond the erroneous idea of Indian women as degraded, deviance from the patriarchal and nuclear family in Indian life concerned Americans colonizers for other reasons. Policy makers understood the close connection between gender roles and organizing a market-oriented and individualistic society. Disordered gender roles not only led to disordered households, they also created an obstruction to the expansion of the nation-state and its market-oriented economy. As historian Dolores Janiewski argues, the expansion of the nation depended on "Imposing a split between men and women that corresponded to a separation between the public arena of the autonomous, competitive, possessive individual and the private, selfless world of familial domesticity."[61] As a result, much of the assimilation program hinged on re-ordering Native gender structures. Therefore, from the earliest interactions of the federal

---

[60] Francis Paul Prucha, *American Indian Policy in the Formative Years: The Indian Trade and Intercourse Acts, 1790-1834* (Cambridge: Harvard University Press, 1962); Prucha, *The Great Father*; Reginald Horsman, *Expansion and American Indian Policy, 1873-1812* (East Lansing: Michigan State University Press, 1967); Bernard W. Sheehan, *Seeds of Extinction: Jeffersonian Philanthropy and the American Indian* (Chapel Hill: University of North Carolina Press, 1973); Trennert, *Alternative to Extinction.*

[61] Dolores Janiewski, "Learning to Live 'Just Like White Folks': Gender, Ethnicity, and the State in the Inland Northwest," in *Gendered Domains: Rethinking Public and Private in Women's History,* eds. Dorthy O. Helly and Susan M. Reverby, , (Ithaca and London: Cornell University Press, 1992), 167-179.

government with Indians, policy treated men and women differently. Government officials interacted with tribes in ways that excluded women from political activities and economic opportunities. They expected men to act as representatives for all members of their households as indicated by the inclusion of only men during formal economic interactions such as treaty councils and ration distribution. But regardless of their ideological motivation, during most of the nineteenth century, these efforts to reorder Native American gender roles were feeble, at best.

By the 1820s, the ideological underpinnings of even these few feeble gestures towards influencing Native American cultures weakened even further. The expansion of the cotton industry, the discovery of gold within the Cherokee Nation in Georgia, and the growing American population began pressuring the federal government to increasingly support policies that would eventually force the removal of Indians from the Midwest and South to areas west of the Mississippi. Even the forced removal of Eastern tribes to Indian Territory during the 1830s and 1840s, which seemed to be a clear rejection of the idea that Indians could be assimilated into American society, used rhetoric that strongly drew on ideas of bringing Indians greater liberty by giving them space and time to assimilate, despite its more obviously sinister results of land grabbing. Supporters of removal argued that it would hopefully slow the pace of assimilation to a more manageable rate that would be less destructive than if Indian groups tried to remain. However, these generally only amounted to lip service and empty gestures. The government did not have the power to implement an educational program based on Enlightenment and Christian ideals that theorized about a place of equality among a geographically diffuse and, in some cases, politically and militarily powerful

populations of Native Americans. Furthermore, it also did not have the political will of the Nation behind such measures. Pessimism that Indians could successfully become a part of American society began to rise in correlation with renewed aggressive westward expansion.

As the nation continued to expand during the middle of the nineteenth century, the intellectual community provided the scientific rational that Americans needed to justify the continued forced removal of Indians from their land by arguing that Indians could not be assimilated. After the addition of Texas, Oregon, and California in the 1840s expanded America's territorial claim, the idea of removing Indians beyond a line of white settlement quickly became obsolete as settlers began streaming across the entire expanse of the continent. Meanwhile, as part of the national conversation over whether or not slavery should expand into new territories, debates over the nature of race assumed new importance and Southerners increasingly found themselves in the position of needing to defend the continuation of their peculiar institution. Without the threats of heresy that loomed over previous generations, defenders of slavery championed the theory of polygenesis, which argued against the biblically-based idea that all humankind descended from Adam and Eve. Promoters of polygenesis argued that different races could not possibly have come from the same original couple and instead, they promoted the idea of multiple creations. The theory of different creations both explained the inferiority of particular people such as African Americans and Indians and justified the continued mistreatment of them.[62] All men were not created equal, after all. The rise of the new scientific fields of phrenology and anthropometry during the 1840s, which used bodily measurements to categorize different racial groups,

[62] Horsman , *Race and Manifest Destiny,* 48-54.

further legitimated ideas that racial differences were too wide to be easily bridged. By the 1850s, the inequality between races was widely accepted as a scientific fact, and one that could not be altered.[63]

Nevertheless, the idea that Indians would eventually evolve to become indistinguishable from Americans did not totally disappear. As settlement aggressively pushed west in the mid-nineteenth century, a new phase of colonization commenced which focused on the restriction of the land base of Indian peoples and on restricting their freedom of movement by entering into treaties with tribes to set aside reservations. Some efforts to encourage assimilation took place, but they were feeble at best due to the continued mobility and political and economic strength of Native peoples. In spite of the obvious benefit to the American government of freeing up more land for settlers, and similar to the rhetoric surrounding removal, reservations were meant to act as a temporary means of keeping Indians separated from white settlers and emigrants until they had assimilated. This process was not one in which the government expected to have a large role.[64] Although a few benevolent societies among a variety of religions carried out missions to bring civilization and Christianity to the Indians, their efforts were too sporadic and isolated to make much of an impact. The initial establishment of reservations did little to create a situation where the federal government could impact much of Indian life beyond the external realities involved in political maneuverings and warfare. Then, with the Civil War monopolizing the nation's attention and resources,

[63] Horsman, *Race and Manifest Destiny.*
[64] Prucha, *The Great Father*, 13-77.

Indians and settlers alike could ignore reservation boundaries with impunity and education and civilization efforts took a backseat to war time imperatives.[65]

Although the combination of the myth of the Indian woman as drudges and the scientific and public discourses about the immutability of race served to justify the dislocation of thousands of Native Americans from the East and Southeast during the mid-nineteenth century, for many tribes in the West, the federal government not have the power to influence Native culture to any appreciable degree before it began to forcibly restrict tribes to reservations following the Civil War. Even then, the misperception of Native women as powerless meant that early government assimilation efforts focused on changing men's activities and largely ignored Indian women.

Although government policy largely remained focused on the activities of Indian men, after the Civil War missionary societies began to focus their efforts on the uplift of Indian women. This swelling of interest in the lot of Indian women was in concert with a growing concern among white Christian women over female exploitation at the hands of the non-Christian "other" all over the world. Between 1870 and 1910, foreign Christian mission crusades directed by boards of Evangelical women demonstrated exponential rates of growth. The dissemination of stories about the hatred and oppression of women in non-Christian cultures such as among Muslims and Hindus fueled the growth of these organizations. Like the popular stereotype of Indian women as drudges, a frequent trope in the missionary magazines for women was the image of women as beasts of burden in areas of Africa and the Orient.[66]

---

[65] Prucha, *The Great Father*, 136-151.

[66] Joan Jacobs Brumberg, "Zenanas as Girlless Villages: The Ethnology of American Evangelical Women, 1870-1910," *The Journal of American History*, Vol. 69, No. 2 (Sep., 1982): 347-371.

The concern for Indian women's lot in life became instrumental in formulating policy during the Peace Policy era, not because federal policy saw the need for it, but rather by default when the Office of Indian Affairs ceded responsibility for reservation administration to various churches. However, the religious denominations mandated with carrying out assimilation policy during this time were too underfunded and understaffed for such a large undertaking, and therefore their vision for uplifting Indians could never be translated into sustained, meaningful action, particularly among the tribes in the far West such as the Shoshone and Arapaho. Nevertheless, during the Peace Policy era, a notable difference exists among records created by Indian Affairs personnel on the Wind River Reservation. While the writings of John Roberts, an Episcopal bishop, clearly illustrate the misplaced concern for Indian women among religious personnel, records from Indian Office employees not affiliated with a religious denomination demonstrate a complete lack of attention to Indian women at all.

In reference to Native American domestic life, Roberts recounted that "the Indians have no regular time for meals. The women cook when the men are hungry."[67] This characterization of the operation of the Native American home environment implies that women were in subjugation to the whims and desires of their male counterparts. However, Roberts was viewing the daily patterns of Native American life through lenses of cultural bias that involved an entirely different demarcation of time. When he observed that the Indians on the Wind River Reservation did not eat at regular mealtimes, he reached for a long-standing stereotype about Indian gender realties to

[67] John Roberts Papers, 1883-1963, Accession Number 37, Box number 3, Folder number 12, AHC.

explain the difference – Indians did not eat at regular mealtimes because Indian men and their whims controlled the household.[68]

Because sources and documentation relating to Arapaho and Shoshone women are scarce, oral history, anthropological research, and traditional historical studies must be pieced together to see beyond the pervasive misperception of Indian gender roles. At the turn of the century, anthropologist Alfred Kroeber collected traditional Arapaho stories. In cultures with an oral tradition, such as the Shoshone and Arapaho, tales that are repeated and passed on generation after generation carry much more meaning than mere entertainment value. Without written documents cultures are defined, articulated, and maintained through spoken words.[69] Therefore, the following stories can be understood to convey representations of culture that aid in understanding traditional gender relations. These narratives clearly show that women did not perceive themselves as "slaves" within the institution of marriage, nor did community members see them as such. For instance, the story of the white dog and the woman begins with a description of a beautiful and unmarried woman.

> All thought they could marry her, but she could not be persuaded, for she did not want to marry. She was wealthy; she had her own tent, and everything that belonged in it was hers, and it was all good.[70]

The economic and matrimonial autonomy exhibited by the woman is clearly emphasized, along with the ability to choose or decline a husband.

---

[68] Smits, "The 'Squaw Drudge,'" 290.
[69] See Walter J. Ong, *Orality and Literacy: the Technologizing of the Word* (Methuen: London and New York, 1982), and Jan Vansina, *Oral Tradition: A Study in Historical Methodology* (London: Routledge & Kegan Paul, 1965).
[70] Dorsey and Kroeber, *Traditions of the Arapaho*, 207.

Although the suitor of an Arapaho woman typically sought the permission of a woman's brother in a marriage, the brother did not wield absolute power over her choice of future husband. Arapaho women could refuse the match or elope, if permission to marry a particular man was difficult to obtain.[71] Krober's account of an Arapaho in Wyoming who had two wives that were sisters succinctly demonstrates the self-determination women possessed in choosing their marriage partners: "His wives' relatives wanted to give him a third sister. The girl objected, and he did not get her."[72] The amount of independent choice illustrated in Krober's account and the story of white dog and the woman is incongruous with the stereotypically powerless "drudge" role of Indian women portrayed in Lewis' journal.

The Shoshone created marriages in much the same way as the Arapaho, demonstrating that women had more power than originally thought. One method was for a family to select a mate for a daughter based on whether the potential mate could provide the appropriate gifts to the family before the marriage and resources to the family during the course of the marriage. In contrast to the importance of the elder brother's opinion in Arapaho marriages, the seventeenth-century explorer Thomas Farnham wrote that a potential suitor was to bring his horses to the lodge of the chosen girl's eldest sister if both her father and mother were dead.[73] Because parents or sisters typically based their decision on the future son-in-law's ability to assist the family by providing food, some onlookers have misinterpreted these bride-prices as "buying and selling of wives like chattel" and have taken the example "as further proofs of Indian

---

[71] Kroeber, *The Arapaho,* 12-13.
[72] Ibid, 14.
[73] Thomas J. Farhnam, "Travels in the Great Western Prairies, the Aanhuac and Rocky Mountians, and in the Oregon Territory, 1839," in Reuben Gold Thwaites, ed., *Early Western Travels, 1748-1846*, vol. 28, (Cleveland: A.H. Clark Co., 1906), 254-255.

women's degradation."[74] However, viewed in light of the loss of productive abilities the removal of a daughter through marriage brought upon a family, bride-prices reflect the high value placed upon women and their capabilities, not their lack thereof. The gifts given were not only an acknowledgement by the future husband of the family's loss of valuable labor (and conversely, his gain of potential labor), but also in recognition of the highly valued reproductive capacities of women. Because families expected daughters to one day marry and add another provider to the family, groups practicing this type of matrimonial arrangement highly valued female children.[75] Another typical prelude to a Shoshone marriage included little family involvement and instead simply involved a man courting a woman with her permission, again dispelling the idea of Shoshone women being totally subject to the whims of men. Abduction or rape of a woman created another type of union. Although the targeted woman initially had very little power over such situations, it was common for other members of her gender to come to her aid to prevent her seizure. Nevertheless, in the event that the assailant was successful, the woman retained the ability to later leave the man if she wished.[76]

Regardless of the nature of the inception of the marriage, spousal relations were relatively fluid. Men ideally treated their wives well, refrained from scolding them, and did not go away without the consent of their wives.[77] If a man beat his wife or otherwise treated her poorly, she easily left him or evicted him from the home, as it was her

---

[74] Smits, "The 'Squaw Drudge,'" 297.
[75] D.B. Shimkin, "Childhood and Development among the Wind River Shoshone," *Anthropological Records* V. 5, No.5, (Berkeley: University of California Press, 1947) 294.
[76] Trenholm, *The Shoshones,* 12.
[77] Kroeber, *The Arapaho,* 315-316.

property.[78] In fact, any property she brought with her to the marriage remained hers throughout the union. For example, she could give her husband horses from her herd, but he could not take them without her permission.[79] The flexible nature of Shoshone marriage can also be inferred by the lack of linguistic distinction between genders and spouses. In the Shoshone language, there is no specific term for "husband" and instead women call their spouses "man." Likewise, men call their spouses their "woman" instead of their "wife." Linguistic distinctions between males and females did not change to reflect matrimonial status. Anthropologist Demitri Shimkin pointed to the absence of specific terms for identifying gendered spousal relationships as a factor "tending to keep marital bonds weak and brittle."[80] However, it can conversely be argued that linguistic patterns reflected, rather than caused the marriage institution to be flexible.

Matrimonial status was essentially equal, creating a family structure based on "a well-balanced bilateral unit, neither sex having an appreciable advantage."[81] Women were allowed to strike their husbands and in such situations the men were advised to "disregard it." In fact, in Shoshone oral traditions that depicted marriages as physically violent, it is both genders that commit adultery and/or attack their spouse. In one story, a woman kills her husband because he is stingy with food for her and their child.[82] There were dire consequences for both husbands and wives for unfaithfulness in a marriage. Shoshone and Arapaho women guilty of adultery could be subject to

---

[78] Tom Shakespeare, *The Sky People* (New York: Vantage Press, 1971), 42; Hilger, "Arapaho Child Life and its Cultural Background," 211.
[79] Shakespeare, *The Sky People,* 115.
[80] Shimkin, "Childhood and Development among the Wind River Shoshone," 293, 294.
[81] Michelle De Riso, "The Changing Role of the Shoshone Women on the Wind River Reservation, 1966," Wind River Reservation Student Papers, page 5, Box 7, Demitri Boris Shimkin Papers, AHC.
[82] Shimkin, "Childhood and Development among the Wind River Shoshone," 291-292.

mutilation, while the community either publicly ridiculed or admonished an adulterous man.[83] Yet, violence was not the norm in Shoshone or Arapaho marriages. As Shimkin notes, "Most marriages were stable, life-long unions."[84] During her study of the Arapaho, Sister Inez Hilger noted, "Devotedness and affection between an Arapaho man and his wife were probably the rule. . . Affectionate devotion between husband and wife was observed everywhere among both Northern and Southern Arapaho during the present study."[85] As Sherman Sage (Arapaho) simply stated, "Some men beat up their wives; most of them did not."[86] When abuse occurred in a marriage, families did not accept it as a normal part of life, but instead took action on behalf of the abused.[87] Matrilocal residence after marriage further contributed to the even balance of power within marriages.[88] It is highly unlikely that a man would misuse his wife with her father, mother, brothers, and sisters in such close proximity.

Socially, both Shoshone and Arapaho women played significant roles through their influence of public opinion. Although Arapaho women did not directly join in selecting a new chief, one anthropologist notes it was commonly known that they exerted their influence freely in the discussions leading up to the selection.[89] They also had an important role in diffusing disruptive behavior through gossip networks that allowed elderly female relatives to gain information about people who have behaved in socially disapproved ways. The persons exhibiting socially deviant behavior "are

---

[83] De Riso, "The Changing Role of the Shoshone Women on the Wind River Reservation, 1966,"; and Hilger, "Arapaho Child Life and its Cultural Background," 211-212.
[84] Shimkin, "Childhood and Development among the Wind River Shoshone," 296.
[85] Hilger, "Arapaho Child Life and its Cultural Background," 216.
[86] Sherman Sage in Hilger, "Arapaho Child Life and its Cultural Background," 212.
[87] Hilger, "Arapaho Child Life and its Cultural Background," 213.
[88] Robert F. Murphy and Yolanda Murphy, "Shoshone-Bannock Subsistence and Society," *Anthropological Records* 16:7 (Berkeley: University of California Press, 1960), 314.
[89] Hilger, "Arapaho Child Life and its Cultural Background," 189.

inevitably confronted" and subject to either teasing and gentle chiding, or to more severe admonitions and silence.[90] This role takes on particular significance in light of the belief that men are not to engage in roles involving the public censure of others. Elderly women were particularly important in this role of discouraging behavior considered to be antisocial "because any man who behaved in an unseemly manner could be sure of being ridiculed and publicly embarrassed by them."[91]

The traditional Arapaho story of Lime-crazy illustrates the operation of these gender roles. Lime-crazy was the irresponsible younger brother of a chief. Because the younger brother burdened his family, the chief tried to get rid of him by assigning him to fan flies off a buffalo he had killed and then abandoning him. Consequently, the chief was "despised and abused by the people for having deserted his brother." When the chief tried to persuade his younger brother to return to the camp by pointing out the distress he was in, Lime-crazy remained unresponsive and continued walking around and fanning the dead buffalo with a switch. The chief then asked his wife to intercede in the situation. The woman said,

> My brother-in-law, listen to me. I will tell you the truth. It is on account of you that we are in poverty; on account of you we must camp alone; they think of us like dogs and treat us like dogs. Constantly we are abused and treated cruelly on account of you.

Subsequently, Lime-crazy returned to the camp and his brother and his family regained their social position.[92]

The contrasting behavior of the chief and his wife towards Lime-crazy reveals differing gender expectations in situations requiring public admonition. When Lime-

---

[90] Ibid, 272.
[91] Ibid, 155.
[92] Dorsey and Kroeber, *Traditions of the Arapaho*, 29-30.

crazy's brother goes to ask him to come home, he avoids direct confrontation because the chief only speaks about his own problems but does not speak of the root of the matter: that his brother's behavior is the original source of those woes. However, when the sister-in-law becomes involved, she "tells the truth" in a way her husband could not and pointed out that the blame for their misery rested squarely on Lime-crazy. In a very real sense, Arapaho women had a significant amount of social control in their communities.

In describing Arapaho culture before reservation life, anthropologist Loretta Fowler frequently mentions the esteemed and specific roles of women. For instance, in describing the important position of elders, Fowler points out that "from the moment of birth throughout an individual's lifetime, old men and women could intervene to help a person achieve a successful life."[93] Because only women sang songs that recounted others' brave deeds during dances, they consequently had within their power the ability to bestow or withhold the political status of a man.[94] At giveaways and dances meant to honor a specific person, women had important roles in organizing the event and had the responsibility of prompting the announcer about the honoree's accomplishments and esteemed reputation.[95]

Shoshone women maintained equal status with men by making important contributions to the economy of the home through their food-gathering activities.[96] However, some historians argue that the buffalo-hunting economy disrupted the equilibrium in male-female relations, causing women's roles and status to be

---

[93] Fowler, *Arapahoe Politics,* 110.
[94] Ibid, 111.
[95] Ibid.
[96] Trenholm, *The Shoshones,* 11.

devalued.[97] Although the horse and bison political economy undoubtedly changed the roles of both Shoshone men and women, women did not become completely devalued as such arguments would lead one to believe. In fact, their hide processing labor became more highly valued than ever before, thus enhancing their power and prestige.[98] Women's roles as gatherers of food could not completely cease because buffalo never became the sole source of food and material goods for plains Indians. Women still performed important functions involving food gathering and processing and the production of materials, not to mention the vital role of birthing, childcare, and healing.

Although male power was sometimes most obviously manifested through participation in the demanding and dramatic enterprises of hunting and warfare, the great economic importance women held due to their role in gathering seeds, roots and berries offset it.[99] Women had the ability to withhold their labor when they disapproved of how their spouses used the products of their labor. For example, there is evidence that Arapaho women refused to prepare skins if their spouses used them to obtain whiskey.[100] Arapaho Tom Shakespeare, said that although men were "predominant," this "did not… result in male dominance or oppression…Neither sex sought to usurp the function of the other."[101] In other words, less obvious manifestations of women's agency offset easily apparent examples of male power (such as political and military prestige). In addition to maintaining the home environment through activities such as cooking and working skins, women provided the vegetable foods consumed in the

---

[97] Ibid, 28.
[98] Karen Ordahl Kupperman, *Settling with the Indians: The Meeting of English and Indian Cultures in America, 1580-1640* (Totowa: Rowman and Littlefield Press, 1980), 60.
[99] Julian H. Steward, *Basin-Plateau Aboriginal Sociopolitical Groups*, Smithsonian Institution Bureau of American Ethnology, Bulletin 120, (Washington: United States Government Printing Office, 1938) 242.
[100] Trenholm, *The Arapahoes,* 59, 80, 245.
[101] Tom Shakespeare, *The Sky People,* 41.

Shoshone diet. They collected gooseberries, currants, buffalo berries, chokecherries, yamp roots, wild potatoes, and wild onions.[102]

Although some overlap occurred between men and women's work, historian David Smits ascribes attributes of the gender-related division of labor among Plains Indians to the fact that the biological functions of menstruation, pregnancy, and lactation placed constraints on women to which men were not subject.[103] The demarcation of gender roles due to biological factors is particularly noticeable in the use of menstrual huts by the Shoshone. During menstruation women were confined together in a specific domicile where men and older children were not allowed. While in this menstrual hut, collecting firewood was the only activity required of women. Although the strict separation, which lasted from three to five days, could be interpreted as confining, in actuality the practice was an important part of women's social networking. Free of all familial obligations (unless they were breastfeeding an infant) women relaxed, gossiped, and gambled.[104] In contrast, Arapaho women did not remove themselves from the rest of the community during menses to reside in a menstrual hut.[105]

Women's power within the wider community was directly linked to their role as mothers and their responsibility to defend and protect their children. When a Shoshone child was sick, its female relatives were the first to administer treatment.[106] Because the early rearing of children took place in the home for the most part, the care and training of children was the responsibility of Arapaho and Shoshone women and female kin

[102] Murphy, "Shoshone-Bannock Subsistence and Society," 308-309.
[103] Smits, "The 'Squaw Drudge,'" 296.
[104] Shimkin, "Childhood and Development among the Wind River Shoshone," 305.
[105] Hilger, "Arapaho Child Life and its Cultural Background," 71-72.
[106] Shimkin, "Childhood and Development among the Wind River Shoshone," 297.

such as older sisters and grandmothers.[107] Anthropologist D.B. Shimkin's refers to the story of E.N. Wilson, the son of Utah settlers who was adopted by the Shoshone tribe as a young boy.[108] After allowing an older girl to use his fishing pole, she would not give it back when it was time for him to go home. When he tried to take it from her, she hit him over the head with the pole and a tussle ensued. When the girl's mother saw what was happening, she came after him but his mother stepped in to protect him. The fight between the two children escalated to include their mothers, and once it was over, prompted a "big council." As Wilson remembers it, the altercation and disagreements between the two women caused two or three families to leave the camp and join another band. As this example shows, Shoshone women freely exercised their clout in matters that affected their families. This influence translated into authority in the larger community.

The drudge stereotype functioned in such a way as to obscure the agency and power of Native women in the eyes of most outsiders. Rather than being oppressed, exploited, and devalued, Shoshone and Arapaho women maintained a significant level of social, economic, religious, and political power. They made their own choices concerning marriage, determining for themselves if they wanted to marry or not and to whom. Upon marrying, Shoshone and Arapaho women remained in a valued and influential position through practices such as matrilocal residence, gendered division of labor, and easily dissolvable marriages. The home was not only a woman's primary area of labor: it was her property. Outside of their homes, in the larger community, women played a significant role in the regulation of political and social positions. The

[107] Shakespeare, *The Sky People*, 93-94; Shimkin, "Childhood and Development among the Wind River Shoshone," 294.
[108] Ibid.

taboo against men speaking publicly to either reprimand one another or to boast of themselves meant that women played a key part in providing or withholding political backing and social approval.

Without the cultural bias that saw Indian women as oppressed, John Roberts' observation about the lack of regular mealtimes among the Shoshone and Arapaho on the Wind River Reservation takes on different explanations. Traditionally, Arapaho and Shoshone did not mathematically divide time and mark its passage according to the same calculations as that of the Gregorian calendar adhered to in Anglo-American society. Instead, seasonal environmental changes determined the rhythms of daily life. Because Native Americans did not look to the same timepieces Anglo-Americans did, they did not follow a schedule of set "regular mealtimes" and instead ate when the men, women, or children needed to and were able. An interview with Eva Enos, an Arapaho woman born in 1915, sheds further light on the temporal patterns of domestic routines. Her explanation of regular times for specific activities clearly carries a different meaning than that of "going by the clock." When asked whether she had a regular bed time or meal time at home when she was growing up, Eva replied, "Oh, yeah, uh-huh…At home… you know, how kids are. They get pretty tired when it starts to get dark and they want to go to bed."[109] Her statement clearly shows that going to bed at "regular times" had little to do with the clock. Instead, children regularly got tired at about the same point in the evening and therefore had a regular bedtime, just as they likely would have gotten hungry at about the same parts of the day and therefore would have had a regular mealtime.

[109] Oral history taken at home of Eva Enos at her home at Ft. Washakie, WY, original collection date 13 March 1991, Box 1, WVHP, AHC.

Merriweather Lewis and John Roberts would not be the last to rely on the drudge image to explain Shoshone and Arapaho gender roles. After the Civil War, erroneous ideas about gender roles in Native American societies shaped assimilation policy within the context of growing anxieties about "non-Americanized" populations in the midst of the growing nation. Then, as reservation confinement and increased dependency on federal aid resulted in extreme hunger and consequently widespread illness, erroneous ideas about Indian women again became important in defining the federal government's approach to the health of Native peoples.

Chapter 2
Shoshone and Arapaho Women, Communities, and Healing

The labor pains shooting down her back were sharp enough to make her cry. Her first child was coming. She may have been scared but she was also ready. In the months leading up to this moment, she regularly retired early in the evening and got up before dawn to walk to prepare her mentally and physically for what lay ahead. Although her mother died ten years before when she was sixteen, the strong bonds of Arapaho community and family had long since provided her with numerous strong relationships with other women. Their support and direction would continue to aid her through this first experience of giving birth. The small tipi specially erected for the delivery was right next to her home tipi. By the time she entered it with the help of her husband, the waves of pain were starting to make her nauseous. There were already people inside making preparations. Her aunt and another woman had just finished laying down the soft hay while a third woman, a doctor, had a peppermint drink prepared and waiting for her. With their help, she eased herself down to kneel on the hay.

Two upright poles on either side of her were firmly planted in the ground with a rod resting across them. The simple frame was made so that the kneeling woman could grasp the rod, palms toward the earth, with her arms almost fully outstretched above her. One of the women positioned herself directly in front of the woman in labor to provide encouragement and coaching. Another was right behind, her arms encircling the mother and applying pressure on her abdomen. The third sat off to the side, close at

hand in case she was needed. In a very real sense, the expectant mother had to experience the ordeal of giving birth alone. Nevertheless, the women in the tipi assisted her as much as possible, literally enveloping her with their support.

When the laboring mother needed to push a little harder, the woman sitting in front of her forced a feather down her throat, causing her to gag and thereby further engage her abdominal muscles. But after the fourth day, the feather was not enough. The laboring woman's hands were sore from hanging onto the rod and blisters had formed on her knees. Exhausted, feeling like she could push no more, and fearful that she would lose her baby, she asked her husband to go get his mother, a trusted doctor in the community. In the meantime a medicine man, perhaps overhearing word of the difficult labor, came and rattled his bells, attempting to stop her pains. But when the mother-in-law arrived, she sent him out, admonishing, "There is no sense in making so much noise. A woman should have it quiet when a baby is being born." The mother-in-law massaged the laboring woman's back and also gave her a medicinal drink. She encouraged her, "The baby will come pretty soon now. Try to help us. Now stand up on your feet." Then she blew medicine on the fatigued and sweaty shoulders, sides, inner thighs, and weary head of her daughter-in-law. After having her walk around the bed, the doctor gently instructed her that it was time to try again. As the mother-in-law sat behind, with her arms wrapped around her daughter-in-law, an Arapaho baby girl was born, the Indian way.[110]

This account provides a glimpse into the effective health care practices that depended on women's knowledge and skill. In this chapter, I will show that during the

[110] Account based on an unnamed Arapaho woman's description of her first child's birth and other information about Arapaho birthing practices, in Hilger, "Arapaho Child Life and its Cultural Background," 16-19.

late nineteenth century, the Shoshone and Arapaho maintained dynamic, innovative, and systematically organized health care practices. In fact, its effectiveness was on par with early nineteenth-century American health care practices. The major threat to Shoshone and Arapaho health was not Euro-American-introduced disease, but the lack of game and warfare caused by white encroachment. Also, this chapter will show that, despite ever-popular references to medicine men, the elders that possessed greater-than-average healing knowledge were commonly women. Arapaho and Shoshone women and their knowledge were vital to healthcare in their communities, at both the preventative and treatment levels. Frequently the primary healthcare providers in their communities, female relatives were the initial administers of treatment to their families from pregnancy and birth, to childhood and old age.[111] Nevertheless, medical needs were not the concern and duty solely of women. Within Shoshone and Arapaho cultures, the whole community shouldered the responsibility for maintaining a healthful population. Still, important differences in healing practices existed between men and women.

It is difficult to track exactly when the Shoshone and Arapaho experienced their own virgin soil epidemics, but the documentary record of surrounding tribes shows that they could not long have remained untouched by European diseases throughout the sixteenth, seventeenth, and eighteenth centuries, especially considering the extensive trading and raiding networks that existed on the plains. Some scholars argue that germs carried from the Spanish found their way through trade networks across the Southern Plains as early as 1617. On the Northern Plains, the earliest documented record of

[111] Shimkin, "Childhood and Development among the Wind River Shoshone," 297; Hilger, "Arapaho Child Life and its Cultural Background," 227.

smallpox is found in the 1730s among the Western Cree, Western Sioux, and Arikara. Along with smaller outbreaks, documents show that smallpox made epidemic sweeps across the plains in 1780 and again in 1837.[112]

Although the Shoshone faced a smallpox epidemic around the turn of the nineteenth century, warfare caused as many or more deaths prior to reservation life than disease. In fact, when epidemics came, they invariably occurred within the context of conflict. The Eastern Shoshone moved onto the High Plains around 1500 and flourished after adapting to large-scale buffalo hunting and then, around 1700, to an equestrian lifestyle. Conflict with the Blackfeet forced the Shoshone to retreat west and away from the Great Plains from 1780 to 1875. Disease followed closely on the heels of conflict and resource disruption. During the same era, the Shoshone dealt with a smallpox outbreak. Ever adapting and evolving, Shoshone medical practices eventually got the outbreak under control and the tribe again flourished. Following this period of instability the Shoshone nation revitalized under the leadership of Chief Washakie.[113]

Although Euro-American observers often dismissed Native beliefs about health as relying mostly upon "superstition," these ideas represented centuries of hard-earned, accrued knowledge. In some instances, Western medical and scientific knowledge has corroborated the effectiveness of indigenous practices and beliefs. For example, the Shoshone believed that dead gophers found near the camp indicated that an outbreak of fever would soon occur in the camp. No mere superstition, this knowledge pre-dated the awareness that gophers infected with ticks acted as vectors in spreading Rocky

---

[112] William R. Swagerty, "History of the United States Plains Until 1850," in *Plains*, ed. Raymond J. DeMallie, Handbook of North American Indians, vol. 13.(Washington, D.C. Smithsonian Institution: 2001), 257-258.

[113] Demitri B. Shimkin, "Eastern Shoshone," in *Great Basin*, ed. Warren L. D'Azevado, Handbook of North American Indians, vol. 2(Washington, D.C. Smithsonian Institution: 1986), 309, 323, 325.

Mountain Spotted Fever to nearby human populations.[114] The Arapaho believed that unusual howling from a dog signaled death in the vicinity. Western scientific studies have corroborated what the Arapaho already knew; dogs' keen sense of smell can pick up the particular odor emitted from a dying person's breath.[115] Even now, the investigation of Indigenous healing practices once dismissed and even discouraged by non-Natives continues to intrigue and influence practitioners in a variety of medical and therapeutic fields.[116] Nevertheless, debates about whether a particular Native medical practice or belief is acceptable according to Western standards lays outside of the focus of this work. Like all bodies of knowledge, what qualifies as proven, standard medical knowledge has been, and remains, an evolving and contested concept. It is an axiom that every society inevitably attempts to mitigate the frailty of their humanity presented by pregnancy, childbirth, illness, and death, although approaches vary widely among human populations. The purpose of this study is not to advocate for, or argue against, the efficacy of a particular medical practice or belief based on twenty-first century

---

[114] Markley and Crofts, *Walk Softly, this is God's Country*, 13-14.

[115] My own personal experience as a former home health care provider corroborates this connection. The quiet and somber atmosphere of the home of a patient I visited that was near death was disturbed by the howls of a severely agitated dog that was in the home. The patient died later that day. For more information on dogs' keen sense of smell, see Michael W. Fox and Marc Bekoff, "The Behavior of Dogs," in *The Behaviour of Domestic Animals*, 3rd edition (London: Baillierc Tindall, 1975).

[116] For instance, one study uses Western scientific analysis to explain the visions experienced by Sun Dance and Salish Spirit dancers. Wolfgang G. Jilek compares the medical and scientific literature pertaining to the physiological effects of drumming with the conditions experienced by participations in the Salish Sprit dance and the Sun Dance ceremonials. Various scientific researchers documented the physiological responses caused by rhythmic drumming and found that subjects experienced visual and auditory abnormalities after being exposed to the continuous auditory stimulus of drums. The responses became even more heightened when stress, hyperventilation, and hypoglycemia as a result of physical exertion accompanied the rhythmic stimulation. Jilek used these studies to analyze the conditions experienced by participants in the Salish Spirit dance and the Sun Dance ceremonies to show how biological data can be used to explain sociocultural observations. Wolfgang G. Jilek, "Altered States of Consciousness in North American Indian Ceremonials," *Ethos,* Vol. 10, No. 4, Issue Devoted to Shamans and Endorphins (Winter, 1982), pp. 326-343.

medical standards, but rather to provide an overview of the complex history of health and health care of the Shoshone and Arapaho prior to reservation life.

For the Shoshone and Arapaho, ideas of healing were inseparably bound up with ideas of spirituality and the supernatural. All knowledge about and treatment of illness began with personally acquired supernatural or spiritual powers. People referred to these personal powers as their "medicine." Anthropologist James Mooney described this concept of medicine as "anything sacred, mysterious, or of wonderful power or efficacy in Indian life or belief."[117] This definition of medicine includes, but is far from limited to, substances applied within or upon the body as treatment. Medicines for treating physical symptoms made up only a portion of the power of "medicine" which also could include abilities such as divination, magic, and sorcery. Both groups saw religious power and physical and communal well being as integrally connected.[118]

An individual gained healing knowledge, or medicine, through one of two ways: either through a dream or through one-on-one instruction with an experienced physician. The different sources of healing knowledge strongly correlated with gender. Men became aware that they possessed a particular kind of medicine through a dream or a vision. The vision could either be spontaneous, or an individual could purposefully seek a vision through a quest. For medicine men, the only source of healing knowledge was through supernatural revelations. As anthropologist Åke Hultkranz wrote about the Shoshone, "A medicine man is a medical authority because he derives his efficacy from the spiritual powers. Spirits have told him what to do, how to cure the sick. No human

[117] James Mooney, *The Ghost Dance Religion and the Sioux Outbreak of 1890*, (Lincoln: University of Nebraska Press: 1991), 980.
[118] Hilger, "Arapaho Child Life and its Cultural Background," 124; Shimkin, "Eastern Shoshone," 325.

being can teach him his trade."[119] Because medicine men's source of knowledge was supernatural, their approach to healing likewise primarily focused on supernatural imbalances and threats. Also, because spiritual imbalances threatened much more in Native life than just health, for medicine men, healing was only one aspect of the power their visions brought. They also practiced divination and often specialized in particular feats such as controlling the weather or calling deer, antelope, or buffalo to ensure a good hunt. Their healing procedures involved a high degree of performance and spectacle.

Women typically gained their medical knowledge through instructions handed down from someone else, either a man who had received a vision or another woman. One Arapaho woman interviewed by Hilger learned healing skills from her mother. She said, "As my mother was a doctor I learned through her the use of many herbs, roots, bark, leaves, and seeds of certain plants for the treatment of various ailments, before I was married."[120] Another gained her knowledge from her husband. She told Hilger, "A woman learned the administering of herbs by being a companion to her husband when he was administering them. She did not fast, [to get a vision] but merely learned them by contact with her husband."[121] For the Shoshone, it seems that the sanction to become a healer always depended on the individual receiving a dream, regardless of

[119] Åke Hultkrantz, *Shamanic Healing and Ritual Drama: Health and Medicine in Native North American Religious Traditions,* (The Crossroad Publishing Company, New York: 1992), 87.
[120] Truman Michelson, "Narrative of an Arapaho Woman," *American* Anthropologist 35, no. 4 (Oct-Dec 1933): 602.
[121] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 136.

gender, but personal instruction was still a larger part of women's knowledge than men's.[122]

The gendered difference in an individual's source of medicine is further reflected in the roles that healers held in the community. Arapaho male physicians typically also acted as leaders in religion, whereas women's medicine rarely including powers other than curative ones. [123] Even though women's medicine was less likely to be connected to roles of religious leadership within the community, their medical practice was still closely related to spiritual and supernatural power.

Although spiritual concerns were not absent from women's healing, neither were they the primary concern as they were in men's healing practices. Medicine women could also seek supernatural power through a vision quest, but only after menopause, and it was rare for women to do so.[124] It was more common that women gained their healing knowledge through an apprenticeship with a more experienced healer, as anthropologist Inez Hilger described among the Arapaho. Rather than supplicating or otherwise communicating with the supernatural, women's healing focused on the physical manifestations of illness. As anthropologist Åke Hultkrantz writes, certain ailments "may be taken care of by experienced tribesmen or people who know traditional cures. Wounds and smaller physical afflictions can be remedied by wise old men and women who adjust bones and put herbs and decoctions of herbs on one's bad spots." He minimizes both the types of ailments these types of healers address and the kind of knowledge they possess by referring to the types of ailment they

---

[122] Robert Lowie, "Notes on Shoshonean Ethnography," *Anthropological Papers of the American Museum of Natural History,* vol.XX (New York: American Museum Press, 1924) 296.
[123] Hilger, "Arapaho Child Life and its Cultural Background," 135.
[124] Hultkrantz, *Shamanic Healing and Ritual Drama,* 73, 75.

treat as "minor," and by characterizing this type of healing as "non-professional folk medicine." However, there is nothing minor about broken bones, open wounds, infant fevers, or a difficult childbirth, which is just a sampling of the types of issues a medicine woman might be called upon to address.

Furthermore, women's training was more systematically organized than that of medicine men, in the sense that healers passed along a body of evolving and growing knowledge through the apprenticeship system. In contrast to medicine men's dramatic and spectacular methods, women's healing focused on the physical manifestation of illness, and therefore their methods relied on the far less showy application of technical skill and pharmacological knowledge. Even when their healing methods prioritized the supernatural causes of illness, their work usually required quiet skill and patience practice, such as prayers expressed through quillwork designs on cradle boards, robes or tipis to "drive away the sickness or trouble from the person."[125]

The difference between men and women's healing practices might explain in part why anthropologists and other non-Native observers tended to over-look women's healing activities and focus on men's. This also explains why missionaries and government authorities were so often concerned with the activities of medicine men, rather than medicine women. Women's healing practice was simply much less noticeable, attention-grabbing, and overtly religious.

Whether male or female, or primarily focused on spiritual imbalances or physical symptoms, if a physician was unsuccessful in curing an ailment, they could not charge a fee.[126] Thus, to be a professional healer, an individual needed to have

[125] Fowler, *Arapahoe Politics*, 112.
[126] Lowie, "Notes on Shoshonean Ethnography," 296.

relatively consistent levels of success in order to sustain themselves through the practice. It was not uncommon for medicine men and women to specialize in particular areas, such as healing snake bites, sick babies, stomach troubles, colds, or fevers.[127] In a demonstration of self-awareness as a distinct group within their communities, an Arapaho source mentions groups of medicine men and women holding meetings. Although the specific purpose of such meetings is not recorded, it is not unreasonable that these meetings allowed medical practitioners to share with one another their specialized healing knowledge.

The formation of groups to facilitate the production and sharing of specialized knowledge among the Arapaho parallels one of the hallmarks of the emerging professionalization to which American historians frequently point. In non-Native America, in response to the rapid decentralization and democratization of medical practice that occurred during the 1870s due to the proliferation of transportation networks and urban centers, doctors responded by organizing to control and standardize their profession. Although the American Medical Association formed in 1847, it was not until 1901 that the organization grew to a level that allowed it to act as a gatekeeper by establishing education standards that limited access to the field.[128] Yet evidence from the Arapaho hints that the systematic organization of Native healers and medical knowledge far pre-dated the same development in non-Native America.

Although the average American women did not have the ability to control her fertility until well into the twentieth century, family planning was a familiar concept

[127] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 128, 130, 137; Alfred L. Krober, *The Arapaho* (Lincoln: University of Nebraska Press, 1983), 18, 420-422.
[128] Wiebe, *The Search for Order,* 113-115.

among the Arapaho.[129] Women had the option to make choices about their fertility or sterility at various points in their life. Through treatment by an elder with special knowledge, women could prevent a pregnancy from occurring. Some women made this choice prior to marriage, others made it in conjunction with their spouse shortly after marriage, and others chose to be made sterile after having their desired number of children.[130] In an interview, Arapaho Sherman Sage and his unnamed interpreter describe the process as it occurred in his family:

> "My mother had a hard time when her third baby was born. So my grandmother on my father's side asked my mother if those were all the children she wanted. My mother said she wanted two more, a boy and a girl. So then my grandmother said, 'All right, then I will not treat you.' After that I was born; and when I was 8 years old, my little sister was born. [The interpreter added:] I remember that old lady. She had that 'power.' She grew to be very old and died only a few years ago. Some of these old Indian gave 'medicine' which was tied in a small circular container about the size of a bantam egg. These were worn by a woman attached to the inside of her belt if she did not wish to have any more children. These little bags were hard to get, but women who succeeded in getting them and who wore them didn't have any more children."[131]

Another type of treatment for sterility involved a fumigation process. An unnamed Arapaho woman described the process for a married couple who decided not to have any children:

> When all was agreed upon, the couple and the medicine man retired into a tent. The husband had to be present. A fire was built in the tent. The medicine man took hot coals from it, and laid herbs on these. The herbs were found near Lake Moran close to Yellowstone Park. He took the hot coals with the herbs to the west side of the fireplace. The medicine man sat in the center on the west side. That was his place always. He took some of the coals and pulverized them and boiled them in water to make a decoction. When this was done the girl removed her underclothing and stood with feet apart over the coals from which emitted

[129] Robert Jütte, *Contraception: A History* (Polity, 2008).
[130] Hilger, "Arapaho Child Life and its Cultural Background," 6-9.
[131] Sherman Sage and unnamed interpreter in Hilger, "Arapaho Child Life and its Cultural Background," 7-8.

