CSWE Statement of Accountability and Reconciliation for Harms Done to Indigenous and Tribal Peoples

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COUNCIL ON SOCIAL WORK EDUCATION

Contents

Abstract

This statement, endorsed by the Council on Social Work Education (CSWE) Board of Directors on June 25, 2021, is provided as both an acknowledgment of the harms done to Indigenous and Tribal Peoples by the social work profession and as a key resource for social work educators. Truth is the first step to reconciliation; thus, learning more about, confronting, and grappling with our history is a pathway forward. Truth telling requires a meaningful engagement with the histories of Indigenous and Tribal Peoples and understanding how the social work profession has played a direct role in supporting colonizing practices. We recognize that harms remain in the present through the ongoing colonial relationship. As social work educators we must engage across education, practice, and policy to repair past harms, eliminate current ones, and prevent future ones.

This statement provides an overview of Indigenous and Tribal Peoples in the United States and its territories; examples of how the actions of social workers and the social work profession have harmed Indigenous and Tribal Peoples, historically and in contemporary times; and actions that we commit to taking to reconcile our actions with our professional commitment to social justice and well-being. References and supplemental materials are provided to assist social work educators in following through on this commitment. The term *Indigenous and Tribal Peoples* is used in this document to refer to the various preinvasion, precolonial societies that continue to exist as distinct entities in the lands that are now part of the United States and its territories. More specific labels (e.g., *American Indian*) are used to refer to a particular Indigenous or Tribal People, although it is recognized that these terms can be complex and are considered by some to be problematic.

Introduction

The purpose of the social work profession is to promote human and community well-being.

Guided by a person-in-environment framework, respect for human diversity, and knowledge based on scientific inquiry, the purpose of social work is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons, locally and globally (CSWE, 2015a).

Social workers promote social justice and focus on empowerment of people who are vulnerable and oppressed (National Association of Social Workers [NASW], 2017), yet there is no doubt that social workers have also functioned as agents of social control, upholding the norms of a colonial, racist society and encouraging clients to assimilate into the larger American culture and to adapt to its norms and values. As Paolo Freire noted, the social work profession and social work education are steeped in colonial influences. "The social worker, as much as the educator, is not a neutral agent, either in practice or in action" (Freire, 1990, p. 5). Social work practices have supported government priorities, including eradicating and assimilating Indigenous and Tribal Peoples (Sinclair, 2004). We acknowledge our profession's historical and ongoing roles. We recognize that the actions of individual social workers and our profession have caused harm in multiple ways, through both our actions and inactions.

As social work educators, CSWE and its members are responsible for educating future generations of social workers. Understanding our history informs our efforts to move forward. This statement is one mechanism for holding our profession accountable for ways social workers have harmed Indigenous and Tribal Peoples. Including and going beyond an apology or acknowledgment of past harms, this statement of accountability recognizes that our profession continues to fall short of its stated values and contributes to ongoing oppression of Indigenous and Tribal Peoples. This statement documents specific examples, past and present, of harms done by social workers, accompanied by a call to action for our profession to recognize these wrongs and commit to just and equitable practices, now and in the future. We must actively work to decolonize colonial systems of education and social services that continue to oppress Indigenous and Tribal Peoples.

The social work profession continues to replicate three core processes of settler colonialism: "1) aiding in the dispossession and extraction of Indigenous Peoples from their territories and communities; 2) supporting the (re)production of the settler state; and 3) acting as a buffer zone to contain and pacify Indigenous communities that are either engaged in direct confrontation with the settler state or are facing crises due to state and corporate practices of resource extraction and dispossession" (Fortier & Wong, 2018, p. 451). As social workers replaced government agents in management of child welfare, financial matters, health, and other social services, they have delegitimized and continue to "delegitimize Indigenous practices of caring" by imposing a "professional class of social service providers to 'help' the community" (Fortier & Wong, 2018, p. 452). Despite claiming a strengths perspective, social workers and social work education often pathologize Indigenous and Tribal Peoples and individualize historical trauma and loss in ways that require professional interventions (Greensmith, 2016).

The professionalization of social work has often replaced, or at least competed with, traditional Indigenous healers and support systems (Preston, 2017; Wolfe, 2006). It has also positioned social workers as experts, rather than as learners, in the communities they seek to serve (Fortier & Wong, 2018). Similarly, the concept of "evidence-based-

practice" has been used to devalue traditional and Indigenous knowledge, which is often based on millennia of observation and practice. It is therefore important that social workers strive to return control of social work services to communities, support traditional knowledge and practices, and respect sovereignty of Indigenous Peoples.

Indigenous and Tribal Peoples' cultural practices, languages, beliefs, values, and traditional lifestyles have been undermined, misrepresented, and misunderstood, even though they remain positive influences on health, security, and quality of life. Social workers have played roles in colonial processes and institutions that have compromised Indigenous and Tribal wellbeing. Despite colonization, dispossession of land, and denial of inherent rights of self-determination and sovereignty, Indigenous and Tribal Peoples continue to demonstrate strengths and resilience. We recognize that Indigenous and Tribal Peoples are competent, capable, and engaged in directing their own lives and futures. In no way should this acknowledgment of past and current injustices inadvertently contribute to dismissing Indigenous and Tribal strengths and agency.

Acknowledging injustice provides validation and recognizes the disenfranchised grief of those who have been harmed. It is cathartic and promotes healing. Professional organizations' acknowledgment of wrongdoing will help build trust and help build stronger, more effective helping relationships between Indigenous and Tribal people and social workers. It is the first step in reconciliation. Acknowledgment is powerful, transformative, and a prerequisite to accountability. True recognition of how we have contributed to oppression can minimize the risk of ongoing wrongs.

Colonization is both the foundation and an expression of racism and bigotry. Dehumanization of any people threatens everyone. Recognizing the role of the social work profession in harming Indigenous and Tribal people is a building block in moving our profession toward acknowledging how racism and bias have undermined our commitment to social justice and our abilities to work with a wide variety of people. Our profession must acknowledge our actions, past and present, in oppressing racialized and marginalized people.

It is important to note that we are not yet aware of all the harms social work and social work education have done to Indigenous and Tribal Peoples. For example, further research is needed to discover whether social workers participated in competency determinations for land allotments and the impact of specific mental health practices that may have been taught in schools of social work about interventions with Indigenous and Tribal Peoples. We also need more information about social work involvement with Indigenous and Tribal Peoples beyond the continental United States. We do not know whether there are practices we currently engage in or teach that may prove to be harmful. Therefore, we offer this statement as a partial account of social work and social work education's role in harms committed against Indigenous and Tribal Peoples.

CSWE is the accrediting body for graduate and undergraduate education in social work in the United States. CSWE was founded in 1952, replacing the accrediting bodies of the American Association of Schools of Social Work and the National Association of Schools of Social Administration (CSWE, 1953). The purpose of CSWE was to "promote the development of sound programs of social work education in the United States, its territories and possessions, and Canada" (Kendall, 2002, p. 109). CSWE has a vested interest in ensuring that information about our profession's role in oppression of Indigenous and Tribal Peoples is understood. Social work educators must have the tools needed to help the next generation of social workers live up to the social justice foundation of our profession and have the skills needed to provide appropriate services to Indigenous and Tribal people.

CSWE has recognized the importance of a diverse workforce, and in 1968, Carl Anderson Scott joined the staff to assist social work programs in recruiting minority students and staff and to recruit minority members for CSWE governance. In 1973, CSWE released a Task Force Report on American

Indians, along with separate reports on other racial and ethnic minorities. The Task Force Report on American Indians identified seven priorities: to increase recruitment of Indigenous and Tribal students; increase recruitment and development of Indigenous and Tribal faculty; coordinate financial aid for Indigenous and Tribal students; expand curricula to include the "development, history, culture and contributions" of Indigenous and Tribal Peoples; provide academic preparation and remediation; facilitate social adjustment of students to higher education; and "develop training programs for paraprofessionals" (Mackey, 1973, pp. 2–5). In 2009, CSWE released its second Task Force Report on Native Americans, identifying specific challenges for Indigenous and Tribal Peoples in higher education and resources that support Indigenous and Tribal students in social work education (Cross et al., 2009). This report acknowledged the disparities faced by Indigenous and Tribal students in access to higher education. The task force identified nine areas for action, including "infusing Native American content in social work curriculum, building cultural competency, and addressing discrimination" (Cross et al., 2009, p. 5). This accountability statement is consistent with CSWE's commitment to nondiscrimination, improvement of the well-being of all people, and the recommendations of the 2009 Task Force Report. This statement provides content that can be included in the social work curriculum and inform future practices with Indigenous and Tribal Peoples.

Indigenous and Tribal Peoples in the United States and Its Territories

The United States exists on the colonized lands of Indigenous and Tribal Peoples, and its colonial reach extends beyond national boundaries. Indeed, colonial boundaries have crossed and divided Indigenous and Tribal Peoples such as the Haudenosaunee, whose territories span the U.S.–Canadian border. The United States maintains ongoing, complex colonial relationships with multiple territories. It is imperative that social workers "acknowledge Indigenous Peoples' lived experience of colonization, self-governance, loss of land, and pernicious, systematic efforts of US federal and state governing bodies to marginalize and/or erase Indigenous ways of knowing, language, and culture" (Ka'opua, Lee, et al., 2019). Destruction of traditional land-based economies and ongoing environmental degradation affects all aspects of well-being for Indigenous and Tribal Peoples.

Below we provide brief background information on the Indigenous and Tribal Peoples living in the United States, its territories, commonwealths, and Micronesian nation states affiliated through the Compact of Free Association (COFA). This brief overview is intended as a foundation to help social workers understand some of the breadth of Indigenous and Tribal Peoples, but it is imperative that social workers move beyond broad generalizations and educate ourselves about the specific Indigenous Peoples with whom we work.

