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Anne Perez Hattori/Colonial Dis-Ease

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Chapter 1
Sanitary Confinement: Guam and the US Navy, 1898–1941

Just another April Day, 1939
On most afternoons, young Jose Torres could be found in the village of Merizo1 helping his father and uncles plant ma’es or suni or dago at their lancho (that is, corn, taro, or yams at their ranch). On an ordinary day, he’d go straight to the lancho after school and help his older male and female relatives until early evening. However, this was a special day.2 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 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’ (from the Spanish Padre, Father) get the church grounds ready for the upcoming San Dimas fiesta.3 Jose enjoyed moments such as these, leisurely breaks from the labor of the ranch or the work around the house. He knew that while his dad was working at the lancho, his mother had stayed home because of a fever. Today his mother and grandmother were busy at home, working with a few aunties, cousins, and his nina (godmother). Whether they were sewing their clothing, hand-washing the laundry, preparing the family dinner, planning for the fiesta, or tending the younger children, a flurry of activities always seemed to be going on. Though he was just a boy, as the eldest in his family Jose had already learned to appreciate the hard work done by all of his relatives in providing for the family.

He and his cousins were not far from home when one of the boys noticed someone walking far behind them. Squinting their eyes to make
out the adult figure, the boys guessed that it was one of the Americans. 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 its towering height. Realizing then who was walking in their direction, the boys looked at each other in silence for just a moment. Then one of them shouted, “Lachadek! Sigi ya in sangani i Sainan-miyu!” (Hurry! Go and tell your elders!)

The boys split up, each sprinting in the direction of his home. One of the mothers happened to be in the outside kitchen, supervising some of the girls as they pounded the ma’es on the metati (millstone) for the evening’s tatiyas (tortillas). Hearing the news, she quickly grabbed a machete and began chopping some of the weeds that had shot up behind the house since her husband had fallen ill. The insular patrolman surely would not impose a fine on her for weeds now grown beyond the length regulated by the navy governor.

Jose’s house was farther up the road, and he was panting by the time he made it home. “Nana, Nana,” he called out, “Mamamaila i sindalu” (Mother, Mother, the soldier is coming).

“Ai, Jose, sinapatos! Lachadek!” (Jose, put on your shoes! Hurry!), responded his mother, knowing full well that her eight-year-old could be ticketed for going barefoot.

“Yan ayuda yu chumuli halom i finagasi” (And help me bring in the laundry), she further instructed. The governor had recently outlawed the laying of clothes on bushes or lawns, but since Jose’s parents could not yet afford to buy a clothesline and clothespins, they still hung their clothes on the hibiscus shrubs to dry. Jose and his mother quickly raced across the yard, pulling all of their nearly dry laundry off 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 that had blown onto their front porch. “Buenas tardes” (from the Spanish buenas tardes, good afternoon), she said calmly as the 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, Siñot?” (Would you like a drink, Sir?) Politely tipping his hat as he walked by, the marine nonchalantly hid his unfamiliarity with the Chamorro language. Continuing on his rounds, he stared at the still-unopened ticket book in his hands. Surely he’d soon catch someone unprepared—perhaps barefoot or improperly clad, but certainly guilty of at least one of the navy’s many sanitary offenses.4

This anecdote typifies 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 US Marine Corps. Assigned the
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The title of Insular Patrolman, selected marines were sent to live in villages throughout the island in order to maintain “peace and order,” an assignment that included the enforcement of sanitary regulations (Corbett 1925, 74–75). 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 offers a glimpse into the power accorded naval government officials and suggests the extent to which the navy monitored at least the outward appearance of Chamorro communities. Navy governors deployed marines in the villages specifically to serve as the eyes and ears of the government to enforce compliance with its laws. The gaze of the navy, enacted in this particular case by the insular patrolman, was intended to be coercive. But if the Chamorro people were under the persistent gaze of navy administrators, then so were the colonial officials under the gaze of their Chamorro subjects. I would argue that the Chamorro gaze, unlike the policing gaze of the marines, which compelled cooperation and compliance, worked in a subversive fashion to disturb reigning navy ideas about state authority, obedience, and surveillance.

Surveillance served as one powerful route through which navy governors attempted to enforce their regulations. After enough years of scrutiny and policing, perhaps the Chamorros would eventually adopt the sanitary codes of the navy government, or so hoped naval health officials. Another route through which the navy attempted to influence the Chamorros’ behavior was by using them as compradors. If some Chamorros needed to be aggressively persuaded to follow navy guidelines through the pressures placed on them by enforcement officials like the insular patrolmen, others might conform more readily given the presence of Chamorro role models after whom they could pattern their behavior. Ramon Sablan presented the navy with an opportunity for such role modeling to occur.

The Making of the First Chamorro Medical Doctor

In 1940, Dr Ramon Manalisay Sablan returned to Guam, having completed both his education at the University of Louisville Medical School and his internship at Central State Hospital in Lakeland, Kentucky (Nimitz 1940, 1). The US Navy had funded the medical school education of Sablan, the first Chamorro licensed physician, but not to employ him 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” (1939, 1).

Sailing aboard the USS Henderson, Sablan, his wife, and two children left San Francisco for Guam on 27 March 1940 (Nimitz 1940, 1). On his arrival, he established a private medical clinic, but practiced for less than two years before the Japanese invasion of Guam in December 1941. Sablan’s significance to my research project lies as much in his accomplishments prior to his medical career and in the various meanings that can be read from his pursuit of medicine, as in his achievements as a medical doctor.

Born in 1901, Ramon 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 in 1919 as one of the Chamorro recipients for this off-island college educational opportunity (PSECC 1995, 119). He completed a bachelor of science degree and returned to Guam to work for several years as a public school educator and administrator. In 1929, he obtained the position of junior assistant health officer in the navy’s Department of Health, and from there he appealed 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 navy-run, monthly publication, The Guam Recorder. His monthly column was titled “A Plea for Better Health Conditions,” and from February through August 1929, he used it to enlighten Guam’s people on the presumed benefits of western medicine. Many of the themes espoused in his columns 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 frustration of navy doctors at 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” (1929, Feb, 240). In his analysis of the state of Guam’s medical 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” (1929, June, 50). He expressed dismay at his fellow Islanders’ lack of enthusiasm for the cost-free services of navy doctors, nurses, and hospital corpsmen. Conveying his sense of frustration, he asked rhetorically, “What do the doctors get for all these services? Nothing but discouragement and the blame, especially if the patient dies.” For, he continued, on the death of a Chamorro patient,
“a feeling of distrust sweeps throughout the length and breadth of the land against the doctors” (R Sablan 1929, June, 50).

