

Chamorro Visibility: Fostering Voice and Power in a Colonial Context

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The indigenous population of Guahan (Guam) and the Commonwealth of the Northern Mariana Islands is the Chamorro people. The Mariana Islands are located in the Micronesian region of Oceania. Guahan is the largest of the Mariana Islands at 212 square miles. According to ancient Chamorro cosmology, the sibling gods Puntan, a male, and Fu'uná, a female, were the cocreators of humanity, and people were born out of Fu'a Rock in the southern village of Umatac. Chamorros have lived in these islands for roughly 4,000 years. As a people with one of the longest histories of colonization in the world, their fight for survival has been tempestuous. This chapter examines the history of Guahan; traditional Chamorro cultural values, beliefs, and practices; the tragic impact of colonization on the Chamorro people, including their vulnerable health status; and implications for social work at the practice and policy levels. This chapter aims to make visible the Chamorro experience and to provide a pathway for fostering voice and power in solidarity with Chamorros on Guahan.

History of Guahan

Prevailing theory suggests that Chamorros descended from Austronesians who inhabited the Mariana Islands as far back as 1,755 BC (Blust, 2000; Carano & Sanchez, 1964). Chamorros lived in regional isolation until their first contact with Spanish explorers in 1521, when Ferdinand Magellan sailed his fleet into Umatac. In the mid-1600s, Spain set up a Catholic mission to convert Guahan and her people; Spain officially laid claim to the island in 1698 (Rogers, 1995; Shuster, 2010).

After approximately 200 years of Spanish rule, Guahan was ceded to the United States in 1898 as a prize of the Spanish American War, made official through the Treaty of Paris. The U.S. naval administration brought about substantial changes to the Chamorro way of life on taking control of the island. The naval government took possession of Chamorro lands, most of which went to the building of U.S. military bases (Hattori, 2004; Rogers, 1995). (Currently, the Department of Defense owns 40,000 acres on Guam, or 29 percent of its area; Joint Guam Program Office, 2010).

On December 8, 1941, the Japanese Imperial Army invaded Guahan following the bombing of Pearl Harbor in Hawaii. The Japanese bombed the island, and the Naval Government of Guam evacuated American soldiers and their families and left behind the Chamorros—even those enlisted in the U.S. Armed Forces—to suffer the invasion (Rottman, 2004). The Chamorro people experienced war atrocities under the Japanese government. Thousands were forced into concentration camps, many women were forced to be “comfort women” to Japanese soldiers, and hundreds of others were killed. The wartime experience for Chamorros included atrocities such as execution, rape, starvation, and slavery.

On July 21, 1944, the U.S. Marines returned to Guahan to reoccupy the island (Carano & Sanchez, 1964; Higuchi, 2001; Rogers, 1995). Although some have referred to the reoccupation as “liberation,” others have denounced the notion in light of the United States’ continuing failure to provide Guahan’s residents the same rights granted to other U.S. citizens. This issue is inherent in the island’s unresolved political status as an unincorporated territory of the United States, akin to being a current-day colony.

The Organic Act of Guam, signed by President Harry S. Truman on August 1, 1950, organized a civilian government for the people of Guahan and transferred control of the government from the U.S. Navy to the Department of the Interior (U.S. Department of Insular Affairs, 2007). The Organic Act allowed for the people to be U.S. citizens, but not with the same constitutional rights as U.S. citizens living in the 50 states. The act defined an executive branch headed by a governor, a unicameral legislature currently comprising 15 members and a court system with judges appointed by the governor of Guahan and reelected by Guahan voters. Further, the act explicitly stated that the ultimate laws governing Guahan were those of the U.S. Congress, a body in which Guahan has no vote. Guahan was later granted a nonvoting delegate to the U.S. House of Representatives, creating an illusion of inclusion in the U.S. national political process (Corbin, 2012). The Guahan delegate is a member of Congress and can serve on committees but cannot vote on the floor level of Congress. Further, if the delegate’s vote at the committee level is a tiebreaker, it is deemed null and void.

As residents of an unincorporated territory of the United States, people on Guahan are denied a number of constitutional rights. For example, they do not cast a vote

for U.S. president. Thus, although Chamorros and others in U.S. territories populate the lists of highest enlistment rates for the U.S. Armed Forces, they are denied the constitutional right to vote for their Commander in Chief. In addition, U.S. federal territorial regulations limit the ability of territorial governments to develop viable economies and address their unique needs as island communities thousands of miles away from Washington, DC. Over the years, attempts at piecemeal legislation to modernize the Organic Act of Guam have been made; however, current efforts on the island are focused on resolving the island's political status issue by honoring Chamorros' inalienable right to self-determination and facilitating the political decolonization process.

Thus, since colonization by the Spanish in the mid-1600s, the Chamorro people of Guahan have never been recognized as an independent or sovereign people. They have been governed, occupied, and colonized by the administering powers of Spain, Japan, and the United States, and the latter remains the island's colonizer. Guam (Guahan) is on the United Nations list of 16 Non-Self-Governing Territories of the world (United Nations Department of Public Information, 2001).

