

Nurse, Mother, Midwife—

Susie Walking Bear Yellowtail

and the Struggle for Crow Women's
Reproductive Autonomy

BY BRIANNA THEOBALD



Susie Walking Bear Yellowtail became the first Crow registered nurse in 1927. Her personal and professional experiences at Crow Agency Hospital led to a lifetime of activism as both a caregiver to Crow women and children and as a critic of the federal government and Indian health care.

Fred Voget, photographer, Archives and Special Collections, Mansfield Library, University of Montana, 318.VI.081

IN THE LATE 1970S, Marie Sanchez, a tribal judge on the Northern Cheyenne Reservation in southeastern Montana, began speaking out about the sterilization abuse that she believed was taking place in Indian Health Service (IHS) hospitals. She was not alone. Activism by Native American women such as Dr. Connie Pinkerton-Uri earlier in the decade had spurred an investigation by the Government Accountability Office (GAO), which released a report in 1976. The findings exposed serious problems with the process by which IHS officials sought patients' consent for operations that resulted in permanent sterilization. The GAO inquiry had been limited to four of twelve IHS service areas and did not include the Billings Area Office, which served Northern Cheyenne women. Many activists, Sanchez included, believed the official report significantly underestimated the scope of sterilization abuse in government hospitals.¹

Sanchez and other Northern Cheyenne women launched their own investigations. Interviews with fifty women on the reservation revealed that more than half had been sterilized within the previous four years and that the circumstances under which many of these operations had taken place could only be described as coercive. Sanchez learned of minors who had been sterilized without their or their parents' knowledge and of women who had been inaccurately informed that sterilization was medically necessary.² For Sanchez and other Native American women, including those associated with Women of All Red Nations (WARN), an organization established in 1978 in part in response to widespread allegations of similar abuse throughout Indian Country, coercive sterilization threatened individual women's reproductive autonomy, tribal land bases, and Indigenous political sovereignty.

Sanchez's allegations quickly gained national attention, particularly in Native American publications and religious news outlets. Seldom remarked upon in either contemporary coverage or subsequent scholarly discussions, however, is the fact that the majority of the sterilizations to which Sanchez called attention did not occur on the Northern Cheyenne Reservation. The Bureau of Indian Affairs (BIA) had closed the reservation hospital in 1947, a casualty of policymakers' post-World War II efforts to eliminate social services that only benefited Indians. Following

the closure, Cheyenne men and women were forced to travel to nearby Crow Agency—or to a private hospital in Billings at even greater distance—for their health care needs. Thus, many of the Cheyenne women who had been sterilized in the 1970s were sterilized by government physicians at the IHS hospital on the Crow Reservation.³

Coercive sterilization of Indigenous women at Crow Agency, and the activism of Indigenous women like Sanchez on reproductive issues, has a longer history than scholars have recognized. In the late 1920s and 1930s, Susie Walking Bear Yellowtail, the first Crow registered nurse, and other Crow women charged hospital personnel with violations of their reproductive rights, including cases of coercive sterilization. The experiences of Yellowtail and other Crow women suggest that the American eugenics movement had grave consequences on reservations such as the Crow and demand further research into the linkages between early twentieth-century eugenics and the "neo-eugenics" of the 1960s and 1970s.⁴ For her part, Yellowtail's personal and professional experiences in the late 1920s and 1930s spurred a lifetime of activism as both employee and critic of the federal government and Indian health care. Her story, then, offers a point of entry into this history, and demands the recognition of yet another dimension of the twentieth-century struggle for tribal sovereignty—one in which Native women played the central role.

The full arc of Yellowtail's life, however, would be impossible to recount using only government documents. In telling Yellowtail's story, I draw on Ho-Chunk scholar Renya Ramirez's Native feminist approach to biography and specifically heed Ramirez's injunction to "highlight[t] Native agency and perspectives and plac[e] tribal sovereignty and interlocking oppressions at the center of one's analysis."⁵ This methodology requires collaboration with descendants, both because it is the family who should determine whether an ancestor's story is told and because families are an invaluable source of information on the lives of their ancestors, and this knowledge should be privileged. Oral interviews with Yellowtail's family, as well as the primary and secondary sources her friends and family have shared from their own archives, have provided an invaluable source base that I have used in conjunction with, and to highlight erasures within, government records.

Susie Walking Bear (Yellowtail)

was born in 1903 in Pryor, the reservation's westernmost district. By that time, the Crow people had lived on their current reservation for two decades. Hardship and dislocation in many ways characterized these years. Malnutrition, combined with a forced sedentary lifestyle, facilitated the rapid spread of disease, resulting in an alarming demographic decline. Historian Frederick Hoxie concluded that nearly one-third of the tribal population died in the 1890s alone.⁶

In the face of these conditions, federal officials had assigned a physician to the Crow Reservation, but at the turn of the century government health care remained woefully inadequate. As Robert Trennert has argued, the purpose of these early efforts was as much assimilationist as it was medical. Medical missionaries championed conversion to Christianity and moral uplift but often lacked the necessary training, the material resources, and the inclination to perform their medical responsibilities on reservations plagued by tuberculosis, trachoma, and infant mortality. Policymakers and government bureaucrats

nonetheless hoped that the efforts of government physicians would eliminate the Indian "medicine man," whom they viewed as an obstacle to progress. The provisioning of health services on nineteenth- and early twentieth-century reservations exemplifies the "double discourse of control and neglect" that sociologist Barbara Gurr suggests has long characterized the ambivalent relationship between the U.S. government and Indigenous peoples.⁷

Susie Yellowtail's 1903 birth coincided with the start of two decades of increased federal investment in reservation medical services. The number of physicians employed by the Indian Service more than doubled between 1900 and 1918. In 1900, the government operated five reservation hospitals; by 1911, that number had grown to fifty; and by 1918, to eighty-seven. The Crow Indian Hospital in which Yellowtail would later work was a product of this period of expansion. Prior to 1907, Susie's future brother-in-law Robert Yellowtail later explained, "the Crow Indians did not know what a hospital was," but in that year, the government funded the construction of a one-room facility at Crow Agency.⁸



Fred E. Miller, photographer, MHS Photograph Archives, Helena, 954-885

Many Crows utilized Western medicine selectively, seeking treatment at times from government health workers and at other times from Crow healers. Above, Yellow Ears nurses a sick child, circa 1899.

Within a few years, many Crow men and women had grown accustomed to using the reservation hospital for at least some purposes. To the disappointment of government employees, an individual's use of the hospital did not signify a repudiation of Crow healers. Crows accepted Western medicine selectively and generally did not view the two healing systems as mutually exclusive. In the early 1910s, Congress appropriated funding for an expanded hospital—a response to concerted lobbying by emerging Crow leaders, including Robert Yellowtail. When construction was completed in the summer of 1916, the reservation field staff began urging Crow women to give birth in the “modern” hospital, now equipped with the capacity to board twenty-four patients.⁹

By this time, Susie Yellowtail was attending the government boarding school at Crow Agency, not far from the Crow Indian Hospital. There is no specific record of Yellowtail coming into contact with the hospital or its personnel during her time at the government boarding school, but most students did. If Yellowtail visited the hospital during her time as a student, she would have encountered the Crow matron who worked there. The matron had attended Carlisle Indian School in Pennsylvania and apparently received some nursing training in Philadelphia.

A visiting bureaucrat noted, somewhat scornfully, that the matron, who remains unnamed in available government documents, “aspires to be head nurse in charge of the Crow Agency hospital,” a position Yellowtail herself would later hold.¹⁰

Jane White Horse, Yellowtail's mother, died while her daughter was attending school at Crow Agency. Although her stepfather was still alive, Yellowtail's descendants refer to her as an orphan after this point and contend that the experience of being orphaned inspired some of her activism later in life. As a Western rather than Indigenous concept, “orphan” held a different meaning in Crow society.¹¹ Children without living biological parents generally had no shortage of extended kin willing to provide them with a home. Indeed, in the late 1920s, a white government employee stationed in Pryor reported that in cases of broken homes caused by death or separation, “caring for these children seems to be the least of their troubles.” He emphasized that Crows recognized little distinction between biological and nonbiological children.¹² In Yellowtail's case, an aunt assumed responsibility for her and her sister following their mother's death.¹³

In 1919, sixteen-year-old Yellowtail, like so many of her contemporaries, left home to attend an off-

MHS Photograph Archives, Helena, 955-897



Two unidentified girls ride at a gathering at Pryor in 1920. While these girls and their families likely relied on Crow healers, they would also have had access to an increasing number of nurses and physicians employed by the Indian Service at Crow Indian Hospital, a one-room facility that opened at Crow Agency in 1907.



