

Health and Well-being

Federal Indian Policy, Klamath Women, and Childbirth

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AS SCHOLARS OF CHILDBIRTH have pointed out, “birth” is always more than a mere biological event.¹ It is inherently a social process as well, one that is shaped by cultural norms and power structures that are both raced and classed. For Native American women, the historical experiences of birth have been shaped by the larger context of settler colonialism.² Despite this reality, very little attention has been paid by historians of childbirth to the ways that Native women’s experiences are bound up in this broader tension between assimilation and resistance to dominant colonial structures. Similarly, few historians of American Indians have focused their attention specifically on birth.³ And yet birth is inherently tied to our beliefs about, as well as our experiences and practices of, health and health care. Always, the regulation and practice of birth is also about the regulation and practice of health. What constitutes health? Who defines “good” health? And who has access to it? As reproductive justice scholar Barbara Gurr has noted, social and political forces must be considered in any attempts at answering these questions for marginalized women. One cannot explore the history of Native women’s experiences of childbirth without also engaging in a larger history of the ways that their health and health care have been defined and shaped by federal Indian policies. Gurr argues that such an approach is “particularly relevant to many Native American women, whose group identity has been historically targeted for removal and assimilation by the U.S. federal government.”⁴ As explained by scholars Lorenzo Veracini and Edward Cavanagh, settler colonialism seeks to eliminate indigenous peoples; rather than being relegated to a single past event, it is an ongoing process that continues indefinitely.⁵ Framing Native women’s lives in terms of settler colonialism is essential to understanding the larger context in which Native women birth. Similarly, highlighting the social processes and experiences of childbirth, which are clearly connected to health and well-being, illuminates the ways



KLAMATH WOMEN SUPPORTED one another through pregnancy and childbirth. Here, a baby swings in a basket at a campsite near the Klamath Agency under the watchful care of two women.

settler colonialism continues to impact individual Native women's lives, even as it also asks us to think more broadly about how social, political, and economic policies influence the way all American women birth.

In Oregon, Klamath women's health and experiences of pregnancy and childbirth have been dramatically transformed by shifting federal Indian policies that have structured their lives from the nineteenth-century institution of the reservation era through the mid-twentieth-century period of termination. Over the course of that hundred years, federal Indian policies that may, at first glance, appear disconnected from health and health care have nonetheless devastated the Klamath people's overall "well-being," a term used by American Indian Policy Review authors in the 1970s to define and explain "health" among Native peoples.⁶ As a result, the Klamath suffered in two distinct but equally important ways. Federal policies, beginning with the reservation system but also including the later policy of termination, disrupted traditional Klamath birth practices, replacing them with the western medical model of care. After disrupting those traditions, the federal government repeatedly failed to provide both funding for and access to any

adequate level of western health care. These continuous failures reflect the ongoing nature of settler colonialism and its impact on Klamath women's birthing experiences.

HISTORY OF KLAMATH TRIBES, WOMEN, AND HEALTH

Before nineteenth-century Euro-American contact and the subsequent transformation of their lives into a reservation framework, women played important roles in Klamath culture. Pre-reservation gender roles appear to have afforded Klamath women considerable latitude with regard to assigned work. Responsible for gathering wokas (pond-lily seeds), a staple of the traditional diet, Klamath women also functioned as shamans, the most respected position within pre-reservation Klamath culture.⁷ As highly valued members of Klamath society, women maintained a certain degree of control over their lives even as they entered into marriage. Unlike many neighboring western tribes, the Klamath viewed marriage as a "social obligation" rather than a "negotiated transaction." Bridal payments were made to maintain "social esteem" rather than as a reflection of the economic worth of the families involved. Although Klamath women were expected to marry, they were not obligated to remain in unhappy marriages. According to ethnographer Leslie Spier, "the bride is in no sense a chattel; she may leave her husband at will, and she certainly cannot be disposed of as a possession."⁸

Klamath women's value was also reflected in pre-reservation pregnancy and childbirth customs. Cultural norms dictated that a wife could leave her husband if he was discovered to be impotent. In the reverse situation, however, Klamath customs prohibited the husband from leaving his wife; instead, he would be permitted to take an additional wife, but the woman's inability to birth did not exclude her from family. In addition, husband and wife temporarily re-located to the woman's mother's home during her first pregnancy so that she could be assisted during pregnancy, childbirth, and the post-partum period. In this way, prenatal care was provided to women through advice and care passed down through the mother's family.⁹ Assisted by female midwives during childbirth, Klamath women provided and received health care from one another, with traditional childbirth customs and rituals maintained through cultural practices.

The imposition of the reservation system in 1864 disrupted these customs. As scholar Clifford Trafzer has noted in his study of infant mortality among the Yakama, the poverty brought about by the reservation system completely altered Native American health.¹⁰ Protected from EuroAmerican contact until the relatively late date of 1825, the Klamath originally comprised three distinct tribes: the Klamath (originally called the Ewksiknii), the Modoc,

and the Yahooskin band of Snake Indians. Condensing these distinct and adversarial tribes into one, the federal government assigned the Klamath Tribes one drastically reduced tract of reservation land. The Treaty of 1864 gave twenty million acres of ancestral land to the federal government, while placing the newly merged tribe on a reservation totaling just two million acres.¹¹ The initial adjustment to this settler colonialism proved difficult, but over time, the multiple groups seemed to congeal, perhaps out of necessity; nonetheless, even today many Klamath Indians refer to themselves by their primary tribal affiliation — Modoc, Yahooskin, or Klamath.¹²

As Klamath members adjusted to reservation culture, the pressure to assimilate mounted, upsetting traditional religious and healing practices as well as gender roles.¹³ Under the terms of the peace policy, the Klamath reservation came under the control of the Methodist Episcopal Church, which quickly converted many Klamath members. In the evangelizing effort, Klamath Christians were employed by the church to address other Klamath Indians about Christianity. Within the first twenty-five years, two boarding schools were constructed on the reservation, where Klamath children were indoctrinated into Christianity while performing heavy labor. White missionaries and federal Indian agents regarded the Klamath as fairly quickly assimilating. Agency and missionary records reported that the Klamath “easily” took on white names, clothing, and appearances. Despite these official reports, Klamath Indians actively retained important customs, even as they adapted white practices in their negotiation of the new reservation culture.¹⁴



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KLAMATH WOMEN'S responsibilities included food preparation. Here, a woman grinds wokas, a dietary staple.



BEFORE PROCESSING THEM, the women first gathered the pond lily seeds via boat. Edward Curtis created this photograph in 1923, during the Klamath Tribes' reservation era. It shows that, despite federal efforts at full assimilation, some traditional lifeways remained.

The Methodist missionaries and federal Indian agents employed on the reservation (many of whom were ordained ministers) made concerted efforts to rid the Klamath of traditional shamanistic healing practices, a campaign that undoubtedly affected Klamath women's status. Noting the connection between medicine and religion, federal agents regularly pressured shamans by threatening and even imprisoning them in an effort to clear the way for acceptance of both Christianity and modern medicine.¹⁵ The deliberate purging of shamans, combined with the strong evangelizing presence of the Methodist Episcopal Church, created a climate in which western health care became customary on the reservation. Gradually, Klamath members began to avail themselves of western health services on the reservation, with women's roles as shamans lost to the new customs of reservation culture.

Although their early history of colonization is similar to that of other Native peoples in the United States, unlike nearly every other American Indian tribe,

the Klamath Tribes of Oregon paid for all of their government-provided health services.¹⁶ Situated as they were on one of the world's largest stands of ponderosa pine, Klamath management of their forests on a sustained-yield basis made it possible for the Klamath Tribes to be economically self-sufficient. In 1870, the Klamath Tribal Agency constructed a sawmill, and the profits from its management made the Klamath a wealthy tribe, at least compared to most American Indian tribes at the turn of the twentieth century. Per capita payments based on sustained-yield logging of their timber became the primary means of economic survival for many Klamath Indians throughout the first half of the twentieth century.¹⁷ In response to a 1921 survey by the Oregon Tuberculosis Association, Klamath Agency Superintendent Walter G. West wrote: "Practically all funds expended at this Agency come from the moneys of the tribe held in trust by the government . . . so that in reality the Indians of this Reservation, their support and maintenance, and the administration of their affairs, cost the Government nothing."¹⁸ Historian Patrick Haynal argues that in part because of their relative wealth, the Klamath both accepted and had better access to western health care services than did the majority of American tribes.¹⁹ With proceeds from their timber stands, the Klamath Tribes prioritized and paid for access to western health care services, funding a medical clinic (eventually a hospital) and medical staff on the reservation.²⁰

Even as reservation culture contributed to the decline in women's status, late-nineteenth- and early-twentieth-century Klamath women regularly negotiated settler colonialism through their interactions with non-Native health care workers. They also became targets of a federal public-health agenda specifically associated with pregnancy and birth-related issues. In their efforts to assimilate and "civilize" the Klamath, non-Indian field matrons visited Klamath women in their homes, instructing "them in good housekeeping and sanitation."²¹ In addition, as Claudia Lorenz recalled from her childhood on the Klamath reservation, these white field matrons helped birth babies and instructed new mothers on "how to care for the child, to avoid infections, especially of the eyes and to treat minor diseases and injuries of the whole family."²² By the 1940s, public health nurses replaced the untrained field matrons.²³ Employed alongside the agency physician, these nurses, known as field nurses, often ended up doing the lion's share of the health work on the reservation.²⁴ And like the field matrons before them, field nurses attempted to assimilate Klamath women into the western model of pregnancy, childbirth, and childcare as they assisted with birth, well baby care, and parenting, even setting up scales at the clinic for mothers to stop by and weigh their babies.²⁵

By the 1920s, broader developments in medical systems altered Klamath women's health care with the creation of a hospital that resulted from an

Oregon Tuberculosis Association’s study of health on the Klamath reservation. Conducted by L. Grace Holmes, R.N., Director of the Bureau of Surveys and Clinics, the impetus for the study came from the repeated complaints of the Klamath County Health Officer, Dr. A.A. Soule, who alleged that tuberculosis was rampant and untreated on the reservation, and that it posed a threat to the local white community in Klamath Falls, where Klamath members traveled regularly to trade. In response to the allegations, Klamath Agency Superintendent West requested that the Oregon Tuberculosis Association make a study of the situation. From the beginning, Klamath women were a focus for this public health work. Responding to West’s request, Holmes wrote: “The distressing loss of little Indian children certainly makes us feel that we should offer Indian mothers all the help we possibly can.”²⁶ In October 1921, Holmes arrived at the Klamath agency and spent a month interviewing Klamath members in their homes and at tuberculosis clinics across the reservation.

