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UMI
COLONIAL DIS-EASE:

U.S. NAVY HEALTH POLICIES AND THE CHAMORROS OF GUAM,

1898-1941

A DISSERTATION SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAI'I IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN

HISTORY

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By

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by

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I dedicate this work to Nana and Honey, Fermina L.G. Perez Hattori and Paul Mitsuo Hattori, for their support and love, as well as to the kids: Mary, Margaret, Yvonne, Paul, Stephen, Thomas, Barbara, Robert, and Matthew, Timmy, CJ, and Kinney.
ABSTRACT

Studies of early twentieth-century Guam history frequently hail the introduction of western health projects as a prominent example of the blessings of U.S. naval colonialism on the island. This colonialist interpretation has privileged stories of native disease, tropical health hazards, colonial benevolence, and military medical heroics. This research project reexamines the histories of medicine and health care experienced by both Chamorros and Americans on Guam in the context of colonialism. In an analysis of cases involving leprosy, midwifery, hospitals, and hookworm treatment programs, this study illustrates that the navy's introduction of western medicine and scientific technologies concomitantly influenced Chamorro cultural values, gender relationships, class delineations, political struggles, and economic expectations. Episodes marked by tension, uncertainty, conflict, and dissension, as well as displays of indigenous acceptance, rejection, appropriation, syncretism, and ambivalence should inform our understanding of the spectrum of naval health policies on Guam. Colonial dis-ease informed the relationships between Chamorros and Americans, as well as between navy officers and enlisted men, American men and Chamorro women, elite and non-elite Chamorro people, children and adults, and other cross-sections of society on Guam.
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PREFACE

Ever since I was a little girl growing up in the village of Dededo, I could remember being told by teachers, nurses, and other adults of the horrors which would result if I didn’t wear my shoes. I listened to innumerable stories of diabolical hookworms which somehow had the nefarious power to enter mysteriously into my stomach through the skin on my bare feet. My imagination reeled as I envisioned thousands of worms inside my body, stealthily crawling through my intestines and other body parts. The thoughts were repulsive enough to sicken my stomach, but more importantly, they were powerful enough to make me wear my shoes.

I recall admonitions about playing in the dirt or getting dirt under my fingernails. I avoided getting dirt on my dresses, on my socks, on the soles of my shoes. I recollect how one of our neighbors, the wife of an off-island hire of the U.S. Federal Government, would, one at a time, lift me and three of my sisters up literally to hose us down before we were allowed to enter her house. I remember admiring her shiny floors and immaculate counter-tops. Nothing ever seemed unkempt, and there was never a trace of dirt or dust to be found.

Yet I also recall the play house built by my father in our back yard where my siblings and I would sometimes mix mounds of dirt with water in order to make messy, juicy mud pies. I also remember going to my relatives’ houses or to our clan lancho¹, where nearly everyone ran around barefoot at least once in a while. Among my family,

¹ A lancho is a ranch owned by the clan where farming takes place, and where families typically gather for barbecues and other clan gatherings.
there was always some occasion to get one's hands covered in the soil of our land, whether it be in the work of feeding chickens, pigs, cows, and carabaos; climbing *pugur*², mango, or *ibba*³ trees; or picking, husking, and grating coconuts and other agricultural products. In fact, I'd say that there was a certain pride attached to the traces of earth on our hands and feet. It was dirt which symbolized the bounty of the land, the fertility of the soil, the labor and sweat of one's physical efforts, and the satisfaction of contributing to the daily responsibilities of feeding the family.

Something definitely seemed to be brewing in all of this dirt. Years later, while conducting archival research as a graduate student at the University of Hawai‘i at Mānoa, I was struck again by a barrage of reports by U.S. naval officers on Guam regarding dirt. To these navy officers, dirt symbolized not hard work and mouths to feed, but rather primitivity, poverty, disease, and a host of other perceived problems on Guam. The bare feet and dusty skin of Chamorro men, women, and children represented, to these colonial administrators, the Herculean clean-up task which lay before them.

My personal, varied experiences have motivated me to explore some of the relationships between Chamorro and American naval notions of dirt and disease. Since my elementary school days, I have heard countless stories about the amazing miracles of medicine. These stories, told to me since my girlhood, recounted not only attacks against

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² Betel nut, popularly chewed with *pupulu* leaves (a type of pepper plant) and sometimes with *afok* (lime) and/or tobacco.

dirt, germs, and disease, but also victories over superstition, primitivity, and so-called
preamodern ways. These childhood stories of western medicine had been stories of a
benevolent American colonizer which shared its scientific and medical knowledge with
its Chamorro subjects.

The task of my dissertation is specifically to disentangle the discourses of dirt and
disease on Guam, interrogating the points at which national, naval, and medical concerns
conflicted or coincided, converged or diverged. I have opted to investigate four health-
related ventures undertaken by the U.S. Naval Government of Guam in the period
between 1898 and 1941. These four are the administrative procedures for persons
inflicted with leprosy from 1899 to the 1940s; the regulation of Chamorro midwives,
which began in 1899; the establishment in 1905 of the first hospital for women and
children; and the program for the treatment of hookworm disease which was established
in 1918 and continued to the end of the era under consideration. In these four analyses
are encountered a wide variety of Chamorros whose responses and reactions to western
medical intrusions run the gamut from enthusiastic compliance to deliberate defiance. In
looking at the experiences of health-care givers such as the pattera, or midwives, and
native nurses, glimpses into the different ways and means by which Chamorro health
practitioners negotiated their status within a new colonial system can be espied.
Childhood memories of hookworm treatments, of hospital visits, and of family members
forever separated from their clans as a result of the navy's leprosy policies also illuminate
historical perceptions of the different understandings and meanings Chamorros have
given to these medical intrusions.
In examining these cross-cultural encounters between Chamorro people and American navy personnel in the context of these particular medical projects, I address some of the broader issues confronted by naval and medical communities in the early twentieth century. I consider the mushrooming concerns regarding the emergence of tropical medicine, developments in military medicine, the professionalization of the medical field, the establishment of public health standards and protocols, and the colonial involvement of American philanthropies. From the contestations over health and medicine on Guam, many insights emerge about both American and Chamorro interests regarding not only health care, but also questions of political power, professional authority, racial and gender alterity, and the dynamics of cultural domination, resistance, appropriation, and adaptation.

This work owes much to a long list of supporters whose constant encouragement and expert advice have been invaluable sources of intellectual and moral sustenance. Dangkulu na si yu’us ma’ase to my parents, Fermina and Paul Hattori, and to my siblings: Mary, Margaret, Yvonne, Paul, Stephen, Thomas, Barbara, and Robert. Your multiple modes of support enabled me to attend graduate school, an opportunity which has been a great blessing in my life. To my committee members, Professors David Hanlon, Jerry Bentley, David Chappell, Margot Henriksen, Robert Kiste, Robert McGlone, and Karen Peacock: Saina ma’ase lokkue for your years of patient and wise tutelage and guidance. To Robert Underwood and Faye Untalan, thank you for being my off-island mañaina. To Tan Maria Chargualaf, Tun Juan Lujan, Tun Jose Torres, Sr. Mary Peter Uncangco, and Speaker Antonio Unpingco, si yu’us ma’ase para todu i ayudan-miyu. To my precious
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CHAPTER 1, SANITARY CONFINEMENT:
GUAM AND THE U.S. NAVY, 1898-1941

Just Another April Day, 1939

On most afternoons, young Jose Torres could be found in the village of Malesso helping his father and uncles plant ma'es or suni or dago at their lanco. On an ordinary day, he'd go straight to the lanco after school and help his male relatives until early evening. This, however, was a special day. After his noontime release from the Merlyn G. Cook School, Jose's teacher asked him to stay behind and help with a class project.

With the annual Health Parade not far away, placards were needed for students to carry on their march through the village. So at least for today, Jose got a break from his routine at the ranch.

On his walk home from school, Jose relaxed and played games with his cousins in the village. These were times to unwind, tell jokes, and enjoy the cool breeze of the late afternoon. Off in the distance, Jose could see and hear some of his female cousins and classmates helping Pale get the church grounds ready for the upcoming San Dimas fiesta. Jose enjoyed moments such as these, leisurely breaks from the labor of the ranch or the work around the house. He knew that while dad was working at the lancho, mom

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1 This scenario is a reconstructed story based on the childhood recollections of Jose "Doc" Torres. Personal communication, March 19, 1999.

2 Chamorro words for corn, taro, yam, and ranch.

3 Chamorro word for priest, from the Spanish "padre."

4 San Dimas is the patron saint of the village of Malesso, and the fiesta, or feast, is an annual commemoration of each village's patron saint.
was busy at home, sometimes working with his sisters, and other times accompanied by other female relatives, be they aunts, cousins, ninas, or in-laws. Whether she was sewing their clothing, hand-washing the laundry, preparing the family dinner, planning for the fiesta, or tending to the younger children, a flurry of activities always seemed to be in the works. Even though he was just a boy, as the eldest in his family Jose had already learned to appreciate the hard work endured by all of his relatives in providing for the family.

He and his cousins were not far from home when Tomas, the oldest of the group, noticed someone walking far behind them. Squinting his eyes, Tomas said he thought it looked like an American. Now all of them were squinting, trying to make out the figure coming in their direction. It was definitely a man, as they could tell by the stranger's pants. And it was definitely an American, as they could tell from the towering height of the unknown figure. Realizing then who it was walking in their direction, the boys looked at each other in silence for just a moment. Then Tomas shouted, "Lachadek! Sigi ya in sangani i Nanan-miyu!"6

The boys split up, each sprinting in the direction of their respective homes. Tomas' mother, si Tan Del, happened to be in the kusinan sanhiyong, supervising his

5 Godmothers

6 "Hurry! Go and tell your mothers!"

7 Outside kitchen
sisters as they pounded the *ma'es* on the *metati* for the evening's *tatiyas.* Hearing the news, she quickly grabbed the machete and began chopping some of the weeds which had shot up behind the house since her husband had fallen ill. The Insular Patrolman surely would not impose the fine upon her for weeds now grown beyond the length regulated by the navy Governor.

Jose's house was further up the road, and he was panting by the time he made it home. "Nana, Nana," he called out, "Mamamaila i sindalu."9

"Ai, Jose, sinapatos! Lachadek!"10 responded his mother, knowing full well that her eight-year-old could be ticketed for going barefoot.

"Yan ayuda yu chumuli halom i finagasi,"11 she further instructed. The governor had recently outlawed the laying of clothes on bushes or on lawns, but since Jose's parents could not yet afford to buy a clothesline and clothespins, they had maintained the practice of hanging their clothes on the hibiscus hedges to dry. So Jose and his mother quickly raced across the yard and pulled all of their nearly-dry laundry off of the shrubs and into the house. If they could move quickly, they might avoid the Marine and his ticket book.

Jose's mom nervously grabbed her broom and began sweeping away the few leaves which had blown onto their front porch. "Buenas tattes," she said calmly as the

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8 A *metati* is a millstone upon which corn is ground before being mixed in a batter for *tatiyas*, the Chamorro version of tortillas.

9 "Mom, Mom, the soldier is coming."

10 "Jose, put on your shoes! Hurry!"

11 "And help me bring in the laundry."
Insular Patrolman passed by, trying to hide the slight pant in her breath. With a bead of perspiration trickling down her brow as if to betray her anxiety, she asked, "Malagu hao gumimen, Siñol?" Polite tipping his hat as he walked by, the Marine nonchalantly hid his unfamiliarity with the Chamorro language. Continuing on with his rounds, he stared at the still-unopened ticket book in his hands. Certainly he'd soon catch one of the natives unprepared—perhaps barefoot or improperly clad, but certainly guilty of at least one of the navy's many sanitary offenses.\(^{12}\)

**Intruding Ideologies**

This research project concentrates primarily on Guam, the southernmost of the Mariana Islands in the western Pacific. It looks specifically at some of the changes to the island's medical and sanitary practices that occurred as a result of the United States government's colonization of the island in the early twentieth century. Despite this limited focus, it remains important to this project that a broad historical framework be provided for the period prior to 1898.

Though much of the past of the indigenous Chamorros of the Mariana Islands has been obscured over time, it seems certain that the precontact islanders resided primarily in ocean-front villages composed largely of clan members practicing a matrilineal form of descent. Within the island chain, leadership was conferred upon both men and women, who as the *maga'lahe* and *maga'haga* of their clans were elders who had achieved respect

\(^{12}\) "Good afternoon. Would you like a drink, Sir?"

\(^{13}\) An executive order authorized in 1910, for example, regulated the length of schoolgirls' dresses, requiring that they be at least four inches above the ground.
as a result of both age and experience.\textsuperscript{14} Missionary accounts suggest that the ranking of clans and individuals into social classes was an important part of Chamorro society.\textsuperscript{15} The natives were divided into three classes, with the top ranking members identified as \textit{matua}, a group encompassing elders such as the \textit{maga'lahe} and \textit{maga'haga}, as well as other persons of noteworthy achievement.\textsuperscript{16} The \textit{acha'ot}, as the lower ranking relatives of \textit{matua}, formed the majority of the population, followed by the lowest ranking \textit{mangachang} who were considered by the \textit{matua} to be inferior persons and who endured numerous social restrictions.\textsuperscript{17}

Religious, scientific, and medical practices were interconnected, all linked to beliefs in ancestral spirits such as the \textit{taotaomo'na} and \textit{aniti}. \textit{Taotaomo'na} translates literally as "people of before," referring to the spirits of ancient beings which were thought to "guard and protect the land, sea, and sky."\textsuperscript{18} The \textit{aniti}, on the other hand, were spirits of recently-deceased clan members which were believed to remain tied to clan land even after death.\textsuperscript{19} Physical ailments were attributed to both natural and supernatural conditions and, to treat physical infirmities which might arise, persons referred to as

\textsuperscript{14} The terms \textit{maga'lahe} and \textit{maga'haga} translate as highest ranking male and female respectively, interpreted by most Guam historians as the oldest brother and sister of the clan.

\textsuperscript{15} Hale'\textit{\textsc{\textmd{'}}ta: I Ma Gobetna-\textsc{\textmd{'}}na Guam, Governing Guam: Before and After the Wars, Aga\textsc{\textmd{'}}na, Guam: Political Status Education Coordinating Commission, 1994, 5-6.

\textsuperscript{16} Hale'\textit{\textsc{\textmd{'}}ta 6.

\textsuperscript{17} Lawrence J. Cunningham, \textit{Ancient Chamorro Society}. Honolulu: Bess Press, 1992, 89-90.

\textsuperscript{18} Hale'\textit{\textsc{\textmd{'}}ta 39.

\textsuperscript{19} Hale'\textit{\textsc{\textmd{'}}ta 20-21.
*makahnas* performed a combination of priestly and medical services. The *makahnas* were trained in the use of herbal medicines and massage techniques, and were skilled in communicating with supernatural spirits, whether "for beneficial or vengeful purposes." In scholar James Sellmann's analysis of Chamorro philosophy, he asserts that since precolonial times the "art and science of healing and medicine" on Guam revealed the strong ties between Chamorros and their environment. Sellmann maintains that the "philosophical moral implications" of Chamorro healing practices reinforced "the close ties of interdependency among people and their caring and concern for each other."

In 1668, with the establishment on Guam of the first colonial settlement in the Pacific, Spanish Catholic colonizers challenged many of the ancient practices and beliefs of the indigenous Chamorros. A thirty-year period of spreading diseases and interisland warfare ensued between Spaniards and Chamorros. By the early 1700s, the combined effects of warfare and disease resulted in a depopulation rate of approximately 90% to 95% throughout the Mariana Islands. The conquering Spanish forces established a colonial government which placed the Marianas under the political jurisdiction of the Viceroyalty of New Spain. With the waning of Spanish wealth and power over the centuries, attention to its colonial subjects diminished. Guam's canonical histories have

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20 *Hale'-ta* 21.


22 Sellmann 30.

23 Following Mexican independence in 1821, Marianas' jurisdiction transferred to the Governor-General of the Philippines. *Hale'-ta* 32.
thus described the last century of Spanish rule as a time of stagnation, isolation, and social decline.

Over two centuries of Spanish colonization had left an "indelible imprint on the cultural identity of Chamorros."
24 The introduction of Roman Catholicism, in particular, transformed cultural life so much that "many Catholic practices are closely associated [today] with kostumbren Chamorro," an encompassing term which refers to the range of Chamorro values and customs.25 Because the makahnas' practices linked Chamorros to their non-Christian past, Catholic missionaries had sought to eliminate them from society. While the historical records are unclear on the precise experiences of the makahnas under Spanish rule, it would appear that, although they presumably disappeared, at least some of their practices persisted through the work of the suruhanu and suruhana, male and female herbal healers. The Chamorro terms for these male and female healers derive from the Spanish term, cirujano, which means "surgeon." The suruhanu and suruhana, like the makahnas, combine massage therapy and medicinal plant remedies with particular attention to symptoms of supernatural origin in their healing practices.26 In researcher Patrick McMakin's analysis of contemporary suruhanu and suruhana skills, he considers

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25 Hale'-ta 37.

their craft to be "the most intact survival of a cultural activity of the precontact Chamorro."27

Along with challenging the spiritual and medical practices of precolonial Chamorros, Spanish administrators also reorganized clan living patterns. As a result of the Spanish colonial policy of reducción, which strove to "subdue, convert, and gather pagans into Christian congregations," Chamorros from throughout the Mariana Islands were resettled into designated village sites, primarily located in southern Guam.28 Although they resided principally in these specified villages, clan members still preserved links to their ancestral lands by maintaining lanchos, or ranches, there where they planted crops and raised animals. On their lanchos, "away from the watchful eyes of the priests and government officials, the Chamorros also told stories and sang songs about olden times, keeping alive some of their folklore."29 In the process of reorganizing Chamorro villages, the matrilineal system was "outlawed," as Spaniards attempted to assert "patricratical notions of descent" and land ownership.30 Chamorro women, nonetheless, continued to exert power and responsibility over family obligations, "responsibilities [which] took them outside the home as they sought solutions to problems."31


29 Hale'-ta 32.

30 Souder 45.

31 Souder 228.
Though the population underwent major demographic crises, rank and status remained important markers within Chamorro society. The ancient multi-tiered class system, however, was reduced to two groups, the *mannakhilo'*, or high ranking, and the *mannakpapa*', or low ranking. While in precolonial times such class distinctions were principally based upon the ranking of one's mother's clan, in the Spanish colonial era such distinctions were re-defined in terms which benefitted those most closely affiliated with the government. Through intermarriage with Spaniards, as well as by "serving as translators and agents for the Spanish government," the "new *mannakhilo*' class of Chamorros emerged. A significant point to consider when examining the *mannakhilo*' and *mannakpapa*' class structure is the fact that the majority of the Chamorro population fits into neither of these two groupings. That is, the *mannakhilo*' and *mannakpapa*' encompass only the extreme poles of Chamorro society, the elite and the indigent. And while the bulk of the island population falls into neither category, the Chamorro language lacks a term to describe these ostensibly middle-class masses.

Spain's departure as Guam's colonizing power occurred as a result of the Spanish-American War. Following the end of the war in 1898, the United States claimed political sovereignty over former Spanish colonies in Puerto Rico and the Philippine Islands, as well as Guam. Here the Department of the Navy exerted its authority over the entire island, proclaiming it to be the Naval Station of Guam. Spain soon sold the remaining

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32 *Hale'-ta* 6.

33 *Hale'-ta* 33.

34 Fermina Perez Hattori, personal communication, 17 July 1999.
Mariana Islands—along with its other Micronesian territories in the Caroline and Marshall Islands—to Germany, which governed them until 1914. In that year, as a result of the national alliances and colonial opportunities provided by World War I, Japan claimed possession of Germany's territories. By 1919, the League of Nations officially mandated the transfer of colonial authority to Japan, a situation which continued until the Second World War, when the United States claimed its conquest over the islands in a series of bloody battles.

On Guam, however, the navy had since 1898 assumed complete control of all island affairs, both civil and military. An autocratic system of government reigned for half a century with an appointed naval officer serving as both the commandant of the naval station and governor of the island. Because of the island's strategic location, American interests focused on Guam as a military base and little attention was paid to the civil and political rights of the indigenous inhabitants. The naval governor exercised complete executive, legislative, and judicial power. There was neither a judicial system nor a legislative body to act as a check on his powers. This authoritarian system prevailed until 1950 when the U.S. Congress approved an Organic Act for Guam which, among its other consequences, shifted the political control of the island from the navy to a civilian government.

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35 A Guam Congress was created in 1917 by navy governor Roy Smith, but its appointed members were granted only advisory, not legislative, powers. See Penelope Bordallo, *A Campaign for Political Rights on Guam, Mariana Islands, 1899-1950*, Unpublished master's thesis, University of Hawai'i at Mānoa, 1982.

36 For more information on the political history of Guam under the United States, see Bordallo, 1982, and Anne Perez Hattori, "Righting Civil Wrongs: The Guam Congress
For half a century the Chamorro people were subjected to the whims and dictates of a rapidly revolving procession of military officers. From the onset, however, these naval officers attempted to map out the course of Guam's social, economic, and political development in a somewhat uniform fashion. That is, despite the presence of thirty-two different naval governors who ruled during this short period, administrative methods deviated very little. In fact, Commander M.M. Leonard wrote in the December 1935 issue of the *Guam Recorder* that the story of the navy government of Guam shows...

... evidence of a consistent singleness of aim, prosecuted with vigor and determination, which gives to them all a singular unity. Except for minor differences of expression, they might have been written by one man.\(^{37}\)

Despite consistent appeals by Chamorro leaders for a formal expression of the civil and political rights of the people of Guam, for example, only one governor attempted, though unsuccessfully, to address this issue. For the most part, the naval governors perpetuated their position of power with minimal disruption.\(^{38}\)

One of the primary bodies of policy implemented on Guam concerned issues of health and hygiene, particularly in the interests of protecting the nascent American colony. Succeeding governors would reiterate a sentiment articulated by the first naval appointee, Captain Richard P. Leary, who wrote in 1899 that "the professional services of our Surgeons and the medical stores on hand" were provided to the Chamorro people "as


\(^{38}\) See Bordallo for an extensive discussion of naval abuses of power on Guam as well as Chamorro acts of resistance.
an act of humanity for the improvement of the hygienic condition of the island and for the protection of our own men." 39 Navy governors vocalized these twin discourses of protecting both the native Chamorros and their military personnel throughout their period of rule, sometimes placing more emphasis on one group of subjects over the other, depending upon the degree of contagion and immunity to the particular medical concern in question.

The historical anecdote recreated from the memories of Jose Torres at the beginning of this chapter addresses a not uncommon occurrence on Guam in the period of naval rule from 1899 to 1941—the surveillance of village homes and gardens by members of the U.S. Marine Corps. Assigned the title of Insular Patrolman, these select marines were assigned to live in villages throughout the island in order to maintain "peace and order," an assignment which included the enforcement of sanitary regulations. 40 Indeed, Insular Patrolmen were authorized by the governor not only to levy fines against sanitary offenders, but also to arrest egregious violators of the sanitary codes. The figure of the Insular Patrolman not only offers a glimpse into the power accorded naval government officials, but also suggests the extent to which the navy monitored at least the outward appearances of Chamorro communities. Navy governors deployed these marines in the villages specifically to serve as the eyes and ears of the government for the purposes of enforcing compliance with its laws. The gaze of the navy, enacted particularly by the

39 Captain Richard P. Leary, c.o. to Secretary of the Navy, 26 August 1899, RG 80, No. 18-G.

Insular Patrolmen, had every intention of being coercive. But if the Chamorro people were under the persistent gaze of navy administrators, then so too were the colonial officials under the gaze of their Chamorro subjects. Perhaps the Chamorro people's defiance of the colonial gaze, shown in the charades of abiding by the regulations of the navy, represents resistance on the order of James Scott's "weapons of the weak."\(^{41}\) I would argue that the Chamorro gaze, unlike the policing gaze of the marines which compelled cooperation and compliance, worked in a subversive fashion, thus disturbing reigning navy ideas about state authority, obedience, and surveillance.

On one level, the story of United States colonialism on Guam, particularly in the context of health care, can be read as a series of military interventions, whether through formal colonial policies or informal social controls. The story of western medicine on Guam begs to be considered in this context of colonialism and the peculiar power dynamics which accrue from a military state of government. On Guam, under the authoritative dictates of a military commander, the Chamorro people were not simply gifted with new medical technologies. These western health conventions and technologies served not merely as examples of colonial benevolence. Rather, these power-laden offerings of the colonizer were culturally-specific forms of bodily intervention which addressed not only issues of health and power, but also matters of culture, race, and gender.

On another level, the introduction of western codes of health and hygiene can be read as part of the spread of ever-improving western medical technologies and diagnostic methods in the early twentieth century, as well as public health advancements made in light of these scientific breakthroughs. Incursions in the area of health can thus be partially understood both in the broad context of international improvements in public health and medicine and in the more specific context of Progressive era activism in the United States. While the reform efforts in the U.S. during this period of study largely addressed urban crises resulting from huge increases in America's immigrant population, the navy's health efforts should not be understood solely in this context. Similarly, the Chamorro people cannot simply be cast as part of the late-nineteenth century's hordes of immigrants entering the country. Rather, as colonial subjects who came under the custody of the United States through no desire of their own, they and their stories must be analyzed in a context which pays attention to the ambiguous and anomalous political relationship which developed between Guam and the United States.

*Unleashing the Medical Muses*

When I initially approached the topic of health and colonialism on Guam, I thought of "western medicine" as a simple, static category which required no prefatory explanation. Since then I have come to realize the inaccuracy of my presumption, appreciating that medicine, like colonialism, has its own complex and contentious history.

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42 In the late 1800s, not only did immigration into the United States escalate tremendously, but Others in American Samoa, Guam, Hawai‘i, the Philippines, and Puerto Rico entered into the American political landscape through various acts of colonial appropriation.
Particularly in light of burgeoning historical works emerging from the field of medical history, it would be grossly insufficient to say that western medicine was imported to Guam and leave it at that. Western medicine itself has a rich history, and even its development in the United States by no means parallels its growth in other western nations. On a general note, historians such as William McNeill, Thomas McKeown, and Robert Trennert concur that major advances in medical knowledge began to proliferate only in the late nineteenth and early twentieth centuries.

McNeill, for example, states in his *Plagues and Peoples* that "it was not really until after 1850 or so that the practice of medicine and the organization of medical services began to make large-scale differences in human survival rates and population growth." McNeill doubts that prior to this period many physiological benefits resulted from the consultation of even the most expert medical authorities. Perhaps more surprising is McKeown's assertion that it was not until the 1930s that western medicine was able to reduce mortality rates significantly. Trennert also notes in his study of the impact of western medicine among the Navaho that into the mid-1800s "many ailments remained misunderstood and epidemics of infectious diseases raged across the nation."

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The late 1800s were significant years in the United States not only in terms of disease. In the decades following the Civil War, unprecedented numbers of immigrants entered the country. As Steven Mintz and Susan Kellogg document in their *Domestic Revolutions*, between 1877 and 1890, some six million people arrived; in the quarter century before World War I, another eighteen million immigrants entered the country.\(^{46}\) By 1900 over thirty-eight cities in the United States contained populations in excess of one hundred thousand people.\(^{47}\) With these expanding populations, a wide range of social problems developed. In Milwaukee, for example, as the city's population exploded from 20,000 in 1850 to nearly 300,000 by the turn of the century, the inevitable problems of urbanization proliferated. As historian Judith Walzer Leavitt observes, these problems included "infectious diseases; crowded, dark, unventilated housing; streets mired in horse manure and littered with refuse; inadequate water supplies; unemptied privy vaults; open sewers; and incredible stench."\(^{48}\) Less than adequate living conditions in all of America's newly urbanized areas not surprisingly resulted in increased risks of contagion and high urban death rates. And, as historian George Rosen notes in his seminal 1958 publication, *A History of Public Health*, catastrophe indeed struck in recurring epidemics of yellow fever, cholera, smallpox, typhoid fever, and typhus fever. In acknowledgement of these


grievous problems, Rosen indicates that every outbreak of epidemic disease "impressed upon public opinion ... the need for effective public health administration." The scope of political activity would thereafter extend in the direction of public health management and control.

Indeed, in the wake of such dramatic outbreaks, numerous cities and states began establishing boards of health. Louisiana took the lead in 1855, followed by New York City in 1866 and Massachusetts in 1869, and by the early twentieth century every state supported a board of health. In 1878, the U.S. Congress created a National Board of Health to "assist state and local health officials in devising quarantine regulations and sanitary measures to check the spread of epidemics." Sanitarians of the time were largely informed by a theory of disease described by historian David Arnold as the "environmentalist paradigm of disease, which stressed the role of climate, topography, vegetation and soils ... in the aetiology and transmission of epidemic diseases." As Leavitt notes of the endorsement of environmental factors in the treatment of disease,

Much of the work early in the [twentieth] century rested on the prevailing medical theory that dirt caused disease and emphasized keeping the city environment

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clean. The so-called 'filth' theory of disease posited in a very general sense that undifferentiated urban pollution ... caused bad air, or 'miasmas,' which could lead to disease.\textsuperscript{53}

This environmentally deterministic disease theory piqued the interests and activism of health officers and city planners alike. Public health physicians "believed that rotting organic wastes in crowded urban areas produced a miasmatic atmosphere conducive to the spread of diseases."\textsuperscript{54} Informed by this filth theory of disease, health department officials focused on neighborhood sanitary projects as a means through which infectious diseases might be contained. These pioneering sanitarians developed projects such as bringing clean water into the cities and establishing procedures for the disposal of garbage and sewage. Thus while only twenty-four per cent of American homes had running water in 1890, by the 1930s the majority of urban dwellers had gained access to running water. Most Americans living in rural areas, however, would have to wait until after 1945.\textsuperscript{55} Likewise, after the 1880s, sewage systems became available to increasing numbers of Americans.\textsuperscript{56}

By the end of the nineteenth century, new scientific discoveries offered revolutionary theories about the causes of epidemic disease. Advancements in biology during the mid-nineteenth century occurred chiefly because of a slew of significant discoveries and refinements made in the area of diagnostic technology. The growing use

\textsuperscript{53} Leavitt, \textit{Typhoid Mary} 22.

\textsuperscript{54} Leavitt, \textit{The Healthiest City} 70-71.

\textsuperscript{55} Hoy 15.

\textsuperscript{56} Hoy 65-68.
and reliability of instruments such as microscopes, X-rays, and chemical and bacteriological tests provided scientists with critical tools through which they were better able to probe the sources of disease. Physicians too began to enjoy the use of now-essential clinical instruments such as stethoscopes, ophthalmoscopes, and laryngoscopes.\(^{57}\) The scientific development of new diagnostic tools figured considerably in the "expanding role of physicians as gatekeepers to positions and benefits in the society."\(^{58}\)

As well as benefitting from the technological advances of the scientific community, medical practitioners also profited from strides made in the laboratory. Medical historian John Duffy concluded in his 1993 \textit{From Humors to Medical Science} that "The accumulated impact of bacteriology, pathology, and physiology, and the vast developments in the basic sciences ... were rapidly applied to medicine in the early 1900s."\(^{59}\) Perhaps most significantly, the use of the microscope led to the "dramatic discovery of disease-causing 'germs.'"\(^{60}\) What Duffy describes as a "bacteriological revolution" ensued, resulting in a movement by the medical profession away from environmentalism, focusing instead on pathology, the science of disease, and pathogenic

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\(^{57}\) Starr 136.

\(^{58}\) Starr 137.


\(^{60}\) McNeil 272.
organisms. Such a bacteriological revolution was made possible with the growing acceptance of a newly-postulated germ theory.

In the late 1800s, European scientists such as Robert Koch and Louis Pasteur identified the germs responsible for tuberculosis, cholera, and similarly infectious diseases, prompting others to "change the focus of public work away from broad environmental sanitation to a narrower search for microbes to destroy." Furthermore, between 1870 and 1914, approximately fifteen thousand American physicians chose to study abroad in German universities, attracted particularly by the new focus there on laboratory methods of research. One of these Germany medical school graduates, William Welch, had by 1890 "shaped the newly established Johns Hopkins Medical School into a research center, setting a new pattern for American medical education." Moreover, by 1900 research laboratories in the U.S. had expanded to dozens of universities and were profiting from the financial support of both governments and corporation foundations.

Armed then with this new theory of disease, physicians increasingly looked for the presence of specific germs as determinants of disease, rather than linking sickness exclusively to environmental factors such as dirt and miasmas. Germ theorists of the late


62 Leavitt, Typhoid Mary 24.

63 Duffy, From Humors to Medical Science 168.

64 Duffy, From Humors to Medical Science 168.
nineteenth and early twentieth centuries thus distinguished themselves from earlier
generations of sanitarians in their scientific, laboratory-based methods. In perhaps the
most exemplary practical application of germ theory in its time, the New York City health
department implemented a variety of new programs in the last decade of the 1800s. As
sociologist Paul Starr notes in *The Social Transformation of American Medicine*,

The city health department introduced laboratory diagnosis of communicable
diseases, the production and free distribution to the indigent of vaccines and
serums, mandatory registration of all cases of tuberculosis and venereal disease,
an active program of health education, and physical examinations and treatment of
school children.\(^65\)

While New York's health department embraced an expanding range of
responsibilities, most regions of the United States remained untouched by the new
developments in science and medicine until well into the twentieth century. The more
rapid reform in the east can be linked to a number of political, economic, and social
factors, but particularly to the greater risk of epidemic contagion in the east's more
urbanized areas. The earliest far-reaching public health reforms were implemented in the
wake of jarring epidemic outbreaks which, for the most part, occurred predominantly in
densely-populated northeastern cities. In the southern and western regions of the United
States, public health advances came more slowly, due to factors such as deficient
economic conditions and continuing discrimination in areas such as health and education
against African-Americans and other ethnic minorities.

Germ theory, therefore, was not immediately embraced, and in some quarters,
failed to persuade public health administrators. Frequently too abstract for most lay

\(^65\) Starr 185.
persons to appreciate, even for many American physicians, germ theories faced some reluctance and resistance. Despite increasingly fashionable scientific dismissals of the filth theory of disease, on a practical level public health workers continued to maintain many of the old disease-preventive practices. In the daily activities of public health departments, practical application of the germ theory of disease "lagged behind the intellectual acceptance of the new ideas."\(^{66}\) Clearly, earlier concerns for the creation of sanitary environments were still regarded as most important in the general fight against germs. Physicians, believing that "dirty environments contained elements that fostered bacterial growth and diffusion ... frequently realized that basic sanitation campaigns could still aid their efforts."\(^{67}\) And despite the frail scientific evidence which supported miasmatic claims, Leavitt notes,

by cleaning up the physical environment and regulating water sources and sewerage, public health reforms significantly reduced exposure to air- and water-borne diseases that thrived in unhygienic, congested urban surroundings.\(^{68}\)

Leavitt's comment hints at the currently conventional notion promoted by medical historians such as Thomas McKeown and John Ehrenreich: that improvements by sanitarians in the control of the environment, rather than advances by physicians in the medical field, can better explain the health improvements of the late nineteenth and early

\(^{66}\) Leavitt, *The Healthiest City* 243.

\(^{67}\) Leavitt, *The Healthiest City* 244.

\(^{68}\) Leavitt, *The Healthiest City* 7.
twentieth centuries. Starr, however, cautions readers to be wary of the "exaggerated distinction" drawn between medicine and public health at this time period; as he explains, "By providing more accurate diagnosis, identifying the sources of infection and their modes of transmission, and diffusing knowledge of personal hygiene, medicine entered directly into the improved effectiveness of public health."  

By the early decades of the twentieth century, shifting hygienic practices were already becoming evident. Public health practitioners increasingly accentuated the importance of bacterial and scientific analysis, as well as general environmental concerns. This move toward the gradual acceptance of the germ theory, rather than the filth theory of disease, was exemplified in public school programs now emphasizing the medical, physical examination of school children rather than the creation of sanitary school environments.  

This new theory of disease thus contributed in the early twentieth-century to a shift in medical power and authority. Coming to the forefront now were licensed and degreed physicians who relied on scientific, laboratory-based findings, as opposed to public health sanitarians, the bureaucratic, unscientific, politically motivated miasmatists.

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70 Starr 138.

71 Starr 188.
of the previous century.\textsuperscript{72} Indeed, as medical historian Margaret Pelling asserts, "Bacteriology created a new source of scientific authority for medicine, and made an enormous difference to its reputation for effectiveness in both prevention and cure."\textsuperscript{73}

Not coincidentally, many of the most critical advances in sanitation, public health, and medical care in the U.S. occurred during the Progressive era. Referred to by historian John Milton Cooper, Jr. as the "pivotal decades," the years from 1900 to 1920 have come to mark "a turning point" in the U.S. in which "a political, economic, social, and cultural agenda was set that still dominates American life."\textsuperscript{74} Cooper's work details the so-called golden age of American politics, the activist stance of the Supreme Court, the substantial growth of industrial development, the increasing numbers of immigrants, and the rise in expressions of social discontent which typified these decades. These expressions of social discontent included a plethora of reform movements led by "'progressive' educators, psychiatrists, social workers, penologists, sociologists, and lawmakers initiating a variety of reforms intended to help the family adapt to modern conditions."\textsuperscript{75} Convinced that the active intervention of knowledgeable professionals could address and eliminate social problems, the so-called Progressives advocated the broad expansion of government services into all areas of society.


\textsuperscript{73} Pelling 329.

\textsuperscript{74} Cooper xiii.

\textsuperscript{75} Mintz and Kellogg 119.
On the health frontier, sanitarians' efforts became institutionalized in the form of government services during these pivotal decades, and concomitantly, numerous civic organizations formed to address growing public concerns for hygiene. In New York, for example, groups such as the Ladies' Health Protective Association, the Sanitary Protection League, the Street Cleaning Aid Society, and the Women's Health Protective Association of Brooklyn proliferated.\textsuperscript{76} Notably, the active involvement of women in civic projects signified in this era the emergence of "New Women." These women, described by historian Carroll Smith-Rosenberg as members of the educated, bourgeois class, asserted their rights "to a career, to a public voice, [and] to visible power."\textsuperscript{77} As activists, they concerned themselves principally with issues related to "children, home, family, education, health, hygiene, food, sanitation, and other women."\textsuperscript{78} From the late 1800s to the 1920s, the activism of these women and numerous other interest groups merged with the concerns of scientists, physicians, and public health specialists in pushing for wide-ranging improvements to America's health and sanitation systems.

\textbf{Examining the Evidence}

The above survey of the history of medicine pastes together some of what might be considered the high and low moments in medical history over the past century and a half. It tells a story of improved technologies, advanced knowledges, and enhanced lives,

\textsuperscript{76} Hoy 74-81.


even though against a background of constant crisis. Coping with expanding urban populations, striving to contain epidemic diseases, and attempting to merge new scientific discoveries with established notions on the nature of disease provided health professionals with numerous immense challenges which frequently took decades to surmount.

Other histories of medicine focus on the social, cultural, and physical consequences which have accompanied these scientific advancements in the medical field. These critiques consider both science and medicine as social systems influenced by the cultural assumptions of their practitioners. Philosopher Michel Foucault, for example, urges critics to examine the technological, economic, and professional advances in the health field within the context of "the organization of a politics of health."79 In this politics of health, according to Foucault, disease is situated "as a political and economic problem for social collectivities which they must seek to resolve as a matter of overall policy," a problem which unsurprisingly authorizes greater controls over people by the state.80 Foucault identifies the eighteenth-century emergence of health care as one of the newly-defined functions of the state, adding that hygiene programs in particular entailed numerous "authoritarian medical interventions and controls."81


80 Foucault 274.

81 Foucault 282.
Foucault's works privilege the body as the focal point of a wide variety of state controls, evidenced especially in the operation of institutions ranging from hospitals and schools to prisons and military barracks. In the surveillance activities of these man-made institutions, Foucault argues, the human body becomes known and, through this knowledge, controlled. The work of these institutions, for example, made statistical reporting of data such as birthrate, longevity, public health, housing, and migration available. As Foucault describes it, the state, armed with these novel forms of knowledge, addresses new challenges in the areas of "political practices and economic observation .... Hence there was an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations."82 Foucault's prominent exposure of the social mechanisms of power has powerfully influenced recent critiques of science and medicine.

Analyses such as Foucault's comprise what John Ehrenreich has referred to as the "cultural critique of modern medicine." In this critique, scholars raise issues of culture, race, class, gender, and age in their analyses of the history of medicine. Using Ehrenreich's explanation, the primary components of this critique claim that

modern medical care ... does not consist of the administration by doctors of a group of morally neutral, essentially benign and effective techniques for curing disease and reducing pain and suffering. The techniques themselves are frequently useless and all too often actually physically harmful. The 'scientific' knowledge of doctors is sometimes not knowledge at all, but rather social messages (e.g., about the proper behavior of women) wrapped up in technical language. And above all, both the doctor-patient relationship and the entire structure of medical services are not mere technical relationships, but social

relationships which express and reinforce (often in subtle ways) the social relations of the larger society: e.g., class, racial, sexual, and age hierarchy; individual isolation and passivity; and dependency on the social order itself in the resolution of both individual and social problems.\textsuperscript{83}

Ehrenreich and a number of other critics of the modern medical system argue explicitly against notions of science and medicine as impartial and value-free. Just as significantly, Ehrenreich questions the assumption that advances in medical technologies represent progress in this modern age. Similarly, anthropologist Mark Cohen challenges contemporary assumptions that large, sedentary populations are healthier than members of smaller, hunter-gatherer societie. Drawing primarily upon archaeological evidence, Cohen asserts that "the major trend in the quality and quantity of human diets has been downward."\textsuperscript{84} In his analysis, Cohen maintains that "Prehistoric hunter-gatherers appear to have enjoyed richer environments and to have been better nourished than most subsequent populations."\textsuperscript{85} Sedentary populations, on the other hand, have suffered from a decline in the overall quality of the diet principally because of "a reduction in the proportion of animal products in the diet, a reduction in the proportion of foods eaten fresh, [and] a reduction in the dietary variety."\textsuperscript{86} Coming to comparable deductions in his analyses of disease and fertility, Cohen concludes that "we need to rethink both scholarly

\textsuperscript{83} Ehrenreich 15.


\textsuperscript{85} Cohen 132. For a fuller discussion, see pages 58-64.

\textsuperscript{86} Cohen 61.
and popular images of human progress," because "we have assumed too close a fit between technological advances and progress for individual lives."\(^{87}\) Beyond the issue of whether or not scientific and medical discoveries have contributed to "real" improvements in people's lives are questions which assess racial, gender, cultural, and class biases in the practice of medicine. Ehrenreich's assessment of the medical system in the U.S. points to some of the ways in which minority ethnic communities have been marginalized by established institutional practices.\(^{88}\) Other studies, such as ones which focus on health programs in southern United States, have maintained the position that racist attitudes have permeated the practice of medicine.\(^{89}\)

Numerous feminists, furthermore, have attacked the medical profession for its usurpation of women's traditional roles as healers, pharmacists, and midwives.\(^{90}\) In the context of early twentieth century attempts to professionalize the medical field, rising education costs, exclusive licensing procedures, and restricted opportunities for admission to medical schools were among the factors which contributed to an underrepresentation in both ethnic minorities and women as medical practitioners.\(^{91}\)

\(^{87}\) Cohen 140.

\(^{88}\) Ehrenreich 6-7.


\(^{91}\) For example, see Duffy, *From Humors to Medical Science*, chapters 9 and 14.
Other gender critics have attacked the implicit male biases which underlie ostensibly objective scientific analyses in fields such as biochemistry and molecular biology. Bonnie Spanier's *Im/Partial Science: Gender Ideology in Molecular Biology*, for example, documents the superimposition of the labels of "male" and "female" onto bacteria. As a consequence of this labelling, Spanier points to "cell biologists mischaracterizing fertilization, and biochemists maintaining inaccurate designations of 'male' and 'female' hormones, with molecular biologists and geneticists joining the effort to extend 'sex' to metabolism and developmental genetics."  

Similarly, other observers have addressed some of the ostensible class biases which have infused practical medical applications of new scientific theories. On the one hand, some have argued that the germ theory of disease triggered an activism among middle- and upper-middle class Americans who grew fearful at the realization that their privileged economic status could not protect them from diseases once thought to be restricted to the poor. In Duffy's assessment, driven by the realization "that bacteria were no respecters of economic or social position," reform movements composed primarily of middle and upper-class Americans emerged in the early twentieth-century. These movements aimed

... to establish or improve water and sewerage systems, to clean streets, to provide pure milk for the infant poor, to remedy abuses in municipal hospitals and other institutions, and to establish dispensaries, clinics, and hospitals.... What [the

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reform movements] all shared in common was the belief that a healthy population was basic to a sound society. 93

The growing public activism of middle-class reformers was also reflected in changes made within the privacy of their homes. As medical historian Suellen Hoy notes, by the mid-nineteenth century there was evident a "growing bourgeois devotion to sanitation in person and in the kitchen." 94 By the Progressive era several decades later, Hoy maintains that "public sanitation and personal cleanliness retained a lingering middle-class, indeed upper middle-class tincture." 95 The flip side of this scenario of the bourgeois appropriation of cleanliness as central to their group identity was the magnification of a long-lingering racist stereotype which equated dark-skinned peoples with dirt, filth, and inferiority. 96 Though not a new idea, amidst the fervor of Progressive era reforms, the metaphorical likening of cleanliness with whiteness and poverty with darkness (including black skin, dirty living conditions, and unsanitary habits of personal hygiene) seemingly represented the literal, objective truth. Consequently, an array of class and racial ideas invariably informed the application of public health reforms.

The issue of class, however, should not merely be understood in terms of its socio-economic dimensions, but also in terms of its didactic implications. Broad moral messages, in fact, had been expressed in relation to hygiene and medicine for centuries in

93 Duffy, "Social Impact of Disease in the Late 19th Century" 420.
94 Hoy 18.
95 Hoy 86.
96 Hoy 92.
Europe. Scholar Keith Thomas asserts in his "Health and Morality in Early Modern England," for example, that since the late 1700s explicit links had been drawn between cleanliness and godliness. Consequently, a strong moral element underwrote reformers' demands for sanitary improvements, even after the germ theory seemingly made illness "an accident rather than a consequence of bad behavior." Medical historian Andrew Wear claims that as the nineteenth century progressed, "The association between cleanliness and morality became very general and pervasive." In this process, Wear maintains, "the old meaning of hygiene as health in general changed and fragmented." The constant theme of cleanliness could now be evoked in terms of "social, moral, and racial as well as physical" conditions.

Still other critiques address some of the latent cultural values embedded in the practices of American medicine. Starr, for one, maintains that modern medicine itself is one of the west's "extraordinary works of reason," liberating humanity "from scarcity and the caprices of nature, ignorance and superstition, tyranny, and ... the diseases of the body and the spirit." In his argument, Starr asserts that modern medicine ultimately reflects


\[\text{98 Thomas 28.}\]


\[\text{100 Wear 1302.}\]

\[\text{101 Wear 1302-1303.}\]

\[\text{102 Starr 3.}\]
the imprint of its cultural origins, particularly in its "individualist and activist therapeutic mentality."\footnote{103}

In numerous ways, seemingly value-neutral scientific practices of health and hygiene in the United States betrayed a host of cultural values. The relationship between science and medicine and these newly-expressed cultural values became particularly significant in the continuing evolution of a national American identity in the early twentieth century. The rapidly changing perception of America as modern and progressive was due partly to early twentieth-century trends in urbanization and industrialization, including the spread of technological innovations such as the automobile, airplane, radio, telephone, electricity, running water, sewage systems, and so forth.\footnote{104} In this context, health care can perhaps be viewed as but one of many areas in which far-reaching changes were made in the early twentieth century.

Nonetheless, particularly in light of the rapid influx of millions of southern and eastern European immigrants, health care became articulated as an important symbol of American citizenship. These new arrivals to American shores differed not only in their substantial numbers, but more importantly, in their regional origins. No longer primarily Anglo-Saxons, these new immigrants were perceived and represented as "vast masses of filth."\footnote{105} Hoy, for instance, asserts that "It was, in fact, confrontation with racial and cultural outsiders that transformed cleanliness from a public health concern into a moral

\footnote{103} Starr 3.

\footnote{104} See, for example, Cooper, chapter 1.

\footnote{105} Qtd. in Hoy 92.
and patriotic one."\textsuperscript{106} As historian John McClymer reveals, sizable immigrant communities became targets of Americanization programs aimed at "cramming the assimilation experience, normally the product of generations of living in America, into a short-term indoctrination in 'the American way.'"\textsuperscript{107} More than thirty states passed laws implementing Americanization programs, and the federal government embarked on extensive programs geared toward the rapid assimilation of these ethnic minorities as well. Amidst nativist fears of Balkanization among these new migrants, cleanliness became one means through which some semblance of outward conformity might be forged.\textsuperscript{108}

Americanization programs instructed immigrants on the supposedly basic facts about American life, including English language skills, civics and history lessons, and ways of keeping clean in an urban environment. Believing that they were helping immigrants better adjust to their new surroundings, "social workers, educators, and employers ... insisted that training in hygiene begin as early as instruction in English."\textsuperscript{109} As Hoy graphically assesses, "By linking the toothbrush to patriotism, Americanizers clearly demonstrated that becoming American involved a total makeover of personal

\textsuperscript{106} Hoy 87.


\textsuperscript{108} Hoy 87 and McClymer 234-235.

\textsuperscript{109} Hoy 88.
habits and loyalties." As a result, not only among recent immigrants but in the larger society as well, by the early 1900s cleanliness had become a hallmark of being American; indeed, cleanliness had been transformed into a cultural value "with the overwhelming support of physicians and sanitarians, school teachers and nurses, parents, state and local officialdom, philanthropists, and most powerfully of all, corporate America."\footnote{Hoy 123.}

This account of hygiene having achieved symbolic status in the U.S. by the early decades of the twentieth century also sheds light on some of the colonial critiques of medicine. If southern and eastern European immigrants were different enough to cause nativist scares, then even more horrifying were the populations of racial Others outside of the U.S. As historian Daniel Headrick indicates in his \textit{Tentacles of Progress}, while sanitarians in the west attempted to separate the germs from the people, in tropical colonies, policy-makers instead attempted "to separate the people with germs from those without."\footnote{Daniel Headrick, \textit{The Tentacles of Progress: Technology Transfer in the Age of Imperialism, 1850-1940}, New York and Oxford: Oxford University Press, 1988, 147.} Consequently, Headrick notes, "the interaction between European technologies and non-western economies reinforced segregated residential patterns."\footnote{Headrick 147.} In his analysis, Headrick notes that technological changes in the colonies almost always
originated in the west and were developed for the benefit of the west, "with scant regard for their long-range impact on the tropics." 114

Perhaps the leading figure in the colonial critique of western medicine has been historian David Arnold. As Arnold asserts, "Medicine has come to be identified as a colonizing force in its own right, a potent source of political authority and social control." 115 In the justifications of colonialism, medicine has been recognized almost universally as a benevolent gift of the colonizer. Like Frantz Fanon and others, Arnold has instead examined medicine as part of a larger system of competing political, economic, and social interests—both between and within indigenous and expatriate communities. 116 Issues such as those raised by Arnold have been, however, largely overlooked in the extant studies of health and medicine in the Pacific Islands. Scholars of Guam, Micronesia, and Pacific history have scarcely addressed questions of class, race, and gender in the context of colonial health policies.

In varying degrees, this dissertation considers the influence of views of race, class, gender, and colonialism in the context of navy health policies on Guam. In what ways did reigning ideas about race, class, and gender inform military administrators in their execution of health policies on Guam? In what ways were the Chamorro people affected

114 Headrick 7.


by American cultural ideas of health as a morally-encoded system and hygiene as an emblem of American identity? By considering the case of Guam, perhaps it can be determined how health programs and policies in the colonies differed from those on the American mainland. In what ways did military policies toward the Chamorro differ from Americanization programs which aimed at assimilating new immigrants? In *Colonizing the Body*, Arnold cautions that

The colonizing force of Western medicine has to be understood as more than a crude device of imperial self-legitimation.... Medicine also marked out a ragged arena full of unresolved issues, a contested space as well as a colonizing one.... It had to fashion its own compromise, negotiate its own passage, between the laws laid down in the scientific metropolis and the practical possibilities and priorities determined by colonial rule over an 'alien' society.117

It is my intent that the questions raised and the issues examined in this study delve into the complex relationships alluded to by Arnold.

In the second chapter of this dissertation, I provide a general glimpse of the history of Guam as a colony of the United States, focusing on discourses about disease in the context of colonialism which emerged in the early years of the island's American administration. Naval administrators consistently articulated the twin objectives of protecting their personnel while rehabilitating the natives. As this chapter suggests, descriptions and discussions of Chamorro filth and disease created a discourse of colonial benevolence which worked to the decided advantage of the U.S. Navy. After mapping out the general contours of navy health policies on Guam, this chapter examines the role of tropical medicine in the colonial apparatus. As one of the navy's "tools of empire," to

117 Arnold, *Colonizing the Body* 292-293.
borrow a phrase from historian Daniel Headrick, western medicines and health
technologies provided compelling mechanisms through which American administrators
on Guam could both justify their colonial mission and appeal to the local population.
This chapter sheds light on the developing field of tropical medicine, a discipline which
had only recently emerged in the U.S. as an important subfield of the medical profession.
The chapter considers not only the renown gained by naval physicians in their treatment
and diagnoses of tropical diseases, but also the navy personnel's fears and anxieties about
serving tours of duty in tropical climates. Finally, this chapter demonstrates the coercive
methods used in the introduction of health policies on Guam, suggesting that the naval
government's heavy-handed methods effectively criminalized the Chamorro people for
even mundane offenses such as failing to mow their lawns.

The third chapter delineates naval regulations regarding leprosy and gangosa,
policies which first confined patients to a Leper Colony in the village of Tumon, but
which later exiled them to one in the Philippines. As this chapter illustrates, naval fears
of tropical ailments resulted in intrusive policies which overtly sought to protect military
personnel from the disfiguring diseases suffered by the native people. Apprehensions
over such horrifically-described diseases could be manipulated by colonial administrators
interested in increasing their annual budgetary allowance. In addition, as a public health
issue, the sequestration of leprosy patients created a conflict between administrative
concerns for protecting the health of the military establishment and Chamorro concerns
for the interests of the patients, not merely as individuals but as members of a clan. In
examining the processes through which naval administrators asserted their interests in
sanitation, I consider also the intersections between public health issues and the navy's particular political, moral, and cultural agendas.

The fourth chapter examines the battery of regulations placed upon Chamorro midwives, *patter*ra, by naval administrators. Among the first health-related regulations enacted by the navy were restrictions upon the practices of the *patter*ra in the interests of saving the lives of native children. Chamorro midwives were represented as primitive and ignorant crones, unfit for medical service. This chapter proposes that the battle to circumscribe the power and practices of midwives became an arena in which naval officers attempted to construct both political authority and social control, not surprisingly at the expense of Chamorro women. Navy discourses of midwives can be read to express both medical anxieties regarding the professionalization of their position as health care specialists and institutional anxieties regarding the status of the medical corps within the naval bureaucracy.

The following chapter surveys the founding in 1905 of the first hospital for native women and children, the Susana Hospital. Wives of navy personnel stationed on Guam raised funds for the project, billing the hospital as a mission to save "the little people of Guam."\(^{118}\) While the hospital can potentially be seen as an institution which asserted the power and knowledge of American women over Chamorros, it did so ironically in the interests of the naval government and male authority. In the hospital, Chamorro women's and children's bodies would come under the surveillance of an exclusive male medical

corps. Furthermore, as the place in which Chamorro women would receive training as
native nurses, the Susana Hospital became for Chamorro women at once both a place of
economic opportunity and a site for their attempted subsuming into a bourgeois
American mold. This chapter, therefore, examines not only the historical contexts of and
cultural meanings given to hospitals, but also the roles played by hospital-run training
programs, particularly in their relationships with native women in the American overseas
colonies.

Chapter six examines the watch on children's bodies, primarily as enacted in the
annual hookworm treatments administered to all school children. As this chapter
discusses, attitudes and policies concerning hookworm not only reveal naval
administrators' assumptions about race and class, but also exhibit their beliefs about the
gravity of educating children in western epistemologies of hygiene. This study of
hookworm on Guam also explores the role of philanthropy in America's territorial
expansion. The interest and involvement of the Rockefeller Foundation on Guam, as well
as in other overseas areas, speaks to some of the powerful ideological and political
connections between national policies, military objectives, corporate interests, and so-
called charitable ventures. The responses of children to the most intrusive colonial
policies on Guam will elucidate the understanding of forms of both internalized
surveillance in the mode of Michel Foucault and resistance as James Scott has examined
it.

This dissertation concludes in chapter seven with a discussion of some of the
changes in health care attitudes and practices which have resulted on Guam since 1898.
There is no blaring of trumpets to proclaim the victory of western medicine over indigenous epistemologies of health and hygiene. Rather, it is learned that western medicine, itself in distress through the early decades of the twentieth century (and indeed, some might argue, still in turmoil to this day), had to prove itself time and again, not only amongst an indigenous people who were rarely enthusiastic celebrants of its advances, but also to military bureaucrats, corporate philanthropists, and health professionals both within and outside the military establishment. In employing the developing laboratory, diagnostic technologies of the time, navy doctors and nurses bemoaned their failures and struggles as much as they celebrated their successes. Navy bureaucrats similarly experienced both achievements and defeats in their policy decisions, establishing the domination, rather than the hegemony, of the state government.