Yellowtail attended the government boarding school at Crow Agency, as did the students pictured above circa 1914.

reservation boarding school. A Baptist missionary named Frances Shaw (later Mrs. Clifford Field) recruited Yellowtail and other young Crow students to attend a Baptist convention in Denver. After the convention, Shaw's next stop was the Bacone Indian School in Oklahoma, and she persuaded Yellowtail to join her. Bacone, like the boarding schools Yellowtail had previously attended on the reservation, offered a gendered curriculum that combined academic study with "vocational training." For girls, this meant various forms of domestic labor, and scholars have argued that these schools in fact prepared female students for employment in the Indian Service and as domestic servants in white middle-class homes. As Yellowtail's granddaughter Valerie Jackson put it, the schools "just trained them to be housemaids."¹⁴

Yellowtail's relationship with Shaw resulted in the young Crow woman journeying still farther from her reservation. In the early 1920s, Yellowtail accompanied the missionary, who had recently married, to the East Coast. There, she worked as a maid and nanny in

Shaw's home and enrolled at the Northfield Seminary for Young Ladies in Massachusetts. Unfortunately, Yellowtail's relationship with the missionary soured. She later recalled that Shaw "lost her missionary spirit somewhere along the way"; the guardian made prejudicial remarks, practiced corporal punishment, and overworked her young Crow maid.¹⁵

Perhaps as a way to escape this demeaning environment, Yellowtail decided to pursue a career as a nurse. With the assistance of other Baptist sponsors, she enrolled in the nursing program at Franklin County Memorial Hospital in Greenfield, Massachusetts, before going on to Boston City Hospital School of Nursing, one of the oldest and most prestigious such institutions in the nation. By the 1910s and 1920s, East Coast nursing schools attracted applicants who, like Yellowtail, tended to hail from rural areas and who, like Yellowtail, tended to have been born in the United States. In contrast to Yellowtail, however, the overwhelming majority of students were white. Nursing schools provided a critical source of



MHS Photograph Archives. Helena, PAC 87-70

Yellowtail enrolled in the nursing program at Franklin County Memorial Hospital in Greenfield, Massachusetts, before going on to Boston City Hospital School of Nursing, one of the oldest and most prestigious institutions of its kind in the nation. She is pictured here with her graduating class in 1927.

labor for growing eastern hospitals; students worked long hours and were subject to rigid disciplinary standards. According to historian Susan Reverby, the nursing school “looked more and more like a reformatory” over the course of the 1920s.¹⁶ Yellowtail’s years in government and religious boarding schools, which also demanded military-like discipline, likely prepared her well for the experience.

When she graduated alongside her five classmates in 1927, Yellowtail became the first Crow registered nurse and one of the first Native American registered nurses.¹⁷ At that time, a handful of women from other tribes had received degrees from non-Indian schools, and a few Indian boarding schools offered some level of nursing training. In the early 1930s, Dr. Clarence Salisbury, a Presbyterian missionary, would establish the first accredited Indian school of nursing on the Navajo Reservation, and in 1935, Commissioner of Indian Affairs John Collier would secure funding for a nurse-training course at the Kiowa Indian Hospital in Oklahoma. Still, by 1941, only eighty-nine of the more than eight hundred nurses in the Indian Service were of Native descent.¹⁸

Yellowtail joined the Indian Service a year after graduation, and shortly thereafter she returned to Crow Agency, this time working as a supervisory nurse at the hospital.¹⁹ In the late 1920s, reservation field staff reported that more than 90 percent of Crows accepted hospital care in at least some situations. As increasing numbers of Crow men and women visited the government hospital, they became less likely to view the institution as “the sick peoples’ lodge,” from which one likely would not come out alive, a widespread perception among the tribe only two decades earlier.²⁰ Popular familiarity with the hospital also benefited the Indian Service’s decade-long efforts to promote hospital childbirth.²¹ A year before Yellowtail came to work at the hospital, employees estimated that approximately half of Crow women gave birth at the government hospital. Praising the reservation’s health workers for their success in bringing parturient Crow women into the hospital, the acting district superintendent favorably contrasted the Crow situation to that on the nearby Northern Cheyenne Reservation where, he claimed, the women “refuse hospitalization almost entirely upon this line.”²²

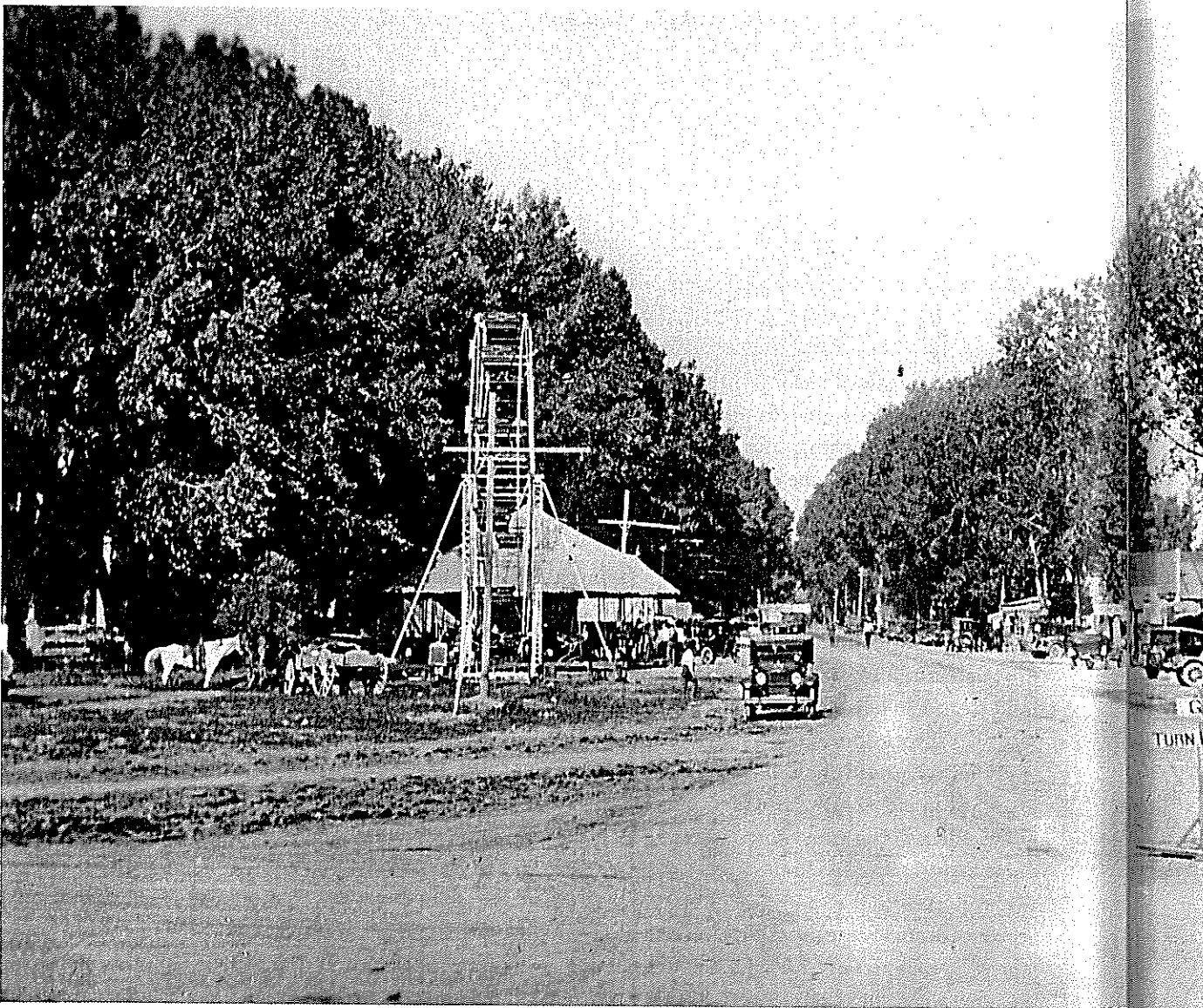
Despite these signs of the government’s progress, roughly half of Crow women still eschewed hospital

confinement and gave birth at home. The respected midwife and medicine woman Pretty Shield, for example, continued to assist her daughters with home births into the 1920s.²³ Likewise, Yellowtail’s future sister-in-law Agnes Deernose went to the hospital in anticipation of her delivery in 1925, but she “got scared and came back home.” She gave birth with the assistance of two trusted female kin: her brother-in-law’s mother and a woman who had adopted her into the Tobacco Society. In the late 1920s, Robert Yellowtail and his second wife Lillian Bullshows lived at Crow Agency, but their daughter was born at Bullshows’s mother’s home in Pryor. As she prepared for her impending labor, Bullshows informed her husband that she did not want to go to the hospital, instead preferring that the couple go stay with her mother, who could then serve as midwife: “That’s the way I want it.” As she later recalled, her husband deferred to her judgment, replying, “I’ll do your way. We’ll go over there, live there.”²⁴