Traditional Chamorro Cultural Values, Beliefs, and Practices

Ancient Chamorro society was described in early accounts as hierarchical, matrilineal, peaceful, and highly engaging. It was stratified into three social classes, with the highest and most privileged class being the *matao*. Within the *matao*, the highest-ranking male chief of the clan was the *maga'lahi*, and the highest-ranking female chief was the *maga'haga*. The *maga'lahi* had duties that included allocating property rights, organizing labor, settling disputes, and representing the clan.

Ancient Chamorro cultural practices espoused a strong matrilineal society, in which women played a critical role in decision making, the passage of land from one generation to another, and other clan affairs. The *maga'haga* played a critical role. Both men and women shared in the decision-making process, creating a balance of power and authority that recognized the strengths of each gender (Hattori, 2004). Children assumed their mother's surname, and inheritances passed along the mother's family line. Boys were sent to live on their maternal uncle's clan land, whereas girls stayed with their parents on their fathers' property until marriage (Cunningham, 1992).

The middle class, the *acha'ot*, were usually distant relatives of the *matao* and were the largest class. The *acha'ot* had social privileges that were related to those of the *matao*. A *matao* who did something gravely against the cultural norms would be demoted to *acha'ot* status. The *acha'ot* could regain *matao* status by completing an outstanding accomplishment or by exhibiting a courageous action.

The *manachang* were members of the lowest class. They were considered inferior and were not allowed any type of upward mobility (Carano & Sanchez, 1964; Cunningham, 1992). The *manachang* were servants who farmed the land, lived in the jungles (Driver, 1993), and were hunters (Freycinet, 2003).

Chamorros had a strong sense of spirituality and connectedness to the environment. *Taotaomon'na* were the ancestors of “before” and were said to be the guardians and protectors of the land, sea, and sky. The *aniti* were the animistic spirits that inhabited nature—the oceans, trees, and rock formations—and were also spirits of deceased clan members that remained with the clan after death. Chamorros were animists and saw the spirits as connected to plants, animals, ocean, and other natural dimensions (Hattori, 2004). This sense of interconnectedness or harmony is described in the Chamorro language as *inafa'maolek*, or “to make things good” (Hattori, 2004).

Chamorros maintain core traditional values that guide personal interactions. Examples of these values include *chenchule'*, or reciprocity, and *respetu*, or respect. These values are often shown through the giving of gifts to assist families with significant life events such as marriage, the birth of a child, and death. These gifts are reciprocated at a later time but are nonobligatory. Assistance can be reciprocated in the form of providing food, helping with one's hands (e.g., setting up for gatherings and events or cleaning up afterward), or giving money. A different kind of *chenchule'* is given for funerals; this type is called *ika*, meaning that the gift can no longer be reciprocated, and is given to the family of the deceased (Iyechad, 2001). *Respetu* is the practice and tradition of giving respect to others, especially to elders (*man'amko*). A gesture of respect is the practice of *manginge'*, or the kissing or sniffing of the top of an elder's hand to demonstrate reverence for and connection with the elder.

Tragic Impact of Colonization

Chamorros on Guahan have one of the longest histories of colonization in the world. Colonized as early as the 17th century, Chamorros have encountered sustained challenges to the survival of their cultural practices, their bodies, and their spirits as a result of cultural disempowerment, militarization, environmental degradation, and health challenges.

Cultural Disempowerment

The Spanish forced Chamorros to abandon what the Spanish believed to be pagan practices. Conflict soon began as Spanish missionaries preached against traditional practices and altered marriage customs, detained children for the purpose of educating them, and prohibited the Chamorro people from honoring the skulls of their ancestors.

Chamorros considered the skulls to be representatives of their ancestors, consistent with the traditional practice of ancestral veneration (Hattori, 2004). In addition, the Spanish missionaries did away with the Chamorro social stratification system. These imposed policies and shifts in the name of Catholicism had a tremendous impact on Chamorros' traditional way of life. The following is an excerpt from the eloquent speech of Chamorro Chief Hurao delivered in 1671 in resistance to Spanish colonization:

The Spaniards reproach us because of our poverty, ignorance, and lack of industry. But if we are poor, as they claim, then what do they search for here? If they didn't have need of us, they would not expose themselves to so many perils and make such great efforts to establish themselves in our midst. For what purpose do they teach us except to make us adopt their customs, to subject us to their laws, and lose the precious liberty left to us by our ancestors? In a word, they try to make us unhappy in the hope of an ephemeral happiness which can be enjoyed only after death. (quoted in Le Gobien, 1700, pp. 1-2)

Following its arrival in 1898, the U.S. naval administration instituted an English-only policy, which meant that public ceremonies, government operations, and public education were carried out in English, leading to the loss of the native language (Palomo, 1991; Underwood, 1987). "English only" signs posted in government buildings and schools discouraged use of the Chamorro language (Monnig, 2007). The American administration promoted the English language as the means to opportunity and success in obtaining jobs and gaining educational opportunities (Santos-Bamba, 2010). The naval administration, via *The Guam Recorder* (published monthly from 1924 to 1941), encouraged Chamorros to continue to learn the English language as a vehicle to success in the new American world order. The following is an example of propaganda from the September 1924 issue:

English will bring to the people of Guam, through the public schools, a knowledge of sanitation and hygiene which will enable them to live in a correct manner. This will result still more favorably in the increase in population. Along with such increase will come further and enforced economic development. With economic development will come more of the real pleasure of life. Through English will come a knowledge of fair play and a keen sense of honor such as the progenitors of Americans had at the time of the origin of the language and such as is practiced by the American nation at the present time. (Guam Recorder, 1924, p. 9)

For indigenous people, the perpetuation of the indigenous language is a central component of identity formation. Hence, with the atrophy of the indigenous language and the

simultaneous infusion of Western values and culture, the perpetuation of traditional Chamorro ways of life became a major challenge.

