

# Smallpox and the Choctaw Civil War

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**Abstract.** The presence of *chilakwa* (smallpox) in Choctaw villages between 1747 and 1748 complicated factionalism and civil war. Utilizing Sharla Fett’s approach to health culture—defined as “the social relations of healing”—this article outlines how eighteenth-century Choctaws arrived at acceptable contingency plans when faced with illness and argues that community responses to smallpox helped ease factional tensions. *Iksa* (moiety) obligations for funeral rites—embodying the notion of *yyi kowa* (generosity)—bridged political differences, accounting for a period of collaboration between groups best understood as the “smallpox peace.” Smallpox, therefore, surprisingly did not immediately contribute to political instability, although its indirect consequences proved significant during later stages of the civil war. Choctaw health culture informed individual and communal responses to *chilakwa*, which in turn shaped Choctaw factionalism.

**Keywords.** Choctaw, health culture, smallpox

The COVID-19 pandemic saw the Choctaw Nation of Oklahoma (CNO) and the Mississippi Band of Choctaw Indians (MBCI) both mobilize to protect their communities’ most vulnerable, contain viral transmission through quarantine and lockdown procedures, and develop safe yet appropriate mourning practices for members who died. COVID-19’s toll was profound. The loss of ninety-seven CNO elders in 2020 brought with it renewed calls for preserving cultural literacy, with Chief Gary Batton proclaiming, “We cannot lose our culture and history” (Rogers 2021). Farther east in Neshoba County, Mississippi, the MBCI once faced the highest infection rate per capita in the United States, with many of their eighty-one

deaths in 2020 occurring in May and June. By September 2020, one in ten Mississippi Choctaws had tested positive for COVID-19 (Walker 2021). To counter COVID-19, Choctaws in Oklahoma and Mississippi drew from a long history of contingent responses to the community health crises posed by infectious disease (Debo 1934: 234–35; Adams 2020). In the eighteenth century, *chilakwa* (smallpox) shaped Choctaw politics and society, most notably during debates spurred by the unilateral decisions to alter foreign trade made by Shulushhommashtvbi of Koweh Chito and resulting in civil war between 1746 and 1750.

Previous studies of the Choctaw Civil War have framed the conflict as a proxy war of the long eighteenth century (Caldwell 1941; Paape 1946; Saunt 2006: 71), a result of Choctaws' growing dependency within the Atlantic economy (Woods 1980; White 1983; Usner 1996: 87–96; Silverman 2016: 87–89), and as a rejection of traditional consensus-based leadership to avenge kinfolk (Galloway 1982; Sparacio 2018). The geopolitical consequences of smallpox, however, remain a significant omission, considering it claimed an estimated ten to twelve hundred Choctaw lives between 1747–48. Patricia Galloway (1982: 319) suggests smallpox was a “distinctive hindrance to concerted military activity” but devotes most of her attention to *iksa* (clan or moiety) attempts to gain restitution through raids. Smallpox deserves our attention because health acts as a “prime site for unpacking the relationship” between social, cultural, religious, and political forces, particularly during periods of disruption (Altschuler 2018: 180).

The intersection of disease and colonialism is not a new topic to students of the Native South. Illness influenced the formation of Native communities throughout the region, including Choctaws along the Pearl, Tombigbee, and Pascagoula Rivers in present-day eastern Mississippi (Galloway 1998a, 2009; Ethridge 2010; Ethridge and Shuck-Hall 2009). Epidemiological catastrophes during the seventeenth and eighteenth centuries saw healers bolster their authority while maintaining public health (Kelton 2002, 2004, 2007). As the ongoing COVID-19 pandemic illustrates, however, community response to disease requires the deliberate contributions of all members, not only healers or those in leadership roles. As such, this article builds off previous scholarship by widening the focus from leadership to community response during smallpox epidemics between 1730 and 1750 (Archer 2016: 516). The framework of “health culture”—defined by historian of slavery Sharla Fett (2002: 198) as a “relational vision of health” constituted by interconnected ideas and practices related to death, illness, and healing—allows us to consider the hinderances to political unity proposed by Galloway in light of collective responses to health crises. Linking

individual with communal well-being, treatments drawn from a “spiritually enlivened landscape” (199), and healers working to ensure those who suffered did not do so alone, the health culture outlined by Fett for enslaved communities parallels eighteenth-century Choctaw health culture in important ways. This article argues that *chilakwa* put healers to work but also required rival political factions to work together to contain the crisis. Community responses to smallpox, especially the mortuary practices involving the participation of opposing *iksa*—a concept still referred to as *iyyi kowa* (generosity)—helped ease factional tensions, creating the conditions for a “smallpox peace” before civil war.

The argument presented here relies heavily on “upstreaming,” a methodology using later ethnographic observations to better understand past practices (Fenton 1957, 1966). It uses interviews with Choctaw elders collected between the 1970s and the early 2000s, a majority of which were published in *Nanih Waiya*, a subscription-based student magazine printed out of Choctaw Central High School in Philadelphia, Mississippi during the 1970s. These interviews represent intentional efforts at cultural preservation within the Mississippi Choctaw community that brought youth and elders together to record and celebrate Choctaw knowledge and achievements. This is not to suggest that Choctaw culture has remained static since the eighteenth century but instead to highlight resiliency and cultural continuities to “familiar” challenges—particularly regarding health—that appear strong across generations despite settler-colonial exploitation, land dispossession, and political repression (Montgomery 2020: 67; John 2022: 1359).<sup>1</sup> A focus on communal efforts at disease response and the notable example of *iksa* volunteerism also incorporates “nonevents” central to Choctaw health culture that include a greater number of community members during these processes than typically is acknowledged in contemporary colonial documents (Fogelson 1989: 141–43).