> the medicinal fumes. At the same time she drank as much of the hot decoction as she could. She endured this as long as possible.[132]

The Arapaho did not use either abortions or treatments for sterility in men as methods of limiting family size. Although instances of abortion were not unknown among the Shoshone, sources say the procedure was rare.[133] Knowledge of the connection between breastfeeding and pregnancy prevention also allowed women another method of controlling their fertility.[134]

During a pregnancy, prenatal care for an Arapaho woman and child involved the encouragement of physical activity. Pregnant women followed a regimen of rising before the sun was up to walk "in order to maintain her vigor, strength, and health," and retired early in the evening. They believed that frequent exercise also prevented the navel cord from being wound around the baby's neck or the baby being born with a flattened head.[135] Pregnant women were to avoid or be protected from fright because of the belief that experiencing fear while pregnant could affect the baby adversely. If concerns about a possible miscarriage arose due to the mother working too hard or injuring herself, certain plants, which the narrator chose not to identify, were used to sustain the pregnancy.[136] The only dietary restriction women observed was the avoidance of buffalo tenderloins, since eating this portion of a buffalo could result in twins.[137] Among both the Arapaho and Shoshone pregnancies of multiples were not desired, but the children themselves were not unwanted once they came. Shoshone women avoided eating any part of a female animal that was pregnant with twins to

---

[132] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 8.
[133] Shimkin, "Childhood and Development Among the Wind River Shoshone," 300.
[134] Hilger, "Arapaho Child Life and its Cultural Background," 9, 11, 45.
[135] Unnamed Arapaho Narrator in Hilger, "Arapaho Child Life and its Cultural Background," 14-15.
[136] Unnamed Arapaho Narrator in Hilger, "Arapaho Child Life and its Cultural Background," 11.
[137] Hilger, "Arapaho Child Life and its Cultural Background," 12-13.

avoid becoming pregnant with twins themselves. They also refrained from eating the intestinal fat and fattening foods in general to prevent the baby from growing too large and therefore having a difficult birth.[138]

Shoshone women gave birth away from their home tipi, in a menstrual hut with the help of a professional midwife, her mother, and possibly her mother's relatives. Women gained the knowledge of midwifery through a type of apprenticeship system. To qualify as a midwife among the Shoshone, a woman first needed to have received a dream a vision indicating that role for her. She also had to have born children herself and been present at many births as a helper. They learned manipulation and massage techniques to assist with labor, and learned about drugs such as painkillers, and forcible handling of the infant in cases of difficult births. Shoshone midwives were specialists in that their skill set was distinct from a shaman. They did not act as general healers.[139] As the previous description of an Arapaho woman's birthing experience showed, women gave birth either in their home tipi, or in a small tipi erected just outside their own especially for the event. Arapaho men were not restricted from being in the tipi during labor. Some husbands chose to busy themselves with other activities out of nervousness, while others chose to remain with their wives. The woman's father and mother were usually both present. As one Arapaho said, "I think fathers sometimes worried about their daughters; that is why they were present."[140] Also, medicine men frequently attended births and assisted by making herbal decoctions for the mother to drink.[141] In contrast, no Shoshone men were present during a woman's labor process,

[138] Shimkin, "Childhood and Development Among the Wind River Shoshone," 299.
[139] Ibid, 299-300.
[140] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 16.
[141] Hilger, "Arapaho Child Life and its Cultural Background," 16.

not even medicine men. Instead, a Shoshone father's role during the birth of his child involved not eating, drinking or hunting. He also took a bath at the same time as his child's first bath.[142]

Despite frequent characterizations by non-Natives as being "dirty," the Arapaho and Shoshone practiced many hygienic and preventative methods to avoid the contraction and spread of disease and illness. After the messy process of childbirth, taboos dictated that birthing helpers use special care to avoid all contact with blood and removed the afterbirth in such a way that no one touched it. Birthing women knelt on some kind of soft material such as a hide or blanket and this was carefully used to encase the secundines without coming into contact with it. The bundle was then placed within a bag and then either buried, or placed high up in the crotch of a tree where it was left alone to rot away. [143] Newborns were quickly washed off with lukewarm water right after the navel cord was cut. From then on the child was bathed daily. Until it could walk, Arapaho children's baths consisted of dashes of cold water on the back. One unnamed Arapaho commented that the bracing cold water on the back caused the child to try to hold its head up to get away from the water which made its body strong. They explained, "this made children healthy. It was the Indian way of living." Shoshone mothers used warm, rather than cold water to bathe their children.[144] Throughout their lives, Arapaho men and women were expected to bathe daily. [145]

The communal nature of health practices influenced certain preventative health traditions for children among the Arapaho such as ear piercings and naming. Ear

---

[142] Shimkin, "Childhood and Development Among the Wind River Shoshone," 291, 299.
[143] Shimkin, "Childhood and Development Among the Wind River Shoshone," 299; Hilger, "Arapaho Child Life and its Cultural Background," 17.
[144] Shimkin, "Childhood and Development Among the Wind River Shoshone," 302.
[145] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 21, 135.

piercing occurred very early in a child's life either at the Sun Dance or at a gathering at the family's home. The ceremony was never neglected if the parents "truly loved a child and wanted it to grow up to be something."[146] An important part of the ceremony involved prayers that the child would not be afflicted with sickness and grow to maturing in good health.[147] A crier announced to the tribe that a child's ears were to be pierced and the parents of the child invited an old man or woman that had achieved success in battle to perform the piercing. The child sat on a blanket where they could be seen by all while gifts from the family to the piercer were placed to one side of the blanket. As one Arapaho remembered the ceremony, the piercer "prayed to God that the child would grow up to be a strong man (or woman), that it would not be inflicted with sickness; that it would lead a good life, that same as he had done and was still doing."[148]

Arapaho elders often chose names for children based on someone they knew that had grown old in good health with the belief that such a name encouraged those same blessings upon the child.[149] Arapaho names were gender-neutral, meaning that there was not a distinct set of names for one gender that was different from the other.[150] Therefore, a child could be given the name of any person in the community that the parents respected, regardless of gender. The naming ceremony involved a variety of community member (not only family) and was a highly intimate and special occasion as one unnamed Arapaho recounts it.

---

[146] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 24.
[147] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 27; Kroeber, "The Arapaho," 18.
[148] Unnamed Arapaho Narrator, in Hilger, "Arapaho Child Life and its Cultural Background," 26.
[149] Hilger, "Arapaho Child Life and its Cultural Background," 57.
[150] Ibid, 66.

> When a child was to be named, old men and old women were invited. These sat around on the ground in the tipi. The mother handed the baby to the person who was to name it. The father addressed the old people and asked them to pray so that the child would do right. The one naming it held the baby first, prayed, and gave it its name. It was then passed around the circle always to the left, each old man and old woman holding the baby and praying for it."

As the child was held by each individual and prayed for, they pronounced the child's name, one by one. The ceremony made touchingly clear the bonds of community that would continually foster and care for this new individual from this moment forward. The child's name was a reflection, not only of their parent's hopes for the child, but also of a community's care for it. Like the Arapaho, naming a child was a communal affair for the Shoshone. Friends of the parents often gave names to children. The chosen name reflected behaviors or quirks that made the child unique.[151]

As anyone who has ever dealt with a baby in diapers on a regular basis knows, chaffing is an annoying nuisance that, if left unattended, can lead to more serious problems due to susceptibility to infection of raw skin. The Shoshone and Arapaho solved this perennial problem by using an ointment made of thoroughly dried red clay mixed with grease or tallow. During the 1940s, an Arapaho remembered this treatment as being "better than the store powder [talcum powder] which is used today. I still have a little of the red clay and used it on my grandchild yesterday. Every mother had a supply of red clay on hand."[152] The Shoshone used grease and red paint for their children's skin care. If a rash developed, the dried and pounded bawayump plant was rubbed on the skin.[153]

---

[151] Lowie, "Notes on Shoshonean Ethnography," 272.
[152] Unnamed Arapaho Narrator, in Hilger, "Arapaho Child Life and its Cultural Background," 29; Shimkin, 300.
[153] Shimkin, "Childhood and Development Among the Wind River Shoshone," 302.

Clothing that mothers made for their children not only acted as protection against the elements, it also frequently incorporated important symbolic meanings related to health and well-being. In cold weather, the ingenious method of creating a furry bag made out of a complete wildcat hide, turned inside out, was used to keep children warm. The outfit created a kind of jumpsuit, with the tanned part turned to the outside and the child's hands and feet fitted warm and snug into the four legs of the hide. "The fur of the tiger cat's head was like a cap on the baby's head."[154] But more than a practical covering from the elements, women used knowledge handed down to them to incorporate bead and quillwork designs on their children's clothes which served to protect them from various health hazards. For instance, on children's moccasins and leggings, tin rattles and designs representing snakes served to scare away snakes.[155] Also, the ornamentation of cradleboards included quillwork symbols that expressed the wish that the child carried inside would grow to adulthood.[156]

Part of Arapaho preventative medicine also included purification rituals that occurred each spring. Some healers' medicine allowed them to foresee coming epidemics. When this occurred, they prepared a sweat lodge for themselves and members of the community, along with a special paint. During the sweat, the medicine man or woman rubbed the poultice around their wrists, ankles, and foreheads to keep the sickness away. Other Arapahos remember an annual inoculation administered each spring by an herbalist.

> When the weather began to get warm, now it is about the middle of March, some old man pulverized an herb and gave each of us a pinch of it to put in our mouths. He also made tea of it and gave each one a cupful to drink. Sometimes

[154] Unnamed Arapaho Narrator in Hilger, "Arapaho Child Life and its Cultural Background," 42.
[155] Krober, *The Arapaho,* 44, 49.
[156] Hilger, "Arapaho Child Life and its Cultural Background," 32, 30.

> he boiled a large dish of it, and everybody came to his place and drank a cupful there. My parents and all of us did. This was a blood purifier, I think; for it was taken when the blood renews itself.[157]

The varying methods of administering this treatment from year to year may indicate that the medicine man worked towards refining his methods. Or perhaps he prepared different treatments based on his predictions of different illnesses that could come in a given year. Either way, it seems safe to suggest that medical treatment was an evolving practice, based on the conditions, needs, and knowledge of the time.

The homes Arapaho women built and maintained were highly effective in creating healthful living conditions. A Northern Arapaho woman remembered how "in the old days when the Indians lived in tipis and had no houses, they didn't mind the cold of winter or the heat of summer."[158] Richard F. Burton, a famous nineteenth-century British explorer and travel writer, encountered several Plains Indian tribes on his trip across North America to Salt Lake City in 1860 and included detailed observations about the tipi dwellings:

> The lodge is made of eight to twenty-four straight peeled poles or saplings of ash, pine, cedar, or other wood, hard and elastic if possible, about 20 feet long; the largest marquees are 30 feet in diameter by 35 feet high, and are comprised of 26-30 buffalo skins; and they are sometimes planted around a "basement" or circular excavation two or three feet deep. . . The covering of dressed, hairless, and water-proof cow-buffalo hide . . . cut and sewn to fit the frame like an envelope, and sometimes pinned together with skewers, is either raised at first with the tripod, or afterward hoisted with a perch and spread around the complete structure. It is pinned to the ground with wooded pegs, and a narrow space forms a doorway, which may be closed with a blanket suspended from above and spread out with two small sticks. The apex is left open with a triangular wing or flap, like a lanteen sail, and is prevented from closing by a pole inserted into a pocket at the end. The aperture points to windward when ventilation is required, and, drawing like a windsail, it keeps the interior cool and comfortable; when smoke is to be carried off, it is turned to leeward, thus giving draught to the fire, and making the abode warm in the severest weather,

[157] Unnamed Arapaho Narrator Hilger, "Arapaho Child Life and its Cultural Background," 135.
[158] Unnamed Arapaho Narrator in Hilger, "Arapaho Child Life and its Cultural Background," 183.

> while in lodges of other forms, you must lie down on the ground to prevent being asphyxiated. By raising the lower part so as freely to admit the breeze, it is kept perfectly free from mosquitoes, which are unable to resist the strong draught."[159]

Burton's thorough and positive assessment of teepees contrasts sharply with characterizations of Arapaho homes and women's home-making abilities that appeared later during the late nineteenth and early twentieth centuries. However, not all observers were critical. In 1919, an Episcopal Bishop working among the Arapaho on the Wind River Reservation championed the tipi as a more healthful structure than the poorly-ventilated government-issued army tents or small shacks that the government promoted.[160]

Because religion and well-being shared such close connections in Shoshone and Arapaho cultures, an important part of preventative health care involved the observance of religious obligations and taboos. While these observations depended on individual action, and were frequently highly individualized from person to person, they also came with important consequences for the community. Personal taboos were individualized through visions received that gave instructions to avoid certain things such as coming into contact with blood. Breaching these restrictions not only carried consequences for the person that had received the personal taboo, but also for others if they caused or assisted the transgression. For example, menstruating Shoshone women needed to observe restrictions from eating meat and coming into contact with medicine bundles or other religiously significant persons or objects. If they failed to follow these

---

[159] Sir Richard Francis Burton, *The City of the Saints, and Across the Rocky Mountains to California* (New York: Harper & Brothers, 1862), 106-108.

[160] Letter from The Right Reverend Nathaniel S. Thomas, Bishop of Wyoming to Cato Sells, Commissioner of Indian Affairs, Oct 9, 1918, Folder 2 "St. Michael's Oct.-Dec. 1918," Box 14, Episcopal Church Diocese of Wyoming Records, AHC.

restrictions, not only could their personal spiritual power disappear, at worst their actions could endanger their family member's lives. There is some evidence that the Shoshone believed a menstruating woman who did not observe the restriction from eating meat was the underlying cause of their affliction with tuberculosis. [161]

Despite effective preventative health measures, the Arapaho were not immune to serious disease, threats to well-being, and death. The taboos of refraining from the discussion of sickness and death, and from discussing spiritual matters obscure much of the specific practices involved in treating spiritual causes of severe illness and injury from this author. What is clear is that the treatments medicine men or women provided for severe illnesses and injuries were both intense and intensely personal. Common practices of Arapaho and Shoshone doctors included the removal of large quantities of blood through blood-letting and sucking methods. Sweat lodges were also important aspects of restoring health. One Arapaho woman remembered calling for an Indian doctor for her 12-year-old daughter after she lost consciousness due to a high fever. He came to their home and stayed for four days while he doctored the child.[162]

Central to Arapaho religious life and ideas about maintaining and restoring health was the Sun Dance.[163] Many of the Sun Dancers participated in the ceremony as

---

[161] Shimkin, "Childhood and Development among the Wind River Shoshone," 297; Hilger, "Arapaho Child Life and its Cultural Background," 290-291.

[162] Ibid, 55.

[163] I am not including detailed descriptions of the Sun Dance because of evidence that indicates that knowledge is considered too sacred to be casually shared with members outside of the community. In her study, Sister Inez Hilger notes that in every instance interpreters hesitated to ask questions about the Sun Dance. She quotes unnamed Arapahos: "These women and all the old members of our tribe, I believe, do not like to be asked questions about the ceremonies of the Sun Dance,". . ."The Sun Dance is very sacred to us and we don't like to talk about it," . . . "You'll have to ask the old men of the tribe to get the truth about the Sun Dance; and then you will not learn much, for most of them won't like it if you ask them. All the Whites that come here to learn out old customs ask about it; but we don't think we should talk about it so carelessly." Hilger, "Arapaho Child Life and its Cultural Background," 143.

part of a vow made on behalf of a sick relative or friend, either as an act of supplication or thanksgiving. Because of the extremely demanding physical intensity of the Sun Dance ceremony, this vow would not be made lightly and likely only in circumstances of severe sickness. That dancers undertook long days of fasting, vigorous physical exertion, and dehydration to the point of collapse while the whole band gathered to watch or also to assist, all for the sake of their loved ones, is a moving illustration both of the depths of their religious belief and the strongly communal approach to health concerns. At one Sun Dance observed by Sister Inez Hilger in 1940, one man danced on behalf of his sick wife and another because his child recovered from an illness. The illnesses in their families prompted both men to vow to participate in the fasting and dancing of the next Sun Dance. Several others danced on behalf of family members that were currently fighting illnesses.[164] Although children were not participants in the Sun Dance, their lives frequently acted as motivations for and direct benefactors of the dancers extraordinary efforts. If a relative participated in the Sun Dance on behalf of a vow made because of a child, the child was sure to be made aware of that sacrifice.[165] Also, at the end of the ceremony, as people gathered around to congratulate the dancers for their feat of endurance, mothers and grandmothers brought sick or injured children for the dancers to touch and pray for, sometimes rubbing the afflicted area of the child's body.[166] Although they did not dance, women were vital facilitators of the Sun Dance through singing, dancing, helping with the construction of the Sun Dance lodge, and

---

For descriptions and accounts of Northern Arapaho Sun Dances, see Kroeber, "The Arapaho," 279-308; Hilger, "Arapaho Child Life and its Cultural Background," 148-160.

[164] Hilger, "Arapaho Child Life and its Cultural Background," 154.

[165] Ibid, 144.

[166] Ibid, 160.

providing food.[167] The wife of an Arapaho who sponsored the Sun Dance (the pledger) had a particularly important ceremonial role. Along with other sun dancers, she stayed for three days prior to the Sun Dance in the rabbit tent, a tipi set apart and erected specially for preparations. Although the rituals of the rabbit tent are secret, part of it involved the preparation of various ceremonial objects.[168] Throughout the ceremony, the pledger's wife occupied a place of honor in processions and in the Sun Dance lodge and was responsible for the sacred hoop.[169] In the Shoshone Sun Dance, perhaps out of recognition of women's healing and reproductive power, the shaman responsible for directing the dance called young women and children to brush disease away from him.[170]

When all preventative measures, treatment, and spiritual supplications failed, Shoshone and Arapaho burial practices contributed to the effective containment of contaminated material. Dead bodies were buried quickly; typically before sunset on the day the death occurred. On hot days, the body was buried right away. Bodies were buried, in graves four to six feet deep with cactus, twigs of brush, pieces of wood, and rocks piled on top to prevent coyotes and other animals from disturbing the remains. The Arapaho taught that anyone disturbing a burial could expect to be stricken with a serious malady, particularly tuberculosis.[171] If a death occurred within a home, the Shoshone not only buried the body of the deceased, but also the tipi where the death

[167] Kroeber, *The Arapaho,* 282-293
[168] Ibid, 302.
[169] Ibid, 286-288, 293.
[170] Shimkin, "Childhood and Development among the Wind River Shoshone," 291.
[171] Hilger, "Arapaho Child Life and its Cultural Background," 163.

occurred. They believed that if a relative kept the house, they would die from the same cause.[172]

The point at which the Shoshone and Arapaho first experienced diseases imported through contact with Euro-Americans is unclear. What is clear is that by the middle of the nineteenth century, these groups had developed effective strategies of combating these diseases that were once foreign to them. Native medical knowledge and practices constituted an evolving and dynamic response to health threats. This knowledge was not stagnant nor was it rooted in mere superstitions that lacked any basis in reason. In fact, the effectiveness of Arapaho and Shoshone medical practices are actually comparable to non-Native nineteenth-century medical practices, particularly in the frontier and rural American West.

Take, for example, ideas about where illness and disease come from. The Shoshone believed that people contracted illnesses through invisible arrows shot by malevolent dwarves.[173] While this may sound far-fetched and fanciful from a twenty-first century perspective informed by over a century of common acceptance of germ theory, this was not a perspective people during the nineteenth had. For most nineteenth-century Americans, the main explanation for the underlying causes of disease had roots in classic Greek Hippocratic texts. This idea held that poor sanitary conditions produced the atmospheric conditions that caused disease. Disease manifested itself as an imbalance in the body's "humors" or fluids to become imbalanced.[174] Although more obscure, the theories of Samuel Thomas gained a

---

[172] Lowie, "Notes on Shoshonean Ethnography," 282.
[173] Shimkin, "Eastern Shoshone," 325.
[174] George Rosen, *A History of Public* Health, expanded edition, (Baltimore and London: The Johns Hopkins University Press, 1985), 264-265; Michael T. Kennedy M.D., *A Brief History of Disease, Science &*

respectable following, particularly among Mormons in the nineteenth century. Thomsonian medicine was based on the idea that cold was the cause of all disease.[175] Although their explanation for illness and infection did not involve wily dwarves and invisible arrows, non-Native beliefs about disease also belied an acknowledgement of the mysterious, unseen ways that sickness spread. Both cultures were aware that illness was related to something unseen entering the body from without and disrupting its normal functions.

Both Native and non-Native medical practices relied heavily on bloodletting as well. Western European medical knowledge based this practice on the belief that draining a body of liquids could not only restore a proper balance of "humors" but also remove toxins that had built up in particular areas of the body.[176] The heavy reliance on the measures of bleeding, blistering and purging lasted throughout the nineteenth century, with little change in the actual therapeutic practice of physicians, despite significant changes in medical theory that called for less drastic intervention in the body's natural ability to heal.[177] Ironically, even though by the turn of the century policy makers firmly denounced and disregarded Native healing practices, during much of the nineteenth century many frontier healers actually claimed the label of "Indian doctors" as a way of gaining the public's confidence.[178] These alternative healers relied on an incredibly diverse range of curing specialties such as botanical treatments,

---

Medicine (Mission Viejo: Asklepiad Press, 2004), 143; John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885*, 64-65; Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," in *The Therapeutic Revolution: Essays on the Social History of American Medicine,* ed. Morris J. Vogel and Charles E. Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), 6-7.

[175] Volney Steele, M.D., *Bleed, Blister, and Purge: A History of Medicine on the American Frontier* (Missoula, Montana: Mountain Press, 2005), 78.

[176] Ibid, 2-3.

[177] Rosenberg, "The Therapeutic Revolution," 15-19; Warner, *The Therapeutic Perspective*.

[178] Ibid, 5-6.

prescriptions of nostrums made mostly of whiskey, steam baths, soaking in hot mineral water, enemas, and cayenne pepper to heat up the body.

Surgeons and doctors in the nineteenth century had no idea that their unwashed hands and garments were the primary cause of death among the patients they sought to heal. A particularly tragic consequence was the increasing rates of puerperal fever, more commonly known as "childbed fever," as more women began having their babies in hospitals. Delivering a child in a mid-nineteenth century hospital, aided by the unwashed hands of medical providers, was so dangerous that a woman had a better chance of surviving being gored by a bull than a caesarian section operation.[179]

Despite advancements in anatomical and surgical knowledge, without an understanding of the role of bacteria and viruses in causing disease and illness, nineteenth-century Euro-American health care providers had very few effective tools with which to treat patients. In fact, one historian of medicine characterizes this time in history as "the era of useless remedies."[180] The limited effectiveness of medical care is illustrated through life expectancies. By 1900, the average life expectancy for a man was only 48. A women's life expectancy was 51.[181]

While medical knowledge, treatment options, and efficacy of treatment are comparable between Native and non-Native societies during the mid-nineteenth century, this parity would not last. The latter decades of the nineteenth century were a watershed moment in European and American medicine. As the turn of the century approached, medical technology and knowledge in Europe and America entered into a

---

[179] Kennedy, *A Brief History of Disease, Science & Medicine*, 138.
[180] Kennedy. *A Brief History of Disease, Science & Medicine*, 181.
[181] Jeremy Agnew, *Medicine in the Old West: A History, 1850-1900* (McFarland & Company, Inc.: Jefferson, North Carolina, 2010), 3.

period of florescence. Prior to the 1880s, the invasive, sometimes brutal, and always risky method of surgery remained the best and only method of treatment for certain serious ailments. By the turn of the century, bacteriology finally offered physicians effective tools for treating disease.[182] Even before the presence of bacteria and their role in infection had been discovered, Joseph Lister, a British surgeon, had postulated that microorganisms in the air, rather than the air itself, caused sepsis. This led to practice during the 1860s of treating wounds with carbolic acid, a method called Listerism.[183] By 1871, surgeons and doctors widely used carbolic acid to kill germs, even in the American West. Although the era of antibiotics would not begin until 1928 with the discovery of penicillin by Alexander Fleming, germ theory and the development of epidemiology as a method of studying disease led to a growing awareness of the role bacteria played in spreading infection around the turn of the century.[184] As more surgeons and doctors became aware of the role their dirty hands and equipment played as sources of infection, they began taking steps to prevent infection such as washing their hands, using rubber gloves, and sterilizing instruments.[185]

During the first half of the nineteenth century, the best pain relief that western medical practitioners could offer their patients was liquor, opium, suggestions to pray, and clenched teeth. By the latter part of the century, doctors had the ability to administer various forms of anesthesia such as ether, nitrous oxide, and chloroform, although these substances were not without their risks as imperfect administration

---

[182] Ibid, 176.
[183] Ibid, 146.
[184] Ibid, 274.
[185] Ibid 146, 151.

methods increased the likelihood of overdose and/or death.[186] Researchers identified the active chemical ingredients of a number of herbal and natural remedies paving the way for their distilled products to be manufactured and sold as pharmaceuticals during the chemical revolution that accompanied the industrial revolution in the late nineteenth century. For example, chemists identified acetylsalicylic acid as the active ingredient in willow bark in 1853 and by 1899, the Bayer Company began manufacturing the fever and pain reliever known as aspirin.[187]

Despite the accelerated growth of medical knowledge in Europe and the Eastern United States as the turn of the century approached, health and health care on the American frontier consistently lagged behind. From the mid- to late 1800s most medical advancements spread by word of mouth and example, which left scattered and isolated frontier doctors little opportunity to hear of new treatments or methods.[188] One described the typical nineteenth-century frontiersman as "wan with fever, gaunt, and spindle-shanked. His wife was scrawny and peaked; their children were sick and fretful."[189] Dr. Daniel Darling, a frontier physician, observed in 1842, "Death is their doctor, and the grave their hospital."[190] One historian estimates that the number of deaths on western trails between 1842 and 1859 was around twenty thousand, which works out to be an average rate of ten deaths per mile.[191] With few medically educated professionals and difficulty obtaining medical supplies and equipment, treatment options on the frontier were limited.

---

[186] Ibid, 131-135.
[187] Ibid, 128, 171-172.
[188] Steele, *Bleed, Blister, and Purge,* 96.
[189] Richard Dunlop, *Doctors of the American Frontier* (Garden City: Doubleday & Co., 1965), 1.
[190] Quoted in Dunlop, Doctors of the American Frontier, 1.
[191] Kenneth L. Holmes, *Covered Wagon Women: Diaries & Letters from the Western Trails, 1840-1890,* (Spokane: Arthur H. Clark, 1991), introduction to Vol. 4.

Despite fears of the inherent dangers of the wilderness such as wild animal attacks and snake bites, these actually caused few deaths. Besides the elements, the major threat to a pioneer's health was the inadvertent result of their own actions. In an unfamiliar environment with unfamiliar or unknown resources, frontier settlers did not have the generations of accrued knowledge about how best to exist within the environment of the west that most Native American groups had. Families on the plains lived in crowded, poorly-ventilated, and dank sod houses, ideal conditions for diseases to incubate and spread. They typically established permanent settlements next to waterways where flies, gnats, and mosquitoes created seasonal epidemics of malaria in addition to the ever-present threat of dysentery and cholera as a result of water being contaminated by human waste.[192] Scurvy was also a perennial problem. This disease, which is a result of a lack of dietary vitamin C, starts off by causing blotchy skin, swelled joints, gum and teeth problems. If left untreated, it can lead to coughing up blood, diarrhea, and eventual debilitation. Diets in gold camps, military barracks, and wagon trains typically consisted of beans, salt pork, boiled beef, and pancakes, none of which provide the vitamin C found in the fresh fruits and vegetables, wild plants, bone marrow, liver, heart and tongue which Native people regularly consumed.[193]

For centuries prior to reservation life, Shoshone and Arapaho women had social clout, economic importance, and individual autonomy in choices such as entering or leaving a marriage. These were not the degraded drudges so frequently depicted through the lens of Euro-American culture. As valued members of their communities, due to the intensely communal nature of Shoshone and Arapaho health, it stands to

[192] Dunlop, *Doctors of the American Frontier*, 1.
[193] Steele, *Bleed, Blister, and Purge,* 83.

reason that women also commonly possessed vital healing knowledge. While being closely related to spirituality, Indigenous medical practice was also rooted in centuries of accrued knowledge and close familiarity with the natural environment, which was preserved and passed on through apprenticeships and practice, shared from generation to generation. When compared to non-Native medical knowledge for much of the nineteenth century, Shoshone and Arapaho ideas about health and healing were as effective or ineffective as American medical practices that relied on heroic measures such as bleeding and purging. Even as non-Native medicine entered into a period of florescence at the end of of the nineteenth century, those advances rarely made their way to the American western frontier. In fact, from the mid- to late nineteenth century, Shoshone and Arapaho medical practice easily outpaced the knowledge and practices of frontier settlers. Then, at the same historical moment that Anglo-American medical practice began to flourish, the ability for Native knowledge to do so became increasingly restricted.

By the turn of the nineteenth century, the Native healing practices that facilitated the birth in this account were under attack. As a result of multi-faceted interactions with the United States federal government, the very foundations of Native health and healing practices were dangerously undermined. In the name of Manifest Destiny and then assimilation, the Bureau of Indian Affairs undertook campaigns that threatened not only communal ideas of welfare, knowledge and expertise of women, strong connections across generations, and spiritual beliefs, but also threatened the ability of Native people to maintain and continue to develop their health care practices and knowledge. Not only did the U.S. government erase its own complicity in the process

that greatly reduced the ability of Native peoples to sustain their own health, it also erased any accurate memory of former Native well-being, health care practice, and gender roles. Government policies not only threatened Native culture, identity, land holdings, and sovereignty, but also, in doing so, actually threatened the very lives of Native American peoples. Once the expected crisis of Native health became clear, policy-makers sought solutions that relied on long-perpetuated misperceptions about Native women's roles in combination with their idealized vision of appropriate femininity to create a prescription for Native American health that was as misdirected as it was untenable.

Chapter 3
The Doolittle Report and the Idea of Ill Indians

Wasuhiya-ye-dom, or Chief Passing Hail, a Santee Dakota, remembered clearly the hunger of displacement. In 1864, the U.S. government relocated the Santee and Winnebago tribes to the Crow Creek Reservation in South Dakota following the Dakota war in Minnesota. Wasuhiya-ye-dom poignantly described that process of displacement as a sifting where the government "took all the young and smart men and put them in prison, and they took all the chiefs and women and children and put them in Fort Snelling. They done with us as they would grain, shaking it to get out the best, and then brought our bodies over here; that is, took everything from us and brought us over here with nothing."[194] The first bitter winter after the relocation, no government supplies arrived to feed the displaced tribe. When government agents finally procured food for the Santee the following spring, the incident left a horrific memory of illness and death that was fundamentally rooted in the realities of hunger and government corruption.

At a time when the Office of Indian Affairs was the most notoriously corrupt government agency, an employee at the Crow Creek Agency decided to purchase diseased cattle, likely at a deeply discounted price, to skim money off the top of payments promised to the Santee and Winnebago.[195] The cows were so sick that they died shortly after arriving at Crow Creek. Wasuhiya-ye-dom noted, "White folks do not

[194] U.S. Congress, Senate, *Condition of the Indian Tribes: Report of the Joint Special Committed Appointed under Joint Resolution of March 3, 1865,* Senate Report 156, 39th Congress, 2nd Session, p. 406.

[195] For examples of government corruption in the OIA, see Harry Kelsy, "Background to Sand Creek," *Colorado Magazine,* XLV (Fall 1968), 279-300.

eat animals that die themselves; but the animals that died here were piled up with the beef here and were fed out to us."[196] Aware that the meat they purchased was likely contaminated, the agency employed an unusual cooking method before distributing the beef, perhaps in an attempt to sterilize it. Wasuhiya-ye-dom described the process as steaming it in a wooden box to make soup.[197] Winnebago leaders Little Hill and Big Bear both described the cooking apparatus as a "cottonwood trough." Little Hill remembered the beef, along with some flour and pork, being put in the trough where it was left overnight before being cooked.[198] Despite their hunger, many who witnessed the process were not inclined to partake of the results. Big Bear tried to eat it, and despite having literally nothing else to eat, he could not even bring himself to swallow. He left the concoction for the dogs.[199] Agency employees took the leftovers, which consisted of the least appealing cuts of the already offensive meat such as the intestines, liver, and heads, and piled them in the stockade. As a testament to the rising levels of hunger and desperation, some women tried to steal even those revolting pieces of meat. The agent had them whipped in retaliation. He had other plans for that meat. Wasuhiya-ye-dom reported, "when he wanted some work done he would pay for the work with the most rotten part of it [the leftover meat]."[200] The results were dire for those who ate the beef. Many got sick and died. In remembering that first year of hunger and the disgusting soup of diseased meat, Wasuhiya-ye-dom said, "that is the

[196] U.S. Congress, Senate, *Condition of the Indian Tribes*, 407.
[197] Ibid.
[198] Ibid, 417, 418.
[199] Ibid, 418.
[200] Ibid, 407, 417.

reason these hills about here are filled with children's graves; it seemed as though they wanted to kill us."[201]

These memories about the incident at Crow Creek are preserved as part of a government-funded study commissioned in 1865 to investigate the conditions of Indian tribes, commonly known as the Doolittle Report. Despite the inclusion of testimonies such as Wasuhiya-ye-dom, Little Hill, and Big Bear's that point out the connections between colonization, hunger, and illness, the conclusion of the Doolittle report emphasized an image of Indians as chronically diseased and dying either due to their own actions or the inescapable result of Manifest Destiny. This picture is also markedly different from conditions among the Shoshone and Arapaho at the time the report came out. In this chapter, I will argue that the Doolittle Report's image of Indians as sick and dying was inaccurate. Although hunger was a problem consistently mentioned by Indians interviewed in the report, disease and illness was not. Native American populations were not disproportionately unhealthy, particularly compared to the white frontier population. Nevertheless, the emphasis on the bodily weakness of Indians in the report signaled the central role that the idea of Indians as doomed to die played in debates generated by the government's attempt to shift away from using military force to deal with Indians.[202] The effect of the report was two-fold. First, it obscured the existence of healthy Indian populations and effective Native systems of health care. Also, it concealed the ways U.S. colonization undermined Native people's

---

[201] Ibid, 407.

[202] For more information about Euro-American ideas about disease among Indians and how those interpretations reflected Euro-American beliefs and needs that perpetuated social biases to their own advantage, see Jones, *Rationalizing Epidemics*. For other studies about the idea of vanishing peoples, see Patrick Brantlinger, *Dark Vanishings: Discourse on the Extinction of primitive Races, 1800-1930,* (Ithaca: Cornell University Press, 2003); John Hausdoerffer, *Catlin's Lament: Indians, Manifest Destiny, and the Ethics of Nature,* (Lawrence: University of Kanas Press, 2009).

health. In spite of dislocation and restriction during the mid-nineteenth century, the Shoshone and Arapaho were not a diseased and dying population as the Doolittle report characterized all Indians at the time. Instead, hunger and warfare caused by the colonization process were the main threats to their well-being.

After the Civil War, the nation began to consciously re-think its relationship with Native Americans. The war-weary nation did not relish further military conflicts in the West. As an indication of this shifting consciousness, the same year the Civil War ended, Congress created the Doolittle Committee, whose stated purpose was to investigate, "the condition of the Indian tribes and their treatment by the civil and military authority of the United States."[203] The commission got its name from the Wisconsin senator who chaired the committee, James Doolittle. Several different circumstances and events prompted the investigation. Public accusations of corruption in the Indian Bureau were frequent, particularly after the bureau was transferred from the War Department to the newly established Department of the Interior in 1849. Military leaders who resented the move and frontier settlers who resented distant federal control over Indian Bureau appointments and trade with Indians in their area kept accusations of corruption continually before the public. Also, the continued westward expansion that fueled the Civil War likewise continued to feed the fire of Indian hostilities throughout the West. More than any other event, the massacre of a village of Cheyenne and Southern Arapaho in Colorado by Colonel John Chivington's forces in 1864 led to the formation of the investigation of Indian affairs.[204] In this context, the 1867 Doolittle report captured the debates over the shifting nature of the United States'

[203] Ibid, 3.
[204] Donald Chaput, "Generals, Indian Agents, Politicians: The Doolittle Survey of 1865," *The Western Historical Quarterly,* Vol. 3, No. 3 (July 1972), pp. 269-282.

relationship with Native Americans and was also highly influential in charting a path forward.

Committee members traveled to personally visit a number of tribes west of the Mississippi, and the report included transcripts of these interviews with Indians. Nevertheless, its conclusions are significantly different from that set of sources. As historian Donald Chaput points out, the Doolittle Report is not really about Indian perspectives, although a few are included. Instead, it is "the best source for finding a summary of mid-century Indian conditions, *as viewed by army officers and Indian agents and superintendents*" [emphasis added].[205] The report drew most heavily on non-Native perspectives.[206] Out of 173 people interviewed or surveyed, only fourteen were Native. Much of the investigation depended on a twenty-three-question survey which the Doolittle committee mailed out to army officers, Indian agents, superintendents, and "other persons of great knowledge in Indian affairs," as the report characterized them. Still, the few Indian testimonies included provide insight into the concerns of many Indians shortly after their confinement on different reservations across the country. Also, the differences between Indian testimonies and the conclusions of the report provide a way of understanding the importance of the idea of the health of Indians to government policy-makers as they debated the proper way to deal with the nation's "Indian problem."

The main conclusion about the conditions of Indians that the report arrived at was that they were disappearing.[207] Although the report gave a variety of reasons for this depopulation trend, the cause of disease featured prominently in both the summary

[205] Ibid, 282.
[206] Ibid, 3.
[207] U.S. Congress, Senate, *Condition of the Indian Tribes,* 3.

of findings and throughout the hefty appendix compiled from survey responses and interviews. The report concluded that venereal disease in particular was the greatest problem. About venereal disease, the report states, "this disease, more than all other diseases, and perhaps more than all other causes, is the active agent of the destruction of the Indian race."[208] After identifying venereal disease as the main problem, the report goes on to mention the influences of "intemperance, exposure, the want of sufficient food and clothing, wars among themselves and wars with the whites" as compounding factors.[209]

All of the causes the report gave for Indian disappearance focused on the perceived innate nature of Indians. The emphasis on venereal disease as a significant contributor to their disappearance hearkened back to the long-standing idea of Indians as sexually immoral based on the mistaken belief that Indian women were degraded. It would therefore stand to reason in many white Americans' minds that the main cause of Indian disappearance was not just disease in general, but sexually transmitted disease in particular. Indians' weakness for alcohol followed closely behind as an explanation for disappearance. Although the report did not explicitly link causes of exposure and hunger with Indian actions, the preceding emphasis on sexual immorality and alcoholism left a trail of logical breadcrumbs that implied the connection. The report never discussed wars among Indian tribes in connection with the loss of hunting grounds and destruction of game due to white encroachment, although the report details these circumstances elsewhere. In leaving out the link between Indian wars and their causes during the mid-nineteenth century, the report relies upon and perpetuates the

[208] Ibid, 5.
[209] Ibid.

stereotype of the war-like savage as an explanation for high rates of Indian deaths. In explaining conflicts with whites, the committee seemed to find a way to see beyond blaming the nature of Indians when it expressed the opinion that "in a large majority of cases Indian wars are to be traced to the aggressions of lawless white men." The report explained the particularly destructive nature of the Indian wars by pointing out that they not only claimed "the lives of the warriors engaged in it, but of the women and children also, often becoming a war of extermination." However, even this section includes a caveat that removes responsibility from white aggressors. The report goes on to blame the escalation of warfare to include women and children on the practice of Indian warfare. It states that wars of total extermination are "the rule of savage warfare, and it is difficult if not impossible to restrain white men, especially white men upon the frontiers, from adopting the same mode of warfare against the Indian."[210]

The Doolittle Report capped off its list of reasons for why the Indians were dying in such great number with the cause of "the irrepressible conflict between a superior and an inferior race when brought in presence of each other."[211] In reply to the question of why Indians were dying, Major General John Pope, commander of the Department of the Missouri, replied, "The causes which the Almighty originates, when in their appointed time He wills that one race of men – as in races of lower animals – Shall disappear off the face of the earth and give place to another race, and so on, in the great cycle traced out by Himself, which may be seen, but has reasons too deep to be fathomed by us. The races of the mammoths and mastodons, and the great sloths, came

[210] Ibid, 5.
[211] Ibid, 3.

and passed away: the red man of America is passing away!"[212] According to the Doolittle report, Indians were disappearing because of their racial propensities and because that was the destiny manifested to the young nation.

In contrast to the summary of the report, which emphasized disease as the major contributing factor to Indian deaths, none of the Indians interviewed as part of the Doolittle Commission identified disease as a major concern. Several reported that their people were actually in good health. Pino Banco, chief of the Cibillabatano band of Apaches reported that, "they all enjoy good health."[213] One Navajo went on record as saying, "the people are all very well. . . only one little child is sick."[214] For those who did bring up illness and death, it was clearly secondary (or closely related to) to issues of food and resource scarcity and the reservation environment. Another common complaint was corrupt agents stealing money and resources.

Medicine Cow (Lakota) mentioned "a great many have died of starvation." Pa-la-ne-apo-pe, or The Man that was Struck by the Ree, (Lakota) made clear a very specific connection between hunger and ill health and venereal disease when he described women being so hungry, they resorted to prostitution to have something to eat: "the squaws being hungry will sleep with them [soldiers] in order to get something to eat, and will get a bad disease, and then the squaws turn to their husbands and give them to bad disease."[215] Little Hill (Winnebago) talked about the experience of being forced to leave Minnesota so suddenly that they had to leave behind horses, crops, and homes that the government never compensated them for. After arriving in Dakota

---

[212] Ibid, 4.
[213] Ibid, 354.
[214] Ibid, 355.
[215] Ibid, 371.

Territory at the Crow Creek Agency, Little Hill remembered, "they sometimes give us rations, but not enough to go round most of the time. Some would have to go without eating two or three days. It was not a good country; it was all dust."[216] Further on, Little Hill talked about women and children unable to recover from illness "because they could not get enough to eat while they were sick."[217] In all of these statements, hunger is the root cause of poor health.

When interviewees mentioned illness in a context other than hunger, it was in connection with a particular action on the part of government officials or due to the reservation environment. When a group of Navajo discussed venereal disease, they mentioned that it had existed among them "a good many years in their own country," but it was not as common as it was on the Reservation. One of the reasons they gave for the increase in sexually transmitted diseases was that they could not access a particular type of traditional medicine to cure the disease. As the translator recorded it, they said, "there are remedies to cure the disease, but they cannot get them here; they have no confidence in the medicines given them at the hospital; think it would do them no good; most of the old men know how to cure the disease; they use the root of wild weeds that do not grow here."[218] When Cadette, the head chief of the Mescalaro Apache, talked about illness and death, it was in connection with government physicians and hospitals. After reporting that "a good many" had died, he went on to point out that "They did report to the hospital, but, seeing that all died, they do not report to the hospital now. They call on the physician, but with his assistance they all

[216] Ibid, 416.
[217] Ibid, 417.
[218] Ibid, 356.

die."[219] A Navajo had a similar report about the government hospital: "There is a hospital here for us; but all who go in never come out."[220] Vigil pointed out different aspects of the reservation environment that caused illness, such as the high levels of alkali in the water and the lack of easily accessible mesquite wood. "The water has alkali in it, and they are afraid it will make them sick; a good many have been sick and died; when they drank the water they took sick and died; others have got sick by carrying mesquite so far."[221]

Despite these testimonies, illness or hunger was not actually the main concern of any of the Indians interviewed for the Doolittle Report. Instead, the most consistent concern among Indians interviewed was loss of supplies promised through treaties due to corruption among government officials. Like many others, Chief Decorah (Winnebago) brought up accusations of corruption: "Hitherto we have received twenty thousand dollars per year, and last year we got but fifteen thousand dollars, and I want to know what has become of the other five thousand."[222] Pa-la-ne-apo-pe, had a similar complaint based on his suspicion about corruption. He brought up the treaties the Lakota made with the government and the payment amounts agreed to in them. In remarks as savvy as they were cutting, he asked that the government "give me the invoices of my goods, that I may know what I am entitled to. I do not want corn thrown to me the same as to hogs. If I could get the invoices I should always know what belongs to me . . . the agents are all getting rich and we are getting poor. . . I want to see my grandfather [the President] to ascertain how much money and goods have been sent

---

[219] Ibid, 354.
[220] Ibid, 355.
[221] Ibid.
[222] Ibid, 418.

me, and that I may know how much has been stolen and who stole it."[223] Big Bear, a Winnebago chief, talked about the short-changing of goods owed to his people and how the agent would not let him see the invoice when he began to suspect something was not right. He also talked about going several days without anything to eat and how he got sick as a result.[224]

The Doolittle report presents several important inconsistencies. First of all, the report, and many of the non-natives it interviewed and surveyed, emphasized the influence of disease in Indian country to an extent that far surpassed what Native informants described. Yet despite the report's emphasis on disease as a major contributing factor to the disappearance of Indians, its recommendations had nothing directly to do with health care. Additionally, the wording of the purpose of the commission ("an inquiry into the condition of the Indian tribes and their treatment by the civil and military authorities") demonstrated a concern that the condition of Indian tribes was a result of the actions of government officials. Indeed, the report concludes with a plan for better oversight of the federal government's actions in relation to Indians, which seems to imply that, at the end of the day, the Doolittle Commission found the actions of the federal government to be the most important contributor to the problems it perceived in Indian country. But oddly, the bulk of the report focused on reasons for the disappearance of Indian peoples that had little direct connection with government actions. As previously mentioned, the majority of white interviewees indicated that the Indian population was decreasing as a result of their own poor choices, because of the mandate of destiny, or both.

---

[223] Ibid, 367, 368.
[224] Ibid, 418.