Holmes’s study found a somewhat similar picture of Indian health as might be found on other Indian reservations at the time — the prevalence of tuberculosis, trachoma, dental problems, intestinal illnesses, and a high infant mortality rate, with women particularly affected by illness — and recommended the immediate construction of an agency hospital.²⁷ Notably, the study also reported that Klamath members had repeatedly asked the Bureau of Indian Affairs (BIA) for more and better health services, including construction of a reservation hospital to be paid out of their own tribal funds. Clearly, the Klamath were open to and desirous of western health care. Repeatedly, however, the Klamath were denied

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NINE YEARS AFTER being forced into reservation living, these Modoc women — wives, sister, and daughter of Captain Jack — sit for a photograph in 1873.

their requests. In fact, Holmes's report reveals that as early as 1921, Klamath members struggled with the patronizing bureaucracy of the Indian Affairs office. The continued rejection of their requests must have proved extremely frustrating. Meanwhile, Holmes's report recommended the construction of both a reservation hospital and a tuberculosis sanatorium in proximity to the Klamath reservation that would accept Indian patients — two of the very health requests repeatedly made by the Klamath themselves.²⁸ Indeed, the roots of a move toward self-determination are evidenced in Klamath efforts to provide and access their desired health care. But, it was perhaps Holmes's recommendation, coming as it did from a non-Native public health agency — the Oregon Tuberculosis Association — that finally prompted the construction of a hospital at the Klamath agency, where it remained in operation until it was forced to close during World War II.

Klamath women in particular made use of the hospital and its services. Women were strongly encouraged by both field matrons and field nurses to deliver their babies in the hospital, and Klamath women frequently complied with these recommendations. Field Nurse Bessie K. Houts reported in 1944 that she assisted with many deliveries and that Klamath women appeared to respond favorably to delivering their babies in the hospital, as long as they arrived there in time to do so.²⁹ Not all Native American women sought out agency hospitals for birthing. As Emily K. Abel and Nancy Reifel argued in their study of Lakota Sioux interactions with field nurses, the women of that tribe negotiated the western medical system by selectively incorporating “what was necessary for survival,” while rejecting that which they found useless or offensive.³⁰ The fact that Houts reported a favorable response among the Klamath to hospital birthing suggests that Klamath women actively valued their agency hospital as an acceptable site for childbirth. Of course, one could also argue that some women's failure to arrive at the hospital “in time” to birth represents a counter-choice. Regardless, by the 1940s, hospital birth had become somewhat common among Klamath women. Klamath member Ramona Soto-Rank relayed her own birth at the Klamath agency hospital. For her, the notable element of her birth story was not the hospital, but the fact that her mother was an older woman — of forty-six or forty-seven years — when she gave birth.³¹

Despite the fact that the Klamath paid for their hospital services, they experienced the same losses in health care services as other American Indian tribes during World War II. For the Klamath this meant closure of their agency hospital, and for women this closure meant, among other things, finding alternatives for childbirth. The redirection of medical personnel to the war effort quickly depleted American Indian health services across the country, and despite the repeated efforts of the Klamath Tribal Council, the

hospital never re-opened.³² Although the Klamath Executive Committee even explored the possibility of constructing a new hospital, termination, which marked the end of federal services to the Klamath, loomed on the horizon, thwarting any new building projects. In the interim, however, tribal reimbursements to area hospitals (such as the hospital in nearby Klamath Falls) were made available to Klamath members to help offset the hospital loss. It is likely that many women continued to avail themselves of this service as well as health services provided by the remaining reservation medical clinic.³³ On the brink of termination, Klamath members regularly accessed western health care services, even working to save and enhance those services as they faced the cutbacks of World War II. Ultimately, however, termination destroyed the options, leaving Native women to figure out their health care on their own.

On the eve of termination, Klamath women clearly had a long history of interactions with western health care, but their cultural negotiations extended beyond that realm. Those other experiences, all of which shaped the general state of well-being for Klamath women, are significant for understanding the context of Klamath women's lives as they entered the era of termination. Throughout their reservation history, Klamath women gained considerable experience negotiating white culture through their engagement with federal Indian agents, federal policies, and service work off the reservation. Contact with the dominant norms of white culture eventually transformed cultural customs such as marriage, for example. White visitors to the reservation frequently noted with great concern the high rate of "broken marriages" among the Klamath. Failing to recognize cultural differences (after all, traditional Klamath customs allowed women to leave undesirable marriage situations), federal Indian agents prioritized the strict acceptance of white legal marriage as defined by state law. In 1944, the U.S. Congress approved PL 477, an act authorizing the mandate of Klamath Indians to marry according to Oregon state law. Superintendent B.J. Courtright posted a notice to the Klamath in 1945, threatening that "those few Indian couples on the Klamath Indian Reservation who are married and living together according to Indian custom have until June 13 to be married according to Oregon State law, otherwise they must separate or be dealt with accordingly."³⁴ Clearly the control of Klamath women through the sanctioned legal channels of marriage emerged as a priority for white federal officials, thus shaping Klamath women's lives.

Additionally, by the 1950s, Klamath women had a long history of providing service work in the homes of white people, including both Indian agents and local people living in small towns near the reservation.³⁵ Contact with whites in this type of service role placed Klamath women in an unequal power relationship even as it contributed to the alteration of pre-reservation Klamath

gender roles and cultural customs. Thus, as termination approached, nearly one hundred years of reservation living and negotiation of the intruding dominant white culture had influenced Klamath culture — and particularly Klamath women — considerably. Indeed, for women, by the 1950s, federal policies and the economic context of reservation life shaped every facet of their lives, which ultimately affected their overall health. With termination, Klamath women's lives and health would continue to be affected by federal policies. It is therefore useful to explore briefly the historical context of termination.

HISTORICAL CONTEXT OF TERMINATION

Termination policy, the ultimate governmental attempt at assimilation, gained speed during the early 1950s. In part as a conservative reaction to the slightly more liberal shifts of John Collier's Indian New Deal of the 1930s, Congress became enamored with the idea of terminating federal responsibility for Indian Affairs, a tactic believed to be the key to solving the myriad problems facing American Indians, including the continued and pressing problem of poor health. Supporters of termination believed that the federal government's guardian-ward relationship with American Indians fostered a dependency that was responsible for the excessively high rates of poverty and unemployment as well as poor health on reservations. This narrow view in effect blamed American Indians for the impoverished conditions of reservations. Ignoring intense racism on the part of white communities toward American Indians, supporters of termination believed that eliminating the special status of American Indians would lead to successful assimilation into the dominant white society. The shift in federal policies that accompanied and reflected these goals again altered the experiences of pregnancy and childbirth for Native women. Termination created an unhealthy cultural environment for all tribal members.

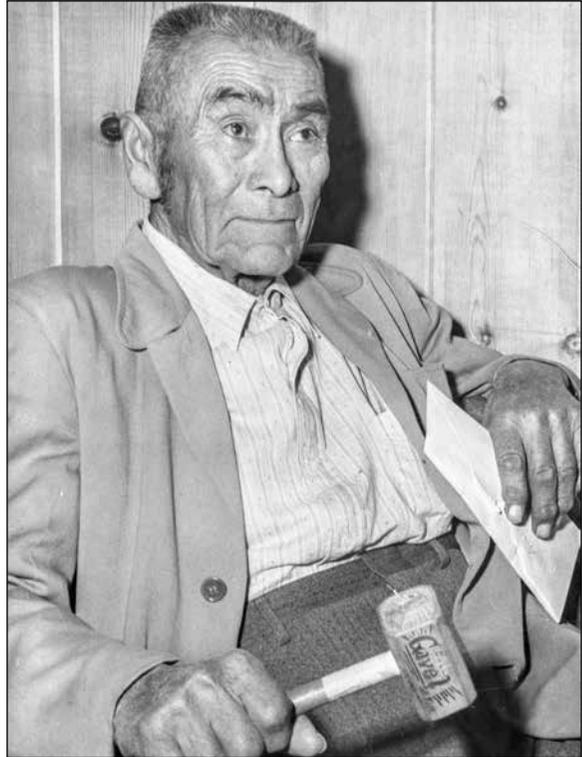
With the 1950 appointment of Dillon S. Myer as Commissioner of Indian Affairs, termination moved rapidly forward. Under Myer's tenure, American Indians witnessed the quick reversal of any New Deal gains, as Bureau employees who held views similar to Collier's were fired. The new administration restricted American Indian rights and liberties; for instance, Myer and the Bureau curtailed health services, interfered with local Indian elections, attempted to establish regulations limiting American Indian access to attorneys, centralized decision-making power in area directors, and re-established old limitations on American Indian religious and personal freedoms.³⁶ Pro-termination legislators singled out certain American Indian tribes as "ready" for termination, and among these were the Klamath of Oregon.³⁷ Senators

Arthur Watkins (R-Utah) and James Murray (D-Montana) became the driving Congressional forces behind termination, and their methods were authoritarian, disrespectful, and relentless.³⁸ In July 1953, Congress passed House Concurrent Resolution 108, approving the new policy, and soon after the eighty-third congress began passing termination bills for specific tribes.³⁹ Tribes of Oregon were particularly hard hit; in addition to the Klamath, all of the tribes of western Oregon (sixty-one small tribes and bands) were slated for termination.⁴⁰

Elimination of Indian health services became a central piece of the termination agenda, with Myer first evidencing this commitment through his restrictions on health services. Myer lobbied for legislation that would give the Bureau authority to give away control of Indian hospitals to private parties without Indian consent. Although this particular piece of legislation failed, Myer nonetheless continued to curb health services and Indian authority over those health services by closing many small hospitals and health clinics and refusing to allow funds for the rebuilding of others.⁴¹ In 1954, the passage of PL 568 — which transferred the Indian Health Services from the BIA to the Public Health Service (PHS) within the Department of Health, Education, and Welfare — formalized Myer's desire to eliminate the bureau's responsibility for health care. With the transfer, health care became an official focus of the termination agenda. The move was intended to assimilate Native Americans into the dominant society by streamlining the provision of health care services through the same governmental agency responsible for health services to veterans and indigent Americans. This meant that all tribes, even those who were not directly terminated, were indirectly affected by termination legislation, as management of their health care services shifted from the BIA to the PHS. For terminated tribes, health services were completely lost.

