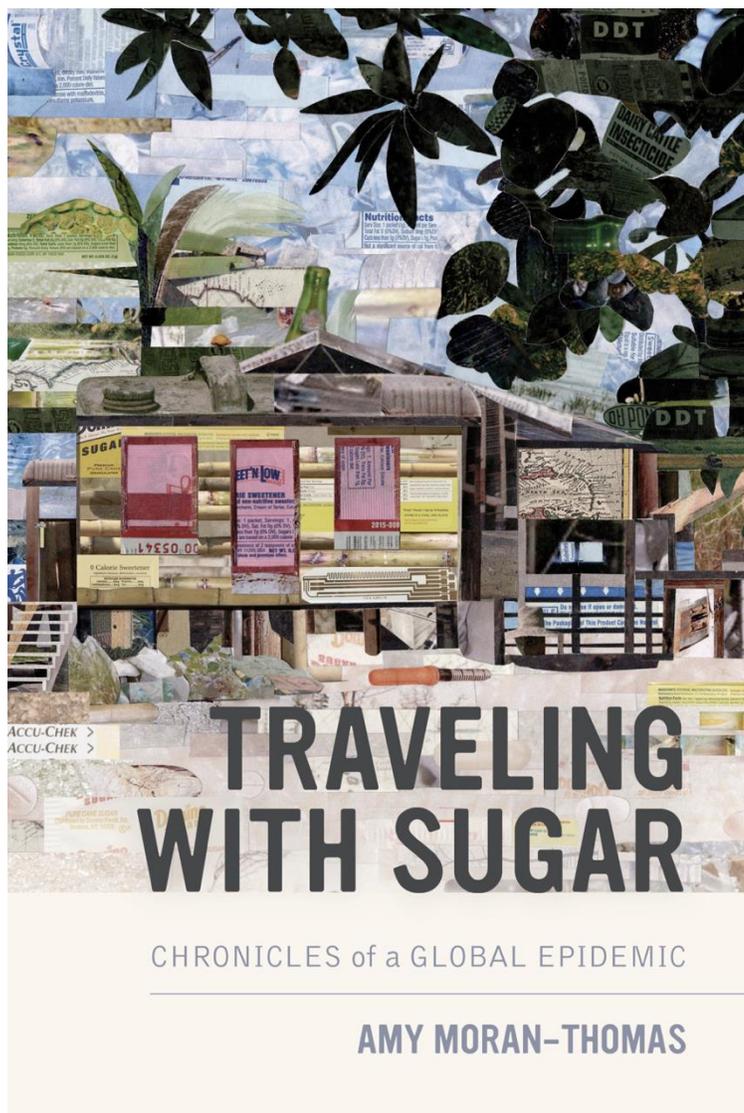


Book Review: *Travelling with Sugar: Chronicles of a Global Epidemic*, (First Ed.)

By Amy Moran-Thomas, CRC Press
Reviewed by Chu J Hsiao, University of Florida



In *Traveling with Sugar*, Amy Moran-Thomas skillfully juxtaposes individual life histories with global stories of racial capitalism in Belize to chronicle the journey of an insidiously ubiquitous, yet also invisible, non-communicable epidemic. She weaves together powerful narratives of patients and their families with the perspectives of those providing medical care, documenting how global processes and infrastructure impact the lived experiences of diabetes across generations of Belizeans. Families must vigilantly fight against a colonial legacy that created unjust agricultural systems that heighten their risk of diabetes and diminish their access to treatment. To travel with sugar is to go through life crying sugar, bleeding sugar, and peeing sugar. Many of the families must fight against “Type 3” diabetes—the kind that dismembers.

The book is an insightful reflection on the state of normal for those living with diabetes. Clinical guidelines clearly demarcate normal blood glucose levels; however, a clinically “normal” blood glucose level may feel abnormal to a patient who has unknowingly lived with diabetes for years. The disparity in the importance placed on an infectious disease versus a chronic disease is normalized on a global scale where providing anti-retroviral treatment to patients with HIV/AIDS is unquestionably an ethical imperative but ensuring

access to insulin is not. The lack of access to insulin and other diabetes medications and treatments for many Belizeans has normalized the absence of a right to health. Death and lost limbs, preventable consequences of diabetes, have become ordinary occurrences. Disregard for their health is so accepted that many citizens do not challenge the state to provide a constitutional right to health but rather seek treatment outside the country. And in the absence of treatment, sugar becomes palliative care.

Although patient education is a normal part of medical care, Moran-Thomas challenges us to reconsider the “patient education” model. Numerous ineffectual medical tourism trips have “educated”

Belizeans about diabetes and diet in an attempt to empower patients to change their diets. However, prohibited food items are essentially a list of the staples available in the village. Eating according to the medical recommendations is prohibitively costly. When professionals suggest that dietary changes are easy accomplishments, in an attempt to empower patients, without understanding the local impossibilities of adhering to diabetic dietary recommendations, patients who are fighting hard for their lives are left feeling devastated, fatalistic, and depressed.

White foreigners have played a crucial role in shaping the story of diabetes in Belize. The “Great White Hazard” simultaneously refers to these white foreigners as well as to the white carbohydrates that cause surges in blood sugar levels. The well-meaning intentions of foreigners can be readily observed around households in the form of abandoned appliances. Numerous glucometers, rendered useless by the inability to buy more test strips, reflect the fragmentation of healthcare availability. Donations of equipment often do not reflect the reality and needs of hospital infrastructure. Equipment, such as hyperbaric chambers which can treat diabetic wounds, remain out of the reach of many Belizeans while being readily available to tourist scuba divers. International efforts to provide prostheses to diabetic amputees are lauded but too late. These halfway technologies that treat the symptoms and not the underlying disease reflect the failure of treatment for those suffering from diabetes. These stories encourage the reader to reflect on the unintended consequences of well-intentioned actions.

By providing voice to the voiceless, Moran-Thomas reminds us of the need for anthropologists to illuminate the ongoing struggles that may be deemed ordinary and unworthy of attention. The book is a culmination of a decade of research that is an important contribution to medical anthropology that magnifies the unmet needs of diabetes. The themes from the book are immediately applicable today during the COVID pandemic. Political attention and humanitarian aid often center around infectious diseases that lend themselves to vertical interventions with clear cut goals and easily measurable outcomes. Right now, every news outlet in society is saturated with updates on the infectious coronavirus. This clamor is accompanied by silence over a chronic affliction of sugar. Diabetes did not go away. In fact, the prevalence of diabetes is increasing and having diabetes may increase morbidity and mortality associated with COVID. And yet, the only sugar crisis of concern in the media are the American Baker’s Association’s projected shortage of sugar during the shelter at home orders.

Moran-Thomas has created an excellent example of a strong ethnography grounded in careful observation. Thoughtfully organized and powerfully written, this poetic piece humanizes both those who need care and those trying to provide that care. *Traveling with Sugar* can and should be taught in both undergraduate and graduate courses in medical anthropology, sociology, global health, and health disparity courses. This is also a book that yearns to be read by medical professionals, international aid workers, diabetes researchers, grant agencies, and donors. One thing’s for sure, after reading this book, readers will pause whenever they see sugar.