The inconsistencies in the report provide a revealing picture into the moment when the colonization process began to undergo an important shift and the ways that perceptions of the health of native peoples played a central role in that change. Most of the military personnel interviewed by the commission argued that the government should transfer authority over Indian affairs to the War Department, basing their arguments on the continued need to use force to deal with Indians. This attitude reflected the pessimism that Indians could be assimilated which accompanied aggressive westward expansion of the early and mid-nineteenth century. Scientific studies that supposedly quantified and explained racial difference justified policies of forced removal and restriction of Indian peoples during the 1820s through the 1850s.[225]

Nevertheless, the conclusions of the report sided with keeping the Office of Indian Affairs as part of the Interior Department and thereby trying to move away from military force as the primary means of interacting with Native peoples. Projecting Indians as diseased was important to the agenda of those who promoted peaceful policies because it engendered sympathy for Indians, rather than fear of them. The renewed emphasis on assimilation harkened back to ideals present in American society since colonization that the obligation to elevate more degraded races accompanied the cultural and moral superiority of Anglo-Saxons. Although the federal government did not have the power to fully implement polices based on the idea of elevating Indian culture throughout the eighteenth century, and although the political environment and scientific communities of the early nineteenth century did not support policies based on the idea that Indians could and should be assimilated, this impulse never fully disappeared from American thought. The idea of assimilation as an alternative to

[225] Horsman, *Race and Manifest Destiny.*

extinction remained an important motivation of missionary activities among Indians throughout the eighteenth and nineteenth centuries.[226]

The perceived health of native peoples was an important part of the shift in colonization of the American West from warfare to assimilation efforts in government policy. Without the belief that Indians were disappearing, the government could not have advocated for the demilitarization of Indian Affairs as it did in the Doolittle Report. The report emphasized disease among Indians, despite the lack of disproportionate levels of illness, because the idea that Native peoples were disappearing indicated that displacement and restriction efforts were nearly complete. A diseased, weakened, and diminishing Indian population no longer needed to be feared as a challenge to American expansion. The 1867 Doolittle report shows how the perception of the innate bodily weakness of Indians was a useful stereotype at a time when popular opinion began to shift away from support for militarized aggression against Indian peoples. The mistaken belief that Indians were soon to disappear allowed government officials to breathe a sigh of relief that their long-standing "Indian problem" would soon be over as quietly as a terminally ill patient slips away. Then, due to the explanations of Manifest Destiny and racial weakness for Indian disappearance, the government felt no imperative to take action on behalf of Indian health, despite the fixation on the idea of Indians as sick and dying. The report was a call to study the recent past in an effort to understand present conditions and to thereby chart a path forward. By emphasizing a narrative that was distorted, the recommendations of the report had nothing directly to do with the health and well-being of Indian peoples, despite the over-emphasis of the image of Indians as sick and dying.

[226] Prucha, *The Great Father*, 13-77, 136-151.

The expected end to the Indian race was conveniently supposed to come at the same time the nation was resuming aggressive Westward expansion after the close of the Civil War. With the war over and the nation's attention again fixed on the west, President Grant used the recommendations of the Doolittle Report to initiate the misnamed Peace Policy era. Expecting a weak and dying Indian population, Grant revamped the Indian Bureau's focus to ease the passing of the Indian race by enticing them to stay put on their reservations while the nation expanded around them.

An important part of this plan was to end corruption in the Office of Indian Affairs. Although the Indians interviewed by the Doolittle Commission articulated links between corruption in the Indian Bureau and hunger and illness, their testimonies alone did not prompt the focus on ending corruption. Army officers, Indian agents, and superintendents also frequently reported corruption, but they never linked it to the declining Indian population. As previously discussed, they instead pointed to Manifest destiny and racial inferiority as the causes. So, although Grant's peace policy sought to address corruption, it was not out of concern with the health of Indians. Rather, the administration pursued the Peace Policy as a means of addressing unfair political and economic advantages Indian Office employees made for themselves.

The underlying intent was to ensure humane treatment of the Indians during their inevitable final days, rather than take steps to postpone that end. This policy sought to provide incentives for Indians to remain on their reservations by providing churches, schools, and agricultural supplies. Should the Indians not go quietly into the night, the other "incentive" provided was the threat of force if they did not remain on

their assigned reservations.[227] Thus, as the government renewed its efforts to restrict Indian movement and begin assimilation education in earnest, some of the most publicized and brutal clashes with Indian peoples occurred as Native nations rebelled. Grant's administration appointed a new agent to the Klamath reservation in Southern Oregon who quickly began programs to establish an agricultural economy and attack native religious beliefs and practices. Attempts to force the Modocs of Northern California onto the reservation resulted in a fierce rebellion against General E.R.S. Canby and his troops in 1873. The army retaliated with vengeful war and the few remaining Modocs were exiled to Oklahoma until 1909.[228] Then, during Grant's final year in office, the Lakota and Cheyenne overwhelmed and defeated General George Armstrong Custer and his Seventh Calvary at the Battle of Greasy Grass in Montana. The restrictive designs at the heart of the Peace Policy only inflamed the battles in the West.

Once the federal government could exert the pressure required to keep Indians confined on reservations, the aggressive and intimate promotion of the assimilation agenda became a far more feasible reality than at any other time in U.S. history. As James Scott has shown is typical with state-building efforts, decreased mobility came with increased government scrutiny and interference.[229] Nevertheless, during the peace policy era, the government entrusted a great degree of both policy-making and implementation of policy to religious groups in an effort to root corruption out of the Office of Indian Affairs and to uplift Indian culture through Christianity. As a result,

---

[227] Prucha, *The Great Father,* 270-292; Prucha, *American Indian Policy in Crisis*, chapter 2; Holm, *The Great Confusion in Indian Affairs*, 4-5.
[228] Keith Murry, *The Modocs and Their War* (Norman: University of Oklahoma Press, 1959).
[229] James C. Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven: Yale University Press, 1998).

the first forays into sustained aid, education, and assimilation efforts took place under the auspices of missionary societies, most of which were too underfunded and understaffed to have an impact or even much of a presence in some areas.[230]

As the Indian testimony included in the Doolittle Report described, during the mid-nineteenth century, the major threat to Shoshone and Arapaho health was not disease, but the effects of restriction and displacement, namely the lack of game caused by white encroachment and the hostilities generated between tribes due to decreasing resources. Prior to the issuing of the Doolittle Report, when government agents expressed concern for Shoshone well-being, their worries always centered on issues of food scarcity. For instance, in the fall of 1849, one Indian Agent in Utah Territory wrote, "The Indians having been driven from their lands, and their hunting grounds destroyed without any compensation therefore, they are in many instances reduced to a state of suffering bordering on starvation," and later, "The Sho sho nies as a nation must soon perish for want of food."[231] The overland trails which brought emigrants streaming directly through Shoshone territory caused this scarcity as travelers killed and drove off wild game in addition to disrupting migratory routes. When F.W. Lander, the Superintendent of the Overland Wagon Road, wrote to the Commissioner of Indian Affairs in 1860, he reported that the immense herds of antelope he remembered seeing in 1854 and 1857 along the Lander Cutoff (a route in Western Wyoming that went from

---

[230] Prucha, *The Great Father,* 270-292.

[231] John Wilson, Salt Lake Indian Agent, to Thomas Ewig, Secretary of the Interior, August 22, 1849 in Morgan, Dale L., ed. "Washakie and the Shoshoni: A Selection of Documents from the Records of the Utah Superintendency of Indian Affairs (pt 1), *Annals of Wyoming* 25 (July 1953), 147; John Wilson, Salt Lake Indian Agent, to Thomas Ewing, Secretary of the Interior, September 4, 1849, in Morgan, ed. "Washakie and the Shoshoni", (pt 1), *Annals of Wyoming* 25 (July 1953), 150. For other references, see p. 157, 183, 180.

South Pass to City of Rocks, Idaho) were no longer there.[232] That same year, a group of high-ranking political figures in Utah Territory which included the governor wrote to the Commissioner of Indian Affairs to implore that the federal government make treaties with the Ute, Piute, and Shoshone because the Indians "fully realize the effect produced by settlement, taking possession of their most valuable hunting ground, driving off their game, consumeing [sic] their grass; and begging and plunder, seem to them not only justifiable but their only alternative."[233] As for the Shoshone, the Utah Territory Indian Agent wrote,

> "There is no tribe of Indians in the Territory with whom I have any acquaintance that have been so much discommoded by the introduction of a white population as the Sho-shon-nes. For the past few years they have been compelled to live in the mountains, (as the game has all been driven off the lowlands,) where the snow frequently falls to such depths as to be destructive to man and beast."[234]

As settlers streamed west and disrupted important food resources, their physical presence in the land threatened Shoshone health much more than the diseases they may have carried.

By the time of the first formal negotiation between the Shoshone and the U.S. government in 1862, the Shoshone had not only been exposed to many European diseases for generations, their healing practices had also adapted to deal with European disease with relative efficacy. That year, the Commissioner of Indian Affairs acknowledged that the greatest threat to Shoshone well-being was lack of food in his

---

[232] Lander, F.W. Lander, Supt., U.S. Overland Wagon Road and Special Agent to Tribes Along the Route, to Commissioner of Indian Affairs, Feb. 11, 1860, in Morgan, ed. "Washakie and the Shoshoni," (pt 5), *Annals of Wyoming* 27 (October 1955), 199.

[233] Cumming, A., Gov. of Utah Territory, et al., to A.B. Greenwood, Commissioner of Indian Affairs, Nov.1, 1860, in Morgan, ed. "Washakie and the Shoshoni," (pt 5), *Annals of Wyoming* 27 (October 1955), 208.

[234] Forney, Jacob, Supt. Of Indians Affairs, to Chalres E. Mix, Acting Commissioner of Indian Affairs, Sept 6, 1858, in Morgan, ed. "Washakie and the Shoshoni," (pt 4), *Annals of Wyoming* 27 (April 1955), 76.

instructions for treating with them. He pointed out that the treaty was to be based on the government's awareness of "the inconvenience resulting to the Indians in consequence of the driving away and destruction of the game along the route traveled by whites," and their willingness to compensate the Shoshone for that.[235] In the 1863 Fort Bridger Treaty, the Shoshone agreed to allow emigrants to pass unmolested through their territory in exchange for federal recognition of their territory. Although the treaty allowed for monetary compensation to the Shoshone for allowing travelers to pass through, it contained no provision for health care needs.[236] Whether viewed from the perspective of the federal government, or from the Shoshone perspective, health was not a significant concern at this point.

The threat of hunger came annually to the Shoshone during the summer and spring when the hostile Lakota and Cheyenne began raiding their hunting grounds east of the Wind River Mountains. Each year, the threat of raids forced the Shoshone to retreat to the area around Fort Bridger where they endured the scarcity of game in combination with chronically delayed and deficient annuity payments until they could return to their hunting grounds again in the fall. Despite the annual summer season of food shortage, the fall hunt still provided an abundance of sustenance. Agent Luther Mann could report in 1865, "The sanitary condition of the tribe is good; no epidemics have visited them and vaccination never has been thought necessary. . . Pulmonary affections are infrequent, and deaths from any cause whatever are comparatively

[235] Dole, William P., Commissioner of Indian Affairs, to James Duane Doty, et al., July 22, 1862, in Morgan, ed. "Washakie and the Shoshoni," (pt. 6), *Annals of Wyoming* 28 (April 1956), 81.
[236] *United States Statues at Large*, 43rd Congress, 1873-1875. Vol. 18, part 3, 685-688.

rare."[237] The Shoshone again impressed Mann the following year after coming back from a successful fall and winter hunting season. "Although the past was the severest winter on record for the past ten years, the Indians of my agency never fared better not looked so fat and healthy as they did on their arrival here this summer, proving conclusively that they had fared sumptuously every day. Such well-fed Indians could not be otherwise than healthy, so that the mortality among them has fallen far below the average."[238]

But the abundance the Shoshone found during the fall and winter on the plains to the east of the Wind River and Big Horn Mountains, and the health that nutrition allowed them to preserve, was very short-lived. The Bozeman Trail in opened in 1863 and quickly put intense pressure on the Lakota, Arapaho, Cheyenne and Crow tribes that depended on the natural resources found in the area of Eastern Wyoming that the trail bisected. Although the boundaries granted to the Shoshone by the Ft. Bridger treaty did not include the Bozeman Trail, as hostilities flared in that region, they soon felt the repercussions. As resources grew scarce, the tribes to their east, such as the Northern Arapaho whose territory the Bozeman Trail threatened, increasingly pressed into Shoshone hunting grounds near the Wind River Mountains. An Indian agent wrote in 1868 that the Shoshone winter hunting trip was less successful than usual because, "During the past winter, frequent inroads have been made by northern tribes unfriendly to the Shoshones."[239] Although the Shoshone previously managed to sustain

---

[237] Mann, Luther, Jr. Indian Agent, to OH. Irish, Supt. of Indian Affairs, Sept 28, 1865, in Dale L. Morgan, ed. "Washakie and the Shoshoni," (pt. 9), *Annals of Wyoming* 29 (Oct 1957), 216.
[238] Mann, Luther, Jr., Indian Agent, to F.H. Head, Supt. Of Indian Affairs, Sept 15, 1866, in Dale L. Morgan, ed. "Washakie and the Shoshoni," (pt. 9), *Annals of Wyoming* 29 (Oct 1957), 216.
[239] Mann, Luther Jr., Indian Agent, to F.H. Head, Supt. Of Indian Affairs, Sept 12, 1868, in Dale L. Morgan, ed. "Washakie and the Shoshoni," (pt. 10), *Annals of Wyoming* 30 (April 1958), 75.

themselves despite threats to their summer and spring subsistence that the Oregon and California Trails posed, the additional pressure on their fall and winter resources due to traffic on the Bozeman Trail manifested itself in more ways than hunger as hostile tribes increasingly threatened them. Furthermore, in 1867, the towns of South Pass City, Atlantic City, and Miner's Delight sprung up in Shoshone territory after the discovery of gold in the Cariso Lode vein increasing the pressure on already scarce wildlife resources. The sudden boom of the Sweetwater Mining District brought an influx of around three thousand people to the area between 1867 and 1870. [240]

In contrast to earlier observations about the Shoshone which only commented on their hunger, in 1868 for the first time, the agent noted that the Shoshone population had decreased due to the prevalence of disease. As is typical in mal-nourished populations, the heaviest losses of life were among the youngest and the oldest. It is not until this moment, when pressure on resources significantly increased, that the Shoshone became so weak with hunger that disease reached a level that Shoshone healing practices and resources appeared to have difficulties managing illness. The Indian Agent to the Shoshone wrote to request medicines and "medical attentions" for them in the fall of 1868.[241] It is no coincidence that 1868 is also the year the Shoshone signed the Fort Bridger treaty, which committed them to permanent residence in the Wind River Valley. Facing the encroachment of white settlers and miners, increased raids from neighboring tribes, struggling to stave off hunger, and then dealing with unusually high levels of disease and death, the treaty meant the promise of a guaranteed permanent land base whose borders the government was supposed to enforce and a regular supply

[240] Stamm, *People of the Wind River,* 46-47.
[241] Mann, Luther Jr., Indian Agent, to F.H. Head, Supt. Of Indian Affairs, Sept 12, 1868, in Dale L. Morgan, ed. "Washakie and the Shoshoni," (pt. 10), *Annals of Wyoming* 30 (April 1958), 76.

of annuity payments in the form of food and supplies. In a nod towards an assimilation agenda, the treaty also provided for a school house, a teacher, and farming instruction for the Shoshone, but it would be at least another ten years before these were a permanent reality on the reservation.[242]

The treaty also included the stipulation that the government provide a physician. But regardless of the Shoshone's call through Agent Mann for medical help, bureaucratic shuffling meant that the Shoshone largely relied on their own practices and resources to address health needs for several years following the establishment of the reservation. The inauguration of Ulysses S. Grant in 1869 ushered in the Peace Policy Era which was an effort to reform the Indian Office to rid the Indian Office of corruption and to deal with the Indians in a more "civilized" way. Instead of granting Indian agency jobs through a system of patronage, under the Peace Policy a board of Indian Commissioners charged various religious denominations with the responsibility of overseeing the administration of reservations. For the Wind River Reservation, the shake-up in the bureaucracy of the Indian Office meant a period of rapid turnover in Indian agents. From July of 1869 to May of 1871, the Shoshone had four different agents.[243] Not surprisingly, high administrative turnover rates precluded any steps on the government's part to notice or address Shoshone health care needs. In June of 1870, the Lieutenant at Fort Bridger wrote to the Governor of Wyoming Territory that the Shoshone had complained to him, "that they have heretofore not been allowed a medical officer and that whenever any of them get sick they must die."

---

[242] Articles of a Treaty with the Shoshone (Eastern Band) and Bannack Tribes of Indians, July 3, 1868, in Morgan, "Washakie and the Shoshonie," (pt. 10), *Annals of Wyoming* 30 (April 1958), 67-72.
[243] Stamm, *People of the Wind River*, 58-59.

The Shoshone did not simply request that the government provide any physician for their health care needs. When asking for medical help, they also made it clear that they had a specific in person in mind for the job: J.V.A. Carter. Although his job description was a merchant at Fort Bridger, Carter provided care to the Shoshones from the time they signed the Fort Bridger Treaty in 1868 and began staying in the Wind River Valley on a more sustained basis. Little else is known about him, including whether or not he was formally trained in medicine. Nevertheless, the Shoshone put a great deal of trust in him when it came to their health. The Lieutenant at Fort Bridger wrote about Carter, "they [the Shoshone] place implicit confidence in him and have not allowed any other physician to attend them for several years. . . He is fully acquainted with their language and is the only person who could explain to them the necessity of vaccination, and he is the only person they will allow to vaccinate them."[244] As indicated by his knowledge of the Shoshone language, Carter likely had close ties to the community, perhaps through his role as a merchant. A man who had access to western medicines, and perhaps more importantly, regular supplies of food, and also likely had a close knowledge of Shoshone culture and ideas about health, and had close ties to the community, would have been a useful physician indeed. Although the OIA took the Shoshone's recommendation and appointed Carter to act as physician, for reasons that are unclear, he resigned less than a year after the appointment.[245]

---

[244] G.M. Fleming, Lieutenant to J.A. Campbell, Governor of Wyoming Territory, Fort Bridger, WY, June 14, 1870, LR by Office of Indian Affairs [Hereafter LROIA], 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.

[245] J.W. Wham, Indian Agent to E.S. Parker, Commissioner of Indian Affairs, Camp Brown, WY, Nov. 9, 1870, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.

Nevertheless, the Shoshone's preference for Carter to be their physician is significant. It shows that the Shoshone were not opposed to government doctors because they clung blindly to traditional ways. Rather, the Shoshone sought to incorporate the novel skills, knowledge, and resources that Carter represented within their existing health care system. The request for the OIA to appoint Carter as physician does not signal a loss of efficacy of Shoshone health practices. Rather, viewed within the context of ever-evolving Shoshone healing practices, the requested appointment is better understood as a timely and calculated expansion of Shoshone health resources. After J.V.A. Carter resigned his position in 1870, there is no record of the Shoshone requesting a government physician again throughout the remainder of the nineteenth century. Also, no other physician established the rapport with the Shoshone that Carter had. Even if they sought to do so, most would not have had the time. In the space of three years, from 1870 until 1873, the agency went through four different physicians. After that, the next doctor remained only for three years.

Despite the presence of enough ill-health for the Shoshone to request the appointment of J.V.A. Carter to assist them with medical care, the primary threats to their well-being throughout the 1870s remained hunger and violence caused by raiding parties. Although they could receive their annuities at Ft. Stambaugh in 1870, which was considerably closer than Ft. Bridger where they previously had to go, proximity did not solve the problem of inconsistent and incomplete supplies from the government. In October of 1871, about twelve hundred hungry Shoshone and Bannock Indians arrived at the agency asking for food. In a clear and immediate connection between inadequate diet and poor health, the Agent noted that many were ill because they had only berries

to eat for so long.[246] In March of 1872, John W. Anthony, a government contractor, wrote to inform the Commissioner of Indian Affairs that the Shoshone had killed a cow belonging to him and he wanted the government to compensate him. While still demanding payment for the theft of his cow, Anthony also sympathized with the Shoshone and showed that he understood their rationale: "The Indians are out of beef (the supply furnished by the government being exhausted) and ammunition has not arrived at this date, so they cannot go on the hunt. They say they cannot starve."[247]

The treaty that the Shoshone negotiated with the federal government in 1872 further shows that hunger and hostiles were the greatest concerns to the Shoshone. When the Fort Laramie Treaty of 1868 set the boundaries of the Shoshone reservation, by oversight or surveying error, the land reserved for the Shoshone included the recently booming Sweetwater Mining District. Consequently, upon its creation, the Wind River Reservation was already home to a considerable number of white miners and settlers that did not intend to leave. John Campbell, who was the governor of Wyoming at the time, believed the settlers would only leave if the military forced them out.[248] Wanting to avoid this, Congress authorized Indian Commissioner Felix R. Brunot to negotiate with the Shoshones to convince them to cede back to the government the southern third of their reservation that included the Sweetwater Mining District.

---

[246] James Irwin, Indian Agent to J.A.Walker, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Oct. 14, 1871, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.

[247] Anthony, John W., letter to Hon F.A. Walker, Commissioner of Indian Affairs, March 1st, 1872, LROIA 1824-80, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75.

[248] Stamm, *People of the Wind River*, 87.

Because the government had already legally guaranteed them the land through the 1868 Fort Laramie Treaty, the Shoshone negotiating with Brunot were in a position of power. When Brunot asked Washakie to "speak whatever [was] in [their] hearts," it was clear from his reply that Washakie was aware of his advantageous position. He said, "I have nothing to say. We want you to tell us what you came here to say."[249] In return for giving up 700,000 acres of their reservation, the Shoshone demanded, and in the end received, guarantees that the government would build houses for them, that payment for the land would be in the form of cattle, and that the military would protect them from Sioux raids. The cattle would help ease the annual cycle of hunger as buffalo and other game became increasingly scarce. Washakie explicitly connected the request for housing with the Shoshone's need of better protection from hostile raiding parties when he said, "I would like to have houses here. I do not like to live in lodges. I am afraid of the Sioux. They come here and hunt for in this valley. I would like to have houses."[250] These demands reflect the greatest concerns of the Shoshone shortly after the establishment of the reservation; hunger and hostile depredations.

Despite the concessions agreed to by the government through the Brunot treaty of 1872, hunger and raiding remained perennial threats to Shoshone wellbeing. Supplies that the government guaranteed the Shoshone through treaty agreements often failed to come in a timely manner. During the middle of May, 1873, the Shoshone agent, James Irwin, wrote to the Commissioner of Indian Affairs to inform him that supplies for the reservation were not included as they should have been with the

[249] Brunot, Felix, Report of Council with the Shoshone Indians (1st day), September 26, 1872, LR by the Office of Indian Affairs 1824-81, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954., RG 75.
[250] Ibid; for a discussion of the negotiations see also Stamm, *People of the Wind River,* 88-96.

shipment to nearby Camp Brown. Although there were nascent farming efforts among the Shoshone, it was clear to the agent that hope of a good harvest was too far away for the Shoshone to depend on yet. He wrote, "the Indians must be sustained until the product of their farms will support them." As a solution for the absent supplies, Irwin suggested that the bureau add the Shoshone's rations with government shipments going to other agencies so they would at least be in the region. Then they could be forwarded on to the Wind River valley. Irwin pointed out that beef could be obtained through shipments still due at the Red Cloud Agency in South Dakota and flour could be purchased in Salt Lake City, Utah. Irwin ended his letter by warning in no uncertain terms that, "all supplies will be exhausted by the 1st day, July 1873."[251] July 1st came and went without any shipments. By the middle of that month, the agent sent an urgent telegram to Washington alerting them to the current situation, "supplies at the agency gone except flour sufficient for fifteen days."[252] To make matters worse, the Sioux again raided the reservation that same month.[253] No government supplies arrived until the end of September.

Despite uncertain shipments and raiding hostile Indians, the Agent James Irwin worked hard to keep the Shoshone well fed. In 1873, while waiting for government supplies, Irwin took matters into his own hands, making unbudgeted emergency purchases on the 3rd, and after those supplies quickly became exhausted, again on the

[251] Irwin, James, letter to Hon. Edw. P. Smith, Commissioner of Indian Affairs, May 15, 1873, LR by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75.
[252] J.S. Littlefield, U.S. Indian Agent, to Hon. E.P. Smith, Commissioner of Indian Affairs, July 12, 1873, LR by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75.
[253] James Irwin, Indian Agent to Edward P. Smith, Commissioner of Indian Affairs, Shoshone and Bannock Agency, July 31, 1873, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 954, RG 75.

24th of September.[254] When he was able to secure supplies, the distribution was fairly generous. Irwin tried to secure enough beef for about eight to ten ounces per person, per day. He also supplemented the beef and flour rations as much as possible with bacon, rice, beans, and baking powder.[255] With such substantial rations, when leaner times came due to delayed shipments, hunting could easily supplement.

With good nutrition available, the Shoshone health care practices could resume their efficacy. Although the Shoshone had access to a government physician, the majority did not consult him. In 1873, the OIA distributed a health questionnaire to all agency physicians that gave a hint at the Shoshone response to early federal health care. In answer to a question about the kind of hospital accommodations on the reservation and their capacity, the government physician for the Shoshone at the time, William C. Stephenson, wrote "the Indians have not been willing to submit to hospital confinement and restrictions as yet." Although no dedicated hospital building existed on the reservation at this time, Stephenson's remark shows that he had some experience in attempting to "confine" and "restrict" the Shoshone for medical purposes and that those attempts were unsuccessful.

When asked what proportions of sick Indians prefer to rely upon their own "medical man," Stephenson estimated one fourth to one third. Three years later, Agent Irwin indicated that a majority of Shoshone still consulted with their own healers.[256] Accurate estimates of the numbers of Shoshone consulting the agency physician are

---

[254] Irwin, James, letter to Hon. Edw. P. Smith, Commissioner of Indian Affairs, October 16, 1873, LR by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75.

[255] Stamm, *People of the Wind River*, 103.

[256] James Irwin, Indian Agent to Edward P. Smith, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Sept. 27, 1876, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 955, RG 75.

difficult to verify for several reasons. First, Stephenson did not keep regular records of the cases he attended to. But even if he had, the Shoshone continued to be highly mobile during this period, ranging as far north as Montana and points as far south as Salt Lake City. Beyond the logistical challenges of collecting statistics on such a wide-ranging population, the very premise of determining how many sick Indians do not consult with a government doctor is flawed. Although the Medical Agent could conceivably observe a certain amount of sickness that was not being treated by him, the majority of ailments would naturally be unknown and unobserved by him as Shoshone physicians healed ailments, thereby removing any observable illness.

Nevertheless, the questionnaire makes clear that Stephenson spent a good portion of his time trying to find ill Indians and convince them to let him treat them. The last section on the form asked for suggestions or recommendations based on his experience, "lending to improve and render more efficient" the health care branch of the service. Stephenson answered by emphasizing the need for physicians to give "careful attention" to "hunting up neglected cases, convincing them of the necessity and efficacy of medical treatment and complying with directions."[257] Five years after the government established the Shoshone Agency, the Shoshone still relied primarily on their own healing methods. That the agency physician spent much of his time seeking out cases of illness and injury indicates they were not coming to him. And when he did find a Shoshone that needed medical care, her or his acquiescence to treatment was apparently brief.

[257] William C. Stephenson response to medical circular, Shoshone and Bannock Agency, Sep 1873, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 954, RG 75.

In an ironic twist, Agent Irwin accused Indian doctors of using precisely the same tactics Dr. Stephenson recommended government doctors use. Irwin suspected that three fourths of the Shoshone would "quit the Native doctors," except that, "the Indian doctor is always on the lookout with the view of making a horse, buffalo robe, blankets, beaver trop, or buckskin and sometimes he will even succeed in taking a patient out of the doctors hands."[258] Irwin's fear was the same as Dr. Stephenson's fantasy, depending on which doctor was doing the enticing away from the other. Further resistance to Stephenson's care is evident a few years later. Seven months after receiving vaccine, he still had not convinced any Shoshone to be vaccinated. He initially claimed that when he first got the vaccine, many were absent from the reservation. But he also goes on to admit that, "when then returned they were not willing to submit."[259] Although the Shoshone relied very little on the government physician, their health did not suffer. In 1873 the agent wrote, "The general health of the Indians is good. Venereal disease abating. There are fully two births for one death."[260]

That the Shoshone continued to rely on the structure their own medical practice is further substantiated through the fretful worries of another government physician to the Shoshones, Thomas G. Maghee. After submitting a lengthy and detailed list to the agent of medical supplies needed for the coming year in 1875, Maghee also attached a

---

[258] James Irwin, Indian Agent to Edward P. Smith, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Sept. 27, 1876, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 955, RG 75.

[259] W.C. Stephenson, Physician to E. P. Smith, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Jan. 22, 1876, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 955, RG 75.

[260] James Irwin, Indian Agent to Edward P. Smith, Commissioner of Indian Affairs, Shoshone and Bannock Agency, July 31, 1873, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 954, RG 75.

pleading justification for the supplies in which he admitted the list was a substantial increase from previous estimates. He defended the increase by pointing out that medical supplies in the past had been "very meager," and typically borrowed from the nearby military post or other places. Maghee also pointed out that despite the fact that his request represented supplies for the care of fifteen hundred people for one year, the amount was still only one half the supplies the U.S. Medical Department of the Army purchased to care for four hundred men for six months.[261] Nevertheless, in forwarding Maghee's supply request to the Office of Indian Affairs, the Shoshone agent still did not feel that the needs of the Shoshone justified the increase in supplies requested by Maghee. The agent noted that he thought the list was "a little too extensive and weighty" and submitted a second, greatly reduced estimate. In light of this glimpse into the long-term deficiencies of government medical care on the Wind River Reservation, it is evident that the good health the Shoshone enjoyed during their initial years on the reservation were the result of their own efforts in the face of extraordinary challenges. In explaining his amended list, the agent pointed out that "the doctor forgets that not one half of the Indians that are sick apply for medicine."[262]

Nevertheless, the agency physician seemed well aware of that fact. Although Maghee briefly and vaguely mentioned that cases presented to him were, "on the increase," his main argument had nothing to do with an increase in the reliance on government medical care among the Shoshone. Rather, his main point hinged on the

---

[261] Maghee, Thomas G., Estimate of Medical Supplies for the year beginning July 1st, 1875 ending July 30th 1856, LR by the Office of Indian Affairs, 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

[262] Irwin, James, letter to Hon. E. P. Smith, Commissioner of Indian Affairs, May 25, 1875, LR by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

lack of reliance on the government physician. Maghee dwelled extensively on his belief that a well-stocked and well-equipped government doctor was the most effective way of replacing the "painted medicine man with his dances, pow-wow and charms." He dreamed that if the government would build a facility that would allow for "dispensing medicine performing operations, dressing wounds, cleaning instruments, or even washing the surgeon's hands," they would come. Given the lack of enthusiasm for existing government personnel and facilities, Maghee's dream had more to do with a desire to demonstrate the superiority of Western medicine than with a genuine understanding of and response to Shoshone health care needs.[263]

Although the Maghee initially identified the medicine man as the figure he hoped a well-stocked dispensary would discredit and replace, when he provided a more specific example of his worst case scenario, it was actually the efficacy of Indian women's healing knowledge that bothered him the most. Maghee recounted an incident wherein, out of a lack of traditional western medications, the surgeon prescribed the use of a roasted cactus as poultice for a patient. His specific worry about this situation was that the Indians would feel that the government doctors did not know anything more than Indian women knew about healing. Even though the doctor resorted to this remedy out of necessity, his adoption of a native healing technique nevertheless still indicates a partial acknowledgement of the efficacy of native healing techniques. Maghee's worries about this situation revealed that his greatest concern was not for the well-being of the patient, but rather for the deleterious effect it could have on his plan to impress the Indians with the superiority of western medicine. His main competition in this contest

[263] Maghee, Thomas G., Estimate of Medical Supplies for the year beginning July 1st, 1875 ending July 30th 1876, LR by the Office of Indian Affairs, 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

was Indian women, and at the time frontier medicine offered no better, and sometimes no different, alternatives to their treatment.[264] Perhaps it was the lack of proper supplies to do his job, or perhaps it was the embarrassment of his medical knowledge being equaled or bested by Shoshone women, but only a few months after writing his point-by-point plea for better supplies, Maghee had resigned his position as agency physician.[265]

Despite the serious threat of hunger due to delayed or nonexistent government shipments and perennially insufficient agricultural yields, the Shoshone still had not become the sickly, dwindling population that would come to characterize Native peoples in the minds of reformers across the nation by the turn of the century. The root of this well-being was firmly planted in Shoshone medical practices. From seeking out and requesting the services of J.V.A. Carter, a man well-versed in Shoshone culture but possibly less-well-versed in western medical knowledge, to resisting the efforts of transitory government doctors to provide medical treatment, the Shoshone proved they were well able to maintain a healthful population as long as they had access to decent nutrition.

In 1875 a bad January snow storm and temperatures between twenty and forty below zero prevented a wagon train carrying food supplies from making it into the valley. The crew had to abandon the wagons and nine head of cattle in the mountains and arrived at the agency nearly frozen to death. The agent wrote, "We shall not be

---

[264] Maghee, Thomas G., Estimate of Medical Supplies for the year beginning July 1st, 1875 ending July 30th 1876, Letters Received by the Office of Indian Affairs, 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

[265] Irwin, James, letter to Hon. E. P. Smith, Commissioner of Indian Affairs, May 14, 1875, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

able to get flour until Spring."[266] Unfortunately, in Wyoming spring has a disheartening tendency to come late. Indeed, three months later, the Shoshone still had no flour.[267] Without flour and with vegetables frozen in the ground, the agent had to rely on what was at hand. He doubled the beef rations each person received. The diet of the Shoshone began to closely resemble the notoriously unhealthy diets of miners, soldiers and settlers on the frontier. But by April, even the beef supply had run out. In an urgent telegram, agent Irwin wrote, "no beef flour or potatoes…we have nothing but a little bacon and coffee." Making matters worse, the deep snow prevented hunting from being a viable option for sustaining the population. Finally, a shipment arrived and the agent was able to issue beef and flour rations on May 19th, four months after the wagon train of supplies became stuck. But this still hardly put a dent in the nutritional needs of the Shoshone. Feeling that it was not "human or good policy to keep them [on the reservation] on flour alone," agent Irwin and the melting snow allowed them to leave the Wind River Valley to hunt on the headwaters of the Green River [268]

The severely and chronically delayed shipments of rations would not have posed as great a crisis had the Shoshone not depended so heavily upon them. The disappointing results of early agricultural efforts on the Wind River Reservation meant the government shipments, as erratic as they were, were still the best source of large quantities of food for the Shoshone population which was increasingly restricted each

---

[266] Irwin, James, letter to Hon. E.P. Smith, Commissioner of Indian Affairs, January 25, 1875, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

[267] Irwin, James, telegram to Hon. E.P. Smith, Commissioner of Indian Affairs, April 13, 1875, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

[268] Irwin, James, telegram to Hon. E.P. Smith, Commissioner of Indian Affairs, June 2, 1875, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 955, RG 75.

passing year. Each spring Agent Irwin wrote optimistically about the wheat, oats, potatoes, turnips and rutabagas that the Shoshone planted.[269] Nevertheless, for various reasons these crops never altered the note of desperation that inevitably came each year when the government shipments did not come through and the Indians did not have enough to eat. Irwin's optimism finally gave out. By 1874, he came to the conclusion through his experience in the Wind River Valley that "grasshoppers and early frosts render agriculture unreliable."[270] In 1877, he wrote to explain that the amount of beef the government allowed him to purchase was too little. Agent Irwin acknowledged that Congress expected subsistence to at least be equal to government rations, but he also pointed out that, "nature's laws cannot be ignored."[271] He recognized that subsisting in the Wind River Valley only by farming or hunting was nearly impossible. By 1876, one-third of the 300 acres that the agent encouraged the Shoshone to plow and plant had returned to its natural state.[272] Nevertheless, in later years as the colonization process in the Rocky Mountain region completely restricted the Shoshone, and later the Arapaho, to the Wind River Reservation, turning Indian men into farmers would become

---

[269] Irwin, James, letter to Hon. F.A. Walker, Commissioner of Indian Affairs, May 31, 1872, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75; Irwin, James, letter to Hon. Edw. P. Smith, Commissioner of Indian Affairs, June 2, 1873, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75; Irwin, James, letter to Hon. Edw. P. Smith, Commissioner of Indian Affairs, July 31, 1874, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75.

[270] Irwin, James, letter to Hon. Edw. P. Smith, Commissioner of Indian Affairs, Sept 18, 1874, Letters Received by the Office of Indian Affair 1824-81, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, microfilm reel 954, RG 75.

[271] James Irwin, Indian Agent to Edward P. Smith, Commissioner of Indian Affairs, Shoshone and Bannock Agency, April 12, 1877, LROIA 1824-80, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, roll 955, RG 75.

[272] Shimkin, D.B., "Dynamics of Recent Wind River Shoshone History, *American Anthropologist* 44 (Jul-Sept. 1942), 454.

increasingly important to the assimilation agenda, and increasingly devastating to Shoshone and Arapaho abilities to maintain a healthful population.

Like the Shoshone, the greatest threat for the Arapaho during the middle decades of the nineteenth century was not disease, but the combination of disappearing game and increased conflict with Native and non-Native newcomers. Although they suffered from a decimating outbreak of smallpox and cholera during this era, these outbreaks occurred in the context of increasing conflict with whites and other Indian groups throughout the nineteenth century; this greatly disrupted their subsistence patterns, making them more susceptible to disease.[273] In 1806, as the Sioux pushed west from the Missouri, the Cheyenne and Arapaho formed an alliance to maintain their territory on the plains east of the Rockies in Wyoming and Colorado between the North Platte and Arkansas Rivers. Although the Arapaho managed to maintain an uneasy truce with the Sioux, maintaining and expanding their borders led to conflict with the Utes to the west, Kiowa and Comanche to the south, the Pawnee to the east, and the Crow to the north. During the first half of the nineteenth century these conflicts with neighboring tribes occurred within the context of increasing westward American expansion which interrupted the seasonal migratory patterns of the buffalo and frequently restricted Indian access to prime buffalo hunting grounds, a main food source for the Arapaho.

In 1851 the U.S. government negotiated a treaty with and the Arapaho, Cheyenne, Sioux, Arikara, Mandan, Hidatsa, Assiniboine, and Crow tribes. The purpose of the talks was to keep westward travelers safe from Indian depredations by

[273] Loretta Fowler, "Arapaho," in *Plains*, ed. Raymond J. DeMallie and William C. Sturtevant, Handbook of North American Indians, vol. 13, (Washington, D.C. Smithsonian Institution: 2001), 857.

confining tribes to particular areas. The treaty stipulations also reflect the U.S. government's acknowledgement of damages inflicted upon Indian country due to traffic on the overland trails.[274] However, there is no mention of health care concerns. This omission is an indicator that during the mid-eighteenth century, Native people on the northern central plains, including the Arapaho, were not interested in health care aid from the government. Nor did government treaty negotiators perceive ill health as a major problem facing Plains Indians.

The 1851 Fort Laramie stipulated that the Arapaho and Cheyenne remain within an area that spanned western Colorado, northwestern Kansas, and southeast Wyoming. Nevertheless this agreement did not curb white settlement in the region. As settlement throughout the 1850s particularly concentrated in Kansas in the Smokey Hill River valley and the Pikes Peak area of Colorado, the Arapaho split into Northern and Southern bands in order to avoid further conflict with the white immigrants. The band of Arapaho that moved north of the Platte River and east of the Big Horn Mountains allied themselves with the Northern Cheyenne and Sioux. Despite the effort to keep out of the way of white settlers, conflict could no longer be avoided for the Northern Arapaho after a new stream of settlers began pouring north through eastern Wyoming after the discovery of gold in Montana in 1862. As immigrants along the Bozeman trail increasingly pressured game resources, conflicts between Indians in the region and whites continually erupted from 1865 to 1868.

As they sought to secure a land base for themselves in this rapidly changing milieu, the Arapaho employed a highly flexible strategy of pragmatic alliances that

[274] Loretta Fowler, "History of the United States Plains Since 1850," in *Plains*, ed. Raymond J. DeMallie and William C. Sturtevant, Handbook of North American Indians, vol. 13, (Washington, D.C. Smithsonian Institution: 2001), 280.

shifted often to keep up with the unstable power dynamics of the Great Plains during the mid-nineteenth century. From 1862 until the government allowed them to settle on the Wind River Reservation in 1878, the Arapaho were at various times both allied with and hostile to the Shoshone, Northern Cheyenne, Sioux, and the U.S. military.[275] Due to their shifting alliances and locations, evidence in the written record of Arapaho in general is sporadic, and comments on their health conditions during the mid-nineteenth century is particularly scant.

However, there is a glimpse of the condition of the Arapaho's health in the winter of 1871 when some Arapaho, along with their allies of the moment, the Sioux, Cheyenne, and Gros Ventre, arrived at Fort Laramie. They came seeking aid, and several different observers wrote that they were in poor condition.[276] But the immediate concern of the Arapaho was not medical care; it was food. Once arrived, the group begged for food and explained that large game animals were scarce. Although the Commanding Officer at Fort Laramie's concerns centered on the threat of violence should the group of Indians continue in such a desperate state, his fears nevertheless testify to the dire levels of hunger he witnessed. He telegraphed army headquarters that a "large number of Indians are coming in, entirely destitute and starving . . . Indian Department should send agent immediately to feed these people unless they want a

[275] Fowler, "Arapaho,", 840-846.
[276] C.C. Augur, Brigadier General, Commanding to Adjutant General US Army, Omaha NE, Jan. 11, 1871; F.F. Flint, Colonel 4th Infantry Commanding to Asst. Adjunct General, Department Headquarters, Fort Laramie, WY, Jan. 10th, 1871; Alex Chambers, Major [Gen.?] to General, Ft. Fetterman, March 1, 1871, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.

war."[277] Although small game was in abundance, procuring it in the amounts needed to compensate for the lack of large game required the efficiency of firearms. They had no ammunition. They threatened to leave their assigned territory to go hunt buffalo because, as Commanding Officer explained it, "They might as well be killed fighting as die of starvation."[278] After more than a month without a response from the Indian Department to the request from Fort Laramie to send food, the Commander of the Department of the Platte also wrote to stress the urgency of the situation. "Bread and meat are the only things these Indians now want," he wrote.[279] Finally, by March 1st, nearly two months after coming to Fort Laramie seeking relief, the Arapaho received some food.[280] What they received and the quantities are unknown, but it is very likely that it was only a meager stop-gap measure. Without forming any long-term alliances with other tribes, the Arapaho continued to lose lives to warfare with the Eastern Shoshone, Oglala Sioux, and white travelers and settlers over the next six years.

In 1877, the Arapaho returned to the Wind River Valley with very different intentions than past excursions to the area. Rather than raiding, hunting, or traveling, they came for purposes of drawing rations at the Shoshone Agency with the hopes of residing there permanently. Not only had their numbers dwindled due to warfare, they were starving. That December, the Shoshone Indian Agent, James Patten, traveled to Fort Casper to meet with the Arapaho to talk about settling on the reservation. They

[277] C.C. Augur, Brigadier General, Commanding to Adjutant General US Army, Omaha NE, Jan. 11, 1871; LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.
[278] F.F. Flint, Colonel 4th Infantry Commanding to Asst. Adjunct General, Department Headquarters, Fort Laramie, WY, Jan. 10th, 1871; LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.
[279] C.C. Augur, Brigadier General, Commanding to Taffe[?], Omaha NE, Jan. 23, 1871, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.
[280] Alex Chambers, Major [Gen.?] to General, Ft. Fetterman, March 1, 1871, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 953, RG 75.

had recently killed a buffalo nearby, but had nothing to eat beyond that. Patten observed, "they had plenty of dried meat but they had nothing else to eat. It was pretty hard for Indians to live on meat straight now."[281]

After receiving an executive order permitting them to settle on the Wind River Reservation, the Arapaho came to stay in March of 1878. After years of warfare and hunger, they arrived in a desperate condition. There were many in poor health among them, but when they asked their new agent to appeal to the Commissioner of Indian Affairs on their behalf, their underlying concern was food, not medical aid. The agent wrote, "They also state that a good many are sick having no provisions except meat. They wish to know if the government will furnish them provisions." The Arapaho were concerned about the health of their people, but it is telling that they explicitly linked their concerns with health to the issue of food scarcity. They did not feel that their knowledge, medicines, or healers had failed. They were simply aware that there was no hope of restoring health among a severely malnourished population.

Unfortunately, settling on the reservation did very little to alleviate their hunger. As the Shoshone had already learned, the federal government's policy of turning Indians into farmers in the Wind River valley was basically a starvation sentence in the arid region with its long, cold winters. Despite settling in the region ten years before the Arapaho, the Shoshone were still not having as much success at farming as the government expected. Rations usually consisted of beef and flour, although the government also sometimes supplied coffee and sugar. The government never intended to fully supply the dietary needs of a population with rations. They expected

[281] James Patten, Indian Agent to E.A. Hayt, Commissioner of Indian Affairs, Ft. Fetterman, Dec. 26 1877 LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 955, RG 75.

government rations to merely supplement farming on reservations. But year after year of crop failures, meager returns, and scarce game meant that the sparse (and frequently unreliable) government rations were all they had to rely on, particularly during the late fall, winter, and early spring months when weather prevented them from leaving the reservation to hunt.

