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**The Study Abroad Research Context**

This study is the culmination of research conducted over a period of three semesters one of which occurred while studying abroad in Toulouse, France through Dickinson College. During my junior year abroad, I studied at the local universities and lived with a host family. However, I felt the need for an even more challenging experience and sought out guidance from Dickinson's staff in Toulouse. With their suggestion, I decided to seek out an internship. I maintained a position with the French national AIDS prevention organization known as AIDES. With this organization, I underwent the training process and conducted weekly prevention interventions in sensitive areas of the city directed toward sex workers and homosexual men. Though such semi-professional experience is not required while studying abroad, as a both a French major and as an eager scholar, the opportunity was essential. Indeed, this was the single most enriching aspect of my time abroad if not my entire undergraduate education. Upon the recommendation of my advisor, Dr. Sylvie Davidson, I used my experience as the basis for a senior thesis for which I eventually garnered honors in French.

After preliminary research, I decided to compare French and American AIDS prevention methods in the context of homosexuality. Thus, while still in Toulouse, I began to gather as much pertinent French language material, which would have been impossible to locate in the United States, and assemble it within the context of an independent study created for this purpose. Upon return, I explored the American aspects of prevention, also as an independent study, and during the final semester, while composing my thesis, I held an internship with the AIDS Community Alliance in Harrisburg, Pennsylvania in order to have practical experience upon which to base my comparison. Because this type of study was so long-term and involved international experience, I had to rely upon the faculty and staff both in France and on Dickinson's main campus to ensure that

all academic aspects of the project, including adjudication and proper accreditation, would work smoothly. Though most of my efforts were self-motivated, I was supported and encouraged on all levels to take advantage of my study abroad experience and use it as a major tool to enrich my education. What follows is an excerpt of the honors thesis that has been edited and translated from French into English.

# Epidemic and Identity: A Cross-Cultural Comparison of AIDS Prevention Approaches in France and the United States

## Introduction<sup>1</sup>

The last twenty years have witnessed the explosion of a worldwide epidemic. AIDS is a syndrome that crosses national borders and renders obsolete the distinctions between the public and private spheres. Reactions to this public health crisis reflect a society's cultural mindset toward the disease. Researchers and historians who try to understand the social nuances of AIDS often classify it as a cultural illness that underlines national differences. In this way, "the AIDS epidemic is cultural and linguistic as well as biological and biomedical" (Treichler; 1999, p. 1). According to Moss and Misztal (1990), "because it is now commonplace to define the spread and consequences of AIDS as a *global* emergency, the light thrown by the disease onto the fragmented, incoherent, and unknown aspects of our social order takes on an international dimension" (p. 1). AIDS demands a comprehensive and complex investigation sensitive to the social and cultural values of each country and to the reaction of individual nations to the disease. To reinforce this idea, Dennis Altman (1988) explains, "[o]ne of the fascinating social aspects of the AIDS epidemic is the different responses of various societies and governments" (311).

This paper explores the cultural differences observed between France and the United States on the issue of AIDS prevention in the gay community. The study is based on participant observation conducted during two internships with AIDS prevention organizations targeting gay men: at AIDES in Toulouse, France and at the AIDS Community Alliance (ACA) in Harrisburg, Pennsylvania. AIDS, when examined in the context of homosexuality, highlights the social, cultural, and ideological differences between France and the US. Most striking is the disparate articulation of the gay community in these two countries. American gays, who are subject to relatively prominent homophobia, enjoy political visibility and solidarity in their identity. On the contrary, French gays are not subject to as much overt homophobic pressure, but have trouble organizing and articulating a community identity because of the ideological neutrality that the French Republic demands from all its

citizens. This juxtaposition typifies many of the cultural differences that characterize the variations between French and US views on AIDS.

### **The Cultural Specificities of AIDS Prevention**

The historical origins of the disease in the 1980s definitively mark the way AIDS is medically treated and prevented today. In France and in the US the epidemiological progression is seemingly parallel: flagrant denial of the reality of a public health crisis followed by a slow, awkward, and sometimes contradictory reaction; next, a stage of standardization during which prevention was normalized; finally, a recent phase of increased HIV transmission.