The U.S. naval administration also issued policies related to health care. Hattori (2004) described the Chamorro traditional beliefs on health as follows: "Religious, scientific and medical practices were interconnected, all linked to beliefs in ancestral spirits such as the *tåotaomo'na* [guardian ancestral spirits] and the *aniti* [animistic spirits]" (p. 13). Physical ailments were largely attributed to natural and supernatural conditions and were treated by a *makåhna*, a person trained in using herbal medicines and massage techniques and skilled in communicating with supernatural spirits. To survive U.S. colonial rule, the *makåhna* transformed into the *suruhånu* (male cultural healer) and *suruhåna* (female cultural healer; Hattori, 2004).

The naval government on Guahan created two laws that attempted to eliminate the power and authority of all alternative and native health practitioners, including the *suruhåna/u*. The first mandated that midwives refer complicated cases to the Naval Hospital, and the second attempted to monopolize the production and distribution of medicines on the island (Naval Government of Guam, 1936; Naval Government of Guam General Orders, 1904). These two laws prohibited the use of the *suruhåna/u* because the naval administration did not want Chamorros to see practitioners who were neither trained by nor affiliated with the U.S. Naval Hospital. In addition to creating prohibitive laws, the Navy printed and distributed propaganda materials promoting the importance of seeking proper medical care at the U.S. Naval Hospital. Part of the messaging was that Chamorro beliefs and practices were inaccurate and unscientific as they related to health care (Hattori, 2004).

Militarization

Although Guahan is thousands of miles away from the U.S. mainland, the tentacles of the U.S. empire maintain a tight grip on the island through the stationing of its military forces. The U.S. Department of Defense was the first administering entity following the awarding of the island and its people to the United States in 1898. The island's civilian community has had to contend with various factors for over a century as a result of the hypermilitarized U.S. presence on the island. Militarism has historically been used as the imperial hammer that ensures the suppression of Guahan's colonized peoples. Chamorros have experienced various ill effects of militarization over the years, including dispossession of and displacement from their land, a segregated education system, and a significant influx of nonnative residents to the island.

Dispossession of and displacement from the land is a common method by which indigenous people are disenfranchised in their homelands by colonizing powers. The U.S. military has taken land under its control and has a current footprint of approximately

29 percent of Guahan. This equates to 54 square miles, which includes Andersen Air Force Base, Naval Station, Naval Hospital, Naval Magazine, Naval Communications Station, Naval Computer and Telecommunications Area Master Station, and Fena. This footprint has fluctuated over time, with the highest percentage of occupation at nearly 80 percent in 1944 following U.S. reoccupation. In 2006, the governments of the United States and Japan signed an accord setting into motion a massive Guam military buildup to increase the Department of Defense presence on the island from roughly 14,000 active duty members to 40,000 by 2014. This plan spawned significant resistance from the local community. For example, community members organized over the additional taking of 2,200 acres in the north of the island, intended for the construction of a live firing range complex in the ancient historical and sacred Chamorro village of Pagat. With the acquisition of Pagat, the U.S. military would increase its footprint on Guahan to roughly 45 percent of the island. In 2010, three local groups filed a lawsuit against the Department of Defense, and in January 2012 the Navy agreed to examine alternative locations.

The militarization of Guahan has also resulted in segregated school systems. In 1997, the Department of Defense Education Activity opened schools on Guam based on the military's assumption that the education provided by the Guam Department of Education was substandard. Rather than providing additional resources to ensure access to adequate education for all children on Guahan, the Department of Defense established its own premiere school system for dependents of active-duty military members and Department of Defense employees hired from the United States with return rights.

The proposed military buildup on Guam would have grave effects on the island of Guam and its people. The influx of nonnative residents on Guam would overwhelm the island's water and sewage systems, hospitals, and overall infrastructure. In addition, the Department of Defense plans to increase the island's population by roughly 80,000 people as part of the Guam buildup, which equates to a 51 percent increase in population on the 212-square-mile island (Joint Guam Program Office, 2010). This number includes active-duty military personnel and their dependents, federal contractors and their dependents, and foreign labor workers.

Environmental Degradation

Militarization has had devastating effects on the physical environment of the island. The Department of Defense has reported the presence of 95 toxic waste sites on its Navy and Air Force bases (Natividad & Guerrero, 2010). Reported toxins include arsenic, dioxins, pesticides, and heavy metals. The island has had 19 Superfund hazardous waste sites either directly or historically used by the Department of Defense (U.S. Environmental Protection Agency, 2011).

The United States exposed the island and its people to radiation fallout between the 1940s and 1960s during nuclear testing conducted in the Marshall Islands. Despite the advocacy efforts of groups on Guahan for compensation for radiation exposure as “downwinders” (those who have been exposed to radiation as a result of being directly downwind of nuclear testing), they remain ineligible for compensation through the Radiation Exposure Compensation Act of 1990. This act funds compensation as a result of radiation exposure caused by the U.S. government. In the case of Guahan, people are eligible in the category of “on-site participants” but not as downwinders. Thus, although downwinders are affected by the radiation, they are not entitled to compensation because they are not considered on site.