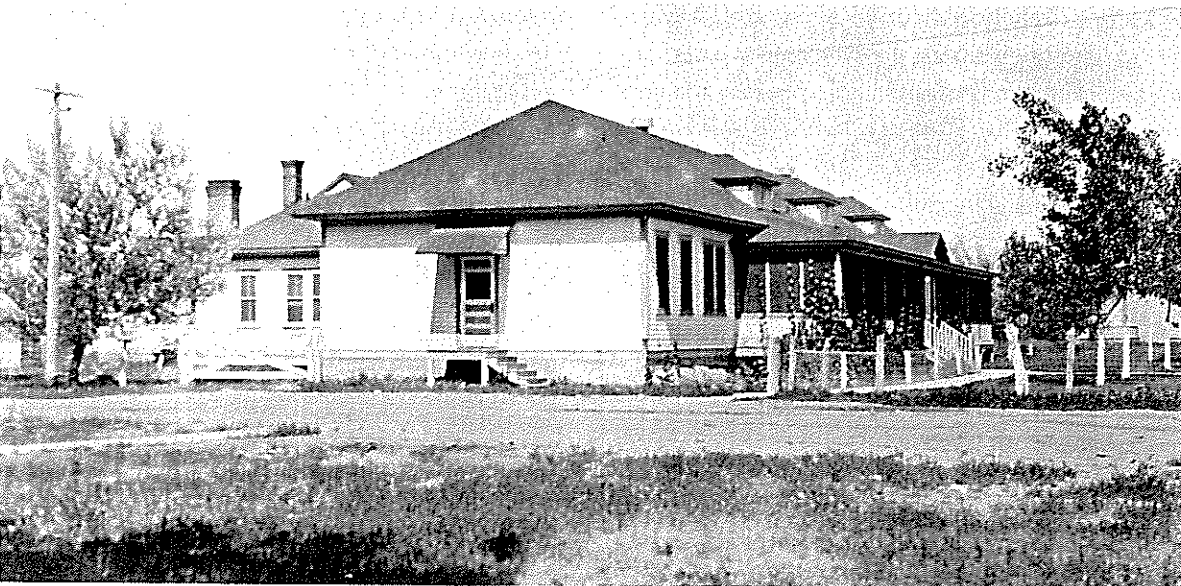
In conjunction with the estimates of government officials, these anecdotes suggest that throughout the 1920s, some Crow women continued to trust Native midwives rather than government physicians for childbirth. As Agnes Deernose explained decades later, the older women “knew what to do.” Robert Yellowtail’s wife Lillian also made it clear that she continued to view childbirth as a woman-centered event. Although Robert accompanied Lillian to Pryor, he was not in the log house for the birth of their daughter.²⁵

In addition, logistical considerations figured prominently in the decisions of many Crow women to give birth at home. The distance from Pryor to Crow Agency, for example, was roughly sixty miles, a journey many families would have made via horseback or wagon. Field nurses’ reports affirm that distance and poor traveling conditions could be prohibitive, but the white field workers remained skeptical, believing that Crow women relied on such excuses to resist the efforts of government reformers. Tensions between field nurses and pregnant women, as well as those between women and hospital staff, suggest that women had reason to fear judgment if not punishment from government health workers. Ojibwe scholar Brenda Child learned, for example, that when her grandmother became pregnant outside of marriage on the Red Lake Reservation in Minnesota in these

MHS Photograph Archives, Helena, 955-919



"Crow Agency Hospital,"
Folder 051, Statistics - Annual Report, 1931, Box 7, Decimal Correspondence
Files, 1926-32, Accession 8NS-075-96-230, Crow Agency, Records of the
Bureau of Indian Affairs (Record Group 75), National Archives at Denver





One year after graduating, Yellowtail joined the Indian Service and soon returned to Crow Agency (left, circa 1930) as a supervisory nurse at the hospital.

By 1928, approximately half of Crow mothers gave birth at the government hospital, pictured below, left, in 1929.

same years, she “rebuffed the offer of a government hospital,” opting to give birth with the assistance of her Ojibwe grandmother outside the paternalistic gaze of government employees.²⁶ Employees’ outspoken disapproval of illegitimacy may have encouraged young Crow women to make similar decisions.

Yellowtail’s employment at the Crow Indian Hospital proved brief, but the experience left her with a profoundly negative impression of the care offered by government employees. After only a few months on the job, she resigned following her marriage to Thomas Yellowtail in 1929. The decision stemmed in part from her deep frustration with the hospital’s white employees. “I soon figured out,” Yellowtail explained, that Dr. Ira Nelson, who had worked

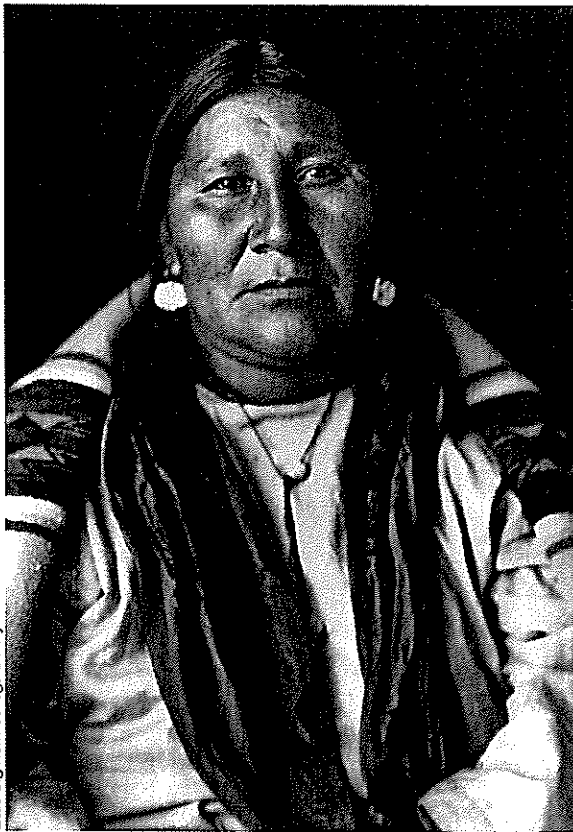
on the reservation for over a decade, “couldn’t be depended on for anything.” She recalled one incident in which she and another nurse could not convince Nelson to come to the hospital to deliver the baby of a laboring woman. In the end, Yellowtail delivered the baby herself. When Nelson finally showed up, he “was in a hurry and just cut the umbilical cord and left, didn’t even look at me.” Yellowtail alleged that the physician cut the cord too short, causing the infant to bleed excessively, and she was left to take extraordinary measures to save the child’s life.²⁷

More generally, Yellowtail’s interlude as an “insider” convinced her that Crows commonly endured mistreatment at the reservation hospital. Yellowtail later recalled that she “went to bat” for mistreated patients: “I . . . would have it out with the doctors, trying to improve things. It was just really bad. I’d tell those doctors, ‘Just because we’re Indians, doesn’t mean you can do this to us. You think you can get away with it, but finally somebody is here who knows what’s going on.’”²⁸ It cannot be demonstrated that Yellowtail personally observed physicians performing sterilizations during her stint at the hospital, although her later statements seem to suggest that this was the case. While a few hysterectomies were recorded in monthly quantitative reports from 1930, the whereabouts of these reports from 1929, during Yellowtail’s tenure, remains unknown.²⁹ At any rate, Marina Brown Weatherly, a family friend of the Yellowtails who recorded Susie’s story in the final year of the nurse’s life, concluded that whatever she observed at the reservation hospital transformed Yellowtail into a “political activist.”³⁰

Historian Cathleen Cahill has demonstrated that, in contrast to the federal government’s intentions and expectations, twentieth-century Native Americans turned positions within the Indian Service into “politicized sites of resistance.” Yellowtail’s experience at the Crow Hospital provides an illustrative example of this process. Evidence suggests that like so many

of the Native men and women identified in Cahill's study, Yellowtail was deemed a "troublemaker" by her superiors. Throughout the 1930s, Robert Yellowtail repeatedly attempted to secure work for his sister-in-law as a reservation field nurse, to no avail. The reservation medical staff did not support his efforts, and the Indian Service declined his requests.³¹

After Yellowtail left her job at the hospital, the newlyweds settled on a ranch in Wyola, in the reservation's southernmost district. Yellowtail had witnessed enough "mistreatment of Indian women" at the Crow Hospital that when she became pregnant shortly after her marriage, she avoided the government hospital and instead gave birth to her daughter Virjama at a hospital in nearby Sheridan, Wyoming. A year and a half later, Yellowtail journeyed to Crow Agency for the birth of her second child. Although Yellowtail left no record explaining her decision to give birth at Crow Agency, it seems likely that Thomas and Susie had paid for the birth of their first child out-of-pocket, but were unable to do so for the second.



Little Big Horn College Library

Although the Indian Service encouraged Crow women to give birth in the hospital, roughly half chose to give birth at home. The respected midwife and medicine woman Pretty Shield (above) continued to assist her daughters with home births into the 1920s.

Crows could obtain off-reservation health care at government expense only with the authorization of the government physician. According to Yellowtail, the delivery of her son Bruce was "a nightmare." As she had observed so many times as a nurse, "the doctor was in such a hurry [that] he didn't do too well by me . . . and I almost died."³²

Yellowtail did not mention this doctor by name, but it is likely that Charles Buren, the senior physician who succeeded Ira Nelson, delivered her second child. Two months before Bruce's birth, District Medical Director H. J. Warner had visited the Crow Hospital for an inspection, and he was not impressed with the quality of doctors there. Warner noted that Buren was "a graduate of the old P. & S. [Physicians and Surgeons] Medical School of St. Louis, which was always a low grade school and in its later years was a diploma mill."³³ Bruce Yellowtail was one of the last babies Buren delivered at the Crow Hospital. The physician was dismissed from the Indian Service in early 1932 due to his inability to get along with colleagues and failure to keep adequate records.