In this historical, cultural analysis of health and medicine on Guam, the best stories are not one-sided accounts of victory or defeat, resistance or compliance. Rather, the most compelling stories tell tales of often overlapping processes of adaptation, appropriation, acceptance, rejection, domination, and resistance. In the campaigns to combat filth and germs, and in the struggles for life and death, we can catch a glimpse of the tensions underwriting the contests for power and authority between Chamorros, Americans, men, women, doctors, nurses, children and adults.
"We Have Taught Guam to Wash Her Face"¹

A 1911 *Guam News Letter* article nonchalantly commented, "We have taught Guam to wash her face."² In this navy publication, the statement was not Headlined, notboldly exclaimed, not highlighted in any conventional journalistic manner. Rather, the sentence was tucked away in mid-paragraph towards the end of a two-page article which outwardly addressed the navy's desires to develop the island's economy. Despite its obscured placement, I would argue that the very unobtrusiveness of the statement testifies to its significance and, indeed, to the privileged position of health policies on Guam under the navy. By 1911, written reports of the naval government no longer struggled to convince readers of the necessity or efficacy of its health policies. By this time, navy documents unanimously conceded that the naval government had achieved a medical miracle on Guam. As the *Guam News Letter* article suggests, the island's improvements in health care became elevated as the measure against which other colonial projects were compared.

This 1911 statement can be decoded in a number of ways. Not only does it infantilize Guam as if it were a child in need of basic lessons in grooming, but it also feminizes the island, firstly through the use of the pronoun "her." Guam is further feminized by its personification as a submissive disciple embracing the lessons of an

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² "Guam in the Future" 2.
enlightened—presumably male, empowered, and authoritative—instructor. But besides its infantilization and feminization of Guam, the statement also exemplifies the discourse of colonial progress which typically made front page news in this naval publication. As this article reported, "No one who has seen only the countries of the temperate zone can realize the tremendous work that has been accomplished in these past twelve years in cleaning up the island, physically and hygienically."3 Navy officials on Guam frequently declared that the extraordinary task of cleaning up the island had been undertaken in their colonial mission on Guam.

While the 1911 Guam News Letter article suggested that progress had been made in the area of hygiene, a cartoon published in the July 1912 edition addressed a wider

![Figure 1. More Like His Dad Every Day.](image)

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3 "Guam in the Future," 1.
array of colonial projects which would supposedly contribute to the maturation of the Chamorro people. With the caption "More Like His Dad Every Day," the cartoon depicted the Chamorro people as a dark-skinned child aspiring to gain the stature of a parent—here the American symbol, Uncle Sam. The visual image of Guam not only reduced the Chamorro people to mere children under the training of a superior patriarch, but it did so in a particularly racist manner, emphasizing the primitivism and dark color of the native child. Moreover, Guam is feminized through its choice of apparel, as Uncle Sam wears pants, while the native child dons a dress. This difference in clothing encodes Guam as feminine which, when combined with the racist and infantilizing aspects of the cartoon, suggests the island's receptiveness to the masculine guidance of the paternalistic navy. In the cartoon, "hospitals" ranked at the top of the list of projects—followed by "Telephones, Ice Plant, Educational System, Good Roads, Electric Plant, and Water Works System"—which would supposedly elevate the Chamorros to the level of adult "advancement." The caricature thus reinforced the notion that health and medical issues were of utmost importance.

As the above comment and cartoon reveal naval sentiments regarding the Chamorro people, so too does the article entitled "Guamitis," published in the October 1916 *Guam News Letter*, expose naval perceptions of the tropical island environment.\(^5\)

Written by a man identified only as "a sufferer in the tertiary stage in one of his lucid

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moments," "Guamitis" referred cynically to "a recent disease ... caused by the Mariana Island: Guam." Written in pseudo-medical terms, the column reported that the ailment was "Well known to Officers, Chief Petty Officers, Marines and other unfortunates." Among its numerous symptoms were a loss of interest in routine affairs and life in general, as well as apathy, nostalgia, perturbability, anxiety, and moodiness. According to the anonymous author, if the Guamitis sufferer possessed intelligence prior to settling on the island, "on his arrival it will soon deteriorate, and even the most intellectual, on his return to his native land, will be found to have less intelligence to a marked degree." The only treatment available was "to assure [the patient] that after two years in Guam he will certainly be sent home," since "After arriving in the States the disease will entirely disappear and ultimate recovery will be assured."

While the "Guamitis" column undoubtedly was written for the amusement of a predominantly military audience, it egregiously displayed navy attitudes toward life in the tropics. The humid climate, as well as the "isolation and solitude" of the island, were thought to contribute to a wide range of psychosomatic conditions among persons stationed on Guam. The piece not only expressed naval frustrations with what they considered to be debilitating tropical conditions, but also betrayed the loneliness and

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6 "Guamitis" 9.
7 "Guamitis" 9.
8 "Guamitis" 9.
9 "Guamitis" 9.
10 "Guamitis" 9.
alienation of personnel based thousands of miles from their homes. Just as significantly, the story of "Guamitis" raised once again the issue of health as one of the navy's central concerns in its mission on Guam.

According to several health officers assigned to Guam, newly arrived military personnel were met with a variety of horror stories about Guamitis and other tropical health hazards. In 1936, Medical Corps Lieutenant C.H. McMillan wrote,

The new arrival in Guam, after reading of the diseases of the tropics and listening to tales told by those 'Old Timers' who have survived from one to two years of life here, frequently lives in terror of the health hazards which seem to surround him and his family.\textsuperscript{11}

The "terror" which allegedly accompanied military personnel on the island was described further by Guam's Health Officer, S.L. Higgins, who wrote that

...it is not a surprising thing that many among the naval colony live in a constant state of fear of disease.... The squalor of the surroundings in which he is forced to live, with swarming natives on three sides, sometimes four, for some natives live beneath them in the same houses, affords him no inspiration or stimulus to a white mans [sic] normal mode of life, and not a few are in reality [sic] driven to drink.\textsuperscript{12}

Given these cautionary tales of danger in the tropics, it comes as no surprise that the naval government on Guam placed much emphasis on its health policies, both to combat genuine apprehensions and to assure its dependents that everything possible was being done to protect their health.


\textsuperscript{12} S.L. Higgins, Health Officer, to Governor of Guam, 1 October 1937, RG 80, Box 204, EG-54/A9-4(5), 371013.
Health care indeed figured prominently in the public projects of the naval government. This chapter addresses the discourses which accompanied health care policies on Guam, principally examining the ways in which the navy's health and hygiene ventures were used to validate the new colonial administration's assortment of development projects. Furthermore, the health policies and programs of the naval government of Guam did not address only medical and scientific concerns. Rather, they were a prominent part of the navy's larger colonial apparatus, pacifying a variety of social, cultural, political, and economic anxieties experienced by military personnel both stationed on Guam and located at their Washington, D.C. headquarters. In exploring a range of naval government strategies which attempted to regulate Chamorro health activities, I also reflect upon the relationship between colonialism and medicine on Guam, particularly in the context of rising American interests in tropical medicine. As this chapter demonstrates, remarks like "we have taught Guam to wash her face," cartoons like "more like his dad every day," and newspapers columns like "Guamitis," hardly convey the fluctuating dynamics of power between Chamorros and navy personnel. If the navy were attempting to teach the Chamorros, both literally and figuratively, how to wash their faces, then perhaps the Chamorro people were equally involved in the project, whether in accepting, rejecting, or re-defining the meanings and intentions of health projects.

**Colonialism and Medicine**

As the previous chapter noted, Chamorros in the precolonial era treated their health problems in terms of both natural and supernatural causes and cures. The
intersections between Chamorro expressions of religion, science, and medicine arise around the notion of powerful ancestral spirits with whom healers, both male suruhanus and female surahanas, could communicate. Contemporary Chamorros refer to these traditional healers as suruhanu and suruhana, persons whose knowledge has been inherited in part from the makahna legacy. Beyond the medical services provided by the suruhanu and suruhana, Chamorros maintain "close ties of interdependency" in their healing and caring practices.\textsuperscript{13} This network of interdependency, referred to in the Chamorro vocabulary as the custom of inafa'maolek, remained a central aspect of native medical practices under the Spanish colonial administration, in part because of the inaccessibility of government health services.

While Guam historians thusfar know little about health services during the Spanish administration, apparently the first hospital was established "as early as 1667," although "the services of this facility were generally limited to caring for Spanish military or administration personnel and their families."\textsuperscript{14} The first known attempt to address Chamorro health problems occurred in 1890, over two hundred years after the founding of the Spanish colony. In this year, "an attempt was made to gather all leprosy patients in a hospital especially constructed for that purpose near the village of Pago."\textsuperscript{15} A typhoon two years later destroyed the leper colony, however, and patients dispersed to the care of


\textsuperscript{14} Robert L. Haddock, \textit{A History of Health on Guam}, Hagåtña, Guam: Department of Public Health and Social Services, n.d., 10.

\textsuperscript{15} Haddock 10.
their families. For the most part, despite the limited presence of Spanish doctors on the island, it appears as though the majority of the Chamorro population remained under the medical care of suruhanus and suruhanas throughout the nineteenth century.

Through a variety of aggressive diplomatic and military exploits in the waning years of the nineteenth century, the political and military interests of the United States extended to regions far beyond its continental borders. Nascent colonies in Guam, as well as in Puerto Rico, the Philippines, Hawai‘i, and Eastern Samoa, posed new challenges for the U.S. military, unaccustomed to its role as administrator over civilian populations. While the navy received presidential authorization from William McKinley to govern Guam and Eastern Samoa, the Army accepted jurisdiction over the Philippines and Puerto Rico.

On Guam, the first colonizing battalion of navy and marine corps personnel arrived in August 1899, over a year after the island's surrender by Spanish forces. Establishing the initial settlement posed a number of problems, not the least of which was employing the troops in several laborious public works projects aimed at "surveying the harbor, erecting beacons, planting buoys, building rafts, landing stores, [and] renovating and repairing Government buildings in Agana and San Luis."16 In an account written by a member of the first Marine Corps battalion stationed on Guam, such work projects posed health risks for the military. As John Clifford describes them,

The hot tropical sun and working hard with poor food soon brought the men down with sickness. Not a day passed but that two or three men went to the hospital

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16 Captain Richard P. Leary, Governor of Guam to Secretary of the Navy, 26 August 1899, RG 80, Box 384, 18-G.
with fever.... Twelve of our comrades and an officer died with the fever. It was hard on those who were not sick, for they had to stand two hours on watch over the sick men, who were out of their minds with fever. There was a double funeral one day, two of our men dying at the same time. It was a sad affair. Climatic fever was the cause. Nearly every man was on the verge of insanity. It was almost as bad as a battlefield, for there was great danger of being sunstruck, for the sun was terribly hot, fever raging, and also danger of being killed by storms and earthquakes, Guam being noted for them. We were the pioneers of the island.\textsuperscript{17}

Clifford's account placed great emphasis on the tragedies which befell his colleagues, and underlined the military's lack of familiarity with and anxiety over tropical environments. As another account expressed,

There seems to be something very irritating, nerve-racking and disagreeable to Americans about the climate [on Guam]. They appear to be under tension, more easily upset, more irritable and more depressed mentally, so to speak, than at other stations.\textsuperscript{18}

The hazards to military personnel plagued navy administrators, particularly in the early decades of colonial rule. In 1900, Guam's first naval governor, Captain Richard Leary, reported to the Secretary of the Navy that "there are on the sick list fifty-four men out of a total force of one hundred and fifty, there being four cases of simple fever, eighteen cases of typhoid fever and twenty cases of diarrhoea which seems to be epidemic."\textsuperscript{19}


\textsuperscript{19} Captain Richard P. Leary, Governor of Guam, to Surgeon General, U.S. Navy, 10 March 1900, RG 52, E-11, Box 122, 55614.
Throughout Leary's short reign, maintaining the health of his battalion posed an exasperating challenge. Reflecting upon the health experiences of this first naval command, Secretary of the Navy John Long noted the hazards of life on Guam in his *Annual Report of the Navy Department*. In 1900, Long declared that because of the island's "debilitating" climate, "conditions are not favorable at this station for continuous good health."20 Indeed, by 1903, the navy's Surgeon-General declared that "a stay of more than two years at this station results in mental deterioration among the officers as well as men."21 Such understandings held by the highest ranking members of the Navy Department contributed to an unusually high turnover rate among Guam's military personnel—a fact most apparent in the appointment of an astounding thirty-two governors over a forty-one year span. As Robert Leigh attests in his study of federal health policies, because of the climate, military tours of duty on Guam were shorter than those at other stations, including Samoa.22

While several early reports from Guam emphasized environmental factors as key challenges to the health of military personnel, others directed attention to the Chamorro people's ostensibly diseased condition. Even prior to the settlement of Leary's pioneer battalion, visiting navy surgeons in ships passing through Guam noted the presence of

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22 Leigh 264.
syphilis, tuberculosis, whooping cough, and other ailments. In examining navy records, it becomes apparent that the naval administrators understood the health situation of their military personnel in terms of both tropical environmental factors and germ theories of disease. In a letter written to the Secretary of the Navy, for example, Governor Leary noted,

With the exception of medical supplies belonging to our vessels, there is not an ounce of medicine in this island, and as the inhabitants are seriously in want of medical attendance the professional services of our Surgeons and the medical stores on hand will be carefully, judiciously but gratuitously given for the amelioration of their situation, as an act of humanity for the improvement of the hygienic condition of the island and for the protection of our own men.

Realizing that not simply the tropical environment, but also native germs, could pose a threat to his battalion's welfare, Leary established the precedent of extending military health services to the indigenous people of Guam.

The medical endeavor to combat systematically the varied causes of illness among military personnel stationed in the tropics contributed not only to the growing importance of tropical medicine within the navy Medical Department, but also to the increased significance given to scientific approaches to medicine within the navy. This amplified view of medicine invariably implicated in its policies the bodies of native Chamorros with whom members of the military were in constant, unavoidable contact. In order to

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23 See, for example, Mack Stone, Assistant Surgeon, U.S. Navy to Secretary of the Navy. 31 January 1899. RG 80, Box 384, 9351-35.

24 Captain Richard Leary, U.S. Navy to Secretary of the Navy. 26 August 1899, RG 80, Box 384, No. 18-G.
protect duly the members of the military, navy doctors felt it necessary to attend to the physical conditions of the native Chamorros.

Concerns expressed by Leary and others hint at the complex relationship between medicine and colonialism. In a place like Guam, for example, the history of western medicine became undeniably complicated by the co-existence of colonialism's own economic, political, and cultural exigencies. As historian Roy Macleod notes, "in India, Africa, South-East Asia and the Pacific, 'colonial medicine'" formed "an arm of colonial authority."25 Indeed this study confirms Nicholas Thomas' assertion that "Almost anything having to do with the organization of custom or village life could potentially be modified in the name of sanitation."26 As this chapter illustrates, the navy's health department on Guam was engaged in a number of activities in which success depended largely upon the enforcement of state (police) powers. At the same time, this use of police power in the name of health care served to consolidate the political power of the government. Thus as Macleod and Thomas have suggested, in the colonial context medicine and power are inextricably linked.

Similarly, psychoanalyst Frantz Fanon examines the manipulation of health policies in the interests of consolidating state power. As Fanon maintains, "The fact is that the colonization, having been built on military conquest and the police system,


sought a justification for its existence and the legitimization of its persistence in its works.\textsuperscript{27} In Fanon's analysis, medicine served as the principal means through which this justification and legitimization of colonialism was achieved. As subalternist David Arnold also asserts, medicine served "an important role in enunciating imperial ideology,"\textsuperscript{28} and "was given a prominent place among the benefits that European civilization could bestow upon the benighted rest of the world."\textsuperscript{29}

The developing field of tropical medicine added even more authoritative force to the notion that western medicine was an important instrument in the colonizing process. An explicit link between tropical medicine and imperialism was made in G.E.M. Vaughan's 1907 statement that Disease still decimates native populations and sends men home from the tropics prematurely old and broken down. Until the white man has the key to the problem, this blot must remain. To bring large tracts of the globe under the white man's rule has a grandiloquent ring; but unless we have the means of improving the condition of the inhabitants, it is scarcely more than an empty boast.\textsuperscript{30}

Vaughan's pronouncement illustrates the notion that by the end of the nineteenth century, "the new tropical medicine was an important element in the ideology of


\textsuperscript{28} Arnold, "Medicine and Colonialism" 1395.

\textsuperscript{29} Arnold, "Medicine and Colonialism" 1405.

progressive imperialism."\textsuperscript{31} Historian Sheldon Watts takes this argument further with his assertion that the concurrent development of tropical medicine and the "great age" of European and North American imperialism was, in fact, no coincidence. Watts asserts, "From its very onset tropical medicine was thus an 'instrument of empire' intended to enable the white 'races' to live in, or at the very least to exploit, all areas of the globe."\textsuperscript{32}

But from a medical perspective, understanding tropical diseases was not simply important as a tool of empire. As navy Surgeon-General P.S. Rossiter expressed in 1934, medical personnel faced fears about the spread of tropical diseases to the North American mainland. As Rossiter maintained,

> The Spanish-American War, which resulted in our becoming a world power with many widely scattered colonial possessions, added many duties to the Medical Corps of the Navy which they are still performing.... Naval medical officers were faced with the problem of dealing with numerous tropical diseases, their prevention and treatment, and the prevention of their introduction into the United States.\textsuperscript{33}

In fact, this general concern for the health of continental Americans informed practitioners of tropical medicine in the U.S. Calling for the establishment of a school of tropical medicine in the United States, Harvard medical school professor E.N. Tobey emphasized the urgency with which general practitioners throughout the country needed


to become familiar with the field. As Tobey explained, the likelihood of tropical diseases spreading through the U.S. seemed imminent "due to increase in travel, the return of discharged soldiers and sailors, missionaries, teachers, people connected with our diplomatic and consular services, people of leisure, engineers and merchants."\textsuperscript{34}

Given these general concerns for the health of Euro-Americans, both those traveling to tropical areas and those at home coming into increasing contact with travelers returning from the tropics, doctors and researchers specializing in tropical medicine faced daunting challenges. According to historian Phillip Curtin's research on European experiences in the tropics, by implementing public health measures in the new colonies and by relying on the latest advancements in germ theory, medical personnel made great strides in decreasing mortality rates among European military personnel by the mid-1800s.\textsuperscript{35} Curtin asserts that in tropical areas, sanitary measures regarding "clean water, clean air, and sewage disposal ... certainly accounted for the most important mortality changes in midcentury."\textsuperscript{36} Additionally, he points out that medical authorities concurrently focused greater attention on diseases "most spectacular" and "most exotic," particularly malaria, yellow fever, and cholera.\textsuperscript{37} Curtin's attention to the decreased mortality rates of Europeans in the tropics is a reminder that scientific knowledge about

\textsuperscript{34} E.N. Tobey, "The Need for a School of Tropical Medicine in the United States," \textit{The Journal of the American Medical Association} 52 (3 April 1909): 1099-1100.


\textsuperscript{36} Curtin 61.

\textsuperscript{37} Curtin 61.
health conditions and medical problems in the tropics did indeed progress dramatically in
the nineteenth century. As a result of these general medical advancements, the sanitary
and infrastructural improvements aimed initially at protecting military personnel did
invariably extend to benefit the health conditions of colonized natives in places like
Guam.

Despite the health gains offered by western medicine, another body of evidence
suggests that in the colonies medicine was viewed not merely as a philanthropic gift, a
new technology, or a benevolent presence in indigenous lives. A good deal of
documentation on native resistance to these newly introduced medical practices attests to
this. In his psychoanalytic interpretation of acts of resistance by colonized peoples, for
example, Fanon notes a pattern different from those in poor, rural European settings.
Fanon asserts,

The colonized who resisted hospitalization did not do so on the basis of fear of
cities, the fear of distance, of no longer being protected by the family, the fear that
people would say that the patient had been sent to the hospital to die, that the
family had rid itself of a burden. The colonized not only refused to send the
patient to the hospital, but he refused to send him to the hospital of the whites, of
strangers, of the conqueror.38

Fanon's work challenges researchers to explore not only the range of responses to
medicine by those colonized, but also the reasons for such actions (or evasions).
Similarly arguing for a nuanced approach to the history of colonial medicine, Arnold
notes that in the context of India,

Western medicine was forced to recognize that ... it had to be more than a mere
carbon copy of medicine in Europe. It had to fashion its own compromise,

38 Fanon 125.
negotiate its own passage, between the laws laid down in the scientific metropolis and the practical possibilities and priorities determined by colonial rule of an 'alien' society.\textsuperscript{39}

In the case of Guam, researchers would be remiss to assume that even an autocratic naval administration was able to impose its health policies hegemonically. As can be seen, despite naval intentions and designs, the government and the medical department were consistently engaged in processes of compromise and negotiation, not only with the indigenous Chamorros but also with members of their command and national policy makers.

\textbf{Medicine and the U.S. Navy}

In order to understand the role of medicine on Guam, it is essential to consider the overlapping issues of colonialism, tropical medicine, cultural imperialism, and benevolence. Moreover, the promotion of health policies on Guam must also be examined in the context of the navy's own bureaucratic structure. Most fundamentally, the navy medical department on Guam sought to protect its military personnel, a duty which concomitantly dictated tending to the health needs of the native Chamorros. On a broader level, medical personnel were also embroiled in a project to validate the medical department's significance both within the navy and within the wider medical community. Only since 1842 (in a reorganization act passed by the U.S. Congress) had the Bureau of Medicine and Surgery been recognized as one of the Navy Department's five divisions, along with the Bureau of Yard and Docks; the Bureau of Ordnance and Hydrography; the Bureau of Construction, Equipment and Repair; and the Bureau of Provisions and

\textsuperscript{39} Arnold, \textit{Colonizing the Body} 293.
Clothing. The five bureaus were not treated equally by Congress, and in particular the salary scale revealed a "great disparity in compensation," with the head of the Bureau of Medicine and Surgery receiving the lowest pay.⁴⁰ As navy medical historian Harold Langley asserts, "By paying the head of the medical bureau less than his colleagues, the Congress had placed him and his area of expertise on the lowest level of importance."⁴¹ The discontent over salary matters intensified since Army surgeons earned nearly double what those in the navy received.⁴² Not only was the status of navy medical personnel diminished within the U.S. Navy hierarchy, but navy doctors were also devalued in comparison to the standing accorded to Army doctors. Navy surgeons struggled, therefore, not only to upgrade their institutional status in order to raise the Bureau of Medicine and Surgery to a level commensurate with the four other navy Bureaus, but also to enhance their personal rank to a level equivalent to their higher-positioned army counterparts. As navy medical historian Martha Crawley points out, in the early decades of the twentieth century, "The Naval Medical Staff was struggling for status and recognition at a time when the Army Medical Department, led by Walter Reed and William Gorgas, had become internationally renowned."⁴³ Army medical advances,


⁴¹ Langley 356.

⁴² Langley 248.

⁴³ Crawley 117. Crawley, in particular, notes the medical achievements of Army doctors in combating yellow fever in Cuba.
particularly in combating Cuba's yellow fever outbreak, had brought considerable prestige to its medical staff.

Operating in an institution steeped in hierarchy, navy doctors on Guam attempted to use the relatively new area of tropical medicine as an avenue through which they might challenge the accomplishments of their army counterparts and consequently command the attention of navy and congressional policy makers. These volatile issues of rank, pay, and prestige plagued navy medical personnel well into the twentieth century. Indeed, in light of these professional pressures, it is not surprising that tropical medicine became an active arena in which navy medical personnel could debate the pressing issues of pay, rank, and status.

At stake in the medical treatment of the Chamorro people was not simply the physical welfare of the military and indigenous communities, but also the medical bureau's significance both within the naval hierarchy and within the national and international medical communities. Crawley points out, for example, that navy medical discoveries on Guam of the ailment gangosa "caught the attention of Congress and made the reputations of numerous naval surgeons in the wider medical community." Numerous naval medical personnel received acclaim through the publication of their Guam findings in periodicals such as the Journal of the American Medical Association, The World's Health, U.S. Naval Medical Bulletin, Military Surgeon, and the American Journal of Nursing. Several navy surgeons on Guam received invitations to present papers at international medical conferences, particularly those on tropical medicine.

\[44\] Crawley 260.
Through the achievements of the navy's individual surgeons, the navy Surgeon-General was able to strengthen the Bureau's general status within the navy.

These individual achievements ostensibly also illustrated the validity and viability of military colonialism in the tropics. Victor Heiser, for example, an acclaimed authority in tropical medicine and director of the Rockefeller Foundation, emphasized the significant gains made by military surgeons in their colonial missions. Drawing a link between American colonialism and tropical medicine, Heiser stated, "In my medical school days we never heard of this subject; it was the Spanish-American War that was largely responsible for our entrance into the field of tropical diseases."\(^45\) In the ostensible interests of the millions living in tropical areas and the expanding concerns of various colonial administrations, medical authorities called for "stronger and broader responsibilities toward the health requirements of the indigenous populations of the tropics."\(^46\)

In this light, the field of tropical medicine can be seen as connecting seemingly disparate concerns over individual medical careers, competitive military hierarchies, and colonial interventions by both the navy and army. On Guam, numerous accounts credit the navy for its care of both natives and Americans, while other writings also recognize the contributions to medical knowledge made by practitioners on the island. Few studies, however, acknowledge the link between indigenous health care and military expansion.


As Crawley states regarding the significance of tropical medicine in the context of American military expansion, "A major naval base could not be planned at Guam until the worst forms of disease had been brought under control."47 Bringing these diseases "under control" enabled the navy not only to expand its mission in the Pacific, but also provided the navy with a rhetorical device through which their officers could boast of their accomplishments as colonizers.

In fact, written documents about Guam throughout the early twentieth century uniformly praise the navy medical department for its humanitarian efforts in attending to Chamorro health care. Lieutenant Commander Frederick J. Nelson, for example, who served a two-year term on Guam in the 1930s, expressed, "From physical, mental, and moral conditions too depressing to describe, Guam gradually emerged into one of the cleanest, most wholesome and prosperous spots in the tropics."48 Numerous reports have hailed sanitary improvements as the highlight of American colonialism on Guam. One commentator, Chief Commissioner A.C. Suarez, for example, wrote in 1939, "The greatest and most lasting contribution" of the U.S. Navy's rule on Guam "has been that the Americans have been untiring in their efforts to educate the natives to live in a more sanitary manner."49 The navy itself placed health care at the top of its list of achievements, notably in its 1951 U.S. Navy Report on Guam which surveyed naval

47 Crawley 278.


achievements as it prepared to transfer control of the island to the Department of the Interior.\textsuperscript{50} In this report, the Office of the Chief of Naval Operations declared, "On the long road to the rehabilitation of Guam, ... public works and public health programs formed the team which hauled the heaviest load the longest distance."\textsuperscript{51} In its retrospective look at its administration of Guam, the navy boasted that its triumph had been in guiding the Chamorros "from disease-ridden medieval peonage to the dignity and demeanor of a healthy, self-reliant citizenry in the modern world."\textsuperscript{52} Even American anthropologist Laura Thompson, noted for her denunciations of naval authoritarianism on Guam, wrote in 1944, "The Navy's most solid achievement in Guam was in the field of health."\textsuperscript{53}

Guam's canonical histories have similarly treated the field of health and hygiene as one of the navy's unquestionable contributions to the island. In Paul Carano and Pedro Sanchez's \textit{The Complete History of Guam}, for example, the authors note that the navy made "substantial improvements" in Guam's health and sanitary conditions.\textsuperscript{54} Scholar Robert F. Rogers comes to an even more emphatic conclusion, averring that "the America

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\begin{itemize}
\item \textsuperscript{51} \textit{U.S. Navy Report on Guam 5}.
\item \textsuperscript{52} \textit{U.S. Navy Report on Guam 3}.
\item \textsuperscript{53} Laura Thompson, "Guam: Study in Military Government." \textit{Far Eastern Survey} 13:16 (9 August 1944): 151.
\item \textsuperscript{54} Paul Carano and Pedro C. Sanchez, \textit{The Complete History of Guam}, Rutland, VT and Tokyo, Japan: Charles E. Tuttle Company, 1964: 264.
\end{itemize}
navy's record in public health on Guam was exemplary."

In his *Destiny's Landfall: A History of Guam*, Rogers asserts that "Overall, Guam's population in 1941 compared with 1899 ... was much healthier than when the Americans arrived."

Thus when editors of the September/October 1911 issue of the *Guam News Letter* proclaimed, "We have taught Guam to wash her face," they were participating in an ongoing hegemonic discourse which extolled the works of U.S. navy governors and health officers. The inserted cartoon and its caption, "More Like His Dad Every Day," provided further evidence of navy attitudes toward the Chamorro people's physical condition. But comments and cartoons such as these were not simply indicative of the navy's self-aggrandizing efforts. Rather, they formed part of a larger Orientalizing discourse which enframed the Chamorro people in ways useful to the naval government in its colonial endeavor.

While some readers might quarrel with my estimation of such statements as self-aggrandizing, few would dispute the notion that the introduction of western medicine by the navy resulted in improved health conditions. Similarly, in the case of the Philippines, historian Reynaldo Ileto illustrates that "Even nationalist writers ... find it impossible to interrogate the established notion that among the blessings of American colonial rule was a sanitary regime which saved countless Filipino lives." Certainly today fewer


56 Rogers 160.

Chamorros use the services of traditional healers or midwives, and visits to the doctor’s clinic or hospital have become rather normal activities.

While this project does not attempt to explain contemporary trends in medical care on Guam, it does look at the introduction of western practices of medicine in this century. This seeming rise to power and status of the medical professional, however, lends itself to numerous questionable assumptions—for example, that medicine was a benevolent gift of the colonizer, that medicine represents a victory in scientific humanitarianism, and that the history of medicine on Guam is merely part of the larger story of western medicine. But as the previous chapter has suggested, the history of western medicine itself tells a complex story of competing economic, political, and cultural interests, both within and outside the scientific community. At the turn of the twentieth century, rising progress in the field of tropical medicine, increasing confidence in western medical technologies, and the arrival of naval forces on Guam all combined to provide a provocative stage from which to view the entangled relationship between medicine and colonialism. This study attempts to illustrate some of the links between medicine, politics, science, and culture as a way to understand better the construction of colonial power.

**Orientalizing the Chamorro: Enframing the Colonized**

As historians such as Michael Adas and Philip Curtin have suggested, transformative colonial projects which attempted to recreate colonized societies along the pattern of the industrialized west invariably denigrated the lifestyles of colonized peoples.

Before exploring the specific health policies implemented by the naval government of Guam, a consideration of the discourses which informed such policies should be pursued. The naval government was not mandated to extend health services to the Chamorro people. Indeed, the establishment of a health department to deal specifically with the indigenous inhabitants was not a responsibility dictated by either the president or by the U.S. Congress. It was a role which the navy established for itself. Moreover, navy officials acknowledged from the start of their administration that the costly expenses would be borne not by the cash-poor Chamorros, but by the federal government. For these reasons and more, it is essential to consider the varied understandings which informed navy health policies. It is imperative to consider Edward Said's contention, both articulated and demonstrated in his *Orientalism*, that

...without examining Orientalism as a discourse, one cannot possibly understand the enormously systematic discipline by which European culture was able to manage—and even produce—the Orient politically, sociologically, militarily, ideologically, scientifically, and imaginatively.\(^58\)

The case of Guam provides a fruitful exegesis of Said's premise, although this work does not attempt to excavate exhaustively the representations of Chamorros. Nevertheless, it is important to consider the ways in which the Chamorro people were understood and enframed in naval discussions.

In his analysis of American discourses on Guam, Keith Lujan Camacho asserts that literary representations of American travelers and military personnel constructed both

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the Chamorro people and the island landscape as the feminine Other. In Camacho's assessment, the trope of hospitality in particular was produced to fashion the native as inviting, carefree, law-abiding, and docile. While on the one hand these descriptions worked to "transform the experiences of reluctant travelers from fearful adventures to comfortable visits," they also functioned to both feminize and infantilize the Chamorro people by "[implying] the need for supervision by a patriarchal U.S. government." Similarly, in the case of Hawai‘i, scholars Phyllis Turnbull and Kathy Ferguson contend that in military and touristic discourses, "Hawai‘i is coded as a soft, feminine, welcoming place, waiting and receptive...; it is a feminine space awaiting the masculine other to know her and use her." I would argue that the twin tropes of feminization and infantilization work to render the Other blissfully malleable and, in the cases of Guam and Hawai‘i, happily colonized. Furthermore, as Camacho asserts, representations of the hospitable Chamorro who delights in the American presence have been manipulated to validate intrusive naval policies at the expense of eliding the reality of Chamorro dissatisfaction with the tactics of a military form of government.

In considering the writings of American authors in their visits to Guam, several recurring themes are striking, both in their simplistic portrayals of the Chamorro people


60 Camacho 141-142.

and in the ways in which this professed knowledge of the indigenous islanders licenses a variety of transformations. In order to defend their autocratic form of government on Guam, navy officials found it advantageous to represent the Chamorro people as incapable of self-government, and thus frequent references are made to the placid and submissive nature of the Chamorro people. In the 1904 *Annual Report of the Naval Governor of Guam*, for example, Governor Raymond Stone described the Chamorro people as "docile and gentle." Similarly, Governor George Dyer depicted the Chamorro people in 1905 as "a sober ... and docile population." Despite the seemingly agreeable qualities granted the Chamorro people by Dyer, he also wrote that "they lead lives of Arcadian simplicity and freedom from ambition or the desire for change or progress. They are like children, easily controlled and readily influenced by example, good or bad." As Dyer's comments illustrate, in the very process of ostensibly praising Chamorro simplicity and contentment, naval governors could at once minimize Chamorro agency and suspend the reality of political dissatisfaction. Since 1902, for example, Chamorro leaders had petitioned the U.S. Congress for the substitution of the military government with a civilian form. In their characterizations of the Chamorro

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63 AR 1905, 1-2.

64 AR 1904, 2.

people, however, Dyer, as well as nearly every other governor, overlooked the reality of existing political tensions on the island. Patronizing images and racist stereotypes of Chamorro people espoused by naval governors, therefore, justified not only the policies and laws implemented on Guam, but the entire system of government exercised on the island.

Specifically focusing on the discourses of health and sanitation raises important questions about colonialism. Prior to the navy's colonization of Guam, several accounts noted the cleanliness of the Chamorro people and their villages. Anthropologist Lawrence Cunningham has identified cleanliness as one of the Chamorro people's most esteemed values. Cunningham cites, in particular, the observations of sixteenth- and seventeenth-century Spaniards such as Fray Antonio del los Angeles and Padre Luis Diego de Sanvitores. Both observed an emphasis on hygiene and sanitation among Chamorros. Del los Angeles, for example, wrote in 1597 that "As soon as a guest arrives, he is given hot water with which to wash." Similarly, Sanvitores maintained in his late-1660s account that the Chamorros "had many sanctions that insured proper hygiene," resulting in "the cleanest houses in all of the Spanish colonies."  

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67 Cunningham 96.
A number of non-Spanish accounts have corroborated Cunningham's assessment of the Chamorro people's emphasis on cleanliness. In an 1802 account from the American whaling ship the *Lydia*, first officer William Haswell described the houses as "small but very cleanly." In an 1889 report following his travel to Guam, British yachtsman James Cumming Dewar stated, "The streets ... were marvelously clean." Indeed, even some early naval accounts paint a pleasant picture of the Chamorro people. Ensign C. L. Poor, a member of the newly-arrived American naval community, wrote in the 16 December 1899 issue of the *Harper's Weekly* that "[The Chamorro people's] dress is neat and clean, and in their personal habits they are modest and tidy.... They are cleanly." In a contribution to the same publication just one month prior, however, Poor had noted, "Much stress has been laid, in the little that has been written about Guam, upon the prevalence of leprosy." Poor's article proceeded, however, with a disclaimer that, "As a matter of fact there is but little of it here--not over a dozen cases."

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69 Qtd. in Wuerch, 116.


72 Poor, 11 November 1899, 1135.
Poor's assessment that navy observers had overstated the significance of the leprosy situation on Guam opens access to the ambivalent discourses which arose around the topic of health and the Chamorro people. Sometimes wretched, sometimes decent, these elastic representations of the indigenous people of the Mariana Islands could be manipulated to justify a wide range of colonial policies. Furthermore, it should come as little surprise that once naval authority over Guam was established, official medical and administrative reports about the Chamorro people became less complimentary and more conspicuously concerned with the daily difficulties of managing a colonial government.

In one of the earliest official medical assessments of Chamorro health conditions, Assistant Surgeon Mack Stone described the Chamorro people to the Secretary of the Navy as having "slight regard ... for cleanliness and the prevention of disease." Captain Richard Leary, the first naval governor of the island, also exhibited his understanding of the physical conditions of the Chamorros in a 1900 order which authorized the apprehension and quarantine of all American servicemen who had left their ship to live among the natives. In General Order #14, Leary explained that members of his command would "incur the risk of infection" by associating with the presumably disease-ridden natives. He thus sought to protect not only those Americans exposed to native germs, but also the other members of his command. As the first governor, Leary's orders were

73 Mack Stone, Assistant Surgeon, U.S. Navy to Secretary of the Navy. 31 January 1899. RG 80, Box 384, 9351-35.

especially significant in that they established the precedents to which later governors would adhere.

This law in particular not only stated the objective of protecting military service members, but also worked to collectivize the Chamorro people as a homogeneously diseased group. From the start of the naval administration, governors' orders and naval policies consistently set American personnel and their Chamorro subjects apart in binary opposition to each other—not only as healthy vs. diseased, but also as modern vs. primitive, progressive vs. conservative, industrious vs. lazy, literate vs. illiterate, and moral vs. amoral. Naval laws and policies treated Chamorros and Americans as mutually exclusive groups with different sets of legal regulations, educational requirements, economic interests, and health concerns. Further, in the area of health care navy laws also treated the Chamorros as identically afflicted, and thus uniformly accountable to medical authorities. In the case of hookworm therapy, for example, rather than selectively treating only those infected, navy doctors uniformly administered annual treatments to all Chamorro school children without prior diagnosis of illness. The presumption was that all of the natives were infected. Military personnel, however, were treated only after a medical examination and diagnosis.

At least some Chamorros perceived such approaches as less than ideal. For example, navy medical department employee Ramon Sablan, who later became the first Chamorro physician, wrote in 1929 that "the wholesale method of giving the treatment to
this number of children might not be as ideal as some would like it to be."\textsuperscript{75} Sablan, however, conceivably echoing the sentiments of other naval medical personnel, further stated that "perhaps it was the most practical way" since "only a very small percentage of the people voluntarily go to the hospitals."\textsuperscript{76} Sablan's comments reveal that Chamorro patients were treated as uniformly diseased at least partly in light of the medical exigency created by their very resistance to navy medical services. His pragmatic analysis of the navy's aggressive tactics further suggests that at least some Chamorros empathized with the government's medical procedures. As a member of the Guam Congress and as a member of the \textit{mannakhilo}' class, Sablan's opinions were undoubtedly shared by other Chamorros of his status.

In returning to Leary's order for the quarantine of servicemen exposed to native germs, there can be found evidence that apparently not all of the American personnel on Guam viewed the Chamorro people as dangerously diseased. Non-commissioned officers, enlisted men, and marines, in particular, were denounced over the years for violating naval officers' norms of social propriety. Beginning with the first battalion, officers periodically registered complaints with the governor, as well as with higher ranking navy officials in Washington, D.C., regarding the close association of certain members of their command with the native people. A 1902 letter from Guam resident John G. Esslinger expressed his outrage at the "open and notorious' deeds of immorality"

\textsuperscript{75} Ramon Sablan, "A Plea for Better Health Conditions." \textit{Guam Recorder} 6:3 (June 1929): 50.

\textsuperscript{76} Sablan 50.
being committed, mainly by non-commissioned officers, in their "open adultery" with
native women.77 Esslinger's letter was forwarded to the Secretary of the Navy who then
referred it to Guam's governor with a request for information on the complaint. The
following year, Governor W.E. Sewell replied to the Assistant Secretary of the Navy that
while "illicit intercourse and even adultery occurs," there was little that could be done to
curb such "transgressions."78

Governors Templin Potts and W.W. Gilmer both sought to ban interracial
marriages in the attempt to obstruct liaisons between military personnel and native
women. In 1907, Potts described these matrimonial unions as "degenerating to the
whites," and sought to "immediately [discharge] from the service as unfit for military
duty" any man who disobeyed his order.79 While Potts never officially banned interracial
marriage, Gilmer managed to do so in Executive Order #326 of 29 September 1919. In
this law, the governor decreed that "any white person residing in the Island of Guam is
forbidden to marry any person whole or part of Chamorro or Filipino extraction."80 In

77 I am not entirely certain who Esslinger was, though I presume that he was a member
of the Marine Corps, since the orders to investigate the case were also forwarded to the
Commanding Officer of the Marines. John G. Esslinger to Dr. J.W. Bashford. 22 November

78 Governor W.E. Sewell, Commandant, U.S.N. to Assistant Secretary of the Navy. 30
March 1903. RG 80, Box 386, 9351: 341-360.

79 Cablegram from Commander T.M. Potts, U.S.N., Commandant Naval Station, Guam,
L.I., to Office of Brigadier General, Commandant, U.S.M.C.. 3 May 1907. RG 80, Box 388,
9351: 19003.

80 Executive General Order #326, 29 September 1919, Naval Government of Guam,
Government House, Guam. RG 80, Box 484, 9351: 1818.
explaining his edict to a committee of American citizens on Guam which had formed to
fight this law, Gilmer stated, "If a man in the United States marries a woman of any other
color, he sinks immediately to the level of his wife."81

While naval governors such as Leary, Sewell, and Gilmer may have viewed
association with the Chamorro people as either physically contaminating or beneath the
dignity of American citizens, for a variety of reasons men assigned to Guam did cross
sensitive ethnic barriers. Indeed a list of over fifty marines and navy enlisted men who
had married Chamorro women by 1919 was provided to the navy governor as evidence of
the stable marriages between native women and military men.82 Compiled by J.H.
Underwood, W.W. Rowley, and T.E. Mayhew, American men stationed on the island
who had married Chamorro women, this list included the progenitors of families on
Guam such as the Andersons, Butlers, Johnstons, Leddys, McDonalds, Manleys, and
Wustigs, and rendered evidence of navy resistance to the notion of Chamorro contagion
promoted in the correspondence and reports of naval administrators. While the island's
governors and health officers consistently emphasized the degraded health conditions on
Guam, it appears that a good number of their subordinates did not share their views.

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81 Governor W.W. Gilmer to Committee representing American Citizens of Guam, 16
October 1919. RG 80, Box 484, 9351: 1818. A group identifying themselves as the
"American citizens of Guam" lobbied the Secretary of the Navy to overturn Gilmer's law,
citing numerous marriages between American men, primarily Marines, and Chamorro
women. Less than one year after Gilmer proclaimed this order, Assistant Secretary of the
Navy Franklin Roosevelt ordered him to revoke it. See RG 80, 484, 9351: 1818. Also,
Rogers 145.

82 J.H. Underwood, W.W. Rowley, and T.E. Mayhew to Governor of Guam. 10 October
1919. RG 80, Box 484, 9351:1805.
The Navy Health Bureaucracy: Medicine, Charity & Colonialism

In his 1898 "Instructions for the Military Commander of the Island of Guam," President William McKinley called upon the U.S. Navy "to announce and proclaim in the most public manner that we come, not as invaders or conquerors, but as friends."\(^{83}\) McKinley further directed the naval administration to "win the confidence, respect and affection of the inhabitants of the Island of Guam ... by proving to them that the mission of the United States is one of benevolent assimilation."\(^{84}\) Health policies perhaps best exemplify the body of so-called benevolent policies implemented by the colonial government, partly to attend to the health concerns of the indigenous people, but also in the interests of protecting the military colony. As already seen, these two separate missions soon became regarded as inextricably linked. In order to execute programs most rigorously, naval governors divided the medical duties of the naval government between the health and police departments. What resulted, as this discussion demonstrates, was the treatment of health and hygiene in terms of the charitable activities of the military and the criminal activities of the Chamorros.

On Guam, attending to health concerns of both natives and military personnel was ultimately the responsibility of the naval governor who held complete authority over all island affairs. Perhaps paying credence to McKinley's mission of benevolent assimilation, in 1905 Governor Dyer officially established the Department of Health and

\(^{83}\) William McKinley, President, "Instructions for the Military Commander of the Island of Guam, Ladrones, Pacific Ocean." 12 January 1898. Qtd. in AR 1914, 2.

\(^{84}\) Qtd. in AR 1914, 3.
Charities. In his orders, he directed the agency to assume "general supervision of the public health and sanitary interests of this Island." After 1918, the term "charities" was dropped from the agency name altogether, though until 1938 "charity" remained listed as one of the sub-fields within the department in the naval government's organization chart. Still, this inclusion of "charity" in the agency title says much about the navy's perception of its health responsibilities on Guam, as well as its view of the Chamorro people's supposedly abject status. By comparison, the co-existing naval agency which tended to the health care of military personnel and their dependents was simply titled the Medical Department.

If the agency name itself conveyed the notion of Chamorros as the charitable subjects of American colonial philanthropy, then the very expense of federal dollars for the health care of the Chamorro people testified further to the philanthropic nature of military health expenditures. Particularly because health department funds came almost entirely from federal appropriations, navy government officials easily identified such expenditures as examples of American beneficence. Governor E.J. Dorn, for example, stated in 1908 that "the Bureau of Medicine and Surgery has been most generous in its treatment of the Station," and numerous other governors and health officers expressed similar opinions.

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85 General Order No. 85, 27 February 1905, Government House, Hagåtña, Island of Guam, RG 80, Box 394, 9351: 985.

86 AR 1929, 5.

87 AR 1908, 10-11.
McKinley's call for "benevolent assimilation" on Guam was frequently repeated by others, including non-military writers. In a magazine entitled *The Outlook*, an unnamed author declared, "Guam is ours, and it should be the center of the best that our civilization can give."\(^{88}\) McKinley's notion of assimilation was typically articulated as Americanization, and in this project the medical department, along with the education bureau, played a critical role. Governor Ivan Wettengeel expressed this connection explicitly in his comment that "the U.S. Naval Medical Department has been able to greatly improve the health and sanitation of the island, which is one of the most important factors in the civilizing and the Americanization of these primitive people."\(^{89}\) The value to be gained from assimilating the Chamorros was articulated at length in the November 1935 edition of the *Guam Recorder*. In a column entitled, "Over the Editorial Desk," editor Jack Flynn exhorted the naval community to assist in the process of Americanizing the Chamorros. Flynn wrote:

... undoubtedly all of us are united in speeding the day when in thoughts, language and ideals the people of this lovely island are thoroughly Americanized and may truly enjoy the full benefits of an American form of government. It is a fact that inasmuch as the United States governs here, the Chamorro people should make a determined effort to throw off the last remnants of customs, languages and ideas which are detrimental to their advancement.... To assist in the process is the duty of every American on the Island.... Take into your confidence the Chamorro people who work with and under you. They are in your hands and are a kindly and worthwhile people. Help them in their struggles.\(^{90}\)

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\(^{88}\) "Guam," *The Outlook* 62:16, 19 August 1899, 906.

\(^{89}\) I.C. Wettengel, Governor of Guam, to Secretary of the Navy, 2 Aug 1921, RG 80, Box 485, 9351:1969:1, HM-12-21.

Through a number of forms and methods, the parade of naval governors on Guam did indeed pronounce laws and enact policies aimed at helping the Chamorro people in their "struggles" to "throw off the last remnants" of their culture. In some ways, naval attempts to transform the Chamorro way of life parallel the Americanization campaigns of the early twentieth century in the continental U.S. In both Guam and the U.S., these programs sought to assimilate non-Anglo Saxon people into "the American way" through education campaigns, English language lessons, and public health campaigns.91 While some prominent Americanizers in the U.S. sought to "soften the impact of adjustment to a harsh and alien society," others less benevolently believed that "the immigrants should give up their ways and fully adopt American customs."92 The case of Guam differed in a number of significant ways, not the least of which was the colonial context in which such programs were introduced. The Chamorro people were not immigrants to American shores, and so-called "American customs" were radical foreign intrusions. Further, these assimilation programs on Guam were promulgated principally through the dictates of governmental policy, rather than through the social pressures exercised by philanthropic organizations, as was the case in the American mainland. Moreover, while Americanization programs in the U.S. served a variety of nativist and nationalist interests, on Guam these projects ultimately served the interests of the military.


Nonetheless, if tending to Chamorro health care was one of the primary tools of American colonial philanthropy on Guam, then the ever-expanding population provided seemingly unequivocal evidence of naval success. Census counts, which were the responsibility of the health department, became important testimony to the assimilation project's legitimacy and victory. A growing population ostensibly expressed in concrete terms the direct benefits gained by Chamorros from colonial, medical interventions. As Governor Dorn acknowledged in 1908, "It is most gratifying to report a constant decrease in the death rate since 1905, the first year in which a census was taken after the American occupation." Reports even from the Secretary of the Navy lauded the results. In 1931, for example, the *Annual Report of the Secretary of the Navy* expressed that, "[the] doubling of the native population in 30 years is due largely to the sanitary and medical work of the naval medical officers." Even more starkly expressing the assumption that Guam's population increase provided evidence of American philanthropy, Lieutenant Frederick Nelson wrote in 1936,

To turn this group of more than 20,000 Chamorros ... over to any other power would probably mean their extinction, since no other nation is prepared to hold Guam as a philanthropic mission, and since the native people are dying off on the other Mariana Islands where no specific efforts for their preservation have been made.\[95\]

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93 *AR* 1908, 10-11.


Perhaps Nelson's comments about the Chamorro inhabitants of the Northern Mariana Islands were informed by a questionable 1910 report which stated, "The Chamorros are obviously a degenerating race." Conflicting statistics from educator Don Farrell's *History of the Northern Mariana Islands*, however, tell instead a story of steady population growth in those islands. Nonetheless, the sentiments expressed by Nelson reveal something of the paternalistic attitudes which accompanied navy benevolence. The notion that the Chamorro people might become extinct without the intervention of American philanthropy served the interests not only of the naval medical establishment, but also the entire colonial community.

Contemporary historians such as Robert Rogers have continued to cite population figures as evidence of navy achievement. In praising the navy, Rogers states that "the American navy's record in public health on Guam was exemplary. The death rate fell dramatically from 27.8 per 1,000 persons in 1905 to 11.7 in 1940." What an examination of the death rates below reveals, however, is anything but a linear story of naval achievement. Note instead the fluctuating rates of death from year to year; one would be hard pressed to argue that these statistics demonstrate unquestionable naval accomplishment in the area of health.

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98 Rogers 160.
Table 1. GUAM, DEATH RATE ANALYSIS

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<sup>99</sup> Based on 243 deaths in a population of 9,676. AR 1902, 4.

<sup>100</sup> For the years 1905-1908, this information comes from M.S. Elliott, Surgeon, U.S. Navy, Report on the Leper and Gangosa Colonies and General Sanitary Conditions of the Island of Guam, L.I., 1908, p6, RG 52, Box 269, 116178.

<sup>101</sup> 322 deaths in a population of 11,760. AR 1909, 7.

<sup>102</sup> 298 deaths in population of 12,517. AR 1912, 6.

<sup>103</sup> AR 1913, 5.


<sup>105</sup> Figures for 1916 and 1917 are based on 298 deaths in population of 14,142, and 254 deaths in population of 14,532, respectively. Report of Department of Health and Charities, Fiscal Year 1917, RG 52, Box 450, 126200.

<sup>106</sup> Figures from 1918 and 1919 are based on 256 deaths in population of 14,124, and 1,059 deaths in population of 13,623. The high 1919 death rate was largely attributed to an influenza epidemic. Sanitary Report, Island of Guam, Fiscal Year 1919, RG 52, Box 2, NM-48, Entry 38.
Table 1. GUAM, DEATH RATE ANALYSIS (continued)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>DEATH RATE PER 1,000</th>
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<tr>
<td>1922</td>
<td>20.3</td>
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<td>1923</td>
<td>18.2</td>
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<td>16.1</td>
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<tr>
<td>1936</td>
<td>14.7</td>
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</tbody>
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107 Figures for 1921 and 1922 are based on 242 deaths in population of 14,090 and 294 deaths in population of 14,495, respectively. *AR* 1922, 4-5.

108 Figures for 1923 and 1924 are based on 272 deaths in population of 14,912 and 449 deaths in population of 15,160. The increased death rate in 1924 was largely attributed to a measles epidemic. *AR* 1924, 8.

109 Based on 649 deaths in population of 15,246. The high rate of death was attributed to a continuing measles epidemic. *AR* 1925, 4, 18.

110 Sanitary Survey of the Island of Guam, 1928, 22. RG 52, E15A, EG54/A9-1, Box 49. This report compared Guam's figures to statistics compiled in the US. According to this report, the U.S. death rate in 1926 was 12.19.

111 Figures for 1928 and 1929 are based on 267 deaths in population of 16,517 and 355 deaths in population of 16,989. *AR* 1929, 3.

112 Figures for 1932 and 1933 based on 462 deaths in population of 18,297 and 724 deaths in population of 19,800. High rates these two years were attributed to a measles epidemic. *AR* 1933, 14-15.

113 Figures for 1935 and 1936 are based on 426 deaths in population of 19,455 and 328 deaths in population of 20,373. *AR* 1936, 6.

114 Based on 316 deaths in population of 21,502. *AR* 1940, 87. My calculation differs from Rogers', perhaps because my data is based on a fiscal year calendar.
Measles outbreaks in 1913, 1924, and 1933 and an influenza epidemic in 1918 increased death rates considerably in those years. Navy surgeons noted other epidemics, deemed less serious because of the fewer deaths which resulted, including smallpox in 1904, whooping cough in 1915, and bacillary dysentery in 1923. In each epidemic, navy doctors traced the disease's origins to particular military ships disembarking on Guam.

The death-rate statistics reveal that in every decade of naval rule, at least one major epidemic resulted in hundreds of deaths. Indeed the navy struggled yearly to curtail the spread of epidemic diseases. Statistics suggest that while the total population did increase significantly over the period of naval rule, the parallel reality of the tremendous loss of human life from epidemics should not be overlooked. These statistics do not suggest medical miracles, but rather disclose complex stories of victories and defeats.

The use of death rate data demonstrates, moreover, the availability of modern statistics as a tool of "comparative analysis as well as clinical investigation."¹¹⁵ David Arnold notes that by the mid-nineteenth century, medical data had grown in use and popularity among army leaders in Europe and North America. By using these new analytical tools, "health was being seen as a quantifiable commodity" in which the "possibility of progress" could now be reliably measured.¹¹⁶ Arnold asserts that through the use of statistics in colonial India, British medical officers gained "the opportunity and the confidence to press their claims on a previously indifferent administration."¹¹⁷ In a

¹¹⁵ Arnold, Colonizing the Body 66.

¹¹⁶ Arnold, Colonizing the Body 66.

¹¹⁷ Arnold, Colonizing the Body 72.
number of examples throughout this research project, I demonstrate some of the ways in which medical statistics could or could not serve the interests of navy administrators and medical authorities.

For the Chamorro people, the above chart of death rates likely revealed little evidence of military medical miracles on Guam. I submit that the annual demographic statistics signified instead little more than an increase in one's tax debt to the naval government. Through the census, naval governors not only tracked births and deaths, but also made note of persons eligible to pay taxes or provide labor to the government. Indeed, to some of the naval governors, population figures represented not evidence of American philanthropy fulfilled, but rather economic opportunity for the administration.

As Governor Seaton Schroeder, for example, expressed it in 1901,

> It is hoped soon to take an actual census of the Island. Tangible benifits [sic] are expected to arise from this, especially in ensuring the exaction of the poll tax and the 15 days labor which (or a money commutation) the law requires be furnished by every male between the ages of 18 and 60.\(^\text{118}\)

Population increases, rather than simply signifying the success of the medical establishment, also indicated the possibility of increased government revenues from the payment of poll taxes (despite the fact that Chamorros were not extended voting rights). Further, in the practical operations of the naval administration, increasing numbers of healthy Chamorros also signified an expanded labor force. Not only was each 18- to 60-year-old male required to provide labor to the naval government, but rising population figures suggested the possibility of increased economic productivity for the island in

\(^{118}\) _AR_ 1901, 9.
general. As Schroeder's comments suggest, the navy's medical advances in the area of population growth could also serve different though equally self-serving purposes.

Others also disputed the so-called charitable functions of the navy's health department. As the navy's Surgeon-General concluded in 1907 regarding medical activities on Guam, "The natives...are entirely dependent for medical and surgical relief upon the navy. This service, however, is not a mere charity, but constitutes a legitimate charge in the health interests of the naval community."\(^{119}\) This statement ostensibly authorized military doctors to extend medical care to native peoples for the sake of American personnel. Similarly, Rear Admiral E.R. Stitt advocated the necessity of "introducing modern ideas of medicine" to the native Chamorros so that "they would no longer be a menace to those who would be forced to come in contact with them."\(^{120}\) The twin policies of treating the medical problems of navy personnel and native Chamorros were, in fact, two halves of the same whole, serving the objective of protecting the military establishment.