European colonization, beginning in the 15th century, has resulted in ongoing inequalities and traumas for the Indigenous and Tribal Peoples of the Americas (Sloan & Schmitz, 2020; Wilkins & Kiiwetinepinesiik Stark, 2018). From earliest contact, colonizers attempted to eradicate Indigenous and Tribal people, governments, cultures, and spiritual traditions (Sloan & Schmitz, 2020; Wilkins & Kiiwetinepinesiik Stark, 2018). Colonizers sought to profit from the natural resources of the Americas, including furs, wood, and minerals, with no regard for the sovereignty of Tribal nations. Through war and disease, about 90% of the population of Indigenous and Tribal Peoples in what is now the United States died (Dunbar-Ortiz, 2014), leaving a population of fewer than 250,000 by 1900.

Native Americans (American Indians)

U.S. policies were designed to alienate Native American people from their lands and cultures while assimilating them into American culture. Through treaties, the federal government assumed responsibility for provision of education, health care, and a variety of goods and services. Although Native nations retain the right to determine tribal membership (enrollment), the United States also established a system of federal recognition, identifying which Indigenous groups qualified for federal benefits. At the time of this writing there were more than 570 federally recognized tribes, but that number changes frequently as more tribes seek and achieve federal recognition and others face disestablishment threats. Some states recognize additional tribes, entitling their members to some state benefits and services but not the same benefits as federally recognized tribes. At the time of this writing there were more than 60 state-recognized tribes in 11 states, but this number also changes frequently. The federal recognition process created disparities between American Indian groups, and inequities persist in access to health care, funding, and protections. For example, the Indian Child Welfare Act applies only to those eligible for membership in federally recognized tribes.

Although assimilation and dispossession of lands are principles that undergirded all early federal policies for Native Americans, these policies were not implemented equally across tribal groups. A few key policies are noted below. The federal government removed many Native Americans from their traditional lands,

including eastern and southeastern tribes, forcing them west to Indian Territory (now known as Oklahoma) under the Indian Removal Act (1830). Subsequently the Dawes General Allotment Act (1887) divided communally held tribal land on many reservations into individual allotments and sold land that the government considered excess, drastically reducing Native land holdings. The Indian Reorganization Act of 1934 (P.L. 73-383) stopped further allotment but pressured tribes to restructure their governments based on western models. To further assimilate Native Americans, the federal Bureau of Indian Affairs (BIA) developed a policy of encouraging Native Americans to leave their reservations and relocate to cities, accompanied by a series of laws intended to eliminate federal recognition of certain tribes, commonly referred to as termination (Weaver, 2014). Subsequently, some terminated tribes successfully fought for reinstatement. For example, Ada Deer, the first Native American to earn an MSW from Columbia University, worked with Determination of Rights and Unity for Menominee Stockholders and successfully advocated for Congress to reinstate the Menominee as a federally recognized tribe (Weaver, 2010).

Pan-Indian activism arising in urban Native communities in the 1960s and 1970s, including the occupations of Alcatraz Island (1969) and Wounded Knee (1973), sought to raise awareness of health disparities, income inequality, and lack of services for Indigenous and Tribal Peoples (Blansett, 2018). In the 1970s, federal policies shifted toward self-determination, and major legislation included the Indian Self-Determination and Education Assistance Act (1975), which authorized tribes to run government programs on reservations (e.g., the Indian Health Service). In 1978 the Indian Child Welfare Act (P.L. 95-608) affirmed tribal jurisdiction in foster care and adoption with a goal of keeping federally recognized Native children within Native families and communities. The American Indian Religious Freedom Act of 1978 (P.L. 94-341) ensured the right of Indigenous and Tribal Peoples to practice their traditional spirituality, thus overturning laws that made many religious practices illegal for decades. Later, the Native American Graves Protection and

Repatriation Act of 1990 (P.L. 101-601) allowed tribes to request return of human remains and cultural artifacts collected by museums, universities, and other institutions (Nash & Colwell, 2020).

Today, 6.9 million Native Americans (including Alaska Natives) live in the United States but have the lowest median income and the highest rates of poverty (U.S. Census Bureau, 2017, 2018a). Native Americans experience health and mental health disparities, with higher rates of unintentional accidents, diabetes, alcohol and substance misuse, suicide, and homicide (Indian Health Service, 2019). Native American women are twice as likely to be sexually assaulted as White women (Rosay, 2016).

Despite significant disparities and ongoing racism, Native Americans are resilient and have managed to retain or reclaim sovereignty, language, culture, land, and traditional knowledge (Weaver, 2019). There are many examples of resurgence and revitalization, including language immersion programs and culturally relevant healing. Not all tribes are suffering poor health or economic disparities. Those with gaming resources tend to fare better or have better socioeconomic outcomes than others, although not all tribes with gaming resources have achieved economic success.

Alaska Natives Peoples

Approximately 15% of Alaska's 740,000 residents identify as Alaska Natives (U.S. Census Bureau, 2019). In the mid-1700s, Russian and other European colonizers arrived in Alaska in search of the profits to be made by trading in fur. The establishment of the first trading post was followed by a series of smallpox, influenza, and measles epidemics that decimated local Native Peoples (Griffin, 1996). By the late 1800s, thousands of gold miners arrived, destroying the mountains and leaving behind contaminants that seeped into the land and water. In 1867, the United States purchased Alaska from Russia and established military control. Ultimately, the military built more than 600 sites, along with roads, bridges, airfields, and communication infrastructure

(Sloan & Schmitz, 2020). When they left, machinery, chemical contaminants, and hundreds of thousands of 55-gallon drums remained (Sloan & Schmitz, 2020).

This destruction of land and contamination of water affected the health and cultural and spiritual well-being of Alaska Natives. In 2017, almost 19% of Alaska Natives reported not completing high school, compared with less than 12% of White people in the United States (Alaska Native Tribal Health Consortium, 2017). Unemployment is 25% higher for Alaska Natives (6.5%) than for White people (5.3%), and the poverty rate is more than 23% among Alaska Natives, almost twice that of Whites (12.1%) (Alaska Native Tribal Health Consortium, 2017).

Alaska Native Peoples experience higher rates of death from cancer, heart disease, chronic obstructive pulmonary disease, and alcohol misuse than U.S. Whites (Alaska Native Tribal Health Consortium, 2017). Alaska Natives die of unintentional injuries at more than twice the rate, die by suicide almost three times more often, and have rates of certain sexually transmitted diseases that are almost 10 times higher than those of Whites (Alaska Native Tribal Health Consortium, 2017). Alaska Natives have a shorter life expectancy than Whites (70.7 vs. 78.5 years), almost 75% higher infant mortality (8.9% vs. 5.1%) and almost twice the rate of tobacco use (Alaska Native Tribal Health Consortium, 2017).

The Alaska Native Land Claims Settlement Act of 1971 (P.L. 92-203) established a for-profit corporate structure through which Alaska Natives were conveyed more than 44 million acres and almost $1 billion in compensation for lost lands (ANSCA Regional Association, n.d.). The act required Alaska Natives to set up village and regional corporations and transferred land ownership to these corporate entities. Although there are still conflicts over sovereignty and subsistence, there have been significant improvements regarding legal and land rights (Huhndorf & Huhndorf, 2011).

Taíno

The Taíno are one of the Indigenous Peoples of the Caribbean, living on what is now known as Puerto Rico. They were the first Indigenous People to be called "Indian" (Moyet, 2018). By the 15th century, the Taíno, a subgroup of the Arawak, had migrated from the Orinoco Delta in South America and inhabited the Caribbean islands of Cuba, Hispaniola (the Dominican Republic and Haiti), Jamaica, Puerto Rico, the Bahamas, Northern Antilles, and the southern tip of Florida (Poole, 2011). Upon first contact with Europeans in 1492, the Taíno were thriving with a rich history and cultural identity, spiritual and religious beliefs, "highly artistic craft and ritual expressions," and a horticultural economy (Deagan, 2004, p. 500).

By the early 1500s, Spain had defeated and enslaved the Taíno. Men, or sometimes entire communities, were relocated to meet labor demands (Deagan, 2004). This brought Taíno people into contact with European diseases to which the Taíno had no immunity. Lethal enslavement, forced relocation, famine, and disease reduced the Taíno population from more than three million to a few thousand by 1520 (Poole, 2011). Although a census taken of Puerto Rico in 1799 revealed more than 2,300 Taínos still living on that island (Torres, 2020), the Taíno people were declared extinct by the end of the 16th century (Curet, 2014; Poole, 2011; Torres, 2020). Despite the myth of their extinction, the Taíno people continue to survive across the Caribbean.

In 1898, after 400 years of Spanish rule, the United States invaded Puerto Rico and claimed it as a territory. The same year, the U.S. government forcibly removed 63 Taíno children from their homes and placed them in the Carlisle Indian Boarding School (Jatibonicu Taíno Tribal Nation of Boriken, 2020). Unfortunately, because the Taíno people were considered extinct, information on postcontact history up to the mid-20th century is still being uncovered. Clearly the Taíno people, including their culture, art, and language, persisted; words such as *hurricane, hammock,* and *tobacco* are derived from Taíno (Poole, 2011).

In 1970, the Jatibonicu Taíno Tribal Nation of Boriken became incorporated, and in 1998 the United Confederation of Taíno People was created as an intertribal body to restore Taíno language, culture, and religion (Jatibonicu Taíno Tribal Nation of Boriken, 2020). A 2003 National Science Foundation analysis of DNA revealed that 61% of the residents of Puerto Rico have Amerindian blood (Toro-Labrador et al., 2003). Taíno people do not yet have U.S. federal government recognition but continue to lobby for rights and recognition.