Smallpox’s presence forced Choctaw leaders to prioritize public health in 1747–48 over the divisive partisanship sparked by Shulushhommashtvbi (Galloway 1982; White 1981; Sparacio 2018). Because Choctaw health culture encouraged cooperation from all Choctaws—regardless of region, status, *iksa*, and political outlook—smallpox did not immediately contribute to political instability but instead postponed factional debates. As the epidemic abated, however, opportunities for factional cooperation dwindled. When Shulushhommashtvbi’s supporters pursued trade with the British as part of their coordinated anti-French campaign, tensions reignited. This group’s rejection of standard crisis responses—an example of their dismissal of chiefly consensus-based foreign policy—ended the “smallpox peace.” The synergy requiring community-wide contributions

grounded in *iyi kowa* formed the foundations of Choctaw health culture and its response to *chilakwa*, and these responses in turn shaped the evolution of Choctaw factionalism.

### Illness, Origins, and Choctaw Health Culture

Disease and renewal defined Choctaw identity, shaping their culture and politics since their origins as a people. After forty-three years of migration, early Choctaws settled at the foot of Nanih Waiya (Mother Mound) in present-day Winston County, Mississippi. For decades Choctaws took advantage of their bountiful surroundings, setting down roots by reburying the bones of their ancestors and planting *tanchi* (corn). But generations of abundance ended after an epidemic swept through Choctaw country. Elder Charlie Wilson explained that all but one Choctaw died from this illness. Left alone, this Choctaw disappeared into Nanih Waiya, and for years no Choctaws walked the earth. The Great Spirit, *Ishtahullo-chito*, eventually decided to mold four infants out of the ashes of the dead. Nursed back to health by a panther and gifted tools, these youths learned self-sufficiency. As they aged, the four separated into two pairs, receiving instructions that the lands around them would be their homes but also having been issued a warning: “When you leave them you will die” (Akers 2013: 2–6). All Choctaws descend from these four infants, and the pairs created the *iksas* that structure Choctaw society: the *Imoklasha*, or *okla falaya* (people who are widely dispersed), and the *Inhulahta*, or *okla tannap* (people from the other side). Choctaws, then, recognize the transformative power of epidemics to their existence (Galloway 1998a; O’Brien 2002: 13–20).

An interwoven understanding of cosmology and diet shapes Choctaw health culture. Early Choctaws recognized *hvshi*, the sun, as their primary deity because of its potential to give and take life. The power of the sun is evident in Choctaws’ later use of the term as a root word for their name for the Christian God, *Hushtahli*, which combined *hvshi* (sun) with *tabli* (to complete an action) (Akers 2004: 54).<sup>2</sup> Choctaw histories also mention how the Unknown Woman imparted health and wellness to Choctaws by gifting corn to two men who discovered her while hunting. When they met, the woman was hungry so the hunters killed and roasted a hawk before returning to feed her. Impressed by their kindness, the woman revealed herself as the daughter of the Great Spirit, then instructed the hunters to return to the spot where they first discovered her the following year. Following her directions, they found the site “covered with a strange plant” which they called *tanchi* (Swanton 1931: 209; Mould 2004: 122–25). Since corn grows tall with deep roots, it connects the Above World where *hvshi*

resides, This World where Choctaws tread, and the Below World where mischievous spirits rest (Pesantubbee 2005: 119–20; Hudson 1976: 122–25). Corn proved central to Choctaw diets, but supplementary cultivation and hunting helped guarantee *haknip achukma* (good health) (Mihehsoah 2019). Women's work tending crops helped Choctaws earn a reputation as a nation of farmers, or *osapa atoksvli* (Romans 1999: 129; Thompson 2019). Corn therefore provided both nourishment and structure to eighteenth-century Choctaw health culture.

Like their neighbors and rivals throughout the Native South, Choctaw health culture sought “systematic orderliness”—maintaining purity, balance, and recognizing the interconnected nature of the world and man's place and relations within it (Akers 2013: 64). Orderliness was achieved at both the individual- and town-level. Choctaws personally practiced regimens that diffused the potency of blood, recognizing the corruptive potential of bodily fluids associated with external spirits. Men performed ceremonies to rid themselves of manipulative war spirits after raids. To avoid introducing these forces into towns—sites already protected through the use of circle and cross symbology—*tvshka* (warriors) took “baths in steam cabinets in which is boiled all sorts of medicinal and sweet-smelling herbs” (Bossu 1962: 167; Carson 1999: 23–25; 2005). Warriors also cleansed themselves through self-induced regurgitation by inserting fingers or feathers down their throats before reentering their villages (Campbell 1951: 288). By completing these cleansing rituals, men contributed to the overall health of their town and clan. Women also performed individual acts to preserve communal spiritual balance by isolating themselves in designated huts during menstruation, structures that doubled in use for childbirth (Hudson 1976: 320–22; Galloway 1998b: 204; Pesantubbee 2005: 24). Health culture shaped everyday life.

When illness appeared, entire communities took steps to preserve *haknip achukma*. Each Choctaw town had at least one *alikhchi*, a healer the spiritual realm bestowed with medical knowledge. *Alikhchi* received training “in the manufacture of their medicines” from forest spirits known as *bohpoli* (Mould 2004: 128). The *bohpoli* lived at the top of pine trees and only appeared to those already possessing the innate power to become a healer. References to *bohpoli*-led training continued in the nineteenth and twentieth centuries. Choctaw Baptist missionary Israel Folsom mentioned how healers “learned the art of healing by special revelation” in the forest (Swanton 1931: 226). Additionally, when Lyda Averill Taylor compiled an early twentieth-century Native pharmacopoeia, she had multiple discussions with elder Jackson Langley as well as his wife, who explained that *bohpoli* take children and “teach them medicine.”<sup>3</sup> *Alikhchi* closely guarded

their bestowed knowledge as herbalists. For example, Pete Dyer, an *alikchi* who lived in the Tucker community of the Mississippi Choctaw during the 1970s, explained how certain herbal treatments were “handed down to the Indians many, many years ago,” who were sworn to secrecy (*Nanib Waiya* 1976). When epidemics disrupted life on a larger scale, *alikchi* prepared treatments and coordinated quarantines. They separated sick Choctaws from the general town populations for an extended period of time, where they initiated the *Toshpashoopah* ceremony by shaking a gourd over their patients to reveal the causes of the illness. *Tisho miko*, high ranking men who normally acted as an assistant or speakers for each town’s war chief, ensured these quarantines remained unbroken (Kelton 2004: 62–63).

