



Book Review

Book Review of “Diagnosing the Legacy: The Discovery, Research, and Treatment of Type 2 Diabetes in Indigenous Youth”

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Diagnosing the Legacy: The Discovery, Research, and Treatment of Type 2 Diabetes in Indigenous Youth by Larry Krotz. Winnipeg: University of Manitoba Press, 2018. 174 pp. \$27.95 paper.

Diabetes is a feature of modern Indigenous life across North America. Type II diabetes, which makes up 90 to 95 percent of all diabetes cases, affects Indigenous communities at two to five times the rate of the general population in both Canada and the United States. *Diagnosing the Legacy: The Discovery, Research, and Treatment of Type 2 Diabetes in Indigenous Youth* focuses on what some medical professionals are calling a separate disease altogether: youth-onset type 2 diabetes (YOT2D). Using insights from field trips, an extensive collection of interviews, and data from modern medical research, Larry Krotz writes a constructive “reportage” of the first medical research into YOT2D, which took place in the First Nations communities of Island Lake in northern Manitoba. With an eye toward understanding the social and colonial determinants of the disease, Krotz writes a valuable introductory report that, importantly, dissuades the reader from blaming families living with YOT2D for their children’s condition.

Diagnosing the Legacy is written as a series of twelve short chapters. Krotz opens by recounting the first discoveries of YOT2D detected in youth from St. Theresa Point First Nation in Manitoba in the late 1980s. In the first three chapters, he tracks the struggle of Manitoba-based clinicians to diagnose this new disease properly and to place it on the radar of international health professionals. He reports that early on, many health experts refused to believe that this disease was possible in children. He also describes the struggle of those living with the disease to manage their diabetes and navigate the losses it brings. The ensuing chapters on food, community visits, and poverty outline the importance of understanding type II diabetes rates through the analytical lens of social determinants of health. Without this crucial lens, one can easily resort to simplistic suggestions, such as “Eat better, move more, take your medication,” which fail to take into account people’s life circumstances, community history, and the difficulty of managing a disease like diabetes.

Krotz emphasizes that youth-onset type II diabetes is especially complex to treat and to live with. Adhering to a routine of daily medications, glucose tests, and shots is particularly difficult for children. Many medications for type II diabetes have not been tested on children, and doctors have little information about which medications and dosages to give youth. Complications of the disease, such as amputations, kidney failure, and blindness, can develop much sooner in patients diagnosed with YOT2D. Through narrative, Krotz draws attention to the additional hurdles that northern First Nations communities experience in their efforts to receive care or participate in clinical research. These include long and difficult travel to clinics, increasingly unpredictable weather patterns affecting travel, specialized health care that only exists in urban centers, and the inaccessibility of healthy food options caused by colonial impositions on traditional food ways. Doctors and patients

quoted in the text argue that the challenge of research and treatment necessitates a full, structural approach.

Chapters 11, 12, and the epilogue outline contemporary strategies of partnership with native communities and patients, as well as future research challenges and directions. While Krotz's reportage does not contain an explicit analytical framework, it is in these chapters that the book's tacit analysis emerges. Krotz draws from the experiences of medical providers and health advocates, showing how the hierarchical approaches of standard Western medical practices do not work well in Indigenous settings. The research and treatment of diabetes in this context need to be led by Indigenous people, not merely tailored for them from the outside. No approach to YOT2D can succeed, people in the text argue, without a multi-scalar approach that is rooted in the affected community, and is attuned to its specific historical and contemporary story, struggles, and strengths.

Krotz was chosen to write this book by a team of four doctors well-known to the Island Lake communities. He writes for a popular audience. *Diagnosing the Legacy* does a good job of introducing the dimensions of disease and tracking the changing approaches to treating it, while focusing tightly on a handful of affected communities. It provides a history of Island Lake and its four First Nations communities, with a window framing contemporary life there. For example, readers learn that in the Garden Hill First Nation community, the town itself becomes marked by diabetes. Diabetes treatment and prevention take place in spaces as diverse as fitness centers, schools, the local grocery store, and a hockey rink. The impressive medical infrastructure that exists there now—from doctors to a \$5 million stand-alone dialysis unit—is much needed, but also stands as a looming reminder of the high local prevalence of diabetes.

Much of the book consists of a comprehensive narrative of the findings of various studies done on this new disease. At moments, this strategy lets the shock value of the studies' findings—the high prevalence of diabetes, lower life expectancies, and higher risk of severe complications—drive the story itself. However, Krotz works to balance the text with historical and contextual vignettes and the personal stories of First Nations people who have and/or work with YOT2D. Krotz writes in a journalistic style that confers upon the people in the book the dominant analytical lens. Community members living with the disease and caring for those who have been diagnosed, as well as the medical professionals who have worked with the communities for decades, provide their insights and analyses in quoted passages throughout the text.

However, while the author includes Indigenous voices, this book does not offer a broader, in-depth analysis of the roles of colonialism, politics, and power in the making of YOT2D, or an Indigenous view of the disease's etiology and its effect on communities. Lacking such an explicit critical lens, Krotz makes two reductive analytical moves. First, colonialism in Canada is framed in this book as a "legacy"—a past moment consisting of what he terms a "failed relationship" that has contemporary repercussions that must be remedied. Colonialism is not framed here as an ongoing relationship of domination and dispossession that is extant today. Secondly, Krotz's elision of present-day colonialism allows

him to revert to more shortsighted medicalized recommendations without recognizing the way in which research and treatment can *themselves* be structured by colonial logics and relations. For example, at various points in the book Krotz names poverty and a history of colonialism as the root problem, yet in the chapter titled “Hopes and Dreams,” Krotz defaults to claims that biomedical research into genetic factors, medication, and lifestyle change are the way forward, even after one doctor cited staunchly critiques this approach in both the preceding and following chapters. On one hand, this may be the pragmatic voice of some actors in the book; of course medication is important in managing day-to-day life with diabetes. However, this prescription treats only the immediate symptoms of a colonial disease at an individual level, and not the institutions and structures themselves. For example, Krotz equates a return to and remaking of traditional or healthy food ways with a mere change in consumption practices that commonly comprises the medical recommendation of “lifestyle change.” This overlooks the way in which the colonial politics that have made YOT2D pervasive in the first place still function today.

I recommend this book as a good primer for anyone in the medical, biomedical, and public health arenas who plans to do work with First Nations and Aboriginal peoples with type 2 diabetes or YOT2D. The book updates the reader on what research has been done, which approaches have worked, and those that have not. It provides a brief but important history and context that outlines the complexities of YOT2D, and the commitment and hard work of those involved. It discourages the reader from the common tendency to blame those with the disease for their own situation. The author provides a helpful sense of the colonial genesis of YOT2D; however, it would be a rich addition if he consistently brought forth his critique of past colonial politics into the context of present-day colonial practices and structures.

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