

Education Review

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Whitt, S. A. (2025). *Bad medicine: Settler colonialism and the institutionalization of American Indians*. Duke University Press.

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In *Bad Medicine*, **Sarah A. Whitt** offers a powerful interrogation of how settler states have used institutions, such as boarding schools, child welfare systems, hospitals, prisons, and universities, to manage, contain, and reshape Indigenous life. Whitt's text reveals that these institutions "assisted in the subordination of Indian women to men and white Americans under state-sponsored, institutionalized structures of patriarchal colonialism" (p. 66), underscoring how gendered domination is inseparable from broader projects of settler control. Rather than treating these spaces as neutral service providers, Whitt theorizes them as technologies of "bad medicine," a term that names the intertwined regimes of care and control through which colonial authorities have justified intervention into Indigenous families and communities (p. 1). Drawing on archival research, policy analysis, and interviews with Indigenous survivors and practitioners, the book traces how institutions have functioned simultaneously as sites of violence and as terrains of refusal, where Indigenous people craft practices of survival, kinship, and resurgence within and against colonial structures.



The book's central contribution lies in reframing institutionalization as a core strategy of settler colonial governance rather than an unfortunate byproduct of modernization or benevolent social policy. Whitt argues that institutional solutions to poverty, illness, or educational access have repeatedly been mobilized to separate Indigenous children from their families, discipline

Indigenous bodies and lands, and translate Native epistemologies into forms legible to state bureaucracies. By foregrounding the continuities between 19th-century boarding schools, 20th-century child welfare interventions, and contemporary educational and health systems, the text shows how reforms that appear humanitarian on the surface often extend settler control over Indigenous futures. In doing so, Whitt deepens existing scholarship on settler colonialism by centering institutions as dynamic sites where racialization, dispossession, and developmentalist logics are reproduced across generations.

Structurally, *Bad Medicine* moves from conceptual framing to historical case studies and then to contemporary institutional sites and possibilities for transformation, offering readers a coherent analytical arc similar to other critical studies of schooling and incarceration. Early chapters elaborate “bad medicine” as both metaphor and analytical lens, situating the concept within Indigenous philosophies of health, healing, and relational responsibility, as well as within theorizing on biopolitics and carceral geographies. Subsequent chapters examine specific arenas, such as boarding schools, residential treatment centers, social service agencies, and higher education, drawing out how policies, professional standards, and everyday routines enact colonial harm in the name of care.

The chapter “Sisters Magdalene: Entwined Histories of ‘Reform’ at Good Shepherd Homes” crystallizes these arguments by tracing the transfers of Indigenous girls from Carlisle Indian School to the House of the Good Shepherd in Reading, Pennsylvania. Whitt shows that what might appear to be a move from one educational institution to another was in fact a deepening of carceral control, as the Good Shepherd home functioned “more than an institution of ‘re-education’: it was a carceral place of Indigenous disappearance, and its existence directly benefited the settler society” (p. 110). Here, the idiom of moral reform is exposed as part of a broader architecture of containment, in which religious and secular institutions collaborate to remove Indigenous women and girls from their communities.

The book’s final chapters turn toward Indigenous-led projects that reconfigure or refuse institutional forms, such as tribally controlled schools and community-based wellness initiatives, inviting readers to consider what it might mean to practice “good medicine” inside and beyond existing systems.

Whitt situates the Good Shepherd home within what disability studies scholars and social scientists’ term *transinstitutionalization*, emphasizing that “Enrollment at Carlisle was often entrance into a rhizomatic network of noneducational settler institutions, a fact further illuminated by the Indigenous women’s forced transfer from Carlisle to the Good Shepherd home in the second decade of the twentieth century” (p. 111). In doing so, she demonstrates how off-reservation boarding schools were never self-contained; rather, they operated as nodes in a wider carceral assemblage that included reformatories, Magdalene laundries, and other faith-based facilities targeting wayward or erring girls. This framing powerfully extends existing scholarship on Ireland’s Magdalene laundries and their “architecture of containment” to

the US context, showing how Indigenous women uniquely experienced confinement as a tool of settler colonialism (p. 112).

The historical and ethnographic chapters are the heart of the book and will be especially valuable to scholars of schooling, social work, and Indigenous studies. Whitt follows families across multiple systems, showing how a single event, a school discipline incident, a medical crisis, a truancy referral, can trigger cascades of institutional involvement that fracture kin networks and deepen vulnerability. Vivid narrative segments depict everyday encounters with caseworkers, teachers, and clinicians, revealing how micro-level decisions, from intake questions to attendance policies, channel Indigenous youth toward institutional containment. Importantly, Whitt resists portraying Indigenous people solely as victims of institutional power; she attends closely to acts of refusal, creative compliance, and relational repair through which families and communities navigate, subvert, or strategically use institutions while maintaining commitments to land, language, and kin.