Although the Klamath Tribal Council strongly opposed termination, and Klamath members were never allowed the opportunity to vote on this federal policy that would so drastically change their lives, the tribe was nonetheless terminated. Having judged the Klamath "ready," the eighty-third Congress sent the Klamath Termination Bill, PL 587, to President Dwight D. Eisenhower, who signed it into law on August 13, 1954. Perhaps even worse than their lack of a vote on the issue, the Klamath were coerced into accepting the provisions of the termination bill. Owed over two million dollars on a lands claim that had recently been decided in their favor, the Klamath were told by Watkins that without Klamath consent on the termination bill, the judgment funds would not be released to them. Eventually acquiescing to the pressure, the Klamath General Council was then directed to have individual members vote on whether they would withdraw from the tribe and receive a lump sum of money for their ancestral land, or remain in the tribe with man-

agement of their assets transferred from the BIA to a trust operated by the U.S. National Bank of Portland, Oregon. In both instances, their federal status as Indians would be stripped from them, as would all treaty-mandated services including health care. Forced to choose between what critic John Collier called “cash and an unknown quantity,” the vast majority of Klamath members chose the cash.⁴² Recognizing that they did not have a voice or choice in termination, most Klamath members opted to withdraw from the tribe, hoping that at least they would come away from years of injustice with something to show for it. Thus, when the votes came in, 78 percent (more than 1,650) of the members of the Klamath Tribe had decided to withdraw, while 474 Klamath



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SELDON KIRK, Chairman of the Klamath Tribal Council, testified against termination at the 1956 hearings, linking the new federal policy to the continued theft of Klamath lands.

Indians chose to remain in the tribe, although they no longer had a reservation, tribal council, or federal services.⁴³ On April 17, 1961, withdrawing members received a lump sum payment totaling \$43,000 for their portion of tribal land, while management of the “remaining” members’ assets was transferred from the BIA to the U.S. National Bank.⁴⁴ The Secretary of Agriculture officially took possession of 525,000 acres of unsold Klamath forest, converting those ancestral lands into the Winema National Forest.

Termination devastated the Klamath. The tribe was torn apart during the process, and in the aftermath, health and welfare declined tragically. Accelerating the cultural losses set in motion by nineteenth-century federal policies, termination resulted in increased illness, alcoholism, and violence, in addition to the loss of land, community, and economic security. For the Klamath, it translated into an overall loss of well-being. In its preparations for termination, the federal government focused almost entirely on timber value

and timber sales.⁴⁵ In exploring the human costs of termination, it becomes clear that in addition to all of their material losses, the Klamath also lost their health — physically, spiritually, and psychologically.

WOMEN AND PREPARATION FOR TERMINATION

Between the passage of the Klamath Termination Bill in 1954 and the official institution of termination in 1961, the Klamath Executive Committee worked to stop the termination process even as it prepared for tribal health needs in the aftermath; on both fronts, women took significant action. Opinion surveys conducted at the time suggest that women maintained a commitment to staying within the tribe at a higher rate than did men. Although these surveys represented attitudes only, as opposed to actions, Klamath women eloquently testified against termination. In addition, Klamath Executive Committee member Dorothea McAnulty raised concerns about termination's impact on health and led the committee's preparations to meet those needs of tribal members.

At the Tribes' expense, the federal government hired management specialists to direct and manage the termination process. Those managers hired the Stanford Research Institute to conduct surveys that included detailed interviews and questionnaires with Klamath tribal members in order to assess their attitudes toward termination.⁴⁶ The surveys revealed Klamath confusion as well as opposition to government-imposed termination.⁴⁷ Ultimately, based on these surveys, the management specialists concluded that the Klamath Tribes were not prepared for termination and that proceeding with the process would prove devastating for Klamath members.

One of the most interesting yet neglected findings of the Stanford Research Institute's survey was the gendered nature of Klamath attitudes toward termination. According to the final report: "A larger percentage of women than men express a desire to remain in the Tribe."⁴⁸ A review of the questionnaires used by the Stanford study suggests that even women who believed they would ultimately withdraw from the tribe tended toward a desire to see the reservation lands kept together. Several responded favorably to the suggestion of keeping the reservation together through the formation of either a cooperative or a corporation, citing the need "to protect the people that remain on the reservation."⁴⁹ Yet these women also tended to express hesitancy that such a plan could be viable, considering their lack of trust in the government and the BIA. Nonetheless, they displayed attitudes of concern for the Tribe as a whole and a seeming preference for maintaining the Tribe. At least one scholar, Donald Fixico, has suggested that American Indian men returning to reservations from

their military service in World War II tended to favor termination. Fixico argues that having experienced mainstream consumer culture during their training and service, Native men came home desiring an equal share of a more prosperous America.⁵⁰ Other scholars have criticized Fixico, rightly suggesting that BIA officials and Congressional bureaucrats who ushered through the legislation should be blamed for termination, not American Indians.⁵¹ Nonetheless, Fixico's claims could shed light on the gendered nature of the divided Klamath Indians.

Potentially, Klamath experiences in World War II, combined with the deliberate Congressional campaign for termination based on the rhetoric of "liberation," resonated with Klamath men more so than it did with Klamath women, causing men to be more willing to accept the possibility of withdrawal from the tribe and women to be more resistant to the idea.⁵² Pro-termination legislators and BIA officials repeatedly described termination to Klamath Indians as legislation that would "liberate" them, providing them with all of the rights of "first-class citizens."⁵³ In using this rhetoric, legislators and BIA officials constructed an argument that claimed the Klamath were more educated, more successful, and more "ready" for termination than other American Indians.⁵⁴ In the context of post-World War II America, "liberation" was an appealing idea, even if it was based on a myth. Indeed, through their military experiences in World War II, Klamath men were undoubtedly exposed to the dominant culture's gendered emphasis on the importance of independence, thus plausibly diminishing their own commitments to collective identity. Remembering the predominance of the myth of liberation, Soto-Rank recalled: "And I think that was part of it, because the government had come out and sold this story about being first class citizens, quote unquote."⁵⁵ Klamath women seemed somewhat less likely to buy into this rhetoric of individuality, instead maintaining a perspective that included the Tribe as a whole.

One such woman, Dorothea McAnulty — the sole female on the Klamath Executive Committee in 1956 — regularly struck at the heart of the injustices facing the Klamath, both in terms of policy and process.⁵⁶ Highlighting the continuing cultural differences between the Klamath and the dominant white society, McAnulty defended the intellect and capability of Klamath women, as well as the legitimacy of cultural difference. Testifying at the federal hearings on termination, McAnulty countered the popular notion that Klamath problems stemmed from federal dependency. "If they want to know what causes the trouble on the reservation, it's an easy thing to see" she told the Senate Committee Chair. "I think if they'd pen up a group of you people somewhere and give you nothing to work with you'd be at each others' throats too."⁵⁷ McAnulty argued that challenges facing the Klamath



DOROTHEA MCANULTY, the only woman on the Klamath Tribal Council, also testified against termination. Executive Committee members shown in this 1955 photograph are (right to left): Dibbon Cook (secretary-treasurer), Joe Miller, Jesse L. Kirk (also on tribal land board), McAnulty (also secretary of land board and of enrollment committee), Elnathan Davis, and W.W. Palmer (superintendent of Klamath reservation).

Tribes resulted from a lack of freedom in determining their own futures.⁵⁸ Another Klamath woman, Mary Reys, testified: “I’d rather have the land” than the money. Criticizing lawmakers and BIA officials, Reys said, “I don’t think they know what they’re talking about. And I don’t say that to belittle them; I say that because I honestly do believe they don’t know what they’re talking about. They certainly don’t know the people they are talking about.”⁵⁹

Even as McAnulty and other members of the Executive Committee campaigned against termination, they also prepared for its anticipated consequences, particularly with regard to health and health care. In 1956, McAnulty first raised concerns about the impact of termination on health. Noting that termination would immediately end all federal services, including health care, McAnulty worked with fellow Executive Committee member

Boyd Jackson to create a sound medical plan to provide for the health care needs of Klamath members.⁶⁰ McNulty researched private health care providers and insurance companies in an unsuccessful effort to find one that would be willing to work with the Klamath to provide medical services.⁶¹ After months of “exhaustive attempts,” the Klamath Executive Committee approved a resolution creating a \$750,000 health fund from which any Tribal members’ medical debts and expenses would be paid. The Tribal Council hoped that the health fund, in conjunction with private medical insurance for tribal members, might protect the health of the Klamath people in the wake of termination.⁶² Unfortunately, this hope never materialized. In response to the Tribal resolution, BIA Portland Area Director Martin Holm told Tribal Chairman Seldon Kirk that the Klamath would first need to arrange a complete program and operational plan with Dr. Ruth Dunham of the Public Health Service (because all matters of Indian health had been transferred from the BIA to the PHS in 1955). In addition, the Klamath would be required to provide written justification to the BIA for each and every expense paid out of the health fund (because the BIA maintained responsibility for decisions regarding tribal funds). Thus, even as their time ran out, the Klamath were forced to negotiate the bureaucracies of both the PHS and the BIA in their attempts to use their *own* money to address their own health needs. Additionally, the Klamath had difficulty negotiating contracts with pre-paid insurance and medical programs, ultimately failing to find an insurance company that was willing to cover their specific health needs.⁶³ Even amidst these many obstacles, McNulty and her fellow Executive Committee members worked tirelessly to address the situation, which they considered an “emergency” requiring “immediate action.”⁶⁴ Despite their efforts, in August of 1961, the Klamath Tribes of Oregon were terminated, leaving members with no medical plan, no health fund, no insurance, and no medical services.