In his numerous exhortations, Sablan struggled to defend the record of Guam’s navy doctors, while pleading with Chamorros to partake of the medical services available from the navy. He consistently implored
Guam’s people to inform themselves of the latest advances in science and medicine, and to place confidence in the professionalism and expertise of the military surgeons. Concurrently, however, his writings revealed some of the considerable obstacles hindering the success of the navy’s medical department. Chamorro distrust and avoidance of 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 increase the Chamorro people’s cooperation with both the health department and the entire naval government bureaucracy.

The health education program embarked on by Sablan in the Guam Recorder in part extolled the wonders of modern western medicine. At the same time, however, it repudiated numerous customary beliefs regarding the nature and causes of health and sickness. One of the obstacles to the acceptance of navy medicine—considered by Sablan to be “the hardest single factor to eradicate”—was the Chamorro people’s belief in supernatural forces and their consequent reliance on native herbal healers, both male suruhanu and female suruhana. 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” (1929, Feb, 240).

Sablan’s consternation focused partly on what he perceived as the Chamorro people’s fatalistic attitude toward health. Their belief in supernatural forces, especially the spirits of ancestors (taotaomo’na), Sablan asserted, resulted in a situation in which most people blamed either “the Almighty” or “the taotaomo’na” for all human ailments on the island (1929, March, 278; April, 8). Challenging the methods of suruhanu and suruhana, Sablan argued that their chief concern was “not the pathognomic symptomatology of the disease, but the location of the property trespassed and the why of the intrusion” (1929, April, 8). Furthermore, he 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” (1929, April, 8–9). In his writings, Sablan sought to convince Chamorros that the practices of Guam’s native healers were premised on a variety of unsubstantiated, nonscientific claims tied to indigenous religious beliefs in spirits said to occupy both land and sea. He expressed his belief that, through a process of “gradual education,” Chamorros could become liberated “from the shackles of aged traditions.” He optimistically predicted that eventually their “misconceptions regarding the pathogeneses of diseases [would be] superseded by the more intelligent, logical and scientific theories” (1929, April, 9).
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 through his literary educational efforts as well as in his capacity as a naval health employee. As in the cases of native nurses and teachers (discussed in chapters 5 and 6), the navy understood Sablan to be an effective collaborator with the colonial administration. However, the navy placed even greater confidence in him because of the potential power and influence he could exert on his fellow Islanders. As a member of the Guam Congress House of Assembly from 1929 and one of only a handful of college-educated Chamorros, Sablan embodied for the navy the best of their achievements (GR, July 1939, 141). For example, naval accounts credit him, in his capacity as junior assistant health officer, 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” (GR, Jan 1934, 169). Just as navy officials believed that native nurses and teachers would exert much influence in transforming the everyday sanitary practices of Guam’s people, so did Sablan represent an opportunity to communicate with the masses who remained aloof from naval health endeavors. His 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.

On 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” (June 1940, 94). 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 support for the navy’s health agenda. Along with the numerous pattera (midwives), native nurses, and native healers, he lent his medical expertise to the treatment of Chamorros during the wartime occupation, but in 1951 Sablan and his family relocated to California, perhaps for greener medical pastures (PSECC 1995, 119–120).

The case of Dr Sablan exemplifies the ambiguities that lie between the 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 advance-
ment of their general education program. Colonial bureaucrats aspired to employ Sablan literally as an active agent in influencing and educating Chamorros in 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. In all of these ways, the navy’s interest in Sablan transcended his value as a doctor. He symbolized not only the potentialities of science, but also the possibilities for native compliance, collaboration, and assimilation.

Dr Sablan should not be viewed simply as either a victim of colonial manipulation or an agent of the navy’s colonial agenda. He might also be understood as a person who maximized the opportunities afforded him by the navy in order to further his personal interests and ambitions. Ostensibly, by serving the navy’s perceived goals, 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 signified more than an interest in medicine. To reach a fuller understanding of the multiple significances of Dr Sablan to both Chamorros and navy personnel, the peculiar mix of medicine and colonialism that informed his route to medical professionalism must be explored.

Health Historiography of Guam

The stories of Doc Torres and Ramon Sablan illustrate the avalanche of political, economic, cultural, and personal interests that saturate stories of health care on Guam. Despite a rich oral history of colonial contestation and ambivalence toward the navy’s health policies, written histories of Guam throughout the twentieth century uniformly praise the navy medical department for its humanitarian efforts in attending to Chamorro health. Navy reports, unsurprisingly, lauded its health programs as unequivocal markers of progress and advancement, and this self-aggrandizement effectively validated US colonialism on Guam to the colonized Chamorros as well as the larger military complex. For example, Lieutenant Commander Frederick J Nelson, who served a two-year term on Guam in the 1930s, stated, “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” (1940, 83). Numerous reports have hailed sanitary improvements as the singular highlight of American colonialism on the island. Another commentator, Chief Commissioner A C Suarez, wrote, “The greatest and most lasting contribution [of the US 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” (1939, 253). The navy itself placed health care at the top of its list of achievements, notably in its 1951 *US Navy Report on Guam*, which surveyed naval achievements as the navy prepared to transfer control of the island to the Department of the Interior (USN 1951). 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” (USN 1951, 5). In a 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” (USN 1951, 3).

Not only military writers have praised the navy for its health regime. Guam’s canonical, textbook histories, as well as other scholarly publications, have treated the field of health and hygiene as one of the navy’s unquestionable contributions to the island. Even American anthropologist Laura Thompson, noted for her denunciations of naval authoritarianism on Guam, wrote, “The Navy’s most solid achievement in Guam was in the field of health” (1944, 151). Similarly, Paul Carano and Pedro Sanchez noted in their textbook *The Complete History of Guam* that the navy made “substantial improvements” in Guam’s health and sanitary conditions. They described the opening of the navy hospital in particular as “one of the most important advances in the island’s progress” (1964, 264, 204). Scholar Robert F Rogers came to an even more emphatic conclusion, averring that “the American navy’s record in public health on Guam was exemplary” (1995, 160). In his *Destiny’s Landfall: A History of Guam*, Rogers asserted, “Overall, Guam’s population in 1941 compared with 1899 . . . was much healthier than when the Americans arrived” (1995, 160). The unanimity of opinion in these examples from Guam’s accepted historical literature, in contradiction of the diversity of opinion expressed in oral accounts, suggests that this topic is ripe for thorough and critical analysis.

