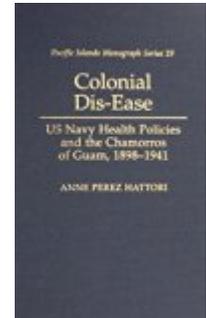


Anne Perez Hattori. *Colonial Dis-Ease: U.S. Navy Health Policies and the Chamorros of Guam, 1898-1941.* Honolulu: University of Hawaii Press, 2004. xiv + 239 pp. \$45.00, cloth, ISBN 978-0-8248-2808-0.



Reviewed by Kyle Schlafer

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Historians have often outlined a linear development of medical care, chronicling great discoveries and showing how medicine has constantly improved over time. This triumphal view has focused on doctors and researchers in large measure because of the readily available source material. Anne Perez Hattori, a professor of Pacific history at the University of Guam, attempts to explore the stories of both those implementing public health policies as well as those who experienced the effects of these initiatives.

Hattori argues that the U.S. Navy faced much more conflict as it attempted to implement disease and sanitation policies upon the native population of Guam (Chamorros) than previous historians have acknowledged. The author argues that the Chamorros did not simply passively accept the introduction of western medicine but rather exhibited a variety of responses from acceptance to rejection. The varied native reactions coupled with the experimental nature of some of the American medical programs resulted in initiatives experiencing both success and failure. Hattori also contends American health programs had

far reaching effects on cultural values, as well as gender, class, and economic relationships.

Hattori begins by providing excellent overviews of Guam's history, American governance, and the navy's health administration for the island. She also discusses changes occurring in medicine during the late nineteenth century regarding professionalization of the medical community and the growth of public health policy during the Progressive Era. She lays this solid foundation of medicine, politics, science, and culture, which play out in her four case studies of naval health ventures undertaken between 1898 and the outbreak of World War II.

The first case examines naval regulations of those suffering from Hansen's disease (leprosy). American authorities rounded up natives suspected of having the disease and forced them to live in a separate village, later deporting them to the Philippines. This radical departure from traditional practices, as well as the fact many people who did not suffer from the disease were quarantined, created great tension between the naval government and Chamorros. Despite these strains, the

navy's efforts lead to a decline of Hansen's disease on the island.

The author's second case study examines regulations placed on native healers, particularly midwives. In an attempt to bolster the population of the island, the naval government created strict regulations and instruction for midwifery at the newly created nursing school. This process mirrored attempts in the western countries to move the care of mothers and children away from midwives to male medical professionals. The new policies mostly met with resistance as midwives using traditional methods continued to dominate well into the 1950s.

Hattori's third case study involves the creation of the Susana hospital, a place dedicated to the care of women and children. Wives of naval officers stationed in Guam provided the impetus for the construction of the hospital as well as raised the majority of the funds. Americans expressed frustration due to the fact few Chamorros visited the hospital to take advantage of free health care. Regulations requiring that natives speak English, feeding native patients with leftovers, and requiring able-bodied patients to do work around the hospital all discouraged natives from seeking care at the facility.

The final case study explores hookworm. The navy began forcing all school-aged children to go to the hospital and receive several days of treatment, even if children showed no symptoms. Hospital staff held children against their will and undertook the care without parental consent. By the 1920s, the government ceased the forced-hospitalization program and children received care at school twice a year. The naval administration also initiated a strong educational program including hygiene curriculum in schools along with promotional contests and parades aimed at youth. Despite this aggressive approach, incidence of hookworm did not noticeably decline during this period.

Hattori convincingly shows the U.S. Navy's health policies did not meet with unmitigated success. The collision of two radically different traditions of practices and beliefs regarding medical care resulted in conflict and compromise from both sides. Hattori's mining of both American and Chamorro sources creates a more complete understanding of health policies. Her use of naval reports, articles in medical journals and reminiscences of health care gives demonstrates the variety of motives (concern for naval personnel, economic incentives from Congress, and genuine care for the native population) and reasoning expressed by Americans for implementing their policies. The oral histories of Chamorros express the wide range of responses to American health projects including resistance, compliance, anger, and gratefulness.

Hattori makes a persuasive argument that the influence of the navy's health policies extended far beyond the bodies of the Chamorro people. In particular, she demonstrates how hygiene programs promoted American middle-class views on gender roles. Her case studies examining the regulation of midwives and the creation of the hospital for women and children reinforces other historians' examination of the rise of male domination over women's health care during the late nineteenth and early twentieth centuries.

Despite Hattori's success in revealing the often contentious nature of the navy's health policies as well as their far-reaching impacts, her study suffers from some weaknesses. The author on many occasions (especially in the final case study) speculates on possible motives for American actions without any confirmation from source material. For example, in her discussion of hookworm treatment, the author makes the following statements: "Perhaps their incursions into the lives of children equally reflected the navy's frustrated attempts to control Chamorro" (p. 157) and "Perhaps feeling frustrated by their inability to curb the hookworm problem on Guam, navy offi-

cers turned to an institution already world renowned for its hookworm work" (p. 168). The speculative nature of some of Hattori's analysis stands in stark contrast with her more convincing conclusions based on historical evidence (particularly the first two case studies).

The work could have also benefited from some comparison with American health and hygiene policies in other colonial possessions during the same period. Hattori briefly discusses the leper colony in the Philippines and mentions in passing some health issues in other tropical locales. Since the United States took over many areas following the Spanish-American War, it would have been interesting to find out how American administrators dealt with health issues in other possessions. Moreover, the author does not provide any sense of how the navy administrated public health on Eastern Samoa, which it also governed during this same period. Did the navy pursue similar programs? And if so, what was the response of the Samoans? How did administrators handle issues such as hookworm and midwives? A full comparative study would have been outside the scope of the book, but some analysis of other American policies would have provided a more comprehensive picture. This added information would have perhaps also bolstered her argument about the far-reaching effects of public health initiatives on a colonial populace.

This work features a pleasing presentation with excellent maps and photographs. The author also provides a glossary of Chamorro language terms that a non-native can appreciate. The note format provides the only area for criticism in terms of the layout of the book. Instead of standard footnotes or endnotes, the author uses parenthetical references with author and page number. This forces the reader to constantly turn to the bibliography in the back and then scan twenty pages of references to find the alphabetical listing for the author. This format is not well suited for a

work such as this where the author cites such a vast array of primary sources.

Colonial Dis-ease has much to offer readers. Military historians will benefit from new information on how the U.S. Navy approached the duty of providing health care for colonial subjects. This study helps provide a fuller picture of the non-combat roles performed by the U.S. military during the first half of the twentieth century. Hattori's inclusion of historical context on a variety of topics (Guam, military medicine, medical care and gender issues) offers the specialist and general reader alike the opportunity to hear from both those forming health policies as well as those who were affected by them. Hattori tells the story of doctor and patient as well as providing a voice for the colonizer and colonized.

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