Kanaka Maoli (Native Hawaiians)

Traditionally, Kanaka Maoli maintained interdependent and sustainable political, social, economic, and religious systems unique to an island society. Beginning in 1778, a series of contacts with *haole* (foreigners) who sought capital and religious gain set in motion forces that would devastate Kanaka Maoli. The Indigenous population collapsed to near extinction because of haole contagious and infectious diseases for which Kanaka Maoli had no immunity. The sovereign kingdom of Hawai'i was overthrown, and the last monarch, Queen Lili'uokalani, was imprisoned by haole businessmen (Kaholokula et al., 2009; Kamau'u, 1994). In 1898, Hawai'i was annexed to the United States.

Colonial structures were established and laws enacted that deepened the oppression of Indigenous ways of being, doing, and knowing. These included laws that suppressed and punished students for the speaking *'ōlelo Hawai'i* (Hawaiian language) in public and private schools (Lucas, 2000) and the conversion of a system of collective land stewardship to private land ownership (Kame'eleihiwa, 1992).

In 1959, Hawai'i became a U.S. state. Although Kanaka Maoli are considered U.S. citizens, the United States continues to define its legal duty to and relationship with Kanaka Maoli through public policies including the recognition of Kanaka Maoli as the Aboriginal, Indigenous, Native People of the State of Hawai'i and the commitment to raise to the highest extent possible the health and well-being of Kanaka Maoli,

as stipulated in the Native Hawaiian Health Care Improvement Act of 2015 (P.L. 114-95).

Although attempts have been made to clarify the legal responsibilities of the United States, Kanaka Maoli today experience cultural trauma from the rapid and largely haole-induced changes that contribute to many of their socioeconomic problems (Ka'opua et al., 2011). These problems include lower life expectancy compared with non-Hawaiians in the State of Hawai'i (Ka'opua et al., 2011), longer lengths of stay of Kanaka Maoli children in the foster care system than non-Hawaiian children (Godinet et al., 2011), overrepresentation of Kanaka Maoli in both the adult prison system (House Concurrent Resolution 85 Task Force, 2018) and the youth juvenile justice system (Umemoto et al., 2012), and higher rates of high blood pressure, disability, diabetes, and heart disease (Kana'iaupuni et al., 2021).

Reclaiming and returning to abundant conditions, despite generations of cultural trauma, is occurring on many fronts, such as resurgence of the use of 'ōlelo Hawai'i through Hawaiian immersion schools, cultural and traditional sustainable land stewardship practices such as *loko i'a* or fishpond restorations, protection of sacred sites (Ka'opua, Friedman, et al., 2019), and culturally focused innovations to address macro-level issues such as those in the foster care system (Office of Hawaiian Affairs, 2021). These examples of Indigenous movements contribute to the healing and well-being of Kanaka Maoli.

CHamorus

CHamorus are the Indigenous Peoples of the Mariana Island chain in the Micronesian region of the Pacific. CHamorus on Guahan (Guam) have experienced the longest history of colonization of all Peoples listed on the United Nations list of Non-Self-Governing Territories without recognition of sovereignty. In 1521, Magellan's arrival on Guahan marked the CHamorus' first contact with the western world. The Spanish returned in the mid-1600s to Christianize the island and established a Catholic mission, led by Father Diego Luis de San Vitores. Over the next 200 years,

because of the introduction of western diseases and warfare, the CHamoru population decreased from 50,000 to 3,500 (Hattori, 2004). In addition, traditional cultural beliefs were considered pagan, resulting in the suppression of practices and the indoctrination of CHamorus to Catholicism. After the Spanish–American War, Guahan was purchased by the United States via the Treaty of Paris in 1898. At this time, CHamorus were politically divided, with those living in the Commonwealth of the Northern Mariana Islands (CNMI) falling under the administration of Germany.

Hattori (2004) reported that during the U.S. naval era on Guahan, the island was governed by a U.S. naval officer and administered like a naval ship. Language and health reform policies that were implemented adversely affected CHamorus' lives and culture. Policies included prohibition of the use of the CHamoru language and the banning of traditional Indigenous medicine.

During World War II, Japan occupied Guahan from 1941 to 1944, and the CHamorus suffered the atrocities of war, including sexual slavery, forced labor camps, massacres, and starvation. The United States returned to reoccupy the island in 1944, seizing 42% of the landmass and displacing the CHamoru people. The 1950 Organic Act of Guam created the local Government of Guam and granted U.S. citizenship to the CHamoru people, with limited civil rights. The passage of this act also granted the United States the legal authority to take ownership of land, resulting in their current landholdings of 29% of the island's 212 square miles. CHamorus on Guahan do not have the civil right to vote for the U.S. president, and although they elect a congressional delegate to the U.S. House of Representatives, the delegate is a nonvoting member.

CHamorus in the CNMI have lived under Spanish, German, Japanese, and American colonial rule. The CNMI has been a commonwealth of the United States since 1976. In the CNMI, U.S. sovereignty is acknowledged, but certain federal laws have only limited applicability. The federalization of the CNMI's immigration policies in 2009 resulted in the further colonization of CHamorus living in the CNMI. CHamorus have become a political minority in their homeland, comprising 23.9% of the total population (U.S. Census Bureau, 2010b).

The homeland of the CHamoru in the Marianas is a strategic geographic location as the crossroads between the East and West. The United States' interest in the region is for the development of military bases and installations, which has resulted in land dispossession, toxic contamination, environmental degradation, and infringement of the CHamorus' right to self-determination.

CHamorus on Guahan and the CNMI have established political pathways for decolonization. The Guam Commission on Decolonization and the CNMI Political Status Commission are simultaneously implementing plans to facilitate political decolonization to resolve their current colonial statuses with the United States. In Guahan, a future plebiscite presenting the options of statehood, free association, and independence is being planned. The CNMI is revisiting its covenant with the United States and determining their next steps forward.

Decolonization efforts continue to be thwarted by historical disregard for Indigenous beliefs and practices, elimination of Indigenous health practitioners, militarization, environmental degradation, and exposure to radiation without redress, leading to health problems including cancer (the second leading cause of death), diabetes, mental illness, and suicide (Natividad & Lizama, 2014). Significant health disparities, altered identity, extreme poverty, and political disempowerment among CHamorus are the results of these historical attacks. Nonetheless, the resilience of CHamorus, adaptability to change, and endurance in perpetuating cultural values and practices have led to the revitalization of the Indigenous culture and nation-building efforts. Cultural strengths include a healing process that connects the Indigenous spirit to Indigenous identity, matrilineal hierarchy in which women are an integral part of the decision-making process, spirituality and connection to the land, language as part of one's identity, the critical role of the family, and core

values of reciprocity and respect. After 4,000 years as Indigenous people of Guahan, CHamorus are revaluing, rediscovering, and reconnecting to their Indigenous ways (Natividad & Lizama, 2014).

Peoples of Nations Affiliated With the United States Through the Compact of Free Association

The geographic region known as Micronesia is one of the most linguistically and culturally diverse regions of the world. Of the many nations in this area, three have a unique relationship with the United States through Compacts of Free Association (COFA): the Federated States of Micronesia (population 101,675), the Marshall Islands (population 78,831), and the Republic of Palau (population 21,613). These nations contain many different Indigenous groups, including Marshallese, Chuukese/Mortlockese, Pohnpeian, Palauan, Kosraean, Yapese, and Yap outer islanders (Central Intelligence Agency, 2021). These cultures persist despite centuries of colonialism at the hands of countries such as Spain, Germany, Japan, and the United States. These are some of the last seafaring cultures in the Pacific who still use ancient techniques to navigate and sail.

U.S. intervention in COFA signatory nations began at the end of World War II, when Japan surrendered control over the region (Hezel, 1995). In 1947, the Trust Territory of the Pacific Islands was established by the United Nations Security Council. Under this agreement, the future COFA signatory islands would receive support for education and health to help address the devastating effects of the recent war, and the United States would have the right to use the area for strategic military purposes and make security decisions (Ka'opua & Holden, 2010).

However, between 1946 and 1958, the U.S. military detonated 67 nuclear bombs in the Marshall Islands. The residents of Bikini and Enewetak atolls were forcibly relocated and their islands destroyed by these tests. The fallout of the testing resulted in high rates of birth defects, miscarriages, and stillbirths and continues to result in high rates of cancer among Marshallese people more than half a century later

(Palafox et al., 2004; Yamada & Akiyama, 2013). The introduction of canned food and tobacco to the islands by the U.S. military also led to increases in chronic health conditions (Dames et al., 2013; Ka'opua & Holden, 2010).

In 1979, when faced with the decision to become U.S. citizens or remain independent, the Federated States of Micronesia and the Marshall Islands, followed by the Republic of Palau in 1981, elected to remain independent. Instead, they entered COFA, giving the United States authority over defense and security matters in exchange for welfare and access to some federal programs. Under COFA agreements, citizens of signatory nations can live and work in the United States, serve in the U.S. military, and have access to some federal programs. The COFA agreement expires in 2023, and renegotiation began in 2020.

The COFA migrant population living in the United States or its territories is 40.4% the size of the population still living in COFA nations (Gootnick, 2020). Hawai'i was one of the areas most affected by the migration of COFA citizens, as well as other states such as Arkansas and the U.S. territory of Guam. Because of the lack of preparation by the federal government, Hawai'i found itself scrambling to meet the needs of these new migrants. Subsequently, Hawai'i revoked Medicaid coverage, leaving COFA migrants with only one health plan with limited benefits. In 2020, Medicaid coverage was reinstated after a class action suit (McElfish et al., 2019; State of Hawai'i Department of Human Services, 2021).