In this work I aspire to disentangle the discourses of sanitation and disease on Guam, interrogating the points at which national, naval, and medical concerns conflicted or coincided, converged or diverged with indigenous ones. I investigate four health-related ventures undertaken by the US Naval Government of Guam in the period between 1898 and 1941: the administrative procedures for persons inflicted with Hansen’s
disease from 1899 to the 1940s; the regulation of Chamorro midwives that began in 1899; the establishment in 1905 of the first hospital for women and children; and the program for the treatment of hookworm that was established in 1918 and continued to the end of the period. In researching these topics I have encountered a wide variety of Chamorros whose responses and reactions to western medical intrusions run the gamut from enthusiastic compliance to deliberate defiance. By looking at the experiences of health-care givers such as the pattera and native nurses, I offer glimpses into the different ways and means by which Chamorro health practitioners negotiated their status in the new colonial system. Childhood memories of hookworm treatments, of hospital visits, and of family members forever separated from their families as a result of the navy’s policies toward Hansen’s disease also illuminate the different understandings and meanings Chamorros have given to these medical intrusions.

In examining the 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. These include 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.

Here I aim to provide a postcolonial critique of the entire body of written sources, examining those that hail the introduction of western health projects as a prominent example of the blessings of US naval colonialism on Guam, while locating previously unexplored sources that tell different stories of tension, conflict, and dissension, as well as appropriation, syncretism, and ambivalence. 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 that accrue from a military government. On the island, under the authoritarian dictates of a military commander, the Chamorro people were not simply presented with new medical technologies. Western health conventions and technologies served not merely as examples of colonial benevolence, but as power-laden offerings of the colonizer. They were culturally specific
forms of bodily intervention that 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 partly understood in the broad context of international improvements in public health and medicine and partly in the more specific context of early twentieth century social activism in the United States. While the social reform efforts in the United States during this period largely addressed urban crises resulting from huge increases in the nation’s immigrant population, the navy’s health efforts cannot be understood solely in this context. Similarly, the Chamorro people cannot simply be cast as part of the broader trend in US population growth in the late nineteenth century. Rather, as colonial subjects who came under the custody of the United States as the spoils of war, they and their stories must be analyzed in a mode that pays attention to the ambiguous and anomalous political relationship that developed between Guam and the United States.

Introducing Guam History

This research project concentrates primarily on Guam, the southern-most of the Mariana Islands in the western Pacific (map 2). It looks specifically at some of the changes to the Islanders’ 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 is important to provide a broad historical framework for the period prior to 1898. Though much of the past of the indigenous Chamorros of the Mariana Islands has been obscured over time, historical and archaeological evidence confirms that the precontact Islanders resided primarily in oceanfront villages composed largely of clan members practicing a matrilineal system of descent. Within the Mariana Islands chain, as in most of the neighboring Caroline Islands, kinship connections were traced through the maternal line. All family possessions, including children, were maintained by the mother’s clan, from which both males and females inherited their rights to land and other clan assets (PSECC 1994, 6). Within the matrilineal clans, leadership was conferred on men and women as the maga’lahe and maga’haga, the highest-ranking brother and sister of the clan. As the clan’s elder leaders, collectively referred to as the manma’gas, the maga’lahe and maga’haga achieved respect as a result of their age and experience.
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Missionary accounts suggest that the ranking of clans and individuals in social classes was an important part of Chamorro society, as it was throughout the Caroline Islands (PSECC 1994, 5–6). Canonical histories typically reduce native Chamorros to three classes, with the top-ranking members identified as matua, a group encompassing elders such as the maga’lahe and maga’haga, as well as other persons of noteworthy achievement (PSECC 1994, 6). As the relatives of matua, the acha’ot were of lower rank and formed the vast majority of the population; they could eventually rise to power through age and by demonstration of skill and wisdom. The lowest-ranking class was the mangachang, considered by the matua to be inferior persons. Though little is known of how they became disenfranchised from the rest of society, the mangachang endured numerous social restrictions, including prohibitions against residing along the oceanfront, fishing in the ocean, and marrying higher-ranking persons (Cunningham 1992, 89–90).

Religious, scientific, and medical practices were interconnected, all linked to beliefs in ancestral spirits such as the taotaomo’na and aniti. Taotaomo’na translates literally as “people of before,” referring to the spirits of ancient beings that were thought to “guard and protect the land, sea, and sky” (PSECC 1994, 39). In contrast, the aniti were animistic spirits that pervaded all forms of life, including the oceans, trees, and rock formations, as well as deceased clan members who were believed to remain tied to clan land even after death (PSECC 1994, 20–21). Physical ailments were attributed to natural and supernatural conditions, and, to treat physical infirmities that might arise, persons referred to as makahna performed a combination of priestly and medical services. The makahna 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” (PSECC 1994, 21). In his analysis of Chamorro philosophy, scholar James Sellmann noted that from precolonial times the “art and science of healing and medicine” on Guam revealed strong ties between Chamorros and their environment. He maintained 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” (1994, 30).

Subsistence living in the Mariana archipelago required this ethic of cooperation and interdependence among Chamorros, referred to as the practice of inafa’maolek, literally, “being kind and good to one another” (PSECC 1994, 9). Relationships forged through intermarriages between clans and through friendships linked Chamorros in intricate familial networks so that clan members worked in unison with the larger community to promote the best interests of the group. Sharing and relying on available human and natural resources, including the fruits and fish of their labor, exemplify the dynamics of inafa’mao-
lek. Whether the moment required canoe building, net making, fishing, or babysitting, relationships built on the concept of inafa’maolek enabled clans to rely on each other for whatever need arose.

Although first visited by Europeans in 1521 during Ferdinand Magellan’s circumnavigation of the world, the Mariana Islands were not formally colonized until 1668. In that year, with the establishment on Guam of the first colonial settlement in the Pacific, Spanish Catholics began actively challenging many of the ancient practices and beliefs of the indigenous Chamorros. The arrival of Padre Luis Diego de San Vitores, the Spanish Jesuit missionary who had aggressively campaigned to establish the colony, quickly led to incidents of culture conflict. Combative attempts by the Spanish to abolish what they perceived as stark evidence of paganism included efforts to eliminate the makahna and eradicate all traces of Chamorro ancestor worship, to restrict women’s relatively free social mobility, to interrupt so-called libidinous acts of sexual promiscuity, and to intervene in familial authority by literally kidnapping children in order to remove them from what were considered pagan influences. Within four years, San Vitores was killed by the now notorious Chamorro maga’lahe, Matapang, and his death led to the dis-

Photo 3  Mending their talaya (fishing net). (Collection of the Richard F Taitano Micronesian Area Research Center)
astrous, thirty-year-long Chamorro-Spanish Wars. During these three decades—between 1668, the year San Vitores arrived, and 1698, the year the wars officially ended—the combined effects of warfare and disease resulted in a depopulation rate of between 90 and 95 percent throughout the Mariana Islands. The conquering Spanish forces established a colonial government that placed the Marianas under the political jurisdiction of the Viceroyalty of New Spain (PSECC 1994, 32). With the waning of Spain’s wealth and power over the centuries, attention to its colonial possessions diminished. Most of Guam’s canonical histories have described the last century of Spanish rule as a time of stagnation, isolation, and social decline. However, more recent Chamorro histories have reassessed this period as a time of survival, rejuvenation, adaptation, and rebuilding (PSECC 1994, 36).