POST TERMINATION — THE LOSS OF HEALTH

Although supporters had claimed that termination would improve the lives of Indians, in reality, it wreaked havoc on the well-being of Klamath Indians, with women uniquely affected. In the aftermath of termination, health disparities between Klamath Indians and the general population intensified even as the Klamath lost the slight advantage they had held over other Native Americans prior to termination.⁶⁵ In addition, whereas during the reservation period women could negotiate western medical practices, integrating cultural traditions regarding pregnancy and childbirth as desired, the loss of the reservation community brought about by termination appears to have intensified the loss of connections to those traditional practices. The overall

decline in health for the entire Klamath community also impacted women's overall well-being, which in turn affected their experiences of birth. Thus the story of tribal health as a whole is an integral component of the history of Klamath childbirth.

As early as 1963, government officials began admitting that termination had been an unjust, even immoral, course of action.⁶⁶ A memo from Secretary of Interior Stewart L. Udall to Assistant Secretary of Indian Affairs Philleo Nash stated that a study of the effects of termination will soon need to be done. "My guess," he wrote, "is that the outcome, in terms of the human beings involved, will be a tragic story."⁶⁷ In 1965, the BIA conducted such a study on Klamath Indians, and indeed the results showed that termination had played a prominent role in the tragically rapid decline of the Klamath.⁶⁸

Perhaps the most obvious and visible effect on Klamath health was the lost access to free medical care. This meant two things: first, many Klamath were forced to use their lump sum termination payment to cover medical expenses; and second, many others, having lost their medical clinic, became reluctant to seek needed medical treatment at integrated medical centers because of fears regarding money.⁶⁹ In the first case, 83 percent of Klamath Indians surveyed by the BIA in 1965 (only four years after receiving their money) reported having had medical or hospital expenses, and 71 percent reported that they paid medical bills from their personal funds. Perhaps even more telling was the fact that only 20 percent of Klamath Indians had access to health insurance in 1965, and of this group, the vast majority had health insurance that would pay only partial health expenses.⁷⁰ The authors of the 1966 BIA report on the effects of termination on the Klamath seemed startled by this lack of health insurance coverage for terminated Indians. In its conclusion, the report noted: "In future programs of termination of Federal services to Indians, a plan to provide voluntary group health insurance would be a desirable consideration."⁷¹ This suggestion seems both maddening and painfully cruel in light of McNulty and the Executive Committee's earlier attempts to provide such a plan. Thirty years after termination, the Klamath Tribes commissioned a study and assessment of their health care needs, which discovered that 37 percent of Klamath Indians age forty-five and older "felt they needed medical care or treatment beyond what they were receiving."⁷² The loss of the medical clinic combined with a lack of health insurance and fear of high medical costs kept many Klamath Indians from seeking medical attention even when they knew it was necessary.⁷³

In part because of this lack of access to medical care, Klamath Indians perceived a decline in their health as a direct result of termination. Responding to an American Indian Policy Review Commission's Task Force

Study assessing the effects of termination, Klamath Indians overwhelmingly believed that it had caused a dramatic decline in their health. In judging the effects of termination on their health and health care, 88 percent of Klamath respondents said that termination had had a bad effect; even more striking, not one Klamath Indian believed that termination had had a good effect, and the remaining 12 percent responded that it either had no effect or they did not know.⁷⁴

Post-termination health statistics bear out this perception of ruined health.⁷⁵ In 1965, the BIA study reported that the Klamath mortality rate since termination was 14 persons per 1,000 as compared to the U.S. general population mortality rate of 9.4 per 1,000.⁷⁶ This was a striking finding, as it revealed a significantly higher mortality rate for the Klamath despite federal assurances that termination would solve this type of disparity. Klamath health continued to decline into the 1970s and 1980s. A 1985 health needs and assessment study commissioned by the Klamath Tribes and co-conducted by Klamath member Shirley Ewart found that 35 percent of Klamath members surveyed had diabetes, and 30 percent had arthritis, rheumatism, hypertension, or gallbladder problems.⁷⁷ Compounding the negative impact of this high rate of illness, Klamath members less frequently reported that they were receiving appropriate medical care to treat or manage these serious diseases.⁷⁸ In addition, the Klamath survey included respondents who were significantly younger than those in the general population comparison group (the Klamath were forty years and older, while the two comparison groups included non-Indians sixty-five years and older as well as a second group of non-terminated Indians in two age categories: forty years and older and sixty years and older), and yet their health was significantly worse than the general population and no better than the non-terminated Indian population. In some aspects, the Klamath even fared worse than the latter group; the authors concluded that among the Klamath “health insurance coverage is lower and perceived needs for medical care are higher than among other Indians.”⁷⁹ Clearly, thirty years later, termination had done nothing to help the Klamath. Quite to the contrary, it appears to have accelerated the tragic losses associated with a century of federal Indian policies.⁸⁰

An additional traumatic health problem affected the Klamath, quickly devastating many families in the post-termination era. Alcoholism and alcoholism-related deaths dramatically increased in the years following termination. Far-reaching and encompassing both mental and physical health, alcoholism touched 80 percent of Klamath families.⁸¹ The 1965 BIA study reported that in the four and half years since termination, “two-thirds of the deaths in our sample were from alcoholism or violent causes.”⁸² In the post-termination era, alcoholism and violence ravaged Indian families.⁸³ As one Klamath woman



RAMONA SOTO-RANK was born on the Klamath reservation in 1944. She was elected the secretary to the General Council of the Klamath Tribes and actively participated in the Klamath restoration committee in the 1980s. In 2000, Soto-Rank became the second American Indian woman to be ordained as a Lutheran pastor. She served as the associate pastor of Augustana Lutheran Church in Portland, Oregon, as well as the president of the American Indian and Alaska Native Lutheran Association until her death in 2007.

described the results of termination: “Drink and death — the cemetery’s half full of people dead from alcohol . . . a lot of heartbreak.”⁸⁴ Remembering a visit to the cemetery with Chuck Kimbol (Klamath Tribal Chairman in the mid 1970s), Soto-Rank recalled the two walking amidst the numerous graves of Kimbol’s contemporaries — men and women in their early fifties. The visual image of the graves — of so many lost Klamath lives — had a lasting impact on Soto-Rank. An older brother reiterated the horrible reality to her, “he said you know, there just aren’t that many of us that survived that.” For Soto-Rank and other Klamath members, it was a painful legacy. “It was an absolute tragedy.”⁸⁵ The Klamath scholar Tom Ball has argued that termination, like federal policies that came before it, resulted in Post-Colonial Stress Disorder, with overwhelming numbers of Klamath members experiencing multiple lifetime traumas

including violent attacks, sexual assaults, and/or deaths of friends or family members due to homicide, suicide, and accidents. Likening this trauma to war, Ball concludes: “The historical context of the unique trauma history of this Tribal sample certainly fits the profile of other survivors of massive war trauma.”⁸⁶ Termination devastated the Klamath.

Although the decline in tribal health as a whole shaped Klamath women’s lives, they were particularly affected by alcoholism and violence in the post-termination era. In many cases, women bore the brunt of the alcoholism and alcohol-related problems. Domestic violence increased dramatically. And

although this violence was pervasive, it was neither generally nor openly discussed as such, leaving many women to suffer alone.⁸⁷ In 1994 and 1995, the Rural Oregon Minority Prenatal Project (ROMPP) conducted research among Klamath and Warm Springs Indian women in an effort to explore the connection between “traditional” beliefs and practices regarding pregnancy and childbirth and modern use of prenatal care.⁸⁸ ROMPP researchers noted that it took over two years before tribal health workers (Klamath members hired by the project to conduct interviews and surveys) were willing to even ask about domestic violence; it was such a persistent aspect of women’s lives that initially the answer seemed self-evident. In addition to domestic and partner violence, Klamath women suffered from other forms of traumatic violence on a regular basis, including accidents, gunshot wounds, and other incidents.⁸⁹ Termination created an unsafe environment for Klamath women.

Additionally, termination affected women’s health by interrupting the transmission of Klamath cultural traditions regarding prenatal care and childbirth. ROMPP researchers, who had conducted focus groups with both young women of childbearing age and women considered elders among each tribal group in the state, concluded that the federal policy of termination had had a devastating effect on the “cultural continuity” of pregnancy and childbirth practices among Klamath women.⁹⁰ Whereas Warm Springs women described in rich detail pregnancy and childbirth customs passed down from mothers and grandmothers, the Klamath women fell silent.⁹¹ Only at the second Klamath focus group did a handful of women speak about their traditional customs.⁹² The lack of Klamath cultural memory was not for lack of existence of these traditions. During the pre-reservation era, Klamath women followed rich customs regarding pregnancy and childbirth, particularly on the birth of the first child. Women received prenatal care and advice from their mothers and grandmothers. Midwives assisted during labor and birth, tying the baby’s umbilical cord with the mother’s hair. Wrapped in blankets, the new mother was seated upon warm stones, remaining there for the first five days after the birth.⁹³ Modern Klamath women participating in ROMPP, however, had all but lost this legacy of care.

