

Contested Commitments: Native Self-determination, Kinship, Institutionalization, and Remembering

Susan Burch

April 24, 2022

Susan Burch is Professor of American Studies at Middlebury College.

This article is based on my presentation at Juniata College on April 24, 2022. 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.¹ For more on the sources undergirding this work, please consult the book's citations.

Thank you to the organizers, including Dr. Adriana Gómez-Aiza, Dennis Plane, and Heather Bumbarger; the other presenters; and the Juniata community. Many thanks to all the people who made this space clean and useable, who've shown us around, fed us and supported us.

As a grateful guest on the lands of the Onöñda'gaga, the Oneida Nation, I want to acknowledge and express my respect to their elders and ancestors—past, present, and emerging.

I want also to thank the Native elders, activists, historians, Faith O'Neil (Sisseton-Wahpeton Dakota), and other relatives who have permitted me to share the stories in my remarks.

Is anyone here familiar with the Canton Asylum for Insane Indians? My remarks today will center on one family's story involving Canton and other institutions, and will spotlight four interlocking themes: medical systems/systems of power; kinship; institutionalization & transinstitutionalization; and remembering.

THE CANTON ASYLUM

Between 1902 and 1934, the Canton Asylum—a federal psychiatric hospital in South Dakota designed specifically to confine American Indians—forcibly held nearly four hundred men, women, and children from seventeen states and many dozens of Native Nations. I'd like to share with you some of the life story of Elizabeth Faribault (Sisseton-Wahpeton Dakota), who was one of them.

According to Faith O'Neil, her grandmother Elizabeth Alexis Faribault, who was born in 1882, came of age amidst overt and everyday tribal and family clashes with the Bureau of Indian Affairs (BIA). Shortly after her own altercation with a BIA agent on the Sisseton Reservation in 1915, an Agency police

officer and physician arrived at the Faribault household to remove the thirty-two-year-old mother of six two hundred miles away to Canton Asylum.

When Elizabeth Faribault was forcibly committed to the federal facility, she crossed a threshold into a distinctly institutional space—the Canton Asylum—and into a distinctly non-Native process: institutionalization. The Asylum’s fenced campus and sweeping brick and concrete Main Building conveyed order and control under U.S. settler sovereignty. Like many other institutionalized people, Faribault was forced to provide labor for the benefit of the institution during her incarceration.

As the Faribault family and many others experienced it, institutionalization at Canton violated their Native nation’s, as well as their individual family’s, self-determination. During her thirteen-year detention at Canton, Faribault’s family members and advocates repeatedly and unsuccessfully sought her release. Twice Elizabeth escaped the institution but was captured and returned.

MEDICAL SYSTEM/SYSTEMS OF POWER

Asylum and BIA staff consistently judged Elizabeth Faribault and everyone else in the locked wards based on one system of medicine: Western biomedicine. Western biomedicine is a dominating force but not a universal truth.

As the Faribault family and other Indigenous people have always known, 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.

For example, culturally specific concepts of normality, fitness, and competency—key features of Western biomedicine—undergirded the criteria by which the BIA and Superintendent Hummer judged Elizabeth Faribault, from verbal challenges she had with Sisseton Reservation agents in 1915 to Faribault’s and her family’s efforts to gain her release across her detention. The pathological labels applied to Elizabeth Faribault varied widely across her medical files (illustrating the malleability of diagnoses and diagnostic labels), but they all shared the foundational belief that Indigenous bodyminds² 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.

Eleven years into her detention, in September 1926, Elizabeth Faribault gave birth to a daughter whom she named Cora Winona. In his reports to the Commissioner, Superintendent Hummer alleged that the child’s biological father was an institutionalized Diné man. We have no direct testimony from

Elizabeth Faribault from this time. Some of her kin on the outside launched a vigorous campaign for their relative's release. Describing Faribault's pregnancy as an indication of her inherent defectiveness, Canton's administrator assured the BIA that it was in her best interest to remain institutionalized. As was common practice, the Bureau sided with the superintendent. Elizabeth Alexis Faribault and her daughter remained in the locked wards.

We know little about the lives of mother and child over the next two years. In spring 1928, an asylum attendant found Elizabeth Faribault's lifeless body on the floor in her ward. Acknowledging no prior illnesses, Superintendent Hummer informed the BIA that the forty-six-year-old mother must have succumbed to "heart failure." Faribault's kin believe that "heartbreak" is a more apt description. Some have wondered whether physical or environmental violence was to blame. Cora Winona, then a toddler, remained in Canton's locked wards.