Even when governors recommended measures aimed at benefitting the Chamorro people, some of their intentions were less than altruistic. Governor Dyer recommended in 1904 that the Chamorro people "attain a higher grade of living,"\(^{121}\) but his rationale was

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\(^{121}\) *AR* 1904, 4.
that it would be for the benefit of the naval community. Making Guam a more liveable place for navy personnel would ultimately require elevating the standard of living of its indigenous inhabitants. As Dyer point out,

It is therefore incumbent on us for our self protection and efficiency to give the natives such care as they are unable to get for themselves, to see that they are kept healthy and free from contagion, are afforded practical instruction in their sole pursuit, agriculture, and to educate some of them to occupy such positions as clerks, mechanics and intelligent laborers in the Naval Station.... These people must be taught, at once, to help themselves in ways to make themselves useful to us ... but their preliminary steps must be guided by us.\textsuperscript{122}

Dyer's remarks show that the desires and interests of navy personnel stationed on Guam were the decisive concerns of some naval authorities. The improvement of Chamorro health care facilities, as well as a range of other projects, were merely a means to those ends. Further elaborating upon Dyer's point, Charles H. Forbes-Lindsay, in his 1906 study entitled \textit{America's Insular Possessions}, favored the elevation of the Chamorros for the benefit of the naval community. Forbes-Lindsay wrote,

... it is distinctly to the interests of the American Government to give the Chamorros ample educational facilities without delay. At no very distant date the requirements of the naval station on the island will demand a number of men to fill clerical positions and to perform intelligent work as mechanics and laborers. If, when that demand arises, the island can not furnish a large proportion of the needed working force, the positions can only be filled by the Government at comparatively great cost and inconvenience.\textsuperscript{123}

The statements of both Dyer and Forbes-Lindsay reveal the belief that the transformation of Chamorro society would directly benefit the navy. The Chamorro

\textsuperscript{122} \textit{AR} 1904, 6.

\textsuperscript{123} Charles H. Forbes-Lindsay, \textit{America's Insular Possessions}, Philadelphia: The John C. Winston Company, 1906, 238.
people, according to observers like Dyer and Forbes-Lindsay, would be the lucky beneficiaries of the navy's own needs. So while not all naval officials reproduced McKinley's stated objective of "benevolent assimilation," there was a consensus that, for whatever reason, the health of the Chamorro people needed to be addressed.

**Criminalizing Health and Hygiene: Medicine and Power**¹²⁴

Having established a variety of reasons for attending to the health of the natives, navy officials on Guam received license to practice a variety of intrusive policies in the name of health and hygiene. Whether in the interests of protecting the natives, safeguarding the military community, or shielding the larger American public, virtually any social practice was subject to scrutiny in the name of public health. As a result, navy health care policies became one of the central vehicles through which the power of the colonial government was consolidated. Further, understandings of navy medical work as acts of charity concomitantly implied that the Chamorro people were obligated to their benefactors. Governors and health officers viewed naval expenditures on behalf of the natives as charitable contributions, and some navy officials believed that Chamorros were therefore morally obligated to comply with the navy's programs. Navy surgeon Edward Reed, for example, commented in 1924 that "In return for this liberal expenditure of [federal] funds the Health Department is entitled to the complete cooperation of the

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¹²⁴ For the idea of criminalization in the health care field, I am indebted to fellow UH graduate student, Kerri Inglis. See, for example, her unpublished paper entitled "Criminalizing the Victims of Disease: Leprosy in Hawai’i, 1865-1969."
people of Guam in its efforts to improve the sanitary conditions and the health of the people."

Yet whatever benevolent intentions some naval officials may have had, archival records convey the difficult task faced by the navy in convincing the Chamorro people that health programs were indeed undertaken for their benefit. In 1919, Health Officer E.L. Jones reported that meetings were held in each village, where "Efforts were made to have the natives feel and know that the Government is here for their good. That sanitary and other measures recommended...are for the betterment of their condition, and the promotion of contentment, health, and happiness." Despite such attempts at reaching out to the villagers, numerous accompanying reports of Chamorros hiding out at their ranches in order to elude health inspectors or to avoid the hospital and medical officers at all costs raises doubts about the efficacy of the navy's outreach campaigns.

Perhaps because of the natives' notorious reluctance to take full advantage of the navy's medical services, governors and medical officers frequently implemented health policies in a heavy-handed manner. Even despite the supposedly benevolent intentions of the Department of Health and Charities, coercion rather than cooperation typified the administration of health programs. Although governors assigned the officials of the Health and Charities department a supervisory role over the health and sanitary interests of the island, they alone had the power to mandate, implement, and enforce health


policies. Ultimate authority rested solely in the hands of an autocratic governor, resulting in an entire system of government that was undemocratic. Consequently, Governors' Orders served as the vehicles through which policies regarding sanitation and health care reached the Chamorro people, rather than through outreach programs or educational campaigns. Navy administrators enacted a variety of intrusive and severe laws in order to establish public health standards. In 1905, for example, the governor instituted the practice of inspecting individuals' homes, mandating in Executive Special Order No. 8 that in the village of Hagåtña,

The Department of Health and Charities, through its sanitary inspectors, shall inspect thoroughly the entire town at least once a week, reporting in writing the result of the inspection to the Governor, giving the names and residences of those delinquent in observing this order. ¹²⁷

By 1907, regulations for Hagåtña would be tightened up considerably, enumerating the provisions for dealing with outhouses, garbage, weeds, lawns, and a variety of other sanitary concerns. Furthermore, in 1907 Executive General Order No. 132 authorized that "Sanitary inspectors are empowered to make arrests for violations of any sanitary regulation wherein the offense is punishable by an executive fine."¹²⁸ House-to-house inspections became an everyday reality in every village by the end of the first decade of naval rule, not only for the inspection of houses and grounds, but also for the identification of ailing Chamorros during epidemic outbreaks. In 1913, for example,

¹²⁷ Executive Special Order #8, 8 Dec 1905, Acting Gov L. MacNamee.

¹²⁸ Executive General Order #132, 17 October 1907.
inspections were made daily in Hagåtña, Merizo, and Piti in order to identify and quarantine those infected by a measles epidemic.\textsuperscript{129}

By the second decade of naval rule on Guam, sanitary laws became even more restrictive. In 1917, island residents were ordered to "keep all weeds and grass on their premises cut to a length not exceeding six (6) inches," and noncompliance was punishable by imprisonment.\textsuperscript{130} Another equally intrusive sanitary code mandated that "Wash[ed] clothes shall not be dried on the ground nor less than 18 inches above the ground."\textsuperscript{131} While this policy sought to prevent Chamorros from accumulating dirt on their clothing, it posed an inconvenience for families who lacked the finances to purchase a clothesline and clothespins.\textsuperscript{132} Yet another dust-defying law decreed that "girls attending the public schools must wear short skirts, the lower edge to be at least 4 inches above the ground."\textsuperscript{133} This regulation resulted in the outlawing of traditional mestiza skirts, noted by navy administrators for their long trains which swept up dust. The laws governing girls' skirts and the hanging of laundry superficially sought to prevent dirt and dust from settling on clothing, but concomitantly reinforced the government's power to rule over the minute details of each person's daily life. Governors' orders on Guam

\textsuperscript{129} C.P. Kindleberger, Surgeon to Bureau of Medicine and Surgery, 9 June 1913, RG 52, E-12, GC 1912-1925, 126138.

\textsuperscript{130} Executive General Order #298, 6 Dec 1918, RG 80, Box 483, 9351: 1780-1799.

\textsuperscript{131} \textit{Civil Regulations with the Force and Effect of Law in Guam}, Hagåtña: Naval Government of Guam, 1 March 1936, 32.

\textsuperscript{132} Jose M. Torres, Personal Communication, 19 March 1999.

\textsuperscript{133} \textit{Guam News Letter} 1:12 (23 March 1910): 1.
regarding even presumably irrelevant topics such as the length of one's grass had the
effect of criminalizing those guilty of sanitary offenses. Just as significantly, it was
precisely the police powers wielded by the governor over these mundane affairs which
strengthened the authority of the naval officer in charge. As seen in these select
examples, the control exercised by naval governors over individual bodies, families, and
residences illustrates some of the ways in which issues of health and hygiene became
inextricably entwined with issues of colonial power.

A further example of the criminalization of health policies can be found in the
operations of the Insular Patrol. Enforcing the sanitary regulations in the villages through
the regular inspection of homes and lots became in 1914 the responsibility of this newly
created surveillance group. The Insular Patrol fell bureaucratically under the jurisdiction
of the Police Department and, while they were tasked with the duty of enforcing a broad
range of governor's orders, it is nonetheless instructive to note that they were not placed
under the Department of Health and Charities. Created by Governor W.J. Maxwell, the
Insular Patrol was composed of enlisted marines who were assigned to "go out among the
people, live among them, learn their wants and troubles, help them whenever possible,
and make true reports of conditions."134 They also of course had the authority to issue
tickets and make arrests of sanitary offenders. Illustrating the perceived significance of
these sanitation functions in the police department, the Guam Recorder noted in 1924 that
"The Police Department is now with the old Motto 'Cleanliness is next to Godliness.'"135

134 AR 1915, 11.


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It would appear from the endorsement of this motto that the Police Department seriously regarded its responsibilities regarding village health and hygiene. The close relationship between health policies and police powers illustrates again the contention that issues of health and hygiene could be easily manipulated in the interest of endorsing the power of the colonial government.

Governors and medical personnel consistently lauded the work done by these sanitary inspectors in improving the hygienic conditions in the villages. In a 1919 report, the island's Health Officer remarked that, "As a whole the general appearance of this island is cleaner than any other tropical place I have ever seen. Sanitary vigilance is the reason."\textsuperscript{136} Indeed by the 1940s, the navy hired Chamorro men to work as sanitary inspectors in the village of Hagåtña. Francisco B. Leon Guerrero, better known as \textit{Tun} Kiko Encho, gained notoriety as a sanitary inspector responsible for monitoring the capital village's streets and homes in the years just prior to World War II.\textsuperscript{137} According to \textit{Tun} Kiko's son, Frank, "From what I gathered, he was mean. He had to make sure the areas around the outhouses were cleaned and the lawns were mowed.... He made sure the houses were neat, free of debris, germs and diseases."\textsuperscript{138} Yet Edith Rosario Blankenfeld, a resident of pre-war Hagåtña, remembers Frank's father differently. As she expressed,

\textsuperscript{136} Sanitary Report of the U.S. Naval Station, Naval Hospital and the Island of Guam for the Year Ended December 31, 1919, 4. RG 52, Box 2, NM-48, E-38.


\textsuperscript{138} Santos 10.
"The streets were cleaner then, thanks to Kiko Encho." The story of Tun Kiko Encho suggests that Chamorros were frequently not mere witnesses or victims in the various colonial health projects on Guam. Rather, they became entangled in a variety of complex ways, some embracing the naval policies, others despising them, some avoiding them, and others accepting them as beneficial. Frank obviously felt a certain tension as a result of his father's employment by the navy. Some villagers disapproved of Tun Kiko's work, but others such as Tan Edith appreciated his sanitary efforts.\textsuperscript{140}

Not only did the "vigilance" of Health Officers, Sanitary Inspectors, and other navy bureaucrats compel Chamorro compliance, but the influential Roman Catholic clergy were also called upon to help out in the navy's cause. As prominent merchant Jose Flores described the situation in a 1938 speech before prominent naval officials, the Spanish Capuchin friars "are going house to house, urging upon their parishioners the need for sanitation and cleanliness and cooperation with the authorities."\textsuperscript{141}

This was not the first time that the Catholic clergy became directly involved in assisting the naval government with the promotion of its sanitary policies. In 1917, Catholic priests assisted Governor Roy Smith in his program to relocate Chamorros out of their clustered villages and onto their dispersed ranch lands. Smith's migration plan, had it been successful, would have resulted in decreased population densities in the

\textsuperscript{139} Santos 10.

\textsuperscript{140} Tan is an honorific title for elderly Chamorro women.

\textsuperscript{141} Jose Flores, "Banquet in Honor of Governor." \textit{Guam Recorder} 15:8 (November 1938): 14.
villages, primarily in the capital of Hagåtña, and would have thus improved public health conditions. Smith reported in 1917 that "The priests have lent their cordial aid ... by preaching from the pulpit and by individual counsel."\textsuperscript{142} While few Chamorros adhered in 1917 to their pastor's calls for a relocation to the ranch areas, it is perhaps impossible to ascertain the effectiveness of pulpit politics in the 1938 example. Nonetheless, it is still meaningful to identify the extent to which navy administrators went in their attempts to reform Chamorro notions of public health and hygiene. In the extension of colonial power through the application of health policies, even Roman Catholic authorities became entangled in the webs of medicine, colonialism, and power.

In order to understand the cooperation of Catholic clergy with the navy government, it should be noted that the church on Guam experienced its own turmoil in the early twentieth century. Over the first four decades following the Spanish-American War, control over the local Church shifted three times. In 1899, Governor Leary deported the Spanish Augustian Recollects, regarding them "as a hindering influence in the Americanization of the Island."\textsuperscript{143} In their absence, local church work continued principally due to the efforts of Chamorro priest Padre Jose Palomo until 1907, when the Vatican created the "spiritual jurisdiction of the Prefecture Apostolic of the Marianas" and enlisted the Rhine-Wesphalian Province of the Capuchins to assume Church

\textsuperscript{142} AR 1917, 41.

leadership in the islands.\textsuperscript{144} This arrangement lasted only a few years before diplomatic tensions between Germany and the United States resulted in yet another change for the Guam Church. In 1911, the Vatican split the Guam church from those in the northern Marianas, creating "the Vicariate Apostolic of Guam" and entrusting its care to the Spanish Capuchin Province of Catalonia.\textsuperscript{145} By 1938, navy requests for the removal of the Spanish clergy—because of the fact that "they were alien citizens in an important military base"—resulted in their replacement with American Capuchin priests out of St. Joseph's Province in Detroit.\textsuperscript{146} It would appear that, given the uncertainties within the local church hierarchy in the first half of the twentieth century, Catholic priests were themselves concerned with establishing their spheres of influence. In light of their own institutional instability, their relationship with the naval government was typically one of pragmatic cooperation.

In negotiating their relationship with the naval government, certainly most Chamorros sought to avoid the legal inconveniences which would result if they disobeyed the navy's sanitary regulations. Not only might their names be submitted to the governor, but they could also face fines and imprisonment for violations. Particularly for those Chamorros who lived outside of Hagåtña and lived in a subsistence agricultural economy,

\textsuperscript{144} Sullivan 102.

\textsuperscript{145} Sullivan 105.

\textsuperscript{146} Sullivan 145.
even twenty-five cent fines were considered prohibitive.\textsuperscript{147} In order to avoid such consequences, as Chamorro Protestant minister Joaquin Flores Sablan recalls,

Some of the mothers would station their children about two blocks away to give them due and timely notice if the inspector was approaching so that mothers could go through the motions of sweeping the place. If the place was dirty, they could be fined.\textsuperscript{148}

For a variety of reasons, Chamorros were indeed mindful of the Insular Patrol members and their inspections. In an interview, Jose "Doc" Torres recalled that villagers in his home village of Malessio were quick to conform to the dictates of these inspectors, if only to avoid the costly fines which they could ill afford.\textsuperscript{149} The examples provided by both Sablan and Torres hint at the strategies and motives employed by Chamorros in complying with navy regulations. They afford a view into the different ways in which cooperation with colonial authorities can be misunderstood, bringing to mind scholar James Scott's notion of the "weapons of the weak."\textsuperscript{150} While some Chamorros earnestly sought to abide by the regulations as a way of maintaining good relations with the colonial authorities, others conformed in the interests of improving their physical well-being and the sanitary conditions of their village. Some tolerated the regulations only at a perfunctory level, expending minimal effort to avoid costly fines, while others apparently

\textsuperscript{147} Personal communication, 19 March 1999.


\textsuperscript{149} Personal communication, 19 March 1999.

paid little regard to the regulations, as evidenced by the high number sanitary violations reported in Guam’s naval governors in the *Annual Reports* of 1937, 1938, and 1939.\(^{151}\)

Furthermore, as anthropologist Laura Thompson noted in her pre-war publication, *Guam and Its People*, "some [Chamorros] are ingratiating and opportunistic, interested in American culture mainly in so far as they can use it for their own ends—namely, as a level to raise their economic and social status."\(^{152}\)

The entire body of government sanitary regulations, as well as the surveillance functions of the Insular Patrol, worked to communicate the power of the colonial government. Both enunciating health reforms through the medium of law and order and then placing the work of sanitary inspection under the auspices of the Police Department suggest that policies regarding health and hygiene speak as much about the consolidation of state power as they do about the amelioration of health problems. Furthermore, the criminalization of public health activities hints of something more than a concern for the sanitary conditions of the island. Rather, examining these health programs and policies reveals some of the twisted links between medicine, philanthropy, state power, and colonialism. As the next chapter will examine, naval regulations concerning leprosy and persons afflicted with the disfiguring disease illustrate well some of the ways in which health concerns became powerful areas for political and social control.

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\(^{151}\) See *AR* 1937, 21; *AR* 1938, 26; and *AR* 1939, 27.

CHAPTER 3, "THEY WERE TREATED LIKE ANIMALS IN A PARADE": FEAR AND LOATHING OF LEPROSY ON GUAM

On the island are a great many lepers. It was a common sight to see them walking the streets without hands or eyes or noses, also with one leg. Men, women and children were afflicted with this dreadful disease. At the church and on the street no attention was paid to it until Governor Leary gave orders to get rid of the horrible disease.²

Even prior to the establishment of the naval colony in 1899, surgeons traveling aboard military vessels passing through Guam noted the existence of leprosy on the island, frequently overstating the disease's spread among the Chamorro people. In January 1899, upon discovering five cases of leprosy in the hospital, Assistant Surgeon Mack Stone declared it to be, along with syphilis and tuberculosis, one of the "principal diseases found among the inhabitants of the island."³ As a member of the first Marine division stationed on Guam, John Clifford alleged not only that "a great many lepers" inhabited the island, but revealed that men, women, and children could commonly be found "walking the streets without hands or eyes or noses, also with one leg."⁴ Similarly, the 1899 Report of the Surgeon-General registered the fear of and disgust for Guam's diseased persons. The publication in part read, "The bodies of some of them are simply

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¹ Speaker Antonio Unpingco, Personal communication, 9 April 1999.


⁴ Clifford 15.
one putrescent pultaceous mass without recognizable features." Graphic and widely
circulated comments as these indicate a dread of tropical diseases; indeed, as American
navy personnel came to learn more about Guam, leprosy became one of their paramount
concerns.

For the navy colony, treating the disease became especially problematic because,
as Lieutenant Commander Vincendon Cottman reported in his 1899 sanitary audit of the
island, "the natives appear indifferent to the disease and are apparently ignorant of the
great danger of personal association with the afflicted persons." As Clifford had noted,
whether at church or on the street, Chamorros paid "no attention" to the disease.7
Similarly, Lt. William E. Safford, assistant to governor Leary, wrote in his diary entry of
14 August 1899 that persons afflicted with leprosy were "scattered over the island living
with their families, who apparently have little fear of contagion."8 Given Chamorro
"indifference" to and ignorance of the disease, as well as the Chamorro people's lack of
trepidation regarding leprosy, navy officials determined that isolation of infected persons
was the only functional solution. Despite the costliness of this policy of seclusion, navy

Office, 1899, 203.

6 Cottman's comments were excerpted for publication in the Army and Navy Journal 37
(9 December 1899): 334.

7 Clifford 15.

8 Qtd. in William L. Wuerch, "Non-Spanish Descriptions of Guam in the Nineteenth
Century," Lee D. Carter, William L. Wuerch, and Rosa Roberto Carter, Eds., Guam History:
Perspectives, Volume 1, Mangilao: Micronesian Area Research Center, University Of Guam,
1997, 119.
doctors defended it in light of "the fear that some American would become infected with leprosy."\(^9\)

At least one naval employee, however, expressed a conflicting opinion. Ensign C.L. Poor, one of Clifford's colleagues in Guam's nascent naval establishment, wrote in an 1899 article in *Harper's Weekly*, "Much stress has been laid, in the little that has been written about Guam, upon the prevalence of leprosy. As a matter of fact there is but little of it here—not over a dozen cases."\(^10\) The Ensign's observations at least hint that navy officers and enlisted personnel varied in their responses to Chamorro infirmity. As the previous chapter has addressed, apparently the low-ranking members of the U.S. Navy and Marine Corps who were stationed on the island displayed considerably less hesitation in fraternizing with the indigenous Chamorros.

For a number of complex reasons, however, Poor's comments were apparently disregarded as navy officials busied themselves with determining how to solve this seemingly urgent health risk. Prevailing opinions indeed favored Clifford's representation of leprosy as both "dreadful" and "horrible." As this chapter demonstrates, these attitudes and policies regarding leprosy can be traced both to an older history of western and biblical stigmatization of the disease, as well as to a more contemporary history of colonialism, race, tropical medicine, and public health.

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Chamorro people understood leprosy and persons afflicted with the disease very differently, as can be inferred from Clifford's and Safford's descriptions of natives' acceptance of such persons in their midst. Few written sources overtly acknowledge the natives' perspectives, but a simple examination of the vernacular vocabulary for leprosy sheds light into their attitudes toward the affliction. Two of the Chamorro words for leprosy are Spanish transliterations, *nasarinu* from *lazarino* and *leprosu* from *leproso.*\(^{11}\) Two other terms, however, are indigenous words--*atektok* and *o'gu.* *Atektok,* defined literally as leprosy, also translates as "to hug each other."\(^{12}\) While the etymological roots of this word are uncertain, perhaps it can be speculated that this particular meaning reflects a sense of needing to nurture and embrace the sick person. Leprosy patients, particularly in the later stages of the disease, frequently require the physical assistance of others, and perhaps this definition of *atektok* reflects an awareness of the person's needs. According to a navy medical report by visiting physicians, O.J. Mink and N.T. McLean, the Chamorro word, *o'gu,* signified gangosa, a disease which physicians and lay persons alike frequently confused with leprosy because of their similar physical manifestations.\(^{13}\) For this reason, Chamorros plausibly may have considered the two illnesses as

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\(^{12}\) Juan C. Camacho, personal communication, 17 July 1999; Fermina P. Hattori, personal communication, 17 July 1999.

indistinguishable. *O'gu* translates as "to carry on your back or to piggy-back."14 Again in the context of its use for gangosa and/or leprosy patients, this term conveys a sense of needing to be carried, probably due to decreased mobility as a result of the illness. What these two terms, *atektok* and *o'gu*, reveal beyond their layers of literal and metaphorical definition, are Chamorro attitudes of acknowledgment and assistance for those rendered unfortunately infirm. These meanings do not convey the western perception of stigma, disgrace, outcast, or ostracism as do descriptions of leprosy by persons such as Clifford, Safford, and the Navy Surgeon General.

This seemingly unbridgeable chasm between Chamorro and American attitudes toward leprosy resulted in a number of unfortunate navy medical and public health policies entailing the apprehension and exile of Chamorros. Under the U.S. Navy Government of Guam, procedures regarding leprosy enabled naval officers to display and exert their colonial power and authority, while also feeding the discourse of American colonialism as benevolent and philanthropic. Furthermore, in its battles against this ostensibly horrific disease, navy officers realized an opportunity to define and exploit the terms of "public health" on the island, not only for medical and monetary gains, but also in the interests of advancing their claims to moral and state authority.

**Defining the Disease**

The disease known for centuries as leprosy is understood today as a chronic illness caused by an infection which may result in paralysis, the degeneration of muscles,

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14 Camacho, personal communication; Hattori, personal communication.
and the production of deformities and mutilations. In 1873, Norwegian scientist Gerhard Henrik Armauer Hansen definitively identified the leprosy bacillus, *Bacillus leprae*, though it was not confirmed until two decades later that the disease was contagious rather than hereditary. Further, it would take nearly a half century for Hansen’s momentous discovery to result in accurate diagnoses of the ailment. On Guam, despite the certainty that leprosy was a menace to the island, defining and treating the disease were, in the early twentieth century, still uncertain procedures. Ailments such as gangosa, yaws, and syphilis were frequently miscategorized as leprosy. In 1908, for instance, navy surgeon G.L. Angeny revealed that only seventeen of the fifty-one Chamorros who had been confined due to their supposed leprous infections had their diagnoses confirmed in subsequent medical examinations. In fact, physicians internationally were unable to distinguish between leprosy and other diseases causing skin impairments.

On Guam, leprosy was most frequently confused with gangosa, a disease not limited to the island but sometimes associated with Guam because of the notoriety which resulted from scientific studies conducted by military doctors in the early years of the twentieth century. In a 1906 article published in the *Journal of the American Medical


Association, navy surgeons O.J. Mink and N.T. McLean introduced gangosa to the medical world, revealing the results of the first scientific study of this disease to be conducted. In the process of identifying and analyzing gangosa, Mink and McLean made names for themselves as tropical medicine specialists, and established a reputation for American military medicine as an important contributor to international scientific progress. As the previous chapter discussed, contributions to medical knowledge made by surgeons such as Mink and McLean stationed on Guam worked not only to further medical knowledge and promote the medical careers of individuals. The medical advances of navy surgeons solidified the position of the Bureau of Medicine and Surgery within the larger naval hierarchy, while also promoting the importance of the navy within the larger military bureaucracy, particularly in its competition with the Army for respect and prestige.

Mink and McLean described gangosa as "characterized by a destructive ulceration, usually beginning on the soft palate, pillars or uvula, and extending by continuity to the hard palate and nasal cavity, larynx, and even to the face."\(^\text{18}\) Beginning as an ulcer in the nose or roof of the mouth, without treatment the disease spread "until the mouth, nose, lips and even the eyes may be destroyed."\(^\text{19}\) Chamorros transliterated the Spanish term gangosa to ganggosu and understood it to be a chronic sore or irritation. Because of the facial disfigurements which it inflicted, gangosa was frequently mistaken

\(^{18}\) Mink and McLean 1166. The term "gangosa" is a Spanish word meaning "muffled voice" or "nasal voice."

for leprosy by navy doctors. Furthermore, it was also frequently misidentified as or linked to both syphilis and yaws. In a medical study conducted on Guam by navy assistant surgeon E.P. Halton in the early twentieth century, he concluded, "Judging by serum reaction, ...it is seen that yaws as well as syphilis may be culpable in causing gangosa."20 By 1914, Surgeon C.P. Kindleberger concluded that gangosa was a late form of yaws.21

Not only on Guam, but internationally as well, venereal diseases such as syphilis were commonly mistaken for leprosy. Physicians living in Hawaii, for example, "constantly confused the two diseases, sometimes to the point of believing that leprosy developed out of syphilis."22 This problem resulted in part from syphilis's resemblance to leprosy in "some of its dermatologic manifestations,"23 and thus doctors making visual diagnoses not surprisingly confused the two. William McNeill affirms in Plagues and Peoples that medieval doctors would have classified yaws as leprosy. He notes that yaws "results from infection by a spirochete which is indistinguishable from the organism that

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21 Qt'd. in Martha Lenora Crawley, The Navy Medical Department, 1890-1916, Unpublished dissertation, George Washington University, 1989, 259.


causes syphilis."\textsuperscript{24} Yaws and syphilis are not the same, however, as they differ in the ways in which "the infection transfers itself from host to host, and in the paths of infection within the body that result from different ports of entry."\textsuperscript{25}

McNeill indicates that in medieval Christendom, "Leprosy, of course, was a generic term used to describe a number of different infections that affected the skin in conspicuous and horrible ways."\textsuperscript{26} Indeed, the Greek word for leprosy, "lepros," means "scaly," but lepros itself comes from the Hebrew word "saraath," and was translated as such when the Bible was translated from Hebrew to Greek. The term saraath encompasses a number of different skin conditions.\textsuperscript{27} The Bible makes numerous references to leprosy, with Leviticus 13:1-3 containing the most detailed description of a disease which was understood to be not merely an impurity of the flesh, but also an affliction of a contaminated soul.\textsuperscript{28} Leprosy throughout the Middle Ages was considered to be "a disease of the soul as well as the body," and there developed a tradition in Christendom in which church groups took on the responsibility of caring for leprosy patients.\textsuperscript{29}

\begin{itemize}
\item \textsuperscript{24} McNeill 187.
\item \textsuperscript{25} McNeill 188.
\item \textsuperscript{26} McNeill 185.
\item \textsuperscript{28} Beckett 494.
\item \textsuperscript{29} Beckett 495.
\end{itemize}
Despite numerous references to leprosy in both the Old and New Testaments and in European medieval literature, contemporary epidemiologists speculate that many of these accounts in fact describe a wide variety of ailments, including what is today designated as leprosy. Further, according to physician D.W. Beckett, more accurate medical accounts of leprosy can be found in documents from India and China.\textsuperscript{30} The leprosy bacteria appears to have been noted in Europe and the Mediterranean coastlands beginning in the sixth century A.D. According to McNeill,

Thereafter, together with other infections classified as leprous, it remained of major importance until the fourteenth century. Leprosaria were established outside thousands of medieval towns. By the thirteenth century one estimate puts their number in all of Christendom at 19,000.\textsuperscript{31}

By the eighteenth century, however, leprosy had largely disappeared in Europe.\textsuperscript{32} Contemporary medical theorists have offered a range of speculative theories as to why this may have happened. According to Kenneth Kiple, an increased incidence of tuberculosis in Europe conceivably could have provided some immunity against leprosy, or perhaps the plague killed off most of those who hosted the disease.\textsuperscript{33} Beckett, on the

\textsuperscript{30} Beckett 495.

\textsuperscript{31} McNeill 185.

\textsuperscript{32} Beckett 495.

other hand, suggests that scholars will never know what caused the disease's disappearance in Europe.\footnote{Beckett 495.}

**Leprosy in the Pacific**

In the great majority of the Pacific Islands, however, leprosy would only make its entry in the nineteenth century. In his study of infectious diseases in the Pacific, John Miles asserts that there exists "no unequivocal evidence of Hansen's disease [the currently acceptable term for leprosy] ... in any pre-European material from any of the Pacific islands."\footnote{John Miles, *Infectious Diseases: Colonising the Pacific?*, Dunedin, New Zealand: Univ of Otago Press, 1997, 52.} Despite oral historical records documenting leprosy in Fiji and the Solomon Islands in pre-European times, Miles is reluctant to categorize definitively these verbally-described afflictions as Hansen's disease. Nonetheless, written reports document the presence of leprosy in a number of islands by the late 1800s. In French Polynesia, the disease is first mentioned in 1874, while reports from Samoa, New Caledonia, Vanuatu, and Papua New Guinea also attest to its introduction in the late decades of the nineteenth century. In Hawaiʻi, the introduction of leprosy is frequently attributed to Chinese merchants and immigrants who began to settle there in the mid-nineteenth century.\footnote{Beckett 495.} According to a 1959 South Pacific Commission study of leprosy conducted by D.A. Lonie, much of the blame for the introduction of leprosy throughout the Pacific had been laid on Chinese immigrant labor. While Lonie concedes that this may be true for Western
Samoa, French Polynesia, and possibly New Caledonia, for the most part leprosy was spread "by infected islanders moving to other islands, or by travellers who had contracted the disease in other countries and then returned to their own islands."37

While the first account of leprosy in Fiji is usually attributed to Lyth, a Methodist missionary treating patients in 1837,38 some contemporary scholars doubt that the disease was actually leprosy.39 However, by 1897, leprosy had become a serious problem in Fiji with about 400 cases on Viti Levu.40 Consequently, in 1899 the colonial government enacted "The Lepers Ordinance," establishing a leper asylum on Beqa, an island south of Suva.41 Perhaps this decision was made in response to an international policy made by the World Leprosy Congress. In 1897, at the first convention of this leprosy organization, "leprosy professionals at the congress voted overwhelmingly for the segregation of lepers world-wide."42 In 1911, the Fijian leprosarium was moved to the island of Makogai43 and it became widely used as a leprosy treatment center for a number of South Pacific


39 For example, see Beckett 495.

40 Lonie 10.

41 Beckett 496.


43 Lonie 10 and Beckett 496.
islanders. For example, Makogai admitted Samoan patients from 1922, Cook Islanders from 1926, Tongans from 1934-1955, and Gilbertese from 1936 to 1948.44

While a number of South Pacific islanders used the Makogai leprosarium in Fiji, the leper colony on the island of Moloka‘i in Hawai‘i would emerge as the most widely known leprosarium in the Pacific and, some would argue, in the world. In Hawai‘i, government health officials reclusive leprosy patients involuntarily to Moloka‘i from 1866 to 1969 as a public health measure to combat the spread of the leprosy bacillus.45 After Hawai‘i implemented its policy of confinement in 1866, other locales followed suit—notably, Norway in 1885; New South Wales in 1890; Cape Colony, South Africa in 1892; Carville, Louisiana in 1894; Japan in 1900; Ceylon and Culion, Philippines in 1901; and Canada in 1906.46 Indeed, scholar Zachary Gussow argues that "This practice in Hawaii of segregating lepers initiated the modern use of isolated leper colonies, and by the end of the century Molokai became the Western model for controlling the disease worldwide."47

Kamehameha V announced Hawai‘i’s confinement policy in his 1865 "Act to Prevent the Spread of Leprosy," which empowered the Board of Health to confine "all leprous patients who shall be deemed capable of spreading the disease of leprosy."48

44 Lonie 4, 7 and Beckett 496.


46 Gugelyk and Bloombaum 8.

47 Gussow 85.

Historian Gavan Daws points to the policy as a means by which Hawaiian monarchs attempted to interrupt the depopulating impact of yet another epidemic disease which posed "a menace to the very existence of the Hawaiian people."49 Others supported the seclusion policy for less benevolent reasons. A.A. Mouritz, for example, wrote in 1916 that due to the presence of leprosy in Hawai‘i, "he (the Hawaiian) is the weak link in our chain of national health defense."50 In Mouritz's analysis, the leprosy colony was not such a bad place. As he writes,

...the leper is practically condemned to life-long imprisonment of a certain form, not absolute restraint within prison walls, but he is banished to a delightful tract of land on the north or windward side of the island of Molokai, bordering on the ocean, where he can enjoy fine air, sunshine in abundance, and genial surroundings, all the comforts of home, perfect freedom alone lacking, which, even if the majority of lepers wished to avail themselves of, they could not, their disease crippling their bodies and preventing locomotion.51

As will soon be seen, this theme of "confinement-as-benevolent" would be repeated often in leprosy discourses on Guam.

Confinement policies, however, were by no means solely motivated by varied desires to uplift diseased natives. Growing scientific evidence emerging particularly in the area of germ theory suggested that so-called tropical diseases could not be attributed solely to either hereditary or environmental causes. As Daws elaborates,


50 Mouritz 9.

51 Mouritz 69.
... as long as Westerners could comfortably maintain that leprosy was hereditary, and at the same time primarily a disease of the dark-skinned, ... there was no cause for alarm. But if leprosy was in fact contagious, and if... the contagion was capable of passing between races,... then perhaps Western imperialism was creating an empire of leprosy, in which Westerners themselves might be consumed.\textsuperscript{52}

Protecting Hawaiians on Moloka‘i was thus not simply a strategy for the regeneration of the population, but was also conspicuously intended as a way to protect westerners from what was perceived to be possibly the most loathsome of diseases. Medical historian Michael Worboys adds that leprosy concerns in India and Hawai‘i were "also associated with fears that 'natives' might be harboring the disease and could introduce it into European stock. Contagious-germ theories gave scientific backing to popular fears of the disease and of natives."\textsuperscript{53}

\textbf{Coercion, Confinement, and Colonialism}

The research of both Daws and Worboys suggested that leprosy panics in the late nineteenth century in places such as India and Hawai‘i were stimulated by concerns beyond the scope of medical and scientific interests. Indeed, as the case of Guam also demonstrates, the discourses on leprosy were also informed by reigning ideas concerning colonialism, race, tropical medicine, and public health. On Guam, surgeons Mink and McLean acknowledged that, in order to conduct their medical studies of gangosa on 125 patients, many of the Chamorros were brought in to see them "under compulsion by the

\textsuperscript{52} Daws 7.

Following the results of their study, the island's governor issued Executive General Order 111 in 1906 which stated that "it is of paramount necessity, in the interest of humanity and for the protection of society, to adopt proper measures to arrest the spread of that loathsome and dangerous malady." In 1906, as a result of this Order, Chamorros with gangosa were thus quarantined alongside leprosy patients who had been segregated to a secluded colony at Ypao in the village of Tumon since 1902. By 1910, persons deemed insane were also institutionalized at the same colony. As this chapter explores, the confinement of these apparent menaces to public health revealed that the navy's primary interest was in confinement rather than in medical care. In order to understand the ideas which authorized the apprehension and sequestration of these Chamorros, the ways in which discourses of medicine, public health, race, and power conflated with those of colonialism--particularly in the context of an unequal power relationship which existed in colonized territories such as Guam--need examination.

The previous two chapters have discussed some general ways in which the practice of medicine and the establishment of colonialism worked hand-in-hand. Not only materially, but also ideologically, medicine has played an active role in the colonization of native peoples. As subalternist David Arnold contends, "Western medicine was cited as indisputable evidence that colonial rule stood for rationality and progress, while indigenous society ... held beliefs and practices Europe had left behind

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54 Mink and McLean 1166.

55 Mink and McLean 1170-1171.

with the Dark Ages."  Particularly in the case of leprosy, the rationality of the west was emphasized against the primitivity of the non-western world. Although segregation policies were frequently justified on medical grounds, the arguments typically relied upon racist definitions of cleanliness. As Worboys illustrates, an attitude of "racism and fear of 'the natives'" resulted from a contrast drawn "between clean Europeans, increasingly in control of their environment, and 'dirty natives' at the mercy of theirs." Indeed, even the germ theory of disease, while offering important advances for science and medicine, concomitantly played a consequential role in race relations. As Gussow asserts in his 1989 study, *Leprosy, Racism, and Public Health*, "Whole populations became labeled 'contaminants' in ways never previously considered.... The germ theory heightened fears that contact with 'inferior' peoples would threaten the safety and future of the 'superior' race."  

Western fears of leprosy in the late nineteenth century developed not only out of the international scramble for colonies by Euro-American powers, but they also coincided with the specifically American terror of a supposed "yellow peril" and an overall suspiciousness about undesirable immigrants. On the other hand, Gussow points out that at the same time, "the presence of leprosy among Norwegians never frightened the Western world." As he elaborates,

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57 Arnold, "Medicine and Colonialism" 1406.

58 Worboys 517.

59 Gussow 19.

60 Gussow 132.
Scandinavians were never subject to the extremes of racism that other groups encountered in the United States at the turn of the century. Norwegian leprosy never generated horror and alarm simply because Norwegians were never perceived as a 'loathsome' people whose germs were considered culturally and biologically anathema to Anglo-Saxon civilization.\textsuperscript{61}

The dissimilar ways in which both Norwegian and Asia-Pacific leprosy have been treated by the United States suggest that western science and medicine have not been simply benign agents of progressive change. Rather, science and medicine have been instrumental in promoting the particular political, moral, and cultural interests of the U.S. The studies of Gussow and Worboys both illustrate Arnold's contention that, in the context of colonial expansion to tropical areas, western medicine "acted as a powerful force in the ideological subordination and cultural representation of indigenous peoples."\textsuperscript{62}

Even the new classification of leprosy as a tropical disease can be seen as politically motivated in the context of colonialism. Particularly because leprosy had long been eradicated from most of Europe, it was now classified by medical professionals as a "tropical disease."\textsuperscript{63} This reclassification suggests that the stigmatized disease became itself another marker of the supposed inferiority of colonized territories in, not surprisingly, primarily tropical locations. As Worboys puts it, "The term 'tropical' has served an ideological function in associating the causes of these diseases with natural

\textsuperscript{61} Gussow 133.

\textsuperscript{62} David Arnold, "Medicine and Colonialism" 1406.

\textsuperscript{63} Worboys 530.
rather than social, economic, or political factors." Thus, by labeling leprosy as "tropical," medical professionals actively participated in discourses of colonialism and race. In these intersections of germ theory, colonialisms, and racisms, Gussow argues that in the late nineteenth century, "the 'retainting' of leprosy" occurred due to the influence of "modern forces and events." This new leprosy stigma, Gussow maintains, should not be mistaken for a continuity of the old Biblical stigma, but rather should be recognized as "a retainting of the disease in modern dress." In Gussow's persuasive argument, the leprosy stigma of the colonialist and capitalist era provided an ideologically useful vehicle through which missionaries, philanthropists, and colonial medical services could validate their nation's colonial activities in tropical areas.

As the select examples from Hawai`i and Guam illustrate, the practice of western medicine in colonial areas necessitated not only the introduction of foreign technologies to Pacific shores, but also resulted in the establishment of colonially-defined notions of public health. Policies regarding leprosy patients at once demonstrated both the western cultural understanding of medicine as individualistic and public health as concerned with the well-being of the larger community. While the first chapter of this dissertation reviewed the general trends in public health history in the United States over the past century, the case of leprosy provides an opportunity to examine the ways in which public health concerns and challenges in the colonies differed from those in the continental U.S.

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64 Worboys 512-513.

65 Gussow 22.

66 Gussow 22.
As Paul Starr notes in his seminal work, *The Social Formation of American Medicine*, "Much of the history of public health is a record of struggles over the limits of its mandate." In particular, American public health practitioners were especially confronted with the issue of balancing the civil liberties of the individual against the welfare of the community as a whole. For example, historian Judith Walzer Leavitt demonstrates that in the case of Mary Mallon, aka "Typhoid Mary," the dilemma posed for health officials in the early twentieth century was one "that is very much still with us"-"namely, how to protect the health of the public when it is threatened by an individual carrier of disease and at the same time preserve that individual's civil liberties." In a colony such as Guam, however, the issue of individual civil rights was never addressed. In fact, the civil rights of the Chamorro people were not protected until 1950, when the U.S. Congress passed the Organic Act of Guam.

If public health professionals on Guam were unconcerned about the rights of the island's natives, neither were they bothered by the U.S. Navy's attempts to acculturate the Chamorros into American society. With even President William McKinley ordering the "benevolent assimilation" of the Chamorro people in his 1898 "Instructions for the Military Commander of the Island of Guam," it should come as no surprise that public health projects on the island, including one regarding leprosy patients, often focused on

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the imagined positive outcomes.\textsuperscript{69} Indeed, public health concerns in colonies such as Guam, as in the U.S., transformed issues such as cleanliness into moral, patriotic matters. As Suellen Hoy notes, "cleanliness became something more than a way to prevent epidemics and make cities liveable—it became a route to citizenship, to becoming American."\textsuperscript{70} On Guam, the navy regularly interpreted Chamorro obedience to its health policies to signify assimilation to American ways. Governors like Ivan Wettengel, for example, specifically identified improvements in Chamorro health as evidence of "the civilizing and the Americanization of these primitive people."\textsuperscript{71} Yet in the process of marking cleanliness as one of the signifiers of American citizenship, the navy concomitantly repudiated the legitimacy of native healers and the indigenous notions of disease, healing, and health care. As Starr points out, western "conceptions of disease and responses to it unquestionably show the imprint of our particular culture."\textsuperscript{72} Public health policies, no less than the practice of medicine, were significant in subordinating Chamorros to the interests of American political, moral, and cultural concerns. The introduction of health policies, though, was couched in the language of naval colonial benevolence and American generosity, effectively obfuscating its other aims.

\textsuperscript{69} William McKinley, President, "Instructions for the Military Commander of the Island of Guam, Ladrones, Pacific Ocean." 12 January 1898. Qtd. in AR 1914, 3.


\textsuperscript{71} I.C. Wettengel, Governor of Guam, to Secretary of the Navy, 2 Aug 1921, RG 80, Box 485, 9351:1969:1, HM-12-21.

\textsuperscript{72} Starr 3.
In areas like Guam, the application of both new medical technologies and intrusive public health policies required the exercise of state power. Locating, apprehending, and exiling leprosy patients from the entire island, along with those persons diagnosed with either gangosa or mental illness, necessitated the operation of a strong police force empowered by the state. Michel Foucault describes confinement as a police matter which "was required by something quite different from any concern with curing the sick." Indeed, one must consider the physical well-being of non-leprous patients consigned to live in isolation with leprosy patients. In the case of Guam, those diagnosed with gangosa or mental illness at times outnumbered the leprosy patients by more than a two to one ratio, yet the military government apparently thought nothing of exposing them to leprosy. As Foucault suggests, "philanthropy prefers to recognize the signs of a benevolence toward sickness where there is only a condemnation of illness." When the sequestration of persons with leprosy, gangosa, and mental illness would seem to be conducted more in the interests of separating the diseased from the rest of society rather than in curing them of their ailments, the supposedly benevolent intentions of medical and public health professionals, and colonial officials, should be questioned. As David Arnold asserts, "in the colonies of Africa, Asia and the Pacific, medicine was one of the most intrusive expressions of state power." Some might argue that the process of


74 Foucault 46.

75 Arnold, "Medicine and Colonialism" 1409.
confining leprosy patients was as much about the exercise and demonstration of state power as any other concern. In his study of Fijian colonial health policies, Nicholas Thomas observes,

>The underlying rationale of prohibitions and stipulations was not the prevention or imposition of specific practices because these really mattered in particular. Specification and regulation were rather ends in themselves, which constituted the ambit of state control.^{76}

In considering the experiences of confined patients on Guam, it can be speculated that their seclusion was motivated in part by a genuine desire to address the medical exigency of the disease, arresting it as expeditiously as possible. At the same time, the confinement policy was also informed by the ambitions of navy officers to demonstrate the effectiveness and superiority of their authority on Guam, particularly in the first decade of colonial rule. It is useful to note that in approaching health care on Guam in such an authoritarian manner, the navy government established health and sanitation as, first and foremost, a disciplinary matter, "to be imposed by force,... rather than as part of a voluntary, community-based movement of self-help and self-improvement."^{77} As such, "the needs of the state, not the wishes of the people, were bound to be paramount."^{78}

Moreover, because it controlled all forms of political and military power, and because it monopolized medical authority due to the island's lack of independently licensed health


^{77} Arnold, *Colonizing the Body* 114-115.

^{78} Arnold, *Colonizing the Body* 115.
practitioners, the navy established its power to define unilaterally the terms and bounds of public health policy on Guam.

**Leprosy on Guam**

Spanish sources verify the existence of leprosy, as well as other skin diseases on Guam, though it is difficult to know when it first appeared or how it entered the island. Images of Chamorros suffering from leprosy taken from the accounts of voyagers such as William Dampier from 1686 and Louis de Freycinet in 1818 have been re-evaluated as depicting gangosa rather than Hansen's disease. Safford hypothesized that syphilis and leprosy were "probably introduced into Guam by diseased convicts and laborers, some of whom were Chinese, sent to the island from the Philippines." Contemporary studies of leprosy suggest that Spanish medical authorities did not distinguish between gangosa and Hansen's disease, and instead classified all skin ailments as leprosy. Despite the medical uncertainty, the earliest colonial attempts to deal with the disease came in 1831, when Spanish governor Francisco Ramón de Villalobos (1831-1837) established a hospital for leprosy patients in Adelup. In 1835, the men categorized as leprosy patients were

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transported to a colony in Saipan, and the female patients later joined them there. In 1871, a leprosarium was established at Tinian, though it is not clear from the documents whether or not the Saipan patients were moved there. In April 1890, a new leprosarium was built at Pago, Guam, but this would be demolished only seven months later by a typhoon.  

In Father Aniceto Ibáñez del Carmen’s journal entry of June 1890, he reported that:

By order of the governor, all persons on this island of Guam suffering from sores have been identified and, according to the doctor, there are 110 lepers. They are to be taken to the place where the old pueblo of Pago was located, southeast of this capital city.  

Based on the figures provided by the earliest American medical reports, it would seem likely that the overstated figure of 110 lepers can be attributed to the Spanish medical authorities’ pervasive ignorance, and thus this number likely included misdiagnoses of syphilis, gangosa, and yaws as leprosy. Nonetheless, by August 1899, when the U.S. Navy arrived to establish its colonial mission, Safford commented that only one leprosy patient resided in the hospital. It appears that, like later American naval governors on Guam, Spanish colonial administrators in the Mariana Islands had experienced similar trepidations and exercised with comparable fervor plans to eliminate

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82 Ibáñez del Carmen 3.
83 Ibáñez del Carmen 97-98.
84 Qtd. in Wuerch 119.
leprosy sufferers—as well as countless others misdiagnosed with the disease—permanently from Chamorro society.

As previously indicated, from the outset of American contact with Chamorros, navy officers such as Governor Leary, Lieutenant Safford, the navy Surgeon-General, Surgeon Stone, and Lieutenant Cottman had made graphic note of leprosy's "horrible" and "dreadful" presence on the island. Such comments heightened American naval fears of both Guam and its people. Even into the 1930s, medical officers on Guam continued to comment on the horrors of life on the island, as did Medical Corps Lieutenant C.H. McMillan and Health Officer S.L. Higgins. McMillan wrote in 1936 that an arriving navy man, "after reading of the diseases of the tropics and listening to tales told by those 'Old Timers' ... frequently lives in terror of the health hazards which seem to surround him and his family." Higgins wrote in 1937 that navy personnel on Guam "live in a constant state of fear of disease.... and not a few are in reaility [sic] driven to drink." From the commencement of naval operations on Guam, American personnel registered reports of medical horrors like leprosy. That these observations frequently resulted in the depiction and definition of Chamorro people in terms of disease is evident from numerous early accounts which describe the natives not merely in terms of variables such as height, weight, hair color, and skin color, but also in terms of their discernible health conditions.

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86 S.L. Higgins, Health Officer, to Governor of Guam, 1 October 1937, RG 80, Box 204, EG-54/A9-4(5), 371013.
Given the consternation over leprosy, active steps were taken to confine patients in 1902. Guam's second naval governor, Commander Seaton Schroeder, wrote in his Annual Report that, in February 1902, having discovered "four lepers living in the midst of a friendly community ... I at once decided to segregate them." His official segregation decree, General Order #43, would not come until 12 June 1902. In this document, Schroeder justified the policy of excluding leprosy patients at the newly designated Tumon Colony on the grounds that it was "of paramount necessity, in the interest of humanity and for the protection of society." Schroeder furthermore celebrated his actions by claiming that "The only means open to the Government for uprooting so serious an evil is the heroic step of segregating the unfortunate lepers." While the Governor realized that the sequestration policy meant a "loss of personal liberty," as well as "separation from their families" for the patients interred, he justified it by assuring that the policy would "lengthen the lives of those who are segregated." In his reference to the policy as a "heroic step," and in his claim to being interested in protecting the patients, Schroeder contributed to a discourse of navy medical philanthropy which would flourish through the next half century.

Both Schroeder's rationale for excluding leprosy patients and his celebration of American medical heroic measures would be repeated by numerous others in their

87 AR 1902, 5.
88 12 June 1902, General Order #43, Government House, Hagåtña, Island of Guam.
89 General Order #43.
90 General Order #43.
defense of the Tumon Colony. Schroeder's successor, Commander W.E. Sewell, for example, in a 1903 letter to the Assistant Secretary of the Navy, supported the necessity of the Colony "for the protection of the Americans residing here, and to keep the horror out of sight."91 One governor, in fact, used the example of Molokai's colony in arguing for the sequestration of Guam's leprosy patients. In a 1905 letter to the Assistant Secretary of the Navy, Governor George Dyer stated,

The necessity for the segregation of the lepers for the protection of the white population, and incidentally the existence and efficiency of the Naval Station, is unquestionable. This has been demonstrated in many places, notably in Hawaii.92

As the first two chapters of this work have shown at greater length, these sorts of comments reveal that the paramount concern of the Naval Government of Guam was the protection of their military personnel. The health concerns of the Chamorro people would be attended to particularly if they were perceived as a threat to the well-being of the naval community, essentially in the interest of shielding Americans from possible contagion.

At least one navy officer argued for the care of Chamorro health concerns on strictly economic grounds. Acting governor Lieutenant Luke McNamee wrote to the Secretary of the Navy that separating leprosy patients was a critical means of protecting the native labor force. In 1906, McNamee explained that "from a business standpoint," the naval government would be wise "to protect that labor and the officers and employees

91 W.Sewell, Commander, US Navy to Assistant Secretary of the Navy, Washington, D.C., 8 September 1903. RG 80, Box 386, 9351:262-275.

92 G.L. Dyer, Commander, US Navy, Commandant and Naval Governor to Assistant Secretary of the Navy, 20 March 1905, RG 80, Box 386, 9351:229.
that are required to come into close contact with it."93 Certainly to a number of navy officials, debilitating diseases such as leprosy and hookworm infection signified more than a medical dilemma on Guam. Additionally, these types of ailments also symbolized the island's under-developed subsistence economy, ostensibly posing obstacles to development, progress, and modernity.

While most naval accounts privileged the protection of their colonial establishment, some argued for the Tumon Colony on behalf of the welfare of the natives. J.P. Leys, a navy surgeon on the island in 1904, observed that the segregation policy was for the protection of all uninfected persons, "Americans and natives alike."94 This self-serving sense of benevolence and humanitarianism toward the natives—evident also in Schroeder's judgment of the government's actions as "heroic" in taking steps towards segregation—is especially manifest in Schroeder's 1902 Annual Report. He writes, "Everything possible has been and will be done to mitigate the unhappiness and distress of these unfortunate people.95

While some navy officers described the policy of isolation in benevolent terms which elided the violence of the navy's colonial mission, so did others similarly exploit the natural beauty of the seclusion site to mask the harshness of their confinement policy. Governor Schroeder, for example, described the selected location at Ypao Beach on the

93 L. McNamee, Lieutenant, U.S. Navy, Commanding, to Secretary of the Navy, Washington, D.C., 31 Jan 1906, RG 52, E-11, Box 216, 102863.

94 J.P. Leys, P.A. Surgeon, U.S. Navy, Senior Medical Officer to Commandant, US Naval Station, Island of Guam, 18 June 1904, RG 52, Box 187, 89830.

95 AR 1902, 5-6.
shores of Tumon Bay as "a very pretty spot, and healthy, fronting upon a nice, clean beach." Just as Mouritz had earlier depicted the Molokai leper colony site as "a delightful tract of land ... where [the leprosy patient] can enjoy fine air, sunshine in abundance, and genial surroundings," so too does Schroeder describe the Ypao locale as an attractive physical environment. These comments at the very least attempt to camouflage the harsh reality of confinement—from the hunt for those afflicted to their capture and dislocation from their spouses, children, parents, and other relatives and friends to the fears they experienced once imprisoned in an unfamiliar terrain without the customary resources of their familial networks. It is as if the beauty of their new surroundings were specifically selected to shroud the repulsiveness of the methods through which they had been removed from their families. For navy personnel, perhaps the "nice, clean" environment of the Tumon and Moloka'i colonies worked to offset what they viewed as the most hideous of diseases and the most wretched of those diseased.

Criminalizing the Infirm

Once having selected Ypao as the locale for the Tumon Colony, naval officials began dealing with a number of logistical details, such as condemning and clearing the land, constructing the buildings, and hiring personnel—primarily as security guards.

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96 AR 1902, 5.

97 Mouritz 69.

98 Descriptions of the Culion Leper Colony in the Philippines, where the Chamorro leprosy patients would eventually be exiled, also emphasize the natural beauty of the site.

99 AR 1902, 5-6.
Indeed, the need for security guards supported the idea that the Chamorro leprosy sufferers were treated not primarily as patients, but as inmates. In fact, Schroeder's General Order #43 addresses the patients as "inmates," as do numerous other references to the Tumon Colony made by physicians and officers alike. The language of criminality is used frequently throughout the documents, such as in references to "harboring" the diseased, "decreeing [their] restraint," and placing patients on "parole."

The previous chapter discussed this issue of the criminalization of health and medicine, paying particular attention to the variety of laws and punishments meted out to those who committed sanitary offenses. Violations such as failing to mow one's lawn or wearing skirts which touched the ground revealed much about the consolidation of state power through the manipulation of health issues. The case of leprosy policies on Guam, however, perhaps best exemplifies the notion of criminalizing health care in the interests of colonialism and the power of the military.

Schroeder's General Order #43 not only established Ypao as the locale of the Colony, but also ordered the apprehension and confinement of patients, despite the medical department's inability to differentiate between leprosy and gangosa. Locating,

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100 General Order #43. See also M.S. Elliott, "Report on the Leper and Gangosa Colonies and General Sanitary Conditions of the Island of Guam, L.I.," 13 July 1908; RG 52, Box 269, 116178, 2.

101 AR 1902, 5.

102 General Order #43.

103 AR 1938, 14.
apprehending, and exiling suspected patients from the entire island necessitated the operation of a strong police force empowered by the state—in this case, the American military. Along with ordering the confinement of leprosy patients, Order #43 also prohibited them from leaving the Colony and forbade others from entering "without a written permit approved by the Governor."\(^{104}\) The order also authorized the apprehension of persons entering without permission, as well as the arrest of "all persons who harbor, conceal or assist in the flight of any inmate."\(^{105}\) As for those who might attempt to escape the Colony, Schroeder ruled that "any inmate who goes beyond the limits of the Colony without the requisite permission shall be punished by ten to twenty days of ball and chain for the first infraction, and by one to six months for a repetition of the offense."\(^{106}\) Given the nature of the punishments, it would certainly appear as if the leprosy patients were, in fact, condemned criminals in possession of the U.S. Navy. In a number of ways, the persons confined in the Tumon Colony were restricted more severely than those in the Hagåtña prison; at least they were permitted to see visitors relatively freely.

Aside from treating leprosy patients as wanted fugitives, the leprosy policies were further criminalized by the sheer appearance of the Tumon Colony and its structures. As a report in the Guam Recorder described the enclosure,

> The Colony is surrounded by a high barbed wire fence except on the ocean side and two native guards are employed for the purpose of preventing the lepers or their relatives from leaving or entering the grounds. In addition to these

\(^{104}\) General Order #43.

\(^{105}\) General Order #43.

