

The global rise of diabetes seen from Belize

Amy Moran-Thomas. *Traveling with sugar: chronicles of a global epidemic.* University of California Press, 2019, 384 pp. ISBN: 9780520297548

Amy Moran-Thomas' *Traveling with sugar* is a journey into the daily work of care for, and of, people living with diabetes in the context of the increase in this condition globally. The book is based on ethnographic research conducted in Belize, mainly amongst Garifuna people in the southern district of Stann Creek, which has the highest rates of diabetes in the country. Inspired by Sidney Mintz's work, the book describes the histories of both individual lives and of global racial capitalism, providing 'an ethnographic version of world systems theory that stitches together glimpses of global processes and infrastructures with their living consequences for people' (17). Moran-Thomas achieves this by constantly moving between the present and the past, and by shifting from ethnographic insights to global fluxes of ideas, technologies, and people. This is aided by the evocative and metaphorical style of writing inspired by Dr. W., a physician whom we meet in the third chapter and who uses analogies to directly and clearly tackle diabetes with patients, which also results in countering dominant representations which insinuate that they may be deserving of the condition. This makes the reading compelling, the transitions smooth and has the effect of not forcing arguments onto the reader, but rather proposing analytical lenses through which to look at the material presented. Her ethnography shows how patients actively engage in 'slow care' and 'maintenance' work (24-25) on themselves and on others while being heavily constrained, not least by the scarcity of health infrastructure. This develops into a strong argument against readings of the diabetic condition as mainly an outcome of lifestyle choices and personal neglect, for which patients are to blame. At the same time, patients and carers are portrayed as knowledgeable and resourceful agents, able to act and care amidst the structural limitations they encounter.

The plurality of angles through which diabetes is looked at are held together by two cross-cutting concerns: absence and normality. The book presents an anthropology of

absence: of missing medications, technologies, labels and categories, kin, data, limbs, and ultimately of people, as most of the informants did not survive the volume's publication. This crude reality begs the question of what normality is and what its definition entails. Measurements and thresholds are far from being fixed and operating neutrally. Rather, modifications in what is defined as normal change the ways in which biology comes to be understood, acted upon, and materially created. Thus, patients and carers construct their expertise between death and survival, amidst sugar levels considered incompatible with human life or readable by glucometers that were designed elsewhere, poverty-related versions of diabetes which are standard in Belize yet are categorized differently in wealthy countries and a commonplace narrative that labels diabetes as an outcome of local 'cultural foods' when it is instead a worldwide epidemic.

One of the strengths of the book is the link between histories of dispossession; of colonial scientific thought and research; of technological and therapeutic inequality; and their material effects in the present. The book shows how knowledge production, land tenure regimes, and food dependency lead to environs and people metabolizing each other. Thus, it is argued that the condition is materially unevenly transmitted within specific populations who live in 'chronic landscapes' (39) producing diabetes. Through this approach, the analysis complicates the dichotomy between communicable versus noncommunicable, which would suggest either external conditions or personal responsibility in understanding the origins of diseases.

Moreover, the book clearly shows the effects and extent of policy gaps. Too often focused on the tropical and exotic conditions, policymakers have historically ignored the 'slow' and 'boring' diabetes, as it was considered an outcome of individual responsibility and thus not collectively approachable. The vicious causal circle of the lack of policy funding for research and the lack of data to direct funding to research has resulted in a paucity of institutional intervention and the inability to slow down the spread of the condition worldwide. The book illustrates not only Belize's position at the intersection between global policy and local infrastructures, but also how the country is interconnected with material flows of medical personnel, volunteers, medicines, technologies, and food, not least by the cross-border travels of Moran-Thomas's informants and their links to the Belizean diaspora. Thus, the book adds a medical sociocultural perspective to the anthropological scholarship on Belize that has shown how this small country is far from isolated globally.

The book consists of two parts, containing seven unnumbered chapters, and an epilogue. The first, shorter part contains three chapters, which introduce the scope of the book and its main themes, referencing the role of global history and that of the Garifuna of Belize, and elucidates research-related ethical and methodological issues. The second part is named ‘Crónicas,’ a Spanish word that translates into English as both ‘chronicle’ and ‘chronic.’ Thus, the four chapters of this part are four *crónicas*, each with its own main characters and themes, yet all telling the same story from a different point of view (25). Moran-Thomas convincingly argues that since diabetes is a slow and repetitive condition with a multiplicity of manifestations, to understand it, a slow, multiple, and repetitive narrative is necessary. The book is also accompanied by a project website, which disappointingly is not working at present.

Traveling with sugar is an accomplished work that lives up to its premise: telling a global story through an intimate portrayal of people’s slow and constant care. The book is a welcome contribution to medical anthropology and will also appeal to readers more generally interested in medical inequalities and global health policy.

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