The social and political reaction towards the disease reveals the discourse on AIDS in these two countries. Randy Shilts describes the common view of AIDS in the US:

AIDS was a gay disease in the popular imagination, no matter who else got it. It would be viewed as much as a gay phenomenon as a medical phenomenon, even by gays themselves, although they were the last to admit it. And the fact that it was thoroughly identified as a gay disease by the end of 1982 would have everything to do with how the government, the scientific establishment, health officials, and the gay community itself would deal – and not deal – with this plague. (1987. p. 213)

In the US, media attention, although minimal in the beginning, focused only on the homosexual aspect of AIDS. Consequently, social understanding and interpretation of sexual orientation saturated each new development in the course of the epidemic. For the French, the relation of sexual orientation to AIDS was rejected from the beginning as an American peculiarity and grave epidemiological error. The origin of this “democratization” of AIDS is found in the seminal French republican concept that one must refuse at all costs to recognize a sub-national community identity. Thus, the perspective of the syndrome as a community-based illness separates France and the US. Examples show that “in the United States, AIDS is perceived as concerning communities, and (chronologically) first among them the gay community, a concept largely considered foreign in France[...].” (Caron, 2001, p. 117). From this distinction comes a host of nuances that exert a force on the articulation of the fight against AIDS in each nation.

## **The Historical Background of AIDS — Prevention Efforts in the Gay Community**

Before the outbreak of AIDS, the expression of sexual liberties and the fight for gay rights had been the rallying cry of the gay movement in France and in the US. The epidemic, which appeared at first to strike only homosexual men, changed the purposes of gay activism. Effectively, “it’s at this point, in the 1980s, that AIDS [...] entered into the gay community and altered the circumstances as much in activism as in the popular perception of homosexuality” (my translation, Welzer-Lang, Le Talec, and Tomolillo. 2000, p. 40). Because AIDS was identified in the US from the beginning as a gay disease, gays there found themselves in a precarious situation. They had to defend themselves against a biological menace while at the same time avoiding social stigmatization. The implications of AIDS were not simple; they threatened the nature of the gay movement itself by altering the idea of sexual liberty. The reactions in the gay community ranged from a total denial of the existence of the epidemic to the conscientious struggles to combat the spread of the disease to any other group in society. The most notable of these efforts was the foundation of associations, born out of the gay movement, to promote prevention, accompany the sick, and fight for the victims of AIDS. The creation and evolution of such associations in France and the US followed common paths, yet the divergences reflect important cultural differences.

### **The American Response**

What one notices first in the example of the US is the prolonged delay of the American government to organize itself around a centralized prevention effort. Denis Altman noted:

The most serious problem in the United States has been the reluctance to mount a national program of AIDS-prevention education similar to that in a number of European countries. [...] In most states, what education programs exist are run mostly by gay community organizations, using their own resources. (1988, p. 304)

American gays seemed more worried about the new epidemic than the US government. The existing activist networks, which served until that point as gay liberation groups, changed their focus in order to respond better to the epidemic. The challenges of the crisis led to the creation of new associations whose sole purpose was to deal with AIDS (McGarry and Wasserman, 1998, p. 227). The first of these associations was created by a small group of gay activists in response to the deaths of many men in their social circles. This group

eventually became the Gay Men's Health Crisis (GMHC) of New York and is now the largest organization in the fight against AIDS. The name of the association itself clearly indicates its community-based identity.

Thus the gay community and gay identity are integral parts of the American history of AIDS prevention. Shilts affirms, “[j]ust about anything done to fight AIDS for many years – whether in AIDS education or in lobbying for research — had come solely from the gay community” (1987, p. 588). The preliminary and sustained efforts of gays would lead to the recognition of AIDS as a major public health concern.

### **The French Response**

AIDS prevention efforts in the US were clearly led by the gay community; the French response represents the opposite. In the US before 1990, there was virtually no difference between gay AIDS prevention and general AIDS prevention, because only gay associations were actively intervening. In France, the more universal perception of AIDS, the relative weakness of the gay movement, and the strong resistance to community-specific identities influenced the development of nationalized and sexual-preference neutral AIDS-prevention strategies.