The addition of the Arapaho to the reservation compounded the problem of hunger even further for both the Arapaho and the Shoshone. Although the Arapaho received formal approval to stay on the Wind River Reservation and draw rations there, the mechanisms of bureaucracy that had to move in order to supply the needed food were slow to catch up to that reality. After justifying at length the need for extra beef rations to sustain the Shoshone until their crops could be harvested in the fall, Agent Patten testily pointed out that, "the department is well aware that the Arapahoes are also stopping at the agency and we have them to care for the same as the Shoshones….they must be fed."[282]

The strain on resources was particularly bad the summer after the Arapaho arrived at the Wind River Agency. Not content to wait for their harvest or government rations, both of which had proved quite unreliable, several families sought and received permission to leave the reservation in search of edible roots. Although the governor referred to this as, "a means of eking out a subsistence," this was actually a very effective way of supplementing their diet.[283] Then, rather than stay on the reservation through the winter as they usually did, in October the Shoshone and Arapaho demanded

[282] James Patten, Indian Agent to E.A. Hayt, Commissioner of Indian Affairs, Shoshone and Bannock Agency, June 12, 1878, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 956, RG 75.
[283] Ibid.

permission to leave the agency to hunt buffalo. The agent reported, "they said the rations issued them were not sufficient to keep them from being hungry all the while and they proposed to save their subsistence to have during the working season next spring."[284]

That same summer, reports of dissatisfaction among the Indians were so widespread that the governor of Wyoming visited the reservation in order to assess the cause. Chief Washakie used the governor's visit as an opportunity to air his grievances to an influential person. As Governor Hoyt recounts their conversation, Washakie complained that "the Shoshones are without a sufficiency of meat, having been obliged to divide with the Arapahoes." For his part, Arapaho chief Black Cole had a similar complaint. The governor quoted Black Cole as saying,

> "The government has been slow in fulfilling its promises to us…Washakie saw [the agent] about food. Agent said, 'Nothing for Arapahoes yet, you must give them a part of yours until supplies come.' We have not much game unless we go far away, and we have not cattle, as the Shoshones have. My people are much hungry and most sell furs and even their ponies for food that was promised to us. This is not right."

When the governor asked agent Patten about the Indian's complaints, Patten admitted that there were grounds for most of the points made. The agency was currently out of flour and was only able to supply each Indian with one pound of meat per day. Patten did not have the express permission from the government to purchase even that meager portion of food. The amount of food officially contracted for ran out

[284] James Patten, Indian Agent telegram to E.A. Hayt, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Oct. 10, 1878; LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 956, RG 75.

before the department could approve a new contract.[285] As the Shoshone and Arapaho faced the myriad economic, political, and social challenges that reservation life presented them, they had to do so with empty stomachs.

As the nation debated the relationship the government should have with Native Americans, the image of Indians as diseased and disappearing, as portrayed in the Doolittle Report, played an important role in shifting official policy away from military engagement and towards a supposedly more peaceful assimilation agenda. Nevertheless, this image was far from accurate. Although not immune from disease, neither did illness uniquely or disproportionally impact Native American populations during the middle of the nineteenth century. As seen among the Shoshone and Arapaho, Native Americans continued to maintain and rely upon their own effective methods of healing. Hunger and warfare brought about through the effects of dislocation and restriction, more directly caused population decreases rather than disease. Nevertheless, as the government began in earnest to attempt to alter Indian men's, and later Indian women's activities, these assimilation policies created what the nation had long imagined: a uniquely unhealthy Indian population.

[285] John W. Hoyt, Governor of Wyoming to Carl Schurz, Secretary of the Interior, Cheyenne, WY, July 17, 1878, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 956, RG 75.

Chapter 4
Creating Illness on the Wind River Reservation

Starting in December of 1896, an epidemic of measles swept through the Eastern Shoshone and Northern Arapaho tribes on the Wind River Reservation. The epidemic did not let up for three months. As a result of the measles outbreak, when the Wind River agent compiled statistics to report to the Commissioner of Indian Affairs at the end of the year, there was a disproportion of 152 deaths to 73 births. Initially, the agent accounted for the resulting decrease in population by mentioning the measles outbreak. However, he did not stop there. Despite the very obvious explanation that the measles accounted for the loss of lives, the agent went on to blame Arapaho and Shoshone women when he wrote, "In spite of all our efforts to prevent it, the mortality, especially among infants and small children, was very great due in a great measure to the carelessness of the Indians themselves, in allowing the sick to be exposed to wet and cold."[286] Considering women were regarded as the primary caretakers of children, the agent's remark can be read as an insult to Native women's abilities as mothers. His account overlooked Shoshone and Arapaho women's childcare and homemaking methods and their effective systems of healing. Furthermore, it also obscured than the realities of overcrowded boarding schools and malnourished bodies on the Wind River Reservation. Nevertheless, the Wind River agent was not alone in his gross

[286] 1897 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 4, box 1, National Archives [hereafter NA], Rocky Mountain region (hereafter RM).

misperception of Native women and the causes of ill health of Native peoples in the late nineteenth century.

In this chapter I will argue that the gendered assimilation program on the Wind River Reservation succeeded in creating a reality of ill health that the nation had previously erroneously imagined among Native American populations. As assimilation efforts began on the Wind River Reservation, the government's initial efforts focused on the actions of Indian men through the promotion of farming. The government's ideal of creating a pastoral economy ignored the environmental realities of life on the Wind River Reservation, the technological requirements of modern agriculture, and most importantly, the bodily effects that colonization already wrought on the Shoshone and Arapaho. Although the assimilation phase of colonization in the United States did not initially include a program directly focused on Native American women, the concern with Native American women's homemaking and child-rearing abilities motivated the Office of Indian Affairs' policies of child removal. As hunger intensified on the Wind River Reservation, Indian families made the difficult decision to use boarding schools as a resource to feed their children at the cost of separation from them for long periods of time. However, the very institutions they hoped would sustain their children instead often took their health and sometimes even their lives.

In the last decades of the nineteenth century, as conflict with Indians in the West began to die down, the federal government began shifting its attention from defeat and relocation of Indian peoples to organizing, managing, and civilizing them.[287] During

[287] For more information on the phases of colonization, see The Policy Development Group, *The Government of Aboriginal Peoples*. This report was created as the result of Canada's constitutional reform in the early 1980s. The study looks at colonization in the United States, Canada, Finland,

this period, the federal government's concerns initially center on the actions of Indian men. These efforts revolved around political negotiations with male Indian leaders and efforts to teach and induce Indian men to farm. As an indication of this focus among government officials, Indian women are virtually non-existent in the written record produced by the Office of Indian Affairs until the last decade of the nineteenth century. Religious officials appointed to government posts as part of Grant's Peace Policy are the exception to this rule on the Wind River Reservation. Missionary societies had long been concerned about what they perceived as disordered gender relations among Indians, and in particular, the lives of oppression and drudgery those gender relations created for Indian women. As will be discussed later, this rhetoric about Indian women and the influence of missionary societies on government policy during the Peace Policy era, largely motivated the aggressive child removal policies that began in the late-nineteenth century.

Still, despite the discussions among members of religious missionary societies of Indian women, as the first chapter showed, the stereotype of the Indian woman drudge influenced these discussions so heavily that they provide almost no insight into actual Native women's experiences. Nevertheless, instances where health and wellbeing persist in spite of difficult circumstances provide evidence of the continuation of Indian women's essential and effective care for their communities. Despite the eventual emergence of alarming rates of ill-health, as the Shoshone and Arapaho struggled to adapt to reservation life and the government's designs of creating a community of Indian yeoman farmers, they did not immediately become a helpless,

---

Australia, Japan and New Zealand. It outlines the general stages of colonialism by defining five stages; displacement, restriction, assimilation, structural accommodation, and lastly, self-determination.

chronically diseased population. Rather, the Shoshone and Arapaho maintained their circles of care during the nineteenth century, even while malnutrition and conflict with their neighbors began to undermine the basis of their people's health.

For the Eastern Shoshone and Northern Arapaho, the government's focus on making men into farmers had a significantly negative impact on their ability to maintain healthy communities. Government annuities, designed to only supplement agricultural yields, were never enough to stave off hunger. Then, when bad weather or inefficient bureaucracy delayed those shipments, periods of serious malnutrition occurred. Hunger became a frequent visitor to the reservation along with other raiding tribes whose resources had likewise grown thin. Rather than any particular disease, the main threat to well-being among the Shoshone and Arapaho during the early reservation era was hunger and warfare.

In May of 1879 the agent wrote to report that the supply of beef and flour would soon be exhausted and the agency would have nothing to give the Indians at the next ration issue. He pleaded, "Please do what you can to feed the people."[288] Despite the repeated complaints of hunger, early in the fall, the Commissioner of Indian Affairs actually ordered that the issue of beef be reduced even further.[289] With this reduction of their already meager rations, the Shoshone and Arapaho again asked to leave the reservation to hunt through the winter, as they had the previous year. The agent recommended they be allowed to go and admitted, "It is desirable and even necessary

[288] James Patten, Indian Agent to E.A. Hayt, Commissioner of Indian Affairs, Shoshone and Bannock Agency, May 6, 1879, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 957, RG 75.

[289] James Patten, Indian Agent to E.A. Hayt, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Sept 18, 1879, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 957, RG 75.

that the Indians should gain their own subsistence by hunting a portion of the winter and fall, for the reason that if they remain at the agency subsisting upon government rations the subsistence will be all exhausted long before work begins in the spring."[290]

That same year, J.V.A. Carter, the merchant at Fort Bridger who provided medical care to the Shoshone during the earliest years of the reservation, had a visit from a Shoshone man who requested that he send a communication to the "Great Father." Carter called the man An-goots-e-a, perhaps a phonetic spelling of his name. Considering the Shoshone's relationship with J.V.A Carter, it is not surprising that An-goots-e-a came to speak with him out of concern for the health of his people. An-goots-e-a also clearly expected government aid for their health and comfort to come in the form of food. Carter reported that An-goots-e-a complained of "scant supplies, absolutely insufficient; irregular issue of what little they get; and general lack of regard for the comfort and health of the tribe."[291] Even the strategy of supplementing government rations with hunting proved increasingly unreliable. Game, both large and small, became increasingly scarce as traffic through and settlement in Wyoming increased. By June of 1880, the agent wrote to the Commissioner of Indian Affairs, "It becomes my painful duty to inform you that the Shoshone and Arapaho Indians at this agency are almost starved. They have been out of flour two months and when the new supply will come to our relief I don't know."[292]

---

[290] James Patten, Indian Agent to E.A. Hayt, Commissioner of Indian Affairs, Shoshone and Bannock Agency, Oct 8, 1879, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 957, RG 75.

[291] J.Van A. Carter to Carl Shurtz, Secretary of the Interior, Evanston, WY, May 8, 1879, LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 957, RG 75.

[292] Charles Hatton, U.S. Indian Agent, to R.E. Trowbridge, Commissioner of Indian Affairs, WY, Shoshone and Bannock Agency, WY, June 8, 1880,LROIA 1824-80, Wyoming Superintendency, 1869-70, National Archives Microfilm Publication M234E, roll 958, RG 75.

As game continued to dwindle, both groups recognized the utility of farming as a means of providing food within the new realities of Reservation life. Throughout the decade, Indian leaders repeatedly requested farming instruction and equipment from the government. For instance, when the Wyoming governor visited the reservation in 1878, Black Cole and Washakie both complained that they lacked a proper supply of agricultural implements and also did not have any competent person to instruct them in farming. The Office of Indian Affairs knew that it had to do more than the proverbial act of giving a man a fish and feeding him for a day. In that spirit, they went beyond teaching Indians and also made an effort to supply the tools. Although the government previously sent agricultural equipment to the reservation in 1872, they received additional shipments after the governor's visit in 1872, 1878 and again in 1880. These shipments included agricultural tools such as wagons, harnesses, plows, harrows, picks, horse shoes, shovels, spades, rakes, threshers, reapers, seed-drills, and hoes.

In 1883, an inspector visiting the agency reported that the implements remained unused in piles. He estimated that the Indians had left $20,000 worth of agricultural tools exposed to the weather. Their wood rotted and metal rusted, the implements became useless. The following year, another inspector reported a similar scene of rotting unused plow handles and rusting threshers. With a note of exasperation he wrote, "The Indians refuse to take the hoes, as they have no use for them. Nearly all the implements have since been sold for little or nothing. The Indian Office has spent large sums of money in an effort to make these Indians self-supporting."[293]

[293] Stamm, *People of the Wind River*, 102; Note from E.A (?), September, 1889, File 29179, Box 561, Letters Received [Hereafter LR] 1881-1907, RG75, NA.

At first glance, these reports are puzzling, considering that Black Cole and Washakie had specifically requested in 1878 that the government furnish farming tools and instruction. In fact, there were numerous requests for agricultural equipment and expressions of willingness to farm from Arapaho and Shoshone leaders throughout the last decades of the nineteenth century.[294] Also, given that the Indians on the Wind River Reservation were in desperate need of better food sources than the meager and unreliable government rations and dwindling wild game, it would appear that farming would have been an ideal solution to the problem. So why did farming equipment, which the Shoshone and Arapaho both needed and asked, end up neglected? Why did the Shoshone and Arapaho not take advantage of this type of government aid?

The reports of abandoned farming equipment did not tell the whole story. First, the abandoned farming equipment did not indicate a total lack of farming efforts. Although the commitment to farming waxed and waned, some Shoshone actively took up farming as early as 1873. In 1884, an inspector listed 77 Shoshone and 26 Arapaho engaged in farming wheat, oats, and potatoes.[295] Records show that Chiefs Washakie, Black Coal, Sharp Nose, and White Horse had productive crops in the ground by 1886. In 1898, the agent estimated that sales of hay and oats at Fort Washakie on the reservation provided the Shoshone and Arapaho about $20,000 per year.[296] Despite the

---

[294] Letter from Agent Martin to CIA, March 7, 1884, Box 180, LR 1881-1907, RG75, NA; Letter from E.A. Slack to CIA, July 17, 1886, File 19440, Box 323, LR 1881-1907, RG75, NA; Letter from Shoshone Agent Fosher to the President, August 31, 1889, File 25344, Box 552, LR 1881-1907, RG75, NA; Letter from William Quinton, Captain 7th Infantry to Assistant Adjutant General, Headquarters Department of the Platte, September 5, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA; Extracts from Report of Peter Moran, Special Agent, Received Dec 23, 1890, File 39768, Box 688, LR 1881-1907, RG75, NA.

[295] Stamm, *People of the Wind River*, 183.

[296] Stamm, *People of the Wind River*, 104-105; Fowler, *Arapahoe Politics*, 81-84; Letter from Agent Thomas M. Jones to CIA, July 31, 1886, File 21116, Box 327, LR 1881-1907, RG75, NA; Letter from Agent H.G. Nickerson to CIA, April 29, 1898, File 20725, Box 1535, LR 1881-1907, RG75, NA.

observation of unused equipment, not all farm equipment issued by the government went unused.

Nevertheless, successful and sustainable farming efforts in the region required more than just putting tools in the hands of people who desperately needed food. The tools needed to be the right ones for the job and in working condition. However, this was not always the case. For instance, when the time for planting in the Wind River Valley came around in 1880, the government sent the equipment needed to plow but it remained in storage south of the reservation, on the far side of the Wind River Range at Pacific Springs. There were no oxen or horses in good enough condition to haul it to the reservation. Then, the seed arrived too late to be planted anyway.[297] Part of the story that the piles of abandoned equipment do not tell is that they were likely damaged to begin with. In 1889, when Arapaho leader Little Wolf requested that the government supply mowing machines and wagons so that they could cut their hay, he also added the stipulation that they "do not want them after they have stood so long before being issued as some former ones were badly damaged and no good when they got them."[298]

Furthermore, the damaged equipment received was not always the type of equipment needed for farming in that particular environment. One observer noted that the late frosts in the spring and the early appearance of fall created such a shortened growing season on the reservation that farmers in the region had to do the work of planting, cultivation, and harvesting of crops at an accelerated rate. He therefore recommended the government supply Indians with improved farming implements and harvesting machinery to maximize cultivation efforts during the short growing season.

---

[297] Stamm, *People of the Wind River*, 151.

[298] Letter from Shoshone Agent Fosher to the President, August 31, 1889, File 25344, Box 552, LR 1881-1907, RG75, NA.

He particularly noted the need for sulky plows, which were the latest development in plowing technology. They had wheels which allowed the operator to ride on top of the plow, thus adding weight to drive the plow into the ground and freeing up the farmer's hands to drive the horse as they would on a wagon, rather than having to use a considerable amount of energy walking, guiding the plow, and guiding the horses .[299] In spite of such recommendations, the Shoshone and Arapaho did not receive the latest farming technology or the equipment needed to quickly and efficiently produce large crops during the short growing season window. The agent reported in 1898 that the agricultural implements on hand were "wholly inadequate to the demands of the reservation, and in consequence it will be impossible to save the crops which are scattered over the reservation for a distance of fifty miles."[300] Inspector Peter Moran reported in 1890 that the Shoshone were "in want of almost everything which they should have to induce them to work their farms such as rations; materials for fencing, agricultural implements, seeds, and farming assistance."[301] Then, with only defective and inadequate equipment at their disposal, when the Indians hired whites to cut their hay, they lost nearly half their crop for cost of using the machinery.[302] Also, there was no grist mill on the reservation, so they could not easily turn their wheat into flour without the additional transportation cost and effort to have it milled.[303] The inspector the previous year complained that, "the Indians refuse to take the hoes, as they have no

[299] Letter from William Quinton, Captain 7th Infantry to Assistant Adjutant General, Headquarters Department of the Platte, September 5, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.
[300] Letter from Agent H.G. Nickerson to CIA, April 29, 1898, File 20725, Box 1535, LR 1881-1907, RG75, NA.
[301] Extracts from Report of Peter Moran, Special Agent , Received Dec 23, 1890, File 39768, Box 688, LR 1881-1907, RG75, NA.
[302] Letter from E.A. Slack to CIA, July 17, 1886, File 19440, Box 323, LR 1881-1907, RG75, NA; Stamm, *People of the Wind River*, 188.
[303] Letter from William Quinton, Captain 7th Infantry to Assistant Adjutant General, Headquarters Department of the Platte, September 5, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.

use for them."[304] But facing an extremely short growing season and a population that needed much more than small vegetable patches to keep them fed, it is no wonder they had no interest in them. Hoes would seem to be laughably inadequate instruments if the situation were not so deadly serious.

The environment remained an annual challenge to farming in the region. In July of 1886, a hail storm tore crops of corn, oats, wheat, potatoes, and vegetables to shreds. On the heels of the devastating hail storm came an unusually severe winter. The winter of 1886-1887 marked one of the most devastating years for the recently booming cattle industry on the Northern Great Plains, and the Shoshone and Arapaho herds were no exception.[305] That winter Shoshone George Terry was the herder for the government's beef herd on the reservation. The words he wrote to the agent in late November 1886 were a portent of the winter that would prove so devastating.

> "The present winter is the most severe one that I have ever seen. The cattle ranges are covered with snow from one and half to two feet deep. This will be the hardest winter for cattle that has been seen in this part of the country for many years. Never has winter started so early and snow storms continued so frequently as they have this year. The thermometer does not get much above zero, the snow does not melt, the warm winds are missing, and cattle will suffer greatly and many perish. The loss of cattle on the range will reach 50% this winter if the weather does not turn warmer and clearer."[306]

The weather did not turn warmer and clearer in time. Anticipating the severity of the winter, the agent recommended that a large portion of the cattle be killed as soon as possible and the meat salted to preserve as much of it as possible, rather than lose cattle

---

[304] Note from E. A(?), September ?, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.
[305] T.A. Larson, *History of Wyoming,* 2nd edition, revised (Lincoln, University of Nebraska Press: 1978), 190-194.
[306] Letter from George Terry, herder, to Agent Jones, November 23, 1886, File 32173, Box 358, LR 1881-1907, RG75, NA.

to starvation, exposure, and coyotes on the range.[307] As is often the case in Wyoming, precipitation either comes in the form of hail, ice, and snow or it does not come at all. In 1889 a severe drought and accompanying wildfires further discouraged farming efforts. That year, the agent noted that these challenges the Shoshone and Arapaho faced were not unique to the Reservation. He wrote, "Their white neighbors have done but poorly for it has been a hard year for the husbandman in this portion of our country – drought – fires and a near neighbor to famine is the situation that the average farmer is placed in, in nearly the entire country West of the Missouri River this present year." Under the best of circumstances, farming in the Rocky Mountain west could be a fool's errand.[308]

But the circumstances of the Shoshone and Arapaho were far from "best." Besides the threat of forces of nature, the Shoshone and Arapaho also had to deal with cows from neighboring cattle ranchers destroying their crops and encroaching on their pasture land. When a group of Arapaho leaders met with John Fosher, their newly appointed Indian Agent in 1889, white cattlemen were main topic of complaint repeatedly mentioned. Sharp Nose said he "wanted all cattlemen to be told to keep their cattle off the reservation. They get no pay for pasture and the cattle break down their fences and destroy their grain crops and gardens. They do the best they can but cannot keep them away." In the same vein, Bill Friday also complained about cattle trampling through their fields, but rather than blame the cattle for breaking down fences, he stated that the cattlemen were the ones "throwing down fences and driving cattle through

[307] Letter from Agent Jones to CIA, November 23, 1886, File 32173, Box 358, LR 1881-1907, RG75, NA.
[308] Letter from Agent Thomas M. Jones to CIA, July 31, 1886, File 21116, Box 327, LR 1881-1907, RG75, NA; Letter from Shoshone Agent Fosher to the President, August 31, 1889, File 25344, Box 552, LR 1881-1907, RG75, NA; Letter from Shoshone Agent Fosher to the President, September 4, 1889, File 25766, Box 553, LR 1881-1907, RG75, NA.

fields."[309] This was an era in Wyoming when large cattle companies fought to consolidate their power over vast expanses of land where their cattle grazed, unrestricted. There are numerous examples of homesteaders being harassed, and even murdered, because their land claims threatened to limit access to a range that the big cattle syndicates depended on to provide pasture for their cattle. [310] An inspector in 1883 reported that because the Arapaho didn't brand their cattle, they lost most of their herd when stockmen simply took them as their own.[311] Given the bad reputation that large Wyoming cattle ranchers earned themselves in the late nineteenth century, Bill Friday's accusation stands to reason that human hands, rather than errant cattle, were tearing down fences.

Whether the cattle companies were responsible for the destruction of fences through their benign neglect of letting cattle run free or because of more intentionally nefarious actions, the end result was the same: valuable Shoshone and Arapaho crops were ruined. The problem with cattle was severe enough that the agent noted the need for "every rod of fence" to be rebuilt before crops could be "put in with any degree of safety."[312] Even when the alien cattle were not trampling crops, they still depleted valuable resources on the reservation. Captain William Quinton at Fort Washakie saw the necessity of protecting pasture land on the reservation from encroachment. He recommended that all land that could not be cultivated "must for all time be kept for grazing purposes – to be placed under wire fence, so as to exclude cattle belonging to

[309] Letter from Shoshone Agent Fosher to the President, August 31, 1889, File 25344, Box 552, LR 1881-1907, RG75, NA.
[310] Larson, *History of Wyoming*, 163-190.
[311] Note from E. A(?), September ?, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.
[312] Letter from Shoshone Agent Fosher to the President, September 4, 1889, File 25766, Box 553, LR 1881-1907, RG75, NA.

large corporations and rich cattle syndicates."[313] Nevertheless, partly due to the difficulties of high altitude, dry land farming, and the compounding difficulties created by the large cattle syndicates in the region, agriculture never became successful enough among the Shoshone and Arapaho during the nineteenth century to ameliorate their chronic levels of hunger.

Still, others in the same harsh Wyoming conditions found ways to sustain themselves from the land, usually through various combinations of farming, hunting and raising cattle.[314] Many, including those who considered themselves "friends of the Indian," explained the failure of Indians to likewise successfully live off the land by pointing to racial stereotypes, such as their childish natures, their innate laziness, or their inability to adapt to the modern world, and therefore a sign of their inevitable extinction. In resorting to racial stereotypes to explain the difference between Native and non-native agricultural attempts in Wyoming, many failed to see the impact of chronic hunger as a result of colonization. Despite government aid to encourage farming among the Shoshone and Arapaho, the paradox of supplying farming equipment to ameliorate hunger is that a population has to be fairly able-bodied to take advantage of it. More than the challenging climate of Wyoming, the immediacy of hunger in the nineteenth century prevented successful large-scale farming operations from developing on the Wind River Reservation.[315]

Hunger, already a chronic problem after relocating to the reservation, reached even graver conditions during the 1880s and 1890s. In 1884, government reduced

---

[313] Letter from William Quinton, Captain 7th Infantry to Assistant Adjutant General, Headquarters Department of the Platte, September 5, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.
[314] Larson, *History of Wyoming*, 134-309.
[315] For a detailed study of the effect of hunger on neuromuscular functions, see Ancel Keys, *The Biology of Human Starvation* (Minneapolis: University of Minnesota Press, 1950), 713.

ration allowances to consist of 4 pounds of beef, 3 ounces of bacon, 3/5 an ounce of baking powder, 1 1/3 ounces of beans, 2 ¼ ounces of coffee, 1 6/10 pounds of flour, and 2 ¾ ounces of sugar per person, per week. If an individual had to survive on these government rations alone, their daily calorie intake would be about 1100 calories per day. That amount of calories is barely enough for a child between 2 to 3 years old to maintain a healthy body weight. Adult women need about 2,000 to 2,200 calories per day to maintain their weight and adult men need about 2,600 and 2,800 calories per day.[316] In 1882, the Shoshone and Arapaho killed 2,400 buffalo. The next year that number fell to 1,500 buffalo. By 1884, the Shoshone and Arapaho harvested only 500 buffalo, a significant drop from previous years. With farming efforts falling short and game decreasing, those 1100 calories gained through government rations were increasingly vital.

In the winter of 1884, the agent on the Wind River Reservation sent a flurry of desperate telegrams and letters in an attempt to impress upon the Office of Indian Affairs the serious lack of food available. After the Indians returned from an unsuccessful fall and winter hunt, Agent Sanderson R. Martin wrote, "Permit me to urge with all the power that is in me the actual necessity of prompt action. . . If we do not feed them they must starve or steal." Writing in February, he reported that he no longer had enough flour to distribute and he anticipated that by May he would be entirely out of beef. By March, he reported that the Indians were on the "brink of starvation" and they were looking to him to him "to provide for their children who they say are starving." Just two days later, Martin reported that the situation had moved beyond the

[316] U.S Department of Agriculture and U.S. Department of Health and Human Services, *Dietary Guidelines for Americans, 2010*. 7th Edition (Washington, DC: U.S. Government Printing Office, December 2010), 14.

brink when he matter-of-factly telegrammed, "My Indians at starving. Something must be done."[317] Although Martin was allowed to make an emergency purchase of beef in late June, less than a month later, he was out of meat again.[318] By 1885, no buffalo at all were killed.[319] But while the importance of government rations to the Shoshone and Arapaho rose, they were reduced even further. In 1885, the beef ration was reduced to a mere 2 ½ pounds per person based on the theory that the Indians should have become more capable of self-support.[320]

Although the Shoshone and Arapaho faced periods of hunger in the past, the extent of food scarcity beginning in the mid 1880s was unique. As would be expected in a severely malnourished population, widespread illness soon followed. In January of 1886, the agency physician noted the first epidemic outbreak since the Shoshone and Arapaho began drawing rations at the Wind River agency. The physician was aware of eighty-six Indians afflicted with influenza, although many more were likely unknown to him. It should be noted that the first epidemic outbreak on the Wind River that the written record indicates may not have actually been the first the Shoshone and Arapaho experienced after their arrival on the reservation. In the eighteen years prior to the 1886 influenza outbreak when the Shoshone resided in the Wind River Valley, and within the eight years the Arapaho resided there, either tribe may have experienced an epidemic disease episode. Although this information is unknown, the fact that it took until 1886 for an epidemic to either occur, or for a government agent to notice one, has

---

[317] Letter from Agent Martin to CIA, March 7, 1884, Box 180; Telegram from Agent Martin to CIA March 9, 1884, Box 179, LR 1881-1907, RG75, NA.
[318] Letter from Agent Martin to CIA, July 12, 1884, Box 199, LR 1881-1907, RG75, NA.
[319] Stamm, 181; Fowler, *Arapaho Politics* 80.
[320] Fowler, *Arapaho Politics* 80; Letter from E.A. Slack to CIA, July 17, 1886, File 19440, Box 323, LR 1881-1907, RG75, NA.

important implications for understanding health on the Wind River reservation. First, it indicates that despite the challenges of adjusting to reservation life, until 1886 the Shoshone and Arapaho managed their own health care needs effectively. It also shows that growing food scarcity eventually reached a level in 1886 that medical intervention and healing efforts could not compensate for.

In 1886, the *Cheyenne Sun* published an article by an author only identified by the initials R.C.M. that harshly criticized the neglect of the Shoshone by the government, particularly in their need for food. The author wrote, "Every spring large numbers of the children of Indians die of actual starvation. The supplies issued by the government agents are very meagre, in fact so small in the aggregate during the year that the Indians could only subsist on them for a few weeks. . ." The article also reported that government-issued potatoes, which were meant to be used as seed for future crops, were instead eaten "to allay the pangs of hunger."[321] Although the agent at the time dismissed the article and countered that there had not been a single case of starvation since he took charge, he also explained that it was only due to an emergency delivery of flour that kept the Indians did not starve the previous winter. He also emphasized that if flour was not hauled again soon, "they must starve next winter."[322] The newspaper article was likely a sensationalized attempt to further smear the reputation of the Office of Indian Affairs as part of the campaign to place Indian affairs back under the jurisdiction of the Army. In one section it explained that, "The Indians have no better friends than the officers of the regular army . . . and the method of issuing supplies to the army is the best that could be devised for supplying the

[321] Letter from E.A. Slack to CIA, July 17, 1886, File 19440, Box 323, LR 1881-1907, RG75, NA.
[322] Letter from Agent Thomas M. Jones to CIA, July 31, 1886, File 21116, Box 327, LR 1881-1907, RG75, NA.

Indians."[323] Nevertheless, the agent's response to the article did not exactly paint a picture of a well-fed population. If starvation was not occurring that particular year, food scarcity and the potential for starvation certainly was.

Further reductions followed in 1889 (1 pound of beef and ten ounces of flour per week) , 1890 (14 ounces of beef and eight ounces of flour per week), and 1894 (12 ounces of beef per week).[324] In an appeal for increased rations for the Shoshone and Arapaho, the agent wrote to the Commander at Fort Washakie admitting that he considered the amount of food distributed to be inadequate. He wrote, "I do not see how any human being can exist on the present issue of beef and flour (and with the exception of a little baking powder this is all they receive) and they do not live on it. The strong and healthy ones leave the reservation with or without permission and roam among the outlying settlement and live by begging and hunting."[325]

Even though these were the designated amounts, an inspector of conditions on the reservation reported in 1890 that the agency typically was not even supplying those small amounts, although government employees remained well-fed. He wrote, "There is never at any time enough cattle slaughtered to supply these Indians with more than half the rations they are entitled to, but notwithstanding this fact, the agency employees and school people gets whatever amount they require, and this of course is the best part of the meat. The Indians have divided among them what remains. Very often this will not make half a ration."[326] Rations usually lasted no more than two or three days,

---

[323] Letter from E.A. Slack to CIA, July 17, 1886, File 19440, Box 323, LR 1881-1907, RG75, NA.
[324] Fowler, *Arapaho Politics,* 88; Stamm, *People of the Wind River*, 239.
[325] Letter from Shoshone Agent Fosher to William Quinton, Captain 7th Infantry, Commanding Fort Washakie, September 5, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.
[326] Extracts from Report of Peter Moran, Special Agent , Received Dec 23, 1890, File 39768, Box 688, LR 1881-1907, RG75, NA.

leaving at least four hungry days before the next issue if there were no other food sources at hand. The Arapaho faced the unique challenge of having to travel sixty miles to the agency to get their rations and back to their homes. [327]

In 1889, a different agent reported, "never was the outlook for the Indian so gloomy before. The wolf is at the door."[328] That same year, soldiers at Fort Washakie took a sick mule outside the post to be relieved of its misery. In less than an hour, the Captain returned to the place the animal had been shot with instructions to cover the carcass with lime to fully dispose of the diseased animal. But when he arrived, he reported that "the Indians had cut up the mule for food and taken the diseased meat to their lodges."[329] To compound matters even further, in 1890, Wyoming became a state and prohibited Indians from hunting outside of the reservation, thus closing off a crucial source of food at the same time government rations were severely reduced.[330]

Black Cole succinctly explained in 1890, that "if they can get enough to eat they can do more work…" He pointed to the Arapaho Chiefs with him. "Look at these men here assembled. They do not look healthy. They need more food."[331] When asked why his people did not farm more, Black Coal elaborated, "Because they have not enough to eat, and what they do get they have to lose too much time in going for. We are a long distance from the Agency. It takes three days to go and return, for a small piece of meat and a little flour. Then the horses and people are tired, rest one day, by

[327] Letter from Shoshone Agent Fosher to the President, August 31, 1889, File 25344, Box 552, LR 1881-1907, RG75, NA; Extracts from Report of Peter Moran, Special Agent, Received Dec 23, 1890, File 39768, Box 688, LR 1881-1907, RG75, NA.
[328] Letter from Shoshone Agent Fosher to the President, September 4, 1889, File 25766, Box 553, LR 1881-1907, RG75, NA.
[329] Letter from William Quinton, Captain 7th Infantry to Assistant Adjutant General, Headquarters Department of the Platte, September 5, 1889, File 29179, Box 561, LR 1881-1907, RG75, NA.
[330] Ibid.
[331] Letter from Shoshone Agent Fosher to the President, September 4, 1889, File 25766, Box 553, LR 1881-1907, RG75, NA.

this time the rations are all eaten, only three days more and my people must travel to the Agency again." He characterized the rations as "only half enough to kill hunger." When asked why they did not move closer to the agency, he explained that in addition to the tensions that still existed between the Shoshone and Arapaho, his tribe had already built sixty or seventy houses and had broken and fenced land in that area. [332]

Without enough food to be physically able to farm and without enough farms to produce adequate amounts of food, the government policy of reducing rations based on the theory that Indians were becoming self-sustaining farmers was the beginning of a health crisis. Desperate with hunger, the sporadic shipments of agricultural equipment, much of which was damaged or outdated, was a cruel, mocking, and fairly useless answer to the Shoshone and Arapaho's situation on the Wind River Reservation. What good is a hoe to the immediate needs of a hungry child, particularly when the parent is also weak with hunger? The piles of abandoned and decaying equipment were not testaments to the laziness or childishness of Indians. Instead, they were monuments to a government design that failed to take into account the severe physical toll of hunger created through colonization.

For the Northern Arapaho and Eastern Shoshone, disease was not the root cause of population losses during the mid-to-late nineteenth century. Instead, the greatest threat to their health was the direct result of colonization, and particularly, the government assimilation policies that focused on the idea of Indian men becoming farmers. Game resources became strained as immigrant trails began pushing through the West, and as white settlement continued, hostilities between tribes over scarce

[332] Extracts from Report of Peter Moran, Special Agent, Received Dec 23, 1890, File 39768, Box 688, LR 1881-1907, RG75, NA.

resources increased. The government's promotion of farming among Indians seemingly solved two problems at once. First, it encouraged a sedentary lifestyle which would open up more travel and settlement options for non-Natives. Also, it was expected to be a means through which Indians could provide for themselves with only nominal assistance from the government. In reality, on the Wind River Reservation, efforts to farm only contributed to hunger as crops produced meager results, year after year.

As the federal government's power grew during the late-nineteenth century, its commitment to instilling white lifestyles and values in Native Americans included both men's roles as heads of agriculturally-oriented households, but also women's roles as home makers, child raisers, and community influencers. Starting in the latter decades of the nineteenth century, that commitment took increasingly intimate forms. The power of Native women, particularly as healers, was obscured for nearly a century before the federal government recognized it only to actively weaken it as part of an assimilation campaign gaining momentum in the last decade of the nineteenth century. Ever since the earliest contacts between Europeans and Native Americans, ethnocentric ideas about gender roles precluded recognition of Native women's power in their own societies by most colonizers. Although the colonial process obscured Native women's power, it could not fully undermine it, in part because it did not recognize it to begin with, but also because the federal government did not have the power to monitor and alter the intimate spaces where such knowledge was fostered. But in the decades following the Civil War, as the power dynamic between Native peoples in the West and the federal government radically shifted, and as American society increasingly recognized women as important shapers of culture through their work of raising children and keeping

homes, the misperception of Indian women as drudges took on a uniquely pernicious power.

The belief that American Indian women were miserable, dirty, and ill-treated was a powerful impulse behind the assimilation campaign. The reality of the status of women in Native American communities was lost in the long shadow cast by both the drudge stereotype first articulated by early explorers and colonists of the American continent and by the ideal of white feminine domesticity. The image of the degraded Indian women, oppressed by her lazy husband, was a useful trope in providing a contrast with the supposedly privileged position that women held in more "enlightened" (i.e. Christian and western) societies.[333] The organization of labor within families remained a prime indicator of civilization, or a lack thereof. From a white, middle-class, Victorian perspective, the idea of women spending majority of their time working at outdoor tasks was a sure indication that husbands, sons, and brothers were shirking their proper duties. When lazy Indian men "forced" Indian women to perform labor that reformers associated with men's purview, the result was believed to be both socially and physically degrading.

Despite its inaccuracy, and despite over two centuries of trade, warfare, intimacy, and diplomacy, the "squaw drudge" characterization remained pervasive into the latter decades of the nineteenth century. For instance, most records of the nineteenth and early twentieth century refer to the domiciles and activities in Indian

[333] Jacobs, *White Mother to a Dark Race*, 113; Margaret Jacobs, *Engendered Encounters: Feminism in Pueblo Cultures 1879-1934* (Lincoln: University of Nebraska Press, 1999), 34-35; 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 Dissertation: University of Maryland College Park, 1987) 19.

communities as "camp life."[334] Such nomenclature clearly and unequivocally denied that the places where Native American women and their families lived, ate, slept, and interacted bore any resemblance to white homes. The religious beliefs of Native American women and the spiritual practices they followed were so far removed from Christian practices that white observers viewed Indian spiritual practices as irreligious. Finally, the flexibility of sexual and marriage relations led to the long standing misperception that Indian women were sexually degraded.[335] Although perceptions of Indian women and gender roles on which informed policy makers relied were deeply flawed, they had a significant impact both on the total assimilation campaign waged on Native cultures by the United States government and on its close connection to health policies.

During the nineteenth century magazines and popular literature aggressively promoted a very specific ideal of how women were supposed to behave and their acceptable social station. According to this ideology, which historian Barbara Welter labeled "the Cult of True Womanhood," a woman's place was clearly located within the home in order to provide for the material comforts of their family; a comfortable, clean, well-decorated home, and well-cooked, healthy meals. The firm belief that women bore the responsibility for nurturing the physical well-being of their families accompanied the equally strong conviction that this nurturing led to the preservation and encouragement of the morality and health of the communities in which they lived.

---

[334] For examples of this common description, see 1889 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, Indian Schools and Indian Teachers, 64, and 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, Report of Committee on Legal Aid to the Mission Indian, The Indian Health Question, 140.

[335] Margaret Jacobs, *White Mother to a Dark Race*, 111-137.

Women were the "guardians of traditional moral values."[336] The firm belief that mothers bore the responsibility for nurturing the physical well-being of children accompanied the equally strong conviction that this nurturing led to the preservation and encouragement of the morality and health of the communities in which they lived. Many social reformers promoted the importance of "connections between the quality of life in the home and the social and political institutions of the larger community."[337] This intangible duty meant that they were expected to provide an example and offer instruction to others of moral uprightness. A woman's husband, her neighbors, and society judged her on the possession of "four cardinal virtues—piety, purity, submissiveness and domesticity."[338]

However, this same glorification of motherhood when viewing white middle-and-upper-class women turned into concern when viewing non-white and lower-class women. Welter describes the momentous role women were supposed to fill as

> A fearful obligation, a solemn responsibility, which the nineteenth century American woman had—to uphold the pillars of the temple [of True Womanhood] with her frail *white* hand.[339] (emphasis added)

As this statement suggests, not all women could fulfill this domestic ideal. The model of True Womanhood clearly held within it an assumption of racial superiority. In order for a woman to be considered a successful homemaker with high moral standards according to the cult, that home had to be typical of a white person's house, kept

---

[336] Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death, 1750-1920," *Journal of American History,* 73 (September 1986), 338.
[337] Ibid, 347.
[338] Barbara Welter, "The Cult of True Womanhood: 1820-1860," *American Quarterly* 18, No. 2 (Summer, 1966), 152.
[339] Ibid.

according to white standards of cleanliness. And most importantly, the woman had to possess white standards of piety and purity.[340]

Such campaigns influenced and inspired settlement housing efforts undertaken in urban areas particularly in the East. Located in city slums, settlement houses were meant to alleviate the social ills of poverty and vice brought about by industrialization. The education of lower-class and immigrant women to keep proper homes was an important aspect of the mission, so much so that one teacher referred to the settlements as "the kindergarten for adults."[341] Settlement workers disdained the disorderly and unclean homes of the urban poor and offered home management classes to instruct women how to tend to their families' needs.[342] These efforts were augmented by the alarm over the number of women entering the workforce and the effects of such actions on family life. Concerned that the gentility of women was threatened, reformers felt the need to restore women to their proper place in the home.[343] These activists saw the state as a legitimate tool for controlling the nation's morals.[344]

Although concerned with their perception of Native American women as confined in their roles of drudgery, reformers initially focused their efforts on young Indian girls as a way of attempting to create social change within the larger community. The change in gender relations and roles that reformers thought necessary in Native American life needed to be initiated first in the attitudes and beliefs of young Indian

---

[340] For further examples of cross-cultural perceptions of gender and sexuality, see Albert Hurtado, *Sex, Gender and Culture in Old California* (Albuquerque: University of New Mexico Press, 1999).
[341] Amalie Hofer, "The Social Settlement and the Kindergarten," *NEA Proceedings, 1895*, 520, quoted in Allen F. Davis, *Spearheads for Reform: The Social Settlements and the Progressive Movement, 1890-1914,* (1984 ed. New Brunswick: Rutgers University Press, 1967), 44.
[342] Ibid, 46.
[343] Rosen, *The Lost Sisterhood*, xi.
[344] Ibid, 18.

girls. In the campaign to assimilate the Indians reformers believed, in the words of historian David Wallace Adams, "that the last great Indian war should be waged against children."[345] In the late nineteenth century, educators and missionaries approached this task through the training of young Native American girls to adhere to Anglo-American standards of domesticity. They hoped to not only "elevate" these young women but reorder the communities in which they according to Anglo-American standards.

The members of the Board of Indian Commissioners, which was established to oversee the operations of the Office of Indian Affairs as a part of Grant's peace policy, saw Indian women as too primitive to be capable of keeping a home and raising a family properly. The result was an effort to remove children from their Indian homes to be educated in government boarding schools instead. In the eyes of many reformers, the future "progress" of Native American society lay within a process that began for Indian girls as young as five years old. To borrow the words of Reverand J. Loomis Gould, a missionary to the Hydahs of Alaska, "the hope of the youth is the hope of the race."[346] In order for assimilation to take place, a growing commitment to not just education, but also to removing Indian children as from their homes can be observed. The first task was to physically and culturally remove Indian girls as far as possible from their home environments.

During the nineteenth century, the widespread acceptance and adherence to the ethnocentric principles of the Cult of True Domesticity ensured that reformers perpetuated the drudge stereotype. Because the ways in which Indian women practiced their religion, entered into and left marriages, and provided homes for their families

[345] David Wallace Adams, *Education for Extinction: American Indians and the Boarding School Experience, 1877-1928*, (Lawrence: University Press of Kansas, 1995) 337.
[346] 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 138.

were not identified as "proper" according to white standards of domesticity, nineteenth-century reformers felt justified in removing Indian children from their homes in order to educate them.[347] In 1879 Captain Richard Henry Pratt established the first Indian boarding school in Pennsylvania and the concept of boarding schools for young Indian children soon gained wide popularity among government policy-makers. Reverand J. Loomis Gould, a missionary to the Hydahs of Alaska, summed up this campaign well when she said that, "the hope of the youth is the hope of the race."[348] In order for assimilation to take place, a growing commitment to not just education, but also to removing Indian children as from their homes can be observed. The first task was to physically and culturally remove Indian children as far as possible from their home environments.

In 1885, Miss Jemima Wheelock, a Carlisle Indian School student from an unidentified reservation, stood before two U.S. Indian Commissioner Board members to deliver a welcome speech. What spoke the loudest to the commissioners were not Jemima's words, but rather what she represented. To them, she was "a most forcible illustration of what might be done with ten thousand such girls were the men who make our laws only willing to do that which they know so well ought to be done for her people and kindred." In their eyes, she had been saved from "herself and her associations" and therefore escaped being "the occupant of a miserable tepee, begrimed with dirt and smoke, and half-clad, without respect for herself, and treated by others with but little more consideration than is accorded to a domestic animal."[349] In that

---

[347] Jacobs, *White Mother to a Dark Race.*
[348] Ibid.
[349] 1885 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, Report of Commissioners Charlton and Smiley, May 9, 1885, 38-39.

moment, Jemima Wheelock embodied the ideal of an Indian girl rescued from a life of drudgery through civilizing education.

