Stephen Inrig’s history of the how the AIDS epidemic emerged as it did in North Carolina provides further evidence that AIDS is, in the words of media scholar Paula Treichler, an “epidemic of significations.” Inrig’s research confirms that AIDS spreads along the lines of racial and sexual inequality, as surely as it does through the exchange of HIV-infected bodily fluids. More specifically, Inrig explains how and why HIV/AIDS in the U.S. South was structured as much by the legacy of white supremacy as by homophobia.

Inrig makes a powerful case for why a study of the American South in general and North Carolina in particular is important for understanding how AIDS evolved as it did in 1980s and 1990s America. With its mobilized gay and lesbian community, which was partly responding to virulently written about the AIDS epidemic. However, sociologist Elizabeth Popp Berman, a substantial African American population living in the wake of de jure and de facto racial segregation, and a growing biomedical and sociomedical research corridor between Duke University and the University of North Carolina at Chapel Hill, North Carolina provides this historian of medicine with the perfect venue to study both the epidemiology of AIDS as well as the evolution of medical and social responses to it.

Inrig effectively shows how structural, as opposed to individual, factors shaped the North Carolina AIDS epidemic. For example, he discusses the role of incarceration in the sexual health of black men and women, explaining that being imprisoned had a direct effect on sexual practices and prevented claims to positive state interventions. This analysis helps explain how black rural populations became more “vulnerable” to HIV/AIDS than other North Carolinians (pp. 24–25, 66–67).

As is true of much of the literature on responses to AIDS, Inrig spends the bulk of his book talking about the combined successes and failures of the local AIDS service industry. It is not surprising to learn that white gay men led the effort to develop a network of care in the state in the mid-1980s by forming the Lesbian and Gay Health Project (LGHP). Scholars have consistently suggested that gay organizations of this type were almost always all white and did little to deal effectively with the realities of black men who were same-gender loving. On this point Inrig agrees, but it is not entirely clear what we should make of it. He writes, “While voluntary and anonymous testing and outreach measures worked within white gay culture, they proved largely ineffective in black gay culture. Black gays remained largely impervious to AIDS prevention efforts at the end of the 1980s” (p. 56).

Inrig follows that claim with an extended discussion of how African American health care providers and activists began to see AIDS as a problem that directly affected black men and women, whether because of sexual practices, IV drug use, or a combination of both. Although their efforts were hampered at “structural, institutional, cultural and organizational” levels, Inrig is able to use oral histories to describe the evolution and expansion of the AIDS Clearinghouse, a nongovernmental organization under the leadership of Dr. Howard Fitts, head of health education at the historically black North Carolina Central University. Fitts’s clearinghouse, among other community-based organizations, provided some support for North Carolina African Americans seeking AIDS services, usually defined as HIV testing. Here, Inrig explores the limits of this approach, especially when addressing the needs of black women in a system “insufficiently equipped to handle their long-term concerns” (p. 87). The preexisting condition of “disease disparity” was simply too great to overcome with a regimen of testing (p. 95).

While I opened the review by suggesting that Inrig’s work belongs within the historiography of AIDS as a social and historical construction, I wish he had done more to engage the larger interdisciplinary field of AIDS, particularly work in black queer studies and black feminism. In other places I have criticized political historians for not considering AIDS or the history of sexuality as part of political history. Here, I am troubled by a medical historian who does not sufficiently consider how queer studies has fundamentally shaped our historical understanding of AIDS as a disease organized by race and sexuality. Inrig’s book is in conversation with only a tiny sliver of the queer literature on AIDS. He could easily have laid out a much larger argument about the intersection of race, medicine, sexuality, and southern history had he inhabited the nexus of medical history, political history, the history of sexuality, and the history of race. Even as Inrig raises as many questions as he answers, his book deserves attention by historians working in any of these fields.

Jennifer Brier
University of Illinois at Chicago
nderstanding of the university research system in that era and the process of commercialization that ensued.

The author predicates the study on a shift in “institutional logic” that occurred in these years—from the logic of science to market logic. The terms may seem facile initially, but this perspective is effective in focusing the analysis on changes in thinking that underpinned new policies, which in turn shaped the behavior of scientists and universities. She argues, “the spread of a new idea, that scientific and technological innovation serve as engines of economic growth . . . transform[ed] first the policy arena and eventually universities’ own understanding of their mission” (p. 2). Two interesting chapters ground this argument by explicating both the presence and the weakness of market logic in the 1950s and 1960s, and hence its failure to affect academic research. The gradual advancement of concern for innovation and economic growth followed in the 1970s. The bulk of the study then analyzes its ascendancy in faculty entrepreneurship in the biosciences, university patenting, and university-industry research centers (UIRCs).

The emergence of academic entrepreneurship at the end of the 1970s depended on much more than the scientific breakthroughs in recombinant DNA. Expertise in this arcane field was concentrated in universities; an abundance of venture capital became available to lure somewhat reluctant academic scientists; and Genentech, funded by venture capital, a corporate partnership, and an initial stock offering, presented a compelling organizational model. Arguments based on market logic (innovation) played a supporting role in federal decisions not to regulate rDNA and to stimulate venture capital.

In the case of university patenting, as late as 1978 it appeared that the Department of Health, Education, and Welfare was about to tighten restrictions on discoveries funded by the National Institutes of Health (NIH). Instead, innovation arguments paved the way for Bayh-Dole in 1980. Patenting became far more attractive due to the rise of biotechnology and the strengthening of intellectual property protection. The latter was facilitated by the creation of a separate court to hear patent cases and the Supreme Court decision to allow patents of living organisms.

Subsidized UIRCs were the direct result of government efforts to promote innovation through technology transfer. A small program was initiated by the National Science Foundation (NSF) in 1978, partly to forestall congressional interest in making private firms eligible for NSF research grants. The program generated interest from industry and universities—and government. A number of states introduced programs of this type, and beginning in 1983, NSF greatly enlarged its programs. Industry funding of university research tripled in real terms in the 1980s with much of this activity lodged in UIRCs.

In the concluding chapter, the author critically scrutinizes these developments to determine the causation behind the ascendancy of market logic. Factors motivating universities, industry, and bioscientists are acco-