Choctaw health culture expected men and women who were untrained as healers to still dispense popular practices and treatments that helped alleviate pain and suffering. Some remedies proved common knowledge, such as the use of milkweed to remove warts, ingesting the roots of blackberries to treat diarrhea, boiling decoctions of post oak for stomach aches, and applying poultices called *cehkafo* for bee stings.<sup>4</sup> During epidemics, however, *alikchi* and *miko* (chiefs) deputized additional “medicine givers” to ensure community members received treatment (Sepulvado 1983: 87–88). According to Mississippi Choctaw Methodist preacher Simpson Tubby, nineteenth-century chiefs granted *alikchi* the authority to designate additional medicine givers to implement treatment plans. Medicine could only be effectively administered in their presence.<sup>5</sup> Treatments dictated that male medicine givers be present when another man took the medicine and women oversee the treatment of other women. Although Tubby described the communal responses that defined the postremoval experience, it is likely that eighteenth-century Choctaws reacted to crises—including smallpox—with similar pragmatism and resourcefulness (Swanton 1931: 235–36).

Epidemics spread between communities in the Native South, but the “staying medicine” that served as the foundation of each group’s respective health culture ensured that treatment regimens did not cross-pollinate even as smaller tribes became incorporated into networks of dependency within the region (Trafzer 2017: 6–7). For example, the Natchez likely applied poultices of staghorn sumac to smallpox sores in addition to sweat baths (Dumont de Montigny 2012: 369). In contrast, Creeks bathed in a decoction drawn from finely chopped honey locust to prevent smallpox infection. Choctaws instead bathed in a decoction of water infused with swamp dock leaves left to seep over four days. In addition to baths, trader James Adair (2005: 343) reported how Choctaws recovered by “drinking a strong concoction of hot roots,” a general observation that may have included alternative prescriptions for fevers later identified by tribal members as

*hohsbish okwa stikbe ishkwo* (frostweed), *hungwekilo* (wax myrtle), and *hosbukkosona* (stinking camphorweed) (Bushnell 1909: 23; Taylor 1940: 32, 37).

Each morning during an epidemic saw *alikhchi* gather herbs, roots, and barks for medicines, while *miko* helped organize the medicine givers to tend to the sick.<sup>6</sup> *Tvshka* likely patrolled to restrict entry into Choctaw lands, and older men, women, and children helped gather firewood, as medicinal and social processes required the constant presence of *hushi itichapa* (the sun's mate), or fire (Akers 2004: 54; O'Brien 2002: 4; Barr 2017: 213; Haynes 2018: 17–44). Healers and medicine givers stoked fires to heat pots to prepare herbal infusions or decoctions, and sweat lodges became repurposed to confront smallpox, straining stores of firewood. Like the Cherokees and Natchez, Choctaws needed fires for their alternating steam and cold-water baths (Adair 2005: 252; Dumont de Montigny 2012: 369).

Firewood also proved necessary for feasts prepared for healers and medicine givers working at quarantine sites. Because observation and treatment could take days, families provided meals as a form of payment and appreciation, a practice that continued well into the twentieth century. Herbalist Estelline Tubby noted in 1976 how families exchanged food for healing services. This allowed the healer time to “eat together and stay overnight and talk” with the patient to monitor symptoms (Tubby 1976: 16). Healers themselves usually prepared a thick corn soup called *tan fula* for the sick that drew from the life-giving power of *Hvstahli* in two ways: first, the sun was responsible for the growth of corn, and second, fire acted as a “conduit” of the sun's power to cook the dish (Akers 2004: 54; Searcy 1985: 40). Healers advised family and kin to hold their own feast to help raise “the spirits of the sick” (Kelton 2004: 62–63). Feasting therefore reaffirmed the essential role diet played in Choctaw health culture as well as the scale of community response. When smallpox struck, all Choctaws worked diligently to ensure treatment availability—not simply healers who received spiritual training.

### Comparing Responses to the 1731 and 1738 Smallpox Epidemics

Smallpox may be the illness described in Wilson's history mentioned above, playing a formative role in shaping Choctaw politics and foreign policy in the early eighteenth century by threatening *haknip achukma*. Studies suggest smallpox grew in potency throughout Europe and the larger Atlantic World during the eighteenth century (Li et al. 2007: 15791; Shuttleton 2007: 3; Duggan et al. 2016). When smallpox first entered the Native South is unknown, but records indicate it periodically appeared at Spanish

outposts along the Gulf Coast and moved into surrounding tribes, like when it struck St. Augustine during the winter of 1654–55 and infected the neighboring Apalachees (Hall 2009: 69; Beck 2013: 158–59). As information and exchange networks continued to make the Native South a smaller, more interconnected world, these same ties also facilitated disease transmission, most notably in the form of the “Great Southeastern Smallpox Epidemic” of 1696 (Kelton 2002; Dubcovsky 2016).