More than two centuries of Spanish colonization left an “indelible imprint on the cultural identity of Chamorros” (Souder 1992a, 33). In particular, the introduction of Roman Catholicism transformed cultural life so much that “many Catholic practices are closely associated [today] with kostumbren Chamorro,” an encompassing term that refers to the range of Chamorro values and customs (PSECC 1994, 37). In the case of the traditional Chamorro health practitioners, the makahna, because their practices linked Chamorros to their non-Christian past, Catholic missionaries sought to eliminate them from society. Although historical records state that Spanish missionaries and soldiers successfully extinguished the practices of the makahna by destroying their places and artifacts of worship, many of their practices persisted through the work of the traditional herbal healers, the suruhanu and suruhana. These Chamorro terms derive from the Spanish term cirujano (surgeon). In their healing practices, the suruhanu and suruhana, like the makahna, combined massage therapy and medicinal plant remedies with particular attention to symptoms of supernatural origin (McMakin 1978, 13). Researcher Patrick McMakin considered their craft “the most intact survival of a cultural activity of the pre-contact Chamorro” (quoted in Pobutsky 1983, 4A). Arguably, there is little substantive difference between the precolonial makahna and the colonial-era suruhanu and suruhana.

Along with challenging the spiritual and medical practices of precolonial Chamorros, Spanish administrators also reorganized clan living patterns and disrupted the matrilineal social configuration. As a result of their colonial and mission 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, beginning in the late 1600s (Rogers 1995, 43). Reducción permitted the Spanish colonizers and missionaries to identify the Chamorros, in Spanish polit-
ical and religious terms, as newly colonized natives who were subject to
divine and royal laws. In the Spanish colonial view, effective coloniza-
tion and Christianization necessitated the relocation of Chamorros to
provide for maximum surveillance of would-be rebels.

With the exception of persons living on Rota, who were allowed to
remain where they were, Chamorros from throughout the Mariana
Islands were relocated to specified villages. But clan members still pre-
served links to their ancestral lands by maintaining lanchos 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” (PSECC 1994, 32). In the process of reorganizing
Chamorro villages, the matrilineal system was “outlawed,” as Spaniards
attempted to assert “patriarchal notions of descent” and land owner-
ship (Souder 1992a, 45). Nonetheless, Chamorro women continued to
exert power and responsibility over family obligations, “responsibilities
[that] took them outside the home as they sought solutions to prob-
lems” (Souder 1992a, 228).

Though the population underwent major demographic crises, rank
and status remained important markers within Chamorro society. How-
ever, the ancient multitiered class system was reduced to two groups, the
mannakhilo’, of high rank, and the mannakpapa’, of low rank (PSECC
1994, 6). Whereas in precolonial times such class distinctions were prin-
cipally based on the ranking of one’s mother’s clan, in the Spanish colo-

Photo 4  Street scene in Umatac village, early 1900s. (Collection of the Rockefeller
Archive Center)
nial era the groups were redefined in terms that benefited 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 (PSECC 1994, 33). Significantly, the majority of the Chamorro population fits into neither of these two groups. The mannakhilo’ and mannak-papa’ encompass only the extremes of Chamorro society, the elite and the indigent (F Hattori 1999). While the bulk of the island population falls into neither category, the Chamorro language lacks a term to describe this ostensible middle class.

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 Mariana Islands—along with its other Micronesian territories in the Caroline and Marshall Islands—to Germany, which governed them until after World War I, when they were occupied by Japan. In 1919, the League of Nations granted an official mandate to Japan, which remained in control until the Second World War, when the United States conquered the islands in a series of bloody battles. However, for the Chamorro people the most profound change occurred in 1898, when the United States claimed Guam alone as a spoil of war.

Photo 5  Typical housing structure at the lancho (ranch). (Collection of the Rockefeller Archive Center)
beginning an estrangement of Guam from the rest of the Mariana Islands that continues to this day.

On Guam, since 1898 the navy had assumed complete control of all island affairs, both civil and military. From the very beginning, the theme of American benevolence was loudly sounded. During the Spanish-American War, the USS *Maine* received orders to attack and dismantle the Spanish military presence on Guam, and in his “Instructions for the Military Commander of the Island of Guam” of 12 January 1898, President William McKinley called on the US Navy “to announce and proclaim in the most public manner that we come, not as invaders or conquerors, but as friends.” 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” (quoted in NGG AR 1914, 2). Despite the supposedly kindly exterior of the US colonizing force on Guam, McKinley’s orders also stipulated that Guam fell under “the absolute domain of naval authority,” thus legitimizing the autocratic system of government that reigned for half a century. The appointed naval officer served as both commandant of the naval station and governor of the island (NGG AR 1914, 2). Because of the island’s strategic location, American interest 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, with neither a judicial system nor a legislative body to act as a check on his actions. This authoritarian system prevailed until 1950, when the US Congress approved an Organic Act for Guam that, among its other consequences, shifted the political control of the island from the navy to a civilian government.12

For half a century the Chamorro people were subjected to the whims and dictates of a rapidly revolving procession of military officers. From the outset, however, these men attempted to map the course of Guam’s social, economic, and political development in a somewhat uniform fashion. Although thirty-two different naval governors held office during this short period, administrative methods changed very little. 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” (1935, 239).

Despite consistent appeals by Chamorro leaders for a formal expression of the civil and political rights of the people of Guam, few governors acted to implement anything resembling a democratic form of
government. Only two of them attempted to address the issue. In 1917, Governor Roy Smith created the Guam Congress, but because it was only an advisory body with all of its members appointed by the governor, the Chamorro public soon lost interest in it (see Bordallo Hofschneider 2001). In 1930, Governor Willis Bradley revisited the issue of Chamorro political disenfranchisement by proclaiming a “Guam Bill of Rights” and by reestablishing the advisory Guam Congress (Rogers 1995, 149–152). But he left Guam only a year later, and subsequent governors did not follow his lead in attempting to define the Chamorro people’s political rights. For the most part, the naval governors perpetuated their position of power with minimal disruption.