While termination was certainly not the only federal policy responsible for this disruption in women’s cultural knowledge, it undoubtedly exacerbated the loss, making it nearly complete.⁹⁴ As one Klamath elder who had worked as a children’s advocate put it:

*Families were breaking up and people were going their own ways. Some children had lived in ten different foster homes since Termination when I got there. They’ve grown up in a different environment. We have lost what we had.*⁹⁵

Klamath elders were concerned about the effects of this loss of cultural

knowledge on the health of pregnant women and their babies. And they had reason to be concerned; data collected from 1966 to 1980 showed the infant mortality rate for Klamath babies to be 2.5 times that of the state of Oregon.⁹⁶ More than ten years later, the authors of the ROMPP study concluded that termination — a federal policy of assimilation — had interrupted the transmission of cultural beliefs and customs regarding pregnancy and childbirth. “Current use of prenatal care,” they claimed, “was affected by this breakdown as a result of the cultural inappropriateness of the Western model of prenatal care, substance abuse, and domestic violence.”⁹⁷ Additionally, the authors noted that the “premature death of elders” also contributed to the loss of cultural knowledge; thus, once again, the overall lack of health and wellness shaped women’s experiences of pregnancy and childbirth.

In addition to interrupting women’s cultural knowledge, termination devastated the psychological and spiritual health of many Klamath Indians, which ultimately affected many women’s sense of well-being. In the post-termination era, Klamath women experienced loss of tribal identity, rejection by many Native American groups, and intense racism from the local white communities. All of these things worked together to shape the context of Klamath women’s lives. Loss of Indian identity and land left many Klamath feeling isolated. In their own history of termination, the Klamath Tribes described these “intangible” impacts, stating, “termination took even more important assets from the Klamath people . . . the intangible was the Klamaths’ identity as an Indian nation. . . . The loss of this identity did incalculable psychological damage to the Klamath people.” As Soto-Rank recalled, termination “literally ripped the tribe apart.”⁹⁸ The closure of the Klamath roll in 1954 also created new divisions; children born after that time were not added to the official roll registering Klamath Indians. Lacking a tribal identity, these Klamath children, called simply “descendants,” were not officially considered Klamath Indians, despite their Indian heritage.⁹⁹ For withdrawing, remaining, and descendent members of the Klamath Tribes, the loss of Indian identity painfully shaped the new reality of their lives. As Klamath activist Faith Wright Mayhew, who was six years old at the time of termination, commented: “It’s hard to describe what it’s like for children who are not allowed to consider themselves an Indian.” Klamath member Kathleen Shaye Hill eloquently wrote: “If termination was designed to tear apart Klamath families, dissipate the culture, or undermine the well-being and pride of a people, it has been a rousing success. If, on the other hand, it was actually meant to ‘help’ the Klamath, it can be counted as a dismal failed experiment.”¹⁰⁰

RESTORATION

Klamath women created an important impetus for restoration, providing a sense of mission along the way.¹⁰¹ Perhaps because in many cases Klamath women bore the brunt of the effects of alcoholism and its violence, they felt motivated to find solutions to the problems facing their communities. In an interview in the 1990s, one Klamath Indian woman, a “descendent” born after termination, described her memory of how the process of restoration began with concerned Klamath women:

*A small group of women met in a home in Chiloquin in the late 1970s, and were discussing their disappointment with our people. . . . In this meeting they all agreed that if the tribe could be restored officially that maybe as a tribe they could work together to improve these situations.*¹⁰²

Tribal restoration became central to solving all the other health needs (physical as well as psychological and spiritual) of the Klamath. The root causes of their losses were located in federal Indian policies that shaped their lives as Klamath women. Soto-Rank, elected Secretary for the General Council in 1976, recalled: “We knew our goal had to be restoration.”¹⁰³ Official restoration of their American Indian status would bring immediate access to much-needed health services for Klamath Indians, not to mention education and economic development. For the Klamath, however, it would do much more than this — it would also provide a link to the past and a path to their future. Members of the newly re-formed Tribal Council wanted their heritage returned to them. Viewing tribal health holistically, they claimed that restoration of tribal status would restore not only important federal services but also their psychological well-being.¹⁰⁴

Although their activism was not necessarily shaped by a gendered consciousness, women such as Soto-Rank drew inspiration for their work from other Native women, thus creating, even if subconsciously, a community of American Indian women activists. Native women from many different tribes played prominent roles in the American Indian activism of the 1970s, and not surprisingly, many knew one another, or at least knew of each other.¹⁰⁵ For Soto-Rank, Native women’s involvement in restoration activities proved particularly significant. Ada Deer’s pioneering leadership in restoring the Menominee tribe set a powerful example of what was possible.¹⁰⁶ Kathryn Harrison’s (Grand Ronde) work to restore her Oregon tribe, as well as Lucy Covington’s (Colville) efforts to stop termination also became important models of Pacific Northwest tribal activism.

With these and other models of tribal activism, women became active members of the Klamath Restoration Committee, performed research vital

to the restoration process, and testified before Congress, even as they also helped to hold the tribe together.¹⁰⁷ Although termination had uniquely affected the Klamath, the roots of this federal policy of assimilation and its frightening implications resonated with the larger American Indian community.¹⁰⁸ Linked by a similar history of settler colonialism, the Klamath made their struggle a pan-Indian one and, in so doing, solidified not only their tribal identity but a larger American Indian identity as well.¹⁰⁹ As Klamath women forged relationships with Native women pan-tribally, they strengthened their own ethnic identity in the process.¹¹⁰

With unanimous approval in both the Senate and House, the Klamath Restoration Act finally became law on August 27, 1986, setting off a wave of celebrations among the Klamath Indians. In response, Klamath activist Faith Wright Mayhew noted that now, “we can at least be recognized as Indians.”¹¹¹ Tribal Chairman Chuck Kimbol stated: “Now we have a chance to grow again, to become the Indians we all knew we were all along.”¹¹² Restoration of the Klamath, brought about by years of grassroots organizing, began the process of psychological healing for Klamath Indians as they regained their identities, while immediately providing federal funding for essential services such as health, education, and economic development.¹¹³

As the celebrations quieted, however, it became clear that restoration was only the first step; the Klamath Tribal Council quickly began work on restoring tribal health. In 1986, at the time of restoration, 60 percent of Klamath Indians lived at or below the national poverty line while 46 percent were unemployed; this, for a tribe that had once used its own tribal assets to offset the costs of its BIA-provided services.¹¹⁴ As a first order of business, the Klamath Tribal Council began work on an Economic Self-Sufficiency Plan, which focused on the centrality of health to their success as a people.¹¹⁵ In a move away from termination, but also away from the BIA-controlled pre-termination era, Klamath Indians began the process of taking control of their health and health care, including the funding for it.

Although the damage wrought by termination would be neither easily nor quickly overcome, the recognition brought about by restoration allowed the Klamath to begin to address the dire health needs of their community, including those specific to women. Perhaps most important, restoration meant that Klamath Indians were immediately eligible for Indian Health Services, thus restoring *access*, a key element to any program of health care. Restoration provided immediate entrée for Klamath Indians into existing health care programs, even as it inspired the creation of new ones. Although many Klamath still lived in the towns of Chiloquin and Klamath Falls, towns neighboring the old reservation, many others had moved to urban areas such as Portland. Health programs cropped up in both rural and urban areas for



ON OFFICIAL PASSAGE OF THE RESTORATION ACT, the Klamath celebrated. The tribe continues regular restoration celebrations. Here a women's line is featured.

assisting Klamath health needs. ROMPP resulted in the creation of a mentor program for pregnant Klamath women living near the old reservation. Through the discussion of the focus groups, both young women and elder women decided that re-establishing a connection between the generations would help in the attempt to revive women's cultural knowledge and ultimately improve pregnancy and childbirth outcomes.¹¹⁶

Despite these positive changes, decades of ruinous federal policies could not and cannot be undone by a single legislative act. The Restoration Act of 1986 was merely the beginning of the path to health and healing for the Klamath. As a group, American Indians continue to experience tragic disparities in health as well as access to health care, especially with regard to maternal and infant health. According to a 2007 Amnesty International Report, 41 percent of American Indian and Alaska Native women do not receive "adequate prenatal care."¹¹⁷ Medical studies consistently

demonstrate the importance of prenatal care as a determining factor in lowering infant mortality rates.¹¹⁸ Native American women continue to have a disproportionately high infant mortality rate, a blatant and preventable injustice that leads one to wonder, as did the U.S. Commission on Civil Rights in 2003, why “less value is placed on Indian health than that of other populations.”¹¹⁹

Even as the Klamath Tribes continued their struggle for total restoration at the end of the twentieth century, with efforts to have 690,000 acres of their former reservation lands returned to the Tribes, the Klamath also continued to face a series of challenges in recovering sovereignty in health, health care, and the practice and experience of birth. In 1999, noting the importance of the land to their overall cultural healing, the Klamath Tribal plan for economic self-sufficiency stated: “The culmination of ‘restoration’ in its full sense is the healing of the land, its related resources, and the people, both Indian and non-Indian.”¹²⁰ Perhaps one day when this full restoration is achieved, Klamath women will be free to determine their experiences of birth on their own terms with the resources and funding necessary to do so.

NOTES

1. See for instance, two of the earliest and most important histories of childbirth: Richard C. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America*, (New Haven: Yale University Press, 1977); and Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750–1950*, (New York: Oxford University Press, 1986.)