\(^{106}\) General Order #43.
precautions iron bars have been placed upon the windows of the houses occupied
by lepers and padlocks upon the doors. At nine P.M. every night each leper is
locked in his house by the Superintendent of the Colony.107

If the navy constructed the beautiful Colony to resemble a prison, it may have
been only a minor improvement over the actual jail, where contagious cases had at one
point been confined and where mentally ill patients were imprisoned until 1909.108

The criminalization of health policies is found not only in the language regarding
leprosy, but also in the manner of their apprehension and arrest and in the style of their
living arrangements. The case of leprosy on Guam provides examples of the ways in
which those deemed physically threatening were treated not with medical care, but with
military severity. The concerns expressed about them in naval documents focus primarily
on the terms of confinement rather than on the methods of medical treatment. This
confirms what David Arnold has observed in African, Asian, and Pacific colonies, that
"medicine was one of the most intrusive expressions of state power."109 Certainly in its
arrest of leprosy patients, and in its continued surveillance of the Chamorro population
for other possibly afflicted persons, the navy established itself as a powerful and
inflexible colonizer. Guam's leprosy policies, furthermore, perhaps best epitomize the
navy government's approach to health and medicine as a disciplinary matter "to be
imposed by force."110 Indeed, forthcoming evidence of Chamorro disapproval of the

108 AR 1908, 12 and AR 1909, 14.
109 Arnold, "Medicine and Colonialism" 1409.
110 Arnold, Colonizing the Body 114-115.
navy's leprosy statute demonstrates Arnold's point that in the exercise of health policies "the needs of the state, not the wishes of the people, were bound to be paramount."\footnote{Arnold, Colonicizing the Body 115.}

**Care and Confinement**

Schroeder identified four persons afflicted with leprosy in 1902, but by the time the Tumon Colony was opened, twenty-four persons had been admitted for confinement based on a diagnosis of leprosy. The number of patients remained steady at twenty-four until 1907 when, under the command of Governor McNamee, the navy began also confining gangosa patients. The number confined consequently skyrocketed to 185.\footnote{F.E. McCullough, Surgeon, U.S. Navy, "Guam: Reports on Health and Sanitation for the Years 1907 and 1908; Report for the Year 1907." *US Naval Medical Bulletin* 3:3 (July 1909): 323.} This striking increase reflected McNamee's incorrect perception of gangosa as a disease "more repulsive, painful, and disfiguring than leprosy."\footnote{L. McNamee, Lieutenant, U.S. Navy, Commanding, to Secretary of the Navy, Washington, D.C., 31 January 1906, RG 80, Box 388, 9351-603.} McNamee reported to the Secretary of the Navy on the presence of nearly four hundred persons afflicted with gangosa on Guam. The timing of this report suggested that the twenty-four patients in the Tumon Colony through 1906 were about to find themselves in crowded company.\footnote{McNamee to Secretary of the Navy, 31 January 1906, RG 80, Box 388, 9351-603.} Following McNamee's trepidations, Surgeon-General Presley Rixey bluntly stated in a letter to the Secretary of the Navy regarding persons afflicted with gangosa that "their...
presence is a menace."\textsuperscript{115} The Surgeon-General went on to advise the Secretary that "the necessity for the segregation of these unfortunates is imperative."\textsuperscript{116} Not surprisingly, in the following year the numbers of Chamorros confined at the Tumon Colony ascended dramatically, increasing from twenty-four patients in 1906 to 185 in 1907.

Despite McNamee's desires to confine up to 400 persons (out of a total population of approximately 10,000), in the very next year, a larger number of patients were released from the Colony "as a result of bacteriological examinations made by the medical officers."\textsuperscript{117} These laboratory exams demonstrated to the medical department that many of the confined Chamorros had been needlessly sequestered. The Tumon Colony population thus decreased from 185 in 1907 to 126 in 1908, a drop of over 30%. The colony still contained over a hundred persons, sixty patients with leprosy and sixty-six with gangosa. Navy reports indicated that the patients were not segregated from one another, which created a situation in which non-leprous gangosa patients could conceivably have contracted the disease.\textsuperscript{118} Furthermore, other non-infected patients were added to the compound in 1909 when a house in the Tumon Colony was constructed for the "detention of insane patients."\textsuperscript{119} In the face of such evidence, Foucault’s insight into

\textsuperscript{115} Presley M. Rixey, Surgeon General, U.S. Navy to Secretary of the Navy, 18 October 1906, RG 52, Box 388, 9351-603, 106119.

\textsuperscript{116} Rixey to Secretary of the Navy, 18 October 1906, RG 52, Box 388, 9351-603, 106119.

\textsuperscript{117} AR 1908, 13

\textsuperscript{118} M.S. Elliott, "Report on the Leper and Gangosa Colonies and General Sanitary Conditions of the Island of Guam, L.I.," 13 July 1908; RG 52, Box 269, 116178, 2.

\textsuperscript{119} AR 1909, 14.
western society's "condemnation of illness," rather than "benevolence toward sickness," merits consideration. It would seem logical that if naval officials were concerned with the health of their numerous patients, they would have sequestered them separately, according to their type of illness. Rather, policy-makers exposed numerous gangosa and mentally ill patients to leprosy, which they knew to be contagious, and released them after two or more years of confinement. In its cavalier attitude about the diseases of all of the infirm, the navy ultimately seemed more interested in removing them from society than in curing their ills.

By 1909, only twenty-two of the sixty leprosy patients had been confirmed as leprous, with the other thirty-eight re-classified as gangosa patients, representing another 63% decline in the number of patients categorized as suffering from leprosy. Furthermore, in that same year, Guam's navy surgeons determined that "certain leper cases are really gangosas and also that certain [gangosa patients] may be provisionally released without danger." Therefore, in 1909, thirty-five persons were released from the Tumon Colony, fourteen of whom had been classified as lepers and the other twenty-one as gangosas. By 1910, the leprosy patients confined at the Tumon Colony numbered twenty-six, only two more than had been originally sequestered between 1902 and 1906.

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120 Foucault 46.
122 AR 1910, 13.
What can explain the navy's overzealous condemnation of Chamorros? Why did the navy detain people before verifying their actual medical condition—in some cases, only diagnosing detainees two to three years later? Do the imperfect medical technologies of the time help to explain the extraordinary rate of misdiagnosis? Does the western dread of leprosy and other forms of physical disfigurement explain the fervor of their segregation tactics? Did naval fears of the tropics also add to their general paranoia about Chamorro disease and Otherness? Certainly all of these reasons, as well as a number of unidentified factors, likely contributed to what happened on Guam. Perhaps, however, an examination of the economics of leprosy can shed some additional light onto the ways in which navy "carelessness" was perhaps not as inadvertent as it might appear.

**Milking the Menace**

For a naval station as secondary to the navy as Guam was in the period before World War II, the cost of attending to the medical needs of the Chamorro people placed great strains on the navy's budget. Numerous governors' reports mention their difficulties in serving both the naval and local communities with their limited budget. To the naval governors, however, the case of leprosy presented a situation which could not be dismissed or disregarded. With the establishment of the Tumon Colony for leper patients, yet another expense was added to the naval government's burden. As Senior Medical Officer J.P. Leys wrote in 1904 of the Tumon Colony, "the entire cost of its establishment and maintenance, including cost of a superintendent and guards, and of a
cheap and monotonous ration for the inmates, has been borne by the Insular Treasury."\textsuperscript{123}

To meet these expenses, Governor Dyer that year suggested that "The segregation, installation and maintenance of these unfortunates should be a direct charge of the United States."\textsuperscript{124} In April 1906, Governor Templin Potts aggressively addressed the funding issue in a Cablegram to the Secretary of the Navy in which he wrote, "Health NavStation imperatively demands immediate segregation 110 lepers and gangosas burden too great for Island treasury earnestly request Congress be asked appropriate this session."\textsuperscript{125} Less than two weeks later, Acting Secretary of the Navy Truman Newberry agreed, writing to the Chairpersons of the U.S. House and Senate Committees on Naval Affairs,

... it would appear to be the duty of this Government to protect, in every reasonable manner, the health of its officers, enlisted men, and civil employees who are necessarily brought into close contact with the native population of the island.\textsuperscript{126}

Taking even more assertive action, Potts threatened the Secretary of the Navy that "If federal aid is not extended to this island by appropriation of Congress it will be absolutely necessary for me, in the near future, to release a large number of the lepers and

\textsuperscript{123} J.P. Leys, P.A. Surgeon, U.S. Navy, Senior Medical Officer to Commandant, US Naval Station, Island of Guam, 18 June 1904, RG 52, Box 187, 89830.

\textsuperscript{124} AR 1904, 11.

\textsuperscript{125} Commander T.M. Potts, Commandant. Cablegram to Secretary of the Navy, Washington, D.C., 21 April 1906, RG 80, Box 388, 9351-603.

\textsuperscript{126} Truman H. Newberry, Acting Secretary of the Navy to Chairman, Committees on Naval Affairs of the House and Senate, 1 May 1906, RG 80, Box 358, 9351:603.
gangosas." Potts successfully exploited American fears of leprosy and the horrific possibility that one of their personnel or dependents might become infected by the hideous disease. As a result of his manipulative warning, in 1907 "a Federal appropriation became available for use in the care of lepers and for other allied sources." Beginning that year and continuing annually thereafter, the Navy Appropriation Bill before Congress reflected this special budgetary category, entitled "Care of lepers, etc., Island of Guam." Perhaps it should come as no surprise that in 1907 the number of persons confined at the Tumon Colony escalated from twenty-four to 185.

The economics of leprosy played out even more curiously over the next few decades, as governors began using the leprosy fund for expenditures not related to the confined patients. In 1912, the navy Surgeon General acknowledged that the "Special appropriation for the care of lepers is broad in its scope." Soon thereafter, the "broad scope" of the "Care of Lepers" fund had expanded to include the payment of teachers' salaries, office supplies, and a number of miscellaneous budgetary items. In fact, in

127 Commander T.M. Potts, Commandant to Secretary of the Navy, Washington, D.C., 1 May 1906, RG 52, Box 388, 9351.

128 Roberts 294.


130 C.F. Stokes, Surgeon General to Navy Department, 28 March 1912, RG 52, 9351:1081, 120881.

131 See, for example, AR 1925, 13 and AR 1926, 9.
1913, for example, less than 15% of the $14,000 Congressional appropriation was spent on behalf of the leprosy patients,\textsuperscript{132} and in 1925, only $3,000 out of the $18,000 Congressional budget for "Care of Lepers, etc." went to leprosy-related expenses\textsuperscript{133}. Governors liberally used the fund for a variety of pet projects. Some of these involved the treatment of diseases such as tuberculosis, hookworm, and gangosa; the majority of the money, however, was allocated to administrative expenditures.

Numerous conclusions can be drawn from a critical evaluation of the ways in which the navy government used leprosy funds. With the commencement of the special Congressional appropriation for the care of lepers in 1907, the navy found itself with a new and secure source of annual funding. Between 1907 and 1913, these Congressional funds were substantially consumed by demands for personnel, housing, and other expenses at the Tumon Colony. By 1913, however, the navy government began exiling Guam's leprosy patients to the Philippines, a policy decision which resulted in tremendous cost savings to the naval government. Commencing that year, the navy government began budgeting the Congressional leprosy appropriation primarily for a wide range of non-leprosy-related projects. Indeed, after 1913 Guam's naval government began paying the Philippine government an annual stipend for the care of Guam's patients which amounted to less than 20% of Congress' annual leprosy allotment. This afforded the navy an opportunity to capitalize on the savings by using the remaining 80% of the

\textsuperscript{132} H.W. Hinds, US Naval Station, Guam, to Secretary of the Navy, Washington, D.C., 27 September 1913, RG 80, Box 397, 9351-1256.

\textsuperscript{133} AR 1925, 19.
"Care of Lepers" appropriation for a variety of other expenses. Undoubtedly the knowledge that sending Guam's patients to the Philippines would save the naval government money influenced governors in their determination to move the leprosy patients off-island. It seems reasonable to ask if the navy's interest in moving the leprosy patients to Culion in the Philippines was motivated by its desire to divert some of the annual leprosy appropriation to projects which would otherwise be unaffordable.

In another, very different sense, navy officials milked the presence of leprosy on Guam—this time by the medical community for the purposes of research, publication, and renown. Navy doctors published several articles concerning leprosy in medical journals, typically describing the cases present on the island. In the July 1912 *U.S. Naval Medical Bulletin*, for example, Navy Assistant Surgeon W.M. Kerr published "Leprosy: With notes on and illustrations of the cases as they occurred in the Tumon Leper Colony, Guam, Marianas, during the months of October and November, 1911." In this publication, Kerr not only explicitly describes each of the twenty-four patients interred at the Colony, but he also includes photographs of each of the patients, identified by their initials. These photographs highlight the various deformities of each case, so that the photographer(s) posed each patient with his or her hands, feet, or face prominently emphasized. In one of the photographs, the patient has been stripped of all clothing, ostensibly to display the full extent of his infection. In none of the photographs are the

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134 W.M. Kerr, Assistant Surgeon, U.S. Navy, "Leprosy: With notes on and illustrations of the cases as they occurred in the Tumon Leper Colony, Guam, Marianas, during the months of October and November, 1911," *U.S. Naval Medical Bulletin* 6:3 (July 1912): 313-342.
patients smiling; from the grimaces, frowns, and glares on their faces, they appear to be all too aware of the dehumanization which they have yet again been made to experience. Here again, in the case of medical research, the careers and medical interests of navy doctors took precedence over the cultural and human dignity of the Chamorro patients.

While the economics of leprosy—in terms of its material advantages for both naval policy and medical surgeons—cannot fully explain the overzealousness of navy governors in their apprehension and confinement of potential leprosy patients, it does contribute to a fuller understanding of the issues at stake for the navy government. Sources indicated that leprosy generated fear in the Americans' hearts, that Chamorros were perceived to be diseased and dangerous, and that navy personnel considered tropical locations to be threatening and hazardous. From an examination of the ways in which the leprosy appropriation was used, it is clear that the navy took advantage of these fears of unimaginable tropical diseases and grossly diseased natives for its fiscal benefit.

**Resisting Arrest**

Undoubtedly the decade-long experience of uncertain confinements illustrates the absence of civil liberties and constitutional protections existing on the island. With no bill of rights or other document to protect the Chamorro people's civil and political rights, the navy defined its government as disciplinary and autocratic rather than as collaborative. Moreover, in the process of articulating and addressing the problem of leprosy on Guam, navy officials were successful in achieving what Arnold refers to as the "ideological subordination"\(^{135}\) of the indigenous people. Through one decade of fear and

\(^{135}\) Arnold, "Medicine and Colonialism" 1406.
loathing of leprosy on Guam, navy officials confined nearly two per cent of the population, stigmatizing the natives as diseased and dangerous while demonstrating its authoritarian powers.

Given the severe terms of confinement which the navy attempted to enforce at the Tumon Colony, as well as the inconsistencies in medical diagnoses, even navy officials noticed Chamorro disapproval of government tactics and policies. Even before confinement became the official policy, American writers commented on the native people's ostensible acceptance of persons in their midst suffering from a variety of diseases. Once the navy began inspecting and apprehending Chamorros, many attempts were made to hide afflicted family members. Schroeder described four lepers who, in 1902, were "harbored in well-intentioned but ill-advised concealment."\textsuperscript{136} Another report noted that afflicted Chamorros "had slipped away to their coconut groves, where they hid until hunted out by the medical officer in charge of treatment."\textsuperscript{137} Further, in his 1904 Annual Report, Governor Dyer stated that the Chamorro leprosy patients "prefer to live with their families who have always had them and who regard it as an unwarranted and unnecessary interference to require them to part."\textsuperscript{138} Indeed, a year later in a letter to the Assistant Secretary of the Navy, Dyer reported that "The natives are accustomed to [leprosy] and, therefore, are opposed to the isolation of their relatives, and take every

\textsuperscript{136} AR 1902, 5.

\textsuperscript{137} Qtd. in Crawley 258.

\textsuperscript{138} AR 1904, 11.
possible means to conceal their affliction. In the words of governors Schroeder and Dyer, it appears that at least some navy administrators sympathized with the victims' plight. Others, such as Governor E.J. Dorn, however, communicated a less understanding view. In his personal journal, Dorn wrote on 7 February 1910, "Had charge laid against the man who allowed his child to be ill with gangosa a year without reporting. Shall break up such neglect if I can." Dorn again aggressively dealt with this issue one month later when several parents were called before the courts for concealing their sick children. As a result of these occurrences, the Guam News Letter reported that "Governor [Dorn] has given orders to prosecute all similar cases of concealment under Article 581 of the Penal Code. Parents owe it to their children to provide them with the medical treatment furnished gratis by the Federal Government." Dorn's reactions and comments to these cases would seem to suggest that by the end of the navy's first decade of rule on Guam, at least some of the ranking officers had grown weary of their lack of disciplinary control over this particular medical situation.

By 1911, Guam's navy governors would begin recommending that the leper patients be transferred off-island, preferably to the Culion Leper Colony in the Philippines. Governor G.R. Salisbury reported in his 1911 Annual Report, "In spite of careful watching it is doubtful if we succeed in maintaining the lepers in strict

139 Dyer to Assistant Secretary of the Navy, 20 March 1905, RG 80, Box 386, 9351:229.

140 E.J. Dorn Manuscript file, Journal entry, 7 February 1910, Manuscript Division, Library of Congress.

Despite the navy's battery of laws, surveillance tactics, and architecture of barbed wire fences, iron-barred windows, and padlocked doors, Senior Medical Officer C.P. Kindleberger conceded in January 1912, "in spite of these precautions lepers have escaped from the Colony and have visited friends and relatives in the surrounding ranches and in Agaña, and relatives of the lepers have entered the Colony through the barbed wire fence."  

Similarly, Antonio Unpingco, Speaker of the Twenty-Fifth Guam Legislature, acknowledged that even after his grandfather, Juan Ulloa Unpingco, was sequestered in 1907, his grandmother continued to visit him at the Colony despite laws which prohibited such interactions. Whether it meant defying the threatening regulations against visitation or finding ways over or through barbed wire fences, Chamorros managed to circumvent naval laws, perhaps re-instating native understandings of *atektok* as an infirmity treated through hugging and nurturing. In these samples of Chamorro resistance to navy confinement policies, it is evident that despite a variety of naval attempts to sever ties between leprosy patients and their families, maintaining a strict quarantine over the residents of the Tumon Colony proved impossible to achieve. Moreover, it might be speculated that, just as the Americans expressed considerable fear and loathing of the dreaded leprosy on Guam, so too did Chamorros convey their fear and loathing of

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142 *AR* 1911, 3.


144 Personal communication, 9 April 1999.
hospitals and other institutions of confinement. Numerous accounts document the
Chamorro people's general uneasiness with hospitals, regarding them as places of death.
Governor Dorn noted in his 1909 Annual Report that the Chamorros "have a peculiar
dread of hospital treatment."145 Two decades later, an anonymous article in the Asiatic
Fleet Magazine reported that after three decades of naval rule on Guam, "there still are
some people who have fear of the doctor and the hospital. They feel that one goes to the
hospital to die, and a great many of the natives don't go there until they are ready to do
just that thing."146 Given their dubious introduction to American medicine, it is no
wonder that many of Guam's natives viewed these doctors and hospitals with such
distrust.

"They Were Treated Like Animals in a Parade"147

The decision by the naval government to transfer Guam's leprosy patients yet
again, though now to a colony far from home, was based partly on the navy's realization
that it had been ineffective in quarantining the Tumon Colony patients from non-infected
friends and relatives. Both Governor Salisbury and Senior Medical Officer Kindleberger
acknowledged that, despite all their efforts, the naval government could prevent neither
the leprosy patients from escaping the Colony nor others on the island from illegally
visiting their exiled kin. From the navy point of view, seclusion to an even more remote

145 AR 1909, 11.

146 An Old Guamanian, "The Island of Guam: Its Story, Past and Present. The Asiatic
Fleet Magazine Christmas 1928, 9. E.J. Dorn Manuscript File, Manuscript Division, Library
of Congress.

147 Senator Antonio Unpingco, Personal communication, 9 April 1999.
location guaranteed a way to isolate the afflicted parties. This idea had been suggested as early as 1899, when navy doctor Mack Stone recommended to the Secretary of the Navy that Guam's lepers should be sent to another island.\textsuperscript{148} In fact, Lt. Vincendon Cottman, who had visited Guam in January of 1899, urged that Guam's leprosy patients be sent to Moloka'i.\textsuperscript{149}

Aside from seeking a more perfect quarantine station, seclusion to an already existing colony offered an opportunity for the island government to save on the expenditures that were otherwise necessary for the daily maintenance of the Colony. A November 1911 letter from Philippine Governor-General W. Cameron Flores, in response to an inquiry made by Governor Salisbury a couple of months earlier, assured the governor that the Culion Leper Colony would willingly accept Guam's patients for an approximate total cost of under $4,000 per year for twenty-four persons.\textsuperscript{150} Kindleberger noted the great cost savings which would result from transferring Guam's patients to Culion. He further justified the proposal by falsely reporting to the navy Surgeon-General that "each leper would welcome the change from the small wire enclosure in which they are now penned awaiting death, to the large island of Culion, a tropical environment

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\item \textsuperscript{148} Mack Stone, Assistant Surgeon, U.S. Navy to Secretary of the Navy, Washington, D.C., 31 Jan 1899, RG 80, Box 384.
\item \textsuperscript{150} W. Cameron Flores, Governor-General, Philippine Islands, to Governor of Guam, 22 November 1911. Qtd. in "Removal of Lepers to Culion," \textit{Guam News Letter} 3:8 (February 1912): 2.
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practically similar to the one they are accustomed to."\textsuperscript{151} Salisbury also declared that "it is the opinion of the Governor and the Doctors that all concerned would be benifitted [sic] could the lepers of Guam be removed to Leper Colony on the Island of Culion, Philippines."\textsuperscript{152}

By 1912, Governor R.E. Coontz noted that the navy department had approved Salisbury's recommendation and it only required Congressional action to be finalized.\textsuperscript{153} Both the U.S. Senate and House of Representatives approved the transfer of leprosy patients to the Philippines, and also agreed "to pay the cost of their transfer and maintenance."\textsuperscript{154} Only four months later, Guam's leprosy patients would be loaded aboard the \textit{U.S.S. Supply} for a ten-day long trip to Culion, arriving there on 10 December 1912.\textsuperscript{155}

Few written sources report on the departure of Guam's leprosy patients, and even fewer Chamorros alive today recall these events of 1912. Governor Coontz, for one, reflected upon the departure of Guam's eighteen leprosy patients--thirteen men and five

\textsuperscript{151} "Removal of Lepers to Culion," \textit{Guam News Letter} 3:8 (February 1912): 2.

\textsuperscript{152} \textit{AR} 1911, 3.

\textsuperscript{153} \textit{AR} 1912, 5.


\textsuperscript{155} Acting Chief, Bureau of Medicine and Surgery to Department (Chief Clerk), 15 February 1913. RG 52, Box 399, E-12, 125225.
women—in his autobiography, *From the Mississippi to the Sea*. Coontz described the spectacle of departure:

In December, 1912, I received orders to transport all the lepers, then in Guam, to Culion Island, in the Philippines. It had to be done ostensibly on account of economy, but it was a heartrending procedure. On the way from the leper colony to the steamer it was necessary for all of the unfortunates to pass through the town. Their relatives and many other natives congregated to see them go. It made one think either of a circus parade or a big funeral. One leper was eighty-eight years old, and whether or not he survived the trip I never learned.¹⁵⁶

Chamorro historian Pedro "Doc" Sanchez wrote of relatives and friends who "wept openly as they passed by."¹⁵⁷ Even over a decade later, crowds still gathered to bid farewell to Chamorros departing for the Philippines aboard naval vessels. A 1925 account by navy chief nurse Elsie Brooke, for example, recounted the ordeals of Maria Roberto, a Chamorro woman who had been employed by the naval government from 1914 to 1924 as a chaperone for native nurses who lodged in the navy hospital. In her account, Brooke reported that "a large percentage of the population of Guam," including many who were her relatives and friends, gathered to say "a last farewell when [Maria Roberto] left for Manila."¹⁵⁸ As Brooke expressed, "great indeed was the grief of all who were associated with her at the naval hospital and, in fact, all over the island."¹⁵⁹


¹⁵⁹ Brooke 284.
Just as trenchantly, Chamorro educator Peter Onedera graphically recalled his Aunt's description of the processional event. According to Onedera, she considered it to be one of the most sorrowful experiences of her lifetime. She recalled hundreds of people lined along the streets of Hagåtña, wailing for their fellow Chamorros whom they would presumably never see or hear from again. For Antonio Unpingco, reading and hearing these accounts of the way in which his grandfather, Juan Ulloa Unpingco, was made to leave his homeland in 1912 never gets easier. Imagining the mental and physical anguish of these patients as they were made to walk the journey from Tumon to Apra Harbor alongside a multitude of wailing relatives and friends, Unpingco painfully reflected, "They were treated like animals in a parade."

Surviving Culion

The USS Supply left Guam on 2 December 1912 with its eighteen special passengers on board. This cargo was, however, two persons short, as these leprosy patients had escaped from the Colony just the day before their scheduled departure. As Coontz described the events,

The day before their departure two of them escaped. One was a blind man and the other was a woman who could not walk. The blind man carried the woman on his back, and they went many miles into the vastness of the island.
Despite the fifty dollar per person reward offered by the navy government, and despite the "thorough search by the Island Police Force," it took over a month to capture the supposedly disabled couple. Though they were sent to Culion on the next navy ship, their attempt to liberate themselves from the tragic situation shatters Kindleberger's rationalization that the Chamorro patients would welcome the change to a more spacious venue. Despite their slim chances of successfully evading the navy, these patients in fact risked their lives to resist their banishment.

Even the navy's sparse records of the Chamorros at Culion reveal that there was much dissatisfaction expressed to the navy. Due to complaints from Guam's leprosy patients, George W. Calver, Medical Officer of the USS Supply, was forced to investigate the situation in the Philippines. Calver spent three and a half days at Culion and reported a number of complaints to Guam's navy governor. As he noted,

The primal reason for their discontent is perhaps the fact that Culion is a veritable 'Tower of Babel.' There are fifteen, more or less different, Filipino dialects spoken besides American, Spanish, German, French and Chamorro.... [thus] they found communication with the rest of the colony difficult and as a result felt the isolation more severely. Again transplanting of these natives into an entirely new environment caused considerable homesickness.  

Further, Calver noted a number of complaints about the inadequate size of the food ration, explaining that "the ration now supplied ... is adapted to the Filipino and not

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163 R.E. Coontz, Governor to Secretary of the Navy, 23 December 1912, RG 80, 9351-1081:1.

164 Assistant Surgeon George W. Calver, Medical Officer, USS Supply to Commandant Naval Station and Governor of Guam, 26 Jan 1915, 1. RG 80, 9351-1081:6.
to the Chamorro.\textsuperscript{165} As a result of this investigation, the navy government of Guam increased the monthly stipend to each Chamorro patient by approximately three dollars per month, and also began supplying them each with extra items such as ship biscuits, Guam-grown tobacco, navy plug tobacco, standard navy salt water soap, and leather for sandals. The navy consented to a total monthly increase of $6.76 per person.\textsuperscript{166}

Communication between the Chamorros at Culion and people on Guam was spare. Navy archival documents report little more than the number of new deportees to Culion and the deaths of Chamorros there. It is not known how much, if any, information was divulged to Chamorro families on Guam regarding their loved ones at Culion. Unpingco, for example, recalled that once his grandfather left for Culion he was never heard from again. Though this was likely due in part to the limited literacy of most Chamorros in the early twentieth century, Unpingco believes that his grandfather's sense of \textit{mamahlao}, or shame, was also a cause. Because of the navy's view of the leprosy patients as dangerous outcasts, and their relatives as medically suspect, Unpingco reflects that it would have been understandable for his grandfather to feel \textit{mamahlao} for the embarrassment and trauma caused upon his wife, children, and other family members as a result of his illness.\textsuperscript{167} For the Unpingcos and Ulloas on Guam, not even the death of their family member, Juan Ulloa Unpingco, was ever disclosed to them.

\textsuperscript{165} Calver to Governor of Guam, 26 Jan 1915, 1. RG 80, 9351-1081:6.

\textsuperscript{166} W.J. Maxwell, Governor of Guam, to Public Works Officer, 6 Feb 1915, RG 80, 9351-1081:6, 76-G-15.

\textsuperscript{167} Personal communication, 9 April 1999.
Ending the Exile

From 1912 to 1924, any Chamorro diagnosed with leprosy, regardless of gender or age, was sent to Culion on the next available transport. Finally in 1924 the policy was rescinded and, although the Chamorros at Culion were not all permitted to return, new patients were finally allowed to remain at the old Tumon Colony. The change in policy came as a result of the recommendation of surgeon Edward Reed, who felt that the Culion expulsion policy ironically resulted in worse health conditions among the Chamorros. Reed argued to the governor that, in the case of leprosy, "The majority of cases cannot be identified early without the cooperation of the people and, in my opinion, this cooperation will not be complete while we continue to send the cases so far from home."^168 Though he was referring specifically to leprosy diagnoses, Reed's comments encompassed the broad spectrum of health problems. Through the leprosy policies, the Chamorro people were conspicuously reminded of the navy's hegemonic control over decisions regarding the entire range of health concerns.

Yet Reed's role in revoking the Culion policy points to a number of other considerations regarding the nature of the colonial project. Firstly, his account demonstrates that navy doctors and administrators did not always agree about the island's health policies, in particular this one to purge leprosy through the banishment of sufferers. It certainly appears as if Reed, and conceivably other navy doctors as well, objected to the medical authoritarianism endorsed by navy administrators. In his opinion, the

agonistic stance taken by the colonial government would foster natives' distrust and thus intensify Chamorro avoidance of the navy's health officers. Secondly, the impact of Reed's observation demonstrates one of the compromises which navy administrators were persuaded to make in order to achieve long-term gains in their health programs on Guam. Reed understood that a conflicted relationship between Chamorro patients and their naval doctors would stand in the way of the native people's voluntary use of American medical services. He was thus successful in persuading his commanding officer to change the Culion policy.

As Reed discerned, the 1912 policy to relocate leprosy patients to Culion undoubtedly contributed to the general decision by many Chamorro people to avoid American doctors and hospitals as much as possible. Perhaps Frantz Fanon was correct when he evaluated medical doctors "as a link in the colonialist network, as a spokesman for the occupying power."\textsuperscript{169} Certainly for those exiled, as well as for members of their families, these encounters with American medicine neither demonstrated the superiority of western science nor exemplified colonial philanthropy. Rather, for some Chamorros, the navy's exertion of power in exiling patients engendered a relationship of distrust and disrespect. As medical historian Judith Walzer Leavitt writes,

Health reform, even when successful...cannot be tallied on simple mortality graphs, but has to be understood within the complex social and cultural milieu in which it struggled. Its benefits in terms of lives saved have to be balanced with its

debts in terms of lives changed, diversities forgotten, freedoms squelched, livelihoods denied. Progress does not only move forward.\textsuperscript{170}

Despite the navy's accomplishment in eliminating most leprosy cases from the island, it nonetheless struggled to communicate its concern for the Chamorro people's welfare. Navy reports following the initial leprosy policy in 1902 boasted triumphantly of the great service to humanity achieved by eliminating leprosy as a threat on the island. Certainly Chamorros today are--and perhaps even some back then were--thankful to be free from the ravages of diseases such as leprosy and gangosa, despite the mix of economic, racist, and political motives the navy might have had in embarking upon its actions. Yet amidst the hoopla of medical hagiography, the story of those who suffered, both as patients exiled to Culion and as wives, children, and grandchildren of those who were lost to them, must be honored. As Speaker Antonio Unpingco explained, "We just thank God that we're better off ... but at the same time, we should know where we came from. Because let's face it--if it wasn't for [Juan Ulloa Unpingco], I'd never be here."\textsuperscript{171}

In my interview with Unpingco, he conveyed a complex mix of ambivalent emotions. At once, he communicated his feelings of anger at the navy for its militant tactics, sadness for the estrangement of a close family member, and regret for not growing up under the guidance of this grandfather. At the same time, Unpingco's feelings were entangled with an appreciation for his grandfather's sacrifice, which prevented further infection within


\textsuperscript{171} Personal communication, 9 April 1999.

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the Unpingco clan, as well as with a certain empathy for the navy for the drastic steps it
took to eradicate this disease in the only way it knew.

**Remembering Culion**

Unpingco, accompanied by fellow Guam legislator Ernesto Espaldon, visited
Culion in 1992, searching for his grandfather and hoping to exhume his remains for
return to his Chamorro homeland. Unpingco was unable to find any written trace of his
grandfather, and even more sadly, he could not find evidence of his ancestor's death and
burial. He was informed that in all likelihood, his grandfather's remains had already been
removed from the individual grave site to a mass burial mound, as was the practice in
Culion for persons deceased for over a decade. In spite of this setback, Unpingco
returned to Guam with something more than he had expected—an attachment to, a
compassion for, and an understanding of the man who had been so unpleasantly banished
to another island so far from his own. Since Unpingco's trip in 1992, he and his family
members have reconnected with the man once thought lost to them—through written
archives, through a photograph of his grandfather which I located in the National
Archives, through the photographs and videorecordings of the Culion environment made
by Unpingco in his trip there, and through his descriptions of the pathways on which his
grandfather once walked, the ocean in which his grandfather once swam and fished, and
the land in which he has been interred.

Today, Chamorro language professor and playwright Peter Onedera holds
auditions for his next artistic endeavor—a play entitled "Nasarinu," which is scheduled for
presentation in November 1999 on Guam. His production will dramatize the story of "the Chamorros stricken with leprosy and confined at Ypao around 1912." Onedera, inspired by his aunt's recollection of the traumatic march of the patients to their departing ship for Culion, hopes to bring emotion and compassion to a group of people who have historically been treated as both embarrassments to their families and pariahs within American society. Rather than simply remembering the Chamorro patients as "lepers," Onedera seeks to revive them as living, breathing husbands, wives, parents, sons, and daughters of Chamorros whose lives were forever altered in December 1912.

Eighty-seven years after the Culion expulsion, Chamorros continue to seek ways to preserve their familial ties despite the obstacles of time and space. The men and women who left, it could be said, have been given new life today, partly as reminders of the callousness with which the navy treated afflicted Chamorros, partly as symbols of the powerlessness of the Chamorro people under the naval administration, but also partly as flesh and blood members of Chamorro clans refusing to forget nearly a century later those cast out. In remembering this regrettable history, the power of navy officers on Guam was demonstrated, as well as some of the tensions between navy officers and enlisted personnel and between administrators and doctors in determining the most effective health policies for Guam. Confronted, too, are the grim intersections between medical exigency and familial loyalty, acknowledging the successful near-eradication of leprosy on Guam despite the harsh realities which accompanied this medical feat. But more than

\footnote{172} Nasarinu is a Chamorro transliteration of the Spanish word, lazarino, for leper.

all of this, Culion and the Tumon Colony testify to the sacrifices of Chamorros, both those who were exiled and those family members left behind.

While this chapter has explored issues of colonial authority, state power, and public health through the Chamorro experience of leprosy, the next chapter examines the experiences of Guam's midwives, *i pattera*. Viewed by the navy as primitive crones who jeopardized the health of Chamorro women and newborn children, *i pattera* were faced with a variety of laws which designed to monitor and evaluate their functions. As this chapter suggests, the campaign to supervise the powers and practices of midwives became an arena in which naval officers attempted to construct their political authority at the expense of Chamorro women. As I illustrate, navy policies regarding midwives reflected doctors' anxieties regarding the professionalization of their position as health care specialists, colonial misgivings about the influential role of Chamorro women in matters of life and death, naval presumptions about the superiority of western medical technologies, and scientific struggles regarding the status of obstetrics in the pantheon of medical specialties.
CHAPTER 4, FEMININE HYGIENE: THE U.S. NAVY, CHAMORRO MATERNITY, AND GENDER RELATIONS IN COLONIAL GUAM

"The women rule here!"1

The historical discourses on depopulation in the Mariana Islands frequently privilege Chamorro women as the survivors and perpetuators of the indigenous race. Chamorro feminist scholar Laura Torres Souder, for example, writes that the "Spanish-Chamorro Wars spanning the 30-year period from 1670 to 1700 resulted in the decimation of the Chamorro male population."2 While estimates of the pre-contact Chamorro population range from Russian explorer Otto von Kotzebue's low guesstimate of 40,000 to a high Jesuit approximation of 100,000, Spanish accounts concur that the population in 1710 numbered approximately 3,000 Chamorros.3 Historians today agree that the vast majority of Chamorro deaths occurred as a result of epidemic disease, rather than warfare.4 It would seem that this conclusion should concomitantly revoke the notion of male demise, since death by disease should not have afflicted one gender more than


3 Jane Underwood, "Population History of Guam: Context of Microevolution." Micronesica 9:1, 1973, 15, 20. Kotzebue's estimate was made in 1821, over a century after the conclusion of the Wars, and the Jesuit estimates were based on the observations of priests such as Father Diego Luis de Sanvitores who established a Roman Catholic mission on Guam.

4 See, for example, Francis X. Hezel, "From Conversion to Conquest: The Early Spanish Mission in the Marianas." Journal of Pacific History 17:3 (July 1982): 133-135.
another. Yet, while written accounts do not specify the ratio of male to female survivors, Souder's historical assumption of male depopulation has been widely accepted, even by U.S. colonial authorities in their handling of Guam. For example, as the Department of Commerce's 1920 Census of Guam reported of the Chamorro people, "most of the adult males were exterminated during the Spanish conquest."\(^5\) Even contemporary indigenous accounts concur. In the 1994 publication *Hale‘-ta: I Ma Gobetna-ña Guam*, a Guam history textbook produced by the government of Guam, the authors not only replicate the discourse of male demise, but further draw the conclusion that "Since only a few Chamorro men survived the wars,...[a]s wives, mothers and homemakers, Chamorro women played a key role in the survival of Chamorros and their culture to the present day."\(^6\) This very privileging of women can be interpreted as an act of emasculating the island in the interest of validating a male-engendered colonial intervention. Because of these prevalent understandings of the depopulation which followed the establishment of the Spanish colonial settlement, accounts such as Thomas McGrath's description of the powerful role of Chamorro women flourish. Indeed, in numerous and different ways, Chamorro women have been historiographically privileged over Chamorro men not only as the survivors and thus agents of Marianas history, but also as the very agents of life and death. The consequences of privileging Chamorro women are manifested in a number of different ways which are examined in this chapter. On one level, the centrality

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\(^6\) *Hale‘-ta, I Ma Gobetna-ña Guam, Governing Guam: Before and After the Wars*. Agaña, GU: Political Status Education Coordinating Commission, 1994, 35.
of women as a theme for navy colonizers coincides effectively with their discursive feminization of the island. In erasing men from the Chamorro landscape, that is, Guam becomes feminized not only as a terrain in which men are literally absent, but also as a space available for the colonial penetration of a masculinized naval establishment.

The feminization of Guam can be read in the demographic anxieties of the navy administration. Writings on the American naval colony on Guam from 1898 to 1941 invariably refer to the supposed demographic devastation caused by the previous Spanish colonizers of Guam. American discourses consequently blame Spain for the initial depopulation of the Mariana Islands and for continually infecting the surviving natives with a variety of diseases and for failing to attend medically to these ills. An important part of the American colonizing mission, therefore, became articulated as the so-called rehabilitation of the Chamorro race. In this restoration project, the navy assumed the role of masculine progenitor, increasing the fertility of Chamorro women through a variety of health measures intended for the benefit of mothers.

As discussed in the second chapter, the increasing Chamorro population became an important testament to the ostensible value of the navy's colonizing project on Guam. Lieutenant Frederick Nelson had assumed that the natives of the Mariana Islands were "dying off," therefore justifying American colonialism on the grounds that "[t]o turn this group of more than 20,000 Chamorros ... over to any other power would probably mean
their extinction, since no other nation is prepared to hold Guam as a philanthropic mission."

The notion that the Chamorro people might become extinct without the intervention of a benevolent and fecund American colonizer served the interests not only of the naval medical department, but also the larger naval government. Ostensibly in the interests of reviving the natives' vitality, American administrators on Guam saw fit to introduce a variety of policies and programs which aimed at increasing the population through the introduction of western standards of hygiene and sanitation. Indeed, as scholar Martha Lenora Crawley notes in her study of the U.S. Naval Medical Department from 1890 to 1916, navy medical officers on Guam "had one advantage that the public health practitioners in America did not have: they enjoyed the support of the absolute authority of the Naval Governor." This seemingly irresistible rehabilitation project, however, did not affect all Chamorros equally. Women, partly because of their reputation as progenitors of the Chamorros, suffered more intrusive forms of control and surveillance.

Health policies on Guam encompassed a variety of forms and addressed a number of issues. In certain ways, however, several policies affected women differently from men, and the gendered aspects of their policies are worthy of analysis. In particular, beginning in 1900, naval governors targeted the Chamorro midwives, referred to in the

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native language as *patteras*, as menaces to the general health of the island population. Navy physicians described the Chamorro *patteras*, like their counterparts in the mainland U.S., as incompetent, dirty old women whose primitive forms of knowledge and methods of practice impeded the progress of modern medicine. With the intention of reforming and controlling the activities of the *patteras*, various governors implemented policies and programs directed at overseeing these women's activities. Governors' regulations required *patteras* to obtain licenses in order to practice, further stipulating that licensure be limited to those who completed courses at the naval hospital to the satisfaction of their surgeons. *Patteras* were furthermore subject to inspections, to license renewal procedures, and to limitations on the geographic areas in which they were permitted to practice. Articulating a message that was repeated consistently over the next four decades, Governor Seaton Schroeder in 1901 claimed that "the mortality rate among infants and young mothers has been very greatly reduced by the refusal of licenses to practice Mid-Wifery until after completing a course of elementary instruction under the Medical Officer." While the navy tracked the overall island death rate, it did not provide statistics for either infant or maternal mortality rates. Instead, many of the navy's criticisms of Guam's *patteras* echoed comments voiced in the continental U.S. by American medical professionals.

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9 See, for example, pejorative descriptions in *Annual Report of the Surgeon-General, U.S. Navy*, 1906, 24-25 and 1910, 89.

10 *AR* 1901, 9.
The attempts of American naval administrators to regulate, confine, and monitor the activities of Chamorro women caregivers—particularly the practices of the midwife (pattera), the female herbal healer (suruhana), and the Chamorro mother (si Nana)—are interrogated in this chapter. Rather than regulating all of the native health caregivers identically, government policies and practices dealt with women in a variety of ways and for a variety of purposes. Feminist scholar Margaret Jolly notes, "In many Asia and Pacific countries indigenous patterns of mothering have been challenged and to some degree transformed ... in the name of civilization, modernity and scientific medicine." As this chapter demonstrates, in the colonizing process notions such as civilization, modernity, and scientific medicine frequently intersected with discourses of race, gender, and power, though in ways which reverberated differently throughout the Chamorro community. In the process of regulating the pattera as well as the suruhana, and in attempting to reform the nurturing practices of the Chamorro mother, si Nana, navy officials struggled with women over control of Chamorro bodies from the moment of birth—a battle concerned as much with political power as it was with improving methods of medical care. By focusing upon maternity as a critical area of health care reform, navy administrators and doctors introduced concepts of domesticity which identified mothers as individually responsible for the maintenance of health within the family. Furthermore,

11 Nana is the Chamorro term for mother, preceded by the article "si."

in their attempts to control both the pattera and the suruhana, navy officials also sought to institute the professional, medical authority of American physicians on the island at the expense of Guam's native practitioners.

As this chapter discusses, policies which ostensibly sought to improve the health of women concomitantly worked to consolidate the social and political mechanisms of control exercised by navy officials on Guam. At the same time, these policies dealing with issues of maternity also attempted to redefine the domestic space, as well the social and moral responsibilities of women in specific, gendered ways. In the process of endeavoring to control Chamorro maternity, the navy introduced medical practices which privileged individualism over communalism, and which defined modernity, progress, and civilization in opposition to notions of tradition and culture.

Midwives and Medicine

Not only in the area of childbirth, but also in other areas of health care, the medical role of women was challenged in the nineteenth and twentieth centuries. As medical historian Johanna Geyer-Kordesch argues, "women were responsible for general health care from the Middle Ages to the eighteenth century, when medical men began to dominate hospital medical science." By the nineteenth century, however, not only did formal medical training opportunities increasingly exclude women, but "the medical

profession made little effort to provide training for midwives."¹⁴ Not only on Guam, but throughout the west and in western-colonized territories, childbirth practices were consequently transformed radically in the nineteenth and early twentieth centuries. In light of these historical shifts, some view the history of childbirth "as a chronicle of interferences in the natural process."¹⁵ Geyer-Kordesch, for example, maintains that "Midwifery remains the prime example of how an established field of expertise practised for centuries by women was changed into a medical speciality practised in hospital, mainly by men."¹⁶

Through the eighteenth century, childbirth could be described as "an exclusively female affair, a social rather than medical event, managed by midwives and attended by friends and relatives."¹⁷ As late as 1910, midwives delivered about half of all births in the U.S.¹⁸ By the 1940s, however, women were increasingly relocating to hospitals for their deliveries, with midwives in effect losing "many of the controls over childbirth they had held for millennia."¹⁹ In the three decades that had passed, physicians had begun


¹⁶ Geyer-Kordesch 903.


¹⁹ Judith Walzer Leavitt and Whitney Walton, "'Down to Death's Door': Women's Perceptions of Childbirth in America." In Judith Walzer Leavitt, Ed., *Women and Health*
agitating for the curtailment of midwifery practices. As historian Nancy Schrom Dye reminds us, "obstetrics was emerging as a new medical specialty, and obstetricians were anxious to bolster their status within their profession and build their practices by convincing Americans that there was a crying need for their service."\(^{20}\) Consequently, in the first decade of the twentieth century began "the contest between the increasingly self-conscious obstetrical specialist and his adversaries, the midwife and her advocates."\(^{21}\) By the middle of the twentieth century, Dye notes, midwives had largely been replaced in most of the west by the "medical model of childbirth ... as the medical profession consolidated its control of birth management."\(^{22}\) As her comments suggest, a complex history involving the growth of the medical profession, hospitals, medical schools, and scientific and obstetric technologies had intersected by the early decades of the twentieth century to displace midwives as well as other traditional health providers.

In the west, and particularly in the United States, a plethora of economic, social, and cultural factors contributed to the decline of midwifery. Developments in the medical industry such as improved drugs, anesthesia, surgical implements, and the developing specialty of obstetrics,\(^{23}\) as well as the multiplication of American hospitals in _in America: Historical Readings_. Madison: University of Wisconsin Press, 1984, 156.

\(^{20}\) Dye 104.


\(^{22}\) Dye 98.

\(^{23}\) Leavitt and Walton 160.
the years after 1910, unquestionably strengthened the position of degreed, licensed physicians.\textsuperscript{24} Generally increasing economic affluence in the United States, moreover, contributed to this pattern, as greater numbers of pregnant women could afford hospital care, doctor's fees, and other costs associated with obstetrical visits. Furthermore, the secular trend toward limiting family size also contributed to the acceptance of obstetrics, as more infrequent pregnancies became "generally equated with major operations and worthy of greater expense."\textsuperscript{25} Still another theory asserts that the midwife's growing unpopularity in the United States must be understood in the context of industrialization. As Debra Anne Susie elaborates, "The new technology of mass production was quickly shrinking the importance of the individual craftsman. The emphasis now was on efficiency as saving time."\textsuperscript{26} In Susie's analysis, midwives represented pre-modern methods, while hospitals, on the other hand, symbolized modern technology. Others suggest that the ostensibly modern obstetrics grew in popularity because of "a growing public demand from women, who were becoming increasingly self-conscious about their own welfare."\textsuperscript{27}

While a variety of factors led to the decline in the popularity of midwives, certainly immeasurable damage was done to the midwifery profession through public

\textsuperscript{24} Litoff 10.

\textsuperscript{25} Kobrin 324.


\textsuperscript{27} Kobrin 325.
statements representing them as inferior to medical school graduates. A 1906 New York report, for example, described midwives as "hopelessly dirty, ignorant, and incompetent."\textsuperscript{28} Scholar Judy Barrett Litoff claims that they became scapegoats for the high mortality rates associated with childbirth.\textsuperscript{29} In Litoff's analysis, midwives unfairly shouldered the burden of such attacks, which could more likely be explained by "a number of complex factors including poverty, inadequate prenatal care, and the capability of the birth attendant."\textsuperscript{30} She asserts that "[b]laming such a complex and wide-ranging problem on the midwife was a way of sidestepping a very complicated and controversial issue."\textsuperscript{31} At the same time, blaming midwives for far-reaching problems invariably benefitted those most critical of the female birth attendants—the new obstetricians. As Dye points out, "obstetrics was emerging as a new medical specialty, and obstetricians were anxious to bolster their status within their profession and build their practices by convincing Americans that there was a crying need for their services."\textsuperscript{32} Both Litoff and Dye would agree that not only did obstetricians struggle in the early twentieth century for acceptance in the medical community, but they also fought off competition from laypersons such as midwives. Perhaps this goes far in explaining why, in the United

\textsuperscript{28} Kobrin 318.

\textsuperscript{29} Litoff 6.

\textsuperscript{30} Litoff 8.

\textsuperscript{31} Litoff 8.

\textsuperscript{32} Dye 104.
States, "the medical profession was intent on abolishing the midwife," unlike many European countries which sought merely to license and train them.

Despite the declared "crying need" for professional obstetric services due to ostensibly inferior midwifery practices, Litoff contends that the use of obstetricians did not result in safer childbearing methods. Instead, "the emergence of 'scientific' obstetrics had given rise to a fresh set of problems." Until the 1920s and 1930s, the vast majority of medical students had little or no clinical experience in obstetrics, although they studied female anatomy and physiology. A survey conducted in 1912 by Dr. J. Whitridge Williams, professor of obstetrics at Johns Hopkins University, revealed that obstetrics was by far the weakest area in the medical school training. According to his findings, "The average medical student witnessed but one delivery, and the average for the best twenty medical schools was still only four."

In fact, Williams' report concluded that obstetricians lost more patients from improper practices than did midwives. Physicians' improper use of forceps, anesthesia,

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34 Litoff 5.


36 Qtd. in Kobrin 319.

37 Kobrin 319.
and surgery, along with "exposure to the hospital's environment of cross infection," contributed to high rates of maternal and infant mortality at the hands of obstetricians. Similarly, reports in the 1930s issued by the White House Conference on Child Health and Protection, the national Committee on the Costs of Medical Care, and the New York Academy of Medicine all concluded that the record of physicians was not equal to that of midwives. Medical historian Irvine Loudon describes hospital deliveries in the early decades of the twentieth century as "a disaster throughout the Western world." In his analysis of hospitals in London, Edinburgh, Paris, Vienna, Copenhagen, Boston, New York, and Sydney, Loudon trenchantly concludes that the risk of the mothers dying while in a hospital was "five or even ten times higher than it was for the poorest women delivered in hovels or slum tenements by untrained midwives." The New York Academy of Medicine revealed that 66% of its city's maternal deaths between 1930 and 1933 were preventable.

Maternal mortality rates finally began to fall in the late 1930s, particularly due to advancements in anesthesia, improvements in hospital and educational facilities, developments in clinical and laboratory research, and a host of other refinements in the

38 Susie 1.
39 Qtd. in Litoff 6.
40 Loudon 1055.
41 Loudon 1055.
42 Susie 2.
field of obstetrics. Perhaps most significantly, members of the medical community finally acknowledged and implemented the 1847 findings of Hungarian obstetrician Ignaz P. Semmelweis regarding puerperal fever, a significant cause of maternal mortality. This fever, "an abnormal condition that results from infection of the placental site following delivery or abortion," was one of the primary factors contributing to high maternal mortality rates. In 1847, Semmelweis deduced that puerperal fever was produced "primarily by contact with the contaminated hands of doctors and medical students coming from the autopsy room." In order to combat this contaminating factor, Semmelweis introduced the routine of hand-washing with a chlorine solution before manual examination. Yet for over half a century, Semmelweis' conclusions regarding puerperal fever remained unpopular with medical professionals, possibly, as Loudon asserts, because "it indicted medical practitioners as the transmitters of this much-dreaded disease." Loudon argues that Semmelweis' thesis was "denied or ignored or forgotten" until a group of bacteriologists at the end of the nineteenth century, including Louis

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46 Ackerknecht 187.
Pasteur, confirmed it with the discovery of the particular organism which caused the fever.47

Despite evidence against the safety of hospitals and obstetricians, throughout the early decades of the twentieth century, midwives struggled to maintain their practice. Around 1910, physicians began successfully to agitate for the "drastic curtailment of midwifery practices."48 Dye finds in her study, "History of Childbirth in America," that "[s]ome states outlawed midwifery altogether; most enacted regulatory requirements that the great majority of midwives could not meet."49 Further, Litoff contends that in a number of ways, midwives found it difficult to contend with the challenge posed by the American medical institution. As Litoff assesses,

Beset by the problems of poverty, language barriers, and geographical separation, [midwives] remained isolated from each other. They had no national organization to lobby for their cause. Largely left to their own resources, midwives simply went about their work as unobtrusively as possible.50

By the middle of the twentieth century, midwives found themselves attending primarily to a lower economic class of women, particularly among ethnic minorities and recent immigrants. Such women continued to rely on midwifery services for a variety of social, cultural, and economic reasons. Whether they were unable to afford the cost of doctors and hospitals, whether they shared similar traditions, customs, and language, or

47 Loudon 1060-1061.
48 Dye 104.
49 Dye 104.
50 Litoff 7.
whether they opposed the presence of men in the birthing room, for a variety of reasons midwives still attracted patients into the 1940s.

Particularly in light of the medical horrors which accompanied obstetricians into the early twentieth century, contemporary critics have aimed much criticism at the American medical profession for its estrangement of midwives. Feminists such as Barbara Ehrenreich and Deirdre English have attacked the medical profession for its expropriation of women's traditional roles as healers, pharmacists, and midwives.51 Others "have interpreted the continuing growth of modernist interventions in the mothering process ... as elaborate male-dominated mechanisms of social control."52 Numerous feminist concerns, along with highlighting the intersections between medical issues and those of gender and sexuality, suggest that struggles over the professionalization of the medical field have been, and still are, densely enfolded in concurrent struggles for political, social, economic, and moral authority.

Certainly an examination of the struggles between the American naval profession and the Chamorro pattera on Guam demonstrates many of these conflicts over medical authority, scientific and technological superiority, and gender restrictions. In a colonial context, and particularly on Guam in the absence of a body of independent medical practitioners, this study observes that navy policies and their consequences differed in


some ways from those in the wider history of childbirth. Moreover, looking at the *pattera*
will offer an opportunity to better understand some of the ways in which the navy
attempted to shift health care and the nurturing of individual bodies from being a private,
family or clan concern to a public, government responsibility.

In the process, private clan matters such as childbearing and maternity became
redefined by the navy as state and public health concerns for population and
demographics. As in the case of leprosy patients, studying the regulations over the
*pattera* will once again face the issue of the consolidation of state power in the exercise
of public health programs, although now with much different results. For in the case of
the *pattera*, the navy's powers to oversee, arrest, and exile Chamorros held little actual
authority. Further, as Ludmilla Jordanova notes, "The fraught position of the midwife
illustrates one of the ways in which beliefs in women as bearers of tradition and men as
bearers of modernity worked."\(^{53}\) As an examination of the *pattera* reveals, Chamorro
women have consistently--and inaccurately--been represented as the bearers and
preservers of outmoded traditions, supposedly standing in staunch opposition to modern
change.

(En)gendering Health on Guam

Recall the March 1910 decision by Governor Edward Dorn which regulated the
length of schoolgirls' dresses. This decision stated that "girls attending the public schools

\(^{53}\) Ludmilla Jordanova. *Sexual Visions: Images of Gender in Science and Medicine
Between the Eighteenth and Twentieth Centuries*. Madison: University of Wisconsin
must wear short skirts, the lower edge to be at least 4 inches above the ground." This law was mandated in the alleged interests of sanitation, by preventing the strewing of dust which accompanied the long trains of these skirts. Apart from essentially outlawing the traditional mestizas worn by Chamorro females, this edict obtrusively illustrated the extent to which navy officers desired to exercise control over individual bodies, as well as the extent to which control over bodies was employed under the guise of sanitary reform. Wielding their colonial authority, the naval government attempted to exercise its power over the Chamorro body as a means through which it exercised authority. Measuring the success of such policies, however, is another matter altogether. Seven years after Dorn's edict banning the long mestiza skirts, navy governor Roy Smith declared in an Executive Notice that "The Order of March 10, 1910, requiring that school girls shall not wear long skirts is not being observed." This governor urged teachers to monitor and report violations of this order, and further threatened that mothers might soon be ordered to follow the same short-skirt law as their daughters.

While controlling the length of girls' skirts may have been an unenforceable policy which was consequently ignored by a portion of the population, it demonstrates the extreme determination of the navy governors to impose their brand of sanitation on the Chamorros. But more significantly, such an edict also reflects late nineteenth-century American ideas about the assumed role of women as domestic guardians against various

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forms of filth, both moral and material. Examining American naval exhortations to Chamorro women concerning issues of cleanliness affords a glimpse into one of the ways in which Chamorro women, more than men, shouldered the burdens of newly introduced bourgeois concepts of domesticity, cleanliness, and hygiene as emblems of civilization and modernity.  