One of the primary bodies of policy implemented on Guam addressed issues of health and hygiene, particularly in the interest of protecting the nascent American colony. Succeeding governors would reiterate a sentiment articulated by the first naval appointee, Captain Richard P Leary, who wrote that “the professional services of our Surgeons and the medical stores on hand [were provided to the Chamorro people] as an act of humanity for the improvement of the hygienic condition of the island and for the protection of our own men” (1899, 1). Navy governors vocalized these twin goals of protecting both the native Chamorros and their military personnel throughout their period of rule, sometimes placing more emphasis on one group of subjects than on the other, depending on the degree of contagion and immunity to the particular medical concern in question.

First Impressions: Chamorro Health and the US Navy

Prior to the navy’s colonization of Guam, several accounts noted the cleanliness of the Chamorro people and their villages, and contemporary anthropologist Lawrence Cunningham has identified cleanliness as one of the Chamorro people’s most esteemed values. In particular, he cited the observations of sixteenth- and seventeenth-century Spaniards such as Fray Antonio del los Angeles and Padre Luis Diego de San Vitores, both of whom noted an emphasis on hygiene and sanitation among Chamorros. Del los Angeles wrote in 1597, “As soon as a guest arrives, he is given hot water with which to wash.” Similarly, San Vitores 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” (Cunningham 1992, 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 *Lydia*, first officer William Haswell described the houses as “small but very cleanly” (quoted in
Chapter 1

Wuerch 1997, 96). Following his travel to Guam, British yachtsman James Cumming Dewar stated in an 1889 report, “The streets... were marvelously clean” (quoted in Wuerch 1997, 116).

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 that “[The Chamorro people’s] dress is neat and clean, and in their personal habits they are modest and tidy. . . . They are cleanly” (1899b, 29). Just one month earlier, Poor had noted, “Much stress has been laid, in the little that has been written about Guam, upon the prevalence of leprosy,” but he continued, “As a matter of fact there is but little of it here—not over a dozen cases” (1899a, 1135).

Poor’s assessment that navy observers had overstated the significance of Hansen’s disease on Guam opens a window on the ambivalent discussion that arose around the topic of health and the Chamorro people. Portraying them as sometimes wretched, sometimes decent, these elastic representations of the indigenous people 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” (1899, 1). Captain Richard Leary, the first naval governor, also exhibited his understanding of the physical conditions of the Chamorros in a 1900 order that authorized the apprehension and quarantine of all American servicemen who had left their ship to live among the native people. In General Order 14, Leary explained that members of his command would “incur the risk of infection” by associating with the presumably disease-riddled Chamorros. He sought to protect those Americans exposed to native germs, as well as the other members of his command (NGG 1974, 53). As Leary was the first governor, his orders were especially significant because they established the precedents to which later governors would adhere.

General Order 14 stated the particular objective of protecting military service members, but it 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 versus diseased, but also as modern versus primitive, progressive versus conservative, industrious
versus lazy, literate versus illiterate, and moral versus 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 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 systematically administered annual treatments to all Chamorro schoolchildren without prior diagnosis of illness. The presumption was that all of them were infected. However, military personnel were treated only after a medical examination and diagnosis.

Some Chamorros perceived such approaches as less than ideal. Ramon Sablan, in his capacity as an employee of the navy medical department, wrote publicly in the *Guam Recorder* 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.” Conceivably echoing the sentiments of other naval medical personnel, he went on to state that “perhaps it was the most practical way [since] only a very small percentage of the people voluntarily go to the hospitals” (1929, June, 50). Sablan’s comments reveal that Chamorro patients were treated as uniformly diseased partly in light of the medical exigency created by their 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 an employee of the naval government, as an appointed member of the Guam Congress, and as a member of the *mannakhilo’* class, Sablan espoused opinions that were undoubtedly shared by other Chamorros of his status.

Returning to Leary’s order for the quarantine of servicemen exposed to native germs, evidence exists that 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, DC, 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” being committed, mainly by non-commissioned officers, in their “open adultery” with native women. 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,” little could be done to curb such “transgressions” (1903a,
1). The alarm over interracial couplings suggests that the officers in charge saw adulterous relationships as both physically and morally debilitating even if some navy enlistees did not share the health concerns of the higher-ups.

Governors Templin Potts and W.W. Gilmer both sought to ban interracial marriages in an 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 (1907, 1). Although Potts never officially banned interracial marriage, Gilmer did 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” (NGG EGO 1919, 1). In explaining his edict to a committee of American citizens on Guam that had formed to fight it, 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” (1919, 1).15

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. In 1919 a list of more than fifty marine and navy enlisted men who had married Chamorro women was compiled by J.H. Underwood, W.W. Rowley, and T.E. Mayhew, three American men stationed on the island who had married Chamorro women (1919, 1). Provided to the navy governor as evidence of stable marriages between native women and military men, the list included the progenitors of families on Guam such as the Andersons, Butlers, Johnston, Leddys, McDonalds, Manleys, and Wustigs; it also provided tangible evidence of navy men’s resistance to the notion of Chamorro contagion that was 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, a good number of their subordinates appear not to have shared their views.

The Navy Health Bureaucracy: Medicine, Charity, and Colonialism on Guam

From the start of the naval administration of Guam, the theme of American benevolence was emphasized. McKinley’s 1898 “Instructions” called on the US Navy to prove to the Chamorros “that the mission of the United States is one of benevolent assimilation” (quoted in NGG AR 1914, 3). Health policies perhaps best exemplify the body of
well-meant measures implemented by the colonial government, partly
to attend to the health concerns of the indigenous people, but also in
the interest of protecting the military colony. As my research demon-
strates, these two separate missions soon became inextricably linked.
In order to execute programs most rigorously, naval governors divided
the medical duties of their administration between the departments of
health and police. Consequently, the treatment of health and hygiene
became defined in terms of the charitable activities of the military and
the criminal activities of the Chamorros.

On Guam, attending to the health concerns of both groups was ulti-
mately the responsibility of the naval governor, who held complete
authority over all island affairs. The establishment of a health depart-
ment to deal specifically with the indigenous inhabitants was not dic-
tated by either the president or the US Congress, but was undertaken
by the navy itself. Navy officials acknowledged from the start that the
costly expenses would be borne not by the cash-poor Chamorros but
by the federal government. This fiscal reality contributed to the perva-
sive representation of health care for Chamorros as evidence of colo-
nial philanthropy.

Paying credence to McKinley’s instructions for the “benevolent
assimilation” of Chamorros, in 1905 Governor Dyer officially estab-
lished the Department of Health and Charities, directing it to assume
“general supervision of the public health and sanitary interests of this
Island” (NGG GO 1905, 1). After 1918, the term charities was dropped
from the department’s name, but “charity” continued to be listed as a
departmental subfield in the naval government’s organizational chart
until 1938 (NGG AR 1929, 5). The initial inclusion of charities in the
agency title says much about the navy’s perception of its health respon-
sibilities on Guam, as well as its view of the Chamorro people’s suppos-
edly abject status. In contrast, the coexisting naval agency entrusted
with the health care of military personnel and their dependents was
simply titled the Medical Department.