Communities near military bases have had to cope with exposure to harmful jet fumes. In 2011, students of Upi Elementary School, located alongside Anderson Air Force Base in the northern part of the island, reported smelling jet fumes and as a result were not allowed outdoors (Taitano, 2011). Studies in communities surrounding bases in Okinawa, Japan, have indicated that asthma rates rise as a result of exposure to jet fumes (United Nations Environment Programme, Global Society Forum, 2008).

As part of the military buildup, the U.S. Department of Defense plans to dredge roughly 70 acres of live coral reef to create berthing for nuclear submarines (Joint Guam Program Office, 2010). These plans also include the destruction of more than 1,300 acres of recovery habitat for endangered species on Guahan that include the *fanihī*, or Mariana fruit bat, the Mariana crow, and the Micronesian kingfisher (We Are Guahan, 2011).

Health Status

The health of the people of Guahan is reflected in the health of the land, for it is from the land that people derive their livelihood, consistent with Chamorros’ sacred value on the land. The health status of people is typically compromised when the land is not healthy and whole. This perspective is congruent with Chamorros’ indigenous wisdom of protecting the land, for it is the source of sustenance and of all life.

An examination of the health outcomes of Chamorros is hampered by a lack of available data. In the past two decades, however, the Guam Department of Public Health and Social Services has increased the capacity of its surveillance systems for diseases, particularly cancer.

Cancer. Cancer is the second leading cause of death on Guahan (Guam Comprehensive Cancer Control Coalition [GCCCP], 2009). In a study of cancer mortality on Guam between 1971 and 1995, Haddock and Naval (1997) noted that cancer incidence was high and increasing and that Chamorros had significantly higher rates than other ethnic groups. The GCCCP confirmed these findings, indicating that

annual, age-adjusted incidence rates increased 18 percent between 1998 and 2007 but decreased in the United States during the same period. Chamorros, who form 37 percent of Guahan's total population (Central Intelligence Agency, n.d.), experienced the highest percentage of new cancer cases, at 48 percent ($n = 756$), and 57 percent ($n = 410$) of cancer deaths (GCCCP, 2009). All ethnic groups on Guahan manifested alarmingly higher rates than the U.S. national average for cancer of the mouth and pharynx, nasopharynx, liver, and uterus (GCCCP, 2009). A comparison of cancer incidence rates in Guahan and the United States by ethnicity for the periods 1998–2002 and 2003–2007, clearly illustrates that cancer rates among Chamorros and others living on Guahan exceed U.S. averages (see Table 2.1).

Researchers also adjusted the annual cancer incidence rates to the World Health Organization standard population to assess the incidence of cancer by village and discovered that the villages of Yigo and Santa Rita had the highest incidence rates. These two villages are home to the largest military populations, on Andersen Air Force Base in the north and Naval Base Guam in the south. Other research on military-base communities throughout the world has found that community members manifest elevated levels of disease due to exposure to toxic chemicals used in military practices (for example, dioxins, arsenic, radiation exposure, Agent Orange) (Trei et al., 2010).

Diabetes. Chamorros, like other U.S. minority groups, are disproportionately affected by diabetes. According to the 2002 Behavioral Risk Factor Surveillance System, the island's total diabetes prevalence was 101 per 1,000 adults, and type 2, or non-insulin-dependent, diabetes was most common (Department of Public Health and Social Services, 2002). David (2007) also reported that one in 10 adults on Guahan had diabetes, compared with one in 14 adults in the United States, and noted the alarming finding that the island's diabetes rate doubled between 1996 and 2003.

The highest rates of diabetes mortality in the United States occur in the non-self-governing territories. The Centers for Disease Control and Prevention (CDC; 2010) reported that the number of diabetes deaths per 100,000 population in 2007 for Guahan was 44.0; for the U.S. Virgin Islands, 45.4; and for Puerto Rico, 66.5. These rates were significantly higher than those of the states, which ranged from 12.9 in Nevada to 35.5 in West Virginia (CDC, 2010); the U.S. national average rate was 22.5. The considerably higher rates of diabetes mortality in the U.S. territories may partly be attributed to limited access to competent health care and treatment. However, poor health status is consistent with the experience of other marginalized and colonized peoples in their homelands throughout the world. Secondary factors such as poverty, lack of access to education, and inability to exercise the right to political self-determination should also be taken into account.

Table 2.1. Guam Cancer Incidence Rates (per 100,000), by Ethnicity, 1998–2002 and 2003–2007

Cancer Site	Chamorro		Filipino		Micronesian		Asian		White		U.S.	
	1998–2002	2003–2007	1998–2002	2003–2007	1998–2002	2003–2007	1998–2002	2003–2007	1998–2002	2003–2007	1998–2002	2003–2007
Mouth and pharynx	24.4	18.0	9.9	2.7	6.3	29.4	6.9	6.2	9.6	26.7	10.7	10.3
Nasopharyngeal	13.9	8.6	5.1	1.4	0.0	4.2	5.4	2.8	0.0	7.0	0.6	0.6
Liver	13.2	17.0	9.6	5.1	39.4	38.2	10.7	9.7	4.0	26.1	5.2	5.8
Uterus	31.6	34.4	4.8	6.8	16.0	4.3	0.0	5.2	0.0	17.7	0.8	0.7

Source: Adapted from Guam Comprehensive Cancer Control Coalition. (2009). *Guam Cancer Facts and Figures 2003–2007* (p. 27). Mangilao, Guam: Department of Public Health and Social Services.