Susie Yellowtail's story presents another potential reason why some Crow women may have resisted the government's efforts to promote in-hospital childbirth on the reservation: her experience as a patient at Crow Agency led her to pledge that she "wouldn't have any more children in that hospital." In the summer of 1934, Yellowtail opted to give birth to her third child, Constance, at home, with the assistance of Robert and Thomas Yellowtail's aunt, Mary Takes the Gun. Elizabeth (Lizzie) Yellowtail, Susie's mother-in-law, was likely present for the birth as well. Takes the Gun was an experienced midwife, having assisted many births in the extended family. Susie recalled that Thomas's aunt was "a good medicine woman, and"—echoing Agnes Deernose's characterization of Crow midwives more generally—"she knew just what to do."³⁴

In the months after her home birth, however, Yellowtail was forced to go to the Crow Hospital once again, this time due to "terrible pains" in her abdomen. She was examined by "a new doctor," who was almost certainly Charles Edward Nagel. Nagel had been transferred to the Crow Reservation from the Fort Belknap Reservation in northern Montana a few months earlier, a move that he did not desire and that, if his later effusive apologies to his superiors



Little Big Horn College Library

Agnes Deernose, Yellowtail's sister-in-law, went to the hospital in anticipation of her delivery in 1925, but she "got scared and came back home," where she gave birth with the assistance of two trusted female kin: her brother-in-law's mother and a woman who had adopted her into the Tobacco Society. As Deernose later explained, she trusted that the older women "knew what to do." In this photo, Deernose (right) stands next to Joy Yellowtail.

offer any indication, he handled poorly. Nagel was no novice to the Indian Service; prior to his appointment at Fort Belknap, he had worked on two Arizona reservations.³⁵

Yellowtail's visit in the late summer or fall of 1934 was probably the first face-to-face meeting between the physician and the nurse, but it was not the first time the two had been in contact. On July 31, Nagel had penned a letter to Yellowtail in response to her request for a member of the field staff to attend her upcoming home birth. The nature of Yellowtail's inquiry and the circumstances surrounding it remain unclear, but Nagel's response amounted to an unequivocal refusal. The physician condemned the expecting mother's "selfish" request, proclaiming, "You have been offered the services of the Hospital. . . . You are therefore not entitled to receive the

courtesy of the Field Service." He informed Yellowtail that he would order reservation field workers "not to render you assistance." The letter closed by declaring that "service by a Non-Service Doctor will be at your expense," as Nagel would not authorize payments for medical bills associated with her confinement.³⁶

The hostility of his reply suggests that Nagel possessed an awareness of Yellowtail's reputation as a "trouble-maker" with regard to government health care on the reservation and of her prior connection to the hospital. Having previously served in the army, he did not countenance dissent from individual patients, the tribal council, or his own staff; Robert Yellowtail later characterized him as a "military

man" who demanded discipline and obedience. Fern Rumsey, head nurse at the hospital, noted—with admiration—his "explosiveness" when faced with patient complaints, which Rumsey and Nagel agreed were "only too numerous."³⁷ At any rate, Nagel's letter could not have influenced Yellowtail's ultimate decision regarding her third delivery: the letter was dated a week after Constance Joy Yellowtail's birth.

Nagel's threats about the financial consequences of seeking outside services, however, may have contributed to Yellowtail's decision to go to the Crow Indian Hospital rather than the hospital in Sheridan, which was equidistant from her home in Wyola, when she subsequently experienced abdominal pain. At the hospital, Nagel told Yellowtail that she needed an operation to remove a cyst on her ovary. Out of fear, Yellowtail put off the surgery until she could no longer



Susie and her husband Thomas Yellowtail played a central role in the Crow tribe's cultural resurgence from the 1930s through the postwar decades. During this period, dance and other forms of cultural expression proved critical to community health and well-being. Above, Yellowtail stands second in the row closest to the camera with Crow women in traditional dress.



handle the pain. Unfortunately, the delay almost certainly caused her condition to worsen. "They were just supposed to remove the cyst," she later recalled, "but that doctor in Crow ended up sterilizing me and I didn't even know it until he was through. He said, 'Three is all you want and three is all you're going to get.' I was so upset."³⁸ During the surgery, Nagel quite possibly determined that he could not remove the cyst without the ovary, but he apparently had not discussed this possibility with Yellowtail, who felt violated and outraged.

Yellowtail alleged that her trauma was not unique. The sterilization of Crow women "without consent," she later argued, was "routine practice"; it was "common government procedure back in those days." While Nagel sterilized Yellowtail in the midst of a gynecological procedure, she reported that in other situations physicians "would go in and operate right after childbirth. Just tie up their tubes without even asking permission." Most of the women "didn't know what was going on and didn't realize they couldn't have any more kids until long after the operation. A lot of them would be so puzzled why they weren't getting pregnant." Aware of her medical knowledge and nursing background, frustrated women sometimes came to Yellowtail, and she would have to explain what had likely caused their sterility: "I sure hated that."³⁹

Yellowtail singled out Nagel specifically, insisting that "he sterilized a bunch of women" before he left the reservation. Government records created by Nagel confirm a high sterilization rate during his brief tenure at Crow. In a letter to the superintendent in the spring of 1935, Nagel indicated that thirteen "Gynecological Operations, such as Salpingo-oophorectomies," as well as one hysterectomy and salpingectomy, had been performed at the hospital from 1933 through the first months of 1935. Although a less common procedure than the salpingectomy, which entailed the surgical excision of the fallopian tubes, the salpingo-oophorectomy, which removed the fallopian tubes as well as the ovaries, was a procedure frequently used in eugenic sterilizations. Nagel's use of the term "Gynecological Operations" is frustratingly vague, but if most procedures identified as such were in fact comparable to a salpingo-oophorectomy, this would amount to approximately one such operation for every 6.5 hospital births during this two-year

period—on a reservation with a total population of less than 2,000 people.⁴⁰

Any explanation of these numbers must take into account Nagel's attitude and objectives, as well as the troubling discretionary authority he and his peers throughout Indian Country wielded as physicians in reservation hospitals. Commissioner John Collier had transferred Nagel to Crow Agency in part because Robert Yellowtail and his political ally James Carpenter had demanded a physician with surgical capabilities on the reservation. From the Crow men's perspective, this was simply a matter of the federal government living up to its obligations to the Crow people by providing access to the same health services as a white person living off the reservation. Without question, some Crow men and women benefited from Nagel's surgical prowess. In 1935, for example, Carpenter praised the physician in front of the tribal council, insisting that an operation recently performed by Nagel had saved his life. But the number of recorded sterilizations raises questions about Nagel's incentives to perform such operations. Shortly after his arrival at Crow, Nagel informed Collier that he hoped "to have as many surgical cases as possible in order that [he] might qualify with the American College of Surgeons."⁴¹ Some physicians' use of Indian hospitals and patients as opportunities to advance their own professional accreditations remained a significant concern for Native activists into the 1970s.

The sterilizations at Crow Agency also reflected national trends regarding American eugenics. The eugenic sterilization movement that had begun in the first years of the century saw resurgence in the 1920s as a host of new states, Montana included, passed sterilization statutes and the U.S. Supreme Court upheld the constitutionality of such laws in a 1927 ruling. Despite growing criticism from geneticists and social scientists, eugenics "flourished" throughout the 1930s, as eugenicists broadened their purview to include not only heredity but also environmental factors, such as living conditions and parenting styles, and proponents presented sterilization as a means of reducing welfare costs in the midst of the Great Depression. The 1930s, in fact, witnessed the height of eugenic sterilizations, most of which were performed on institutionalized patients. Most scholarship on eugenic sterilization in the first half

of the twentieth century ignores Indigenous women, and in doing so scholars follow the lead of contemporary eugenicists who also ignored Indians, satisfied that Native Americans were already “vanishing.” California eugenicist Paul Popenoe, for example, viewed the declining Indigenous population as an inevitable manifestation of natural selection.⁴²

On the Crow Reservation, government employees used eugenic logic with regard to their treatment of Crow men and especially women. A letter Superintendent James Hyde wrote to District Medical Director O. M. Spencer in the summer of 1932—months after Yellowtail’s disastrous experience giving birth at the Crow Hospital but before Nagel’s transfer to the reservation—provides an illustrative example. Hyde wrote to his superior to inquire about sterilization arrangements for a twenty-three-year-old Crow woman. In making his case that “action must be taken,” Hyde cited a laundry list of mental and moral deficiencies, beginning with the fact that the woman had given birth to two illegitimate children, one of whom had died in infancy, and that she was “subnormal although not really feeble-minded.”⁴³ Other government employees, including Nagel, regularly labeled their patients with such intentionally non-specific language.

Hyde went on to highlight both environmental and economic factors to justify the proposed sterilization. He charged that the woman in question “has none of the accomplishments of a housewife and is unable to cook or sew or carry on her other household duties.” Here, Hyde emphasized the young woman’s distance from the middle-class gendered ideal of the homemaker so central to the assimilationist aims of government reformers. As scholars have found with regard to the institutionalization of Native women at Canton Indian Asylum in South Dakota during this period, federal officials’ perceptions of a woman’s capacity for “civilization”—or lack thereof—could be adapted into eugenic language for eugenic purposes. Hyde implied that the mother’s living child and any future children would not be raised in a suitable environment. He reported disapprovingly that the woman and child lived with the child’s grandmother and that the woman’s mother assumed much of the child care responsibilities, without noting that it was common for Crow grandmothers to perform such a role. He argued that the unwed mother and illegitimate child

would be a financial burden to the rest of the family, if not the government.⁴⁴

Hyde stressed that he wished to remain in accordance with state law. He explained that he had encountered “a similar case” at his previous reservation and had found that the Indian Office was “favorable to the procedure, if carried out with strict conformity to State law on the subject.”⁴⁵ In comparison to those of other states, Montana’s 1923 eugenic sterilization statute set a relatively high bar for patient consent. Hyde told Spencer that the field nurse had referred the case to him and that he had sent her back to obtain consent from the woman and her mother. Even when such efforts were made in advance of the procedure, language and cultural barriers, as well as Native women’s dependence on government employees for other services, still created a dynamic ripe for coercion. Nonetheless, in Yellowtail’s case and in others she described, even the minimum legal standards of consent do not appear to have been met. At any rate, “consent” in this context is a fraught concept. Crow women’s options were limited by reservation poverty as well as by the criminalization of abortion on the reservation.⁴⁶

Montana’s statute also required that candidates for eugenic sterilization be wards of a state institution, typically the Montana State Training School (often referred to as the School for the Feeble-minded) in Boulder and the Montana State Mental Hospital in Warm Springs. Federal employees and occasionally tribal judges or law enforcement committed Crow men and women to these institutions, meaning that they may have been among the more than 250 inmates legally sterilized at these institutions.⁴⁷ In any case, to perform eugenic sterilizations at Crow Agency would have fallen outside of these legal parameters. It remains uncertain whether the procedure Hyde recommended in the 1932 letter to Spencer ever occurred.

