

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

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

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

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

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

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

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

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