

# "No Man Is an Island": Perspectives of CHamorus in Guam on COVID-19

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## Abstract

**Objectives:** Guam is a United States territory situated in the western Pacific Ocean with a multiethnic population numbering approximately 168,000. The CHamorus, who are the Indigenous people of Guam, make up 37%. In this study, we sought to explore CHamorus' perspectives on and experiences of COVID-19.

**Design:** Interviews were conducted with 10 CHamoru adults in June–July 2020 via telephone for a larger study on understanding how the collective history of the CHamoru people is perceived relative to contemporary health beliefs and practices. This study is a secondary data analysis of questions that focused on COVID-19. We used thematic analysis techniques to analyze the data.

**Results:** Three themes were identified: *self and other*, or "no man is an island"; *trust in government*; and *focusing on the positives*. A cross-cutting theme was commitment to the common welfare of the community through interconnectedness and *inafa'maolek* (doing good for others).

**Conclusion:** Results indicated that CHamorus recognized a balance between community and individual, the need to protect the vulnerable while also considering personal choice, and the implications of enforced social distancing on community and economic stability.

## KEYWORDS

CHamorus, COVID-19, Guam, indigenous groups, transcultural nursing

## 1 | BACKGROUND

The unincorporated United States territory of Guam is an island of 210 square miles, situated 4000 miles from Hawai'i in the western Pacific Ocean, but not so far off the beaten path as to escape the SARS-CoV-2 (COVID-19) pandemic. To meet the challenges of COVID-19, Guam has operated since April 30, 2020, under the guidelines of Pandemic Condition of Readiness (PCOR), Stages 1–4, which means that the people of Guam remain under various restrictions regarding social gatherings, social distancing, and mask-wearing in public. In the broader study on which this analysis was based, we sought to understand the perceptions CHamorus have of their collective history and to document how

traditional ways intersect with present-day health beliefs and practices. During those interviews, we asked four questions to document our CHamoru participants' perceptions and experiences of life in Guam under the constraints of COVID-19. This report focuses on the analysis of the COVID-19 questions.

In a population numbering approximately 168,000, Guam has seen cases of COVID-19 rise steadily to 13,438, with 179 deaths attributed to COVID, as of September 17, 2021 (Department of Public Health and Human Services [DPHSS], 2021). Guam was vulnerable to the ravages of COVID on several fronts. Studies show that pre-existing cardiovascular disease (Bansal, 2020) and lung disease (Southern, 2020) are associated with significantly worse COVID outcomes. With high

rates of many non-communicable diseases including chronic heart and lung diseases (David et al., 2014), many of the people of Guam were likely to experience a more serious course of illness if they acquired the virus (Centers for Disease Control and Prevention [CDC], 2020).

The CHamorus are an Indigenous people of Guam and make up approximately 37% of that island's population (Central Intelligence Agency, 2021). CHamoru statistics are similar to other Indigenous communities, in which higher incidence of chronic illnesses have been found compared to non-Indigenous communities. For example, the Aboriginal and Torres Strait Islander people of Australia have five times the rate of diabetes and four times the rate of chronic kidney disease than non-Indigenous Australians (Australian Bureau of Statistics, 2015). In American Indian youth, there is a higher prevalence of obesity than the United States national average (Kelley & Lowe, 2018). Indigenous people of Canada are disproportionately affected by type 2 diabetes, with rates three to five times higher than the non-Indigenous population (Jacklin et al., 2017). Heart disease, cancer, stroke, respiratory disease, and diabetes are the leading causes of death among CHamorus (David et al., 2014). Contributing risk factors are obesity, with approximately 49% of CHamoru adults affected (Guerrero et al., 2008), and smoking, of which CHamorus have the highest rate compared with other ethnicities in Guam (David et al., 2014).

