

Book Reviews

Katie Batza, *Before Aids: Gay Health Politics in the 1970s* (Philadelphia: University of Pennsylvania Press, 2018), pp. xii + 178, £35.00, hardback, ISBN: 9780812250138.

In *Before AIDS: Gay Health Politics in the 1970s*, Katie Batza offers compelling and highly accessible analyses of the development of gay health activism in the United States of America during the 1970s. The 1970s, Batza argues, presented a brief historical period when social and political forces converged to promote and support gay health activism and its causes. What this book reminds us is that organised and politicised gay health activism evolved prior to the emergence of the HIV/AIDS crisis of the 1980s. Batza argues that a number of factors influenced this period of gay health activism, including gay liberation politics, the state, changing concepts of sexuality and the enduring influence of wider activism from the 1960s. To demonstrate these processes, the book charts the emergence and development of three distinct gay health movements: the Fenway Community Health Clinic in Boston; the Howard Brown Memorial Clinic in Chicago; and the Gay Community Services Center of Los Angeles.

Despite gay liberation, and other liberation movements, reaching its zenith during the 1970s, its influence upon gay health activism is seemingly neither substantial nor straightforward. Batza proposes that the development of gay health activism was ‘drawing on a rich tableau of diverse movements’ (p. 59). While gay health activism in Los Angeles took greater inspiration from the gay liberation movement, the movement in Boston was influenced by the Black Panther movement and local anti-gentrification campaigns. In Chicago, gay health activism became associated with a collective of gay medical students whose focus shifted towards the health needs of gay patients. One reason for the apparent lack of obvious radical politics within these movements was the need for state funding to continue and develop gay health services. For organisations such as Gay Community Services Center in Los Angeles, a balance was struck between their radical roots and the bureaucratic demands of income generation. Although these arguments are presented well, the concept of ‘gay liberation’ is somewhat lightly explored and appears to have been conflated with other factors. I am not sure what ‘gay liberation businesses’ are (p. 58).

These organisations did invoke a radical shakeup of health services for gay men. This is underlined when Batza discusses the provision of venereal disease (VD) testing. The provision of testing in existing public health centres involved the identification of the patient and the patient’s sexual partners. Gay health movements instead developed a system where patients remained anonymous and public health laboratories only received a patient code rather than name. The organisations were taking advantage of a system that provided public health organisations with free blood testing, and in doing so were providing the gay communities they served with health support that was unlikely to lead to stigmatisation, or identification. This public health movement had been fostered and nurtured by Lyndon Johnson’s *Great Society* programme of the 1960s, and many of its provisions were continued by Richard Nixon’s administration. Yet, as Chapter 3 details, the creeping bureaucratisation of public health services posed many problems for gay health activists. Batza argues that increasing regulation of public health clinics amounted to the emergence of the ‘anti-queer state’ that sought to assimilate gay health clinics under state regulations. All public health projects now had to ensure that they did not forward

a political agenda, and that they did not favour one community over another. This caused considerable problems for the Los Angeles movement, which had more politically radical origins than the other movements, and resulted in significant schisms emerging.

While there existed a dominant impression at the beginning of the decade that doctors, and medical services more widely, were inherently homophobic and had little interest in catering for the health concerns of gay people, this was being challenged by mid decade, according to Batza. This process is the focus of Chapter 4, which highlights the shifts in gay health activism that aimed to make sexual health services more accessible and inviting for gay patients, either through the use of focused advertising or more significant developments in gay health related research. This latter development was evident in the vision of the Howard Brown clinic, which was by the mid 1970s producing medical literature focusing on interactions between gay patients and doctors, and soon after was engaging in medical research and collaborations that placed it at the forefront of gay medical research. As Batza states, by interacting with mainstream medical communities through research, gay health activists ‘began to mend the historically bad relationship between the two groups by rebuilding trust and improving care’ (p. 108).

The development of health services focusing on gay men during the 1970s undoubtedly enabled gay health groups to try to meet the challenges presented by the emergence of HIV/AIDS in 1981. Yet, as the author documents in Chapter 5, this was problematised by the fiscal policies of Ronald Reagan. However, it was not just about money. While public funding for public health movements in the 1970s had a set of restrictive regulations relating to explicit political campaigning, the politics of the 1980s dealt in ideology as well as dollars; stigmatising sexual minorities and throwing up barriers to progress in gay and public health. Despite the changing dynamics of public health, organisations such as Fenway were to provide support to people with AIDS and training for health workers caring for AIDS patients. Crucially, the research experience of the Howard Brown clinic provided meaningful input during the early years of the AIDS crisis.

This book set out to chart the development of gay health activism during the 1970s through the examination of three ‘trailblazers of gay health activism in the 1970s’ (p. 8). This, in the most part, is a fascinating and detailed examination of how gay health activists organised, developed and consolidated tailored programmes that aimed to repair fragile relationships between mainstream medicine and sexual minorities. The book emphasises the importance of local factors, which shaped responses to gay health activism, but also hints at how the objectives of groups separated by geography began to converge as the 1970s progressed. Further, the relationship between the state and gay health activism offers a fascinating insight into the complexities and contradictions of 1970s political and social relationships. There are some uncertainties around the concept of ‘gay liberation’, but this is an important and engaging study.

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Angela Ki Che Leung and Izumi Nakayama (eds), *Gender, Health, and History in Modern East Asia* (Hong Kong: Hong Kong University Press, 2017), pp. 315, \$50, hardback, ISBN: 978-988-8390-90-8.

This edited volume of nine case studies from Japan, Korea, China, Taiwan and Hong Kong examines the interwoven history of how science, especially biology and its conceptions