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1 Bennet, J.S. *Managing Diabetes: The Cultural Politics of Disease*. New York: New York
2 University Press. 2019. 255pp \$50 (cloth) \$24.95 (pbk) \$24.95 (ebk) ISBN 1479830437

3 Advances in medical science have meant that people now live longer, but with higher levels
4 of chronic conditions they have to 'manage' alongside the quotidian practices of daily life.
5 Jeffrey A. Bennet's 'Managing Diabetes: The Cultural Politics of Disease' is a timely critical
6 study of the cultural representation of living with diabetes. Bennet makes intelligible the
7 intricate and hybrid character of the seemingly invisible condition as both clinically and
8 culturally constituted by placing its everyday management in a broader setting of social
9 movements, politics, public health interventions and biotechnological progress.

10 The narrative is structured around two internally contradictory rhetorical pillars within the
11 discursive architecture of diabetes. The first one portrays the disease as effortlessly managed
12 on the one hand and lethal on the other. The second one considers the management of
13 diabetes either as mostly a question of individual discipline or as something that requires a
14 more systemic set of institutional responses. Arguing that no single heuristic can sufficiently
15 capture the inherent complexities of diabetes, Bennet unpacks them carefully, one by one,
16 through a series of well-researched case studies of American current affairs.

17 The book opens by considering a claim that 'HIV is the new diabetes' to highlight the hurtful
18 misapprehension that diabetes can be easily managed by agentic disciplined individuals.
19 Bennet then turns to positively evaluating the contribution of a young patient lobby group to
20 shifting public attention towards the social character of diabetes as a common health hazard
21 and highlighting the urgent need for its collective address. Next, diabetes is portrayed as a
22 resource deployed by powerful elites in political struggles. Here, success at controlling blood
23 sugar may offer direct testimony to the strength of one's character. However, failure to do so
24 may indirectly further the stigmatising societal associations of diabetes with laziness, with no
25 regard for a myriad of other factors that can affect one's blood sugars, from sleep patterns,
26 stress, caffeine intake to the availability of fresh food or access to healthcare. The implications
27 of more systemic interventions to tackle the 'epidemic' of diabetes are shown in the next
28 chapter to hold the potential to shift some of the misplaced responsibility away from an
29 individual and onto the state. Bennet closes the book with a consideration of diabetic
30 technology as contested; progressively lifesaving but unequally available. His use of the
31 example of the practice of 'evergreening' obstructing the development of affordable generic
32 insulin is particularly telling. Here, 'evergreening' consists in making incremental changes to
33 the composition of insulin, enough to proclaim it a patented 'a new drug', which most doctors
34 then prescribe to their patients. With minimal health gains to the patients but stronger profits
35 to the pharmaceutical companies, technological progress in diabetes management emerges
36 as an ethically dubious double-edged sword.

37 Set in the American context, some aspects of Bennet's narrative, such as the account of
38 Supreme Court Justice Sonia Sotomayor's nomination or New York City's controversial
39 diabetes registry programme may be less relatable to readers from other countries. However,

40 Bennet pre-empts any misreading by using the particularistic vignettes to skilfully infer more
41 universalistic patterns that highlight the complexity of the disease and the simplicity of its
42 public understanding. Diabetes has a big presence in the British media, with its discussions as
43 a leading cause of amputation also often accompanied by 'clean' images of post-amputation.
44 However, not much attention is given to that what leads up to the amputation. Diabetic foot
45 ulcers are a complication often aesthetically written out from cultural portrayals of diabetes,
46 and that includes Bennet's thorough study in which he calls for a more open and honest
47 conversation about the disease. Of course, as Bennet admits, there is a difference between
48 holding open conversations around stigmatised conditions, and, wrongly, instigating fear and
49 (self)loathing (pp. 56-57). However, expanding the conversation to acknowledge this bodily
50 complexity of managing the disease could be an important step in further challenging taboos.

51 The book is empirically rich, theoretically informed and personally influenced. It combines the
52 art of symbolic language with images of the carnal body and micro-level discourses of
53 individuality with macro-level structures of race, gender or class. Bennet's well-researched
54 narrative draws on queer theory, cultural, LGBT and disability studies and Foucault's work on
55 discipline, surveillance and technology of the self. Therefore, the book will be of value to a
56 variety of audiences. It will appeal to researchers and advanced students of public health,
57 health policy, health psychology, health economics, social epidemiology or medical sociology
58 interested in medical, social, cultural and political processes shaping the management of
59 chronic conditions. Its grounding in everyday social life, discretely interwoven with Bennet's
60 personal reflections on his late diagnosis of type 1 diabetes, may be of interest to people who
61 have had an experience of diabetes, either through their own bodies or through the people
62 they have met. I will be lending my copy to a colleague who, upon seeing me with the book,
63 to my surprise, admitted living with type 1 diabetes for over three decades.

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