

Yo'ámte: A Deeper Type of Healing Exploring The State of Indigenous Chamorro Healing Practices

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Abstract

The traditional healing practices of the Chamorro people were in existence long prior to Spanish and American colonization, and their continuation is a form of indigenous resistance and cultural survival. The Chamorro people identified specialists as the *makana* and *kakana*. Due to Spanish colonization, the *makana* and *kakana* practices were outlawed. The “new” healers who emerged were considered experts in medicinal plants and herbs, called the *suruhâna* (female healer) and the *suruhânu* (male healer). A gathering of Chamorro traditional medical practitioners recently decided to call themselves by the Chamorro term *yo'ámte* (“a deeper type of healer”), as the word *suruhânu* was derived from *cirujano*, the Spanish word. Although traditional healing practices continue to exist, in order to remain vital, the social and cultural form of how they existed has had to change as well, including increasing apprenticeships and writing down the primarily oral traditions. This paper will examine the history of traditional Chamorro healing and the changes that have occurred in the transmission of the practice. Findings will have consideration in the future for how this valuable knowledge is preserved and perpetuated. There is a significant need for the continuation of this study and other studies, as there has been a previous lack of relevant data or research on this subject.

Keywords: Chamorros, CHamorus, traditional healing, alternative medicine, Guam, Guahan, suruhanu, suruhana, yo'ámte

Introduction

In order for the traditional healing practices of the Chamorro people to survive, they had to adapt and change. The greatest threats to these practices arose over the past 400 years as a result of Spanish and American colonization. In order to remain vital, these practices have shifted to a different cultural and social form. For example, healing was once a traditional practice that was passed on from one generation to another, within a family. However, this has become a struggle for the modern day healer, or *yo'ámte*, for whom family members are often not prepared to carry on the tradition while non-family members may not be an option. The practices of the *yo'ámte* may be lost. Thus, it is important to document these traditional healing practices and oral knowledge through increased apprenticeships and written or audiovisual records. This paper reports on and analyzes the indigenous healing practices of *yo'ámte* in the Mariana Islands of Guam, Saipan, and Rota, and raises awareness about the struggle to keep this powerful indigenous Pacific tradition and cultural resistance alive.

Historical Background

The Chamorro people have lived in the Mariana Islands for over four thousand years. Prior to contact with Europeans, they maintained healthy diets and lifestyles and revered their healers, who were called *makana* and *kakana*. The *makana* and *kakana* were believed to possess the power of causing and curing illness by invoking the *aniti* (spirits of the ancestors) (Thomson, 1941). The *makana* treated illnesses using medicinal plants and special techniques to heal and

ease pain. Diego Luis de San Vitores, a Jesuit priest who came to Guam in 1668 to spread Catholicism, observed the use of herbs to treat illness. San Vitores' observations were one of the first accounts of the use of traditional Chamorro medicine in Guam's history. According to Griffen (1983):

The first real change in the use of traditional medicine came with the arrival of the Christian missionaries. The missionaries associated traditional medicine with traditional religion, which they were determined to wipe out. As a result, traditional medicine became associated with witchcraft and sorcery. Later some of the discrediting of traditional medicine was done to encourage people to turn to the 'modern' health system that was being introduced (p.147).

The Spanish not only sought to ban traditional cultural healing practices, they condemned many other indigenous practices not aligned with Christian beliefs. The *makana* for example used the *maranan uchan* or skulls of their ancestors to communicate with their spirits. Spanish priests saw the use of the *maranan uchan* however as a pagan practice and eradicated it.

The Spanish mission to Guam was a religious movement; thus, since the practices of the *makana* were seen as pagan, they were targeted and outlawed (Hattori, 2004). The terms *suruhānu* (male) and *suruhāna* (female) emerged. These words derive from the Spanish word *cirujano*, or surgeon. The *suruhanu* and *suruhana* were essentially doing practices similar to those of the *makana*, but without using skulls. Hattori points out that the Chamorro people changed the name from *makana* to *suruhana* and *suruhanu* to help their healing practices survive in a Christian environment. The *suruhanu/a* used herbal medicines to treat illness, helped with supernatural illness (issues related to the *taotaomo'na* or spirits of the ancestors), and gave massages. Bevacqua (2013) notes that these healers kept much of their knowledge secret, waiting for it to be passed on from generation to generation. McMakin (1974) observes that the craft of being a *suruhanu/a* was "the most intact survival of a cultural activity of the pre-contact Chamorro" (p.3). McMakin (1978) and Workman-Pobustky, Cruz-Ortiz, and Kamminga-Quinata (1994) all point to a need for more traditional healers as people continue to seek the use of traditional medicine for healing and want a *suruhanu/a* to provide these services. Brinkley (1995) concluded that traditional medicine as practiced by the *suruhanu/a* "appears to be alive and thriving on Guam" (p.176). Twenty years later however, this practice is struggling to survive not because of colonization but because of the paucity of knowledge transmission.