In 1971, the South Pacific Forum (later known as the Pacific Islands Forum [PIF]) was founded to enable these island nations to form a more unified stance on international and global issues. The practicality and use of the forum are still being questioned today (Shibuya, 2004). In February 2021, the COFA countries and some other countries in the Micronesian region elected to pull out of the PIF in opposition to the newly elected secretary general and concern that they were not being adequately represented (RNZ News, 2021).

Many second- or third-generation children and grandchildren of migrants from COFA nations

have ties to both their host and home cultures. Micronesians in the diaspora have been slowly making waves across various disciplines such as marine biology and the arts to promote and integrate the Micronesian identity into the mainstream, building both community and awareness.

These are prime examples of how COFA nations and their peoples have thrived and survived in the face of colonialism. The struggles of these migrants in pursuit of a better life in today's ever-changing environment are a testament to their will and resilience as peoples.

Whether in the United States or in their home nations, Indigenous people of COFA signatory nations continue to work towards self-sufficiency and justice for the diverse peoples of their nations. Activism continues around issues such as nuclear justice, economic self-sufficiency, health-care access, and immigration rights (Thomas & Marcoux, 2020). Clinging to their cultures and traditions as they also adapt to foreign host cultures is a difficult feat, yet they continue to adjust their sails and navigate forward in hopes of a sustainable future for all generations.

American Samoans

Samoans are a proud and family-oriented people with a strong sense of cultural identity. The Samoan principle of *fa'a Samoa*, or Samoan ways, dictates a responsibility to the collective, such as personal, family, and village interdependence. Fa'a Samoa also extends to cultural and linguistic practices of daily village life (Tofaeono et al., 2020). Oral history recalls the reign of the Tui Manu'a dynasty, which ruled a span of islands in the Western Pacific. The Tui Manu'a gained power by controlling commerce between these islands.

In the 18th century, Dutch, French, and British explorers came to Samoa for military and business reasons and were later joined by the Germans and Americans. Colonial interests in Samoa grew, disrupting the cultural and social order. In the second half of the 19th century, conflict between Germany, Britain, and the United States over control of the Samoan Islands continued. The issue was settled in the Tripartite Convention of 1899, resulting in the decision to partition Samoa. Germany took the Western Samoa islands (Upolu and Savai) under their imperial control, and the United States retained the Eastern Samoa islands of Tutuila and Aunu'u, later including the Manu'a island groups. In 1929, the United States annexed American Samoa as its territory (National Park Service, 2021b; Tofaeono et al., 2020).

The population of America Samoa is 55,519 (U.S. Census Bureau, 2010a). As citizens of a U.S. territory, American Samoans are subject to U.S. constitutional law, plenary power, and federal laws and treaties; however, as territorial residents they may be unable to influence policies that directly affect their health and well-being (Diaz et al., 2020; Tofaeono et al., 2020). For example, under U.S. law, territorial residents cannot vote in U.S. presidential elections, and their congressional representatives have no vote. Notably, American Samoan residents are unique in that they are not accorded U.S. birthright citizenship; they are designated as U.S. nationals. Therefore, Samoans carry an American Samoa passport, and if they choose they may apply for U.S. citizenship. Even those who have served in the U.S. Armed Services must apply for U.S. citizenship.

Approximately 58% of people in America Samoa live at or below the U.S. federal poverty level (U.S. Census Bureau, 2018b). Because poverty is one of the most robust social determinants of health, it is no surprise that American Samoans experience a high prevalence of chronic diseases such as heart disease, diabetes, and cancer. Nevertheless, in the face of these socioeconomic issues, the culture and language of American Samoans continues to dominate their communal and daily lives.

Historical Harms

The road to hell was paved with good intention and the child welfare system was the paving contractor. (Sinclair, 2004, p. 50)

Social work exists within the larger history of the United States and its territories, a country built on colonization and slavery. The United States continues to occupy Indigenous lands, and the original peoples suffer exclusion, high unemployment and poverty, denial of religious freedom, and environmental degradation of sacred lands (Weaver, 2019). It is time to identify and address the harms perpetrated and perpetuated by social workers and the social work profession.

At times social workers have occupied government offices where they were influential in setting policy directions. For example, John Collier, a former settlement house worker, became commissioner of Indian affairs in 1933. He is most known for drafting and lobbying for passage of the Indian Reorganization Act of 1934 (IRA). "Like allotment, though, the IRA was framed within an ideal of progress, no longer cast in terms of outright assimilation of 'civilizational' ideas of bourgeois individualism and property, but instead as a matter of establishing tribal business and governance in bourgeois and representational democratic molds" (Pexa, 2019, p. 191). Native Americans were encouraged to set up tribal governments with constitutions and elective systems, much like those of states. "For those Native nations, the majority, that did accept the Indian Reorganization Act, a negative consequence was that English-speaking Native elites, often aligned with Christian denominations signed on to the law and formed authoritarian governments that enriched a few families and undermined communal traditions and traditional forms of governance, a problem that persists" (Dunbar-Ortiz, 2014, p. 172).

Collier developed and implemented policies that he believed were in the best interest of Native Americans, and he had the federal authority to enact his vision on a large scale. Like many social workers and social reformers, he was well intentioned, but he acted without mutuality. His push for Native American self-governance had the ironic effect of undermining self-determination. "Collier's policies were above all a reassertion of federal domination over Indian people . . . as the federal government intertwined its economic and social policies within the daily lives of American Indian families" (Venables, 2004, p. 304).

In addition to their work as policymakers and practitioners, social workers have interacted with Indigenous and Tribal Peoples as researchers. The disproportionately poor social, economic, and health status of Indigenous and Tribal Peoples has attracted non-Indigenous researchers who used these dire conditions to attract research grant funding. The resulting studies often provided little benefit to Indigenous and Tribal communities. Such studies did not build the capacity of Indigenous and Tribal Peoples and communities to authentically engage in the research process, such as defining who would benefit by the research and how, determining the research questions, engaging in data collection and analysis, and receiving credit such as coauthorship of publications (Culturally Responsive Evaluation and Assessment-Hawai'i, 2019). Therefore, when these research studies were completed, the experience of many Indigenous and Tribal communities was that their conditions did not improve, and the data about them was owned by the researcher or the university they represented.

Research exploitation has resulted in mistrust. "The word itself, 'research' is probably one of the dirtiest words in the Indigenous world's vocabulary" (Smith, 2012, p. xi). Indigenous and Tribal Peoples have a deep mistrust of research, and this is evident in their

reluctance to participate in research studies (Meyer, 2003; Smith, 2012). This mistrust results from a history of oppression, genocide, and marginalization experienced by Indigenous and Tribal Peoples (Fong et al., 2003). Contributing to this mistrust is the harm done by researchers of excluding Indigenous and Tribal Peoples and communities from the research process and the experience of being used as "guinea pigs" in research (Fong et al., 2003). Research has been something done to, rather than with, Indigenous and Tribal Peoples.

Although the full extent of social work involvement has not yet come to light, there are documented examples of how social workers and the policies we helped develop and implement have negatively affected Indigenous and Tribal Peoples. These examples of both commission and omission can inform social work education so the next generation of social workers will be prepared to live up to our values of social justice, empowerment, and supporting self-determination. The examples below are not exhaustive, because additional information is still being documented. Nevertheless, CSWE is committed to providing educators and students with the information we have and highlighting additional information as it becomes available. We know more about the harms done by social workers in the field of child welfare, and therefore that section is more detailed, but we also document harms done by social workers in health care (most notably sterilization and eugenics) and the impact social workers had in shaping social policies.

Child Welfare

Child welfare is perhaps the best-known example of the social work profession engaging in practices that harmed Indigenous and Tribal Peoples. Social workers, trained as child welfare workers, saw their roles as rescuing Indigenous and Tribal children from their families, communities, and the poverty created by colonization.

From the earliest days of our profession, social workers promoted solving "the Indian Problem" by supporting the assimilation of Indigenous and Tribal Peoples (Garrett, 1892). Indigenous and Tribal Peoples were viewed as dependent and their communal ways as uncivilized. In a paper presented at the 1892 Conference of Charities and Correction, Phillip Garrett stated that "educating . . . Christianizing . . . civilizing . . . and converting every Indian into a citizen of the United States . . . is the only true and radical solution of the Indian problem . . . the only just one" (p. 30). "They should be mingled with and surrounded by the best white civilization. . . . At the earliest possible day every line of demarcation between Indians and whites, politically, should be obliterated" (Garrett, 1892, p. 34). One solution promoted by social workers to civilize Indigenous Peoples were Indian boarding schools, also known as residential schools (Collier, 1934; Garrett, 1892).

Boarding schools became national policy in the United States, and their intent was reflected in their infamous slogan, "Kill the Indian and Save the Man," attributed to Richard H. Pratt, founder of Carlisle Indian School (Pitcher Hayes, 2018). Pratt served as a U.S. military officer in Indian Territory and at Fort Marion, a prisoner-of-war camp for Native Americans in the 1870s. There, he experimented with the idea that "savage Indians" could be redeemed and remolded into Christian citizens through labor and immersion in American values (Pitcher Hayes, 2018). This former fort turned into a military prison was the prototype for subsequent boarding schools (Pitcher Hayes, 2018).