In examining the data on diabetes specifically for Chamorros on Guahan, historical data show that those age 45 years and older have experienced rates of diabetes and diabetes-associated complications higher than those of the U.S. mainland since the 1970s and 1980s (Kuberski & Bennett, 1980). Chamorros on Guahan had “a diabetes rate that is the fourth leading cause of mortality and morbidity on the island. Diabetes also contributes to stroke and heart disease, two of the top three overall causes of death on Guam” (David, Rubio, Luces, Zabala, & Roberto, 2010, p. 45). Between 1996 and 2001, Chamorros manifested higher rates than all other ethnic groups on the island (Department of Public Health and Social Services, 2002). The prevalence rate for Chamorros in 2001 was 56.7 per 1,000 population; rates for the next highest groups were 10.4 for Filipinos and 10.5 for other Pacific Islanders (Department of Public Health and Social Services, 2002). According to Haddock and Chen (2003), the increase in diabetes is evidence of a link between the prevalence of chronic disease and cultural changes that include the introduction of the Western diet, a shift to wage labor, and the introduction of Western values.

Mental Health. Two dimensions of mental health among Chamorros are discussed in this section: mental health services for children and suicide rates. On Guahan, the Department of Mental Health and Substance Abuse oversees the provision of mental health services to children. The agency operates *I Famaguon-ta* (Our Children), a system of care for children and youth ages five to 21 years who have been diagnosed with a serious emotional disturbance. Between 2004 and 2009, Chamorro children (either full or mixed with another ethnicity) were 77 percent of clients served (*I Famaguon-ta*, 2009); Chamorros (either full or mixed with another ethnicity) were 42 percent of the total Guahan population in the 2000 U.S. Census, indicating disproportionate participation in children’s mental health services. Nearly three-fifths (59.2 percent) of families served by the project reported an annual family income of \$19,999 or less (*I Famaguon-ta*, 2009). Hence, the links between mental health, poverty, ethnicity, and colonial history should be considered. Chamorro children’s poor psychological well-being is consistent with the historical trauma experienced over the course of the island’s colonial history.

Suicide in Guahan and Micronesia has been a phenomenon of interest for many decades. Else, Andrade, and Nahulu (2007) reported that Pacific Islanders in their native lands manifest health disparities, including suicide rates, similar to those experienced by American Indians and Alaska Natives. In recent years, suicide was the fifth leading cause of death; one suicide occurred on average every two weeks (Department of Mental Health and Substance Abuse, 2009). In 2007, the suicide death rate for the island was 15.0 per 100,000 population, with the U.S. rate at 11.3 for the same year (Xu, Kochanek, Murphy, & Tejada-Vera, 2010).

Table 2.2. Guam Suicide Deaths, by Ethnicity, 2000–2007

Ethnicity	Number	Percentage
Chamorro	71	40.3
Filipino	21	11.9
Chuukese	34	19.3
Other Federated States of Micronesia citizens	10	5.7
White	7	4.0
Japanese	2	1.1
Other Asian	7	4.0
Other	24	13.6

Source: Adapted from Department of Public Health and Social Services. (2009). *A profile of suicide on Guam* (p. 13). Tamuning, Guam: Author.

The Department of Mental Health and Substance Abuse (2009) reported cumulative suicide deaths on Guahan between 2000 and 2007 by ethnicity. An overrepresentation of Chamorros in completed suicides over the five-year period is indicated in Table 2.2. The most frequently reported circumstances associated with completed suicides were family disputes, personal relationship problems, and financial difficulties (Department of Mental Health and Substance Abuse, 2009). Suicide is an indicator of a population that is in distress and having difficulty coping with life's challenges and the changes inherent in living in a colonized jurisdiction.

Role of Social Work Practice and Policy

The social work profession has taken a significant lead in recognizing the need for culturally appropriate intervention strategies when working with client systems. The National Association of Social Workers (NASW) 2001 *Standards for Cultural Competence in Social Work Practice* cited the need for cross-cultural knowledge and skills, an empowerment orientation, and language diversity when working with diverse populations. In the Pacific, some common denominators of cultural competence include self-awareness, knowledge of mainstream theories and skills and the ability to modify these theories and skills to be compatible with the Pacific Islander worldview and values, and knowledge of alternative or indigenous ways of healing (Mokuau, Garlock-Tuiali'i, & Lee, 2008). The following paragraphs discuss critical implications for social work practice and policy development for social workers engaged in helping Chamorros from Guahan.

Consistent with NASW's cultural competence standards and the common denominators for working with Pacific Islanders, it is critical that social workers develop deep cross-cultural knowledge about Chamorro history and traditional cultural values. It is in such knowledge that practitioners root their empowerment interventions. As an indigenous group who has survived one of the longest colonization histories in the world, many Chamorros from Guahan experience a classic colonial condition (Pier, 1998) of disconnection from themselves. As a result, their indigenous identity and sense of self have been altered. Colonization is akin to trauma, and consequently, the indigenous soul has been wounded. Hence, the healing process for Chamorros entails a reconnection of the indigenous soul to its indigenous identity.