Although the practice in the more recent years is struggling to survive, there has been an indigenous resistance and cultural survival of these practices, despite colonization. The survival of traditional healing practices through four hundred years of colonization can be viewed as radical or political in nature. Traditional Chamorro healing practices represent a practice that colonial narratives cannot contain or account for. They could be considered radical/political because these practices indicate continuity and represent a resistant tie to past versions of Chamorro culture and the Chamorro ability to adapt and survive. Chamorro healing practices also propose alternative perspectives on health, medicine, the body, culture, and knowledge. These practices additionally give women enhanced power over health, life, and death, which may be in contrast to the heteronormativity of the society in general (Bevacqua, 2014, personal communications).

A similar example of indigenous resistance and cultural survival is the continued practice of tatauing (tattooing) in the Samoan culture. Wendt (1996) points out that tatauing was seen by the missionaries as being a savage tradition. As punishment for those who did get tatau'd (full body tattoo for male) or a malu (full body tattoo for female), Samoans were not allowed to

become a deacon or pastor. Although the Samoans endured a century of colonizers wanting to eradicate the practices such as of tatauing, it continued to survive and is very much alive in large Samoan communities in Los Angeles and Auckland (Wendt, 1996). Perez (2013) further adds that Samoa was one of the few places where tatauing refused to die. This resistance, like that of traditional Chamorro healing practices, is another example of indigenous cultural survival against the colonizer and as such can be viewed as radical or political in nature.

In recent years, traditional healers have adopted the name *yo'ámte*, to replace the use of the Spanish-derived term *suruhanu/a*. According to Bevaqua (personal communications, 2014), the term *yo'ámte* carries a powerful significance. *Yo'ámte* means to be a deeper healer, or to be capable of healing more than can a normal healer. *Amte* means to treat someone, from the root word *ámot* for medicine. *A'amte* is literally someone who treats, and *eamte* is someone who looks for a treatment. *Yo'ámte* would mean a more profound type of healing.

This reclaiming or renaming is important because the decision to rename to *yo'ámte* was a decision that came from these healers and not something that was imposed upon them, as the term *suruhanu* emerged in part as a response to the Spanish colonizers.

Literature Review

Although there is limited quantitative data available, several *yo'ámte siha* (plural form of *yo'ámte*) have explained in interviews that people seek their treatment for various ailments, such as flu, congestion, pneumonia, teething for babies, backaches, toothaches, and women's issues such as heavy bleeding and fertility.

Available data about the types of treatment offered by *yo'ámte* supports the idea that many Chamorro people and other inhabitants of Guåhan continue to respect and seek the services of *yo'ámte*. Data sources include an Elderly Needs Survey (1978), a Northern Area Health Needs Assessment Survey (1989) and an Islandwide Health Needs Assessment Survey (1985). In the Elderly Needs Survey, 20.9% of Guamanians indicated that they had sought treatment from a *yo'ámte*. According to the Islandwide Health Needs Assessment Survey, 40% of Chamorros and one-third of Filipinos had sought traditional healers for diagnosis and advice.

In the Northern Area Health Needs Assessment Survey, 33.1% of people surveyed sought traditional healers for diagnosis and 28.6% sought traditional healers for treatment. In Brinkley's 1995 survey of 96 people, 70% of the respondents visited a traditional healer themselves when they were children and 59% continue to go. Forty-four of the respondents reported bringing their children to a traditional healer. 51% of these children had some kind of respiratory illness, 18.9% had a fever and 14% had a musculoskeletal complaint. During the time that McMakin (1978) and Workman-Pobustky, Cruz-Ortiz, and Kamminga-Quinata (1994) completed their interviews, there remained a high demand for the healing services of a *yo'ámte*. In addition to these statistics, anecdotal evidence exists to suggest that the *yo'ámte siha* are still being sought out as an option for healthcare (Cristobal, H., Konfrensian Amot, 2012).