At the boarding schools, children were stripped of their names, clothes, hair, and culture (Little, 2018). In these residential institutions, hundreds of children died of tuberculosis, pneumonia, and influenza (Little, 2018), and countless others suffered physical, sexual, psychological, and emotional abuse (Charbonneau-Dahlen et al., 2016; Duran, B., Duran, E., & Yellow Horse Brave Heart, M., 1998). The Boarding School Era (1860–1978) contributed significantly to the historical and intergenerational trauma of Native Americans by disrupting familial bonds and preventing the normal transmission of parenting customs and lifeways across generations (Engel et al., 2012; Haag, 2007). The boarding schools remained common until after World War II, when social workers began moving children

to White foster and adoptive homes (Brown & Estes, 2018), although the Boarding School Era spans the years 1860 to 1978 (Pember, 2019).

The social work profession has a unique historical relationship to child welfare as a field of practice, and social work professionals continue to make up a significant proportion of the child welfare workforce (NASW, n.d.). Social workers are thus closely associated with a period that has come to be widely known as the Indian Adoption Era, a policy era that both overlapped and followed the Boarding School Era (Adoption History Project, 2012).

Over the course of the Indian Adoption Era, social workers participated in the forced removal of Native American children from their families, communities, and cultures (Chakraborty, 2019; Thibeault & Spencer, 2019). Like the policies and practices of the Boarding School Era, those of the Indian Adoption Era are inherently genocidal (using the definition provided by the United Nations Convention on Genocide, 1948), because they constitute deliberate cultural destruction through the forced removal of a minority group's children and their placement into the custody of another group (EagleWoman, 2015; Thibeault & Spencer, 2019; Woodard, 2011).

Though couched in paternalistic language decrying the abject poverty of Native American children and advocating for their "rescue," the policies of the Indian Adoption Era were a continuation of previous federal forced assimilation policies (Adoption History Project, 2012; Thibeault & Spencer, 2019). These policies and practices did not attempt to address the structural poverty of Native Americans caused by centuries of genocidal U.S. policies. Rather, concurrent with policies of the Termination Act of 1953 (P.L. 83-280), which sought to eliminate federal treaty and trust responsibilities to tribes as the Native American population increased, the practices of the Indian Adoption Era reduced the number of enrolled tribal members while meeting a growing demand for babies deemed adoptable by White families (Palmiste, 2011).

As damning reports of the often deplorable and abusive conditions of the boarding schools became more widely known, appointed and elected officials began to channel more efforts toward removal and adoption. These efforts were both more palatable to the public and cheaper than boarding schools (Thibeault & Spencer, 2019). As agents of public and private entities, including religious organizations and churches, social workers played an active role in removing thousands of Native American children from their homes, placing as many as 85% of those removed in White homes or institutions between 1941 and 1967 (Chakraborty, 2019; Woodard, 2011). It is estimated that 25%-35% of Native American children were removed from their homes and adopted by White families during this time (George, 1997; National Indian Child Welfare Association [NICWA], 2018). This systematic removal of Native American children has been widely condemned as an act of pervasive, systemic racism in which the social work profession actively participated (Aldana & Vazquez, 2020; Chakraborty, 2019; Thibeault & Spencer, 2019).

The practices of the Indian Adoption Era were formalized as official federal policy with the initiation of the Indian Adoption Project (IAP) (1958–1967). The IAP was carried out by the nonprofit Child Welfare League of America, with funding from the BIA and the U.S. Children's Bureau (Balcom, 2007; Thibeault & Spencer, 2019). The IAP launched a national marketing campaign that removed newborns, children, and older youths from 16 western states and placed them with families in the eastern part of the country (Jacobs, 2013). The marketing campaign evoked images of the destitute, unwanted, "forgotten child" who needed saving or rescuing (Chakraborty, 2019; Landers & Daines, 2016). For example, a 1966 BIA press release read as follows:

> Adoptions of Indian Children Increase
>
> One little, two little, three little Indians—and 206 more—are brightening the homes and lives of 172 American families, mostly non-Indians, who have taken the Indian waifs as their own. (para. 1).

As in the Boarding School Era, Native American children, families, and communities were grievously harmed by the policies and practices of the Indian Adoption Era. Children suffered devastating losses of

ties to their families and cultures, and many of them were also abused (Bussey et al., 2017; Red Horse et al., 2001). Parents of children who were taken recount high-pressure tactics to relinquish their children at the hands of social workers, as well as deceptive practices (Thibeault & Spencer, 2019). The justifications for removals often cited poverty-related conditions as "child neglect," "unfit parenting," and "overcrowding" (Chakraborty, 2019).

In 1974 and 1977, Native American parents and allies, including key members of Congress, organized to present testimony in a series of hearings in the House and Senate, providing the results of national studies and the devastating statistics about the loss of Native American children to their families and communities, as well as the personal testimony of affected parents and adoptees (Mannes, 1995; Unger, 1977). These hearings garnered support for the ultimate passage of the Indian Child Welfare Act (ICWA), enacted as federal law in 1978 to prevent the unnecessary and systematic removal of tribally enrolled or enrollable children from their families, communities, and cultures (Adoption History Project, 2012).

Although the passage of ICWA marks the end of the Indian Adoption Era, it was not until March 2001 that Shay Bilchik, the president and CEO of the Child Welfare League of America, formally apologized to the United States' Indigenous Peoples for the agency's participation in the widespread removal of Native American children from their homes (Balcom, 2007). To date, this has been the only such public acknowledgment yet made by a U.S. organization affiliated with the social work profession. This statement of accountability, endorsed by CSWE two decades later, is the second one.

In Hawai'i, the historic practices of Child Welfare Services social workers followed national norms, including separating and "adopting out" Native Hawaiian children from their biological families. Because Hawai'i is a military-occupied state, many Native Hawaiian children were adopted to military families who were not from Hawai'i and subsequently were relocated. This had the harmful effect of stripping Native Hawaiian children of their Indigenous identities, language, and genealogy. Although recent changes have improved the care for Native Hawaiian children, they still remain overrepresented in child welfare system and have longer lengths of stay in foster care when compared with non-Hawaiian children (Hawaii Health Matters, n.d.; Health and Human Services, n.d.).

Health

"The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders" (Indian Health Service, 2021, para. 4). The Indian Health Service (IHS) is housed within the U.S. Department of Health and Human Services, and social workers are employed in their offices. Although enrolled members of federally recognized tribes are eligible for IHS services, most of these services are available only on reservations, and most Native Americans do not live there. Native Americans who are not enrolled as members of federally recognized tribes do not qualify for IHS services, nor do other Indigenous people in the United States. Enrolled members of federally recognized tribes may not be able to access services if they do not live on their own reservations. Native Hawaiians do not have a health care system like IHS, and most are enrolled in a managed care system. However, Native Hawaiians do have a Health Board called Papa Ola Lōkahi and Native Hawaiian Health Care Systems throughout the islands to provide education and enabling health services. Both structures were created by Congress (via the BIA) in the Native Hawaiian Health Care Improvement Act of 2015 (P.L. 114-95). Indigenous and Tribal Peoples throughout the United States and its territories have similar health disparities and challenges with access to high-quality care.

Although health services should focus on well-being, the colonial legacy and push for assimilation have manifested in programs that emphasized eugenics

and sterilization. Social workers have a long history of working with the IHS to coerce, trick, or force Indigenous and Tribal women into sterilization procedures (Torpy, 2000). Child welfare social workers often threatened to remove children if a woman did not agree to sterilization (Torpy, 2000). A 1976 investigation of IHS records conducted by the Government Accountability Office reported that 3,406 sterilization procedures were performed on Native American women in the Aberdeen, Albuquerque, Oklahoma City, and Phoenix service areas between 1973 and 1976 (U.S. Government Accountability Office, 1976). It should be noted that this investigation examined only four of the 12 IHS hospitals, so the actual number of sterilizations is probably substantially higher (Lawrence, 2000). This investigation concluded that consent forms for sterilization procedures were not in compliance with regulations because they did not present the basic elements orally, contain written summaries of the oral presentation, or contain a statement indicating a right to withdraw on the top of the page (U.S. Government Accountability Office, 1976). A lack of appropriate interpreters also aided in coercion. In 1974, an Indigenous physician conducted a study that found at least one in four Native American women had been sterilized without consent (Kennedy, 2019).

Eugenics received ardent support from social work leaders, agencies, and educators. The Eugenics Survey, based in Burlington, Vermont, partnered with private charities, including the Vermont Conference of Social Work (VCSW) and the Vermont Children's Aid Society to execute its mission. Henry Perkins, president of the American Eugenics Association (1931–1934), also served as president of the VCSW (1927–1930) and as a member of its executive committee for many years. The VCSW included the sterilization law as part of its social legislation in 1927.

Social workers used their field experience and research to fuel propaganda that supported the eugenics movement (Dann, 1991; Gallagher, 1999; University of Vermont, n.d.). They collected and supplied data and field work "evidence" to major eugenic research programs and collaborated with medical practitioners in pressuring Indigenous women to undergo sterilization procedures. For example, field workers and social work students from Virginia colleges collected research for the Eugenics Record Office at Cold Spring Harbor, Long Island (Dorr, 2008; Gallagher, 1999). These field workers studied the negative effects of miscegenation on families. Their research was used as evidence to categorize and later diagnose people as feebleminded (Kennedy, 2008), insane, criminal, or degenerate. In South Dakota, assessments conducted on American Indians labeled them as "mentally ill" or "mentally deficient," leading to increased chances of sterilization (University of Vermont, 2011). Henry Perkins employed social workers to gather research and publish the Eugenics Survey of Vermont. Social workers such as Harriet E. Abbott (eugenics field worker, 1925–1927; 1915 graduate of the Chicago School of Civics and Philanthropy), Frances Conklin (eugenics field worker, 1927–1928; psychiatric social worker), Sybil K. Pease (Red Cross social worker hired in 1918), and Elin Lilja Anderson (eugenics field worker and director, 1929–1936; graduate of the New York School of Social Work) gathered information from the field to provide evidence of "degenerate family conditions" and "bad heredity" of Indigenous Peoples (Dann, 1991; Gallagher, 1999; University of Vermont, n.d.). The Eugenics Survey of Vermont was incorporated as a resource in college courses, put forth before the legislature to influence social policy, and positively received by the VCSW (University of Vermont, n.d.).