The very naming of the Department of Health and Charities con-
veyed the notion of Chamorros as beneficiaries of American colonial
philanthropy, and this was reinforced by the allocation of federal dol-
ars for the health care of the Chamorro people. As the people of
Guam lived a subsistence lifestyle and had few cash resources, taxes
accounted for only a negligible part of the government’s operating
budget. Instead, navy funds to run the affairs of the entire island came
almost entirely from federal appropriations, and so navy government
officials could easily identify their expenditures, particularly health
costs, as representative of American beneficence. For example, Gov-
ernor E J Dorn 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 (NGG AR 1908, 10–11).

McKinley’s call for “benevolent assimilation” on Guam was frequently and consistently repeated by others, including nonmilitary writers, throughout the next half century. In the magazine *The Outlook*, for example, an unnamed author declared in 1899, “Guam is ours, and it should be the center of the best that our civilization can give” (19 August, 906). 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. In 1921, Governor Ivan Wettengel expressed this connection explicitly in his comment that “the US 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” (Wettengel 1921, 1). The value to be gained from assimilating the Chamorros was articulated at length in the November 1935 issue of the *Guam Recorder* by editor Jack Flynn, who exhorted the naval community to assist in the process:

[U]ndoubtedly 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. . . . 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. (Flynn 1935, 202)

Through a number of forms and methods, the parade of naval governors on Guam pronounced laws and enacted policies aimed at helping the Chamorro people in what Flynn described as 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 United States. In both places, these programs sought to assimilate non–Anglo Saxon people into “the American way” through education campaigns, English language lessons, and public health campaigns (McClymer 1991, 233). While some prominent Americanizers in the United States 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” (Hays 1964, 102–103).
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 to them so-called “American customs” were radical foreign intrusions. As indigenous people living on their home island, it was not possible for Chamorros to assimilate into an existing American culture, as was expected of immigrants. Instead, the new culture would have to be imported, and imposed, on those colonized. 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 on the American mainland. Moreover, although Americanization programs on the US mainland served a variety of nativist and nationalist interests, those on Guam ultimately served the interests of the military—by protecting the health of their personnel and validating their colonial presence while positioning them as the rescuers of an underprivileged race.

Nonetheless, if care of Chamorro health was one of the primary tools of American colonial philanthropy, then the ever-expanding population provided seemingly unequivocal evidence of naval success. Census counts became important testimony to the assimilation project’s legitimacy and victory. The 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” (NGG AR 1908, 10–11). Even the secretary of the navy lauded the results, for example, in this 1931 report: “[the] doubling of the native population in 30 years is due largely to the sanitary and medical work of the naval medical officers” (USN AR ND 1930–1931, 105). These assumptions were reemphasized by Lieutenant Frederick Nelson, who wrote, “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 Marianas Islands where no specific efforts for their preservation have been made” (1936, 1135).

Perhaps Nelson’s comments were informed by a questionable 1910 German report that stated in equally social-Darwinist terms that, in the northern Marianas, “The Chamorros are obviously a degenerating race” (quoted in Eckart 1998, 101). The German report, like Nelson’s comments, pronounced impending tragedy for the Chamorro people, despite conflicting statistics that told a story of steady population growth (Farrell 1991, 276, 285, 323). Nonetheless, Nelson’s statement reveals something of the paternalistic attitudes that accompanied navy benevolence. The notion that the Chamorro people might become
extinct without the intervention of American philanthropy served the interests of not only 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 stated, “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” (1995, 160). An examination of the death rates presented in table 1 reveals anything but a linear, triumphant story of naval achievement. Given the fluctuating rates of death from year to year, one would be hard pressed to argue that the statistics demonstrate unquestionable naval accomplishment in the area of health.

Measles outbreaks in 1913–1914, 1924–1925, and 1933–1935, as well as an international influenza epidemic in 1918–1919 increased the death rates considerably in those years. Navy surgeons noted other epidemics, considered minor because fewer deaths resulted, including smallpox in 1904, whooping cough in 1915, and bacillary dysentery in 1923. In each of the epidemics that affected Guam, navy doctors identified the disease’s origins with particular military vessels disembarking on the island.

The death-rate statistics reveal that in every decade of naval rule, at least one major epidemic resulted in hundreds of deaths. Year after year the navy struggled to curtail the spread of epidemic diseases. The data in table 1 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 as a result of epidemics should not be overlooked. The statistics do not speak teleologically of medical miracles so much as they disclose more complex stories of victories and defeats.

The use of death-rate data demonstrates the availability of modern statistics as a tool of “comparative analysis as well as clinical investigation” (D Arnold 1993a, 66). Noted scholar David Arnold observed that by the mid-nineteenth century, medical data had grown in use and popularity among army leaders in Europe and North America. With the use of these new analytical tools, “health was being seen as a quantifiable commodity [in which the] possibility of progress” could now be reliably measured (D Arnold 1993a, 66). Arnold asserted 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” (1993a, 72). In a 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.

Table 1 reveals little evidence of military medical miracles for the Chamorro people, because the advances were tempered in part by the
stark reality of tragic, unpredictable epidemics and in part by the 
oppressiveness of the health department (discussed in later chapters). The 
annual demographic statistics signified, at best, an increase in 
family members who could provide additional labor on the subsistence 
ranches, or, at worst, little more than an increase in the family’s tax debt 
to the naval government. Through the census, naval governors not only

<table>
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<tr>
<th>Year</th>
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<th>Number of Deaths</th>
<th>Death Rate per 1,000</th>
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<td>20,279</td>
<td>367</td>
<td>18.1</td>
<td>GR, Feb 1934–Jan 1935</td>
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<tr>
<td>1934</td>
<td>19,455</td>
<td>426</td>
<td>21.9</td>
<td>NGG AR 1936, 6</td>
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<tr>
<td>1935</td>
<td>20,373</td>
<td>328</td>
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<td>20,860</td>
<td>323</td>
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<td>21,088</td>
<td>479</td>
<td>22.7</td>
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<td>21,647</td>
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<td>21,502</td>
<td>316</td>
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tracked births and deaths but also made note of persons eligible to pay taxes or provide labor to the government. To some of the naval governors, population figures represented not so much evidence of American philanthropy fulfilled, as economic opportunity for the administration. For example, as Governor Seaton Schroeder stated in 1901, “It is hoped soon to take an actual census of the Island. Tangible benefits [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” (NGG AR 1901, 9).