In the schools, for example, girls alone were "required to take an intensive study in the hospital for a course of two weeks before the eighth grade graduation." It would seem that under the navy, Chamorro men were not expected to maintain similar attitudes toward cleanliness and propriety. Rather, Chamorro men were expected to work strenuously and productively out in the sun on their ranches, or lanchos, or in the ocean. Since 1899, Chamorro men had been directed by law to work the land, typically in the lanchos owned and cultivated by nearly all members of the predominately agrarian Chamorro society. In General Order #6 of 4 October 1899, Governor Richard Leary ordered Chamorros not only to "plant a quantity of corn, rice, coffee, cacao, sweet potatoes, or other fruits and vegetables," but also to raise "at least 12 hens, 1 cock, and 1 sow." While the navy certainly could not police such a law, through its articulation Leary made his point—that men should be actively engaged in some form of productive economic activity. A 1935 Guam Recorder article also exhorted young Chamorro men to

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57 *AR* 1928, 7.

work the "tilable [sic] land that has gone to waste on the Island," to "double the amount of
copa" produced locally, and to fish for "greater profit."\(^{59}\) In Daniel Daggett's "A Word to
the Older Boys of Guam," he advised them to "put your shoulders to the wheel and be
ready to do your part" in improving Guam's economic outlook.\(^{60}\) To the navy, then,
Guam's men were expected to be immersed in industrious activities catering to the
island's fiscal prosperity.

In the workforce, employment opportunities for women were typically limited to
positions as teachers or nurses, domestic spaces deemed appropriate and suitable for
women. According to Chamorro educator Laura Souder, these were "the only generally
accepted roles for young women, other than as home-makers."\(^{61}\) Even in the educational
system, the gendered curriculum uncovered naval attitudes about men's and women's
roles in society. As Chamorro educator Pedro Sanchez reveals, male students learned
carpentry, net-making, and industrial arts, while female students were instructed in
sewing, weaving, baking, and cooking.\(^{62}\) In their view of gender roles as demonstrated in
a range of policies, navy officers held women rather than men accountable for domestic
matters such as cooking and cleaning, health and hygiene.

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\(^{59}\) Daniel C. Daggett, "A Word to the Older Boys of Guam," *Guam Recorder* 11:10
(January 1935): 299.

\(^{60}\) Daggett 299.

\(^{61}\) Chris Perez Howard. *Mariquita: A Tragedy of Guam.* Suva, Fiji: Institute of
Pacific Studies, University of the South Pacific, 1986, 1.

\(^{62}\) Pedro C. Sanchez. *Guahan Guam: The History of Our Island.* Hagåtña, Guam:
Sanchez Publishing House, 1988, 125, 153.
Above and beyond legislating the lengths of women's skirts in the interest of hygiene, naval power over the Chamorro body extended more intimately into the bodies of women in their maternal roles. In fact, Richard Leary, the island's first naval governor, initiated this process of naval intrusion into Chamorro maternity. As the article, "Gynecology in Guam," published in the February 3, 1900 edition of the Army and Navy Journal reported,

Capt. Leary, the Governor of the Island of Guam, has recently forwarded to Washington what is considered a remarkable innovation in naval requirements—a requisition for a full set of obstetrical and gynecological instruments. From the requisition above referred to, it is evident that the female population of the island are about to be initiated into the most recently approved scientific surgery. 63

As the article suggests, the involvement of navy doctors in obstetrics and gynecology was not part of their standard operations. Presumably it would not have been part of their orthodox training, since, as Williams' comments earlier reflected, even the best medical schools in the United States failed miserably to prepare their doctors for obstetrical work. Even further, as the article notes, it was only the "most recently approved" form of surgery.

Why then, with limited financial resources and limited medical personnel, would Leary and other navy officers on Guam venture into such unchartered waters? Perhaps their monopolization of western medical techniques on Guam partially explained Leary's intentions. As the exclusive wielders of such modern, medical tools, navy doctors could use gynecological instruments not only as representations of their knowledge, but also as symbols of their power—both medical and political. Perhaps their confidence in these

tools of modernity and technology, even as unreliable as they were at the time, explains why the navy sought to venture into obstetrics and gynecology. Perhaps their general sense of technological superiority told part of the story. There remain, however, additional questions about the navy, gender, and power which linger in the lines of women waiting "to be initiated" into modern medicine.

In light of Leary's interest in obstetrics and gynecology, it should come as no surprise that one of the earliest naval laws sought to regulate the health practices of the Chamorro people addressed the procedures of the patteras. Other than their work in the delivery of infants, patteras performed a variety of functions both before and after delivery. Pregnant women were seen before the time of delivery, both to ascertain the pre-natal condition of both mother and child, but also to receive massages from patteras to relieve back pain. Midwives such as Tan Ana Rosario sometimes performed four or five massages a day on pregnant women, in addition to making her normal rounds round the village visiting women for whom delivery was imminent. She noted that some women would visit her home for a check-up three or four days before their anticipated birth date. Similarly, Tan Ana Rios Zamora could be gone from her home for three days at a time, visiting expectant mothers and performing deliveries. She made use of herbal medicines in treating her patients, and performed a variety of pre-natal examinations.

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65 Cruz 27.

66 Cruz 4, 6.
Naval officers frequently portrayed *pattera* operations as threatening to the very survival of the Chamorro people. In one statement, for example, the navy Surgeon-General claimed in his 1910 *Annual Report* that "[t]he present midwives are a most incompetent lot, age and ignorance being apparently the requirements."\(^{67}\) The constant theme of education which surfaces throughout the litany of disparaging comments comes as no surprise, as throughout the United States medical school graduates at the time were themselves actively involved in a professionalization process which privileged the status of degreed, licensed doctors.

The theme of age also merits attention as descriptions of midwives regularly raised the issue of old age, viewed as debilitating by the navy, but as empowering by Chamorros. In Governor Templin Potts' 1906 *Annual Report*, for example, he describes midwives as "incapacitated by age."\(^{68}\) In another account, navy nurse Elizabeth M. Leonhart wrote to the *American Journal of Nursing* that the Chamorro *patteras* were "dirty old women who were native Sairy Gamps."\(^{69}\) This literary allusion to Charles Dickens' Sarah Gamp from his novel, *Martin Chuzzlewit*, elicited a vision of a fat old midwife, portrayed as drunk, cruel, and ignorant.\(^{70}\) From these sorts of reflections and allusions, it could be said that navy doctors and nurses viewed themselves as American


\(^{68}\) AR 1906, 5.


representatives of modernity and progress, thereby dismissing the elderly midwives as symbolic of obsolete, premodern knowledges and technologies. On Guam, the disdain of age looms as significant precisely because age is a cultural premium. That is, historically and culturally, to the Chamorro people age ranks above all other factors, including gender, clan, and class, in determining status and power.\textsuperscript{71} Consequently, efforts by the navy government to privilege young, formally-educated medical authorities over their empirically-trained elders, or manamko, formed not simply a challenge to the educational and professionalization process, but also undoubtedly created a tension in negotiating the terms of cultural authority amid a new colonial order.

Navy officials argued that the supposed incompetence and primitivism of the elderly midwives jeopardized the very survival of the Chamorro population. One naval account described a "deplorable rate of mortality among mothers and infants," and reports in 1901 and 1902 by Governor Schroeder alleged that there were many deaths among infants and young mothers, although statistics were never presented by the navy government to document these death rates.\textsuperscript{72} Nonetheless, the widely accepted assumption, as described in the 1917 Report of the Department of Health and Charities, was that the "[m]ost primitive and dangerous methods characterized the practice of


midwifery in the early days of American occupation in Guam.”  Affirmations such as these invariably served to validate and justify a slate of government policies against the pateras in the name of protecting the Chamorro population.

Schroeder mandated the first set of regulations regarding midwives in his General Order No. 28, issued on 1 November 1900. Asking the Chamorro midwives for "prompt and cheerful obedience to this order," Schroeder established a course of instruction in which the pateras would be exposed to medical techniques from the navy's "eminent surgeons who ... have had the benefit of a careful study and training." The limited training offered here apparently involved "a course in elementary gynecology and antisepsis." In this Order, Schroeder required that every practising midwife obtain a license to practice from the naval government. Three years later, Governor W.E. Sewell expanded the requirements in his General Order No. 71. This law mandated that midwifery licenses had to be renewed annually, presumably in order to supervise more closely their activities. Further, along with a training session, the midwives would now also be subject to an examination in order to qualify for licensure. In his Order, Sewell instructed the pateras to "report at the Enfermeria (Maria Schroeder Hospital) in Agana on December 15, 1903 at 9 a.m., for a course of instruction to be followed by an

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74 General Order No. 28, 1 November 1900. RG 52, E-11, Box 140, 66735.

examination." According to the Surgeon-General, this one-day instructional session essentially concentrated on training midwives in what the navy described as "the requirements of modern and hygienic care."77

By 1907, the navy began systematically instructing midwifery practices through a newly created school for native nurses.78 The primary intention of this school, run through the Susana Hospital for women and children, was to create a corps of native nurses who would ostensibly be helpful to the naval doctors in their dealings with other Chamorros. As former governor George Dyer testified before the U.S. House of Representatives, the navy-trained nurses and midwives "could go among their sisters, secure their confidence, teach them the importance of cleanliness as it affected their health and that of their families, and finally work a change in their attitude toward medical attention."79 Upon completion of the nurse training program, the all-female graduates could opt either to board in the hospital as salaried nurses, or return home with their midwifery certification and licensure. Because nurses were required to live in the hospital seven days a week and remain unmarried, a good number of them did indeed leave the hospital and their nursing careers in order to return to their villages as midwives.

76 General Order No. 71, 7 December 1903. RG 52, E-11, Box 140, 66735.


Despite these attempts to create a class of women who would ultimately serve the navy's interests in redefining Chamorro notions of health and hygiene, the efficacy of navy programs remains questionable. Particularly in the early decades of the twentieth century, when the language barrier was quite severe, it was perhaps predictable that the nurses' training may not have been quite as clinical as expected. In fact, according to Chief Nurse Hannah Workman, in the early years of the native nurses' school, "the native nurses acted more as maids and helpers to the staff of navy nurses than as nurses."\(^{80}\)

Midwife Tan Joaquina Herrera, for example, noted in her 1938 training program, she learned "to clean the bathroom and change the bed linens, bring food from the galley to the patients, take patients' temperatures, and give patients a bed bath and brush their teeth."\(^{81}\) Moreover, after three years of the navy's educational training program, Acting Governor F.B. Freyer rescinded all of the patteras' licenses because of, according to navy surgeon H.E. Odell, "numerous cases of puerperal infection and infantile tetanus."\(^{82}\) Freyer thus ordered all midwives to report to the navy Health Officer for new qualifying exams.\(^{83}\)

While the success of the educational program for midwives can be called into question, even more doubtful was the degree to which the nurses' school was favored by


\(^{81}\) Cruz 8.

\(^{82}\) H.E. Odell, Surgeon, U.S. Navy to Surgeon-General, U.S. Navy, 23 January 1911. RG 52, E-11, Box 308, 121324.

\(^{83}\) Executive General Order No. 162, 28 December 1910. RG 52, E-11, 9351-10.
the Chamorro public. For those who enlisted in the program, a variety of motives
informed their participation. Some, such as *Tan* Joaquina Herrera, were plainly interested
in helping women deliver babies, while others expressed a general interest in helping
people.\(^{84}\) For *pattera* Emeteria Quichocho Duenas, her decision to enroll was influenced
by several of her respected aunts who had graduated from the training program.\(^{85}\) *Tan*
Emeteria and *Tan* Joaquina both noted that being a midwife was one way of contributing
to their extended families because they were able to share the payments of food and other
items given to them by their patients.\(^{86}\)

Yet most reports regarding the midwife training program emphasize the dearth of
interested women. One account of the history of nursing on Guam noted that "[s]tudents
were few and far between. They were admitted to the Hospital as soon as they applied."\(^{87}\)
Despite this liberal policy of admissions to the training program, by 1914 only a dozen
women held midwifery licenses on the island, delivering 544 infants that year—an average
of forty-five per midwife.\(^{88}\) By 1917, the number of midwives had increased to fourteen,
eleven of whom were graduates of the native nurses' training school.\(^{89}\) Yet with 675

\(^{84}\) Cruz 8, 17.

\(^{85}\) *I Manfayi* 273.

\(^{86}\) *I Manfayi* 273; Cruz 18.

\(^{87}\) "Growth of Nursing in Guam." *Pacific Profile* May 1965: 15.

\(^{88}\) *Sanitary Report*, Department of Health and Charities, Island of Guam, Fiscal Year

\(^{89}\) *Report of the Department of Health and Charities*, Fiscal Year 1917. Agana,
Guam: Naval Government of Guam, 10, 18.

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births that year, the *patteras* averaged forty-eight deliveries apiece. In 1919, in order to boost enrollment, the government began recruiting potential students to the nursing school by offering a variety of economic incentives. In Executive Special Order No. 48, Governor William Gilmer ruled,

> Hereafter native girls who graduate from the 'Native Nurses' School of Trained Nursing' and who qualify as teachers in the public schools shall ... be given preference in appointment as school teachers and their pay shall be 20% in addition to the regular pay of teachers of their grade.⁹⁰

Despite such inducements, the school by 1932 had graduated only sixty-six nurses/midwives since its inception twenty-five years earlier, an average of less than three graduates per year.⁹¹ By 1937, eighty-one women had completed the program—still an average of only 2.5 graduates per year.⁹² Of the eighty-one graduates, only thirty-eight had gone on to request midwifery licenses upon exiting the hospital program—which is less than half of the eligible women.⁹³

While archival sources fail to address the reluctance of women to enroll, at least some accounts suggest that particular cultural concerns should be considered. *Tan Joaquina* revealed that her parents only reluctantly allowed her enroll in the training program. They expressed their misgivings over "the American people there, the


⁹¹ W.S. Douglas, Chief Clerk, to Appointment Division, Office of the Secretary of the Navy, 20 December 1932. RG 52, E15A, P11-1/NH18(123).


⁹³ "The Native Nurse Corps" 27, 42.
corpsmen."94 Indeed, forming alliances and making compromises with American administrators apparently caused tension between patteras and other Chamorros. In Karen Cruz's study of the pre-war pattera, for example, she asserts that "the pattera and their working relationship with American men [U.S. Navy personnel] were sometimes viewed critically by some Chamorro people."95 Another account, this one describing the training program for both patteras and native nurses, expressed that to work "under the supervision of 'foreigners' was normally received by the family with astonishment and something akin to horror."96 Such comments reveal that racial and cultural tensions about Americans and military men informed Chamorro people's decisions regarding enlistment in the training program. While Tan Joaquina was able to persuade her parents to allow her to register for the program, how many other young women were deterred for some of the reasons suggested above?

Certainly these surprisingly low figures can be read in a number of suggestive ways. Firstly, the shortage of students reveals that, despite potential financial benefits, relatively few Chamorro women were interested in becoming affiliated with either the American medical profession or the naval government bureaucracy. Despite nearly four decades of American naval medical efforts to incorporate Guam's natives into the medical system, Chamorro indifference or wariness was still being expressed in this program's lack of native patronage. Secondly, the figures serve as a reminder of just how busy the

94 Qtd. in Cruz 17.
95 Cruz 38.
96 "Growth of Nursing in Guam." Pacific Profile May 1965: 14.

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patteras were. Because their responsibilities entailed not simply delivering the infants, but also preparing women for childbirth and providing "medical and practical advice for the first few days of the newborn's life," the pattera's vocation could be quite time-consuming. Many of these women credit their husbands and clan networks for their success, acknowledging that because of the amount of time they spent away from home, their continued practice as patteras required the patience and understanding of family members.98

Blaming Patteras

Despite the concerns raised about the dangerous practices of patteras, it is ironic and quite telling that the naval archives are fairly silent about Guam's infant and maternal mortality rates. In 1908, the navy reported two deaths from puerperal septicaemia;99 in 1913, the health department counted one death from puerperal sepsis and seven from tetanus neonatorum;100 and in 1914, there was only one case of tetanus of the cord.101 Other than these rather moderate reports, there appears to be no striking evidence of midwife malfeasance. While much blame is laid on the shoulders of the midwives for


98 Cruz 38.


100 Sanitary Report, Island of Guam, Fiscal Year, 1913. RG 52, Box 397, 9351: 1231-1243, 2.

what is described as their deplorably filthy methods, navy documents contain surprisingly little concrete evidence to support these allegations. Rather, as chapter two indicated, the real life and death concerns about population focused much more on other trends—particularly, what the navy liked to promote as the "constant decrease in the death rate" due to its agenda of hygiene and sanitation.

In highlighting, and perhaps even overstating, the perils posed by Chamorro patteras, navy officials obscured their own culpabilities in bringing to the island the more pressing threats to the native population—namely, epidemics such as measles in 1913 (43 deaths), 1932 (152 deaths), and 1934 (152 deaths); influenza in 1918 (853 deaths); and bacillary dysentery in 1923 to 1924 (at least 69 deaths); and whooping cough in 1938 (149 deaths). As chapter two suggested, while the navy carefully researched the origins of each epidemic and diligently tracked the accompanying death rates, they failed to acknowledge the severity of these outbreaks on the indigenous people. In fact, naval reports frequently blame the high deaths on the Chamorro people's unwillingness to call upon naval doctors. Furthermore, naval narratives of Chamorro demography repeatedly emphasize the declining death rate over the decades, as well as the overall increase in population. Therefore in blaming the patteras for what were negligible death rates in comparison to the rates as a result of epidemics, the navy manipulated the discourses of health on Guam, magnifying local health problems while downplaying ones introduced by the navy. In fact, the navy's constant criticisms of midwives who had graduated from their own training program raises a number of questions. Did the patteras abide by their

\footnote{AR 1908, 10-11.}
educational lessons or were they resisting naval supervision and control? Was the navy indicting its own training program as inadequate, perhaps in the interests of obtaining increased funds or validating further colonial intrusions?

As in the continental United States, the midwives of Guam were represented as almost uniformly premodern, anti-progressive, and uncivilized. Several of the patteras' practices, including the burying of the afterbirth and umbilical cord under the family house to prevent the child from ever straying too far from home, were labeled as ignorant superstitions, antithetical to the presumably legitimate forms of knowledge represented in science textbooks and medical laboratories.¹⁰³ Yet as previously mentioned cases from the U.S. have revealed, licensed doctors were not necessarily better arbiters of life and death on Guam. In one case, for example, navy assistant surgeon E.O.J. Eytinge revealed that one of his gangosa patients, a 24-year old Chamorro woman, spontaneously aborted after being administered medicine prescribed for her infection. As Eytinge reported, "The pregnant state was unsuspected, because the patient said nothing about it, and was unmarried, and, so far as appearances go, all Chamorro females appear pregnant."¹⁰⁴

Despite the navy's disparaging opinion of the midwives, and unlike in most of the continental U.S., the central role played by patteras on Guam would not fade until after the Second World War—indeed, until well into the 1950s. While patteras delivered over


90% of all births prior to the war and 45% in 1953, by 1955 the ratio had dropped to 15%, and by 1960, the numbers had decreased to 8%.\textsuperscript{105} Partly because there were no independent medical professionals practicing on Guam before the war, the navy could neither ban midwifery nor significantly erode its predominant position on the island. In 1917, for example, of the 675 births on the island, only thirteen were born in the hospital—a figure amounting to approximately two per cent of the native newborns.\textsuperscript{106} Likewise, in 1919 only about 2% of the island's newborns again were born in the naval hospital.\textsuperscript{107} Most Chamorro mothers would likely have shared Tan Maria San Nicolas Chargualaf's opinion of hospital birthing. In an interview with the 92-year old Chamorro manamko from the village of Talofofo, Tan Maria revealed that patteras who were well-known and highly regarded by her family delivered all ten of her children. When asked if she ever considered going to the hospital instead, she replied, "Why should I? Who would want to go there? Tan Marian Dogi [her first pattera] is already the best."\textsuperscript{108}

In spite of naval discourses which denigrated the patteras, there seems to be no striking evidence to suggest that Chamorro mothers lost faith in midwives' abilities to perform competently. They were well-known and highly respected in the villages, 

\textsuperscript{105} Cruz 36.


\textsuperscript{107} Sanitary Report, Island of Guam, Fiscal Year 1919, 1, 6. I was unable to find statistics for in-hospital births for other years.

\textsuperscript{108} Personal communication, 5 July 1999. Tan is a Chamorro expression of respect for elderly women.
seemingly not having lost professional authority as midwives elsewhere had.

Furthermore, they enjoyed freedom of movement throughout the island and were able to earn an income during a period when money-making opportunities were scarce. Public health researcher Karen Cruz affirms these points in her study of Chamorro midwives entitled *The Pattera of Guam: Their Story and Legacy*. Based on interviews with several of Guam's midwives and with some of their relatives, Cruz attests that "[t]he self-employed pattera was an independent and trusted practitioner" and further, that "[t]he opportunity to earn money for themselves and their families had importance."\(^{109}\) So while they apparently accepted the training offered by the navy, and while they seem to have abided by naval licensure regulations, unlike midwives in the U.S., Guam's patteras appear not to have surrendered their power, respect, and status to the degreed medical professionals employed by the navy. Rather, as Cruz attests, the patteras were confident, independent women who took pride in their work and whose efforts were greatly appreciated and respected by their villagers.\(^{110}\) Many patteras viewed their work as a way of providing assistance to other Chamorro women, while numerous Chamorros continue to regard patteras as women who serve their village.\(^{111}\)

The understanding of the pattera as a colonial collaborator because of her willingness to endure the training program and abide by the licensing regulations needs to

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\(^{109}\) Cruz 38.

\(^{110}\) Cruz 38.

be re-assessed. Some have expressed, as Lenore Manderson notes in her study of
Malaysian midwives, that "midwives were regarded as gatekeepers, whose support or
resistance to Western health services would determine community acceptance and
compliance."\textsuperscript{112} On Guam, evidence suggests that naval officials intended to use the
\textit{patteras} to engender trust in American medical practices among the general population.
According to navy nurse B.C. Bennett, many Chamorros apparently viewed American
health practices as "medical intrusions."\textsuperscript{113} Numerous accounts, such as ones in the \textit{Guam
Recorder} by Ramon Sablan and Lt. John Enyart, report frustratingly that few Chamorros
made use of naval hospital services.\textsuperscript{114} According to Bennett, because of the \textit{patteras}'
"great influence over their people," naval governors hoped that they would convince other
Chamorros to avail themselves of hospital services.\textsuperscript{115} The navy Surgeon-General, as
early as 1904, expressed the opinion that the training of native midwives "accomplished
much good to the ignorant and impoverished families" on the island.\textsuperscript{116} Yet there exists
little evidence to suggest that the \textit{patteras} inspired great confidence among the natives in

\textsuperscript{112} Lenore Manderson, "Shaping Reproduction: Maternity in Early Twentieth-Century
Malaya." In Kalpana Ram and Margaret Jolly, Eds. \textit{Maternities and Modernities:
Colonial and Postcolonial Experiences in Asia and the Pacific}. Cambridge: Cambridge

\textsuperscript{113} B.C. Bennett. "The Nursing Service of Guam." \textit{Guam Recorder} October 1925:
199.

\textsuperscript{114} Lt. John L. Enyart. "Public Health." \textit{Guam Recorder} October 1935: 183. Also,
Ramon M. Sablan. "A Plea For Better Health Conditions, Continued from April issue"
\textit{Guam Recorder} June 1929: 50.

\textsuperscript{115} Bennett 198.

the naval hospital and American doctors. In fact, because some patteras were also trained in traditional curative methods as herbal healers, one must question the degree to which these women themselves relied upon western medicine. Tan Ana Salas Rios Zamora, for example, served as both a pattera and a suruhana, relying in her practices not only on the formal procedures taught by the navy, but also on Chamorro herbal medicines and massage techniques.\textsuperscript{117}

Furthermore, even in attempting to train the midwives, navy officers were forced to compromise in order to accommodate Chamorro social and cultural proprieties. Because parents were reluctant to send their daughters unescorted to the naval hospital for training, the navy was forced to hire a chaperone, Maria Roberto, who would be personally responsible to the families for each woman's welfare while at the hospital.\textsuperscript{118} In the very act of negotiation, conforming to Chamorro cultural norms in order to realize their own agenda, navy officials revealed that despite their powers, laws, and controls, they could not hegemonically impose their will upon the natives. In order to be effective, navy administrators would have to yield, however moderately, to Chamorro expectations.

In some cases, the pattera and native nurses were perceived as collaborators with the American military due to their close affiliations with navy medical personnel. It would nonetheless be inaccurate to characterize these women as somehow transformed into agents of the military or puppets of the naval administration. Similarly, it would also

\textsuperscript{117} Cruz 5.

\textsuperscript{118} Delia V. Knight, R.N., Navy Nurse Corps, "Maria Roberto--A Tribute." \textit{American Journal of Nursing} 22:9 (June 1922): 738.
be erroneous to attribute to the *patteras* a political consciousness which is not evident in their statements. They viewed themselves not as resisters of naval authority, but rather as conformists to government expectations and regulations. As *Tan* Joaquina reflected, "I always [follow] the rules. Yes, to have your license you have to be very strict and do a good job."119

The notion of *patteras* working in conjunction with the western medical establishment and as bearers of modern medical techniques is one which agitates against concurrently prominent images of midwives as emblems of primitivism and premodernity. As the research of Chamorro scholar Christine Taitano Delisle demonstrates, neither view is sufficiently complex to describe the actual practices of the *patteras*. The midwives did not dispense entirely with their traditional methods and simply replicate naval teachings wholesale. Rather, they synthesized new-found knowledge with traditional applications of massage techniques, prayer, and some herbal medicines.120 Delisle notes that the *patteras* hybridized both Chamorro and western methods to achieve optimum results—procedures such as massaging techniques learned empirically through their years of experience, as well as techniques learned academically such as asepsis, the sterilization of their hands and equipment, through their instruction by naval doctors and nurses. In light of considerable evidence to the contrary, maintaining a view of *patteras* as crude practitioners and dangerous menaces seems ill-founded.

119 Qtd. in Cruz 18.

Regulation of the *patteras* can, on one level, be understood simply as an attempt to improve the procedures of Guam's health practitioners for the welfare of Chamorro women and children. Certainly the navy wanted to assure the growth of the population, if only to serve as a statistical, ostensibly objective validation and rationalization of its colonial project on Guam. But regulation of the *patteras* can also be read as part of the navy's general desire to have the Chamorro people abide by their rules of health and hygiene. Activating women as nurses and midwives was clearly part of the navy's plan to entice the Chamorro people into its hospitals and other American medical services. But aside from a medical standpoint, the regulations can be understood in a number of other ways. As argued previously, the body of navy health policies must be understood in the context of military controls over the entire Chamorro society. Regulating midwives was, in an important sense, just one part of a larger program of social control, reminding the Chamorro people that their vocations and, to some degree, their social and economic status, were dependent upon acquiescence to naval regulations. Further, regulation and control over the midwives should also be understood as part of an ongoing process in the west in the professionalization of the medical field. For the first time on Guam, medical professionals—graduates of mainland universities who were licensed members of professional organizations—worked to privilege themselves as authorities with the power to exercise control over the "non-professionals" attempting to work in their field. In the interests of asserting their medical authority, naval health officials undermined the efficacy of native practitioners such as *patteras*. 
The tensions which emerged from the experiences of Guam's *patteras* suggest that issues of race, gender, and power informed Chamorro responses to American policies, just as they informed American decisions regarding their colonial subjects. Perhaps in their alliance with American health officials, some *patteras* may have been viewed by their peers as crossing racial boundaries. Others of their contemporaries, however, may simply have appreciated their economic and social independence. To the Americans, however, the autonomy exercised by this group of women needed to be restricted, albeit in the supposed interests of health care.

In Jordanova's analysis of controls over midwives in France, she detects "enormous unease about the demarcation between male and female medical practitioners that was as much about sexuality, sex roles, science and nature as it was about professionalism."\(^{121}\) Notably during this period, there were numerous other actions on Guam which illustrated the navy's interest in regulating women's roles in society. As Laura Torres Souder explains, "The Victorian views of U.S. Naval Administrators coupled with legal restrictions they imposed on the populace affected a redefinition of 'women's proper place.'"\(^{122}\) In light of Souder's analysis, perhaps *patteras* can best be understood as women who resisted confinement within a newly-emerging domestic sphere, particularly as embodied in the workings of the patriarchal American military. Certainly some, if not all, of the *patteras* enjoyed the prominence of a noted social status as well as a level of economic achievement that would have been unattainable even for

\(^{121}\) Jordanova 32.

\(^{122}\) Souder 63.
most men. The social and economic statuses maintained by these women could certainly be interpreted as counterhegemonic to the naval mission on Guam. Thus it would appear that at stake in the navy's control of *patteras* activities was not only the improved physical condition of the natives, but also the regulation of a powerful body of women. In the case of the *patteras*, the American concern for health care supposedly warranted the assertion of (male) state power, but with implications which especially affected women's bodies.

Forbidden Medicine: Illegalizing the *Suruhanas*

Though midwives were the most visible group with which the navy had to contend in their attempts to control Chamorro maternity, another group of female health practitioners, the *suruhanas*, also fell under the scrutiny of the naval gaze. Researcher Patrick McMakin describes *suruhanas*, Chamorro female herbal healers, as women "especially adept in obstetrical and gynecological problems... [such as] the female menstrual cycle, morning sickness, and ... promoting fertility." Suruhanas typically specialize according to their particular skills and training—while some might specialize in treating problems with the menstrual cycle, others might be renowned for their skills in treating spiritual illnesses relating to the *taotaomo'na*, literally translated as "people of before," in reference to the ancestral spirits believed by some to inhabit the Mariana Islands. While *patteras* cared for women from the labor process to their eight-day post-

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123 Patrick McMakin, "The Suruhanos: Traditional Curers on the Island of Guam." *Micronesica* 14(1): 57. There exist throughout the Mariana Islands both *suruhanas* (females) and *suruhanus* (males), but for the purposes of this research project, only the female herbal healers will be considered since only suruhanas deal with gynecology.

partum check-up, suruhanas handled a broader range of gynecological, and sometimes supernatural, concerns.

Given the comprehensiveness of their medical practices, as well as the mystical and secretive nature of their work, the navy suspiciously scrutinized the practices of suruhanas even more closely than those of the patteras. Anthropologist Laura Thompson noted that "their names and activities are carefully guarded from the government authorities who, in their efforts to introduce Western medical practices, are trying to stamp out the native art as quickly as possible." Yet how the navy attempted to eliminate the secretive suruhanas is perhaps an unanswerable question, as their archives fail to speak directly to this point. No governor's orders or other navy laws even mention the existence of the suruhanas, much less any desire to criminalize their activities. An attempt to eradicate or de-legitimize suruhanas might be read precisely through this erasure. That is, perhaps navy officials consciously chose to ignore suruhanas as a way of belittling them. Just as conceivably, however, navy administrators may have been simply ignorant of the suruhanas' existence. Suruhanas could have been confused with both patteras and techas, traditional prayer leaders, both of whom were elderly Chamorro women who syncretized Catholic rituals with Chamorro spiritual beliefs in their work. Because some of the patteras also served as suruhanas, while others functioned as

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127 Techas are usually elderly women, recognized in the villages as Catholic prayer leaders, especially in reciting rosaries and novenas for fiestas and funerals.
Techas, navy officers could very easily have confused or misunderstood the activities of women in these three separate, though frequently overlapping, roles. Patteras who were also suruhanas, for example, used massage skills and herbal remedies developed in the surhana trade. Similarly, patteras who concurrently practiced as techas drew upon Catholic practices such as using holy water and praying to church saints to aid with the safe delivery of their newborn patients.

Indirectly, however, the navy did attempt to usurp the power and authority of all native health practitioners—particularly by mandating that midwives refer complicated cases to the Naval Hospital, and by attempting to monopolize the production and distribution of medicines on the island. Moreover, throughout the navy's health educational literature resonated messages about the importance of obtaining proper medical care at the naval hospital and about the medical and scientific inaccuracies concerning numerous Chamorro beliefs and practices, particularly as they related to health care.

Thompson maintains that rather than attempting to regulate the practice of suruhanas as they did in the case of the patteras, military officials attempted to eradicate them. This observation suggests that issues other than the modern practice of medicine were at stake. Rather, to the naval authorities, suruhanas posed a challenge to the modernizing project not merely because their medical practices interfered with those of the naval medical staff, but because of their connections to Chamorro spiritual and

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128 Civil Regulations with the Force and Effect of Law in Guam, 1936. RG 80, 1926-40, Box 2038. Also, General Order No. 76, 20 February 1904. RG 80, Box 394, 9351: 985.
supernatural beliefs, typically denigrated by the navy as primitive superstition. *Suruhana* medical practices deal in part with illnesses attributed to supernatural forces, particularly those relating to the activities of the *taotaomo'na.* As Thompson notes of *taotaomo'na*, "[t]hese supernatural agencies may cause illness or even death to anyone who incurs their displeasure, but they are especially dangerous to young children and to gestating and lactating women." By eradicating *suruhana* activities, navy officials concomitantly sought to eliminate what they saw as one of the last vestiges of primitivism. American doctors on Guam frequently indicted native superstitiousness--implicitly ascribed to both *suruhanas* and *suruhanus*--for the Chamorro's avoidance of naval medical facilities. According to government reports, Chamorros were unwilling to consult American doctors because of native "superstitions" and because of the authority exercised by herbal healers. Native "superstitions" were thus frequently attacked for supposedly obstructing the spread of modern, western forms of medical treatment. Furthermore, women, rather than men, were thought to believe more strongly in the existence of the *taotaomo'na* and in the curative powers of the *suruhanas.* Anthropologist Lawrence Cunningham theorizes that in a continuity from pre-colonial times,

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129 *Taotaomo'na* literally translates into 'people of before.' Many Chamorros believe in the supernatural powers of the *taotaomo'na* to inflict harm, particularly if one misuses the environment or enters disrespectfully into certain areas of the jungle. See McMakin, 49-51.

130 Thompson, 1947, 201.


Women and children are thought to be especially vulnerable to the *taotaomo'na*, especially pregnant women. This may go back to the fact that women and children lived on their husband's or father's clan territory. This land was protected by the husband's or father's clan's ancestral spirits. The ancestral spirits of other people's clans were more likely to be hostile.\(^{133}\)

Navy personnel, on the other hand, theorized that the *taotaomo'na* were instead manifestations of Chamorro cowardice, superstition, and ignorance.\(^{134}\)

As with *patteras*, *suruhanas* as active, influential, and respected women represented one form of native resistance both to naval hegemony and to American definitions of gender propriety. Even more so, however, the continued vitality of *suruhanas* to the present day reflects the inability of the prewar navy on Guam to privilege modern, western medical technologies over indigenous ones. In particular, during the World War II occupation of Guam from December 1941 to July 1944 by Japan's Imperial Forces, traditional healers such as the *suruhanas* were quite busy in attending to the medical needs of the island. As epidemiologist Robert Haddock notes in his *History of Health on Guam*, during the war years Chamorros "had to resort to the use of locally available home remedies" and the "folk medicine art" which the navy had attempted for nearly half a century to eradicate.\(^{135}\)


\(^{134}\) See, for example, Captain Lucius W. Johnson, Medical Corps, U.S. Navy, "Guam—Before December 1941." *U.S. Naval Institute Proceedings* July 1942: 992.

Though perhaps unintentionally, both the *suruhana* and the *pattera* subverted the professional and capitalist aspects of western medicine promoted by the navy's health authorities. Midwives, for example, in Executive General Order No. 162 of December 1910, were authorized to charge $2.50 for an "ordinary case" and to refer those unable to pay to the hospital in Hagåtña. Despite the law, however, numerous *patteras*, as well as *suruhanas*, typically insisted upon non-cash forms of payment, such as farm produce or canned foods.\textsuperscript{136} Indeed, my mother believed that to offer cash to a *pattera* or *suruhana* would be considered an insult.\textsuperscript{137} This suggests that these women consciously sought to remain outside of the cash sector, identifying their services as something other than a capitalist commodity. While it cannot be said that their stance necessarily represented resistance to the island's budding capitalist economy, it certainly seemed a way to differentiate themselves from other medical authorities who exacted cash payments from their patients.

In combating what they considered to be one of the vestiges of primitivism on Guam, naval administrators used the discourse of primitivism as a way to exert and justify colonial authority. By conflating superstitions with women, particularly *suruhanas*, and by equating Chamorros with primitivism, naval officials invented and maintained a primitivist discourse as an integral part of their "rhetoric of control and

\textsuperscript{136} Fermina Perez Hattori, personal communication, 31 July 1999.

\textsuperscript{137} Fermina Perez Hattori, personal communication, 31 July 1999.
domination.\textsuperscript{138} Without endorsing the validity of such binaries, I suggest that naval governors, in the project of establishing colonial domination, constructed and utilized such dichotomies as man/woman, American/Chamorro, and modern/primitive in the project of validating their power and authority.\textsuperscript{139} As Marianna Torgovnick asserts in her \textit{Gone Primitive}, "Western discourse on the primitive ... mask[s] the controller’s fear of losing control and power."\textsuperscript{140} In order to reinforce their control and power on Guam, navy administrators also elevated Chamorro mothers, as the day-to-day overseers of family matters, as the prime targets of their attempted reforms.

\textbf{Blaming \textit{Nana}}

Naval attempts to control midwife activities activated the specter of state power in asserting the supremacy of western child-bearing techniques over natives ones, as well as male, state interests over female, clan/family ones. The challenges presented to the naval government by \textit{patteras} and mothers raised a number of issues concerning race, gender, and power. On a basic level, attempts to regulate \textit{patteras} and mothers expressed naval concerns for rescuing women and children from the Chamorro people’s ostensibly premodern sanitary practices. Naval preoccupation with Chamorro population counts and with high levels of infant mortality can be observed in their continuous and diligent efforts at documenting population changes. This demographic documentation would


\textsuperscript{139} Jordanova 21.

\textsuperscript{140} Torgovnick 192.
ostensibly indicate the "improved well-being and good health among the population."\textsuperscript{141}

The obsession with population growth as evidence of the benefits of American colonial rule resulted in a situation in which, as Margaret Jolly has observed of several British colonies in the Pacific, "mothers were...singed out as a major cause of depopulation."\textsuperscript{142} Particularly in Fiji, Jolly argues that "undue blame" attributed to native mothers "promoted a racist denigration of the indigenous mother and a glorification of the white mother."\textsuperscript{143}

Similarly on Guam, through vehicles such as the monthly publication, \textit{The Guam Recorder}, as well as pamphlets distributed in schools and villages and outreach services provided by both Chamorro and American health care providers, Chamorro mothers were instructed on various points of maternity. The "Woman's Section" of the \textit{Guam Recorder}, for example, addressed the issue of child care among Chamorros, placing the responsibility for children squarely on the shoulders of women. In the August 1924 "Woman's Section" column, an author alleged that "[i]mproper feeding and uncleanliness are without doubt, the deciding factors of the high death rate of children in Guam." The columnist further asserted that "the ultimate responsibility for the prevention of deaths results with the mother," therefore urging that "it is of vital importance to the welfare of

\textsuperscript{141} Cruz 34.

\textsuperscript{142} Margaret Jolly. "Other Mothers: Maternal 'Insouciance' and the Depopulation Debate in Fiji and Vanuatu, 1890-1930." In Ram and Jolly, 178.

\textsuperscript{143} Jolly 199.
the race that 'Mother love' be supplemented by an intelligent comprehension of what constitutes a normal childhood."  

Perhaps it cannot be known how the publication's Chamorro readers responded to such statements, although certainly it does provide evidence of the navy's presumption that child care was a woman's concern. Nowhere is "Father love" considered, nor is the role of male caregivers--including important figures in Chamorro clans such as fathers, grandfathers, godfathers, uncles, nephews, and cousins--ever addressed in discussions surrounding infants. Despite the ancient matrilocality of Chamorro culture, men have still held important roles, particularly as uncles, in child-rearing activities. Even in the face of Guam's long history of colonialism, men have not surrendered their participatory roles in child care. Naval exhortations, however, singled out mothers as individually responsible for the welfare of their children, rather than viewing children as communal or clan responsibilities--particularly in relation to the wide range of other clan members. 

Other essays advised Chamorro women on the supposedly proper ways of clothing, cleaning, and feeding their children. Another "Care of Children" column, this in the November 1924 issue of the Guam Recorder, offered Chamorro mothers the following, completely impractical, advice. This article stated, "Never have anyone sleep with the baby, and only touch the child when it needs to be fed, changed, or bathed."  

144 "Woman's Section." Guam Recorder August 1924: 34.  

145 Cunningham 174.  

146 "Women's Section: Care of Children," The Guam Recorder 1:9, November 1924, 8.
To many Chamorros, this advice would be tantamount to inviting harm to an infant. The concept of *matgodai*, for example, described as a "deep, sudden urge to hug, pinch, or squeeze another person," encourages Chamorros to pinch or even lightly bite babies.\(^{147}\) Failing to do so could potentially cause harm to the youngsters, because it is believed that some people's feelings of *matgodai* are so spiritually powerful that, if repressed, may make a child ill or cranky. Nonetheless, the certainty with which such published advice was disseminated to Chamorro mothers, on the one hand, suggests that Chamorro child-rearing practices were improper and unsophisticated. On the other hand, the very foreignness of such suggestions conceivably meant that they could be, for the most part, easily disregarded.

The issue of women and maternity was even addressed in the 1911 naval publication of a pamphlet entitled *Hygiene: Elementary Course for the Public Schools of Guam*. As well as being disseminated in the schools, the pamphlet was used as an educational tool in the villages where insular government employees were sent to explain the pamphlet's contents in the Chamorro language. Besides exhorting Chamorros to wear shoes, bathe daily, avoid sitting around in wet clothes, and "sleep on a bed and not on the floor," the pamphlet also provided guidelines for the care of infants.\(^{148}\) It cautioned mothers not to feed young babies bananas or other fruits, rice, soup or meat, and also instructed them on the proper modes of bathing and dressing infants. Finally, it directed

\(^{147}\) Fermina Perez Hattori, personal communication, 31 July 1999.

\(^{148}\) *Hygiene: Elementary Course for the Public Schools of Guam*. Guam: U.S. Naval Station, 1911.
mothers to "[b]ring all sick babies and those whose food does not agree with them, to the Hospital as soon as possible for treatment." As an instructional instrument, the pamphlet was broad in content and scope, with the most reiterated message being to report any hygienic abnormalities to the navy hospital immediately.

Another Guam Recorder column instructed Chamorros that "No mother should nurse her baby longer than nine months and at whatever time she weans her baby she should see a doctor or the hospital corpsman in her district and receive definite instructions." Such exhortations assumed the ignorance of mothers, and privileged the knowledge of American male health experts--doctors and hospital corpsmen--over Chamorro women caregivers such as patteras and suruhanas. Through the advice of such columns and pamphlets, Chamorro mothers were given instructions in maternity, supposedly validated by the latest discoveries in science and medicine, though frequently precarious in content. These supposedly enlightened advice columns attempted not only to isolate the mother as individually responsible for her offspring, but at the same time endeavored to transform Chamorro mothering practices into something quite foreign and impersonal. Implicit in the caveats offered by the navy was the notion of motherhood and maternity as confined and defined by a domestic space newly introduced to Chamorro women. As the Guam Recorder attempted to describe in an article entitled "A Guam Girl: Who is She?,"

149 Hygiene: Elementary Course for the Public Schools of Guam. Guam: U.S. Naval Station, 1911, 2.

A girl of wondrous fascination and remarkable attractiveness,... **she will make the home of her husband a paradise of enchantment**, so that the heaven-touch harp of marriage, with its chord of love and devotion and fond endearments, will send forth a sweet strain of felicity as ever thrilled the senses with rhythmic pulsing of ecstatic rapture.\(^{151}\)

Such descriptions romantically endorse notions of patriarchal power and female domesticity. In a place like Guam, however, such sexist rhetoric should be appreciated in the context of colonial and cross-cultural encounter. In Souder's feminist analysis of Guam history, she argues that the Chamorro culture has been unremittingly matrifocal since before western contact, as evidenced in a variety of mother-centered songs, proverbs, and legends.\(^{152}\) Souder and other historians have indeed privileged the powerful role of women-as-mothers in Chamorro society. In this context, one must wonder how Chamorro women received naval instructions on motherhood.

According to Souder, the American navy, much more than the previous Spanish colonial administration, "affected a redefinition of 'women's proper place.'"\(^{153}\) She maintains that as a result of changing social and cultural norms under the navy, Chamorro women "rarely ventured outside the home except to perform household tasks, garden, or fulfill obligations." Souder's argument, though, pertains principally to elite Chamorro women who could afford to live such a restrictive lifestyle. Other women apparently engaged in many of the same laborious activities in which their fathers, brothers, and...


\(^{152}\) Souder 54-55.

\(^{153}\) Souder 63.
husbands were involved. Sr. Mary Peter Uncangco, for example, revealed that she frequently accompanied her father and brothers to their family lancho where her days were spent doing ranch work. Moreover, women such as patteras and suruhanas enjoyed virtually unrestricted social mobility. Given the economic realities for most Chamorro women, it would be difficult to uphold Souder's claim that navy attempts to define and confine women were broadly successful.

Yet the navy's project of domesticating Chamorro women intersected quite effectively with lessons on hygiene and maternity--both which also privileged the role of mothers as individually responsible for the maintenance of their family's health and well-being. One could plausibly argue that the navy's attempt to undermine and usurp the power of women resulted in precisely the opposite effect. That is, as a result of the navy's focus upon patteras, suruhanas, and mothers, Chamorro women were able to reconsolidate and re-affirm their power in society. Under the navy, patteras, suruhanas, and mothers in effect merged traditional forms of authority bestowed upon women and upon health care givers with newly-introduced opportunities for power. Just as neither patteras nor suruhanas appear to have declined professionally as a result of naval restrictions against them, Souder argues that women-as-mothers likewise did not diminish in status as a result of patriarchal measures against them. As she contends, "motherhood has provided a context through which Chamorro women have exercised power and control, both within the family and in all other spheres of society." Indeed, I would

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154 Personal communication, 26 March 1999.

155 Souder 55-56.
argue that on Guam, Chamorro women actually maintained their social status and cultural authority under the navy by merging newly-introduced ideas of domesticity and maternity with already-potent local meanings of motherhood. Without necessarily deferring to naval notions of modern maternity and proper mothering, Chamorro women as mothers, as *patteras*, and as *sruhanas* rather than forfeiting their power to navy doctors and administrators instead entrenched their roles as the bearers of life and death on Guam. Thus in the meanings of motherhood, converging naval and Chamorro agendas regarding issues of maternity, modernity, domesticity, medicine, and power are highlighted.

The next chapter continues my examination of the relationship between the navy medical establishment and Chamorro women through an analysis of the Susana Hospital—Guam’s first hospital for women and children. Founded by navy wives in 1905, the Susana Hospital fundraising project was billed as a mission to save “the little people of Guam.” While the hospital can perhaps be read as an institution which asserted the power and knowledge of American women over Chamorros, it did so ironically in the interests of the naval government and male authority. In the hospital, Chamorro women’s and children’s bodies came under the surveillance of an exclusive male medical corps who practised a form of medicine that was primarily private rather than social, and individualized rather than communal. Furthermore, as the space in which Chamorro women would receive training as native nurses, the Susana Hospital became for Chamorro women at once a place of economic opportunity and a site for their attempted domestication in a bourgeois American mold. Finally, as an institution funded primarily by American charitable groups, such as the Russell Sage Foundation, the Susana Hospital
offers an opportunity to examine some of the roles played by philanthropic organizations in the new American colonies. This next chapter, therefore, examines not only the historical contexts and cultural meanings of hospitals, but also the roles played by hospital-run training programs and philanthropic organizations, particularly in their relationships with native women in the American overseas colonies.
CHAPTER 5, "THE CRY OF THE LITTLE PEOPLE":
THE SUSANA HOSPITAL AND GUAM'S WOMEN AND CHILDREN

In 1905, a group of American women living on Guam joined forces with the naval government in its efforts to reform the health care practices of the island's Chamorro people. These wives of naval officers stationed on the island supplemented the naval government's health ventures with the establishment of the Susana Hospital, an institution specializing in obstetrics, gynecology, and pediatrics. This would be the first hospital on Guam established specifically "for the benefit of the women and children of the native race."\(^1\) A circular distributed to U.S. mainland friends of Guam's navy personnel endeavored to raise funds for the founding of such a hospital. In the flier, the project was represented as a response to the "cry of the little people of Guam."\(^2\) The fund-raising tract was signed simply by "THE AMERICAN WOMEN IN GUAM," and described the "plight of the women and children of Guam" in terms of "unsanitary living conditions, crowded housing, uncared for sick people...[and] no provision for the care of civilian women and children."\(^3\)

This naval wives' project assumed the frailty of Chamorro women and children, referring to them as "little people" who lived supposedly wretched lives without adequate protections. Exhibiting a racist and infantilizing attitude toward Chamorro women and


\(^2\) Johnston 41.

\(^3\) Johnston 41.
children, American women on Guam took it upon themselves to address the physical conditions of Chamorro women and children. Just as navy men before had apparently sought to rejuvenate the Chamorro population through their attempted regulation of leprosy patients and female health practitioners such as patteras, suruhanas, and mothers, so too did American women residing on the island participate in comparable health programs. Misunderstandings of Guam's indigenous practices of maternity, midwifery, and herbal healing invariably served to validate a slate of government policies and private initiatives in the name of protecting the native population.

Prior to the American colonization of Guam in 1898, the Spanish government had operated a hospital, although its few beds were intended for the use of "military personnel and their families of the Spanish garrison." Native patients, for the most part, were treated at home by indigenous healers or by Spanish military doctors. Medical institutions such as hospitals, therefore, were unfamiliar to most Chamorro people and thus their establishment specifically for native use affected the lives of men, women, and children in a number of significant and diverse ways. Beginning in 1901 with the founding of a hospital for native men, the navy Department of Health and Charities introduced Chamorros to a specific version of medicine--an interpretation of healing practices as essentially individualized, exclusively scientific, and bound by a number of western assumptions about the nature of disease and healing.

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As this chapter reveals, the introduction of hospitals furthered an adversarial relationship largely between Chamorro "patients" and American doctors which began earlier with navy policies regarding leprosy and continued with numerous other health-related intrusions into Chamorro life. For various reasons such as the language barrier and Chamorro unfamiliarity with western medical technologies, some natives avoided hospital services as much as possible. However, for other reasons—such as the desire to take advantage of modern technologies or the aspiration to express their elite, *mannakhilo* status—some Chamorros availed themselves of hospital services. Still additional factors, such as the forced confinement of children in order to treat hookworm disease, informed the varied and conflicted responses of Chamorros to these medical facilities.

As previous chapters have discussed, the challenges Guam presented to the nascent American colonial government by leprosy patients, * patteras, suruhanas,* and mothers connected to the issues of race, gender, and power. The navy's concerns about Chamorro maternity practices, for example, resulted in attempts to rescue Chamorro women and children from what the navy considered to be premodern sanitary practices. On another level, however, the regulatory policies can also be viewed as the attempts of an embryonic colonial government to establish a new social and political order. In comparison with the previously discussed methods of regulating Chamorro women, the strategy employed by the founders of Susana Hospital more ambitiously confronted the persisting predicament of "unsuitable maternity." Notions of maternity were challenged not only through the surveillance of Chamorro * patteras, suruhanas,* and mothers, but also
through the civic activities of military wives on Guam. In their motives, can be detected their disrespect for native mothers, as well as the aggrandizement of their own roles as white mothers. Certainly the expressed views of the American military wives toward their supposedly afflicted Chamorro counterparts reflect racially informed assumptions about the supremacy of western ways of healing and child-rearing. But perhaps just as significant as the activities of military wives-turned-philanthropists were American women's highly visible roles on Guam as navy nurses. Actively involved in both training native nurses and in treating Chamorro patients, American nurses, as much as military wives, contributed to Chamorro notions of medicine, modernity, and domesticity.

The Susana Hospital can be read as a symbolic assertion of the power of American women over Chamorro ones, and of American notions of maternity and child care over those of the Chamorro people, but it did so ironically in the interests of the naval government, male authority, and modernity. In the Susana Hospital, Chamorro women's and children's bodies came under the surveillance of male doctors, a medical practice with which women were especially uncomfortable. Both as patients and as nurses, Chamorro women's close working relationship with American men was something which caused disquiet among some native families. Indeed, the explicit objectives of the Hospital Women's Aid Society were:

... to try to induce all women and children needing medical advice to present themselves at the hospital for this purpose; to make the native inhabitants of Guam understand that the hospital is for them;... [and to] persuade their relatives, friends, and acquaintances to avail themselves of its advantages."

5 Johnston 41.
The underlying interest of American naval wives, it would seem, was to promote the use of western medical practices. Because of the presence of the Susana Hospital, navy officials may have hoped that the *suruhana* might cease to hold sway over the native people, and that the *pattera* would be regulated or replaced by western medical procedures. Modernity, represented in the facilities of the Susana Hospital, provided a powerful context in which issues of race, class, gender, and power became entangled.

*Institutional Medicine in the United States*

On one level, the emergence of the Susana Hospital on Guam in 1905 is situated within the context of a general movement in America to expand hospitals and hospital services. From the 1870s to the early decades of the twentieth century, hospitals in the United States were undergoing a number of critical transformations, particularly in the proliferation of their numbers. In 1821, Boston opened its first public hospital, joining the Pennsylvania Hospital and the New York Hospital as the first general hospitals in the U.S. By 1873, there were 120 hospitals, but in the next half century after that, the hospital developed to "assume the role and significance it has today. By the 1920s there were over six thousand hospitals in the country." In a study of the origins of the American hospital system, historian Charles Rosenberg links this burgeoning development to the growth of U.S. cities which had similarly increased rapidly in size and

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prominence in the nineteenth and early twentieth centuries.\textsuperscript{7} One outcome of this growth was the need for hospital services from a new clientele. As Rosenberg elaborates,

All [of the cities] had large populations of wage-earners, many of them immigrants from foreign shores or rural America, without secure homes or roots within the city, and such workers formed the most significant component of an inexorably increasing patient population in the second half of the 19th century.\textsuperscript{8}

Rosenberg indicates that not only did hospitals face added demands for services resulting from the sheer increase in population, but they also encountered new social and economic conditions which facilitated the institutionalization of medical care. Prior to the 1870s, most Americans made little use of hospitals, relying instead upon familial networks to provide the necessary care. As medical historian Morris Vogel explains, "The hospital was not central to the practice of medicine. Good treatment was home treatment; sickness was endured, for the most part, in its traditional setting in the home and among family."\textsuperscript{9} But by the late nineteenth and early twentieth centuries, Vogel notes, the utility of hospitals had transformed, as they now "made up for the absence of 'natural protectors' for those without families. They provided relief for 'helpless people.'"\textsuperscript{10} Furthermore, even for those of "a better class," hospitals provided needed


\textsuperscript{8} Rosenberg 18.

\textsuperscript{9} Vogel 1.

\textsuperscript{10} Vogel 11.
services where "work kept family members away during the day and left them too tired to care for the sick properly at night."\textsuperscript{11}

Accompanying the demographic and social demands which induced the development of institutionalized forms of health care were scientific advancements which also contributed significantly to the expansion of hospital services. Prior to the 1870s, Vogel asserts that "Hospitals offered patients no medical advantages not available in the home; actually, hospital treatment in the 1870s added the risks of sepsis or 'hospitalism.'"\textsuperscript{12} In fact, numerous medical historians would agree with sociologist Paul Starr's claim that American hospitals into the 1880s and 1890s "had closer connections to charity than to medicine and played a small part in medical practice."\textsuperscript{13} Because of the philanthropic role played by hospitals into the late nineteenth century, they were frequently perceived as "asylums for invalids, marginal institutions treating the socially marginal."\textsuperscript{14} As a primarily religious and/or charitable organization which focused more on tending to the sick, rather than on curing them, the hospital was considered an institution "whose use stigmatized its patients."\textsuperscript{15} With developments in modern medicine in the late nineteenth century, though, hospitals evolved into representatives of

\textsuperscript{11} Vogel 11.

\textsuperscript{12} Vogel 9.


\textsuperscript{14} Vogel 77.