Social workers and those trained in similar fields advocated for, studied, and taught eugenics throughout most of the early 1900s (Gallagher, 1999; Petchesky, 1990). Social work's role in normalizing eugenic discourse influenced the forced sterilization of Indigenous women. Social workers added to the narrative that othered those who were not Anglo-Saxon. University social work programs incorporated courses on eugenics and heredity into the curriculum, as can be seen in course catalogs from various institutions in the early 1900s (Leland et al., 2007; Richmond School of Social Economy, 1917; University of Vermont, 1938). Social work publications during this time also promoted eugenics within the profession, such as *Human Derelicts: Medico-sociological*

Studies for Teachers of Religion and Social Workers (Kelynak, 1914) and *Background for Social Workers* (Menge, 1918). Both publications claim that eugenics is morally necessary for protecting society from the reproduction of feebleminded, burdensome people. Prominent social work figures of the time belonged to organizations that promoted eugenics values, specifically Jane Addams of the American Social Hygiene Association and Mary Richmond of the Charity Organization Society (Kennedy, 2008).

Social workers working with Indigenous children and families pressured women to undergo medical procedures to keep their welfare benefits (Kennedy, 2008; Lawrence, 2000; Petchesky, 1990, Torpy, 2000; University of Vermont, 2011). An Indigenous woman recalls social workers coming to her home in 1973 and claims, "They told me that I should be sterilized because I didn't want any more babies right then, so I said yes and signed a consent form. My tubes were tied the next day" (Lawrence, 2000, p. 413). She was not informed about the health implications of this procedure or told that it was not reversible. There are many documented stories of Indigenous women having no recollection of signing sterilization consent forms, because they were coerced to sign while medicated or having just given birth (Torpy, 2000).

In the IHS system, the predominant means of addressing psychological and behavioral health problems is via interventions based on western epistemologies and paradigms. Historical and generational trauma, ongoing oppression, and unresolved grief are not often adequately considered. The primary focus is often on the individual and does not account for the collectivist nature of Indigenous and Tribal Peoples, thus resulting in inappropriate diagnoses and interventions.

Harm can occur through both action and inaction. The social work profession's complacency, particularly regarding quarantine and isolation policies in Hawai'i in response to the Hansen's disease epidemic from 1866 to 1969, subjected the most vulnerable populations, newborns and children, to great harm. In the early years of the epidemic, Native Hawaiians were disproportionately affected. The policy of the Hawai'i

Board of Health encouraged policing (i.e., by bounty hunters) and forced separation of people suspected of having the disease. Such people were arrested and shipped off to a remote peninsula on the island of Moloka'i where escape was improbable (National Park Service, 2021b). They included children, who were sometimes sent alone, without family members to protect them and provide for their basic needs. Subsequently, many children died in the early years of the epidemic. Another mandate was that all newborns were immediately removed from their mothers, given up to family members or sent to orphanages (National Park Service, 2021). Although the history of disease in Hawai'i includes accounts of helping professionals such as the religious (clergy and nuns) and medical providers who administered to the sick and comforted the dying, there is no mention of social workers supporting or advocating for the well-being of Native Hawaiians affected by Hansen's disease.

Historical Summary

Clearly the actions of social workers caused harm to Indigenous and Tribal Peoples. These were not simply the actions of a few misguided or malicious people but typically an inevitable result of societal structures and policies that devalued Indigenous and Tribal Peoples and sought to eradicate or assimilate them. Acting as agents of social control sanctioned and empowered by U.S. society, social workers disrupted Indigenous families and social structures. Some specific actions are documented above, and many more exist.

Beyond specific actions, inaction was also problematic. Our social work value system compels us to respect cultural differences and engage with, empower, and advocate for those we work with, particularly those who are disparaged by society and face bigotry, oppression, and racism. Historically, our work with Indigenous and Tribal Peoples includes many missed opportunities and problematic actions.

Indigenous social workers and allies have not remained passive victims in the face of the harms noted above. In fact, much of what we know of these problems has come from those who recognized these

wrongs, took steps to expose them, and challenged our profession to do better. Since the inception of CSWE, Indigenous and allied social work educators have called attention to problems and worked for change within the organization and profession.

Past and ongoing harms have been exposed and challenged by Indigenous activists, social workers, educators, and allies. Social workers have challenged federal policies such as termination. Key leaders such as Shay Bilchik, an attorney who served as president of the Child Welfare League of America, publicly documented and apologized for past harms, a courageous step that invites us to move forward.

Indigenous and Tribal Peoples are resilient and have survived the many attempts to destroy their families, cultures, and homelands. Indigenous organizations, such as Women of All Red Nations (WARN), an international, intergenerational collective of Indigenous women, have bravely brought attention to the forced sterilizations and removal of children experienced by Indigenous women. WARN's efforts to create awareness of forced sterilizations is credited with bringing about federal regulations that require informed consent before any sterilization (Lakota People's Law Project, 2020).

Although throughout this statement we document many of the ways our profession has contributed to problems, we also call upon our skills and commitment as problem solvers. We at CSWE commit to critical self-reflection and to taking the lead in moving our profession and our society forward.

Social Work and Indigenous and Tribal Peoples Today

Contemporary social work with Indigenous and Tribal people continues to include problematic practices and missed opportunities. Although we remain too close in time to understand all the ways that we continue to harm Indigenous and Tribal people, it is imperative that we critically reflect on our current practices.

The true impact of social work with Indigenous and Tribal Peoples will remain obscured if they continue to be listed as "other" or not included in data collection at all. In a review of social work literature, Mokuau et al. (2008) found that although social work's commitment to Native Hawaiian and Pacific Islanders (NHOPI) is growing, the published literature is thin and often aggregates NHOPI under the category "Asian Pacific Islander." Aggregating races is problematic because it hides important historical differences and lived realities, and it creates barriers to designing customized models of practice based on the unique cultural norms of populations.

The social work profession remains grounded in and receives sanction from U.S. society, a colonial context that still supports racism, inequality, and inequity. Therefore, we must be vigilant and push back against mindsets and structures that cause harm. Below we document some specific instances where we recognize our ongoing complicity in harming Indigenous and Tribal Peoples. We know that other instances remain unseen and undocumented. As with our historical actions in the field of child welfare, today we know more about our contemporary problematic actions with children and families and recognize the importance of critical self-reflection and decolonizing social work practice across all dimensions of our work, including social work education.

Child Welfare

Many survivors of the Indian Adoption Era (adoptees and their family members) have continued to organize and to share and document their stories (Chakraborty, 2019; Protect ICWA Campaign, 2019; Whitehawk, 2015). Their efforts illuminate in searing ways the individual, family, community, and societal harms caused by policies and practices that forced assimilation cloaked as child welfare practice (Geary & Day, 2010). Their advocacy is intended not only to address and repair the devastating consequences of the Indian Adoption Era but to eliminate the ongoing disproportionality of Native American children in the foster care system.

The Indian Child Welfare Act of 1978 (ICWA) is a federal law that applies only to members enrolled in or eligible for enrollment in federally recognized tribes in the continental United States and Alaska. When implemented as intended, the ICWA is designed to protect Native American children, tribes, culture, and tribal sovereignty (Mannes, 1995). These aims are deeply intertwined. The spirit of the ICWA acknowledges that children "are most permanently stable and safe when they are emotionally and psychologically connected to their culture" (Hunt et al., 2001, p. 169). Recognizing the embedded nature of the unique cultural and legal aspects of the law, the ICWA acknowledges that "there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children" (ICWA, 1978). It is important to understand that the ICWA is not based on the race of the child; instead, it applies to citizens of federally recognized tribal sovereign nations (Brown, 2020), which all have the ability to make agreements with the United States about who may adopt their children (Breuning & Martinez, 2018).

Although the ICWA succeeded in reducing adoption of Natives by non-Natives, underenforcement and threats to the law continue (Locust, 1998; Papke, 2011). This leaves Native American children at continued risk of adoption to non-Natives. Threats come from multiple sources and often involve legal cases and appeals that go on for years while a Native child remains in a non-Native home (Waszak, 2010). Heedless of the ICWA's intent, states do not uniformly apply it. Many state child welfare systems and courts do not actively attempt to prevent adoptions through remedial and rehabilitation services for families, and they often delay or fail to notify tribes of cases involving Native children (Maldonado, 2008; Scanlon, 2011; Waszak, 2010). At other times, the ICWA is incorrectly deemed inapplicable.

Regarding the ICWA's requirement for active efforts to be made to prevent the breakup of Native American families, many states often fall short. Nontribal social workers have been found to simply refer parents to various services without additional assistance (Scanlon, 2011). This can be especially problematic for Native families who lack transportation and live far from the recommended services or where the services recommended are culturally inappropriate (Scanlon, 2011; Sullivan & Walters, 2011).

Additionally, Native American children often fall through the cracks when birth parents seek to adopt them out via private attorneys and adoption agencies, who in some cases instruct the parents to avoid informing social workers that their children are Native (Maldonado, 2008; Walters, 2008). State courts sign off on such adoptions, which are in violation of the ICWA, using the culturally biased lens of individualism (e.g., championing the rights of the parent, usually the birth mother, over the rights of the child and the tribe; Strong, 2005; Walters, 2008).