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 withholding of voting rights from Chamorros). Further, in the practical operations of the naval administration, increasing numbers of healthy Chamorros also signified an expanded labor force. Not only was each male between the ages of 18 and 60 required to work for the naval government, but rising population figures suggested the possibility of increased economic productivity for the island in general. As Schroeder’s comments suggest, the navy’s medical advances in the area of population growth could serve different though equally self-serving purposes.

Others also disputed the 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” (USN ARSG 1907, 79). 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” (1926, 6–7). The twin policies of treating the medical problems of both navy personnel and native Chamorros were two halves of the same whole, serving the objective of protecting the military establishment.

Even when governors recommended measures aimed at benefiting 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,” but his rationale was that it would be for the benefit of the naval community (NGG AR 1904, 4). Making Guam a more livable place for navy personnel would ultimately require elevating the standard of living of its indigenous inhabitants. As Dyer pointed 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” (NGG AR 1904, 6).

Dyer’s remarks show that the desires and interests of navy personnel stationed on Guam were the paramount concern of some naval authorities. The improvement of Chamorro health care facilities, as well as a range of other projects, was viewed by some as a means to those ends. Further elaborating on Dyer’s point, Charles H Forbes-Lindsay, in his 1906 study titled America’s Insular Possessions, favored the elevation of the Chamorros for the benefit of the naval community. He 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” (1906, 238).

The statements of both Dyer and Forbes-Lindsay reveal the belief that the transformation of Chamorro society would directly benefit the navy. The Chamorro people, according to such observers, would be the lucky beneficiaries as the navy’s own needs were satisfied. Although not all naval officials reproduced McKinley’s stated objective of “benevolent assimilation,” there was consensus that, for a variety of different but equally compelling reasons, the health of the Chamorro people had to be addressed.

Criminalizing Health and Hygiene: Medicine and Power
Having established a number of reasons for attending to the health of the native people, 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 Chamorros, 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 native people as charitable contributions, and some navy officials believed that Chamorros were therefore morally obliged to comply with the navy’s programs. For example, navy surgeon Edward Reed commented in 1924, “In return for this liberal expenditure of [federal] funds the Health Department is entitled to the complete cooperation of the people of Guam in its efforts to improve the sanitary conditions and the health of the people” (1924, Oct, 6).

Whatever the benevolent intentions of some naval officials, archival records convey the difficult task faced by the navy in convincing the Chamorro people that health programs were 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. Sanitary and other measures recommended . . . are for the betterment of their condition, and the promotion of contentment, health, and happiness” (NGG 1919, 1). Despite such attempts to reach 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 raise doubts about the efficacy of the navy’s campaigns.

Perhaps because of the Chamorros’ 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. 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, rather than outreach programs or educational campaigns, served as the vehicles through which policies regarding sanitation and health care reached the Chamorro people. Navy administrators enacted a variety of intrusive and severe laws in order to establish public health standards. For example, in 1905 the governor instituted the practice of inspecting individuals’ homes, mandating in Executive General Order 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” (NGG EGO 1905, 1).
By 1907, regulations for Hagåtña were tightened up considerably, enumerating the provisions for dealing with outhouses, garbage, weeds, lawns, and a variety of other sanitary matters. Furthermore, in 1907 Executive General Order 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” (NGG EGO 1907, 1). House-to-house inspections became an everyday reality in every village by the end of the first decade of naval rule, not just for the inspection of houses and grounds, but also for the identification of ailing Chamorros during epidemic outbreaks. In 1913, for instance, inspections were made daily in Hagåtña, Merizo, and Piti (see map 1), in order to identify and quarantine those infected by a measles epidemic (Kindleberger 1913b, 1).

During the second decade of naval rule on Guam, sanitary laws had become 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 (NGG EGO 1918, 1). 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” (NGG 1936, 32). While this policy sought to prevent Chamorros from accumulating dirt on their clothing, it posed an inconvenience for subsistence farmers who lacked the finances to purchase a clothesline and clothespins (Torres 1999).

Photo 6 Women washing and drying clothes at the Hagåtña river. (Collection of the Richard F Taitano Micronesian Area Research Center)
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” (GNL, Sept–Oct 1911, 1). This regulation resulted in the outlawing of traditional *mestisa* skirts, noted by navy administrators for their long trains that swept up dust. The laws governing girls’ skirts and the hanging of laundry may have arisen out of concerns for hygiene, but they concomitantly reinforced the government’s power to control the minute details of each person’s daily life. Governors’ orders on Guam, even regarding the length of the grass on one’s lawn, had the effect of criminalizing those guilty of sanitary offenses; from 1907, violations were grounds for arrest and imprisonment. Just as significantly, the police powers wielded by the governor over such mundane affairs strengthened the authority of the naval officer in charge. 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.

The criminalization of practices is further exemplified in the operations of the insular patrol, as illustrated in the story of Doc Torres from
his schooldays. In 1914 enforcing the sanitary regulations in the villages through the regular inspection of homes and lots became the responsibility of this group, created by Governor W J Maxwell. Bureaucratically, the insular patrol fell under the jurisdiction of the Police Department, not the Department of Health and Charities, although their duty was to enforce a broad range of governors’ orders. 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” (NGG AR 1915, 11). They also had the authority to issue tickets and arrest sanitary offenders. Illustrating the perceived significance of these sanitation functions in the Police Department, the *Guam Recorder* noted in 1924, “The Police Department is now with the old Motto ‘Cleanliness is next to Godliness’” (Dec 1924, 2). From the adoption of this motto it would appear that the Police Department took its responsibilities for village health and hygiene seriously. This extraordinarily close relationship between health policies and police powers demonstrates once again that issues of health and hygiene could be easily manipulated to endorse the power of the colonial government.

Governors and medical personnel consistently lauded the work done by the sanitary inspectors to improve the hygienic conditions in the villages. In a 1919 report, the island’s health officer remarked, “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” (NGG SR 1919, 4). By the 1940s, the navy was hiring Chamorro men to work as sanitary inspectors in the village of Hagåtña. Francisco B Leon Guerrero, better known as *Tun* Kiko Encho, gained notoriety as the sanitary inspector responsible for monitoring the capital village’s streets and homes in the years leading up to World War II. According to his 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.” Yet Edith Rosario Blankenfeld, a resident of prewar Hagåtña, remembered Frank’s father differently: “The streets were cleaner then, thanks to Kiko Encho” (Santos 1993, 10). 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 in such an adversarial role. Whereas some villagers undoubtedly disapproved of *Tun* Kiko’s work, others such as *Tan* Edith appreciated his efforts.