While Guam has an adequate health care infrastructure, the island lacks access to the specialized resources, such as large numbers of ventilators and deep health care staffing pools, that would enable it to handle a prolonged public health emergency. With tourism and U.S. military spending the driving forces behind Guam's economy, the near stagnation of both has hit Guam especially hard. As of March 2021, the unemployment rate in Guam was 16.5% compared to 3.6% in September 2019 (Bureau of Labor Statistics, 2021). As of July 2, 2021, compared with other ethnicities in Guam, CHamorus had the highest proportion of the island's total COVID cases and deaths at 26.5% and 34.3% respectively (Department of Public Health and Human Services [DPHSS], 2021). The disproportionate suffering among CHamorus and other Indigenous communities brings to light ongoing experiences of inequality and social marginalization stemming from a colonial history in which loss of land, language, and culture has been a prominent feature (Richardson & Crawford, 2020). An Indigenous people, living on an island in the Pacific Ocean, with a three-centuries' history of occupation and colonization, the CHamorus in this study offered both more and also less familiar insights into how the world's people have responded to a devastating and socially divisive public health emergency.

## 2 | METHOD

### 2.1 | Sampling and recruitment

The parent study from which data were drawn for this analysis was a narrative inquiry study, with data collected from June to July 2020. The

first author conducted 20 open-ended interviews, two with each of 10 CHamoru adults. Recruitment of participants was facilitated by community liaisons, who provided the first author's contact information to prospective participants. The liaisons were three CHamorus with diverse contacts in Guam. The first author selected volunteers who had firsthand experience with CHamoru beliefs and traditions, grew up and still lived in Guam, and identified as CHamorus. To be eligible, referred individuals had to be (a) Guam residents; (b) self-identified as CHamorus; (c) reared by CHamoru parent(s) or guardian(s); (d) born between 1945 (i.e., 74 years old) and 2001 (i.e., 18 years old); and (e) willing to participate in two interviews. We chose the cut-off birth year to capture those who had parents or guardians who lived through World War II and its aftermath in Guam. Our exclusion criterion was having an illness that would prevent participation in 1- to 2-h interviews, but none were excluded on that basis. Enrollment was concurrent with interviewing and analysis and continued until redundancy in themes in the larger study was reached (Fusch & Ness, 2015).

In the current study, we considered only the data on perspectives and experiences related to the COVID-19 questions. The questions were posed during the first round of interviews, though a couple of participants expanded on their responses during the second interviews. The four open-ended questions explored CHamoru participants' perceptions and experiences of the pandemic in Guam: (1) how has COVID-19 affected your life? (2) can you tell me about a recent event related to the pandemic that happened to you that affected your health or happiness? (3) what are your thoughts about our current situation, and (4) what are your thoughts about wearing a mask and social distancing? The questions were reviewed by a CHamoru researcher at the University of Guam prior to the interviews and were approved by amendment to the study's Institutional Review Board at University of Missouri-Kansas City.

### 2.2 | Data collection and interviews

The interviews were conducted, recorded, and transcribed by the first author, who received training in qualitative interviewing as part of her doctoral preparation. All the interviews were recorded using the Otter application, which is free, online software that simultaneously records and transcribes. The first of the two interviews with each participant concluded with a demographic questionnaire. For the first round of interviews, each recording was transcribed by Otter verbatim and then read against the recording for accuracy and corrected immediately after each interview. A follow-up interview was completed with each participant four to 6 weeks after the first. Due to time constraints, for the second interviews, we used a qualified transcriptionist to transcribe verbatim and then we checked the transcribed copies against the recordings. The second interviews also served as member checks with participants invited to correct or revise their responses, in keeping with other studies that have used follow-up interviews to confirm, modify, and obtain additional information (Birth et al., 2016).

## 2.3 | Privacy and confidentiality

We took several measures to safeguard participants' confidentiality. Participants selected pseudonyms and were informed that quotations from their interviews might appear in publications. The recordings were stored in the authors' university's encrypted, password-protected, research electronic data storage system on a secure server, where only the authors had access to the data. All transcriptions were deidentified during or immediately after transcription for analysis, with names of persons and places removed.