State courts have also used the "good cause" language in the ICWA to inaccurately conclude that the act or its stipulated child placement preferences do not apply in certain cases (ICWA, 1978; Waszak, 2010). Although undefined in the ICWA, the "good cause" language was generally intended to address extremely rare cases in which a child needs

highly specialized services unavailable in a Native community to address extraordinary physical or emotional health needs (Waszak, 2010). However, this loophole has come to be used in far less unusual circumstances and whenever a child is alleged to have bonded with foster parents (Waszak, 2010).

In response to decades of inadequate implementation and enforcement, the ICWA was further strengthened in 2016, as the BIA issued updated guidelines in the form of 81 FR 38778. With the issuance of this new federal rule, enacted June 14, 2016, the BIA acknowledged that Native American children were still being disproportionately removed from their homes at higher rates than other children and stated its intent to reduce inconsistencies in the ICWA's implementation across court and state jurisdictions (BIA, 2016). Among its key provisions, the new regulations provided more concrete examples of active efforts that jurisdictions must provide to prevent the breakup of families, rules regulating notice of child welfare proceedings to tribes, the requirement to provide a Qualified Expert Witness who could speak to cultural standards and practices in court proceedings, and the stipulation of placement preferences in the case of foster care placement or adoption (NICWA/Native American Rights Fun, 2016).

Although the ICWA has been in effect for decades, Native American children are still alarmingly overrepresented in the child welfare system, and poor compliance with the law probably contributes to this problem (NICWA, 2019; Sage & Barkdull, 2021). A 2007 study documented that, nationally, Native American children are 2.7 times more likely to be placed in foster care than the general population of children and four times more likely than their White counterparts (Hill, 2007). The disproportionality of Native American children in the foster care system has increased since 2000 and even more so since 2010 (Haight et al., 2018). In Minnesota, only 1.7% of the state's children are Native American, yet they make up 27.2% of the foster care population. In Montana, Native American children represent 10% of the child population but make up more than one third of the

state's foster care population. In North Dakota, 39% of children in foster care are Native American yet make up only 8.6% of the general child population (Puzzanchera & Taylor, 2020).

Provisions of the ICWA, including requirements to make active efforts to keep families together, return children to family as soon as the safety threat is removed, and place children with family, are considered a gold standard approach that can serve as a model for all child welfare cases (Jacobs, 2018), suggesting that improved ICWA compliance may help improve Native American child and family outcomes within the child welfare system. Yet many impediments to full implementation of the ICWA persist across tribal, local, and state jurisdictional boundaries. Unfortunately, contrary to the ICWA's requirements, tribes do not receive notice of ICWA-eligible child welfare cases in a timely fashion, and stipulations about where children should be placed (placement preferences) are often neglected (Brown et al., 2002; Limb et al., 2004). There is also evidence that children are underidentified as ICWA eligible, that cultural considerations are rarely addressed, and that ICWA cases are often treated no differently than non-ICWA cases (U.S. Government Accountability Office, 2005), thus neglecting the higher standards for services mandated by the ICWA. A 2016 study of ICWA compliance in North Dakota, drawn exclusively from social service records, indicated that placement preferences were honored in roughly 28% of ICWA cases (North Dakota Department of Human Services, 2017) and that the notification of tribes was often insufficient (Sage, M. S., & Erickson, A. E. (2017).

The above examples illustrate the numerous systematic impediments, which include a lack of resources to support the legal mandates (Weaver & White, 1999), insufficient training for both legal and child welfare professionals (Haight et al., 2018; Summers & Deserly, 2017), and the lack of actual federal oversight responsibility for the law (U.S. Government Accounting Office, 2005). Moreover, there is no mandate to include content about the ICWA in social work education, although social workers are positioned to play key roles in ensuring its implementation. The challenges social workers

must address related to full ICWA compliance persist across practice levels and systems and require a deep understanding of the history of child welfare in Indian Country and the necessary tools for robust engagement in practice and policy reforms across levels of government.

Attempts to undercut the ICWA are a direct attack on tribes, on the beating heart of our nations—our children, on our sovereignty, and our very existence. There is no resource more vital and precious to our communities and our continued existence than our children and culture. Any decision to undercut ICWA is an extension of White settler colonialism, a history that continues to devalue and ignore the voice of the tribes.

Decolonizing Approaches

Decolonization is the intelligent, calculated, and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies, and lands, and it is engaged for the ultimate purpose of overturning the colonial structure and realizing Indigenous liberation. (Waziyatawin and Yellow Bird, 2005, p. 5)

For hundreds of years, White, Christian colonizers attempted to instill messages of inferiority in Indigenous and Tribal Peoples, encouraging them to reject their traditional teachings and culture. Early social work practices and education were complicit with these messages and government colonial actions that harmed Indigenous and Tribal Peoples (Sinclair, 2004). Social workers and social work educators in the United States are products of a western educational system that promotes its own history while usually ignoring that of Indigenous and Tribal Peoples (Yellow Bird & Chenault, 1999). Students in K–12 and higher education are not taught about how colonization harmed Indigenous and Tribal Peoples. A congressional investigation in the mid-1970s discovered that "many state social workers . . .were either ignorant of Indian culture or tradition or were prejudiced in their attitudes" (Pevar, 1991, p. 192). This absence from education results in what Freire calls a

"culture of silence" (1970). This silence and ignorance allow social work educators to perpetuate the harms of colonization. It is imperative that we, as social work educators, decolonize our own practices and the systems in which we work.

Growing out of Pan-Indian movements, Indigenous or Aboriginal social work has emerged in response to the need for appropriate practice with Indigenous and Tribal Peoples (Sinclair, 2004; Yellow Bird & Chenault, 1999). Many have suggested that we must decolonize social work education and reclaim Indigenous epistemologies (Baikie, 2009; Baskin, 2005; Duran et al., 1998; Harris, 2006; Hart, 2009; Laenui, 2000; Tamburro, 2010, 2013; Weaver, 1999). Decolonization rejects the idea of Indigenous inferiority while recognizing the value of traditional Indigenous and Tribal ways (Nesmith et al., 2021). Decolonization rejects colonial domination of Indigenous and Tribal Peoples' minds, bodies, and lands (Waziyatawin & Yellow Bird, 2012). Healing from the wounds of colonization requires restoration of our—colonizers and the colonized—relationship to language, traditions, and place (Nesmith, et al., 2021; Waziyatawin & Yellow Bird, 2012; Whyte, 2017). Around the globe, Tribal and Indigenous Peoples are educating their children in traditional culture, rejecting violence against women, reestablishing traditional foods and diets, and returning to consensus rule (Whyte, 2017). It is time for the U.S. social work profession to promote education about Indigenous and Tribal Peoples' history, traditions, culture, and spirituality to meet the needs of all the people we serve.

It is important that we recognize how omissions in social work education and social work education policy have harmed Indigenous and Tribal Peoples. Although the CSWE requirement for "programs to achieve and maintain competency in the areas of diversity, privilege, oppression, and intersectionality has been central to social work accreditation standards since 1952," there have never been standards requiring inclusion of content on Indigenous and Tribal Peoples (CSWE, 2021b, para. 4). Although programs are required to ensure that graduates understand the role of oppression in shaping

one's experiences and the role of social workers in disrupting oppression, specific curriculum content on Indigenous and Tribal Peoples is not required, leaving individual programs to determine whether content on the original inhabitants of this country is relevant to social work.

Native erasure is also a factor in education about policies. Courses often discuss federal, state, and local policies but not tribal policies. Native social work students often obtain their degrees in order to work with their tribal nations or with urban Native communities, and understanding the workings of various policies in a Native or tribal context is important. Being acknowledged as existing in social work education and not having the word *Indigenous* or *Tribal* left out of course content and discussions of jurisdiction levels is important.

In the accreditation and reaccreditation processes, CSWE requires programs to describe the program context in Educational Policy 1.0, recognizing that programs are "informed by their historical, political, economic, environmental, social, cultural, demographic, local, regional, and global contexts and by the ways they elect to engage these factors," yet no requirement exists for programs to mention the original inhabitants on whose land those programs sit (CSWE, 2015a, p. 10). Similarly, the implicit curriculum, Educational Policy 3.0, requires programs to address diversity within their programs but does not require programs—and few do so voluntarily—to address or acknowledge the Indigenous and Tribal Peoples who inhabited or continue to inhabit the communities they serve in identifying field placements, membership on community advisory boards, demographic makeup of students or faculty, or any other aspect of the implicit curriculum (CSWE, 2015a). Given that the context of community is incomplete without at least historical information on Indigenous and Tribal Peoples who once lived there and those who continue to live there, this omission from social work education policy standards is grave.

Faculty roles include teaching, publishing, curriculum development, and seeking funding. It is important to examine how these roles are related to Indigenous and Tribal Peoples. As diversity and inclusion become

a hot and potentially lucrative commodity for social work education, particularly at research-focused institutions, Indigenous and Tribal Peoples may be especially vulnerable and targeted. Powerful non-Indigenous educators and institutions that are anxious to get money, gain power or attention, create money-making systems, and appear supportive of Indigenous and Tribal needs and rights are not good allies at all. They may co-opt Indigenous people to use them as bridges to large grants and other funds, which White people and systems will collect and control. They will collect the data and control the narrative, ultimately harming individuals and threatening Indigenous and Tribal Nations.

