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# The Usefulness of Saving Babies: A Reflection on Materials From a 1916 Campaign to Prevent Indigenous Infant Death

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Cato Sells, “Indian Babies: How to Keep Them Well” (Washington: U.S. Government Printing Office, 1916)

Francis A. Countway Library of Medicine, Rare Books, RJ61 .U7 1916

<https://curiosity.lib.harvard.edu/contagion/catalog/36-990062651820203941>

In January 1916, the United States Office of Indian Affairs launched a campaign to prevent the deaths of indigenous infants. Mortality rates among children on the reservations were “frighteningly” high, observed Commissioner Cato Sells in a letter to employees of the Indian Service. “Statistics startle us with the fact that approximately three-fifths of the Indian infants die before the age of five years.”<sup>[1]</sup> He led with a similar statistic in an instructional pamphlet generated that same year, addressing indigenous mothers. “My friends,” he began. “Do you know that one Indian baby out of every three dies before it is 3 years old because it does not have the right kind of care?”<sup>[2]</sup> The campaign quickly attracted the attention of “statesmen,

educators, churchmen and philanthropists” across the country. National newspapers reported excitedly on the “unique baby saving campaign.”[3] Notably absent from the Euro-American accounts were the voices of the indigenous themselves. Sells' claim to friendship was a confounding but typical performance of good relations between a government and a population with a deep history of violence.

A campaign to prevent infant deaths was not “unique” in itself. Since the mid-19th century, the vital statistic of infant mortality had been used as a modern metric of public health programs, assessing sanitation, nutrition, and eventually the quality of motherhood. In the first decades of the 20th century, the stakes of infant mortality rose in the face of eugenicist alarms about “race suicide” among Protestant Euro-Americans, who feared that their own fertility was falling relative to other social groups. As the infant mortality statistic was used to compare the status of nations, infant mortality developed into a problem for Euro-Americans on the world stage. The relatively high infant mortality rates in the United States, as compared to European countries, became a matter of shame and self-conscious urgency as federal authorities increasingly aspired to make the United States a major actor in international politics. An American Association for the Study and Prevention of Infant Mortality held its first annual meeting in 1910. The U.S. Census Bureau created a birth registration area for the first time in 1915. Though the official concerns were still about broader societal issues for which the infant mortality rate was a proxy, campaigns to “Save the Babies” sprang up in cities across the United States, marking the historical moment.[4]

A campaign to prevent indigenous infant deaths was unique, however, in that it marked not only a federally-sponsored campaign in a non-urban area, but also a new moment in Indian Affairs policy. Since the late 19th century, after forcibly relocating tribes across the U.S. into designated reservations, the Office of Indian Affairs (OIA) had pursued a colonial policy of “assimilation.” The goal of assimilation was to bring the indigenous in line with the social standards of Euro-American civilization. For some, the policy was primarily practical, aiming to render indigenous individuals into efficient citizens and producers in a Euro-American system. For others, the policy was a religious mission, promising to save the souls of the indigenous by “domesticating” their ostensibly wild and natural nature. To enact assimilation, the OIA set up Indian Schools to re-mold indigenous youth off the reservations. Though a handful of physicians and nurses worked as medical agents on the reservations, there was no organized health policy.

This would change in 1908, when the OIA appointed its first supervisor for Indian medical services. A new wave of Euro-Americans had begun to claim and settle “surplus” reservation land in Indian Country, brought on by the General Allotment Act

of 1887. An attempt to “assimilate” the indigenous to Euro-American modes of governance, the Act had broken up land areas under the control of tribal governments and put the pieces under the control of individual land “owners.” The concept of land “ownership” did not fit with indigenous sensibilities, however, and the unclaimed land allotments ended up being leased and bought by Euro-American settlers. Millions more Euro-Americans living in close proximity to the indigenous had elevated federal interest in containing the tuberculosis, trachoma, and other diseases that had long ravaged indigenous lives.[5] Though infants were viewed by many as pools of contagion, contributing to the spread and persistence of disease, the OIA health campaigns initially trained their interventions on older members of the community. While the superintendents of some Indian Schools hosted “Baby Shows,” exhibiting infants with “interesting” qualities and sometimes using these as an opportunity to educate, the primary intention of Baby Shows was behavior change of the mother and not prevention of infant death.[6] It was not until 1916, as interests in infant mortality deepened across the country, that indigenous babies became the targets of a broad, federally-sponsored health campaign.

