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**Author**

Garro, Linda C.

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Tamara Buffalo's and Robert Collins's essays explore similar issues of identity, and both use personal narratives (Buffalo uses her own story; Collins uses oral histories) to detail many knotty issues that face those whose lives are Choctaw or Creek . . . but who are treated as "not-Indian" by tribal members or by those for whom phenotype equals Indian authenticity. (Celia Naylor's "Playing Indian" tells a similar story of phenotype-driven prejudice within the Navajo Nation's Miss Navajo Nation contest.) Both Buffalo and Collins offer poignant testimony to the effectiveness and absurdity of such judgments of race by outsiders. Their essays offer at least a glimpse of how people live—and live strongly and creatively—within these complicated color lines.

Finally, there are some wonderful literary essays in this collection. Virginia Kennedy's essay is a rich reading of (mainly) three Toni Morrison works, *Song of Solomon*, *Beloved*, and *Paradise*. As is always the case with the best literary work, those who have already read all three novels will find themselves driven to return to them to see what this author has seen. The "ghostly presence" of Native America in African America (alluded to by Miles and Holland in the book's introduction) finds life here as Kennedy writes about this presence in Morrison's fiction. Although Wendy Walters (whose work explores Monica Mojica's "Princess Pocahontas and the Blue Spots" and Suzan-Lori Parks's "The Death of the Last Black Man in the Whole Wide World") spends much more space on Mojica's play and on the work of Mojica's mother and two aunts—known collectively as Spiderwoman Theater—the author's comparisons between Parks's and Mojica's plays are suggestive and intriguing. One hopes she or others will continue this kind of comparative work as it can only enrich all of our understandings of literature and history.

This is a collection well worth reading despite some contributions' weaknesses. Some better editing and cutting would have made the whole stronger, but as an accurate reflection of the Dartmouth conference, which Robert Warrior does such a marvelously delicate and tactful job of describing, it achieves its aim. Tiya Miles and Sharon Holland deserve our thanks for the hard work of editing such collections and for daring to organize that conference in the first place.

*Patricia Penn Hilden*

University of California, Berkeley

**Diabetes among the Pima: Stories of Survival.** By Carolyn Smith-Morris. Tucson: University of Arizona Press, 2006. 210 pages. \$45.00 cloth.

An article by Carolyn Smith-Morris ("Community Participation' in Tribal Diabetes Programs," *American Indian Culture and Research Journal*, 2006) describes the historical transformation of type 2 diabetes in a number of Native American communities from a novel health crisis to epidemic to endemic. Pimas (Akimel O'odham) who live in the Gila River Indian Community in southern Arizona exemplify this pattern, according to Smith-Morris, with no cases of type 2 diabetes in 1900, twenty-one by 1940, 359 by

1967 (an epidemic), and 510 by 1977. At the present time, by age thirty-five more than half of all Pimas have diabetes, and its prevalence is still on the rise. As documented in *Diabetes among the Pima*, the highest known rates worldwide are among Pimas and the Nauru in Micronesia (where, incidentally, diabetes was essentially unknown fifty years ago). Smith-Morris, a medical and applied anthropologist, characterizes diabetes as a “fearsome predator.” Fighting it minimally requires an “individual’s lifelong commitment to dietary change, exercise and self-monitoring” (158). Diabetes-related conditions account for 19.5 percent of all Pima deaths; a rate four times that of white Americans and two times that of black Americans (130).

Gila River’s “diabetes fame” is, in part, attributable to being “arguably the most studied ethnic group in the world, having participated in thirty-six years of intensive NIH (National Institutes of Health) clinical trials and other studies focused primarily on diabetes and its complications” (143). Much of what medical science knows about diabetes is indebted to Pima volunteers. Still, as Smith-Morris states, “a long history of rational, empirical methods has made the investigation itself part of the Pima pathology” (6). The search for, and evidence of, a genetic predisposition to diabetes contributes to local perceptions that diabetes is unavoidable, perceptions that carry the danger of becoming self-fulfilling prophecies (19, 119). Despite advancements in knowledge, “decades of effort to curb the epidemic have failed, giving Pimas the impression that it is impenetrable and immovable” (5). Epidemiological data evidence a cycle in which Pimas are diagnosed with diabetes at a younger age. This cycle is influenced by broader societal changes that foster obesity—“the principal factor in the increase in diabetes rates” (161). Given that these local trends have parallels in the increase in rates of type 2 diabetes (and obesity) throughout the United States and the world, efforts to stem the sustained epidemic at Gila River have relevance that extend beyond this particular community. What are the prospects at Gila River for prevention efforts aimed at reversing existing trends, raising the average age of diabetes diagnosis, and reducing rates of diabetes? Without minimizing the revolutionary nature of such an endeavor and without adopting the role of telling Pima leaders what should be done, this volume showcases the relevance of ethnographic research in informing such an undertaking.

