

# Features

Office of Medical Information  
The University of Texas Southwestern Medical Center at Dallas

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CONTACT: Ann Harrell  
Office: 214-688-3404  
Home: 214-520-7509

DALLAS -- The Federated States of Micronesia, a group of tropical islands between Hawaii and the Philippines, is half a world away from the bustling biomedical education and research campus of The University of Texas Southwestern Medical Center at Dallas. Yet when a respected tribal leader on the island of Pohnpei murdered two colleagues--both high ranking government officials--a UT Southwestern psychiatrist found himself untangling the mystery.

The same sense of adventure that led Dr. John Battaglia into psychiatry recently landed him on the tropical islands. The assistant professor of psychiatry served a short stint as psychiatric consultant to the government of Micronesia at the request of Dr. Annette Zimmern, U.S. Public Health Service officer in charge of mental health services in Micronesia during the islands' transition from U.S. trust status to complete independence.

A psychologist herself, Zimmern was deeply concerned about the many cases of mental illness that go undetected and untreated in Micronesia. She convinced Micronesian government officials to try a pilot program, and to find the right consultant, she turned to an old friend, Dr. Kenneth Altshuler, chairman of UT Southwestern's Department of Psychiatry.

Battaglia, who is in charge of the psychiatric emergency room at Parkland Memorial Hospital and is on the psychiatry staff at Zale Lipshy University Hospital, eagerly volunteered. The psychiatrist's  
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Lipshy University Hospital, eagerly volunteered. The psychiatrist's prior experience during a two-month stay in Haiti was an important factor in his selection. "Having already experienced seeing people chained to trees," Zimmern explained, "I reasoned he wouldn't be too shocked if he went to one of our islands and saw the same practice occurring today.

"Third-World medicine has great problems, few supplies and voodoo curses, but the rewards of practice are unique experiences," she promised Battaglia, a promise that proved all too true.

The young psychiatrist prepared for his trip by boning up on infectious diseases, tropical medicine, anthropology, voodoo and a history of the islands. He was particularly concerned by what he describes as "the destruction and disease brought at the hands of foreign people who have dominated the islands throughout the centuries."

At first glance, these islands might seem like an tropical promised land, said Battaglia. The beaches are plentiful and magnificent, tropical fruits abound, and business is conducted "on Micronesian time." On Yap, the most primitive of the islands, the women still wear traditional dried grass skirts. On Pingelap there are few cars and no electricity.

But a closer look beyond the Technicolor unreality of the island seascape reveals trouble in paradise. The island of Truk has the highest suicide rate in the world, and throughout Micronesia there is a major problem with alcoholism and narcotics among men and depression among women. Wife abuse--not frowned on culturally--is common, and men are rarely convicted for murder of a spouse if she has been

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"acting out," Battaglia discovered.

The Westernization of the islands has done much to erode traditional native life, the psychiatrist said. Families don't fish and grow their own food anymore although they may be involved in the fishing industry or in organized agriculture. And though they now have salaries, these only average about \$3,000 a year. These factors may be involved in the high rate of depression as well as in ritual suicide, practiced mostly by men. Only in the past decade have Micronesian women begun to commit suicide. Like Western women, their method is usually an overdose of pills.

Traditionally drug and alcohol abuse also have been male problems in Micronesia. However, as outside influences proliferate, more women may develop alcohol problems, Battaglia said. Drug addiction is mostly associated with a traditional native drink that has a narcotic effect comparable to marijuana, he went on to say.

There is minimal medical care for a population that has been devastated by tuberculosis and cholera epidemics in the last decade. Leprosy is still a problem on some of the islands, and there are not even plans for modern water and sewage systems.

Medical care in Micronesia is provided by government medical officers called "MOs," who receive training barely beyond the high-school level. There are few physicians, mostly family-practice doctors, to supervise the MOs. There is one psychologist in the government medical-care system but no one trained to pick up clues to severe neurological conditions that often cause symptoms that appear to be mental. One such patient had been diagnosed as having hysterical paralysis and blindness. After giving the man a physical

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examination, Battaglia ordered hospitalization and thorough medical testing. As a result, he determined that the patient was in fact suffering from an organic brain syndrome.

While Battaglia's Micronesian caseload was filled with exotic cases, he found the similarities between the islanders' mental health problems and those of Americans more striking than the differences. "It's important to realize that these people have the same problems as Americans, but they have no one to help them," he said.

One of his Micronesian patients, for example--a king of one of the islands--had been deposed because of bizarre behavior brought about by his manic-depressive illness. But the king's condition improved after Battaglia adjusted his dosage of lithium. Just like a corporate executive with manic-depressive illness whom Battaglia might see at Zale Lipshy University Hospital, the king continued to do well as long as he took his medication and was able to resume his throne.

The UT Southwestern psychiatrist received a high marks from the Micronesian government on his three-week pilot diagnosis and treatment program. Now negotiations are under way between UT Southwestern's Department of Psychiatry and the government of Micronesia to start a residency-visit program as part of an elective course in cultural psychiatry.

Now about that murder case--Battaglia's most unforgettable experience in Micronesia. All involved were descendants of ancient local nobility, and the island was split on the questions of guilt and punishment. The accused had no previous criminal record; witnesses claimed he appeared to be in a trance-like state when he shot his colleagues.

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Battaglia's task was to evaluate the minister's sanity and competency to stand trial. Because the court date was after the psychiatrist's return to Dallas, his testimony was taped before he left.

Battaglia's diagnosis of the minister's condition: a diabetic coma-like state brought on by noncompliance with diet and medication.

The judge hearing the case was well-known for never having acquitted a defendant. Yet the verdict, only recently rendered, was "not guilty because of insanity caused by medical reasons."

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