Decades later, when controversy erupted after health workers, activists, and government investigators exposed the abusive sterilization practices performed on Indigenous women in government and contract hospitals during the 1970s, many Native men and women charged that the government’s actions constituted “genocide.”⁴⁸ Reflecting on earlier abuses in the midst of this later period of activism, Yellowtail argued that “to sterilize our women was to kill us.”



Little Big Horn College Library

Susie Yellowtail's brother-in-law Robert Yellowtail (above) demanded a physician with surgical capabilities on the Crow Reservation. In response, Commissioner of Indian Affairs John Collier transferred doctor Charles Edward Nagel to Crow Indian Hospital. As Robert intended, many Crow people benefited from Nagel's surgical skills. However, Nagel—and other staff members at the hospital—followed the national trend in the American eugenic sterilization movement and sterilized women who did not embody white middle-class ideals or who might bear children that would be financial burdens to their family, if not the government.

Her words position the sterilization of herself and other Crow women in the 1930s squarely in its colonial context—as an assault on Native women and the important role they played as life-givers; an assault on Native families (Yellowtail repeated again and again how “devastating” the situation was for families); and an assault on the continuation of Native peoples. Thus, the reproductive violence Yellowtail related must also be read as a particularly blatant form of the “elimination” that theorist Patrick Wolfe has argued is central to settler colonialism.⁴⁹

In this sense, it is notable that the sterilizations at Crow occurred in a decade that, much like the 1970s, was associated both locally and nationally with Indigenous self-determination. White missionaries who had lived on the reservation for decades complained that Commissioner Collier's policies, which generally promoted cultural and political autonomy, had made Crows “*proud, haughty, conceited*.” In 1934, Collier took the unprecedented step of appointing Robert Yellowtail, a Crow man, as superintendent of his own reservation. A relative of Robert Yellowtail later recalled that after “Robbie took over, then the people could do as they pleased. . . . They weren't afraid anymore.”⁵⁰ As superintendent, Yellowtail preached a message of self-determination that many white neighbors and government bureaucrats found threatening.

Robert Yellowtail was inaugurated less than two weeks after his mother Lizzie and aunt Mary Takes the Gun had assisted Susie Yellowtail through her third childbirth and first home birth. In general, Superintendent Yellowtail was supportive of the hospital and of government health initiatives, but he longed for a time when the institution would be staffed by Crow personnel, and he was quick to complain when he believed physicians or nurses mistreated Crow patients. Under Yellowtail's watch, Crows increasingly litigated complaints about hospital personnel and policies through the Crow Tribal Council, rendering the hospital itself an early site in the struggle for self-determination.

More than any other injustice in the 1930s, it was the sterilization of Crow women that propelled Susie Yellowtail's pivotal activism. “I really got on the stick about that one,” she recalled. She played a role in securing the removal of two of the “worst doctors.” It is possible, too, that Yellowtail was involved in



By the 1970s, a new Indian Health Service (IHS) hospital (above, April 16, 1984) offered women the amenities of a labor room, a delivery room, and two maternity rooms with two beds each. Most Crow women chose to give birth at this new facility, and midwifery became increasingly rare. However, in 1970, the IHS began receiving increased federal funding for sterilizations, which resulted in a drastic increase in such procedures in government hospitals, including at Crow Agency. Yellowtail dreamed of seeing the Crow Agency Hospital and other IHS hospitals staffed by Native doctors and nurses, and much of her activism in the 1970s centered on the recruitment and retention of Native students in medical fields.

mounting opposition against Nagel that culminated in the physician's resignation in December 1935. Yet Yellowtail's agitation regarding sterilization abuses apparently took place outside the tribal council. Notably, explicit references to sterilization remain absent from the many health- and hospital-related complaints' addressed in tribal council meetings throughout the decade. The incomplete nature of surviving records presents one possible explanation, as does the dominant role played by Crow men in such meetings. But as Sanchez and other activists later noted, the most significant reason for this silence likely stemmed from the intimate and painful nature of the issue. In societies that celebrated women's role as life-givers, the elimination of a woman's procreative capacity was an emotional event that generated not only anger, but also sometimes shame and guilt.⁵¹ Even as she protested coercive sterilization at the Crow Indian Hospital, Yellowtail apparently rarely

discussed her own sterilization, at least until the end of her life.

In the early 1930s, Yellowtail took up another type of work, which amounted to a form of activism outside hospital walls: serving as a midwife for women in Wyola and throughout the Little Bighorn Valley. She had delivered a number of babies during her brief employment at Indian Service hospitals—as a result, she alleged, of government physicians' indifference or incompetence. Given this experience, and after she had also given birth herself, which many Crows still viewed as a prerequisite for midwifery, expectant mothers throughout the community began requesting her assistance in their own deliveries. Decades later, Yellowtail would not hazard a guess as to how many babies she delivered on the reservation, simply shaking her head when asked the question. Her daughter, Constance Jackson, later observed that her mother's reach as a midwife is evident from naming

practices in and around Wyola: many of the midwife's patients honored her by naming their daughters after Yellowtail herself, or after her daughters Constance and Virjama.⁵²

Yellowtail combined her Western medical training with Crow "woman-knowledge," much of which she had learned from women in her family, to provide women with safe childbirth experiences outside of the government hospital. According to Yellowtail, by mid-decade, "[i]t got so none of the women were going to the hospital anymore because they were so afraid."⁵³ On the Crow Reservation, the transition to hospital childbirth was not linear, and it was determined in large part by women's specific experiences inside hospital walls. Considered in context, Yellowtail's midwifery constituted an act of resistance.

Yellowtail's observations and personal experiences in the late 1920s and 1930s would prove foundational to the larger arc of her work as both an activist and health care provider. She continued to act as a midwife throughout the 1940s and into the 1950s. By the mid-1950s, when Congress transferred responsibility for Indian health care from the BIA to the Public Health Service, Crow women dominated the tribe's committees on health and education.⁵⁴ Not surprisingly, Yellowtail was appointed to serve on both committees. In the late 1950s, the all-female committee on health distributed a circular encouraging Crows to report all hospital-related complaints to the committee and to bring a committee member to serve as a witness to doctor visits. "This is important," the women implored. "This is the only way you can be satisfied with the Crow Hospital."⁵⁵ Through her work with the health committee, Yellowtail acted in the familiar role of patient advocate and government watchdog.

Susie Yellowtail's local activism gained a national platform in 1961, when President John F. Kennedy appointed her to the Surgeon General's Advisory Committee on Indian Health. She would continue in the position through the Johnson and Nixon administrations, traveling throughout Indian Country, investigating reservation health conditions, and making recommendations for improvement. The reproductive autonomy of Indigenous women was never far from her mind. Shortly after her appointment, Yellowtail reported—directly to the president—the atrocities that had occurred at Crow Agency decades

earlier. As Yellowtail traveled throughout the West, she came to realize that the patterns of abuse and neglect at the Crow Indian Hospital were not unique. In the early 1960s, she helped found the Native American Nurses Association (later renamed the American Indian Nurses Association), an organization of Indigenous nurses whose professional experiences had alerted them to the coercive sterilization practices that occurred in government hospitals and the poor treatment Native patients received from government and contract health workers.⁵⁶ Yellowtail remained active on both the local and national stage until the late 1970s.

The coercive sterilizations that Yellowtail drew attention to in the 1930s appear to have abated in subsequent decades, a development that mirrored national trends as public opinion on eugenic policies shifted. Additionally, World War II's demand on the federal government's material and human resources resulted in dramatic cuts to Indian health services. Sterilization operations were likely among the many medical procedures practiced with diminishing frequency as hospitals throughout Indian Country adapted to shortages produced by the conflict.⁵⁷ Nonetheless, the tireless work of women like Yellowtail as agitators and watchdogs also must be recognized among the factors that reduced the number of sterilizations performed in government hospitals.

In the 1960s, however, Crow women again became aware of excessive sterilization procedures at the reservation hospital, privately referring to one of the government physicians as "the butcher" for his eagerness to perform such operations. This resurgence coincided with a wider embrace by physicians and social workers across the nation of "neo-eugenic" logic that disproportionately targeted Indigenous, Latina, and African American women for permanent sterilization. As had been the case in the 1930s, perceptions of Indigenous women and their children as economic burdens and of cultural deficiencies in Indigenous communities—perhaps most notably Indians' continued resistance to assimilation—fueled this trend.⁵⁸ In 1970, the IHS began receiving increased federal funding for sterilizations, which resulted in a drastic increase in such procedures in government hospitals, leading to the situation Marie Sanchez and other Native leaders would discover by mid-decade.

