

Susan Burch, “Institutional Racism: Remembering Struggle, Survival, and Resistance at the Canton Asylum for Insane Indians, 1902-2015”

**Access Script:** This access script is intended to accompany my book talk “Institutional Racism: Survival and Resistance at the Canton Asylum for Insane Indians, 1902-2015,” hosted by The University of Pittsburgh. Much of the material comes from my book *Committed: Remembering Native Kinship in and beyond Institutions*, which is available in open access as well as paper and audiobook. For more on the sources undergirding this work, please consult the book’s citations.

**Content note:** This presentation contains material about settler violence, institutionalization, abuse, death, and cross-generational trauma.

Indigenous Land Acknowledgement: I’m joining you from the ancestral and unceded lands of Abenaki Nation. As a grateful guest, I want to acknowledge and express my gratitude to their elders and ancestors--past, present and future.

Thank you: It's a pleasure to participate in this Health Humanities Lecture Series, hosted by the Center for Bioethics and Health Law. Thank you to Dr. Bridget E. Keown and to all the people whose work makes our events, learning, and worlds more accessible: thank you.

*Gratitude to Native elders, activists, historians, and to all of the family members whose generous support of this work made the book possible. Family members granted me permission to share the stories and images that constitute the core of my talk today.*

Self-description: I am a light-skinned white woman with short silvery white hair and a dark purple streak; I'm wearing brown and blue eye-glasses. Behind me is a plain blue-grey wall.

Opening invitation to audience members: *A digital copy of my 'script' is available [a file has been posted to the Zoom chat and you can contact me afterwards for a copy as well]. This might be useful to many people, including*

*anyone who benefits from accessing information at a different pace and place, realizing that environmental barriers among other factors impact our ways of learning.*

*[Start with image of Jensen family quilt: PPT]*

Verbal description: The quilt's twelve squares hold blue plates within larger circles of bright calico fabrics.

Handstitched names of family members surround each circle and are slightly bumpy to the touch. The quilt is wide and long enough to wrap around two people. This piecework was made by Prairie Band Potawatomi healer O-Zoush-Quah, and her daughter, Pah-Kish-Ko-Quah, while O-Zoush-Quah was incarcerated at Canton Asylum, ca. 1910–30. I will return to this quilt and its family later in the talk.

***[Transition]***

Between 1902 and 1934, the United States confined hundreds of adults, elders, and children from dozens of Native nations at the Canton Asylum for Insane Indians, a

federal psychiatric hospital in South Dakota. But detention at the Indian Asylum, as families experienced it, was not the beginning or end of the story.

My book from which this talk is drawn weaves together a number of microhistories of individuals and their relatives on the inside and outside the Asylum walls. These cross-generational experiences are inextricably tied to broader stories of kinship, institutionalization, and remembering.

For this presentation I'm going to share portions of several different families' stories and spotlight four interlocking themes: **Medical systems/systems of power; Kinship; Institutionalization & transinstitutionalization; and Remembering.**

[STORY: O-Zoush-Quah, Prairie Band Potawatomi]

According to her great-grandson Jack Jensen, Prairie Band Potawatomi member O-Zoush-Quah was born sometime between 1858 and 1860. O-Zoush-Quah was medicine, someone to whom others came for prayers and healing. In their adulthood, she and her spouse Nash-Wa-

Took stayed close to the reservation, primarily spoke Potawatomi, and practiced the Drum Religion, a faith tradition that many Prairie Band members began embracing in the 1880s, and that emphasized cultural restoration, solidarity, and peace. The couple raised eight children, the youngest of whom were required to attend the Haskell boarding school in Lawrence, Kansas.

US Government documents suggest that in January 1908 the agency superintendent contacted BIA headquarters in DC, requesting that O-Zoush-Quah be institutionalized. He claimed that the Potawatomi woman had experienced repeated “mild attacks” for years and that he considered her “dangerous.” The BIA granted the request. A month later, on February 22, O-Zoush-Quah was involuntarily removed to Canton, South Dakota.