The types of treatment offered by a *yo'ámte* appear to be consistent over time, with a few exceptions. These treatments include *lasa* (massage), *palai* (topical medicine that is applied on the skin), providing dietary advice, making medicinal tea (*cha*), and communicating with ancestral (*taotaomo'na*) spirits. In Lizama's study (2011), several of the *yo'ámte siha* said they did not deal with *taotaomo'na* spirits and would refer patients to another *yo'ámte* who they knew would be capable of helping, as this was not their specialty. Another difference noticed in the McMakin (1978), Pobustky, and Lizama (2011) study was that some *yo'ámte siha* had sub-

specialties. Some worked only with women or children, others preferred to treat both men and women, while some specialized in women with fertility issues.

Although the literature has shown that the practice of traditional *Chamorro* healing practices have continued (McMakin (1978), Moore (1974), Pobutsky (1983, 1989), Workman-Pobutsky, Cruz-Ortiz, and Quinata-Kammaing (1994), Brinkley (1995) Rodriguez (2004) and Lizama (2011), it does not sufficiently document the process of how one “*trains to become*” a yo’ámte or how one practices traditional healing. Although the literature describes how one becomes a yo’ámte through the passing of the skill and knowledge from one family member to another; the documentation of existing formal apprenticeship programs is lacking.

Methods

This study employed the use of qualitative methods, specifically the phenomenological method (Neuman, 2009). This strategy is characterized by: (a) seeking to reveal the essence and meaning of the human experience, (b) experiencing the lives of the people who are the focus of the research in their natural setting, and (c) understanding the social context in which the participants live. This method was used to answer the primary research question: How are traditional Chamorro healing practices perpetuated and preserved in modern Guam? In the follow-up study, the primary research question was: How are traditional Chamorro healing practices being perpetuated and preserved in Saipan and Rota?

Recruitment

A non-probability, purposive sampling method was used to recruit participants for the study. Participants meeting the following characteristics were recruited: (a) be at least 18 years of age, (b) self-identify as a Chamorro by ethnicity, (c) live on the island of Guam, Saipan, or Rota, (d) self-identify as a yo’ámte who has been practicing for 5 or more years, and (e) be willing to participate in the study. Participants were identified through the various village mayors, by contacting yo’ámte siha identified in a previous study, and through individuals in Saipan and Rota who were well known in the community. Contact information was exchanged with yo’ámte siha who were interested in participating in the study and who met the eligibility requirements. As the researcher was seeking out the knowledge of the yo’ámte, and wanted to show gratitude to the yo’ámte in a culturally relevant way, the researcher brought gifts to the yo’ámte. Participants on Guam were given some type of favorite food or food items. Participants in Saipan and Rota were also given food items as well as detergent and toiletries.

Measures

Socio-demographic questions and a semi-structured interview guide were used to elicit information on traditional healing practices. Interview questions were translated into the Chamorro language for participants who were Chamorro language speakers. Questions from the interview guide inquired about the meaning of being a yo’ámte, how one gained knowledge and was trained on the healing practices, and how the preservation, perpetuation, and transmission of the knowledge was advanced.

Examples of questions include: (1) What does it mean to be a yo’ámte on Guam, Saipan, or Rota?, (2) How did you become a yo’ámte?, (3) What are the criteria being used to identify a

yo'ámte? and (4) How is the knowledge being preserved and perpetuated?

Procedures

A non-probability, purposive sampling method was used to recruit participants for the study. The researcher contacted participants by telephone or by visiting them at their home to arrange interview dates and times. Interviews took place at participants' homes, a local coffee shop, a senior citizen's center, and a park on Guam. In Saipan and Rota, the interviews were conducted in the participant's homes. With consent, all interviews were digitally recorded in Guam and Saipan. Interviewees in Rota agreed to the digital recording as well as a video-recording.

In the original Lizama (2011) study, there were 11 yo'ámte siha from Guam interviewed while additional in-depth case study was done in 2013 that included a yo'ámte on Guam who was not part of the original group. In 2014, the study was further expanded by conducting interviews in Saipan and Rota to determine if the same struggles that were occurring with the yo'ámte siha in Guam were similar or different to those challenges facing yo'ámte siha on Saipan and Rota. In total, there have been Sixteen interviews conducted with various yo'ámte siha on Guam, Saipan, and Rota. The research and analysis is based on these sixteen interviews.

