



Phyllisa Deroze //

As a humanities scholar with interest in the experiences of people with diabetes, I was eager to read Arleen Tuchman's book *Diabetes: A History of Race & Disease* (2020). The book reads like a journey through time, each chapter uncovering new information about how American constructions of race have impacted diabetes research, treatment, diagnoses, misdiagnoses, and the lives of people managing the condition from the late 19th century to the present. The project unearthed numerous surprising revelations about the shifting racialized values and presumptions within medical communities over the past 150 years.

Tuchman, a historian at Vanderbilt who writes about medical constructions of gender, race, and sexuality, begins the book with a personal introduction about her Jewish father's diabetes diagnosis. The book's five chapters highlight racial and ethnic groups who, at specific points in American history, were believed to have the highest rates of diabetes cases: Jews, African Americans, Indigenous Americans, Mexicans, and the Japanese.

One of the most remarkable findings was how stereotypes and personal beliefs about certain groups positively impacted their level of care and their rate of diagnosis, whereas, with other groups, the same stereotypes had adverse effects on their care and treatment. For example, in Chapter 1, "Judenkrankheit, a Jewish Malady," Tuchman begins when most American physicians believed diabetes impacted Jewish communities more than any other group because Jews were thought to be highly intelligent. Stereotypes of the "nervous Jew" justified their high level of diabetes cases because they were "the most nervous of civilized people." Similarly, when the Jews became white, the cultural perceptions of diabetes in the 1930s leaned toward a disease of wealth

that afflicted mostly the middle-class. Chapter 2, “Whiteness, Self-Restraint, and Citizenship,” further highlights positive perceptions of diabetes by revealing that commonly held beliefs of people with diabetes demonstrated that those who engaged in the daily management of the condition were “better citizens than the average.” For many decades, diabetes remained linked to wealth, good citizenship, intellect, and modernity. Unfortunately, as Chapter 3, “Misunderstanding the African American Experience,” reveals, racist stereotypes against black Americans during the postbellum and Reconstruction era lead to their neglect in popular medical publications. Diabetes eventually transitioned from a disease rarely seen in African Americans because black Americans were thought to be incapable of developing a condition associated with wealth to diabetes becoming one of the leading causes of death for African Americans.

As the assumptions of who was the most prone to develop diabetes changed from positive to negative, the ideal patient shifted from white to black and from wealthy to poor. Chapter 4, “Native Peoples and the Thrifty Gene Hypothesis,” is perhaps the most revealing given that indigenous people are often erased from necessary discussions of health. As with black Americans, stereotypes of Native Americans being “primitive” created a void in their diabetes diagnoses for too long. During the 1960s, researchers began studying various tribes of first-nation people in America and discovered that diabetes significantly impacted their communities. Sadly, the primitive stereotypes continue to remain. The final chapter highlights the Heckler Report, the government’s first attempt at a “comprehensive and systemic examination of how racial and ethnic minorities’ incidences of chronic disease, and the care they received for these ailments, differed from the experiences of their white counterparts.” Tuchman concludes the chapter by noting that the report helped create diabetes as a disease of minority groups by omitting poor whites and minimizing socioeconomic factors.

Tuchman’s project on the cultural history of diabetes is impressive and extremely relevant to our foundational understanding of how popular stereotypes and myths about groups, albeit positive or negative, can be harmful to all Americans. I leave this book wondering how different our evolving knowledge about diabetes might be if ending racism, socioeconomic differences, and environmental trauma (which are repeatedly proven to contribute to diabetes and other health conditions) received priority over race. Yesterday, I enjoyed discussing *Diabetes: A History of Race & Disease* with Tuchman and a small group of diabetes advocates. We concluded the book discussion hopeful that this book could become a foundational text for everyone involved with diabetes research, activism, care, and management because it is an enlightening work that brings a long history together and begs for a reevaluation of how medical communities and society at large view diabetes.

Tuchman, Arleen. *Diabetes: A History of Race & Disease*, Yale University Press, 2020.