Smallpox is not specifically mentioned as present among Choctaws until 1731, and a review of this first recorded encounter illustrates the decisiveness of headmen when facing a health crisis. Since the first arrival of Frenchmen in 1699, Franco-Choctaw alliances provided trade for European manufactures, especially firearms that allowed Choctaw communities to repel slaving raids as well as important opportunities for Choctaw men to raise their social status by participating in the French campaigns of extermination against the Natchez (1729) and Chickasaws (1736, 1739). Smallpox entered Choctaw country near the end of the first of these extirpative wars. Perturbed by colonial infringements on their sacred lands, Natchez attacked Fort Rosalie in late November 1729, sparking a prolonged French war for vengeance that lasted into 1731 when Governor Étienne Périer captured and sold almost four hundred Natchez into slavery (Barnett 2007: 125; Smyth 2022). As the remaining Natchez refugees resettled, Choctaws—who in the previous two years marched at the request of the French and effectively won them the war—mobilized against smallpox (Ellis 2020: 445). Headmen responded immediately in 1731, establishing a precedent they followed the rest of the decade. Eastern district leaders from Concha town, including Alibamon Miko and Toupa Oumastvbi, immediately ceased trade with the English. French lieutenant Régis du Roulet noted in a letter how a Choctaw messenger reported that “the sickness which was current in the nation came from a medicine that the English made with cane sugar and put in the Limbourg that they had sent to trade by way of the Chickasaws for the purpose of making all the Choctaws die.” English traders relied on Chickasaw and Creek trading paths to reach potential Choctaw markets, and when headmen became concerned that goods brought along these paths caused illness to enter Choctaw villages, they began a trade embargo.

Smallpox hit the Bouctoulouctsi town especially hard and forced families to flee and resettle in Yowani town on the Chickasawhay River. It also claimed the miko of Yanabé town. This chief’s brother demanded permission to wage a war of restitution on the Chickasaws, whom he blamed for the tainted trade items. One of a handful of medal chiefs based in Koweh Chito, Chikacha Oulacta—referred to by the French as the



“Great Chief” of the Choctaws—responded by echoing Alibamon Miko’s call for isolationism while also laying blame squarely on the English by acknowledging how *tvshka* wished “to avenge the death of their relative whom the medicine of the English killed.” With emotions running high, Koweh Chito’s war chief, Shulushhommash*tvbi*, refused to make the path red and march on the Chickasaws to preserve the embargo.

Council debates blamed the suffering on witchcraft. The *tisho miko* of Concha accused the English and Chickasaw of casting “a sickness into the villages that made them [Choctaws] all die.”<sup>7</sup> Because witches or conjurers existed outside the kin and clan networks that structured society, Choctaws often blamed witchcraft for misfortune (Akers 2013: 63). Accusations required immediate responses due to the threat witchcraft posed to communities, and headmen agitated for quick action, whether execution or banishment through the sale of an accused witch into slavery.<sup>8</sup> Chiefs recognized the need for “talking blood,” but the cooler heads of Alibamon Miko and Shulushhommash*tvbi* won out, cautioning against rash reactions that placed public health at risk. They delayed any campaign for restitution until they comfortably believed that smallpox no longer posed a threat. Instead, they altered foreign trade agreements and enlisted their *alikhchi* and medicine givers, practical steps to protect their communities and help alleviate pain. Combined with cutting off trade, communal efforts helped ensure distance between Choctaws and infected European peoples and goods.

Choctaw leaders adhered to the proven practices of embargo and isolationism when smallpox reappeared in 1738. The same cannot be said for South Carolina, where it infected an estimated 2,100 colonists by October.<sup>9</sup> Trader James Adair (2005: 252) noted smallpox’s disastrous spread through Native communities in the Southeast, especially the Cherokee, who “received a most depopulating shock” and lost half their population. The neighboring Catawbas may have been similarly halved by the epidemic (Merrill 2009: 136–37). Both groups deployed traditional treatments, with Cherokee healers specifically prescribing an “alternately applied . . . regimen of hot and cold things,” indicating a balance of quick successive baths in steam houses and cold rivers. Smallpox and its treatment presented a conundrum for everyone—evidenced by continued debates over inoculation in the 1740s—and Adair’s chastisement of Cherokee healers as “deficient in proper skill” is an outlying comment considering his own admission that he trusted Native healers over “any Chirurgeon whatsoever” (Adair 2005: 252, 254). Working in Chickasaw country, Adair does not mention the measures taken by Choctaw *alikhchi* during this epidemic, but neither do French colonial sources. This suggests the policies of

isolation and embargo first enacted in 1731 worked, keeping Choctaw lands smallpox-free in 1738.

Although smallpox did not enter Choctaw communities in 1738, it played an indirect role in establishing factional division in the ensuing years by weakening enemies and providing opportunities for ambitious chiefs. Shulushhommashtvbi of Koweh Chito used his victorious campaigns during the Franco-Chickasaw wars to accumulate political clout within the western district. In 1737, Choctaws from two major districts—east and west—lent their manpower to the French in a two-pronged attack on Chickasaw crops. Shulushhommashtvbi commanded tvshka to burn Chickasaw cornfields. Some corn went untouched, but famine had already depleted the fields.<sup>10</sup> Shortly after this campaign, smallpox entered Cherokee and Catawba lands, and if it continued along English trade routes into Chickasaw country, it would have weakened Chickasaw military strength, all but guaranteeing Choctaw regional ascendancy. Fresh off these victories, Shulushhommashtvbi appears to have asserted singular authority in Koweh Chito at the expense of Chikacha Oulacta (Cashin 2009: 34).