Over the many years of O-Zoush-Quah’s detention, her family directly linked her well-being with their own. Daughter Nettie and her sisters understood institutionalization as the main cause of unwellness for the family, insisting that people be reunited with their homes and kin on the outside. Their claims, like many others from

Canton, refuted the BIA's oppressive view of American Indian homes and families as inherently inferior. "I can manage her better than anyone," Nettie informed Canton staff overseeing her mother. Consistently, O-Zoush-Quah's children affirmed that all their relatives belonged with them and not under the management of Canton's superintendent or in a federal institution. Repeatedly in words and actions incarcerated kin demonstrated that they, too, would never forget their Indigenous homes or their relatives who waited for them there. The justifications for involuntarily committing O-Zoush-Quah and her family's insistence that her return to them would best support them collectively point to radically different understandings of well-being.

## Medical systems/systems of power

Asylum and BIA staff consistently judged O-Zoush-Quah and everyone else in the locked wards based on one system of medicine: Western (allopathic) biomedicine.

Western biomedicine is a dominating force but not a universal truth.

As a healer, O-Zoush-Quah intimately knew that there are many types of medicine, including numerous, distinct Indigenous practices and knowledge systems used across time to the present day. Recognizing multiple medical systems within a broader context of settler domination undermines the projected objectivity and commonsense logic of Western biomedical diagnoses and institutionalization.

Acknowledging multiple sovereign nations and systems of medicine resists what American studies scholar Jessica Cowing calls *settler ableism*. Ableism is a system of power and privilege that hierarchically organizes people and societies based on particular cultural values of productivity, competitive achievement, efficiency, capacity, and linear progress. *Settler ableism* actively serves and reflects broader colonial values and aspirations. Imposing settler forms of medicine and knowledge practices represents one way settler ableism functions. [To ground this idea: the BIA and Asylum Superintendents, drawing

on culturally specific concepts of normality, fitness, and competency, evaluated O-Zoush-Quah's actions: pathologizing her alleged "temper" (being "cross" and sometimes yelling) and multiple attempts to snatch nurses' keys, to her use of "profane and vulgar language" (which likely described her primary use of Potawatomi since O-Zoush-Quah knew very little English)]. The labels in O-Zoush-Quah's medical files, like others detained at Canton, varied widely in each instance (illustrating the malleability of diagnoses and diagnostic labels), but they all shared the foundational belief that Indigenous bodyminds were inherently deficient. In this cultural framework, 'problems' were located within individuals; solutions focused on the individuals and required "experts," such as social workers, clergymen, and Western biomedical doctors. This self-affirming cycle validated continuous state-sponsored surveillance and containment.

[PAUSE]



[STORY: Susan and Jane Burch, Southern Ute Indian Tribe]

Sisters from the Southern Ute Indian Tribe referred to as Jane and Susan Burch (no relation to me) came under BIA scrutiny in 1910, when Jane had a child outside of marriage who died in infancy and Susan gave birth shortly thereafter to a son described as disabled. "I did not realize the consequences of letting these two women remain at large until those children were born," the agent explained to the BIA. Linking the sisters' perceived defectiveness to reproduction and their shared heredity, the Southern Ute Agency bureaucrat claimed that both women evidenced "insanity to some extent." He closed his letter to Washington with a plea that the sisters be institutionalized at Canton. Two years later, in the fall of 1912, the BIA granted the request. Jane and Susan Burch were forcibly dislocated to the Indian Asylum. At the time she was stolen from her family, Susan was in the second trimester of another pregnancy.

Five months after their incarceration began, on March 9, 1913, Susan Burch gave birth to a daughter. Canton

Asylum Superintendent Hummer offered a bleak assessment in his report to the BIA commissioner, noting that the baby was premature and not likely to survive. A month later, the Southern Ute mother was noticeably ill, coughing, congested, and dealing with fever and headaches. Her infant, according to Asylum reports, was “doing as well as can be expected.”