In her insightful work on Indigenous child removal in the American West, historian Margret Jacobs points out the contradiction inherent in white reformers' efforts to remove children from their families in light of their own regard for "motherhood as a sacred institution and the mother-child bond as a holy relationship."[350] However, because most white Americans viewed women's roles through a thick cultural lens, they ignored the similarities between Native American women's nurturing activities and their own. The measures undertaken by the government to teach a vastly different culture to accept and subscribe to standards of domesticity different from their own through education were drastic, coercive, and emotionally painful. Also, as will be shown, the conditions at boarding schools frequently threatened the health and lives of Indian students.

Once federal officials removed American Indian girls from the "denigrating" influences of "camp life" and its "drudgery," the process of assimilating Native American girls to white standards of domesticity began in earnest. The education of Native American girls was an important part of reformers' campaigns because they mistakenly believed that educated girls could "uplift" the entire community. Members of the Board of Indian Commissioners thought that the ideal school for Native Americans "should lift the Indian students on to so high a plane of thought and aspiration as to render the life of the camp intolerable to them. If they return to the reservations, it should be to carve out for themselves a home, and to lead their friends

[350] Margaret D. Jacobs, "Maternal Colonialism: White Women and Indigenous Child Removal in the American West and Australia, 1800-1914" *The Western Historical Quarterly* 36, no.4 (winter 2005), 29.

and neighbors to a better mode of living."[351] The ultimate goal of educating Native American girls was to promote assimilation of Native Americans as a whole. One Shoshone agent praised efforts to educate Native American girls because they "put into practice their household duties and by their example do much toward teaching the older women better methods of housekeeping at home."[352] Also, policy makers believed that "the influence of the education of the child is most beneficial to the parents" because through the improvement of their own children, they "gradually they come to perceive the immense advantages of education over ignorance."[353]

The education of Indian girls focused heavily on domestic activities almost to the exclusion of other academic subjects, attesting to the amount of influence in society with which people credited homemaking. Under the heading of "Effect of Sending Indian Children to School," a Survey of Conditions of the Indians in the United States clearly laid out the perceived domestic advantages of reservation boarding schools:

> The reservation boarding school has a distinct place in the education of the Indian boy and girl. Here the children are taught the principles of proper sanitation, how to prepare good wholesome food, and how to keep physically fit. . . Indian boy and girl are taught the basic principles of good health and good living conditions.[354]

In 1890, further suggestions indicated that, even if boarding schools were not a viable option for a particular tribe, "in as many cases as possible, the children of barbarous parents should be placed for a time in Christian families. Thus only can

---

[351] 1889 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 64.
[352] 1916 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 110,NA, RM Region.
[353] 1880 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 13.
[354] United States. Cong. Senate. Subcommittee of the Committee on Indian Affairs. *Survey of Conditions of the Indians in the United States*. Hearing 9 Sept. 1932. 72d Cong. 14464.

better tendencies be called forth and the domestic virtues formed."[355] Many reformers believed, like the leaders of the Lake Mohonk Conference, "If we do not educate Indian children to our civilized life, their parents will continue to educate them to their savagery."[356]

After 1883, when the agency boarding school building opened its doors for the first time, Shoshone and Arapaho girls no longer had to leave the state of Wyoming to attend a boarding school. Nevertheless, the education they received and the conditions in which they lived were, in many ways, just as far from their homes as Carlisle, Pennsylvania. The same belief motivating the promotion of off-reservation boarding schools, that Native American home life was inadequate, outdated, and a hindrance to "civilizing" efforts, is evident in the lessons taught to girls at government and missionary schools on the Wind River Reservation. One agent there reported that he believed "the efforts of the Government to advance the youth along educational lines is largely retarded by the parents."[357]

During the late nineteenth century and into the twentieth, the education of Shoshone and Arapaho girls was emphasized and clearly focused on assimilating the people of the Wind River valley through a reformation of their traditional home life. Although the particular emphasis placed on the education of girls is obvious at the national level as early as 1884, evidence of this ideology does not definitively appear on the Shoshone Agency until 1891 when the Episcopalian Reverend John Roberts opened a boarding school exclusively for Shoshone girls. Previously, Roberts oversaw the

---

[355] 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 68.
[356] *Lake Mohonk Conference of the Friends of the Indian and Other Dependent Peoples* 2 (October 1889),1.
[357] 1918 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 112,NA, RM region.

government boarding school that housed both boys and girls. However, perhaps as a reflection of the misplaced concern among missionary societies at the time for the fate of non-white women, after resigning from that position, Roberts' Episcopal Mission school only boarded girls. Although subsequent schools were also meant for boys and girls, the St. Michaels Catholic boarding school, opened in 1913, did not have enough housing to board both overnight. The school administrator's solution was to keep the girls day and night while the boys were "given noonday lunch, and allowed to return to their camps at night."[358] The school effectively operated simultaneously as a boarding school for girls and a day school for boys.

Although she was not in school at Ft. Washakie until later in 1917, the memories of Lucy Bonatsie reveal how the national ideology of the Cult of True Womanhood manifested itself in the education of Wind River girls.

> Well the girls did sewing and darning and they did cooking, baking. Then some girls were detailed to the laundry so they learned to wash. They learned about everything you needed in the home. Some were detailed to the kitchen and helped with the food. . . They learned to wait on tables, set the tables, to serve and all of that.[359]

It is notable that Bonatsie does not mention the typical elements of education (reading, writing, and arithmetic), indicating that the focus of Indian education differed from Anglo-American children. Under the Cult of True Womanhood, white girls did not need to be taught at school "proper" sanitation, how to prepare wholesome food, good health, or how to maintain "good" living conditions because their white mother would already be modeling it at home.

---

[358] Letter from Shoshone Agency Superintendent to Mr. Sells, 29 Oct. 1917, St. Michaels Mission 1917-1920, Box 72, Entry 8, NA, RM region.

[359] Oral history of Lucy Bonatsie, original collection date 15 Nov. 1986, Folder 4, Box 1, Collection number 11457, WVHP, AHC.

Teachers of Shoshone and Arapaho girls instructed them in sewing, cooking, laundry, nursing and, "all that farmers' daughters and good housekeepers learn to do."[360] At the Episcopal Mission school, girls lived in groups in cottages and "learned to keep house, under the direction and with the help of a house mother" with the goal of creating "a feeling for industry, fair dealing, good manners and cleanliness."[361] Some days the girls would not even leave their cottage to go to the classrooms. Instead, the housemother spent the day instructing them on how to keep a proper house.[362] That teachers devoted some days at school completely to home-making activities to the exclusion of academic topics is a clearly indicated the emphasis placed on domestic training.

These practices ran contrary to Shoshone and Arapaho views of domesticity. Although keeping a home in the Arapaho and Shoshone sense often required women to work out-of-doors, by white domestic standards, the Victorian ideals dictated that outside "sphere" was not a place for women.[363] Teachers disallowed girls from doing any of the outside work that the male students did such as feeding chickens, milking cows, or working in the garden. Nevertheless, when they were home, these types of outdoors activities were typical parts of Shoshone and Arapaho women's domestic routines.[364] Furthermore, the domestic ideal of indoors confinement promoted in the

[360] John Roberts Papers, 1883-1963, Accession Number 37, Box number 1, Folder number 11, AHC, UW.
[361] John Roberts Papers, 1883-1963, Accession Number 37, Box number 3, Folder number 12, AHC, UW.
[362] Oral history taken at home of Eva Enos at her at Ft. Washakie, WY, original collection date 25 Jan. 1991, Box 1, WVHP, Collection number 11457, AHC, UW.
[363] Welter, "The Cult of True Womanhood," 162-163.
[364] Oral history of Lucy Bonatsie, original collection date 15 Nov. 1986, Box 1, WVHP, Collection Number 11457, AHC, UW.

schools did not even align with the typical domestic routines of most rural Western women at the time.[365]

In the 1916 annual report, the agent praised efforts to educate Shoshone and Arapaho girls because they "put into practice their household duties and by their example do much toward teaching the older women better methods of housekeeping at home."[366] In reality, the program to educate girls most likely did not function this way among the homes on the Shoshone Agency. In a culture that emphasized respect for elders and valued their wisdom, it is highly unlikely that young girls attempted to "educate" their elders. During an interview Josie Calhoun, a Shoshone woman born at Ft. Washakie in 1906, made clear the connection of respect for both educators and elders when she was asked if she ever had any trouble with any of the teachers. She replied, "Nu-uh, no, I never did. I always tried to do what I was told and that was it because our grandmother always taught us to do what we were told and to keep still about it."[367] It would have been just as audacious for a Shoshone or Arapaho girl to go home and instruct her mother in proper housekeeping as it would have been for the same girl to go back to school and try to teach her instructor how to preserve meat.

The realities of hunger and dwindling resources helps put into context the waxing and waning enthusiasm of both the Shoshone and Arapaho for sending their children to school during their early years on the reservation. Government officials and missionary workers often interpreted eagerness on the part of Indians for white education as an indication that Native peoples acknowledge the inferiority of their

---

[365] Elliott West, "Families in the West," *OAH Magazine of History 9,* No. 1 (Fall, 1994), 18-21.
[366] 1916 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 110,NA, RM region.
[367] Oral history of Josie Calhoun, original collection date 24 Jan. 1991, Box 1, WVHP, Collection Number 11457, AHC, UW.

ways. In 1880, the Assistant Attorney-General, W.H. Smith, wrote in the annual report of the Board of Indian Commissioners that Indians recognized that they would be fit for civilized life only through education. He felt that they saw "that the knowledge possessed by the white man is necessary for self-preservation" to save them from the greed of white men around them, and also "to save them from themselves."[368] Indeed, Washakie was well-known for his expressed interest in having the Shoshone children educated. In 1870, the territorial governor of Wyoming reported that Washakie was "very anxious that his tribe should go into farming and that the children should go to school."[369] However, an understanding of the severe health threat created by hunger on the reservation paints a slightly different picture than the one W.H. Smith perceived.

Some scholars of Native American education have argued that many Native leaders' enthusiasm for white education for their children stemmed from a desire to use education as a way of blunting the assimilation campaign, rather than a sign of resignation that maintaining their own cultures was futile.[370] Certainly, there is evidence of this same motivation among the Shoshone and Arapaho in Wyoming. In 1880 Ellis Ballou, the agency teacher, penned a letter "at the urgent request of Chiefs Black Coal and Friday" that a group of their children be given the opportunity to attend

---

[368] U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior for the year 1880, 7.

[369] Annual Report to the Commissioner of Indian Affairs [hereafter RCIA] 1879, 175.

[370] Navajo historian Jennifer Denetdale's interpretation of a remarkably similar circumstance involving her great-great-great-grandfather provides a unique insight to the motivations of Indian parents who encouraged their children to go to boarding schools. Two years after the Shoshone and Arapaho leaders send their children to Pennsylvania, Manuelito, a diné leader, also sent his two sons to Carlisle "to demonstrate to his people that an American education could be an avenue for retaining Navajo culture, tradition, land, and natural resources." Jennifer Nez Denetdale, *Reclaiming Diné History: The Legacies of Navajo Chief Manuelito and Juanita,* (Tucson: University of Arizona Press, 2007) 83; Jeffrey Ostler, *The Plains Sioux and U.S. Colonialism from Lewis and Clark to Wounded Knee*, (Cambridge: Cambridge University Press, 2004), 117, 158, 168.

the Carlisle Indian School in Pennsylvania. [371] As the comments of Smith reveal, many reformers of the time interpreted such signs of enthusiasm for education among Indian parents as the recognition of the need to improve their own degraded condition. However, for Arapaho leaders in particular, entrusting their children to the care of the government was a means of reinforcing the ties between themselves and government officials. They were keenly aware that their presence on the Wind River reservation was not guaranteed in any legally binding way, and they sought to secure their presence on the reservation by establishing an agency of their own, closer to their homes and farms. In a clear symbol of the political intentions of the act, the tribes sent thirteen Arapaho and two Shoshone children east with peace pipes to be delivered to the President and the Secretary of War.[372] Included among these little ambassadors were Arapaho subchief White Breasts' daughter, Libbie, and the Arapaho chief Littleshields' daughter, Molly.[373] That a group of young representatives from the Shoshone Agency included two girls in an era when most women's places were severely circumscribed within the home, is a reminder of the high esteem in which the Arapaho held women.

But the desire to use their children's attendance of white schools as a political tool and as a means of gaining knowledge to be used to preserve their culture and resources does not fully explain the relationship of the Shoshone and Arapaho to education in the late nineteenth century. The need for political influence and the threats to their culture remained constant, but the willingness of the Shoshone and Arapaho to send their children to school did not. Only four years after officially requesting that

[371] Letter to the Commissioner of Indian Affairs, 25 Nov. 1880 from E. Ballou, LR by the Office of Indian Affairs, Shoshone and Bannock Agency.
[372] Fowler, *Arapaho Politics,* 73-74.
[373] Ibid, 74.

some of their children be sent east for schooling, and only three years after the a group of fifteen children from politically important families traveled to Carlisle, Pennsylvania, to attend boarding school, the attitude of the Shoshone and Arapaho toward sending their children off to school had completely changed. The Shoshone Agency wrote in 1885 that the "Indians are averse to sending their children away to school. Washakie wants them educated at home."[374]

Although the reason for this shift is never made fully explicit, what is known is that many of the little ambassadors never returned home from Carlisle. The disease and unsanitary conditions in the crowded dorm rooms claimed the lives of ten of the children and only five made it back alive.[375] Although sick and weakened, Libbie and Molly, the two Arapaho girls, were among those who made it back the Wind River Valley. Sadly, it appears the two girls were also among those sent home by Indian school managers to disguise the death rate at their institutions by sending sick children home before they died at the school.[376] In a letter written by one of their former classmates about the experience, Molly and Libbie's names appear among those who died soon after returning to the reservation.[377] Despite the initial interest in off-reservation boarding school education, the lives of their children were too high a cost to pay, even for strengthened political relationships and increased knowledge. In 1886, the agent wrote, "The experience of these Indians in transferring their children from the

[374] Reports of Inspection of the Office of Indian Affairs, 1873-1900, Synopsis of Report of Inspector Banister on Shoshone Agency, 14 August 1885.
[375] Fowler, *Arapaho Politics* 74.
[376] Reports of Inspection of the Office of Indian Affairs, 1873-1900, letter to the secretary of the Interior from W.J. McConnell, 31 October 1899.
[377] Reports of Inspection of the Office of Indian Affairs, 1873-1900, letter to W.J. McConnell from William Shakespeare 25 Oct. 1899.

agency to other schools has been peculiarly unfortunate, most of them having died either while at school or shortly after their return."[378]

Schools were indeed necessary for self-preservation, but not just in the cultural and political sense because of the knowledge they could impart and the relationships they could help strengthen. Government and missionary schools were also some of the most reliable sources of food on the reservation. Because boarding schools were ideally supposed to be self-supporting, they were always accompanied by a farm, or at least a vegetable patch, and usually some cows for milking, chickens for eggs, and other barnyard animals for small sources of meat. If the school's budget was large enough, a farmer was hired to manage the farming operations full-time. Otherwise, school staff shared the agricultural labor duties among themselves. Also, when food shipments ran late or short, the requirements of the school took priority over other reservation needs. For instance, once when the Shoshone agent was running short on flour, he wrote that he could issue no flour to the Indians because he was forced to keep the little he had for the school children.[379] In another instance, there were not enough cattle on the reservation to provide the Indians with the full ration amount they were entitled to. Nevertheless, the agent pointed out that "the agency employees and school people gets [sic] whatever amount they require, and this of course it the best part of the meat."[380]

A close attention to health conditions on the reservation helps shed light on periods of fluctuating enthusiasm among the Shoshone and Arapaho for sending their children to school. Prior to 1879, government attempts to provide education for the

[378] Thomas. M. Jones, U.S. Indian Agent, Shoshone Agency, Wyoming, August 1886, RCIA 1886.
[379] Letter from Agent Martin to CIA, February 22, 1884, Box 178, LR 1881-1907, RG75, NA.
[380] Extracts from Report of Peter Moran, Special Agent, Received Dec 23, 1890, File 39768, Box 688, LR 1881-1907, RG75, NA.

Shoshone and Arapaho on the reservation were sporadic. The first educational effort was a day school which was jointly funded with the Episcopal Church. In 1873, the agent reported a "growing interest" in the school, despite the difficulties of "superstition and want of parental authority." Thirty-eight boys and fourteen girls attended the school.[381] The following year, attendance dropped dramatically, with only six boys going to the school, and afterward the school ceased to operate for the next four years.[382]

During this time when health conditions were good and hunger was only an intermittent problem, political motivations had the greatest impact on the oscillating interest in the school. The year before the school opened, the Shoshone had gone through negotiations with the government over ceding the valuable portion of their reservation roughly south of the North Fork of the Popo Agie River that was within the booming Sweetwater mining district. Throughout the negotiation, the government agent, Felix Brunot, repeatedly emphasized the need for Indian children to attend school. For their part, the Shoshone displayed very little interest in education and instead demanded cattle, housing, and protection from hostile raiding tribes.[383] Although the formal terms of the cession agreement did not include any requirements that the Shoshone send their children to school, Brunot's emphasis of the topic during the negotiations clearly communicated its importance to the government. The initial willingness of the Shoshone to send their children to school in 1873 when the first school opened can be read as an indication of their willingness to be accommodating

[381] Stamm, *People of the Wind River,* 118; RCIA 1873, 338-339.
[382] RCIA 1874, 102-103; RCIA 1875, 120-121; RCIA 1876, 222-223; RCIA 1877, 304-305; RCIA 1878, 296-297.
[383] Stamm, *People of the Wind River,* 89-95.

towards the government in the hope of a spirit of mutual cooperation fostered by the previous treaty negotiations. However, because Congress failed to ratify the cession agreement until 1874, no provisions were made to pay for the cattle the government agreed to supply the Shoshone as payment for the ceded portion of the reservation.[384] When the promised cattle shipments failed to come two years after the Shoshone came to agreement with Brunot, their spirit of cooperation understandably gave out, along with their willingness to send their children to school. The agent reported, "Considerable effort has been made to induce parents to send their children to school, but the result the last year has not been flattering. The children tire of the restraint and parental authority is too lax to enforce attendance."[385]

As hunger intensified to become a persistent and serious threat, food shortages among the Shoshone and Arapaho impacted later educational efforts on the Wind River reservation more heavily than political maneuvering. By 1879 the government renewed their educational efforts again on the reservation. A day school for Shoshone children opened in July of 1878, which then converted to a boarding school in March of 1879. The response was lackluster. The teacher complained that the Indian parents had "no control over their children to force them to attend school," and he characterized attendance as "fair, but rather irregular."[386] The Arapaho had a very different response to the boarding school established for them. They had recently relocated to the reservation, and consequently there were few structures available to accommodate them outside of those already established for the Shoshone. Neither tribe was interested in sharing close quarters. Ellis Ballou, the teacher hired for the Arapaho, made do with the

[384] Stamm, *People of the Wind River,* 96.
[385] RCIA 1874, 270-271.
[386] RCIA, 1879, 168.

house that was available, which he determined could board only six boys comfortably. And thus, the little Arapaho boarding school quickly reached capacity. Ballou wrote in his annual report to the Commissioner of Indian Affairs what happened shortly after the boys' boarding school was supposedly full:

> "The next week, however, four more pupils were brought in, and their parents insisted that they too should be admitted. Thus it continued, week after week, the parents pleading so hard for their children to be instructed, till the quarters became so crowded that we feared sickness would be the result, and so told the interpreter that it would be useless for them to bring in more children till we provided with more room. But we soon found that they were not to be put off so easily. Two more parents presented themselves with their boys, saying if we would only instruct them, the boys would sleep out in the wagons, so we received them on such terms. Others kept coming, saying they, too, would sleep out of doors."[387]

Whereas Shoshone parents were ambivalent about having their children attend the government boarding school, in 1879 Arapaho parents seemed nearly desperate to have their children in school.

Part of the explanation for the difference between the two tribes' response to schools established on the reservation has to do with political motivation. Whereas the Shoshone knew their rights to the area encompassed by the reservation boundaries were secure, the Arapaho had only arrived the previous year and knew their right to stay was tenuous at best. An eager response to the school would have certainly put them in the good graces of the agent and thus earned them an important advocate. However, political motivations do not explain the continued push to have their children in school, even when the teacher and staff instructed them they could take no more students. If they were looking for the approval of agency employees in order to curry favor, they would have achieved this with only six of their children residing at the boarding school.

---

[387] RCIA 1879, 169.

The rest of the story lies within the physical experience of the Shoshone and Arapaho in 1879. The Shoshone had already spent eight years learning to adjust their lifestyle and seasonal movements to include both the resources and the restrictions of reservation life. Although crop failures, delayed ration shipments, and dwindling big game resources undoubtedly caused hunger to be a real and periodic threat, not all crops failed, rations shipments did eventually come, and hunting was not a total wasted effort. Just as their children's school attendance was irregular, so too were their periods of hunger. The Arapaho, on the other hand, came to the Wind River valley already in a desperate state and relief was slow in coming. Their recent arrival meant the Arapaho had no crops in the ground to provide food, or even the hope of food, from farming in the near future. Furthermore, the government was slow in adjusting to the new location of the Arapaho, meaning that no government rations awaited the Arapaho on the Wind River reservation. Under these circumstances, the desperation with which Arapaho parents sought to get their children into school reflects the serious need of food. Getting their children into the boarding school was the best option for keeping them fed.

For reasons that are not entirely clear, the initial attempts at providing education on the Wind River Reservation were brief. Both the Shoshone and Arapaho schools ceased to function within a year after their opening. Other than just a few months, for four years the two tribes had no option of sending their children to school, unless they sent them to an off-reservation boarding school such as Carlisle. With the establishment of a boarding school for boys and a day school for girls in 1883 run by the Episcopalian Reverend John Roberts, government and missionary education became a permanent presence on the reservation, although this school mainly educated

Shoshone children. Then, in 1886 the Roman Catholic Church permanently established St. Stephen's Boarding School among the Arapaho. After a long period of sporadic and intermittent education efforts on the Wind River reservation, by 1886 schools were a permanent presences on the reservation for both the Shoshone and Arapaho, just as they had often asked for.

As before, levels of hunger predicted the extent to which parents chose to send their children to school. As hunger rose so too did school attendance. When the government boarding school was established for the Shoshone in 1883, they initially seemed as nonplussed as they were when the first boarding school was established in 1879. The year after the Shoshone school opened for the second time, the agent reported that at first, the Shoshone were "averse to sending their children to school." In 1883, the average Shoshone attendance was thirteen students[388] It seemed that little had changed in the Shoshone attitude toward school, but that was about to change drastically. In a single week in August 1884, Shoshone parents brought in 16 students. The sudden influx doubled the schools average attendance for the entire previous year and the agent expected that even more would show up in the following weeks. [389] Not coincidently, this was the same time that the agent was writing desperately to the Commissioner of Indian Affairs that the Indians were starving. A winter hunt had yielded some meat, but barely enough to last through the spring. By March, the agent reported that the Indians there were looking to him "to provide for their children who they say are starving."[390] By June, he wrote that he was entirely out of beef and could only issue a little flour to the Indians. Although the agent may not have made the

[388] School Statistics, RCIA 1883.
[389] RCIA 1884, Shoshone Agency, Wyoming Territory, August 15, 1884, p. 184.
[390] Letter from Agent Martin to CIA, March 7, 1884, Box 180, LR 1881-1907, RG75, NA.

connection, in sending their children in droves to school in August, the Shoshone were resorting to the most reliable way of keeping their children fed at that particular moment in time. As reductions in rations continued, the attendance of the government boarding school rose. From 1883 to 1887, the average attendance jumped from just thirteen students to eighty-one.[391] Just as the influenza outbreak of 1886 indicated severe levels of hunger, so too did the sharp rise in school attendance which occurred at the same time.

Like the Shoshone, the need to keep their children fed in difficult circumstances often motivated the Arapaho's choice of sending their children to school. Additionally, the Arapaho also saw the act of sending their children to school as a political one that would earn them favorable relationships with government agents, as they had when they first came to the reservation. In 1889, the same year that the government again reduced ration amounts, the Arapaho used their willingness to send their children to school as a basis of negotiation in an attempt to return to increase rations and gain improved farming equipment. In August of 1889 several Arapaho chiefs met with their new agent in order to explain their condition and have him forward it on to the President. Their main concerns focused on the need to alleviate hunger among their tribe. Each leader's requests for more food or farming equipment were closely accompanied by a reference to Arapaho children attending school. Sharp Nose stated that they wanted "more things for use in farming" and also "full rations." His next point was that "they send their children to school so they can earn the ways of white people." Little Wolf pointed out how the government "told them to send their children away to school and they were well pleased with the result." Then he went directly on to point out that "the men do

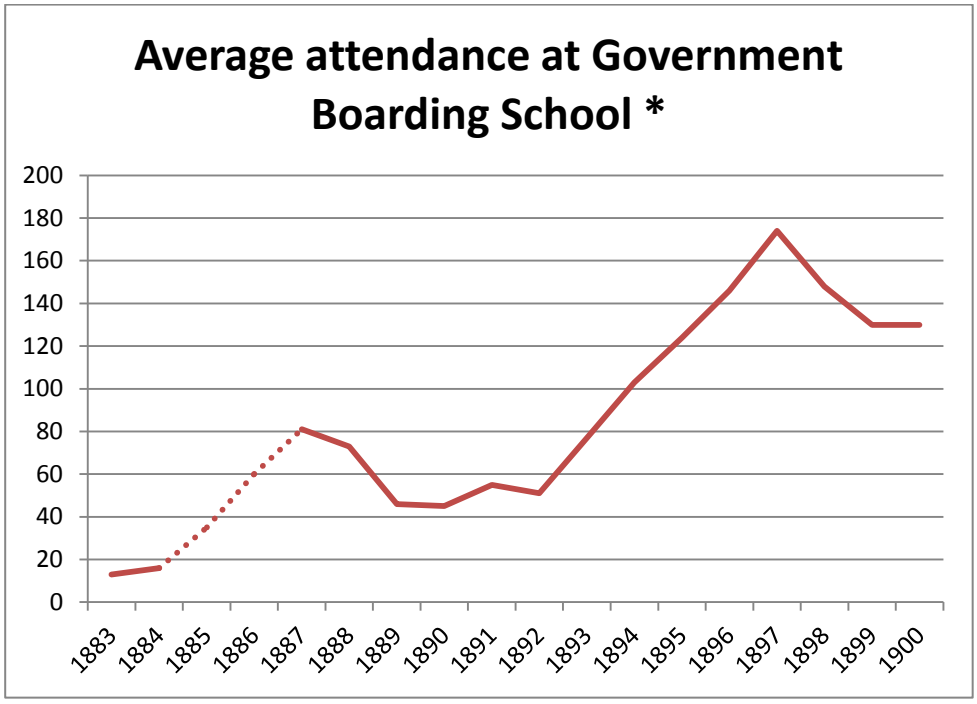
[391] School statistics, RCIA 1883, 1887.

not look healthy, neither do the children" and requested cattle and more rations "same as they used to get." These seeming unrelated points were not random shifts in thought. Black Cole's statement makes clear the connection they had in mind between the topics of education and food. As the interpreter translated his words, Black Cole said that "they like the school and like to have their children go to school. Thinks by so doing the government will give them their former amount of rations of flour, beans, bacon, baking powder, coffee, sugar, salt, tobacco, etc."[392] For the Arapaho, sending their children to school was not just a way of keeping their children fed. They also saw it as a way of making sure the tribe as a whole remained in good graces with the government, and thereby could receive the aid they needed. Rather than utilizing schools as a means of saving themselves "from themselves" as Smith believed, the Shoshone and Arapaho used schools to address immediate and real concerns: they needed to save themselves, and specifically their children, from hunger. However, their interest in using the schools as a resource lasted only as long as the healthfulness of those institutions persisted.

Although hunger remained a steadily increasing problem for the Shoshone and Arapaho during the 1880s and 1890s, school attendance did not likewise show such a steady upward trend. After the initial low attendance rates at the government boarding school when it opened in 1883, and following the sharp increase in attendance in 1887 as a result of worsening food scarcity, the daily average of students leveled off at 73 during the year 1888. Although it may stand to reason that further reductions in ration amounts would lead to more parents choosing to send their children to school where

[392] Letter from Shoshone Agent Fosher to the President, August 31, 1889, File 25344, Box 552, LR 1881-1907, RG75, NA.

they could reliably get something to eat, the exact opposite result is evident in 1889. That year, the government reduced the Shoshone and Arapaho's already-meager rations to one pound of beef and ten ounces of flour per week. The very next year, ration amounts dwindled further to fourteen ounces of beef and eight ounces of flour per week. Yet, instead of school attendance increasing, the opposite actually occurred. A four year period of lowered attendance rates followed instead. (See chart below)



[393]

*No data for 1884 and 1885.

This dip in attendance, despite further loss of food resources, indicates that the choice to send their children to school involved more considerations than just the Shoshone and Arapaho's concerns about keeping their children fed. The greater concern was simply keeping them alive.

[393] RCIA 1883 – 1900.

John Roberts, the Episcopal Reverend, was in a good position to understand why the attendance dropped. He oversaw the school after its renewed start in 1883, until stepping down from the post eight years later to run a small Episcopal boarding school for Shoshone girls. Just prior to leaving his post at the government school, he wrote a very candid account of the attendance troubles in his report to the Commissioner of Indian Affairs in 1891. In explaining his reasons for not using "compulsory measures" to induce the Indians to send their children to school, he explained that "thirty percent of children who attending the school from 1883 to 1889 died, and several others returned to their friends broken down in health."[394] Despite the assurance of regular food, the school was not a healthful place after all.

An agency physician inspecting the school previously reported the conditions unsanitary. Although some of his assessments could be written off as the fastidious fussing of an overly neat professional, (i.e. beds not made, floors not swept), others are truly concerning. There was a pail that stood in the middle of the boy's dorm that acted as a urinal and was "full of urine to overflowing." Also, behind the school the employees previously dug a ditch for the purpose of bringing directing running water from the nearby Trout Creek past the school so that waste and debris would wash away in its flow. But the system only worked when Trout Creek flowed at a high enough level. The physician reported that the "cut-off-creek in the rear of the school needs filling up" and he further requested that "stringent orders be issued against the further

[394] John Roberts, Report of Superintendent of Shoshone Boarding School, Shoshone Agency, Wyoming, July 23, 1891, RCIA 1891, 479.

throwing or depositing of any debris in or around the creek or cutoff."[395] Without an ample flow of water, the waste and rubbish the school and its occupants created simply remained and accumulated and putrefied. Roberts daughter, Elinor, who was born and raised on the reservation during her father's time there, described the government school building as a "one-story, adobe building with a few windows which had heavy iron bars across them…Iron bars were placed on the windows to protect the children inside form the possible attack of hostile tribes and also for the purpose of keeping the children safely in school at night."[396] But keeping the children within the poorly-ventilated school without proper facilities for disposing of human excrement and waste was quite the opposite of "keeping the children safely." Elinor also became sick while residing at the school and her illness was an important factor in her father's resignation from the school.[397] The teacher who took over after Roberts stepped down described the hygienic conditions at the school as, "the worst I have met with in an experience of seventeen years as a teacher." He wrote that even the employees dreaded the thought of "spending another winter in the old, disease-laden adobe building."[398]

For his part, John Roberts recognized the health threat that the school created. His policy was to allow any pupil who was not feeling well to leave school and go home for a few days. By letting the student leave the stagnant and unhealthy environment and seek treatment within their own communities' health practices, Roberts reported that "an excellent health record has been gained for the school during

---

[395] Letter from William A. Olmsted, Agency Physician, to Col. Thomas M. Jones, Shoshone Indian Agent, Aug 4, 1886, Microfilm Publication M1070, Reports of Inspection of the Field Jurisdictions of the Office of Indian Affairs, 1873-1900.
[396] Markley and Crofts, *Walk Softly, This is God's Country*, 59.
[397] Walter Lovejoy, M.D., Superintendent of Shoshone Boarding School, RCIA 1892, p. 524.
[398] Ibid.

the past year, though the average attendance was somewhat lowered thereby."[399] When diphtheria appeared among the pupils in 1892, the response of Roberts was to close the school and allow the pupils to return home in order to prevent the further spread of the disease. In fact, that particular school building was never used again. Heeding the warnings of teachers about the unsanitary and dangerous conditions at the dilapidated Wind River Boarding School, the agency completed a new school building in 1893.[400]

But despite the new structure, the threat of overcrowding remained a problem, particularly due to the policies of agent Richard H. Wilson. Wilson, who was the agent from 1895 to 1897, tried particularly hard to make the food and clothing offered to boarding school students more crucial than mere supplements to Shoshone and Arapaho families' resources. Under his administration he strictly enforced the rule that rations were only issued to the parents of pupils that attended school.[401] Consequently, Wilson forced Wind River parents to send their children to school, not only as a way to keep their school-aged children fed and clothed, but also to keep themselves and the other members of their family alive. Although these methods encouraged many parents to keep their kids in school, the coercion did not create genuine support for the reservation schools and their methods. In 1896, U.S. Indian Inspector James McLaughlin wrote that if Wilson's system of ration withholding discontinued, "the pupils would be withdrawn and schools broken up."[402] Before Wilson's tenure, disapproval or disinterest for Roberts' boarding school for girls had been expressed through chronic irregular

---

[399] John Roberts, Report of Superintendent of Shoshone Boarding School, Shoshone Agency, Wyoming, July 23, 1891, RCIA 1891, 479.
[400] John Fosher, Shoshone Agency, Wyoming, July 31, 1893, RCIA 1893, p. 352.
[401] Reports of Inspection of the Office of Indian Affairs, 1873-1900, letter to the secretary of the Interior from James McLaughlin, U.S. Indian Inspector, 30 April 1896.
[402] Ibid.

attendance. However, by the time of McLaughlin's visit, Reverend Roberts stated that "the attendance this year is very regular" and he attributed the improvement "to the efforts of Capt. Wilson."[403]

As more and more students crowded into the government boarding school, it became only a matter of time before a contagious disease broke out among the students. In contrast to Roberts policy of sending children home when they were sick when he was in charge of the government boarding school, and in contrast particularly to Roberts' handling of the 1892 diphtheria epidemic, Agent Wilson's campaign to force parents to send their children to school and perhaps faith in the healthfulness of the new school building led to a very different approach to the next epidemic. When a measles epidemic appeared on the Wind River Reservation in November of 1896, the initial response of the superintendent of the school was to keep the children in school, but under strict quarantine in the hopes that the illness would not pass through the school.[404] When the disease eventually broke out among the students a month later, the Agency physician, F.H. Welty, advised the superintendent and the agent that they should reverse their policy of quarantine and instead close the school and allow the pupils to go home until the epidemic passed. Although the school ceased to function, it was not because the staff sent the pupils home. Instead, the superintendent and agent rejected the physician's advice. The school became a giant sick ward as measles infected every single one of the nearly 100 students in school at the time.

---

[403] Reports of Inspection of the Office of Indian Affairs, 1873-1900, letter to the secretary of the Interior from James McLaughlin, U.S. Indian Inspector, 30 April 1896.

[404] Letter from H.W. Welty, M.D. to CIA, Dec 10, 1896, File 47372, Box 1377, LR 1881-1907, RG75, NA; W.P. Campbell, Superintendent , Wind River Boarding School, RCIA 1897, p. 317.

The hubris of Agent Wilson and the superintendent of the school, W.P. Campbell, was that they could provide better medical care to the students than their own communities could. And indeed, Campbell claimed a great victory over the disease. He boasted to have "passed through [the epidemic] without losing a single case, but as a result of measles we lost one of our boys from congestion of the lungs..." Despite the policy of keeping the children at school, a few did manage to return home. Of these, Campbell reported, "several who had been enrolled and withdrawn died at their homes…"[405] Dr. Welty presented a slightly different version of the outbreak at the school. His account agrees with Superintendent Campbell's that all the pupils recovered except one boy. However, he goes on to explain how the "general health of the pupils was very much shattered." Apparently finally recognizing the folly of keeping the children in school longer, the Superintendent and Agent finally took Dr. Welty's advice when he recommended "that a number should be allowed to go home to recuperate." Whereas Campbell blamed the deaths of those who went home on the very fact that they were in their homes rather than at school, Dr. Welty made it clear that those students were gravely ill before they left the school. He wrote, "I had to advise that a number should be allowed to go home to recuperate, where some died from the lowered vitality and others developed rapidly into scrofula and consumption, with a number of deaths, apparently due to the latter disease, but really, primarily to the depressing effects following measles." The root cause of death for the students who went home was not located in the homes or the care they received there. Instead it was in the policies that initially led to an overcrowded school, followed by the decision to

[405] Ibid.

kept children from their families and the health care of their communities as long as possible, until it became clear they were beyond help. After the gravely ill students went back to their families, Superintendent Campbell had the audacity to claim that, "had [they] remained at the school I feel [they] would be alive today."[406]

After the measles outbreak the Shoshone and Arapaho expressed in no uncertain terms their disapproval of the handling of the incident. Parents on the Wind River Reservation continued to fight for their right to make their own decisions about their children. Writing in 1900, Dr. Welty observed that the number of pupils never again reach the same amount as before the 1897 measles outbreak because "the parents of other pupils, hearing of the numerous deaths and cases of sickness following measles contracted at the school, blamed the authorities for keeping their children their during the epidemic, and opposed in every way sending their children to the school."[407] Then, during the summer following the measles outbreak, "some of the leading Indians" circulated a petition that requested the Office of Indian Affairs remove Wilson from his position because he was not "consulting their best interests."[408] Although the petition gained many signatures, when Wilson heard about the protest against him, he instructed his policemen to find and destroy it. It is unclear whether or not a petition eventually found its way to the Commissioner of Indian Affairs. What is clear, however, is that after visiting the Shoshone Agency the Indian Inspector James Anderson filed an unfavorable report despite Wilson doing "everything in his power to head off an

---

[406] Ibid.
[407] Letter from F.H. Welty, Agency Physician, to W.G. Nickerson, Agent Shoshone Agency, Aug 27, 1900, File 43235, Box 1826, LR 1881-1907, RG75, NA.
[408] Reports of Inspection of the Office of Indian Affairs, 1873-1900, letter to the Secretary of the Interior, unsigned, 25 Oct. 1897.

investigation that will reveal the true state of affairs."[409] The following year Wilson left the reservation. In stark contrast to how agency employees handled the 1897 measles outbreak, when measles appeared in an employee at John Robert's Mission school in 1899, he dismissed all the pupils until the danger of infection past. The Wind River Agent at the time approved of this measure. Agency employees realized what the Shoshone and Arapaho had quickly learned much earlier; boarding schools were quite possibly the least healthful place for children to be, particularly during an outbreak of disease.

Although the Shoshone and Arapaho used schools as a resource to alleviate hunger during times of scarcity, their usefulness extended only so far as those institutions helped maintain health. Despite the continued and increased levels of hunger, when schools became a threat to the health of their children, interest in them noticeably waned. When attendance rates began to climb again, it was because the refusal to send their children to school became a greater threat to health than the school itself when Agent Wilson withheld rations from Shoshone and Arapaho parents who did not send their children to school. The rising attendance rates did not indicate a change of heart among the Shoshone and Arapaho. The Wind River agent wrote in 1900 that "The Indians have a deep-rooted prejudice against sending their children to school. . .their people are all around seeking to coax or seal them away. . ."[410]

As was typical at Indian boarding schools across the nation, the boarding schools on the Wind River Reservation issued uniforms for their students that consisted

[409] Reports of Inspection of the Office of Indian Affairs, 1873-1900, letter to W.A. Jones, Commissioner of Indian Affairs, unsigned, 22 Nov. 1897.
[410] H.G. Nickerson, Agent for the Shoshone Agency, August 18, 1900, RCIA 1900, 414.

of a blouse, a skirt, and a pair of bloomers.[411] When remembering the uniforms, Bonatsie mentioned that when they went home from the boarding school, they changed into different clothes. When asked if she was glad to get back into her normal clothes, she replied, "Uh huh [laughs] then when we were going to come back, then we'd put the school clothes on."[412] The clothes that teachers expected Shoshone and Arapaho girls to wear while they were at school were unfamiliar and uncomfortable for the girls to wear on a daily basis. But even beyond the issue of comfort, the clothing the boarding schools required children to wear had much more important meaning. As part of Shoshone and Arapaho women's health care knowledge, they designed the beadwork they incorporated onto their children's clothes using particular designs meant to elicit power from the supernatural to ward off illness. As Indian children entered the boarding schools, they were literally stripped of every measure of their own communities' health care practices, leaving them particularly vulnerable in the unhealthy, crowded conditions. In light of the number of children that returned home from boarding schools ill, or not at all, taking off their clothes from home and putting on the plain uniforms of the school would have felt like a particularly frightening portent.

Already weakened by the hunger, assimilation policies only served to increase the severity of hunger and directly led to the emergence of chronic ill health among Native Americans. The assimilationist agenda of making men into farmers on the Wind River Reservation failed for a myriad of reasons, including the government's lack of

[411] Oral history of Josie Calhoun, original collection date 24 Jan. 1991, Box 1, WVHP, Collection Number 11457, AHC, UW.
[412] Oral history of Lucy Bonatsie, original collection date 8 Jan. 1991, Box 1, WVHP, Collection Number 11457, AHC, UW.

consideration of the environment of the region and the issue of inadequate or broken equipment. But even considering these obstacles, the fundamental reason farming failed was that the agricultural aid the government provided depended upon an able-bodied population in to be able to take advantage of it. However, the physical effects of hunger had already started to seriously weaken Shoshone and Arapaho bodies. Despite coercive efforts to induce families to surrender their children to boarding schools on the Wind River Reservation, the Shoshone and Arapaho demonstrated a fluctuating pattern of acceptance and resistance of education that had more to do with the health of their children than the efforts of the government. Through malnutrition and the fostering of disease among Indian children, assimilation policies eventually created the reality of endemic ill-health that the nation had long imagined among Indians.[413] Yet, as the assimilation campaign shifted from focusing on men to emphasizing the behavior and actions of women, federal policy initiated the greatest threat to the circles of care in Arapaho and Shoshone communities.

[413] For further discussion of Indian schools and disease, see Brenda Child, *Boarding School Seasons: American Indian Families, 1900-1940* (Lincoln: University of Nebraska Press, 2000), 55-68.

Chapter 5
The Drudge and Federal Indian Health Care

In 1911, the heartbreaking irony of early twentieth century federal health care policy was illustrated when all students in Indian schools took part in a composition contest on the subject of "The Cause, Prevention, and Treatment of Tuberculosis." Teachers selected the five best compositions and sent them on to the school physician for further evaluation. After another round of culling by the school physician, they sent the best essays on to both the Supervisor of Schools, and the Medical Supervisor of their district.[414] The prize for the best papers was a button featuring the symbol of the campaign against tuberculosis on it, in addition to a personal letter to the student from the Commissioner of Indian Affairs. Haskel Bingham, an Indian student from Oklahoma, wrote one of the essays that received a prize. Although Bingham could write an award-winning essay on the cause, prevention, and treatment of tuberculosis, this did not prevent the deaths of his mother and three of his aunts from tuberculosis, nor did it help his uncle who lay dying of the disease at the time Bingham received the award.[415]

As the effects of colonization began to undermine the health of Native peoples, the lack of concern for Indian health turned into action at the same time the nation began to question the assimilationist designs and faith in the perfectibility of humanity that accompanied the earliest Europeans to the North American. Indians were no longer

[414] National Archives (hereafter NA), Central Classified Files (hereafter CCF) 1907-1939, GS Box 1514, Folder 91846-11-734, Circular no. 595 to all Field Officers and Teachers, Private or Mission Schools, 1911.

[415] NA, CCF 1907-1939, GS Box 1415, Folder 91846-11-734, Letter to Commissioner Valentine from Meta Chestnutt Sager, Oklahoma, Mico Oklahoma, August 4, 1912.

a threat to the westward expansion of the nation, and the continued presence of Indians and Indian culture defied decades of assimilation efforts. Many Americans were losing patience and faith with the large federal expenditures towards that effort. Although the OIA was aware by the turn of the twentieth century of the emerging health care crisis in Indian country, such as the rising morbidity and mortality rates on the Wind River Reservation, it nevertheless persisted in its pursuit of gendered assimilationist goals, even to the point of using assimilation education as a substitute for health care. In this chapter, I will argue that in the debate over assimilation policies that emerged around the turn of the century, ideas about Indian health and Indian women provided influential rational to maintaining and even extending assimilation efforts. Rather than scaling back on all assimilation designs, when it came to Indian health care and the homes and habits of Indian women, the assimilation campaign actually escalated after the turn of the century. This chapter provides an overview of early twentieth century social scientific theories on race and shows their influence in OIA policy, particularly the resulting close connections between educational and health goals, facilities, and personnel. It also examines the continued hunger, ill health, and land loss as a consequence of early twentieth century federal Indian health care policies rooted in assimilation goals.