## 2.4 | Analysis

Both authors read and reread each transcript to develop an overall sense of the interviews. Responses to the COVID-19 questions were extracted and placed in a spreadsheet for analysis. The spreadsheet included the 10 participants' responses, grouped according to the four questions related to COVID-19. Using thematic analytic techniques (Braun & Clarke, 2014), the authors noted repeated patterns of meaning or themes across the interviews and selected both exemplary and divergent passages for interpretation and illustration (Miles & Huberman, 1984). The authors resolved disagreements through discussion.

# 3 | RESULTS

## 3.1 | Participants

The CHamorus who interviewed for this study included six adult women and four adult men who ranged in age from 19 to 66. Most correspondents were lifelong residents of Guam, though three attended college away from Guam. Except for two participants, all had children, and four had grandchildren. One participant was a full-time student, one a retail worker on furlough during the pandemic, and four were retired from careers in education, firefighting, and insurance. Four participants were currently employed in education, healthcare administration, health services, and government. Compared with the people of Guam in general, this group was more educated and more fully employed. Table 1 displays participant characteristics.

## 3.2 | Themes

### 3.2.1 | Self and other; or "No Man is an Island"

Participants shared their thoughts on the restrictions that had been imposed to control the spread of COVID-19 in Guam, including limits on social gatherings and mask-wearing requirements. Several spoke passionately about others' adherence or non-adherence to government mandated social distancing. Most prominent thematically in the responses to this question was a tension between the rights of indi-

**TABLE 1** Participant characteristics

Characteristic	Count (of 10)
Gender	
Female	6
Male	4
Age	
Young adult (18–44)	5
Adult (45–64)	4
Aged (65–over)	1
Partner status	
Single	4
Married/Partnered	6
Children	8
Grandchildren	4
Highest education level	
High school	6
Some college	0
College graduate	4
Employment	
Unemployed	1
Employed	4
Retired	4
Student	1

viduals and the welfare or good of the whole. Most of those who were interviewed described their compliance with stay-at-home orders and masking requirements as an expression of community feeling and a sign of investment in the collective welfare. The sacrifice of personal rights, comforts, and preferences was acknowledged in the responses, but most respondents set those losses firmly against the potential harms of refusing. Joe, a 54-year-old retired firefighter undergoing cancer treatments, described an imagined confrontation with a person who claimed the right to not to mask:

Those people that are saying that, do you know what I would say to them? The first thing I'd ask them is, "Do you have a grandma alive? Tell me, who is the oldest person alive that you love?" And I'm sure there's somebody that they love. I'm sure there's someone old and dear to their heart.

Joe's brief scenario was paradigmatic in the way it shifted the moral frame from self to other. Joe addressed his interlocutor *as a self* but focused on the connected self. He dismissed the lone individual with their jealous declarations of autonomy to focus on the other-centered grandchild who feels care and compassion. Joe's questions centered on common ground—the assumption that, surely, we *all* love someone who might be lost to COVID-19. But his delivery was unquestionably



confrontational, implying that there was a special responsibility to be borne by those who weighed their own preferences about mask-wearing over the lives of others. Shyan similarly imagined herself in a Socratic-like exchange with someone who refused to mask. Her exasperated challenge, like Joe's, seemed intended to bring the other around to recognizing moral responsibility, asking, "Why do you think places are still not fully open? Why do you think there are so many cases coming in? Because of you, people. You don't listen to anything, but you know what's right."

The clash between individual rights and collective responsibility was a common theme, one touched on by nearly all the CHamorus who were interviewed. Liang, a retired educator, conceded that she understood "why people say, 'it's my right to not wear a mask,'" but then went on to explain how that stance was one that is not representative of CHamorus' ways of thinking but more characteristic of an "American individual mentality." Like Joe and Shyan, Liang was sharply critical of what was seen as the American view and added, again addressing the imagined other, "Get a grip. The saying is, 'No man is an island.' If you live all by yourself, okay, do whatever, but this is a community, and by extension, the whole planet is a community."

Other participants described personal experiences and decisions touching on the ethics of COVID-19, instances in which they had been called to put their own needs aside and act with others in mind. A 41-year-old high school teacher described how she decided against applying to teach online instead of in the classroom: "I didn't ultimately apply for it, because I just feel like there are more teachers at my school who need to be in those positions than I do—[like] my coworker who just had surgery for breast cancer." Tish, a 31-year-old working in a health care setting, described how, in making decisions about claiming benefits, "You have to look at the other person. If they have a medical condition, if they're high risk, that's something that you want to consider." She concluded her thought with a different version of the "No man is an island" metaphor, explaining that instead of slipping into myopia in such cases, you've got to be "looking at the bigger picture."

### 3.2.2 | Trust in government

Trust in government, especially its role in organizing the public health emergency response, was a related theme that occurred in most of the interviews. Nearly all affirmed that they believed the Guam government's actions were guided by a commitment to the safety of the people. Yet participants also underscored that they did not simply follow official guidelines but made a decision to do so based on their own assessment of available information. Agnes, for example, said that while she wanted "to trust that our government is serving its purpose and its role, which is to serve the people and the public," she also "educat[ed] myself enough about what's happening and then look[ed] at the science." Ryan approved of the government mandates and stated, "That's why we have guidelines and protocols to follow and if we don't follow it, then of course things would get worse." Liang said she believed that government officials in Guam were "trying their best," that they are "mak[ing] a decision with the information that they have."

Though Liang did not agree with all the government strategies, she said, "I will put my trust in the government because that's the rule of the government and as long as it's reasonable to me." Liang indicated where the limits of "reasonable" lay in noting that what she did *not* support was for "the U.S. government to go and—just without question—mow down private citizens who are engaging in peaceful activity." Others saw the pandemic as broadly exposing the vulnerability of Guam and offering an opening for critique of other kinds of government decisions. Mae observed along these lines that the pandemic should be an "eye-opener" for policy makers who would be wise to put less money in tourism and spend more on "our hospital and healthcare infrastructure." For the most part, the CHamorus we interviewed perceived the official decisions of the Guam government in response to COVID as motivated by a desire to serve the people's welfare.

### 3.2.3 | Focusing on the positives

The third theme we observed in the interviews was the sources of strength on which CHamorus drew during the early months of the pandemic. Despite references to fear and uncertainty, widespread illness and job loss, and frustration with fellow Guamanians, the CHamorus interviewed for this study referred repeatedly to family, religious belief, and their collective past as sources of hope and positivity. CHamorus described finding strength in family and prayer, and several participants expressed thanks to God. Others noted how the pandemic had helped them redefine priorities and appreciate the good things their lives held. Mae described gaining time to "enjoy my life and my children, my grandchildren." Agnes remarked on how the pandemic "brought us closer as a family" and "heightened our awareness and appreciation for the things that we used to be able to do that we are currently not doing."

Among the more distinctive patterns was CHamorus' repeated references to how COVID-19 connected them with the past. Mae observed that social distancing and stay-at-home orders kept her family at home, where a slower pace and simpler pleasures reigned:

It just slowed things down. We're all in this house together. Nobody's rushing out to the restaurant. Nobody's rushing to go to the movies and all those things. I like it. I tell my grandkids, "This is how it was before." We all sit down and tell stories and play *chonka* [traditional CHamoru game].

Food was another point of connection with traditional ways of the past during the pandemic. Elaine commented on how anticipated food shortages would be less of a burden for her family because they "grew up" growing their own food and "know how to use the foods available in Guam in different ways." Ryan explained that "history repeats itself," meaning that while the crises of violent colonization in Guam might be past, he recognized that disaster, a time when "there's, for example, no food, no groceries, nothing like that," could always come again. His family prepares for such times by staying connected to what he

characterized as the old ways of hunting and fishing. Like his grandparents and parents did with him, Ryan said “I took time out and I made a thing to teach my kids, where I turned my backyard into a mini-farm. I teach them fishing [...] I teach my kids these things because when they get older, they must survive.” Shyan similarly described how, after the pandemic hit the island, her grandparents “cleared out the back of the house. They cut down some trees and the tall grass, and they started to plant eggplant again and a banana tree. We have lemon trees, we have the *donne* (hot pepper) plants.”

As the pandemic persists in Guam, not all remains positivity, hope, and reconnection. One of the CHamorus' chief values is *inafa'maolek*, which means doing good for one another. This idea was touted in Guam during the early months of the COVID-19 response as an argument to support social distancing and mask-wearing (Office of the Governor of Guam, 2020). Increasingly, the logic of social distancing and mask-wearing as a form of *inafa'maolek* has become difficult to maintain in a group that is accustomed to relying on one another as a source of happiness and wellbeing. Liang noted the difficulty of not seeing her daughter and especially “not touching her grandchildren. That makes me very sad. I have not seen them; I need to get a hug from my kids.” Agnes too confessed that staying apart had been difficult. Agnes's family went three months without coming together, only finally gathering in June 2020, outdoors, where, she stressed, they maintained social distancing and mask wearing.

## 4 | DISCUSSION

In this study, we sought to document the COVID-19 pandemic perceptions and experiences of a group of CHamorus from the Pacific Island community of Guam, a U.S. territory. The three themes we identified, *self and other*, or “no man is an island”; *trust in government*; and *focusing on the positives*, differed in the details but converged around the broad idea of interconnectedness. The emphasis on connection was most prominent in participants' references to the competing goods of individual rights and commitment to the common welfare. This motif is widespread in other discourse about the pandemic experience. In a paper outlining ethical challenges that health care workers face in providing services during COVID-19, Jeffrey (2020) has described relational autonomy and solidarity as key values needed in a pandemic. Relational autonomy refers to the limited nature of individual rights, the way an individual's right to make choices about how to live is important but always bounded or relationally proscribed by the adjacent rights of others (Jeffrey, 2020). Solidarity refers to a sense of identification with and responsibility toward others (Jeffrey, 2020). As Edmonds et al. (2020) have argued in relation to public health nurses, some must bear the responsibility to protect underserved communities, especially in times such as the pandemic, even if it means coming out of retirement. Relational autonomy and solidarity were values the CHamorus in this study described as being characteristic of their culture, often in contrast with what they saw as a mainland U.S. emphasis on individual rights. The distinction finds some support in recent research. One group of researchers has published results from a national survey

showing that, of 5897 Americans who reported not masking in public, the largest proportion (40%) identified their reasoning as “It's my right as an American not to wear a mask.” While it is unclear whether any or how many in the sample were also Pacific Islanders, the same team separately published analysis by race and ethnicity that compared groups in the United States on changing behaviors during the pandemic. Of the five racial-ethnic groups (i.e., Asian American/Pacific Islander, Black, Latino, Native American, and White), Asian American/Pacific Islanders made changes during the pandemic at the highest percentages on all three of the measures reported: changed usual behavior; changed travel plans; and worked from home (Vargas, Dominguez, et al., 2020). Of course, the ability to make some of these changes has not been equal across groups and the respondents' reasons for changing the behaviors were not reported. But the patterns are suggestive of a greater communitarianism that the CHamorus we interviewed associated with their culture. Studies have elsewhere documented the uniquely successful implementation in island communities like Fiji of *hybrid organizations*, which operate according to an “ethic of care” (p. 490) and use a combined model of commercial and civic systems to promote the common good (Douglas et al., 2018). It bears noting that divergent examples can also be found in Guam, where, as everywhere, protests have been staged against masking and social distancing mandates due to their perceived impact on tourism and other industries (Kaur, 2020). Religious groups, too, have protested regulations that limit social assembly and consequently the gathering that some groups hold to be an essential aspect of worship (Habib, 2020).

One of the ironies we observed was the dual-edged operation of solidarity. Our participants described a tightly knit CHamoru culture, with extended networks of families and friends and a central notion of *inafa'maolek* or doing good for others. If solidarity is achieved in a pandemic paradoxically through disciplined acts of isolation, it is not surprising that mental health in a group that places high value on interconnectedness would suffer. In Guam, the Office of the Chief Medical Examiner recorded 26 suicides from January to August 2020 compared to 20 suicides from January to August in 2019 (Caguran-gan, 2020). Fifteen of the suicides in 2020 occurred in the 3 months of June–August. Mandated social distancing, the closing of in-person schools, and furloughed or laid-off workers have led to increased concerns about family violence, a long-standing problem in Guam (Toves, 2020). Victim Advocates Reaching Out (VARO), part of the Guam Coalition Against Sexual Assault and Family Violence, reported significantly increased family violence in 2020 compared with 2019 (Toves, 2020). There have been concerns worldwide about Indigenous people's experiencing higher risk of family violence than other groups (Wilson et al., 2019). Women are particularly vulnerable to family violence, with evidence of heightened violence against Māori women in New Zealand (Wilson et al., 2019), Aboriginal women in Australia (Andrews, 2020), and First Nations, Inuit, and Métis women in Canada (Klingspohn, 2018). The pandemic highlighted as well the difficulty in some Indigenous communities of meeting public health measures of social distancing and hygienic practices due to housing, food, and income insecurity, which often stem from the colonial history of disrupted land use, language, and culture (Richardson & Crawford, 2020).



## 5 | LIMITATIONS

Experiences of CHamorus during the COVID-19 pandemic likely run a much wider gamut than what we were able to identify here. The interviews were conducted with a small number of CHamorus over a short period of time (June–July 2020), so perceptions and opinions may not be representative and may have shifted. Readers should be aware that our sample was relatively well-educated, which means that the stories may be skewed toward a particular segment of the population. The first author practiced reflexivity by memoing throughout the study and was challenged by the second author in rounds of interpretation to be thorough and open to what was in the data, but there may also be themes that we missed. We sought to increase validity of the findings by member checking the analysis with the participants and by securing a critical reading of the manuscript from two outside readers who identify as CHamoru but were not participants in the study. These methods were especially important given the historical-trauma focus of the parent study and the past history of researchers coming to Guam and treating the CHamorus as subjects with no regard for their safety or their culture (Keck, 2012). We also enlisted the help of CHamoru liaisons during recruitment to create a bridge between interviewer and participants by helping reassure participants of the researchers' trustworthiness (Given, 2008). Even so, a limitation of this study is that no CHamorus were co-authors of the research: the first author is an Asian American cis-woman, a nurse living in Guam, and the second a White American cis-woman, also a nurse, living in Missouri.


## 6 | CONCLUSION

The CHamorus of Guam interviewed for this study offered perspectives on what it means to them to co-exist in a time of pandemic. Interconnection was an overarching motif, connecting our three themes of self and other, trust in government, and focusing on positives. Participants particularly underscored how individual and group concerns must be balanced and how difficult social distancing can be when the group defines itself in part by socially close processes of doing-good for others. Though Guam struggles to cope with the disease and associated economic downturn, over 80% of CHamorus were fully vaccinated in September 2021 (Department of Public Health and Human Services, 2021), a development it is hoped will lead to a return or at least a new sense of normalcy. The CHamorus interviewed in this study suggested their sharp awareness of a need for balance: balance between self and other and between the need to protect the vulnerable while also acknowledging the personal and social consequences of doing so. Perhaps what the interviews called most into relief is the recognition that Guam may be an island, but economically, epidemiologically, and ethically, the CHamorus who live there are not.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on reasonable request from the corresponding author.

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