What is similar between France and the US is the inaction on the part of the government. In the void left by the authorities, French gays were less organized while their American counterparts quickly mobilized to respond to the crisis. Altman compares AIDS-prevention efforts in 1988 in large Western countries and remarks the particular qualities of France:

The oddest case is France, where despite a considerable caseload and a leading role in medical research, virtually no government action has been forthcoming from either Socialist or conservative ministers, and where the gay movement, in decline throughout the 1980s, has failed to mobilize around AIDS. (1988, pp. 311–312)

One of the reasons for the French slowness to address the crisis was the dissolving of gay organizations held over from the sexual liberation movement. The French social and student revolutions of May 1968 included some efforts for gay rights, but there are no events in French history that represent a specifically gay liberation. A limited number of radical gay militant groups did form, such as the well known CUARH (Comité d'Urgence Anit-Répression Homosexuelle) and FHAR (Front Homosexuel de l'Action Révolutionnaire). However, the wave of sexual liberation militancy did not last, as it did in the

US. When AIDS appeared, these groups were not prepared to respond to a health crisis of such magnitude. According to Pollak, “[a]fter a period of intensive, often radical form of gay militancy in the style of the ‘sixties’ movement, it almost collapsed in the early in 1980’s in [...] France. There was no continuity on which to build AIDS organizations” (Pollack, 1990, pp. 14-15). This absence of organizations in the 1980s left the gay community without a structure upon which prevention efforts could be constructed. Further, the historical absence of strong gay militancy left a void in France of catalysts for public health AIDS-prevention efforts.

Despite the slow mobilization, between 1982 and 1985, a series of associations (such as Arcat-sida, Vaincre le Sida, and AIDES) were born. In contrast to American organizations such as the GMHC, these French groups preferred a neutral association rather than be labeled as part of the gay community, despite the fact French epidemiological statistics clearly indicated that male homosexuals were those most affected. The organizational neutrality reflects precisely the French national sentiment that AIDS was a disease without a sexual preference and without a community identity.

After an initial period of crisis when the associations were established to confront AIDS as an emergency situation, AIDS became a factor in the development of French gay identity. The division among gays, with those that demanded a visibly-identified prevention effort opposed to those who insisted upon universalism and neutrality, began to intensify (Welzer-Lang, Le Talec, and Tomolillo, 200, p. 77). The result of this period of ambivalence was a reorganization of AIDES and the importation of the American group Act-Up. French gay activists were attracted to Act-Up for its extreme tactics, as well as its highly-visible gay identity. This indicates an attempt at an integration of the fight for gay rights with AIDS prevention.

### **The Generalist Stance**

What distinguishes AIDES from American associations such as the AIDS Community Alliance is its desire to maintain a distance from issues identified as gay. This tendency toward neutrality puts it in a paradoxical position:

While AIDES is the association that regroups the largest number of homosexual men in France at the beginning of the 1990s it was still situated at the periphery of the field of homosexuality; its founding president [Daniel Defert] reaffirmed the risks of the “*homosexualization of AIDS*”. (Broqua and Busscher 2003, p. 19)

Defert, felt it was not necessary to adopt a politically-charged sexuality. He believed that the “*homosexualization of AIDS*,” an expression attributed to him, to be a danger to successful prevention efforts. In 1990, in the weekly gay newspaper *Gai Pied*, he stated:

If today I am convinced that the organization of solidarity and the response to the epidemic is an important instrument in individual and collective homosexual recognition, I believe that homosexuals cannot reduce all of their identity to the controller of the epidemic because if this image becomes an illusion it will cost dearly in both lives and social reactions. (my translation, quoted in Broqua, Souteyrand, and Lert xiv)

Rather than seeing the fusion of the homosexual cause with the fight against AIDS as a tool for prevention, Defert sees it as a force that threatens to limit the gay movement solely to AIDS prevention and to restrict drastically the definition of AIDS prevention.