2. In this article I use the terms *Native American*, *American Indian*, *Native*, and *Indian* interchangeably. I have made this decision based on my understanding of the diversity of opinions among peoples native to North America regarding preferred terminology. Opinions differ by geographical region, organization, tribal affiliation, political commitments, and individual preference. Other scholarly works that use this approach include Joane Nagel, *American Indian Ethnic Renewal: Red Power and the Resurgence of Identity and Culture* (New York: Oxford University Press, 1996); and Robert H. White, *Tribal*

Assets: The Rebirth of Native America (New York: Henry Holt and Co., 1990). Wherever possible, primary tribal affiliation is used.

3. For an excellent recent history of American Indian women and reproductive history, see Barbara Gurr, *Reproductive Justice: The Politics of Health Care for Native American Women* (New Brunswick, NJ: Rutgers University Press, 2015).

4. *Ibid.*

5. Lorenzo Veracini and Edward Cavanagh, “Settler Colonialism: Definition,” <https://settlercolonialstudies.org/about-this-blog/> (accessed March 20, 2016).

6. U.S. American Indian Policy Review Commission, Task Force Six, *Report on Indian Health: Final Report to the American Indian Policy Review Commission* (Washington, DC: U.S. Government Printing Office, 1976), 39.

7. Theodore Stern, *The Klamath Tribe: A People and Their Reservation* (Seattle: University of Washington Press, 1965), 53, 66–67;

Leslie Spier, *Klamath Ethnography* (Berkeley: University of California Press, 1930), 30–31. Spier also claims that women participated in war parties, but cautions that this information was contested. Completed in 1925–1926, Spier's work was based on the memories of Klamath elders and middle-aged Klamath members at the time.

8. Spier, *Klamath Ethnography*, 43. Spier also points out the fluidity of gender roles in traditional Klamath society, noting that nine Klamath members lived as the opposite sex at the time of his study.

9. *Ibid.*, 48.

10. Clifford E. Trafzer, "Infant Mortality on the Yakama Indian Reservation," in Clifford E. Trafzer and Diane Weiner, eds., *Medicine Ways: Disease, Health, and Survival Among Native Americans* (Walnut Creek, Cal.: Altamira Press, 2001), 76.

11. Klamath Tribes of Oregon, *Termination: A Tribe's Perspective* (Klamath Falls, Ore., copyright 1999–2001); Robyn A. Rowe, *Communicating Culture: The Termination and Restoration of the Klamath Tribes* (M.A. thesis, Southwest Missouri State University, 2003), 4. Although the federal government referred to the Klamath as the "Klamath Tribe of Oregon," the Klamath themselves prefer the plural "Klamath Tribes of Oregon," as a historical marker of the fact that they were originally three tribes

12. Within the first two years of reservation living, two fairly separate groups emerged: one at the lower end of the reservation that comprised mostly Klamath Indians, while the other, which developed at Yainax toward the upper end of the reservation, was more diverse, including some Paiute and Pitt River Indians. Stern, *The Klamath Tribe*, 66–68; Rowe, *Communicating Culture*, 2003.

13. Stern refers to the reservation period as a "reservation culture" in an effort to distinguish between "traditional" and "modern" practices. "Reservation culture" indicates a process and tension of adaptation and cultural negotiation between "traditional" practices and imposition of dominant white norms, including medicine and religion.

14. Patrick Haynal, "Termination and

Tribal Survival: The Klamath Tribes of Oregon," *Oregon Historical Quarterly* 101:3 (2000): 270–301. Anthropologist Theodore Stern offered native foods as an example of how the Klamath adapted white customs even as they continued to maintain their own. Klamath families accepted agency-issued beef and flour as supplements to rather than replacements for their traditional foods. Stern, *The Klamath Tribe*, 53, 66–67.

15. One Indian agent, Agent Knapp, commented in praising the agency physician, "an efficient, patient, and intelligent physician can do more than almost any other person in rooting out their faith in their own 'spiritual' medicine, and thus opening the way for the white man's customs, laws, and religions." Agent Knapp quoted in Stern, *The Klamath Tribe*, 112.

16. Klamath Tribes of Oregon, *Klamath Tribes: Termination of the Tribes* (Chiloquin, Ore.: Klamath Tribes, copyright 1999–2001), accessed at www.klamathtribes.org/TerminationStatement.html October 2004, hardcopy in author's possession; Haynal, "Termination and Tribal Survival," 272–75.

17. Haynal, "Termination and Tribal Survival," 272..

18. L. Grace Holmes, R.N., "Klamath Indian Survey," p. 3, manuscript for Oregon Tuberculosis Association, 1921, found in RG 75, Records of the Bureau of Indian Affairs [hereafter BIA Records], Health 1922, File 100, Numerical Correspondence, KIA, National Archives and Records Administration, Pacific-Alaska Region, Seattle, Washington [hereafter NARA Pacific-Alaska Region].

19. Haynal, "Termination and Tribal Survival," 272.

20. Klamath Tribes of Oregon, *Klamath Tribes: Termination of the Tribes*.

21. "Field Matrons," in Claudia Lorenz, *The Time of My Life*, 26, Klamath County Museum Research Papers no. 4, (Klamath Falls, Oregon, 1969). Lorenz's memoir records anecdotes from her childhood as the daughter of Indian Service workers stationed on the Klamath reservation in the early twentieth century. For a thorough history of field matrons, see Lisa Emmerich "To Respect and Love and Seek

the Ways of White Women: Field Matrons, the Office of Indian Affairs, and Civilization Policy, 1890–1938” (Ph.D. diss., University of Maryland College Park, 1987).

22. Lorenz, *The Time of My Life*, 26.

23. Holmes, “Klamath Indian Survey.” For more on the transition from field matron to field nurse, see Christin L. Hancock, “Healthy Vocations: Field Nursing and the Overtones of Public Health,” *Journal of Women’s History* 23:3 (Fall 2011): 113–37.

24. The field nurse Bessie K. Houts reported in February 1943 that she made many of the sick calls by herself because the doctor was seventy-five miles away. “Field Nurse Monthly Report 1944–1947,” in BIA Records, file 722.5, decimal correspondence, KIA, NARA Pacific-Alaska Region.

25. “Field Nurse Monthly Report,” BIA Records, file 722.5, decimal correspondence, KIA, NARA Pacific-Alaska Region; Hancock, “Healthy Vocations.”

26. L. Grace Holmes R.N., Director of Bureau of Surveys, Oregon Tuberculosis Association, to Walter G. West, Superintendent, Klamath Agency, August 29, 1922, in RG 75, BIA Records, Health 1922, File 100, Numerical Correspondence, KIA, NARA Pacific-Alaska Region.

27. *Ibid.*; Robert Osborne, Field Executive, Oregon Tuberculosis Association, 1920, “Tuberculosis Survey of the Umatilla Reservation,” in BIA Records, health 1922, file 100, numerical correspondence, KIA, NARA Pacific-Alaska Region.

28. Klamath members favored the building of a tuberculosis sanatorium in Eastern Oregon. For a long time, the nearest sanatorium was in Carson City, Nevada, which was too far from the reservation for most Klamath to feel comfortable, and thus they rarely received treatment for tuberculosis. See BIA Records, health 1924, file 100, numerical correspondence, KIA, NARA Pacific-Alaska Region; and Holmes, “Klamath Indian Survey.”

29. “Field Nurse Monthly Report 1944–1947,” BIA Records, file 722.5, decimal correspondence, KIA, NARA Pacific-Alaska Region.

30. Nancy Reifel, “American Indian Views of Public Health Nursing, 1930–1950,” *Ameri-*

can Indian Research Journal 23:3 (1999): 152; Emily K. Abel and Nancy Reifel, “Interactions between Public Health Nurses and Clients on American Indian Reservations During the 1930s,” *Social History of Medicine* 9:1 (April 1996): 89–108.

31. Rev. Ramona Soto-Rank, oral history interview by author, Portland, Oregon, January 28, 2005, in possession of author.

32. The hospital facility was transformed into a medical clinic. Prior to termination, the Klamath Executive Committee conducted studies on the feasibility of transforming the facility back into a hospital or constructing a new one, but despite the Klamath’s willingness to pay with their own funds, the BIA resisted, thwarting the rebuilding. See Robert B. Taylor, State Fire Marshall, to Supt. A.W. Gailbraith, March 22, 1956, Public Health, file 708, Decimal Correspondence, KIA NARA Pacific Alaska Region; and Klamath Executive Committee Minutes, March 20, 1956, box 2 folder 15, Klamath Tribal Council Records, Box 051, Special Collections and University Archives, University of Oregon Libraries, Eugene, Oregon [hereafter University of Oregon Special Collections].

33. The Klamath medical clinic ended its services to Klamath Indians on June 30, 1960. Office memo from Dr. Ruth Dunham, Area Medical Officer, Division of Indian Health, Public Health Services, to Dr. Wilder, Klamath Indian Agency, March 13, 1958; Nurses-Hospital and Public Health, 1955–1957, file 706, Decimal Correspondence, KIA, NARA Pacific Alaska Region

34. Marriage and Divorce Records, 1895–1958, KIA, BIA Records, NARA Pacific Alaska Region.

35. Marilyn Gerber Livingston, *Klamath Indians in Two Non-Indian Communities: Klamath Falls and Eugene-Springfield* (Ph.D. diss., University of Oregon), 3; Spink-Lorenz, *The Time of My Life*, 17–25.

36. Felix S. Cohen, “The Erosion of Indian Rights, 1950-1953: A Case Study in Bureaucracy,” *Yale Law Journal*, vol. 62 (1953): 348–90; Donald Fixico, *Termination and Relocation: Federal Indian Policy, 1945–1960* (Albuquerque: University of New Mexico Press, 1986),

63–66.