\textsuperscript{15} Vogel 1.
modern medical science. As Vogel notes, "Contributing to this development were the invention and introduction of a steady stream of complex medical equipment, beginning with the x-ray apparatus near the end of the century and following with elaborate machinery for physiotherapy."\textsuperscript{16} Advertising these services to an ever-wealthier clientele, hospital administrators "intoned the virtues of scientific medicine to a constituency impressed by the novelties of the germ theory, antiseptic surgery, and serum therapy."\textsuperscript{17}

Thus, by the 1920s, "the hospital was no longer a place dominated by the poor and dependent."\textsuperscript{18} Private patients and charitable foundations were becoming key players in the economic viability of America's voluntary hospitals, particularly given the prohibitive and escalating costs of new medical technologies. As Starr notes,

Few institutions have undergone as radical a metamorphosis as have hospitals in their modern history. In developing from places of dreaded impurity and exiled human wreckage into awesome citadels of science and bureaucratic order, they acquired a new moral identity, as well as new purposes and patients of higher status.\textsuperscript{19}

As Starr, Vogel, and Rosenberg have all suggested, this transformation of the hospital involved its "redefinition as an institution of medical science rather than of social welfare, its reorganization on the lines of a business rather than a charity, and its reorientation to professionals and their patients rather than to patrons and the poor."\textsuperscript{20}

\textsuperscript{16} Vogel 77.
\textsuperscript{17} Rosenberg 18.
\textsuperscript{18} Rosenberg 18.
\textsuperscript{19} Starr 145.
\textsuperscript{20} Starr 147-148.
Moreover, many historians would agree that "even the best hospitals of the Western world did not play much of a role in reducing mortality until almost the end of this period, the late 1930s, when the sulfa drugs began to be available."\(^{21}\) In the period following World War II, however, hospitals had so reformed their reputations that they were now seen "as quintessentially part of modern medical care."\(^{22}\)

**Hospitals and the U.S. Navy**

The history of hospitals under the U.S. Navy follows similar, though not identical patterns. In 1811, the U.S. Congress passed the Navy Hospital Act which established the board of Naval Hospital Commissioners—a body which included the Secretaries of the Navy, Treasury, and War. Although the board was given the task of procuring sites for navy hospitals, a number of factors delayed the actual opening of a navy hospital for two decades. Due to considerations including "internal divisiveness," as well as "economic instability, the lack of a well-organized navy medical corps, and the public attitude toward hospitals and medicine in general," the navy would have to wait until 1830 before its first hospital opened in Norfolk, Virginia.\(^{23}\) Succeeding navy hospitals opened in Portsmouth, Virginia in 1830; League Island, Philadelphia in 1833; Portsmouth, New

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Hampshire in 1834; Chelsea, Massachusetts in 1836; and Brooklyn, New York in 1838.\textsuperscript{24} These early hospitals, however, functioned in a number of capacities, including "serving as a general hospital, home for aged and crippled sailors, a workhouse for dependents of those killed in action, and finally, a school."\textsuperscript{25} This navy use of hospitals resembled the concept of the almshouse, just as did most hospitals in the wider United States.\textsuperscript{26}

As in the larger American society, general economic and social changes in the late nineteenth century led to an increased consciousness of navy hospitals as places of health care, rather than as charitable relief. In 1898, the U.S. Congress formally founded the Navy Hospital Corps following the start of the Spanish-American War "in order to bring its hospital care up to the standards practiced in the Army and in major civilian hospitals."\textsuperscript{27} Beginning in the 1890s, the navy had embarked upon a new expansion effort, working to "improve training, professionalize the officer corps, and cope with the new technology of warfare."\textsuperscript{28} As the navy grew, so did its medical department, aware of its need to establish "a modern medical establishment that could bring modern medicine, nursing, and pharmacy to meet the needs of the service."\textsuperscript{29} In 1908, as part of the modernization effort of the navy's Bureau of Medicine and Surgery, Congress established

\textsuperscript{24} Martha Lenora Crawley. \textit{The Navy Medical Department, 1890-1915}. Unpublished doctoral dissertation, George Washington University, 1989, 149.

\textsuperscript{25} Brings 273.

\textsuperscript{26} Brings 273.

\textsuperscript{27} Crawley 188.

\textsuperscript{28} Crawley 15.

\textsuperscript{29} Crawley 339.
the Navy Nurse Corps, although women had been volunteering to serve in the navy as nurses since the war against Spain in 1898.\textsuperscript{30} Still, notes military medical historian Albert Cowdrey, not until the Second World War did the military attract larger numbers of American physicians. Finding it difficult to recruit doctors against competition from an increasingly prosperous civilian sector, the army and navy both attracted men who primarily "simply liked the military life or hoped to intern at military hospitals, or--when the Depression came in 1929--put on the uniform because they needed a government paycheck."\textsuperscript{31}

In the case of Guam, the history of hospitals, as well as the history of western medicine, has been subsumed beneath the general history of both general and navy hospitals. Guam's historians have understood the introduction of western medical methods on Guam to be characteristic of the advantages of modernity, particularly the advancements in science and technology which accompanied the American flag. Medical Corps Lieutenant J.L. Enyard, for example, encouraged Chamorros to make greater use of hospital services provided by the naval government. In 1935, he wrote,

\begin{quote}
Medicine is a living thing--a living science which relates to the alleviation of diseases. It is constantly growing, constantly moving forward, and the one person who can place this science, this knowledge at your disposal, is your doctor. Visit him at our Naval Hospital. Faith in him and confidence in the knowledge he offers may mean the difference between a premature death and a long and useful
\end{quote}

\textsuperscript{30} Crawley 21, 190.

life. Do not wait until the pain and distress of your particular affliction becomes unbearable.  

Here, as in numerous other examples, western medicine was held out to the Chamorro people as "science" and "knowledge," without consideration of the cultural biases accompanying such concepts. These medical technologies joined paved roads, electricity, and running water in the pantheon of gifts presented by the colonizer.

Enyard's exhortation demonstrated that the navy medical corps approached the introduction of hospitals and doctors on Guam primarily in terms of scientific knowledge and the advance of technologies. Further, these medical methods were held exclusively by the navy, but were made available to its colonized peoples. Enyard's comments also suggested that even four decades into American rule, Chamorro people seemed loath to use hospital services. A closer look at the story of navy hospitals on Guam reveals that the history of the introduction, growth, and expansion of hospitals in the new American colonies did more than simply replicate the wider history. Rather, as Robert Trennert has observed among the Navajo Indians, hospitals functioned "not only as an act of humanity but as an essential part of the civilizing process." In his analysis, Trennert asserts that the introduction of hospitals and other western medical practices were an important part of the "civilization program" on the Navajo reservation. Similarly, Frantz Fanon


34 Trennert 69.
theorizes that, among colonized peoples, hospitals signified not only medicine and science, but more significantly the power of colonial governments to implement their invasive political, economic, social, and cultural structures and policies.\textsuperscript{35} 

\textbf{Left-overs and Laborers in Guam's Navy Hospitals}

Prior to the founding of the Susana Hospital for women and children in 1905, the Naval Government of Guam had established a leprosy colony in Tumon, dressing stations in the villages to administer to superficial wounds and other minor injuries, and a hospital for men. This hospital was founded in 1901 with a $3,000 allotment from the island government and another $1,750 solicited through local subscriptions.\textsuperscript{36} In order to appeal to potential Chamorro patients, General Order #24 issued in 1900 by Governor Seaton Schroeder stipulated that island hospitals would "receive patients without payment," with the salaries of all hospital staff members paid for by the naval government. Encouraging Guam's natives to make use of such facilities, Schroeder proclaimed,

\begin{quote}
All those who are ill or suffering from disease are cordially invited to present themselves for care and treatment; more than that, they are strongly urged to thus avail themselves of the generosity displayed by the Navy Department of the United States and by the Government of the Island of Guam.\textsuperscript{37}
\end{quote}

As previous chapters have discussed, the link between naval philanthropy and medical care was typically overtly stated. The navy regularly touted its free medical services as evidence of its policy of "benevolent assimilation," as was prescribed by

\begin{flushright}

\textsuperscript{36} Johnston 40.

\textsuperscript{37} General Order #24, 14 August 1900. RG 80, Box 383, 9351-10.
\end{flushright}
President William McKinley, regardless of the fact that the navy was also very much concerned with protecting themselves against native diseases.

Following General Order #24, Schroeder's wife, Maria, began a local fundraising campaign to raise money for an island hospital. This first hospital was named the Maria Schroeder Hospital in honor of her "interest and effort," as well as the "benevolence and energy" which resulted in the project's realization. By April 1901, Governor Schroeder reported to the Assistant Secretary of the Navy that "The ground has been cleared, the materials are being collected, and the work of construction will soon begin." On June 10, "the corner stone of the Civil Hospital in Agana was laid by Mrs. Schroeder ... with the blessing of the venerable Padre [Jose] Palomo." Originally built with a capacity of twenty beds, the hospital added an operating room and a room for bacteriological work in 1906. Although the Maria Schroeder Hospital operated as a municipal hospital, the naval government of Guam in 1910 donated it to the federal government. From 1910

38 Johnston 40.

39 AR 1904, 10.

40 Seaton Schroeder, Commander, U.S. Navy to Assistant Secretary of the Navy, Navy Department. 22nd April 1901. RG 80, Box 385, 9351-188.

41 AR 1901, 3.


43 Johnston 41.
on, it was collapsed into the U.S. Naval Hospital, now composed of two segregated wards--Ward I for native men and Ward II for caucasian males.44

As Schroeder's General Order #24 demonstrated, praise was continually given the navy government for its philanthropy toward the Chamorro people. Surgeon R.L. Natt kemper, for instance, wrote that "The people of Guam are very fortunate in having such medical facilities and should at all times avail themselves of such, and co-operate to keep the Island clean and healthy."45 Additionally, the navy surgeons themselves were just as frequently the recipients of praise and appreciation. Governor Schroeder, for example, wrote in 1905 that "the naval surgeons of the station attend them without fee, and with devotion and skill worthy of the highest praise."46 Despite such self-aggrandizing comments, the navy struggled to gain acceptance by the local community throughout its near half-century reign on Guam. Governor George Dyer commented in 1905 that the Chamorros are gradually and "[w]ith much difficulty" being taught by the Medical Officers to avail themselves of medical services.47 As Dyer lamented, "This is a matter of very slow growth. The natives are still inclined to resort to their own methods,


47 AR 1905, 11.
and especially the women are shy about consulting with the Medical Officers."\(^{48}\)

Numerous other accounts, such as this one by Navy Surgeon J.G. Ziegler, encouraged "further cooperation on the part of natives and inhabitants of Guam in taking advantage promptly of the medical facilities available to them."\(^{49}\) As Ziegler beseeched Chamorro readers of the \textit{Guam Recorder} in 1925, "COME TO THE HOSPITAL WHEN SICK, AND WITHOUT DELAY."\(^{50}\)

The Chamorro people's reluctance to take advantage of this seemingly extraordinary opportunity for free medical care might be understood partly in connection with other exercises of medical authority on the island. An antagonistic relationship had undoubtedly developed between the Department of Health and Charities and the Chamorro people as a result of numerous navy policies. Their leprosy policy, for example, unquestionably contributed to the natives' avoidance of American health institutions. The heavy-handed, often criminalizing ways in which the navy handled its general health policies, as discussed in chapter two, also certainly reinforced Chamorro resistance to American medical operations. Furthermore, as the previous chapter illustrated, regulations regarding the activities of \textit{patteras} and \textit{suruhanas} furthered an adversarial relationship largely between Chamorro "patients" and American doctors. Other reasons, such as the language barrier, Chamorro unfamiliarity with western medical

\(^{48}\) \textit{AR} 1905, 11.


\(^{50}\) Ziegler 8, emphasis in original.
technologies and scientific knowledge, and hesitation about entering what were literally
colonial spaces must have also reinforced natives' vacillation towards hospital services.
Moreover, circumvention of the navy's hospital can also be linked to conflicting social
and cultural norms regarding disease. As previous chapters have suggested, Chamorro
health practices situated disease and disability in a social, communal context, with entire
clans involved in the curing and caring process. The individualized nature of western
medicine conflicted with the Chamorro collective approach. Further, natives' reliance
upon herbal healers—both the male suruhanus and the female suruhanas—suggests that
the traditional sources of healing continued to provide panaceas and corresponded with
the cultural needs and expectations of Chamorros. The continuing vitality of both
suruhanus and suruhanas, with their combined focus upon both natural and supernatural
causes of illness, indicates that the primarily scientific, clinical approach to sickness was
unfamiliar and discomforting.

Moreover, it should also be considered that the hospital itself demanded of its
patients a particular code of social and cultural behavior which would have been
uncomfortable, if not outright alienating, to Chamorros. As historian Vogel noted in the
relationship of hospitals on the continental United States to immigrant and rural-born
patients, hospital rules reflected an expectation of vulgarity from patients. Vogel notes,

Rules instructed the patient to behave himself. Rude language was forbidden, as
was card playing. When physicians made ward visits, patients were to sit up
silently in bed. Severely restricted visiting hours limited the patient's contact with

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friends and family, potential sources of moral corruption. The high masonry walls surrounding hospital yards did the same.\textsuperscript{51}

As socially constraining as Vogel's city hospitals were, navy hospitals were probably even more restrictive. As Sr. Mary Peter Uncangco described of the navy hospital in Hagåtña:

The hospital looked so formal—the grass was always perfectly cut, the walls were always clean and white, the staff always wore clean clothes. No one wanted to go in there because you had to walk so perfect, not touching anything, not making noise, not making mess. It was like going inside the cathedral. You had to be on your best behavior or else you'll get in trouble.\textsuperscript{52}

As Sr. Mary Peter's comments illustrate, the navy hospital represented an uncomfortable space—not simply because of the physical poking and prodding of unfamiliar medical instruments, but because of the social norms expected of all persons entering through the hospital's doors. As she recollected, the navy hospital represented a zone to be avoided whenever possible, primarily because it was a place where English language use predominated and where she felt intimidated by the gaze of hospital personnel. Furthermore, Uncangco's likening of the navy hospital to the Roman Catholic Cathedral suggests a moral component to the hospital, as well as the discomfort caused by the social pressure of having to behave in manners defined as polite or refined. Consequently, both churches and hospitals inspired feelings of unease with their expectations of "proper" behavior. Perhaps navy officers surmised that social behaviors


\textsuperscript{52} Personal communication, 26 March 1999.
such as walking the hospital corridor in a decorous manner were indicative of the morality of individuals, just as they considered cleanliness and good hygiene in the family home to denote proper, good mothering. Undoubtedly many Chamorros, whether as hospital patients or as visitors, considered the Maria Schroeder Hospital to be a restrictive environment.

Other ordinary issues—such as the types and quality of food served at the hospital—also must be considered when contemplating the reasons for Chamorro avoidance of the free navy hospital services. In a 1925 report to the Navy Department’s Bureau of Medicine and Surgery, Commanding Officer H.B. Price wrote that while food to both native and American patients "is prepared in the same kitchen, by the same cooks and in many cases in the same pot, ... [t]he ration for the native patients principally consists of 'left overs' from the [Medicine and Surgery] ration made into stews and hash." \(^{53}\) Little wonder then, when questioning 92-year old *Tan* Maria San Nicolas Chargualaf about her memories of the navy hospitals, she could recall little more than the unpalatable food—indeed, what would have been referred to in the Chamorro language as *na’babui*, or pig food. *Tan* Maria, who had been confined at the navy hospital as an adolescent for hookworm treatments, recalled that her mother would smuggle home-made food for her through a family friend who worked at the hospital. \(^{54}\) While Governor Price boasted that the use of left-overs reduced the cost of feeding natives to only twenty cents per meal,

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\(^{53}\) Commanding Officer to Bureau of Medicine and Surgeon, Re: Monthly report of hospital expenditures, 6 August 1925, RG 52, E-12, Box 660, 132696-D14.

\(^{54}\) Personal communication, 5 July 1999.
compared to seventy cents for the hospitalized military personnel, one must question both the sanitary consequences and moral implications of feeding left-overs to the natives. On a medical level, one wonders about the sanitary safety of recycling leftovers to feed ailing patients. On a more significant ethical level, what does the use of leftovers say about the navy's perception of Chamorros? That leftovers were fed specifically to natives, rather than to all patients equally, suggests that there were a number of racial assumptions at work under these health policies. For Tan Maria's mother, the hospital's food was simply inedible, although she and the other Chamorros were perhaps unaware that they and their family members were being fed left-overs.

Furthermore, displeasure with the navy hospital can also be traced to the Medical Department policy of using able-bodied patients as free laborers on the hospital's grounds. In a November 1916 letter of complaint to the Secretary of the Navy which was forwarded for investigation to the Navy Judge Advocate General (JAG), a group referring to themselves only as "THE GUAM PEOPLE" complained of their confinement and forced employment both at the hospital and at private residences. According to the unnamed letter-writer(s), "We have families, ranches, animals and plantations but we abandon them all for we are compelled to work in the Hospital."\textsuperscript{55}

Following this complaint, the Navy JAG conducted an investigation and a Court of Inquiry in 1917, specifically addressing whether Chief Pharmacist's Mate Hiram W. Elliott abused his position by employing patients for inappropriate purposes. The

\textsuperscript{55} THE GUAM PEOPLE to Secretary of the Navy, 2 November 1916. RG 125, Box 89, E-30, 6847.
investigation revealed that female patients in the women's hospital were made to clean the floors in their wards, while men were dispatched for a variety of outdoor projects.\textsuperscript{56} Patient Juan Cruz Aguigui, for example, testified, "Sometimes I cleaned out the yards in the hospital and sometimes I worked in the [tuberculosis] hospital," while Pedro Taijeron Salumnamnam professed before the JAG that he was forcibly employed for "cutting grass and cleaning the Naval Cemetery."\textsuperscript{57}

The JAG Board of Investigation's statement of findings confirmed that "While at the hospital patients were given treatment and required to work only when able to do so and only about the hospital grounds."\textsuperscript{58} However, the Board also ruled that Elliott had "never obliged patients or laborers to work,"\textsuperscript{59} thus invalidating the charges brought before the JAG. The conclusions drawn by the investigators, which were confirmed by Governor Roy Smith, validated the navy's practice of exploiting hospital patients as sources of free labor, a procedure which undoubtedly deterred Chamorros from seeking hospital services. Given the variety of tasks which the supposedly ill Chamorros were

\textsuperscript{56} Testimony of Maria Roberto, Chief Native Nurse. \textit{Proceedings of a Board of Investigation convened at the U.S. Naval Station Guam By Order of The Commandant, U.S. Naval Station, Guam, To inquire into and report upon allegations contained in a report made against Chief Pharmacist's Mate Hiram W. Elliott, U.S. Navy, attached to this station, by the "THE GUAM PEOPLE."} Washington, D.C.: Department of the Navy, 3 March 1917, 9. RG 125, Box 89, E-30, 6847.

\textsuperscript{57} \textit{Proceedings...}, 12, 14.

\textsuperscript{58} \textit{Proceedings...}, 16.

\textsuperscript{59} \textit{Proceedings...}, 17-18.
assigned to perform, it is no mystery that the hospital would not have been viewed with much regard.

Furthermore, I would assert that the navy's use of left-overs as well as their use of native hospital patients as laborers provides a glimpse into the ways in which the navy used its medical philanthropy as a sort of moral leverage against which they could justify the dehumanization and exploitation of their native patients. Because medical services were provided free of charge to the Chamorro people, the navy assumed it had a license to treat the natives in ways which certainly would not have been tolerated among a "better class" of patients. To the Chamorros, the navy's self-promoting "free" hospital services were not without cost after all.

To Help the "Little People of Guam"60

While first the Maria Schroeder Hospital, and after 1910, the Naval Hospital, attended to both Chamorro and American men, the establishment of the Susana Hospital in 1905 created a parallel institution for women and for children. Prior to the founding of the Susana Hospital, Governor George Dyer recognized a gender disparity in medical services in his 1905 Annual Report of the Naval Government of Guam. Dyer wrote to the Secretary of the Navy,

One of the most important improvements necessary is an extension, in the form of a separate building, for a woman's ward.... A separate building should be constructed at the earliest possible moment, suitably fitted for the use of women, and provided with women nurses. This would serve to increase the confidence of the native women in the skill of the doctors, and incidentally be a considerable factor in the health of the people.... The extension and equipment of this hospital offers an opportunity for benevolently inclined Americans to assist in a

60 Johnston 41.
philanthropic work, the benefit of which to these simple and helpless people can not be adequately expressed.\textsuperscript{61}

Dyer's comments reflect a number of important assumptions about Chamorro women and the navy's perception of itself as protector and provider. Dyer's message suggests that the navy recognized the importance of incorporating Chamorro women into the colonial government's health regime, and that the navy believed that women's health care should be served separately from men's.

Given the assessment that the island needed a hospital specifically for women and children, Governor Dyer's wife, Susan, soon began soliciting funds for such a project. She formed the Hospital Women's Aid Society, renamed as the Susana Hospital Association following the establishment of the hospital.\textsuperscript{62} The hospital was named after Susan Dyer for her pivotal role in initiating the project. Mrs. Dyer raised funds diligently both on Guam and in the continental United States, collecting enough money to finance this charitable pet project. Among the donations was a $10,000 grant from the Russell Sage Foundation of New York which was formally transacted in 1907. Susan Dyer obtained this allotment directly from Mrs. Margaret Olivia Sage, Russell Sage's widow, who established the Foundation after her husband's death in 1906.\textsuperscript{63}

\textsuperscript{61} AR 1905, 11.

\textsuperscript{62} Johnston 41.

\textsuperscript{63} Robert W. de Forest, De Forest Brothers, to Trustees, Russell Sage Foundation, New York, 24 June 1907. Rockefeller Archive Center, Russell Sage Foundation Early Office Files 10:89.
Though founded as a private hospital run by the Association, the Susana Hospital was staffed by American navy doctors and by an initial complement of volunteer military wives and a handful of native women trained by Mrs. Norman McLean, wife of one of the navy doctors. The ten-bed hospital opened in October 1905 under the direction of Assistant Surgeon McLean, initially in a building rented for thirty-five dollars monthly. The structure was referred to as "the convent" because it once housed Pale' Jose Palomo, Guam's only Chamorro Roman Catholic priest. Unlike the government-owned and run Naval Hospital, the privately-run Susana Hospital charged its patients a fee. Though the charge was considered by the navy to be a small sum, it was apparently prohibitive enough to restrict native admissions. In a 1908 health report, Surgeon M.S. Elliott of the Department of Health and Charities commented that in the Susana Hospital,

> The average number of patients is very small, between three and four. At present there are two patients in the hospital... Patients are charged fifty cents a day, which is one of the reasons given why [there] are not more patients.

In order to compensate for this funding shortfall, the Susana Hospital opened up a pharmacy which operated a soda fountain, and also sold drugs and souvenir items such as

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native handicrafts for American tourists." Other funds were generated, such as an annual interest of roughly six hundred dollars from the Russell Sage Foundation trust and the rental of "one private room used by Europeans." Yet the question of the public or private ownership of the Susana was somewhat muddled from the start, largely because of the numerous intersections between navy policies, navy personnel, navy wives, and private interests. Physicians' services at the Susana Hospital, for example, were "furnished free of all cost by the medical officers of this station." Indeed, it is difficult to ascertain from the archival records the degree to which navy wives such as Susan Dyer were involved in the operations of the hospital, beyond the realm of fund raising. Even in examining the membership of the Susana Hospital Association Board of Directors, it appears as if the navy wives deferred all authority to the island's male leaders. The Board was comprised of the governor of Guam as president, the senior island judge or senior naval chaplain, one of the Catholic priests, the chief of industry, the senior naval medical officer as hospital superintendent manager, and a civilian secretary-treasurer. The Board membership, consisting primarily of persons attached to the navy government,

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67 *AR* 1915, 16 and Johnston 42.

68 *AR* 1915, 16.

69 E.J. Dorn, Governor of Guam to Secretary of the Navy, 16 Feb 1909, 4. RG 80, Box 390, 9351-734.

70 *AR* 1906, 5.

certainly prompted the distinct impression that the Susana Hospital operated as a naval hospital, except for the private funds obtained from the Russell Sage Foundation.

This confusion over whether the Susana was a private or public hospital came to the forefront during a Navy Hospital Board of Inspection visit to Guam in 1909. As Governor E.J. Dorn explained to the Secretary of the Navy,

A misapprehension seems to have existed in the minds of the Board of Inspection as to the status of the Susana Hospital. The Hospital, as was stated at the time of the Board's visit, is a private hospital founded in October 1905, by an association of residents, and others, under the title, THE SUSANA HOSPITAL ASSOCIATION.\(^{72}\)

Ironically, only ten months after Dorn's explanatory letter to the Navy Secretary, the Susana was officially absorbed into the navy hospital bureaucracy. In December 1909, a major earthquake on Guam destroyed the Susana Hospital building. When the navy promptly stepped in to rebuild it, the Susana became incorporated under the auspices of the navy hospital. Following this earthquake, the Secretary of the Navy "agreed to appropriate $6000 from the Hospital Fund for the construction of a hospital to which women and children should be admitted, provided that it should be known as the 'Naval Hospital', Guam, M.I."\(^{73}\) The Susana Hospital Association thus ceded in January 1910 a portion of their property to the navy with the provision that "a hospital 'for the use of women and children' should be built upon it."\(^{74}\) In 1910, Navy Surgeon General

\(^{72}\) E.J. Dorn to Secretary of the Navy, 16 February 1909, 3.

\(^{73}\) Origin, Development and Present Status of the Hospitals at the Naval Station, Island of Guam, Mariana Islands, 2-3.

\(^{74}\) Origin, Development and Present Status of the Hospitals at the Naval Station, Island of Guam, Mariana Islands, 2-3.
Presley Rixey informed the Secretary of the Navy that the government of Guam had indeed renamed the hospital from the Susana to the "Naval Hospital, Island of Guam." This new wing of the U.S. Naval Hospital of Guam was referred to as Ward III, and served the same capacity as the old Susana Hospital. Because it was now part of navy hospital operations, services were deemed free of charge.

By 1911, however, ostensibly because demand for obstetrical and gynecological services had increased beyond what was available in Ward III, the Susana Hospital Association constructed a new Susana Hospital. This second Susana Hospital was built on the Association's remaining land in Hagåtña which had not been turned over to the navy. Like the original Susan Dyer project, the new Susana Hospital charged fees and housed its patients in private rooms, unlike the dormitory style accommodations in the Naval Hospital's Ward III. In 1917, the Susana Hospital added a kitchen, as well as additional gynecological and operating room equipment. These extensions were funded by a second donation from Margaret Olivia Sage, this a cash contribution of $5,000.

Numerous accounts submit that the growth of the Susana Hospital was necessitated by an increased medical need for obstetrical services. Some accounts,

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75 Surgeon General Presley Rixey to Secretary of the Navy, 29 January 1910. RG 52, Box 392, 118949.


however, suggest that the new Susana Hospital also served the interests of an expanding *mannakhilo*, or elite Chamorros. The 1928 *Sanitary Survey of the Island of Guam*, for example, reported that "persons wishing private rooms" gravitated toward the Susana Hospital, particularly "natives of the better class."78 According to an unnamed source published in the *Guam Recorder*, as "the demand by individuals able to pay for private rooms and services became more apparent," the Susana Association "decided to construct the present hospital building on the northwest corner of their remaining land."79 On the one hand, it appears as if some Chamorros who had the economic means desired the services of a private hospital as the old Susana Hospital had been, where individual rooms were available, compared to the Naval Hospital which housed patients in dormitory style. The sense of the Susana's elitism catered to a class of primarily Hagåtña-based Chamorros, some of whom had intermarried with American military personnel and formed part of an "upper class."80 Other than a handful of Chamorro families which operated small village stores, beauty shops, or which had family members who worked in the naval government as teachers, nurses, or office clerks, few Chamorros had regular access to cash. To those who were economically prosperous, the Susana Hospital perhaps catered to their sense of themselves as privileged, and as having access to the most


modern conveniences. My grandmother, Tan Maria Leon Guerrero Perez, for example, elected in 1940 to deliver her first child, my mother, Fermina Perez Hattori, in the Susana, rather than through a pattera. She chose the Susana Hospital in part because she felt it would offer her maximum comfort and protection, but also because, as a result of my grandfather's employment by the naval government, they could afford the expense.\textsuperscript{81} Tan Maria believed, furthermore, that the hospital represented modernity, cleanliness, and advanced science. After my mother's birth, however, my grandmother returned to patteras for her next ten pregnancies. My mother never learned precisely why, but assumed that other options proved to be more attractive. Since her sisters and cousins had delivered their children through midwives, my grandmother apparently felt confident that such traditional practices were indeed safe.

On the other hand, while some were attracted to the Susana Hospital because of its elitism, there were also Chamorros who avoided the Susana partly because of its perceived mannakhilo' status. Sr. Mary Peter Uncangco supported this sense of the Susana as catering to elite Chamorros when she communicated, "We would never be a patient there. That's for the rich people."\textsuperscript{82} Similarly, Governor L.S. Shapley in 1926 said of the Susana Hospital that "a great majority of the better class of native women enter this hospital."\textsuperscript{83} In some of these comments, some of the tensions between Chamorro women of different economic classes are implied. In the process of choosing the Susana

\begin{footnotes}
\item[81] Fermina Perez Hattori, personal communication, 31 July 1999.
\item[82] Personal communication, 26 March 1999.
\item[83] AR 1926, 7.
\end{footnotes}
Hospital, mannakhilo' women expressed their elitism, desiring the privacy of their own rooms, even at a relatively costly expense. Concomitantly, by steering clear of the Susana, other Chamorro women conveyed their avoidance of the mannakhilo'. As Sr. Peter's comments suggest, some non-elite Chamorros attempted to avoid interacting with native elites, as much as they did with colonial officials. Such evidence of evasion tactics hints at a degree of class tension between Chamorros of divergent economic statuses.

For villagers outside the capital of Hagåtña, uneasiness about the hospital was even more intense. For José Torres, a native of Malessó, considered one of the more culturally conservative villages on the island, traveling into Hagåtña was an infrequent enough occasion. Entering into the new, clean, and modern American buildings, however, was especially daunting. Torres' recollection of the Susana was that "it was made for the Hagåtña rich. The rest of us didn't have that kind of cash to pay for the rooms there." Instead, Tan Maria San Nicolas Chargualaf, who moved from Hagåtña to Talofofo early in her life, explained that she, her relatives, and fellow villagers from the southern part of Guam would be much more likely to visit a suruhanu or suruhana if medical care was needed. These choices were not made principally in the name of science and medicine, but rather because of issues such as language compatibility, proven reliability, and because they accepted payments in the form of produce, rather than cash.85

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84 Personal communication, 19 March 1999.
85 Personal communication, 5 July 1999.
The Susana Hospital's role of promoting or exacerbating growing class distinctions between those Chamorros who had access to American dollars and those who did not emerged not only through admittance to the hospital as paying patients. The function served by the Susana Hospital in training native women as nurses also contributed to notions of class and affluence, as well as to surfacing tensions between elite and non-elite native women.

**Women, Nurses, and Domestic Training**

As discussed in the previous chapter, the navy created a training school for native nurses in 1907, partly to instruct potential midwives, but also in part to develop a body of native nurses who could attend to patients in the new Susana Hospital. Under the tutelage of Mrs. McLean, the wife of navy surgeon Norman McLean, "Several native young women" did "remarkably well" under training.\(^ {86}\) Governor Templin Potts commented in 1907,

> The native nurses at the Susana Hospital for women and children are satisfactory.... all things being considered they are probably more efficient than imported trained nurses would be. Living in their normal habitat and understanding the prejudice and peculiarities of their own people, they have immeasurable advantages.\(^ {87}\)

One of the navy's intentions from the onset was to employ nurses as native kompadors, recognizing that it would be difficult to change native notions of health and hygiene without intimate access to Chamorro families. Once native women entered the training program, navy officials from governors to doctors to nurses frequently

\(^{86}\) *AR* 1906, 5.

\(^ {87}\) *AR* 1907, 8.
commented on the "satisfactory," though supposedly limited, aptitude of these native nurses. In 1913, for example, navy nurse Elizabeth Leonhart communicated to the *American Journal of Nursing* that the six native nurses on Guam "are very gentle and willing, but absolutely indifferent to many things which seem extremely essential to us."  

Similarly, another navy nurse, B.C. Bennett, wrote of the native nurses, "We always find them courteous, kind, willing and never tired of doing well, which is the spirit of a real nurse. Of course their standard as graduate nurses cannot equal that of the American graduate nurse." Navy Captain Lucius Johnson, who served as Guam's Assistant Surgeon in 1917, further wrote of the native nurses that "They were most tractable and kindly in their treatment of the sick, but the amount of knowledge that they could absorb was limited."  

Blame can hardly be placed entirely on the shoulders of these native students. Language barriers, firstly, proved to be a significant obstacle in their education and training. In 1914, already seven years after the debut of the training program, nurse Leonhart revealed:

> Our knowledge of the language of the Island increases, but our communication with native nurses and patients depends more on the language of signs. Our hands

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now obey our minds with marvellous rapidity and our gestures are no longer stiffly made.\footnote{[1]}

Even two decades later, in 1927, the persistent language barrier still proved to be a formidable obstacle to instruction, and thus the naval government lengthened the nurse training program from two to three years. In Chief Nurse Hannah Workman's letter to the island's commanding officer, she defended this decision on the grounds that

...two years is too short a period of time in which to teach the native student the details of nursing thoroughly. The students' difficulties in mastering the English language together with their limited capacity for understanding and grasping technicalities make their development in proficiency and dependability too slow a process to be accomplished in the prescribed two years.\footnote{[2]}

Along with the language barriers and the presumed difficulties in teaching foreign technologies to the Chamorro student nurses, perhaps it can be questioned if the nature of their work itself also formed an obstacle to the training program's efficacy. Chief Nurse Workman conceded that in the "early years of its life the native nurses acted more as maids and helpers to the staff of navy nurses than as nurses."\footnote{[3]} According to Chamorro nurse Olivia Guerrero, these first native nurses were instructed in hygiene, patient care, bed making, bathing, alcohol rubs, and bandaging.\footnote{[4]} Native nurse Amanda Guzman

\footnote{[1] E[izabeth] L[oonhart], "Letters from Navy Nurses." \textit{American Journal of Nursing} 14:11 (August 1914): 988.}

\footnote{[2] Hannah M. Workman, Chief Nurse, U.S. Navy, to Commanding Officer, 25 August 1927. RG 52, E15A, P11-1/NH18, Box 168.}


Shelton, who entered the training program in 1922 and who served as Chief Native Nurse from 1934 to 1948, revealed that her primary instruction was in preparing patients' beds, bathing and feeding patients, and distributing medicine.\textsuperscript{95} Similarly, nurse Maria Garcia of Agaña Heights, who graduated in 1935 from the native nurse training program, disclosed that aside from attending lectures, she also "mopped floors, cleaned bedpans, and made beds."\textsuperscript{96}

Treating the native nurses more as janitors than as nurses must have been offensive to at least some of the candidates--and perhaps contributes to the understanding of the low enrollment rates discussed in the previous chapter. The navy nurses themselves were put in an unfortunate position of not only having to teach, but of having to teach non-English speaking students. This perhaps makes it understandable that the Chamorros were often employed for simple, often labor-intensive, tasks which required few detailed instructions. Yet such an assignment begs the question of racism towards the native nurses. Were the navy nurses also obligated to mop floors and clean bedpans? It is easy to speculate that the availability of native nurses spared the navy nurses from some of the more distasteful or laborious tasks.

Formally, however, the nursing school curriculum by 1937 consisted of lectures by navy doctors in "Theoretical Nursing, Hygiene and Sanitation, Anatomy, Physiology, Materia Medica, Drugs and Solutions," along with lessons from the navy Chief Nurse in

\textsuperscript{95} Qtd. in Audrey Bordallo, "The Nurses." \textit{Pacific Profile May} 1965: 16.

\textsuperscript{96} Qtd. in Josephine Mallo, "Guam and Nursing Integral Part of Her Life." \textit{Pacific Daily News} 10 May 1978: 30.
"Practical Nursing, Ethics, Etiquette, Dietetics and Bandaging." Focusing on topics such as ethics and etiquette alongside the more appropriate medical subjects reflected a pattern analogous to those in U.S. nursing programs where Guam’s navy nurses had, of course, received their education. In fact, prior to the founding of the Navy Nurse Corps in 1908, Navy Surgeon William C. Braisted, who served as Surgeon-General from 1914-1920, defended the value of women nurses in wartime, based upon his observation of Japanese nurses during the Russo-Japanese War in 1905. As Braisted wrote, "The Japanese woman has occupied so long a position so subordinate and has been trained to an idea of obedience so absolute that they are specially fitted for service in military establishments." Braisted believed that in time, American women could be instructed and disciplined to emulate the work of Japanese nurses. As Braisted's comments indicate, naval views of women and the work they could contribute were severely limited by sexist notions of propriety and domesticity. Similarly on Guam, native nurses were not perceived by the navy as powerful, influential, and professional women but as subordinate women who learned proper modes of sanitation and health care in their navy training.


99 Qtd. in Crawley 213.
In the U.S. at large, nursing education in the late nineteenth century began to reflect "Victorian standards of womanhood." \(^{100}\) As Janet Wilson James perceptively reveals in her study of the professionalization of nursing in the 1890s, "Middle class habits of neatness, punctuality, truthfulness, study, method and order, personal hygiene, and table manners were inculcated as fundamentals" in nursing education programs. \(^{101}\)

Likewise on Guam, these bourgeois protocols were taught to Chamorro women partly if significantly through the nursing program. Issues of etiquette and propriety continually arise in naval descriptions of native nurses. Chamorro nurses were continually evaluated as much for their genteel appearances as for their job performance. In Nurse Leonhart's 1914 description of the Susana Hospital's six native nurses, she writes that they "dress in white, and their foot wear consists of soft 'mules.' On festive occasions they don stockings and shoes and suffer all the tortures of unaccustomed compression with the same joyous bravery we display in satisfying our vanity." \(^{102}\) Similarly, in 1925, Nurse B.C. Bennett judged Chamorro women to be "exceptionally good nurses," but predicated her assessment of "how attractive they look in their neat uniforms."

Not only were the native nurses oftentimes described as attractive, but they were also frequently represented as coming from a higher class than the average Chamorro.

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\(^{101}\) James 222-223.

The Navy Surgeon-General's 1904 annual report, for example, referred to the native nursing students as representing "an intelligent class of women." Similarly, navy nurse Delia Knight described the Chamorro students in their program as coming from "the better class of native girls." In fact, upon its formation in 1905, the Susana Hospital Association listed one of its objectives as to "hunt up suitable women for nurses." Given that American industrial society was concurrently attempting "to institutionalize women's traditional domestic functions," it should come as no surprise that the navy too aspired to identify and capitalize upon a class of native women who might willingly and effectively translate these "traditional domestic functions" to Chamorro society at-large.

Ironically, however, while the navy may have considered their native nurses to represent the class of elite Chamorros, the use of these women in laborious tasks such as mopping floors probably discouraged most mannakhilo' women from enlisting. In Fermina Perez Hattori's understandings of the mannakhilo' class, for example, she maintains that most elite Chamorro women would not have considered nursing an occupation appropriate to their status. Primarily because nurses were required to

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105 Johnson 41.

106 James 202.

107 Personal communication, 17 July 1999.
humble themselves by serving others and by doing strenuous tasks, that occupation was less popular than a career in education or in clerical work among the *mannakhilo*. Using native nurses as menial laborers in the hospitals thus created a dilemma for the navy in attempting to showcase these women as elites. The service-oriented work of nurses would more likely have been tackled by non-elite women seeking to assist in their family's economic welfare.

For those Chamorro women who enlisted in the nurse training programs, it is difficult to discern the degree to which lessons in domesticity or expressions of elitism informed their decisions. Some nurses, such as Amanda Guzman Shelton, were drawn to the nature of the work. Exposed to the nursing profession as a child when she frequently brought food to a hospitalized Aunt, Shelton simply enjoyed the work of nurturing and caring for the sick.\textsuperscript{108} Others, such as Soledad Pablo Tenorio, decided to join the training program in order to maintain close ties to her girlfriends, many of whom had also enlisted.\textsuperscript{109} Others likely enrolled because of the challenge which the program presented. For these nursing students, described by Nurse J. Beatrice Bowman as "the most intelligent girls from different parts of the island,"\textsuperscript{110} the nursing program was perhaps viewed as a rare opportunity to advance their curiosity and academic interests. For some young women, the nursing program might have answered the complaint registered by


\textsuperscript{109} I Manpäyi 295.

\textsuperscript{110} J. Beatrice Bowman, "The Navy Nurse Corps and Its Relation to the Advancement of Nursing Education. U.S. Naval Medical Bulletin 21:5 (November 1924): 690.
Maria Perez who stated in a 1920 Guam News Letter article that for women on Guam, "there are no schools there to prepare us for anything except basket weaving and cooking."\(^{111}\)

Yet in attempting to introduce a domestic economy to Chamorro women, the navy sought to simulate historical events in late nineteenth-century industrial American society. There women of the middle class sought employment, and, in the analysis of historian Christian Maggs,

Contemporaries sought ways of opening up the world of work to such women, whilst retaining some of the trappings of middle-class women's non-work experiences. Nursing, as well as teaching and some areas of commerce, were areas of employment which were potentially able to absorb women from the middle classes looking for entry into the labour force.\(^{112}\)

For the native nurses on Guam, the Susana Hospital became in many ways a surrogate domestic space where they were charged with responsibilities such as changing beds, serving food, and maintaining order. Ironically, the apparent intention of promoting domesticity may not have been realized as the navy desired. The great majority of nursing graduates resisted this confinement altogether by leaving the hospital, either to work in the villages as pateras or simply to return to their clan environments. Many more women simply chose not to enter the nursing program, despite a variety of lucrative

\(^{111}\) Qtd. in Hale'la: I Ma Gobetna-ña Guam, Governing Guam: Before and After the Wars. Hagåtña, Guam: Political Status Education Coordinating Commission, 1994, 75.

enticements such as a preferential hiring status and pay increases for nursing school graduates applying for teaching positions.\textsuperscript{113}

For those women who left the nursing profession to work instead as midwives, what domestication they faced in the Susana Hospital was frequently radically overturned after they left its walls. Once outside of the Susana, the \textit{patteras} had virtually unrestrained mobility, respected social status, and economic security, rather than the domestic constraints placed upon them inside the hospital. For those nurses who remained dedicated to their profession, their subversion of domesticity became most apparent with the outbreak of World War II. Once United States Navy personnel were forced to leave Guam for prisoner-of-war camps in Japan, the native nurses stayed behind as the caretakers of the Susana Hospital. Chamorro nurse Maria Garcia recalls that she and a few other nurses were ordered by the Japanese military to stay at the hospital. There she worked at the pharmacy, dispensing and at times making medications.\textsuperscript{114} Similarly, chief native nurse Amanda Guzman Shelton "was provided with a whole store of medical provisions, so that she could take care of the wounded and sick."\textsuperscript{115}

Ultimately, after the navy's doctors and nurses were removed from the island, and after the Susana Hospital was destroyed by war, the native nurses, as well as the \textit{patteras}, \textit{suruhanas}, and \textit{suruhanus}, became the final medical authorities to whom the population


\textsuperscript{114} Qtd. in Mallo 30.

\textsuperscript{115} Qtd. in Bordallo 18.
could turn. Having appropriated the knowledges and technologies transmitted to them by the navy in order to serve their own social and economic agendas, women from a variety of social classes used the opportunities made available to them in a number of ways. Neither Susan Dyer nor Margaret Olivia Sage could have anticipated that their benevolent ventures on Guam would undergo such upheavals.

**Philanthropy and Colonialism**

Histories of the Susana Hospital, written principally by navy employees, native nurses, or other persons affiliated closely with the Hospital's operations, typically lavish praise upon Mrs. Margaret Sage for her generosity to the women and children of Guam under the auspices of a charity named for her husband, who died in 1906. The Russell Sage Foundation was established by Mrs. Sage in 1907 for "the improvement of social and living conditions in the United States." She established the fund with over thirty-five million dollars set aside by her late husband. This made it one of only eight foundations in the U.S. at the time, and the third largest in terms of monetary holdings. Margaret Sage had actually created the Susana Hospital trust even before the Foundation was officially incorporated, after having been contacted by Susan Dyer personally. Upon the formal incorporation of the Russell Sage Foundation on 11 April 1907, Mrs. Sage transferred custodianship of the Susana trust to the Foundation's Trustees, making them

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"responsible for the investment of the capital of the trusts and the transfer of income to
the beneficiaries."

Following Mrs. Sage's second donation of $5,000 in 1915, Susan Dyer wrote,

This new thought for those faraway and helpless women and children will
strengthen the tie that links their thoughts and prayers with your name and I am
sure, some day, somewhere, they will come crowding about you with gratitude in
their eyes from which the earth mists of sorrow, pain, and want have gone
forever. 119

In her sentiments, one detects a tone not simply of appreciation, but also of pity
for the allegedly wretched Chamorro women. The discourses of medical philanthropy on
Guam repeat certain themes in Dyer's letter. The image of helpless women suffering in
pain and sorrow, appealing for relief, and ever-appreciative of humanitarian efforts,
inform many of the historical discussions about the founding and subsequent operations
of the Susana Hospital. But no mention is ever made of a thriving practice of native
health practitioners, primarily composed of respected, influential women such as pattersas
and suruhanas. Nor is mention made of the context of American colonialism under
which such representations of downtrodden natives were discursively constructed.

Indeed, also silent in the naval records are the ways in which philanthropic efforts
such as the Susana Hospital fit quite comfortably into the larger colonial program of
assimilation and acculturation. As scholar Kathleen McCarthy concludes of charitable
trusts at the end of the nineteenth century, U.S. philanthropists "shift[ed] their goals from

118 Glenn 37.

119 Susan H.P. Dyer to Margaret Olivia Sage, 2 May 1915. Rockefeller Archive Center,
Russell Sage Foundation Personal Giving 94:935.
almsgiving to fundamental social change." 120 Surely the case of the Susana Hospital illustrated nicely some of the ways in which seemingly altruistic giving served purposes far beyond the health care needs of Chamorro women and children. Certainly much medical philanthropy in the past century has focused on abating the impact of "escalating medical costs" attributed to such expenses as new and sophisticated equipment, opening additional facilities, paying for salaries, or simply keeping wards open. 121 In the case of the Susana Hospital, however, acts of medical philanthropy by the Russell Sage Foundation and others introduced an entirely new system of medicine and scientific authority, privileging the practice of medicine as a private, individualized affair, rather than as a social, communal one. It insinuated the power of the medical establishment and the overarching authority of the naval government. Accolades such as those heaped upon Mrs. Margaret Olivia Sage failed to address the complex issues raised by her act of charitable giving.

Susan Dyer, likewise, is typically saluted by historians as one of the great female humanitarians of Guam history. In a posthumous tribute to Mrs. Dyer regarding her organization of the Susana Hospital, an anonymous columnist for the Guam Recorder wrote,


There was no question that the people needed the institution, but although it is quite possible that some of them realized this fact, no one else had the necessary initiative to start any movement of a similar nature. Mrs. Dyer not only had this initiative but she also had the ability required for its accomplishment. 122

The hagiography of Dyer which informs virtually every written history of the Susana Hospital typically incorporates a measure of sympathy for the supposedly unfortunate Chamorro women and children. Furthermore, the navy is frequently depicted as the valiant defender of the weak and powerless. This representation of the navy actually began as early as 1900 when Captain Richard Leary, Guam's first navy governor, declared his desires to protect "the well-earned reputation of the American Navy as champions in succoring the needy, aiding the distressed and protecting the honor and virtue of women." 123 The military's stewardship of the Susana Hospital after 1909 therefore fulfilled, at least rhetorically, Leary's intention of "protecting the honor and virtue of women." Demonstrating the persistence of this theme of navy gallantry, after the Susana Hospital Association transferred its control of the hospital to the navy government, a 1914 Guam News Letter article reported:

At a single stroke the bulk of the burden of providing hospital accommodations for the feminine portion of a population of 12,000 souls, which it had met so nobly yet so feebly, was lifted from its shoulders by the great resources of the kindly disposed Federal Government. 124

The Susana Hospital provided the navy with an ideal opportunity to cultivate its discourse of philanthropy, partly because of the powerful rhetoric of protecting helpless

123 General Order No. 11, 19 January 1900. RG 80, Box 383, 9351-10.
women whose representations were controlled by Guam's governing authority. But the navy also took full advantage of its role as benevolent colonizer because there appeared to be no ulterior motive in this act of altruism. Other examples of navy charity were more easily challenged as self-serving efforts aimed at protecting its own establishment. In particular, its so-called charitable efforts toward leprosy patients could hardly be viewed as acts done simply in the interests of the patients themselves. Even navy officials admitted that they were protecting themselves by expelling Guam's leprosy patients from the island. In the case of Guam's women, however, the navy apparently had little to gain directly from embarking on an endeavor such as a women's hospital. This point ostensibly validated their philanthropic work as an exemplary, seemingly pure, form of humanitarianism and, more significantly, progressive imperialism.

Moreover, the Susana Hospital provided an ideal opportunity for navy wives to become actively involved in civic projects. Just as the hospital provided a comfortable domestic space for middle-class women in the U.S. to find employment, so too did it provide a fitting opportunity for officers' wives to expend their humanitarian energies. Aside from directly soliciting for funds on behalf of the Susana Hospital, military wives became involved in other projects for the same cause. In 1914, for example, the "ladies of the Naval Colony" sponsored a "Charity Fair" whose object was "to obtain funds for the interior fittings and equipment of a modern diet kitchen in connection with the Susana Hospital."125 The navy administration, in fact, came to expect the active philanthropy of

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its dependents' wives, particularly in relation to the woman's hospital. A 1928 Guam Recorder article appealed for increased charitable activities, noting,

Local conditions lack so much that could be improved upon if the Americans, particularly the American ladies, who come to Guam would only help a little. If they would only give up one afternoon a week, or one a month, and meet for the purpose of discussing and recommending some little improvement that might be accomplished if presented to the authorities by a body of interested wellwishers.\textsuperscript{126}

\textbf{The End of the Susana}

With the outbreak of World War II on Guam in 1941, all of the naval hospitals were closed as the Japanese Imperial Army invaded and occupied the island. Following the end of the war and the re-occupation of Guam by the U.S. Navy, the Susana was officially subsumed within the operations of the new Guam Memorial Hospital. In the original 1907 authorization which transmitted the $10,000 contribution from the Russell Sage Foundation, Foundation attorney Robert de Forest wrote that should the Hospital cease to exist, the Susana Hospital Foundation shall have the "power and authority to dispose of the income of said fund as may seem to them to best serve the interests of the native women and children of Guam."\textsuperscript{127} Thus in 1953, the Russell Sage Foundation turned over the principal amount of $10,000 to the Guam Memorial Hospital, ending a

\textsuperscript{126} "A Little Civic Pride Please." \textit{Guam Recorder} 5:5 (August 1928): 100.

\textsuperscript{127} Robert W. de Forest, De Forest Brothers, to the Trustees of the Russell Sage Foundation, New York, 24 June 1907. Rockefeller Archive Center, Russell Sage Foundation Early Office Files 10:89.
half-century of philanthropic giving to the supposedly beleaguered women and children of the island.128

Ironically, although the Susana Hospital was created for Chamorro women, through the efforts of navy women (Susan Dyer and the Hospital Women's Aid Society), and funded by an American female philanthropist (Mrs. Margaret Olivia Sage), it became the male-dominated navy medical corps which assumed moral authority and medical responsibility over Chamorro women's bodies. Ultimately, despite the prominent role played by military wives in the creation of the Susana Hospital, it would appear that their actions inadvertently entrenched more deeply the control already held by their husbands-in-power. Once their few attempts at active philanthropy were initiated, Guam's navy wives seem to have disappeared from sight, contented to live their lives outside of the civic center.

It would seem that those very women who were consistently represented as beleaguered and downtrodden became the central female figures in the navy's health program. Rather than marginalizing Chamorro women as the objects of philanthropy and domesticity, projects such as the Susana Hospital and the nurse training program actually facilitated the rise to respect and authority for a good number of them. During their tenure as nurses in the hospital, a number of Chamorro women defied easy domestication by carving out for themselves positions of medical authority and social status. Working


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under a thoroughly patriarchal government system run by the United States Navy, Chamorro women found opportunities as nurses and instead empowered themselves to make something out of what could have been a servile position. Considerable evidence of Chamorro women administering medical care during the World War II occupation of Guam suggests that the native nurses were no mere maids to the navy nurses and doctors. Rather, they syncretized their new-gained knowledge with older cultural definitions of caring and service, deployed in the assistance of their fellow islanders—not as substandard medical specialists, but as respected caregivers.

In the following chapter, the responses of children to some of the most intrusive colonial policies on Guam, particularly in the context of the navy's hookworm eradication program, will be examined. Just as previous chapters have illustrated, numerous connections between national policies, military objectives, corporate interests, and native desires for political, social, and economic gain can be discerned from the experiences of Chamorro children as hookworm patients.
CHAPTER 6, HOOKWORM AND HYGIENE:
CHAMORRO CHILDREN AND THE CLINICAL GAZE

ulo: Worm, germ, bacteria, caterpillar, maggot.

hook-worm: n: any of several parasitic nematode worms (family Ancylostomatidae) that have strong buccal hooks or plates for attaching to the host's intestinal lining and that include serious bloodsucking pests

May 1998: A week before I left to conduct my dissertation research in the archives of Washington, D.C., I sat for dinner at the Big Island Steak House in Honolulu with members of the Lujan Capili clan visiting from Guam. Toward the end of the evening, I got into a casual conversation with the elder of the group, si Tun Juan Lujan, a man in his mid-60s. I gave him a general description of my research project, and asked if he remembered anything about health care under the navy. He immediately interjected, "You should talk to someone older. I was only a boy during that time." Tun Juan humbly professed that he was not an historical authority.

I nodded my head, and said, "okay, okay," but then asked him if the navy was still doing hookworm treatments at the schools during his time. He quickly sat upright and animatedly responded, "Oh, my God. That was worse than hell." His eyes grew big. His hands nervously combed through his hair. He stood up and started walking around a bit, shuffling his feet while pacing back and forth, a few steps here and there. He looked me straight in the eye and said, "I'll never forget what they did to us." He went on to describe


the hookworm medicine as he recalled it—a bitter liquid so thick that it would not spill out of the nurse's measuring cup, even if held upside down. *Tun Juan* continued with his recollections, remembering that "they gave each of us a cup of the medicine, and also a slice of lemon to suck on after we swallowed. But no one wanted to drink the medicine because it tasted so bad, and because it was so hard to swallow. So the nurses had to hold the kids down on the teacher's table, one by one, pushing it down their throats. The kids would scream and cry, and the nurses would resort to using a spoon to force it to their mouths and down their throats. Kids would fight the nurses and their spoons, and inevitably there would be blood around their mouths from the pressure of the spoon. Soon, all the kids in the classroom would be screaming and crying. And before long, all of the kids in the school would also be crying, because they could hear what was happening to us. They knew that their turn was coming up and there was no escape." *Tun Juan* looked me directly in the eye and emphasized, "I'll never forget that."³

*Tun Juan*’s terror-filled memories revealed to me some of the profound problems that created a chasm between naval attempts to cure disease and Chamorro trepidations and distrust of those western medical methods. His memories suggested that factors other than science and medicine stood between Chamorros as patients and navy medical personnel as healers. Inspired by his trenchant memory of this event from his childhood, I searched for other references to children’s experiences on Guam under the United States Navy, particularly regarding hookworm disease. Through hookworm, I thought, perhaps

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³ This scenario was reconstructed from a personal communication, 17 May 1998.
we could come to a better understanding of the impact of the navy's health policies on at least one generation of Chamorros—those now the island's manamko, the respected elders.

Chamorro historian Pedro C. Sanchez likewise recollected his hookworm ordeals. He reported in Guahan Guam: A Complete History of Guam that "During the months of January and February the annual hookworm treatment, dreaded by students, was administered to every school child at the school. Those who missed the treatment at the school were required to take them at the hospital. No one was excused."\(^4\) Governor Robert E. Coontz, who ruled over the island from April 1912 to Sept 1913, described the intrusive tactics exercised over children's bodies in naval efforts to fight this disease. Coontz writes, "We had hospitals that could accommodate about eighty hookworm children at one time. We took this number from the same school if possible, kept them for two weeks, gave them the treatment every other day, then discharged them and took them in again six months later."\(^5\) He proceeded to admit that the parents "were fearful and besieged the doctors and nurses with complaints."\(^6\) The scenario of children as captives in the Naval Hospital on account of their alleged hookworm infestation raises a host of concerns linking health to a number of other cultural, economic, political, and social issues that have similarly informed the analyses of previous chapters. Feeling powerless in their attempts to control Chamorro women—as demonstrated in the their


\(^6\) Coontz 337.
inability to define, confine, and domesticate *patteras, suruhanas*, mothers, and nurses--the navy may have looked to children as their best opportunity for gaining the acceptance of Chamorro communities. Perhaps their incursions into the lives of children equally reflected the navy's frustrated attempts to control Chamorro men--as evidenced in their inability to disempower *suruhanus* or secure the cooperation of men as hospital patients.

While this chapter focuses specifically on what Sanchez refers to as the "dreaded hookworm treatment," it also discusses other forms of medical surveillance exercised over children's bodies by the navy from the early 1900s through the 1940s. Health campaigns, parades, and contests, as well as a comprehensive hygiene curriculum and a shoe-wearing crusade, illustrate the collaborative efforts of nurses, doctors, hospital corpsmen, teachers, and education administrators in tackling a disease such as hookworm. In the name of sanitation and the eradication of hookworm disease, Chamorro school children became the objects of intense physical poking and intellectual prodding to a degree not experienced by most adults on Guam. Naval governor George Dyer, for example, described in 1905 the "intimate physical supervision" of each school child, who was "inspected daily by the teachers, and if found soiled in person or dress, [was] sent at once to the lavatories." There in the lavatories would be stationed inspectors to ensure that "the children wash themselves thoroughly and attend to their necessities after the manner of civilized people."  

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7 Sanchez 127.
8 *AR* 1905, 14.
9 *AR* 1905, 14.
From the various reports and recollections of both Chamorros and Americans such as Juan Lujan, Pedro Sanchez, Robert Coontz, and George Dyer, a variety of tactics which aimed at improving the health conditions and practices of Chamorros are identified. As previous chapters have asserted, these health procedures were socially, culturally, and physically intrusive—and often dehumanizing. Like other navy policies, they were predicated on concerns of naval power and native disempowerment, as well as the array of ambivalent intersections between the two antipodes. Just as the previous chapters have discussed naval controls over leprosy patients, midwives, mothers, nurses, and traditional healers, so does this study examine the regulation of children to tell an often complicated story of domination, resistance, adaptation, and appropriation.

Indeed, these controls over individual bodies correspond with subalternist David Arnold's assertion that "colonialism used—or attempted to use—the body as a site for the construction of its own authority, legitimacy, and control."\textsuperscript{10} Arnold's analysis suggests that beneath the veneer of paternalism and medical philanthropy which supposedly motivated the navy's health policies on Guam lurked the mechanisms of colonial power. Similarly, Michel Foucault theorizes that the disciplines of the body intersect with the regulation of populations, "giving rise to infinitesimal surveillances, permanent controls, extremely meticulous orderings of space, indeterminate medical or psychological examinations, to an entire micro-power concerned with the body."\textsuperscript{11} This chapter


examines not only the variety of techniques which monitored individual bodies, but also the political and moral concerns of both military officials and their Chamorro subjects.