### Iyyi Kowa and the Smallpox Peace of 1747

Comparing the 1731, 1738, and 1747 smallpox outbreaks highlights the way Choctaw politics shaped epidemics. The 1731 outbreak demonstrated Choctaws' effective deployment of preventive measures, and these precautions remained successful later in the decade. Choctaw responses to smallpox in 1738 did not unfold entirely without contention, sparked by Shulushhommashtvbi's desire to consolidate power by diverting English trade away from the Chickasaws he defeated and establishing direct contacts in western district towns. This was a reversal from his stance in 1731, when he cautioned against retaliatory raids. His agenda put him at odds with other chiefs in the eastern, southern, and Chickasawhay districts in three ways. First, as a small coterie of political leadership, *miko* maximized their own status in part due to the special recognition they received from the French and did not wish to see an Anglo-Choctaw trade compromise their good standing with Louisiana. Second, they disavowed Shulushhommashtvbi's decision to spurn the traditional consensus-driven decision-making process of Choctaw headmen. Last, Shulushhommashtvbi flaunted the embargo protocol and traveled to Georgia in 1738. Alibamon *Miko* of Concha, the aforementioned architect of the 1731 response plan, even met with and tried to "divert" Shulushhommashtvbi from leaving for the sickly English colony. Shulushhommashtvbi believed this meeting was driven by Alibamon *Miko*'s own pro-French agenda, and he rebuked the Concha headman by claiming

his *tvshka* would benefit more from diplomatic ties with the English. Alibamon *Miko* urged “that the interests of the nation demanded” *Shulushhommashtvbi* not go to Georgia<sup>11</sup> but ultimately failed to stop him from traveling to Savannah, where the English regaled him as “Chactaw King” (Easterby 1951, 1:572–75).

A decade later, some Choctaw chiefs lacked the luxury of cutting off trade with the English. In another bid to direct trade through *Koweh Chito*, *Shulushhommashtvbi* continued playing the French and English off each other throughout the early 1740s. But after the “bad treatment that he had received . . . in the matter of his wives” in 1746 by Frenchman *Henri de Verbois*, *Shulushhommashtvbi* discarded the playoff system by seeking an exclusive Anglo-Choctaw trade agreement and declaring a war of revenge by killing three Frenchmen.<sup>12</sup> He found support among *tvshka* and other members of the *Imoklasha iksa*, but his decision frustrated *miko* from the eastern and southern districts. Killed by an assassin’s hand on 22 June 1747, his anti-French movement persisted under his brother, *Miko Puskush* (Adair 2005: 332–34). Eastern and southern leadership remained mostly supportive of their French alliance, setting the stage for civil war in 1748. But internecine violence was not preordained, and another smallpox outbreak defused factional disagreements by compelling collaboration across *iksa* fault lines.

Sources are ambiguous about the origins of the epidemic that swept through Choctaw communities beginning in late 1747, but by February 1748 smallpox’s “great ravages” suspended Choctaw political fracturing.<sup>13</sup> An examination of more recent sociocultural surveys of Choctaw lifeways provides insights into why factionalism ceased after smallpox’s appearance by tracing how *iksa* membership dictated the procedures taken when a community member died. The *hattak hohpi* (funeral) for a warrior required building “a kind of cabin in the shape of a coffin, directly opposite his door six feet from the ground on six stakes, surrounded by a mud wall, and covered with bark in which they enclose this body all dressed, and which they cover with a blanket” (Swanton 1931: 64). Afterward, elders stripped the corpse of the remaining flesh and covered the skull with red war paint before interring the bones with the warrior’s gun and ammunition (Romans 1999: 141; Bossu 1962: 166–67; Bartram 1791: 517).

For understanding the “smallpox peace,” the burial is less important than the communal mourning process. To help alleviate loss, members of the opposite *iksa* coordinated funerary rites and ensured the burial steps were followed. This sense of collaborative responsibility toward mourning—*iyyi kowa*—continues to shape Mississippi Choctaw lifeways, especially “when a neighbor or family member is injured and needs help . . . friends

and family work together in times of need to help the injured person with the task.” As Sean Gantt (2013: 98–99) notes, this concept is most often associated with modern funerary responsibilities:

During the wake period a fire is built and maintained night and day for three days until all the gathered wood is burned, which is said to light the soul’s path as it crosses over. As a part of the wake the body remains in the house, the house is supposed to be cleaned, and a feast is prepared. The house cleaning, food cooking, fire building, and other tasks are typically carried out by friends and extended family, not the immediate family of the deceased.

Whereas the extended family has assumed the tasks of the funerary feast more recently, Presbyterian minister Israel Folsom noted that during the eighteenth century men from opposite *iksa* bore responsibility for taking the bones of the deceased and interring them (Kidwell 1995: 7; Megli 2018: 2).<sup>14</sup> As a source of empowerment and survivance, community response characterized by *yyi kowa*, therefore, links the pre- and post-removal historical experience by drawing on the *iksa* obligations traced back to Choctaw origins and the first four revitalized ancestors (Vizenor 1999, 2008).

The factionalism of the 1740s proved potentially subversive because the process of collective mourning necessitated *iksa* collaboration, regardless of differences in politics. Even so, reports from October 1746 indicate that members of different *iksa* continued helping with funerary rites in adherence to the core tenets of *yyi kowa*. A journal kept by Jadart de Beauchamp during a council at Chickasawhay mentioned the funeral of Choucououlacta, a medal chief with influence over ten eastern villages close to Fort Tombecbé, who died from an unspecified illness. A member of the Inholahta *iksa*, Choucououlacta remained a steadfast partisan of the French during his time as *miko*. Although a member of the Imoklasha *iksa*, Shulushhommashtvbi traveled to Choucououlacta’s village and stayed for days to “weep on the tomb.”<sup>15</sup> His visitation illustrates *yyi kowa* at work and its ability to transcend factional differences: as a member of the opposite *iksa*, Shulushhommashtvbi used his visit to mourn Choucououlacta, comfort members of the Inholahta clan, and presumably help inter the body.