Federal documents offer few other details about Burch’s baby daughter during this time. Correspondence from Ute Agency superintendent Stephen Abbott to the commissioner in May 1913 suggest that there had been concerted efforts by the extended Burch family to unite the child with her father, James Allen. The superintendent rigorously fought this. An earlier assessment of Allen as “a well meaning Ute” was now eclipsed by a new label—incapable. “It would be almost the same as murder to let the helpless father have the child,” Abbott contended, offering an alternate option: to place the child in a charitable institution. His conclusion cast Canton and unnamed “charitable institutions” as more appropriate

settings than Allen's home or those of other relatives. Ultimately, Superintendent Abbott lost his campaign. The infant was brought to Colorado that summer, where her grandparents and other family members raised her. The daughter of Susan Burch and James Allen grew up surrounded by Jane's two surviving sons and other kin.

As they welcomed the child home, the Burch family continued to seek a reunion with the two institutionalized sisters. Canton's superintendent and the BIA fervently resisted their efforts, insisting that their release would be inhumane. The administrators prevailed, and both Burches spent the rest of their lives in the locked wards. Mostly confined indoors, the Burch women remained in each other's close company. Staff often described the sisters collectively. Feeding one another became its own ritual. "Takes care of her sister" appears repeatedly in both women's medical files.

[PAUSE]

## Kinship

Kinship's pivotal role (which I've already started to explore with you) presents a different lens through which to understand diagnoses and institutionalizations in history. The combined measures of diagnoses and treatments (institutionalization) affected extended families and Native nations as well as the pathologized people themselves.

As with the Burches, U.S. authorities consistently targeted families with their medicalized interventions of containment and elimination. Part of the government's rationale to place Susan and Jane at Canton was that they came from a family with presumed inherent mental defects. This view-point, anchored to eugenics and Western medicine, emphasized biology as the determining factor in people's behavior and in their fundamental worth. The hereditary relationship between the sisters drew settler authorities' attention. Medical interventions, including institutional confinement, BIA agents and physicians believed, were necessary measures for the health and well-being of U.S. society.

The collective removal of Susan and Jane Burch was unexceptional. BIA officials frequently ordered Native relatives to be institutionalized at the same time or sometimes within one or two years of a family member's initial incarceration. References to multiple sets of institutionalized parents, siblings, and spouses appear frequently in reports and medical files and in officials' correspondence. These recognized kinship connections appear to have contributed at least in part to many peoples' placement and retention at the institution. Kinship also sustained people incarcerated at Canton: As with the Burch sisters, interdependent care and support shaped daily life, with cross-generational effect. Institutionalization and a force attacking kinship relations and caregiving across generations.

[PAUSE]

[STORY: Elizabeth and Cora Faribault, Sisseton-Wahpeton Oyate]

When Elizabeth Faribault (Sisseton Wahpeton Oyate) was forcibly removed to a place two hundred miles away from the Sisseton Reservation in 1915, she crossed a threshold into a distinctly institutional space—the Canton Asylum—and into a distinctly non-Native process:

institutionalization. Tall wire fencing fortified the grounds. The Asylum's sweeping brick and concrete Main Building conveyed order and control under U.S. settler sovereignty. Twice Faribault escaped the Asylum grounds but was captured and returned.

In the fall of 1926, eleven years into her detainment, Elizabeth Faribault gave birth to a girl, whom she named Cora Winona. We know little about the lives of mother and child over the next two years. Brief notes suggest daily activities inside the Indian Asylum: Elizabeth dressing and feeding her daughter, brushing her hair. Their routine ended abruptly eighteen months later. In March 1928, a staff member discovered Elizabeth Faribault's lifeless body on the ward, the cause of her death clouded in uncertainty. Cora Winona, then a toddler, remained at Canton.