37. “Readiness,” was ostensibly judged according to the tribe’s level of assimilation into the dominant white society. Critics of termination policy, however, like former Commissioner John Collier argued that the government used “readiness” as a mask for the exploitation of particularly wealthy tribes.

38. For the disrespectful and bullying behavior, see U.S. Congress, Senate Interior and Insular Affairs, Committee on Klamath Indian Tribe, *Termination of Federal Supervision: Hearings Before the Committee on Interior and Insular Affairs and the Subcommittee on Indian Affairs*, U.S. Senate, 84th Cong., 2nd Sess., May 21 and Oct. 18, 1956 (Washington, D.C.: U.S. Government Printing Office, 1957), 119–20.

39. Fixico, *Termination and Relocation*, 91–92, 96–97.

40. *Ibid.*, 97

41. Cohen, “The Erosion of Indian Rights,” 358.

42. John Collier, “The Menominee of Wisconsin and the Klamath of Oregon Cases,” (Ranchos de Taos, NM, April 1957), Klamath Management Specialists, folder 14, articles and clippings, University of Oregon Special Collections; Christopher K. Riggs, “The Irony of American Indian Health Care: The Pueblos, the Five Tribes, and Self-Determination, 1954–1968,” *American Indian Culture and Research Journal* 23:4 (1999): 2.

43. “Klamaths Withdrawing From Tribe To Get Money From Timber in 1960,” *Oregonian* September 16, 1958, p. 7. Those Klamath Indians who refused to vote as either withdrawing or remaining were placed in the remaining group. Tom Ball, Ph.D., conversation with author, February 19, 2005.

44. Withdrawing members had previously received \$2,155 each, bringing total shares to \$45,288. See Klamath Termination Program in Oregon, June 1, 1961, “Study on Termination of Federal Supervision on Indian Reservations,” Governors’ Interstate Indian Council Committee on Termination, August 1961, p. 26; Telegraph from David P. Weston to Commissioner of Indian Affairs, 10-25-65, “Klamath Survey 1965- Correspondence 1969,” PAO Box

162, BIA Records, NARA Pacific Alaska region; Haynal, 278–79.

45. The contemporary news media focused most of its termination coverage on the timber question, with little regard for other impacts. Much of the historical literature on Klamath termination follows this lead, exploring the history of the timber dispute in the preparation for termination. Because this aspect of Klamath termination has already been well-documented, it will not be explored in detail here. Suffice it to say that most scholars agree that the government’s termination preparations were overwhelmingly preoccupied with how the vast Klamath forest land would be sold and managed, with considerably less attention given to the human costs of termination. Additionally, most agree that the meager \$43,000 that withdrawing members received for their land was in itself a tragedy. In fact, although those who chose to remain in the tribe generally did not do so for monetary reasons, the remaining members ended up financially better off, as they continued to earn their annual payment through 1969, at which time, displeased with the U.S. National Bank’s management of their trust, the remaining members liquidated their assets for just under \$60,000 per person. See Susan Hood, “Termination of the Klamath Indian Tribe of Oregon” *Ethnohistory* 19:4 (1972): 379–392; Haynal “Termination and Tribal Survival”; “Search for Klamath Solution,” *Oregon Journal*, October 8, 1957, p. 4; “Catastrophic is the Word,” *Oregon Journal*, April 19, 1958, p. 8; “Nothing Easy about Termination,” *Oregon Journal*, September 21, 1958, p. 28; “Klamath Withdrawing From Tribe To Get Money From Timber in 1960,” *Oregonian*, September 16, 1958, p. 7.

46. The Stanford Research Institute’s surveys among the Klamath confirmed that although the majority of Klamath members voted to withdraw from the tribe, they did not favor termination. Rather, the vote to withdraw was seen by most as the only possible way out of an impossible situation. Questionnaire responses indicated that most Klamath Indians felt antagonistic toward the BIA, which they believed had mismanaged their affairs, but

that antagonism did not translate into a desire for termination. Most expressed that they believed termination was a done deal, and as such, they wanted to get the most out of it that they could. See Stanford Research Institute's Questionnaires, Social Data Compiled to Assess Impact of Termination 1947–1957 file, KIA, BIA Records, NARA Pacific Alaska Region (Seattle). For more on the managers, see Matthew Villeneuve, "'The job was big and the man doing it was still bigger': The Forgotten Role of Thomas B. Watters in Klamath Termination, 1953–1958," *Oregon Historical Quarterly* 116:1 (2015): 40.

47. As one respondent explained, "I have my doubts that the people in command will see to it that the tribe makes full benefit from this. . . . They plan to get the profits, and take everything away from the Indians, as they always have." See Stanford Research Institute's Questionnaires, Social Data Compiled to Assess Impact of Termination 1947–1957 file, KIA, BIA Records, NARA Pacific Alaska Region.

48. *Preliminary Planning for Termination of Federal Control Over the Klamath Indian Tribe*, Stanford Research Institute, Prepared for T.B. Watters, W.L. Phillips, and E.G. Favel, Management Specialists, Klamath Falls, Oregon, April 1956, 28.

49. Stanford Research Institute's Questionnaires, Social Data Compiled to Assess Impact of Termination 1947–1957 file, KIA, BIA Records, NARA Pacific Alaska Region.

50. Fixico, *Termination and Relocation*.

51. *Evaluation Report: The Indian Health Services Implementation of the Indian Self-Determination Process*, prepared by National Indian Health Board and American Indian Technological Services, April 1984. This report argues "only through a concerted national tribal effort was the termination policy reversed. . . ." Tribes consistently fought against termination as a federal policy. Frederick J. Stefon, "The Irony of Termination: 1943–58," *The Indian Historian* 11:3 (1978): 3–14.

52. One hundred fifty-seven Klamath men enrolled in the military during World War II. By contrast, only two Klamath women enrolled. See U.S. Department of the Interior

Report, April 30, 1947, Indians in U.S. Army 1942–1947, file 620, KIA, BIA Records, NARA Pacific Alaska Region.

53. "From the Superintendent's Office," *Klamath Reservation News* (October 20, 1953), p. 1, Klamath Tribal Council Records, Box 7, folder 10, University of Oregon Special Collections.

54. Even as BIA officials and legislators explained termination as "liberating," they typically failed to mention the losses that would accompany it. A 1976 report on termination found that 88 percent of Klamath Indians had not known that termination would end their services, including health care and education. Additionally, 86 percent of Klamath Indians surveyed had not understood that termination would end their special legal status. "Report on Terminated and Non-federally Recognized Indians: Final Report to the American Indian Policy Review Commission," Task Force Ten: Termination and Non-federally Recognized Indians," (Washington, D.C.: U.S. Government Printing Office, 1976), 36–37.

55. Soto-Rank oral history interview.

56. Executive Committee Minutes, October 29, 1956, Portland Oregon meeting, Klamath Tribal Council Records, Box 051, University of Oregon Special Collections.

57. Testimony of Dorothea McAnulty, *Termination of Federal Supervision*, U.S. Congress, Senate Interior and Insular Affairs, Committee on Klamath Indian Tribe, Termination of Federal Supervision: Hearings before the Committee on Interior and Insular Affairs and the Subcommittee on Indian Affairs, U.S. Senate, 84th Cong., 2nd Sess., May 21 and October 18, 1956 (Washington, DC: U.S. Government Printing Office, 1957), 139–43, quote from 143.

58. *Ibid.*, 141–42.

59. Testimony of Mrs. Mary Reys, *Termination of Federal Supervision*, U.S. Congress, Senate Interior and Insular Affairs, Committee on Klamath Indian Tribe, Termination of Federal Supervision: Hearings before the Committee on Interior and Insular Affairs and the Subcommittee on Indian Affairs, U.S. Senate, 84th Cong., 2nd Sess., May 21 and October

18, 1956, 160.

60. Executive Committee Minutes, April 16–17, 1956, Klamath Tribal Council Records, Box 051, University of Oregon Special Collections.

61. See Letter from Klamath Valley Hospital to Dorothea McNulty, recorded in Executive Committee Minutes, May 3, 1956, Klamath Tribal Council Records, Box 051, University of Oregon Special Collections

62. Report re: Health, Medical, Hospital, and Ambulance Problems of the Klamath Tribe, Executive Committee Minutes, December 4, 1956, Klamath Tribal Council Records, Box 051, University of Oregon Special Collections.

63. See Martin N.B. Holm to Mr. S.E. Kirk, February 20, 1957, Proposed Klamath Tribal Health Plan, 1956–1957, file 725, KIA; BIA Records, NARA Pacific Alaska Region.

64. Proposed Klamath Tribal Health Plan, 1956–1957, file 725, KIA, BIA Records, NARA Pacific Alaska Region.

65. Holmes's 1921 health report showed the Klamath to be in slightly better health than Warm Springs Indians. These advantages were lost in the aftermath of termination.

66. Thomas Cowger, "'The Crossroads of Destiny:' The NCAI's Landmark Struggle to Thwart Coercive Termination," *American Indian Culture and Research Journal* 20:4 (1996). In 1970 President Nixon formally condemned termination, but it was not officially repealed until 1988, with efforts led by Senator Daniel Inouye. See Sarah Eppler Janda, *The Intersection of Feminism and Indianness in the Activism of LaDonna Harris and Wilma Mankiller* (Ph.D. diss., University of Oklahoma, 2002).

67. Memorandum from Stewart L. Udall to Assistant Secretary Carver Philleo Nash, BIA, March 18, 1963, Assistant Area Directors, Klamath Termination, Portland Area Office Box 74, BIA Records, NARA Pacific Alaska Region.