Most *miko* continued following isolation and embargo protocols, affirming the effectiveness of Choctaw health culture. As an agent of the Crown seeking retribution, Beauchamp consistently encouraged *miko* partisan to the French to rein in Shulushhommashtvbi’s followers. Some sympathized with him, but all admitted they could not organize a successful campaign. Even if the illness that claimed Choucououlacta proved less

virulent than smallpox, it nonetheless cautioned against retaliation. The most vocal pro-French partisans, a delegation from Concha led by Alibamon Miko, Toupa Oumashtybi, and Kowekanvbi Miko, acknowledged the lack of enthusiasm for raiding during an epidemic. Toupa Oumashtybi told Beauchamp he “could do nothing,” and Kowekanvbi Miko admitted “no one had wanted to back him up” when he gauged the interest of the tvshka in Concha. The miko of East Yazoo similarly rejected the *taskanangouchi* (speaker) of Iteokchako town when he asked for recruits for a raiding party, claiming, “There were too many risks to run.” Importantly, the alikchi of Iteokchako, who arrived separately with the Concha delegation, reportedly “said nothing,” and it is likely that the rest of the delegation articulated the healer’s sentiments, considering no action was taken against Miko Puskush until later.<sup>16</sup> Remarkably, the disruption of smallpox and other illnesses brought over two years of relative political peace to a fractured Choctaw nation.

An estimated ten to twelve hundred Choctaws died from smallpox between 1747 and 1748.<sup>17</sup> Assuming the Choctaw experience paralleled other eighteenth-century outbreaks throughout Native America and this total reflected a 20 percent case fatality rate, then anywhere between five thousand and six thousand Choctaws contracted smallpox in those years (Carlos and Lewis 2012). This number represents almost half (41 to 49 percent) of the estimated total Choctaw population at midcentury (Wood 2006: 98). But life did not come to a halt. In the face of such a high rate of incidence, Choctaw health culture mobilized communities to face the crisis at hand.

### Breaking the Smallpox Peace

With eastern and southern district Choctaws acting in accordance with the standard procedures of isolation and embargo, and western Choctaws guided by *iyi kowa* throughout late 1747 and the first half of 1748, factional discussions faded to the background. These concerns were not entirely silenced, however, as the ultimate success of Miko Puskush and others taking up the anti-French banner of the fallen Shulshommashtybi relied on maintaining connections with English traders in Chickasaw country. With Frenchmen still calling for justice after raids as far south as New Orleans in 1747, and with the Spanish in Pensacola recruiting their traditional Chickasaw rivals, Miko Puskush and his followers could only tap English traders for goods and weapons. He sent two supporters from the southern district town of Toussana, a miko named Pushmataha and his second in command Pahemiko, to South Carolina in January 1749 “to get

traders & Ammunition sent up” to help against their enemies. Pushmataha guaranteed that he and the rest of Miko Puskush’s faction had plenty of deerskins to trade and were “ready to buy more” from the English.<sup>18</sup> Partisans of Miko Puskush determined the shifting political landscape required breaking from the earlier proscriptions of trade isolationism.

While the pair from Toussana negotiated in Charles Town, eastern and southern division Choctaw miko asked the French for food supplies because they “abandoned their crops.”<sup>19</sup> Because Choctaw women performed most of the agricultural work, low food supplies suggest significant numbers of women contracted, or worse, succumbed to smallpox. Smallpox strengthens in the drier weather of early winter, precisely when communities began to rely on the year’s stockpile, further compounding the loss of a year’s harvest (Nishiura and Kashiwaga 2009). In addition to the weather, factional suspicions may have facilitated the spread of smallpox, outlining the practical limits of *yyi kowa*. Pathogenic transmission rates correlated to proximity to major transportation paths, and colonial records mention a tendency by Choctaw factions to “seldom go out but in large Bodies” for protection against surprise attacks, even during the smallpox peace.<sup>20</sup> This precaution unwittingly provided the conditions necessary to spread smallpox. Similarly, Choctaw townscapes fortified during wartime, like other Gulf South tribes, were surrounded by palisades about ten feet tall encircling mud houses with their distinct conical roofs (du Pratz 1763, 2:252). While living among the sick did not ensure infection, *tamaha* (towns) and *chukka* (homes) provided ideal conditions for aerial transmission and undetected incubation (Swanton 1931: 38–39; Riley 2010).

Choctaws embraced *yyi kowa* and delayed civil war, but smallpox shaped the ensuing conflict in profound, albeit indirect, ways. Its potency may have determined where and when Choctaws decided to attack western towns allied with Miko Puskush that broke embargo. As such, eastern and southern division Choctaws may have targeted these towns, in line with the Choctaw cultural “ethic of restitution,” a notion of justice requiring resolution to blood conflict involving any Choctaw victim—in this case, the near-half of the Choctaw population besieged by smallpox (Pesantubbee 2005: 46–47). This violence served as a means of purification not unlike the sweat and cold bath treatments an individual Choctaw took while battling illness. The only way to heal the Choctaw body politic required direct confrontation to eliminate the virus among them. Proven policies of embargo and isolationism cautioned against immediate responses, and Choctaws partisan to the French imposed a hiatus on raiding, waiting until symptoms abated before attacking towns that hosted English traders, including Koweh Chito,

Nushkobo, and Seneacha.<sup>21</sup> Raids forced Seneacha sympathetic to Miko Puskush to flee to the towns of Tchanké, Oni, and Okéoulou. After accepting refugees from Seneacha, these towns in turn experienced repeated raids from eastern and southern Choctaws.<sup>22</sup>

Smallpox accelerated factional fighting in other ways. The virus disproportionately affected the most vulnerable, including the very young and the elderly, likely resulting in the loss of a large number of experienced *tvshka*. As a result, *hattak himitta* (inexperienced warriors) performed raids, which may explain the intensely violent retribution inflicted by Choctaws against one another. Young warriors attacked without the guidance of elders, driven to extreme behavior by the desire to fulfill performative requirements expressing their martial masculinity. French officials and Choctaw *miko* both relayed their concerns, referring to groups of *hattak himitta* as unpredictable and rash on the battlefield. By 1750 Governor Vaudreuil was convinced, “However well-intentioned they [chiefs] might be, do not have enough authority over their warriors.”<sup>23</sup> Smallpox robbed leadership from all Choctaw districts, *iksa*, and factions at the moment experience was most needed.