By the early twentieth century, the general public increasingly began to lose faith that Native Americans could be fully incorporated into American society as full and equal citizens. This shift in public and political opinion o reflected important changes taking place among social scientists. Evidence that wide gaps between different races showed no signs of significantly closing led many anthropologists to

reject social evolutionists' faith in the inevitable progress of all races and the federal programs they inspired.[416] Racial formalists, such as the geologist W.J. McGee, argued that races were indeed evolving. But, drawing on the theory of polygenesis, McGee believed that different races could not be expected to evolve at the same rates as one another or even have the potential to evolve as far as others. Racial formalists believed that the differences between races were so profound that different races constituted entirely different species rather than different varieties of humankind. McGee's theory allowed for change and progress at the same time that it defended permanent racial inequality.[417] Elaborating on McGee's theories, racial formalists emphasized that the inertia of race precluded the possibility of cultural change. Inherited characteristics determined an individual's capacity for progress, and those characteristics changed so slowly over time that they effectively doomed less advanced races to extinction due to their essentially permanent state of racial inferiority. In this theory, inherited characteristics defined culture, and therefore, little could be done externally to accelerate the pace of progress.[418]

By essentially conflating race with culture, racial formalists sidestepped the evidence from anthropologists and scientists beginning to mount in the late nineteenth century that the biological differences *between* races were not more significant than the biological differences *within* races. As biological racism lost scientific backing, racial formalists capitalized on the observable cultural differences between different

[416] Hoxie, *A Final Promise*, 17-23, 115-117.
[417] Ibid, 118-120.
[418] Ibid, 124.

populations to maintain essentially racist viewpoints, only using language that coded culture as a stand-in for race.[419]

At the same time social scientists started to shift away from the idea that race determined human behavior and was immutable, Americans became increasingly concerned with the disease-carrying potential of all non-white bodies. Both scientific and popular discourse drew close, if confused, connections between race, biology, and culture during the early twentieth century, as often reflected in discussions of health disparities among different populations.[420] For instance, during the late nineteenth century, despite the introduction of bacteriology in scientific discourse, city officials in San Francisco targeted the Chinese as the literal embodiment of disease and infection, particularly during a smallpox epidemic that broke out in the summer of 1876.[421] Later, fears of contagious disease directly supported racist anti-immigration sentiment and policies during the early twentieth century as geneticists and biologists saw the lack of resistance to disease as a mark of racial inferiority. [422] The U.S. government passed immigration restrictions out of concern for the health of the nation which excluded anyone from entering the country if they had trachoma, tuberculosis, syphilis,

---

[419] For a discussion of this type of slippage between concepts of race and culture in the context of late nineteenth and early twentieth century British colonialism, see Waltraud Ernst and Bernard Harris, eds., *Race, Science, and Medicine, 1700-1960* (London and New York, Routledge: 1999). Ernst points out that this slippage and logical inconsistency is the reason why racial discourses are so pernicious. He writes that racial discourses based on mixed-up premises, "are destructively all-pervasive precisely because they are overdetermined and multivarieant, creating the possibility for different arguments or perspectives (moral, biological, cultural, etc.) to be accentuated within different contexts and depending on the aims pursued." Ibid, 7.

[420] For more on the conflagration of "culture" with "race" see Ernst and Harris, eds., *Race, Science and Medicine.*

[421] Shah, *Contagious Divides*.

[422] For example, in 1918 geneticists Paul Popenoe and Roswell H. Johnson pointed to the inferior disease resistance of the Negro (among other factors) to argue against racial mixing. In 1921, the Norwegian biologist Jon Alfred Mjoe made the argument that crosses between Lapps and Nordics resulted in "physical disharmony" as indicated by higher rates of tuberculosis among those racial hybrids. William B. Provine, "Geneticists and the Biology of Race Crossing," *Science* 182 (Nov. 23, 1973), 791-792.

gonorrhea, or leprosy. However, this policy was not uniformly enforced. As historians Erika Lee and Judy Yung show, the idea that "Orientals" carried more serious and more harmful strains of disease than other immigrants led to far higher rates of medical exclusion for Asian immigrants than Europeans. Whereas the process of entering the United States from Ellis Island, where the immigrants were mostly European, took a matter of hours, the process at Angel Island, which mainly included Asian immigrations, took days or weeks due to the far more rigorous examinations. Russian or Jewish immigrants that came through Angel Island rarely had to endure the invasive examinations that Asian immigrants were subject to, and very few were diagnosed with the diseases that meant deportation without appeal such as trachoma, hookworm, or tuberculosis.[423] In fact, the presence of trachoma in an individual meant they could not enter the country and was a common factor for immigrants to be rejected.

Just as it did among Asians immigrants, the rising prevalence of trachoma among Native Americans marked them, quite literally, as being among those who were unfit to be a part of American society.[424] The theories of polygenesis and racial formalism, based as they were in the idea of biological difference between groups of people, found reinforcement in the wide-spread prevalence of disease among Native Americans. Indians obviously remained culturally different from the rest of American in the early 20th century. That they suffered from poor health in greater numbers than non-Indians seemed to give physical, visible evidence that Native peoples also remained biologically inferior. Widespread illness among Indians was yet another mark of their

[423] Shah, *Contagious Divides*, 218.
[424] NA, CCF 1907-2939, GS Box 1498, Folder 1255809-732, Letter to Commissioner Leupp from the Surgeon General, February 13, 1909.

non-white "other-ness" which linked them with other groups perceived as racially inferior and thus could possibly prevented them from ever achieving full assimilation. These arguments employed a circular logic whereby the high prevalence of trachoma in non-white groups of society stood as evidence that non-white groups were more susceptible to trachoma. Also, just as the federal government sought to restrict immigration from Asia, and Southern and Eastern Europe, the prevalence of trachoma among Indians added to the belief that they were fundamentally unable to be incorporated into the American citizenry.

The explanation offered by racial formalists that ingrained racial characteristics explained persistent cultural differences between groups, and the resulting expectation that those differences likely would not be eradicated in the near future, provided rationale for why both Indian culture and poor health seemed to be such pervasively stubborn features in Indian country. Attitudes towards the health of Native peoples among OIA staff hinted at the pessimism of racial formalism and its confused rhetoric that conflated culture and race. When asked if the general health condition of Indians was more satisfactory in 1914 than it was ten years prior, Elsie Newton, an Indian supervisor, responded that it was not and also indicated that she did not suspect it would change soon. Newton argued that Indians were "passing through that period of transition, forgetting the old code of life or at least not regarding it, and yet not dominated by the new." Newton believed that until Native Americans "passed through the critical period" of assimilation, the general health condition of Indians would naturally be poor.[425] Although Newton linked assimilation, or culture, with health, her

[425] NA, CCF 1907-1939, GS Box 1444, Folder 19875-14-700, Letter to Commissioner of Indian Affairs, from Elsie E. Newton, Indian Supervisor, March 14, 1914.

resignation about the slow pace of assimilation hinted at the persistence of ideas of racial formalism. A similar attitude of acceptance of poor health conditions among Indians was evident in 1915 in the Commissioner of Indian Affairs response to a South Dakota citizen who wrote to him about the deplorable conditions among the Indians there. In response the Commissioner, Cato Sells, admitted that "the problem is a large one." However, he also made it clear that in his mind, health conditions were poor because Indians remained "uncivilized," and as such, there was little that could be done to help the situation. He wrote that the issue of endemic poor health "will never be entirely satisfactory until the Indians are educated and civilized to the same standard as are their white brethren."[426] In light of the decades of attempts to instill civilization among this population, Cato's assessments of the possibilities of improvement in health or change in Indian culture contained a tone of pessimism that betray the racial foundations of his concept of culture. Despite the governments' best efforts, they had not been able to affect health because the Indian culture was too ingrained. On a separate occasion, Sells linked health with nearly immutable characteristics in a response to questions about the difference in health for the Indian baby versus the average white baby. He admitted that Indian babies faced more difficult odds for survival than white babies. Although he stated that the Office attempted "to improve conditions and bring better service to bear on the health situation," he also made sure to point out that "a campaign of this nature is one of years, as it means civilization of the race."[427] Although not explicitly referencing racial ideas, these statements echoed the

[426] NA, CCF 1907-1939, GS Box 1444, Folder 19875-14-700, Letter to L.J. Eddy, Manager White Axe Co., from Commissioner of Indian Affairs, March 15, 1915.
[427] NA, CCF 1907-1939, GS Box 1444, Folder 12332-16-700, Letter to American Druggists Syndicate, from Sells, Commissioner of Indian Affairs, January 4, 1917.

growing sense that the government could not change Indians as easily as once believed. The belief that it was impossible for health to improve any faster than the very slow pace of racial change allowed reformers in the Office of Indian Affairs to feel that the persistence of poor health among Indians was not a matter that needed urgent attention. There was no need to work towards making real and genuine improvements in the way the federal government addressed medical care for Indians because often times, government officials did not perceive medical issues as the root cause of ill health among Indians in the first place.

However, as historian Fred Hoxie shows, by the twentieth century, social scientists "no longer spoke with one voice when discussing the future of Native Americans."[428] Ideas of racial permanence and pessimism about Indians' ability to be anything other than "Indian" vied with ideas of cultural relativity and the possibility that societies could indeed change if just the right alterations to their surroundings and behavior could be made. The anthropologist Otis T. Mason rejected the idea that differences among human populations could solely be accounted for by race. Instead, he influentially articulated the idea that a people's technological advancement shaped their behavior and society. He went further by pointing out that material culture was directly dependent upon the climate and resources of a given area and therefore, environment also had an important role to play in creation of variation among groups of humans. Diversity among populations could be explained by the diversity of environments and landscapes in the world. According to Mason, human variation came from the physical environment, not race. Rather than speak about human difference in the nearly immutable terms of race, Mason's work, and the champions of environmental

[428] Hoxie, *A Final Promise,* 143.

determinism he inspired, shifted the conversation to focus on the more flexible concept of technical advancement where environment controlled the pace and extent of progress.[429]

The work of Franz Boas moved even further away from theories of racial formalism than environmental determinists had. He argued that human variation could not be explained by either race or the environment alone. Instead, he employed the concept of culture, which included a broad array of factors such as religion, cosmology, mythology, physical surroundings, and social structures, to explain differences in human behavior.[430] His theory of cultural relativism had a profound impact on a generation of anthropologists in the early decades of the twentieth century. Boas' protégés, Clark Wissler, Alfred L. Kroeber, and Robert H. Lowie, used his theories to refute ideas of racial hierarchy and biological evolution as the prime indicators of human behavior and potential for change in a society.[431]

The significant difference between the theories of racial formalists on the one hand, and environmental determinists and cultural relativists on the other, was that the former left little chance for Native Americans to assimilate. The racial differences that set Indians apart were too deeply ingrained in their very biology for their culture to be easily changed. In contrast, the theories of Mason, Boas, Wissler, Kroeber, and Lowie, which rejected the rigidities of racial difference, left a much larger window of

---

[429] Hoxie, *A Final Promise,* 129-132.
[430] Franz Boas, *The Mind of Primitive Man: A Course of Lectures Delivered Before the Lowell Institute, Boston, Mass., and the National University of Mexico, 1910-1911* (New York: The Macmillian Company, 1911).
[431] Carl N. Degler, *In Search of Human Nature: The Decline and Revival of Darwinism in American Social Thought* (New York: Oxford University Press, 1991); Hoxie, *A Final Promise,* 136-142.

possibility open that Indians could assimilate, if enough (or just the right aspects) of their environment and culture could be altered.

As Hoxie shows, it became scientifically condoned, politically acceptable, and quite frequently economically beneficial for Western states and residents for the federal government to view Indians as incapable of advancement and therefore unable to manage their own affairs. Elaborate efforts to educate and civilize Indians became increasingly unpopular. Proponents of scaling back assimilation efforts could point to theories of racial formalism and polygenesis for scientific justification of their political and social views.[432] However, these theories were not beneficial to Westerners when considering Indian health. Despite the implied similarity of racial inferiority between immigrants and Native Americans, the main difference between the two was that Indians could not be prevented from entering the country. They were already there. It was one thing to be willing to accept a "culturally backward" population in America's midst that could serve as an easily exploitable labor force. It was a wholly different thing to accept a diseased population in America's midst.

In 1910, the Medical Supervisor wrote to the Commissioner of Indian Affairs with his recommendation for the amount of funding the department should ask from Congress in the portion of their budget for "Relieving Distress, etc." He used the letter as an opportunity to explain his growing concern about tuberculosis. It is telling that his concern largely centered on the threat of tuberculosis for non-Indians. He recommended a campaign to register all the cases of tuberculosis on reservations and Indian communities ". . . not only for the protection of the Indian himself, but also for the protection of the white community which is gradually invading the Indian country.

[432] Hoxie, *A Final Promise*, 115-146.

This becomes more and more serious as the Indians are being sent to the white schools. The contagious diseases from which they suffer are bound to have their effect not only on the white children, with whom they associate, but also on public sentiment in regard to the mixture of the races in schools."[433] Although Hoxie has shown that the overall trend in the OIA and the federal government during the twentieth century was to scale back efforts to try to fully assimilate Indians into the population, this was not the case when it came to health policies and Native Americans. However beneficial a cheap and degraded labor force may have been for Westerners, an unhealthy and diseased population in their midst was decidedly not a desirable situation.

Despite debates among social scientists and confused rhetoric about the nature of race and culture, when it came to health care, the actual policies and practices of the OIA most consistently reflected the ideas of Franz Boas; that cultural practices had the greatest impact on the overall healthfulness of a population. Elsie Newton echoed this sentiment after a survey of the home and social conditions among Indians in Nevada and California. Her recommendation to improve conditions centered on the establishment of more schools and more Federal oversight of Indians through those schools. In a clear rejection of the biological reasons for illness, she stated that "the question of disease, even, is more one of morals than of mere sanitation." Illness was the consequence of a culture that exhibited incorrect or inappropriate behavior.

A 1910 Public Health Service report on contagious and infectious diseases among Indians included a thorough discussion of trachoma. One of the reporting doctors, Taliaferro Clark, provided detailed percentages of trachoma among the Indian

[433] NA, CCF 1907-1939, GS Box 1499, Folder 101302-10-732, Letter from Medical Supervisor to CIA, December 21, 1910.

population of Minnesota. From his statistics he determined that he could see "a striking parallel" between levels of assimilation and levels of trachoma. Completely eschewing any kind of racial explanation for higher percentages of trachoma in certain areas, Dr. Clark concluded that the closer Indians approached "the surrounding white population in manner of living . . . there little trachoma is found."[434] Studies like these strongly implied that the best treatment for illness was assimilation.

In an extremely rare example, one OIA employee saw no distinction between the medical needs of Indians and the rest of the population and argued that health problems among Native Americans had nothing to do with either the environment or race. In 1914, the superintendent of the Pima Indian School stated that although it was true that tuberculosis was having a significantly negative impact at higher rates among Indians, deaths from tuberculosis among school-age Indians was the same as "white people where they are unable financially to get a more suitable climate or otherwise properly care for themselves." With this statement, the superintendent pointed out the economic causes of the disparity between whites and Indians. It was not that Indians were "more susceptible" to disease due to their race, and it was not that their cultural practices were uniquely unhealthful. Instead, he saw the problem as one that could be reproduced in any population that lacked the financial ability to provide/sustain a basic level of health and treat serious medical conditions when they arose.[435]

Nevertheless, viewpoints such as this were exceedingly rare in the OIA. Not only did they disagree with the widespread pseudoscience that linked assimilation with

---

[434] Public Health Service Report, *Contagious and Infectious Diseases among the Indians* (Washington, Government Printing Office, 1913), 25.

[435] NA, CCF 1907-1939, GS Box 1444, Folder 19875-14-700, Letter to W. Moorhead, Board of Indian Commissioners, From Superintendent of Pima Indian School, February 16, 1914.

better health, the OIA also had far more practical, financial reasons to treat Indian health as a matter of cultural inferiority rather than a medical need. The federal government was under increasing pressure during the early decades of the twentieth century from powerful political and economic interests in the West to end costly programs aimed at elevating Native Americans. Programs meant to care for the health of Indians were not immune to these pressures. Despite steady increases in appropriations for health care, the amount allotted consistently remained below the amount needed to reasonably address the health care crisis. In addition to inadequate funding, American involvement in WWI only exacerbated the shortage of qualified medical personnel willing to work in the Indian service for poor pay. At the same time the Indian Service experienced significant budget cuts, 40% of Indian Service medical posts remained vacant. Out of ninety-nine nursing positions, only forty-four were filled during the war.[436] The result was a shortage of OIA medical care at the same time when the effects of colonization most severely undermined Native health and methods of health care.

In light of budget constraints and shortages of health care workers, the feasibility of hiring more and better trained medical personnel and increasing the amount of medical supplies and equipment available to combat rising levels of morbidity and mortality in Indian country was low. Instead OIA the simply employed its existing educational infrastructure in the battle against disease with little alteration. The schools and educators initially employed with the goal of assimilation in mind were called into service as health care providers and public health educators. The resources already expended on boarding schools and child removal served as tools of health care

[436] David H. Dejong, 32.

and close relationship existed between the OIA's educational infrastructure and federal Indian healthcare.

In 1919, the Medical Supervisor's inclusion of a photography campaign in his request for funding for tuberculosis treatment made explicit the use of assimilative education as a means of medical treatment. In a report that detailed the amount of money needed to appropriately provide for the health needs of Indians, the Medical Supervisor's greatest concern was the fight against tuberculosis. In order to make his case, he laid out two main categories that required funding. The first was prevention. With the exception of medical inspections, all his recommendations for the prevention of tuberculosis came in the form of steps that encouraged assimilation: education and the enforcement of sanitary measures. The second category that required funding was treatment. Along with conventional recommendations, such as maintenance of existing tuberculosis sanatoriums, the creation of new ones, and the construction of screened sleeping porches for tubercular patients in schools and hospitals, the Medical Inspector also listed as "treatment" the expenses of a traveling photographer and his assistant. The photographer, Dr. Shoemaker, traveled through Indian country in order to collect images of Native peoples in order to illustrate "insanitary Indian customs, habits and conditions." The medical supervisor pointed that that "actual Indians themselves must be photographed. As models, many of the best illustrations are failures."[437] In this case, photographing Indians and their customs was not just research. The medical supervisor explicitly categorized it as medical treatment. Also, using Shoemaker's

[437] NA, CCF 1907-1939, GS Box 1499, Folder 101302-10-732, Letter from Medical Supervisor to CIA, Dec. 21, 1910.

images to teach Native peoples that their own habits were the cause of ill health was not just education, it was health care.

Health education was also a major part of the curriculum at Indian schools. Pamphlets distributed to Indian schools about tuberculosis were supposed to be used as text books, "placed in the hands of each pupil for his study under the direction of the teacher."[438] The medical supervisor wrote that there was nothing more important to the "advance of the Indian than knowledge in regard to the diseases that have become a menace to his race." Physicians frequently gave lectures and doctors traveling with educational slide shows circulated among Indian schools. One such lecturer, traveled with photographs of Indian peoples and homes made into slides in order to show, "the method of spread of tuberculosis and other disease in Indian homes."[439] Besides lectures, essay contests, and the distribution of literature, students were often trained in nursing care in the school hospitals under the direction of the physicians and nurses. This method not only provided medical training to students who could then possibly apply it within their home communities, it also saved the school money by relying on unpaid students to act as caregivers rather than hiring professional nurses.[440]

Schools were not only locations that could provide health education; they were also closely associated with providing treatment. In a survey of trachoma in Michigan, one government agent recommended that school-aged children with trachoma be identified as quickly as possible. His primary concern was not necessarily that they

---

[438] NA, CCF 1907-1939, GS Box 1499, Folder 101302-10-732, Letter from Medical Supervisor to Commissioner of Indian Affairs, December 21, 1910.
[439] NA, CCF 1907-1939, GS Box 1514, Folder 11498-1-11-734, Inspection Report of Joseph A. Murphy, Medical Supervisor, February 1, 1911.
[440] NA, CCF 1907-1939, GS Box 1500, Folder 16367-15-732, Letter to Superintendents from OIA, circa March 6, 1915; ibid, Box 1444, Folder 1994-15-700, Letter to P.P. Claxton, Commissioner of Education, from Meritt, Assistant Commissioner, March 26, 1915.

receive treatment, but first and foremost in order to "get them in school, preferably a boarding school where they can be made sure of regular attendance."[441] In 1915, the Assistant Commissioner of Indian Affairs confidently wrote that his general observations led him to believe that the propaganda of health instruction through Indian schools had "borne good results." Schools were not only important sites of education, but also vital to the government's plan of health care.

The State Health Officer of California succinctly summed up this approach in 1918 when he wrote, "Education is akin to health."[442] One teacher at Hampton Institute wrote about the usefulness of students in educating their home reservations about tuberculosis. Students who were deemed "far enough advanced to realize the importance of spreading such knowledge," or who had tubercular members in their homes were given manuals on tuberculosis to distribute among their community when they returned to their reservations. Andrews listed Charles Kealer of Arapahoe, Wyoming, as one of the students that received literature to distribute.[443] Evidence such as the essay contest mentioned at the beginning of this chapter, where teachers and health professionals judged student papers on tuberculosis prevention, shows that the OIA medical and educational staff often worked closely together.

The controversy over the question of what to do with Indian boarding school students with venereal disease demonstrates both the shortage of qualified medical care in Indian country and the resulting close correlation between Indian schools and health

---

[441] NA, CCF 1907-1939, GS Box 1445, Folder 15957-18-700, Trachoma Survey of Itasca County, Michigan, June 5, 1918.
[442] NA, CCF, 1907-1939, GS Box 1445, Folder 00-18-700, Letter to Cato Sells, CIA from Allen F. Gillihan, M.D.,State Health Office, California, August 1, 1918.
[443] NA, CCF 1907-1939, GS Box 1499, Folder 41289-10-732, Letter from Caroline W. Andrews, Hampton Institute to CIA, June 17, 1910.

care for Indians. In 1914, the physician at Carlisle, Dr. Rendtorff, requested permission to immediately discharge any student infected with a venereal disease. He argued that such students represented not only a health threat, but also "a menace to the moral welfare of the school." Venereal disease was an important target of reformers' concerns during the Progressive Era, so it is no surprise that it became a concern among Indian Service officials at this same moment. The supervisor at Carlisle, O.H. Lipps, agreed with Rendtorff and endorsed his request to the Commissioner of Indian Affairs.[444]

C.F. Hauke, the assistant Commissioner of Indian Affairs wrote back to Lipps expressing his disagreement with the policy of sending students infected with venereal disease back to their reservations. He saw the retention of students with venereal disease in school as an effective way of preventing the spread of disease on reservations. His opinion was that boarding schools should act as ready-made quarantine centers where infected students could not only be isolated, but where they could also be treated with closer supervision and monitoring than would be available on the reservation.[445]

He also pointed out that, among other Indian boarding schools, "the consensus of opinions expressed is adverse [sic] to sending home a pupil suffering with any of these diseases until fully cured."[446] The other Indian boarding schools of Salem, Cushman, Haskell, and Sherman, did not automatically send pupils home due to contracting a sexually transmitted disease. The physician at Sherman Institute pointed

[444] NA, CCF 1907-1939, GS Box 1500, Folder 59861-14, Letter to CIA from Lipps, Carlisle Supervisor, May 29, 1914.
[445] NA, CCF 1907-1939, GS Box 1500, Folder 59861-14, Letter to Lipps, Carlisle Supervisor from C.F. Hauke, Assistant Commissioner, June 16, 1914.
[446] NA, CCF 1907-1939, GS Box 1500, Folder 59861-14, Letter to Lipps from E.B. Meritt, Assistant Commissioner, March 18, 1915.

out that the use of the Pullman towel system, wherein each student had their own towel that hung without touching others, prevented gonorrhea from spreading.[447] Out of concern for the individuals with the maladies and in conjunction with a belief that modern hygienic practices could effectively prevent the spread of venereal disease in schools, most administrators believed that it was best for students to remain at the school. These decisions were also related to their knowledge of conditions of medical care on reservations. As the Superintendent of Haskell Institute put it, students were not sent home because, "no doubt in majority of the cases, if the boys were sent home, they would not receive the expert treatment they should have."[448] The best chance of students with a sexually transmitted disease receiving adequate medical treatment was for them to remain in school.[449]

While Lipps continued to defend his policy of sending students with STD's home, he also displayed an awareness that treatment opportunities on reservations were scarce. Lipps had previously sent a student home to New Mexico due to his infection with a venereal disease. In fact, it was this particular student's case which had prompted the superintendent of Pueblo Day Schools to complain about this policy in the first place. Although he was unwilling to change his policies, Lipps stated that the school would fund the cost of sending the student home. This cost would be covered

[447] NA, CCF 1907-1939, GS Box 1500, Folder 59861-14, Letter to F.M. Conser, Superintendent of Sherman Institute from Dr. Roblee, Physician in Charge, January 30, 1915.
[448] NA, CCF 1907-1939, GS Box 1500, Folder 59861-14, Letter to CIA from (?) Wise, Supt. Haskell Institute, January 23, 1915.
[449] Interestingly, considering the ideas of inappropriate sexuality of Indian women, in the correspondence about venereal disease among school students, the issue of Indian promiscuity is never directly brought up. The closest the school administrators come is to speak vaguely about the detrimental effect of venereal disease on the "moral welfare" of other students. Nevertheless, their desire to keep students at school could indicate that keeping Indian children at school was as much about the belief that administrators could regulate student's sexuality while at school, and thus prevent the spread of venereal disease, as it was about the desire to provide treatment to infected students. However, sexuality is never explicitly mentioned in these documents.

because Lipps had no doubt that the student would "need what money he is able to earn to pay for his treatment there, in case there is not a Government physician available." For many Indian students, being sent home from schools to reservations meant that their chances of accessing government medical care greatly reduced. With Native health care abilities gravely weakened, chances of a student sent home recovering were small.[450]

While the close association between health care and education meant that Indian students typically had access to a physician for their maladies, non-school-age Indians were not so fortunate. Outside of education facilities, a great lack characterized early twentieth-century federal health care in Indian country. One indication of this came in 1914 with Indians seeking aid from non-Indian Service physicians. The issue created enough problems that the Commissioner of Indian affairs and officials from State Boards of Health across the nation held a meeting to address it. The topic at hand was whether the federal government, the local agency, or the individual Indian patients would pay for services rendered by non-Indian Service personnel. However, the root cause of this problem was that Indians had difficulty accessing Office of Indian Affairs health services in the first place and therefore had to seek aid elsewhere. Commissioner Sells issued a statement to clarify the attitude of the Government regarding the payment of accounts submitted to the OIA from physicians not connected with the Indian Service for the treatment of Indians. In it, he argued that the United States government did not owe physicians money for these services because "the government is prepared and

[450] NA, CCF 1907-1939, GS Box 1500, Folder 59861-14, Letter to P.T. Lonergan, Superintendent Pueblo Day Schools from Lipps, October 5, 1914.

ready to care for the wards under its jurisdiction."[451] However, the very fact that Indians were seeking aid elsewhere undermined this confident statement.

Despite Sells' letter issued to all State Boards of Health, the problem of Indians seeking help from non-Indian Service physicians persisted. The superintendent of the Winnebago Agency, Sam Young, made it his policy to arbitrarily deny all bills based on the justification that it was poor business "to allow an Indian to pay from trust funds for service which is granted free of charge by the government." Therefore, bills incurred for medical expenses by Indians who could "conveniently call upon" the agency physician would not be paid.[452] When a doctor in Nebraska went above the head of the Superintendent to inquire of the OIA about the department's policy towards payment for medical services he rendered to Indians from the Winnebago Agency, the result contradicted the seemingly hard-and-fast rule issued by Sells just a few months before. Rather than a flat denial of his claims that the government owed him money for rendering services to Indians, the doctor received word from the OIA that it was up to the discretion of the Superintendent of the agency to deny or approve medical bills from non-Indian Service physicians. At the same time, the Assistant Commissioner, E..B. Merritt, informed Superintendent Young that he should reconsider his policy of arbitrarily declining to pay medical bills for Indians who did not call upon the agency physician for medical treatment.[453] The issue of whether or not an Indian could

[451] NA, CCF 1907-1939, GS Box 1463, Folder 101151-14-720, Form letter to Presidents of State Boards of Health, from Commissioner Sells, July 6, 1914.
[452] NA, CCF 1907-1939, GS Box 1463, Folder 105622-14-720, Letter to CIA from Supt. Young, Winnebago Agency, Oct 21, 1914.
[453] NA, CCF 1907-1939, GS Box 1463, Folder 105622-14-720, Letter to Supt. Young, Winnebago Agency from E.B. Merritt, Asst. Comm., Nov 7, 1914.

"conveniently" call upon an agency physician was not so clear cut as Cato Sells had confidently asserted.

In South Dakota, the issue of access to medical care for Indians with tuberculosis became the particular concern of Episcopal Bishop George Biller, Jr. in 1915. Writing to the Secretary of the Interior, Biller's assessment of medical care for Indians in South Dakota was scathing. "There is no real hospital on any one of the reservations in South Dakota. There is no nearly adequate staff of physicians. . . In a word, virtually no effort has of late years been made to combat the disease." He pointed out that on the Pine Ridge Reservation, an area roughly equivalent to the state of Connecticut, there was not a single professionally trained nurse. On the Lower Brule reservation, there was no doctor in residence. Biller had personally visited three Indians who he believed would still be alive if the government had provided even "the most ordinary medical care and nursing." His final indictment, handwritten as an afterthought once the letter had already been typed, was that "if half the effort brought about by the government to stamp out disease among cattle was made to stamp out tuberculosis among the Sioux, the disease would soon be abated."[454]

Commissioner Sells' response to Bishop Biller included an impressive array of statistics and enumerations of Indian Office staff at various South Dakota locations. From Sell's perspective, the government had adequately met their obligations in respect to that location. He pointed out that Pine Ridge had four doctors assigned to it, rather than just the one that Biller claimed. Contrary to Biller's claim that Lower Brule had no doctor at all, Sells listed one. There was also one nurse listed at Pine Ridge.

[454] NA, CCF 1907-1939, GS Box 144, Folder 19944-15-700, Letter to F.K. Lane, Secretary of the Interior, from Bishop Biller, February 8, 1915.

Nevertheless, Sells padded his assessment to include facilities that Indians likely either could not access because of location, or could not access because of cost. He listed five hospitals in the State of South Dakota with capacities of 112. The previous year had seen 872 cases treated in these hospitals with only seven deaths, a mortality rate of less than 1%. Sells pointed out that this death rate was "exceedingly low," particularly considering "the class of patients." Sells' vague hint that a particularly unhealthful class of people (by which he meant Indians) could have such surprisingly low death rates obscures the fact that the hospitals he referenced were not established for Indians. Given the propensity for supervisors to resist paying for non-Indian Service medical care, and given the isolated nature of reservations in South Dakota, it is highly unlikely that many of the patients that had such high success rates in South Dakota hospitals were Indians as Sells hinted.[455]

Despite the facts and figures Sells sent him, Bishop Biller was still not sold. Skeptical that Sells could possibly be as convinced by his own statements as he made out, Biller responded, "I am sure you will agree with me that they [the medical facilities mentioned in Sells letter] do not yet begin to meet the requirements of the situation." As Biller pointed out, hiring doctors to fill open positions did not equate with good medical care because, in his assessment, "the physicians are quite incompetent" because the inadequate salary offered for the job failed to attract "first class" doctors.[456] A friend of Bishop Biller's, L.J. Eddy, also later wrote to Sells to plead the cause of the Lakota. Perhaps with Sells' statistical, and likely disingenuous, rebuttal to Biller in

[455] NA, CCF 1907-1936, GS Box 1444, Folder 19944-15-700, Letter to Bishop Biller from Cato Sells, Commissioner of Indian Affairs, March 2, 1915.
[456] NA, CCF 1907-1939, GX Box 1444, Folder 19944-15-700, Letter to Cato Sells, from Bishop Biller, March 6, 1915.

mind, Eddy asked, "Is it not possible that reports and budgets etc. should put the situation boldly, without expedience or softening so that the country shall wake up to the true status and as before in history force Congress to action that will admit of officials doing what I take for granted they earnestly desire to do. I can offer little to you who know the facts – I simply feel the urgency of a dying race." In Eddy's opinion, the root cause of ill health among the Indians of South Dakota was federal officials' overriding concern that they be successful bureaucrats and politicians which prevented them from acknowledging the extent of the health care crisis.[457]

Three years after Bishop Biller and L.J. Eddy expressed their concerns, little about access to health care had changed for Indians in South Dakota. This time, it took the patriotism involved with the health of returning World War I veterans to highlight the inadequate facilities for Indian health care in South Dakota. The Red Cross was particularly concerned about soldiers discharged from military service because of tuberculosis and South Dakota's State Board of Health records showed that an unusually large percentage of Indians on the reservation suffered from this disease. Dr. P.B. Jenkins, the Superintendent of South Dakota's Board of Health informed the Red Cross that a large number of Indians had enlisted, but then the military returned many of those men to the reservation due to the disease. Furthermore, Dr. Jenkins stated that "there is no equipment on the reservations to handle tuberculosis."[458] Although Bishop Biller tried to raise these concerns earlier and received only a rebuttal in defense of the OIA's handling of Indian health care in South Dakota, this time Commissioner Sells

[457] NA, CCF 1907-1939, GS Box 1444, Folder 19944-15-700, Letter to Cato Sells, from L.J.Eddy, March 19, 1915.
[458] NA, CCF 1907-1939, GS Box 1445, Folder 00-18-700, Letter to George Vaux from Clyde G. Durgin, July 30, 1918.

forwarded the concerns of the Red Cross to the Board of Indian Commissioners, noting that the topic was "of especial interest" to him because it dealt with "the care of those who offered their service to the Army or Navy." He did point out that Dr. Jenkins' statement that there was no equipment on the reservations for treating tuberculosis was incorrect and mentioned "over eighty hospitals and sanatoria together." If there was a shortage of qualified physicians and nurses previously, the involvement of the United States in World War I only added to that deficit. Sells admitted to being "handicapped by a growing scarcity of physicians and trained nurses."[459]

Even with the reports of hunger and destitution regularly coming out of Indian country, the OIA did not change its assimilation agenda, and even extended its efforts to reform Indian women. In fact, there is evidence that Commissioner Sells made it policy to use hunger as a means through which to compel assimilation. In 1913 he issued a letter to all superintendents titled, "Care of infants, etc." The purpose of this letter was to call their attention to the need "for taking all possible steps to prevent infant mortality and morbidity." Recognizing the role that malnutrition played in high infant mortality rates, Sells encouraged superintendents to make special efforts to ensure that expecting and recent mothers got enough nutrition. However, the extra rations for mothers came with strings attached. Women could receive extra food rations, "provided that the mothers present themselves and their babies to the physician for examination, treatment and advice at each issuance of rations, and that they submit to proper medical treatment and carry out the instructions of the physician, nurse, of field matron in regard to the

[459] NA, CCF 1907-1939, GX Box 1445, Folder 00-18-700, Letter to Malcom McDowell, Secretary of the Board of Indian Commissioners, from Commissioner of Indian Affairs, Sept 7, 1918.

care and rearing of the baby."[460] Despite the acknowledgement that malnutrition played a part in the loss of hundreds of Indian babies each year, for the Office of Indian Affairs, the underlying concern remained the belief that Indian women were ignorant and improper mothers.

As class after class of students returning home from boarding schools did not demonstrate the full assimilation reformers expected and as the long-term effects of colonization manifested themselves as endemic illness in Indian country, concerns about Indian women and their influence grew. Ideas about Indian women powerfully shaped the federal government's response during this new phase of assimilation, which came in the form of efforts to change the behavior of Indian women as a way of addressing the health care crisis in Indian country. While other health care efforts simply re-tooled existing educational resources and personnel as a substitute for health care, the health campaigns targeting Native American women during the early twentieth century demonstrated a rare new expansion of the assimilation agenda during an era of waning popularity for assimilation efforts. Assimilation efforts aimed at Native Americans targeted mothers during a time when many were justifiably concerned with the health of their children. Capitalizing on the desperation in Indian country to prevent the deaths of their children, reformers took liberties to intrude into the private home lives of Native American mothers both through their physical presence and through their disapproval of traditional lifeways.

The official response of the Office of Indian Affairs to high infant morbidity and mortality rates among Native Americans included Commissioner Valentine's "Save the

[460] NA, CCF 1907-1939, GS Box 1444, Folder 19875-14-700, Letter to Superintendents from Sells, Commissioner of Indian Affairs, July 31, 1913.

Babies" campaign. Through this campaign, government employees arrogantly assumed to teach Native American mothers the importance of their role in infant health through newspapers and journals. The "Save the Babies" campaign served to reach a wide audience of Indian mothers through pamphlet distribution, baby contests, lantern slide shows, newspaper articles and lectures. In 1914 the BIA published a nationally distributed pamphlet titled "Indian Mothers: Save Your Babies." The publication highlighted the most common health problems on reservations and gave advice on dietary requirements and standards for personal and home sanitation.[461]

Baby shows and fairs targeted Native mothers as part of the Save the Babies campaign. The featured event of the shows was the baby contest in which mothers placed their babies in competition to earn the "Best Baby" title. The Best Baby was the one judged to be the "prettiest, cleanest, neatest, fattest, and best behaved." The purpose of the contest was to "center the attention of the Indian mothers upon the necessity for better care for their babies" by rewarding mothers who strove to raise pretty, clean, neat, fat and well-behaved children.[462] The incentives included cash prizes, medals, clothing patterns, and baby layettes. While the baby contests touted examples of good mothering, more direct instruction also took place at fairs and shows. Lantern-slide presentations were used to present "pictures of infants and children properly clothed in "citizen's" dress, mothers breast-feeding their babies, and youngsters sleeping peacefully in carefully screened bedrooms and prams."[463] Along

---

[461] 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,* Elizabeth Jameson and Susan Armitage, eds., (Norman: University of Oklahoma Press, 1997), 393 – 409.
[462] C.V. Stinchecum to "Farmers, Field Matrons, and Physicians," 21 February 1916, Field Matron Files, Records of the Kiowa Agency, Oklahoma Historical Society.
[463] Emmerich, "'Save the Babies!" 403.

with visual examples, there were also public health themed lectures given by agency staff members.

In reference to the activities of Commissioner Valentine's Save the Babies campaign on the Wind River Reservation, the agent expressed his belief that "continual teaching will finally improve home conditions. The Indians are constantly taught the cause of disease and the effect of living in filth and unhealthy surroundings."[464] These programs were designed to showcase the results of proper Anglo-American methods of mothering and issue warnings about the results of improper care resulting from traditional Native American home environments, medical treatments, and family life. During "Baby Week" on the Shoshone Agency, the agent described Indian mothers "bringing their babies to the school where daily lectures were given by the physician and nurse as to the proper care of the baby and prizes were distributed to the mothers of those babies in which sanitary methods of care were most pronounced."[465]Also, women who came to the hospital to have a baby were given "instructions on the proper care of their babies" and also were given pamphlets "for reference in their homes."[466]

Despite the cultural superiority displayed in the "Save the Babies" campaign, it was a relatively benign program compared to the invasive nature of another aspect of the assimilation campaign directed at women: the Field Matron program. In 1909, Commissioner Valentine made an appeal to this particular group of OIA employees for their special assistance in the effort to fight tuberculosis in Indian Country. In the letter,

---

[464] 1920 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 113,NA, RM region.
[465] 1917 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 111,NA, RM region.
[466] 1920 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 113,NA, RM region.

Valentine asked that all field matrons inform themselves of the "simple but rigid treatment which tuberculosis patients require" so that they might "use their influence" to induce them to "take the necessary precautions to prevent, and the necessary treatment to cure and relieve the disease." He went on to write that "a field matron through her friendly offices might prevail on Indians to submit to treatment who would pay little or no attention to the advice of a physician. Moreover, the field matron is the one to whom the physician ought to look for hearty cooperation and help in carrying out and following his instructions." But his promptings did not end with the need for field matrons to support the work of the physician. He also went so far as to instruct that "she should also go to work on her own initiative to combat the disease among the Indians, especially when her district is remote from a physician."[467]

Despite Commissioner Valentine's mandate, when the Office of Indian Affairs created the Field Matron program in 1890 they did not plan for field matrons to function primarily as health care workers. As originally conceived, the field matron program was designed to use white women's knowledge of housekeeping and child-raising to educate Indian women in proper methods of domesticity. Hygiene and sanitation was only part of a focus on domesticity in general. Like an echo of Meriwether Lewis' contradictory observations of Shoshone women nearly a century before, the Field Matron's program solely directed at Indian women reflected a perception of Indian women rooted both in the myth of the Indian women as degraded drudges, and paradoxically, a recognition of the reality of the substantial amount of influence Indian women had in their communities.

[467] NA, CCF 1907-1939, GS Box 1498, Folder 00-1909-732, Letter to Field matrons from Commissioner Valentine, 1909.

Although early assimilation aimed at reforming Indian homes focused on educating children, reformers interested in uplifting Indians did not remain content with the control of only Indian children for long. In the Board of Indian Commissioner's annual report to the Secretary of the Interior in 1884, Miss Fletcher, an instructor at the Hampton Boarding school recounted an incident where she visited the home of a Yankton girl who was a former student of hers. The teacher found the girl living in a small, one-room log cabin along with her mother, sister, married sister and her husband, and four young children. Miss Fletcher lamented, "And here the little Hampton girl was expected to introduce civilization!" As a result of the experience, she concluded that simply removing children from their homes was not good enough. Instead, she suggested removal go a step further and focus also on young women:

> She suggested the bringing of young couples to the East, so that after their return they might make civilized homes to be the centers of civilization among the tribes. The experiment is being tried in a small way at Hampton, and here is a definite work for a lay mission; to care for such couples, and to see that when they return they are able to start civilized homes.[468]

Fletchers' anecdote expanded on the emphasis of the removal of Indian children from "savage" homes by adding the need to teach Indian women how to establish "proper" homes once they returned from boarding school. This emphasis on the need for young Indian women to learn how to make "civilized homes" became a new cornerstone for assimilation policy that the government continued to endorse well into the twentieth century.

The new emphasis on domestic training also fit nicely within the previously established invasive practice of child-removal. By adding Native American women to the educational agenda and teaching both daughter and mother to adhere to Anglo-

[468] 1884 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 46.

American standards of domesticity, government agents expected their status to be "elevated," and theoretically the communities they lived in also reordered according to Anglo-American standards. After Miss Fletcher's speech, the Board resolved that once students returned from boarding school, federal officials should send young men and their wives to "industrial schools and there furnish them with small houses so that they may be instructed in work and a proper home life," because once returned to their homes, "all the influences of the camp and the old life of indolence are against them."[469]

Dr. MacVicar spoke at the annual conference of the Board of Indian Commissioners in 1890 about the need to "reach the women" because "until you reach the wife and mother and daughter, you will not solve the problem you are seeking to solve."[470] The next speaker, Reverend Francis Tiffany, representative of the American Unitarian Association, elaborated further on the nature of this "problem" that needed to be solved by reaching Indian women.

> The problem comes to our teachers as to what shall become of these boys and girls as they grow up to manhood. To go back into the old tepee life, which is inconceivably low in many respects, our teachers feel would be to swamp the good that has been done while the children are in school.[471]

Government and religious officials in the Indian service believed that Indian women were not only incapable of providing for their children properly, they also believed that their home habits actually threatened the health of their children. Another speaker during the session, Mr. Janney a worker among the Santee in Nebraska, spoke about the

---

[469] 1884 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 47; 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 8.
[470] 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 158.
[471] 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 162.

efforts being made there to aid Indian women. The Santee men apparently behaved like proper yeomen farmers but the women "had not advanced in [their] sphere so rapidly" because their housekeeping "was yet in a state of chaos."[472] To remedy the situation, Mr. Janney had hired a woman, to "instruct Indian women in the art of housekeeping and homemaking." Janney argued that

> if intelligent, earnest, practical women could be sent among the Indian to instruct the women in housekeeping and home-making, to teach them cooking, sewing, dairy and laundry work, neatness, thrift, and simple sanitary rules, substantial progress in Indian civilization would thus be effected.[473]

One reformer expressed the belief, "the house and the domestic life of the Indian undoubtedly play the most important role in the perpetuation and spread of infectious and contagious disease among them."[474] Another made clear the (erroneous) connection between dirt, disease, and the lifestyle of Indians:

> Other conditions of the Indian life pave the way for disease. The skin of the camp Indian is seldom bathed for purposes of cleanliness, and whether with or without the careful painting, which is occasional, it can but imperfectly fulfill its share in the function of excretion with skin and lungs legitimately perform together. . . The Indian has been slowly poisoned, generation after generation, by the same cause, and is daily dying from it. What the effect of this partial loss of function of the skin may be upon the lymphatic system is an interesting question.[475]

---

[472] Ibid, 164.
[473] Ibid.
[474] Indian Rights Association Papers, 1864-1973,"Contagious and Infectious Diseases Among the Indians: Letter from the Secretary of the Treasury," 27 Jan. 1913, 61
[475] 1890 U.S. Board of Indian Commissioners Annual Report to the Secretary of the Interior, 140-141.