Materials from Sells’ 1916 Save the Babies campaign are bound together in the Harvard Library’s exhibit, *Contagion: Historical Views of Diseases and Epidemics*. Bequeathed to the Harvard Medical School Library in 1926 by Dr. Arthur B. Emmons, Director of Mercantile Health Work at Harvard, the bound materials comprise three documents.[7] One, a booklet filled with verbal and visual instructions from the cutting edge of domestic science, addresses indigenous mothers. The second, a letter announcing the campaign, addresses the employees of the Indian Service. A third, correspondence between Sells and the superintendent of the Hoopa Indian School in California, explains his thinking about the campaign in greater detail. Together, the three documents shed specific light on a number of recurring themes in histories of contagious diseases, from the importance of economic priorities, to the affective power of death and debility counts, to the inseparability of morality from disease, to the justification of care for marginalized bodies on the basis of their utility to others. The Save the Babies documents offer glimpses into a health campaign intended to save bodies but radically transform social life. It was a health campaign waged through infant indigenous bodies, but not for indigenous lives.

## Public Relations

Cato Sells was confident that he knew what he was doing when it came to public relations. Appointed Commissioner of the Office of Indian Affairs in the Department of the Interior by President Woodrow Wilson in 1913, he was a well-known Texan judge, bank president, Democratic Committee member, and a “real-thing farmer and

stockman” to boot.[8] Among his colleagues he had a reputation of being an effective political broker between publics, private industry, and the state. Just prior to his appointment, for example, he had wrangled favorable media attention for crafting a strategy to improve the financial efficiency of the railroads essential to the Texas grain economy. He had argued that compulsory injury compensation for those injured by the railroads would both save the railroads money and be seen as a compassionate action by the public.[9]

Such skills were deemed essential for the lead manager of what government administrators commonly referred to as “the Indian Problem”: a demeaning reference to the indigenous peoples living within U.S. borders. OIA management was called upon when, for example, territory that had been granted by treaty to an indigenous community turned out to hold other, more lucrative opportunities. One of Sells’ first acts in OIA was to commission a survey of all stakeholders in a proposed pipeline linking the Oklahoma oil fields to the U.S. Navy ships stationed in the Gulf of Mexico.[10]

Though reliable vital statistics were scant for indigenous communities, there was a pervasive myth that the race was “vanishing,” demographically speaking. This was generally disturbing, demanding some kind of meaningful response. And in its affective power it was also bad “officially,” for relations between the OIA and a variety of interested publics. Between the OIA and the indigenous, overwhelming deaths kept fresh the wounds of colonial violence, interfering with cooperation in OIA efforts. Between the OIA and the federal government’s Office of Management and the Budget, a vanishing indigenous population put the future of the OIA itself at risk. “Under such conditions,” Sells said, “it would seem almost indefensible that Congress should appropriate large sums of money for the education and the general administration of their affairs.”[11] The myth was also bad for international relations and U.S. claims to world power. In the European colonial imagination, indigenous people were often classified among the “natural resources” of a claimed continent. A declining population indicated to the world that Euro-American colonizers were poor stewards of the people they had colonized, incapable of keeping them alive, let alone “civilizing” them. As Sells himself declared, “We can not solve the Indian problem without Indians.”[12]

Infant deaths had a singularly affective power, and infant bodies were in a singularly embedded and dependent position within a society. For those wishing to spearhead comprehensive change with fast results, preventing the deaths of infants seemed to be a politically- as well as technically-promising strategy. Sells expected that a Baby Saving campaign would “rebuild the constitution of the Indian as rapidly as possible, reduce tuberculosis, eliminate trachoma, and speedily stop the appalling percentage

of deaths among Indian children.” Preventing infant deaths promised not only speedy results, but also buy-in across OIA’s political theaters. A reduction of infant deaths would curry the favor of indigenous people who, he noted as though it could not be assumed, displayed “a marked and tender affection for their children”—a “natural and beautiful love.”[13] It would bring the latest in domestic science to older generations of indigenous communities not enrolled in Indian Schools, as they cared for babies back on the reservations. This would speed the path to “self-sufficiency,” Sells promised, leaving federal resources for other purposes.[14] And it would show up clearly and quickly in the infant mortality rate, which had become the most common standard of international comparison.