There are various ways to facilitate the re-formation of the indigenous identity. A fundamental starting point is to relearn history from the indigenous perspective. Historical texts and narratives are typically written from the perspective of non-Chamorros. Consequently, their voice is left out of the story. Although Guam history classes have been taught in the school system, the context from which these courses are taught often frames Chamorros as invisible or primitive victims needing to be saved by the colonial power of the time. Hence, culturally competent social workers should be knowledgeable about Chamorro history and weave elements of it into their intervention plans as a fundamental component of empowerment practice. Social workers are challenged to seek out a more authentic perspective by using resource material that specifically reframes the historical narrative. Furthermore, opportunities for cultural immersion and consultation with traditional elders and cultural gatekeepers should be seized. Social workers must also make a concerted effort to assess the nuances of historical trauma in the verbal and nonverbal communication with members of client systems. When these indications arise, social workers should create a safe space for discussing these issues to facilitate healing.

In addition to incorporating indigenous history into social work practice, it is also necessary to embed Chamorro values into healing approaches. Social workers should take into account traditional values of *respetu* (respect), *inafa'maolek* (interdependence), *fatao'tao* (respecting others as humanity), *mangaffa* (family), and *chenchule'* (reciprocity) as part of the rules of engagement with Chamorro clients; it is sometimes necessary to teach these values when the colonial process has resulted in disconnection from these ways. Further, Chamorros have struggled with maladaptive coping strategies that include suicide, drug and alcohol abuse, and domestic violence. As a result, these maladaptive ways have sometimes been equated with what it means to be "Chamorro." In such cases, it becomes necessary to allow space in the therapeutic relationship to discuss, decipher, and reframe what it means to be truly Chamorro, allowing for a reconnection to traditional, indigenous ways of life. Such discussion is central to

the psychological decolonization process. In this context, cultural strengths should be explored and the myth of maladaptive coping mechanisms as distinctly “Chamorro” should be dispelled.

The example of reframing corporal punishment that may escalate to child physical abuse illustrates this point. Chamorros place a high value on family. Underwood (1992) stated,

The family in its various manifestations throughout Micronesia is the unit that traditionally has kept this society intact, responsive, and responsible in the face of change. Micronesians, by an overwhelming majority, see families as the basic building blocks of society; moreover, they tend to see each other not as individuals with particular professions or personalities, but as people from certain families. This family orientation is healthy and necessary for their continued survival as Micronesians, for it is in the family context that most serious discussions occur and most decisions are made. (p. 169)

The significance of the family and its members is irrefutable. Nonetheless, many Chamorros equate corporal punishment as the “Chamorro” way of parenting. Early accounts of traditional parenting in Chamorro culture, however, indicated a very loving way of parenting and discipline. In 1602, Fray Juan Pobre described Chamorro parenting as follows:

While they are very young, they make their sons and daughters work and teach them to perform their tasks. Consequently, the very young know how to perform their tasks like their parents because they have been taught with great love. So great is their love for their children that it would take a long time to describe it and to sing its praises. They never spank them, and they even scold them with loving words. When a child is offended and angered by what is said to him, he will move a short distance away from his parents and turn his back to them, not wanting to face them. They will then toss sand or pebbles on the ground behind him and after he has cried for a little while, one of his parents will go to him and, with very tender words, will take him in his arms or raise him to his shoulders and carry him back to where the others are gathered. Then they will always give him some of their best food and speaking to him as if he were an adult, tell him how he should behave, admonishing him to be good. With such great love, these barbarians raise their children, that they, in turn, grow up to be obedient and expert in their occupations and skills. (quoted in Driver, 1993, p. 17)

Hence, when working with Chamorro perpetrators of child physical abuse, culturally responsive social work practice could include teaching traditional ways of parenting as described above as a means of fostering a decolonized Chamorro identity. It is also

useful to integrate traditional practices and norms as part of the intervention plan to facilitate healing. The linking of indigenous history and values should serve as the bedrock for strengthening the ego and facilitating a renewed cultural identity.

The use of culturally competent clinical interventions when working with Chamorros from Guahan aims to strengthen cultural identity and improve overall functioning. However, a number of implications for policy development also address Chamorro well-being. First is to advocate for a bill that is similar to the Native Hawaiian Health Care Act in the U.S. Congress to address Chamorros' health disparities. Establishment of a Native Chamorro Health Care Act would appropriate the necessary resources for health promotion and disease prevention programs, primary care services, and specialized health care on Guam (Natividad, 2007). More specifically, the specialty areas of oncology, cardiology, and nephrology should be developed as part of the health system. Services would provide competent health care in a culturally competent service delivery system, improving Chamorros' longevity and quality of life. Such an act would specifically addresses the poor health outcomes that are a classic indicator of the colonization of indigenous peoples.

A second policy implication of working with Chamorros is support for the exercise of the inalienable right to Chamorro self-determination. The local government of Guahan has embarked on various efforts since the 1970s to address Guahan's political status as an unincorporated territory of the United States. Over the years, entities such as the Political Status Commission, the Commission on Self-Determination, and the Guam Commission on Decolonization were created, giving rise to the development of a Guam Commonwealth Act, which was introduced to U.S. Congress in 1993 to change Guahan's political status. After being introduced four times and receiving two hearings, the act was not able to garner the political support to move forward (Underwood, 2009).