Susie Yellowtail's activism gained a national platform in 1961 when President John F. Kennedy appointed her to the Surgeon General's Advisory Committee on Indian Health. Yellowtail also helped found the Native American Nurses Association and remained active in the organization until the late 1970s. She died in 1981, but other activists continued her work for Indigenous health and Native women's reproductive autonomy. Susie Yellowtail is pictured here with her husband Thomas circa 1970.



MHS Photograph Archives, Helena, Pac 87-71

Susie Walking Bear Yellowtail died in 1981. The mother, grandmother, nurse, midwife, and activist dedicated much of her life to improving the health and well-being of her community, and especially of Crow women and children. In the decades following World War II, the scope of Yellowtail's work and concern expanded to include women and children throughout Indian Country. In her final years and following her death, the causes to which Yellowtail had dedicated her life were joined by Sanchez, the women of WARN, and many others, who did so with the advantage of a nationally coordinated movement for Indigenous self-determination and sovereignty.

In response to growing awareness about the coercive sterilization of Native women in government hospitals, some activists called for a return to Indigenous midwifery, a response that echoed Yellowtail's resistance to sterilization abuses in the Crow Indian Hospital in the 1930s.⁵⁹

Under pressure from activists, the IHS reformed its sterilization procedures, incorporating safeguards to prevent coercive operations, and sterilization abuse was less of a concern for activists in the 1980s and 1990s. Yet twenty-first-century activists, Yellowtail's descendants among them, continue to speak out about mistreatment in IHS hospitals, limited access to reproductive health services, and the need for culturally appropriate childbirth options. In their work, Susie Yellowtail's legacy as an activist for Indigenous self-determination and reproductive autonomy lives on.

Brianna Theobald is a Chancellor's Postdoctoral Fellow in American Indian Studies at the University of Illinois at Urbana-Champaign. She holds a PhD in history from Arizona State University, where she also earned a certificate in gender studies. Theobald is currently working on a book project titled *Reproduction on the Reservation: Federal Indian Policy, Pregnancy, and Childbirth in the Twentieth Century*. The author would like to thank Margaret Jacobs, Jane Simonsen, Tim McCleary, and an anonymous reader, whose thoughtful comments improved this essay. She would especially like to thank Susie Yellowtail's descendants, without whom this article would not be possible: Constance Yellowtail Jackson, Valerie Jackson, Jackie Yellowtail, and Lesley Kabotie. She thanks Marina Weatherly for her graciousness in sharing materials and for the inspiration of her ongoing work in telling Susie Yellowtail's story.

After the West Was Won

How African American Buffalo Soldiers Invigorated the
Helena Community in Early Twentieth-Century Montana



During the Indian wars of the late nineteenth century, the Twenty-Fourth and Twenty-Fifth U.S. Infantry and the Ninth and Tenth U.S. Cavalry served throughout the West, including in Montana. Many of the so-called “buffalo soldiers” stationed at Fort Harrison retired from the army in the nearby city of Helena. These men became prominent figures in Helena’s vibrant African American community. Above, a Tenth Cavalry escort to General Wesley Merritt enjoys lunch near St. Mary in 1894. A. B. Coe, Kipp, Montana, photographer, MHS Photograph Archives, Helena, 957-993

by Anthony Wood



On June 5, 1905, Jefferson Harrison set out on the Helena road from the bustling Fort Harrison. The three-mile journey in the drizzling rain gave Harrison the opportunity to consider the life he was leaving—as well as the one ahead. Only hours before, Harrison, a twenty-seven-year veteran of the Indian wars, the Spanish-American War, and the first Philippines campaign, had been a Color Sergeant in the Twenty-Fourth U.S. Colored Infantry. Now, after spending his adult life in the military, he was a civilian making his way toward his own home on Helena's west side.¹

The Harrison house on Hollins Avenue, where the retired soldier lived with his wife, Louise, was invitingly situated next door to the homes of former First Sergeant Charles Matthews and First Sergeant Nathan Walker. Like Harrison, both military men were in their mid- to late forties, had each retired as his company's highest-ranking noncommissioned officer, and each had families who had already lived in Helena for some time. The three men's adjacent residences at 534, 522, and 520 Hollins Avenue would become the center of a tightknit neighborhood of retired soldiers at the turn of the century. Private David Harris and his family, along with Corporal Samuel Bridgewater, moved into the west side neighborhood around this time as well, at 504 and 502 Peosta, respectively.²

The number of black former servicemen taking up residence in the capital city proved significant in comparison to other communities in close proximity to Montana's forts.³ In 1900, Helena boasted a relatively large black population of more than two hundred people out of an overall population of nearly thirteen thousand; moreover, the presence of single, black women of marriageable age distinguished Helena.⁴ In contrast to eastern Montana, where agriculture was the economic mainstay, there were a wider variety of vocational opportunities available to people whose skin color limited their prospects

earned him frequent press coverage when he issued statements about players' injuries and health conditions. "Schedule of Births," Huron, Ontario, 468, and World War I draft registration card for William Adam Glasgow, both accessed through ANC; "William Adams Glasgow, M.D.," in *Seattle: Deluxe Supplement to the History of Seattle* (Chicago, 1916), 347-48; *Portland Oregon Daily Journal*, Oct. 12, 1916, 2; *Journal of the American Institute of Homeopathy*, 13 (Mar. 1921): 902; *Butte Montana Standard*, July 3, 1929, 3.

9. Wright to Randall, July 21, 1905; Missoula Polk Directory.

10. Missoula Polk Directory (1905-1906), 11-12; Allan James Mathews, *A Guide to Historic Missoula* (Helena, MT, 2002), 5-43. The city directory estimated Missoula's population at 12,375. On the founding of St. Patrick Hospital, see Todd L. Savitt and Janice Willms, "Sisters' Hospital: The Sisters of Providence and the First Years of St. Patrick Hospital, Missoula, Montana, 1873-1890," *Montana*, 53 (Spring 2003): 28-43.

11. "Synopsis of Medical Laws of Montana," in *Polk's Medical Register and Directory of North America, 1904*, (Chicago, 1904), 1192-93. On the BME and organized medicine in Montana, see Paul C. Phillips, *Medicine in the Making of Montana* (Missoula, MT, 1961), 402-17. On the BME's licensure difficulties with one Helena practitioner believed to be an abortionist, see Todd L. Savitt, "Abortion in the Old West: The Trials of Dr. Edwin S. Kellogg of Helena, Montana," *Montana* 57 (Autumn 2007): 3-20.

12. *Polk's Medical Register, 1904*, 2007, 1196, 1268-69. Randall's was the only homeopathic medical professional card in the *Monroe Sentinel* between 1898 and 1905, the years he practiced there. The Missoula Polk Directory listed one homeopath among eighteen in Missoula and none among ten doctors in the Bitterroot Valley (pp. 596-8).

13. Glasgow to Randall, July 24, 1905; Wright to Randall, July 18, 1905; Missoula Polk Directory (1905), 506-8; Ira S. Wile, "The Economics of Health," *American Medicine* 26 (Nov. 1920): 596. Glasgow was also an insurance examiner for nine or ten local fraternal insurance lodges. Wright to Randall, July 18, 1905.

14. Wright to Randall, July 26, 1905; Wright to Randall, July 22, 1905.

15. Wright to Randall, July 21, 1905. Most Missoula physicians had their offices along Higgins Avenue. Missoula City Directory (1905), 26, 507; Mathews, *Guide to Historic Missoula*, 46-47.

16. Wright to Randall, July 22, 1905; Glasgow to Randall, July 24, 1905. Illustrating the potential savings, Wright quoted freight costs to Missoula as \$2.63

per hundred pounds from St. Paul and \$9.00 from Chicago.

17. Wright to Randall, July 26, 1905.

18. Michael L. Berger, "The Influence of the Automobile on Rural Health Care, 1900-1929," *Journal of the History of Medicine and Allied Sciences* 28 (1973): 319-35; Wright to Randall, July 22, 1905; Wright to Randall, July 27, 1905.

19. Wright to Randall, July 26, 1905; Wright to Randall, July 27, 1905.

20. Wright to Randall, July 18, 1905; Wright to Randall, July 21, 1905; Glasgow to Randall, July 24, 1905; Wright to Randall, July 26, 1905; Glasgow to Randall, Aug. 3, 1905; Randall to "Mama" [Sarah Randall], [Aug. 3, 1905?].

21. Randall to "Mama," [Aug. 3, 1905?].

22. Ibid.

23. Wright to Randall, July 22, 1905; Wright to Randall, July 21, 1905.

24. Randall to "Mama," [Aug. 3, 1905?]; *Monroe (WI) Evening Times*, Aug. 7, 8, 10, 1905; *Monroe (WI) Sentinel*, Aug. 9, Aug. 23, 1905.

25. *Monroe Sentinel*, Aug. 30, 1905, 1; contract, Sept. 16, 1905, Randall Papers, UM; *Monroe (WI) Evening Times*, Aug. 31, 1905, 4; W. C. Riddell to Joseph K. Toole, n.d. [Nov. 1, 1905?], fldr 235-3, bx 235, Montana Governors' Papers, MC 35, MHS.