## Instructive Images

The centerpiece of Sell’s baby-saving campaign was a 26-page booklet produced by the OIA, entitled *Indian Babies: How to Keep Them Well*. Words, photographs, and illustrations instruct indigenous mothers on proper care of themselves and their infants, from the prenatal period through early childhood. By present professional pediatric standards, the recommended milk dilutions seem more likely to malnourish an infant than to support growth; and the admonition that “motherhood should cause you no fear or trouble” is minimizing at best. At the time, however, the directives in *Indian Babies* were in line with the cutting-edge of domestic science, from standards of feeding to ideal forms of cleansing, holding, dressing, to appropriate use of medical services, and even proper reporting and documenting of births and growth.[15]

The 16 photographs and 9 line illustrations in *Indian Babies* merit particular attention. The creation and printing of images was neither easy nor cheap in 1916, and the inclusion of so many in one booklet was a significant investment. In part, the photographs served to capture and hold attention. But they were not there merely to entertain. In a book whose audience had limited literacy, as Sells himself admitted, the images were also key instructive elements.

Many of the photos originate from a series of lantern images and moving pictures commissioned by the Office of Indian Affairs in 1910, to expose indigenous audiences to Euro-American ideas about “healthy living conditions.” Made by Indian Affairs physician Ferdinand Shoemaker and his assistant Richard Throssel, the massive collection served many materials produced by OIA over the subsequent decades. Sells saw the value of these photographs for his own initiatives, sending a special request to Shoemaker in 1916 for any additional photos that could support his Save the Babies campaign.[16] These photos merit careful reading.

Photographs can be read as text. They depict artistic and political choices, and

convey the priorities and perspectives of the people who generate and select them for publication. As historian Rebecca S. Wingo explains, Throssel and Shoemaker designed their photographs to visually champion indigenous bodies engaged in the cultural practices of white, middle-class Euro-Americans and their conceptions of class, family structure, gender roles, and hygiene. All domestic photographs but one are set in the interior of Euro-American style homes. Mothers and infants clothed in Euro-American garb sit in chairs, well above the ground associated with filth and disease in early 20th century dogma of contagious disease.[17] Photographs are taken from a standing position, suggesting the height at which healthy life should take place. Even close up shots of “the right kind of baby bottle” are taken such that it is clear these bottles sit on table surfaces. Shades of light and dark are significant in the images. The clothing of both mother and child is highlighted white against darker backgrounds, and the “Normal Baby Properly Dressed” wears not only white dress with billowing skirt, but also petticoat and stockings that suggest civility and norms of modesty, even as they contradict instructions about temperature control in the surrounding text.[18]

The one domestic photograph set outdoors is a warning against a “traditional” childcare practice. In the image, captioned “a Navajo cradle,” a baby is swaddled in a construction of wood and fabric and leaned, in the dirt, against the base of a tree. The photograph is taken from ground level, with camera exposures set such that the infant’s swaddling materials and skin tone are dark. The infant is awake, and although they do not appear to be in distress, the language accompanying the photo criticizes the swaddling practice for restricting the baby’s movements. Photographs of a mechanical rocking cradle and a perambulator accompany instructions to “give baby plenty of fresh air” and to “let baby sleep out of doors,” although they appear to be not much more liberating than a swaddle.

The visual critique of the “Navajo cradle” also exemplifies the way Euro-American norms of family life and gender roles pervade the text. The admonition that the swaddle was too constraining and that babies should be allowed to move freely relied on an assumption that a parent figure would be available to keep a crawling baby safe at all times. In the minds of the auteurs, that parent figure was indubitably a woman. Lone mothers are the only caregivers depicted in their photographs, which furthermore suggests a narrow Euro-American family structure and not the large family groups more typical of indigenous cultures.