Research Ethics and Indigenous Peoples

Social work education trains students to be both consumers and producers of research. Additionally, research, along with service and teaching, is considered a core function of many academic positions. Thus, CSWE and its members have a mandate and ethical obligation to understand, advance, and conduct culturally appropriate research. CSWE in its National Statement on Research Integrity (2015b) provides eight guiding principles to promote responsible research by social workers. These guiding principles provide critical direction toward ethical research conduct.

Globally, Indigenous and Tribal scholars and communities, and their supporting organizations, have advanced Indigenous ways of being, doing, and knowing as ethical research principles. They also challenge the field of research and systems of higher education to adopt culturally responsive and sustaining ways of conducting research by, for, and with Indigenous communities (Arizona State University, 2021; Culturally Relevant Evaluation and Assessment Hawai'i, 2019; Fong et al., 2003; George et al., 2020; Kahakalau, 2019; Ka'opua, Friedman, et al.,

2019; Kovach, 2009; Meyer, 2019; National Congress of American Indians, 2021; Rainie et al., 2017; Smith, 2012). At the center of this movement is sovereignty or self-determination, whereby Indigenous and Tribal Peoples reject colonial research practices forced on them and have reclaimed their past, present, and future.

Indigenous and Tribal communities have established research review processes such as tribal institutional review boards (IRBs) to ensure the protection of individuals and communities. These IRBs provide scientific, community, and cultural rigor and counterbalance the mistrust Indigenous and Tribal communities hold for research. They also ensure that the benefits of research projects are maximized for Indigenous and Tribal Peoples and communities. Social workers who conduct and teach about research must understand the ethical issues noted above, work with tribal IRBs when possible, and continue to follow ethical principles even in the absence of a tribal IRB.

Although informed consent protects the rights of individuals, it is insufficient to protect the rights of communities. Indigenous and Tribal Peoples have tribal IRBs, to protect Indigenous Peoples, lands, and sacred objects when research is involved. These include human remains, which are also subject to the Native American Graves Protection and Repatriation Act. Social work educators must include content on tribal IRBs and on how to ethically conduct research with Indigenous and Tribal communities in the social work curriculum.

Additionally, some universities have policies that govern informed consent. For example, the Arizona Board of Regents approved a tribal consultation policy that governs interactions between any Arizona public university and tribal nations, including land use, research, and informed consent (Arizona Board of Regents, 2018). Social work researchers must understand and follow Indigenous and Tribal Peoples' protocols and policies, such as those noted in the recommendations below.

Commitments: Present and Future

Decolonize so we can destabilize the position of social work so we can respond to the injustices and learn from Indigenous cultures. This is a task that can be undertaken wherever social work is taught. (Leduc, 2018, p. 414)

CSWE commits to moving our profession forward. We acknowledge historical and contemporary harms that our profession has done to Indigenous and Tribal people. We are responsible for educating the next generation of social workers, and therefore we commit to helping our members to critically reflect on how we teach about and support Indigenous and Tribal Peoples in our profession.

As we know better, we can do better. At a global level, the Social Work Health Inequalities Network calls Indigenous social work scholars, practitioners, and their allies to resist personal and professional complicity with neocolonialism and cultural genocide by proxy (Bywaters et al., 2019; Ka'opua, Friedman, et al., 2019; Morelli et al., 2013; Nakaoka et al., 2019). In other words, taking a neutral stance de facto supports the status quo. Being accountable "means understanding the harm from those who experienced it, it means setting aside the instinct to rationalize it or to turn away from it because it is too difficult to hear—or we feel blamed. It means having conversations about some of the basic values and beliefs that shape our concepts of social work. It means working with, versus working for, Aboriginal peoples. It means understanding that good intentions and conviction are not enough. It is about what we do in our actions that is most important" (Blackstock, 2009, p. 36). Although not inclusive, we offer the following as actions that the profession and individual social workers can take to ameliorate the past and current harms we have caused.

Be champions for Indigenous and Tribal sovereignty and self-determination. Actions to achieve this include the following actions:

- Advocate at all levels to support laws, policies, and practices that uphold and reinforce sovereignty and self-determination.

- Advocate for the federal government to fulfill its treaty and policy obligations to Indigenous and Tribal Peoples, including adequate funding and support for social, health, and educational programs.

- Advocate for funding and support for social, health, and educational programs for Indigenous and Tribal Peoples not covered by federal treaties or policies.

- Understand jurisdictional issues affecting social work with Indigenous and Tribal Peoples.

Commit to active engagement across policy and practice levels to repair past harm, stop current harm, and prevent future harm to Indigenous and Tribal children, families, and communities. Actions to achieve this include the following:

- Learn and teach about our professional history and contemporary ways social workers interact with Indigenous and Tribal people.

- Promote education about Indigenous and Tribal Peoples' history, traditions, culture, and spirituality to meet the needs of all the people we work with and serve.

- Acknowledge past harms and commit to decolonization.

- Teach about Indigenous and Tribal relationships to the land and the natural environment.

- Recognize the challenges of resource shortages in Indigenous and Tribal systems and be effective allies in implementing solutions.

- Understand and acknowledge the Indigenous and Tribal Peoples on whose land social work programs operate.

- Hold our social work programs and professional organizations accountable for past and ongoing harms.

Ensure that research funding, research design, data collection and analysis, oral or printed interpretations, and education about Indigenous and Tribal Peoples is driven by Indigenous and Tribal people and their protocols. Actions to achieve this include the following:

- Understand and respect Indigenous and Tribal world views, "including responsibilities to the people and culture that flow from being granted access to traditional or sacred knowledge" (Canadian Institutes of Health Research, 2013, para. 12).

- Obtain consent of Indigenous and Tribal leaders before approaching community members individually about research on traditional or sacred Indigenous and Tribal knowledge.

- Ensure that research on Indigenous and Tribal Peoples benefits Indigenous and Tribal communities.

  — Respect Indigenous data sovereignty as the inherent right of Indigenous and Tribal Peoples to exercise their ownership, protection, and governance of data about them.

(continued)

— Include Indigenous and Tribal communities in all stages of research decision making from planning the project, choosing the methods, implementing the project, and sharing the results.

— Build the capacity of peoples and systems within Indigenous and Tribal communities.

— Ensure that research is grounded in Indigenous and Tribal epistemologies, culture, and protocols that are localized to the social context and realities of the participating Indigenous and Tribal communities, including a working knowledge of the histories of the Indigenous and Tribal communities and their experiences with research and researchers.

Prioritize decolonization in social work education in concert with Indigenous and Tribal partners, recognizing that Western paradigms continue to be privileged across practice levels and that they may result in practices that are often unhelpful and even harmful for Indigenous and Tribal Peoples. Actions to achieve this nclude the following:

- Develop curriculum content and practice standards, including ethical guidelines and the metrics for evaluating and validating professional registration, that actively contribute to decolonial renewal of social work knowledge and practice.

- Learn and teach capacity-building models that support Indigenous and Tribal decision making and sovereignty.

- Learn about and respect cultural differences and the centrality of culture to resilience for individuals, families, and communities.

- Understand trauma- and resilience-informed perspectives from the lens of Indigenous and Tribal Peoples.

Support self-determination of communities to build culturally congruent systems of economic, social, and spiritual supports and help Indigenous and Tribal Peoples to heal and thrive. Actions to achieve this include the following:

- Incorporate traditional healing for Indigenous and Tribal Peoples.

- Train local Indigenous and Tribal people as peer specialists.

- Champion the ICWA, including enforcing states' compliance with the ICWA and advocating for ICWA language in state legislation.

Recruit and support Indigenous and Tribal people into the social work profession at every level, including social work education. Actions to achieve this include the following:

- Critically evaluate and transform admission policies to support equitable access to social work education for Indigenous and Tribal students (including access to graduate and postgraduate pathways).

- Critically examine the messages conveyed by our programs, schools, universities, and communities regarding Indigenous and Tribal Peoples (e.g., statues, artwork, names of buildings, food allowed on campus, socials and pow wows, smudging).

- Ensure that Indigenous and Tribal Peoples are made visible.

- Ensure that our spaces encourage Indigenous and Tribal voices, perspectives, and presence.

Conclusion

CSWE recognizes the resilience of Indigenous and Tribal Peoples, despite powerful colonizing forces. We recognize the role of social workers in harms done to Indigenous and Tribal people and will take steps to hold our profession accountable. Recognizing the impact of colonization and our role in it is one step in the journey to grappling with broader considerations of racism and injustice for all racialized and marginalized people in the United States. We recognize these connections and commit to social justice for all. We all share responsibility for accountability and reconciliation.

Acknowledging harms done by social workers and centering, celebrating, and learning from Indigenous Peoples' resistance, resurgence, and revitalization efforts are both necessary in upending the paternalism and systemic racism that supported harmful social work interventions in the lives of Indigenous Peoples. It is also necessary to refuse what Chimamanda Ngozi Adichie (2009) refers to as "the danger of a single story," in this case a single story that would seek to portray Indigenous Peoples as only the colonial trauma and marginalization they face. Instead, social work students and practitioners need stories of the agency, sovereignty, and beauty of Indigenous and Tribal Peoples, communities, and nations, and of our many contributions to transforming social work education and practice for the benefit of all, not only Indigenous and Tribal Peoples. Centering and celebrating the contributions of Indigenous social work scholars and leaders is a foundational and important effort through which schools and faculties of social work and professional social work associations can help tell many stories of the relationship between Indigenous Peoples and social work.

This statement of accountability is an important tool for instructors to use in the classroom and for social work programs to consider in revamping curricula, revising policy, and revisioning structures. It serves as a resource for understanding our history and how our contemporary actions affect Indigenous and Tribal Peoples. This statement provides a platform to advocate for change and reflects our commitment to moving forward.

Authors and Acknowledgments

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