26. During his long career in the Presbyterian ministry, Wright held pulpits in Oconto and Appleton, Wisconsin; Menominee, Michigan; and then Waukesha and Hudson, Wisconsin. Carroll College in Waukesha conferred upon him the degree of Doctor of Divinity in 1933. He died in 1967, age eighty-seven, in Hudson, Wisconsin. *Daily Missoulian*, Jan. 14, 1909, 2; *Lewistown, Montana, City Directory, 1914*, 199; *Wisconsin Presbyterian* 4 (May 1915): 9; *Appleton (WI) Post-Crescent*, Oct. 27, 1921, 5; June 14, 1924, 2; *Benton Harbor (MI) News-Palladium*, Oct. 14, 1931, 21; *Ironwood (MI) Daily Globe*, Mar. 14, 1941, 8; *Waukesha (WI) Daily Freeman*, Oct. 2, 1967, 3.

27. *Daily Missoulian*, Jan. 29, 1911, 8; Nov. 23, 1909, 7; Dec. 9, 1910, 4; "Obituary," *Missoulian*, Aug. 16, 1940, 1; *American Medical Directory*, 7th ed. (Chicago, 1921), 893.

28. Joseph C. Nate, "The Winning of the West," *The Sigma Chi Quarterly* 26 (Feb. 1907): 98. See also *The Sigma Chi Quarterly* 25 (Nov. 1906), 1-8; *Daily Missoulian*, May 16, July 12, 1909; "Obituary"; *Beloit (WI) Daily News*, Aug. 16, 1940.

29. *Anaconda Standard*, Oct. 19, 1905, 5; Jan. 9, 1906, 20; "Obituary"; *Beloit Daily News*, Aug. 16, 1940; Sanders, *A History of Montana*, 3:1718.

30. Journal, 1908, Randall Papers, UM.

See also *Daily Missoulian*, July 23, Aug. 6, Oct. 10, 1911.

31. Sanders, *A History of Montana*, 3:1718.

Nurse, Mother, Midwife

1. See Sally Torpy, "Native American Women and Coerced Sterilization: On the Trail of Tears in the 1970s," *American Indian Culture and Research Journal* 24, no. 2 (2000): 1-22; Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (2000): 400-19.

2. Lawrence, "The Indian Health Service," 410; Torpy, "Native American Women and Coerced Sterilization," 9.

3. Paul L. Fickinger to Gordon Macgregor, Apr. 8, 1947, fldr 722.2, bx 53, Record Group 75, NARA. See also Belle Highwalking with Katherine M. Weist, *Belle Highwalking: The Narrative of a Northern Cheyenne Woman* (Billings, MT, 1979). Weist notes that a new hospital had been constructed on the reservation by 1979.

4. On eugenics and "neo-eugenics," see Rebecca Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick, NJ, 2009).

5. Renya Ramirez, "Henry Roe Cloud: A Granddaughter's Native Feminist Biographical Account," *Wicazo Sa Review* 24, no. 2 (2009), 77.

6. Frederick Hoxie, *Parading Through History: The Making of the Crow Nation in America, 1805-1935* (New York, 1995), 133.

7. Robert Trennert, *White Man's Medicine: Government Doctors and the Navajo, 1863-1955* (Albuquerque, 1998); Barbara Gurr, *Reproductive Justice: The Politics of Health Care for Native American Women* (New Brunswick, NJ, 2015), 157.

8. David Dejong, "If You Knew the Conditions": *A Chronicle of the Indian Medical Service and American Indian Health Care, 1908-1955* (Lanham, MD, 2008), 12; Crow, *Annual Report*, 1935, fldr 051, bx 8, NARA.

9. Crow, *Annual Report*, 1935, fldr 051, bx 8, NARA; L. F. Michael, Inspection Report, Crow, Aug. 23, 1916, BIA Central Classified Files, FILM 9730, series C, pt 2, reel 3, ASU.

10. Connie Yellowtail Jackson, interview by author, Aug. 14, 2015, Crow Agency, MT; Valerie Jackson, interview by author, June 26, 2015, Tempe, AZ; W. S. Coleman, Inspection Report, Crow, Apr. 9, 1917, BIA Central Classified Files, FILM 9730, series C, pt 2, reel 3, ASU.

11. Connie Yellowtail Jackson, interview; Valerie Jackson, interview.

Yellowtail's descendants suggest that Yellowtail's orphan status was the impetus behind her later attempt to establish a foster home for orphaned and neglected children called Tipis for Children. Although Tipis for Children did not get off the ground, Yellowtail's descendants are currently laying the groundwork for a twenty-first-century version of Yellowtail's vision; on orphans in Indigenous cultures, see Marilyn Irvin Holt, *Indian Orphanages* (Lawrence, KS, 2001).

12. District Replies, Statistical Data for General Superintendent's Circular No. 5, Nov. 1926, fldr 052, bx 10, NARA.

13. Interview with Susie Yellowtail, n.d., in possession of Connie Yellowtail Jackson.

14. Kathryn Askins, "Bridging Cultures: American Indian Students at the Northfield Mount Hermon School" (PhD diss., University of New Hampshire, 2009), 149; Valerie Jackson, interview. On Indian boarding schools, see K. Tsianina Lomawaima, *They Called It Prairie Light: The Story of Chilocco Indian School* (Lincoln, NE, 1994), chap. 4; K. Tsianina Lomawaima, "Domesticity in the Federal Indian Schools," *American Ethnologist* 20, no. 2 (1993): 227-40; Cathleen Cahill, *Federal Fathers and Mothers: A Social History of the United States Indian Service, 1869-1933* (Chapel Hill, NC, 2011), chap. 5. On the preparation and placement of Native girls in domestic service, see Victoria Haskins, *Matrons and Maids: Regulating Indian Domestic Service in Tucson, 1914-1934* (Tucson, AZ, 2012); Margaret Jacobs, "Working on the Domestic Frontier: American Indian Servants in White Women's Households in the San Francisco Bay Area, 1920-1940," *Frontiers: A Journal of Women Studies* 28, nos. 1 and 2 (2007): 165-99.

15. Susie Yellowtail, interview.

16. Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (New York, 1987), 77.

17. Many at Crow credit Susie Yellowtail as the first Native American registered nurse, although a small handful of others preceded her. See "Who Really Was the First American Indian RN?" *Minority Nurse* (Winter 2008), 6.

18. Robert Trennert, "Sage Memorial Hospital and the Nation's First All-Indian School of Nursing," *Journal of Arizona History* 44, no. 4 (2003): 353-74; "Native American Students," *American Journal of Nursing* 41, no. 12 (Dec. 1941): 1442-43.

19. Susie Yellowtail's employment history is provided in an unsigned memorandum submitted to the Department of Health, Education, and Welfare in 1966. Yellowtail's federal employee file is held at the National Archives and Records Administration, National Per-

sonnel Records Center Annex, Valmeyer, Illinois.

20. District Replies, Statistical Data for General Superintendent's Circular No. 5, Nov. 1926, fldr 052, bx 10, NARA; Fred W. Voget, *They Call Me Agnes: A Crow Narrative Based on the Life of Agnes Yellowtail Deernose* (Norman, OK, 1995), 35.

21. For more on the Indian Service's prenatal campaign, see 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*, ed. Elizabeth Jameson and Susan Armitage (Norman, OK, 1997).

22. Crow, *Annual Report*, 1928, fldr 051, bx 7, NARA; Crow, *Annual Report*, 1927, fldr 150, bx 6, NARA.

23. Alma Hogan Snell with Becky Matthews, *Grandmother's Grandchild: My Crow Indian Life* (Lincoln, NE, 2000), chap. 1. On Pretty Shield, see Frank B. Linderman, *Pretty-Shield, Medicine Woman of the Crows* (1932, repr. New York, 1972).

24. Voget, *They Call Me Agnes*, 119-20; Lillian Bullshows Hogan with Barbara Loeb and Mardell Hogan Plainfeather, *The Woman Who Loved Mankind: The Life of a Twentieth-Century Crow Elder* (Lincoln, NE, 2000), 234.

25. Voget, *They Call Me Agnes*, 35; Hogan, *The Woman Who Loved Mankind*, 234.

26. Brenda Child, *My Grandfather's Knocking Sticks: Ojibwe Family Life and Labor on the Reservation* (St. Paul, MN, 2014), 31-32.

27. Susie Yellowtail with Marina Brown Weatherly, *Susie Walking Bear Yellowtail: A Life Story*, manuscript-in-progress, chap. 4.

28. Ibid.

29. A few recorded hysterectomies are scattered throughout Monthly Reports, Crow Indian Hospital, fldr 722.2, bx 53, NARA.

30. Quoted in Betsy Cohen, "Stars in the Big Sky: A Collection of Montana's Remarkable, Forgotten Women" (master's thesis, University of Montana, 1998), 24. From her conversations with Yellowtail, Weatherly believed that the nurse had become aware of coercive sterilizations while she was working at the hospital.

31. Cahill, *Federal Fathers and Mothers*, 113 (quote), 122-29. Susie Yellowtail's application for employment as a field nurse in 1935, as well as Robert Yellowtail's endorsement and the official rejection of her application, can be found in Yellowtail's federal employment file at NARA, National Personnel Records Center Annex, Valmeyer, IL. Robert tried again in 1937. See Robert Yellowtail to

John Collier, Apr. 7, 1937, fldr 706, bx 51, NARA.

32. Yellowtail, manuscript-in-progress, chap. 7. On Crow attempts to receive off-reservation health care, see John Collier to Robert Yellowtail, Sept. 8, 1934, fldr 705, bx 51, NARA.

33. H. J. Warner, Inspection Report, 13 Oct. 1930, Crow Agency Correspondence Files, RG75, bx 17, fldr 150, Inspections and Investigations 1931-1937, NARA.