Although the speaker did not identify a particular tribe in his statement of concern about the dangerously dirty conditions of Indians, his characterization certainly did not align with the fastidious care with which Shoshone and Arapaho women kept their homes, their children, and themselves.

In response to the growing concern about the behavior of Native women and the health of Native peoples, in 1890, the Office of Indian Affairs initiated the Field Matron program, part of which explicitly linked health to the domestic practices of Indian women and signaled a new level of aggression in the assimilation policy. This program represented the intersection of the long-standing image of Indian women as drudges and the idea of Indians as a chronically diseased population. The Field Matron program was a new phase in the gendered assimilation program designed to uplift the Indian race through the uplift of Indian women.

On the Wind River Reservation in 1898, the agent particularly singled out Shoshone and Arapaho women as impediments to civilization. He wrote,

> "I find that the women are far behind the men in civilized advancement and seriously impede progress. Having no advice, training or instruction, they rigorously adhere to their ancient customs, paint and blanket their children, keep them away from school if possible, ridicule them for having their hair cut, and in every way possible nullify the efforts of the government to advance them."

His solution was to employ a Field Matron, "To visit every Indian home, instruct the women in domestic economy and maternal duty and report conditions." [476]

The original purpose of the field matron position was fundamentally rooted in the belief that "any good woman can teach what all good women should know."[477] And

[476] 1898 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 4, box 1,NA, RM region.

what good women should know in the decades around the turn of the twentieth century was characterized by the previously mentioned ideals of the Cult of True Womanhood. In addition to these Victorian ideals, private citizens' groups, public health officials, and members of the nascent medical profession promoted the need for a new "scientific" motherhood. Originally focused on poor, urban, immigrant neighborhoods, the scientific motherhood movement was meant to alleviate the social ills of poverty and vice by focusing on educating women to keep proper homes. Magazines, social clubs, and medical workers encouraged women of all classes to seek out and implement expert opinion on all matters having to do with child care and home keeping.[478]

The OIA's Field Matron Program closely reflected the scientific motherhood agenda across the nation. Field matrons were to educate Native American women through home visits and by simply living among Indians and providing and being an example of true womanhood. The outline of duties for field matrons included the following:

> visit Indian women in their homes and give them counsel, encouragement, and help in the general care of the house and surroundings; cleanliness; hygiene and sanitation; preparation and serving of food; sewing, mending, and laundering; keeping and care of domestic animals, including diary work; care of children; care of sick; observance of the Sabbath; organization of societies for building character and for intellectual and social improvement.[479]

In light of the scientific motherhood movement, this attitude towards the need to education women in general in proper housekeeping methods was actually not that

---

[477] Helen Bannan, *"True Womanhood On the Reservation: Field Matrons in the United States Indian Service,* (Tucson: Southwest Institute for Research on Women, 1894); Emmerich, "'Save the Babies!':; Jacobs, *Engendered Encounters*; Jacobs, *White Mother to a Dark Race*; Osburn, *Southern Ute Women;* Simonson, *Making Home Work.*

[478] Davis, *Spearheads for Reform*; Dye and Smith, "Mother Love and Infant Death."

[479] Report of Field Matron, 1914, 052 Field Matron Reports 1910-1914, Consolidated Ute Agency, Bureau of Indian Affairs, Record Group 75, NA, RM.

uncommon. The belief that all women, regardless of race, needed the instruction of qualified, expert medical advisors in order to keep their homes and raise their children in appropriate ways was typical. What is unique to the Field Matron program among other social benefit efforts based on critiques of women's abilities is the prescription given to remedy those inadequacies. Whereas public health recommendations encouraged white women to seek professional medical advice and attention for their children's health care needs, OIA officials had a slightly different remedy in mind for Indian women.

During the winter of 1915, Reverend John Roberts wrote to Wyoming's Bishop, The Right Reverend Nathanial S. Thomas, to inform him that the health of his pupils at the Shoshone Mission was not good. Trachoma and tuberculosis, along with rashes, sore throats and fevers plagued the children. Roberts particularly feared an outbreak of scarlet fever as they were "in no shape to handle it."[480] That the mothers of these children were not consulted about the treatment of their children is no surprise, given the combination of bias against Indian women and against lay mother's abilities to properly care for their children. What is surprising, however, is Roberts' means of addressing the situation. Given "the general health of the pupils, just now," Roberts wanted "a lady to take the duties of head of the Household department." Roberts' approach to the ill health of his pupils shows an interesting and important difference in who was deemed an appropriate authority and what form medical care took. Rather than look for someone with medical training to diagnose, monitor, administer

[480] AHC, Episcopal Church Diocese of Wyoming Records, Box 13, Folder 18: Indian 1911-1915

medication or other treatments, Robert's looked for a "lady" to provide proper domestic education.[481]

Although the era of scientific motherhood encouraged most mothers to look to medical and/or scientific experts, for Native women, the authority on housekeeping and child raising they were supposed to look towards came in the form the field matron; an Office of Indian Affairs employee who was not required to be scientifically, medically, or otherwise professionally trained at all. Most field matrons started out as missionary workers before moving into the government position.[482] The lack of professional qualifications for field matrons is a reflection of another assumption central to the motivation behind the position. A long stereotype of Indian women as degraded drudges fostered the assumption that any white women would naturally have more knowledge and skill at child care and home keeping than any Indian woman. Simply by the virtue of their whiteness, field matrons were qualified to guide Indian women towards appropriate performances of domesticity. [483] Although health was only a secondary concern of the program, one that would come as a result of proper housekeeping methods, shortly after the turn of the century, the Indian Office began actively encouraging field matrons to act as health care workers and this became the dominant aspect of their work.

Although the mandate to care for the sick is only one duty listed among a plethora of others, the realities of early twentieth-century scientific and racial ideas,

---

[481] For more discussion of racially based justifications for differential treatment, see Todd Benson, "Blinded with Science: American Indians, the Office of Indian Affairs, and the Federal Campaign against Trachoma, 1924-1927," *American Indian Culture and Research Journal,* Vol. 23, No. 3, (1999), p. 132-133 and footnote 64 on p. 141.

[482] Bannan, *"True Womanhood On the Reservation*," 8.

[483] Albers and. James, "Illusion and Illumination," in *The Women's West* ed. Armitage and Jameson, 37; Smits, "The 'Squaw Drudge'," 281-306; Schilz and Schilz, "Amazons, Witches and Country Wives."

economics, and reservation life forced it to the forefront of the field matron's role soon after the turn of the century. In 1914, the Association for the Study and Prevention of Infant Mortality wrote to the Office of Indian affairs offering to supply courses in infant and general hygiene to students in Indian schools. In her response, Elsie E. Newton, a supervisor for the OIA, explained why she thought the curriculum would be inappropriate for Indian students. She believed that the Association for the Study and Prevention of Infant Mortality was too focused on the problems "of the city bred baby" and "the civilized woman." Consequently, their materials focused on "inducing natural nursing, improving methods for artificial feeding, and relieving conditions inimical to child life in congested centers…the disposition of the civilized woman to abort, and the unfavorable conditions in civilized life to pregnancy and childbirth." For "civilized women" she points to environmental and cultural factors as causes of infant mortality along with their conscious choices to control birth rates through abortion. Civilized babies' deaths occurred due to factors either outside the mother's control, or because a potential mother made the conscious choice to not have a baby.

According to Newton, these topics did not pertain to Indian women because, in contrast to "civilized women," "the Indian mother is . . . a natural mother, with few complications either of pregnancy or childbirth." Instead of learning about nursing, artificial feeding, and environmental threats, she felt Indian women needed to be taught "how to keep her child clean and how not to feed it. The protection against communicable diseases is also unknown to her." By saying that Indian women were "natural mothers," with few complications during pregnancy or childbirth, Newton made an argument based on racial difference. Indian women were biologically more fit

to bear children than civilized women. Racial difference explained Newton's theory that Indian women could more easily produce children, but then cultural difference had to be called on to explain the reasons for high infant mortality. With this logic, that Indian women's babies were dying at such terribly high rates had to be the fault of Indian culture, and specifically the practices of Indian mothers. The result of this awkward combination of both environmental and racial explanations for differences in infant mortality rates meant that Indian women's abilities as mothers were particularly undermined.

Charles Gatchell, a medical doctor and professor at the Hahnemann Medical College of Chicago wrote that, on the one hand, the problem of high infant mortality among Indians "was a simple one from a medical standpoint. All that was needed was to keep the prevalent diseases in check, to see that the homes were made sanitary and to apply the simplest rules of motherhood when the babies came." But on the other hand, he points out that it was not so simple: "Science was dealing with a primitive people, not yet weaned from faith in the tribal 'medicine man.'"[484] Not only were the writers comments degrading towards Indian women's abilities to care for their children, his comments also linked ill-health with "primitivism" in a causal relationship.

In a 1917 letter forwarded by the Assistant Commissioner to Indian Superintendents across the nation, an Indian Service physician and a Special Supervisor, stated that although it was "not the idea of the Office that field matrons should be required to practice medicine, it is believed there are often exigencies in which the more simple drugs would be of value until a physician can be called or his

[484] NA, CCF 1907-1939, GS Box 1444, Folder 12411-17-700, "A New Sunrise for the Indian Baby" by Chales Gatchell, Feb 5, 1917.

advice obtained." They further argued for the usefulness of field matrons in health care by emphasizing their educational mandate when they wrote that "treatment is always secondary to prevention and removal of the cause."[485]

Overtly educational activities that included quasi-medical purposes within them (and vice versa) were part of a broader trend in the OIA that fostered close intertwining of the educational and health care branches of the bureaucracy. The instructions in home care were seen as crucial components of this phase of prevention and removal of the causes of illness. Officials in the OIA and reformers interested in missionary work believed that Native women's housekeeping and mothering practices were not only "backward" but even dangerous. In a pamphlet titled *Indian Babies: How to Keep them Well*, the Commissioner of Indian Affairs at the time, Cato Sells, explicitly laid the responsibility for high infant morbidity and mortality rates on Indian mothers, "so many Indian babies' lives have been lost because their mothers did not know how to keep them well. Almost every sickness your baby has could have been prevented . . . it is because so many Indian mothers follow the wrong ideas in caring for their children that so many of them die."[486] Characteristic of this was the opinion of Charles Gatchell, a medical doctor and professor at the Hahnemann Medical College of Chicago. He wrote that, on the one hand, the problem of high infant mortality among Indians "was a simple one from a medical standpoint. All that was needed was to keep the prevalent diseases

[485] NA, CCF 1907-1939, GS Box 1515, Folder 93369-17-734, Letter to Superintendents from E.B. Meritt, Assistant Commissioner, October 4, 1917.
[486] *Indian Babies: How to Keep Them Well*, Doctor's Files, Records of the Sac and Fox Agency, Oklahoma Historical Society.

in check, to see that the homes were made sanitary and to apply the simplest rules of motherhood when the babies came."[487]

In another instance, a California State Health Officer recommended that before the issue of rampant tuberculosis among Indians could be addressed, steps first needed to be taken "to make them self-supporting as far as possible, and to place them in more sanitary surroundings."[488] Although likely well-meaning and earnest, recommendations such as these betray the influence of a long-held belief that the fundamental reason Indians were disappearing was because they remained "Indian." As long as they remained unassimilated and uncivilized, they were practically doomed to continued disappearance. As a result of this powerful idea, reformers continued to substitute assimilation education, of which field matrons were an important aspect, for medical treatment.

Although the Shoshone Agency did not employ a field matron until 1929, the functions they were expected to fill did not go unattended. As indicated by a circular issued from the Office of Indian Affairs in 1916, agents on the Wind River reservation were held accountable for and expected to tend to "general sanitary conditions of the reservation, especially in and around the Indian homes" with or without field matrons.[489] In annual reports submitted to the Commissioner of Indian Affairs, Agents were expected to provide favorable and/or knowledgeable answers to the following questions:

---

[487] NA, CCF 1907-1939, GS Box 1444, Folder 12411-17-700, "A New Sunrise for the Indian Baby" by Chales Gatchell, Feb 5, 1917.
[488] NA, CCF 1907-1939, GS Box 1445, Folder 65918-18-700, Letter to Dr. W.H. Kellog, Secretary of the State Board of health of California, from H.F. Gray, State Health Officer, July 30, 1918.
[489] Circular no. 1106 from the Department of the Interior Office of Indian Affairs, 1916 April 13, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 107, NA, RM region.

> "What has been accomplished this year in improving the sanitary condition of Indian homes? Has there been any regular sanitary inspection? What should be done to improve home conditions? What sort of a "SAVE THE BABY" campaign have you carried on? What methods have been employed to reach the Indian women?"[490]

Through the efforts of agency officials, missionary activities, and local health care workers, the assimilation and health care aims of the field matron program were implemented on the Shoshone Agency. These efforts at first appeared to be rather benign and non-invasive.

However, the efforts of reformers became more aggressive and paternalistic in the following years. Instead of simply providing examples and advice at a distance from Native American homes, government and church officials pursued more active and involved roles in altering Native American home life. The 1917 annual report mentioned that "the physician, the nurse, and the various women missionaries are constantly visiting Indian homes, giving instruction in sanitation and considerable improvement is noticeable."[491] However, the agent believed that the visits were "rather too intermittent to produce the best results." He recommended that "a regular systematic inspection of Indian camps should be made at least once a month, oftener if possible and a thorough cleaning-up ordered and enforced."[492] The intrusive nature of both the proposed program and the existing efforts of reformers on the Wind River reservation illustrate a level of paternalism typical of domestic assimilation efforts.

Despite the OIA's re-tooling and extension of its gendered and assimilationist education infrastructure, it did not address a major factor contributing to widespread ill

---

[490] Ibid.
[491] 1917 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 2, folder 111,NA, RM region.
[492] Ibid.

health among Native Americans: the tragic effects of extensive malnutrition. One supervisor in the Indian Service wrote to Commissioner Valentine in 1912 to bring up his concerns that the Indians of South Dakota were not getting enough food. He called for the government to improve and maintain the ration system and justified this by pointing out that the government was currently helping flood sufferers in the Mississippi Valley, famine victims in China, and aid for the Philippines. He couched this statement in terms of the need to give Indians "a white man's chance." For Baker, the chance of the white man was to have good farm land and the economic ability to purchase farming tools, to be protected from rapacious business dealings, and to have proper housing. The white man's chance was being provided to others such as the Chinese, the Filipino and the poor farmers of the Mississippi Valley. In Baker's opinion, it was not being given to Indians. As a result, they were suffering from higher than necessary rates of tuberculosis and trachoma.[493] Supervisor Baker also shared his knowledge of the nearly complete crop failure that occurred in that state during the previous year and relayed the opinion of Indian Agent James McLaughlin who expressed that "starvation was the cause of a large number of deaths among the Indians of this country annually." Baker had first-hand knowledge of widespread hunger from his "vivid experience" on the Fort Belknap Reservation in Montana. "Indians cannot get food," he reported. He urged the Commissioner of Indian Affairs to wire Superintendents to report immediately whether or not tribes had enough funds to care for the needs of the destitute.[494]

[493] NA, CCF 1907-1939, GS Box 1482, Folder 38991-12-723, pt. 1, Letter to Commissioner Valentine from Fred A. Baker, Indian Service Supervisor, April 13, 1912.
[494] Ibid.

But despite these concerns, Commissioner Sells remained unwilling to publically give serious consideration to the role that hunger played in the prevalence of illness among Indians throughout his time as Commissioner. In 1919, a researcher from Johns Hopkins University wrote a letter generally directed to the Washington D.C. Office of Indian Affairs asking for assistance in a study about the link between the diet of Indians and their susceptibility to tuberculosis.[495] After a few weeks with no reply, McCollum wrote a second letter directed to the Commissioner of Indian Affairs, Cato Sells. In it, he reiterated his hypothesis that the unusually high instances of tuberculosis among Indians could be related to a common factor: faulty diets. He again requested information about types and amounts of foods available, methods of food preparation, and records of the mortality and incidence of various diseases.[496]

Sells wrote back that he was unwilling to give permission to Professor McCollum to contact field personnel and cited the frequent changes among those positions as the reason. Also, he pointed out that Indians "vary so much in their habits with respect to eating and are guided so largely by tribal customs and traditions that it would be difficult to give you any information as to their daily food." Instead, he offered to mail him menus from Indian schools. Then, perhaps in an effort to dismiss McCollum's inquiry all together, Sells also said that he believed Native American's diets were "not essentially different from those of the white people in the surrounding communities."[497]

---

[495] NA, CCF 1907-1939, GS Box 1497, Folder 8160-19, Letter to Superintendent of Indian Affairs, from E.V. McCollum, Johns Hopkins University, January 27, 1919.
[496] NA, CCF 1907-1939, GS Box 1497, Folder 8160-19, Letter to Cato Sells, from E.V. McCollum, February 7, 1919.
[497] NA, CCF 1907-1939, GS Box 1497, Folder 8160-19, Letter to E.V. McCollum, from Cato Sells, Commissioner of Indian Affairs, February 26, 1919.

Although McCollum politely replied that he would be glad to have the school menus, his former experience living near Haskell Institute in Kansas meant that he was already "more or less familiar with the fact that [Indian schools] do diversified farming on a large scale, have a flourishing garden, and a well-managed dairy, and a very satisfactory food supply." That Sells expected the tightly controlled and regulated diets found in Indian schools to be an acceptable representation of the diets of all other Indians on reservations is either a testament to his own ignorance, his own naiveté, or his desire to redirect attention away from issues of wide-spread hunger on reservations. McCollum was not dissuaded. He further specified his research interest for Sells: "What I am particularly anxious to know is what foods are purchased by Indians on reservations, especially on some of the reservations where they do not engage in farming on any extensive sale, but rely upon their own animals for meat and purchase the rest of their supplies from the stores." In addition to dozens of other reservations, this accurately described the precise nutritional situation of the Eastern Shoshone and Northern Arapaho at the time.[498]

Despite the professions of his willingness to help and his agreement with the premise and importance of the study, Sells remained very unwilling to assist with further inquiries into Indian diets. To appease Dr. McCullom, Sells eventually forwarded his query on to a single agency physician at the Keshena Agency in Wisconsin, Dr. L.W. White. The idea was that White could give the professor the information he desired through his own personal knowledge of conditions in the Indian service. However, in a separate letter to Dr. White, Sells was very clear that this

[498] NA, CCF 1907-1939, GS Box 1497, Folder 8160-19, Letter to Cato Sells, Commissioner of Indian Affairs, from E.V. McCollum, February 27, 1919.

information was to be limited. He informed White that he did not want him carrying on "extensive correspondence with the various superintendents in furnishing Professor McCollum the information he desires." He also mentioned that White need not spend a great deal of time on the information he sent on to McCollum.

Sells' obvious discomfort with the idea of an investigation into the link between disease and diets among Native Americans can be taken at least two ways. First, it may indicate his desire to obscure the chronic hunger that Indians across the nation suffered from and thus to not have to shoulder the responsibility of addressing the problem. Or it may indicate the strength of the belief that the health problem among Indians was fundamentally a cultural problem. To consider other factors to be the root of ill health among Indians may have seemed too preposterous of a premise to be taken seriously.

When the Spanish flu epidemic swept the nation a few months later, during the summer and spring of 1919, Native Americans that were already malnourished were hard-hit, particularly infants. For the five years prior to the year of the Spanish flu, the annual infant mortality rate among Native Americans was about 5,031. In 1919 that infant mortality rate among Indians jumped to 9,462. More than 2% of the Indian population succumbed to the disease, compared to 0.6% of all Americans.[499] In Minnesota, Chief Moses Day wrote to Cato Sells on behalf of his people to report that twenty-two people died that spring in Nett Lake. Chief Day heard the government sent three hundred dollars to the community for the purpose of providing additional aid for the flu outbreak. His concern was that the money was not being used in a way that actually helped the ill and that "they only give some little soup to the sick just once." In contrast, he wrote about the Indians at Pelican Lake where "they keep the sick people so

[499] Dejong, *"If You Knew The Conditions,"* 33.

good." He pointed out that the government agents at Pelican Lake provided the sick with wood, water, "and they were well fed too."[500] Tellingly, his main concern with the lack of government assistance was not that they did not have access to Indian Service doctors, or that they did not have vaccines, medicines, or other health care items. Chief Day was a medical practitioner himself, but not according to western scientific standards.[501] Instead, his concern was that they were not getting enough food. No matter the efficacy of medical practices and procedures, all would be rendered ineffective if an individual was not getting enough to eat. This was the unspoken and unrecognized reality of Indian health care.

While redirecting the OIA's assimilation-oriented institutions and staff positions towards health care efforts may have been a cost-effective solution that also had the advantage of lining up with cutting-edge social science of environmental determinism, the approach was fatally flawed. The OIA's health care policies of the early nineteenth century left huge gaps in access to medical care and did nothing to address the persistent problem of malnutrition in Indian country. Consequently, it did little to halt and actually exacerbated the growing health care crisis. As one Indian Supervisor observed, "When people are starving how vain are all of our efforts to tear loose the skeleton clutch of tuberculosis – the Black Hand of Trachoma – of what avail are all of our efforts along industrial educational lines if in the end all we have as a reward for our striving is a cemetery on a lonely hill."[502] Deaths among Indians due to tuberculosis

---

[500] NA, CCF 1907-1939, GS Box 1465, Folder 45181-19-720, Letter to Cato Sells from Chief Moses Day, Nett Lake, Minnisota, May 21, 1919.
[501] Bennett, Lee F., ed. *Proceedings of the Indiana Academy of Science, 1916* (Fort Wayne Printing Company, 1917), 519.
[502] NA, CCF 1907-1939, TS Box 1482, Folder 38991-12-723 pt.1, Letter to Commissioner Valentine from Fred A. Baker, Indian Service Supervisor, April 13, 1912.

showed a sharp increase from 1908 to 1910 when the rate peaked, causing40% to 50% of all Indian deaths. This rate held steady for the next few years. Meanwhile, the disparity in death rates due to tuberculosis between the white population and the Indian population increased throughout this era. In 1908, the mortality rate from tuberculosis among Indians was 7.9 per thousand deaths, while the same statistic among the white population was 1.7 per thousand deaths. By 1912, that disparity between Indian and whites had grown to 10.5 per thousand deaths and 1.6 per thousand, respectively.[503]

But the consequences of malnutrition and ill health did not end with physical maladies alone. These conditions also had significant economic consequences. When O.H. Lipps sent a boy home from the Carlisle Indian School for having venereal disease, he paid for the cost of sending the student home because he acknowledged the student would need to save his money to pay for treatment when he got home, due the likely scenario that a government physician would not be available.[504] With government-funded physicians only sparsely spread across Indian country, coupled with the federal government's policy of refusing to pay for services provided by non-government physicians, Indians with diseases that could not be treated through Native practitioners or who preferred to seek non-Native treatment faced the all-too-familiar dilemma of finding a way to pay for health care. In the effort to stave off hunger and seek medical aid, many Indians turned to one of their few remaining economic

[503] 1908 Hrdlicka report, quoted in NA, CCF 1907-1939, GS Box 1499, Folder 16689-11-732, Memorandum on Health Conditions among the Indians, December 28, 1920; NA, CCF 1907-1939, GS Box 1499, Folder 16689-11-732, Memorandum on Health Conditions among the Indians, December 28, 1920; NA, CCF 1907-1939, GS Box 1444, Folder 1443, Letter to Mrs. Sinclair E. Allison, Actuary, Reliance Life Insurance Co., from 2nd Assistant Commissioner Hauke, March 25, 1911; AHC, Episcopal Church Diocese of WY Records, Box 13, Folder 19: Indians' Work 1910-15, Herald Newspaper clipping 1912.
[504] NA, CCF 1907-1939, GS Box 1500, Folder 19861-14, Letter to P.T. Lonergan, superintendent of Pueblo Day Schools from O.H. Lipps, October 5, 1914.

resources. It was not uncommon for Indians to sell their land out of desperate circumstances involving hunger and/or poor health. But, as the old saying goes, sometimes the treatment is as bad as the disease. When it came to selling land to preserve life, the cost was an extremely high one and the choice was not an easy one.

In 1912, concerns that Indians on the Pine Ridge Reservation were not getting enough to eat prompted John Brennan, the Supervisor of that agency to write a letter to the Commissioner of Indian Affairs. First on his list of things the government needed to do in the "very near future to relieve the poor and needy conditions of the Indians" was to place roughly 2,500 individuals back on the ration rolls. As an agent witnessing daily life and struggles among the Lakota, this superintendent clearly recognized that the urgency of the situation was beyond the point where education could realistically make a difference. In addition to dropping more than half of the Indians at Pine Ridge from the ration rolls over the course of ten years, the government had also reduced the annual amounts of beef and other supplies given to those who remained on the rolls. The result was a desperate situation where the best hope for urgently-needed sustenance came from the sale of allotted lands. Although the superintendent requested membership on the ration rolls be expanded, perhaps his pessimism that this would happen before it was too late and his awareness that even those on the ration rolls were not getting enough to eat led him to also ask that those who applied for patent to their allotments be given it a soon as possible, due to their severe need of funds.[505] Specifically referring to the applications of Eva Swain, Lawrence Bull Bear, James Dismounts Thrice, Joseph Horn Cloud, and Conrad War Bonnet, Superintendent

[505] NA, CCF 1907-1939, GS Box 1482, Folder 38991-12-723 pt.1, Letter to CIA from John R. Brennan, Superintendent and Special Distribution Agency, Pine Ridge Agency, January 12, 1912.

Brennan explained that these people applied for patents because "they have no means of making a living on their allotments and desire to get a patent in fee to part of their holdings so that they may either sell or borrow money on the land." [506]

On the other end of the bureaucratic chain, J.W. Howell, an Office of Indian Affairs employee who oversaw applications for removal of restrictions on land patents, noticed the frequency with which Indians applied for patent in fee to their land in an effort "to raise money for hospital treatment or to cover the expenses of a change of residence," as a result of suffering from tuberculosis. The number of these types of applicants led him to question if "the claim that the applicant has tuberculosis is bona fide, or merely a plausible excuse for putting the sale through."[507] Sells at first denied Howell's recommendation that employees keep track of the names and addresses of Indians afflicted with tuberculosis because he feared the resulting flood of names and addresses would overwhelm already-busy employees.[508] Considering the high rates of tuberculosis among Native Americans, and the general desire to retain their land if at all possible, it is likely that majority of these applicants were indeed "bona fide" tuberculosis sufferers. Three months later, Sells apparently changed his mind. The Indian Office issued a memo asking that employees report the names of Indians with tuberculosis. The stated reason was "in order that the cases may be followed up in a systematic manner and such treatment instituted as the fact and circumstances of the case may warrant." Interestingly, the memo made no mention of Howell's suggested

---

[506] NA, CCF 1907-1939, GS Box 1482, Folder 38991-12-723 pt.1, Letter to Commissioner of Indian Affairs from john R. Brennan, Superintendent and Special Distribution Agent, Pin Ridge Agency, January 12, 1912.
[507] NA, CCF 1907-1939, GS Box 1500, Folder 39829-16-732, Letter to Commissioner of Indian Affairs from J.W. Howell, Special Supervisor, January 10, 1916.
[508] NA, CCF 1907=1939, GS Bos 1500, Folder 19829-16-732, Memo, January 13, 1916.

use for this information as a means of determining if land claims based on costly tuberculosis treatments were accurate.

That some Indians needed to sell their land in order to have enough to eat and pay for medical care shows how malnutrition and disease were directly linked to loss of land. When a researcher asked the supervisor of Carlisle Indian School if he thought the government was properly protecting the Indians, O.H. Lipps replied "I believe the Indian Department is doing all in its power to protect the Indians' property, more could be done to protect his health."[509] In reality, these issues were not so separate from one another.

By the early decades of the twentieth century, the OIA was well aware of the health crisis hitting Indian country. At the same time that health disparities grew between the Indian population in the United States and the rest of the population, social scientists explored new ways of thinking about the roots of human difference. The newly emerging the theories of environmental and cultural determinism that explained variation between human populations as products of their surroundings or their customs and habits provided the OIA with a seemingly cost-effective way of addressing the growing health needs of Indians. Chronically underfunded and understaffed, the shortages in the federal Indian health care budget became especially acute in light of rising rates of trachoma, tuberculosis, and infant mortality. Job openings for health care personnel in the U.S. Armed Forces during WWI further exacerbated the OIA's shortage of qualified doctors and nurses. Justified by current social scientists' theories of cultural and environmental determinism which explained health disparities among

[509] NA, CCF 1907-1939, GS Box 1444, Folder 19875-14-700, Letter to Commissioner of Indian Affairs from O.H. Lipps, Supervisor of Carlisle, March 9, 1914.

populations in terms of culture and surroundings, the OIA used previously established institutions and staff positions meant to promote assimilation as a stand-in for medical health care. Although assimilation efforts had long focused on altering the behavior of Indian women, in light of the health care crisis in Indian country, these methods took on newly intimate forms in the name of saving children. However, by providing education instead of actual medical care, the health crisis in Indian country only grew. Besides tragic losses of life, the health crisis contributed to the further progress of colonization as Indians lost cultural and economic strength through the loss of land.

Chapter 6:
Sustaining Women's Roles and Health on the Wind River Reservation

Dorthy Peche was fourteen years old in 1925 when the government brought a special physician to the Wind River Reservation to combat trachoma. In the superintendent's report to the Bureau of Indian Affairs that year, he mentioned that the doctor's campaign against trachoma had done much "to improve and eradicate this disease among the Indians."[510] Peche remembered, "they were everlastingly examining their eyes for trachoma and squirting their eyes." Yet, she also remembered another type of treatment for trachoma. She recalled, "some of the Indians you know, they used that grass, too, in their eyes, to scrape their eyes . . . it's a grass that's got . . . one side is real rough."[511] Peche was referring to the use of giant rye grass to remove the buildup of granular tissue from the underside of an eyelid infected with trachoma. [512] This technique mirrored the standard western medical treatment of advanced trachoma called grattage, whereby a special instrument scraped the granules off the inside of the eyelid.[513] If the Shoshone and Arapaho had depended solely on the efforts of western medicine and government campaigns to fight trachoma, Peche would not have witnessed Indians using rye grass as a treatment as late as 1925. Instead, it is more

---

[510] 1925 Superintendent's annual narrative and statistical reports from field jurisdictions of the Bureau of Indian affairs.

[511] Oral history taken of Dorothy Peche & Zedora Enos, original collection date 8 March 1991, Box 1, WVHP, Collection number 11457, AHC.

[512] Anthropologist Demitri Shimkin also documented this particular use for giant rye grass among the Shoshone: D.B. Shimkin, "Wind River Shoshone Ethnogeography," *Anthropological Records*, Vol. V, No.4 1947 (Berkeley and Los Angeles: University of California Press, 1947),272.

[513] For more information about standard trachoma treatments among Native Americans during the early twentieth century, see Robert Trennert, "Indian Sore Eyes: The Federal Campaign to Control Trachoma in the Southwest, 1910-40," *Journal of the* Southwest 32 (Summer, 1990, 121-149; L. Webster Fox, "The Trachoma Problem among the North American Indians," *Journal of the American Medical Association* 86 (6 February 1916) 406.

likely that both methods were being employed simultaneously on the Wind River Reservation.

In this chapter, I will argue that despite the significantly negative impacts of colonization, Shoshone and Arapaho women's' health care practices show a remarkable amount of continuity during the late nineteenth and early twentieth century. As hunger and disease continued to rise during the 1890s, men's healing practices demonstrated pronounced innovation as seen in the Ghost Dance and Peyote religious movements, while women's practices demonstrated continuity. Neither fully abandoned their health practices in favor of full dependence on government health care. During this era, Shoshone and Arapaho demands during treaty negations and their requests for aid focused on food resources, not medical care, and government physicians only had minimal success in convincing the Shoshone and Arapaho of their utility. Even as the assimilation campaign intensified in relation to health care and women's activities, Shoshone and Arapaho memories of the early twentieth century testify to the maintenance of women's important roles in caring for the health of their communities. Furthermore, the shifting nature of the national Field Matron program suggests that the Shoshone and Arapaho were not unique among Native American groups in their continued adherence to a Native idea of health care.

Difficulty farming, inadequate rations, and the rapid dissemination of illness among children in the crowded boarding school all combined during the last two decades of the nineteenth century to create one of the most trying times in Shoshone and Arapaho history. The physical toll was evident as year after year, the population continued to fall. A concerned, but confused Wind River agent wrote in 1899 that,

"there is no good reason why the death rate should exceed that of births. This is a healthy country, seldom afflicted with epidemics or contagious disease; yet for many years an annual decrease in the Indian population is noted."[514] According to Henry Stamm, a historian of the Eastern Shoshones, in 1878 the agent recorded the population of the Shoshone and Arapaho at the Shoshone Agency to be 2188.[515] Thirteen years of being permanently located on the reservation later, the population dropped by almost nineteen percent.[516] The lives lost in the Wind River region continued to mount until the population reached its nadir of 1640 in 1903.[517] From 1878 to 1903, the Shoshone and Arapaho lost twenty-five percent of their population.

As the Shoshone and Arapaho faced drastic changes to their economy and lifestyle, and the heart break of too many lost loved ones during these decades, they also demonstrated a new fervor and great openness to innovation in their religious practices. Like Americans who sought meaning in millennial religious revival movements during the economic and social upheaval of the Market Revolution of the mid-nineteenth century, many Native Americans during the 1880s and 1890s likewise participated in a "Great Awakening" that included both a revitalization of old Native religious beliefs and the addition of new ideas and practices. Although innovations in Native American spiritual practices were at least as numerous as the wide variety of tribal cultures, the Ghost Dance and the Peyote Road gained the most attention due to their wide-spread

[514] H.G. Nickerson, Agent for Shoshone Agency, August 25, 1899, RCIA 1899, p. 378.
[515] Ibid, 239.
[516] 1891 RCIA, RG 75, Wind River Agency, general administrative records 1890-1960, entry 4, box 1, NA, RM region.
[517] 1903 RCIA, RG 75, Wind River Agency, general administrative records 1890-1960, entry 4, box 1, NA, RM region.

appeal among various Native American groups, including the Shoshone and Arapaho in Wyoming.

Just as revival movements of the American Great Awakening were innovations within the Christian tradition, the Shoshone and Arapaho did not see the Ghost Dance and Peyote religion as a new form of spiritually that should replace older beliefs and practices. For instance, Arapaho leaders simply encouraged Ghost Dancers and Peyotists to not neglect the older rituals.[518] In that same vein, Indians also incorporated Christian ideas and practices within older Native religious beliefs without one competing with the other. This explains Shoshone Chief Washakie's multiple baptisms. In 1880, he recovered from an illness after participating in a Mormon baptism. Then, in 1897 Washakie again took part in a baptism ritual in response to a serious illness, but this time in an Episcopalian ceremony.[519] Neither of these acts resulted in his abandonment of traditional Shoshone traditions in favor of the Mormon or Episcopalian religions. Rather, just as the Ghost Dance and Peyote Road offered the possibility of renewed spiritual balance and good health closely connected with such balance, Washakie and other Indians on the Wind River reservation saw Christian ideas as one step among many that could help restore spiritual balance in their radically changed reality. Neither the Ghost Dance, the Peyote Road, or Christianity supplanted traditional Shoshone and Arapaho spirituality, but rather supplemented or enhanced it.

Despite the Ghost Dance and Peyote Road's widespread popularity, it is notable that the majority of participants involved were men. One white woman the Shoshone and Arapaho allowed to participate in their Peyote meetings in the 1940s observed that

---

[518] Fowler, *Arapahoe Politics,* 122-125.
[519] Stamm, *People of the Wind River,* 249.

women were in the minority among the worshippers and did not have leadership roles during the ceremony. She observed that "the women in the meeting took no part in the singing, drumming or praying with the single exception of the woman who had been appointed to bring in the morning water. She did not sing every song, but joined in when certain songs were sung or at certain stages of the ritual." Her interpreter informed her that "in olden days women were not admitted to the peyote tipi."[520] Despite the sweeping popularity of the Ghost Dance and Peyote Road, Native women were only marginally involved with these movements during the last decades of the nineteenth century.

For the Shoshone and Arapaho, the gendered difference in responses to the Indian Great Awakening highlights the differences in healing power and methods among men and women. During the hungry years of the 1880s and 1890s among the Shoshone and Arapaho, men became more involved with the Ghost Dance and Peyote Road as a way to address the challenges of reservation life because restoring spiritual harmony through intense religious ritual and supplication was a familiar aspect of men's healing practices. Of course, not every Ghost Dancer or Peyotist was a medicine man, but the leaders of the rituals often were. As illnesses and deaths mounted, as hunger persisted, and as resources dwindled, the openness to religious innovation during this era reflected a sense that a changing reality demanded new approaches to restoring spiritual balance. While Christian baptisms, Ghost Dances, and Peyote meetings reflect a distinctly male desire to find new paths towards restored health through regained

[520] Molly Peacock, *The Peyote Culture Among Wyoming Indians,*"PhD Dissertation, (Laramie: University of Wyoming, 1945), 63, 66-68.

spiritual balance, women's healing knowledge does not reflect the same openness to innovation.

Ultimately, hunger remained the root of ill health on the Wind River Reservation. Treaty negotiations in 1896 indicate that the Shoshone and Arapaho were still concerned with inadequate food resrouces. Twenty-eight years after the Shoshone agreed to remain on the Wind River Reservation, and eighteen years after the Arapaho had relocated to the area, the government approached both tribes with a proposal to purchase Reservation land that surrounded the Big Horn hot springs near Thermopolis, Wyoming. The Shoshone and Arapaho were in an ideal position for negotiating. From their perspective, the land around Thermopolis had declined in value due to the recent scarcity of buffalo in the area. Also, there was another hot springs located only four miles from the agency which the Shoshone used much more frequently than the more distant Big Horn springs. Meanwhile, the land value was rising in eyes of the State as tourism to the area increased. Given these circumstances, the 1896 negotiations over the cession of the Big Horn hot springs was a seller's market. The treaty negotiations reveal that the federal government, represented by James McLaughlin, was highly motivated to acquire the land in order to begin developing the area further as a tourist destination.[521]

The context in which negotiations took place has been referred to by one historian as the "nadir" on the Reservation. Years of malnutrition resulted in higher rates of mortality among the tribes than previously known. Waves of measles, diphtheria, and influenza swept through. The inability to maintain traditional

[521] 54th Congress, 1st Session, Document no. 247, reprinted in Annals of Wyoming, vol. 8, no. 2 (October, 1931) 529 – 537.

subsistence patterns contributed to and exacerbated the high levels of disease.[522] The Arapaho leader, Sharp Nose, used the opportunity of the hot springs negotiation to bring up concerns with hunger. Rather than cash payments, he requested rations because, "Men are like horses, they cannot work without rations. My people can work and earn money provided they have some assistance to begin with, and open up farms, and need food to assist them more than anything else. . . All my children are very poor, and they think they had better take cattle and rations."[523] In the midst of what may have been the worst health care crisis of their history, the Shoshone and Arapaho asked for rations and cash; means that would support and allow them to continue their long-established methods of healing.

Despite increasing threats to health and, indeed, increased mortality rates, Shoshone and Arapaho women's healing practices can be characterized by continuity in this period. While the trials of reservation life led to openness and innovation in Shoshone and Arapaho spiritual practices, there was not a similar movement to discover new healing methods of the kind that focused on the physical effects of ailments and were largely the purview of women. Even as the illness mounted among their children, even as epidemics of measles and diphtheria took their sinister toll, even as hunger weakened their bodies to the point that any infection became a serious threat, the Shoshone and Arapaho continued to rely largely on their own medicine, even during the years when the Indians at Wind River saw their greatest population losses. Although some Indians visited the agency physician, at no time did that number exceed two percent of the total population on the reservation, and in fact was typically less than one

[522] Stamm, *People of the Wind River*, 238-241.
[523] 54th Congress, 1st Session, Document no. 247, reprinted in *Annals of Wyoming*, vol. 8, no.2 (October, 1931) 534.

percent of the population. From August of 1894 to December of 1899, an average of .63 percent of the population visited the agency physician per month.[524]

As the OIA's concern with Indian women's activities and Indian health rose during the early twentieth century, prompting an extension of the assimilation campaign, the continued use of teepees among Indians was a growing concern. The perceived dirtiness of life in a tepee and the consequent connection with ill health was of enough concern to government officials that they began recording their use on the Shoshone Agency in the "Health" section of the annual report and in the statistical section beginning in 1911.[525] That year health officers and other employees made every effort "to persuade the Indians to keep their homes and camps in a sanitary condition."[526] The explicit connection between poor sanitary conditions and tepee or tent dwellings was still an anxiety of government officials in 1925 as evidenced by the report from the Shoshone agency in the Superintendent's annual report to the Bureau of Indian Affairs:

> Health conditions among the Indians on the reservation during the past year has been good considering their housing conditions. We purchased lumber material this year for the construction of Indian homes, and by improvement of their living conditions it will go far in adding to their health.[527]

[524] Sanitary Record of Sick, Wounded, Births, Deaths, etc., July 1889 – December 1901, Vol. 1-4, Rocky Mountain Regional Archives, RG 71, Wind River Agency.
[525] 1911 RCIA, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, box 1, folder 113,NA, RM region.
[526] Ibid.
[527] 1925 Superintendent's annual narrative and statistical reports from field jurisdictions of the Bureau of Indian affairs, 3.

However, in contrast to the ideas of reformers and government officials, the memories of Lucy Bonatsie evinced that life in a tepee during the twentieth century was not one of squalor. For instance, she remembers making her bed each day and keeping it clean:

> We had, you know, straw . . . bring in bale of straw and then spread it out. And then they'd cover that with burlap, or denim, you know. . . Old overalls that we'd cut up and then sew together. Maybe make a big bag out of it, you know, like a mattress, you know, then it's cleaner. And then we'd take it out and dust it every now and then. Sweep the top off and things like that. Then we'd roll it up next to the wall, then at night, when we were ready to go to bed, we'd pull it down and fix it up and put the mat down good and then we'd put another covering on there.[528]

She also remembered doing the housework of cleaning floors:

> The floor . . . its covered with burlap and they'd nail it down and it still has straw underneath it to keep the floor warm. So you could sit down anywhere. . .that's all nailed down and its all. . .maybe we'd moisten it every day and then they'd sweep it so the dust don't fly.[529]

Health officials and government agents did not recognize that high standards of housekeeping could be kept in tepees and that their efforts to persuade Shoshone and Arapaho women to keep their homes clean were, in fact, unnecessary. As the nineteenth-century explorer Richard Burton noted nearly a century before, and as Lucy Bonatsie recalled, the teepees Shoshone and Arapaho women maintained were well-ventilated, well-heated and cooled, and clean structures.[530]

Despite the fact that pressures of assimilation were intrusively brought within the very homes of Native Americans in the name of improving health, evidence of resistance is evident. Although physicians, nurses, and missionaries on the Wind River

[528] Oral history of Lucy Bonatsie, original collection date 8 Jan. 1991, Box 1, WVHP, AHC.
[529] Ibid.
[530] Burton, *The City of the Saints, and Across the Rocky Mountains to California*, 106-108.

Reservation were "constantly visiting Indian homes" and the agent reported that "considerable improvement is noticeable," he also mentioned that "as most of these Indians live in tents, no improvement of a substantial character can be hoped for until they are educated to the need of providing comfortable homes."[531] As the following table illustrates, reformers' efforts, no matter how aggressive and intrusive, appear to have had very little effect on the types of dwellings Shoshone and Arapaho families chose for themselves. During an eight-year period, there is no substantial increase in the number of homes that were houses on the Wind River reservation. Neither is there a substantial decrease in the amount of homes which were of a more temporary nature, such as tipis or tents.

Year	Number of houses	Number of tipis or tents
1913	94	588
1914	105	577
1915	105	572
1916	120	540
1917	122	569
1918	124	564
1919	125	598
1920	120	582

Figure 1: 1913-1920 Annual Report to the Commissioner of Indian Affairs, RG 75, Wind River Agency, general administrative records 1890-1960, entry 8, boxes 1 and 2, NA, RM region

Eva Enos identified the 1920s as the time when teepees began to be replaced by tents.[532] However, habitation in frame houses was not yet widespread, and Enos remembers most of her schoolmates living in tents.[533] Panzetanga was one of those who lived in a tent when she was little. This dwelling allowed for a freedom of

[531] Ibid.
[532] Ibid.
[533] Ibid.

movement that a house could not. She remembers, "We used to just move around here and there. We never stayed in one place."[534]

Rather than poor homemaking and childcare abilities of Arapaho and Shoshone women malnutrition, inadequate sanitation facilities, and disease took a toll on the population of the Wind River region.[535] After the decline in population, and the sluggish recovery after 1913, by the 1920s the population trend on the Wind River Reservation shows noticeable improvement. In 1924 the Shoshone and Arapaho numbers had increased to 1808. In 1925, minors made up 41 percent of the Shoshone population and 57 percent of the Arapaho population. Such a high proportion of the population under 18 indicates a low child death rate and is a good forecast for future population growth. In fact, the following year, population increased to 1899.[536] These improvements in population during the 1920s reflect the changes occurring in the homes of Shoshone and Arapaho families. Although several generations of girls and women on the Wind River Reservation had been subject to domestic assimilation pressures, the positive demographic results were not due to wholesale assimilation of Shoshone and Arapaho women to white standards of domesticity. Rather, through selective resistance and accommodation, the women of the Wind River region had found new ways to maintain their traditional family structure, roles, and values.

