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Lopez's collection renders the experience of trauma not as some sort of spectacle for a voyeur-reader, but as an invitation to come closer into that experience, where the loss of life is tied very closely to Indigenous survival and strength. To place Lopez's collection alongside other Indigenous women writers' most recent collections of poems, she, like Natalie Diaz in *When My Brother Was an Aztec*, presents unflinching attention to pain; and like Layli Long Soldier in *Whereas*, Lopez nurtures a poetics of healing. There is so much to admire about *Brother Bullet*. It is a book that all readers will not want to put down.

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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 pages. \$27.95 paper; \$25.00 electronic.

*Diagnosing the Legacy* describes the alarming emergence in the mid-1980s of childhood-onset type 2 diabetes among First Nations communities in Manitoba, Canada, and the scientists who raced to understand and stem this devastating new diagnostic phenomenon in diabetes history. A journalist and filmmaker, author Larry Krotz conveys this very complex story in concise, highly readable terms. Expertly navigating the intertwined stories of scientific discovery and the suffering of Indigenous people, he presents the Western scientific endeavor and the impact of diabetes for families whose lives revolve around intergenerational chronicity. Characterized by the body gradually becoming inefficient in its use of the insulin hormone needed to process sugar into energy, type 2 diabetes accounts for 90 to 95 percent of all diabetes diagnoses. Until this discovery, it was believed to develop only in adults as part of the aging process. In contrast, type 1 diabetes is usually diagnosed in childhood and is considered an autoimmune disease in which the body produces no insulin.

However, nearly four decades ago diabetic Indigenous children who started to appear with greater frequency at a Winnipeg hospital had not type 1, but type 2 diabetes, and they quickly suffered from the disease's dangerous complications. The health care providers and researchers who encountered these children could not quite believe what they were observing. They undertook rigorous study to try and explain what was happening to these young patients and to devise appropriate treatment. The scientific community, however, was skeptical of their findings, and their first article was accepted for publication twelve years after the first cases were documented.

Krotz relates the passion with which scientists understand the incalculable cost to patients and their families, as well as the blunt reality of the enormous implications for healthcare of this distressing expansion of the disease. The book highlights the power of the story of sufferers for the scientific world, shaping the way questions need to be formulated. As lead researcher Heather Dean explains, the compounding cascade of burdens is overwhelming: young sick mothers contend with numerous family

members on dialysis; blindness and limb amputations; and onerous travel from remote communities to urban centers for treatment, in addition to the “accompanying costs of accelerated loss of culture and language” (36–37).

While Krotz has strived to induce sympathy for the struggles of Indigenous families, ultimately this is a story about medicine. Diabetes had been virtually nonexistent in Indigenous communities until the 1940s, but within a generation Indigenous people as a group suffered from higher rates, more severe complications, and earlier deaths than the general population. Scientists had already been trying to understand the disease in Indigenous populations, such as Tohono O’odham communities in Arizona and groups of Pacific Islanders, that largely focused on hypotheses of genetic predisposition. The presentation of what appeared to be type 2 diabetes in children reinforced the primacy of genetics and what the phenomenon could reveal about the broader mystery of diabetes. Krotz details the ups and downs of the genetic research trajectory that followed over three decades. Millions of dollars produced significant discoveries in the scientific world, where baby steps can constitute success, but for Indigenous peoples the research yielded little, perhaps aside from some diminishing hope.

Elsewhere, however, this research approach was rejected in the early 2000s—such as in the comparative Tohono O’odham communities—and turned on its head. Rather than serving as subjects in the service of science, Indigenous leadership hired scientists as consultants. This move by the Tohono O’odham has been highly influential in changing the way science is conducted with, rather than on, Indigenous people. As attention centered on the prediction of risk, epigenetic and biosocial research expanded in the First Nations communities of the first cohort as well as others. Krotz describes the increased pairing of research with interventions, and the necessity for scientists to engage in community-based approaches. For the First Nations peoples featured in this volume, research intensified, which the book views as an inevitable, shared quest toward a panacea breakthrough that will pay off for all humanity.

The Developmental Origins of Health and Disease (DoHAD) hypothesis became a major focus of these efforts. DoHAD targets environmental influences on mothers and their babies’ early infancy to explain disease in later life. The methodology requires relational trust between patient-subjects and researchers to ensure participation and accurate biological and environmental data collection. Krotz notes the existence of criticisms of these approaches, but does not detail them. For more, readers should turn to the growing body of Indigenous studies scholarship that questions how science and medicine problematize Indigenous bodies, fortify settler colonial biogovernance, and shape the ways people structurally rationalize their fate.

The researchers and providers in *Diagnosing the Legacy* recognize the limitations of medicine, and Krotz is attentive to community initiatives, which were not in short supply. However, many are bootstrap approaches addressing so-called lack of education and personal lifestyle and consumer choices. For example, a subsidy program from a retail chain that monopolizes the First Nations’ food supply makes fruits and vegetables more available and affordable and directs Indigenous consumers away from pop and sugary snacks. Neither schemes like this nor medical research are contextualized as part of the broader capitalist stakes which drive the pathways of discovery

and shape healthcare approaches. For example, Big Pharma stands to gain by offering “tailored” medicine, but in this case the chaos, stress, and instability in patients’ lives constituted too many undesirable variables for clinical trials.

Perhaps because Krotz chose to limit his narrative thread to the medical story and wanted to write a relatively short, readable book, food insecurity, poverty, violence, and attacks on sovereignty perhaps are summed up more than they deserve. This leaves the impression that these are background to the medical quest, challenges that impede the progress of programmatic efforts rather than targets for structural change. Krotz does, however, tackle several economic dimensions implicated in this escalation of disease: poverty, as in his discussions of the social determinants of health approach; structural inequalities that stymie economic opportunity for First Nations communities; and the economic impact on healthcare systems. The book does allow readers to understand why disease management ends up being given priority even over the structural violence that shapes Indigenous peoples’ suffering—and diabetes in particular as the foremost disease of colonization.

Although “white savior” tones creep into this book, Krotz has uniquely woven together the stories of courage and heroism which characterize diabetes patients and their families, with the narrative of scientists and healthcare providers who have tried to push beyond the boundaries of their purview. Ideally paired with Indigenous studies critiques that situate health and disease in relation to settler colonialism and decolonization, this book is recommended for healthcare providers and students preparing for careers in health care, as well as for readers interested in medical history and social studies of health.

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**The Gift of Knowledge/Tnúwit Átawish Nch’inch’imamí: Reflections on Sahaptin Ways.** By Virginia R. Beavert. Edited by Janne L. Underriner. Seattle: University of Washington Press, 2017. 208 pages. \$29.95 cloth; \$22.95 paper.

In the fall of 2008, a team of instructors gathered at the University of Oregon’s Yamada Language Center to design a new set of curricula that would enable students to learn languages from around the globe that previously had been unavailable at the university. Among the group was a woman who had spent her life nearby in Washington and Oregon, often on the Yakama reservation. She was then completing a dictionary of Ichishkiin Sínwit (“this language” among the Yakama), nearly three-quarters of a century after entering linguistics. Alongside experts in Korean, Greek, Farsi, and Swahili, she would be introducing a new course in the language she had known and used since her earliest days in the region. “It has finally happened,” Virginia Beavert thought. “My native language is finally recognized as a human language” (xv).

*The Gift of Knowledge* tells the story of how this remarkable progress came about, even as the number of people speaking Ichishkiin as a first language has dwindled to