The neutrality of AIDES is a reflection of the French ideology in general because it does not conflate the concepts of homosexuality and AIDS; it sees them instead as two distinct but related ideas. Dodier demonstrates that “an association like AIDES symbolizes on a public scene a movement emancipated from the bad habit of excessive community attachment, and right away adopted the modern-liberal option” (my translation, 2003, p. 11). Dodier commends AIDES for being able to live in duality without succumbing to pressure from either the gay community or political forces. According to him, AIDES is able to sustain a neutral position by distinguishing its internal composition from its duty to public service. This success “assumes a true task of management, by the militants, of the coexistence of these two faces: in the interior, a marked homosexual sociability; in the public sphere, a principle discretion on the component of militant activity” (2003, p. 11). For Dodier, this duality is necessary to have an effective prevention strategy. Nevertheless, from the American perspective, the duality of AIDES, as both welcoming to gays and neutral in terms of militant activism for the gay community is seen as a hypocritical stance.

### **The Stakes of *Communitarisme*<sup>2</sup>**

In the history of French AIDS prevention associations the link between AIDS and the gay community is very complex. Frédérique Martel analyzes the tensions between sexual identity and prevention efforts in France. His study concentrates on the influence of AIDS and on the gay movement in France as a whole. Martel takes a pessimistic, if not critical, stance on the

history of gays in France. Adverse to the concept of a gay community in general, he rejects the visibility of American groups that many French gay organizations have emulated. Martel accepts the French philosophy that personal choices, such as religion and sexuality, must remain relegated to the private sphere. According to him, “the (hypothetical) gay community is perceived as a factor of increased social fragmentation because it relies on difference rather than on a unifying political will” (Caron, 2001, pp. 152-153). Martel claims that American social minority movements, fighting for the right to be different, embrace an ideology that is incompatible with the French system. He believes that homosexual liberation efforts should seek a social indifference that corresponds to the French republican ideal of political unity. Martel “supports the thesis that in France, *communautarisme* or even *particularisme* are problems without a future; only universalism can open a perspective to homosexuals” (my translation, Welzer-Lang, Le Talc, & Tomolillo, 2000, p. 19). Consequently, only one solution exists to reconcile gays with the rest of society: “[t]he homosexual must become once again an individual without a label” (my translation, Welzer-Lang, Le Talc, & Tomolillo, 2000, p. 19). Martel’s hostile attitude to the development of the gay community provides the foundation of his analysis of the reaction of the gay community to the AIDS crisis.

Martel sees the reaction of French gays at the beginning of the AIDS epidemic as virtually causing its propagation. According to him, “the gay community [...] was so taken by paranoid delusions of universal homophobia that it turned down the prompt and generous help of the government and medical establishment and was therefore largely responsible for the spread of AIDS” (Caron, 2001, p. 153). Thus, gays distrust of the medical community, prompted by fears of homophobia, was a factor that contributed to the spread of the disease. Martel defends his anti-community position with a critique of the gay response to AIDS. Caron explains:

These accusations were then used to justify the [...] denunciation of *communautarisme* as both criminal and suicidal. [...] *Communautarisme*, then, appears so monstrous that it threatens to destroy not only the Republic but also the subgroup it is designed to protect. Again, the French model of republican integration is presented as the only salvation. (2001, p. 153)

This extreme position, then, accuses the gay community of neglecting the dangers of AIDS because it was too preoccupied with its own desire to maintain the expression of its identity. Martel’s critique explains some of reasons for the specific nature of prevention efforts in France.

Initially, the French gay population found itself in a difficult situation in its AIDS prevention efforts. Michel Pollak explains that

(i)n France, group-specific, identity-based arguments are generally perceived as illegitimate. The weakness of social organizations able to mediate between the State and the citizen reflects this tradition. In addition, sexuality is culturally defined exclusively in terms of personal choice. (1994, p. 38)

In the French Republic, the link between citizen and state is meant to be direct and unmitigated by any other sub-national identity. Consequently, any organization that defines itself within the context of a minority-based identity is not legitimate in the eyes of the society. This cultural reality explains two specifically French aspects in the history of the fight against AIDS: “[1] The inability of the government to conceive targeted strategies and its tendency to rely on a biomedical approach, and [2] the unwillingness of the major voluntary association AIDES to conceive group-specific rhetorics and strategies” (Pollack, 1994, p. 38). This delay in group-specific prevention campaigns is explained by the republican desire to express a unified public-health message in relation to the disease.