The cultural imperialism of *Indian Babies* was widely considered to be a more gentle exercise of public health authority than the OIA’s historical policing of hygiene law, in which violations were punished through fines and beatings. Cultural imperialist strategies, however, inflict their own kinds of punishment and harm. Generational

rupture of community was one. The reconstitution of domestic norms threw existing standards and rituals of motherhood and childcare into conflict, opening rifts between older generations and the youth more likely to adopt the suggestions of domestic science. The expectation that individual behaviors, and even sanitary controls, could overcome the contexts of poverty and intergenerational suffering produced by centuries of colonial violence, displacement, and neglect also incurred harm. *Indian Babies* advised using a “sanitary sputum cup,” for example, to collect the spit coughed up by adults suffering from tuberculosis or chewing tobacco. The text instructs readers to burn the potentially infective cups after use, promising that they could be “obtain[ed] for the asking” from Indian Service physicians. But in a context of poverty, disposing of a useful item was contradictory, particularly because OIA promises were often not realized in practice. Still, OIA agents tended to blame deviations from the instructions on ignorance or uncooperative personalities.

In other words, domestic science standards that were successful at mitigating infant deaths in a middle-class, Euro-American context did different work in contexts of reservation life. While they may have fostered some improvements in child mortality rates, they also inspired widespread internalization of failure as well as movements of refusal and resistance.

## Saving a Race

In late 1916, Sells declared that the OIA health campaigns were succeeding. According to statistical reports, deaths no longer exceeded births. “For the first time in fifty years,” he wrote to one Indian School superintendent, “there were in 1915–16 more births than deaths among the Indians of the United States. THE INDIAN IS NO LONGER A VANISHING RACE.”[19] He wrote in all block letters for emphasis.

The idea of “saving” lives historically had strong religious connotations. It had implied moral and cultural salvation and safety long before merchants took up the word among their financial accounting metaphors, and demographers eventually applied it to the prevention of deaths. The idea of “saving a race” shared this dual meaning during Sells’ lifetime. The notion of race, like the notion of lives, was composed of cultural qualities and countable bodies, social arrangements as well as matter. Saving one was a moral as well as biomedical project.

While the OIA campaigns claimed to be successfully avoiding demographic deaths, saving bodies, the agency could not claim the same for cultural degradation. Nor would it have wished to: culture reconstitution was one of the major purposes of the campaigns. As with many conservation initiatives of the early 20th century, the Euro-American Progressives saved what fit their values and left the rest to decay.[20]



Indigenous infants were valuable to the U.S. government because they were useful: useful mediators of access to indigenous domestic life, useful behavior-change-motivators in mothers, and, when counted into a singularly powerful, vital statistic, useful for building confidence in the OIA and its ability to “save” the indigenous. Utility is an insidious way to be valued. As baby lives became targets for demonstrating good stewardship and a stopper for the negative flow of indigenous bodies from the living world, the social and cultural environments of their communities were left to ruin, contributing to longer-term vulnerabilities in indigenous lives. Priorities of speed, demonstrability, and emotional grip outranked, and even undermined, public health strategies that would have better supported the whole lives of infants. This harm amidst help is the paradox of “saving” lives through a topical application of standards and other technologies of control. This paradox is one legacy of *Indian Babies* and other historical campaigns to save the indigenous.

## Notes

The author is grateful for conversations with Gabriele Harrison, MS, CPNP, IBCLC during preparation of this manuscript.

[1] Cato Sells, *Indian Babies: How to Keep Them Well* (Washington: U.S. Government Printing Office, 1916), 27.

[2] Sells, *Indian Babies*, 3.

[3] “Saving Babies to Save Race,” *Washington Post*, Jan. 20, 1916.

[4] Richard A. Meckle, *Save the Babies: Public Health Reform and the Prevention of Infant Mortality, 1850–1929* (Rochester: University of Rochester Press, 1990/1998): 5–6; Jeffrey P. Brosco, “The Early History of the Infant Mortality Rate in America: A Reflection Upon the Past and a Prophecy of the Future,” *Pediatrics* 103, no. 2 (Feb. 1999): 478–485; Erez Manela, *The Wilsonian Moment: Self-Determination and the International Origins of Anticolonial Nationalism* (Oxford: Oxford University Press, 2007).