Smallpox also influenced trade between both Choctaw factions and their European allies from spring 1748 to the peace treaty brokered at Fort Tombeché in 1750. Two examples illustrate this point. In 1749, Governor Vaudreuil listed the requests made by Miko Ouma, war chief of the southern district town of Nachoubayenou, which included blankets, knives, war paint, cannon, almost fifty guns, lead, powder, and balls.<sup>24</sup> Similarly, trader John Highrider wrote from Augusta explaining Miko Pushkush’s followers had “no Ammunition or Paint.”<sup>25</sup> These urgent requests stress the desire for more weapons, but demand also resulted from their use in Choctaw burials. Burying a *tvshka* without his personal belongings—including guns, ammunition, blankets, and paint—barred the *shilup* (ghost) of the dead from the afterlife (Campbell 1959: 149). Neither faction enjoyed easy access to these items, and Choctaws’ personal decisions to suspend the winter hunt due to illness further complicated trade. After community losses to smallpox, civil war disrupted access to and heightened the demand for these items for both martial and mourning purposes. The unintended consequences of smallpox, therefore, had far-reaching repercussions, contributing to unrestrained raids as well as shaping factional foreign policy and trade.

## Conclusion

Centering the smallpox epidemic of 1747–48, its consequences, and the responses informed by Choctaw health culture resulting in the “smallpox

peace” highlights the contingency of the Choctaw Civil War. Communities de-emphasized factional lines along district, *iksa*, and kinship lines to pool resources and manpower to confront the epidemiological crisis at hand. Many themes examined here—policies of isolationism to avoid outsiders; supplemental communal responses to healers’ specialized practices and knowledge; centering generosity inherent in the notion of *iyyi kowa*; contestations of power and overlapping claims of authority; and the increasing politicization of decisions related to general public health—resonate in the current COVID-19 pandemic.

CNO and MBCI leadership prioritized protecting elders and their cultural knowledge. For example, Choctaw Public Health Services (CPHS) in Mississippi provided drive-through COVID-19 testing, curbside pharmacy, diabetic, and WIC care, and initiated a prescription medication delivery program to provide socially distanced health care to protect elders.<sup>26</sup> Mary Harrison, interim health director of the Choctaw Health Center in Philadelphia, Mississippi—an institution that lost four staff members to COVID-19—lamented the passing of elders. “We’re losing parts of our culture here,” she explained, “losing parts of who we are and how we connect with our identity as tribal members.” Tribal leadership feared the loss of individuals who advocated for and shared traditional knowledge—elders like former first lady of the Choctaw Nation Lena Denson—may be irreparable (Mitchell et al. 2020). CNO Chief Batton echoed these concerns in a January 2021 interview, stating, “If we lose our language, we’re going to lose our nation. . . . That’s what we lose when we lose an elder, is that link to the past” (Rogers 2021).

MBCI Chief Cyrus Ben issued an executive order and state of emergency proclamation on 15 March 2020, prompting CPHS to release detailed recommendations aimed at stopping the spread of COVID-19, including capping family and social gatherings at ten individuals, avoiding using public playgrounds and fields, suggesting virtual attendance at church, and limiting in-person worship services to ten people unless being conducted outside.<sup>27</sup> CPHS recommendations also reconfigured acceptable forms of *iyyi kowa*. Significantly, CPHS advised eliminating wakes altogether and allowed only one hour for a private family viewing, a stark contrast from the customary days-long ritual mentioned above. CPHS guidelines also required closed casket burials, and those in attendance still had to maintain the six-foot social distancing recommendation suggested by the Centers for Disease Control and Prevention.<sup>28</sup> CPHS advised against hugging and kissing, and the typical feast and celebration that epitomized modern Mississippi Choctaw notions of *iyyi kowa* had to be curtailed due to the size limits on social gatherings.<sup>29</sup>



Even so, Choctaw health culture grounded in *iyi kowa* demonstrates the importance and longer history of community response. Oklahoma Choctaws donated eighteen thousand units of blood to the Oklahoma Blood Institute in 2020, mirroring the resourcefulness their ancestors displayed when confronted with smallpox in the eighteenth century. During his virtual State of the Nation address, CNO Chief Batton reminded his fellow tribal members, “The Choctaw people are no strangers to adversity. We have persevered through difficult times before because our faith, family and culture ground us. I am so proud to see how our generosity and courage are also carrying us through this difficult time” (*Biskinik* 2020). That generosity, or *iyi kowa*, also offered compelling alternatives to eighteenth-century Choctaw ancestors facing political and epidemiological crises, choices that allowed—at least for a brief time—members of opposing factions to look past their differences. While not a permanent solution to the fractures and fault lines within eighteenth-century Choctaw society, the smallpox peace represented the dynamism of Choctaw health culture and a moment of possibility that privileged generosity over self-interest.