### Contextual Examples

My research on AIDS prevention approaches began at an internship at AIDES in Toulouse, France. I joined the organization’s prevention team that targets the male population. The *Réduction de Risques Sexuels* (RDRS) team conducts interventions with men who encounter other men to have sex in places such as public parks. Using a small bus, the team visits selected locations and distributes materials such as condoms, gel, and information packets. The team members attempt to dialogue with the individuals in the field, to talk with them about their sexual practices, answer the questions they may have, and orient them towards social services and health and testing centers. After undergoing a three-week training with AIDES, I joined the RDRS team on their bi-weekly interventions. Through this experience, I became aware of what would eventually prove to be a uniquely cultural orientation in terms of prevention methodology. Although the internship with AIDES was my first exposure to AIDS prevention, I suspected that given differences in healthcare systems and laws concerning sexuality, approaches to AIDS prevention in France and the US would be different.

After I returned from abroad, I became an intern with the AIDS community Alliance (ACA) in Harrisburg, Pennsylvania, to establish a parallel

experience upon which to compare AIDS-prevention methodologies. At ACA, I was assigned to the *Mpowerment Project*, a system created by the Center for AIDS Prevention Studies (CAPS) at the University of California at San Francisco. I went to CAPS for an orientation, and helped ACA implement the project in the Harrisburg area.

Contrary to the neutrality of homosexual identification as practiced at AIDES, the *Mpowerment Project* uses the gay community and its institutions in the US to create a visibly and identifiably gay prevention strategy. The goal of the *Mpowerment Team*, is to create a new gay men's organization in Harrisburg that would combine activities and create a sense of community, along with infusing a message emphasizing safer sex and sexual awareness. The team went to the gay establishments in Harrisburg to recruit members, publicize *Mpowerment* events, and to distribute condoms. My internship ended before the completion of the first phase of the *Mpowerment Project*, but my experience at ACA provided an interesting source for comparing what I learned with my internship at AIDES in Toulouse.

### **S t r u c t u r a l   D i f f e r e n c e s**

The AIDS-prevention strategies adopted by AIDES and by ACA may not be fully contradictory, but there are significant differences. These differences are emblematic of the cultural oppositions found in France and the US on the subject of gay identity. These structural differences are important because they have an impact on the creation of specific prevention strategies.

In the US, the gay community has been fundamental to the establishment of prevention efforts, while in France, national efforts and ideologies have dictated approaches to prevention. As a result, the associative structures in each country are unique. AIDES is a national association that imitates the operative structure and hierarchy of other French bureaucracies. Because of its centralization, French prevention strategies are standardized and identical throughout the country. At AIDES, a prevention strategy will be created in a certain region and then quickly distributed to all of the remaining sectors. Furthermore, this homogenization limits any ideological deviations of its system of ethics. The hierarchy of the association and its standardization became evident during the orientation period. Twice a year, each regional division of AIDES holds an orientation for all interns and potential volunteers. The candidates are sent to a selected city ( in my case Montpellier), and are taught the biological basics of HIV and AIDS, and about the association and its operations. During the orientation in Montpellier, I learned about AIDES' ideological

neutrality concerning homosexuals, its ethical backbone, and its constitution, created by the founders of the organization.

In the United States, the lack of national standardization and the dependence on the efforts of local gay communities have limited prevention on a national scale and have encouraged distinctive regional variations. This is a marked difference from the national structure of AIDES prevention efforts in France. The structure of the US efforts allows each state to develop its own system of prevention; and state public health laws vary widely. In this environment, ACA is an isolated organization in a country where a diversity of types of organizations is the norm. ACA is required to adhere to standards set by the State Department of Health and the Centers for Disease Control and Prevention (CDC), but maintains relative independence when compared with AIDES.

In addition to operating philosophy and structure, the other key difference is found in the creation of the prevention methodologies themselves. In France, prevention associations such as AIDES develop and implement their own approaches, whereas in America, organizations utilize methods produced by external bodies such as CAPS or the CDC, whose programs are purchased in order to be granted the rights to use them. While at ACA I experienced this particular strategy. In 2003, ACA applied for a grant from the CDC and from private organizations to purchase the rights for implementing the *Mpowerment Project*. After my experience at AIDES, which supports the development of its own prevention strategies, it seemed odd that an association like ACA would purchase programs. However, ACA, like a majority of American prevention associations, is too small and localized to be able to develop its own methodology and therefore implanting an outside system is practical.