[5] David H. Dejong, *If You Knew the Conditions: A Chronicle of the Indian Medical Service and American Indian Health Care, 1908–1955* (New York: Lexington Books, 2008); Cathleen D. Cahill, *Federal Fathers and Mothers: A Social History of the United States Indian Service, 1869–1933* (Chapel Hill: University of North Carolina Press, 2011); David S. Jones, *Rationalizing Epidemics: Meanings and Uses of American Indian Mortality since 1600* (Cambridge: Harvard University Press, 2004).

[6] Susan J. Pearson, "Infantile Specimens: Showing Babies in Nineteenth-Century America," *Journal of Social History* 42, no.2 (Winter 2008): 341–370. There is a discussion about such Baby Shows in Cato Sells, Letter to Jesse Mortsoff, *Indian Babies*.

[7] Arthur B. Evans, *Health Control in Mercantile Life* (New York: Harper and Bros., 1926). See stamp on the inside pages of the collection for Evan's donation record. For more on the JMSD Collection, see Corydon Ireland, "A collection unlike others," *The Harvard Gazette*, Nov. 7, 2012, <https://news.harvard.edu/gazette/story/2012/11/a-collection-unlike-others/>.

[8] "Named by Wilson," *Hartford Courant*, May 30, 1913; "Iowa Democrats Gathering," *New York Times*, Aug. 15, 1899; "Cattle is Sold by Crow Indians," *Nashville Tennessean* and the *Nashville American*, Oct. 9, 1916; "Cato Sells Appeals for Funds for the Campaign," *The Austin Statesman*, Oct. 21, 1912; "Iowa Democrats Assemble," *New York Times*, Aug. 20, 1901.

[9] "Compensation Act Desirable," *The Austin Statesman*, Sept. 25, 1910.

[10] "Cato Sells to Investigate," *The Austin Statesman*, Jan. 25, 1914.

[11] "Cato Sells Not to Run for Seat in Congress," *The Christian Science Monitor*, Apr. 28, 1916.

[12] Sells, *Indian Babies*, 27.

[13] Sells, *Indian Babies*, 29, 28.

[14] Though indigenous parties would charge Sells with exploitation, members of the Euro-American publics testified to his savvy and success on the indigenous peoples' behalf. "Many of our Indians 'swear by Cato Sells,'" wrote Sarah H. Chapin in the *Chicago Daily Tribune*. "When the Indian comes to his own we shall find him a useful asset to our national life; he should have been this long years ago, and is not far from it." Sarah Chapin, "Cato Wells," *Chicago Daily Tribune*, Aug. 27, 1920; "Cato Sells Under Fire; Charged with Exploiting Indians," *The Statesman*, Nov. 16, 1920.

[15] For more on domestic colonization, see Margaret D. Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880–1940* (Lincoln: University of Nebraska Press 2009) and Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002).

[16] Rebecca S. Wingo, “Picturing Indian Health: Dr Ferdinand Shoemaker’s Traveling Photographs from the Crow Reservation, 1910–1918,” *Montana The Magazine of Western History*, 66, no. 4 (Winter 2016): 24–45.

[17] Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998).

[18] Laura Wexler, *Tender Violence: Domestic Visions in an Age of U.S. Imperialism* (Chapel Hill: University of North Carolina Press, 2000); Paula Richardson Fleming and Judith Luskey, *The North American Indians in Early Photographs* (New York: Harper and Row, 1986); Elizabeth Edwards, *Anthropology and Photography* (New Haven: Yale University Press, 1992).

[19] Cato Sells, Letter to Jesse Mortsolf, Oct. 16, 1916, in *Indian Babies*.

[20] For more in-depth discussion of this idea in other national contexts, see Stefan Bargheer, *Moral Entanglements: Conserving Birds in Britain and Germany* (Chicago: University of Chicago Press, 2018) and Jedediah Purdy, *After Nature: A Politics for the Anthropocene* (Cambridge: Harvard University Press, 2015).