68. The BIA study noted an improvement in housing conditions among Klamath Indians, but this was because many Klamath had used their per capita money to make sorely needed improvements and updates on their homes. In some cases, this meant installing a bathroom for the first time. Clearly these improvements

should have been made much earlier at the expense of the federal government, not at the expense of Klamath ancestral lands. See U.S. Department of the Interior, Bureau of Indian Affairs, "Report on the Effects of Withdrawal of Federal Supervision of the Klamath Indian Tribe," February 1966, 34, box 18, Philleo Nash Papers, National Anthropological Archives, Smithsonian Institution, Washington, D.C.

69. Although local media referred to the Klamath termination payment as a "windfall," the meager \$40,000 paid to each Klamath member was quickly used up in paying for the basic services that had been eliminated by termination. See "Study Project at UO to Find Out How Klamath Tribe Used Funds," *Oregonian*, January 17, 1970, p. 15; Kurt Austermann, "Irate Indian Deplores Invasion of Privacy," *Oregonian* January, 1970, p. 15; and "Report on the Effects of Withdrawal of Federal Supervision," 1966.

70. "Report on the Effects of Withdrawal of Federal Supervision," 1966, 34, 23.

71. *Ibid.*, 34.

72. Sandra K. Joos and Shirley Ewart, "A Health Survey of Klamath Indian Elders 30 Years After the Loss of Tribal Status," *Public Health Reports* 103:2 (March–April 1988): 170.

73. Joos and Ewart, "A Health Survey of Klamath Indian Elders," 170; Rev. Ramona Soto-Rank recalled the effects of this loss of health care, which caused people to want to "give up." Soto-Rank oral history interview.

74. "Report on Terminated and Non-federally Recognized Indians," 1976, 37.

75. Termination negatively impacted the health of other terminated Native Americans as well. See Mike Mackey, "Closing the Fort Washakie Hospital: A Case Study in Federal Termination Policy," *Wyoming History Journal* 67:2 (1995) 36–42; and Kenneth R. Philp, *Indian Self-Rule: First-Hand Accounts of Indian-White Relations from Roosevelt to Reagan* (Salt Lake City: Howe Brothers, 1986), 141, 233–241.

76. U.S. Department of the Interior, Bureau of Indian Affairs, "Report on the Effects of Withdrawal of Federal Supervision of the Klamath Indian Tribe," 2.

77. Joos and Ewart, "A Health Survey of

Klamath Indian Elders, 166–173.

78. *Ibid.*, 170.

79. *Ibid.*, 173.

80. The Klamath scholar Tom Ball makes this argument regarding his study of PTSD among adult Klamath members. Ball, conversation with author, February 19, 2005. See also Thomas J. Ball, “Prevalence Rate of full and partial PTSD and lifetime trauma in a sample of adult members of an American Indian tribe,” (Ph.D. diss., University of Oregon, 1998).

81. “K-Falls worries, but does little about its boiling Indian problem,” *Oregonian*, January 17, 1974, p. 19.

82. “Report on the Effects of Withdrawal of Federal Supervision of the Klamath Indian Tribe,” 1966, 2.

83. “K-Falls worries, but does little about its boiling Indian problem” *Oregonian*, January 17, 1974.

84. Julie Kosterlitz, “Sold: A Tribe’s Heritage,” *Willamette Week*, May 19, 1980, p. 1.

85. Soto-Rank oral history interview.

86. Ball, conversation with author, February 19, 2005. Ball, “Prevalence Rate of full and partial PTSD and lifetime trauma,” 108.

87. Mary Ann Curry, R.N., DNS, Faculty, Oregon Health Sciences University, School of Nursing, telephone communication with author, February 23, 2005.

88. “Traditional” here refers to customs, beliefs, and practices deriving from the pre-white contact era of Native American history. Claudia Long and Mary Ann Curry, “Living in Two Worlds: Native American Women and Prenatal Care,” *Health Care for Women International* 19:3 (May/June 1998): 205–216. Telephone communication with one of the authors confirmed that the two tribes studied were Klamath and Warm Springs. Curry, telephone conversation with author, February 23, 2005.

89. Long and Curry, “Living in Two Worlds.” As a group, Native American women are 2.5 times more likely to be sexually assaulted than other U.S. women. Unlike other sexual assaults, which tend to be intra-racial, the majority of rapists of Native American women are white. In addition, Native American women are also significantly more likely to receive additional violent injuries in the

midst of sexual assault than are other groups of women. See Gurr, *Reproductive Justice*, 105–109; and Amnesty International, “Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the U.S.,” 2007 Report, 2–6.

90. Long and Curry, “Living in Two Worlds,” 205–16; Curry, telephone communication with author.

91. Curry, telephone communication with author.

92. Long and Curry, “Living in Two Worlds.”

93. Spier, *Klamath Ethnography*, 55.

94. According to Ball, the trauma caused by termination was not an isolated occurrence, but rather the cumulative result of a long history of injustices against the Klamath. Ball, conversation with author, February 19, 2005; Ball, “Prevalence Rate of full and partial PTSD and lifetime trauma.”

95. Cited in Long and Curry, “Living in Two Worlds,” 211.

96. Kathleen Shaye Hill, “The Klamath: Restoration?” *Indian Truth*, Philadelphia: Indian Rights Association, no. 265, (October 1985): 6–8, 19.

97. Long and Curry, “Living in Two Worlds,” 210, 211.

98. Klamath Tribes, *Klamath Tribes: Termination of the Tribes*, (Chiloquin, Oregon: Klamath Tribes, 2001), 4; Ball’s study also discusses this psychological damage. See Ball, “Prevalence Rate of full and partial PTSD and lifetime trauma”; and Soto-Rank oral history interview.

99. By the time of Klamath restoration in 1986, more than 1,000 descendants had been born — all of them excluded from official Klamath recognition. See Dana Tims, “Klamaths Rejoice in New Era: Law Will Restore Identity,” *Oregonian*, August 24, 1986, p. A1.

100. James C. Flanigan, “Klamath Tribe Bill Passes,” *Oregonian*, August 16, 1986, p. B1; Hill, “The Klamath,” 7.

101. In the aftermath of termination, Klamath women dominated Klamath men in numbers in every age category over 18, thus, during the period of restoration, the Klamath tribe was predominately female. Klamath

Tribes of Oregon, "Tribal Health Policies and Programs," *Economic Self-Sufficiency Plan*, (Klamath Falls, Oregon, October 2000), 33.

102. Interview with unnamed Klamath Indian women, quoted in Rowe, *Communicating Culture*, 28.

103. Rev. Ramona Soto-Rank, conversation with author, January 21, 2005, Portland, Ore. According to Soto-Rank, Kimbrell's leadership was instrumental in pulling people together — people who didn't necessarily agree with one another — to move forward. Soto-Rank oral history interview.

104. David Whitney, "Restored Tribal Status Sought for Klamaths," *Oregonian*, October 8, 1985, p. C4; Dana Tims, "Klamaths Rejoice in New Era: Law Will Restore Identity," *Oregonian*, August 24, 1986, p. A1.

105. Sara Eppler Janda argues that LaDonna Harris and Wilma Mankiller, both of whom worked to end termination, helped to create such a community of American Indian women activists. See Janda, *The Intersection of Feminism and Indianness*.

106. After years of organizing, on December 22, 1973, the Menominee of Wisconsin became the first tribe restored by the federal government. Menominee activist Ada Deer, who would be appointed the first woman Assistant Secretary of Indian Affairs (the top position within the BIA) by President Bill Clinton in 1993, headed up the Menominee Restoration Committee.

107. Soto-Rank recalled that the committee began sometime between 1980–1981. Soto-Rank oral history interview.

108. Hill, "The Klamath," 19.

109. The development of a number of pan-Indian activist organizations in the 1970s laid the groundwork for the construction of a Native American ethnic identity. For a comprehensive history of the development of an ethnic identity among American Indians, see Joane Nagel, *American Indian Ethnic Renewal: Red Power and the Resurgence of Identity and Culture* (New York: Oxford University Press, 1996).

110. Nagel claims that "There is nothing 'automatic' or 'natural' about American Indian tribal or supratribal ethnicity. No matter how

deeply rooted in tradition, Indian ethnicity, like all cultures and identities, must be sustained and strengthened." See Nagel, *American Indian Ethnic Renewal*, 9.

111. Flanigan, "Klamath Tribe Bill Passes."

112. Bob Shotwell, "Return to Heritage Celebrated," *Oregonian*, September 22, 1986, p. A1.

113. As a result of the Restoration Bill, a medical clinic was reestablished for Klamath Indians. See Haynal, "Termination and Tribal Survival."

114. Finding Aid, p. 1, Klamath Indian Agency, BIA Records, NARA Pacific Alaska Region.

115. With the support and funding provided by the Restoration Act, the Klamath Tribes Executive Committee worked to create a comprehensive program of health. In 1987, one year after restoration, the Klamath Tribal Health Committee was formed. By 1991 the Committee had implemented the first phase of their health program by taking over the duties that had formerly been assigned to the Indian Health Services division. One year later, the Committee created the Klamath Tribal Health & Family Services division. Its mission, "to encourage family and individual self-sufficiency in our tribal community by providing services and opportunities leading to increased spiritual, physical, mental, and emotional health," resonated with the Klamath experience of an interconnection of health and health care. The Klamath Tribes, "Tribal Health Policy and Program," in *Economic Self-Sufficiency Plan*.

116. Curry, telephone communication with author.

117. Quoted in Amnesty International, *Deadly Delivery: The Maternal Healthcare Crisis in the U.S.* (2007), 6.

118. Gurr, *Reproductive Justice*, 45.

119. Quoted in Gurr, *Reproductive Justice*, 71.

120. The Klamath Tribes of Oregon, "The Long Struggle Home: The Klamath Tribes Fight to Restore their Land, People, and Economic self-sufficiency," (1999–2001), Native American Relief Fund Legal Review, <http://www.narf.org/nirl/documents/nlr/nlr27-1.pdf> (accessed March 2016).