## Notes

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- 1 James Axtell (1979: 3) warned of potential anachronisms with upstreaming as a methodology but also noted that “change and persistence are but two sides of the same process.”
- 2 Henry Halbert, “Sun Worship among the Choctaws,” Henry S. Halbert Collection, fol. 8.6, Alabama Department of Archives and History, Montgomery, AL.
- 3 In her field notes, Taylor never notes the first name of Jackson Langley’s wife, only a “Mrs. Langley.” See Taylor, “Choctaw (at least in part) field notes on medicinal plants, July ?–July 27,” NAA MS 4658 Series 4, National Anthropological Archives, Smithsonian Institution, Washington, DC (hereafter NAA).
- 4 For milkweed and blackberry treatments, see *Nanib Waiya* 1974. On the use of *cehfako* and post oak, see Taylor, “Choctaw field notes on Native medicinal practices, July 15–July 17,” NAA MS 4658 Series 3 and NAA MS 4658 Series 4.

- 5 David Lewis Jr. referred to a similarly ranked healer among Mvskokes as a “carrier” (Lewis and Jordan 2002: 40–41). While able to administer treatments, carriers cannot access the spiritual landscape known only to medicine men and women.
- 6 NAA MS 4658 Series 4.
- 7 Régis du Roulet to Étienne Périer, 21 February 1731, in Rowland, Sanders, and Galloway 1927–84, 4:58–62.
- 8 A chief of the Tohomé accused of conjuring was sent to Spanish Havana by way of French slavers. The de facto integration of the smaller Tohomé people into the larger Choctaw sociopolitical apparatus occurred earlier in the eighteenth century (Waselkov and Gums 2000). Choctaws prosecuted witches well into the nineteenth century (Tuttle 1830, 1:24–28, 2:40; Swanton 1931: 110, 239; Carson 1999: 104).
- 9 *The South-Carolina Gazette*, no. 245, 5 October 1738.
- 10 Jean-Baptiste Le Moyne, Sieur de Bienville to Jean-Frédéric Phélpeaux, Comte de Maurepas, 17 June 1737, in Rowland, Sanders, and Galloway 1927–84, 3:701–5.
- 11 Gilles-Augustin Payen de Noyan to Maurepas, 4 January 1739, in Rowland, Sanders, and Galloway 1927–84, 4:164.
- 12 Jadart de Beauchamp’s Journal, August 1746, in Rowland, Sanders, and Galloway 1927–84, 4:291–92.
- 13 Henri de Louboëy to Maurepas, 16 February 1748, in Rowland, Sanders, and Galloway 1927–84, 4:313.
- 14 Folsom, quoted in *Biskinik* 2016. See also *Indian-Pioneers Papers*, vol. 78: 131–33, Western History Collections, University of Oklahoma.
- 15 Beauchamp’s Journal, August 1746, in Rowland, Sanders, and Galloway 1927–84, 4:282.
- 16 Beauchamp’s Journal, August 1746, in Rowland, Sanders, and Galloway 1927–84, 4:279.
- 17 Louboëy to Maurepas, 16 February 1748, in Rowland, Sanders, and Galloway 1927–84, 4:313.
- 18 Edmond Atkin, “Historical Account of the Revolt of the Chactaw Indians . . .,” British Library, Lansdowne MS 809, 21.
- 19 Bobé Descloseaux to Maurepas, 25 October 1748, in Rowland, Sanders, and Galloway 1927–84, 4:330.
- 20 His Royal Majesty’s Council Journal, no. 15 (4 June 1747–20 July 1748), 81, South Carolina Department of Archives and History, Columbia, SC. See also Pierre de Rigaud, Marquis de Vaudreuil to Maurepas, 20 November 1746, in Rowland, Sanders, and Galloway 1927–84, 4:303. Jane R. Davenport, Max Satchell, and Leigh Matthew William Shawn-Taylor (2018: 83) concluded that “being within two kilometers of a major transport route (navigable waterway or turnpike road) was strongly associated with childhood smallpox” in England.
- 21 Vaudreuil to Maurepas, 5 November 1748, in Vaudreuil Papers, LO 147, Huntington Library, San Marino, CA (hereafter LO).
- 22 Vaudreuil to Antoine-Louis Rouillé, Comte de Jouy, 22 September 1749, in Rowland, Sanders, and Galloway 1927–84, 5:32.
- 23 Vaudreuil to Rouillé, 24 June 1750, in Rowland, Sanders, and Galloway 1927–84, 5:47.

- 24 Vaudreuil, "A list of presents for the Choctaw Indians," September 1749, in Vaudreuil Papers, LO 508.
- 25 John Highrider to James Glen, 24 October 1750, in McDowell 1958: 39.
- 26 MBCI (Mississippi Band of Choctaw Indians), "Important Information on COVID-19," [https://www.choctaw.org/COVID19\\_MBCI.html](https://www.choctaw.org/COVID19_MBCI.html) (accessed 25 January 2023).
- 27 MBCI, Office of the Tribal Chief Cyrus Ben, Executive Order no. 2020-01, 15 March 2020, [https://www.choctaw.org/pdf/Covid\\_19/20.1doco1451520200320161538.pdf](https://www.choctaw.org/pdf/Covid_19/20.1doco1451520200320161538.pdf) (accessed 25 January 2023).
- 28 Choctaw Public Health Services, "Public Notice—Social Distancing: Arrangements/Wakes/Services," 7 April 2020, [https://www.choctaw.org/pdf/Covid\\_19/CHC%20Public%20Notices/28PHS\\_Notices\\_%20WakesServices\\_4062020.pdf](https://www.choctaw.org/pdf/Covid_19/CHC%20Public%20Notices/28PHS_Notices_%20WakesServices_4062020.pdf) (accessed 25 January 2023).
- 29 Choctaw Public Health Services, "Public Notice—Social Distancing: Family or Social Gathering," 7 April 2020, [https://www.choctaw.org/pdf/Covid\\_19/CHC%20Public%20Notices/25PHS\\_Notice\\_FamilyorSocial\\_4062020.pdf](https://www.choctaw.org/pdf/Covid_19/CHC%20Public%20Notices/25PHS_Notice_FamilyorSocial_4062020.pdf) (accessed 25 January 2023).

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