Findings

In examining the literature of how one becomes a healer, the following criteria has been mentioned: (1) the practice was passed on from generation to generation, (2) a yo'ámte had to be born breeched, and (3) a yo'ámte was born in between siblings of the same gender. While the demand for the services of a yo'ámte still exists, it appears that the criteria for passing on the practice has changed over time. Although 15 of the yo'ámte siha received their knowledge from a previous generation, many are having difficulty passing on the knowledge to a family member and have either considered passing the knowledge to a non-family member or have already done so.

The second criteria of being born breeched would be considered a medical emergency today. Thus, if an ultrasound found that a woman's baby was in the breech position, the doctor would not allow for the baby to be born breeched and would instead perform a C-section. In their study, Workman-Pobustky, Cruz-Ortiz, and Kamminga-Quinata (1994), interviewed 25 women and nine men, and found that many people who are viewed as yo'ámte were not "gifted" at birth. This means they were not born breeched, which was believed to give a yo'ámte hands that were good for massaging. Many individuals began their apprenticeship with another healer in their 30s or 40s, and did not start practicing until they were middle-aged. An example of a yo'ámte who learned from her mother can be seen below:

One yo'ámte, age 43, described her experiences with her mother, who was also a yo'ámte. Since age seven, she frequented the jungle areas with her mother to collect medicinal herbs. She said she remembers her mother taking her to the jungle to pick the herbs/plants that were necessary to make *ámot* (Chamorro medicine). Along with teaching her to identify the plants, her mother showed her how to pick them, when to pick them, how to store them, and how to protect them. The yo'ámte vividly recalled how her mother would talk to the plants softly to ask for healing. She emphasized that prior to entering the jungle, her mother always asked the spirits of her ancestors for permission. By the age of 14, she was sent to collect medicinal plants

on her own. She realized at this point that her mother was training her, although at the time, she thought that she was just following her around. “*Hanao ya un chule i gasusu. Hanao ya un chule i binaba. Hanao ya un chule i amagosu yan i hale nunu,*” her mother would tell her, instructing her to get certain medicinal plants. (Lizama, 2012, unpublished case study.)

Another example can be seen in the experiences of a 65 year old yo’ámte who received the knowledge from her grandmother when she was 5 years old. She used to follow her grandmother around daily while she gathered herbs, and explained what each herb was used for. When she was around nine years old, she was sent on her own to gather medicine.

Although this generation of yo’ámte siha received knowledge and training from a family member, they found that passing on this knowledge to family members was increasingly difficult because family members were unwilling to learn. In cases in which yo’ámte siha did train and pass on the knowledge to family members, those family members are not subsequently practicing due to work or familial obligations.

In addition to the difficulty with passing the knowledge onto a non-family member, yo’ámte siha also noted the difficulty of actually finding the medicinal herbs. A 65 year old yo’ámte said that some medicines are hard to find because the herbs are very deep in the jungle. Some of the areas where herbs grow abundantly are frequently cleaned through bush cutting and even bulldozing. She has had to adjust by growing her own plants. If she finds herbs that are more difficult to find, she tries to pick a little more and either dries it or freezes it.

Another yo’ámte, age 42, said that he, too, has some difficulty finding certain medicinal herbs. Similar to the yo’ámte above, he also will freeze or dry leaves that might be seasonal or difficult to find. He has also managed by adjusting his recipes and not including herbs he cannot find. Although he says the medicine will still help, it won’t be as strong as if he had all the herbs. He has also asked another yo’ámte in a different island where the herbs are more abundant to have someone bring the herbs to him. He usually gets these herbs in abundance and dries or freezes the leaves.

Results

Two themes common to Guam, Saipan, and Rota are the difficulties of passing traditional healing knowledge on to family members and gaining access to medicinal plants. When asked who they would pass their knowledge to, many participants desired to teach their sons or daughters although their children did not want to take on the practice for a number of different reasons. Of the 11 participants, six have already shared their knowledge and trained a family member. This family member may not be able to practice because of other familial and work obligations. Two yo’ámte siha trained two of their daughters but in each family only one daughter is willing to practice at this time. Four other participants who want to have traditional healing practices preserved and perpetuated do not have family members to pass these practices on to since they either never married and/or had children. These four participants would subsequently be willing to teach whoever was willing to learn. They would spend a lot of time with this person to assess if the person were genuine, had a “good heart,” and would not misuse the knowledge.