Two years later, in 1930, Cora Winona Faribault was transferred to the Good Shepherd Orphanage in Fort Defiance, Arizona. The four-year-old would come of age among many Native children (mostly from Navajo Nation) and under the firm supervision of Christian missionaries. Faribault's time in school ended early when her pregnancy was discovered by administrators. It went without question that more institutional intercession was needed. The teenager spent the following year, 1945–46, as a “resident” in the Phoenix Florence Crittenton Home. Part of a national network established by Christian missionary-reformers, the Crittenton Homes provided shelter, vocational training, and maternity and childcare primarily for unwed mothers and other so-called fallen women.

According to relatives, Cora Winona initially attempted to keep her first-born child, but after months of struggle trying to secure work, childcare, and housing at the Fort Defiance Reservation, she returned to the Phoenix Home. An employee apparently counseled her to complete paperwork relinquishing her parental rights. As with thousands of other Indigenous and non-Indigenous

children separated from their birth families between World War II and the late 1960s, Cora Winona Faribault's eldest child had no contact with his birth mother or her other children.

### Institutionalization & transinstitutionalization

Locked wards of a psychiatric asylum, mission and boarding school classrooms, reservations and allotments, and Crittenton's dormitories all shared the underlying feature of involuntary containment. As Elizabeth and Cora Winona Faribault lived it, these spaces and practices were experienced as parts of broader institutional interventions to dismantle Native families, to eliminate and replace fundamental aspects of Indigenous life, including child rearing, education, and caregiving. They also contributed to larger efforts to contain, unravel, and remake or erase communities and individuals through land, military, legal, and religious policies. In this way, institutionalization not only has an impact on those removed but also ripples through families, communities, and nations as well as across generations.



The experiences of Elizabeth and Cora Winona Faribault attest that histories of institutionalized people often are histories of people experiencing transinstitutionalization—the process of moving individuals between institutions of similar or different types—as part of sustained containment, surveillance, and erasure. Transinstitutionalization is a type of settler colonial removal. The process, practice, and lived histories of dislocations and confinements are dynamic, interlocking, and far reaching

[PAUSE]

## Remembering

For Faith O’Neil—Elizabeth Faribault’s granddaughter and Cora Winona’s daughter—kinship, institutionalization, and remembering reverberate across generations, regularly returning her to the Indian Asylum. On May 17, 2015, O’Neil attended an annual honoring ritual, initiated in the 1980s by Lakota journalist-activist Harold Iron Shield.

Slowly, the group made their way along lightly paved walkways towards the wooden fenced area. Adults and children nodded to one another, welcomed newcomers. A plaque facing inside identified the asylum cemetery. The registry of people listed reflected US government interpretations: English, Christianized names or English approximate translations of Indigenous names. According to the cemetery ledger, 121 known individuals have been buried in the asylum cemetery. Elizabeth Faribault is not among those listed. An archeological study from 2015 indicated that more people were interred there. Faith O'Neil wondered aloud whether her grandmother is nearby, present but unaccounted. Elizabeth Faribault is both missing and missed.

For decades Faith O'Neil has sought answers from hard places: How did grandmother Elizabeth die? Where is she buried? What happened to her mother, Cora Winona, during her childhood at Canton and afterwards? In recent years O'Neil has scoured archives, historical publications, and the Sisseton Reservation, but her questions remain unresolved. Joining others to

commemorate this incarcerated community has opened a river of stories: of grief, yearning, honoring, connection, hope, remembering, and survival. For O'Neil and many others, visits to Canton embody a story within many stories, stretching back to earlier moments in order to make meaning of the present. For O-Zoush-Quah's descendants, remembering ancestors and their stories have taken other forms.