As this chapter reveals, attitudes and policies concerning hookworm illustrate not only naval administrators' assumptions about race and class, but also their beliefs about the gravity of educating children in western epistemologies of hygiene. Through hospitalization and treatment, as well as through intensive and extensive education campaigns, the navy attempted to indoctrinate Chamorro children along the lines of western hygienic practices. This chapter details some of the distinctive outcomes which emerged from the targeting of children rather than adults.

Finally, this study of hookworm on Guam also explores, as did the previous chapter, the role of philanthropy in America's territorial expansion. In the case of hookworm, the interest and involvement of the Rockefeller Foundation on Guam speaks to some of the powerful ideological and political connections between national policies, military objectives, corporate interests, and charitable ventures. The responses of children to some of the most intrusive colonial policies on Guam elucidates the understanding of forms of both internalized surveillance in the mode described by Michel Foucault and everyday forms of resistance as James Scott has examined them.

Discovering the Hookworm

The hookworm entered its victim's body unobtrusively, usually through the tender skin between the toes.... Once in the bloodstream, the parasite worked its way to the lungs, where it left the vascular system and entered the alveoli before making its way up the bronchial passages into the throat. From there, it was swallowed and passed into the gastrointestinal tract. It would then fasten onto the lining of the upper part of the small intestine, where it began feasting on its host's blood. The number of worms in an infected person varied from a dozen to several thousand. Securely lodged in the bowels and supplied with a virtually limitless
source of nourishment, the female adult hookworm—about half the length of a pin—would lay approximately 10,000 eggs a day directly into the gastrointestinal passageway. The encapsulated young passed out of the body with the victim's feces. If they happened to be deposited on warm, moist, sandy, or loamy soils, the eggs might hatch into larvae, closing the circle.\textsuperscript{12}

Though hookworms have existed for centuries, hookworm disease was identified relatively recently, particularly because its discovery was contingent upon laboratory methods not widely practiced until the late nineteenth century. In the United States, the first article which definitively identified a case of hookworm in the United States appeared only as recently as 1893.\textsuperscript{13} By 1900, United States Army Captain Bailey Ashford reported the presence of hookworm infestation in Puerto Rico, and from his findings began the first organized American campaign for the eradication of hookworm in an American territory.\textsuperscript{14} Ashford's assignment in Puerto Rico as part of the Army Medical Corps put him in charge of a field hospital established to assist victims of an August 1899 cyclone. As a result of his hospital observations, Ashford noted that "Abundant food failed to produce any appreciable effect upon the prevalent anemia." He therefore concluded "that there existed some other cause not only for the condition of these patients but also for that of the great number of anemics found throughout Puerto

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Rico." After further research, Ashford theorized that intestinal worms were the cause of these health problems. Based on his assumptions, Ashford speculated in 1910 that over 300,000 of Puerto Rico's one million residents had hookworm infection.

In the continental United States, Dr. Charles Wardell Stiles of the U.S. Public Health and Marine Hospital Service was studying concurrently the same problem, exploring the biological causes of "cotton mill anemia" in the South. This anemia, "like miner's anemia before it, had been attributed to poor food, lack of ventilation, and long working hours, as well as to going to work too young, using tobacco, and breathing cotton lint." Stiles, however, like Ashford in Puerto Rico, connected the misunderstood anemia to hookworm, "confirming cases microscopically wherever he could." As a result of Stiles' scientific research, he had identified by 1903 the species *Necator americanus*, establishing it as a genus of hookworms distinct from two other varieties of hookworm—the initially discovered species, *Uncinaria*, originally classified in 1789, and the species *Ancylostoma duodenale*, categorized in 1843. Stiles theorized that the hookworm *Necator americanus* traveled to North America from Africa as a result of the

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16 Glasson 133.


18 Boccaccio 34.

19 Stiles 285.
transatlantic slave trade, though perhaps its origins could not be definitively ascertained. Contemporary medical anthropologists such as Kathleen Fuller nonetheless have theorized that based upon "paleopathologic indications ... hookworm was one of the many pathogens brought to the Americas after contact in 1492." Since Stiles' prominent research, hookworm has become classified as a tropical disease due to the warm weather requirements for the worm's propagation. As a result of Stiles' aggressive research, according to historian Mary Boccaccio, he "was acknowledged in scientific circles as the chief hookworm expert" of the early twentieth century in the United States.  

As the extent of the hookworm problem in the U.S. became evident, the Rockefeller Foundation of New York established the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease (RSC). Founded in October 1909, the New York philanthropic organization immediately commissioned Stiles to be its "scientific secretary." The RSC soon "began a massive educational campaign to awaken southerners to the problem" of hookworm, concentrating its efforts in Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Tennessee, Arkansas, and Louisiana. The foundation mobilized "state and local school boards, health boards, medical societies, and journals and newspapers," creating a public health awareness

21 Boccaccio 31.  
22 Boccaccio 33.  
23 Duffy 176 and Glasson 134.
campaign that became the model for future programs in the South.\textsuperscript{24} The RSC's programs in the South raised the issue of class, as poor whites in particular found themselves the subjects of Rockefeller programs. Indeed, as southerner Will Campbell wrote, "We had not known until then that we were backward and therefore had not pondered the possible reasons for our backwardness."\textsuperscript{25}

As a direct result of the Rockefeller's hookworm eradication crusade, the South's first free dispensary opened in 1910 in Marion County, Mississippi, and other public health measures soon followed.\textsuperscript{26} Adults and children alike gained exposure to numerous medical and educational campaigns directed at solving not only the hookworm infestation problem, but also at improving general conditions of sanitation and hygiene. Even for several years after the disbanding of the RSC in 1914, moreover, the Rockefeller Foundation continued to fund half of Southern state and county health costs.\textsuperscript{27} Historian John Ettling maintains that as a result of the RSC's work, funding for public health work in southern states rose by 81 percent between 1910 and 1914.\textsuperscript{28} Not only did those state governments increase funds for health projects, but apparently the RSC's health-related activities raised the public's consciousness regarding their sanitary and hygienic practices.

\textsuperscript{24} Duffy 176.

\textsuperscript{25} Will D. Campbell, "We Had Not Known Until Then That We Were Backwards," \textit{Southern Exposure} 6 (Summer 1978): 44.

\textsuperscript{26} Allen Tullos, "The Great Hookworm Crusade." \textit{Southern Exposure} 6 (Summer 1978): 47.

\textsuperscript{27} Tullos 48.

\textsuperscript{28} Ettling 220-221.
By 1902, based on budding scientific research which now linked Southern cases of anemia and listlessness to hookworm, the *New York Sun* had labeled the disease the "germ of laziness." Stiles estimated that approximately two million southerners—most of them poor whites—were infected. Based on these startling health statistics, foundation officials attributed the south's depressed economic condition to hookworm disease. The Rockefeller Sanitary Commission, for example, distributed 350,000 pamphlets which presented the "economic significance of hookworm disease 'as one of the most important factors in the inferior mental, physical, and financial conditions of the poorer classes of the white population.' As the pamphlet trenchantly expressed, "'Remove the disease and they can develop ambition.'"

This pseudo-scientific correlation between hookworm disease and indolence contributed to a number of disturbing moral judgments in the U.S. about those afflicted by the infestation. As medical historian Suellen Hoy describes, hookworm victims were represented not sympathetically for their medical woes, but rather scornfully as "physically underdeveloped and mentally dull, ... 'despised by others as lazy, shiftless, indolent, untrustworthy good-for-nothings.'" Revealing the general contempt held for

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29 Boccaccio 30.

30 Tullos 41.

31 Tullos 42.

32 Tullos 42.

those afflicted, Boccaccio reveals that "As early as 1910 the Immigration Service had
classed hookworm a dangerous disease and a cause for deportation." Not surprisingly,
because of the tropical origins of many hookworm victims, those affected by such
policies were exclusively persons from outside of western Europe who were concurrently
experiencing other forms of racial discrimination in the U.S. Moreover, burgeoning
scientific knowledge about hookworm inadvertently contributed to racist attacks against
African-Americans. In a 1913 article published in the popular magazine, The World’s
Work, Dr. Charles Nesbitt wrote,

'In 1902, Dr. Stiles discovered that the hookworms, so common in Africa, which
were carried in the American Negroes' intestines with relatively slight discomfort,
were almost entirely responsible for the terrible plight of the Southern white. It is
impossible to estimate the damage that has been done to the white people of the
South by the diseases brought by this alien race.'

In fact, racist ideas discursively associated with hookworm disease would inform
both the policies of colonial governments like the U.S. Navy on Guam and the charitable
contributions of American philanthropists in tropical areas around the world.

The international impetus for hookworm elimination would be supplied also by
the Rockefeller Foundation, though now through a newly-created branch of the immense
philanthropic organization. In 1914, only five years after the Rockefeller Sanitary
Commission was founded, the foundation declared its mission accomplished and
terminated RSC operations in the American South. In its place, however, the Rockefeller
Foundation established the International Health Board (IHB) to pursue hookworm

34 Boccaccio 52.

35 Qtd. in Tullos 45-46.
eradication on an transcontinental scale. The IHB developed a standard three-step campaign, similar to what had been advocated in the American South by the RSC, which entailed taking steps "to determine the distribution of the infection, to cure the sufferers, and to remove the source of infection, i.e., to stop soil pollution." Since 1911, a hookworm belt had been established with the help of American Consular Offices, and within this belt the IHB directed its efforts. Based on their success stories from the American South, the IHB attempted "the remaking of tropical and semi-tropical peoples and the bringing of their lands into the use of civilization as fast as their products are needed." In fact, as the IHB's above comments suggest, less than magnanimous motives typically informed American foundations in their tropical philanthropic ventures. As historian E. Richard Brown asserts,

> Because the hookworm propagates itself in warm, moist climates, it is particularly associated with mining and the growing of rice, coffee, tea, sugar, cocoa, cotton, and bananas—the resources and cash crops of concern to philanthropists who also have large investments in the South and underdeveloped tropical countries. Because hookworm disease reduced the strength and productivity of workers in these occupations, it had a direct effect on profits.

In his reading of Rockefeller Foundation archives, Brown concludes that their strategists believed that public health programs such as a hookworm eradication

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36 Boccaccio 38.

37 Boccaccio 52.

38 Tullos 48.

campaign would both "increase the health and working capacity of these peoples" and "help induce them to accept western industrial culture and U.S. economic and political domination." According to Brown, corporate executives, and thus foundation administrators, were convinced that tropical diseases such as hookworm, malaria, and yellow fever posed obstacles to the economic development of countries located in the tropical hookworm belt. Brown persuasively indicts Rockefeller medical philanthropic efforts, both in the U.S. and abroad, for perpetuating what he refers to as "the imperialist tradition." He asserts that,

Despite their humanitarian outward appearances, the major Rockefeller public health programs in the Southern United States were intended to promote the economic development of the South as a regional economic, political, and cultural dependency of Northern capital. Rockefeller Foundation public health programs in foreign countries were intended to help the U.S. develop and control the markets and resources of those nations.

In the case of Guam, Rockefeller involvement through the International Health Board, however benign in appearance, contributed to the American colonial project by validating and encouraging the U.S. Navy in its invasive and criminalizing approach to public health. Rather than simply contributing to the elimination of hookworm, the Rockefeller Foundation on Guam, albeit perhaps inadvertently, advanced U.S. naval interests in military authoritarianism, colonial hegemony, and medical professionalism.

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40 Brown 897.
41 Brown 897.
42 Brown 897.
Counting the Worms

Navy doctors documented Guam's first cases of worm infestation in 1904, and described the hookworms as not only infesting the intestines of "nearly every inhabitant," but also causing, in several instances, life-threatening intestinal inflammations.\(^{43}\) J.F. Leys, the Island's Health Officer, implored the then-governor George Dyer, "Does not the persistence of this condition, an ever-present one here, and an entirely remediable one, constitute a reproach to us who have been in charge of these helpless people for six years already?"\(^{44}\) His paternalistic comments would seem to suggest that the scientific findings of the Army's Ashford in Puerto Rico and Stiles in the Southern United States had raised the consciousness of those in the medical community, particularly persons practicing medicine in tropical areas. Leys' remarks also evidence the general attitude of medical philanthropy which informed naval policies on Guam, specifically in their charge over people who knew little of the disease's etiology and who lacked access to its medicinal cures. The presence in Guam of a variety of worms certainly corresponded to conditions present in other Pacific Islands. Questions remain unanswered regarding the earliest introduction of parasitic worms into the Pacific, although surveys of Samoa, Tonga, Tuvalu and Vanuatu in 1924 and 1925 verified the presence of both varieties of hookworm in those islands.\(^{45}\) In those islands, researcher P.A. Buxton determined that

\(^{43}\) J.F. Leys, Senior Medical Officer and Health Officer of the Island of Guam to Governor-Commandant. 16 June 1904. RG 52, E-11, Box 187, 89831.

\(^{44}\) Leys, 16 June 1904.

"the hookworm *Necator americanus* was nearly universal and clearly had been established for a long time, but that *Ankylostoma duodenale* was only present where it had been introduced by Indians and Chinese in recent years."\textsuperscript{46}

Hookworm sufferers on Guam, like those in the southern United States, were described in terms of diminished mental and physical capacities. In 1910, for example, Governor E.J. Dorn described "many of the little patients" diagnosed with hookworm disease as "weak minded, [and] practically idiotic."\textsuperscript{47} Additionally, in 1912 Governor Robert Coontz described the native children sufferers as "skinny, undernourished, and morose."\textsuperscript{48} Similarly, Chamorro minister Joaquin Flores Sablan recollected that in the 1930s, navy officials "claimed that the people were infected with hookworms ... which caused them to be lazy and sickly looking."\textsuperscript{49} On the one hand, the superficial, and later clinical, diagnoses of hookworm infestation likely did address actual health problems such as anemia and intestinal disorders. On the other hand, however, one must also question the discursive intersections between descriptions of "lazy natives," medical and scientific knowledges, and colonial and capitalist desires for land, labor, and capital. That is, reducing differing perceptions of land, labor, and capital to simple medical explanations such as the hookworm-induced laziness of natives (and southern whites) did

\textsuperscript{46} Qtd. in Miles 75.

\textsuperscript{47} _AR_ 1910, 14.

\textsuperscript{48} Coontz 337.

little to acknowledge and address conflicting cultural notions of such terms. Through the
treatment of Chamorros for intestinal parasites, navy surgeons such as C.P. Kindleberger
justified the colonial government's health policies on the grounds that they were "most
important for the future health, happiness, and prosperity of the inhabitants of Guam."50
Yet his eye was on the "future" and this would seem to indicate that the navy's
overwhelming interest in curing Guam's children was not solely a matter of medical
exigency, but was also part of an attempt to assimilate Chamorro youth into western
medical traditions. Unable to force adults to report for hookworm treatments, the navy
apprehended children as the recipients of their medical benevolence. Kindleberger may
have had confidence that Guam's "health, happiness, and prosperity" were inextricably
linked to the navy's health policies. In the eyes of many Chamorros, however, those
terms seemed to be defined exclusively by naval interests.

Despite the navy's awareness of worm disease on Guam in 1904 and its
pronouncements that the condition was "entirely remediable," the Department of Health
and Charities reported just three years later that thirteen percent of the island's deaths in
1907 were caused by intestinal worms.51 By 1908, however, the number of deaths as a
result of intestinal worms decreased from thirty to three, and at that point navy surgeon
G.L. Angeny felt certain in stating, "We do not see here the severe cases of hookworm

50 C.P. Kindleberger to Governor of Guam, 26 September 1913. RG 52, Box 397,
125225.

51 F.E. McCullough, Surgeon, U.S. Navy. "Guam: Reports on Health and Sanitation for
the Years 1907 and 1908; Report for the Year 1907." U.S. Naval Medical Bulletin 3:3 (July
1909): 323.

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infection that occur in some other tropical countries, Porto Rico, for instance; cases there, as a rule, averaging more than ten times the number of worms found in the cases in Guam.\textsuperscript{52} Despite this early optimism, Governor Dorn announced in 1910 that medical tests revealed extremely high rates of infection. From the village of Agat, for example, "every child was found to have hook worm infection."\textsuperscript{53} After a more extensive survey in 1913, surgeon Kindleberger disclosed that "practically every native adult, all native children over 2 years of age, and some as young as 6 months, are infected with one or more intestinal parasites."\textsuperscript{54} Conditions improved slightly in the 1920s, although by then roundworm, rather than hookworm, had become a more pressing problem.\textsuperscript{55} In a 1923 survey of approximately 1,000 Chamorros, less than half were diagnosed with hookworm illness, while over 90\% were infected with roundworms.\textsuperscript{56} Several villages showed particularly high rates of infection; in Dededo, for example, all of the ninety-two samples taken (in a village of 175 residents) tested positive for roundworm, as did 97.5\% of the 109 samples taken from Hagåtña's 9,500 residents.\textsuperscript{57}

\textsuperscript{52} G.L. Angeney, Surgeon, U.S. Navy, "Guam: Reports on Health and Sanitation for the Years 1907 and 1908; Report for the Year 1907." \textit{U.S. Naval Medical Bulletin} 3:3 (July 1909): 330.

\textsuperscript{53} AR 1910, 14.

\textsuperscript{54} Kindleberger 87.


\textsuperscript{56} "Human Intestinal Parasites in Guam" 138.

\textsuperscript{57} "Human Intestinal Parasites in Guam" 138.
Despite these alarming statistics, the navy never specifically addressed roundworm as a problem as serious as hookworm. Though this is difficult to explain, perhaps the emphasis on hookworm was at least partially attributable to the fact that it was a tropical disease receiving much philanthropic support as a result of the Rockefeller Foundation activities. Furthermore, a bit of military rivalry as a result of the Army Medical Corps' renowned hookworm discoveries in Puerto Rico, may have also influenced the navy's focus on hookworm eradication.

A decade later, hookworm infection was again on the rise, with 62% of the school children testing positive for hookworm in 1934. Since 1907, navy surgeon F.E. McCullough had surmised that the infections were "due to the combined effects of polluted water (the principal source of which is shallow wells), the absence of sewers, and the fact that a large percentage of the native population are barefooted." Subsequently, naval personnel's attention to the causes of the disease grew more aggressive, although it would never replace the treatment of children as the primary focus of their hookworm eradication strategies. Medical personnel identified a host of sanitary reforms which they sought to implement, including an array of changes in the personal grooming habits of most of the island's population. Kindleberger attributed the "almost universal worm infection" to his perception that...

...nearly 60 per cent of the natives are very dirty in their habits, bathe infrequently, practically never clean their finger nails nor wash their faces and hands before eating, have only a few cooking utensils, are careless about drinking water and the

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58 AR 1931, 17 and AR 1934, 69.

59 McCullough 323.
preparation of food, usually eat with their fingers from a common dish, and are frequently inveterate chewers of betel nut.\textsuperscript{60}

Largely because native practices were perceived as essentially filthy by navy surgeons, what they sought was a transformation, rather than an amelioration, of Chamorro hygienic practices. To achieve this, the Health Department joined forces with the Department of Education in a collective effort to remedy the local health condition by incorporating lessons in personal hygiene into the curriculum." Accordingly, Kindleberger announced in April 1911 "an elementary course in hygiene" which was "now a part of the instruction given in all the island public schools."\textsuperscript{61}

Along with addressing issues of personal hygiene, the problem of soil contamination also posed perennial problems for the navy. In the naval government's 1913 Sanitary Report, the Department of Health and Charities reported,

On the ranches and in the towns, pollution of the soil with fecal matter should be stopped. Ranches should use dry earth privies, and inhabitants of towns, the dry earth pail system or water-closets. Adults guilty of soil contamination should be fined.... Reduction of the almost universal infection with these parasites can be accomplished by the prevention of soil pollution; by educating the children and adults in regard to the methods of infection and means of preventing same; by providing the smaller towns with waterworks, sewers, public latrines and baths, and crematories for garbage and objectionable refuse; by the gradual increase in cleanliness of person and clothes; the use of clean, well cooked food, pure drinking water, and modern cooking utensils and tableware.\textsuperscript{62}


\textsuperscript{61} Kindleberger 87.

\textsuperscript{62} Sanitary Report, Island of Guam, Fiscal Year 1913. Hagåtña, GU: Naval Government of Guam, 1 July 1913, 3. RG 52, Box 397, 9351-1231.
Relief of the hookworm illness demanded a number of capital-intensive infrastructural developments to Guam's water and sewage systems. The construction of a water distilling plant and a modern sewage system, for example, were costly expenses which the navy continually struggled to meet. Claiming that the costs of water and sewage systems were beyond their means, the naval administration instead focused its energies more on the short-term benefits to be gained from administering health care services to the Chamorro population—particularly to school children. That is, the ability to evaluate statistically their success rate in curing children of hookworm perhaps encouraged navy administrators to focus on the sorts of projects which produced measurable outcomes. This approach to tackling the hookworm problem was ineffective, however, because it failed to protect Chamorros against the perennial problem of re-contamination. Nonetheless, it provided the navy with an opportunity to take action and then statistically demonstrate the efficacy of their activities against the pernicious worms. At the same time, administering to the needs of sickly, anemic, and helpless children ostensibly confirmed the navy's supposed magnanimity towards Guam's native population.

**Rockefeller Medicine**

Perhaps feeling frustrated by their inability to curb the hookworm problem on Guam, navy officers turned to an institution already world-renowned for its hookworm work. In a letter dated 7 August 1917, navy governor Roy Smith solicited the Rockefeller Foundation in New York for assistance on Guam with hookworm—described by Smith in
this correspondence as "the scourge of the island." On behalf of the naval government of Guam, the governor wrote, "If the Rockefeller Foundation can see its way clear to assist in this [hookworm] campaign, it will be contributing to a very worthy object, and its generosity would be deeply appreciated by a most grateful and responsive people." By November 1917, Smith received a response from Dr. Victor G. Heiser, the Rockefeller Foundation's International Health Board (IHB) Director for the East. Heiser was long familiar both with tropical medicine and the military administration of American territories, having served as a sanitation officer in the Philippines for over a decade. In his reply to Smith, he expressed the foundation's interest in Guam's hookworm problem. Heiser further revealed that soon after receiving Smith's letter, he had met in conference with navy Surgeon-General W.C. Braisted to develop plans for the IHB's involvement on Guam. In a separate letter to Surgeon-General Braisted, Heiser announced that "at some time in the near future we would be very glad to have one of our officers stop at Guam, while en route to the East, and assist your medical officers in starting a hookworm demonstration along the lines which we have found so successful in many other parts of the world." Heiser optimistically informed Braisted that, based on

63 Captain Roy Smith, Governor of Guam to Rockefeller Foundation. 7 August 1917. RF RG5 1.2 213 Guam 58:843.
64 Smith to Rockefeller Foundation. 7 August 1917. RF RG5 1.2 213 Guam 58:843.
65 Victor G. Heiser, Rockefeller Foundation International Health Board to Captain Roy Smith. 19 November 1917. RF RG5 1.2 213 Guam 41:622.
66 Victor G. Heiser, Rockefeller Foundation International Health Board to Navy Surgeon-General W.C. Braisted. 19 November 1917. RF RG5 1.2 213 Guam 1917, 41:622.
navy records of widespread hookworm infection on Guam, the foundation would likely be able to render its expertise with promising results. By comparison, he shared that in the former Ceylon, "It has been our experience ... that the working efficiency of the people increases 20 per cent or more after hookworm measures have been carried out."67 Based on such enthusiastic promotions, arrangements were finalized for Rockefeller doctor John Grant to spend one month on Guam to cooperate with the navy Medical Officers "in starting a campaign against hookworm disease along lines found successful by the International Health Board in the United States and many foreign countries."68 The Surgeon-General, reflecting the Navy Department's interest in and support of the Rockefeller health activities on Guam, assured Heiser that "a large quantity of chenopodium, thymol, magnesium sulphate, and castor oil" had been shipped to Guam for Dr. Grant's use.69

Once arrived on Guam, however, Grant was dismayed to find little of the enthusiasm and encouragement so evident in the pages of official navy correspondence. Instead, as Grant confided to Heiser, "I find the situation here rather peculiar. I reported

67 Heiser to Braisted. 19 November 1917. RF RG5 1.2 213 Guam 1917, 41:622.

68 Victor G. Heiser, Rockefeller Foundation International Health Board to Captain Roy Smith, Governor of Guam. 25 March 1918. RF RG5 1.2 213 Guam 58:843.

69 W.C. Braisted, Surgeon-General, U.S. Navy to Dr. Victor G. Heiser, Director for the East, Rockefeller Foundation International Health Board. 29 March 1918. RF RG5 1.2 213 Guam 58:843.
to the Governor the morning of my arrival ... but I do not hardly think he thought I was especially needed here."\textsuperscript{70} Grant communicated further that:

None of the doctors have gone out of their way to make me feel at home as have some of the line officers and civilians. As far as I can make out the only object the Government had in mind in communicating with the I.H.B. was to secure the necessary funds which they cannot secure from their own Department to install a sewerage system in Agana by which they believe [sic] they could rid themselves of all parasitic infection.\textsuperscript{71}

In his ensuing letters, Grant makes note of several occasions in which navy government officials impressed upon him Guam's dire need for Rockefeller dollars, rather than technical expertise. Several of Grant's letters also registered his bewilderment at some of the tensions he sensed from the higher ranking navy personnel—particularly from the chief medical officer. After a week on the island, Grant was apprised by several unnamed junior medical officers as to the source of such ill feelings. According to his sources, "it would be against the interests of the [navy health officer] to carry out the suggestions of a civilian."\textsuperscript{72} At the same time, these younger medical officers assured Grant that certainly some of his suggestions would be followed after he left, though under the authority of the Navy Surgeon. As his sources revealed, while navy administrators were more than willing to accept money from the Rockefellers, they were loathe to accept ideas which originated from persons outside the military service. Certainly military

\textsuperscript{70} John B. Grant to Victor Heiser. 1 May 1918. RF RG5 1.1 29:489.

\textsuperscript{71} Grant to Heiser. 1 May 1918. RF RG5 1.1 29:489.

\textsuperscript{72} John B. Grant to Victor Heiser. 8 May 1918. RF RG5 1.1 29:489.
structures of rank and authority stood between Grant and the IHB, medical professionalism, and hookworm eradication on Guam.

Grant's experiences on Guam not only soured his feelings toward the navy, but also led him to question the efficacy of military medicine in the tropics.\textsuperscript{73} Observations such as "The Governor is not exactly my idea of an efficient executive" and "The executive officer, Dr. Jones, does not know as much medicine as a Junior in medical school [and chief medical officer] Dr. Johnson is about the same professionally" revealed Grant's lack of respect for Guam's navy administrators in their capacity as health authorities.\textsuperscript{74} His opinion of the lower-ranking medical officers, on the other hand, was much more positive, and his final recommendations on Guam specifically identified younger doctors who Grant believed would be most effective in managing a medical program.

Grant's work on the island involved surveying both the people and the land. He examined a sample of the population for evidence and degree of hookworm infestation, and evaluated the island landscape in order to develop strategies for eliminating the spread of the disease. The results of his examination of 937 persons—approximately 6.5 per cent of the total population—indicated that 64.5 per cent were indeed infected with hookworms. However, according to Grant, "The infection is not severe. In no instance was a case seen with an infection heavy enough to cause retardation of growth, edema, or

\textsuperscript{73} Grant to Heiser, 8 May 1918 and 14 May 1918. RF RG5 1.1 29:489.

\textsuperscript{74} Grant to Heiser. 8 May 1918. RF RG5 1.1 29:489.
ulceration."\textsuperscript{75} He also noted in his \textit{Report on the Hookworm Infection Survey of Guam} that "soil pollution is not so prevalent as in the Southern United States."\textsuperscript{76}

From the outset of his stay on Guam, Grant had suggested a plan which included strong elements of community education, coupled with the military's enforcement of sanitary laws. In particular, Grant believed that because Guam was "a military controlled possession." the issue of enforcement would be relatively simple.\textsuperscript{77} Furthermore, according to Grant, the general sanitary conditions on Guam were "much superior to those found in the majority of the communities of the Southern States."\textsuperscript{78} He presumed, therefore, that "it should be a simple problem to make the Island a modern and ideal sanitary district."\textsuperscript{79} In most of his letters and reports from Guam, Grant emphasized that the expense to the navy in implementing a joint campaign of community education and compulsory installation of sanitary privies would be negligible. Both the governor and the chief medical officer repeatedly emphasized, to the contrary, that the costs of such a program would be prohibitive. Thus, in their view, the navy would be unable to


\textsuperscript{76} Grant, \textit{Report ...}, 8.

\textsuperscript{77} Grant to Heiser. 1 May 1918. RF RG5 1.1 29:489.

\textsuperscript{78} John B. Grant. \textit{Preliminary Report to Governor of Guam}. 6 May 1918. RF RG5 1.1 29:489.

\textsuperscript{79} John B. Grant. \textit{Preliminary Report to Governor of Guam}. 6 May 1918. RF RG5 1.1 29:489.
implement the IHB recommendations without additional Rockefeller support, preferably in the form of a monetary subsidy.\textsuperscript{80}

Frustrated by the lack of cooperation and consensus from the governor and the ranking medical officers, Grant confided to Heiser that "somehow one cannot present facts to men that have been in the navy for thirty years in the same manner that one can to civilians."\textsuperscript{81} In his final letter to Heiser from the island, he expressed the opinion that "Guam would be an exceedingly simple problem provided one received the proper executive support. Any of the younger medical men could conduct a campaign in a satisfactory manner."\textsuperscript{82} Grant added that the involvement of natives would be critical for the success of the strategy, explaining that "An intelligent native would be necessary for the educational part of the campaign."\textsuperscript{83} Grant, moreover, identified Juan Aguon as a Chamorro who could capably assist the navy in such a project, since he had so efficiently assisted Grant in his month-long survey of Guam. Of Aguon's competence, Grant wrote that he "handles the native clinic of 60 to 100 every morning alone ... and has a sanitary district in Agana to inspect."\textsuperscript{84} Navy employees, on the other hand, were disapprovingly evaluated by the Rockefeller employee. Ironically inverting the categories of lazy native

\textsuperscript{80} Grant, \textit{Preliminary Report}, 2. See also John B. Grant to Victor Heiser. 8 May 1918. RF RG5 1.1 29:489.

\textsuperscript{81} John B. Grant to Victor Heiser. 14 May 1918. RF RG5 1.1 29:489.

\textsuperscript{82} John B. Grant to Victor G. Heiser. 31 May 1918. RF RG5 1.1 29:489.

\textsuperscript{83} John B. Grant to Victor G. Heiser. 31 May 1918. RF RG5 1.1 29:489.

\textsuperscript{84} Grant to Heiser. 31 May 1918. RF RG5 1.1 29:489.
and industrious naval personnel, Grant exclaimed, "Nine tenths of the day one can step into the office of the hospital and find the officers sitting around doing nothing."\(^{85}\)

From Grant's descriptions, his sense of futility and frustration with the military's inhospitable reception, impenetrable bureaucracy, rigid protocols, and austere operating methods can be discerned. Perhaps in their dealings with IHB personnel, navy officers' financial interests in the Rockefeller fortune outweighed their medical concerns for hookworm-infected Chamorros. It certainly appeared to Grant that they were more interested in the money the IHB might possibly allocate to Guam than in any pro-active, immediate plans for hookworm eradication. In all fairness to navy administrators, John Grant's recommendations did not differ radically from what was already being implemented on Guam. Quite significantly, however, the IHB and the navy held different opinions as to what aspects of the recommended hookworm eradication plan should be emphasized. The IHB placed equal emphasis on short-term solutions such as treating the infected and on long-term ventures such as the eradication of soil pollution. The navy, on the other hand, concerned itself predominately with the surveillance of individuals through forced hospitalization stays, bodily inspections, and educational programs.

Although the navy was not receptive to Grant's recommendations, navy officers represented themselves in their reports as working in close collaboration with the Rockefeller Foundation. Perhaps navy personnel still hoped to obtain funds from the IHB for future projects, or perhaps an affiliation between the IHB and the Navy Department--

\(^{85}\) Grant to Heiser. 31 May 1918. RF RG5 1.1 29:489.
and possibly between Director Heiser and Surgeon-General Braisted—was too important
to disregard. Conceivably, governors and health officers on Guam might have
represented their interactions with the IHB in a positive light as a way of pre-empting
whatever criticisms Grant might level against them.

But even more pressing than the issue of the working relationship between the
IHB and the navy was the way in which navy officials manipulated Grant's visit to their
advantage—indeed, using his recommendations to validate the existing state of affairs. As
Smith commented in his 1918 Annual Report, for example, "The visit of Dr. Grant has
thus served to assure the Island authorities that they are on the right track in contending
with this scourge."86 Rather than attempting to use Grant's report as a blueprint for future
policies and strategies, navy officials interpreted his recommendations as a sort of report
card which evaluated positively their previous efforts. Further evidencing the naval's
exploitation of Grant's recommendations, Smith's successor, Governor William Gilmer,
wrote in 1919;

Work started by the Rockefeller Foundation is continued by constantly improving
the sanitary conditions. All school children are sent to the Hospital regularly once
a year and treated. A large number of children under school age are also sent to
the hospital for treatment.... During the year three large combination toilet,
shower, and wash houses were erected in Agana. Others will be erected as funds
become available.87

In attending, therefore, to both persons with hookworm disease as well as with the
sources of contamination, navy officers ostensibly followed Grant's advice. One

86 AR 1918, 7.
87 AR 1919, 8.
wonders, however, about the relative efforts of medically examining every school child as compared to the labors involved in erecting three toilet and wash facilities. In supposedly addressing Grant's recommendations, the navy continued to apply levels of coercion and compulsion typical of other health initiatives already implemented on the island.

Generally speaking, the Rockefeller recommendations on Guam corresponded with suggestions which had been made for other geographic areas of the world where the IHB was involved. The standard three-step campaign advocated in the American South, as well as in numerous areas of southeast and east Asia, called for determining the distribution of the hookworm infection, attending to the victims of the disease, and eliminating sources of infection such as polluted soil. 88 On Guam, Grant's suggestions did encourage the navy to use its military might to enforce strictly the "sanitary orders and regulations already in effect." 89 Notwithstanding the tensions between Grant and some of the navy's ranking officers on Guam, the involvement of the Rockefeller Foundation on Guam served to sanction the navy's ideological and political desires to entrench their control over Guam's indigenous population, particularly through health policies. For the Foundation, its explicit philanthropic interests on the island remained unstated in correspondences between IHB officials and navy personnel. However, as E. Richard Brown's historical research of the Rockefeller Foundation has revealed,

Foundation strategists believed the biomedical sciences and their application through public health programs would increase the health and working capacity of

88 Boccaccio 38.
89 AR 1918, 7.
these peoples [living in tropical zones] and help induce them to accept western industrial culture and U.S. economic and political domination.\textsuperscript{90}

Despite the seeming inconsequence of Grant's one month of work on Guam, perhaps it did serve broader Rockefeller goals. Because of the brief duration of Grant's visit, it is difficult to assess the degree of IHB success in influencing Chamorros to accept western "economic and political domination." Certainly the Rockefeller Foundation was not an innocent bystander in the construction and maintenance of naval hegemony on Guam. In fact, by encouraging the navy to exercise its coercive powers in the area of public health, the IHB actively promoted naval surveillance and enforcement procedures. The navy applied a variety of these forceful tactics in its strategies which indeed conformed with IHB recommendations—schemes which focused on curing the sick, cleaning the soil, and preventing recontamination.

\textbf{Bitter Medicine: Curing the Sick}

As with other previously discussed health policies, the criminalization of violators was also offered as a viable approach through which hookworm infection might be abated. In 1913, for example, the Health Department expressed their desire to see "adults guilty of soil contamination" fined for this offense.\textsuperscript{91} In its \textit{Annual Reports} and \textit{Sanitary Surveys}, navy personnel consistently expressed their concerns about the problem of soil pollution, particularly on the ranches and in the outlying villages. Reflecting their frustration with the continued persistence of hookworm into the 1930s, Assistant Health

\textsuperscript{90} Brown 897.

\textsuperscript{91} \textit{Sanitary Report, Island of Guam, Fiscal Year 1913}. 1 July 1913. Hagåtña, Guam: Naval Government of Guam, 3. RG 52, Box 397, 9351-1231.
Officer C.L. Andrews remarked that persons contracting hookworm disease evidently "have been guilty of violating an important sanitary rule." But blaming the perpetrators of sanitary crimes did little to diminish the hookworm infestation problem on Guam. Navy officials realized that they would have to take assertive steps in order to eliminate this pest from the island.

To address the hookworm problem on Guam, the naval government relied primarily upon funds in the annual Special Congressional Appropriation, "Treatment of Lepers and Special Patients, Island of Guam." Their efforts concentrated primarily, though not exclusively, on examinations and treatments of school children throughout the island. The *Special Sanitary Regulations for the Island of Guam*, issued in 1910, ordered persons afflicted with hookworm to "present themselves for treatment at the U.S. Naval Hospital or Dressing Station," though such laws typically were ineffective in producing the desired results. Because Chamorro resistance in the form of evasion usually characterized the reaction to such Acts, the navy invariably resorted to more aggressive measures. In 1910, Governor Dorn reported that school children from outlying villages were brought to Hagåtña for hookworm examinations, with all hospital

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93 *AR* 1916, 13.

94 *AR* 1916, 13.

costs paid out of the Leprosy account. Governor Coontz's description of this hospitalization policy reflected its official naval support. As Coontz wrote,

We had hospitals that could accommodate about eighty hookworm children at one time. We took this number from the same school if possible, kept them for two weeks, gave them the treatment every other day, then discharged them and took them in again six months later for a final application of the remedy. It worked successfully.\footnote{Coontz 337.}

While Coontz further noted that this medical confinement was vehemently opposed by a number of fearful and irate parents, the navy considered it to be an effective strategy. In 1913, surgeon Kindleberger explained that "The Agaña children from 2 to 12 years old and all children of school age (6 to 12) from the smaller towns have been admitted to the hospital twice during the last fiscal year and given from 12 to 14 days' treatment for intestinal parasites."\footnote{Kindleberger 88.} Indeed this hospitalization of children kept the medical staff quite busy year-round. Navy nurse Frederica Braun, for example, reported in 1918 in a submission to the American Journal of Nursing that during her tenure on Guam, there were always between thirty and forty children admitted to the hospital for hookworm treatments.\footnote{Frederica Braun, "Duty and Diversion in Guam," American Journal of Nursing 18:8 (May 1918): 650.} She noted that "as fast as one set is ready to go out, another comes in. The treatment lasts from ten days to three weeks."\footnote{Braun 650.}
Tan Maria San Nicolas Chargualaf was one of those children hospitalized by the navy—not simply against her will, but without the knowledge and consent of her parents. As she vividly recalled of her childhood days as a resident of Hagåtña, one day during school hours several navy personnel and school administrators rounded up her entire class and walked them over to the hospital. Assuming that all of the children in this particular class suffered from hookworm infection, the navy confined the students for several days in the dormitory-style setting of the Naval Hospital. Once secluded, the children were not permitted to see their parents or other visitors and were forced to endure what she remembered as "very bitter, sickening medicine."\(^{101}\) Her parents learned that she was taken to the hospital only from the reports of her siblings who attended the same school and who observed the grim procession to the hospital. When asked if her brothers and sisters were ever hospitalized, Tan Maria replied, "No, I guess we were the only ones who had the *ulo'* [worms]."\(^{102}\) Although Tan Maria could not recall exactly what year she was hospitalized, it likely occurred around 1916, a year in which navy figures reveal that a total of 468 children were hospitalized for hookworm treatments.\(^{103}\)

*Tan Maria's recollections suggest that although the navy represented its hookworm initiatives in the most magnanimous of terms, to many Chamorros these hospital stays were anything but generous gifts. Rather, to some parents they represented the oftentimes arbitrary and hegemonic power exercised by the military, particularly over  

\(^{101}\) Personal communication, 5 July 1999.  
\(^{102}\) Personal communication, 5 July 1999.  
\(^{103}\) *AR* 1916, 14.
their children. These hospital confinements further deepened the adversarial relationship discussed in previous chapters between the navy medical department and the native Chamorros. They demonstrated to Chamorros not simply the government's concern for their physical well-being and medical needs, but also the navy's interest in flexing its political muscles. To children, on the other hand, hospital stays spoke little to them of issues such as state power and military colonialism. Instead, youngsters like Tan Maria remember the hospital more for its unappetizing food, white walls, clean floors, and the feelings of homesickness which were experienced.

One wonders furthermore about the medical wisdom of administering treatments to patients who were not infected with the particular illness. In the case of hookworm, for example, children were indiscriminately treated with medicines which were neither easy to swallow nor kind to one's stomach. Indeed, the different treatments ingested over the decades almost unvaryingly caused severe nausea and in some cases, serious illness. The earliest medication authorized by hospital authorities was a combination of epsom salts and thymol, a poisonous derivative of phenol used today primarily to kill mold and fungus in books.\footnote{Boccaccio 48.} The treatment was considered to be "as simple as the method of diagnosis, although it entailed grave risk to the health, or even the life, of the patient if the instructions were not followed to the letter."\footnote{Ettling 5-6.} As historian John Ettling describes, "A dose of thymol followed by an Epsom salts chaser (on an empty stomach) would first jolt the worms loose from the intestinal wall and then forcibly expel them from the
system." Of this earliest medicinal treatment, medical historian Mary Boccaccio reports, "the treatment with salts was uncomfortable, and occasionally thymol resulted in death due to allergy."\(^{107}\)

As unpredictable as the thymol treatments were, by the 1920s they had been replaced by navy doctors with another uncertain chemical combination. As the island's health officer reported in the *U.S. Naval Medical Bulletin* in 1924, the navy was engaged "in experimentation at the naval hospital with carbon tetrachloride and oil of chenopodium to determine which or what combination of the two will be most effective for mass treatments of the native population."\(^{108}\) The military's undaunted use of experimental medicine on colonized natives serves as a reminder that the patients in Guam's Naval Hospital were politically and economically disenfranchised by the navy on their own island. Without a voice in government and without a mechanism through which protests and complaints might be lodged to contest the naval doctors' practices, the Chamorro people--and most particularly, the school children--were virtual victims of the navy's medical department.

One Chamorro youngster did indeed die after ingesting the chenopodium oil medication. A 1929 *Guam Recorder* article reported this young boy's death, stating that he might have had "an allergic reaction, or some other predisposing factors which the

\(^{106}\) Ettling 5-6.

\(^{107}\) Boccaccio 48.

\(^{108}\) "Human Intestinal Parasites in Guam." *U.S. Naval Medical Bulletin* 20:1 (January 1924): 139.
supervising doctor could not possibly evade."\footnote{109} This column was written by Ramon Sablan, a Chamorro man whose off-island undergraduate schooling had been funded by the navy and who had been hired in 1929 to work as the Junior Assistant Health Officer in the navy's Department of Health. In his commentary, Sablan acknowledged the uncertainties of the medicine, conceding that "the wholesale method of giving the treatment to this number of children might not be as ideal as some would like it to be."\footnote{110} Yet he ultimately defended the aggressive tactics of the medical department, asserting that "there is no other alternative to adopt but mass treatment," since "only a very small percentage of the people voluntarily go to the hospitals for the free worm treatment."\footnote{111} Sablan argued that "with all due sympathy to [the parents of the deceased boy], we must not overlook the three thousand other children who were undoubtedly benefitted [sic]."\footnote{112}

The use of the chenopodium oil nonetheless continued through the 1930s, and in fact it is the substance remembered so vividly-- and indeed, horrifically--by Tun Juan Lujan, Pedro Sanchez, and others. In his childhood reminiscences, Jose Torres also reflected upon his experiences, explaining the administration of the hookworm medication in the 1930s as he remembered it. As Torres imparted,

Chenopodium oil is toxic for the worms. We would get sick for two or three days, or even more than that. They'll cancel school for a week because they know we're


\footnote{110} Sablan 50.

\footnote{111} Sablan 50.

\footnote{112} Sablan 50.
all going to get sick from the medicine. And once a year, everybody assumed that
everybody's infected, so you don't check their stool. Just line them up and they'd
give us this oil. Oh, it was terrible. It was toxic. If you drink enough of it, you'll
die. And first, the night before, they give you castor oil. Then the next morning,
nobody eats breakfast, and you come to school and line up. They just call you, put
it in your hand, and put it down your throat. Then you would go home sick,
vomiting. It was very effective. 113

Along with imparting the alienation of his experiences, Torres' comments also
suggest that, once again, the public health system of the navy marginalized and
disempowered many children and parents throughout the island. Rather than authorizing
parents to make health care choices for their children, the navy assigned for itself such
responsibilities. Viewing naval doctors as virtual parents to both Chamorro children and
adults alike, the navy's hookworm policies on Guam exemplified not only the
paternalistic attitudes held by government officials, but also some of the profound ways in
which the human body became a site for the construction of colonial authority and
legitimacy. Some Chamorros such as Ramon Sablan, on the other hand, viewed navy
medical policies as justifiable in the interests of the public's health and welfare. To
Sablan, in order to uplift the standard of living on Guam, navy authoritarianism was an
unfortunate necessity because of the recalcitrance of the general population. Sablan's
Guam Recorder column evidences that some Chamorros, in fact, embraced aspects of
government policy, even promoting it to their fellow islanders. Other well-educated and
elite Chamorros may well have shared Sablan's views, looking favorably upon western
health care services such as the Susana Hospital and the hookworm treatment program.

113 Personal communication, 19 March 1999.
But particularly in their medical efforts, the navy was never quite as successful as it wished to be. As Torres elaborated, in its hookworm treatments the navy misunderstood the disease by "not getting to root problem—prevention. You could be treated on Wednesday, and by Friday you're re-infected again." Torres suggested that to some Chamorros, despite semi-annual medical treatments, their perpetual state of illness due to constant recontamination only deepened their distrust of the navy's supposedly superior medical and scientific knowledge and technologies. Due in part to the excessive incidences of hookworm re-infection, it would seem that Chamorro misgivings about the efficacy of western medical introductions were never comfortably assuaged.

The navy continued to execute this forced-hospitalization strategy well into the next decade, although by the mid-1920s, only those children clinically diagnosed with hookworm infection were sequestered in this manner at the hospital. However, all hospitalized children, whether or not they were admitted for hookworm infestation, received the worm treatment. As the island's health officer revealed in the 1927 Annual Sanitary Report of the U.S. Naval Station, Guam,

It is quite customary to administer worm treatment to native cases at the hospital sometime during their stay; usually early. (In the early days of American occupation of the Philippine Islands, every case of ingrown toenail sent to the hospital (in the Navy Yard) was treated for dengue before his discharge from the hospital. This is mentioned to contrast conditions there with conditions in Guam.)

\[\text{114 Personal communication, 19 March 1999.}\]

Along with the hospitalization of children, beginning in 1916, the naval government inaugurated a "monthly medical inspection of school children." After only three months, however, the frequent examinations were cancelled due to prohibitive time and budgetary constraints. In place of these monthly medical inspections, the medical department settled on semi-annual visits to all of the island schools, once during the rainy season and again during the dry season. By the second decade of American rule on Guam, the navy's doctors administered hookworm treatments both at the school sites and at the Naval Hospital. In 1924, for example, Governor H.B. Price reported that "A total of 2,896 treatments were given in this campaign [at the schools]... 1,260 other treatments for intestinal parasites were given during the year at the hospital."

By the mid-1920s, the tactic of hospitalizing school children was implemented through the collaborative efforts of the Department of Health and Charities and the Department of Education. Governor Price noted, "The teachers regularly send all pupils needing treatment to the Naval Hospital in Agana or to the Hospital Corpsman in outlying villages. This is routine." In fact, the participation of native school teachers in the navy's health regimen was frequently praised by Guam's colonial administrators. Governor Willis Bradley, for example, expressed in 1929, "The work of the teachers in

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116 AR 1916, 13.
117 AR 1916, 14.
118 AR 1924, 12.
119 AR 1924, 12.
120 AR 1924, 9.
cooperating with the Health Department during the year is to be commended. Teachers and principals held daily inspections, and such cases as were deemed of sufficient seriousness were sent to the hospital for treatment. 121 Along with Guam's native nurses, teachers were among the few local employees hired by the naval government—both of whose salaries were paid out of the Congressional leprosy appropriation. Perhaps similar to the situation of nurses discussed in the previous chapter, the navy considered teachers to be transmitters of bourgeois values such as cleanliness and propriety. Native teachers, in fact, formed an important link in the navy's surveillance over school children, particularly in the case of the hookworm campaign.

Employing the clinical gaze of school administrators, teachers, doctors, nurses, and hospital corpsmen stationed around the island in village dressing stations, the naval government attempted to scrutinize the daily health concerns of Guam's school children. In 1936, Governor Benjamin McCandlish reiterated the navy policy identifying the "health of school children" as a "matter of primary importance." 122 Through the education of Guam's juveniles, navy government officials believed that they might influence the sanitary practices of Chamorro adults as well. As McCandlish communicated in his 1936 Annual Report of the Naval Government of Guam,

The Health Department of the Naval Government of Guam, working in cooperation with the Department of Education, has effectively safeguarded the

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121 AR 1929, 24.
122 AR 1936, 10.
health of the children and has disseminated to the adult population of the Island through this channel important information on sanitation and hygiene.\textsuperscript{123}

Just as the navy hoped that native nurses and hospital-trained \textit{patteras} would bring modern scientific knowledges and techniques to the grass-roots level, so too did they anticipate that school children would be the bearers of new modes of sanitation and hygiene. Through the intimate surveillance of children's bodies, both in classrooms and in the Naval Hospital, the colonial government aspired to achieve a metamorphosis in personal hygiene practices.

\textbf{Toilet Training: Cleaning the Soil}

In order to combat the re-infection problem, navy administrators did attempt to stem the sources of infection. Although the policing of school children was perhaps its most far-reaching practice, the navy also strove to address the hookworm problem through a variety of other means. Dealing with Guam's water and sewage problems ranked foremost among the navy's infrastructural concerns, particularly to protect its naval officers and dependents from hookworm and a variety of water-borne diseases. Since 1899, the navy had attempted to improve upon the system of water-wells which the natives had long employed. Governor Richard Leary, in fact, constructed a temporary water distilling plant in Hagåtña in 1899. In this structure, water was pumped first into a small iron tank, then funnelled through pipes to select government offices and a few houses occupied by navy officers.\textsuperscript{124} The U.S. Congress appropriated special funds for a

\textsuperscript{123} \textit{AR} 1936, 10.

water supply system in 1910; nonetheless the water system throughout the pre-war naval period was never reliable, particularly during the dry season.\textsuperscript{125}

To navy officials, the sewage situation—which they considered to be most revolting—contributed to Guam’s water problems. In 1904, Governor Dyer graphically described the village of Hagåtña in the following language:

It has no sewers except the open river. The excreta of men and animals are deposited over the whole surface of the town. The liquid portions and the rain washings of these excreta percolate directly into the general body of ground-water described, and this general body of infected water is tapped by the wells.\textsuperscript{126}

In order to prevent the contamination of well-water and to thwart the propagation of hookworms in Guam’s tropical soil, the navy passed a number of laws aimed at regulating the construction of outhouse facilities and the disposal of (presumably hookworm infested) sewage. One set of regulations, for example, mandated that a box of loose earth had to be kept conveniently close to the outhouses so that all excreta could be immediately covered up; the regulation further specified that privy pits had to be dug at least four feet deep.\textsuperscript{127} The 1925 \textit{Orders and Regulations with the Force and Effect of Law in Guam} defined the types of privy closets which were approved by the naval government, even stipulating that no child under the age of 10 should be given the task of

\textsuperscript{125} Johnson 66.

\textsuperscript{126} AR 1904, 13.


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disposing of outhouse receptacles.\textsuperscript{128} Moreover, the \textit{Orders and Regulations} provided that the Department of Health and Department of Public Works were both responsible for inspecting and approving the construction of outhouse facilities.\textsuperscript{129} Jesus Barcinas of Malesso, in fact, recalled these inspections in his 1938 \textit{Village Journal}. There Barcinas wrote that on December 20, 1938, "The district corpsman inspected the private latrines of the town. He told the teachers that the assistant health officer is expected here on either December 21 or the day after."\textsuperscript{130} A month later, Barcinas added to his journal that, "The corpsman went out to see the latrine project on the farms."\textsuperscript{131} Apparently for the purposes of protecting the soil and water from hookworm contamination, an official party of navy officials, accompanied by school teachers, health officers, and village corpsmen, scrutinized individual outhouse facilities. As inconsequential a topic as latrines might seem, some Chamorros had vivid recollections of the hoops through which they were made to jump in order to comply with navy rules. Jose Torres, also of Malesso, recalled his family's experience in this situation:

\begin{quote}
Eventually they found out the way [hookworm] was transmitted. It's through people walking around bare-footed and people contaminating the soil.... And so new legislation came out. Number one--Everyone has to wear shoes. And number two--you must dispose of your soil or excreta in such way.... Next thing we knew, a notice came down from Hagåtña--you must build an outdoor latrine,
\end{quote}

\textsuperscript{128} \textit{Orders and Regulations with the Force and Effect of Law in Guam}. Hagåtña, Guam: Naval Government of Guam, 1 January 1925, 88. RG 52, Box 489, 9351:2161.

\textsuperscript{129} \textit{Orders and Regulations}..., 89.


\textsuperscript{131} Journal entry of January 23, 1939, Thompson, 320.

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and it has to be with concrete. Concrete now. Not anything else.... God, I remember we didn't have the money to buy cement so the neighbors got together. We all pitched in and we all helped each other. Of course, there was an inspection and if you don't have this ready and correct, they'll fine you.\textsuperscript{132}

Torres concluded his thoughts by commenting, "all this, you know, it's hypocrisy. I don't care what happens, you don't force people to do this.... Do this and do that."\textsuperscript{133}

Torres' comments reflect not only his displeasure with the pressure placed upon his cash-poor parents, but also his discontent with the dictatorial manner in which the navy government frequently operated. Indeed his recollections reveal a degree of intrusiveness unforeseen even by Foucault and others in their theorizations of state intervention and surveillance. Torres' reflections further indicate that for at least some Chamorros, the hookworm and health concerns which informed projects such as the uniform construction of concrete lavatories were seldom understood by Guam's natives in terms of their sanitary benefits. To many of the natives, particularly farmers and ranchers with limited access to cash resources, this was simply one more rule to observe and one more fine to avoid. Rather than telling a story of water and sewage infrastructural developments, tales of concrete outhouses reveal some of the intersections between colonial power and medical authority, between naval invasions of privacy and Chamorro acts of compliance.

\textit{Shoe Stories}

Aside from medical treatments and the regulation of latrines, navy officers also attempted to address the hookworm dilemma through a policy which mandated the

\textsuperscript{132} Personal communication, 19 March 1999.

\textsuperscript{133} Personal communication, 19 March 1999.
wearing of shoes. In governors' speeches, Guam News Letter and Guam Recorder columns, and classroom lesson plans, navy administrators relentlessly urged Chamorros to wear shoes. Governor Benjamin McCandlish illustrated this well; he wrote in a 1936 report that "As a preventive measure against worm infestation among the school children, constant emphasis has been placed on the necessity for wearing shoes." In 1924, Department of Education superintendent Thomas Collins issued a memorandum to all teachers specifically addressing this subject. In it, Collins wrote of hookworm:

CHILDREN AND PEOPLE WHO GO BAREFOOTED ARE MOST OFTEN INFECTED.... For some time the Superintendent has been encouraging teachers to do their best in TEACHING children why they should wear shoes or slippers. To date there is not one school which can boast of having every boy and girl wearing some kind of foot gear.

If teachers will follow the health habits and teach them, children will want to wear shoes or slippers. We cannot force them, to do so we must educate them to the point where they will want to do so. Until then the value of our health teaching will never increase.

What teacher will boast of the first room to have all children wearing foot gear? The Department will await the news with great interest.

Collins' dispatch to his teachers reflects again the convergence between navy health policies and educational strategies. Just as teachers were expected to monitor the particular ailments which afflicted island students, so too were they pitted against each other in a competition to inspire and educate children along the lines of navy sanitary standards. In the process, new hygienic principles became normalized over the decades

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134 AR 1936, 11.

of naval rule, undoubtedly one of those being the normalization of shoe-wearing. But as Jose Torres reveals, shoes were not all that easy to acquire for families like his in the 1930s. He remembered that,

My mother always said, "don't you wear these shoes until just before you get into the classroom. And as soon as the bell rings, you know, on your way home, take them off and put it away so this thing is going to last. Because I'm not going to buy you another [pair of] shoes for two years."\(^{136}\)

For Chamorros with limited access to money, the schools attempted to alleviate the financial burdens of purchasing shoes by instructing male students in the craft of slipper making, primarily out of hemp.\(^{137}\) Governor L.S. Shapley, for example, reported in 1926 that boys in the Hagåtña schools learned "carpentry, gardening, basket and mat weaving, slipper making and copra making."\(^{138}\) Shoes were also the focus of charitable giving, as revealed by Governor McCandlish in his 1936 Annual Report. There he notes, "Through the cooperation of many individuals a Christmas fund was established and expended by the Department of Education for the purchase of shoes for needy children. During the Christmas Holidays, 2,000 pairs of shoes were distributed free among the school children of Guam."\(^{139}\)

\(^{136}\) Personal communication, 19 March 1999.

\(^{137}\) AR 1926, 5 and AR 1935, 32.

\(^{138}\) AR 1926, 5.