Lizama (2014) interviewed two yo’ámte siha from the island of Saipan (one male, one female) and two female yo’ámte siha from the island of Rota. When asked about preservation and perpetuation, the male yo’ámte from Saipan shared that he received his knowledge and training from his mother. His mother received her knowledge from her mother, his grandmother.

His mother told him that he could only pass on his knowledge to someone in his family. This yo'ãnte is currently not married and does not have children. He would like to pass it on to his nephew, but he believes that his nephew is still too young. When asked if he would be willing to pass on the knowledge to someone outside his family, he was reluctant to answer. He feels torn because he was told by his mother not to although he does not want this knowledge to die with him.

In Rota, the situation appears to be different in how yo'ãnte siha would like the knowledge to be preserved and perpetuated. Both Rota yo'ãnte siha said that their children were not interested in carrying on the practice because of their work and familial duties. They both have a grandchild in mind, but recognize that the grandchild is still too young. One of the yo'ãnte siha has taught her daughter healing knowledge related to women's issues although the daughter is selective in what she wants to learn and practices only with people she knows.

The two yo'ãnte siha in Rota deeply value the knowledge they learned from their own mothers and said they will train anyone who wants to learn. They feel that everyone should learn so that they can help themselves and their children. Both women were also very much in support of an apprenticeship program to teach those who want to learn and were in favor of formally documenting their healing practices by being videotaped and photographed. Whoever wants to learn could also document the practices by taking copious notes. This is a very uncommon practice among Chamorros given that the knowledge of the yo'ãnte was traditionally secretive in nature and kept within families.

As is the case in Guam and Saipan, the yo'ãnte siha from Rota noted that although they had children they wanted to pass the practices onto, their children also did not want to take on the practices. Besides being busy with family or work obligations, these children are simply not interested because they do not value the practice in ways that their parents or grandparents valued it. Payment for a yo'ãnte's services is usually made in the form of produce or other types of goods such as a case of chicken, betel nut, lime, soda, or whatever the patient can give. These children know that because a yo'ãnte may not receive a steady income, the family might experience financial hardships.

Ten of the eleven participants in Lizama (2011) emphasized the increasing difficulty of obtaining medicinal plants through modernization, the destruction of jungles, and restricted access to military-occupied lands which contain medicinal plants. The difficulty in finding medicinal herbs in Saipan and Rota were due to other reasons, particularly having to hike long distances through difficult terrains.

The yo'ãnte siha in Saipan and Rota said that although the plants are available in their natural habitats, one has to trek through the jungle or alongside the beach to gather them. One of the yo'ãnte siha in Rota talked about *Åmot Makpong*, which has 16 different types of roots and/or leaves. Although she knows where the plants are located, it can take half a day to a whole day to gather all 16 types. She noted that for some plants, the roots are needed so she has to dig to properly get them. She also mentioned that if she needs a part of the bark of a tree, such as a piece of the nunu tree, she has to use a machete to cut through the bark. Gathering medicine by digging or cutting with a machete usually takes longer. This yo'ãnte has tried to make gathering medicinal herbs easier by also growing medicinal plants around her home. She is currently trying to grow between 12 to 15 different kinds of plants. Among them are the following: *Tumates chaka* (*Physalis minima*), *Betbena* (*Heliotropium indicum*), *Lodigao* (*Clerodendrum inerme*), *Gaogao* (*Erythrina variegata*), *Apasoti* (*Chenopodium ambrosioides*), *Pupulun aniti* (*Piper*

guamensis), *Titimu* (*Eclipta prostrate*), *Maiana* (*Iresine diffusa*), Aloe vera, Noni, Oregano, and red onion (*Allium fistulosum*).

Another yo'ámte, age 67, emphasized that growing plants around her home is something other yo'ámte have tried to do, or are doing. Some of the yo'ámte siha will argue however that certain plants have to be in their natural habitats to grow. Some plants can only grow near the ocean; others can only grow and be found in the higher altitudes while still other plants/herbs are more abundantly found in different environments.

The literature has shown that the criteria for transmitting the traditional healing knowledge is the following: 1) the practice was passed on from generation to generation, (2) a yo'ámte had to be born breeched, and (3) a yo'ámte was born in between siblings of the same gender.