**[*Show PPT slide with photo of Jack Jensen and the Jensen family quilt:* This color photograph shows Ellen Lofland and Jack Jensen standing beside the Jensen family quilt. Lofland had assembled the quilt pieces.] *[end screen share]***

According to Jack Jensen and other relatives of O-Zoush-Quah, this quilt is a storyteller, an archive, medicine. To alleviate the relentless monotony and other harms to their mother imposed by her medicalized exile, O-Zoush-Quah's children asked Canton Asylum staff to provide her with patchwork supplies. Mirroring their mother's act of quilting inside Canton, her daughter Pah-

Kish-Ko-Quah created additional fabric squares from her home in Kansas. Across walls, miles, and decades, the mother and daughter assembled the parts for a quilt that would hold family relations, memories, and future generations of kin. Daughter Pah-Kish-Ko-Quah kept her mother's hand-sewn sunbursts all of the years of her exile.

Running his hands across the stitched fabric, O-Zoush-Quah's great-grandson Jack Jensen imagines her and his grandmother (Pah-Kish-Ko-Quah) creating the squares, circling them with the hand stitched names of his relatives. As Jensen explained, imagining is an act of healing. In her hands, the institutionalized Potawatomi woman grew a quilt that could cloak or hold her children, her grandchildren, her great-grandchildren, and beyond. Jensen imagined his grandmother Pah-Kish-Ko-Quah visiting with the quilt pieces, layering them in a cardboard box in the 1920s. Jensen could picture the quilt squares passing down from attics to younger hands until the fall of 2017, when he inherited them. Through remembering O-Zoush-Quah and being remembered by her, Jensen

engages in a healing process that includes his ancestors past and others yet to come.

The choice to compose a full quilt from the inherited pieces extended this family's story. A half-sunburst anchoring the top portion of the quilt now explicitly names the ancestor around whom the patchwork has grown: orange needlepointing spells out "O-Zoush-Quah." Rising from the bottom hem, a half-sunburst answers, completing the circle pattern. In pink embroidery, "Pah-Kish-Ko-Quah" / "Mary Hale Jensen" is honored. The threaded tributes and their placement in the design tie O-Zoush-Quah closely to her family, countering what years of institutionalization had wrought. Incorporated into one of the medallions, Jensen also had added "Bodewadmi" as well as its English translation, "Keepers of the Fire." Explicitly connecting ancestors with the name Potawatomi call themselves, the assembled quilt expands, telling new stories within older ones.

On a fall weekend in 2019, Jack Jensen invited others to join him in celebrating the quilt and its story, displaying what he calls the "ancestry project" at his ranch outside of

Houston. All of the participants sought connections with sacred spaces, dreams, ancestors, and history. As with many ceremonies honoring Indigenous relations, stories join people across families, communities, generations, and nations.

Storytelling by the people whom institutionalization has harmed underscores another truth: the violence of Canton Asylum was collective as well as individual. As numerous relatives of Canton's institutionalized people have insisted: what happened to their kin at the Indian Asylum is inextricably tied to other forms of settler efforts to eliminate Indigenous people, lifeways, and histories, including the widespread abuses and deaths of boarding-school children, missing and murdered Indigenous women and girls, and the disproportionately high rates of incarcerated Native people. Canton Asylum is one point along an arc of Native people's history marked by living and dying and surviving amid settler colonialism. As Tohono O'odham healer-advocate Mary Garcia put it: "It's all connected."

It is also unfolding. There is ongoing work to name, to heal, and to enable future tellings. The stories recounted by family members in this talk and in my book are part of broader efforts to counter erasure, to honor ancestors, to be self-determining people. As many Indigenous elders have underscored, once stories are shared, it is up to the readers and listeners to respond—to feel the stories, grasp them, and allow them to guide us into action. As Mandan Hidatsa Arikara Nation writer Pemina Yellow Bird has affirmed, “I, for one, also prayed for the strength and guidance I would need to tell the story . . . tell it again and again, so that our people could empower and heal ourselves through the telling and that we would use the memory . . . as a rallying point.” In her dreamscape, and in those of many other descendants, this telling-healing galvanizes Native communities and nations and imagines pathways into Indigenous futures.

Thank you.

---

[1] I thank Eli Clare, TL Lewis, Alison Kafer, and Margaret Price for their access and sustainability examples.