Hence, Chamorros remain colonial subjects in their homeland. Recent changes in the political landscape of the island have resulted in the resurrection of efforts to resolve the island's political status. Educating Chamorros about this reality is a source of empowerment. Such efforts in the past have resulted in growing sentiments of Chamorro nationalism and pride.

Conclusion

Centuries of colonization have left an indelible mark on the functioning of the Chamorro people. Colonization has jeopardized the survival of the native language, traditions, and identity. The presence of U.S. military forces on the island has resulted in the dispossession of Chamorros from ancestral lands and sacred sites, environmental contamination of the island, a projected population explosion of approximately 51 percent, and unequal access to adequate education among the island's school-age children

(Joint Guam Program Office, 2010). The health status of Chamorros is an issue of grave concern, as manifested in alarming rates of cancer, diabetes, and mental health needs. With over 350 years of colonization, Chamorros exhibit a classic colonial condition as a people struggling for their very survival. That they have not become extinct as a result of their historical experience is a testament to the resilience of the Chamorro people and their ability to endure adversity; survive change; and guard their cultural values, treasures, and identity.

Chamorros from Guahan have walked their homeland for over 4,000 years. This longstanding history has resulted in their connection to the *tano* (land) and rich cultural values and worldview that reflect indigenous wisdom in navigating life on the island. Despite the fact that Chamorros have been colonized for so long, they are on a path to strengthening, rediscovering, and reconnecting with their indigenous identities. Many are steering a decolonization process that represents a return to themselves by revaluing traditional ways and shifting away from Americanization. Social workers at all levels of practice have a noble responsibility to be competent in recognizing the dynamics of colonization and ultimately steering Chamorro client systems to a place of personal empowerment as they become more visible to themselves.

References

Blust, R. (2000). Chamorro historical phonology. *Oceanic Linguistics*, 39, 83–122.

Carano, P., & Sanchez, P. (1964). *A complete history of Guahan*. Rutland, VT: Charles E. Tuttle.

Centers for Disease Control and Prevention. (2010). *National vital statistics reports*, 58(19). Washington, DC: National Center for Health Statistics, Division of Vital Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Central Intelligence Agency. (n.d.). *CIA world factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/gq.html>

Corbin, C. (2012, March). *Contemporary colonialism and the challenge to Caribbean integration*. Plenary address presented at the 50–50 Caribbean Conference: Surveying the Past, Mapping the Future, University College of the Cayman Islands, Georgetown, Grand Cayman.

Cunningham, L. (1992). *Ancient Chamorro society*. Honolulu: Bess Press.

David, A. (2007). *Diabetes and tobacco: The deadly duo fact sheet*. Mangilao, Guam: Department of Public Health and Social Services.

David, A. M., Rubio, J.M.C., Luces, P. S., Zabala, R. V., & Roberto, J. P. (2010). Getting the patients' perspective: A survey of diabetes services on Guam. *Hawaii Medical Journal*, 69 (3), 45–49.

Department of Mental Health and Substance Abuse. (2009). *A profile of suicide on Guam*. Tamuning, Guam: Author.

Department of Public Health and Social Services. (2002). *Behavioral risk factor surveillance survey*. Mangilao, Guam: Office of Planning and Evaluation.

Driver, M. (1993). *Fray Juan Pobre in the Marianas 1602* (MARC Miscellaneous Series No. 8). Mangilao, Guam: University of Guam, Richard F. Taitano Micronesian Area Research Center.

Else, I. R., Andrade, N. N., & Nahulu, L. B. (2007). Suicide and suicidal-related behaviors among indigenous Pacific Islanders in the United States. *Death Studies*, 31, 479–501.

Freycinet, L. C. (2003). *An account of the Corvette L'Uranie's sojourn at the Mariana Islands, 1819, supplemented with the journal of Rose de Freycinet* (G. Barratt, Trans.). Saipan, Commonwealth of the Northern Mariana Islands: Division of Historic Preservation and University of Guam Richard F. Taitano Micronesia Area Research Center.

Guam Comprehensive Cancer Control Coalition. (2009). *Guam cancer facts and figures 2003–2007*. Mangilao, Guam: Department of Public Health and Social Services.

Guam Recorder. (1924, September). *Guam Recorder*, 1(7), 8–9.

Haddock, R., & Chen, K. (2003). Amyotrophic lateral sclerosis and diabetes on Guam: Changing patterns of chronic disease in an island community. *Southeast Asian Journal of Tropical Medicine and Public Health*, 34, 659–661.

Haddock, R. L., & Naval, C. L. (1997). Cancer in Guam: A review of death certificates from 1971–1995. *Pacific Health Dialogue*, 4(1), 66–75.

Hattori, A. (2004). *Colonial disease: US Navy health policies and the Chamorro of Guahan, 1898–1941*. Honolulu: University of Hawaii Press.

Higuchi, W. (2001). The Japanisation policy for the Chamorros of Guam, 1941–1944. *Journal of Pacific History*, 36, 19–35.