KINSHIP

Kinship's pivotal role in Native life and self-determination presents a different lens through which to understand institutionalizations in history. As a mechanism of settler colonialism, Western biomedical diagnoses pathologized Native kinship. BIA documents attest to this. Superintendent Harry Hummer regularly claimed that Elizabeth Faribault couldn't be released because she was incompetent to take care of her children and mother (at the same time she was assigned domestic work in Hummer's home). When Faribault family members (as with many relatives of other institutionalized people) sought discharges, the superintendent regularly invoked a rhetoric of defectiveness among kin *outside* the asylum to justify keeping many individuals on the *inside*. 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

Examples of kinship as a resource against the erasing effect of institutionalization abound: a multitude of archival records, for instance, partly detail relatives on the inside caregiving, interpreting, and helping one another escape, as well as providing other forms of support. When Elizabeth Faribault died, a Lakota woman mothered Cora Winona.

In the summer of 1930, the BIA transferred four-year-old Cora Winona Faribault to another institution created to contain Native people: Good Shepherd Mission Orphanage in Fort Defiance, Arizona. By the time she reached her seventeenth birthday, Cora Winona Faribault would be sheltered and confined by several more settler institutions, including a Navajo Methodist boarding school, white

households where she was consigned to domestic service, and a home for unwed mothers. While locations and expressed mission of each place varied, comparatively little changed in Faribault's closely scripted world. The mostly non-Native staff scrutinized her, judging the extent to which she met (or failed to meet) their expectations: what she wore, how she spoke and with whom, where she went, and how she behaved. Echoing the compulsory service her mothers had earlier provided at Canton Asylum, Cora Winona performed domestic tasks for each of the places that housed her.

The revelation in early 1945 that Cora Winona had become pregnant prompted a flurry of conversations with Good Shepherd representatives, and a new round of interventions. Similar to her mother Elizabeth's pregnancy in 1926, those supervising and surveilling Cora Winona used eugenic logic to deem her pregnancy as evidence of her inherent defectiveness, considering her a problem that had to be solved. It went without question that more institutional intercession was needed. Guided by Mission representatives, Faribault was consigned to the Phoenix Florence Crittenton Home, part of a national network of residential care established by Christian evangelicals in the early 1890s and endorsed by the US Congress.

On May 27, 1945, Cora Winona Faribault gave birth to her first child, whom she named David Howard Faribault. The mother and son remained at the Phoenix Home for the next year. Not long after, staff advised Cora Winona to relinquish parental rights, accept a closed adoption, and allow David to be placed into a white family. As with thousands of other indigenous children adopted out between World War II and the late 1960s, Cora Winona Faribault's eldest child had no further contact with his birth mother or the other children she later bore.

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 childrearing, 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 Native people often are histories of people experiencing *transinstitutionalization*—the process of moving individuals from one variety of institution to another—as part of sustained containment, surveillance, and

erasure. This is a type of settler colonial removal. The process, practice, and lived histories of dislocations and confinements are dynamic, interlocking, and far reaching.

REMEMBERING

For Faith O’Neil—Elizabeth Faribault’s granddaughter and Cora Winona’s daughter—kinship, institutionalization, and remembering reverberate across generations, regularly returning 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 and welcomed newcomers. A plaque facing inside identified the asylum cemetery. 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 for. 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.

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 I’ve shared with you 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. In the dreamscapes of many descendants, this telling-healing galvanizes Native communities and nations

and imagines pathways into Indigenous futures.

NOTES

1. Susan Burch, *Committed: Remembering Native Kinship in and beyond Institutions* (Chapel Hill: University of North Carolina Press, 2021).
2. Like many disability studies scholars, I use the term “bodymind” to resist simple binaries (i.e., “body vs. mind”) and to underscore the interdependence of physical and mental processes. For more on the concept of bodymind, see Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013); Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor: University of Michigan Press, 2011); Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham, NC: Duke University Press, 2017); Sami Schalk, *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women’s Speculative Fiction* (Durham, NC: Duke University Press, 2018). For more on mad studies and mad activism, see the website Mad in America. <https://www.madinamerica.com/>