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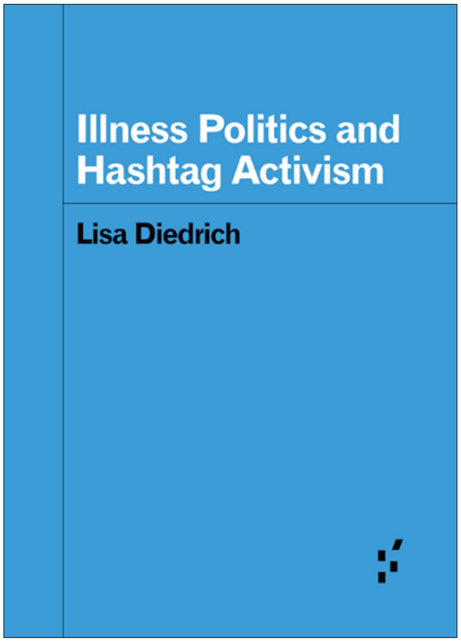
Lisa Diedrich, **Illness Politics and Hashtag Activism**, Minneapolis: University of Minnesota Press, 2024, 150 pp., $10.00 (paperback).



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In ***Illness Politics and Hashtag Activism***, Lisa Diedrich offers a compelling exploration of how digital media platforms serve as crucial arenas for articulating, contesting, and mobilizing illness narratives within contemporary U.S. culture. Drawing on an interdisciplinary framework that bridges political campaigns and digital activism, Diedrich examines the multifaceted ways that embodied experiences of illness are mediated, politicized, and resisted through social media, particularly via hashtag activism. This book significantly contributes to the growing scholarship on digital health activism, expanding theoretical and critical understandings of how politics, ableism, and illness narratives intersect in the networked public sphere.

The book is organized into five chapters, each examining distinct digital campaigns, movements or cultural texts that highlight different dimensions of illness politics. The first two chapters analyze the hashtags #SickHillary and #TrumpIsNotWell, which emerged as potent rhetorical devices during the U.S. presidential elections. Diedrich skillfully demonstrates how political adversaries weaponized illness and disability in highly visual digital formats such as videos, gifs, and memes to reinforce entrenched ableist norms and cultural stigmas surrounding bodily vulnerability, gender, and leadership legitimacy. For instance, clips portraying Hillary Clinton's limited mobility and alleged hidden illnesses (e.g., Parkinson's disease, traumatic brain injury, epilepsy) were employed to construct a narrative of frailty deemed incompatible with political leadership. Similarly, the hashtag #TrumpIsNotWell circulated images highlighting Trump's erratic behavior, inviting speculation about psychological or neurological conditions (for instance, narcissistic personality disorder) as potential threats to national stability. These digital images became sites where societal fears of bodily failure were enacted in the political arena, producing what Diedrich calls a "diagnosing by gif" (p. 15) that shapes public perceptions of capacity to govern.

Diedrich's attempt to foreground illness politics as an interpretive lens for understanding electoral campaigns is both conceptually challenging and theoretically innovative. By tracing how political elites such as Hillary Clinton and Donald Trump are discursively reduced to symbolic labels such as "Crooked Hillary" and "Narcissist Trump," Diedrich underscores how illness, both physical and psychological, becomes a weaponized resource for political delegitimization. These framings are not mere rhetorical devices; they function as mechanisms of political regulation, delineating which bodies are marked as "incapable" or "unfit" for public life. In doing so, such narratives reproduce ableist logic and reinforce normative hierarchies of political competence. This rhetorical weaponization aligns with what disability studies scholars call the medical model of disability, which frames bodily or mental difference as individual deficiency requiring correction or exclusion. By extending critique of the individual-deficit framework into the domain of electoral politics, Diedrich exposes the latent ableism embedded in political rhetoric and invites renewed attention to how discourses of illness, normalcy, and capacity shape legitimacy and social norms in an ableist political culture.

Chapters 3 and 4 shift focus to grassroots activism of people with illness and disabilities, analyzing movements such as #CripTheVote and #ADAPTandRESIST, where illness politics emerge from the lived realities of disabled communities. These chapters are particularly effective in demonstrating how digital media enable what Diedrich calls a "becoming-disability-community," a process through which collective identities and political solidarity are formed via online activism. Specifically, #CripTheVote exemplifies how individuals with disabilities mobilize around electoral politics while foregrounding intersectional concerns related to race, class, and gender. #ADAPTandRESIST documents digital resistance to cuts in healthcare and social services, highlighting how disability activism is grounded in collective struggles for dignity and survival.