\(^{139}\) AR 1936, 11.
Perhaps these are the same shoes remembered by Jose San Nicolas, formerly of Barrigada, who distinctly recalls receiving free shoes from the naval government.\textsuperscript{140} San Nicolas jokingly reminisced that a navy truck filled with shoes was driven around his village, and the children ran out to grab a pair which appeared to be appropriately sized. For some of the children, the shoes did actually fit, or they were able to trade them for a closer-fitting match with a family member or neighbor. For others, however, they were never able to find the accurate size, and simply carried the odd-fitting shoes around to signify both to teachers and navy officials that they were indeed in possession of a pair of shoes.

The subject of shoes is introduced not merely for its comic value, but also because it illustrates once again the extent to which the navy attempted to remedy each and every medical and sanitary concern they identified on the island. It is difficult to assess the degree to which Chamorros began wearing shoes as a response to hookworm disease. Certainly Mr. San Nicolas did not associate the navy's health policy with hookworm; to him, wearing shoes was more likely evidence of modernity and Americanization. To others, perhaps shoes, like American styles of clothing and hair styles, symbolized a sense of elitism and middle-class propriety to which some Chamorros aspired.\textsuperscript{141} At once both a health measure and a measure of success, shoes to some Chamorros became symbolic

\textsuperscript{140} Personal communication, 1 December 1998.

of something more than foot apparel and certainly something more than a measure against hookworm contamination.

**Converging Encounters in Health and Education**

If shoes represented a locus of coercion, resistance, adoption, and appropriation then a variety of other children-focused strategies undoubtedly held their own meanings and significances. Throughout the United States, health reforms—including ones introduced by the Rockefeller Sanitary Commission—"targeted the schools, seeing them as 'the most ready access to the general public.'" The road to acceptance in America's public schools, however, was a rough one, as public health professionals struggled for decades to gain an endorsement of their plans to examine children in the schools. While "by 1914 the regular examination of schoolchildren and school buildings had become fairly commonplace in the North," in the South "such activities became routine only during the ensuing ten years." Their power checked by political leaders, school boards, and private-practice physicians, public health officers encountered a number of challenges in their fight to "maintain significant control over school health." By the 1920s,

142 Hoy 131.

143 Hoy 132. She asserts that Southern states followed policies practiced in the North after the Rockefeller Sanitary Commission's hookworm projects raised the health consciousness of medical inspectors and state administrators.

however, public schools nationwide had become "a forceful agent in inculcating
American, middle-class habits of cleanliness."  

On Guam, under the absolute authority of the naval government, there were no
competing powers to prevent the military from exercising complete control both within
and beyond the schools. In many ways, Guam’s school children were treated like military
enlistees, lined up for head to toe inspections of both body and dress on a daily basis.
According to the 1905 description of Governor Dyer,

Each child is inspected daily by the teachers, and if found soiled in person or
dress, is sent at once to the lavatories, separate buildings for each sex, in the rear
of the school building. In these are stationed a man and a woman, respectively, to
see that the children wash themselves thoroughly, and attend to their necessities
after the manner of civilized people. If their clothes are soiled they are sent home
to have them changed. This matter of personal cleanliness, neatness of attire, and
proper habits, has been very carefully insisted upon.... It is believed that this
intimate physical supervision of 1500 children has had a sensible effect upon the
general average of health in the community.  

Such objectifying inspections speak loudly of the navy’s will to control children
and to enforce compliance and conformity. Rather than simply teaching children lessons
in hygiene, these daily inspections served to establish and normalize the authority of
persons such as school teachers, medical professionals, and naval administrators. Yet to
the children, less politically-charged lessons were undoubtedly conveyed. Certainly, in
order to avoid *mamahlao*, or shame and embarrassment, from being individually and
publicly dishonored, children would have complied as much as possible with their
teachers’ sanitary rules. They also would have obeyed their teachers in observance of

145 Hoy 134.

146 *AR* 1905, 14.
mannginge', the Chamorro value of showing respect to elders or persons in authority. Thus in the interests of averting humiliation, respecting authority, and avoiding conflict, many Chamorro children conceivably conformed with the hygienic expectations of their instructors. Did compliance by the school children with these hygienic expectations signify their acceptance of American power and authority? Did their obedience represent their endorsement of naval norms of sanitation and hygiene? While this question perhaps cannot be answered definitively, it is certainly possible to read the submissiveness of children more as a survival tactic rather than as a pledge of allegiance.

Along with being subjected to these probing, dehumanizing, and undoubtedly embarrassing bodily inspections, children took courses in hygiene that were introduced into the curriculum for grades two through eight.147 Among the lessons emphasized were directives to "Wash the hands and face with soap and water three times a day, before eating." and "Take a bath every day and always wear clean clothes."148 Of course, students were also reminded to avoid infected soil and wear shoes at all times in order to prevent hookworm contamination.149 Another health measure taught in the hygiene curriculum instructed students to "sleep on a bed and not on the floor." In their rationale, navy doctors taught students, "If you sleep on a mat, the dust from the floor which is

147 Thomas Collins, Superintendent of Public Instruction to Governor of Guam. 25 March 1923. RG 52, Box 487, 9351:2072-79.

148 Hygiene: Elementary Course for the Public Schools of Guam. Hagåtña, Guam: U.S. Naval Station, 4 August 1911, 1. RG 52, Box 383, 9351-10.

149 Hygiene: Elementary Course for the Public Schools of Guam, 2.
filled with germs, will be inhaled during sleep.\textsuperscript{150} In addition to the mandatory classes in
hygiene for grades two through eight, beginning in 1929 "the girls from the 8th grade
took special work in the Naval Hospital under the direction of the Chief Nurse."\textsuperscript{151} For
six weeks of entirely health-centered instruction, young girls were singled out for even
more thorough indoctrination into the navy's sanitary standards. As previous chapters
have already discussed, this gender-specific curriculum doubtlessly suggested to both
boys and girls that, at least in the minds of the navy's ranking officers, sanitary vigilance
was the social responsibility of women.

Through these lessons in hygiene, Superintendent of Schools Thomas Collins
explicitly sought to interweave additional messages on morality and gentility. In 1924,
Collins wrote that the subjects of politeness and health "are inseparately [sic] linked"
since "the practice of certain health habits gives evidence of good manners and good
breeding."\textsuperscript{152} Ultimately, Collins noted, "Clean people are liked. Negligence in bathing
ears, hands, hair teeth are disagreeable and impolite to others."\textsuperscript{153} Raising the issue of
class, Collins' curriculum objectives certainly advocated the introduction and application
of western bourgeois values among Guam's colonized folks. As well as being culturally,
socially, and economically inappropriate for the vast majority of the Chamorro

\textsuperscript{150} Hygiene: Elementary Course for the Public Schools of Guam, 2.

\textsuperscript{151} AR 1929, 24.

\textsuperscript{152} Thomas Collins, Superintendent of Public Instruction. Course of Study: Public and
RG 52, Box 488, 9351-2121.

\textsuperscript{153} Collins, Course of Study..., 33.
population, such promotions of Americanization also served the colonial purpose of assimilating Guam's natives to American standards of living.

Besides school lectures and lessons in hygiene, "the Governor instituted a series of popular lectures" delivered twice a month at the Cine Gaiety Theatre in Hagåtña; indeed, an "illustrated lecture on hookworm" was one of the first of these presentations.\textsuperscript{154}

Moreover, annual "Clean Up" contests and parades, as well as competitive health contests between rivaling villages also served as vehicles through which the navy attempted to inspire participation in and acceptance of its sanitation programs. In the 1924 Clean Up Week parade, for example,

The teachers and pupils of the Agana Schools accompanied by the Naval Station Band marched in parade through the principal business and residential sections of the city on 4 September.... Each child carried either a broom, mop, fly-swatter or some implement for cleaning homes and killing flies. The children carried banners bearing slogans [such as] ... Use the hospital; If sick, see the doctor at once; Make all toilets fly proof; Keep toilets clean; ... Bury all waste; When sick go to the Hospital; Save the helpless children; The Hospital saves lives.\textsuperscript{155}

According to an article published in the \textit{Guam Recorder}, these banners were then re-used in similar parades in the villages of Sumay, Agat, Inarajan, Umatac, Merizo, Piti and Asan.\textsuperscript{156}

In a similar, though not exclusively health-related parade, Malesso village school administrators and teachers organized a procession which passed through the streets of

\textsuperscript{154} Sanitary Report, Island of Guam, Fiscal Year 1919. 1 July 1919, 12. RG 52, Box 2, NM-48, E-38.

\textsuperscript{155} "Clean Up' Week Parade," \textit{Guam Recorder} 1:7 (September 1924): 26.

\textsuperscript{156} "Clean Up' Week Parade" 26.
the town. They created the 1936 event to serve as "an incentive for every student to place himself according to his scholastic accomplishment."\textsuperscript{157} In the parade, students were lined up in the following order:

1. School Cadets  
2. Highest Children in the Test  
3. Gardeners and Members of the Boys' and Girls' Club  
4. Weaving and Sewing  
5. Cleanest Children  
6. Most Industrious Children  
7. Nutrition  
8. Good Conduct  
9. School Monitors  
10. Athletes  
11. Cooperation\textsuperscript{158}

Along with validating publicly the significance of cleanliness to the navy, such displays by students also promoted concepts of individualism and competitiveness among the children.

Like the Malesso children, students in the Umatac Magellan School similarly "formed a 'Health Parade' every morning for three days" in October 1938.\textsuperscript{159} In their event, students marched down the street carrying signs with statements such as "We want 100% cleanliness," "We want 100% wearing shoes," and "We want 'Help' for Susana Hospital."\textsuperscript{160} It is quite difficult, if not impossible, to assess the success of health parades and similar educational campaigns run by the naval government. Students were required


\textsuperscript{158} "Island News: Merizo" 36.

\textsuperscript{159} "Umatac," \textit{Guam Recorder} 15:9 (December 1938): 30.

\textsuperscript{160} "Umatac" 30.
to participate in such events, occurring as they did within the bounds of school hours and under the supervision of school employees. Did students place pride in being identified as the "cleanest" among their schoolmates? Did such recognition inspire students to compete with one another for such accolades? Did students learn real-life lessons by carrying around signs instructing them to wear shoes or to bury all waste? These sorts of school-sponsored health activities are probably best appreciated when viewed in the broader context of a wide range of exercises, all focusing upon compliance with naval regulations, health-related or otherwise. In the grand scheme of colonialism, perhaps the variety of rules and regulations imposed by the navy spoke to the Chamorro people more about Americanization and modernity than about health and hygiene.

Can success in the areas of science and medicine be measured, even with the use of statistics? Certainly the navy amassed an amazing aggregation of medical facts and figures throughout its decades on Guam to demonstrate the legitimacy and vitality of the colonial project. In the case of hookworm, however, statistics were the navy’s worst enemy, demonstrating the perplexing problem of eradicating the disease from the island. In a 1924 study of intestinal parasites on Guam, government health department officials revealed that "persons who were treated and cured in 1915-1917 did not, in 1922, show a markedly decreased incidence of intestinal parasites."\(^{161}\) In light of these laboratory findings, the health report concluded that "it is not believed that human infestations can

\(^{161}\) "Human Intestinal Parasites in Guam." *U.S. Naval Medical Bulletin* 20:1 (January 1924): 139, emphasis added.
be eradicated from Guam."  Likewise, in 1932 navy health officer F.E. Porter announced that "Hookworm infection has appeared to be increasing and special efforts are being made to locate and treat all cases and a campaign of education is being carried on both through the Hospital Corps men located at the various dressing stations throughout the island and by lectures to the school-teachers in the native schools."  After three decades of attempted sanitary reforms, such a disclosure must have unsettled at least a few navy bureaucrats. As far as hookworm disease was concerned, medical statistics provided the navy with few opportunities for self-aggrandizement.

But if one measures success according to the ability of the navy to produce conformity and obedience, then to some analysts it would be possible to evaluate the parades and participation in programs as clear evidence of navy achievement. Through medical treatments, parades, health contests, and the like, perhaps the navy did naturalize their presence on the island, gaining acceptance in some circles due to their persistent efforts. Some Chamorros, including Ramon Sablan and others who certainly shared some of his views, did indeed look favorably upon the variety of methods employed by the navy to engage natives in its health programs. But while some were attracted to these activities, many others were alienated by them, creating a divide of distrust and discomfort against naval assertiveness. Certainly hygiene lectures and health parades

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162 "Human Intestinal Parasites in Guam" 139.

influenced different children in different ways. To Sr. Mary Peter Uncangco, she recalls these events as only an opportunity to get out of school, march around the town with her schoolmates, and listen to the Navy Band play a tune or two.\(^{164}\) Nonetheless, she also recognizes that somehow during her childhood, she learned to be fastidious in her dress and spotless in her practices of personal hygiene.\(^{165}\) In her understanding, however, these values of cleanliness and meticulousness were imparted by her grandparents, parents, aunts, and uncles. Childhood memories, vivid as some might be, can be read only limitedly in understanding the degree to which naval injunctions regarding health and hygiene became internalized and normalized by Chamorros. Conformity to the expectations of school teachers, most of whom were native Chamorros, inevitably resulted in adaptations to western norms of sanitation. Yet somehow it seems that wearing shoes, visiting hospitals, and cleaning one’s fingernails cannot be simplified to symbols of Chamorro submission to colonial authority, state power, and western scientific superiority. These sorts of treatments also amplified the paternalistic role assumed by the navy, seeing itself as a father-figure to the infantilized Chamorro population-at-large. At some points, accepting the offerings of the colonizer served as survival tactics for Chamorros who wished to avoid the gaze, or the punishments, of teachers, doctors, nurses, and others in positions of authority. Certainly for some, these newly-imported ideas, medicines, and technologies represented the promises of modernity and progress. Perhaps the full range of motives which propelled Chamorro

\(^{164}\) Personal communication, 26 March 1999.

\(^{165}\) Personal communication, 26 March 1999.
participation in or avoidance of naval health regimes can never be known. If shoes and parades were filled with a diversity of meanings, then hookworms and hospitals were also repositories of cultural significance.
CHAPTER 7, CONCLUSION:
COLONIAL DIS-EASE ON GUAM, 1898-1941

In 1940, Dr. Ramon Manalisay Sablan returned home to Guam, having completed both his education at the University of Louisville Medical School and his internship at Central State Hospital in Lakeland, Kentucky. The U.S. Navy had funded the medical school education of Sablan, the first Chamorro licensed physician, but not for the purpose of his employment as a navy doctor. Rather, as Guam governor James Alexander revealed in his request for naval transportation to return Sablan to Guam,

The Naval Government of Guam has paid for Doctor Sablan’s education in order that the practice of medicine by civilians in Guam might be started. At the present time the only medical service available in Guam is provided by Navy Medical Officers. Dr. Sablan’s return to Guam is therefore deemed to be of benefit to the government.¹

Sailing aboard the USS Henderson, Sablan, his wife, and two children left San Francisco for Guam on 27 March 1940.² Upon his return home, he established a private medical clinic, but due to the outbreak of World War II, he practiced for less than two years before the Japanese invasion of Guam in December 1941. Sablan's significance to this particular research project lies as much in his accomplishments prior to his medical career and in

¹ C.W. Nimitz, Chief of Bureau of Navigation, Navy Department to Dr. Ramon Sablan, Central State Hospital, Lakeland Kentucky. 23 Feb 1940. RG 24, E-90, L20-1(S-393). Also, "Ramon Manalisay Sablan, B.Sc., M.D.," _Guam Recorder_ 16:4 (July 1939): 141.


³ Nimitz to Sablan, 23 Feb 1940. RG 24, E-90, L20-1(S-393).
the various significances which can be read from his pursuit of medicine, as in his achievements as a medical doctor.

Born in 1901, Sablan had worked as a messenger in the naval governor's office at the age of eighteen; not long after obtaining this position, he left Guam on a navy scholarship to attend the Oklahoma Agricultural and Mechanical College at Stillwater. Because of his high test scores in an examination sponsored by the navy, Sablan was selected as one of the Chamorro recipients for this off-island college educational opportunity in 1919. He completed a bachelor of science degree before returning to work for a decade as a public school educator and administrator. In 1929, he acquired the position of Junior Assistant Health Officer in the navy's Department of Health, and from this position he endeavored to appeal directly to the Chamorro people on behalf of naval medical authorities.

One of Sablan's strategies for communicating with the masses of Chamorros took the form of a series of commentaries in the Guam Recorder entitled "A Plea for Better Health Conditions." From February through August 1929, Sablan used this monthly column to enlighten Guam's natives on the presumed benefits of western medicine. Many of the themes espoused in his columns, in fact, reiterated the perspectives articulated by navy administrators and medical personnel alike in their numerous health programs and policies. In his February article, for example, Sablan exposed the long-standing

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5 "Ramon Manalisay Sablan, B.Sc., M.D." 141.
frustration of navy doctors with Chamorro avoidance tactics in his statement, "if only ... the people of Guam would just cooperate with our doctors, if they only had faith in medical science to supplant their ancient beliefs." Indeed, in his analysis of Guam's medical state of affairs, Sablan—rather than indicating the medical gravity of any particular disease or health condition—maintained that the "biggest problem which the navy doctors have to contend with here is our lack of cooperation." He expressed dismay with his fellow islanders' lack of enthusiasm for the cost-free services of navy doctors, nurses, and hospital corpsmen. Conveying his sense of frustration, Sablan asked rhetorically, "What do the doctors get for all these services? Nothing but discouragement and the blame, especially if the patient dies." For, he revealed, upon the death of a Chamorro patient, "a feeling of distrust sweeps throughout the length and breadth of the land against the doctors."

In his numerous exhortations, Sablan struggled to defend the record of Guam's navy doctors, while also pleading with Chamorros to partake of the navy's available medical services. He consistently implored Guam's natives to inform themselves of the latest advances in science and medicine, and to place confidence in the professionalism and expertise of the military's surgeons. His writings concurrently, however, revealed

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8 Sablan, "A Plea ..., Continued from April issue," 50.

9 Sablan, "A Plea ..., Continued from April issue," 50.
some of the considerable obstacles hindering the success of the navy's medical department. Chamorro distrust and avoidance of both western medical knowledge and naval health practitioners invariably undermined the application of literally every health initiative sponsored by the navy. In their employment and engagement of Sablan in an unusually high-profile administrative position, navy officials hoped to diminish the Chamorro people's lack of enthusiasm and noncooperation both with the health department and with the entire naval government bureaucracy.

The health education program embarked upon by Sablan in the Guam Recorder in part extolled the wonders of modern, western medicine. At the same time, however, it also repudiated numerous customary beliefs regarding the nature and causes of health and sickness. One of the obstacles to the natives' acceptance of navy medicine—indeed, considered by Sablan to be "the hardest single factor to eradicate"—was the Chamorro people's belief in supernatural forces and their consequential reliance upon native healers, both suruhanas and suruhanus. Referring to native medicine as "the practice of theotherapy," Sablan expressed his concern that for most Chamorros, "spirits, persons, and supernaturally endowed agencies, animate or inanimate, constitute the first and last causes of disease and death."\textsuperscript{10}

Sablan's consternations focused partially on what he perceived as the Chamorro people's fatalistic attitude toward health. Their belief in supernatural forces, Sablan asserted, resulted in a situation in which most natives blamed either "the Almighty" or

\textsuperscript{10} Sablan, "A Plea ...," February 1929: 240.
"the taotaomona" for all human ailments on the island.\textsuperscript{11} Challenging the methods of both \textit{suruhanus} and \textit{suruhanas}, Sablan argued that their chief concern was "not the pathognomonic symptomatology of the disease, but the location of the property trespassed and the why of the intrusion."\textsuperscript{12} Furthermore, Sablan wrote, "While I do not deny the probability that some of the herbs and roots used have certain medicinal properties, their specificity for diseases requiring different medications is certainly to be doubted."\textsuperscript{13} In his writings, Sablan sought to convince Chamorros that the practices of Guam's native healers were premised on a variety of unsubstantiated, non-scientific claims. He expressed his belief that, through a process of "gradual education," Chamorros could become liberated "from the shackles of aged traditions."\textsuperscript{14} He optimistically predicted that eventually natives' "misconceptions regarding the pathogeneses of diseases" would become "superseded by the more intelligent, logical and scientific theories."\textsuperscript{15}

Unfortunately it is difficult, if not impossible, to assess the success of Sablan's educational efforts in the monthly publication. Navy documents uniformly applaud him for making inroads into the Chamorro community, presumably both through his literary,


\textsuperscript{12} Sablan, "A Plea ..., Continued from last issue," April 1929: 8.

\textsuperscript{13} Sablan, "A Plea ..., Continued from last issue," April 1929: 8-9.

\textsuperscript{14} Sablan, "A Plea ..., Continued from last issue," April 1929: 9.

\textsuperscript{15} Sablan, "A Plea ..., Continued from last issue," April 1929: 9.
educational efforts as well as in his capacity as a naval health employee. Just as with
native nurses, the navy understood Sablan to be an effective collaborator with the colonial
administration. In Sablan, however, the navy placed even greater confidence because of
the potential power and influence he could exert upon his fellow islanders. Both as a
member since 1929 of the Guam Congress House of Assembly, and as one of only a
handful of college-educated Chamorros, Sablan embodied for the navy the best of their
achievements. In his capacity as Junior Assistant Health Officer, for example, naval
accounts credit him for his pivotal organizational role in the Naval Government 1932
Health Contest, considered "to have been such a marked success largely because of the
closer contacts Mr. Sablan was able to secure between the people and the Health
Department." Just as the navy officials believed that native nurses would exert much
influence in transforming the everyday sanitary practices of Guam's natives, so too did
Sablan represent an opportunity to communicate with the masses of Chamorros who
remained aloof from naval health endeavors. Thus Sablan's utility to the navy extended
beyond his knowledge in the field of medicine. He served an important function for the
navy government by communicating directly with Chamorros regarding a variety of
issues and by the example he provided as a model of native success in the colonial
system.

16 "Ramon Manalisay Sablan ..." 141.

Indeed, upon his return home from medical school in 1940, an editorial in the *Guam Recorder* by naval Lieutenant Commander Harold Edgar expressed to Sablan that "your example will, no doubt, influence the lives, happiness and welfare of your people.... You are indeed blazing the trail to professional industry, and self-reliance."  

Unfortunately for the navy, the outbreak of the Second World War and Guam's occupation by Japan would impede both the unfolding of Sablan's medical career and his patronage of the navy's health agenda. Although he, along with numerous *patteras*, native nurses, *suruhanus*, and *suruhanas*, lent their medical expertise in the treatment of Chamorros during the wartime occupation of Guam, in 1951 Sablan and his family relocated to California for perhaps greener medical pastures.  

The case of Dr. Ramon Sablan exemplifies the ambiguities which lie between polarities of naval and Chamorro aspirations, modern and traditional notions of medicine, and acceptance and rejection of western medicine. On the one hand, navy administrators sought to exploit Sablan for the benefit of their health regime, as well as for the advancement of their general education program. Colonial bureaucrats aspired to employ Sablan both literally as an active agent in influencing and educating Chamorros with naval norms of sanitation and hygiene, and figuratively as a model for aspiring young scholars of all professions to emulate. Naval health officers, on the other hand, sought through Sablan to promote the establishment of a private medical practice in order to alleviate the burden of native patients on the naval health department. Thus in a number

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18 "Editorial," *Guam Recorder* 17:3 (June 1940): 94.

19 *I Manfayi* 119-120.
of ways, naval interests in Sablan transcended his value as doctor. He symbolized to the navy not only the potentialities of science, but also the possibilities for native compliance, collaboration, and assimilation.

Dr. Sablan, on the other hand, should not be viewed simply as a victim of colonial manipulation or as an agent of the navy's colonial agenda. On the contrary, he might also be understood as a person who maximized the opportunities afforded to him by the navy in order to further his personal interests and ambitions. Ostensibly serving the navy's perceived needs, Sablan obtained an extraordinary educational opportunity and became empowered to assist many Chamorros in need of health care, particularly during the wartime occupation period. His medical vocation also provided him with an opportunity to achieve economic prosperity. If from the perspective of naval personnel funding Sablan's medical school education was never simply about health and hygiene, then perhaps for Sablan too, becoming a doctor also signified something more than medicine.

In coming to a fuller understanding of the multiple significances of Dr. Ramon Sablan to both Chamorros and navy personnel, the peculiar mix of medicine and colonialism that informed his route to medical professionalism should be confronted.

**Evolving Medicines**

Throughout this dissertation, I have presented arguments against a teleological interpretation of the spread of western medicine on the island. The canonical interpretations of the impact of western medicine on Guam, evident in the analyses of scholars such as Paul Carano, Robert Rogers, Pedro Sanchez, and Laura Thompson, have hagiographically hailed it as a prominent example of the blessings of naval colonialism.
Such explanations have assumed unproblematically that western medicine entered the island as a precise and coherent scientific practice. This research project has demonstrated instead that the historical experience of medicine on Guam was marked by episodes of contention, dissension, opposition, confusion, and development. In my examination of cases involving leprosy, midwifery, hospitals, and hookworm treatment programs, it has become evident that throughout the early twentieth century the field of western medicine found itself in the throes of considerable transition and transformation. This project has illustrated that the navy could not introduce western medicine and its accompanying scientific technologies to Guam without concomitantly influencing Chamorro cultural values, social relationships, political controls, and economic expectations. In fact, in a number of ways the navy aspired to transform Chamorro cultural practices through newly-introduced norms of health and hygiene.

Part of the challenge facing western medicine on Guam came in the form of comprehending and implementing contemporary discoveries which demonstrated the value of germ theories of disease, rather than miasmatic, environmental ones. In what was still just a budding science, western medical practitioners struggled to understand and develop their expertise in new and spreading laboratory technologies, as well as in evolving clinical diagnostic procedures. Throughout the learning process, western doctors both celebrated successes and bemoaned failures, remedying some while misdiagnosing others. In the case of gangosa disease on Guam, for example, its frequent misdiagnosis as leprosy resulted in the unnecessary confinement of over one hundred native patients for a period of approximately two years. Not only did these gangosa
patients find themselves needlessly sequestered, but at the same time they, along with mentally ill patients, were exposed to the contagious Hansen's disease through their close confinement with leprosy patients in the Tumon Colony.

So too were thousands of children arbitrarily subjected to nauseating medications for hookworm disease, including some medicines which navy doctors admittedly used in experimental dosages. The uncertainty of western medical practitioners in the cases of leprosy, gangosa, and hookworm--as well as in their inability to prevent hundreds of deaths in early twentieth century epidemic outbreaks of influenza, smallpox, whooping cough, measles, and bacillary dysentery--repudiated the simplistic notion expressed by most Guam historians that "the America navy's record in public health on Guam was exemplary." 20 Navy doctors' lack of familiarity with diseases classified as tropical contributed to a situation on Guam in which neither medical practitioners nor their prescribed treatments worked perfectly or even positively. Confusions over diseases such as gangosa and leprosy certainly caused them some consternation, as did their awareness that, even after fifty years of colonial rule on Guam, the medical department was neither highly regarded nor voluntarily visited by the majority of the indigenous population. Chamorro patients, unimpressed by the tentativeness of numerous medical procedures, were invariably loath to trust and respect the navy's medical personnel.

In the colonial context, furthermore, military medical practitioners faced obstacles not encountered by mainland doctors. Obligated to protect military personnel and

dependents, navy doctors experienced considerable professional pressure in the face of their terrifying fears and ignorance of numerous little-understood tropical diseases. Not only imperfect scientific knowledge, but also their constant struggle to obtain the funds necessary to inoculate themselves against enigmatic native maladies, posed problems for the military's medical crew on Guam. Moreover, living in unaccustomed humidity and attending to numerous cases of heat stroke, navy doctors undoubtedly encountered diverse, unanticipated medical challenges.

Just as the introduction of western medicine on Guam must be appreciated in the context of its own historical and scientific developments, so too should the different cultural interpretations of medicine which posed challenges to colonial administrators be apprehended. This study has also aspired to demonstrate that the introduction of western medicine to Guam cannot be expressed merely as the introduction of new technologies and new epistemologies of science. Rather, what transpired on Guam was also a transfer of new social relationships and unfamiliar cultural norms. The doctor-patient association, for example, presented an uncomfortable social situation for native patients. When extended to Chamorro women in the Susana Hospital, for example, this professional relationship particularly amplified the troublesome scenario as the navy's exclusively male medical corps engaged with women's bodies in ways not previously experienced. In the authoritative role commanded by the medical specialist, the navy introduced a practice of medicine which differed greatly from native practices. For Chamorros, their medical experiences prior to American colonial rule revolved around interactions with
herbal healers in comfortable, village social settings replete with clan members and others located in physical proximity to the afflicted.

Furthermore, western medicine introduced definitions of science, nature, and the supernatural not subscribed to by most Chamorro people. The concept of medicine as clinical and laboratory-based, for example, conflicted with Chamorro notions of health as both naturally and supernaturally determined. Chamorros long accustomed to comprehending their health problems in terms of considerations such as the desecration of sacred places or the violation of particular cultural behaviors must have thought strange the demands of navy doctors for samples of blood, soil, fecal matter, and other laboratory specimens. To people attuned to relating their health conditions to the surrounding conditions of people, land, spirits, and weather, such diagnostic techniques perhaps appeared to be disconnected from their environmental realities. Western medicine, moreover, promoted not only the practice of modern science, but also particular social values such as individualism and activism. Treating patients on a private and personal basis, while pursuing cures along the lines of the western activist tradition, typified the navy’s approach on Guam. Chamorro medical practitioners such as patteras, suruhanas, and suruhanus, by contrast interacted with their patients in the full social setting in which the person lived. And while patteras similarly involved a number of women from within the expectant mother’s familial circle, navy doctors viewed childbirth in the hospital as a private matter between doctor and patient. This shifting of venues from the openness of the Chamorro home to the privacy of the naval hospital, in fact, contributed further to the sense of displacement among Chamorro patients.
In a number of other ways, western medicine promoted values entirely alien to their Chamorro convalescents. For example, leprosy patients banished by the navy for the hideousness and contagiousness of their disease, certainly had been treated by Chamorros in just the opposite manner—as being in need of extreme nurturance, rather than hostile banishment. Furthermore, hookworm sufferers and school children island-wide frequently encountered moralist and moralizing lessons linking cleanliness to self-worth, gentility, good manners, and personal popularity. Rather than learning about health and hygiene essentially in the context of science and biology, lessons in bourgeois morality grounded the navy’s health curriculum. Western medicine on Guam indeed became embroiled in a variety of political, cultural, and economic cross-cultural confrontations.

The laboratory technologies of military medical personnel, as well as their access to the latest in medical innovations and discoveries, added to their self-perception as the purveyors of modernity. Navy administrators unfailingly represented western medicine as one of the blessings of modernity, in contrast to Chamorro medical methods which were uniformly characterized as traditional, archaic, and superstitious. Navy doctors, for example, juxtaposed the traditions embedded in practices of midwifery against the latest in hospital gynecology and obstetrics. Patteras were thus typically represented as both ineffectively old and unsophisticated, essentially exemplifying antiquated traditions. By contrast, naval medical practitioners assumed the superiority of their relative youth and formal training, and viewed themselves as symbolic of modernity and progress. Thus in the process of asserting their professional status, navy doctors and nurses challenged Chamorro notions and definitions of authority, tradition, and modernity in ways which
typically privileged the navy's medical corps. Practices such as washing hands and faces before eating and wearing shoes became emblems of progress and evolution, rather than neutral indications of improved sanitary practices.

Western cultural norms regarding the definition of appropriate gender behaviors also became entangled with navy discourses on health and hygiene. Navy nurses, and their native nurse apprentices, viewed themselves as carriers not only of modern values and behaviors such as cleanliness and moral rectitude but also as paragons of femininity and domestication. Moreover, in emphasizing the significance of health issues primarily to Chamorro women, navy nurses and doctors imposed their western value systems and gender demarcations upon Guam's natives. Sending school girls, for example, to the Naval Hospital for lengthy lessons in health care isolated them as responsible for community-wide health issues. As the future mothers of Guam, these school girls were specifically targeted as the objects of intense medical scrutiny. Perceived by the navy as the bearers of the race, additional controls were placed over mothers, midwives, herbalists, nurses, and school girls. The identification of Chamorro women by the Susana Hospital founders as the "little people" of Guam also speaks to the navy's infantilization of native women in order to privilege the knowledge and power of western medical professionals and naval authority.

Just as the introduction of western medicine on Guam contributed to the propagation of culturally dissimilar gender norms, so too did the practice of western medicine raise the specter of race as an important category of analysis on the island. Subjecting Chamorro patients to experiences not applied to navy personnel and
dependents provides evidence of the navy's racialist policies. Whether in serving leftovers to Chamorro patients in the Naval Hospital or in exploiting the labor services of native hospital patients, colonial administrators not infrequently subjected Guam's indigenous islanders to a variety of practices informed by racial perceptions. The fact that navy medical officials tasked exclusively Chamorro patients to mow their lawns and mop their floors lends credence to this argument. Moreover, in the navy's treatment of Chamorros as uniformly contaminated, race became privileged as a marker of disease, simply in the interests of medical exigency. Throughout the battery of naval health policies, Chamorros were infantilized and feminized as destitute, as ignorant, as helpless, and as dependent on the navy for their very survival. Such discourses of infantilization and feminization, of course, demonstrate once again that western medicine entered Guam with a complex social and cultural agenda.

Just as western medicine brought with it an array of western gender and racial understandings, so too did foreign notions of class accompany the introduction of western medicine. Naval views of hospitals and nurses as representative of moral propriety, for example, suggests that such introductions were weighted by a number of class interests. Through the educational training of native nurses and midwives, navy administrators hoped to instill bourgeois values of cleanliness and diligence in both students and their family members alike. In the articulation of hookworm disease, moreover, implications of lazy natives and the presumably depressed Chamorro economy informed naval interests in curing the natives of the debilitating intestinal worms. Rockefeller Foundation views of hookworm as a disease of laziness suggested to navy officials that
by removing the worm, they could reinvigorate the Chamorro population. These kinds of conclusions drawn by administrators point to some of the ways in which concerns for the health of the Chamorro people intersected with navy and corporate philanthropic interests in commercializing Guam's agrarian, subsistence economy. Likewise, the intense forms of hygienic education and training forced on Guam's youth population certainly facilitated the introduction of western bourgeois values. Such promotions of sanitation-as-Americanization also served the colonial purpose of assimilating Guam's natives to western standards of living.

Various tensions, uncertainties, and conflicts informed the spectrum of naval health policies on Guam. Whether in curing some patients of their particular afflictions or in misdiagnosing and mistreating others, naval medical personnel never represented an infallible science or an unfailing medicine. Instead, they confronted the daily challenges presented by scientific technology, medical professionalism, colonial power dynamics, native disregard for a number of their programs and regulations, and cultural conflicts of race, gender, and class. In appreciating the varying experiences of medical officers, colonial administrators, corporate philanthropists, native nurses, Chamorro patients, and others involved in the naval government health program on Guam, the incoherence and inconsistency of colonialism and its forms of control should be acknowledged.

**Medicine and Colonialism**

This research project has asserted that in the colonial context, western medicine was never simply about the health and welfare of the Chamorro population. Rather, a dense layering of concerns regarding the nature of power, authority, civilization,
modernity, and domestication informed the introduction and enforcement of the navy's health regime. For Chamorro patients, navy doctors frequently couched their medical needs in terms of the so-called civilizing mission of the colonial project. Whether expressed in President William McKinley's objective of "benevolent assimilation" or in terms of Americanization, the practice of western medicine on the bodies of colonized Chamorros was frequently accompanied by exhortations about medicine as one of the magnanimous gifts of the colonizer.

McKinley's statement to the nascent naval colony on Guam, that "the mission of the United States is one of benevolent assimilation," suggested from the outset that paternalistic rhetoric and self-aggrandizing discourses would inform the policies of Guam's colonial administrators. The navy frequently reiterated its concern for rehabilitating and, in fact, saving the Chamorro race from extinction. In their documentation of birth and death rates, for example, navy officials attempted to certify that their health policies resulted in dramatic demographic increases. Other statistical evidence offered by the navy also served their interests by validating colonial health policies as both charitable to and advantageous for Guam's natives. The numbers of leprosy patients reclusive, for example, ostensibly served as testimony of the lengths to which the navy would go to protect the future health of the Chamorro race. In the numbers of midwives and nurses trained, moreover, navy administrators supposedly registered their concerns for the safety of expectant mothers, newborn infants, and the

21 William McKinley, President, "Instructions for the Military Commander of the Island of Guam, Ladrones, Pacific Ocean." 12 January 1898. Qtd. in AR 1914, 2.
general welfare of the Chamorro population. Further, navy officials promoted the

treatment of thousands of children for hookworm disease and other ailments as evidence

of their efforts in insuring the future productivity and happiness of the Chamorro people.

Such health policies resonated, though, with paternalism and racism, specifically tagging
the Chamorro people as diseased, destitute, and dependent.

Moreover, in their association with a number of American charitable foundations,
navy officials and philanthropists alike manipulated discourses of poverty and charity to
validate the use of health policies to construct colonial mechanisms of power over the
Chamorros. In the Susana Hospital, for example, navy wives and Russell Sage
Foundation philanthropists identified women and children as the "little people" of Guam
who were desperate for charitable donations. The Sage Foundation, in collaboration with
navy officers and their activist wives, contributed to the objectification of Chamorros as
both the agents and victims of disease, as well as the pitiable objects of sympathy and
charity. In helping the navy to establish a medical institution for the care of women and
children, the Sage Foundation validated a number of presumptuous colonial policies
which assumed the superiority of western epistemologies and technologies and
corroborated the professional authority of American doctors over traditional healers. The
involvement of the Rockefeller Foundation's International Health Board on Guam,

furthermore, both contributed to discourses of Chamorro debilitation and naval
hegemony. In supporting the navy's various intrusive health policies, the IHB legitimized
the tactics and strategies employed by military officers in dealing with recalcitrant
natives. Navy administrators and philanthropists held out their campaigns against disease
and unsanitary living conditions as testaments to the success of their Americanization efforts on the island. The use of hospitals, the eradication of hookworm, and the education of Chamorro students in modern principles of health and hygiene presumably indicated the benefits of colonialism and humanitarianism on Guam.

Partly as a way of rationalizing their colonial presence, navy personnel emphasized their intrepid roles in alleviating the miseries of Guam's supposedly helpless natives. Many of the health policies, however, overtly aimed, first and foremost, at protecting the health of navy personnel and their dependents. This agenda soon became subsumed by the navy's emphasis on the philanthropic nature of the colonial project in Guam. Quite significantly, however, such emphases on the importance of the navy's Department of Health and Charities on Guam served to promote the overall necessity of the Bureau of Medicine and Surgery within the larger naval hierarchy. Ranked the lowest of the navy's five bureaus, the navy's medical officials consistently sought to uplift their status. Through their work in tropical colonies, both in protecting their personnel and in preventing the spread of frightful tropical diseases to the continental U.S., the Bureau of Medicine and Surgery labored to elevate its status within the navy. On Guam, for example, through exaggerating and exploiting the fear generated by the presence of leprosy on the island, the navy successfully garnered additional funds from the U.S. Congress and gained increased publicity about the urgency of their medical mission.

The practice of medicine in a colony like Guam intensified the authoritative position appropriated by doctors. Actively involved in the surveillance of Chamorros, navy doctors became participants in the criminalization of health and hygiene on Guam.
In consolidating their professional authority, these doctors and health workers asserted not only their scientific knowledge, but also their administrative might. Whether engaged as sanitary inspectors, as educators of native nurses and patteras, as consultants to the governor for medical matters, or as hospital administrators, navy doctors controlled not only medicine, but also a battery of rules, regulations, and punishments relating to a plethora of sanitary concerns. While public health officials on the U.S. mainland struggled for power against the conflicting aspirations of political leaders, school board members, and private practice physicians, no such obstacles existed in the colonial context of Guam. In the colonies, issues confronting mainland doctors regarding the rights and liberties of individual patients never materialized.

Due to the coercive characteristics of colonial medicine, the navy's doctors on Guam consistently found themselves at odds with their Chamorro patients. Whether in association with police officers, Insular Patrol members, sanitary inspectors, or school nurses naval doctors were intimately involved in the regulation and superintendence of Chamorros. The unusually forceful role of American medical personnel on Guam implicated them in the military's peculiar agenda of establishing control and domination over the island's colonized population. Whether arresting suspected leprosy patients, ticketing women for drying their clothes on bushes or lawns, scrutinizing village homes to ensure properly mowed lawns, or inspecting the body and dress of individual school children, navy doctors were actively engaged in the surveillance and control of Chamorro bodies, whether healthy or diseased.
Such a connection to police power invariably worked against military medical practitioners in their attempts to appeal to ailing natives. While to the navy such measures served the interests of health, sanitation, and hygiene, to the Chamorro people issues other than medicine were at stake. Certainly in the project of establishing colonial control on Guam, the medical department played a fundamental role. Rather than feeling encouraged to take advantage of the navy's free medical services, though, many Chamorros instead felt intimidated, humiliated, and/or dehumanized by their encounters with western medicine. These sorts of experiences contributed to a serious chasm between navy doctors—who saw themselves as offering medicine—and Chamorro patients—who instead perceived coercion and state power. For some Chamorros, naval health regulations frequently signified the navy's power and authority rather than its interest in medicine and health-care. Indeed, some abided by the health regulations in order to serve their own interest in avoiding punishments and fines, rather than out of concern for promoting wellness. For some of these natives, doctors became perceived as adversaries rather than allies.

This review of medicine on Guam illustrates some of the limits of colonial rule in general. From the perspective of the navy's doctors, one measure of success would be the Chamorro people's willingness to report cases of illness voluntarily. Naval personnel exhorted Chamorros to report to doctors as soon as symptoms become evident, rather than waiting until conditions had deteriorated beyond the point of medical treatment. Many Chamorros, however, had developed such an antagonistic relationship with the medical department that such medical voluntarism could hardly occur. Many natives felt
alienated from the medical system, belittled by its dehumanizing treatment, and thus avoided western medicine as much and as long as possible, even risking death. Even in their interactions with charitable organizations, Chamorro patients' actions reflected their sense of reluctance and distrust. What this reveals, in part, is that in the colonial context, medicine represented more than health care, more than the curing of people's ailments, more than an interest in the research and development of tropical medicine. Rather, in Guam's colonial context, the association of western medicine with state power and military control precluded it from manifesting more fully its therapeutic potential. Similarly, the correlation between American benevolence and the Chamorro people's supposed destitution contributed to an unequally-balanced power relationship which obscured the potential benefits of philanthropic medicine.

Combating Dis-Ease: Soap and Indigenous Participation

During the period of U.S. Naval rule on Guam from 1898 to 1941, one of the first, and certainly the most financially profitable, Chamorro-owned industries commenced operations. Perhaps not surprisingly, the new corporation manufactured soap. Beginning in 1930, the Ada Soap Factory produced bars of coconut oil soap in a Hagåtña plant, consummately symbolizing the desires of the navy to clean and sanitize the Chamorro people, as well as to persuade them to participate actively and voluntarily in health-minded pursuits and in productive, commercial projects. While the founding and success of this enterprise reflected a budding capitalist conscience on the island, it can also be viewed in a number of other ways—as evidence perhaps of Chamorro acquiescence to naval sanitary policies, as representative of Chamorro economic opportunism in light of
restrictive naval policies, and certainly as testimony of the complex ways in which native agency can be read within the colonial context.

Josef Martinez Ada, a Chamorro man born on Guam but living his childhood years in Saipan, founded the Ada Soap Factory in 1930. Josef's father, Pedro Ada, had worked in Saipan as an interpreter for the German colonial government. Reflecting the close relationship which had developed between Pedro Ada and Georg Fritz, the German resident governor of the northern Marianas, Josef and his brother Antonio traveled to Alzey, Germany in 1906 to live with the Fritz family. Sent there to broaden their educational horizons, Antonio eventually moved to Hamburg to learn about the merchant navy. Josef, however, stayed with the Fritz family to study baking, photography, and soap-making, and he spent his spare time working at the Fritz family soap factory. In 1928, after his father's death in Saipan, Josef and his family returned to Guam where, shortly thereafter, he opened Ada's Soap Factory in the Anigua district of Hagåtña.

Advertising themselves as the "first native soap manufacturers in Guam," the Ada family soon developed their factory into Guam's principal manufacturing business of the pre-war era. Most other Chamorro commercial enterprises, by contrast, focused on providing services, such as Elliott's Drug Store, Baza's grocery story, Maria T. Franquez's dressmaking and hemstitching shop, Mrs. C.F. Rosario's General Merchandise store, and

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Pascual Artero's garbage collection agency. In the perspective of naval authorities, companies such as the Ada's reduced the island's trade deficit, and thus had multiple effects on the local economy. To the delight of the naval government, moreover, the success of the Ada Soap Factory extended beyond its soap production. As reported in the April 1930 *Guam Recorder*, the coconut oil soap products of the Ada Soap Factory provided "additional benefit to the agricultural interests of Guam" since the factory "not only furnish[ed] a local market for copra," but also supplied "a good and cheap livestock feed in the copra meal by-product."  

Within a few years of its opening, Ada's soap products had surpassed the sales of its imported mainland competitors, and navy administrators reported that "it is only a question of time when it will be about the only laundry soap sold here." Demonstrating the popularity of the Ada products, the company sold 2,118 bars of soap in the period from October 1 to December 31, 1933, compared to sales of 4,251 bars of Crystal White soap from the U.S. By 1934, however, over 5,000 bars of Ada's soap were purchased in the period from July 1 to September 30, compared to only 2,483 bars of Crystal White.  

The success of the Ada company can be attributed in part both to the demands for soap created by a sanitation-conscious colonial administration and to the entrepreneurial

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efforts of the Ada family. The success of their products was also secured through the
support lent by other Chamorros for this locally-manufactured product, particularly by the
numerous copra producers and other farmers who benefitted through subsidiary contracts
in the Ada company's success. Beyond the issue of its success, the Ada Soap Company's
emergence points to a number of concerns raised previously.

The Ada Soap Company provides an example both of Chamorro participation in
the capitalist economy promoted by the U.S. Navy and in the health campaigns
championed by the island's administrators. Rejecting Chamorro marginalization and
victimization by the navy in its coercive health policies, members of the Ada family
aggressively appropriated western technologies and took advantage of naval health
obsessions to carve out its status and power. In the process, the meaning of soap
proliferated beyond its representation as an item of sanitary refinement. By examining
the Ada family enterprise, soap can be also read as signifying western technology,
capitalist opportunity, native submission to cleanliness lessons, and indigenous
interpretations of health, hygiene, and American colonialism on Guam.

Appreciating the Ada company and other forms of local reaction and response to
naval health policies allows for a realization that native participation in the colonial
economy needs to be understood beyond terms such as acceptance or rejection,
victimization or agency, and domination and subordination. Rather, from the limitations
of such dichotomous expressions emerge a spectrum of variable positions,
understandings, and significances. Indeed, for the Chamorro people under the
stewardship of the U.S. Navy, neither acceptance nor rejection captures the range of
alternatives at their disposal. Within the scope of acceptance, for example, lay a variety of possibilities, including co-opting the navy's own agenda for political, economic, or social gain. In the cases of Guam's native nurses, Dr. Ramon Sablan, and the Ada Soap Factory, Chamorro participation in the military's health regime might be best understood as a means through which personal desires for economic gain, social status, and educational opportunity were advanced. For some of the women who chose to enter the nurse training program, the desires for material advancement in a military economic system which otherwise constricted opportunities for women motivated their activity. Similarly, in the case of Ramon Sablan, without taking advantage of the educational advancement offered him by the navy, his career choices would have been rather limited. For the Ada family, perhaps soap was a commodity so ideal as to minimize the riskiness of their capitalist venture. Rather than viewing the options of the native nurses, Sablan, and Ada in terms of sanitary zeal, their choices should be envisioned as encompassing a broader variety of motives, some even as pragmatic as material profit.

For others who seemingly embraced the colonial health agenda, perhaps taking advantage of colonial opportunities presented them with a way to re-inscribe traditional notions of power, authority, or status beneath the new veneer of modernity. *Patteras*, for example, had long enjoyed a position of respect and prestige among the villagers. The navy's newly introduced licensure regulations posed an irritating, though manageable, obstacle to maintaining their practice. The acquiescent actions of these women might be understood in terms of their commitment to their craft, or perhaps as reflective of their genuine aspirations to improve upon their techniques in the interests of enhancing their
delivery records and thus their professional reputations. The compliance of *patteras*
might additionally be read as indicative of their general wishes to avoid conflict with the
demonstratively coercive colonial administration. For a variety reasons, women-as-
midwives observed the naval regulations, though perhaps for a variety of social and
political reasons beyond the scope of sheer medical exigency.

For those elite, or *mannakhilo'* Chamorros who cooperated voluntarily with the
naval government, a variety of reasons informed their decisions. In the Susana Hospital,
for example, some *mannakhilo'* selected this venue partly because of the perceived status
attributed to patients of that institution. Other *mannakhilo'* Chamorro patients selected
navy medical services in part because of their understanding of western medicine as safe,
modern, and progressive. Others further participated in naval medical projects as a way
of associating themselves with the island's colonial powers. It therefore appears that at
least some *mannakhilo'* Chamorros availed themselves of navy medical services to
identify themselves as privileged, to define themselves as modern and progressive, and to
affirm their cooperation with the colonial government. These *mannakhilo'* added their
own class-based understandings to the scientific ones subscribed to by medical officials.
In the process, undoubted tensions arose between them and the masses of Chamorros.

The compliance of children with naval health regulations should also be
considered in a broad context of colonial power and authority. Some students perhaps
obeied their teachers' exhortations in order to sterilize themselves against the gruesome
hookworms and other disease-filled germs depicted in films, posters, public lectures, and
class lessons. Others abided by the health rules perhaps to avoid the embarrassment of
being individually singled out as unsanitary. Still some children may have viewed compliance as an opportunity to excel in the classroom or even conceivably to gain the goodwill of authority figures such as teachers, school administrators, doctors, and nurses. Some have suggested that participation in health parades and other school-sponsored activities signaled merely an interest in fun and entertainment, while others have noted that compliance was a way to avoid fines and other forms of punishment. Whether by wearing shoes, marching in health parades, or simply improving upon their habits of personal hygiene, children who heeded the advice of their elders can be understood as bringing their own motives and rationales to the decision-making process. Rather than portraying these children as mere victims of colonial hegemony, they should be recognized as agents in their own right, drawing conclusions and making decisions based upon their individual and familial motives and aspirations.

To subsume all of the apparently acquiescent Chamorros under essentializing characterizations of assimilation, acceptance, submission, or even sanitary zeal would be to elide their instrumentality as decision-makers informed by their own agendas. Just as colonial administrators, military doctors, navy wives, and corporate philanthropists espoused a variety of concerns and interests on Guam, so too did native Chamorros draw on an assortment of intersecting, and sometimes conflicted, social, political, economic, and cultural motivations in their acceptance of and resistance to naval policies.

Chamorros responded to naval dictates in a number of ways. Accounts verify an assortment of avoidance strategies, whether in the practice of hiding leprosy patients from health authorities on family ranch lands or in the acts of escape staged by leprosy and
gangosa patients confined at the Tumon Leper Colony. Other more active techniques were also popularly exercised, such as the practice of alerting fellow villagers at the sight of sanitary inspectors to avoid fines for infractions of the health code. Similarly, going through the motions of sweeping, mowing one's lawn, or putting on one's shoes to avoid the reproach of naval administrators, sanitary inspectors, teachers, and other health officials typified these effective, everyday forms of resistance. In the process of exercising these types of strategies, Chamorros turned the gaze against the navy, surveying the motions of government officials just as much as they themselves were the objects of scrutiny.

Consciously avoiding the services of navy medical officers in deference to the services of a *pattera, suruhana, or suruhanu* again illustrates one of the common forms of active resistance. Opposition to the navy's health agenda can be read too in the low enrollment figures of women in the native nurse training program, as well as in the negligible number of children delivered annually at the Susana Hospital and in the humble few who voluntarily registered as hospital patients. In the reluctance of many women to use the services provided at the Susana Hospital can be read a resistance to their objectification as helpless and impoverished women by medical philanthropists.

These types of avoidance tactics, considered by some to be conservative forms of resistance, nonetheless disturbed naval notions of order and power. Because of the near universality of these avoidance practices, I would assert that they were in fact successful strategies for undermining the colonial administration's ability to impose its hygienic
norms unilaterally. Through some of these elusive responses to naval health programs, Chamorros successfully disrupted naval attempts to intrude into their daily lives.

Resistance also took the form of outright protest, whether in the form of appeals to the governor regarding the arbitrary confinement of school children in the Naval Hospital or in litigation before the Navy Judge Advocate General court on behalf of Chamorro medical patients who were obliged to provide free labor during their periods of hospitalization. Stories of family members smuggling food to their hospitalized kin, as well as accounts of Chamorros who violated naval regulations to visit family members confined at the Tumon Leper Colony, reveal the ways in which socially fracturing regulations were frequently, and proudly, disregarded by Chamorros.

In examining the areas between poles of acceptance and resistance, there emerges a wide spectrum of possibilities betwixt and between such polarized terms. Whether in accommodating naval authorities or in avoiding them, whether in manipulating naval intentions or in subverting them, Chamorro people acted neither unanimously nor predictably. Rather, because reasons differed from person to person and from one historical context to another, native actions need to be understood in their individual particularity. Native responses were marked by a plethora of discrete encounters and distinct motivations.

At the same time, these varying responses must have created tensions among different groups of Chamorros. Some of these conflicts were class-related, such as those between mannakhilo' Chamorros who generally supported many of the navy's policies and the majority of non-elites who were generally less enthusiastic. Other tensions arose
surrounding the issue of age, where elderly *pattera* faced the denigration of younger medical professionals, including native nurses, who defined their expertise partly in terms of their relative youth. Tensions also undoubtedly emerged between Chamorros who viewed traditional forms of medicine as obsolete and primitive, and those who continued to avail themselves of such services. In understanding local responses to naval projects, transcending the formulaic polarities of Americans and Chamorros, agents and victims, and domination and resistance must be endeavored.

As a result of the assorted forms of resistance, the navy could not comprehensively enforce many of its restrictive laws. Consequently, the navy was sometimes forced to bend its rules; it offered, for example, a bounty for the identification of escaped leprosy patients, although no one in the local community ever revealed the whereabouts of the escapees. Navy administrators were also compelled to hire native nurses as a strategy for educating Chamorros otherwise unreceptive to their medical offerings. In order to guarantee that success of that program, they had furthermore to hire chaperones for the native nursing students. Medical personnel had to co-exist with the *patteras*, who unlike midwives in the continental U.S., could not be supplanted as the primary source for maternal deliveries. Similarly, navy doctors in this period could not radically subvert the respect and authority paid to *suruhanus* and *suruhanas* by the Chamorro general population.

**Colonial Dis-Ease on Guam**

I have lived my entire life in the so-called modern era on Guam. Probably like most Chamorros of my generation, I have been exposed to the works of *suruhanus* and
suruhanas, as well as to board-licensed doctors and nurses. We all grew up hearing stories of patteras, alongside recollections of the Susana Hospital and hookworms. Probably most Chamorros, like myself, have assumed incorrectly that over time, western medicine simply arrived on the island and, as a miraculous panacea, marginalized local remedies. This one-dimensional version of Guam's history of medicine has been promoted not only by historians, but also by an array of government leaders, medical officials, school teachers, and others with still-active assumptions about the ignorance of traditional medicine and the backwardness of the stereotypical lanchero Chamorro.29

Rather than telling a story about patients and cures, I want through this project to suggest that the history of medicine on Guam entailed multiple stories, some of success, others of failure, but most too ambivalent to be so categorized. I have learned that in some ways our experiences of medicine in the first half of this century have been unique, given the particular colonial history and the specific projects which were introduced on Guam. I also demonstrated, in other ways, how developments on Guam have been significantly influenced by the functioning and malfunctioning of national and international medical scientists. As much as it has been a struggle to unravel the layers of naval bureaucracy, it has also been a challenge to understand the involvement of Chamorros. Rather than finding large, loud rebellions and other conspicuous signs of dissent, I have had to confront a broader range of actions and reactions, many of which

29 The lanchero, or rancher, is typecast as an earthy, dirty, Chamorro who speaks English with a thick accent and who resists adaptation to modernity because of either poverty or stereotypical Chamorro stubbornness.
reflected tensions within segments of Chamorro society. I am learning slowly that it is only with extreme caution that I can comfortably refer to "the Chamorro people."

This study should open up discussion on Guam and about Guam, not only about health care, but also about the nature of the pre-war naval period on Guam. I hesitate to compare pre-war and postwar medical systems on the island, precisely because of what divides the two eras—World War II. As a postwar baby, I cannot count the number of stories I have heard about the horrors of the wartime occupation of Guam, of the exhilaration of American liberation, and of the benefits of American colonial rule which those of us who did not experience the war can ever fully appreciate. I believe that because of the traumas of World War II, memories and histories of the pre-war period have become de-contextualized to portray it as a time of bliss, simplicity, peace, and harmony. Indeed, to speak of pre-war political, social, and economic hardships before a group of elderly Chamorros is considered disrespectful to the United States, a country which war sufferers believe should be honored for its eventual liberation of Guam.

This dissertation has intended to broach respectfully the subject of the pre-war naval government in terms which restore agency to those persons who indeed struggled through numerous challenges in order to raise their families as best they could. The pre-war period offers stories of cross-cultural encounter, tension, and conflict, as well as tales of accommodation, resistance, and opportunism. In order to appreciate the changes and improvements to our systems of health and hygiene on Guam, we must recognize not only the medical advancements, but also the adversities which have been posed historically to
the Chamorro people of Guam—challenges not only to our bodies, but also to our cultural, social, political, and economic forms of diversity and sovereignty.
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