Smith-Morris first came to Gila River in the 1990s to help with the evaluation of a prenatal diabetes education program aimed at lowering excessive blood glucose levels in pregnant women to avert complications, for mother and baby, during the pregnancy and at birth. Along with diabetic women, this program seeks out women with an often symptom-less condition of excessive blood sugar during pregnancy, known as gestational diabetes (GDM). Around the same time that this intervention program was shown to be successful, new research findings revealed that high levels of blood sugar during pregnancy are a harbinger of a lifelong vulnerability (which exacerbates any genetic predisposition), shared by mother and infant, for being diagnosed with type 2 diabetes at a later point in time. GDM is not only implicated in the intergenerational transfer of diabetes and the Pimas’ future health but also is inextricably connected to and impacted by women’s experiences

(for example, diet, exercise, and perhaps stress), and hence it is potentially alterable through educational interventions or other changes. Smith-Morris's ethnographic field research is based on the view that "combating GDM effectively is the linchpin of a coherent strategy against Pima diabetes in all its manifestations" (26).

Through participant observation and formal interviews with women (including twenty-seven pregnant women who were interviewed up to three times and seventeen women with diabetes), Smith-Morris attempted to portray how women faced diabetes and to situate their strategies in relation to efforts to combat increasing prevalence rates. "Women who were not enrolled in diabetes education were my principal target. The factors that kept them from care—logistical, cultural, or other—were my principal concern" (32). At times, Smith-Morris's assessments seem much too general given the particularities of her sample and the limits of participation observation fieldwork. (For example, is the following statement to be understood as essentially accepted by all Pimas?: "Despite epidemiological data that link diabetes with obesity, Pimas agree that any individual's chances are the same" [92–93]). Nevertheless, a real strength of *Diabetes among the Pima* is the way she draws on multiple voices to convey a range of issues and concerns relevant to current and future efforts to combat diabetes. What follows can only hint at some of these.

Smith-Morris situates the everyday lives of women in relation to the often-soaring heat, high levels of unemployment, challenges in accessing healthy food, the centrality of food to social life, and the impact of low incomes on the availability of reliable transportation. Diabetes may arrive by "stealth" with no experience of illness—the bodily signs of diabetes, including GDM, are akin to normal reactions to the dry desert heat. Through the interviews, Smith-Morris learns that common obstacles to care, and not just for the women interviewed, include lack of transportation, concerns about waiting time, and confidentiality. A strong, experientially based sense of personal competency gave women confidence that they would know when it was necessary to seek medical care and adopt the medical counsel offered. Because pregnancy is associated with health, women, especially after their first pregnancy, may skip prenatal appointments if they feel all is going well (which means a symptomless condition, like GDM, might go undiagnosed). As blood sugar levels may fluctuate during pregnancy and often return to normal levels after birth, GDM may be seen as "borderline" diabetes or "not really diabetes" even though, reflecting recent biomedical research, the risk of developing type 2 diabetes has increased for mother and child. Given the close association of "outright diabetes" with its severe consequences—amputations, blindness, dialysis, and death—feeling healthy and having diabetes may be seen as incompatible states (131). Further complicating this picture is the lay association of borderline with being "at risk" and the observation that although biomedical practitioners see all Pima as being at risk, the "Pimas feel a discussion of risk is actually a discussion of disease they essentially already have." There is a wide chasm with many implications between viewing a diabetes diagnosis as a "death sentence" versus an indicator of the need for behavioral change

to lower the probability of future complications (71). Although physicians reject the notion of borderline, Smith-Morris illuminates the ways in which diagnostic practices and controversies surrounding GDM enter into the ways in which women come to make sense of how diabetes enters then leaves their lives, only to come back to stay. Her ethnography “demonstrates the ability of Pima women to question the same ambiguities of the GDM diagnostic process as are questioned by professionals” (101).

