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Klawiter, M. *The Biopolitics of Breast Cancer: Changing Cultures of Disease and Activism*. Minneapolis: University of Minnesota Press, 2008. xxxi + 397 pp. \$25. ISBN 978-0-8166-5108-5 (pbk).

Maren Klawiter's book is a remarkable contribution to the large literature on breast cancer politics, to the sociology of social movements formed around disease issues, and to the study of health politics altogether. The book is to be commended on several accounts: for its careful examination of a complex theoretical body of scholarship, for its impressive empirical depth, and for its successful display of ethnographic methods at their best, both informative and thought-provoking. In a nutshell, this monograph is recommendable to a large readership on many different levels, and a compelling argument might also be easily made for its inclusion in teaching material on disease advocacy in the contemporary period, along with work on other disease constituencies, such as the ones studied by Epstein (1996) and Barbot (2006) around HIV/AIDS.

Klawiter's fieldwork is grounded in an extensive examination of breast cancer activism in the San Francisco Bay Area. Starting with the observation that the local pattern of cancer advocacy in that region did not reflect the national dominance of the National Breast Cancer Coalition (NBCC), the book produces a detailed picture of how variations can appear within a given field of contention—a notion that allows Klawiter to branch her work to other outstanding work in the literature of social movements and health, informed by the theory of Pierre Bourdieu. By offering, in the main section of her book, to distinguish three different “cultures of action” among the local coalitions of breast cancer movements, Klawiter turns the specificity of Bay Area activism into a powerful heuristic of what disease advocacy consists in practice: enrolling broad constellations of local interests in awareness campaigns, bridging the concerns of large and narrow constituencies into common claims-making about treatment and patient empowerment, and connecting these to the effective public frames of prevention and environmental risk. The final chapters of the book show that these cultures interact dynamically over time, and that future evolutions are set to produce such further differentiation that “multisited ethnographic modes of inquiry” will remain necessary to correctly capture the practices of breast cancer activism (p. 298).

The empirical content of the book is gracefully articulated with a convincing review of Michel Foucault's theoretical insights on biopolitics. Along with making any study cumulate with the vast array of monographs on the politics of breast cancer in the United States, attempting to bring together the literature of (bio)medicalization into a synthetic argument is an exceptional challenge which Klawiter has brilliantly succeeded at. This leads her to develop a concise, straightforward history of cancer-related biomedical practices over four decades, delineating the shift from a “disease regime” grounded into population health to a new regime of biomedicalization, defined by the internalization of clinical constraints, standards and behaviours into new “social scripts” by patients and physicians alike (p. 32–sq.). Her exploration of that theme shows that this narrative can be written without sacrificing either structure or agency, and that a precise inquiry of the cancer patient as a subject of medical discipline does not require to adopt a micro-social focus at the expense of macro-social phenomena. On the contrary, Klawiter shows how changes at the level of the ill subject had significant consequences on the identities of social movements

themselves, leading to “new social networks, solidarities, and shared sensibilities” that were instrumental to the development of breast cancer activism (p. 38). Her argument is particularly compelling at that stage, and suggests that the “bureaucratization of disease” (Rosenberg 2003) is neither limited to state or therapeutic institutions; instead, its ramifications extend to the procedures, tactics and organizational characteristics of social movements themselves, producing historical shifts and differential outcomes that shed light on the past and recent cultures of action that underpin patient activism.

Both its theoretical statement and empirical grounding, then, make *The Biopolitics of Breast Cancer* an excellent monograph, impeccably written and highly stimulating. Its final argument is also very welcomed, as Klawiter does not equate her disaggregation of “specific regimes of practices” with an ontological charge against the possibility of generalization, but rather advocates for finer-grained analyses of repertoires of contention among disease-specific groups, and among social movements at large. Comparative examinations of social mobilization are ultimately strengthened, not weakened, by such a well-informed call for empirical scrutiny.

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