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 on to help out in the navy’s cause. In a speech before important naval officials, prominent merchant Jose Flores described the situation: the Spanish Capuchin friars “are going house to house, urging upon their parishioners the need for sanitation and cleanliness and cooperation with the authorities” (1938, 14). This was not the first time the Catholic clergy had become 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 villages, primarily in the capital of Hagåtña, and would thus have improved public health conditions. As Smith reported in 1917, “The priests have lent their cordial aid . . . by preaching from the pulpit and by individual counsel” (NGG AR 1917, 41).

Although few Chamorros adhered to their pastors’ calls for relocation to the ranch areas in 1917, it may be 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. Perhaps realizing that Catholic priests, to whom villagers were notoriously loyal, would exercise greater influence over the Chamorro people than the health officers could, navy governors attempted to accommodate the local culture. In asking the church to help the government accomplish its health objectives, the navy was forced to adopt Chamorro ways of getting things done. Yet, as these examples also expose, in extending colonial power through the application of health policies, even Roman Catholic authorities became entangled in the webs of medicine, colonialism, and power.

The cooperation of Catholic clergy with the navy government is in part explained by the turmoil experienced within the church in the early twentieth century. During the first four decades following the Spanish-American War, control over the local church shifted three times. In 1899, Governor Leary deported the Spanish Augustinian Recollects, regarding them “as a hindering influence in the Americanization of the Island” (Sullivan 1957, 99). In their absence, local church work continued principally through 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 asked the Rhine-Westphalian Province of the Capuchins to assume church leadership in the islands (Sullivan 1957, 102). This arrangement lasted only a few years before diplomatic tensions between Germany and the United States resulted in yet another change. 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 (Sullivan 1957, 105). In 1938, navy requests for the removal of the Spanish clergy—because “they were alien citizens in an important military base”—resulted in their replacement with American Capuchin priests from St Joseph’s Province in Detroit (Sullivan 1957, 145). Given the uncertainties in the local church hierarchy in the first half of the twentieth century, it would appear that Catholic priests were concerned with establishing their own spheres of influence. In light of their institution’s instability, their relationship with the naval government was typically one of pragmatic cooperation.

In negotiating their own relationship with the naval government, most Chamorros sought to avoid the legal inconveniences that 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. For those Chamorros who lived by subsistence outside Hagåtña, even twenty-five-cent fines were considered prohibitive (Torres 1999). To avoid such consequences, as Chamorro Protestant Minister Joaquin Flores Sablan recalled, “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” (1990, 300).

Like Doc Torres, Minister Sablan confirmed that Chamorros were ever mindful of the insular patrol members and their inspections. Like Sablan, Doc Torres recalled that villagers in his home village of Merizo were quick to conform to the dictates of the inspectors, if only to avoid the costly fines that they could ill afford (1999). The examples provided by both men 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” (1985). 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 interest 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 paid little regard to the regulations, as evidenced by the high number of sanitary violations reported by Guam’s naval governors in the Annual Reports of 1937, 1938, and 1939 (NGG AR 1937, 21; 1938, 26; 1939, 27). Furthermore, as anthropologist Laura Thompson noted in her prewar 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” (1941, 276).

Through this research project, I reexamine the histories of medicine and health care experienced by both Chamorros and Americans on Guam in the context of colonialism. By analyzing cases involving Hansen’s disease, midwifery, hospitals, and hookworm treatment programs, I illustrate 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 an understanding of the spectrum of naval health policies on Guam.

In the next chapter, I provide a general survey of the discourses on disease in both national and international contexts, as well as in the context of navy colonialism on Guam. I further examine the role of tropical medicine as a developing subfield for the medical professional in the colonial apparatus. As one of the navy’s “tools of empire,” to borrow a phrase from historian Daniel Headrick, western medicines and health technologies provided compelling mechanisms through which American administrators on Guam could justify their colonial mission while appealing to the local population. Finally, chapter 2 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.

The third chapter delineates naval regulations regarding Hansen’s disease and gangosa, policies that first confined patients to a “leper colony” in the village of Tumon, but later exiled them to one in the Philippines. As the chapter shows, naval fears of tropical ailments resulted in intrusive policies that 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 Hansen’s disease 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 extended family groups. In examining the processes through which naval administrators asserted their interest 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 naval regulations placed on Chamorro midwives, *i pattera*, as well as traditional herbal healers,
Sanitary Confinement

*i suruhana,* and mothers. Among the first health-related regulations enacted by the navy were restrictions on the practices of the *pattera* in the interests of saving the lives of native children. Chamorro midwives were represented as primitive and ignorant crones, unfit for medical service. In chapter 4, I propose that the battle to circumscribe the power and practices of *pattera, suruhana,* and mothers 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 statements about midwives can be read to express medical anxieties regarding the professionalization of their position as health-care specialists as well as institutional anxieties regarding the status of the medical corps within the naval bureaucracy.

In chapter 5, I survey 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” (E. Johnston 1971, 41). While the hospital can be seen as an institution that asserted the power and knowledge of American women over Chamorros, ironically it did so 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 exclusively male medical corps. Moreover, as the place in which Chamorro women would receive training as nurses, the Susana Hospital became for Chamorro women at once a place of economic opportunity and a site where they were subsumed into a bourgeois American mold. In this chapter, therefore, I examine the historical contexts of and cultural meanings given to hospitals as well as the roles played by hospital-run training programs, particularly in relationship to native women in the American overseas colonies.

Chapter 6 examines the watch on children’s bodies, primarily as enacted in the annual hookworm treatments administered to all schoolchildren. Attitudes and policies concerning hookworm reveal naval administrators’ assumptions about race and class as well as their beliefs about the gravity of educating children in western epistemologies of hygiene. In this study of hookworm on Guam I also explore 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 elucidate the understanding of forms of both internalized surveillance in the mode of Michel Foucault and resistance as examined by James Scott.

My research project concludes in chapter 7 with a discussion of some of the changes in health care attitudes and practices that have occurred
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, western medicine, itself in distress through the
eyear 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
to an indigenous people who were rarely enthusiastic celebrants of its
advances, but also to military bureaucrats, corporate philanthropists,
and health professionals inside and outside the military establishment.
In employing the developing laboratory and diagnostic technologies of
the time, navy doctors and nurses bemoaned their failures and strugg-
gles as much as they celebrated their successes. Navy bureaucrats expe-
rrienced similar 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, resis-
tance or compliance. Rather, the most compelling stories are tales of
the often overlapping processes of adaptation, appropriation, accep-
tance, rejection, domination, and resistance. In the campaigns to com-
batt filth and germs, and in the struggles for life and death, a glimpse is
given of the tensions underwriting the contests for power and author-
ity between Chamorros, Americans, men, women, doctors, nurses, chil-
dren, and adults.