Diedrich's analysis of these movements foregrounds the radical potential of digital media not only to amplify disabled voices but also to assert disability as a vital and often overlooked political constituency. To render their political claims more visible and impactful within broader sociopolitical conversations, disability activists strategically align with other communities and movements to situate their discourse within larger struggles against systemic oppression. One striking example is a visual piece by Micah Bazant in the #CripTheVote movement, which depicts a disabled queer couple of color surrounded by flowers (p. 89). This image powerfully conveys the urgent need for accessible voting rights while imagining a disability community rooted in resistance, solidarity, and love. By linking such evocative cultural production to digital mobilization, Diedrich demonstrates how intersectional visibility can foster both recognition and transformative action.

In engaging with Bazant's work, this book shows how the disabled community challenges the monolithic and often White-centric representations of illness and disability into an inclusive disability politic. This contribution is valuable to digital activism scholarship, particularly in its intersectional attention to how disability activism is embedded in broader social justice struggles. However, this move, though well intentioned, may underplay the distinct material and structural conditions of disabled life. Diedrich's notion of "becoming-disability-community" captures an important process of political formation, but the contours of a cohesive disability community remain more aspirational than fully developed in the text. A deeper engagement in future work on how disability forms political disability identity on its own terms, rather than primarily through analogy with adjacent movements would further strengthen Diedrich's theoretical intervention.

Chapter 5 turns to the documentary *Unrest* and its associated hashtag, #TimeForUnrest, critiquing the dominant biomedical paradigms through the lens of chronic illness and the politics of resistance. Centering Jennifer Brea's experience with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), this chapter interrogates how medical institutions systematically dismiss forms of illness that elude standardized diagnostic criteria. In doing so, Diedrich draws a compelling historical parallel between the gendered discourse of hysteria and contemporary manifestations of "medical gaslighting." Much like how hysteria was used to pathologize female emotional expression, chronic illness in contemporary medical discourse is frequently psychologized or delegitimated when it cannot be visibly quantified or scientifically verified. Patients are thus excluded from formal care systems, reinforcing cycles of stigma and marginalization that disproportionately impact people with ME/CFS and other structurally vulnerable groups.

In this chapter, Diedrich insightfully takes "unrest" as a political stance, an embodied refusal to comply with able-bodied norms of capacity, efficiency, and resilience. This reframing resonates with critical disability studies that challenge deficit-based frameworks reliant on standardized diagnostic criteria to determine treatment eligibility, which often prioritizes measurability over lived experience and reinforce structural exclusion. Thus, "Illness (in)action," as Diedrich argues, has become a form of "unrest cure," a politics of visibility for people with disability and illness. Under the hashtag #TimeForUnrest, Diedrich traces how the struggles documented in *Unrest* extend beyond the screen and take shape in embodied acts of protest, such as the #MEAction movement outside the White House (p. 101). These actions not only confront the medical gaslighting and epistemic injustice but also reconfigure illness as a collective site of political agency, illustrating how media activism reclaims marginal embodiment as a terrain for systemic critique and social transformation.

The brief epilogue situates the book's themes within the context of the COVID-19 pandemic via the hashtag #LongCOVID, marking a shift from event-driven struggles to a sustained and institutionalized phase of illness politics. Like long COVID, chronic illness unfolds over time and is deeply embedded in systems of racial, gendered, and economic inequality. Diedrich highlights how such inequities manifest in specific examples, for instance, Black women reportedly being required to undergo more rounds of COVID testing than their White counterparts before receiving treatment, thereby exposing racialized and systemic forms of medical bias. While these discussions are necessarily concise, they lay important groundwork for further scholarly inquiry. By gesturing toward the institutional mechanisms, clinical policies, and public health agendas that underlie such disparities, Diedrich opens space for future research to interrogate how structural forces reproduce medical inequities more fully over time, an inquiry that could deepen and diversify the field's critical and political contributions.

Throughout, Diedrich's prose is lucid and theoretically rich, bridging political campaigns, activism, and embodied illness to illustrate a landscape of digital illness politics. At times, however, this conceptualization might lead to challenges, as the line between metaphorical or symbolic invocations of illness within elite political discourse and the lived realities of chronic illness and disability as experienced by marginalized populations becomes blurred. For instance, Hillary's portrayal as "sick" functioned as a political tactic rather than an authentic experience of chronic illness, whereas people with disabilities face structural barriers and social exclusion that go far beyond metaphorical discourse. This conflation could inadvertently dilute the specificity and urgency of disability justice as a social movement aimed at dismantling ableist structures. Future research could build on Diedrich's framework by conducting more targeted analyses of ableism as it manifests across distinct digital campaigns, platforms, or identity configurations.

Illness Politics and Hashtag Activism will be particularly valuable to scholars in digital activism studies, disability studies, and political communication. It opens new avenues for understanding the intersections of illness, digital media, and narrative in networked environments. Although some sections might benefit from further elaboration, Lisa Diedrich's work is an original and thought-provoking contribution to the growing literature on digital activism. It will also be helpful for readers seeking to explore illness politics from interdisciplinary perspectives, inviting further research and dialogue on the contested politics of illness in the digital age.