## **The Place of Community in AIDS Prevention**

Apart from the structural differences in the fight against AIDS, the place of the gay community, its visibility, and its identity are the most important differences between ACA and AIDES. This difference is confirmed by the history of prevention in France and the US.

During my internship with AIDES, I understood that the ostensible target population of the RDRS team was male homosexuals. However, the official target population of the intervention was articulated as being the community of men who have sex with other men. This definition is significant; it shows how AIDES seeks to reach not only men who identify themselves as homosexuals, but also those who do not consider themselves to be part of the

homosexual community or to be sexually-defined as gay. The consequences of this perspective are evident in the types of interventions that I conducted. With the RDRS team, we spent almost all of our time in places that were not identified as belonging to any particular community. For example, we took the bus for our intervention to the public park on the Ile du Ramier and to a large municipal parking lot. We stayed away from visibly gay bars, bookstores, and other establishments. On the contrary, while working with ACA, I spent all of my time in gay businesses and community centers working with homosexuals to create a new association.

AIDES' methods may appear to be contradictory or hypocritical, but they do fit within the French ideological framework. Furthermore, there is no statistical evidence to prove that AIDES' interventions are ineffective. While in the field, I had to learn to be particularly sensitive not to assume that any of the people we encountered were homosexual. In order to be welcoming to all potential individuals, we were encouraged to look beyond labels of sexuality. As an American, I was at first dubious about this practice, but found that it made sense within the cultural context. Such a practice clearly follows the traditional French rationale where one does not identify a gay person by his community identity.

ACA, in its implantation of the *Mpowerment Project*, opposes this rejection of a gay identity. In a typically American fashion, *Mpowerment* goes so far as to celebrate the community aspect of a gay identity as a way to carry out prevention efforts. Its strategy relies entirely upon the presence of an established gay community and the qualities of gay community life to publicize its message about safer sex. By creating an association within the gay community whose members advocate protected sex, the project aims to make safer sex a community norm.

## **C o n c l u s i o n**

Observations of the ideological differences between AIDS prevention approaches in France and in the US is an essential step in the analysis of their effectiveness. According to Denis Altman, "as a gross generalization, the most effective responses have been observed in those areas where the gay movement already existed as a legitimate and recognized pressure group [...]" (1998, p. 311). Because this social group was more established in the US, the immediate response to AIDS there was more efficient and timely. However, toward the mid-80s, statistical data show that the rate of HIV transmission in both countries was virtually identical. Further studies specifically comparing such data would be necessary to arrive at a well-founded conclusion. Nevertheless,

even a cursory examination indicates the profound differences in the French and American gay communities are clearly reflected in their approaches to AIDS prevention. For French gays, the negotiation between personal adherence to the French Republic and to a social community manifests itself in the neutrality of the prevention methods at AIDES. In the case of American gays, the political strength and social visibility of the gay community allow prevention programs like *Mpowerment* to take advantage of community-based homosexual identity as an essential element in the fight against AIDS.

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### Notes (Endnotes)

<sup>1</sup> This paper is has been translated from the original French, and is a shortened version of the longer thesis treatment of the subject

<sup>2</sup> *Communautarisme* is a French word without an English equivalent that indicates an extreme, fundamentalist belief or practice that demands that an individual adhere to a group identity and distinguish himself or herself from others by manifesting membership in that group whether it be ethnic, religious, or cultural in nature.

### Postscript

Studying abroad has had an influence on who I am in the most concrete way. Two years after I studied in Toulouse, I now find myself back in this same city following up on the contacts that I made while I was here and pursuing an academic career that I hope will eventually lead me to becoming a professor. As a student studying abroad, I came to France to soak up the culture. My experience persuaded me to continue to do this. Now, as a graduate assistant, I teach English and American civilization while encouraging French students to spend a year abroad in the United States.