34. Yellowtail, manuscript-in-progress, chap. 7.

35. Ibid. This sketch of Nagel's professional life has been pieced together through his correspondence while at Crow. See John Collier to R. B. Millin, Apr. 24, 1934, fldr 150, bx 17, NARA; Charles Nagel to J. G. Townsend, Apr. 4, 1935, fldr 701, bx 51, NARA; Nagel to Collier, n.d., fldr 706, bx 51, NARA.

36. Charles Nagel to Susie Yellowtail, July 31, 1934, fldr 700, bx 50, NARA.

37. Robert Yellowtail to John Collier, Mar. 8, 1938, bx 53, NARA; Fern Rumsey to John Collier, June 1, 1935, fldr 155, bx 18, NARA.

38. Yellowtail, manuscript-in-progress, chap. 7. Susie's daughter Connie also discussed her mother's sterilization. Connie Jackson, interview.

39. Yellowtail, manuscript-in-progress, chap. 4. Yellowtail's allegations resemble the "Mississippi appendectomies" black women in the South reported in the 1950s. On "Mississippi appendectomies," see Kluchin, *Fit to Be Tied*, chap. 3.

40. Yellowtail, manuscript-in-progress, chap. 7; Charles Nagel to Robert Yellowtail, Mar. 27, 1935, bx 51, NARA. On procedures used in eugenic sterilizations, see Harry Hamilton Laughlin, *Eugenical Sterilization in the United States* (Chicago, 1922), 415.

41. Minutes, Tribal Council Meeting, Feb. 6, 1935, BIA Central Classified Files, FILM 9730, series C, pt 1, reel 27, ASU; John Collier to Charles Nagel, Nov. 6, 1934, fldr 706, bx 51, NARA.

42. On eugenics in the 1930s, see Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, CA, 2001), chap. 4; Molly Ladd-Taylor, "Saving Babies and Sterilizing Mothers: Eugenics and Welfare in the Interwar United States," *Social Politics* 4, no. 1 (1997): 136-53. Alexandra Minna Stern briefly addresses Popenoe's views on Indians in *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley, CA, 2005), 52. A few scholars have acknowledged the likelihood that Native Americans were targeted for eugenic initiatives, including sterilization. See Nancy Gallagher, *Breeding Better Vermonters: The Eugenics Project*

in the Green Mountain State (Hanover, NH, 1999); Margaret Jacobs, "Diverted Mothering among American Indian Domestic Servants, 1920-1940," in *Indigenous Women's Work: From Labor to Activism*, ed. Carol Williams (Urbana, IL, 2012).

43. James Hyde to O. M. Spencer, Aug. 24, 1932, fldr 700, bx 50, NARA.

44. Ibid.; Susan Burch, "Dislocated Histories": The Canton Asylum for Insane Indians," *Women, Gender, and Families of Color* 2, no. 2 (2014): 141-62; Hyde to Spencer, Aug. 24, 1932.

45. Ibid.

46. Sociologist Lutz Kaelber and his students at the University of Vermont have studied eugenic initiatives in all fifty states. Their findings with regard to Montana can be found at www.uvm.edu/~lkaelber/eugenics/MT/MT.html. Fred Voget's informants discussed the effects of Crow women's difficulty in procuring an abortion in the 1930s for fear of legal consequences. See "Old-Dwarf Mt. Crow 7/18/39," Notecard, fldr 8, bx 7, series 2, Fred W. Voget Papers, UM. See also Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley, CA, 1997).

47. Scholars typically cite 256 as the number of confirmable sterilizations that occurred in Montana state institutions before Montana's eugenic statute was repealed. See Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States* (New Brunswick, NJ, 2008), 77.

48. See "W.A.R.N. Report II," 1979, fldr Women of All Red Nations '79/'80, bx 10, Liberty Hill Foundation Records, 20th Century Organizational Files, Southern California Library for Social Studies and Research, Los Angeles, California (hereafter WARN Report II).

49. Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide Research* 8, no. 4 (2006): 387-409. Yellowtail, manuscript-in-progress, chap. 4. Susie's daughter described the reproductive violence at Crow Agency in the 1930s as "genocide." Connie Jackson, interview.

50. "Bentley (Missionary-Baptist); Crow; 7/10/39," Notecard, fldr 19, bx 11, series 2, Voget Papers, UM. William Petzoldt made similar comments. See interview notes, Petzoldt 7/8/39, Field Interview Notebook, Crow, 7/8/39-7/20/39, fldr 7, bx 13, series 3, Voget Papers, UM; Mae Takes Gun Childs, interview, May 10, 1989, OH 1162, MHS.

51. Yellowtail, manuscript-in-progress, chap. 4. Complaints about Nagel were discussed in tribal council meetings in the first months of 1935. See meeting

minutes in BIA Central Classified Files, FILM 9730, series C, pt 1, reel 27, ASU; "WARN Report II."

52. Linda Linn, "Oldest Indian Nurse Sees Much Opportunity," *Billings Gazette* clipping in Therese Hinkell, *Nurse of the Twentieth Century: Susie Walking Bear Yellowtail, First Native American Registered Nurse* (Shelburne, MA, 2000); Connie Jackson, interview.

53. Yellowtail, manuscript-in-progress, chap. 7.

54. Crow women's increasingly vocal presence in tribal council meetings in the late 1940s can be seen in Crow Tribal Council Meeting Minutes, bx 9A, Eloise Whitebear Pease Collection, Little Bighorn College Archives, Crow Agency, Montana. Crow women discussed women's increased role in tribal politics and male resistance with ethnographer Fred Voget in the mid-1950s. See "Copy of Interview with Olive Verme, Crow Agency, 1956," fldr 45, bx 11, series 2, Voget Papers, UM; "Copy of Interview with Josephine Russell, Lodge Grass, 1956," fldr 46, bx 11, series 2, Voget Papers, UM. This trend occurred on other reservations as well. On Navajo women in postwar tribal politics, see Irene Stewart, ed. Doris Ostrander Dowdy, *A Voice in Her Tribe: A Navajo Woman's Own Story* (Socorro, NM, 1980); Carolyn Niethammer, *I'll Go and Do More: Annie Dodge Wauneka, Navajo Leader and Activist* (Lincoln, 2001). Like Yellowtail, Annie Wauneka was a leader on Indian health issues, and the two women eventually became good friends.

55. Health Committee Circular, n.d., Crow Health Committee fldr, bx 9A, Eloise Whitebear Pease Collection, Box 9A, Little Bighorn College Archives, Crow Agency, MT.

56. Constance Yellowtail Jackson, "Susie Walking Bear Yellowtail, 1903-1981," Oct 22, 1999, printed in Hinkell, *Nurse of the Twentieth Century*, 85; Vern Bullough et al., "Susie Yellowtail, 1903-1981," reprinted in Hinkell, *Nurse of the Twentieth Century*, 72.

57. On the war's impact on Indian health care, see Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque, 2001).

58. Kay Voget Notes, interview with Ramona Left Hand, June 8, 1968, fldr 51, bx 11, series 2, Voget Papers, UM; Kluchin, *Fit To Be Tied*; Lawrence, "The Indian Health Service," 410.

59. "WARN Report II"; Katsi Cook, interview by Joyce Follett.

After the West Was Won

1. *Returns from Regular Army Infantry Regiments, June 1821-December 1916*,

r. 251, Microfilm M665, National Archives and Records Administration, Washington, D.C., accessed through ANC; "1905 Helena, MT Daily Weather," Weather DB, history.weatherdb.com/d/a/Helena,-MT/1905. Census data regarding African Americans in Montana can be accessed through the "Resources and Research" link on the Montana Historical Society's "Identifying Montana's African American Heritage Resources" webpage, mhs.mt.gov/Shpo/AfricanAmericans (hereafter African American Heritage Resources).

2. U.S. Bureau of the Census, 1910, Helena, Lewis and Clark, Montana, Roll T624_833, p. 13B, accessed through ANC. Private David Harris and his family, along with Corporal Samuel Bridgewater, moved into the Westside neighborhood around this time as well, at 504 and 502 Peosta, respectively. In addition to the residences of Harrison, Matthews, and Walker, the brick house at 514 Hollins, directly next to the Walker residence, was rented by a fourth Twenty-Fourth sergeant, Henry Coles, who lived there in 1908. Eventually, Harry and Ella Simmons, another African American couple, rented the home and lived there for several years. See Helena Polk Directory (1910).

3. Census records show that the first decade of the twentieth century saw no measurable increase in the African American population of either Havre or Miles City despite their close proximities to Fort Assiniboinne and Fort Keogh, which each had black regiments stationed at them at some point. Only Missoula retained a population of a dozen or so African American men and their families, but census records do not indicate how many of these individuals were veterans who had been stationed at nearby Fort Missoula. See African American Heritage Resources.

4. Ibid. Montana passed strict anti-miscegenation laws in 1907 that remained in effect until the 1950s.

5. Erwin N. Thompson, "The Negro Soldier and His Officer," in *The Black Military Experience in the American West*, ed. John M. Carroll (New York, 1971), 260-61.

6. Women's clubs around the state existed independently from each other. Not until 1921 did they unite and form a federation of clubs. See "Lifting as We Climb: The Activism of the Montana Federation of Colored Women's Clubs," *Beyond Schoolmarms and Madams: Montana Women's Lives* (Helena, MT, 2016).

7. African American Heritage Resources.

8. For blacks in the West, see Alexandra V. Koelle, "Pedaling on