I Famaguon-ta. (2009). *Final evaluation report 2002–2009*. Tamuning, Guam: Author.

Iyechad, L. (2001). *An historical perspective of helping practices associated with birth, marriage and death among Chamorros in Guam*. Lewiston, NY: Edwin Mellen Press.

Joint Guam Program Office. (2010, July). *Guam and CNMI military relocation: Relocating Marines from Okinawa, visiting aircraft carrier berthing, and Army Air and Missile Defense Task Force* [Reader's guide]. Retrieved from http://www.agriculturedefensecoalition.org/sites/default/files/file/us_navy/217RG_3_2010_Guam_CNMI_Military_Relocation_Final_EIS_Volume_7_Mitigation_Measures_PREFERRED_Alternative_2_Cumulative_Impacts_July_2010.pdf

Kuberski, T., & Bennett, P. (1980). Diabetes mellitus as an emerging public health problem on Guam. *Diabetes Care*, 3, 235–241.

Le Gobien, C. (1700). *Histoire des Isles Marianaes [History of the Mariana Islands]*. Mangilao, Guam: University of Guam Richard F. Taitano Micronesian Area Research Center.

Mokuau, N., Garlock-Tuiali'i, J., & Lee, P. (2008). Has social work met its commitment to Native Hawaiians and other Pacific Islanders? A review of the periodical literature. *Social Work*, 53, 115–121.

Monnig, L. A. (2007). *"Proving Chamorro": Indigenous narratives of race, identity, and decolonization on Guahan*. Urbana: University of Illinois at Urbana–Champaign.

National Association of Social Workers. (2001). *NASW standards for cultural competence in social work practice*. Washington, DC: Author.

Natividad, L. (2007). Social support use by Chamorro women on Guam diagnosed with breast cancer (Doctoral dissertation, Capella University). *Dissertation Abstracts International: Section B. Sciences and Engineering*, 68(09), 5890.

Natividad, L., & Guerrero, V. L. (2010). The explosive growth of U.S. military power on Guam confronts people power: Experience of an island people under Spanish, Japanese and American colonial rule. *Asia-Pacific Journal*, 49, 3–10.

Naval Government of Guam General Orders. (1904, February 20). General Order 76. (RG 80, Box 394, 9351: 985).

Naval Government of Guam. (1936). *Civil regulations with the force and effect of law in Guam* (RG 80, 1926-1940, Box 2038).

Organic Act of Guam, 48 U.S.C. § 1421 *et seq.* (1950).

Palomo, T. (1991). An island in agony: The war in Guam. In G. M. White (Ed.), *Remembering the Pacific War* (Occasional Paper No. 36, pp. 133-134). Honolulu: University of Hawaii Center for Pacific Island Studies.

Pier, P. T. (1998). *An exploratory study of community trauma and culturally responsive counseling with Chamorro clients* (Accession Order No. 9841910). Retrieved from ProQuest Dissertations and Theses.

Radiation Exposure Compensation Act of 1990, P.L. 101-426, 104 Stat. 920.

Rogers, R. (1995). *Destiny's landfall*. Honolulu: University of Hawaii Press.

Rottman, G. (2004). *Guam 1941 & 1944: Loss and reconquest*. Oxford, England: Osprey Publishing.

Santos-Bamba, S. (2010). The literate lives of Chamorro women in modern Guam (Doctoral dissertation, University of Pennsylvania). *Dissertation Abstracts International: Section A. The Humanities and Social Sciences*, 71(09), 3450.

Shuster, D. (2010). *Guam and its three empires*. Retrieved from www.guampedia.com/guam-and-its-three-empires/

Taitano, Z. (2011, April 14). Jet fumes affecting Upi? *Marianas Variety*, 6(138).

Trei, J. S., Johns, N. M., Garner, J. L., Noel, L. B., Ortman, B. V., Ensz, K. L., et al. (2010). Spread of adenovirus to geographically dispersed military installations, May–October, 2007. *Emerging Infectious Diseases*, 16, 769–775.

Underwood, R. A. (1987). *American education and the acculturation of the Chamorros of Guam* (Unpublished doctoral dissertation). University of Southern California, School of Education, Los Angeles.

Underwood, R. (1992). Families, women, and rapid change. *Isla: A Journal of Micronesian Studies*, 1, 169–171.

Underwood, R. (2009). *Guam's political status*. Retrieved from <http://guampedia.com/guams-political-status>

United Nations Department of Public Information. (2001). *United Nations and decolonization*. New York: Author.

United Nations Environment Programme, Global Civil Society Forum. (2008). *A CSO report on the application of environmental norms by military establishments for submission in the United Nations Environment Programme*. Geneva, Switzerland: Author.

U.S. Department of Insular Affairs. (2007). *Office of Insular Affairs*. Retrieved from <http://www.doi.gov/oia>

U.S. Environmental Protection Agency. (2011). *Cleaning up the nation's hazardous waste sites*. Retrieved from www.epa.gov/superfund

We Are Guahan. (2011). *The Grey Papers: EIS on jungle and wildlife*. Retrieved from <http://weareguahan.com/dod-plans-on-destroying-2000-acres-of-jungle>

Xu, J., Kochanek, K. D., Murphy, S. L., & Tejada-Vera, B. (2010). *National vital statistics reports*, 58(19), 1–135. Retrieved from www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf