Culture, Health, and Diaspora among the Marshallese:

With a Focus on Northwest Arkansas

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Applied Anthropology

By

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Introduction

Culture, Health, and Diaspora among the Marshallese: With a Focus on Northwest Arkansas was written to address informational needs identified by health and social service workers and Marshallese people living in northwest Arkansas. The research and content herein are the products of a collaborative effort where both health and social service workers involved with the Marshallese and Marshallese people themselves had input. The original data collected in northwest Arkansas for the writing of this work was undertaken by Jason Shepard and Nicholas Guavis, a Marshallese migrant. Original data was collected between 2005 and 2011, with the majority of data collected between 2008 and 2010. This ethnographic data was gathered through participant observation, primary document analysis, interviews, and open-ended questionnaires. This data, and the process by which it was collected, is described in Appendix B: Project Development, Goals, and Methods.

The body of this work has been divided into two parts. The first part specifically concerns the Marshallese population in northwest Arkansas, its health status, health perceptions, and the need for increased understanding and dialogue between health and social service workers and Marshallese migrants to the region. Much of the data used in this discussion comes from research conducted for the writing of this ethnography. The methodological and theoretical considerations are described in the appendix titled Project Development, Goals, and Methods. More broadly, the first part of this document explores the health status of Marshall Islanders, traditional health practices, and the underlying causes of the population's health problems. A summarized Q and A attempts to answer some of the most common questions that are likely to arise among health and social service workers involved with Marshallese migrants and policy

planning directed towards that population.

The second part of this ethnography attempts to provide context and general background for the topics addressed in the first part, including an overview of Marshallese history, social organization, education system, and infrastructure. Aspects of geography and international relations are explored specifically in the context of Marshallese migration and health and a broad overview of the Marshallese diaspora and regional migration trends are also provided. Appendix A: Health Body, and Associated Words in Marshallese is included as a useful reference for health care providers and other interested parties. Appendix C: Related Studies and Some Impacts has been included to provide additional data which might prove useful to health and social service workers, policy planners, and researchers.

Part 1: Health and Wellness

The purpose of this ethnography is to provide a reference guide for public health workers, employers, educators, and other social service workers who will encounter or make decisions concerning Marshallese migrants. It is hoped that the sections throughout this reference will prove useful in policy development and action planning and will help to spur further dialogue and bridge the cultural divide between non-Marshallese readers and Marshallese people.

A Need for Increased Understanding and Dialogue

There are an estimated six to ten thousand Marshallese living in northwest Arkansas. As with many migrant populations, these Marshallese face particular barriers to accessing health and social services due to their marginal position within the host community, cultural differences from the host community, and preexisting health problems associated with their place of birth.

Government and private interests have invested a significant amount of money, time, and effort to identify and address the barriers faced by Arkansas's Marshallese population. These efforts have been hampered by a lack of sustained dialogue between the Marshallese community and the U.S. health and social service agencies tasked with identifying and overcoming these barriers.

Lack of engagement is problematic for three reasons: 1) troubling issues from the perspective of the Marshallese may be overlooked, 2) culturally appropriate solutions to identified problems will less likely be developed; and 3) lack of engagement creates barriers to the implementation of solutions. For instance, in 2009 a small-scale survey program aimed at the northwest Arkansas Marshallese population was conducted through the Jones Center for families as part of a larger health initiative in cooperation with area health departments, the Centers for Disease Control, and area health care providers. Conducted during the annual Constitution Day Celebrations, the turnout was significantly greater than expected. It was hoped that 600 Marshallese would participate and data was collected from over 700. Despite the level of participation, it was determined that conclusions could not be drawn from the data; this was largely due to the design of the questionnaire and the nature of the questions. This less-than-hoped-for result suggests a need for greater collaboration with the Marshallese population in crafting future survey instruments.

With the help of members from the Northwest Arkansas Marshallese Community Organization (NWAMCO), and some other Marshallese people, grant monies from the Arkansas Minority Health Commission were used to develop a pamphlet in Marshallese, modeled on a Hawaiian equivalent, to introduce new migrants to Arkansas. A video was also produced by the Jones Center for Families and the Springdale, Arkansas Office of Diversity and Inclusion intended to introduce migrants to the new laws and culture they could expect to encounter when

moving to Arkansas. These are positive developments for community outreach and may potentially ease some of the difficulty of adjusting to a new social and physical environment. That being said, these efforts could have been improved in terms of quality, and community awareness and investment, had a broader-scale effort to include a variety of Marshallese migrants in the development process been taken.

Beginning to Address those Needs

Community-based research provides an opportunity for many unheard voices within northwest Arkansas's Marshallese community to be represented in the discussion about the status and engagement of their community. Expanding dialogue broadens current discussions about appropriate and effective outreach and engagement of migrant Marshallese in Arkansas, and allows for the active participation of Marshallese that are not typically involved in research and policy making directed at their population. Further community-based participatory research will engage the underrepresented and empower them by providing a medium to express their thoughts about the state of their community, what they need, and what level of contact and intervention is welcome in their lives. The interviews, open-ended questionnaires, participant observation, and primary document analysis involved in gathering the original data throughout this document were intended to further this process. This data, and the methods employed to gather it, are further described in Appendix B.

By identifying any discrepancies between the health and social status of migrant Marshallese as determined by service agencies in Arkansas, and as perceived by those migrants themselves, we hope to increase knowledge of public health policy and Marshallese community perceptions of health. Future assistance and intervention efforts directed towards northwest Arkansas's Marshallese population will also be more effective and responsive to the population

as a result. A deeper level of contact between service agencies and the Marshallese community will also be facilitated. Marshallese community members will also be more responsive to initiatives in which they have had significant input and that address their concerns.

Findings

Several themes arose from the research efforts involved in the project which produced this document. From these themes, broad priorities and needs from Marshallese perspectives emerged. While not completely different than needs identified through less open-ended participatory methods employed by government and social service agencies, the order of importance was significantly different. This was not only a reflection of the difference between Marshallese perceptions and that of non-Marshallese, but also the variety of priorities and concerns among migrant communities of Marshallese.

Since one of the primary project goals has been to present Marshallese migrant perceptions of need and appropriate outreach, the emphasis when identifying themes was on a multivocality that represents numerous perspectives from within the Marshallese community. This approach was to ensure broad representation even within a limited sample. Roughly, themes identified through observation, interviews, conversations, and questionnaires could be ordered by frequency and passion in the following order: employment and job placement, job training, negative images of the Marshallese, young people getting in trouble, health-care, the Marshallese government, losing culture or traditions, transportation, driver's tests (especially the written portion in English), communication, and the cost of food.

Employment related issues were clearly the primary concern of most of the Arkansas Marshallese queried through the various methodologies employed for data collection. Where enumerated, employment issues were more likely to be mentioned than all other topics

combined. This is particularly significant when compared to the stronger emphasis on health concerns among the Marshallese population in Hawaii. The online forum data was the exception to this rule. Typically though, the place of residence of forum participants is unknown. The forums express far more concern with political and economic matters in the RMI (Republic of the Marshall Islands). The online forum threads also seem to express more concern for the public image of the Marshallese. Further research to more clearly determine the concerns of the Marshallese migrants in Arkansas and Hawaii would be useful for comparison. Data from other Marshallese communities in Oregon, California, Texas, Oklahoma, Missouri, and elsewhere would increase understanding of migration dynamics in general and Marshallese migrant community composition related to reasons for migration.

Other tentative findings warrant further investigation. Data collected during this project suggests that more migrants to Springdale are traveling directly from the outer islands without first spending a period in the more modernized capital of Majuro to acclimate to the different lifestyle and surroundings. The outer islands often have no electricity, public schools, gas stations or cars. This will affect the cultural learning curve of new migrants and may conflict with existing expectations by employers, educators, and various health and social workers. It may also mean more psychological stress on these new migrants, which might compromise overall wellness.

Co-researcher Guavis also noted that, on average, migrants in Salem, Oregon learn English faster than their counterparts in Arkansas. This may reflect the outer island phenomenon or a more insular nature to the Marshallese community in Arkansas. Perhaps this is because of the overall larger size of that population or the ability of church congregations in different communities to maintain traditions and dense social networks. Marshallese churches in

Springdale are mostly Assemblies of God. Other communities form around other denominations. In Keen, Texas the churches are largely Seventh Day Adventist. It would be informative to determine whether there is more or less church activity in these communities and whether any relationship exists between the influence of ethnic churches and integration into broader society, possibly reflected in the noted difference in rates of second language acquisition.

Ebeye Island

Ebeye Island is located in the Kwajalein Atoll. With nearly 100 islands, enclosing a massive lagoon, Kwajalein Atoll is the largest atoll in the world. Ebeye island has over 15,000 inhabitants on 80 acres of land and is the most densely populated island in that atoll. Over 70% of the population of the RMI live on either Ebeye island or Majuro island (Choi 2008:74). Many of the people who once lived on the numerous smaller islands have now moved to Ebeye due to its proximity to Kwajalein Island. Leased to the United States for the Ronald Reagan Air Force Base, Kwajalein is the largest island in the atoll, but usually houses only around 1000 inhabitants. Nearly all of these are U.S. citizens, mostly military personnel, government officials, and contractors. The services, supplies, and jobs above the RMI minimum wage of about $2 U.S. per hour, potentially available on Kwajalein, have been the primary cause of Ebeye's dramatic population growth over the last few decades.

Figure 1. Ebeye Island

The overcrowding has resulted in public health problems, which often accompany migrants who leave the island. The public health situation on Ebeye is further exacerbated by the legacy of U.S. nuclear weapons testing. When the inhabitants of Rongelap Island were exposed to dangerous

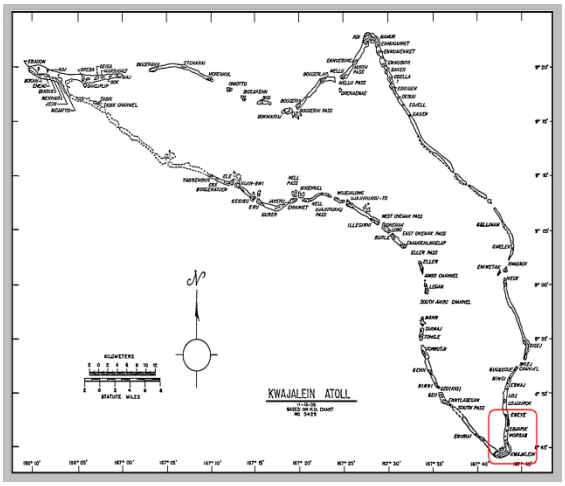


Figure 2: Kwajalein Atoll

levels of radiation, they were evacuated to Ebeye. The victims of that fallout and their descendants live on Ebeye and often suffer from medical problems and have compromised immune systems as a result. Ebeye is not only the most populous island in the Ralik (Sunset) islands, one of the two island chains that make up the Marshall Islands, it is also its cultural center. As one of the islands with the most opportunities to earn money, many Marshallese migrants have spent at least some time living on Ebeye.

Public health on Ebeye took another blow when a strain of TB resistant to treatment was again detected late in 2009. The problem first arose in 2004. Trailers were moved into place with the intent of quarantining those affected with this multi-drug resistant variety of TB. However, by February of 2010 the trailers were still missing vital components to be fully outfitted with isolation rooms and clinic space (Johnson 2010). Currently, the Ministry of Public Health must petition the High Court before they can require people to comply with testing or isolation. As a direct result of the health risks posed by this particularly dangerous strain of TB, a bill is currently under consideration which would allow the Director of Health for the RMI to order testing, isolation, and treatment if he determines it would be a significant public health risk to do otherwise (Johnson 2010). The ministry is also communicating with the U.S. CDC to identify TB

patients and their untested household contacts that have moved to the U.S. (Johnson 2010).

Health and Health Perceptions

A longitudinal study of tuberculosis among Springdale's Marshallese population was conducted between January 1, 2000 and December 31, 2005 by Dr. Sekai Chideya and Dr. Leonard Mukasa from the Arkansas Department of Health and Human Services. Their findings are based on medical records and interviews with Marshallese TB patients. They determined that 5.8% of all TB cases in Arkansas were within the Marshallese population during their period of study. Furthermore, 92% of those cases occurred in patients who were born in the Marshall Islands. This is in a population where more than half of the Marshallese are US born. Only 8% of these patients reported symptoms prior to their US entry. The research also found that 68% had no insurance, 20% had a history of untreated or inadequately treated TB, and 65% of those with symptoms of TB delayed seeking medical diagnosis or treatment for two months or more. They concluded that the major reasons for this delay were "primarily due to patients not seeking medical attention, misunderstanding the US health care system, and having language and transportation barriers. (Kim 2007)"

The chief science officer at the Arkansas Department of Health has said that Marshallese do not have the same ideas about wellness and they do not have to pass health tests to gain entry to the United States. He claims that Marshallese in Arkansas have fifty cases of tuberculosis per 100,000 people whereas the general rate for Arkansans is 3.6 per 100,000. He also said that perinatal hepatitis B was present at a rate of 9.65% for Marshallese mothers in Washington County, where Springdale is located and only 0.1 percent for non-Marshallese mothers in the county. He also notes that between 2000 and 2005, six out of nine cases of congenital syphilis in northwest Arkansas were among Marshallese babies and twenty-one of thirty-eight cases of

infectious syphilis were among Marshallese (Kellams 2007).

In February of 2008, Channel 5 News out of Fayetteville reported a possible epidemic of leprosy arising from nine reported cases in Springdale. The report then explained that the Marshall Islands has the world's highest rate of leprosy and that Springdale had the nation's highest number of Marshallese. A local health official was interviewed on the program expressing her concern about a possible epidemic because leprosy could be transmitted through the air. She implicated the Marshallese population and added that most Marshallese would not complete the extensive treatments necessary to combat the disease. The report also mentioned more than 100 cases of tuberculosis in Springdale, and quoted a mayoral candidate in Springdale who said “We have just opened the borders and said, come on in, bring your diseases, bring 'em. Why are we doing that?” She then recommended that those who had contracted leprosy be quarantined or deported (Marsh 2008).

This report spurred a firestorm of conservative blogging aimed at linking the risk of major US health epidemics to lax border policies, despite the special legal status of Marshallese migrants. This report and the reaction of many Arkansas natives did not go unnoticed by the Marshallese. Serious concern was evident in discussions on online forums like yokwe.net, bebo.com, and rimajol.com. Typically, the fear was not of leprosy, but a fear of making a bad impression about Marshall Islanders in Arkansas. Leprosy is a curable condition, but the treatments often take up to two years to complete. The fear of leprosy becoming a contagion seems far-fetched according to the analysis of Arkansas's Chief Science Officer at the Department of Health who has stated that, in most cases, leprosy requires prolonged intimate contact to spread (Kellams 2007).

Although the Compact of Free Association signed between the U.S. and the RMI allows

Marshallese to work and live in the US, it does not allow the access to Medicaid, Medicare, or Arkansas's state based ARKids First program (Dungan 2008). The overcrowded conditions on the islands and commonly poor nutrition of their inhabitants contribute to the prevalence of the illnesses being discussed. Despite improved conditions in Springdale, factors associated with migration also exacerbate the problem. In the summer of 2008, Public Health Nurse Sandy Hainline was quoted as saying ""It's stressful living here. They're coming from a nice, tropical climate. They get here and they have to deal with work schedules, with traffic. The cold is a serious issue for them. They just are not used to dealing with cold weather at all and most of them work in the poultry plants where it's wet and cold at all times. And after about two years of being constantly stressed they break down into tuberculosis or other diseases" (Rowa 2008).

Some legislators and health officials have expressed concern about the possibility of an infectious disease outbreak resulting from pockets of unhealthy populations (Kellams 2007). Yet some frustrated officials speak out against funding public health initiatives among Arkansas's Marshallese population. Arkansas Representative Billy Gaskill noted that rates of syphilis and leprosy were high among the Marshallese and was quoted as saying ""A nuclear bomb don't cause syphilis, and it certainly don't cause leprosy" (Kellams 2007). What the representative may not realize is the deep connection between these and many other health problems resulting from the displacement of peoples from the islands which are fundamental to the maintenance of their social order.

In addition, the unnaturally large population on Ebeye Island results in an increased prevalence of nearly all health problems, and is the direct result of the Ronald Reagan Air Force Base located on Kwajelin Island. Many displaced people now inhabit neighboring Eybe Island because their lands were taken or made uninhabitable. Also, the scarcity of jobs in the RMI apart

from those available on the Air Force Base continues to draw even more people from the outer islands, exacerbating the overcrowding crisis. This phenomenon has been well documented by public health officials and numerous interviews on the PBS documentary series Unnatural Causes.

There are substantive reasons to believe that high rates of TB, syphilis, and leprosy among Marshall Islanders are, in no small part, because of US actions in the Marshall Islands. An NPR broadcast of Living on Earth noted that Arkansas physicians are "getting used to seeing islanders in their clinics", but have learned to “admit Marshallese patients to hospital when they first get an infection as their immune systems seem to be compromised” (Froelich 2005). It is worth noting that the Marshallese language, despite its extensive medical lexicon, contains no native words for cancer, syphilis, diabetes, high-blood pressure or drunkenness, whose closest equivalent is a word really describing a condition arising from fish poisoning (Taafaki et al. 2006). In 1906, when Augustin Kramer, a physician and anthropologist first wrote of the Marshalls, he claimed that leprosy was the only disease in evidence. He attributed this to a lack of fresh water. Before sustained contact with Europeans, the primary threats to health were droughts, famine, storms, typhoons, and tsunamis.

Marshallese and Health-care Decisions

A 2008 study of Marshallese migrants in Hawaii made three primary conclusions concerning Marshallese health care decisions. The first of these is a tendency towards present "crisis-oriented health care." Marshallese often wait to seek health care until they are in pain or discomfort. Health and wellness are often defined as the absence of pain. Even minor pain is often ignored, as a high value is placed on denial or tolerance of physical pain. These beliefs and attitudes are more prevalent among older Marshallese and those from the outer, more traditional,

islands and often result in less preventative and timely medical care (Choi 2008:73,79-81). This is typical of cultures where education and socialization do not specifically encourage individuals to question their health when they are feeling well.

The second major finding was that Marshallese migrants in Hawaii rely heavily on inter-community networks of family, friends, and fellow church members for various resources and often receive untimely and inconsistent health care when those resources are unavailable. Such networks are very important in the RMI and traditional Marshallese life, but become even more important in a migrant community setting where individuals are confronted with a different economic and cultural environment (Choi 2008:82-83).

Marshallese people place a high value on interdependence and sharing. This is particularly true on the outer islands where resources are limited. In migrant communities, this means helping to provide food, housing, transportation, and other informational and instrumental support to new migrants. Not only does this help often come at significant sacrifice for more established migrant households, it can also leave new migrants at the mercy of other community members. Medical appointments may be missed or care may be delayed because someone is unable to provide transportation or translation. Also, since other migrants are the main source of information concerning laws, licenses, jobs, local institutions, and everything else about the host community, existing migrants must often be informed or contacted if more recent migrants are to be reached. To disseminate important public information, these migrant networks must be understood and points of contact, such as churches, must be located.

The third finding was that reliance on traditional Marshallese health systems was quite low among Marshallese in Hawaii. The study found instead that Marshallese migrants rely heavily on Western allopathic health systems through public assistance. Some illnesses are

attributed to supernatural causes or harmful magic. These beliefs are also more prevalent among older Marshallese and those from the outer islands. This is probably due, in part, to the shortage of available traditional Marshallese health practitioners and the medicines and ingredients used by them. A potentially larger reason is selective migration from the more westernized major islands, contrasted with the more traditional outer islands. Many Marshallese migrate to Hawaii to take advantage of the state's universal health care system which allows access to migrants from Freely Associated States (FAS). Those that come, often in need of surgery or treatment for long-term chronic conditions, are those who have faith in Western allopathic health systems. Those who place more faith in the efficacy of traditional systems do not migrate to the U.S. for health reasons (Choi 2008:80,85-86,89).

Marshallese typically make greater use of community health centers and federal and state funded hospitals rather than private clinics due to their affordability, accessibility, and availability. Such public facilities are usually more likely to have bilingual and/or multicultural staff and fees are often determined on a sliding scale (Choi 2008:86).

One specific lack of preventative care revealed in the Hawaii study involves women's checkups. Most participants said they were either unaware of such checkups or the importance of breast exams, mammograms, and pap smears. A cultural taboo against showing all of the body often makes such exams particularly uncomfortable for Marshallese (Choi 2008:81). The study did reveal that rates of immunization are quite high despite the general trend away from preventative care. This is largely attributed to widespread immunization programs in the RMI and resulting familiarity with their importance (Choi 2008:82).

Traditional Health Practices and Practitioners

The various clans of Marshallese are often associated with specific trades and specialized

bodies of knowledge held only by that clan. This includes a variety of health practitioners utilizing numerous methods and employing a broad ethnopharmacopoeia that incorporates nearly all native and imported plants. Clans with such knowledge and individual practitioners are held in high regard.

In recent years, groups of Marshallese have gathered together to compile and preserve much of the traditional knowledge of plants and health care. Because this knowledge has often been a closely guarded secret and because the knowledge of so many other indigenous peoples has been misappropriated by outsiders who profit unilaterally, many Marshallese disapprove of the free dissemination of this cultural knowledge without financial profit to Marshallese society.

There are seven classes of health practitioner in traditional Marshallese society. Practitioners typically learn their trade through extensive apprenticeship that usually begins around age 7, which is seen as the age of discernment, when children are able to make decisions themselves. Treatment often begins at the *ri-bubu* (diviner) who is responsible for diagnosis. The *ri-bubu* will also suggest what other specialists are needed, providing a referral. The *ri-uno* (healer/ medicine person) prepares and administers *uno* (medicine) The *ri-pitpit* (masseuse) plays another important role in Marshallese health practices. In addition to plant medicines and massage, chanting also plays an integral role in the holistic approach to health (of the mental, physical, and spiritual) embraced in Marshallese beliefs. The *ri-allōk* chants to relieve pain, slow bleeding, cure various skin conditions, and stop the itching that is sometimes brought on by ancestors and other spirits. *Ri-allōk* often know many chants appropriate in different circumstances and different clans usually have their own individual chants. Sometimes negative health conditions are viewed as the result of malicious sorcery on the part of a *ri-anijnij* and must be countered with the positive sorcery of a *ri-jaljal (Taafaki et al. 2006:1-5,7).*

The *ri-kōmmour* is a midwife, and as such is knowledgeable in aspects of prenatal, infant, and postpartum care. Traditionally, when a Marshallese woman becomes pregnant, she and her family will set about protecting the unborn child from the malicious intent of people who may wish the child or family harm. The rituals, herbal compounds, chanting, and medicinal wrappings worn by the mother will guard the child until it reaches five or six years old. The specific protections often vary from island to island and from family to family. They are typically a closely guarded secret.

Traditionally, after a child is born, herbal medicines are administered both orally and by rubbing on the skin. Some are to relieve physical discomfort, others to protect against material and spiritual threats, and still others to ensure long life and health (Loeak et al. 2004:52). The mother also undergoes an involved treatment of herbal remedies and proscribed exercise and diet. This process lasts six months, during which period, traditionally, sexual intercourse is prohibited. In the past, before widespread missionary influence, a younger sister would often be brought into the home to help the new mother and ensure that her husband did not leave the household to satisfy his sexual desires (Loeak et al. 2004:52). This was of critical importance in light of limited resources and the importance of household solidarity and kinship networks. This particular practice has been abandoned, but extensive postpartum rehabilitation still helps ensure that women recover physically, emotionally, spiritually, and psychologically after giving birth. Traditional health practices coexist with western allopathic health systems in the hospitals and clinics in the RMI. The Ministry of Health provides additional training to midwives and they are a vital part of the island's modern health system. Chants are used to complement or replace pain medications also (Taafaki et al. 2006:9-10).

The generalization is often made that people from less industrialized societies are not

accustomed to following directions regarding the specific dosage and frequency of medications. This is especially emphasized regarding treatment extending beyond illness symptoms. This is probably a poor generalization and is certainly untrue within traditional Marshallese practice. It is typical for *ri-uno* to instruct their patients to ingest specific compounds two or three times daily at designated times. It could be argued that such instructions are taken more seriously by the Marshallese than by many in US society. If a *ri-uno* or their patient fails to follow the specific prescription for each medicine, it is believed that the medicine will be ineffective and the patient or healer may become *ri-allok*. This is a sickness or condition that results specifically from either party failing to follow the exact directions associated with a prescribed treatment (Taafaki et al. 2006:7).

Summary Q and A

Why are there so many Marshallese people living in northwest Arkansas?

Migrants travel in greater numbers to communities where other migrants of their ethnicity have previously settled and created social networks. These provide an oasis of a familiar culture in an alien land. Through them, migrants are able to find jobs, secure cheap or free accommodations, and other material and informational assistance. The first migrants from the RMI tended to settle in Hawaii or other island nations. Marshallese communities in Oregon and California eventually followed, largely after the signing of the Compact of Free Association

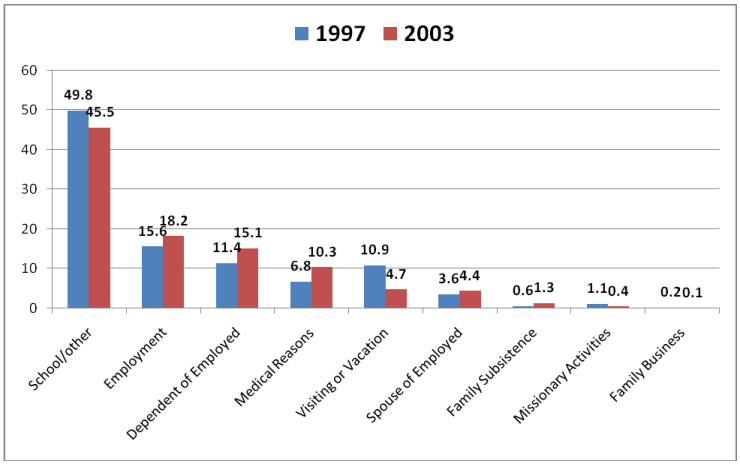


Figure 3: Reasons for Leaving the RMI.
Source: U.S. Census Bureau Data compiled by Beg Graham

described later in the history section of Part II of this document. Arkansas was the third major center of RMI out-migration. The first pioneering migrants were attracted by jobs in Tyson's poultry processing plants. This continues to be the primary draw to the region. The low cost of living has greatly influenced many migrants' decisions to travel to northwest Arkansas also. With an increasing density of social networks and resources available for newcomers to Arkansas and the continuing out-migration pressures in the RMI, Marshallese migration to northwest Arkansas is likely not only to continue, but, at least in the short term, to increase.

Why are so many Marshallese people unhealthy?

Increased incidence of disease and illnesses have resulted from altered diets, lifestyles, exposure to foreign diseases, and lingering exposure to radiation from U.S. nuclear weapons testing. These issues are exacerbated by the insufficient health infrastructure in the RMI and overpopulation on the islands of Ebeye and Majuro caused by the Ronald Reagan Air Force Base.

How might health outcomes for Marshallese migrants be improved?

Most of the causes of poor health among Marshallese migrants result from conditions outside the control of health and social service workers involved with migrant Marshallese communities. However, increased participation and dialogue between social service workers, policy planners, and Marshallese migrants will help to identify and address miscommunication and diverging priorities arising from cultural differences. This miscommunication often leads to misunderstanding of the US health care system and the services it provides. Many of the fundamental problems relating to health care access relate to language and transportation barriers, issues that Marshallese people are better equipped to handle than non-Marshallese. Marshallese participation in the crafting of policies and initiatives directed towards their

population is crucial to ensure that migrants are invested in a given strategy, that the strategy is culturally appropriate, and that information is delivered to the target population.

Dissemination of Information

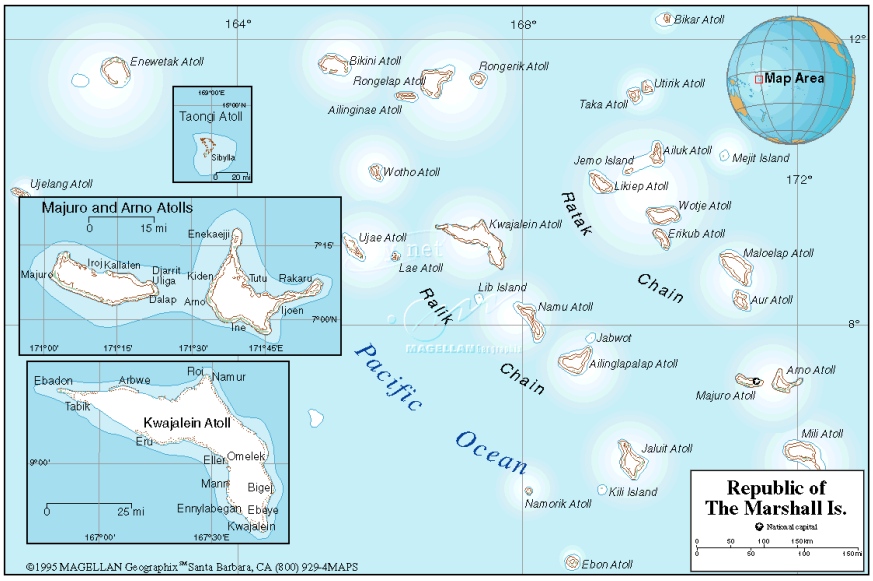
This report was produced as a practical document intended to be of use to health and social service policy planners, Marshallese communities, and academics and public policy planners interested in transnational populations, migration, community engagement, and participatory research. Transcripts will be broadly distributed and posted online. The report will be offered to the popular online forums mentioned previously, Marshallese consular officer Carmen Chong Gum (who has agreed to write an introduction and distribute the document), the Marshall Islands Journal, the Benton and Washington County health departments, northwest Arkansas public schools with a substantial Marshallese student population, Tyson and other large-scale employers of Marshallese, and the Springdale and other northwest Arkansas health clinics.

Part 2: Marshallese History, Culture, and Diaspora in Brief

The Marshallese have a long history characterized by migration and adaptation. This has resulted in a culture that encourages resilience and close family and community networks. Sustained contact with the western world and entanglements in the world wars has brought social and demographic changes to the Marshall Islands. Population has skyrocketed, some islands have experienced overcrowding and diets have become less nutritious. Incidence of both chronic and communicable diseases have increased as a result.

The United States have maintained a close relationship with the Marshall Islands since replacing the Japanese in administering the islands and using them as nuclear testing grounds after WWII. After gaining independence from the U.S., a Compact of Free Association was signed that, among many other provisions, allowed citizens of the Republic of the Marshall Islands (RMI) to enter the U.S., reside, attend public schools, and work without the need for a special visa. This led to increased out-migration from the RMI to several communities throughout the U.S. Hawaii was the largest initial recipient of these migrants. New job opportunities, substantially lower costs of living, and the trailblazing of early

Figure 4: The Republic of the Marshall Islands



Marshallese pioneers led to the development of several mainland migrant Marshallese communities.

Geography

The Marshall Islands are part of Oceania, located in the Pacific Ocean halfway between Hawaii and Australia. They are comprised of a double-chained archipelago of thirty-four islands. These islands are barely above sea level and are made of coral and limestone. Twenty-nine of these islands are true coral atolls. These atolls were created over millions of years as volcanic islands gradually sank and were eroded while barrier reefs of coral grew larger and closer to the water's surface, surrounding the islands. Eventually, these tropical volcanic islands disappeared beneath the sea, leaving the circular coral lands exposed, surrounding a saltwater lagoon. It is these small lands where the Marshallese came to live (Spennemann 1998).

The Marshall Islands and their people are included in the larger geographic and cultural category of Micronesia and Micronesian, meaning "small islands". Micronesia is composed of numerous island chains, many scattered with atolls. Yap, Chuuk, Kosrae, Pohnpei, Kiribati, Nauru, the Federated States of Micronesia, and some of the Mariana Islands are all part of Micronesia. The Marshallese divide their lands between the two archipelagos. The eastern string of islands is called Ratak or "sunrise" islands. Parallel, and to the west, are the Ralik or "sunset" islands. The people of the Ratak islands speak a Marshallese dialect distinct from those in the Ralik islands, though each is mutually comprehensible (Loeak et al. 2004). Also, a distinction is often drawn between the larger, more central islands, and the smaller, less populated, and out-of-the-way outer islands. The territorial claim of the Republic of the Marshall Islands comprise only seventy square miles of land, but 750,000 square miles of sea. Around 60,000 people currently

inhabit these lands. The average distance between atolls in the RMI is greater than the longest distance between many Micronesia communities, resulting in a greater linguistic and cultural diversity among Marshallese than some other peoples in the region (Burton 2002:84).

Low lying islands like the Marshalls, Tuvalu, the Maldives, and Kiribati are some of the most environmentally imperiled places in the world. Rising ocean levels threaten to inundate lands and contaminate ground water. The United Nations High Commission on Refugees declared these nations at risk of losing their sovereign status due to this loss of land (*Marshall Islands Journal* 2/5/2010:5). Unusually high tides caused widespread flooding and damage in Majuro, the capital of the RMI, in 2008. Such events are expected to increase in frequency and severity.

History

The ancestors of the Marshallese are thought to have come to their islands 2000 to 4000 years ago. Of mixed ethnic background, Micronesian culture has developed from Melanesian, Filipino, and Polynesian roots. Before European contact, the history, customs, beliefs, social organization, and nearly all other knowledge held by the Marshallese passed on through stories, songs, and other oral traditions. A diverse cast of gods, spirits, demons, heroes and tricksters demonstrate and explain the origin and nature of things and the right way to live, along with the consequences of inappropriate actions. Each atoll has its own rich oral traditions. Many of the family histories, the botanical and medical knowledge, and legends and stories are now being recorded in written Marshallese and English. Multiple orthographies are currently in use and spelling, based on different schools, is irregular within a given orthography. The spelling of Marshallese words throughout this text are consistent and based on the most common spelling encountered by its authors.

The Islands were first spotted by a European on August 21, 1526 during the disastrous voyage of the Santa Maria de la Victoria, captained by the Spaniard Alonso de Salazar. The ship did not land. The Spanish laid claim to the islands and many others throughout a huge swath of Oceania, regardless of the fact that most of the lands claimed had never been seen by Europeans, let alone occupied or administered. These land claims were not recognized by other European powers until 1874.

The first Europeans to set foot on the islands were under the command of the British Captain John Charles Marshall in 1788, after he delivered the first transport of prisoners to Botany Bay Australia (Morison 1944). He named the islands Lord Mulgrove's Range, but they were later labeled as the Marshall Islands on British maps (Macdonald 1982). The people of the islands today call themselves Ri Majõl, a variation on the captain's name.

In 1884, the Spanish Crown sold the claim to Germany. A year later a German trading company settled on the islands and the Marshalls became a protectorate of German New Guinea. The legacy of Germanic occupation is still evident in the surnames of some of the most powerful political and economic leaders on the islands, most notably the DeBruns.

The beliefs and institutions brought by missionaries served as some of the strongest vectors of cultural change in Marshallese society and became some of the most powerful bastions of Marshallese traditions and communities (Allen 2002:95-116). In 1857, before international recognition of Spanish land claims in Oceania, the Congregationalist American Board of Commissioners for Foreign Missions sent three missionaries to the Marshall Islands. These men had successfully established missions in the nearby Micronesian islands of Pohnpei and Kosrae (Hezel 1994:201). According to an anthropological account of the capital of Majuro, there was no organized practice of the "old religion" by 1949 when the work was written (Spoehr

1949).

By the turn of the twentieth century, Japan had undergone massive social and political restructuring called the Meiji Restoration. The emperor was restored and Japan became increasingly expansionistic. In 1914, as allies with the UK, France, and Russia, the Japanese invaded the Marshalls, still held by Germany. First, the Japanese seized the atoll of Enewetak. The next day, they took control of the Jaluit atoll, the administrative center at the time.

Germany renounced all its claims to lands in the Pacific in 1919, at the end of WWI. The Council of the League of Nations then granted control of all of Germany's former land claims in the Pacific to Japan. The Japanese took a much greater interest in the islands they had gained. They were prized for their strategic military and trade positioning, their natural resources, and significantly, as places to ship some of the burgeoning Japanese population. More than 1,000 Japanese relocated to the Marshall Islands during this period. Unlike the Mariana Islands or neighboring Palau, the Japanese never outnumbered the indigenous population.

The Japanese, unlike the Germans, systematically attempted to undermine and replace traditional political and social organization. Power was centralized in the hands of Japanese leaders. Largely unsuccessful efforts were made to change the traditional matrilineal system of inheritance to the patrilineal system of inheritance practiced by the Japanese. School curriculum was established to educate the population in Japanese language and culture. Marshall Islanders were not allowed to marry Japanese, but many such unions occurred nonetheless (Loeak 2004:72).

Japanese abuses of Marshallese intensified towards the end of WWII. Many Marshallese were killed. Many aided the U.S. Navy when they came to combat the Japanese (Loeak 2004:157-158). Some enmity towards the Japanese still exists, though increasing trade relations,

loans and grant monies have helped to create a more favorable attitude towards the Japanese among younger generations. Some older Marshallese still speak Japanese from this period of occupation. Today there are many people of Japanese ancestry living on the islands. Evidence of Japanese culture can be seen in the island's culinary styles and elsewhere.

The Japanese bases in the Marshall Islands established the eastern boundary of Japanese military control. The United States became increasingly aware of the tiny atolls as WWII progressed. U.S. attacks began in 1943 and islands began to be captured in 1944. Within two months, nearly all of the Marshalls had been taken. The loss of life and destruction on the islands was great. Beyond the direct damage inflicted by weapons, starvation and disease were widespread. In 1947 the islands became part of the Trust Territory of the Pacific under the administration of the U.S. Navy.

After the war, the islands were designated as the site of the Pacific Proving Grounds. This site was used for the most extensive nuclear weapon testing in human history. In total, 67 nuclear weapons were detonated. Each detonation was greater than those at either Hiroshima or Nagasaki. The environmental, social, economic, and political consequences have been one of the most defining aspects of the lands and peoples of the Marshall Islands ever since. Some atolls were rendered uninhabitable, entire populations were removed from their lands. The land was the center of their communities, families, history, traditions and society. In addition to the social damage, many Marshallese suffered ill effects from the lingering radiation and fallout which was carried by the wind and water to a large number of atolls.

It was revealed in the 1990s that some in the military had known that many Marshallese would be within the fallout zone from various nuclear tests and falsified documents to indicate otherwise. Compromised immune systems, birth defects, and irradiated land are the legacy of

these nuclear tests. Many aspects of the Articles of Association signed with the Republic of the Marshall Islands (RMI), when they gained their independence in 1990, are because of this nuclear legacy and the years of U.S. administration of the islands. The U.S. Atomic Energy Commission declared the Marshall Islands as "by far the most contaminated place in the world (Cooke 2009:168)."

The Compact of Free Association

In 1964, the Trust Territories of the Pacific Islands created a congress. The second president of that congress, Amata Kabua, was an *Iroij (*chief*)*. In negotiation with the U.S. he politically separated the Marshall Islands from the rest of the Trust Territories. He was the first president of the Marshall Islands when they separated from the Trust Territories in 1979. In 1986 the Compact of Free Association (COFA) was signed. It detailed the terms of continued U.S. economic assistance and new visa-free entry into the U.S. and work visas for Marshallese in exchange for U.S. security rights over the Marshall Islands. The majority of out-migration from the Marshalls began after the signing of this compact. In 1990, the UN officially ended the Trusteeship status and the Republic of the Marshall Islands (RMI) became a sovereign state.

Much of the RMI's budget still comes from the U.S. from a combination of COFA guaranteed monies and the leasing of Kwajalein, the Marshalls' largest atoll, for the Ronald Reagan Air Force Base. The leasing of this base causes extreme overcrowding on nearby Ebye Atoll, which is now a source of disease in the RMI, and to the places that Marshallese migrate. Direct aid accounts for around 50% of the RMI budget (Choi 2008:75). In 2010, the U.S. government paid out $7,134,361 in various funds directly stipulated by the compact. The compact is set to expire in 2023, at which point U.S. aid may not be forthcoming. A portion of all compact payments has been invested in a trust fund, but the interest from this trust fund will

not be equivalent to the payments lost in 2023.

Kinship and Political and Household Organizations

Every individual is a member of a *jowi* (clan). Each *jowi* has an *Alap* (clan head) and is responsible to a *Iroij* (chief). While the *Iroij* determines land tenure, resolves disputes, and distributes resources, it is the *Alap* who maintains and uses the lands and mediates between the *Iroij* and the *ri-jerbal* (workers). Marshallese society is matrilineal so the right to use these lands is passed down through the female line, from a man, to his sister's sons.

Today, legislative power is vested in the *Nitijela*. This bicameral parliament is made of 33 senators from 24 electoral districts. These districts essentially correspond to the various atolls that comprise the Marshalls.[1] There are two political parties active in the RMI and all citizens over 18 may vote. Five *Iroij* from districts in the Ralik Chain and seven *Iroij* from the districts in the *Ratak* Chain also form a council of *Iroij*. This council has the opportunity to express its opinion to the Cabinet. The council may also request a reconsideration of any bill which affects "customary law, traditional practice, or land tenure."[2]

Today, many of the most influential people in Marshallese society are a mixture of Marshallese and non-Marshallese descent. The most powerful are the descendants of three 19th century traders, Anton DeBrum, Carl Heine, and Edward Milne. These families have maintained their status by obtaining western educations and government and business positions (Allen 2002:103). The class system in the RMI is often replaced in migrant communities as church leaders become more influential although they are often from the lower classes, and rarely of mixed descent (Allen 2002:103).

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1 The Constitution of the Republic of the Marshall Islands. Article 4.
2 The Constitution of the Republic of the Marshall Islands. Article 3.

The family plays the central role in traditional Marshallese culture and the lives of individual Marshallese people. This continues to be the case for most Marshallese people who have migrated and helps to explain the density of social networks they maintain throughout their far flung diaspora. A high percentage of *mantin majol* (Marshallese customs) serve the purpose of maintaining family solidarity and mutual obligation. Family members will extend every manner of aid and assistance to each other. They readily share and pool resources, house, food, support, and generally dedicate themselves to each other. Marshallese note that *ri belle* (foreigners, usually "white") often remove their own parents and other relatives from nursing homes after living in the Marshall Islands for a year or two (Loeak et al. 2004:172-173). It is very common for grandparents to take charge of rearing young children. They teach the family history, Marshallese traditions, stories, and the responsibilities of members of society, clan, and family. Older siblings often have considerable authority over their younger siblings.

One of the most important Marshallese celebrations is the *kemem* or first birthday. It is a great pride and responsibility for a family to host a *kemem*. Family, friends, the entire island and people from nearby islets are all invited. Considerable expense and time are involved. Everyone who is invited will be fed and entertained. The immediate family and relatives of the child spend days organizing and preparing for these feasts. Lights and balloons are usually strung up and baby clothes are hung on lines. After a pastor says the prayers, everyone jumps up and takes the clothes. The clothes are often taken off of the child itself. The disappearance of the birthday clothes is a good sign that the child will have good luck and things will come to it throughout its life. On the day of the occasion, everyone is seated according to the order of their *wato*, family lands. People stay up until the wee hours of the morning, acting silly, making speeches, telling jokes, and generally getting excited and happy. Preachers in attendance will often look away

when the people do traditional dances. They will shield their eyes. The custom of the *kemem* has certainly continued throughout the Marshallese diaspora and marks one of the most significant social events wherever the Marshallese have settled.

These celebrations are often the occasion for family to travel and visit their distant kin increasingly scattered across the Pacific and mainland U.S. If people's homes are not large enough, they will often hold the celebration at a park or rent an auditorium. *Kemems* in the U.S. often have a very modern feel overlaying the traditional event. The child's name may be printed on T-shirts, there may be video slide shows and electronic DJ entertainment to accompany the more traditional ukulele and choral singing.

After a male child has had his *kemem*, his relatives, especially their father's aunts, come to *anjin boran* (cast spells towards his head). The chants that are whispered in his ear are to help establish the young man's future character. Often, they are to make him more brave or daring. This is evidenced by the often precocious behavior of young boys. Since Marshallese women are considered the source of power in Marshallese society, these chants are unnecessary and potentially dangerous for young girls (Loeak et al. 2004:52).

The influence of foreign cultures extends to every aspect of Marshallese life, from the youth's obsession with basketball, to Shakespearean plays at the high school, to Japanese cuisine, and to the nascent film industry that has produced three exclusively Marshallese feature films. A blending of cultural elements, rather than a replacing of elements, has been typical of these cultural imports, each being altered to fit its new Marshallese context. The adoption and adaptation of these new customs are constant, but more gradual on the outer islands, where the pace of life is slower, outside contact less frequent, and development has yet to arrive. As in many parts of the world, in the RMI deadlines and punctuality are more flexible concepts than in

the United States. This is exemplified in the large bold script sometimes published in the Marshall Islands Journal which reads, "SLOW DOWN! Pacific Time: I'll be there when I get there, if I'm not there, I haven't arrived yet."

There are three basic levels of kinship among Marshallese people. The *jowi* (clan), the b*wij* (lineage), and the individual *nukin eo* (family/household). Traditionally, one's membership and position in these groups determined land tenure, familial and social obligations, hierarchy, and who one would or could marry. Marshallese society is matrilineal, meaning that kinship and, more importantly, land tenure are determined through the female line. As in many matrilineal societies, kinship terms for mother's brother and father are the same. Similarly reflective of this social order, kin terms for father's brother's sons are the same as for brothers. This is also true for mother's sister's daughters and sisters.

As is typical when one conceives of family relationships in such a way, Marshallese people have traditionally drawn a distinction between cross cousins and parallel cousins. In the past, it has been acceptable, and encouraged, to marry cross cousins. For girls, this means that their mother's brother's sons are marriageable. For boys, the reverse is true; they are allowed to marry their father's sister's daughters. One is strictly forbidden to marry their parallel cousin, as this is viewed as incest. These marriage practices helped maintain essential family networks and land holdings, but have declined with the spread of Christianity. This and many other practices emphasize the importance of the close family networks necessary in an environment of scarce land resources.

Increasing migration, urbanization, and social inequality are complicating the matter of family land ownership which has played a central role in the Marshallese culture. These forces are also changing the focal point of individual identity and responsibility (Loeak et al. 2004:164-

165). In changing these traditional systems, which developed over long periods of time as an adaptation to a specific ecological setting, there are invariably many social, political, and environmental consequences. The potential decline of female equality and authority is one likely result. Decreasing incentives for close family cooperation and resource sharing are also a possibility. Marshallese people are a very socially conscious and family-oriented people. Their collectivist attitude has often been cited to characterize Marshallese people. The good of the group is often put above individual needs. If everyone is staring at a Marshall Islander with an expectation, the islander must comply with that expectation. The expression for such a state is *lan ebunut yuk* (heaven falls on you) (Loeak et al. 2004:16).

Studies of Micronesian household composition found a wide range of extended family groups living together in the RMI. These households ranged in size from four to sixty-five members, with a mean family size of 13 (Burton et al. 2002:70, 77). Researchers reported that families rarely had any trouble clearly identifying a single individual as the head of the household. In the RMI, around one-third of the households were headed by women and around half of all people lived in female-headed households since those households were typically larger than those headed by men. The same study found a nearly one to three ratio of son-in-laws to daughter-in-laws residing in households (Burton et al. 2002:76). This sort of matrilocal residence pattern demonstrates the typically high status of women in Marshallese society.

In contrast, a 2002 study of the Marshallese community in Costa Mesa, California revealed substantial variation from the household pattern in the RMI. Marshallese households in Costa Mesa ranged in size from one to twenty-five members with a mean of seven (Burton et al. 2002:71). Not only are there fewer households headed by females, but those households are hardly larger than those headed by males. This is because the female-headed Costa Mesa

households are comprised of more vertical relations, such as children and grandchildren, rather than the lateral relations, such as the children of one's siblings, characteristic of female-headed households in the RMI. Male-headed households in Costa Mesa still commonly contained the children of the head-of-house's siblings (Burton et al. 2002:77-78). This indicates a shift to more patrilocal residence patterns and potentially signals changing gender relations. In general, the consistent presence of the household head's siblings' children is characteristic of the important role played by one's aunts and uncles.

Households in Costa Mesa were also headed by substantially younger individuals and were often comprised of more distant relations than households in the RMI. Female heads of household averaged 54 in the RMI and males averaged 43. In Costa Mesa, the average age of heads of household was 35 (Burton et al. 2002:82,85). The higher cost of housing probably explains the inclusion of more distant relatives and the shift towards more patrilocal residence is likely a result of differential earning potential of Marshallese men and women in the U.S. workforce and the changing significance of traditional land ownership arrangements in the RMI. Despite the difficulties caused by these changing circumstances, Marshallese and their culture are resilient and well adapted to rapidly changing environments. Flexibility is required of societies that survive on small islands, as they must deal with strict environmental constraints and limited resources. Households change size, adding and losing members from other households because of droughts, typhoons, tsunamis, or depleted resources (Burton et al. 2002:83,84). Marshallese have tight knit, resilient, and adaptable families that are changing to address the varied circumstances of the Marshallese diaspora.

Dirk H.R. Spennemann, a leading historian in Micronesian studies, identifies the wholesale acceptance of high tech development philosophies that undermine customs considered

traditional as a major hurdle towards an environmentally and economically sustainable society in the Marshall Islands. He also sees wholesale westernization as detrimental to Marshallese pride and self-esteem. He does not recommend a return to the past, but advocates careful consideration of the judicious use of technologies and customs adapted to the particular ecology of the Marshalls for over two thousand years. Regarding one specific problem that has arisen, he wrote that "a dramatic increase in population and a breakdown of traditional inter-generational channels of communication have led to many social problems" (Spennemann 1998).

Children are highly valued and protected in Marshallese society. The firstborn is especially treasured, but all children and their belongings are given special attention and care. They often eat separately from the rest of the family and have their own dishes and utensils. Sometimes, there are separate basins to wash the children's dishes, and children's clothes are washed separately and never used to clean a mess. In the RMI, laundromats often have separate machines for children's clothes (Loeak et al. 2004:55-56).

As in much of Oceania, adoption is a common practice among the Marshallese. Adoptions only take place after a child's *kemem* (first birthday), and the children are usually adopted by an aunt, uncle or grandparent. Adoptions strengthen kinship networks and reinforce tradition, but some parents are now reluctant to part with their children. Adoptions become more frequent as the number of Marshallese in a migrant community grows and traditional kin networks begin to replace the more informal networks established among Marshallese people when only a few, who are largely unrelated, live in a community (Allen 2002:111).

The Marshallese Diaspora

Before independence, most Marshallese who migrated went to Hawaii, Guam, or the Marianas Islands. After the COFA was signed, migration greatly increased and a much higher

proportion of those migrants decided to travel to mainland U.S. communities to secure job opportunities and a lower cost of living. A number of factors influence why people migrate and why they select various host communities. While unemployment is a major factor, unemployment statistics do not reflect the total number of people gainfully working, only those formally employed. Only sixteen of every hundred are formally employed. This is a small portion of the total population, and outside of Ebeye Island and the capital of Majuro there are even fewer formally employed. Much of the data used to discuss the health status and degree of health motivated migration from the RMI is based on data from Hawaii, which attracts a notably different demographic of Marshallese migrants than northwest Arkansas.

Hawaii

The combination of chronic and communicable illnesses makes the Marshallese population one of the most at-risk in Hawaii. Increased incidence of these illnesses has resulted from altered diets, lifestyles, exposure to foreign diseases, and lingering exposure to radiation. These issues are exacerbated by the insufficient health infrastructure in the RMI and overpopulation in Ebeye and Majuro. In 1996, the Welfare Reform Act restricted federal public benefits to Marshallese excluding most from Medicaid and other welfare benefits. Recognizing the potential public health crisis, Hawaii continued to give health care to low-income FAS migrants through the state's health care system. This has attracted a disproportionate percentage of unhealthy migrants to Hawaii compared to other Marshallese migrant communities.

In Hawaii, less than 50% of Marshallese migrants have completed high school. Many Marshallese come for health care. Eighteen percent speak English in their homes, and per capita income is $4,537, compared to $30,000 among the broader Hawaiian population. The migration pattern of Marshallese in Hawaii is often circular, with many migrants leaving and returning

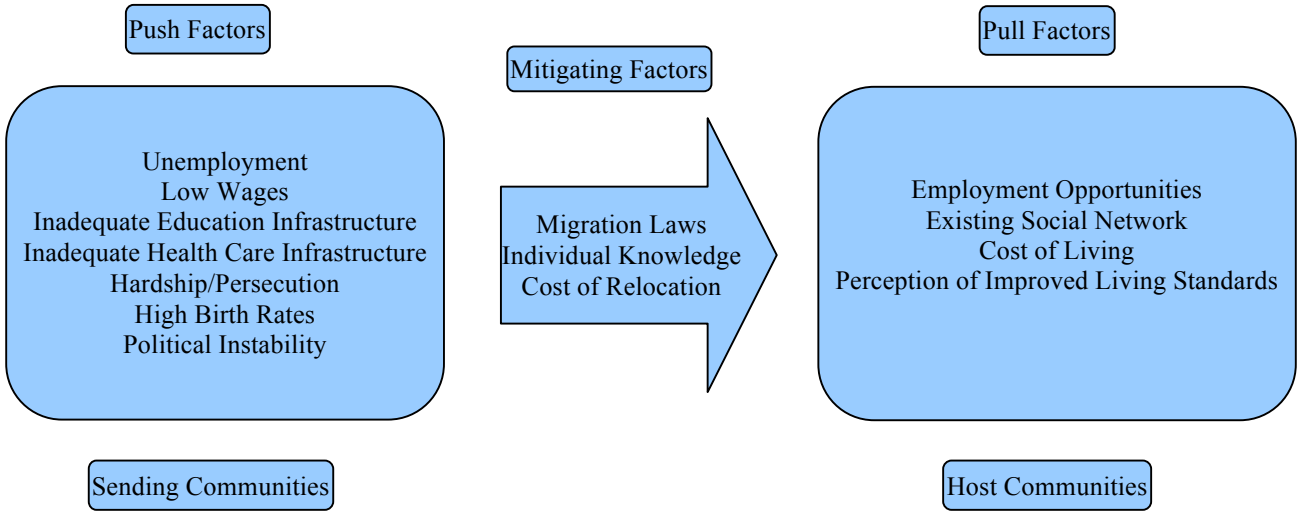
between the island chains, changing residence multiple times (Choi 2008:76).

Northwest Arkansas

There are substantial mainland migrant Marshallese communities in Oregon, California, Texas and Oklahoma and scattered smaller communities in Missouri, Kansas and elsewhere, but the largest mainland community of migrant Marshallese is in northwest Arkansas. This community is most likely the largest migrant Marshallese community anywhere, but there have been difficulties obtaining accurate population counts. Seeking employment, education, and a better life, many have migrated to northwest Arkansas since the 1980s. While they may find a better life, the limited health and other social indicator data that have been collected demonstrate that extreme inequality exists between themselves and their host communities. This has implications for Marshallese communities in Arkansas and in the Republic of the Marshall Islands (RMI), as well as non-Marshallese and mixed ethnic communities in Arkansas.

The health status of Marshallese migrants in northwest Arkansas is the most heavily researched and discussed aspect of their movement to the region. Tuberculosis, leprosy, syphilis, and compromised immune systems from radiation poisoning have all been topics of discussion over the last decade. Some of the health concerns are well founded and others have been overblown by sensational media reports and those broadly opposed to in-migration. It has also been noted by many physicians, academics, and Marshallese administrators that unique barriers to diagnosis and treatment are present among the Marshallese population and will need to be understood and addressed if effective strategies to improve the health status of this population are to be developed and implemented.

Figure 5: Factors Influencing the Sending Community/Host Community Dynamic



The Rate of Migration

The rate of migration by Marshallese is increasing in Hawaii as well as Springdale. It would be interesting to see if a similar rate is observed in California and Oregon, in the coastal Marshallese migrant communities there. In Hawaii, there was a 20% increase in the Marshallese population between 1997 and 2003, when the population reached close to 3,000. The number of households rose from 432 to 490 and the average household size increased from 4.8 to 5.3. Home ownership dropped from 13.7% of Marshallese households to 4.5% of households. (US Census). These numbers are likely a result of an increase in new migrants to the island. Considering the rapid increase in the rate of migration from the Marshall Islands to northwest Arkansas, a similar change in economic status and household size may also be taking place there. If so, this has implications for the health status of that population and neighboring populations as well.

Multiple forces compel the islanders to come to Arkansas. The national economy of the RMI is supported by very few industries with a narrow base of exporters. These few sources of

export revenue are subject to global market fluctuations outside the control of the RMI and environmental impacts are threatening these industries and traditional subsistence activities. The food imported into the islands is high in salt, fat, and empty calories and makes malnutrition and diabetes common problems. The banking system is very limited and has very little capital to extend to islanders. As a result, the development that is taking place on the islands is often undertaken by Chinese and American immigrants to the island.

Overcrowding is also particularly acute on many islands and comes with various sanitation and health challenges. When discussing the need for a consulate in Springdale, an RMI official said the islands were facing a serious "energy crisis" that is compounding problems. He said that if these issues are not addressed, the flow of Marshallese outside of the nation will continue to increase, and Springdale will probably be where most of them go (Froelich 2008).

Northwest Arkansas is increasingly becoming a land of migrants. A 2007 study by the Urban Institute indicated that Arkansas has the fourth fastest growing immigrant population in the US and had the fastest growing Latino population in the country between 2000 and 2005. The counties in the northwest, with Springdale being in the center of the concentration, have the greatest growth in their migrant population. Sixty-three percent of migrants in Arkansas resided in Benton, Washington, Sebastian, and Pulaski counties (Capps 2007). Despite the significant competition from other migrant populations, greater rates of English competency and the special work and residency status provided by the COFA give Marshallese migrants in the area a distinct advantage in securing employment, housing, and education.

Education

Before 1857 and the establishment of missionary-funded church schools on 22 atolls, knowledge and skills were learned from one's family and the community. Specialized knowledge

was typically acquired through apprenticeships. After 1951, when the Department of the Interior took administrative control of the Marshall Islands from the U.S. Navy, a Trust Territory Department of Education was established. The educational system slowly expanded from this point. By 1965 thirteen students had graduated from the Marshall Islands High School. Many English instructors came through the Peace Corps program beginning in the 1960's. This period also saw large numbers of U.S. contract teachers coming to the islands. The Marshall Islands Teacher's Education Center was founded in 1968 and its parent organization on Pohnpei eventually became the Community College of Micronesia.

On gaining independence in 1979, the education system came under the administration of the Ministry of Education. In 1989, the College of Micronesia-Majuro was established as a campus within the College of Micronesia system and became an independent accredited college in 1993, changing its name to the College of the Marshall Islands (CMI). There were 848 students enrolled for the fall 2009 semester at the CMI.[3]

English is the official instructional language of the RMI, though Marshallese is also taught in most schools. Public education is compulsory for children ages eight to fourteen, or until successful completion of 8th grade. After completing qualifying exams, around 300 students are accepted for further education and then divided between the RMI's two public high schools. The RMI has a mixture of public and non-public schools. Many of these non-public elementary schools are a type of Cooperative School (Loeak et al. 2004:173). There are 512 teachers employed by the public school system, while 297 are employed by non-public schools. Access is unequal between the more populated and larger islands and the more peripheral outer islands, where transportation is often limited to small boats and electricity is unavailable.

[3] Details regarding CMI founding and enrollment, as well as public school enrollment figures come from the CMI and US Marshallese Embassy websites. www.rmiembassyus.org, www.cmi.edu

The RMI spends around $9,000,000 a year on education. This figure includes subsidies to non-public schools. This amounts to about $900 per student and accounts for 13% of the government's budget. Early childhood education is not part of this budget. As a stipulation of the Compact of Free Association, the U.S. helps fund Head Start Programs throughout the RMI (Loeak et al. 2004:171). In 1994-1995, around 1200 four and five-year-old children participated in Head Start programs spread over 36 sites.

Religion, Spirituality, and Folk Beliefs

Marshallese have a rich oral history involving a host of spirits, ancestors, demons, heroes, and a trickster character, Letao. These stories and beliefs have not disappeared with the widespread adoption of Christianity throughout the atolls. In fact, many have now been collected in books and even enshrined in Marshallese cinema as in the movie *Ña Noniep,* which has been translated as "I Am the Good Fairy." There are many types of magic and spirits, but a basic division could be made between *jetob* (land spirits), *ri-kijet* (people from the depths of the sea), *ri-menanuwe* (small industrious people), *noniep* (kindly people from underground), and *ri-mokaie* (giants).

Today, church congregations are a central element of social life for the majority of Marshallese. The United Church of Christ is the largest in the RMI. The Assemblies of God, Seventh Day Adventists, Baptists, Church of Latter-day Saints, and the Catholic Church are also well represented. Churches serve numerous functions within migrant Marshallese communities. They are often communication hubs and organize assistance for new migrant families or families in need of other help. Ethnic churches create a sacred space where Marshallese customs, as reinterpreted through church doctrine, are reinforced and bind the community together in the face of rapid social change and a sea of foreign people and ideas (Allen 2002:95-96).

In Enid, Oklahoma, the Marshallese Assemblies of God church decided to start serving only traditional Marshallese food at church functions after several members visited the RMI and were saddened by the displacement of the local diet by less healthy imported foods. This decision required more time and money from the congregation. More lengthy food preparation was required, and someone had to regularly drive 90 miles to get fish. When church members began to express anxiety that many of their children could not speak good Marshallese, it was decided that church services would be held exclusively in the Marshallese language (Allen 2002:102).

The obligation to give mutual assistance is taken quite seriously. Membership in a Marshallese congregation comes with a substantial commitment of time, money, and energy. A migrant Marshallese church fills the role of *bamli*, the traditional extended family unit. The pastor assumes a patriarchal role, as the father of this church family. So, in addition to religious obligations, the responsibilities towards one's extended family are directed towards the congregation (Allen 2002:101). When a new family arrives in the community, someone within the congregation will sponsor them. In many cases, this leads to substantial hardship for the hosting family. There have been several cases where families have been evicted from their homes for exceeding the allowable number of occupants for a given rental property after taking in church members. This sometimes results in tensions with non-Marshallese from the broader community.

In one typical Assemblies of God church, adults are expected to contribute ten percent of all of their earnings as tithes to the church. There are also numerous fundraisers. Financial obligations to the church sometimes result in crisis for individual families, forcing them to send for money from the RMI, eat less food or fall short of monthly expenses. The time devoted to

church activities is also substantial. Devotional services are held multiple times per week. There are men's and women's groups to attend. All night prayer vigils are not uncommon, and one is sometimes asked to host visiting clergy from other migrant communities, or new migrant families (Allen 2002:101).

In this typical church, youth groups meet five times per week. These meetings usually last three or more hours. Young women have additional commitments through the women's group, often helping in food and event preparation. Most youth in the congregation spend at least sixteen hours a week involved in church activities. Marshallese people have a strong sense of *nukwi* (family obligation) and considerable pressure and gossip are directed at youth who will not conform to these expectations. All of this is intended to strengthen the church *bamli*, reinforce Marshallese traditions, and keep youth out of trouble. Maintaining isolation from the broader community is one aspect of achieving these goals. Though it is not uncommon, dating and marrying non-Marshallese is frowned upon. Although church services are typically open, there is a distinction between the Marshallese congregation and non-Marshallese *ripalle* (outsiders) (Allen 2002:104-107).

Conclusion

Marshallese are family oriented, warm, and adaptable. They come from a small place that played largely on the world scene in the twentieth century. As a result of forces beyond the control of the Marshallese themselves, their island culture is facing rapid social and environmental changes. Compromised health, some irradiated lands, rising ocean levels, and a barrage of new economic, political, and social ideas have culminated in a large-scale diaspora of Marshallese across the South Pacific and mainland United States. The recent history between the RMI and the US resulted in the Compact of Free Association which provides for easy entry and

work visas for Marshallese wishing to live and work in the U.S. The forces that encourage out-migration from the RMI are increasing and new migrants have ready-made networks to help them get established in a new nation and culture. Migrant Marshallese communities are likely to see continued increases in the rate of migration into their communities, and should prepare to welcome and integrate these newcomers in a well-informed way that encourages equal and open dialogue and benefits all parties.

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Appendix A: Health, Body, and Associated Words in Marshallese[4]

aj	liver
ajiri	child; children
ajiri in jabōn tōlao	a weak, unhealthy or malnourished infant or child
alok	a person who breaks taboos of medicine while under treatment
ānbwin	body
anijdokdok	constant sneezing and runny nose
bidodo loje	diarrhea or upset stomach
bilo	blindness or pink eye (conjunctivitis)
bobo	to restore the uterus to normal after delivery
bok lonī	blisters or sores in mouth
bōtōktōk	blood
boub	a person who is lethargic; having no energy; overworked
būromōj	sadness or deep sorrow
bwil	fever; burn
bwil miliōn̄	heartburn
dekā in jibke	kidney
dekā lal	subcutaneous irritations under the shins of the legs
ebbōj	swollen; lumpy
ebbōj pol an emmaan	testicular hernia
ebōnejnej	itchy
eiakar	urinary tract infection
enōrnōr op	congested lung
emmōj	vomit
enītan	pain; suffer
errautut	frequent urination or bed-wetting
etbwe	sty in the eye
iakwe	hello; goodbye; good to meet you; love; you are a rainbow
idid	skin sores
ikkijelok	asthma; out of breath
ikkūmlok	shock
ilok loje	diarrhea
jar kōlo	labor pains
jepa	eczema
jibbon	morning
jidpāl	sprain
jota	evening
kabin loje	lower abdomen
kajjinōk	asthma
kaliktit	to wean a baby
kemem	first birthday celebration

[4] Many of these terms were referenced from *Traditional Medicines of the Marshall Islands* by Taafaki, Irene J. with Maria Kabua Fowler, and Randolph R Thaman.

kito	ringworm or fungus
kōkadu kōlo	to shorten labor pains
kūrae	a women who just gave birth; a pregnant women
kūrro	arthritis or gout
loklok	douche
lonī	mouth
lutōklok	to spill; to cleanse internal organs before administering medicine
maj	hemorrhoids
makwōj	joints
mao	bruise
medwan̄	body odor, particularly in the armpit
metak bar	headache
metak kenwa	stiff neck
mo	a taboo associated with medicinal treatment
mōjno	weak, no energy
mōlan̄lōn̄	nausea
ni	tooth
ninn̄in̄	infants or babies
op	chest of the body
pej	placenta; discarded pandanus key
pitpit	massage
pok	measles; blisters; chicken pox
rajjia	skin sores
Ri belle	white person
Marshallese	Marshallese people
rimej	dead person
ri-palle	foreigner
ruk	yaw
rukruk	to gargle
ruprup loje	to ease constipation; to cleanse the stomach and intestine
tōn̄al	diabetes; sweet; sugary
toorlok	to bleed from a wound; unusual vaginal bleeding
uno	medicine
wōrlok	asthma
wōt	boil on the body

Appendix B: Project Development, Goals, and Methods

RiMajõl: A Brief Account of the Marshallese Culture, Diaspora, and Health Perceptions was written to increase understanding of the Marshallese culture and the historical circumstances of Marshall Islanders. It is hoped that greater cultural and historical understanding, particularly on the part of educators and health and social service workers, will facilitate clear communication and increasingly amicable relations with Marshallese. The writing of the document arose from initial efforts to assess the health perceptions of Marshallese migrants through participatory community research. During the research process, as we attempted to determine the variation between the perceptions of the health status of Northwest Arkansas's Marshallese population by health workers and the population itself, we realized something more was needed. We decided that a basic understanding of the Marshallese, their culture, and what determines why and who among them travel to different communities would be necessary to fully understand any findings.

What follows is a description of these community-based participatory research efforts, how we came to undertake the project, our methods, and our findings. The findings presented should be taken for what they are, the result of multiple, often informal, conversations, interviews, online forum postings, and on-site observations. A small pilot survey was also administered. The longitudinal and quantitative scale of these efforts recommends viewing their results as impressionistic. That being said, many Marshallese expressed strongly held views which were not isolated and individuals from a variety of backgrounds and groups were represented.

Nicholas Guavis migrated to Springfield, Missouri from the Marshall Islands in 2005 to attend Missouri State University. There, he soon met Jason Shepard, then an undergraduate

anthropology student. Throughout the friendship that developed, the two always discussed matters of culture, migration, and, more specifically, Springdale, Arkansas, probably the largest migrant Marshallese community. Having many friends and family in Springdale, Guavis often discussed developments and issues regarding Marshallese living there. As Shepard's interest grew, he became familiar with other islanders living in Springfield and started traveling to Springdale to attend various Marshallese social events and gatherings.

Upon being accepted into Missouri State University's Master of Science in Applied Anthropology Program in 2008, Shepard quickly decided that northwest Arkansas's substantial migrant Marshallese population and its rich culture and history would provide an excellent research opportunity where he was already connected and where an applied project might serve a useful and positive function. Guavis, ready to collaborate in a project useful to the Marshallese, agreed to help. Both researchers had much to bring to the project. Guavis's native cultural knowledge, bilingual fluency, and extensive social network were essential. Shepard provided an experienced ethnographer's perspective, education and experience in project coordination, as well as grassroots organizing and knowledge of anthropological methods. The two felt confident something useful could be achieved. With this broad initial goal, the researchers knew that their agenda was likely to evolve as data was gathered and the input of various stakeholders was incorporated into the project.

Community Based Participatory Research

Researchers and practitioners have developed various models of participatory research and action research that involve different though related methodologies. Several theoretical approaches inform the execution of such strategies. Many of these studies have involved developing health and social service intervention, education, and advocacy plans with migrant,

minority, and other at-risk groups.

It was initially hoped that Marshallese community researchers would play a larger role than they did, due to time and budget constraints. They were to have conducted semi-structured interviews in the Marshallese language and assisted in the translation of content in online forums. The translation, analysis and organization of the collected data were instead handled primarily by Shepard and Guavis. However, with the assistance provided by Marie Maddison, Tony DeBrum , Carmen Chong Gum (RMI consul general in Springdale), various health and social service workers in northwest Arkansas health departments and clinics, and all of the Marshallese informants who provided information about their opinions, experiences, and observations, the project was highly collaborative. However, the intent to conduct a full community-based participatory research project was not altogether reached.

By engaging the community in question, we hoped to gain more meaningful and contextualized data and Marshallese perspectives, which we thought were essential. Increased engagement and dialogue between social service workers, policy planners, and the Marshallese was also a major goal. Participatory research projects have the potential to serve as a medium for the engagement of the migrant Marshallese population with service agencies in northwest Arkansas as well as a venue for fruitful dialogue between these groups. Such dialogue is likely to improve outcomes in subsequent service agencies' initiatives directed towards this population and other migrant populations. Our tentative efforts suggest that such would be the case with a larger-scale participatory research project.

Methods

Methodologically, this study was informed by the anthropological application of community based participatory research (CBPR), action anthropology research based upon

critical theory, and the interpretivist paradigm which stresses multivocality. The general background for the project came from Guavis's immersion in Marshallese culture and migrant society and Shepard's research into migrants, transnational communities, the Marshallese culture and diaspora, and participation in public and private Marshallese social events. Other data came from Marshallese online forums, discussions with migrants and health and social service workers, and informal interviews. Also, thirty-three Marshallese people, at least partially, completed an eleven item open-ended questionnaire. Seventeen were completed primarily in English and sixteen were completed primarily in Marshallese.

Guavis has been traveling to Springdale, Arkansas several times a month since migrating to Springfield, Missouri from the RMI in 2005. Discussions with friends and family have kept him abreast of new developments in the Marshallese community there and in the RMI. Shepard began traveling to Springdale in 2008, attending the "Constitution Day" celebration commemorating the anniversary of the RMI constitution. Initially, Shepard traveled to see Guavis playing basketball during one of the tournaments held during the annual event. The event is very festive and lasts three days. It is held at the Jones Center for Families, a local community center frequented by the Marshallese, among other groups.

During the three days there are concerts, political ceremonies, basketball, softball, and volleyball tournaments. Health and social service workers use the opportunity to gather physical and behavioral data, disseminate information, and establish rapport with community members. Local businesses, colleges, and other groups also set up booths, recognizing this annual opportunity to reach the Marshallese population. Marshallese often travel from neighboring communities and nearby states to visit with family members and hear the political speeches often delivered by candidates hoping to be elected in the RMI. This is evidence of the strong

transnational networks that are maintained between migrants after leaving the RMI.

Shepard attended the Constitution Day celebrations in 2008, 2009, and 2010. The first year involved only observation. The second year Shepard introduced himself to numerous health and social service workers as well as Jones Center employees responsible for organizing the Gaps in Services to Marshallese Migrants Task Force. This led to an abbreviated internship through the Jones Center during which Shepard had the opportunity to sit in on several of these task force meetings. Shepard gave away Marshall Island Journals and collected the questionnaires described later during the 2010 celebrations. During these meetings and the Constitution Day celebrations, Shepard was able to network with non-Marshallese stakeholders in Marshallese matters and partially assess their concerns, priorities, and general perspective of Marshallese migrants in northwest Arkansas.

When the researchers first contacted Carmen Chong Gum with thoughts of a project involving the Marshallese community in Springdale, she was working as the Marshallese Coordinator for the Jones Center, a position currently held by Albious Latior. She was receptive to both Shepard's initial emails and subsequent contact with Guavis. Eventually she became the first Consul General for the RMI. When the idea for a brief ethnography to introduce Marshallese culture, history, and their unique status with the United States, and their position as migrants to health and social service workers, educators, employers, and other interested parties took shape, the researchers again met with Chong Gum. She agreed that such a document would be useful. She said she would be happy to write an introduction and, if published, distribute the document through the consul and during her various talks throughout northwest Arkansas. Chong Gum also discussed her concerns for the Marshallese community in northwest Arkansas and internationally. These concerns broadly took the form of public education, job placement

and job training, development in the RMI, and public relations.

The transcription of recorded interviews was supplemented with notes taken during interviews. Due to time and budget constraints, only segments of these interviews, deemed most relevant to the project's goals, have so far been transcribed. It is expected, however, that the complete interviews will be a valuable source of information for future research. The interview data was organized into thematic content areas identified through a collaborative process. The basic methods of classic content analysis were used. Findings were discussed and adapted according to these discussions.

Participants from a variety of demographic sectors including young, old, male, and female were represented. The researchers used their existing social networks into organizations such as churches, sports teams, and youth groups to obtain a broad sample. Interviews primarily resulted from snowball sampling initiated with family and friends of community researchers. The researchers also went to places and events where there would be many Marshallese and simply approached people.

Primary document analysis also formed a substantial portion of the research conducted for this project. The websites www.yokwe.net, www.bebo.com, and www.rimajol.com are popular forums frequented by Marshallese around the world. They provide a means to maintain transnational networks and share community information, and generally serve as a space for the airing of political ideas, personal advice, legal counsel, and opinions about day-to-day life. Data from existing conversation threads was mined for relevant data. Follow-up research would be improved by posting discussion points directly related to research questions. The data collected was cooperatively organized into thematic content areas in a process like that described for the interviews. The themes were compared with the themes that emerged from the interview data,

and, while impressionistic, were similar concerning northwest Arkansas. These themes became topic matter for subsequent discussions and informal interviews.

Appendix C: Related Studies and Some Impacts

Several pilot health studies have been conducted among the Marshallese population in northwest Arkansas. In 2005, Perez Williams and other researchers conducted a participatory and action research project that centered on community focus groups mediated by Marshallese officials, Marshallese community leaders, health care practitioners, and health department employees. Based on their findings, the researchers made a series of recommendations for improving Marshallese health in northwest Arkansas.

The report found that Marshallese migrants in northwest Arkansas suffer from high levels of tuberculosis, syphilis, and hepatitis B. It reported that two-thirds of the known cases of syphilis in the area are among Marshallese and nearly ten percent of Marshallese women undergoing prenatal screenings were found to have hepatitis B. Several cases of leprosy were also found. The studies also concluded that Marshall Islanders living in Arkansas are in need of STD education, prenatal screenings, and follow-up treatments for previously identified health issues. They also found that all of these problems are compounded by a low rate of health insurance, only thirty-two percent reported being insured, and they found that language and transportation issues present some of the most significant barriers to health care access.

The findings of these studies have affected the social status of Marshallese migrants in northwest Arkansas and the public rhetoric concerning their population. After the release of many of these findings, local media outlets, health providers, government officials, and citizens groups began to make high-profile public statements about the Marshallese population that often put them in a disparaging light. They were often vilified as a major public health threat. In addition to this negative publicity, various government and private agencies prioritized

documenting the number and state of the Marshallese population in Arkansas. The goal was two-fold, to address the potential public health threat and to obtain the needed data in an attempt to secure funds from the Compact of Free Association signed between the United States and the Republic of the Marshall Islands. This compact allows Marshall Islanders to work in the U.S. and provides billions in funding to U.S. states and territories that spend significant amounts of money on Marshallese migrants living within their borders. Currently, despite Arkansas having the largest population of migrant Marshallese, these funds are primarily distributed to Hawaii and Guam

In 2007, the House Public Health, Welfare and Labor Committee decided to commission an investigation into the status of Marshallese migrants in Northwest Arkansas. Any compact-impact monies would be contingent on the findings of the report (Froelich 2008). At that time, only one pilot investigation into the status of Marshallese migrants in Springdale had been undertaken. The pilot survey conducted in Springdale was to gather information on that population and for the purposes of comparison to RMI data. The data collection took place in 2001 and was released in Spring of the next year.

The survey was based on those already conducted in the US island areas of Hawaii, Guam and CNMI in 1997 and 1998. Despite the 2007 House of Representatives committee resolution, more recent studies have been smaller in scope. The 2001 study involved 541 migrants residing in seventy-eight households and represented the first study of its kind on the mainland US (RMI 2002). Whereas the majority of Marshallese in the earlier studies were enumerated, the scale of the pilot survey was considerably more limited. For this reason, the preliminary results refer to the findings of the pilot study as "impressionistic."

When compared to the results of the 1990s studies in the island migrant communities, the

pilot survey shows notable differences in housing characteristics including household size, dwelling size and type, tenure, and facilities. In the RMI, the average household consisted of eight people. Similarly, in Springdale, the average household contained seven people. In Hawaii, Guam, and the CNMI things appear less crowded with an average of five people. These numbers look different when you consider the typical residence in each locale. In the three areas with smaller average household sizes, the majority live in apartments. In the RMI and in Springdale, larger houses are more typical, with houses in Springdale having one additional bedroom on average than those in the RMI. When taken with the lower cost of living in Arkansas as compared to the other three major Marshallese migrant communities, Arkansas is a good option. At the time of these studies, the average monthly mortgage payment of Marshallese in Arkansas was $600 compared to $1000 in the other areas (RMI 2002).

Whether households had televisions, air conditioners, telephones, and automobiles was also determined in the studies. Fourteen percent of Marshallese households in Springdale had no television compared to 22% in the other migrant areas, and 61% in the RMI. Seventy percent of households in the RMI had air conditioning compared with 82% in the island migrant communities. Only one household in Springdale reported not having an air conditioner. Eighty-percent of the households in the RMI have no automobile, 50% in the island migrant communities, and less than 10% in Springdale (RMI 2002). For migrants looking for these amenities, Springdale is a good choice.

Several demographic differences also become noticeable. Slightly more females live in the RMI than males; this trend is even more pronounced in the island migrant communities of Hawaii, Guam, and the CNMI. Interestingly, males outnumbered females in Springdale. At the time, only one-third of adult Marshallese in the RMI were married, about half in the island

migrant communities, whereas 60% of those in Arkansas were married (RMI 2002).

Comparing the 1998 islands survey to the 2001 Springdale survey, the median age of Marshallese in Springdale is twenty and it is eighteen in the RMI. With children being taken into account, these numbers could be easily misinterpreted. Women between fifteen and forty-nine years of age in the RMI had 2.8 children on average, whereas Marshallese women in Springdale had 1.7 on average. Similarly, 1.6 children was the average in the island migrant communities. Seventy-nine percent of the Marshallese in Springdale were born in the United States. This is probably reflected in the difference between the 65% high school graduation rate among Marshallese in Springdale compared to 38% in the RMI and 47% in the island migrant communities (RMI 2002).

The 2001 Springdale survey also revealed that Marshallese who are members of the Assemblies of God were overrepresented in Springdale when compared to the RMI. The Assemblies of God are very evangelistic and their headquarters are located in Springfield, Missouri, less than a two hour drive from Springdale. This seems likely to explain the discrepancy.

The size of the sample in Springdale was relatively small and the methodologies employed were not identical to census data collected in the RMI, Hawaii, Guam, and the CNMI. None the less, these rough comparisons may help to guide further inquiry and give a tentative view of some outcomes of Marshallese migration to Springdale.

The Centers for Disease Control funded a survey to improve public health programs and services to the Marshallese in northwest Arkansas between May 19 and May 31, 2009 (Rimajolonline 2009). This study was intended to fill the void recognized in the summer of 2008 when around 225 health, education, and community providers had a meeting at the Jones Center

in Springdale to work on a strategy for a community indicators reports to assess quality of life in the region. The results were inconclusive, at least partially because of the survey's design.