## Book Review

## Placental Politics: CHamoru Women, White Womanhood, and Indigeneity Under US Colonialism in Guam

Placental Politics: CHamoru Women, White Womanhood, and Indigeneity Under US Colonialism in Guam. By Christine Taitano DeLisle. Chapel Hill, NC: University of North Carolina Press, 2021. 322 pages. USD \$39.95.

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DeLisle's *Placental Politics* contributes a deeper and more critical understanding of commonly held beliefs about Guåhan's Naval Administration period and the world that emerged post-WWII. *Placental Politics* pushes the stories of CHamoru women to the center by illustrating the plight of the CHamoru *pattera*, or midwives, as they navigated what Kanaka Maoli activist and scholar Haunani-Kay Trask (1996) calls an indigenous person's "two cultural worlds." In today's healthcare industry, nursing and midwifery are considered highly respected vocations, but *Placental Politics* tells a different story. DeLisle complicates the oftentimes politicized healthcare landscape where post-WWII young women were discouraged from learning midwifery for fear that they would join the ranks of the scarlet lettered *dama de noche*. Heavily skeptical of an environment that allowed young, unmarried CHamoru women to interact unsupervised with Navy men, only when senior CHamoru pattera offered words of reassurance that they would be responsible for the young women did CHamoru families allow their daughters and nieces to join the nursing vocation and risk the potential of them being casted as overtly sexual.

DeLisle's inclusion of the pattera stories is one step to reconciling what CHamoru historian Anne Hattori calls the absence of seemingly "ordinary" women in Guam's history. In Hattori's keynote speech presented as part of the Guampedia's CHamoru Heritage Series, Hattori argues that through their roles "as teachers, nurses, techa, pattera, suruhåna, mothers, grandmothers, and godmothers," ordinary CHamoru women "distinguished themselves as extraordinary" (Hattori 2012). By reorienting our historical gaze through the lens of placental politics, DeLisle pulls the narratives of the pattera from the margins of the historical canon. The recordation of the extraordinary pattera not only uncovers the veiled history of the scorned and ostracized *chålan palao'an* [women of the road], but these narratives are set in a period in which transient white (wo)men were the representative voice for the colonized CHamoru.

In the chapters about navy wives Susan Dryer and Helen Paul, DeLisle's narratives allow readers to delve into CHamoru history while continuing to view these accounts with a critical eye. Indigenous feminism is rightfully skeptical of how Western feminist ideologies excluded the experiences of indigenous women. *Placental Politics* instead acknowledges and even teaches

how to effectively apply a more critical and culturally appropriate theoretical lenses. In particular, with Susan Dryer, who is a navy wife who arrives in Guåhan and builds one of the first hospitals, Susana Hospital, DeLisle notes that the development of healthcare infrastructure tells the "wider story of improving Native health and well-being, no less in the realm of maternal care, rested on white, middle-class American notions of what constituted 'proper' health care" (107). This critique reminds us that historically, notions of health and hygiene are colonial tools of power meant to control and assimilate indigenous peoples. The

application of the "tour-of-duty" feminism mentioned by DeLisle tells of the motivation of these navy wives to use their temporary settlement in the Pacific to build their altruistic legacy of modernizing the lifestyle of the Natives.

DeLisle's recordation of the pattera personifies the daily negotiations that Native people, or in this case CHamoru women, made when constructing their identities as members of the community as well as healthcare professionals. The pattera were forced to carefully weigh their responsibilities to their families and patients as they were often criticized for casting aside their roles as wife and mother to instead care for others, thereby earning them the notoriety of *i chalan palao'an*. The CHamoru pattera not only risked their individual reputations, but as the Naval Administration brought about more healthcare regulations through the introduction of professional licensing and standardized hygiene practices, the pattera defied these regulations when it became detrimental to their patients. The Naval Administration viewed CHamoru pattera and teachers as "agents of assimilation": however, these women saw through this colonial façade. The pattera, instead of acting in the interest of the Navy, "resisted certain elements of their training, such as the English-only policy in Susana or American nurses' and doctors' instructions to burn or discard the ga'chong i patgon" [the child's friend or companion—the placenta] (161). The pattera refused to renegotiate or comprise "being CHamoru" (161).

DeLisle emphasizes the practice of burying the *ga'chong i patgon* as it serves as the inspiration for the theory of placental politics. Illustrating the theory, "the pattera—in defiance of US naval orders to burn or discard the afterbirth, regarded as toxic medical waste—continued to bury the child's ga'chong and apuya.' . . . They believed this practice kept children safe from harm and rooted them in place and home" (28). The pattera prioritized their epistemological beliefs of centering CHamoru children to home and place over the contradictory practices of the healthcare complex. With the current national climate and the repercussions of the overturn of *Roe v. Wade*, the patteras' commitment to burying the placenta illustrates the complexities of public health and navigating the accessibility of care in what can be an unwelcoming and unsupportive healthcare environment, especially in the realm of reproductive healthcare.

The CHamoru pattera became the masters of their two cultural worlds. DeLisle writes that the pattera "crossed back and forth between Native places and naval spaces and how they massaged tensions between the two. The pattera can be understood as working or reworking Indigenous notions of child birthing and health alongside and against American naval practices" (76). *Placental Politics* serves as a reminder that indigenous people may need to be defiant and push against colonial healthcare regulations and standards, even at the risk of being labeled

radical or, in the case of the pattera, a *puta* or worse, especially when these standards contradict and run counter to our own beliefs of health and personal wellbeing.

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## References

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