However, these criteria may have to be re-examined. In the Workman-Pobustky, Cruz-Ortiz, and Kamminga-Quinata (1994) study, which was the largest sample of yo'ámte siha that has been done to date, a sample size of 33 yo'ámte siha were interviewed. Many people who were viewed as yo'ámte were not gifted at birth or were not born breeched. Pobustky et al. also noted that many yo'ámte siha they interviewed began their apprenticeship with another healer (not specifying whether or not this other healer was a family member or not) in her or his 30s or 40s, and did not actually start practicing until they were middle-aged.

In the 16 interviews that were conducted for this study, 15 out of the 16 yo'ámte siha learned traditional healing at a very young age. One yo'ámte recalled going around with her grandmother to gather plants at age 5. Another yo'ámte also had a similar experience of gathering plants with her mother at age 7.

The data also indicates that the transmission of knowledge to a family member is increasingly difficult as family members do not want to take on the healing practices because of other obligations. This poses a major dilemma in how the knowledge will be transmitted for future generations.

Discussion

This study had a number of methodological limitations. The first limitation is that the sample size was small with a total of 16 participants and so generalizations cannot easily be made. However, the goal of phenomenological research is to gain a deeper understanding of the lived experiences of the yo'ámte siha on Guam, Saipan, and Rota. Conversely, purposive sampling was needed to gain the participants needed to answer the research questions of this study.

The second limitation of the study was that for 14 of the interviews, the only source of data collection was through face-to-face interviews. The other two interviews included face to face as well as a video recording. The most effective way to investigate the lived experiences of the yo'ámte siha was to use in-depth interviews. Finally, the last limitation was the possibility of researcher bias. However, in order to minimize the researcher bias, the bracketing technique and member checking were used.

Implications for Future Research

The practices of traditional medicine and the transmission of traditional knowledge have undergone many shifts over the last few years. What was once secret information that had been

passed from generation to generation is no longer the case since the younger generation of yo'ámte may not be as willing to take on the practice. This has served as a conflict for yo'ámte siha since they have to choose whether to pass it on to a non-family member or whether the knowledge will die with them. Other shifts include how the yo'ámte siha are identified. Once a *suruhanu/a* (Spanish word), now a *yo'ámte* (Chamorro word). What was once knowledge passed on orally must shift to knowledge that has to be written and documented in order to be preserved and perpetuated. Although these social and cultural shifts exist, what is still evident is the need for the yo'ámte. One way of ensuring that this valuable practice continues is to establish an apprenticeship program. Future efforts and research should be concentrated on developing this apprenticeship program. There are some models that are already used which can be adapted such as the apprenticeship of Tun Juan Cepeda, Mckmakin's main informant. (Mckmakin 1978). Tun Juan did not come from a family of yo'ámte (information was not passed from generation to generation) but he instead became the apprentice to an elderly yo'ámte named Mariano Charfauros, who had cured Tun Juan's wife of painful swelling that was said to be caused by ancestral spirits, or *taotaomo'na*. In payment for curing his wife, Tun Juan collected medicine for Mariano Charfauros for a year. After that year, Tun Juan asked the elder yo'ámte if he could accompany him and observe him treating patients, which he did for a year. The process of Tun Juan becoming an apprentice under the elder yo'ámte took a period of two to three years. After practicing for several years, Tun Juan decided that he needed to have his own apprentices. How Tun Juan "becomes" a yo'ámte would be a good model to adopt for the apprenticeship of family members.

As noted earlier in the Workman-Pobustky, Cruz-Ortiz, and Kamminga-Quinata (1994) study, the yo'ámte siha did not train to become a yo'ámte until they were in their 30's and 40's. However, in the recent interviews by Lizama (2011) (2014), 15 of the 16 yo'ámte siha interviewed, these yo'ámte siha learned at a very young age. Those yo'ámte siha who began early, usually learned plant identification and where to find plants first. It could be possible to educate younger children on the value of medicinal herbs by introducing or growing medicinal herbs in school gardens.

In summary, it is vitally important for this knowledge to survive the centuries-long legacy of colonization on Guam as well as the uber-militarization of the island since 1944 that have placed indigenous knowledge and practices at risk of extinction in as few as two generations. While this knowledge and these practices have been preserved and passed down through traditional means for many centuries, it is essential that the ways employed to preserve and perpetuate this knowledge using criteria from the past be re-examined if these healing traditions are to survive the twenty-first century.

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