Arapaho and Shoshone women maintained a continuity with the roles of women who had lived before them by caring for the health of their families. Many women

---

[534] Oral history taken at Lizzie's home outside Milford, WY, original collection date 4 Feb. 1991, Box 1, WVHP, Collection number 11457, AHC, UW.
[535] Stamm, *People of the Wind River*, 238.
[536] 1924 & 1925 Superintendent's annual narrative and statistical reports from field jurisdictions of the Bureau of Indian affairs.

continued to be the initial healthcare providers to their family members in the event of an illness. For example, Lillian Hereford, a Shoshone and Crow woman born in 1924, has memories of a traditional treatment for whopping cough. She spent much of her youth in the care of her grandmother because her parents had troubles making ends meet and having one less mouth to feed alleviated some of the burden. Also, as a child Hereford was often sick from whooping cough and consumption. She remembers when she started choking and gasping for breath, her grandmother would put an eagle feather that had soaked in a jar of water down her throat. The result was that, "there'd be a great gob of that stringy phlegm would come up and I would vomit and finally, I would feel better and also so weak that I couldn't get up. She'd pick me up and take me in the house."[537] Hereford's grandmother also administered three teaspoons of skunk oil a day to her. Hereford credits the skunk oil with the return of her appetite and maintained that it is what "really pulled her though."[538] Hereford and Peche's memories prove that Shoshone and Arapaho women continued to care for their children using traditional medicines in spite of government campaigns to instill practices of "scientific motherhood." Just as had always been done, if the mother's treatments were unsuccessful, aid would be sought elsewhere. However, now the secondary source of treatment increasingly became doctors rather than medicine men.[539] Traditional methods of healing became increasingly combined with modern medicine.

Boarding school experiences created another change in the home lives of the Wind River region. During the 1920s, diets altered. Educational experiences

---

[537] Oral history taken at Lilian Hereford's home at Fort Washakie, original collection date 4 Feb. 1991, Box 1, WVHP, Collection number 11457, AHC, UW.
[538] Ibid.
[539] 1923 Superintendent's annual narrative and statistical reports from field jurisdictions of the Bureau of Indian affairs.

introduced many new foods into people's diets when girls brought home new recipes they had learned at school.[540] Not everyone's palate enjoyed the new foods, however. Pazetanga's memories of food at the boarding school involve learning to eat vegetables. She found celery particularly difficult to stomach.[541] The process of cooking did not change significantly during the 1920s in the homes of the Wind River region, even though the homes themselves and the food being prepared did. Enos remembers that her family still cooked inside during the winter and outside in the hot summer months.[542]

Despite the changes taking place in the homes of Shoshone and Arapaho families on the Wind River Reservation, women still resisted complete assimilation and did not engage in a wholesale abandonment of their traditional ways. Perhaps the most effective, while being least confrontational, form of resistance to assimilation messages taught in schools took place within Shoshone and Arapaho homes. The irony of this is that reformers and policy-makers specifically targeted the influence of Native American mothers over their children through removal and education of Indian children. They believed that their efforts would start a chain reaction of influence beginning with youths, moving to their parents, and finally reshaping entire communities and cultures. It is certainly true that some of the instruction in boarding schools caused changes in Wind River homes. However, Arapaho and Shoshone mothers continued to maintain a high degree of influence in the lives of their children.

---

[540] Oral history taken at home of Lilian Hereford at her home at Ft. Washakie, WY, original collection date 1991 Jan. 2, Box 1, WVHP, Collection number 11457, AHC, UW.
[541] Oral history taken at Lizzie's home outside Milford, WY, original collection date 4 Feb. 1991, Box 1, WVHP, Collection number 11457, AHC, UW.
[542] Oral history taken at home of Eva Enos at her at Ft. Washakie, WY, original collection date 13 March 1991, Box 1, WVHP, Collection number 11457, AHC, UW.

For instance, when Lucy Bonatsie remembered her time at the Ft. Washakie government school, she stated that it was useful because she learned how to keep house "the White man's way." Nevertheless, she still was learning how to "be Indian" during the times she was home. This type of resistance did not always necessarily require a conscious act because

> You don't really teach Indian children how to be Indian. That is just what they are…daughters are taught to sew, or work the buckskin. It is not like in the White communities where they are taught different things. With Indians, it isn't something required of you, it is what they expect of you, to be known as a woman. A woman is supposed to know how to sew and cook and be able to manage a home.[543]

Political scientist James Scott has labeled this type of prosaic struggle against forces of domination as "everyday forms of resistance." He points out that such options for resistance exist even when groups do not have the "luxury of open, organized, political activity."[544] For Shoshone and Arapaho girls on the Wind River Reservation, becoming an Indian woman was not something that required formal education provided by an authority from outside the home. Instead, mothers, sisters, grandmothers and aunts simply went about their work and in the process demonstrated how, "in their home life . . . to be Indian."[545] Although girls were not allowed to work outside while they were at school, this did not prevent Enos and girls like her from helping tend gardens, pack water, haul wood while at home. Shoshone and Arapaho girls continued to learn their

---

[543] Oral history taken at home of Lucy Bonatsi at her home outside Crowheart, WY, original collection date 15 Nov. 1986, Box 1, WVHP, Collection number 11457, AHC, UW.
[544] James C. Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven: Yale University Press, 1985), xv-xvi.
[545] Ibid.

roles as women from their grandmothers, mothers, aunts, and older sisters during time outside of school.[546]

The shift in the Field Matron program from providing domestic training to providing health care after the turn of the century also reflected a continuity of Native ideas of health care beyond the Wind River Reservation. As the previous chapter discussed, health care provision was not the original intention of the Office of Indian Affairs when it created the program in 1890. Nevertheless, shortly after the turn of the century, the Indian Office was actively encouraging field matrons to act as health care workers and it became one of the dominant aspects of their work. While this shift reflected the shortage of health care workers and funds in the Indian department, and the idea that assimilation could bring about improved health among Native Americans, there was yet another factor at play. The shift in the Field Matron program was a convenient convergence of mutually beneficial misunderstandings between the Office of Indian Affairs and Native Americans about the purpose and nature of health care.

In a 1917 letter forwarded by the Assistant Commissioner to Indian Superintendents across the nation, an Indian Service physician and a Special Supervisor stated that although it was "not the idea of the Office that field matrons should be required to practice medicine, it is believed there are often exigencies in which the more simple drugs would be of value until a physician can be called or his advice obtained." They further argued for the usefulness of field matrons in health care by emphasizing their educational mandate when they wrote that "treatment is always secondary to

[546] Oral history taken at home of Eva Enos at her at Ft. Washakie, WY, original collection date 25 Jan. 1991, Box 1, WVHP, Collection number 11457, AHC, UW.

prevention and removal of the cause."[547] The rationale exhibited by the physician and supervisor shows the two main motivations behind the shifting role for field matrons.

First of all, overtly educational activities that included quasi-medical purposes within them (and vice versa) were part of a broader trend in the OIA that fostered close intertwining of the educational and health care branches of the bureaucracy. The second reason the OIA encouraged field matrons to act as health care workers had to do with politics and economics. The federal government was under increasing pressure during the early decades of the twentieth century from powerful political and economic interests in the West to end costly programs aimed at elevating Native Americans.[548] This same attitude existed toward funding of health care for Indians. Despite steady increases in appropriations for health care, the amount allotted consistently remained below the amount needed to reasonably address the health care crisis

Yet, another important reason the OIA increasingly encouraged field matrons to act as health care providers is that, despite their lack of medical credentials, field matrons' health care efforts were effective. When Commissioner Valentine instructed field matrons to shoulder greater responsibility for health care in 1909, he pointed out the unique position a field matron had when he wrote, "a field matron through her friendly offices might prevail on Indians to submit to treatment who would pay little or no attention to the advice of a physician." [549] He acknowledged that Indians were not heeding the advice of physicians and suggested that field matrons were more influential

[547] NA, CCF 1907-1939, GS Box 1515, Folder 93369-17-734, Letter to Superintendents from E.B. Meritt, Assistant Commissioner, October 4, 1917.
[548] Hoxie, *A Final Promise*.
[549] NA,CCF 1907-1939, GS Box 1498, Folder 00-1909-732, Letter to Field matrons from Commissioner Valentine, 1909.

because of the intimate contact they had with Indian women and their families.[550] There were likely many situations where a physician's advice was logistically difficult to obtain due to a severely understaffed medical corps. In a letter to all agency superintendents in 1917, E.B. Meritt, Assistant Commissioner, noted that while field matrons were not expected to practice medicine, they were nevertheless useful in circumstances where a physician's advice was difficult to obtain.[551] But, given the low percentage of the Shoshone and Arapaho population that visited the agency physician, it may also have been the case that a physician was unable to give advice simply because Indian patients did not consult with them in the first place, even if there was one around.

Typically, resistance to government medical care was chalked up to further evidence of a childish and backward culture clinging to primitive traditions. For instance, when asked to assess the progress of Indian health over the past ten years, Elsie Newton had the pessimistic view that the Indians were not as well off in 1914 as they were ten years prior. From her perspective, the main obstacle to helping Indians was the Indians themselves: "It is hard to protect the Indian when he doesn't want to be protected," she wrote.[552] Joseph A. Murphey, the medical supervisor, pointed out that the lack of success in the treatment of trachoma is the result of native resistance to treatment. Despite the well-informed and well-equipped Service physicians, trachoma persists because of "the lack of cooperation" on the part of Indian patients. He particularly singled out the parents of Indian children as problematic because they

---

[550] Ibid.
[551] NA, CCF 1907-1939, GS Box 1515, Folder 93369-17-734, Letter to Superintendents from E.B. Meritt, Assistant Commissioner, October 4, 1917.
[552] NA, CCF 1907-1939, GS, Box 1444, Folder 19875-14-700, Letter to the Commissioner of Indian Affairs, from E.E. Newton, Supervisor, March 14, 1914.

frequently take their children "from the treatments and to their homes to progress toward blindness and spread the infection at will among their associates."[553]

But there was something more than just an illogical, knee-jerk mistrust of government physicians on the part of Indians. A letter from Dr. Murphey, the Medical Supervisor, provides insight into a few other reasons why Native Americans were resistant to treatment by agency physicians for trachoma, a type of infection of the eyelids. The lack of cooperation Murphey previously described had to do with the drastic treatment which involved the physician rubbing a copper sulphate stick on the underside of the patient's eyelids. Murphy admitted that in order to "deal with Indians who are unwilling or unable to have the copper sulphate stick applied, it is necessary to depend on milder measure in order to place under treatment the greatest number of cases."[554] Native Americans were not resisting trachoma treatment in general. They were simply showing preference for one form of treatment over another. The use of copper citrate ointment, or a 10% solution of copper sulphate in glycerin was not only a more gentle method of treatment, it was also a treatment that could be easily administered in Indians' own homes, and perhaps could therefore be administered by field matrons. This "home treatment," as Murphy characterizes it, fit in with many Native ideas about where, how, and from whom health care was administered.

Among the Arapaho and Shoshone, women and their knowledge were vital to healthcare in their communities at both the preventative and treatment stages. For the Shoshone and Arapaho, female administers of medical treatments, and female health

[553] NA, CCF 1907-1939, GS Box 1514, Folder 11294-12-734, Letter to Commissioner of Indian Affairs from Murphey, Medical Supervisor, November 6, 1912.
[554] NA, CCF 1907-1939, GS Box 1500, Folder 75351-14-732, Letter to the Commissioner of Indian Affairs from Dr. Murphy, Medical Supervisor, September 1, 1914.

care educators were familiar, comfortable concepts.[555] The home as a site of treatment was also an important aspect of familiarity when it came to health care among the Shoshone and Arapaho. The treatments medicine men or women provided for severe illnesses and injuries often took place within the intimate space of the patient's own home. Also, among the Arapaho, childbirth was a home affair or it occurred in a separate tipi specially erected for the birth directly next to the home tipi. Although the Shoshone gave birth away from him in a menstrual hut, it was a comfortable social space they were very familiar with.[556] Health care among the Shoshone and Arapaho also had a strongly communal nature to it so that prevention and treatment involved interactions between people who knew each other well. Although field matrons likely did not have the close, life-long attachment to their wards that Native physicians had with their patients, they likely did have a far more intimate relationship with Native families than government physicians, thus further explaining the receptivity to health care provided through field matrons.

The emphasis on field matrons was not only a cost-effective method for the OIA to address Indian's health care needs rooted in Victorian ideals of the power of True Womanhood and racialized scientific thought, it was also a timely response to continued Native resistance to agency physicians that had a measure of success because the visiting matrons fit Native ideas of how health care should be carried out. Treatment within their homes, provided by women, and by women who knew them well, were familiar systems of health care to many Native people. The shift in the field

[555] Unnamed Arapaho narrator in Hilger, "Arapaho Child Life and its Cultural Background," 136.; Hilger, "Arapaho Child Life and its Cultural Background," 135; Lowie, "Notes on Shoshonean Ethnography," 296.
[556] Shimkin, "Childhood and Development Among the Wind River Shoshone," 299-300; Hilger, "Arapaho Child Life and its Cultural Background," 16-19.

matron program is just as much the result of Native preferences as it is the Federal government's inability or unwillingness to provide enough well-trained physicians to meet the health care needs in Indian country.

Throughout Shoshone and Arapaho history, records of Indian women's activities, particularly their healing activities, are incredibly rare. This void speaks more to the cultural blind spots of Euro-American explorers, missionaries, government agents, physicians, and anthropologists than it does to Shoshone and Arapaho experiences. Nevertheless, in the quiet absence of Shoshone and Arapaho patients at the agency physician's office during the most profound and spiritually troubling health crisis in the tribes' histories, women's healing practices endured. In the shifting nature of the Field Matron program to respond to Native ideas of health, Native ideas of health endured. In the memories of the Shoshone and Arapaho, women's power and care for their communities endured.

Conclusion

Despite decades of rhetoric that Indians were disappearing, and despite a common assumption that Indians were chronically weakened by disease ever since Europeans came ashore, the federal government paid little attention to the health of Native peoples during the nineteenth century, and instead poured its resources into efforts to relocate, restrict, and then assimilate Native Americans. At each phase of colonization, policy makers, Indian department employees, and especially missionaries pointed to the disordered gender relations that supposedly degraded Indian women as justification for actions that denied Native Americans sovereignty, autonomy, and self-determination. Although colonization had long-term negative consequences for Native peoples' health, throughout the nineteenth and early twentieth century, the Shoshone and Arapaho maintained a remarkable degree of good health in spite of significant loss of resources and severe malnutrition. However, the effects of colonization and the stereotype of the degraded Indian woman obscured the existence of effective and evolving health care practices among the Shoshone and Arapaho, much of which depended on women's medical and domestic skills and knowledge. As seen in the conclusions of the 1867 Doolittle Report, it was politically useful for the Office of Indian Affairs to imagine all Indians to be diseased and near extinction.

For the Shoshone and Arapaho, it was not until the early twentieth century that the impacts of long-term malnutrition and loss of economic resources caused by colonization led to a reality which had long existed in the American imagination: a uniquely unhealthful Indian population. Late nineteenth century gendered assimilation

policies that focused on making Indian men into farmers and removing Indian children from the influence of their homes led to unprecedented levels of malnutrition and disease. By overlooking these root causes of illness, the federal government's response of educating Indian women on the proper methods of keeping their homes and raising their children allowed disease to continue unabated.

By the early twentieth century significant and chronic disparities between the health of Native Americans and the white population were alarmingly obvious. Although Native Americans represented a wide variety of cultures, economic situations, regions, and historical experiences, unusually high rates of tuberculosis, trachoma, and infant mortality were a troubling and pervasive thread of commonality that ran throughout Indian country. At the same time, the simultaneous awareness of the continued disparity between American and Indian cultures created significant debates in social science fields over the capacity of different groups to evolve, and significant political debates over the desirability of continued assimilation efforts.

In this context, the image of the Native woman as a degraded drudge, incapable of keeping a proper home, and the image of the chronically diseased Indian intersected to explain the health crisis in Indian country and to further perpetuate and extend government assimilation efforts. During the early twentieth century, the government drew on social scientists' concepts of cultural and environmental determinism to target Indian women and the homes they kept as the sources of the health crisis in Indian country. In a political environment increasingly resistant to assimilation campaigns, the Office of Indian Affairs used the health crisis in Indian country to perpetuate its extensive educational infrastructure in the name of providing health care. Furthermore,

it intensified efforts to assimilate Indian women. Obscuring the impacts of colonization, and a long history of effective homemaking, child-raising, and health care abilities among Native women, OIA campaigns blamed Native women for the deaths of their own children and the disease in their communities.

While it is common for populations to go through cycles of disease, the persistence of health disparities that emerged among Indian populations around the turn of the century is significant because that imbalance remains today, even though the primary causes of ill health have shifted over time. Recent statistics from the Indian Health Service show that hospitalization rates are 72% higher among Native American men and 52% higher among Native American women compared to the non-Indian general population. Life expectancy for Native Americans is 71.1 years, compared to 75.8 years among the U.S. population as a whole. The infant mortality rate for Native Americans is 9.3 per 1,000 live births compared to 7.6 for the rest of the U.S. population.[557] The problem of endemic ill-health among Indians tops the list of stereotypes many people reach for when describing and attempting to understand Native Americans, both in the past and in the present. This study is an effort to begin uncovering the historical roots of this demographic imbalance and the interactions of Native peoples' health, healing methods, and federal Indian health care.

In light of such an important task, this study stands as only a drop in a bucket that remains much too empty. Nevertheless, it illustrates the ways ideas about Native peoples which justified colonization also reinforced ideas about Native peoples that

[557] Crouch, James A., Sara Ehlers, Carol C. Korenbrot, "Disparities in Hospitalizations of Rural American Indians," *Medical Care* 41, no. 5 (May 2003), 626-626; Indian Health Service, "Regional Differences in Indian Health, 1998-99," [Indian Health Service Web site] http://www.ihs.gov/PublicInfo/Publications/trends98/region98.asp. Accessed February 5, 2013.

fostered and justified disproportionate levels ill health among them. Poor health and colonization encouraged went hand-in-hand, each one advancing the other. Nevertheless, Native peoples did not fully succumb to either. Native peoples had active and effective systems of health care which current historical studies tend to overlook. Understanding these systems and the ways they both resisted change, altered, or disappeared as a result of colonization is vital to understanding the pernicious nature of disproportionate rates of ill health among Native Americans today.

Misconceptions based on ethnocentric ideas of gender and manifest destiny greatly influenced ideas about Indian women and Indian health which were central to the colonization process of Native Americans and to national discourse. Both the process and the rhetoric of colonization first obscured and then undermined the reality of Native women's roles in their communities and the existence of thriving populations of Native peoples who effectively managed their own health. Although native women's healing practices and their role as leaders in their communities showed a remarkable resiliency through the latter decades of the nineteenth century, the undermining of Native health and the resultant health crisis in Indian Country brought about a convergence of false discourses about Native women and Indian health in the early twentieth century that saw Indian women as the greatest threat to the health of their communities. Nevertheless, the historical record, including memories of Native peoples and a distraught mother whipping a government physician after the death of her daughter at his hands, shows an active rejection of these discourses and the government programs based upon them.

Bibliography

Books

Ackerman, Lillian and Laura Kelin, eds. *Women and Power in Native North America* (Norman: University of Oklahoma Press, 1995).

Adams, David Wallace, *Education for Extinction: American Indians and the Boarding School Experience, 1877-1928,* (Lawrence: University Press of Kansas, 1995).

Agnew, Jeremy, *Medicine in the Old West: A History, 1850-1900* (McFarland & Company, Inc.: Jefferson, North Carolina, 2010).

Anderson, Karen L., *Chain Her by One Foot: the Subjugation of Women in Seventeenth-Century New France* (London, New York: Routledge, 1991)

Albers, Patricia and Beatrice Medicine, eds., *The Hidden Half: Studies of Plains Indian Women* (Washington, D.C.: University Press of America, 1983)

Anderson, Warwick, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).

Bannan, Helen, *"True Womanhood On the Reservation: Field Matrons in the United States Indian Service,* (Tucson: Southwest Institute for Research on Women, 1894).

Barr, Juliana, *Peace Came in the Form of a Woman: Indians and Spaniards in the Texas Borderlands* (Chapel Hill: University of North Carolina Press, 207)

Boas, Franz, *The Mind of Primitive Man: A Course of Lectures Delivered Before the Lowell Institute, Boston, Mass., and the National University of Mexico, 1910-1911* (New York: The Macmillian Company, 1911).

Brantlinger, Patrick, *Dark Vanishings: Discourse on the Extinction of primitive Races, 1800-1930,* (Ithaca: Cornell University Press, 2003).

Burton, Sir Richard Francis, *The City of the Saints, and Across the Rocky Mountains to California* (New York: Harper & Brothers, 1862).

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

Calloway, Colin, *One Vast Winter Count: The Native American West before Lewis and Clark* (Lincoln: University of Nebraska Press, 2003).

Child, Brenda, *Boarding School Seasons: American Indian Families, 1900-1940* (Lincoln: University of Nebraska Press, 2000).

Conn, Steven, *History's Shadow: Native Americans and Historical Consciousness in the Nineteenth Century* (Chicago, University of Chicago Press: 2004).

Cronan, William, *Changes in the Land: Indians, Colonists, and the Ecology of New England*, (New York: Hill & Wang, 1983)

Crosby, Alfred, *The Columbian Exchange: Biological and Cultural Consequences of 1492* (New York, Cambridge University Press: 1972)

Crosby, Alfred, *Ecological Imperialism: The Biological Expansion of Europe 900-1900* (New York, Cambridge University Press, 1986)

Crosby, Alfred, *Germs, Seeds, and Animals: Studies in Ecological History* (Armonk, M.E. Sharpe: 1994)

Davis, Allen F., *Spearheads for Reform: The Social Settlements and the Progressive Movement* (New York: Oxford University Press, 1967)

Degler, Carl N., *In Search of Human Nature: The Decline and Revival of Darwinism in American Social Thought* (New York: Oxford University Press, 1991).

DeJong, David H., *"If You Knew the Conditions:" A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, Lexington Books, 2008).

DeJong, David, *Plagues, Politics, and Policy: A Chronicle of the Indian Health Service, 1955-2008* (Lanham: Lexington Books, 2011).

Denetdale, Jennifer Nez, *Reclaiming Diné History: The Legacies of Navajo Chief Manuelito and Juanita*, (Tucson: University of Arizona Press, 2007).

Devens, Carol, *Countering Colonization: Native American Women and Great Lakes Missions, 1630-1900* (Berkeley: University of California Press, 1992).

Deverell, William, *Whitewashed Adobe: The Rise of Los Angeles and the Remaking of its Mexican Past* (Berkeley: University of California Press, 2004)

Diamond, Jared, *Guns, Germs, and Steel: The Fates of Human Societies*, (New York, W.W. Norton & Co.: 2005).

Dorsey, George A., *The Arapaho Sun Dance: The Ceremony of the Offerings Lodge* (Chicago: Field Columbian ,Museum, 1903).

Dorsey, George A. and A.L. Kroeber, *Traditions of the Arapaho* (Chicago: Field Columbian Museum, 1903).

Driver, Harold E., *Indians of North America* (Chicago: University of Chicago Press, 1961).

Dunlop, Richard, *Doctors of the American Frontier* (Garden City: Doubleday & Co., 1965)

Ernst, Waltraud and Bernard Harris, eds., *Race, Science, and Medicine, 1700-1960* (London and New York, Routledge: 1999).

Flanagan, Maureen, *America Reformed: Progressives and Progressivism, 1890s-1920s* (New York: Oxford University Press, 2007)

Fowler, Loretta, *Arapahoe Politics, 1851-1978: Symbols in Crises of Authority* (Lincoln: University of Nebraska Press, 1982).

Frankel, Noralee and Nancy S. Dye, *Gender, Class, Race, and Reform in the Progressive Era* (Lexington: University of Kentucky Press, 1991).

Für, Gunlog, *A Nation of Women: Gender and Colonial Encounters Among the Delaware Indians* (Philadelphia: University of Pennsylvania Press, 2009)

Gutiérrez, Ramón, *When Jesus Came, the Corn Mothers Went Away: Marriage, Sexuality, and Power in New Mexico, 1500-1846* (Stanford: Stanford University Press, 1991)

Hausdoerffer, John, *Catlin's Lament: Indians, Manifest Destiny, and the Ethics of Nature,* (Lawrence: University of Kanas Press, 2009).

Hebard, Grace Raymond, *Sacajawea: A Guide and Interpreter of the Lewis and Clark Expedition, with an Account of the Travels of Toussaint Charbonneau, and of Jean Baptiste, the Expedition Papoose* (Glendale: Arthur H. Clark Company, 1933).

Holm, Tom, *The Great Confusion in Indian Affairs: Native Americans & Whites in the Progressive Era* (Austin: University of Texas Press: 2005).

Holmes, Kenneth L., *Covered Wagon Women: Diaries & Letters from the Western Trails, 1840-1890,* (Spokane: Arthur H. Clark, 1991).

Horsman, Reginald, *Expansion and American Indian Policy, 1873-1812* (East Lansing: Michigan State University Press, 1967)

Horsman, Reginald, *Race and Manifest Destiny: The Origins of American Racial Anglo-Saxonism* (Cambridge: Harvard University Press, 1981)

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

Hultkrantz, Åke, *Shamanic Healing and Ritual Drama: Health and Medicine in Native North American Religious Traditions,* (The Crossroad Publishing Company, New York: 1992).

Hurtado, Albert, *Sex, Gender and Culture in Old California* (Albuquerque: University of New Mexico Press, 1999).

Irving, Washington, *The Adventures of Captain Bonneville,* (New York: J.B. Miller & Company, 1885)

Jacobs, Margaret, *Engendered Encounters: Feminism in Pueblo Cultures 1879-1934* (Lincoln: University of Nebraska Press, 1999).

Jacobs, Margaret, *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).

Jellinek, E.M., *The Disease Concept of Alcoholism*, (New Haven: Hillhouse Press, 1960).

Jones, David S., *Rationalizing Epidemics: Meanings and Uses of American Indian Mortality since 1600* (Cambridge: Harvard University Press, 2004).

Jorland, Gerald, Annick Opinel, and George Weisz, eds., *Body Counts: Medical Quantification in Historical and Sociological Perspective* (Montreol: McGill-Queen's University Press, 2005).

Jütte, Robert, *Contraception: A History* (Polity, 2008).

Kennedy, Michael T., M.D., *A Brief History of Disease, Science & Medicine* (Mission Viejo: Asklepiad Press, 2004).

Kelton, Paul, *Epidemics & Enslavement: Biological Catastrophe in the Native Southeast 1492-1751* (Lincoln: University of Nebraska Press, 2007)

Keys, Ancel, *The Biology of Human Starvation* (Minneapolis: University of Minnesota Press, 1950.

Kroeber, A.L., *The Arapaho,* (New York: American Museum of Natural History, 1902-1097).

Kunitz, Stephen, *Disease, Change, and the Role of Medicine: The Navaho Experience* (Berkeley: University of California Press, 1983).

Kupperman, Karen Ordahl, *Settling with the Indians: The Meeting of English and Indian Cultures in America, 1580-1640* (Totowa: Rowman and Littlefield Press, 1980).

Larson, T.A., *History of Wyoming,* 2nd edition, revised (Lincoln, University of Nebraska Press: 1978).

Lee, Erika and Judy Yung, *Angel Island: Immigrant Gateway to America* (Oxford: Oxford University Press, 2010)

Lowie, Robert, *Dances and Societies of the Plains Shoshone* (New York: The Trustees, 1915).

Lowie, Robert, *Sun Dance of the Shoshoni, Ute, and Hidatsa* (New York: AMS Press, 1919).

Lowie, Robert, Notes *on Shoshonean Ethnogeography* (New York: American Museum Press, 1924).

Lux, Maureen, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001).

Markley, Elinor and Beatrice Crofts, *Walk Softly, this is God's Country: Sixty-Six Years on the Wind River Indian Reservation,* (Lander: Mortimore Publishing, 1997).

McNeill, William, *Plagues and Peoples* (Garden City, Anchor Press: 1976)

Mooney, James, *The Ghost Dance Religion and the Sioux Outbreak of 1890,* (Lincoln: University of Nebraska Press: 1991).

Murry, Keith, *The Modocs and Their War* (Norman: University of Oklahoma Press, 1959).

Ong, Walter J., *Orality and Literacy: the Technologizing of the Word* (Methuen: London and New York, 1982)

Osburn, Katherine, *Southern Ute Women: Autonomy and Assimilation on the Reservation, 188701934* (Albuquerque: University of New Mexico Press, 1998).

Ostler, Jeffrey, *The Plains Sioux and U.S. Colonialism from Lewis and Clark to Wounded Knee*, (Cambridge: Cambridge University Press, 2004).

Prucha, Francis Paul, *American Indian Policy in Crisis: Christian Reformers and the Indian, 1865-1900* (Norman: University of Oklahoma Press, 1976)

Prucha, Francis Paul, *American Indian Policy in the Formative Years: The Indian Trade and Intercourse Acts, 1790-1834* (Cambridge: Harvard University Press, 1962)

Prucha, Francis Paul, *The Great Father: The United States Government and the American Indians* (Lincoln: university of Nebraska, 1984)

Ramenofsky, Ann F., *Vectors of Death: The Archaeology of European Contact* (Albuquerque: University of New Mexico Press, 1987).

Rosen, George, *A History of Public Health*, Expanded Edition (Baltimore and London: Johns Hopkins University Press, 1993.

Rosen, Ruth, *The Lost Sisterhood: Prostitution in America, 1900-1918* (Baltimore: Johns Hopkins University Press, 1982).

Rosenberg, Charles E., *No Other Gods: On Science and American Social Thought* (Baltimore: Johns Hopkins University Press, 1967).

Rosenberg, Charles E., *The Structure of American Medical Practice, 1875-1941* (Philadelphia: University of Pennsylvania Press, 1983).

Scott, James C., *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven: Yale University Press, 1998).

Scott, James C., *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven: Yale University Press, 1985).

Shah, Nayan, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkley: University of California Press, 2001)

Steele, Volney, M.D., *Bleed, Blister, and Purge: A History of Medicine on the American Frontier* (Missoula, Montana: Mountain Press, 2005)

Steward, Julian H., *Basin-Plateau Aboriginal Sociopolitical Groups*, Smithsonian Institution Bureau of American Ethnology, Bulletin 120, (Washington: United States Government Printing Office, 1938).

Shakespeare, Tom, *The Sky People* (New York: Vantage Press, 1971).

Sheehan, Bernard W., *Seeds of Extinction: Jeffersonian Philanthropy and the American Indian* (Chapel Hill: University of North Carolina Press, 1973)

Shimkin, Demitri B., *Childhood and Development Among the Wind River Shoshone,* (Berkeley, University of California Press: 1947).

Shimkin, Demitri B., *The Wind River Shoshone Sun Dance* (Washington, U.S. Government Printing Office: 1953).

Shimkin, Demitri B. *Wind River Shoshone Ethnogeography* (Berkeley, University of California Press: 1947).

Shoemaker, Nancy, ed., *Negotiators of Change: Historical Perspectives on Native American Women* (New York: Routledge, 1995)

Simonsen, Jane E., *Making Home Work: Domesticity and Native American Assimilation in the American West 1860-1919* (Chapel Hill: University of North Carolina Press: 2006)

Stamm, Henry, *People of the Wind River: The Eastern Shoshones, 1825-1900* (Norman, University of Oklahoma Press: 1999).

Thornton, Russell, ed., *Studying Native America,* (Madison: University of Wisconsin Press, 1998).

Thwaites, Reuben Gold, ed. *Original Journals of the Lewis & Clark Expedition,* Vol. 2 (New York: Dodd, Mead & Company, 1904).

Townsend, Camilla, *Malintzin's Choices: An Indian Woman in the Conquest of Mexico* (Albuquerque: University of New Mexico Press,: 2006).

Trafzer, Clifford E., *Death Stalks the Yakama: Epidemiological Transitions and Mortality on the Yakama Indian Reservation, 1888-1964* (East Lansing: Michigan State University Press, 1997)

Trenholm, Virginia C. and Maurine Carley, *The Shoshonis: Sentinels of the Rockies* (Norman: University of Oklahoma Press, 1964)

Trenholm, Virginia C., *The Arapahoes, Our People* (Norman, University of Oklahoma Press: 1970)

Trennert, Robert F., *Alternative to Extinction: Federal Indian Policy and the Beginnigns of the Reservation System, 1848-1851* (Philadelphia: Temple University Press, 1975)

Trennert, Robert, *White Man's Medicine: Government Doctors and the Navajo, 1862-1995* (Albuquerque: University of New Mexico Press, 1998).

Vansina, Jan, *Oral Tradition: A Study in Historical Methodology* (London: Routledge & Kegan Paul, 1965).

Verano, John W. and Douglas H. Ubelaker, eds. *Disease and Demography in the Americas* (Washington: Smithsonian Institution Press, 1992).

Washburn, Wilcomb, *The Assault on Tribalism: The General Allotment Law (Dawes Act) of 1877* (Philadelphia: Lippincott, 1975)

Warner, John Harley, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885,* (Princeton: Princeton University Press, 1997).

White, Richard, *The Roots of Dependency: Subsistence, Environment, and Social Change Among the Choctaws, Pawnees, and Navajos* (Lincoln: University of Nebraska Press, 1983).

Watts, Sheldon, *Epidemics and History: Disease, Power, and Imperialism* (New Haven, Yale University Press: 1997)

Weibe, Robert H., *A Search for Order, 1877-1920* (New York: Hill and Wang, 1967).

West, Elliott, *The Essential West: Collected Essays* (University of Oklahoma Press: Norman, 2012)

Articles, Book Chapters, and Dissertations

Albers, Patricia C. and William R. James, "Illusion and Illumination: Visual Images of American Indian Women in the West" in *The Women's West*, ed. Susan Armitage and Elizabeth Jameson (Norman: University of Oklahoma Press, 1987) 35-50.

Benson, Todd, "Blinded with Science: American Indians, the Office of Indian Affairs, and the Federal Campaign against Trachoma, 1924-1927," *American Indian Culture and Research Journal,* Vol. 23, No. 3, (1999).

Blackman, Margaret, "Posing the American Indian," *Natural History,* January 1981, 69-75.

Borah, W., "America as Model: The Demographic Impact of European Expansion up on the Non-European World," *35th Congreso Internacional de Americanistas Act y Memorias,* Vol. 3, (1964): 379-387

Brumberg, Joan Jacobs, "Zenanas as Girlless Villages: The Ethnology of American Evangelical Women, 1870-1910," *The Journal of American History*, Vol. 69, No. 2 (Sep., 1982): 347-371.

Calloway, Colin, "Indian History in Wyoming: Needs and Opportunities for Study," *Annals of Wyoming* 63 (1991): 125-130.

Chaput, Donald, "Generals, Indian Agents, Politicians: The Doolittle Survey of 1865," *The Western Historical Quarterly*, Vol. 3, No. 3 (July 1972), pp. 269-282.

Crosby, Alfred, "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America," *William and Mary Quarterly*, 3rd ser., 33 (April 1976), 289-99

Dobyns, Henry, "Estimating Aboriginal American Population: An Appraisal of Techniques with a New Hemispheric Estimate, *Current Anthropology* 7: 4 (1966): 395-416

Dye, Nancy Schrom and Daniel Blake Smith, "Mother Love and Infant Death, 1750-1920," *Journal of American History,* 73 (September 1986).

Emmerich, Lisa "'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,* Elizabeth Jameson and Susan Armitage, eds., (Norman: University of Oklahoma Press, 1997)

Emmerich, Lisa, *"To respect and love and seek the ways of white women": Field Matrons, the Office of Indian Affairs, and Civilization Policy, 1890-1938* (PhD Dissertation: University of Maryland College Park, 1987).

Farhnam, Thomas J., "Travels in the Great Western Prairies, the Aanhuac and Rocky Mountians, and in the Oregon Territory, 1839," in Reuben Gold Thwaites, ed., *Early Western Travels, 1748-1846*, vol. 28, (Cleveland: A.H. Clark Co., 1906), 254-255.

Fowler, Loretta, "Arapaho," in *Plains*, ed. Raymond J. DeMallie and William C. Sturtevant, Handbook of North American Indians, vol. 13, (Washington, D.C. Smithsonian Institution: 2001).

Fowler, Loretta, "History of the United States Plains Since 1850," in *Plains*, ed. Raymond J. DeMallie and William C. Sturtevant, Handbook of North American Indians, vol. 13, (Washington, D.C. Smithsonian Institution: 2001).

Fox, L. Webster, "The Trachoma Problem among the North American Indians," *Journal of the American Medical Association* 86 (6 February 1916).

Hilger, Sister M. Inez, "Arapaho Child Life and its Cultural Background," *Smithsonian Institution Bureau of American Ethnology,* Bulletin 148 (Washington: United States Government Printing Office, 1952).

Jacobs, Margaret D., "Maternal Colonialism: White Women and Indigenous Child Removal in the American West and Australia, 1800-1914" *The Western Historical Quarterly* 36, no.4 (winter 2005).

Janiewski, Dolores, "Learning to Live 'Just Like White Folks': Gender, Ethnicity, and the State in the Inland Northwest," in *Gendered Domains: Rethinking Public and Private in Women's History,* eds. Dorthy O. Helly and Susan M. Reverby, , (Ithaca and London: Cornell University Press, 1992), 167-179.

Jilek, Wolfgang G., "Altered States of Consciousness in North American Indian Ceremonials," *Ethos,* Vol. 10, No. 4, Issue Devoted to Shamans and Endorphins (Winter, 1982), pp. 326-343.

Kelsy, Harry, "Background to Sand Creek," *Colorado Magazine,* XLV (Fall 1968), 279-300.

Kroeber, A.L., "Cultural and Natural Areas of Native North America," *University of California Publications in American Archeology and Ethnology* 38 (Berkley, 1939): 1-242

Lowie, Robert, "Notes on Shoshonean Ethnography," *Anthropological Papers of the American Museum of Natural History,* vol.XX (New York: American Museum Press, 1924).

Lyman, Christopher, *The Vanishing Race and Other Illusions* (New York: Pantheon Press, 1982).

Peter Mancall, "'I Was Addicted to Drinking Rum: Four Centuries of Alcohol Consumption in Indian Country," in *Altering American Consciousness: The History of Alcohol and Drug use in the United States, 1800-2000,* ed. Sarah W. Tracy and Caroline Jean Acker (Amherst and Boston: University of Massachusetts Press, 2004), 91-107.

Michelson, Truman, "Narrative of an Arapaho Woman," *American* Anthropologist 35, no. 4 (Oct-Dec 1933).

Mooney, James, "Population," *Handbook of American Indian North of Mexico,* vol. 2, F.W. Hodge, ed. (Washington: Bureau of American Ethnology Bulletin 30, 1910), 286-287.

Morgan, Dale L., ed. "Washakie and the Shoshoni: A Selection of Documents from the Records of the Utah Superintendency of Indian Affairs (pt 1), *Annals of Wyoming* 25 (July 1953).

Murphy, Robert F. and Yolanda Murphy, "Shoshone-Bannock Subsistence and Society," *Anthropological Records* 16:7 (Berkeley: University of California Press, 1960).

Molly Peacock, *The Peyote Culture Among Wyoming Indians,* PhD Dissertation, (Laramie: University of Wyoming, 1945).

Provine, William B,."Geneticists and the Biology of Race Crossing," *Science* 182 (Nov. 23, 1973).

Rosenberg, Charles E., "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," in *The Therapeutic Revolution: Essays in the Social History of American Medicine*, ed. Morris J. Vogel and Charles E. Rosenberg, (Philadelphia: University of Pennsylvania Press, 1979).

Roizen, Ron, "How Does the Nation's 'Alcohol Problem' Change from Era to Era?: Stalking the Social Logic of Problem-Definition Transformations since Repeal," in *Altering American Consciousness: The History of Alcohol and Drug use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst and Boston: University of Massachusetts Press, 2004), 61-87.

Scherer, Joanna, "You Can't Believe Your Eyes: Inaccuracies in Photographs of North American Indians," *Studies in the Anthropology of Visual Communications* 2 (1975): 67-79.

Shimkin, Demitri.B., "Childhood and Development among the Wind River Shoshone," *Anthropological Records* V. 5, No.5, (Berkeley: University of California Press, 1947).

Spinden, H.J., "The Population of Ancient America," *The Geographical Review* 28 (1928): 641-661

Trennert, Robert, "Indian Sore Eyes: The Federal Campaign to Control Trachoma in the Southwest, 1910-40," *Journal of the* Southwest 32 (Summer, 1990), 121-149.

Trigger, Bruce, "Ethnohistory: Problems and Prospects," *Ethnohistory* 29 (Winter 1982): 253-67.

Schilz, Jodye Lynn Dickson and Thomas Schilz, "Amazons, Witches and Country Wives: Plains Indian Women in Historical Perspective," *Annals of Wyoming* 59 (Seasons 1987): 49-56.

Shimkin, D.B., "Dynamics of Recent Wind River Shoshone History, *American Anthropologist* 44 (Jul-Sept. 1942).

Shimkin, Demitri B., "Eastern Shoshone," in *Great Basin*, ed. Warren L. D'Azevado, Handbook of North American Indians, vol. 2(Washington, D.C. Smithsonian Institution: 1986).

Smits, David, "The 'Squaw Drudge': A Prime Index of Savagism," *Ethnohistory* 29, no. 2 (Fall 1982): 281-306.

Sturtevant, William, "Anthropology, History and Ethnohistory," *Ethnohistory* 13 (Winter 1966); Trigger, "Ethnohistory: Problems and Prospects," 253-67.

Swagerty, William R., "History of the United States Plains Until 1850," in *Plains*, Raymond J. DeMallie, ed., Handbook of North American Indians, vol. 13.(Washington, D.C. Smithsonian Institution: 2001), 257-258.

Tracy, Sarah W., "Building a Boozatorium: State Medical Reform for Iowa's Inebriates, 1902-1920," in *Altering American Consciousness: The History of Alcohol and Drug use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst and Boston: University of Massachusetts Press, 2004), 124-164.

Tracy, Sarah W., "Medicalizing Alcoholism One Hundred Years Ago," *Harvard Review of Psychiatry*, vol.15, no. 2 (March/April 2007), 86-91.

Ubelaker, Douglas.H., "North American Indian Population Size, A.C. 1500-1985," *American Journal of Physical Anthropology* 77: 3(1988): 289-294.

Welter, Barbara, "The Cult of True Womanhood: 1820-1860," *American Quarterly* 18, No. 2 (Summer, 1966).

West, Elliott, "Families in the West," *OAH Magazine of History 9,* No. 1 (Fall, 1994)

Government Reports

Policy Development Group, *The Government of Aboriginal Peoples* (Ottawa, 1983).

U.S. Congress, Senate, *Condition of the Indian Tribes: Report of the Joint Special Committed Appointed under Joint Resolution of March 3, 1865,* Senate Report 156, 39th Congress, 2nd Session.

U.S Department of Agriculture and U.S. Department of Health and Human Services, *Dietary Guidelines for Americans, 2010*. 7th Edition (Washington, DC: U.S. Government Printing Office, December 2010).

Public Health Service Report, *Contagious and Infectious Diseases among the Indians* (Washington, Government Printing Office, 1913).

Archival Collections

Demitri Boris Shimkin Papers, American Heritage Center, University of Wyoming, Laramie Wyoming.

Episcopal Church Diocese of Wyoming Records, American Heritage Center, University of Wyoming, Laramie Wyoming.

John Roberts Papers, American Heritage Center, University of Wyoming, Laramie Wyoming.

Warm Valley Historical Project, American Heritage Center, University of Wyoming, Laramie, Wyoming.

Letters Received by the Office of Indian Affairs 1824-80, Wyoming Superintendency 1869-70, National Archives Microfilm Publication M234E, RG 75.

Wind River Agency, General Administrative Records 1890-1960, National Archives, Rocky Mountain Region.

St. Michaels Mission 1917-1920, National Archives, Rocky Mountain Region

Sanitary Record of Sick, Wounded, Births, Deaths, etc., July 1889 – December 1901, Vol. 1-4, Wind River Agency, Rocky Mountain Regional Archives.

Letters Received 1881-1907, National Archives, Washington, D.C.

Central Classified Files 1907-1939, National Archives, Washington, D.C.

Board of Indian Commissioners Annual Report to the Secretary of the Interior

Annual Report to the Commissioner of Indian Affairs

Reports of Inspection of the Office of Indian Affairs, 1873-1900

Reports of Inspection of the Field Jurisdictions of the Office of Indian Affairs, 1873-1900.