Smith-Morris is well aware that the “risk in identifying pregnant women as linchpins of the diabetes epidemic is the greater burden they would bear in the ensuing surveillance. The greater burden of surveillance can only lead to a greater allocation of responsibility for this disease” (52). Recommendations for improvements in diabetes care and education include some discussion of this complex issue while highlighting the value of privileging women’s interpretations and experiences of pregnancy. Given the growing temptation to “police pregnant Pima women for their contribution to intrauterine diabetes transmission and, thus, the epidemic,” Smith-Morris asks, “Can policy change be productive now, informing a more community-based and proactive approach before the brunt of diabetes prevention descends on pregnant women?” (100, 10).

Other readers may share my initial perplexity with the title *Diabetes among the Pima: Stories of Survival*. The shift back and forth between GDM and type 2 diabetes is at first confusing, but then one realizes that this is the same situation that community members and health care providers deal with regularly. And the title does underscore the author’s confidence that GDM is the linchpin of Pima diabetes. Still, the subtitle does not, for the most part, seem to refer to the snippets of talk abstracted from the interviews that provide convincing support for the author’s claims. Nor does it appear to refer to the chapter “Pregnancy Stories” that seems rather oddly placed near the book’s end. The subtitle does, however, fit with the Pima’s collective story and their struggle to survive through the colonial processes of domination and forced change, including during and after what has been called the “Forty Years of Famine” between 1871 and 1910 when water that should have irrigated Gila River farms was wrongly appropriated by newcomers living upstream (107). Recent theorizing links the roots of GDM to an intertwining of political-economic and biological processes with contemporary trends of increasing prevalence rates attributable to the accumulating reverberations of this history: “recent generations of undernourishment and stress during pregnancy have turned a genetic predisposition into a modern dilemma of catastrophic proportions” (119).

Just as diabetes “cannot be extracted from its political and economic starting place,” the reduction of diabetes rates requires “a community transformation—a change to some pervasive elements of society that support the status quo” (136, 159). Although Smith-Morris outlines some forms that community-based and community-transforming action has and may take, she concludes that, just as in the past, the collective story of survival’s future will unfold in relation to Pima resourcefulness, creativity, and proactivity. In relating the genetic, cultural, historical, political-economic, and

environmental aspects of diabetes to the everyday realities of women's lives and in raising issues that merit close attention, this volume speaks powerfully to the role of ethnography in addressing significant world problems.

*Linda C. Garro*

University of California, Los Angeles

**Inconstant Companions: Archaeology and North American Indian Oral Traditions.** By Ronald J. Mason. Tuscaloosa: The University of Alabama Press, 2006. 298 pages. \$50.00 cloth.

As promised in its preface, *Inconstant Companions: Archaeology and North American Indian Oral Traditions* is a provocative consideration of oral tradition's role in archaeology. Mason's goal is to evaluate the historical veracity of oral tradition and to measure its utility against scientifically collected evidence. He concludes that, in almost any side-by-side comparison with scientific knowledge, oral tradition will be judged the weaker and thus at best can merely confirm, but not add to, scientific reconstructions.

*Inconstant Companions* is perhaps best understood as part of the broader "science wars," which experienced a marked escalation in the field of archaeology following the Native American Graves Protection and Repatriation Act (NAGPRA) passage in 1990. This law, which gave Native American tribes the right to repatriate human remains and associated funerary goods from federally funded institutions, mandated that oral tradition be considered alongside biological and archaeological evidence in assessing claims of cultural affiliation between modern and ancient Native American groups. In part as a response to the law, many academics began to search for ways to incorporate Native American perspectives into archaeological research, even if this means including information not subject to the normal ground rules of science (for example, testability, falsifiability). To scholars like Mason, the inclusion in historical reconstructions of stories infused by supernatural phenomena represents a serious threat to the practice of archaeology as social science.

*Inconstant Companions*, however, is no mere polemic (though several sections, such as one likening a Umatilla religious leader's statements on Kennewick Man to those of an illiterate Soviet peasant, will certainly rankle). It is extensively researched and builds on the author's three decades of experience studying North American history. The book consists of overview chapters on history, memory, and oral tradition, in which theoretical arguments are outlined, and five chapters of detailed oral tradition case studies. The overview chapters emphasize the vagaries of oral tradition, including their tendency to change with retelling, the influence of different narrators and audiences on content, cross-cultural motifs that tend to structure stories independent of the particular event being recounted, differences between oral and written notions of history, and problems with oral chronologies. Chapter 3 presents an interesting overview of literature on memory, though few experiments cited bear on the private, ceremonial-song transmission