Whitt's elaboration of bad medicine is particularly generative for scholars of education and social policy. She defines bad medicine not only as overt abuse but as the patterned mismatch between Indigenous understandings of wellness, kinship, and land and the narrow metrics, eligibility rules, and risk logics that structure institutional practice. Key elements include diagnostic categories that individualize social harms, funding mechanisms that reward removal and surveillance, and professional codes that discount community-based knowledges in favor of ostensibly objective expertise. Policies and routines are organized around the needs of agencies and states, documentation, throughput, liability, rather than around the obligations of relational accountability that animate Indigenous ethical frameworks. This framing resonates strongly with critical work on datafication and the education-industrial complex, but Whitt's analysis insists that such dynamics must be understood as historically rooted in settler projects to reorganize Indigenous life rather than as recent technocratic developments.

Whitt's analysis resonates with contemporary critiques of educational technology and data infrastructures in schools. Crooks' (2025) *Access Is Capture: How EdTech Reproduces Racial Inequality* argues that platforms marketed as expanding educational access often operate as capture systems that extract data and discipline racialized students in ways that primarily benefit vendors and privileged users rather than marginalized communities. Whitt's account of Indigenous girls being routed through a rhizomatic network of institutions that extract labor and regulate bodies under the guise of care parallels Crooks' contention that systems framed as benevolent interventions reproduce racial hierarchy and institutional dependency rather than dismantling it (Crooks, 2025). Together these texts underscore how ostensibly humanitarian infrastructures, whether reform homes or learning platforms, are shaped by logics of risk, efficiency, and control that disproportionately target Indigenous and other racialized youth.

For scholars and practitioners who work with equity-oriented planning or abolitionist frameworks, *Bad Medicine* provides cases that map onto dimensions

such as relationships, vulnerability, assets, and governance, while pushing these frameworks to grapple more explicitly with settler colonialism. Whitt demonstrates that reforms that focus only on inclusion, cultural responsiveness, or trauma-informed practice risk leaving untouched the structural role institutions play in managing Indigenous populations. At the same time, she highlights examples of Indigenous-designed programs, tribal schools, community health collectives, and restorative kinship circles that reconfigure institutional practices around sovereignty, consent, and collective care. These examples help readers imagine forms of rigor, engagement, and accountability that are accountable first to Indigenous nations and communities rather than to state agencies or philanthropic metrics.

The implications for teacher education and educational leadership are substantial. Whitt's analysis invites teacher educators to interrogate how schools participate in broader constellations of bad medicine through attendance enforcement, special education referral, school-to-prison pipelines, and data-sharing with child welfare or law enforcement agencies. She offers a repertoire of questions and practices to anchor course discussions about coloniality and institutional harm, centering tribal sovereignty in curriculum, building consent-based partnerships with families, resisting deficit framings of Indigenous youth, and scrutinizing how school policies expose students to institutional risk. For school and district leaders, the text underscores that repairing relationships with Indigenous communities cannot be accomplished through symbolic land acknowledgments or discrete cultural events; it requires rethinking governance structures, resource allocation, and accountability systems so that schools serve as buffers against, rather than conduits of, colonial control.

More broadly, Whitt's work aligns with critical race and digital studies scholarship that examines how institutions and technologies mediate racial power. By pairing a grounded analysis of historical carceral sites like the Good Shepherd homes with contemporary institutional forms, Whitt provides a relational account of how bad medicine travels across time and space. In conversation with Crooks and other scholars in the Center for Critical Race and Digital Studies (2020), *Bad Medicine* invites readers to see schools, child welfare agencies, and data systems not as separate policy arenas but as overlapping infrastructures of governance that must be contested together.

Bad Medicine is a significant contribution to scholarship on Indigenous education, social policy, and settler colonial studies. Whitt offers a robust conceptual vocabulary and a historically grounded, practice-rich analysis that reveals how institutions function as both instruments of colonial harm and sites of Indigenous endurance and creativity. For teacher educators, school leaders, social workers, and researchers concerned with justice for Indigenous peoples, the book provides an indispensable resource for rethinking what counts as care, how institutions are structured, and what it might mean to move from bad medicine toward practices aligned with Indigenous sovereignty, healing, and collective flourishing.

References

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About the Reviewer

Anne Holdren is a clinical assistant professor in the College of Education at Illinois State University, where she brings more than twenty years of experience in teacher training and development to her work with pre-service and in-service educators. Her scholarship examines school climate, student belonging, and educational equity for marginalized students, and pays particular attention to sanctuary as both a policy and a practice for immigrant-impacted students. Through her teaching and research, she focuses on advancing educational access, equity, and inclusive practices. Dr. Holdren is dedicated to supporting educators as they design balanced, supportive learning environments, recognizing that well-prepared teachers are foundational to positive educational outcomes for all students. Across her scholarship, supervision, and classroom teaching, she aims to ground her work in current research while directly addressing the political and practical needs and lived experiences of educators in the field, especially those working with historically marginalized communities.



About the Author

Sarah Whitt is an assistant professor of global and international studies at the University of California, Irvine, and a scholar of Native American and Indigenous history, settler colonial studies, disability studies, and the history of race and medicine. A tribal citizen of the Choctaw Nation of Oklahoma, her research examines Indigenous experiences of confinement, punishment, and resistance in institutions such as the Carlisle Indian School and the Canton Asylum. She earned her Ph.D. and M.A. from UC Berkeley and her B.A. from the University of Nebraska-Lincoln. She has received recognition including the Ford Foundation Dissertation Fellowship, the UC President's Postdoctoral Fellowship, and an American Council of Learned Studies Fellowship.



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